

## Supporting child protection reports in general practice

### Introduction

Mature System and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) run services in a more coordinated way, agree system-wide priorities, and plan collectively to improve services for their populations.

Safeguarding processes are jointly shared between local authorities, the police; and health, and rely on those systems working together efficiently and sharing information.

The importance of safeguarding activity for children and young people in general practice is widely understood and supported; protecting them, preventing serious harm and even death.

However, the processes supporting this activity (requesting child protection reports and attendance at case conferences) do not consistently recognise the workload consequences for general practice, with already under pressure resources being diverted away from delivering direct patient care.

STPs and ICSs are required to review legacy local processes and funding arrangements to ensure effective safeguarding practice in general practice is in place and supported (including resourcing).

Features of a well-developed supporting local systems will:

- enable both local authorities and GP practices plan for safeguarding workload in advance as far as is possible
- recognise the impact short notice and urgent safeguarding requests can have on GP practice services.
- support timely and effective provision of information
- recognise resource consequences, including process for fees where applicable proportionate to workload/impact on delivery of core services

To support local systems this paper provides overview of the:

- Types of reviews conducted and available national data
- Key considerations for GP providers and local commissioners
- Examples of good practice

A separate paper (Annex 2) provides an overview of statutory, professional and contractual duties that apply on GP practices to clarify the position on ability to request funding for this work.

## Context

### Types of safeguarding reviews that take place that require sharing of information

- *Initial child or adult safeguarding investigation.* Where an initial referral has been made into the council and further basic information is required from all agencies to inform the plan of action, no GP report required.
- *Strategy Discussion (Child Safeguarding).* Where the decision is made as to whether to progress to a section 47 enquiry – no report from GP required.
- *Section 47 enquiry (Child Safeguarding).* The enquiry by the social work where a decision is made as to whether to progress to a case conference. No report from GP required.
- *Child protection case conferences (initial and review).* Where the plan is made to ensure the safety of the child(ren). The child(ren) may be put into care at this point. Report from GP required and case conference attendance usually requested.
- *MARAC (multi-agency risk assessment conferences) where a victim is at high risk of domestic abuse.* A multi-agency conference to discuss high risk victims of domestic abuse. Usually no GP report required but this may vary locally.
- *Safeguarding Adult conference.* A conference to ensure the safety of a vulnerable adult who is at risk of abuse. GP report may be required.

### Available data

Information is not collated nationally on safeguarding requests from local authorities however some relevant work has been conducted and gives an insight on payments to general practice.

A national audit was conducted in 2018 which revealed that of 44 CCGs who responded, no payments were made by councils in any area as part of collaborative arrangements for this work. Of the 44 CCGs:

- 6 CCGs made payments averaging £40 per report.
- In the other 38 CCGs, no payment was received by GPs doing this work.

### **Considerations from a GP practice perspective.**

From a GP practice perspective, it is clear there has been an increase in safeguarding activity, with:

- Improvements in safeguarding education is welcome and has had the desired effect of increasing protection.
- The number of 'cases' requiring GP input therefore increasing.
- This is at a time when workload pressures and recruitment problems in general practice are widely understood.

Notwithstanding the importance of complying with safeguarding requests GP practices nevertheless need balance the management of these with the need to deliver direct patient care:

- Drafting reports (and attendance at case conferences) can take an individual GP out of practice and away from delivering the direct patient care they are contracted to provide for the NHS. This is time away from seeing patients delivering direct patients care – some of whom may also be vulnerable. This is not often understood by local authorities requesting reports.
- Time taken to draft reports can vary but typically half an hour, sometimes longer and potentially much longer if supporting a serious case review.



- Attendance in person at a case conference (although not compulsory for GPs to attend) could take a GP out of practice for as much as half a day.



Locum support to GP practices to provide backfill is not universally available, can be hard to secure, is prohibitively expensive<sup>1</sup> and practices are not reimbursed the costs of locum cover under NHS contracts.

In addition, safeguarding activity does not impact equally on all practices:

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<sup>1</sup> National indicative GP locum rate in 2018/19 was £82.43 per hour but we know actual costs vary hugely

- There are demographics that would suggest that there are more safeguarding issues e.g. lower socio-economic demographics or more looked after children.
- Safeguarding activity in general practice is not just limited to GPs. Management of safeguarding requests can impact on the whole team, including the administrative staff. For example, practice team may pull together a chronology of events and draft the response for GP review and sign off.
- Practice nurses and other roles are increasingly key to supporting this activity and doing so more effectively by working at scale.

### **Considerations from a local authority perspective**

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people.

Safeguarding children and protecting them from harm is, however everyone's responsibility. Everyone who comes into contact with children and families has a role to play, particularly general practice.

