Documenting Safeguarding Concerns / Correspondence Within GP Medical Records: An Overview Guide

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Named GP for Safeguarding

Amended from a document produced by Dr James Higgins, Named GP for Safeguarding, Southport Clinical Commissioning Group.

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Introduction

Safeguarding of children and vulnerable adults is a vital role of the General Practitioner (GP).

GPs are in a unique position with regard to safeguarding as they often have oversight of a whole family and may therefore be privy to information both directly regarding a child or vulnerable adult, and also regarding their parents or caregivers. This information might give some insight into factors in the parent / carer that might impact on their ability to provide adequate care for that person.

As a result of the pivotal and "family focussed" role GPs play, they are frequently copied in to all manners of correspondence from a variety of agencies, and in some case might be in a strong position to piece together the jigsaw and identify a concerning pattern that might represent the risk of abuse.

Whilst a traditional "family doctor" or a single handed GP might well know their patients and their families intimately, the models within General Practice are ever changing: Different members of a family might now consult with different doctors within a practice; patients might consult with locum doctors deputising for a regular GP; patients might consult with GPs in the out-of-hours setting, or with different GPs in a "neighbourhood" and patients or families might move between GP practices. In view of this, it is vital that safeguarding concerns are adequately documented, in order to ensure that potential safeguarding concerns are recognised, and steps taken to protect a child where necessary. Consistency in documentation across practices allows this information to be readily identified as patients move, or as GPs consult with patients from different practices.

GPs often ask how certain reports or information should be handled in terms of recording, scanning and coding. This handbook of flowcharts will hopefully help to clarify these processes and will then establish some consistency with regards the documentation in Oxfordshire.

There may be correspondence received which is not detailed within these charts. There may also be times where the flowchart's suggestion does not seem appropriate for whatever reason. Where there are any concerns, please feel free to contact the Safeguarding team at Oxfordshire CCG for further discussion and clarification.

10 Top tips when documenting possible safeguarding concerns.

1. Document clearly what you have been told, by whom, and what you have done and plan to do with the information.

2. Record information factually. Where opinion must be stated, ensure it is clear that this is opinion.

3. When consulting with a child / vulnerable adult, document whether they have come alone, or if accompanied document who by (ask, don't presume…)

4. Use standard codes – this enables practitioners to see immediately if there have been historic concerns. Using consistent codes is also safer when patients move between practices, or consult other clinicians within a "neighbourhood".

5. Use standard codes EVERY TIME there is new information. Adding a "review" to the pre-existing code enables practitioners to "pull together" all relevant consultations easily.

6. See the child / vulnerable adult within the context of their family / carers. See the child behind the adult and the adult behind the child. Where you have concerns about a child, explore the siblings and care-givers records to see if there is a pattern of concerns. Where relevant, document concerns on the notes of all close family members.

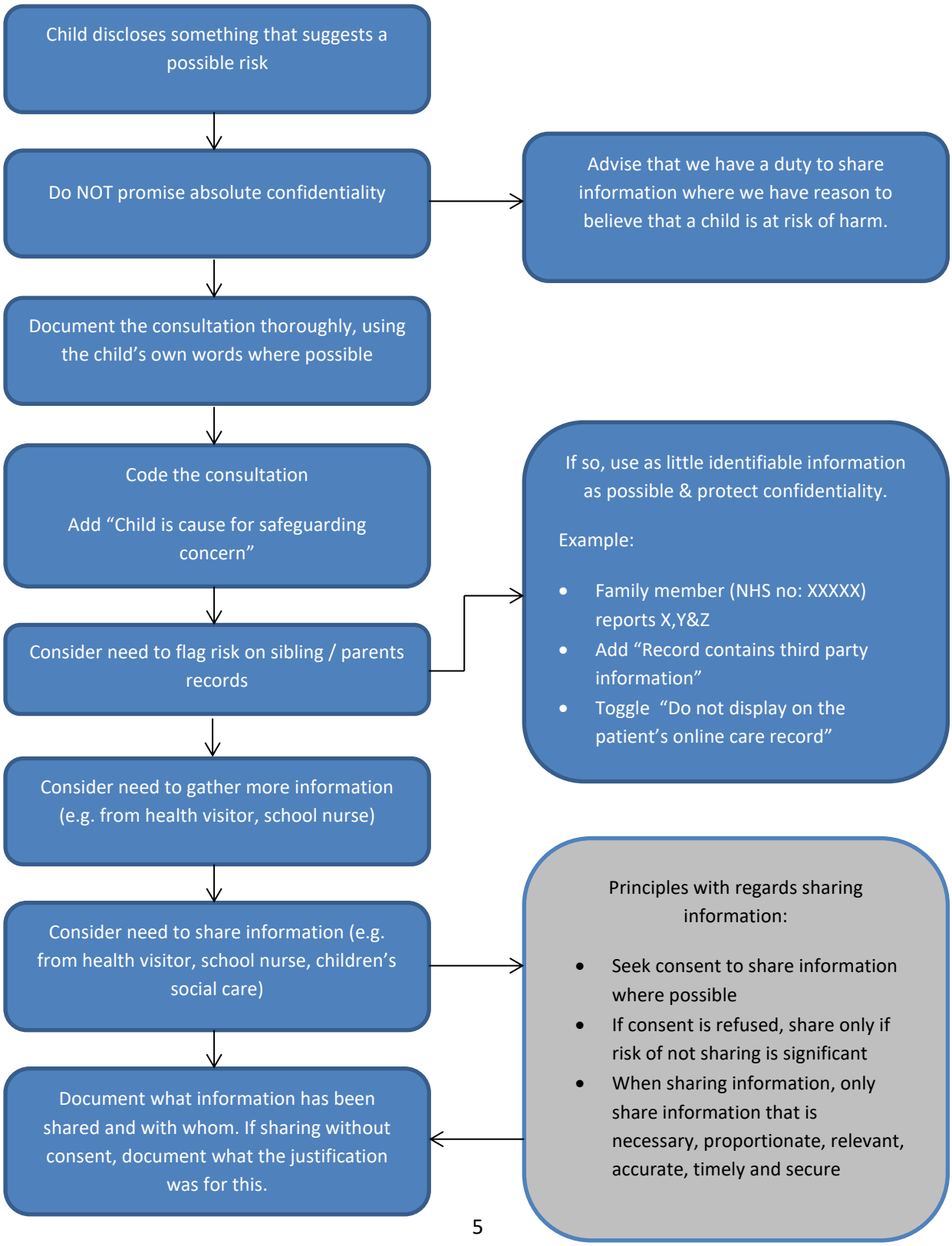
7. When documenting third party information on medical notes try to keep it anonymised (E.g. "family member (NHS no. XXXXXXXXX) in household is alcohol dependent"). Only document third party issues that are significant.

8. If it is felt necessary to record non-anonymous third party information, then ensure there are adequate flags to enable it to be redacted. The code "Record contains third party information" will help with this. Note that in the EMIS Problem list, a code will be visible unless when entering it, the dialogue box is checked to exclude this. In this situation, professionals will not be aware of a concern unless the code is a specific 'flagged' code eg 'child is cause for safeguarding concern' when the professional will be alerted by a flag even though an entry does not appear in the Problem list. Where consultation entries contain third party information, toggle the online visibility to: "Do not display on the patient's online care record" to ensure the information is kept confidential.

9. Ensure that before any records leave the practice to external agencies (e.g. solicitors etc.) that third party information is sought out and redacted as appropriate. This should include ALL entries with the relevant code attached, and any entries marked as unsuitable for online viewing. In addition, child protection case conference minutes and MARAC reports while forming part of the primary care record, are not documents owned by the practice. Permission to share these must be sought or the documents must be redacted.

The GP consultation – Potentially vulnerable or “at risk” child

During a consultation in Primary Care it might become apparent that a child might be at risk as a result of something in their own health, or that of their parents or caregiver(s). It is important to ensure that this consideration is documented and risks balanced / discussed / shared as appropriate.



