Safeguarding and General Practitioners: Questions for inspectors to consider

Background

Each local authority has a Safeguarding Adult Board (SAB). The work of the Board is to draw up a strategic plan each year designed to support the most vulnerable people in their community. Each local authority will have different objectives linked to the local population. Birmingham for example where issues of forced marriage may be a priority would have less relevance for Lincoln with an ageing population and high numbers of elderly frail.

A named GP should be in place in each local authority to ensure that the aims and objectives of the SAB are known through the GP network.

GP knowledge and Practice

To provide a safe service the GP should be aware of the name and contact details of the lead GP for safeguarding in their local area. (Or a GP in the practice has that information)

The GP should be aware of the key objectives for vulnerable adults and is able to evidence how they have incorporated this into their practice. For example domestic violence may be a significant issue. The GP should be able to evidence how they identify, manage and report domestic violence.

The GP should be able to identify abuse using a decision making process and have a set procedure to report abuse to the LA and police including knowledge of LA processes i.e. strategy meeting/case conference etc.

GP dilemmas

GPs generally tend to have a better of understanding of children's safeguarding procedures, but less so with adults. Confidentiality is of great importance in the GP patient relationship and should not be breached without very good reason.

They might encounter difficulties in relation to confidentiality if they saw a patient with bruising on their arms during a consultation and the patient said their partner was assaulting them, but the patient (assuming they had capacity, and there were no children in the domestic arrangements) was clear that they did not want to report it.

The threshold for LA's is 'significant harm'. The GP would have to be satisfied that the patient was not being significantly harmed by the abuse and that there is not a public interest reason which would overrule the patient's wishes.

Public Interest

If a patient came in with knife wounds but said they did not want to report it, the GP would probably not be content to just attend to the wounds without escalating. This

is even if the patient had capacity, said they did not want to report it, and there were no children involved.

In a case where abuse was minimal the GP should at least provide support e.g. contact information of local support groups and arrange to monitor the situation by seeing the patient more frequently.

Confidentiality
The duty of confidentiality doesn't override everything else. If the GP saw the same bruising in a care home, there would be an expectation that they would report it. We would expect the GP to be aware of this distinction and not consider patient confidentiality as a sufficient reason not to escalate.

Example
The GP discovers that a patient is being abused by her carer, who is also her daughter. The daughter is alcohol dependant and sometimes loses her temper. The mother feels sorry for the daughter and doesn't want the abuse to be reported. However, it could be the case that the daughter, as well as caring for her mother, also works in a care home at night, and so there could be is a risk of harm to other people as well.

The key question is did the GP make enquiries about the person causing the harm? Did the GP ask questions to ascertain that there were no public interest considerations?

If the GP only focused on the patient's mental capacity and confidentiality then the fact that the daughter was also a potential risk to other vulnerable persons would not have surfaced. Just as we would expect a care home manager to check the history of a new resident in terms of risk to others the GP must also ascertain the risk to others.

GP as person causing the harm or not reporting (duty of Care)
If we become aware that a GP has encountered a safeguarding risk that they did not report, we should inform the local authority. There are cases of GPs being struck off for not responding appropriately to allegations of abuse. The LA may not be used to dealing with safeguarding relating to GPs and dentists, but they are the lead agency and should be informed. You should also speak with the local authority to understand what they might do with the information. For example it would also be of interest to the GMC/GDC. NHS England who holds GP contracts should also be made aware if the GP's professional competence appears to be in question.

Any investigation of a GP in relation to abuse would be carried out by the LA social worker supported by the CCG in the area. The CQC should be made aware of any investigations and outcomes through information sharing meetings with local CCG's.

CQC may also take an interest in terms of 'fit person' considerations if the GP is a registered provider.