

Service	Safeguarding Reports Local Enhanced Service
Commissioner Lead	
Provider Lead	GP Practices of Nottingham & Nottinghamshire ICB
Period	1 April 2024 – 31 March 2026
Date of Review	Annually

1. Population Needs

1.1 National/local context and evidence base

Local authorities and NHS organisations have overarching responsibilities for safeguarding and promoting the welfare of all children and vulnerable adults. They have a number of statutory functions under the 1989 and 2004 Children Acts which are summarized in the “Working Together to Safeguard Children 2023” statutory guidance. https://assets.publishing.service.gov.uk/media/65803fe31c0c2a000d18cf40/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

The statutory functions outlined in section 42 – 46 of the Care Act 2014 places a responsibility on the local authority & partners to report & respond to abuse & neglect, safeguarding enquires and information sharing. All professionals have a duty to adhere to the Mental Capacity Act 2005 (DoL Safeguards, 2009) in order to protect the rights of individuals that are unable to make decision about their care & support needs due to impairment of mind or brain.

Whilst local authorities play a lead role, safeguarding and protecting people from harm is everyone’s responsibility. Everyone who comes into contact with children, vulnerable adults and their families has a role to play.

Under section 10 of the Children Act, agencies are required to co-operate with local authorities to promote the well-being of children in each local authority area. This co-operation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery.

Safeguarding is defined as:

- protecting children from maltreatment.
- preventing impairment of children's health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children to have the best outcomes.
- Protecting Vulnerable Care Act eligible adults from abuse neglect and acts of omission.

Domestic abuse is a serious public health issue, and a multi-agency response is required to ensure victims are safeguarded and perpetrators are held to account. Multi agency risk assessment conferences (MARACs) are multi agency forums that share information to protect individuals at the highest level of risk, to ensure protection plans are in place. GPs and primary care staff are ideally situated to identify victims of domestic abuse and signpost or offer direct support in response to disclosures and to contribute when requested to share relevant information to inform MARAC conferences.

Safer Lives Resources for GPs <https://safelives.org.uk/gp>

Royal College of General Practitioners, MARAC Guide for GPs www.rcgp.org.uk/blog/good-practice-safeguarding-in-general-practice

Professionals working in agencies with these duties are responsible for ensuring that they fulfill their role and responsibilities in a manner consistent with the statutory duties of their employer.

The NHS England Safeguarding Accountability & Assurance Framework 2022 states that, Information sharing specific to adults should be shared to help protect an adult who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions for sharing information in relation to the operation of the local Safeguarding Adult Board (SAB).

The Care Quality Commission's primary safeguarding responsibilities include ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect. It relates to key line of enquiry 'Is it safe?' S1: how do systems, processes and practices keep people safe and safeguard from abuse?

Liberty Protection Safeguards

The Liberty Protection Safeguards (LPS) were planned to take over from the Deprivation of Liberty Safeguards (DoLs); there have been significant delays in the implementation date for LPS with the implementation of the scheme now being delayed indefinitely. In very real ways, they are much alike. DoLs and LPS both aim to do one essential thing, which is to protect the human rights of people who lack capacity to consent to arrangements for their safety and well-being, when those arrangements will deprive them of their liberty.

The key role for GPs in relation to DoLs and LPS is the assessment of capacity. The request to undertake a decision specific assessment of capacity will come from Continuing Healthcare professionals. The capacity assessment will be required for the authorisation of a deprivation for someone in their own home or in supported living, or where the deprivation of liberty is being scrutinized by the Court of Protection. The assessment of capacity will need to be recorded on a Court of Protection (CoP) 3 form.

The Local Picture

- As part of the duty to co-operate with Local Authorities, professionals are requested to share information to inform risk assessments for vulnerable children. Child Protection Case Conferences and Reviews are multi agency forums which make decisions around risks and protection plans for children and young people. https://nottinghamshirescb.proceduresonline.com/p_ch_protection_conf.html
- Nottingham and Nottinghamshire reflect a national picture, whereby there are significant issues in relation to GPs providing reports for Child Protection Conferences. Requests for reports are increasing in number and are of a higher complexity as a result of increasing focus on child and adult criminal and sexual abuse and exploitation etc.
- There is evidence nationally that where ICBs have implemented enhanced payment for reports, there have been significant improvements in reporting rates as it enables GPs to prioritise the work needed whilst still maintaining patient contact.
- Work has been completed with City & County LAs to establish secure e-mail communication processes to improve timely communication and invitations to CPCs, but audits still identify challenges both for LAs to make prompt requests to GPs for information and for GPs to respond to these requests in a timely manner.
- Work continues with both Nottingham City and Nottinghamshire County LAs to improve systems to ensure prompt requests are submitted to correct GPs.

