It is a pleasure to serve under your chairmanship, Mr Bayley. I rise to speak to amendment 29 tabled in the name of my right hon. Friend the Member for Sutton and Cheam. I associate myself entirely with the comments of the hon. Member for Easington. I do not intend to repeat the comments made by the hon. Member for Sheffield, Heeley. I entirely agree with the points about the importance of doing carer’s assessments better and them not just being tick-box assessments.

I would like to speak from my experience about why identifying carers, for the reasons set out, is unlikely to happen unless we put a duty on the health service to be involved in doing it. That is because it is primary care teams that are the most likely people to be in contact with these groups, and unless we include them within the Bill and mandate this duty—perhaps the Minister intends to include it in the NHS mandate—progress will continue to be patchy.

As the hon. Member for Copeland pointed out, we have examples of extremely good practice in Torbay, but unfortunately we will continue to see piecemeal advances. In the areas where health professionals are perhaps most under pressure, and primary care teams are working under huge pressure at the moment, something that is not an obligation will, unfortunately, tend to shuffle to the back of the pack and might be missed. That would be a huge opportunity missed.

Amendment 29 would not establish a legal duty, so that practitioners would face being on the wrong side of the law should they occasionally miss someone. Instead, it asks practitioners to

"establish effective procedures to identify patients".

That is what it is about. Unless practitioners have "effective procedures" in place, something tends to be somebody else’s job, and people assume that somebody else has done it, whereas if procedures are clearly laid out, action is much more likely to be taken. I therefore see nothing to object to in amendment 29, as it aims to achieve the intended purpose of this extremely worthwhile piece of legislation, which is to identify carers, because that is right for them and for their own health, because it provides better care for those who they are caring for, and because it is the right thing to do.

I thank my hon. Friend for his reassurance about the guidance. However, if a local authority that was not getting such feedback about carers from some GP practices made a direct request, would those practices be obliged to respond?
Sarah Wollaston (Totnes, Conservative)

Does my right hon. Friend agree that the distance from one appointment to another is also an issue, particularly in rural areas, where it puts many health care assistants below the minimum wage? As a result, it is almost impossible to find a health care assistant in some rural areas.

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