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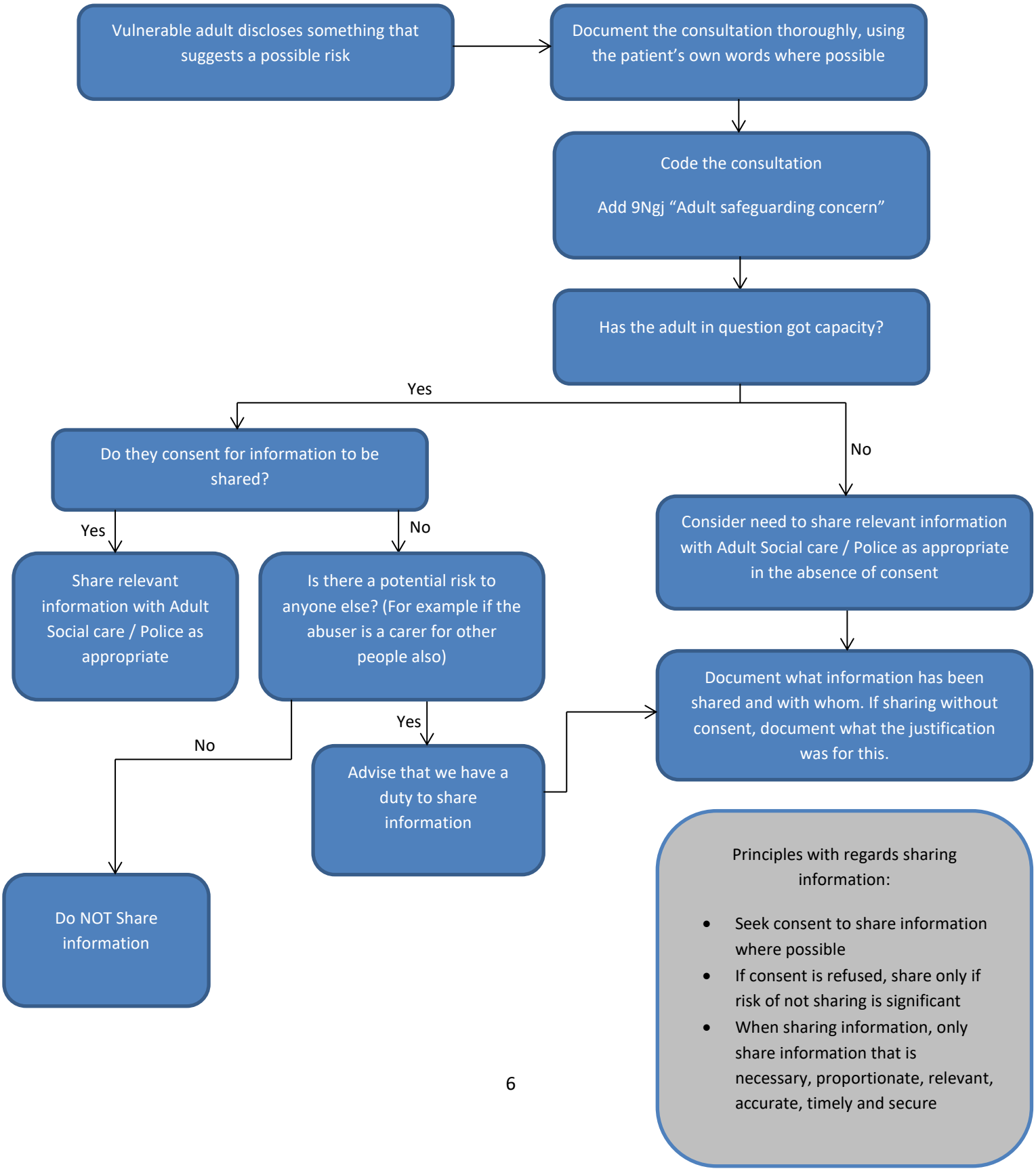
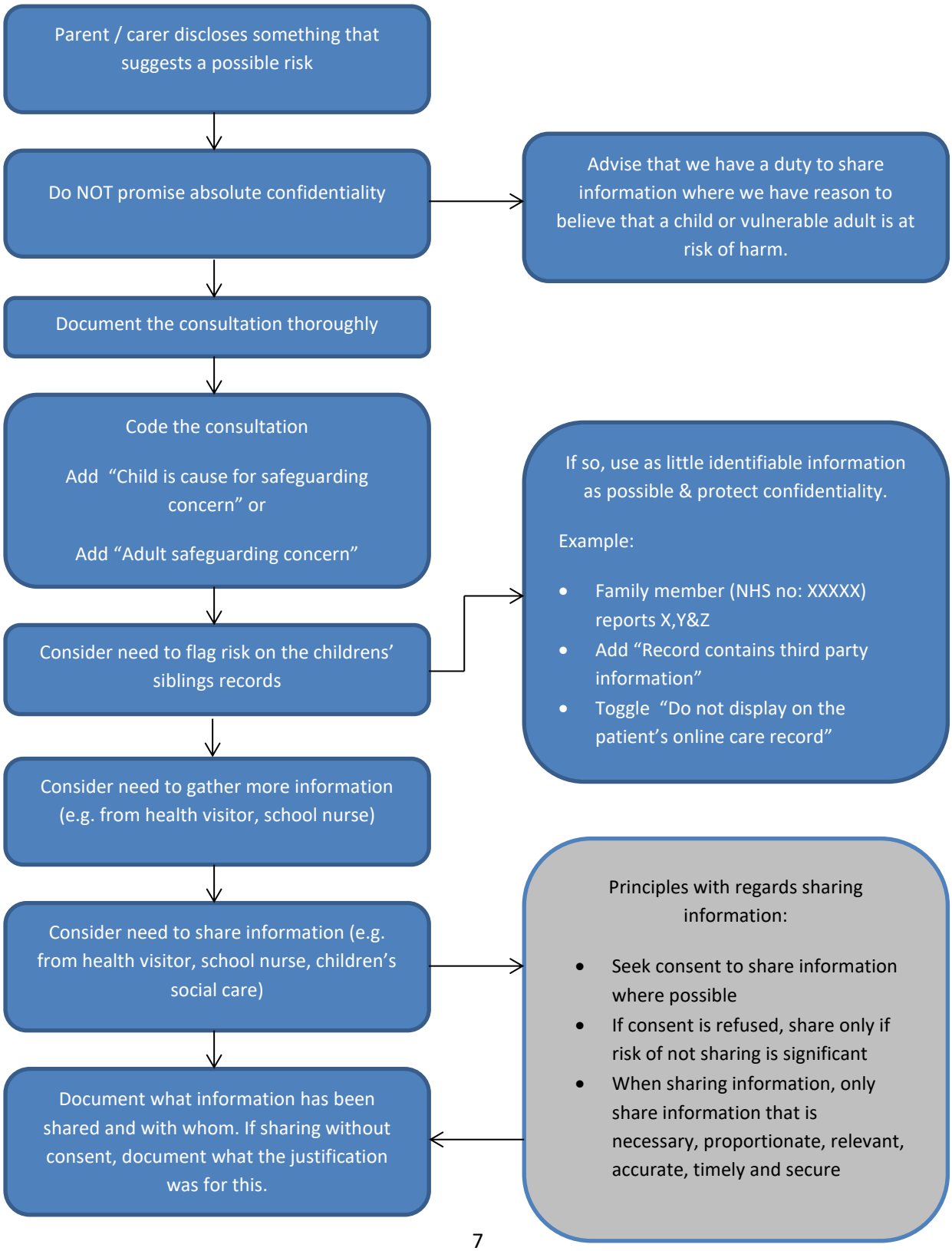
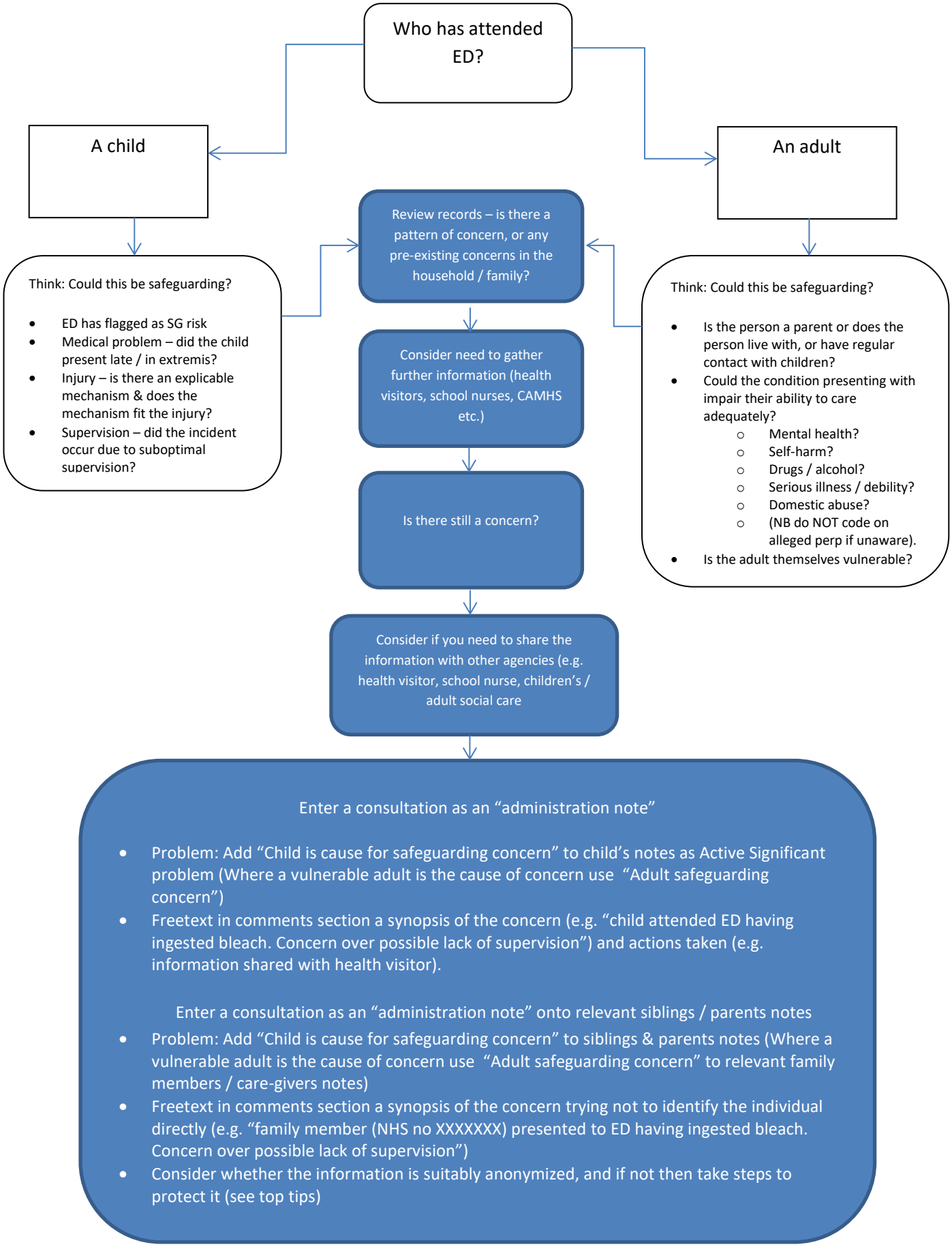


