Primary Care Adult Safeguarding Meetings

Guidance – What makes a good practice meeting for adults at risk?

General points

Practice safeguarding adults' meetings allow practice staff to share information, identify concerns and agree management plans for complex adult safeguarding cases. They may also be an opportunity to meet with multidisciplinary partners who can help safeguard the practice's registered patients.

Safeguarding activity such as referrals should not wait until the meeting, each practitioner is responsible for acting on safeguarding information in a timely way, the meeting can be used to discuss cases where the action is not clear to the practitioner.

For those clinicians who are link care home GPs or lead practitioners for care homes, safeguarding should be considered at the weekly care home ward round.

Safeguarding meetings which are recorded can be shown to CQC as proof of safeguarding activity.

Reflection on the meetings can be added to doctor's appraisals as evidence of safeguarding training at L3. Reflecting on cases and appropriate self-directed learning satisfies the GMC criteria for good medical practice.

Who should attend?

This will depend on practice structure and staff availability to identify those best placed to attend.

- Practice staff:
  - Safeguarding lead clinician or deputy to chair meeting and safeguarding admin lead to take notes and add entry/ codes to records.
  - Clinical staff, including GPs, advanced practitioners, nurses, HCA and pharmacists (to check medicine compliance in adults discussed at the meeting.)
- Multidisciplinary team members: e.g. district nurse, social worker,
- Care home advanced practitioner/ link worker

Frequency

Dependent on the practice safeguarding adults' workload and availability of attendees

Recommended between weekly and 8-weekly. The frequency can be decided by your practice and depends on the purpose of your meeting. If the purpose is to discuss difficult cases and safety planning, the meeting may need to be more frequent (e.g. Monthly or more often). If your safeguarding meeting is more of an audit or assurance type meeting, then less frequently may be more appropriate.

How to choose who to discuss:

The following are suggestions for choice of patients that the practice might discuss at the meeting. Different practices will have different safeguarding workloads and may choose to follow one or more of these options.

1. Referrals made into Safeguarding adults by the practice - to inform the team & review outcomes
2. Searches – At risk adults with "did not attend" code and "vulnerable adult code". Practice can add vulnerable adult codes to those patients coded with any type of cognitive impairment, dementia, learning disability, acquired brain injury or other adults who have been identified as being at risk
3. Domestic abuse MARAC referrals made by the practice or those who have had a MARAC information request form
4. Complex cases identified by clinicians and admin staff in advance or at the meeting. Cases which tend to be more complex might include adult safeguarding cases involving self-neglect, domestic violence including HBV, FGM, forced marriage, combined with the vulnerabilities of substance misuse, severe mental health condition, learning disability, dementia, acquired brain injury of any cause
5. Care home concerns e.g. missed medications, neglect, bruising, repeated low level concerns
6. Safeguarding concerns highlighted from incoming letters

How to record the meeting?

- Record multidisciplinary team meeting in the patients' notes, can add code vulnerable adult – could use a template.
    - Record that the patient has been discussed in adult safeguarding meeting
    - Add a relevant safeguarding code
    - Brief text summary of outcome
    - Consider hiding from online access
- Keep a record of the meeting and list of cases discussed with a brief summary and action log.

What should the outcomes be?

1. Decide if a safeguarding referral is needed or if an update should be provided to the multiagency team if the patient is already in safeguarding.
2. Any appropriate actions.
3. Does the case need to be discussed again in next meeting?
4. Do you need to arrange follow up with the patient to "check in"?

After the meeting

Safeguarding admin lead should circulate the meeting notes/action log to relevant staff including those who were not able to attend the meeting.