Spring News Bulletin for Adult Safeguarding
March 2019

Dear Colleagues,

Welcome to the Spring Bulletin. Unfortunately, this will be my last bulletin as Adult Safeguarding Lead GP as my pilot role has come to an end. As a parting gift, I hope you will forgive the "bumper issue" and that it might help you with your spring cleaning…..

With best wishes for a safe and guarded future.

Pippa

Dr Pippa Harrold

Lead GP Adult Safeguarding for Norfolk & Waveney CCGs.

GP Adult Safeguarding Generic Policy

Is your current Adults Safeguarding Policy gathering dust in your policy draw? Has the renewal date just expired? If so, I have the pleasure of sharing an **Adult Safeguarding GP Practice Generic Policy** which has been compiled with the help of Lynda Ellison-Rose from One Norwich who have agreed that it can go Norfolk wide.

NSAB have agreed to publish it on their website under the professionals/GP & Primary Care Practitioner tab. It has been designed for you to use as template and for you to customise to suit your individual requirements.

adultatrisk policy final.docx

Public Information Sharing

At the same time, if your waiting rooms are looking a little "*same old…*" or that the TV screen messages are getting "*a bit tired….*", the Norfolk Safeguarding Adults Board (NSAB) are happy to host downloadable public information material which you can display in your surgeries on their website. It is hoped that this information will be updated and shared to coincide with campaigns and developments in the field. For info: https://www.norfolksafeguardingadultsboard.info/professionals/leaflets-posters/

This site should include posters, leaflets and a new resource as MP4/JPEGs for the TV screens.

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GP Learning from Norwich Domestic Homicide Review "April"

The DHR report for April is published on the Norfolk Safeguarding Adults Website: https://www.norfolksafeguardingadultsboard.info/domestic-violence-review/ under the DHR tab where it can be read in full.

Extracts from the action plan for primary care include:

- *That the existing programme of domestic abuse awareness raising across all GP practices in Norfolk is stepped up for adult safeguarding, to raise professional curiosity and knowledge of referral routes, signposting to specialist support agencies and triggers for and signs of abuse.*

- *That the pack provided to locum GPs by a practice includes information on how they can make sure patients 'of concern' are followed up. For example where to direct a 'patient task' to make sure a follow up in the case of a DNA (Did Not Attend).*

- *That DNA (Did Not Attend) processes in GP surgeries are reviewed to ensure their effectiveness for safeguarding purposes.*

Neither the perpetrator, nor April, engaged very much with their GP surgeries so there were no glaring missed opportunities in primary care for this DHR.

The perpetrator did see a locum GP once and discuss low mood, but he did not attend the follow-up appointment and did not subsequently re-engage. The DHR panel knows that GPs cannot take responsibility for all our patients who have the capacity to decide not to attend a booked GP appointment, but it is suggested by the DHR panel that we make sure that we all have a suitable DNA policy in place. I know that we all work differently but for example, in my inner city practice which includes a lot of chaotic patients at risk of abuse, we have blocked the last appointment of the day for each GP to allow them to check through the DNA appointments to see if any of those patients may be at risk and arrange for follow-up if felt appropriate.

I know this would not be appropriate for all surgeries, but please take the time to check your policies, discuss and update if required. Similarly, as care fractures and our services rely more frequently on locum staff, please take time to check that your locum information pack is up to date (more spring cleaning!) and make sure that the locums know where to direct a task/patient note if they want to flag a patient of concern for appropriate follow-up.

Finally, do continue to make sure that your clinicians have up to date training in DA awareness and if possible consider investing in the training of at least one Domestic

Abuse champion within your practice team. Details of Domestic Abuse Awareness and training are covered in the Norfolk Safeguarding Children Safeguarding Monthly newsletter **"Spotlight on Safeguarding"**. Your practice managers should distribute this to your inboxes monthly, so if you do not see this, please speak to your management team.

Alternatively, if you do not have a formal link to a surgery, please email safeguardingchildren.norfolk@nhs.net and ask to be added to the distribution list.

Update on MARAC letters highlighting domestic violence

Unfortunately, I have not been able to get a response from NHS England on official guidance about how to record information from these letters in patient's notes.

Based on guidance from child safeguarding and SafeLives (http://www.safelives.org.uk/) my System One practice have come up with our own practice policy which we are happy to share with you to adapt as appropriate.


Recording MARAC letters policy 25_3_2(

What happens when I make a safeguarding referral?

The NSAB manager has been working on a flow diagram to help us see what we should expect to happen when we make an Adult Safeguarding Referral. It will be published on the NSAB website link shortly under the professionals tab.