The GP consultation – Parent or carer posing a potential risk

During a consultation in Primary Care it might become apparent that a child or vulnerable adult might be at risk as a result of the health of their parents or caregiver(s). Examples of circumstances where this may be relevant include (but are not limited to) cases of mental health, learning difficulties, substance misuse and domestic abuse. It may also be relevant when a parent / carer has a significant physical illness that might impair their ability to fulfil their caring responsibilities.

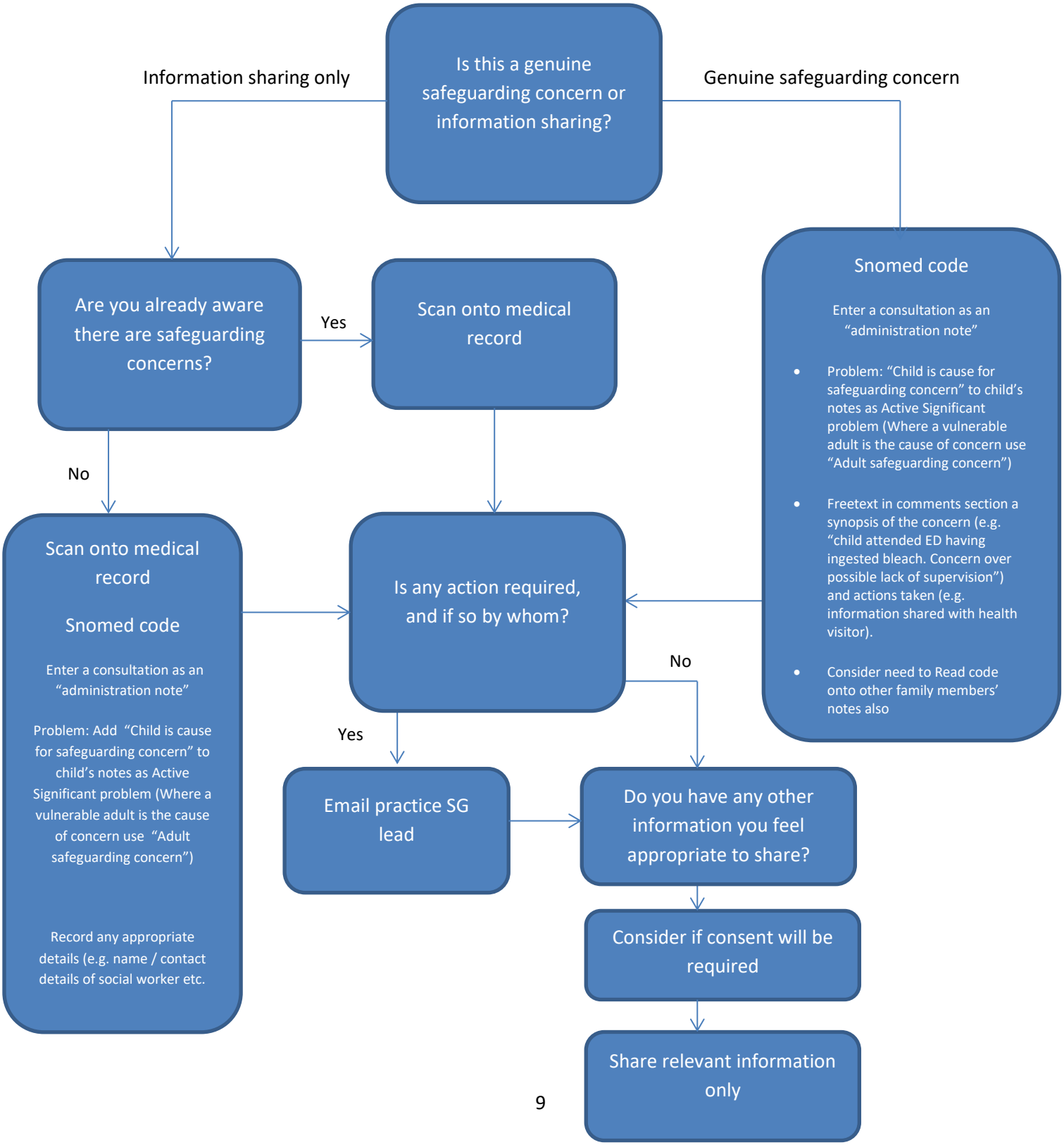


ED Attendance report received



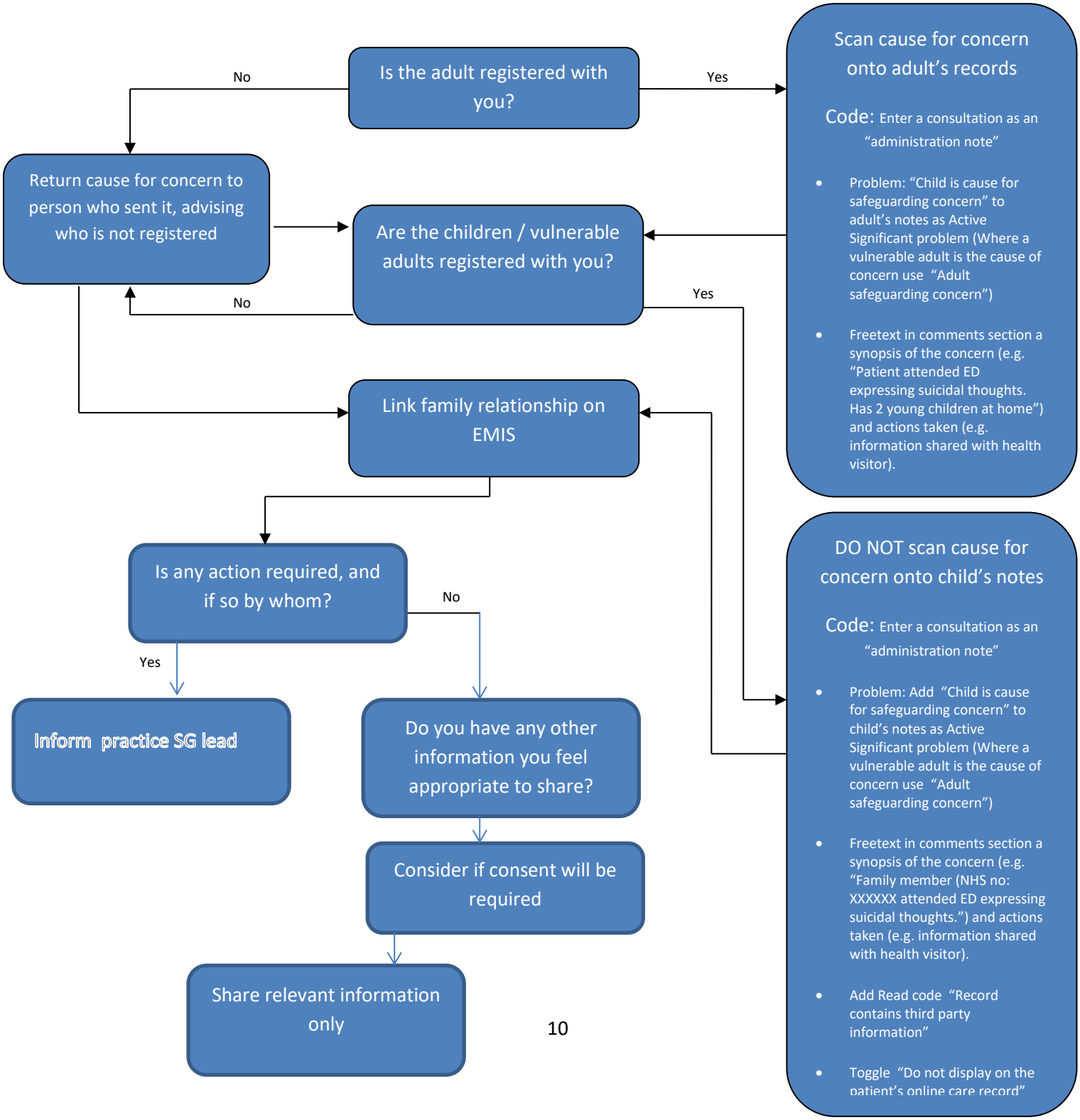
"Cause for Concern" - CHILD

What is this? A notification from another agency (usually the FT) wherein a possible safeguarding issue has been identified. These might relate to a child, a vulnerable adult or a parent/care giver. They are sometimes also used to share non-safeguarding information about a child who has an allocated social worker.



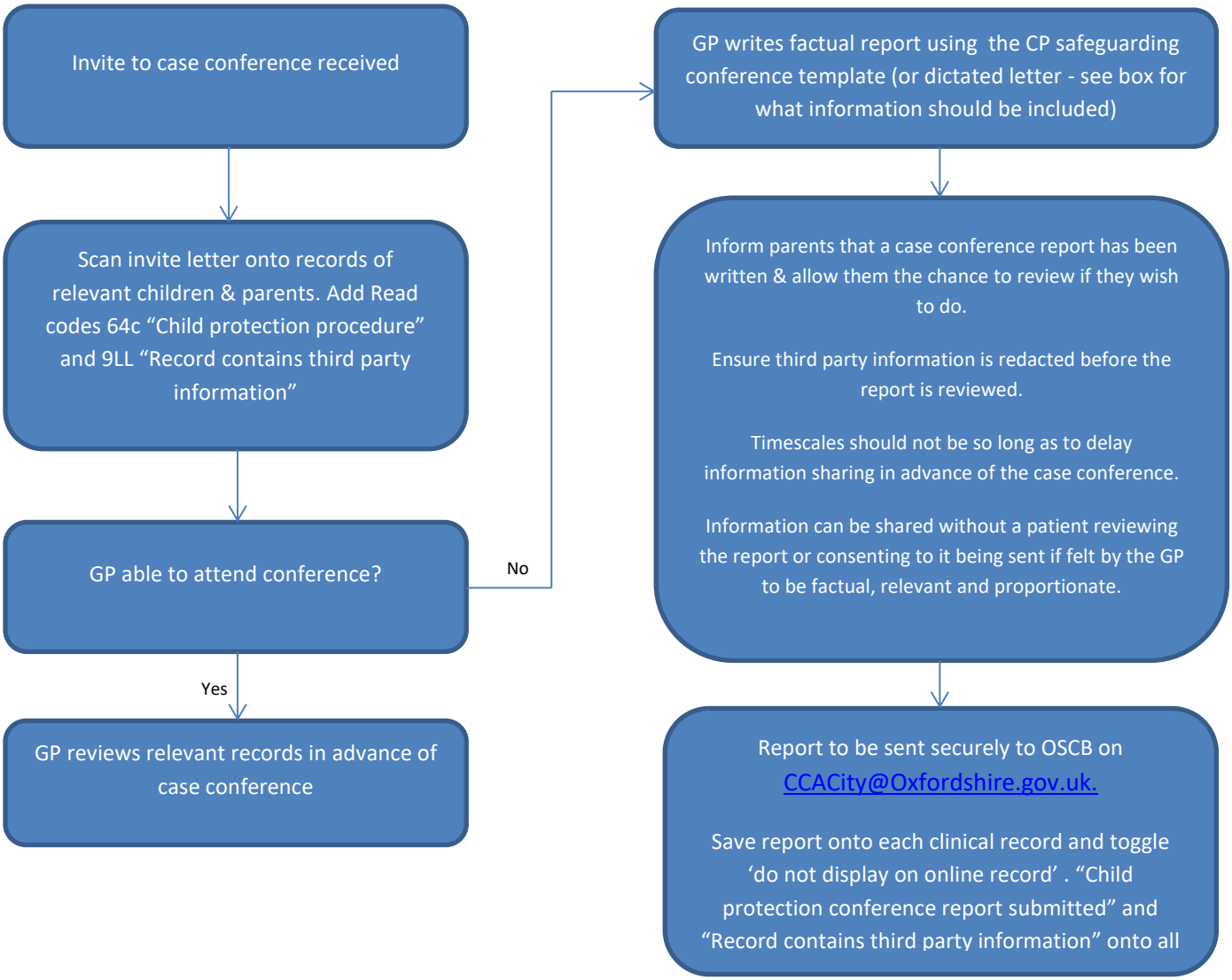
"Cause for Concern" – ADULT

What is this? A notification from another agency (usually the FT) wherein a possible safeguarding issue has been identified. These usually relate to a presentation by an adult who has responsibilities as a parent/care giver that has given cause for concern. The cause for concern will usually list the names of the children, though will have the adult ED attendance note attached. They are commonly used if a parent attends with drug or alcohol use, mental health problems or self-harm, or if there is suspected or alleged domestic abuse.



Invitation to Child Protection Case Conference

