

Welcome to the RCGP Adult Safeguarding Toolkit

As GPs we have a very unique and privileged role. Patients and their families allow us into their lives, often at times of great distress, in order to support and help them. This is a great privilege, but also gives us great responsibility. It is when we get into the realms of safeguarding that these two roles, privilege and responsibility, most clearly meet. Combining these roles enables us to be powerful advocates for our most vulnerable patients.

What is adult safeguarding?

‘Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.’

Care and Support Statutory Guidance, Department of Health, updated February 2017

At its core, adult (and child) safeguarding in primary care is:

- identifying vulnerability in order to **support** and **empower**;
- **advocating** for, and giving a voice to, those who are struggling to be, or not being heard;
- **protecting** the basic human rights of all in our communities, particularly those who are unable to protect themselves from harm.

How will the RCGP Adult Safeguarding Toolkit help general practice?

- Safeguarding is not new to general practice, and practices will already be aware of their duties and responsibilities around safeguarding. This toolkit is aimed at taking safeguarding to the next level in primary care – to really focus on how we implement and embed safeguarding practice, ethos and culture.
- The toolkit will be evolving over the next few months. It is designed to be a source of information and practical resources for general practice. We hope it will generate lots of discussion both within, and outside of, general practice.
- Many organisations have already produced very helpful guidance for health professionals such as the GMC, NMC, CQC and the Department of Health to name a few. Each area in the UK may also have locally written guidelines. This toolkit is not meant to replace all of these, but to complement the guidance that is already available and provide practical guidance.

Our vision at the RCGP is that the safeguarding of adults and children will be embedded into every day routine general practice and become a normal part of our ongoing holistic care.

How does adult safeguarding fit into general practice?

Like most areas of healthcare, general practice is rapidly evolving and under immense pressure. Despite this, general practice continues to strive to give excellent holistic care to our patients.

Safeguarding is simply part of the holistic care we already give to our patients.

There are a number of unique factors about general practice that make us ideally placed to play a key role in safeguarding our patients:



Isn't it just the responsibility of GPs in a practice to be involved in safeguarding?

It is not only GPs who play a key role in safeguarding in general practice, it is the whole practice team. Examples of this could be:

- **The receptionist**, who enables the homeless person with no documentation or ID to register at the practice
- **The administrative team**, who spend time ensuring that Child and Adult Safeguarding Conferences are in the rota to enable a GP to attend
- **The coder** who, on summarising a new patient record, identifies that someone with learning disabilities is living in a household where there is domestic abuse and brings this to the attention of the Practice Safeguarding Lead
- **The practice nurse**, who makes a phone call to the elderly person with dementia who has not attended for their Vitamin B12 injection and gains consent to discuss with a family member to ensure the patient can be supported in attending future appointments
- **The practice manager**, who ensures all staff are safely recruited and who acts swiftly when an allegation is made that a member of staff is a potential perpetrator of abuse

Every team member plays an important and crucial role in safeguarding patients.

What attributes are needed for effective safeguarding in general practice?

Communication, communication, communication!

Good communication is the most important and effective tool in safeguarding.

Safeguarding is often likened to a jigsaw puzzle with individuals and agencies holding a different part of the puzzle.



To see the big picture, good communication is essential:



With patients and their families/friends/carers as appropriate



With other members of the general practice team



With members of other community healthcare teams such as secondary care, district nurses, memory clinics, learning disability teams



With adult social care



With the wider safeguarding team such as CCG Named GPs and Designated Professionals



With other agencies as necessary such as the police, domestic abuse agencies



GOOD PRACTICE IDEA – Get to know your local Safeguarding professionals – invite them to your practice meetings to find out what they do, how they work and so they can hear from you too.

Other attributes key to safeguarding:

- **Humility:** Recognise that none of us know it all and we as professionals cannot, and should not, have all the answers or impose our own thoughts and beliefs. We must listen to, work with and empower those who are vulnerable.
- **Compassion:** Recognise that for many of our vulnerable patients and families, life is, and has been, very difficult. Many have experienced repeated traumatic experiences. We are not there to judge, but to support.
- **Wisdom:** Recognise that sometimes we have to make difficult decisions in the best interests of a child or vulnerable adult. This wisdom comes from listening to those

who are vulnerable, liaising with other professionals/agencies and being able to work together in the best interests of the vulnerable patients we serve.

Practicalities of safeguarding in general practice

Below is a simplified outline of the safeguarding structure within primary care in England and Wales (this doesn't include key agencies outside of health including adult social care who are the key partner and who lead adult safeguarding investigations):



Safeguarding is part of the holistic care that General practice offers to patients. Practices should therefore consider how they are going to embed safeguarding practice into their everyday routine.