This Local Enhanced Service is to enable Practices to develop their safeguarding infrastructure and processes in order to assist GPs to provide information in the form of formal reports, to support the following:

- Child Protection Case Conferences and special circumstances meetings.
- Multi Agency Risk Assessment Conferences (MARACs) for high risk domestic abuse.
- Court of Protection (CoP) 3 reports in relation to Mental Capacity Act (MCA).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Y
Domain 2	Enhancing quality of life for people with long-term conditions	Y
Domain 3	Helping people to recover from episodes of ill-health or following injury	Y
Domain 4	Ensuring people have a positive experience of care	Y
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Y

2.2 Local defined outcomes

To ensure that GPs engage with their safeguarding responsibilities:

1. The Working Together to Safeguard Children document sets out how individuals and organisations should work together to safeguard and promote the welfare of children.
2. Local multi agency safeguarding adult and children procedures offer guidance on individual professional responsibilities in recognising and responding to abuse and neglect and contributing to multi agency protection plans.

Children: <https://nottinghamshirescb.proceduresonline.com/contents.html#core>

Adults: <https://nsab.nottinghamshire.gov.uk/procedures/>

3. The NHS England Safeguarding Accountability & Assurance Framework 2022 & The Care act 2014 sets out how organisations should work together to safeguard & promote the welfare of Vulnerable adults:
[B0818 Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf \(england.nhs.uk\)](#)
4. The guidance is addressed to all practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children & vulnerable adults.
5. Clear effective communication and compliance with the above procedures is a professional responsibility of all disciplines.

This Enhanced Service reflects the additional work that the Practice will need to do in order to set up this communication.

3. Scope

3.1 Aims and objectives of service

To support Practices to develop their safeguarding infrastructure and processes in order that all relevant information is submitted by GPs in a timely manner to support Child Protection Case Conferences, special circumstances meetings and Multi Agency Risk Assessment Conferences (MARACs) in the form of a formal report. In addition, Court of Protection (CoP) 3 reports in relation to Mental Capacity Act (MCA)

Service Description / Pathway

The Provider shall:

- Respond to requests for information, providing a professional opinion as the registered GP, within an Initial Child Protection Conference (ICPC) / Review Child Protection Conference (RCPC) report, CoP 3 report or MARAC GP Enquiry template, in accordance with national and local procedures and guidance (2.2 above) and statutory timescales; this Local Enhanced Service is designed to support the Practice achieve this requirement.
- Identify a 'named lead' for the provision of this service.
- Ensure the named Safeguarding Lead or Deputy attends as required ICB GP Safeguarding Leads Network meetings held quarterly (minimum attendance two per year), and cascades learning to the wider practice team. Impact of learning may be requested by the ICB as evidence.
- Work in line with guidance to produce good quality, comprehensive reports within the statutory timescales.
- Outcomes of multi-agency safeguarding audits and feedback received from meeting Chairs will inform the ICB Safeguarding Team of those practices that would benefit from additional support and training.

Practices are directed to use ICB wide templates available via F12, eHealthScope and TeamNet to respond to formal requests for information:

'Primary Care Report for child/adult information for Initial / Review Child Protection Conferences, January 2025 (Nottingham & Nottinghamshire)'



Primary Care report for child information



Primary Care report for adult information

'MARAC GP Information Request Form, Jan 23 (Nottingham & Nottinghamshire)'



N&N ICB MARAC GP
Info Request Form J

- Ensure good communication links and timely responses to local statutory services and agencies.
- Facilitate access to the practice for Local Authority, secondary & community care professionals involved in a child/adult safeguarding case. This may be through providing details of the practice's direct access 'phone line', secure email, or sending a 'task' through the clinical IT system.
- Develop a protocol for the provision of this service. This should include a description of the process in place to respond to requests including accurate coding of such requests for audit and payment purposes and must be reviewed annually.