Child protection case conferences are multi-disciplinary meetings held to discuss individual children or families when there are significant concerns of abuse or neglect. GPs are informed when these meetings are to be held and are invited to attend. If unable to attend, the GP who knows the family best should make apologies and provide a factual report of the relevant information from the records of the relevant children and parents / significant caregivers. Whilst it is best practice to gain consent from the parents to disclose information, concerns are usually at a significant enough level to share relevant information without consent is refused or unobtainable.



Information to consider including in a CP case conference report:

Children:

- Birth history / neonatal history (if relevant)
- Development (if relevant)
- Current Medical problems, prescribed medication & compliance
- Significant past medical problems
- Current / past psychological & emotional problems
- Number of missed appointments / DNAs at practice.
- Other services involved in past & at present (e.g.: Paediatrician, CAMHS, SLT, orthoptics, A&E / OOH attendances)
- Number of DNAs with other services
- Immunisation history
- Historic safeguarding involvement
- Current safeguarding concerns & overview

Adults:

- Relationship to the child
- Significant health issues that might impact on ability to provide safe & consistent care (e.g. mental health issues, learning difficulties, physical health complaints that might impact on parenting capacity)
- Relevant medication that might impact on parenting capacity
- Compliance with medication (where relevant)
- Any known drug and/or alcohol issues
- Any known domestic abuse
- Any other professionals working with the family

Overview:

