

The Primary Care Safeguarding Forum (PCSF) and the National Network of Named GP representatives (NNGP) have put together the following 10 Top Tips that GP Practice safeguarding leads may wish to consider, to support their practices, themselves and above all, vulnerable children, families and adults during these unprecedented times. The continued effort to fulfil the responsibilities of your GP Practice safeguarding lead role is truly appreciated by all.

1. Safeguarding issues and health risks still exist

Regrettably safeguarding issues and other illnesses will continue to develop during these COVID-19 times. They will become potentially more covert, trickier to identify and manage. The incidence and threat of Domestic Violence (and other forms of abuse) is likely to escalate with so many families in a state of lockdown, isolation and facing financial constraints. **(Appendix A)** Please ensure all your staff remain 'professionally curious' during these challenging times.

2. Children will still suffer from illness, unrelated to COVID illness, sometimes seriously

Children will continue to get unwell from the usual childhood ailments unrelated to COVID-19 and so require the normal standard of care. They are not being brought into A&E, not being regularly seen at school or in the community including within our own practice and sadly, some are dying avoidable deaths due to missed or late diagnoses. Consider providing parents guidance or advice to keep a vigilant eye on their children's health and to know when and who to contact if their child becomes unwell. **(Appendix B1 & B2)**.

Similar concerns apply to pregnant women who must continue to have routine checks and be aware of when and how to contact their midwife or GP if worried. Please ensure that a post-natal check (including depression screening) and new baby check (including immunisations) remains an essentially provided practice service. Use this face-to-face opportunity to assess the well being of the family situation and ask direct questions on safeguarding issues sensitively and safely. The baby check and examination maybe the first time the baby (and family) has been out of the home environment since birth.

3. Try and maintain effective communications with local SG partners

Whilst many administrative functions and 'routine work' has been put on hold during this time, the essential work of safeguarding children and vulnerable adults continues. This essential work includes sharing information when requested by your local MASH; strategy discussions; case conferences and Section 42 enquiries. Consider abridged form completion or even telephoning MASH (or video conferencing) to discuss and share information. Please remember that the Caldicott rules of sharing information, confidentiality and consent still need to be appropriately followed, implemented and documented.

4. Consider contacting your vulnerable, safeguarding 'at risk' patients

a. Vulnerable children, families and adults

*Using your current vulnerable child and adult risk registers, consider contacting them to ensure they are aware of the practice's continued support for them and offer them some resources or possible extra contact **(Appendix C & D)**.*

b. Consider contacting your adolescent patients

*Whether known to be vulnerable or not, consider searching and identifying all your adolescent patients (13-19 year olds) as a current potentially vulnerable group. Most are under lockdown or formal isolation at a time in their lives when they would be exploring the opportunities of independence and adventure. They are also increasingly aware of the tragic impact of COVID-19 within their own 'peer group' that will cause stress and anxiety from an otherwise usually 'invincible' cohort. Some may have become 'young carers' due to parental illness or parents needing to perform essential work. **(Appendix E)** could support your adolescent patients and provide resources to support healthy and resilient bodies and minds.*

c. Consider ensuring End of Life plans are set up for all those in Care Homes and on your Palliative Care register

You may wish to ensure all staff have seen and the recent COVID-19 End of Life (EOL) care advice sent round by PHE/NHS. If you are looking after a care home, try to ensure, if not already done, that EOL care plans have been formulated and consider these for your established palliative care patients too. Please remember to involve patient and their next of kin where / if possible and consider current capacity issues too.

- ❖ Use, tweak and amend any of the above Appendices as you wish. Consider adding local resources to them
- ❖ If contacting any of the above groups, consider using texts (e.g. using AccRx, MJOG) or sending e-mails.
- ❖ You may wish to telephone / video call (e.g. AccuRx, www.clinic.co) selected vulnerable patients who you know might struggle with the need to isolate, be shielded or be in lockdown.
- ❖ Consider posting support and advice on your practice website and / or any social media platform you have.

5. Effective communication & Professional curiosity

With the way we now consult having radically changed overnight, our well-known and respected abilities in effectively communicating with our patients remains our strength and passion. We are now primarily telephone triaging to manage the majority of our patients' primary care medical needs.

- a. Remain professionally curious on the phone, don't be afraid to ask lots of questions and get context to the requests or discussions had.
- b. Use closed questions a little more if you suspect there might be safeguarding concerns you want to explore. (e.g. with abusive partners or family members in the house)
- c. Use the opportunity to update records and contact numbers / mobiles / e-mail addresses, especially for adolescents, onto your records so that you can develop opportunities to directly communicate with them
- d. Consider video consultations where possible using AccuRx or other companies (e.g. <https://www.clinic.co>)

6. Flexible working can work well – even in safeguarding matters

IT departments around the country are assisting working from home using laptops, licences for home PC use to enable practice staff to be able to work from home and contribute, even if they are in self-isolation or being shielded. Many will welcome the opportunity to add something to their daily routine during this time. Please contact your local CCG IT department for more information and assistance.

7. Delegate and delegate some more

Don't do all of this on your own. Use any spare staffing capacity to do searches, collate and send out letters / texts / emails to your vulnerable groups. Many administrative tasks (e.g. coding, scanning, managing pathology, referrals etc.) will be significantly reduced at this time. To further help the practice consider:-

- Consider assistance from your local PPG group for some administrative support, e.g. letter stuffing, mail outs
- Contact the local Medical school to see if students have capacity to volunteer, they could support administrative as well as clinical functions e.g. taking BP, observations, ECGs, some nursing function too
- Consider contacting the NHS volunteer website to request support
- Liaise with your local practices, colleagues, PCN, federations for any collaborative support being offered

Amended DBS regulations should enable you to take on e.g. medical students (or other appropriate volunteers) who have an update DBS check within the last 3 years.

8. Signpost staff to the latest, relevant information

We are all being inundated with daily updates, e-mails and advice and it can easily be quite overwhelming. However, please consider signposting the recently circulated [RCGP Covid-19 Safeguarding](#) document. This gives advice to all staff on the adaptations that will need to be made for safeguarding in light of our current different way of working.

9. Don't be afraid to ask for help

Please remember there remain local safeguarding leads in your area who continue to support the tremendous work you do and are waiting for your call to provide any support and resource they can. Some may have been deployed to support the COVID efforts elsewhere but every area will have some named and designated professionals still working and will be delighted to assist, if they can, in fulfilling your roles and responsibilities for practice safeguarding. Please use your local Safeguarding directory to contact, if and when required:- your Named GP (for children and or adults); Designated Doctor for children / adult SG or your Designated Nurse or Safeguarding adult lead.

10. Look after yourself

Aside from your continued devotion to looking after your patients, their safeguarding needs, and the needs and wants of your staff and your own family, please remember to look after yourself too. Look at ways that even you can work from home, using the IT technology available. Please consider continuing your networking and support by setting up more video conferencing for you and your teams / colleagues to use (e.g. Go To meeting, Microsoft Teams, Zoom, Webex) – many are offering free trials or discounts for NHS staff / organisations at this time – just ask.

Please keep safe and healthy



Author: Dr Richard Burack: General; Practitioner, Named GP for Children's Safeguarding
Chairman of the Primary Care Safeguarding Forum (PCSF) & the National Network of Named GP
Representatives (RNNNGP), Member of the RCGP Adolescent Working Group

Co-Author: Ms Megan Burack: NHS Volunteer & Medical Student, QMC, Nottingham University

In collaboration and with thanks to the executive members of the PCSF, RNNNGP
and the Royal College of General Practitioners (RCGP) Adolescent Working Group (AWG)

