



**Safeguarding
is everybody's
business**

Managing Safeguarding Adult concerns where a GP is the alleged perpetrator

Approved October 2017

These notes should be read in conjunction with the attached diagram *Flow of information where a GP is suspected in an Adult Safeguarding concern*.

The process has been agreed between East Riding Safeguarding Adults Board, East Riding CCG (named GP for Adult Safeguarding), Hull CCG (named GP for Adult Safeguarding), Humberside LMC and NHS England (Performance Directorate).

1. Introduction

There are **five** possible scenarios to consider when a safeguarding adults concern is raised which identifies a GP as the alleged perpetrator:

There is no concern to answer, these will be returned to the safeguarding adult team

- The concern is about a GPs general performance as a practitioner (the process which follows is not usually about protecting the adult);
- The concern is about alleged abuse or neglect of an adult at risk of harm where there is a need to safeguard the adult (the process which follows is usually about protecting the adult).
- The concern identifies both safeguarding and practitioner performance issues
- There is a crime (committed or suspected).

2. GP Performance concern only

When a concern form is received by the Safeguarding Adults team and a GP is alleged as the perpetrator it should be sent to the relevant CCG named GP for adult safeguarding. The process which follows is dependent upon the nature of the concern – see chart for details.

GP performance concerns which can be addressed by the CCG GP lead could include such things as; miscommunication, misdiagnosis/medication errors (no risk, no adverse effects), quality & safety. The CCG GP lead will work with the relevant practice to resolve such concerns.

The outcome of the above may be shared with the Medical Advisor at the relevant CCG. This will be escalated to NHSE&I performance if after discussion this is felt to be of sufficient seriousness to warrant this step.

Other GP performance concerns which may need to be addressed by NHSE&I could include issues such as illness of a GP **where it affects performance**, drug/alcohol concerns, domestic violence where the GP is the alleged perpetrator. The CCG GP lead will discuss such concerns with the **medical advisor or director of nursing and quality at the CCG prior to raising these with NHSE&I Performance and agree the extent of NHSE&I involvement in any enquiry.**

CCG GP lead must inform NHSE&I of all crimes where the GP is the alleged perpetrator including theft and driving offences, at the point at which the CCG becomes aware. **This will also include informing the medical advisor or director of quality and nursing at the CCG.**

3. Concerns about adult safeguarding only

Concerns which are clearly about adult safeguarding only – follow the multi-agency Safeguarding Adults Policies and Procedures 2017.

These may be used in future in an anonymised way for GP learning events/education. SAT to share completed enquiry with CCG GP lead for this purpose only.

4. Concerns about both safeguarding and practitioner performance

Where the concern is about both safeguarding an adult and a GPs performance a discussion will be held between the SAT Manager/decision maker and the CCG named GP for adult safeguarding in the relevant CCG to agree the way forward with the enquiry. The CCG will be responsible for informing NHSE of the agreed course of action and agreeing what is sent to them thereafter.

Completed enquiry to be returned to the SAT by the person who undertook the enquiry.

When a concern is sent directly to NHSE&I and a safeguarding issue is identified by NHSE&I during the course of their enquiries, this information must be immediately passed to the SAT team in the relevant local authority via safeguardingadultsteam@eastriding.gcsx.gov.uk

Governance and Quality

The named GPs for safeguarding adults in the Humber Region will peer review all cases where GPs are named as the perpetrators of abuse to ensure that each case is dealt with in a consistent manner. Cases will be evaluated as to their value for learning. Cases may be presented suitably anonymised, at learning events. This will preferably be with both the GP and the victim's permission.

5. The NHS (Performers Lists) (England) Regulations 2015

A practitioner who is included in a performers list has a personal responsibility to comply with the requirements applicable to the practitioner under the above regulation paragraph 9(2). This includes making a declaration where the practitioner may have committed a crime or becomes the subject of any investigation by any regulatory or other body, this would include a safeguarding enquiry.

Reference points:

SAB Multi agency Policies and Procedures for Safeguarding adults with Care & Support needs 2017.

[Framework for Managing Performance Concerns February 2018.](#)

[NHS Performers list Regulations 2013](#)

All completed safeguarding enquiries should be sent to safeguardingadultsteam@eastriding.gcsx.gov.uk

Crimes involving adults with Care & Support needs to be sent to SPOCPublicProtection-EastRiding@humberside.pnn.police.uk

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Spider diagram outlining flow of information where a GP is suspected in an adult safeguarding concern