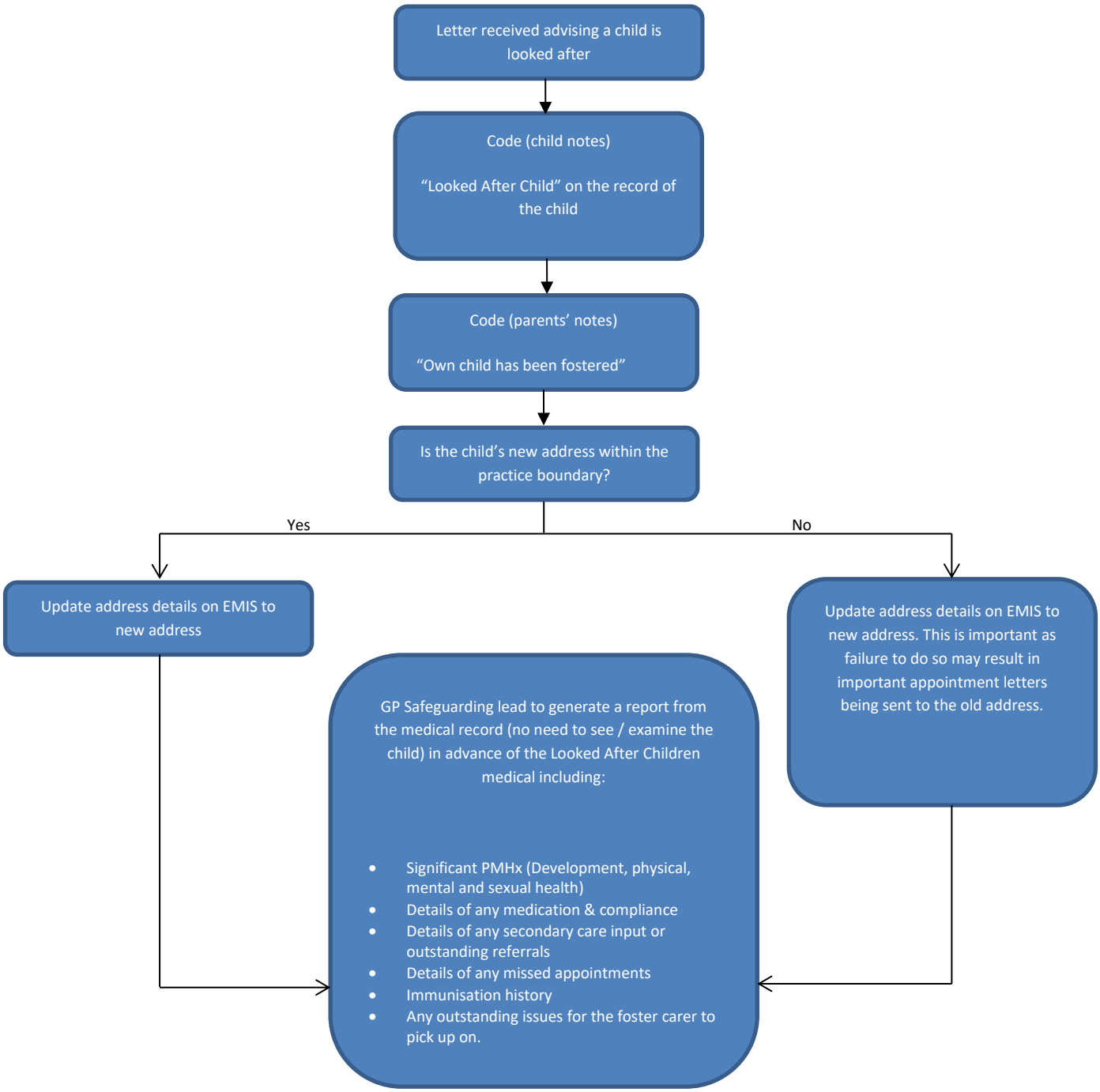
- Any specific actions that you would request the conference to address (e.g. asking to ensure the child is brought for imms / asthma review etc.)

Child Protection Case Conference Minutes

These are the minutes taken during the child protection case conference. They will detail all of the issues that lead to convening the case conference as well as details about all of the strengths & concerns around the child that were discussed at the conference. Towards the end of the report it will be confirmed which children (if any) have been made subject to multi-agency child protection plans (CPPs), or which children have been stepped down from CPPs

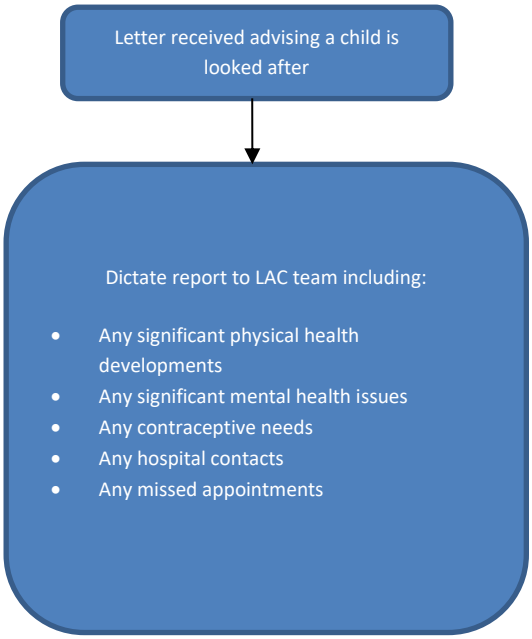
Looked after Child Notification

The Looked After Children (LAC) team will alert a GP practice when one of their patients becomes a "Looked after Child". This usually means that they have been taken into foster care, which could be with a formal foster carer or with a family member. Sometimes they will be "looked after at home", meaning that social services will have responsibility for the child, but they will still be living at home with their parent(s). Looked After Children are often very vulnerable & may have significant unmet health needs as a result of historic abuse or neglect.



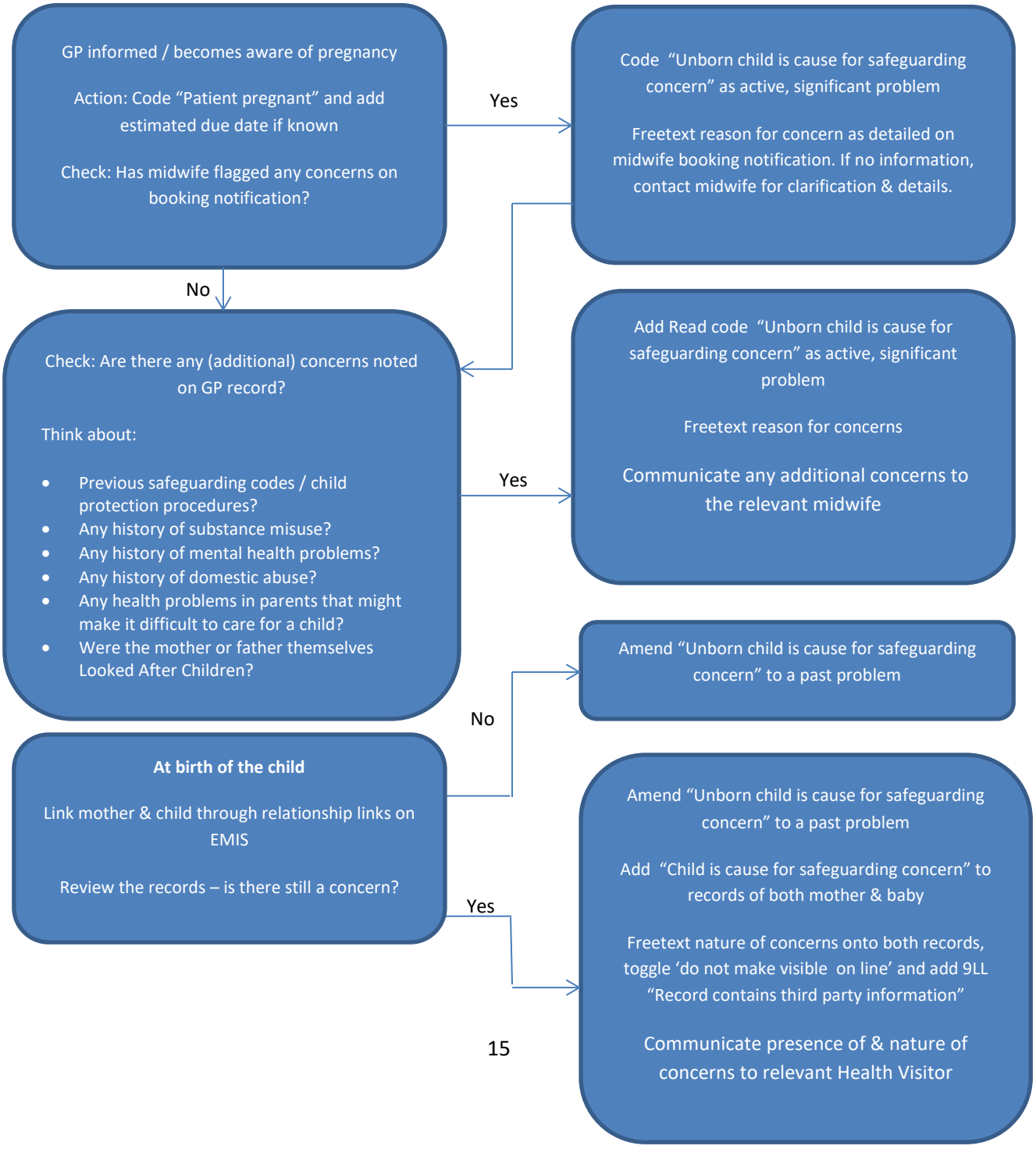
Looked after Child Review medical

The Looked after Children team undertake a review every 12 months to ensure that the child's needs are being met. As part of this review they need to understand about any current or outstanding health issues. As the child will have had an initial medical, this report need only describe the care since their last review.