Practice Safeguarding Leads

Each practice should have a GP Safeguarding Lead. This is vital to the embedding of Safeguarding practices within the practice. **Effective safeguarding** requires **effective leadership** and the Practice Safeguarding Lead should be supported by practices to take on this role.

Some practices may decide that one GP will take on the role of Adult and Child Safeguarding Lead, other practices may have a different GP for the Adult and Child Safeguarding Lead role; if this is the case, the two Safeguarding Leads should work very closely together as there is much crossover between adult and child safeguarding. Larger practices may decide to have a Safeguarding Deputy Lead also.

The role of the Practice Safeguarding Lead

It is important that practices recognise the importance to patient care of having a Practice Safeguarding Lead.

Practices should also recognise that as awareness of, and education around, safeguarding increases, there will be increased recognition of safeguarding issues and therefore time needed to manage these.

In order to lead safeguarding within their practices, the practice lead needs additional training over and above the usual Safeguarding training required for a GP.

The role of a Practice Safeguarding Lead may include:

- regular chairing of safeguarding team meetings within the practice which may include other community healthcare team members such as district nurses, midwives, palliative care nurses, health visitors and school nurses;
- being available to offer advice and guidance to GP colleagues on safeguarding cases;
- being available to listen to any safeguarding concerns raised by any member of the practice team;
- supporting staff who have been involved in safeguarding cases as these can be very challenging;
- meeting regularly with the key safeguarding administrator in the practice regarding coding, summarising and other issues;
- regularly attending Practice Safeguarding Lead Forums hosted by the CCG Named GPs (Named GPs exist only in England);
- being available to attend Adult and Child Safeguarding Conferences or facilitating a practice ethos that allows the most appropriate clinician to attend these;
- facilitating in-house staff safeguarding training such as updates;
- working closely with the practice manager;
- working closely with the practice Caldicott Guardian.

This list is not exhaustive but can be used as a starting point for practices to consider how they support the role of their Practice Safeguarding Lead to support safeguarding practices within their team.



GOOD PRACTICE IDEA – Consider implementing a regular ‘coffee time’ slot into your daily rota to enable discussions between clinicians about challenging cases and so that your Practice Safeguarding Lead can be available for advice.

Clinical Staff

All GPs and nursing staff should be fully aware of their safeguarding roles and responsibilities as defined by the GMC and NMC:

<http://www.gmc-uk.org/>

<https://www.nmc.org.uk>

The NMC has some excellent short videos about adult safeguarding which are relevant to ALL health professionals and would be ideal to use in practices as a training tool to promote and discuss safeguarding:

<https://www.nmc.org.uk/standards/safeguarding/training-toolkit/>

This short video, created by the service user sub-group of the Cheshire East Safeguarding Adults Board, is also an excellent resource for all practice staff to watch and generate discussion around adult safeguarding:

<https://www.youtube.com/watch?v=R4G4fgoRR5w>

Administrative staff

- Each practice will have their own unique way of how they handle information coming into the practice. However, it is good practice to have a small team of staff who deal with all the safeguarding information to ensure consistency.
- It is ideal to have one administrative person within the practice who is responsible for the coding and summarising of new notes coming into the practice and who codes all the incoming safeguarding information. In practices where this is impractical, there should be a senior administrator who oversees the team coding and summarising and who is available for advice and direction in this area. This staff member will work closely with the Practice Safeguarding Lead.
- It is also imperative that each practice has a robust mechanism for ensuring the flow of safeguarding information in and out of the practice. For example, ensuring that Adult Safeguarding or Child Protection Conference reports are not included in notes copied for the purpose of an insurance report.

Reception staff

Reception staff also play a key role in safeguarding. They are the frontline of general practice and can help a vulnerable adult navigate their way through, what can sometimes be, a complex health system. They are also ideally placed to raise concerns. Examples of this could be by:

- enabling those who are vulnerable, such as an adult with learning difficulties, to make an appointment to see a GP;
- noticing that an elderly lady with dementia seems more confused than normal and keeps turning up for her appointments on the wrong day so highlights this to her usual GP;
- noticing that an adult seems to be struggling to read the registration form and discreetly taking that patient to a more private area to provide assistance;
- being aware that a young man with schizophrenia who attends the practice frequently for his injections is brought by a much older man who appears very controlling and abusive towards the young man in the waiting room and raises this concern with the nurse who regularly sees the patient and also his usual GP.

Practice managers

The role of practice managers in safeguarding should not be underestimated. The Practice Safeguarding Lead should work closely with the manager to embed a safeguarding ethos and culture in the practice and to ensure robust safe recruiting and management of any safeguarding concerns raised about staff members.

There should be a culture within the practice of empowering all staff members to raise any safeguarding concerns they have about either patients or staff.

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