

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Safeguarding GP Service Specification
Commissioner Lead	NHS Lincolnshire Integrated Care Board (ICB)
Period	1 st April 2023 – 31 st March 2024
Date of Review	March 2023

1. Population Needs

1.1 National/local context and evidence base

Safeguarding Adults and Children is a core statutory duty of General Practice staff and this specification is in recognition of the increasing amount of time that GP practice staff are investing in safeguarding activity. The ultimate aim is to promote and improve standards of safeguarding across Lincolnshire.

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children, young people and adults in their area. They have a number of statutory functions under the 1989 and 2004 Children Acts which include specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. The Director of Children’s Services and Lead Member for Children’s Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions.

Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

Under section 10 of the same Act, a similar range of agencies are required to co-operate with local authorities to promote the well-being of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

(Working together to safeguard children 2018 - A guide to inter-agency working to

safeguard and promote the welfare of children):

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

This service is designed to provide a supportive payment to enable Practices to develop their safeguarding infrastructure and processes to effectively safeguard their patients. In particular, to provide all relevant information from the GP Practice to relevant agencies in the form of reports or requests for information to safeguard those patients at risk of harm.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Y
Domain 2	Enhancing quality of life for people with long-term conditions	Y
Domain 3	Helping people to recover from episodes of ill-health or following injury	Y
Domain 4	Ensuring people have a positive experience of care	Y
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Y

2.2 Local defined outcomes

To ensure that GP's engage with their safeguarding responsibilities:

1. The Working Together to Safeguard Children document sets out how individuals and organisations should work together to safeguard and promote the welfare of children.
2. The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children and vulnerable adults.
3. Clear effective communication regarding safeguarding is a professional responsibility of all disciplines. This service reflects the additional work that the Practice will need to do in order to set up this communication.
4. The specification also aims to standardise the quality and timeliness of reports from general practice

3. Scope

3.1 Aims and objectives of the service

To ensure that all relevant information is submitted by GP's in a timely fashion to the appropriate agencies when information is requested to safeguard children or adults at

risk of harm.

There is also an expectation that practices will:

- Maintain a level of safeguarding training for practice staff of 90% - in line with the safeguarding adults and children intercollegiate document
- Maintain a practice safeguarding training register
- Aim for practice attendance, when appropriate, at GP safeguarding forums hosted by the ICB Safeguarding Team
- Have up-to-date safeguarding policies and procedures in place
- Return requested reports within the agreed timescales
- Submit requested reports electronically where possible
- Maintain full participation in the safeguarding review process including the production of Individual Management Reports (IMR) and Agency Narrative Reports (ANR).
- In some instances, and where the GP knowledge of the individual is fundamental to the case conference, attendance in person is expected. If you are not able to attend in person due to short notice you must still provide the relevant information for the meeting. This can be through a telephone or video conference call, in a written report or by discussing the information with another professional so they can give an oral report at the meeting
- Participate in qualitative audit of safeguarding reports if required

(please refer to the GMC guidance for further information)

3.1.1 Payment Terms

A payment per report submitted will be made, where all relevant criteria has been met as detailed in this service specification.

Specifically, as per NHSE guidance, payment will be made for the provision of a medical report for the following:

1. Initial Child Protection Conference
 2. Review Child Protection Conference
 3. Multi Agency Risk Assessment conference (MARAC)
 4. Section 42 Adult Safeguarding enquiry
- There will be a £101.80 payment for completion of a 60 min or 'complex report' an example of this is an Initial Child Protection Conference Report
 - There will be a £50.90 payment for completion of a 30 min or 'simple report', examples of this are reports for MARAC and Review child protection reports and safeguarding adult enquiries.
 - Where attendance by the GP is required, and this is in the best interests of the case conference, then payment will be made at the same sessional rate for report writing for the duration of the attendance and this will include any travel time.

It is expected that all other safeguarding responsibilities will continue to be undertaken as part of the statutory duties in the General Practice core contract.

Claims: Practices should claim using enhanced services / Direct Contract Award (DCA)

minimum data set (MDS) template by the quarterly submission date. Activity numbers of case conference reports should be included in the MDS against each component.

The required reporting template can be found in Schedule 6A of the contract.

3.2 Service description/care pathway

A claim can be made where all the relevant information was submitted within the agreed timescales.

