

**NHS North East London  
Service Specification**

<b>Service</b>	Interim NEL Safeguarding GP Local Incentive Scheme (General Practice Reporting)
<b>Commissioner Lead</b>	NHS North East London
<b>Provider Lead</b>	General Practice
<b>Period</b>	January 2022 – March 2023
<b>Notice period</b>	1 month

**1. Population Needs**

**1.1 National/local Context and Evidence Base**

This service is designed to address NHS NEL’s need to be assured that GP practices fulfil their statutory safeguarding children and adult functions through providing all relevant information from the GP practice to the child protection case conference.

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

GPs have a duty to maintain their skills in the recognition of abuse and neglect, and to be familiar with the procedures to be followed if abuse or neglect is suspected.

Effective sharing of information between professionals and local agencies is essential for identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems.

## 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 GPs 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.
3. Clear effective communication regarding safeguarding is a professional responsibility of all disciplines. This Incentive Scheme reflects the additional work that the Practice will need to do in order to set up this communication.

## 3. Scope

### 3.1 Aims and Objectives of Service

In a letter dated July 2019, David Geddes, Director Primary Care Commissioning NHSE, said:

*“The outcome we want to achieve is to assure safeguarding activity in general practice is supported to contribute efficiently and effectively to local decision making on ensuring the safety of children and vulnerable adults”.*

This service aims to support the ongoing development and maintenance of more robust arrangements in General Practice to Safeguard Children in line with Working Together to Safeguard Children & GMC Good Practice guideline, and in a manner consistent with Good Practice In Adult Safeguarding as referenced in the Royal College of General Physicians Adult Safeguarding Toolkit (2017), including:

- Raising awareness of what practices need to do to comply with requirements
- Supporting practices to meet the standards set out in the Specification
- Providing the Commissioners with a level of assurance in respect of arrangements for safeguarding children, young people and children looked-after, and adults at risk in primary care general practice
- Supporting practices to provide high quality responses to requests from Local Authority partners for information related to safeguarding issues linked to patients registered with the practice

### **3.2 Population Covered**

The Enhanced Service will cover the entire population registered with NEL GP practices.

### **3.3 Inclusion criteria**

Working Together to Safeguard Children (2018) recognises that some children may be particularly vulnerable; and advises professionals to be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs including SEN;
- is a young carer;
- is showing signs of engaging in anti-social or criminal behaviour;
- is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or
- is showing early signs of abuse and/or neglect.
- has returned home to their family from care

Other vulnerable children are those who

- are privately fostered,
- are missing from education

Adult Safeguarding is defined as ‘protecting an adult’s right to live in safety, free from abuse and neglect.’ Adult safeguarding is about preventing and responding to concerns of abuse, harm or neglect of adults.

Within the scope of this definition are:

- All adults who meet the above criteria regardless of their mental capacity to make decisions about their own safety or other decisions relating to safeguarding processes and activities;
- Adults who manage their own care and support through personal or health budgets;

- Adults whose needs for care and support have not been assessed as eligible or which have been assessed as below the level of eligibility for support;
- Adults who fund their own care and support;

Some adults may be vulnerable due to age, frailty, illness including substance abuse or due to social circumstances including language barriers.

In the context of the legislation, specific adult safeguarding duties apply to any adult who:

- has care and support needs, and
- is experiencing, or is at risk of, abuse or neglect, and
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

### **3.4 Service description/care pathway:**

If a request for information is made of a GP Practice for information for a Child Protection Enquiry or Conference or Adult Protection Enquiry or Conference, it is a statutory duty to share this information; this Service is designed to support the Practice achieve this requirement.

