

Addressing Financial Charges for Medical Input in Statutory Social Work

Social Work Scotland position statement

August 2025

Introduction

This position statement outlines the stance of professional social work in Scotland regarding the practice of medical professionals charging fees for their involvement in statutory enquiries under key legislation, including the *Adult Support and Protection (Scotland) Act 2007*, the *Adults with Incapacity (Scotland) Act 2000*, and the *Mental Health (Care and Treatment) (Scotland) Act 2003*.

Context

The social work profession in Scotland is facing severe financial pressures in 2025, driven by a projected £450 million funding gap for Integration Joint Boards (IJBs), which manage health and social care services.

Many IJBs are operating at a deficit, relying on one-off savings and depleted reserves, with some having no contingency funds left. Leadership instability and high staff turnover are further undermining strategic planning.

Despite record government spending, much of the funding is directed toward NHS services, leaving local social work departments under-resourced. Rising demand, workforce shortages, and a lack of investment in preventative care compound the crisis, highlighting the urgent need for sustainable, long-term funding solutions.

Alongside this, it has been noted by several Local Authorities that they are experiencing increasing medical charges for General Practitioner (GP) and Approved Medical Practitioner (AMP) input into statutory work. This particularly affects services operating under:

The Adult Support and Protection (Scotland) Act 2007

The Adults with Incapacity (Scotland) Act 2000

The Mental Health (Care and Treatment) (Scotland) Act 2003

Social workers are legally obligated to safeguard individuals' wellbeing, rights, and property through multidisciplinary collaboration. This includes a statutory duty to share information, as outlined in the 2007 Act. However, disparities between social and medical practices persist, especially regarding the cost and availability of medical input.

Overview of Issues

Adult Support and Protection (ASP)

Under the **Adult Support and Protection (Scotland) Act 2007**, Local Authorities have a statutory duty to identify, inquire into, and take appropriate action to protect adults who may be at risk of harm and unable to safeguard their own wellbeing, property, rights, or other interests. Their responsibilities include conducting initial inquiries, coordinating case conferences, and, where necessary, applying for protection orders such as assessment, removal, or banning orders.

A key principle of the Act is that any intervention must provide benefit to the adult and be the least restrictive option available. Local Authorities must also ensure the adult's views and wishes are central to the decision-making process.

In fulfilling these duties, social workers frequently collaborate with medical professionals such as GPs, psychiatrists, and community nurses. These professionals may provide essential information about the adult's physical or mental health, capacity, and care needs. The Act includes a **duty to cooperate**, requiring health boards and other public bodies to share relevant information and work jointly with local authorities during inquiries and interventions.

This multi-agency approach ensures a holistic understanding of the adult's situation and supports effective, person-centred protection planning.

However, local authorities have been reporting an increase in charges from GPs for particular areas of Adult Support and Protection work. This often relates to charging for attending case conferences, for conducting capacity assessments, and for incurring travel expenses.

Social Work Scotland understands the need for GPs to recoup travel expenses, and we also appreciate that GPs are private contractors and that these contracts do not currently include obligations under the Act. However, without full

involvement from all disciplines in any Adult Support and Protection investigation or inquiry, valuable insight is lost. For one of those disciplines to present a financial barrier to information does pose a risk to ongoing work.

Mental Health Officer (MHO) Work

Mental Health Officers (MHOs) in Scotland have critical statutory duties under both the **Adults with Incapacity (Scotland) Act 2000** and the **Mental Health (Care and Treatment) (Scotland) Act 2003**. Under the 2000 Act, MHOs assess individuals who may lack capacity and prepare detailed reports for the Sheriff Court to support applications for guardianship or intervention orders, ensuring that any proposed actions are necessary, proportionate, and in the individual's best interests.

Under the 2003 Act, MHOs are responsible for evaluating whether compulsory treatment or detention is appropriate for individuals with mental disorders, consulting with medical professionals such as psychiatrists and general practitioners to gather clinical evidence and ensure a multidisciplinary approach. Their role involves balancing legal safeguards with clinical needs, often acting as a bridge between social care and medical services. MHOs must also liaise with health boards and contribute to care planning, ensuring that the rights and preferences of the individual are respected throughout the process.

Members of Social Work Scotland have reported that charges are being incurred when engaging in MHO work, largely stemming from the fact that many Approved Medical Practitioners (AMPs) cite lack of contractual obligation to provide reports. There are also issues with inconsistent charges from AMPs and GPs across Scotland, and as a result, remote and rural areas are facing higher costs.

Key Points:

If GPs and AMPs continue to charge for their services during statutory social work enquiries—such as those under the **Adult Support and Protection (Scotland) Act 2007**, the **Adults with Incapacity (Scotland) Act 2000**, or the **Mental Health (Care and Treatment) (Scotland) Act 2003**—several risks and concerns arise:

1. **Barrier to Statutory Duties:** Social workers have legal obligations to carry out inquiries and assessments. If medical input is essential (e.g.