Ante-natal booking concerns

A GP may become aware that a woman is pregnant through a number of means: The patient may advise the GP themselves, or the pregnancy might be diagnosed by the GP in surgery. Alternatively the GP might receive a report from the Early Pregnancy Unit advising of a viable pregnancy. When a woman books with a midwife the midwife will communicate to the practice that a woman is pregnant and the ante-natal booking blood results will also be sent to the GP practice via the lab-links system. The midwives can communicate to the practice if they have concerns, but it is also important that the GP communicates with the midwife, as they may be aware of other concerns also.

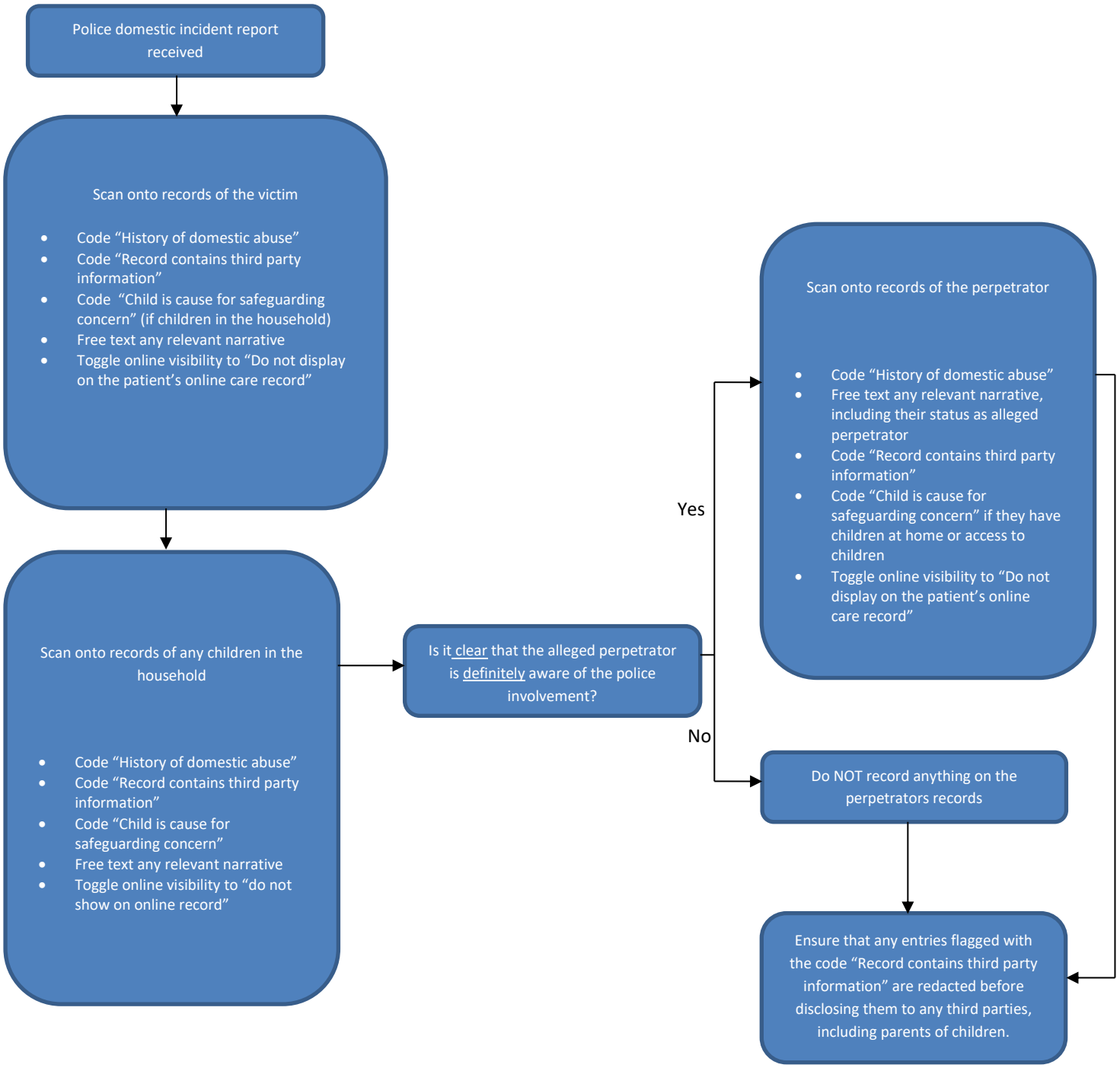


"Did Not Attend" / "Was not brought" (secondary care)

GPs are sent copies of letters from hospital advising when a child "Was not Brought" to an appointment (a.k.a. "Did not Attend" or "DNA"). It is important to consider safeguarding in such circumstances as a child cannot choose whether or not to attend an appointment themselves and failure to do so might mean their medical needs are not met. This could form part of a pattern of neglect.

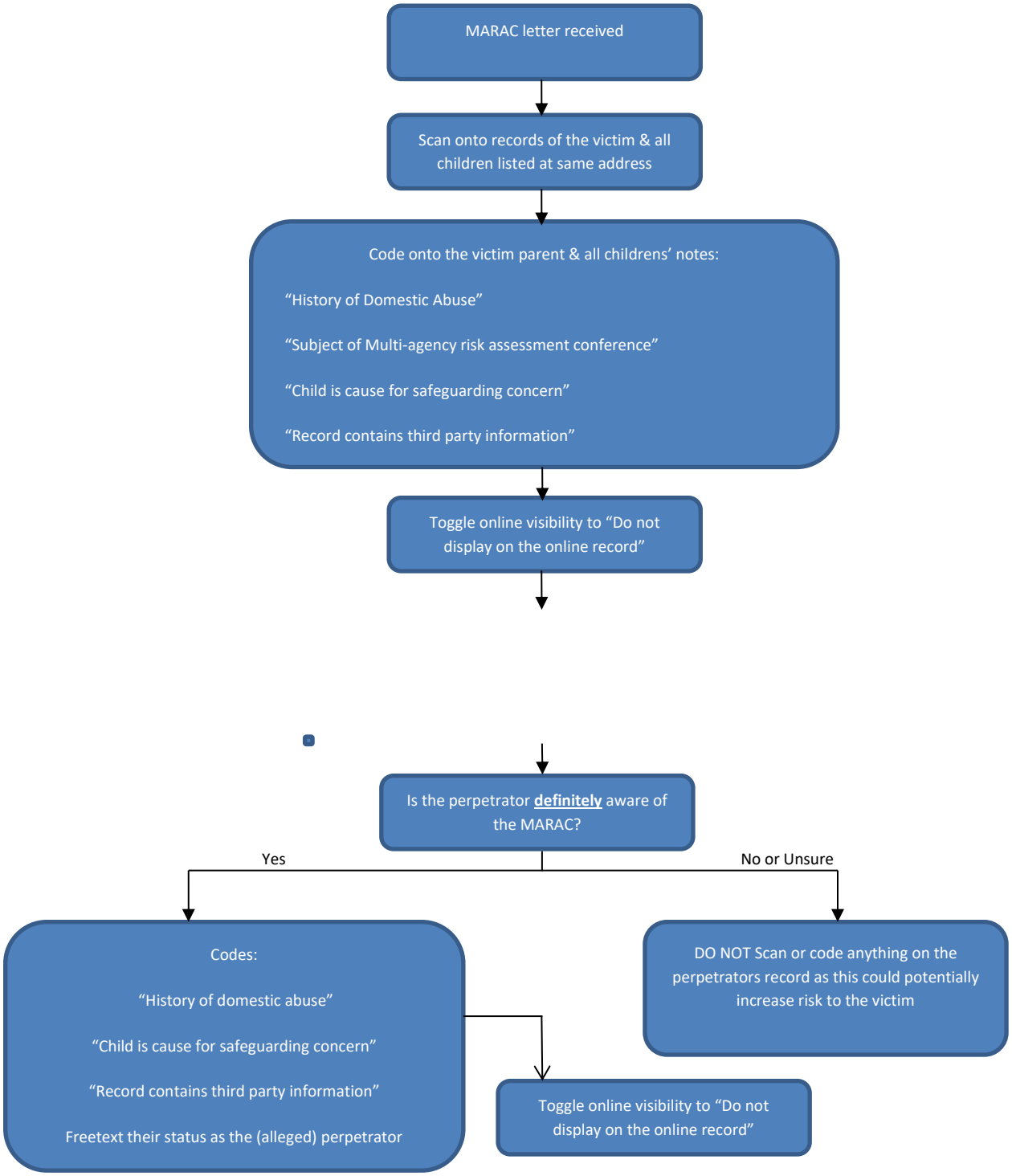
Police report about domestic abuse

When the police are called to a domestic incident they may choose to share this fact with the victim's GP. They will always send a report when there are children at home or if the level of risk to the victim is felt to be very high. This is based upon the DASH checklist. It is very important that any reports of domestic abuse are handled sensitively and that confidentiality is guarded closely, as accidental disclosure to the perpetrator could increase the risk to the victim dramatically.