- Ensure an appropriate record of activity is developed and maintained for audit and payment purposes.
- Information submitted may be audited by Nottingham & Nottinghamshire ICB on quality assurance visits.
- Provide all premises, staffing, equipment and consumables required to carry out the service.
- Ensure that there are adequate back up / contingency plans in place for key staff absence.
- Deal with any complaints received about the service and reporting the complaint and the response to Nottingham & Nottinghamshire ICB. Complaints will be dealt with according to timescales.
- Provide Nottingham & Nottinghamshire ICB with such information as it may reasonably request for the purpose of monitoring performance of the providers obligations

In Addition:

- Provide assurance via the completed Primary Care Quality Dashboard Quarterly Return as requested by the Primary Care Quality Team in relation to the Safeguarding Domains:
 - Named Lead and Deputy for Safeguarding Adults.
 - Named Lead and Deputy for Safeguarding Adults: Safeguarding training up to date.
 - Named Lead and Deputy for Safeguarding Children.
 - Named Lead and Deputy for Safeguarding Children: Safeguarding training up to date.
 - Safeguarding Policy in date and reviewed annually, includes adults and children.
 - Annual review of Safeguarding Self-Assessment Framework (SSAF).
- The SSAF tool will be provided to GP practices from 1 April. The expectation is that all self-assessment tools will be completed by 30 September.
- Should a practice have any concerns when completing the SSAF, contact the ICB Primary Medical Services Quality Team nnicb-nn.primarycarequality@nhs.net or ICB Safeguarding Team nnicb-nn.nottsccpsafeguarding@nhs.net for support.

Nottingham & Nottinghamshire ICB Safeguarding Leads Training

Named Safeguarding GP Lead or deputy to attend a minimum of 2 out of 4 ICB GP Safeguarding Leads Network meetings, (which are held quarterly) and cascade the learning to the wider practice team. Please refer to the [Safeguarding Practice Leads](#) TeamNet page to view agendas and book a place.

The Nottingham & Nottinghamshire ICB GP Safeguarding Leads Network meetings provide information of the local picture, specific local learning and issues, as well as information from providers and services that are only relevant to Nottingham/shire. This will inform future safeguarding practice and enable the practice Lead / deputy to disseminate these to practice colleagues.

Attendance allows the ICB to evidence compliance and provide assurance to Nottingham and Nottinghamshire partnerships regarding responses to the local and national learning from Child Safeguarding Practice Reviews (CSPRs).

Training Dates for 2025/26

GP Safeguarding Leads Network Meeting Set 1	GP Safeguarding Leads Network Meeting Set 2	GP Safeguarding Leads Network Meeting Set 3	GP Safeguarding Leads Network Meeting Set 4
23 rd April 2025	18 th June 2025	1 st October 2025	4 th February 2026
1 st May 2025	26 th June 2025	9 th October 2025	12 th February 2026

Please note, due to the expected number of attendees the two training sessions in each 'Set' are the same, therefore Lead / deputy must attend two sessions from different 'Sets' for at least 60 mins, to meet the training requirement.

Watching the recording of a training session is not sufficient to meet the safeguarding training requirement due to lack of participation.

GPs will be asked to enter their name and practice at the beginning of each session to ensure the attendance is documented. In addition, MS Teams logs each participant as they join a session and when they leave.

This clinical training requirement is linked to payment

Once confirmation has been received by the Safeguarding Team of attendance, any Q4 payment due will be released.