It is clear that GP practices are not being funded and from a local authority perspective there is a desire to:

- Increase the response rate from GP practices to their requests
- Increasing the quality of reports submitted which can suffer when this work is not resourced
- Improve attendance from general practice at case conferences

Local authorities are also working within statutory timelines with 15 days to convene case conference from the decision to progress which means limited notice periods.

In summary, GPs are invited to and get the minutes from all Strategy Discussions, giving them at least 10 days to complete the conference report.

### **Case Study Examples**

#### Example 1 – Birmingham City Council

This is a long established arrangement (2010).

Birmingham City Council and the Local Medical Committee negotiated and agreed how requests by social workers for confidential information in relation to child care issues are to be correctly made; to assure that relevant consents had been obtained or, if not, the reasons why; that the nature of the concerns have been stated.

GP reports are remunerated under the "Collaborative Service" arrangements, paid for by CCG, with each report request including a standard medical fee claim form for completion.

Joint memorandum addressed to all GP practices and social workers explain the agreed procedures that apply and forms.

### Example 2 - Inspection of Leeds Safeguarding Children's Services

- Ofsted inspection of Leeds Safeguarding Children's Services (2011) identified notable lack of General Practitioner attendance at Child Protection Conferences and recommended action 'to improve the attendance of, and contribution from, General Practitioners at Child Protection Conferences'.
- Work undertaken between Primary Care and Local Authority Children's Services on:
  - Understanding how many GPs attend Initial Child Protection Conferences (ICPCs)
  - Whether reports are submitted by GPs for ICPCs
  - Whether or not apologies are sent if GPs are unable to attend
  - Raising awareness about the importance of GPs contribution to the child protection process.
  - Promoting conversations between the Case Conference Chair and GP and vice versa, particularly where a GP is unable to attend a conference
  - Exploring options for teleconferencing and for holding conferences within GP practice premises
- Work was also undertaken to:
  - Ensure that GPs are invited to all ICPCs and informed of RCPCs and request GPs to provide an update from the ICPC to the Chair.
  - Ensure that invites are sent in a timely manner
  - Establish email access for: invites to GPs, GP report submission, and for sharing minutes of conferences with GPs.
- Work through CCG named GP safeguarding leads has also:
  - offered training in relation to the child protection process and in particular what a "good" report looks like
  - Provided a tool for GPs to quality assure their own reports
  - Agreed with Child Services that GPs are not expected to attend all ICPCs and the chairs request attendance which GPs should priorities under certain situations, such as if the GP made the original referral, suspected Fabricated or induced-illnesses and additional health needs for the child.
  - Embed the report template into SystmOne and EMIS clinical systems, which prepopulates some information.
  - Developed a child and young persons template
  - The manager of Integrated Safeguarding Unit within Children's Services Department has met with the safeguarding lead GPs.
  - Agreed a process of escalation if GP practices are receiving requests which are not for a registered patient.

### Example 3. Swindon CCG – Local Enhanced Service (LES)

- Data from Swindon Borough Council, Quarter 1, 2017-2018:
  - Number of Case Conferences including initial and review: 155
  - Number of submissions to case conferences by GPs: 55
  - Percentage of case conferences where information was submitted by GPs: 35%
  
- In April 2018, Swindon CCG implemented a Safeguarding LES:
  - The main underlying reason for the process was to raise awareness and educate GPs on what they need to be sharing rather than to implement a payment system – the LES makes clear that this is *supportive* funding.
  - Estimated costs for the LES in Swindon (which has a population of 218,580 people) for one year based upon an average of 2 children per family and an estimated 720 case conferences per year is £28,800 per year.
  
- Introduction of the safeguarding LES has seen submission **rates increased from 35% to 96%** in practices who have submitted data via the LES for quarters 2 and 3 of 2018/2019. Please see Appendix 1 for a generic version of the Safeguarding LES.
  
- The CCG supported implementation by:
  - Setting up easy-to-complete forms tailored to General Practice (see Appendix 2 and Appendix 3)
  - Teaching GPs exactly which forms they are meant to be submitting to conference – teaching is via emails, visits to each surgery, and conversations with practice safeguarding leads.
  - Teaching GPs which information is important to include when completing the form
  - Ensuring that all forms can be accessed directly through the IT system, Systmone, and auto - populated as far as possible
  - Setting up a LES claim form completely in alignment with the LES (see Appendix 4 and worked example Appendix 5) and helping administrators understand how to complete it.

All appendix referenced can be found here:

<https://www.england.nhs.uk/primary-care/primary-care-commissioning/primary-care-resources/>