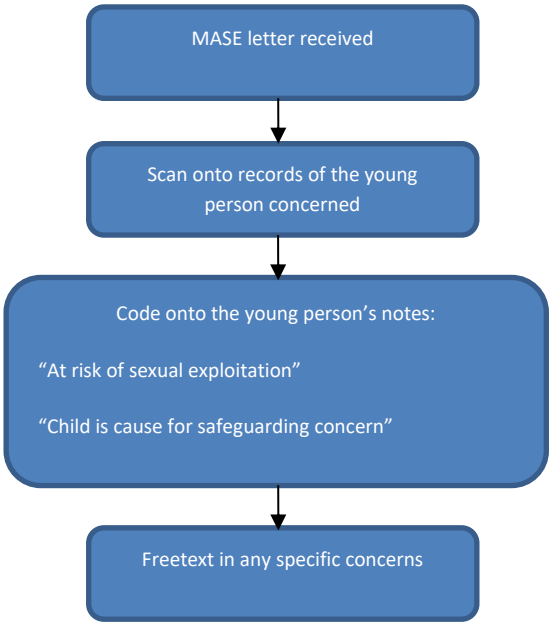
MARAC Notification

MARAC (Multi-Agency Risk Assessment Conference) is a process wherein professionals from various agencies (health, social care, police etc.) meet to discuss cases of very high risk domestic abuse to help develop a safety plan for the victim & their children. The cases discussed at MARAC are those where there is felt to be a significant risk of severe harm or even domestic homicide. Full minutes of the meeting are not presently circulated to GPs, but can be obtained by contacting Oxford Health Safeguarding team (who support Health Visitors) if required.



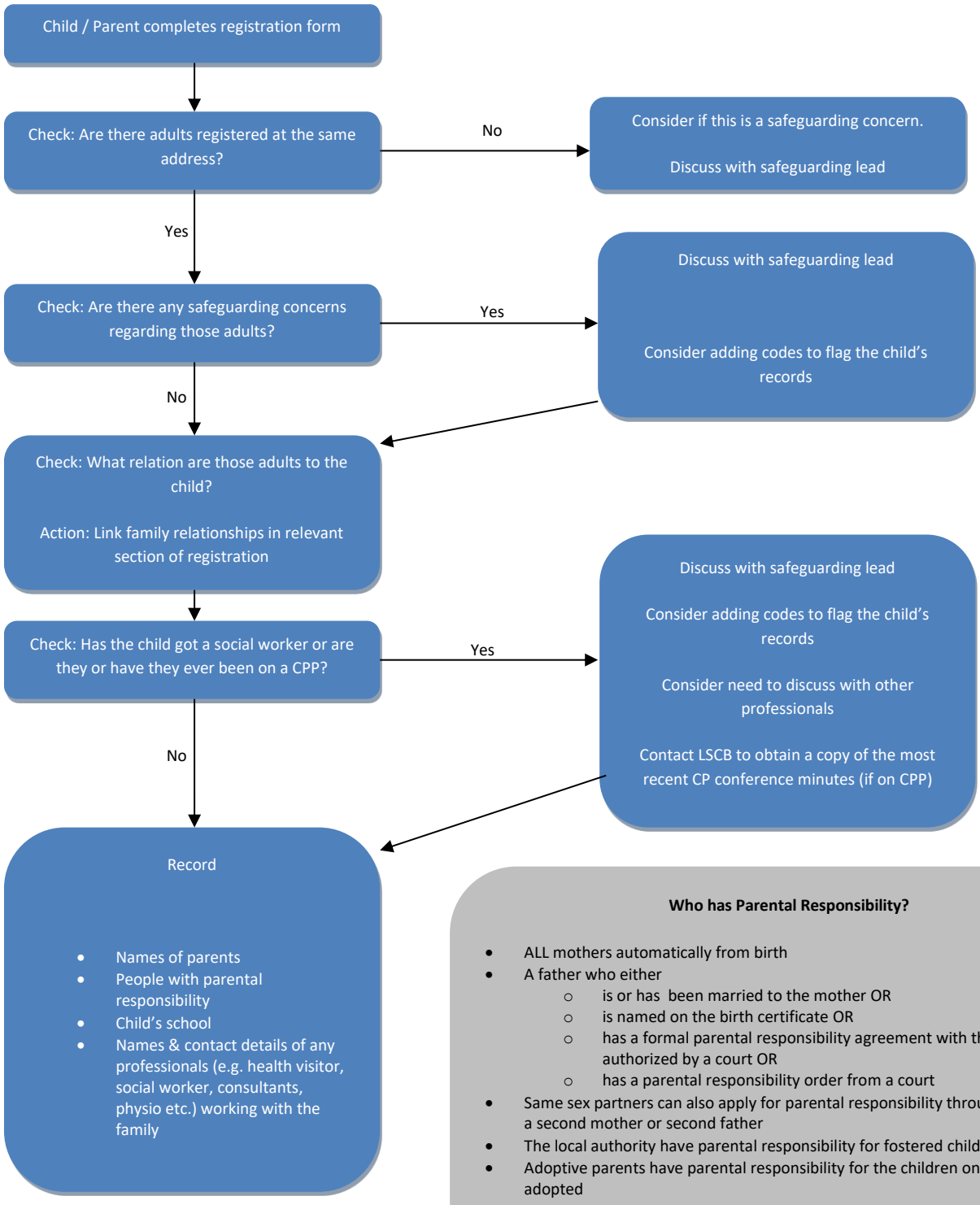
SE Notification

MASE (Multi-Agency Sexual Exploitation) conferences are multi-agency meetings convened when a young person is felt to be at high risk of sexual exploitation. At present GPs are not asked to contribute to MASE conferences but are informed after one has taken place. Full minutes are not presently circulated to GPs but can be obtained by contacting Kingfisher Team on 01865 309196 if required.



New patient registration of a child

It is good practice to identify any possible safeguarding concerns as early as possible. This is especially true when a patient registers with a practice as the records can take many weeks before they are transferred and summarized. Registration can be a good opportunity to confirm who is living with a child & to determine the family relationships within a household.