3.2 Report Guidance

One formal "Report" for each child and adult within the household using safeguarding template 'Primary Care Report for child/adult information for Initial / Review Child Protection Conferences (Nottinghamshire County / Nottingham City, January 2025), , in accordance with the following guidance:

- The wording on the Report must be in a form that can be understood by non-medical professionals and the parents.
- Include information about any medical problems or other information that are relevant for safeguarding for each parent or child named in the conference who is registered at the surgery. (Children with identified health needs are more vulnerable and parents' ability to recognise and respond to their health condition is important) .
- Please include a brief explanation of why these problems are relevant for safeguarding (e.g., parental mental illness may affect the adult's ability to focus on the needs of the child).
- Non-attendance for routine appointments or uptake of childhood immunisations is likely to be relevant and should be included.
- A description of how well each of the medical problems is managed with an explanation as to why this is. The wording of this explanation must be in a form that can be understood by non-medical professionals and the parents.
- Information from the parents or adults in the household's records that is not relevant for safeguarding should not be sent as per the Data Protection Act (Principle 3).
- The parents / adults will need to be informed that their medical information will be shared with the case conference, even if they don't agree or consent, as per national guidance "Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers".
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

- Wherever possible the parents should be contacted, and an offer made for them to read through the case conference report and child safeguarding summaries in advance of the conference.

Pathway

Each practice should have a clear pathway to ensure requests for information are prioritised and responded to in a timely manner, reports are coded appropriately for claiming and audit purposes, and reports are shared through secure routes.

Timescales

Initial Child Protection Case Conferences: [Child Protection Conferences](#)

Tight timescales apply to ensure children at risk are safeguarded. Therefore, Initial Child Protection notifications give limited time to submit and share reports. All information for the Initial Child Protection Conference must be submitted 24 hours in advance of the case conference. Whilst attendance or phoning in is desirable, it remains optional and does not form part of the payment.

Five days after the initial child protection conference, the minutes will be sent to the GP surgery (via the secure email address) and the minutes will state whether a child has been made subject to a child protection plan and if so when the review case conference will be held. This will enable the practice to log the date for the next meeting and ensure an updated report is submitted where appropriate. Reports for Review Child Protection Conferences should be submitted 5 working days prior to the Conference date.

Requests to complete a Multi-Agency Risk Assessment Conference (MARAC) Enquiry Form are received direct from the MARAC Administration Team. The requesting MARAC Administrator will provide the template and ask for the form to be completed and returned within 8 working days. Minutes of a MARAC are shared only with those practices that have returned a completed Enquiry Form.

Court of Protection (CoP) 3 reports in relation to Mental Capacity Act (MCA) should be completed and submitted in line with the timescales set by the requester.

There may be occasions when the urgency of the case does not allow time for the full notice period for the completion of a report to be given to the registered GP practice. The practice should endeavor to provide information as requested within the timescale set.

3.3 Population covered

Children (under 18 years of age) and adults registered with a Nottingham or Nottinghamshire GP practice

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance

Any formal request for information from Nottinghamshire County Council, Nottingham City Council, or a neighbouring authority to support a Child Protection Conference, Best Interest Meeting, CoP 3 or MARAC in relation to a registered patient where the information is submitted using the standard report template, includes the GP's professional opinion, activity is coded for audit purposes and a copy saved in the relevant medical notes.

Exclusion

- Fact finding or information gathering.
- The response to a request for information is completed by telephone, email or in person by attending a case conference or similar meeting (no report template completed and submitted within the timescale set for response).
- The individual / family is no longer registered at the practice.

- The GP practice received no notice of the meeting, did not receive the minutes and/or did not receive a request for a case conference report with at least 5 working days' notice to complete it.

There may be occasions when the urgency of the case does not allow time for the full notice period for the completion of a report to be given to the registered GP practice. The practice should endeavor to provide information as requested within the timescale set.

Statutory Duty to Provide Information

Information sharing to ensure that children are safeguarded remains all our statutory duties (Working Together to Safeguard Children, 2023).

On occasions local authorities will complete other assessments, on-going reviews, looked after reviews to name a few. They may contact the GP for fact finding or information gathering around a child to update their social care record. Standard information sharing cannot be claimed for under the Safeguarding LES.

3.5 Interdependence with other services/providers

It is best practice for the GP who has written the report to liaise with the chair of the case conference to discuss the report in advance of the conference, unless they will be attending the conference; however, this will not form part of the LES payment.

The service is expected to work closely with other healthcare professionals, including but not limited to:

- Nottingham City & Nottinghamshire County Social Services.
- 0 – 19yrs Family Health Services.
- Continuing Health Care Teams.
- Mental Health & Acute Trusts.
- Any specialist services involved with children or families.
- ICS & ICB Safeguarding Teams.

