The role of the named GP is not defined in statutory guidance, but they have proved invaluable at supporting general practice and improving the experience of vulnerable children and families. NHS England has indicated that it will support continuation of this role.

It remains the responsibility of every NHS funded organisation and healthcare professional including General Practice and GPs to ensure that people in vulnerable circumstances are not only safe but also receive the highest possible standard of care.

GP practices should have a lead for safeguarding, who should work closely with named GPs and designated professionals.

How the NHS commissions child and adult safeguarding in England from April 2013 is described in Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework. This framework is intended to support NHS organisations to fulfil their statutory safeguarding duties as set out in

- Working Together to Safeguard Children.
- Statutory Guidance on Promoting the Health and Well-being of Looked After Children.
- and in any future legislation regarding the safeguarding of adults (guidance is currently based on No Secrets).

NHS England is responsible for ensuring that General Practices from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This takes account of specific responsibilities for looked after children and for supporting the Child Death Overview process, to include sudden unexpected death in childhood. There is an expectation that GPs will contribute fully to Serious Case Reviews (SCRs) which are commissioned by LSCBs/SABs and also, where appropriate, to individual management reviews or other local audit and review processes. GPs are expected to carefully consider all requests from an LSCB to share information for child safeguarding purposes.

New NHS commissioning bodies are in the process of developing organisational structures and processes which will support delivery of their statutory obligations to safeguard children under the Children Acts 1989 and 2004. This will include working with other agencies such as Local Safeguarding Children Boards, and Social Care as well as Public Health who are now responsible...
for commissioning a range of services for children and young people such as the 5–19 Healthy Child Programme (0–19 from 2015), school health services, drugs and alcohol services and sexual health services. NHS England is also working with Health Education England, the Care Quality Commission and the Revalidation Support Team to ensure that training, regulatory and revalidation requirements for GPs relating to child safeguarding are consistent and aligned.

11.1 Safeguarding Children (and Adults): Responsibilities of NHS Commissioning Organisations

In England:

NHS England (formerly the NHS Commissioning Board)

NHS England has a wide-ranging role in safeguarding children, with statutory responsibilities for all directly commissioned services including primary care, as well as working with CCGs, Local Authorities, local Health and Well-being Boards and Local Safeguarding Children and Safeguarding Adult Boards to engage with local assurance and accountability processes.

Each area team has a Director of Nursing with lead responsibility for safeguarding for both children and adults, and who acts as the main agent for advice and support to the area team as well as the wider system. This includes responsibility for commissioning any reviews or enquiries of independent contractor services such as General Practices. In this role they may be supported by local ‘Safeguarding Forums’, which are being set up as a source of wider expertise and advice and include Designated and Named professionals.

Clinical Commissioning Groups

CCGs as the main commissioners of local health services are expected to assure themselves that the organisations from which they commission services such as hospitals and community services have effective safeguarding arrangements in place.

They are required to demonstrate there are appropriate systems in place for discharging these responsibilities including:

- Training their staff to recognise and report safeguarding issues.
- Governance arrangements which include a clear line of accountability for safeguarding.
- Arrangements to co-operate with local authorities in the operation of LSCBs, SABs and health and wellbeing boards.
- Ensuring effective arrangements for information sharing.
- The expertise of designated doctors and nurses for safeguarding children and for looked after children.
- A designated paediatrician for unexpected deaths in childhood.
- Having a safeguarding adults’ lead and a lead for the Mental Capacity Act.

Health Safeguarding Systems

There is concern that with health reforms and budgetary pressures health safeguarding systems could become fragmented. This has resulted in increasing interest in development of Clinical Networks in which clinicians work in a collegiate way to share expertise and provide mutual professional support, and multi-agency safeguarding teams. The latter are usually designed to be a single point of contact to gather multi-agency information prior to referrals to Children’s Social Care.
They enable professionals from a number of different agencies such as health, social care, police and education to work collaboratively and share information securely to enable consistent high quality risk assessments. If cases do not meet the threshold for social care, workers within the hub will, if indicated refer to the appropriate agency or professional to ensure that necessary support is provided to the family.

**Northern Ireland:** see Health and Social Care in Northern Ireland, Guidance to agencies: public protection arrangements (PDF) (2008).

**Scotland:** see National Guidance for Child Protection in Scotland 2010

**Wales:** Health Boards deliver and commission services and they are responsible for ensuring that General Practices from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect.

### 11.2 Case History: A Clinical Network

*Greater Essex Safeguarding Children Clinical Network author Dr Siobhan Barnes*

A Managed Clinical Network for Safeguarding Children and Looked After Children was developed in the geographical county of Essex in 2011. The network initially comprised 5 Primary Care Trusts (later becoming 7 Clinical Commissioning groups) and is co-terminous with 1 Local Authority and 2 Unitary Authorities.

