



## Child safeguarding reports – where does your practice stand with local authorities?

This item was originally published in April 2017, following feedback from LMCs we can now add that Hammersmith and Fulham Council do pay GPs for child protection reports and have a mechanism for practices to claim for the service. Ealing and Hounslow LMC are currently in discussion to clarify that the service is non-contractual and practices are allowed to charge for child protection reports. Ealing Hammersmith and Hounslow LMC is currently conducting a survey across London to determine which local authorities currently pay GP practices for this work. So far they have confirmed that Hammersmith & Fulham, Bromley and Islington Councils definitely pay practices.

With resources squeezed many practices are looking to make sure all the services they provide are properly funded. A number of practices have asked about child safeguarding reports, Vicky Ferlia our Director of GP Support Services, explains what all parties' obligations are and how they arose.

Providing safeguarding reports is not a contractual requirement for GPs. In fact, it comes under what is called 'collaborative arrangements'.

The collaborative arrangements were established under legislation in 1974 [current legislation is contained in sections 26-28 of the NHS Act 1977 and the Children's Act 1989, mirrored in the Health & Social Care Act 2012 (Schedule 5, para 51)]. This required that health authorities (later known as primary care organisations, or NHS England/CCGs now) should provide certain medical services to local authorities (LAs) to enable the latter to carry out their responsibilities in the fields of education, social services and public health.

So essentially practices undertake this extra-contractual work to enable NHS England/CCGs and the LA to comply with their obligations under the legislation. Services covered under collaborative arrangements include medical assessments for blue badge applications, attendance at child protection case conferences and provision of reports, medical reports to support adoption applications etc.

In 2014 David Geddes of NHS England confirmed to Area Teams that 'these services form no part of the NHS's relationship with General Practice and as such are not included in the GP contract'. This means that they are non-contractual work and GPs are entitled to charge for providing such services.

The problem is that collaborative arrangements have varied extensively between different areas across the country, and NHS England's promise of a national solution has yet to materialise, despite ongoing efforts from the BMA's GPC.

In the absence of a nationally negotiated agreement, practices find themselves in a situation where they are professionally bound (the GMC places a professional duty on doctors to participate fully in child protection procedures, attend meetings, share information etc) and ethically compelled (they feel they have a duty to act in the best interests of their patients) to provide this non-contractual work without having any approved mechanism for getting paid for it.

This has been raised a number of times with national LMC leaders over the years and the advice is always the same for practices – do the work for the professional and ethical reasons we have explained, but be aware that you are entitled to charge for it and should have a process in place for doing so, which includes setting your own fees for collaborative work. In most cases practices will do it free of charge because they haven't got the energy to argue with their LA or spend valuable staff resources in chasing them up for payment. Some practices do feel very strongly about being reimbursed so they will invoice the LA and then chase them up for payment. Non-existent or slow responses are frequent sources of frustration for practices.

It might be possible for an LMC to have this conversation locally with their CCG to stress that practices need to be paid for this work and the CCG should step up to the plate and enable this to happen. Having said that, LMCs should be very careful about negotiating collaborative fees for an area, because of competition law and the potential for 'price fixing'. The BMA has urged caution having sought legal advice on the matter). Generally the safest way is for practices to set their own fees, but as we have said there is no guarantee that an LA will pay them.

Ultimately it should not be down to practices to chase LAs for payment as this is an arrangement between the NHS and LAs. What should happen is that the CCG should pay the practice for this work and then claim the money back from the LA, but disappointingly there has been no progress in reaching a national agreement about how this should be done.

However, we live in the real world and there are myriad different local arrangements, so practices need to check exactly how the process works with their LA before sending out invoices. If your practice has patients from more than one LA area, then you'll need to be familiar with each LA's individual arrangements.