3.6 Reporting accompanying information

Practices to make a quarterly statement via the Primary Care Quality Dashboard self-return confirming:

- The names of their Safeguarding Lead and Deputy Lead for children and adults
The Safeguarding Lead must be a GP. The Deputy Safeguarding Lead must be a senior clinician with professional registration.
- All staff have the correct level of safeguarding training, as per 'Safeguarding children and young people: roles and competences for health care staff – Intercollegiate document. 3rd Edition and "Adult Safeguarding: Roles and Competencies for Health Care Staff".

[Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/clinical-practice/primary-care/primary-care-quality-dashboard/primary-care-quality-dashboard-self-return)

[Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/clinical-practice/primary-care/primary-care-quality-dashboard/primary-care-quality-dashboard-self-return)

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-25-safeguarding-adults-risk>

<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-33-safeguarding-children>

The Care Quality Commission (England) advised in 2009 that “GPs and all staff working within a Practice, including administrative and reception staff, should be familiar with the principles of child protection and with their own role in safeguarding children. Each Practice should have a nominated lead and deputy lead to promote this work”. Working Together to Safeguard Children 2023 states that GPs should have a lead and deputy lead for Safeguarding. The Deputy Lead must be a clinician trained to level 3.

- Safeguarding Policy in date and reviewed annually, includes adults and children.
- Annual review of Safeguarding Self-Assessment Framework (SSAF). The expectation is that this will be completed annually by 30 September.

3.7 Safeguarding F12 Template and SNOMED Codes

SystmOne

For SystmOne practices, as part of F12 there is a report for Safeguarding in the F12 Local Enhanced Services Claims folder which makes it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes).

EMIS

Unfortunately, EMIS reports cannot be shared centrally in the way as SystmOne, therefore practices will need to write these searches for themselves – the same codes and criteria should be used for reporting purposes, however.

To note, there is one national SNOMED code available for the ‘completion of a safeguarding report by a GP’ and therefore due to this restriction, SG1 & SG2 share the same code.

Report Name / LES Claim Form Code	Criteria and requirements	F12 Template	Read Code / SNOMED Code
SG1	Any patient with a code of (271453001) in this quarter AND report completed in patient’s record this quarter	Initial Child Protection Conference	XE2v5 / 271453001
SG2	Any patient with a code of (271453001) in this quarter AND report completed in patient’s record this quarter	Review Child Protection Report	XE2v5 / 271453001
SG3	Any patient with a code of (431221000000109) in this quarter AND report completed in patient’s record this quarter	CoP 3 Report: Assessment of Capacity	Xa9Jz / 431221000000109
SG4	Any patient with a code of (758941000000108) in this quarter AND form completed in patient’s record this quarter	MARAC GP Enquiry Form*	XaX96 / 758941000000108

* eHealthScope lists all registered patients who are subject to a MARAC; practices are not paid on this basis. Payment under this LES is for the completion and submission of the MARAC GP Enquiry Form.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed, and the Regulations for Service Providers and Managers met (<https://www.cqc.org.uk/guidance-providers/regulations>). Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). Providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the ICB on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA):
<http://www.mhra.gov.uk/#page=DynamicListMedicines>
- Local or national clinical guidance
- National and local formularies.

Where requested details of action taken must be reported back to the ICB within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians.
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance.
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner.
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.

- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Provide adequate isolation facilities.
- Secure adequate access to laboratory support.
- Have and adhere to infection prevention and control policies that are based on national and local guidance.
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection and vaccination.
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks.

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance:

Children: <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies>

Looked After children: [Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069)

Adults: <https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069>

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links:

Safeguarding Children Procedures City & County: [Welcome to the Interagency Safeguarding Children Procedures](https://nsab.nottinghamshire.gov.uk/procedures/) Safeguarding Adult Procedures Nottinghamshire: <https://nsab.nottinghamshire.gov.uk/procedures/>

Safeguarding Adult Procedures Nottingham City: <https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding>

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

To be agreed by commissioner.

6. Location of Provider Premises

The Provider's Premises are located at:

The Service will be provided within the boundaries of Nottingham & Nottinghamshire ICB. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core contract opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1 April 2024 to 31 March 2026 subject to review.