One "Parents Report" per conference for the family to be completed in accordance with the following guidance:

- The "Parents Report" includes information for all parents/carers (not per parent)
- The wording on the "Parents Report" must be in a form that can be understood by non-medical professionals and the parents.
- Please include information about any medical problems or other information that are relevant for safeguarding for each parent of a child named in the conference and each adult in the household of children named at the conference who is registered at the surgery.
- Please include a brief explanation of why these problems are relevant for safeguarding.
- Information from the parents or adults in the household's records that is not relevant for safeguarding should not be sent as per the Data Protection Act (Principle 3).
- It is advisable that the parents / adults are informed that their medical information will be shared with the case conference, even if they don't agree or consent, as per the "Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers". (Link provided below 4.3)

For each child named in the case conference, a section should be completed and submitted, the "Child Safeguarding Summary" containing:

- A list of the child's active medical problems
- Number of DNA's (Did not Attend) and whether immunisations are up to date
- Any other information relevant to safeguarding
- A description of how well each of the medical problems is managed with an explanation as to why this is. The wording of this explanation must be in a form that can be understood by non-medical professionals and the parents

In addition:

- All information must be submitted at least one working day in advance of the case conference.

- The parents should be contacted, and an offer made for them to read through the case conference report and child safeguarding summaries in advance of the conference. A letter that can be sent to the parents can be found within all GP IT systems.
- If a request for information is made of a GP Practice for a case conference, the above information must be submitted; this Service is designed to support the Practice achieve this requirement.
- All case conferences for which information has been requested must be entered onto the quarterly return, even if no information was submitted by the Practice to the case conference. An explanation of why no information was submitted must be entered.
- Information submitted may be audited by the ICB to ensure that reports completed are of good quality, containing the relevant information to help to safeguard the patient/s involved. If the quality of a submitted report is insufficient then payment may be withheld. For example, an insufficient quality report may be a computer printout of a patient's GP record with no additional information.

3.3 Population covered

All patients registered with a Lincolnshire GP Practice.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance:

- Any request for information for the above stated reports for any registered patients after 1st April 2023.

Exclusion:

- The GP surgery received no notice of the strategy discussion, did not receive the strategy minutes and did not receive a request for a case conference report with at least 5 working days' notice to complete it.

3.5 Interdependence with other services/providers

It is advisable for the GP who has written the report to liaise with the chair of the case conference to offer his/her apologies if unable to attend the conference, or if they have information that they feel should be highlighted. A report should always be submitted.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- Working together to safeguard children 2018 - A guide to inter-agency working to safeguard and promote the welfare of children.
- Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document.

Adult Safeguarding: Roles and Competencies for Health Care Staff – Intercollegiate Document.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice
[Child safeguarding toolkit: Introduction \(rcgp.org.uk\)](http://rcgp.org.uk)

RCGP Safeguarding Adults at risk of harm toolkit.

4.3 Applicable local standards

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

GP Surgeries across Lincolnshire

7. Individual Service User Placement



Appendix 1 - Invitation to attend Child Safeguarding Conference

NAME OF SUBJECT(S)	
Child 1:	Jack Smith
Date of Birth:	1/1/2010
Address:	6 High Street Somewhere
Child 2:	
Date of Birth:	
Address:	
Child 3:	
Date of Birth:	
Address:	
Child 4:	
Date of Birth:	
Address:	

DETAILS OF PARENTS / CARERS / HOUSEHOLD MEMBERS	
Parent/ Carer 1:	Jane Smith
Relationship to child(ren):	mother
Date of Birth:	2/2/1989
Address:	6 High Street Somewhere
Parent/ Carer 2:	John Smith
Relationship to child(ren):	father
Date of Birth:	3/3/90
Address:	6 High Street Somewhere
Parent/ Carer 3:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 4:	
Relationship to child(ren):	
Date of Birth:	
Address:	

GP PRACTICE DETAILS	
Name of GP Practice:	St Elsewhere Medical Centre
Practice Address:	42 Station Road, Somewhere
Practice Telephone No:	01522 123456

Dear Doctor,

Please could you complete the following form to provide information for the forthcoming Safeguarding Conference?