- capacity assessments or medical reports) and is subject to fees, this could delay or obstruct the fulfilment of statutory duties, potentially placing vulnerable adults at further risk.
2. **Inequity and Inconsistency:** Charging practices may vary across regions or services, leading to inconsistent access to protection and support depending on local arrangements or budgets.
 3. **Financial Burden on Local Authorities:** If GPs and AMPs routinely charge for participation in statutory processes, local authorities may face unplanned financial pressures, diverting resources from frontline services.
 4. **Undermining Multi-Agency Cooperation:** The legislation places a duty on public bodies, including health boards, to cooperate with local authorities. Charging for participation could be seen as contrary to the spirit of this duty and may strain inter-agency relationships, as well as raising ethical concerns about monetising statutory safeguarding processes.

Proposed Solutions

As a profession, social work is increasingly concerned about the ongoing, and potentially escalating, practice of charging for attendance at statutory meetings and for the provision of information required for such meetings. This trend risks creating a moral and ethical divide between the social work and medical professions.

Statutory involvement typically arises in situations involving vulnerability, abuse, neglect, fear, and illness, circumstances that demand a coordinated, multidisciplinary response in the best interests of the adult at risk. When charges are applied for professional participation in these processes, it introduces a dynamic in which one group of professionals may appear to financially benefit from the very issues that necessitate statutory intervention. This has been described by some as “monetising vulnerability.”

Social Work Scotland recognise a number of potential solutions to the issues of charging social work services for medial input, but these solutions may require significant legislative and/or contractual reforms. Therefore, the options below are structured in a way to suggest significant changes first, moving down to shorter term and localised solutions.

1. Legislative Reform

A national solution to this issue would be to amend relevant Acts to include a clear duty to cooperate and share information. This would include statutory obligations for GPs and AMPs to participate in assessments and case conferences.

2. Contractual Adjustments

Social Work Scotland does not believe that any professional intentionally seeks to profit from such circumstances. We recognise that these charges are a consequence of the way General Practitioners (GPs) and Approved Medical Practitioners (AMPs) are contracted to work. However, to address this issue at a systemic level, we propose that a second national solution be considered: the revision of GP and AMP contracts to include the following provisions:

- A duty to share relevant information;
- A responsibility to participate in statutory assessments;
- Clear and consistent guidance on what constitutes a chargeable activity.

It is essential that any contractual changes are grounded in strong moral and ethical principles. To that end, Social Work Scotland extends an offer to collaborate with the Office of the Chief Medical Officer for Scotland to communicate the benefits of a unified, financially unencumbered approach - one that prioritises the wellbeing of individuals and upholds the integrity of inter-professional collaboration. Key members of our Adult Support and Protection Subgroup, and our Mental Health Officers Subgroup, are open to assisting with these potential discussions.

3. Local Negotiations and Best Practices

If national solutions are not feasible, local arrangements should consider including the following factors:

- GP Subcommittee arrangements
 - No charges for sharing existing information
 - If charges are inevitable, only for additional work
- Use of Technology
 - Encourage video conferencing to reduce travel cost/charges
- Use of Standardised Templates to Request Information
 - For professionals unable to attend meetings, to ensure consistent and comprehensive information sharing
- Training and Awareness
 - Promote understanding of professional responsibilities and legal duties across disciplines

Conclusion

Professional social work in Scotland calls for a unified, ethical, and legally compliant approach to multi-agency working that prioritises the protection and rights of vulnerable adults over financial considerations.

Without legislative clarity and contractual obligations, disparities and financial burdens will persist. A national approach is preferred to ensure equity and consistency. Where this is not possible, local solutions must be guided by best practices that prioritise collaboration, cost-efficiency, and the wellbeing of vulnerable individuals.

As a profession, social work are concerned that continued (and potentially increasing) charges for attendance at statutory meetings, and the provision of information for such meetings, is beginning to create a moral and ethical divide between the social and medical professions. The types of issues that warrant statutory involvement can include vulnerability, abuse, neglect, fear, and illness. Any involvement under legislation requires professionals to come together in the best interests of the adult affected, and if charges continue, this means that one group of professionals are financially benefitting from the very issues that warrant actions under statute, a term which has been likened to “monetizing vulnerability”.

Social Work Scotland do not believe that any professional sets out to financially gain in this manner, and we appreciate that monetization is a result of the way GPs and AMPs are contracted to work. Therefore, we suggest that the second national solution could be to update GP and AMP contracts to include:

- A duty to share information
- Participating in statutory assessments
- Clear guidance on what is chargeable

It is important that the rationale for these contractual changes are underpinned by moral and ethical principles, and Social Work Scotland extend an offer to work with the Office of the Chief Medical Officer for Scotland to communicate the benefits to individuals of a joined up and financially unrestricted approach.

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