From 1 April 2024, practices will be paid based on a report per household and not a report per family, recognising the need to include all occupants within a household rather than just people related to the child supporting the changing face of the family unit and National learning around unseen men.

A household is defined as all the people in a family or group who live together in a house.

The notice period is three months for termination under General Condition 17.2 in writing to nnicb-nn.primarycarenotts@nhs.net

Remuneration and Outcome Measures

Payment

The payment is:

- [REDACTED] full reports completed per household.
- [REDACTED] for 'Nothing to Add' report response per household to Review Child Protection Conference.

A 'Nothing to Add' response is appropriate for families where there has been no health involvement since the last conference and the report is provided to ensure the meeting Chair is aware that the GP has no concerns.

Payment will be made in arrears on production of the completed claim form in relation to this service. Any payment due in Q4 will be released upon confirmation of completion of the required annual safeguarding clinical leads training as outlined in this service specification.

Only where a report has been completed in full or 'Nothing to Add' as appropriate using the agreed template and submitted to the relevant department will a payment be made.

Agency Report to Initial Child Protection Conference

To be completed in full by GP at the request of the Local Authority. Report template available via clinical system.

1-4 child reports per household (completed by a GP) = One Claim
5+ child reports completed per household (completed by a GP) = Two claims

LES Claim Form Code: SG1 Payment: [REDACTED] full report per household

Agency Report to Review Child Protection Conference

Can be completed in part for 'Nothing to Add' return, however if there have been changes in circumstances or additional information needs to be submitted to the conference, then a full report is required. Completed at the request of the Local Authority. Report template available via clinical system

1-4 child reports per household (completed by a GP) = One Claim
5+ child reports completed per household (completed by a GP) = Two claims

LES Claim Form Code: SG2 Payment: [REDACTED] 'Nothing to Add' report per household

Or

LES Claim Form Code: SG1 Payment: [REDACTED] full report per household

Court of Protection (CoP) 3 Report: Assessment of Capacity

National template to be completed by the GP at the request of an Adult Safeguarding or Continuing Healthcare Representative

One Adult = One Report (completed by a GP) = One Claim

LES Claim Form Code: SG3 Payment: [REDACTED] full report per adult

MARAC GP Enquiry Form

To be completed in full by GP. Template for completion will be provided by the MARAC administrator upon request for information from the GP practice

One Adult = One Report (completed by a GP) = One Claim

LES Claim Form Code: SG4 Payment: [REDACTED] template completed in full per adult

Claims

Practices should claim for completed activity using the LES claim form on a quarterly basis. A claim can be made where the information was submitted within the timescales set out by the requester using the standard report template, includes the GP's professional opinion, activity is coded for audit purposes and a copy saved in the relevant medical notes.

All practices should have processes and alerts in place to ensure LES requirements are met, and submissions made by the deadline date.

Practices are reminded that records relating to the completion and submission of the claim, including confirmation of date & time of submission, are kept within the practice to support the claim. These records may be examined by the ICB for verification purposes as part of an annual review or at any other notified time.

Quarterly LES Claim Form Submission Deadlines

Completed claim forms to be submitted by the deadline date to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

- Q1 deadline 31 July
- Q2 deadline 31 October
- Q3 deadline 31 January
- Q4 deadline 30 April

LES Claim Forms will not be accepted after the deadline date (except in exceptional circumstances) which will lead to loss of practice income.

Q4 Payment

The Safeguarding Team will notify the Primary Medical Services Commissioning Team at the end of the financial year of those practices who have met the training requirement in order to release any Q4 payment due. To ensure attendance is documented, GPs will be asked to enter their name and practice at the beginning of each training session. In addition, MS Teams logs each participant as they join a session and when they leave.

Quality Requirements for Quarterly Reporting

- Primary Care Quality Dashboard self-return to provide assurance and demonstrate compliance with staff training and effective safeguarding systems and processes in place

The Primary Medical Services Commissioning & Quality Team will liaise with the Safeguarding Team to access this information.

Providers will be required to:

- Comply with requests from Nottingham & Nottinghamshire ICB to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service.
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire ICB, if required.