GP Learning from SAR E

SAR E was published on the NSAB website in December 2018 and can be accessed via the link https://www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/sar-ms-e-published-december-2018/

The background summary is included here:

> *Ms E was generally a well lady with full capacity, who used a wheelchair. She occasionally suffered from falls. Ms E had been a resident at a Norfolk care home since April 2011, when she entered as a self-funding resident following a hospital admission.*
>
> *When she went to hospital on the morning of 9th November 2016 she was found to be suffering from severe hypothermia and pneumonia. She passed away that afternoon.*

The care home was an old, poorly-insulated building with high ceilings and large rooms. Its heating and hot water ran on two boilers dating back to the 1960s, which were run alternately for short periods in order to produce the full load of the output required for the building. One boiler failed in the early summer of 2016, leaving the home reliant on the second, which itself failed in October 2016.

As a result, the home lacked hot water and heating for a number of weeks. Both boilers had been the subject of condemnation notices issued in 2013. Temporary measures (involving portable heaters, hot water conveyed in jugs, and temporary water heaters) were in place at the time of Ms E's death, and were being monitored by the Care Quality Commission and the Quality Assurance team of Norfolk County Council's Adult Social Care Department.

GP Learning

On 8th November 2016 the care home requested an urgent GP visit for Ms E as she was thought to be chesty. The GP reviewed her and agreed that she was chesty and arranged for a prescription for amoxicillin. Unfortunately, her condition deteriorated overnight and an emergency ambulance was called when she was found to be profoundly hypothermic. She was transported to hospital, but she sadly died later the same day.

The SAR had found some evidence that visitors had reported that the care home felt cold. As GPs we often enter Care Homes wearing our outdoor clothing so are not always best placed to notice if a resident's room feels cold. The visiting GP does not recall anything out of the ordinary on this occasion.

Next time you are visiting, do use your **professional curiosity** to ask yourself the question "*How would I feel sitting still in this temperature?*" and if your answer is "*Cold*", then make sure you tell the duty manager and advise that you are going to report your concern through the Social Care Team Number **0344 800 8020.**

The second issue for primary care was the urgent prescription. A handwritten prescription for amoxicillin was apparently faxed to the wrong pharmacy by the care home which meant Ms E was not able to have any amoxicillin as recommended by the GP the day before her admission. As their carer, the care home has the responsibility to obtain prescribed medications for their patients.

As their GP, we have a duty to prescribe when appropriate. Increasingly we are providing electronic prescribing to the Care Home's linked pharmacy. Often the care homes have negotiated deals with remote pharmacies for their patient's routine repeat medications but use a local pharmacy for urgent prescriptions.

As a result of this SAR Norfolk County Council will communicate with care homes about the importance of efficient and timely arrangements for securing residents' medication, but as GPs we can assist them with this in making sure that when we recommend that a patient needs urgent medication, we make sure the care home staff know this and we ask if they would like a handwritten script or nominate the EPS pharmacy they would like us to send it to (we just need to remember to change the nominated pharmacy accordingly).

Non-engaging patients who we feel are at risk of self-neglect

We all have them, those patients who choose or are too chaotic to engage with healthcare. I have been working with my colleague Helen Thacker, Head of Service-Safeguarding in Norfolk County Council to advice on best practice. She had devised a 7 minute briefing for their social care team which we have adapted for GPs which will be published shortly under the professionals tab

https://www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/

I have attached a copy of the pre-published document for information in the meantime.

Seven min brief safely ceasing involv

Making Safeguarding Personal (MSP)

You may have heard this request to "*Make Safeguarding Personal*". It is a core part of the CCGs' adult safeguarding policy going forward. In essence it means that safeguarding is "*done with*" rather than "*done to*" a person. My colleague Meadhbh Hall Safeguarding Nurse has written a Seven Minute Briefing which will be posted on the website: https://www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/

Again I have attached a copy of the pre-published document for information in the meantime.

Making Safeguarding Personal - seven Min

And finally....

It's been a fascinating and eye opening two year journey through adult safeguarding. It has been a case of the more you look, the more you see.

I would like to recommend the NSAB website as an ongoing resource for advice and guidance: my bulletins are published there along with a copy of the intercollegiate document on Adult Safeguarding Training. The manager **Walter Lloyd-Smith** writes an excellent blog and you can subscribe to receive an email alert when this is updated: email nsabchair@norfolk.gov.uk and title the email "website email alert". He also has a twitter account which is listed on the website or by using the link @NorfolkSAB

Please do not use my personal nhs.net address for safeguarding queries going forward.

Health related safeguarding queries (but NOT referrals) can be made by calling 01603 257030 or email nnccg.safeguardingadultsnorfolk@nhs.net where my colleague **Gary Woodward**, Designated Nurse for Adult Safeguarding for Norfolk & Waveney CCGs will be able to advise.

Norfolk and Waveney CCGs, Lakeside 400, Old Chapel Way, Thorpe St Andrew, Norwich NR7 0WG

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