

Primary Care for Care Home Residents – Guide to Responsibilities  
(including new patients, respite patients and patients not  
wishing/unable to be cared for by the GP practice holding the  
enhanced service)



<b>TARGET AUDIENCE</b>	GP Practice Staff Care Home Staff
<b>PATIENT GROUP</b>	Patient's residing within care homes in Lanarkshire

## Clinical Guidelines Summary

- The Local Enhanced Service (LES) for the Provision of Enhanced Primary Medical services to care homes outlines that a named GP practice is responsible for the provision of enhanced medical services to the permanent resident's in a named care-home (ESGP.)
- There are certain situations where it is unclear who is responsible for the primary care of a patient within a care-home.
- The aim of this guideline is to clarify the arrangements and responsibilities for the provision of primary care to these patient's.
- New patients should be registered in a timeous fashion with either the ESGP or with a local GP practice depending on local arrangements.
- Patients admitted to care homes for respite should maintain their care under their registered GP where they are admitted within the practice boundary. If they are admitted out with the practice boundary they should be cared for by the ESGP practice.
- There may be situations where a care home resident or their proxy decline registration with the ESGP. This can usually be managed with explanation of the benefits of the enhanced service.
- Rarely there may be breakdown in the doctor-patient relationship between a care home resident/their proxy and the ESGP practice. The GMC principles on ending your relationship with a patient should be followed. Primary care services should be notified in advance of any decision to remove a care home resident from a practice list.

## **Primary Care for Care Home Residents – Responsibilities**

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### **Introduction**

The Local Enhanced Service (LES) for the Provision of Enhanced Primary Medical Services in Care Homes- 2025-26 sets out the specification for the provision of enhanced primary medical services for care homes.

The LES outlines that a named GP practice is responsible for the provision of enhanced medical services to the permanent resident's in a named care-home. The current enhanced service provides regular visits or contact, proactive care management, future care planning and polypharmacy review. This practice is referred to throughout the guideline as the ESGP.

However, there are certain situations where it is unclear who is responsible for the primary care of a patient within a care-home. The aim of this guideline is to clarify the arrangements and responsibilities for the provision of General Medical Services for these patients.

### **New patients within care homes**

New patients admitted permanently to care homes within NHS Lanarkshire should be looked after by the ESGP.

It is the responsibility of care home staff to complete the registration process for their new permanent resident as soon as they arrive at the care home. However, completion of the registration process or delays by either party should not affect the patient's right to access general medical services by the ESGP.

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## ***Primary Care for Care Home Residents – Responsibilities***

### **Patient's Receiving Respite in Care Homes**

Patients can be admitted to care homes for respite. This can be due a short term issue affecting their carer or themselves. Ordinarily this would be a short time period amounting to 14 days or less.

If a patient is admitted for respite care into a care home, it is the responsibility of the care home staff to inform the patient's practice on the day of the admission.

(i) **Care home is within the practice boundary**

In such circumstances, the patient would remain under the care of the registered GP. This is because their GP has access to full medical history including drug allergies and sensitivities. This improves patient safety and continuity of care. These patients will be looked after by their own GP conforming to GMS standards of care.

(ii) **Care home is out with the practice boundary**

There will be occasions where a patient is admitted to a respite care home bed outwith the boundary of their GP practice. In such circumstances the ESGP should provide primary care under GMS standards on a 'temporary resident' basis. Practices receive a payment based on the number of beds in the care home and accordingly, in the event that such a bed is filled with a respite patient from 'out of area', it is appropriate for that practice to provide any nGMS requirements.

Where a person enters short term respite care in a care home that is not covered by an enhanced service contract, the patient should be registered with a local GP practice as a temporary resident, for usual GMS care, if a need arises. The care home may need to liaise with the usual practice for release of medical information such as a summary sheet. Local arrangements will apply.

Where a person enters short term respite care in a care home outside of Lanarkshire and the practice boundary, it would be expected that usual temporary resident processes, as above, would apply via a practice local to the care home or any local arrangements that may apply.

