

GP Team Safeguarding Forum

Wednesday 8th October 2025

This forum can form part of your Safeguarding Level 3 Training compliance hours



Agenda

Principles of Information Sharing

Shimona Gayle, Named GP for Safeguarding Children

Safeguarding and Patient Access to Medical Records

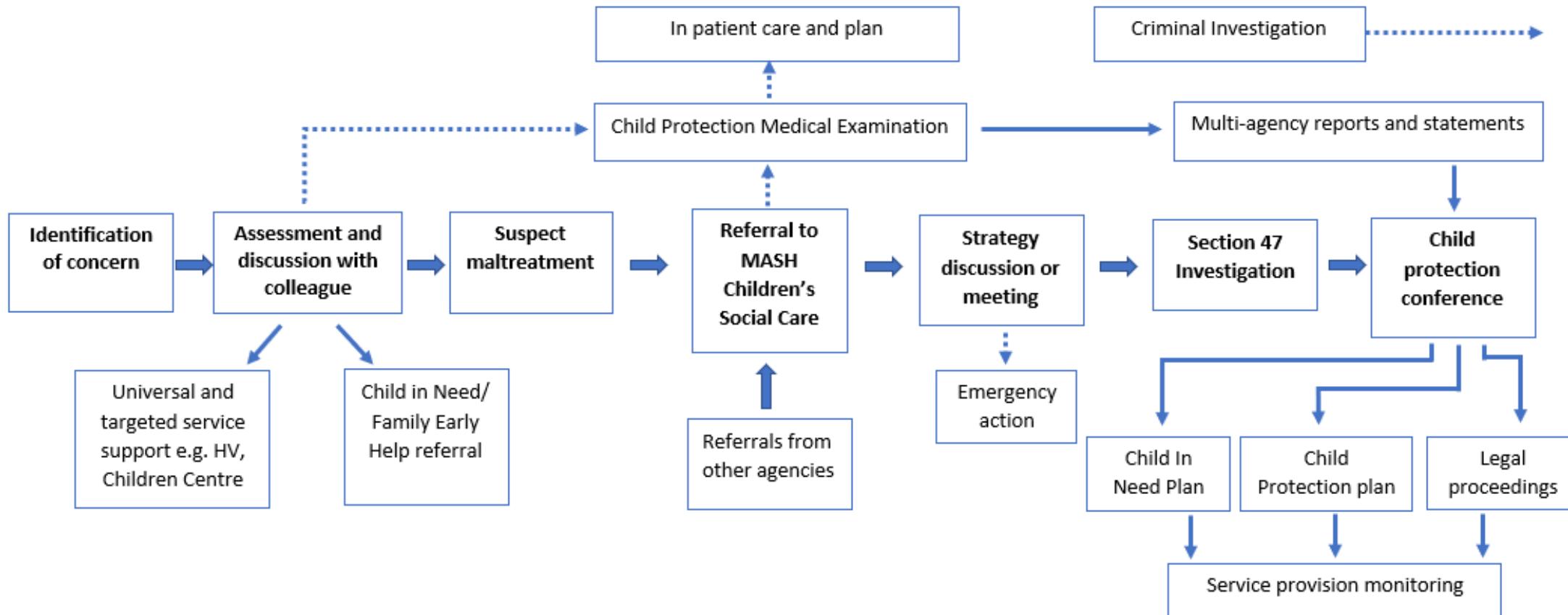
John Eni-Uwubame, GP Data Protection Officer(DPO)

MASH team update

Avion Grant, MASH Service Manager



Information Sharing



Consent

Requests from Children's Social Care

<i>Children Act</i>	<i>Parental Consent Required</i>
Request for information	Information gathering from multiple agencies to assess level of concern
Child in Need: Section 17	Concerns about reasonable level of health or development, which is likely to be significantly or further impaired, without the provision of services; or a child who is disabled
Child Protection: Section 47	Concerns about maltreatment where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm

*Good practice to discuss with a parent/carer who has parental responsibility unless this would put child/ren at risk or jeopardise an investigation



Principle and Guidance

Every request for information should contain explicit details of consent as above and brief context of case in order that the request for information and the medical records we hold can be reviewed and considered accordingly.

Only share information deemed relevant to case. Remember that many professionals reading the reports will not be medical, so ensure that risks and significance of medical history clear.

www.gov.uk/government/publications/working-together-to-safeguard-children--2

Information on factors with potential to impact parenting capacity should be considered,

[General Medical Council \(2018\), Protecting Children and Young People: The responsibilities of all doctors Paragraphs 2, 32-38](http://www.gmc-uk.org/-/media/assets/protecting-children-and-young-people/the-responsibilities-of-all-doctors/protecting-children-and-young-people-the-responsibilities-of-all-doctors-2018.pdf)

Do not simply send medical summaries

- risks breeching data protection and confidentiality
- does very little to support safeguarding the family



Key Principles of information sharing

Legal basis for sharing information with Legal obligation -Children Act 1989 and 2004 and Public Interest

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

https://www.londonsafeguardingchildrenprocedures.co.uk/info_sharing.html

Information Sharing

Advice for practitioners providing safeguarding services for children, young people, parents and carers

May 2024

Necessary and proportionate		
Relevant	Adequate	Accurate
Timely	Secure	Recorded

Case Study – child proxy SAR

Practice received a Subject Access Request from a Father in relation to his 7 week old baby
1 month prior father called to request an appointment as concerned about conjunctivitis.
When no immediate appointment available father stated he would drill his baby's eye out.
Practice contacted mother, booked review, assessed further safeguarding concerns and MASH referral made
Case investigated by MASH and case closed, child not deemed to be at risk following assessment

Subject access request for:

Telephone recording with receptionist, Telephone recording between GP and MASH and MASH referral itself

What would you do?

What principles would you follow to guide you?

How would you communicate your decision making this?



Case Study – child proxy SAR

Practice contacted Indemnity, ICB safeguarding team, and Data Protection Team gpdpo@selondonics.nhs.uk

Onward support from MASH manager

People holding PR have a right to request information. The Practice is the data controller, as such holds the responsibility in reviewing and managing these requests. The right to request information is a 'qualified' right and subject to safety and safeguarding measures. The needs of the child are paramount in law and safeguarding considerations override the right to access information.

GMC guidance- [Confidentiality: good practice in handling patient information - professional standards - GMC](#) and [0-18 years - professional standards - GMC](#) Paragraph 54 You should let parents access their child's medical records if the child or young person consents, or lacks capacity, and it does not go against the child's best interests.

If request deemed not in the best interest of the child, you can and should decline the request on this basis

Reply to person making SAR

- you have reviewed the request
- declined the request at this time as this was not deemed to be in the best interests of the child, as per GMC guidance
- They have the right to make a complaint to the ICO and to take legal advice

DPO summary in relation to request for referral form or the recording between the GP and MASH

- these were created with the implicit understanding that they were "in confidence" and would not be shared with the father.
- even if there is nothing of concern in the form / recording, the act of sharing them would likely reduce what we shared with MASH in future cases.