

Safeguarding alerts on electronic medical records

INTRODUCTION

Alerts are routinely applied to primary care electronic medical records (EMRs) to highlight important issues such as allergies, ownership of weapons, or whether the individual is subject to community treatment orders. Safeguarding alerts highlight concerns that the individual is at risk of abuse or neglect, or that they pose a risk to others.

In a safeguarding meeting, a GP is informed that an adult individual has had a conviction of sexual assault against a child. The adult lives with young children. The GP considers applying an alert to that individual's EMR as well as to the EMRs of the children in the household but is anxious regarding the practical implications and confidentiality.¹ An online search showed a lack of guidelines for the practical management of such alerts in primary care. The search included the local clinical commissioning group (CCG), the General Medical Council (GMC), and the Royal College of General Practitioners (RCGP) websites, and Medline and PubMed. Published guidelines on the importance of safeguarding alerts on patients' EMRs were individually searched for guidance on practical application in primary care and none was found.

HOW ARE SAFEGUARDING ALERTS ON EMRS MANAGED?

Although GPs are under no legal obligation to apply safeguarding alerts to patients' EMRs, applying them helps make safeguarding concerns immediately visible to professionals, to optimise the delivery of safe clinical care.² This is particularly relevant when individuals are seen in multiple healthcare settings and by different professionals (including school nurses and health visitors).

Guidelines are available on the importance of efficient information sharing, including the use of safeguarding alerts on EMRs.^{3,4} However, they stop short of guiding on practical issues, such as

specifying the information that should trigger the application of an alert, whose responsibility it is to apply and monitor it, and the duration it should be kept active. The lack of guidelines for these practical areas causes challenges and risks as outlined below.

WHICH INFORMATION SHOULD TRIGGER THE APPLICATION OF A SAFEGUARDING ALERT?

While the application of safeguarding alerts should be based on formal information, the threshold for triggering the application is unclear. For example, would a safeguarding concern raised by the individual's partner, in the absence of a formal conviction, pass the threshold? Should an alert be added if a patient has a history of violence towards healthcare professionals, or others, without prosecution? Although it might be judged reasonable to apply an alert in such instances, it is easy to see how this could be challenged, especially in the absence of national guidance.

IS CONSENT REQUIRED TO APPLY A SAFEGUARDING ALERT?

Consent is not required for storing safeguarding information on EMRs, nor for applying an alert linked to it. As long as it is within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), confidential information can be shared without consent if there is a safeguarding concern, or it is deemed to be in the public interest.⁵ However, it is considered good practice, whenever possible, to discuss information sharing with the individual concerned.⁶ Such discussions can potentially be fraught and lead to inconsistency in approaching them among GP practices. Consent would always be required when sharing information with a third party, not based on clinical or legal need, and individuals retain the right to challenge the details recorded on their EMR.

M Artus, PhD, MRCP, GP, Osmaston Surgery, Derby. **J Gibson**, MRCP, named GP for safeguarding children Derby City, Derby and Derbyshire Clinical Commissioning Group, Derby.

Address for correspondence

Majid Artus, Osmaston Surgery, 212 Osmaston Road, Derby DE23 8JX, UK.

Email: m.artus@nhs.net

Submitted: 3 January 2022; **Editor's response:** 11 May 2022; **final acceptance:** 24 May 2021.

©British Journal of General Practice 2022; **72:** 352–353.

DOI: <https://doi.org/10.3399/bjgp22X720089>

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WHOSE RESPONSIBILITY IS IT TO APPLY A SAFEGUARDING ALERT TO EMRs?

Because of the lack of practical guidelines, GP practices will be adopting varying approaches in this area. The challenge is to ensure that whoever is responsible has the expertise and knowledge of the individual, and to avoid the need for involving many professionals. The current problem is the inconsistency among practices with alerts being managed by staff members with differing positions and approaches.

FOR HOW LONG SHOULD A SAFEGUARDING ALERT REMAIN ACTIVE AND HOW OFTEN SHOULD IT BE REVIEWED?

Safeguarding alerts should remain active for as long as a risk continues. The GP practice, however, might not be in a position to make that judgement. Alerts might, therefore, be left active for longer than intended in the absence of clear guidance to govern.

WHO SHOULD BE ABLE TO VIEW SAFEGUARDING ALERTS ON EMrs?

Information should only be available and visible to those who need it (the Caldicott Principles).⁷ All healthcare professionals who are treating or caring for the individual should therefore be able to view safeguarding alerts. The need to view becomes unclear when considering professionals such as social carers in the community, social prescribers, and care coordinators. This is another important area that should be addressed clearly in national or regional guidelines, the absence of which leaves it subject to inconsistency among GPs, practices, and regions. This will become more relevant with the NHS plan for all patients to have direct access to their EMrs from July 2022.⁸

CONCLUSION

There are no national or regional guidelines to govern the practical management of safeguarding alerts to govern issues

such as the requirement for applying an alert, individual's consent, individual's confidentiality, and the professionals responsible for applying and monitoring them. This is leading to inconsistency among GP practices with a potential for incomplete or inaccurate information sharing, posing a risk of potential missed opportunities in protecting children and adults at risk, clinicians, staff, and other users of primary care services. The authors of the current article call for national, collaborative, inter-agency guidelines on the practical management of safeguarding alerts on EMrs.

SUMMARY POINTS

- Safeguarding information should be properly documented on EMrs.
- Safeguarding alerts applied to EMrs enhance the visibility of linked information.
- Such alerts raise issues of privacy and confidentiality, and, therefore, require a high level of care in their practical application and monitoring.
- There are currently no regional or national guidelines on the practical management of safeguarding alerts in primary care EMrs.

Funding

None.

Provenance

Freely submitted; externally peer reviewed.

Competing interests

The authors have declared no competing interests.

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