

The White House, 18 Church Road,

Leatherhead, KT22 8BB

Tel: 01372 389270

7th August 2019

**All Practices in SSLMCs**

Dear Colleagues

**Safeguarding Children and Vulnerable Adults: General Practice Reporting**

As colleagues may be aware, the issue of payment for safeguarding reports and, if necessary, attendance at case conferences, has been a bone of contention for the LMC and General Practitioners for some years, and, as across England, across the LMC Confederation payment arrangements are piecemeal, and therefore unsatisfactory for many practices.

After considerable effort, NHS England has finally been persuaded to issue guidance to CCGs (letter from David Geddes attached) that makes it clear that, whilst GPs have a statutory and also professional duty to share information in a timely fashion, having such duties does not equate to having no entitlement to receive payment for such work. There is no remuneration within the national contract for this work.

Colleagues will appreciate this is a sensitive issue. The LMC would wish to reiterate its advice to all GPs that if you are contacted by either the police, local authority, social services or another health profession, and told there is an imminent and real risk of harm to a child or vulnerable adult, then, in the context of an explanation of that risk and your own judgement on the confidentiality to which all patients are entitled, you should provide appropriately requested information promptly and without requesting a fee in order to resolve that risk.

Most safeguarding requests to GPs do not fall into that category; instead they are usually requests for information as part of an evaluation of evidence and to assist planning. The individual concerned may be at risk, but the responsible authorities are not requesting information urgently.

General Practitioners are entitled to be paid for the work; NHS England’s letter gives a number of examples via which payment can be made, the most obvious, and currently still used in some areas, being the collaborative fees arrangements; however, there are others. These are available at <https://www.england.nhs.uk/primary-care/primary-care-commissioning/primary-care-resources/#gp-reporting>

As it is difficult for individual practices to co-ordinate this issue and, appropriately, safeguarding leads and commissioners will want to see a common approach within their area for consistency, the LMC will over the next few months attempt to co-ordinate an approach with your safeguarding leads, noting that in some areas satisfactory arrangements are in place, albeit the fee(s) may need updating.

**I would therefore ask that no practice weeks to take a unilateral approach either in terms of the provision of requested information or the fee charged. This is a sensitive issue with potential professional and reputational consequences and the LMC therefore recommends colleagues simply continue with their current local arrangements, whatever they may be.**

Safeguarding leads and CCGs have received a copy of NHS England’s letter and the LMC will be clear that, in areas where no or an inadequate fee is paid, continuing the current arrangements is not an option. NHS England has asked for confirmation of arrangements for supporting (including resourcing) general practice reporting activity to be completed and implemented by the end of October 2019.

I am sure that local safeguarding colleagues and commissioners will wish to comply with NHS England’s directions but the LMC and GP colleagues will need to contemplate the ‘no deal’ possibility in a professionally responsible way.

Dr Jerry Luke will be co-ordinating this work on behalf of the LMC and will advise practices of progress; any practical comments or suggestions can be passed to him at [jeremy.luke@sslmcs.co.uk](mailto:jeremy.luke@sslmcs.co.uk), purely philosophical, speculative or ethical considerations can be passed to me.

With best wishes



**Dr Julius Parker**

Chief Executive