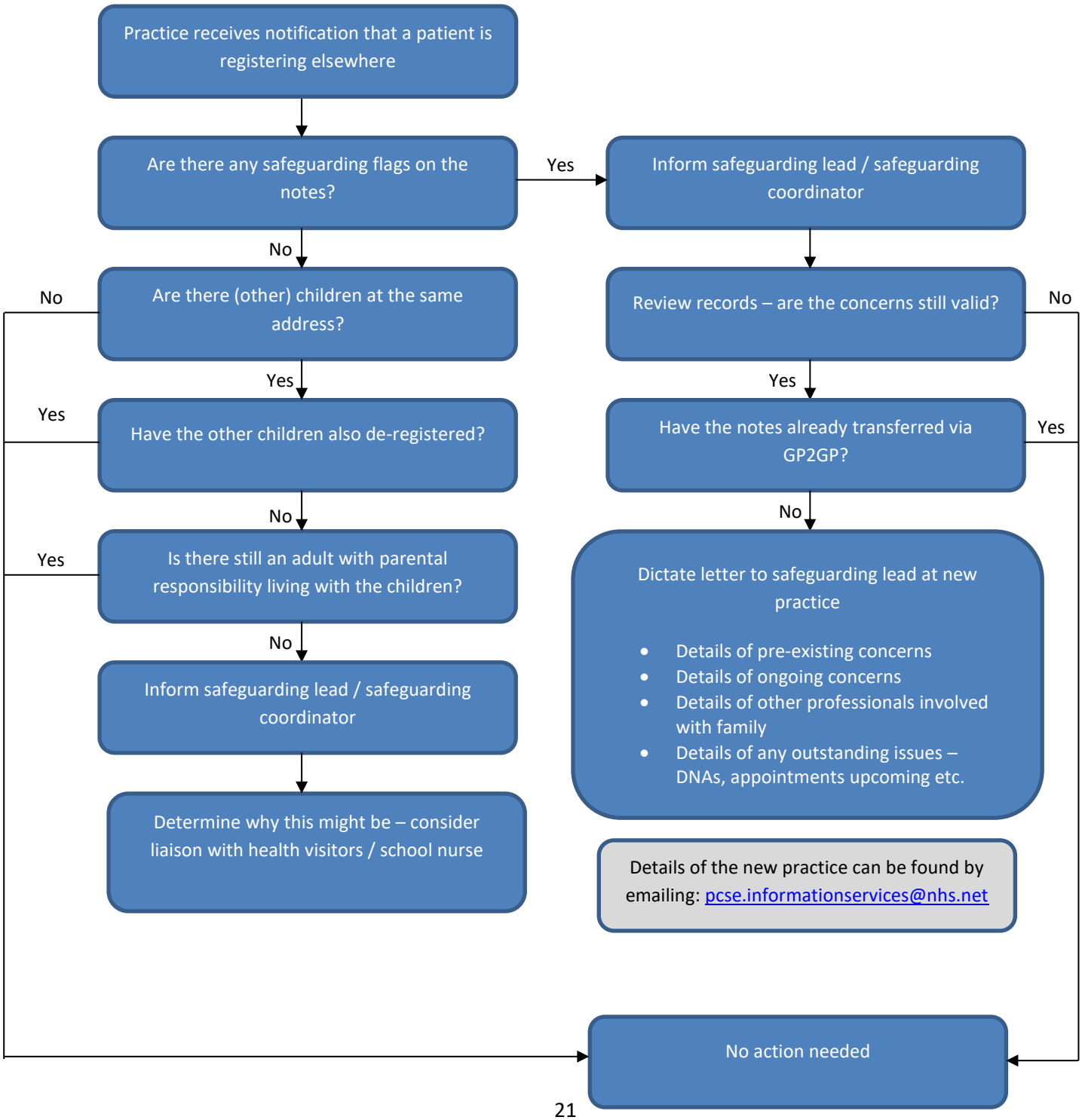


Who has Parental Responsibility?

- ALL mothers automatically from birth
- A father who either
  - is or has been married to the mother OR
  - is named on the birth certificate OR
  - has a formal parental responsibility agreement with the mother authorized by a court OR
  - has a parental responsibility order from a court
- Same sex partners can also apply for parental responsibility through the court as a second mother or second father
- The local authority have parental responsibility for fostered children
- Adoptive parents have parental responsibility for the children once formally adopted

Patient Leaving Practice

The time when patients move between practices can be a risky time regarding safeguarding. Notes can sometimes take a while to transfer to the new surgery & there can be a further delay before these are summarized. Furthermore, some abusive families can deliberately move practices frequently and consult different healthcare providers in an attempt to avoid detection. It is imperative therefore that safeguarding concerns are communicated early to help reduce this potential risk.



Appendix 1: Suggested Codes

Note: all of these SNOMED CT codes will map directly from your old Read codes

Snomed CT	Whose notes should this be applied to?	When should this code be applied?
"Child is Cause for Safeguarding Concern"	Child in question & all relevant family members	All situations where child maltreatment / risk is considered a possibility. This code could feasibly be used for all potential safeguarding issues as it then allows them to be easily linked together, so the free text entries can bring the context. This will likely be the most commonly used safeguarding code. Please note is does not appear as major active problem but a flag will appear on notes.
Child no longer safeguarding concern	All relevant children and family members	When after balancing the information previously coded under 'Cause for safeguarding concern' code it is felt that there is no longer a significant risk to the child / children This is a KILL code, which will remove the previous "Child is cause for safeguarding concern" CP alert & pop-up
"Child is cause for concern"	Child in question	Situations where something might make a child at risk, but not significant enough in isolation to warrant the previous code (for example a first attendance at ED after ingesting washing powder, or wherein a parent has mild-moderate depression not presently affecting parenting capacity) No flag will appear on the notes with this code.
Child not brought to appointment	Child in Question	When a child fails to attend an appointment at the practice or in secondary care.
Initial child protection conference	All relevant children discussed.	Record outcome if not placed on child protection plan
Review child protection conference	All relevant children discussed	
Subject to Child Protection Plan	All relevant children made subject to child protection plans	Following a CP case conference whereupon the children were placed onto a child protection plan
Child no longer subject to child protection plan	All relevant children who were previously on child protection plans	When a child is taken off a child protection plan after a case conference This is a KILL code, which will remove the previous "Subject to Child Protection Plan" CP alert & pop-up
Family member subject of child protection plan	Parents of children made subject to child protection plans	Following a CP case conference whereupon the children were placed onto a child protection plan
Family member no longer subject of child protection plan	Parents of children who have been removed from a child prtection	When a child / family are taken off a child protection plan after a case conference

	plan.	
Unborn child subject to child protection plan	Pregnant woman and the father of the child	Following a CP case conference whereupon the unborn child was placed onto a child protection plan
On child protection register Child protection register Child protection plan		Suggest don't use these as they can confuse
No longer on child protection register		'KILL' code for the codes above
Child in need	Child now subject to child in need plan	Following information from case conference
Child no longer in need		Following information from case conference/social worker
Looked after Child	Child who has become "Looked After"	When you are alerted that a child is now formally "Looked After".
No longer subject to looked after child arrangement	Child who was previously 'Looked After'	When a child is no longer formally "Looked After", for example if after investigation they are returned to the care of their parent(s) or if they reach an age whereupon they are no longer the responsibility of the state.
Own child has been fostered	Parents of the child who has become formally "Looked After"	When you are alerted that a child is now formally "Looked After".
Own child has been adopted	Birth parents of the child who has been adopted	When you are alerted that a child has been adopted.
At risk of Sexual Exploitation	All relevant children	Where it is identified that a child is a risk of CSE, for example if identified as high risk within the practice, or is discussed at a MASE (Multi-Agency at risk of Sexual Exploitation) conference
Victim of sexual exploitation	Child or adult	When a child or adult is known to have been victim of SE
History of Domestic Abuse	Victims and children within the household as relevant. Perpetrator when you are CERTAIN that they are aware of the disclosure. (See flowchart)	When you become aware of domestic abuse within a household. Please refer to more detailed flow chart detailing what information should be stored within records & how this can be kept confidential.
Subject to Multi-Agency Risk Assessment Conference (MARAC)	Victim and children referred to within the letter	Where you are advised that a family are being discussed at a Multi-Agency Risk Assessment Conference (MARAC) for high level domestic abuse.
Referral to MARAC	Victim and children if referral made	
Receiving home tuition	Any relevant child	Potentially to age 18. NB home schooling is not an indicator/risk factor of abuse but should alerty the clinician that it is possible no other agencies are aware of child.
Adult safeguarding concern	All relevant vulnerable adults or caregivers who give rise to concerns	When there is reason to suspect that a vulnerable adult might potentially be at risk of abuse or neglect, either as a result of something relating to themselves, or potentially as a result of something regarding their carers or environment
Adult no longer	All relevant vulnerable	When you feel that they are no longer at a raised

safeguarding concern	adults or caregivers	level of risk.
Lacks capacity to give consent	When consent sought	
Lacks mental capacity to make decision	When decision to be made	
Standard authorization deprivation of liberty MCA 2005 given	The person subject to a DOLS	When you are informed that a person has been made subject to a Deprivation of Liberty Safeguard (DOLS)
No longer subject to deprivation of liberty under MCA 2005DOLS	The person no longer subject to DOLS	When you are made aware that a person is no longer subject to a Deprivation of Liberty Safeguard (DOLS)
Subject of Multi-Agency public protection arrangements(MAPPA)		
Victim of modern slavery		
Record contains third party information	Every relevant consultation	Add this code to every consultation where third party information is mentioned or where you feel that inadvertent disclosure of the contents of the consultation to a third party might pose a risk. This allows the consultations to be easier found & redacted.