



## Current guidance and information on management and storage of child protection records in general practice

### Recommended Practice

1. Social care and general practice should work together to ensure that requests for information and case conference minutes are sent to the right general practice, bearing in mind the complexity of family structure and the fact that families can fragment and migrate and may have members with several different surnames.
2. The doctor who best knows the family or the practice child safeguarding lead should handle and respond to child protection information requests, read Case Conference minutes and make sure that any key information relevant to the children and adults mentioned in the minutes is easily available in the appropriate individual record or records. The full case conference minutes should be stored in the electronic record of the child /children who are named in the plan. The Safeguarding lead should also ensure that any healthcare actions in the CP Plan which fall within the responsibility of the practice are set in place and monitored.
3. The records of children and adults linked by the Child Protection Plan (previously child protection register) should be coded / flagged so that any clinician seeing adult or child is aware of the concerns and the Child Protection Plan (e.g. where mental or physical ill-health or drug use in a parent is linked with neglect/abuse of a child).
4. The key points from the minutes should be clear in the records e.g. current relevant health issues for children and adults, need for health follow up, category of abuse, date of review case conference etc.

As with any medical records, child protection records contain confidential information and practices should consider using their record system functions to limit access to non-clinical staff.

### GMC Guidance 2012 (pages 33-34).

**58** *You should store information or records from other organisations, such as minutes from child protection conferences, with the child's or young person's medical record, or make sure that this information will be available to clinicians who may take over the care of the child or young person. If you provide care for several family members, you should include information about family relationships in their medical records, or links between the records of a child or young person and their parents, siblings or other people they have close contact with.*



**59** Patients, including children and young people, have a legal right to see their own medical records unless this would be likely to cause serious harm to their physical or mental health or to that of someone else. A parent may see their child’s medical records if the child or young person gives their consent, or does not have the capacity to give consent, and it does not go against the child’s best interests. For more advice, see paragraphs 53–55 of GMC 0–18 years: guidance for all doctors.

**60** If you are responsible for storing and disposing of medical records, you must make sure this is done in line with official guidance on managing records, including the retention schedules published by the UK health departments. This applies whether or not you work in the National Health Service (NHS).

**Scanning and Coding**

This table is based on the guidance from Avon and the RCGP/NSPCC Toolkit (2011), courtesy of Dr Danny Lang. It gives a structure for scanning and coding child protection case conference information into the records of children and adults involved in the case.

	<i>Read code significant details</i>	<i>Scan in summary</i>	<i>Further details from full minutes</i>	<i>Minimum Retention Period for full minutes</i>
<b>Child (subject of case conference)</b>	Yes	Yes	Yes	26 years, but Read code to remain on record
<b>Other Children (not subject of conference but living in same household/ same carers)</b>	Yes	Yes	No	26 years, but Read code to remain on record
<b>Adults named in report</b>	Yes	Yes	No	When index child reaches 26 years, but Read code to remain on record

There is no reason why the minutes should not remain on the GP records for as long as that record is retained under the NHS Code of Practice (DH 2011, see References).

Read Codes may vary depending on the GP electronic system but the following are in use by some systems:

For case conferences: INSP/EMIS & CTv3 codes (*italics*)

- Case Conference: **3875 ( 3875)**
- Child Protection Plan: **8CM6.00**
- Child Protection Plan Discontinued: **131w ( XaOtl)**
- Family member subject to Child Protection Plan: **131y (XaPkF)**
- Family member no longer subject to Child Protection Plan **131z (XaPkG)**
- Child is cause for concern: **131f ( XaMzr)**



## Releasing patient records containing child protection information such as case conference minutes

This should be the responsibility of the GP who according to Government guidelines must determine the presence of third party information, the necessity to redact certain content, and the necessity and proportionality of the request (see Tool 12 RCGP/NSPCC Safeguarding Children Toolkit). The GP must also consider any possible detrimental effect of release to the child or adults of potentially sensitive child protection information contained in the records such as details of a medical assessment for child sexual abuse. This may be especially relevant if the child or adult has no previous knowledge or recollection of abuse perpetrated when they were very young.

If the GP has any doubt about disclosing certain content he should discuss this with: the practice lead in safeguarding, the child's social worker if the child is still within the child protection system, the local NHS adviser on safeguarding such as the Named Safeguarding GP or the medical indemnity organisation.