The architects for this change were the Designated Nurses in post at the time who recognised and proactively responded to:

- A CQC inspection report recommending that Designated Doctor and Nurse function across the 5 PCTs was too depleted to be effective.
- The changing NHS landscape leading to increasing complexity of the Health System with the inherent potential for negatively affecting the partnership working essential to Safeguarding Children.
- The desire to protect Safeguarding capacity particularly the role of Named GP and Named Nurse for Primary Care.

Following extensive consultation within Health and with partner agencies the Managed Clinical Network was developed. The particular model was chosen to:

- Ensure continued local availability of advice and expertise with PCT aligned Designated and Named Professionals remaining in their localities.
- Provide access to Strategic guidance and expert advice for Health and its partner agencies through the creation of a Hub of Lead Professionals.
- Allow distribution of responsibilities across the Network so reducing the duplication of effort and the burden on individual Designated Professionals and also facilitating specialism.
- Facilitate sharing of staff resources across Southend Essex and Thurrock.

Since inception the Network has driven improvement within Primary care including:

- Creation of a new Level 3 training package with greater emphasis on small group case based discussion and risk assessment.
- Rates for GPs trained to Level 3 have increased from under 20 to over 80%.
- A single Child/Young Person's Registration form designed by the Named GPs, in line with Laming's original recommendation and endorsed by Essex LMC, now in use across the 7 CCGs.
11.3 The role of the Named Safeguarding Children GP

The role

- Named Safeguarding GPs in England deliver education, improve child protection processes, disseminate evidence based practice and guide General Practices to deliver statutory functions.
- There are as yet no Named Safeguarding GPs in N Ireland, Scotland and Wales, where other mechanisms are in place to support GPs.

Over the last decade Named Safeguarding GPs have evolved into GPs with a Special Interest who have been active in engaging and motivating GPs, supporting them in managing sensitive, challenging and disturbing situations. They have also worked collaboratively with the Local Safeguarding Children Boards and other Agencies such as Social Care, the Police and Education in writing Independent Management Reviews and Serious Case Reviews and in development and implementation of Action Plans resulting from these Reviews. More recently Named GPs have been involved in supporting GPs to contribute to Section 11 Multi-Agency Audits and to prepare for regulatory Safeguarding and Looked After Children inspections.

Current policy

*Working Together to Safeguard Children 2013* states that “GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place.”

Within *Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework*, the role of the Named GP has been clarified, strengthened and described as critical. A minimum of 2 sessions per week per population of all ages of 220,000 is recommended. The guidance acknowledges that “Named GPs have proved invaluable at supporting general practice and improving the experience of vulnerable children and families”, and in 2014 NHS England decided that Named GPs will be employed by Area Teams to support them in discharging their statutory safeguarding obligations.

General practice has an important place in the early identification and joint management of child maltreatment. This has been increasingly recognised since the report on the death of *Victoria Climbié* in 2003 and clearly defined by the *General Medical Council* in 2012. The long term health, social and economic consequences of child maltreatment will be recognised by individual GPs and shown by recent research (for example that carried out by *Prevail*).
Primary care contractors as the gatekeepers of the NHS will often be the first professionals to be alerted to problems within a family but this aspect of General Practice remains a challenge to individual GPs, Practice Teams and the NHS generally especially in times of economic austerity, organisational change and increasing pressure on Practices.

Historically the Named GP role arose from recommendations in the Children’s NSF 2004 as a means of supporting Primary Care commissioning organisations in discharging their statutory duties under Section 11 of the Children Act 2004. Organisations which employed Named GPs benefited from an improved awareness of safeguarding issues within primary care and discovered that peer led clinical leadership delivered widespread improvements in GPs’ approach to safeguarding children.

Named Safeguarding GPs today play a role in:

- Providing specific expertise in children’s health and development and in care of families in difficulty as well as children who have been abused or neglected.
- Providing supervision, expert advice and support to GPs and other staff in child protection issues.
- Offering advice on local arrangements with provider organisations for safeguarding children.
- Promoting, influencing and developing relevant training for staff especially GPs and their teams.
- Providing input as a skilled professional to child safeguarding processes, in line with the procedures of local safeguarding children boards.
- Taking a lead in writing the General Practice components of serious case reviews, independent management reviews, Section 11 Multi-Agency Audits.
- Supporting processes required by regulators’ unannounced single and multi-agency inspections.

Named Safeguarding Children GPs remain an essential part of current and future NHS structure in England see T10 for a detailed role description.

Information on support for GPs working in jurisdictions other than England

**Northern Ireland:** Cooperating to Safeguard Children Roles and Responsibilities and Safeguarding Board for Northern Ireland

**Scotland:** Child Protection Guidance for Health Professionals

**Wales:** Safeguarding in General Practice, A Guide for Safeguarding Children and Vulnerable Adults in General Practice