#### **3.4.1 Child Protection Conference**

- Subject to Clause 4 below, a claim can be made for each completed conference report where all the relevant information was shared to the conference.
- At this phase of the LIS the pro-forma used by the Local Authority should be used. A NEL integrated template is proposed for the next phase of development of the LIS to reduce practice workload.
- We expect Local Authorities to request separate reports for each household member for which they require information.
- Except in crisis, the requests should give practices a minimum of 48 hours to respond.
- The wording on the report must be in a form that can be understood by non-medical professionals and the parent and where appropriate the child
- All information must be up to date and be submitted at least two working days in advance of the conference (Subject to the initial request received prior to two working days)

#### **3.4.2 Claiming for safeguarding reports**

- Practices are required to use the following CEG child and adult safeguarding codes:
  - **Safeguarding Child Concern (YO52a)**
  - **Child in family is safeguarding concern (XafeJ)** (for the other family members who need reports)
  - **Adult Safeguarding Concern (XaXP4)**

- **Safeguarding Report (adult + child) (909021000000105)** (there are no Read Codes for submitting reports for adults, hence this generic code can be used instead)
- Practices must also record the length of time in minutes taken to complete each report as this will form part of the claim for remuneration.

### 3.4.3 Standardised Reporting

- A standardised reporting template will be developed and agreed with the 8 Local Authorities aligned to NHS NEL.
- All providers of this service will be required use the template once developed.
- This standard reporting template may be used to generate quality measures such as data completeness.

### 3.5 Interdependence with other services/providers

GPs and Healthcare Professionals will work closely with each other and with Local Authority Safeguarding Teams.

### 3.6 Audit

- There will be a post payment verification process of claims received to identify outliers in terms of numbers of reports and time taken.
- The purpose of which is to understand demand, impacts on budgets, possible training needs.
- Where there are significant outliers in terms of time taken for reports, commissioners will approach the provider for discussion to understand the reasons for this and identify any support required.

## 4. Applicable Service Standards/Guidance

### 4.1 Applicable National Standards / Guidance

- [Working Together to Safeguard Children \(2018\)](#)
- [Care Quality Commission registration requirements of General Practices](#)
- [Care Act 2014](#) with respect to Vulnerable Adults
- [Mental Capacity Act 2005](#)
- [Section 11 of the Children Act 2004](#) places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.
- [The Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework](#) (August 2019) defines the safeguarding responsibilities and roles of all healthcare providers, including GP practices.

- Good Practice in Adult Safeguarding as referenced in the [Royal College of General Practitioners Adult Safeguarding Toolkit 2017](#) provides instruction material and workshops for GPs and Practice leads.
- [Royal College of General Practitioners guidelines: Safeguarding Children](#) in line with 'Working Together to Safeguard Children
- [General Medical Council \(GMC\) Good Practice guidelines](#)
- [www.londoncp.co.uk](http://www.londoncp.co.uk) London child protection procedures

#### 4.2 Applicable Standards – Safeguarding Leads

Each Practice should have a nominated Child Safeguarding Lead and Adult Protection Lead with Deputy Leads as appropriate to promote this work, as referenced in 'Working Together to Safeguard Children 2018' and [RCGP Adult Safeguarding Toolkit](#)

The Child and Adult Safeguarding Leads and any Deputy Leads should be GPs or other clinicians trained to level 3, as per 'Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition and [RCGP Adult Safeguarding Toolkit](#).

## 5. Payment

### 5.1 Payments under the LIS

- Payment is £90.00 per hour (pro-rata). A brief survey of the amount of time taken by a selection of practices to prepare safeguarding reports indicated that reports take between about 15 – 30 mins.
- Payment would be based on the total amount of time for all reports undertaken in that quarter and capped at a maximum of one hour for each report. This will be the price for all adult and child safeguarding reports (MASH< S17, S47).
- Each adult/ child in a household must have a separate report.
- If a duplicate request is made (same member from same family) within a reasonable timeframe (1 month/6 weeks), the Local Authority should be referred to the information they already have.
- Claims will need to be made on the NHS NEL Safeguarding LIS Claim form.
- Post payment verification of claims will be carried out, that will include audits described in 3.6