## Confidentiality: NHS Code of Practice

The Confidentiality Code of Practice is a result of a major public consultation that included patients, carers and citizens, the NHS, other healthcare providers, professional bodies and regulators. The Code offers detailed guidance on: protecting confidential information; informing patients about uses of their personal information; offering patients appropriate choices about the uses of their personal information; and the circumstances in which confidential information may be used or disclosed. The Code can be accessed from the Department of Health website at: <http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf>

## Joining or leaving a practice

The point in time when a child or family with a Child Protection Plan joins or leaves a practice is often critical because the child/ren may at this stage become 'lost' in the system. Families may or may not disclose child protection information at registration and GP records take time to transfer. Social care departments have an obligation to arrange safe handover of family cases with an active child protection plan to the new area department which should hold a receiving-in case conference but this does not always happen.

**Joining:** The practice should evolve a registration system for children which will include obtaining details of parental responsibility, school and past support from other agencies and obtaining as much information as possible about the child's health and social history. Health visitors and social care may know of Child Protection Plans before practices receive records. If you suspect child protection problems but have insufficient information try to discover the previous practice and contact them, your health visitor or social care department (see Tool 8 RCGP/NSPCC Safeguarding Children Toolkit)

**Leaving:** A clear entry should already be present in the main part of individual records confirming that there is a current Child Protection Plan with contact details of the social care department issuing the minutes so that the new practice can request information if needed at any point (see Tool 9 RCGP/NSPCC Safeguarding Children Toolkit).

The complete electronic record (including scanned minutes) minutes should be send to the Patient Services Unit or equivalent agency as usual. It would be helpful to send the records of all family members coded with a Child Protection Plan. Any written records should be sent with all attachments opened and printed out. It should be sent in a sealed envelope marked urgent and confidential for attention of the new GP. If the new GP practice should make contact for information relating to the family or the Plan, this must be shared as appropriate.

## Disposal of case conference minutes

Once they have been scanned into the GP record they should remain on record following the retention schedule in Records Management: NHS code of practice. Part 2 (i.e. 30 years after the last entry in the record) 5. The same documents give a specific **minimum** retention period for holding records relating to child protection plans/registers (until the child is 26). The principles of the NHS code of practice apply to the Department of Health, Good practice guidance to GP electronic records. As the information may have relevance reaching into adulthood, best practice would be to scan and retain the minutes in the GP record. Social care have an obligation to keep child protection papers for 75 years so if case conference information is not on the GP record and is required, contact the relevant department

The principles of this guidance may apply to storage of other multi-agency information.

N.B. The time limit for starting a medical negligence claim for an injured child is three years after the injured child turns 18. For medical negligence claims involving adults, the time limit is three years from the date of injury, or three years from the date an individual becomes aware of the negligence or injury.

This guidance is based on *Case Conference Minutes in General Practice: Guidance issued for Cornwall and the Scilly Isles* written by Dr Danny Lang in 2012

## References

Department of Health (2006) Records management: NHS Code of practice. Department of Health: Part 1, 2006; Part 2 2009

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4131747](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747)

Donaldson, Sir Liam, (2009) Keeping records separate from the main official patient record. Department of Health, 22/6/2009, DH gateway number 11985

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GMC (2007) 0-18 Years: Guidance for all doctors [http://www.gmc-uk.org/0\\_18\\_years\\_\\_\\_English\\_0315.pdf\\_48903188.pdf](http://www.gmc-uk.org/0_18_years___English_0315.pdf_48903188.pdf)

GMC (2012) Protecting children and young people: the responsibilities of all doctors

[http://www.gmc-uk.org/Protecting\\_children\\_and\\_young\\_people\\_English\\_0712.pdf\\_48978248.pdf](http://www.gmc-uk.org/Protecting_children_and_young_people_English_0712.pdf_48978248.pdf)

RCGP (2014) RCGP/NSPCC Safeguarding Children Toolkit <http://www.rcgp.org.uk/clinical-and-research/clinical-resources/the-rcgp-nsppcc-safeguarding-children-toolkit-for-general-practice.aspx>

Dr NV Tiwari

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