

SAFEGUARDING PRIMARY CARE COVID19 SURVEY MONKEY RESULTS - NEWS BRIEF

The Berkshire West CCG Designated Safeguarding Leads sent out a Safeguarding Survey Monkey in August 2020. This comprised of 16 questions sent to 46 GP surgeries and we achieved a very good return rate of 66% with 28 returns

THEMES

We asked surgeries if there were any **themes** in safeguarding that had been identified during COVID for adults and children. The response was that surgeries had seen a theme and focus on domestic abuse, although not necessary a rise in numbers of cases, surgeries reported an increased awareness and ways of working with people:

“Domestic abuse became the fore front of our mind”

Others themes included self-neglect, language barriers, isolation, loneliness and access to medication and food, increased activity from social services for reports, first time mothers and new parents needing increased support:

“New mums and babies were on a radar more than ever”

“Seeing people less face to face was a challenge and adults presenting much later for help.”

“We are just not seeing as many children as we would and concern they are not in school”.

One surgery commented:

“District nurses are not always available to attend bedridden patients. Mental health complaints, increased depression and anxiety have increased, perhaps due to isolation. Some elderly patients have literally locked themselves away for fear of becoming ill”

The survey asked how families adapted to lock down and if the surgeries if they had seen any concerns suggesting any deviation from usual practice in specific areas. Our surgeries reported the percentages for specific area below:

- **Increased anxiety 89% of surgeries reported this (24 surgeries)**
- **Domestic abuse (37%) surgeries reported (10 Surgeries)**
- **Increased medication 37 % (10 surgeries)**
- **Increased contact with LD patients 18% (5 surgeries)**
- **Children presenting with injuries 3% (1 surgery)**
- **Evidence that some surgeries had made safeguarding referrals and/or sign posted to D.A services during the COVID lock down approx. 40% reported ‘yes’. Others reported ‘No’ or ‘no identified need’.**

REFERRALS

The survey showed evidence that primary care were making safeguarding referrals and signposting to domestic abuse services - 40 % reported 'yes' to making referrals with others reporting 'no', or 'no identified need'. It was very reassuring to know our primary care teams were being proactive and following usual practice. *Great work and thank you.*

INNOVATION AND CHANGES

The survey identified some excellent innovative practice in how surgeries managed effective communication, including surgeries identifying vulnerable groups, making welfare calls to vulnerable or isolated patients, use of technology such as video consultations, and triage systems that freed up time for more consultation. Surgeries in the main reported a positive experience of using triage, commenting that people had access to the GP the same day, a faster response, careful questioning and linking people to support hubs:

"Our clinical teams including social prescribers made regular contact with patients, new mums, vulnerable groups and our residential care places; we worked very closely with our volunteer groups"

There was a clear indication in the responses that whilst technology had been mostly positive, they recognised what can be lost from face to face appointments and that if clinical need required face to face, appointments were put in place:

"We adapted reasonably well though we recognise there is no substitute for face to face contact".

An example of how the system changes was seen in how surgeries moved the 6 week new-born checks to 8 weeks, to tie in with first vaccinations and seeing the family. Others initiatives included updating policies, regular calls to people offering reassurance was proactive, continuation of safeguarding meetings, MDTs with a focus on risk management. Praise and recognition of the proactive contact with people by receptionist and social prescribers was highlighted in the responses, with a focus on more involved questions to explore how people were managing. The surgeries reported that information on website and literature was helpful and highlighted the importance of emotional impact on teenagers

Some of the surgeries reported changes to their practice including telephone contact on receipt of discharge from hospital, to assess risk and need, meeting with their volunteer groups and pharmacy, to build relationship and co-ordinate support to the vulnerable. One surgery said they had given care homes direct access email for request and provided equipment to care homes in the early period to check SATS and Blood pressure machine:

"We opportunistically enquired about welfare. We increased appointments for learning disability/mental illness for annual health checks and reviews for elderly individuals with dementia. Having regular meetings with care home managers to support their needs and sign post"

INTERFACE AND CARE HOMES

We asked about the interface with care homes in question **11** during the pandemic (Has there been an increase or decrease in GP primary care contact with care homes?). The response highlighted:

40% increase; 12% decrease, and 48% reported no change.

This demonstrated that the consistency between the homes and weekly ward rounds does vary and may need some oversight for primary care to consider. However there is evidence that surgeries can and did respond, working alongside their care homes. There could be some benefit in sharing best practice to build a strong interface and consistency for the sector.

In question 12 we asked about the methods of contact between care homes and GPs:

52% reported a face to face visit

73% reported face to face via video link

95% telephone contact

26 % family support contact

It would appear GPs were reported predominately as the clinical interface - 15 surgeries confirmed this reaching 62%. Only 12% (3 surgeries) reported paramedics as the interface or other leads for the remainder.

Some comments included:

“weekly check in are successful although not as useful as a visit”

“No impact we responded to what the care home or CCG asked or as directed” and a final comment “our homes are emailed daily and doctors do a video consultation every 4 weeks

CHALLENGES

We asked about the most challenging areas that impacted on safeguarding and this includes language barriers, anxiety, not seeing patients face to face, short timescales for conference reports, guidance that was in a constant state of flux, volume of calls, noticing non-verbal cues on video, reluctance of some patients to seek help or attend appointments or access to them, and a sense of loss of network and connection for families:

“Carers are much more stressed; particularly those caring for patients with dementia, vulnerable patients have suffered from lack of socialisation and structure. Increased contact from isolated patients”.

“Anxiety levels rose across our practice population from the effects of COVID-bereavement, work insecurity, lack of socialisation, interestingly, we have not noticed an increase in domestic violence reporting. Elderly are generally disadvantaged by their lack of technology knowledge/experience. Halting of referrals and on-going monitoring by secondary care has disproportionately affected the elderly and vulnerable. Scandal of discharging or patients to nursing home without known COVID status has been devastating on our patch.

“We have a concerning number of children on the safeguarding register. My view, as the safeguarding lead, is that there are definitely not enough liaisons between the surgery, the health visitors, and

children's services. Our register and reports received from local authorities are never in sync. We could most certainly do much better by making time to meet at least every 8 weeks”

Alongside the challenges the survey has shown **“The ability to flex the length of consultation has been beneficial for example no list of patients waiting in a waiting room”**.

SUPPORT FROM DESIGNATED CCG LEADS

Overall consensus was reported that surgeries received sufficient support from CCG safeguarding team reaching an excellent 96% (27 surgeries) reporting yes this had been received. The safeguarding leads would like to thank their primary care colleagues for their work and support and for attending level 3 virtual training bespoke to COVID and domestic abuse in a very challenging time.

SUMMARY

The survey aim was to provide an insight on how the safeguarding team and primary care responded during the pandemic. It has provided both quantitative and qualitative data .We hope this news briefing highlights and brings alive the key responses to the survey. It has provided a base level of assurance that the interface between safeguarding and primary care for patients during COVID has remained a strength within our CCG area.

Thank you all to our CCG Primary Care Team and Primary Care.

Well done everyone!

Liz Stead and Kathy Kelly