(iii) **4 week assessment period prior to admission**

Occasionally patients are admitted to care homes for a period of 4 weeks assessment prior to being considered for admission. Such patients should be managed as the residents of that care home and looked after by the ESGP.

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Where a short term respite period is extended to a longer stay, registration should be moved to the ESGP as soon as this is known.

### **Patient's who do not wish to be cared for by the ESGP**

Some patients or their welfare proxies may prefer to stay with their current GP or may experience a breakdown in the doctor-patient relationship.

#### **When a patient and/or proxy declines to register with the ESGP**

##### **1. Discussion with the Enhanced Service Practice**

The patient or proxy should meet with the ESGP to discuss registration, the benefits of the service, and reassurance about records transfer.

##### **2. Decision Process:**

- If the patient continues to wish to remain with their current GP, they must understand this care will be outside the enhanced service model.
- If there is disagreement, a resolution meeting should be arranged with key stakeholders, including both GPs, the patient/proxy, care home staff, and social care representatives, to determine the best course of action

#### **Breakdown of the Doctor-Patient Relationship**

In rare instances, trust between a patient and the GP practice providing the enhanced service may break down, impacting access to appropriate clinical care. The following guidance is informed by the GMC's *Good Medical Practice* on ending a professional relationship with a patient.

### **Circumstances that may necessitate ending the relationship**

A GP practice providing the enhanced service may need to end the doctor-patient relationship if the patient or their welfare proxy:

1. Has been violent, abusive, or has made threats towards clinicians or staff (excluding distressed behaviors related to dementia or delirium).
2. Has engaged in criminal activity.
3. Has acted in a sexually inappropriate manner (excluding sexually disinhibited behavior in dementia or delirium).
4. Has persistently behaved unreasonably.

Importantly, a care home resident's relationship with a GP practice should not be terminated solely due to complaints made by the patient or their welfare proxy.

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### **Steps to repair the relationship before ending care**

Since continuity of care under the enhanced service model is in the patient's best interest, efforts should be made to restore the professional relationship before considering transfer to another practice. The following steps should be taken:

1. Inform the patient that the relationship is at risk of being ended and provide clear reasons.
2. Attempt to restore the relationship by setting expectations for future interactions with the patient or their welfare proxy.
3. Consider formal mediation, involving key stakeholders such as care home representatives, primary care services, and relevant professionals. Mediation can be facilitated by contacting primary care services.

### **Process for ending the relationship**

If, despite these efforts, the relationship cannot be repaired, NHS Lanarkshire Primary Care Services must be notified before the patient is removed from the practice list. Given the vulnerabilities and complex care needs of patients in care homes, this ensures a seamless transition to an appropriate GP practice within the area.

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## References/Evidence

### **Local Enhanced Service for the provision of Enhanced Primary Medical Services in Care Homes – 2024/25**



Care Home LES 2025  
Draft 1.3.docx

### **GMC – Good Medical Practice. Ending your Professional Relationship with a Patient**

<https://www.gmc-uk.org/professional-standards/the-professional-standards/ending-your-professional-relationship-with-a-patient/ending-your-professional-relationship-with-a-patient#:~:text=tell%20the%20patient%20that%20you,your%20employer%2C%20or%20contracting%20body.>

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## Primary Care for Care Home Residents – Responsibilities

### Appendices

#### 1. Governance information for Guidance document

<b>Lead Author(s):</b>	Dr Catriona Nisbet – GP Partner – The Murray Surgery and GP Lead for Care Homes & Frailty, South Lanarkshire HSCP
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<b>Contributing Author / Authors</b>	Original author – Dr Iain Hawthorn Dr Tyra Smith – Medical Director – Lanarkshire LMC
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## Primary Care for Care Home Residents – Responsibilities

CHANGE RECORD			
Date	Lead Author	Change	Version No.
		<i>e.g. Review, revise and update of policy in line with contemporary professional structures and practice</i>	1
			2
			3
		.	4
			5

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