



Derby and Derbyshire Safeguarding Children Partnership

Information for GPs about an adult registered with the practice

A designated family court Judge has determined as a fact (on the balance of probabilities) that an individual registered with your practice poses a risk of harm to a child or children and/or has been deemed unsafe to care for or come into regular contact with a child or children.

Why have I been sent this directive?

A number of individuals who have harmed a child/ren and who have been deemed unsafe to care for the child/ren will subsequently have the care of a different child and may cause harm to that child. This was illustrated in a case review commissioned by Derbyshire County Council and is relevant to GPs who have patients in both Derby and Derbyshire areas.

What action should I take?

The individual's record should be coded in such a way that the information is visible. The SNOMED code 391155006 "At risk of harming others", coded as a major problem, could be added to the case notes summary as a major problem.

It should be clear that if a GP becomes aware that the adult concerned has caring responsibilities for a child, then a referral to Children's Social Care should be made according to local protocol so that a risk assessment may be undertaken to ensure the safety of the child. In addition, the court order/ direction should be scanned and attached to the patient's records.

Who should be able to see the information?

In terms of viewing permissions, the event could be marked as safeguarding relevant, which would restrict viewing to users with the local access right "View Safeguarding Information".

For how long should the information be held on the record?

The information should be retained indefinitely but if there is a risk assessment by Social Care that deems the risk to have reduced and the individual safe to care for a child, then the code may be superseded by one that indicates that the concern no longer exists, for example SNOMED code 766601000000109 (Adult no longer safeguarding concern"). It would need a free text entry to give context.

Where else will information about the risk an adult who poses a risk to children be held?

Social Care will hold the information. This is a family court decision so the police may not have been involved in the legal proceedings and may or may not hold additional information.

Will the adult be aware that their record is coded?

He / she will be made aware through the court process that the information and request has gone to the GP.

Will the adult need to be notified by the GP if the GP acts on the flag and contacts local children's services?

This should be subject to the usual expectation when making a referral to Children's Social Care, that a carer is informed unless it would cause unacceptable delay or risk the child potentially being harmed.

Will there be any obligation to pass this information from primary to secondary or out-of-hours care? For example, should the flag be noted in referrals?

No – if there is a risk to the general public, that should be managed through other existing processes – for example MAPPA. However, a problem will pull through on to a letter automatically when a summary is sent, for example in a referral letter to a hospital, unless specifically removed by the referrer.

Will it be visible to employers seeking occupational assessment, Department of Work and Pensions (DWP) reports or insurance companies via a subject access request?

Information shared for a DWP or insurance report should only include information requested and relevant and GPs should follow data sharing principles. An occupational assessment that includes suitability to work with children should include an enhanced DBS check, so information would be obtained through that route. The individual will be aware that the flag / information is held through the court process. They will need to have given consent if a subject access request is to be granted – so will be aware that the information will be shared.

What liability would practices be under if they did not notify the relevant body if there was a note on another record about the adult/child relationship? For example, a patient may have multiple flags appearing at any one time and a practice may not know the adult was in contact with children unless the adult brought a child in to a consultation.

It would be important to ensure that the code was visible to a doctor who might be unfamiliar with the circumstance. The GP should not be expected to interrogate an adult patient. However, GPs do occasionally, for example, get to know that an adult's partner is pregnant and should ask relevant questions to establish the circumstances as appropriate. The principle should be based on "best endeavour" rather than absolute liability.

Is there a risk that some adults will avoid detection of the fact that they are caring for future children by no longer visiting that GP and using a walk in clinic, private GP, or registering as a temporary patient with a fake name, for example?

Information from other healthcare facilities should be sent to the GP - it will be important to ensure that practice staff who are scanning information onto records are adequately trained. It is always possible to circumvent systems that are put in place, but hopefully this process will reduce the risk of a person who has been previously deemed unsafe to care for a child being able to parent again, without an assessment of risk to the child.