Please note:

- *It is acceptable for an administrator to complete this form, as long as it is checked by a GP prior to submitting to the conference chairperson*
- *It is acceptable to write 'No information as far as I am aware' in sections about which you have no information.*
- *If this is for a Review Conference, please comment on what has changed since the previous Conference.*
- *Please complete this report whether you are attending the conference or not*
- *Please complete information for each child and parent/carer involved in the conference*
- *Information within this report will be shared with conference members, including the family. If there is any information which should not be shared, please contact the conference chairperson to discuss further*

Are you able to attend? (please delete)	Yes	No
Comments		

Once you have completed this paperwork, please sign the declaration below (if completing electronically, you can enter your name in the signature box and this will be treated as an electronic signature).

I have read the answers provided in this report and confirm that they accurately reflect the information available to us about the child and family

Signed: Dr Riviera	Date: 5 th July 2018
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Child: John Smith

Date of Birth: 1/1/2012

Address: 6 High Street, Somewhere

Is the child up to date with his/her immunisations?	Yes	
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Comments: Mother was originally reluctant for John to have his MMR immunisations. After discussion with his GP and health visitor, John had the immunisations and is up to date with his schedule

Has the child had any OOH or A&E attendances?	Yes	
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Please list A&E attendances in the last 12 months
3/5/18 – exacerbation of asthma
6/6/18 – stubbed toe



How many attendances at the surgery has this child had in the last 12 months?			6-8	
Please comment about the nature of these consultations, and whether they were appropriate or not.				
<p>Jack has attended 6 times in the last 12 months. 5 of these were for minor self-limiting illnesses.</p> <p>On the 19th of October 2017, Jack was brought by his mother due to concerns relating to his behaviour at school. The school also sent a letter to me stating that Jack had difficulty establishing and maintaining friendships with other children in his class, difficulty sustaining conversations and at times displayed repetitive movements. Mum reported that she had also noticed the latter whilst Jack has always struggled to build up strong friendships with his peers.</p> <p>During the course of this appointment, Jack presented as very quiet and shy. He sat on mum's knee throughout and interacted well with her.</p> <p>A referral was made to the community paediatrician, Dr Jones, who saw Jack on 3rd March 2018. Dr Jones states that Jack does have features of autistic spectrum disorder but has not made a formal diagnosis yet. He plans to review Jack in September 2018.</p>				

Does the child have any long term medical conditions?	Yes	
Please list long term conditions Asthma		

Does the child have any medications?	Yes	
Please list current medications Ventolin and Clenil inhalers, Monteleukast. (medication to treat his asthma) He is compliant with medication and attends for his asthma review on time.		

Have you had any safeguarding concerns regarding this child? Have there been any past concerns?		No
If yes, please give further details		
Based on my interactions with Jack and his family, I have not observed any safeguarding concerns.		

Parents:	Jane and John Smith
Date of Birth:	As above
Address:	As above

Are you aware of any significant physical health, mental health, learning disabilities, domestic violence, drug or alcohol problems in this parent/carer?	Yes	
<p>If yes please give details.</p> <p>Jane presented 6 months ago with depression (well controlled now on medication) and disclosed that she was subject to domestic abuse (verbal and financial) from her partner Jack. She did not meet the threshold for referral to MARAC and was signposted to other services. At review 1 month ago she stated that she was no longer subject to domestic abuse following her partner's attendance at drug and alcohol services (see below).</p> <p>John is currently under the care of Addaction and in receipt of a methadone prescription. The most recent clinic letter states he is testing negative to opiates and engaging well.</p>		

Have you ever had concern about this parent/carer's ability to provide care for the child/children (basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability)?		No
<p>If yes please give details.</p> <p>When Jack has attended surgery, he has interacted appropriately with his mother. His behaviour appeared normal for age, he was dressed appropriately and appeared clean.</p>		

Do you have any further information about the home circumstances which are relevant to a safeguarding conference?	Yes	
<p>If yes please give details.</p> <p>On 2 attendances at the surgery (8th January 2018 and 12th April 2018), Jack was brought by his grandmother Melanie Smith due to his mother being at work. On one occasion Mrs Smith stated that she looked after Jack several days a week.</p>		
Has this report been shared with parent(s)	Yes	
<p>If not shared, please state reason</p> <p>The parents have been given a copy of the report</p>		