

## Safeguarding in Virtual Consultations in Primary Care

### Before all consultations

Check the medical record for all patients – are there safeguarding flags or alerts recorded?

### Safeguarding alerts already on the records:

Try to organise a face to face assessment wherever possible

If a face to face consultation is not possible then try to consult via video rather than by phone

Read through the previous safeguarding notes to understand the context of these concerns.

Check at the start of the consultation whether it is safe for them to talk

If there is no alternative but a virtual consultation, have a low threshold of concern.

The known concerns should be specifically explored during the consultation, including in relation to the impact on the health of the person at risk of abuse.

### During consultations

Ask and record who is in the room with the patient; but even if the person states that they are alone, be aware that there may be people outside of the video who you cannot see and bear this in mind in your questioning.

Ask more questions than normal about how the patient is doing generally; normal cues may not be as accessible in virtual consultations, particularly phone calls.

If the consultation is about a child, try to speak with the child, or if not possible, ask to see the child on the video

Where relevant, ask what support a person has and whether this has changed due to Covid.

### Observations:

What can you see in the room behind the patient? Is it tidy / messy / clean / dirty?

Can you see any obvious injuries?

Is the person looking to someone else before answering?

Any concerning background noise, e.g. someone else talking as if giving answers?

### Clinician has concerns about abuse, or abuse disclosed:

Consider if the person is safe to stay at home – consider calling 999

Try and gather as much information as possible.

If abuse is disclosed, offer validating statements such as “no one deserves to be treated in this way.”

Make a face to face appointment to discuss further that day wherever possible - the person may feel able to discuss abuse if alone in a consultation at the surgery.

Refer to the appropriate service (Children’s or Adult Safeguarding, MARAC, IDVA etc)

### After the consultation

Record everything carefully in the notes.

If a referral is made, add the read code for this: “**referral to safeguarding adult’s team,**” “**referral to safeguarding children’s team,**” or “**referral to MARAC.**”

Use other codes appropriately – see coding guidelines for further details of correct codes.

Ask your administrator to record any referral on the practice safeguarding register.

Remember to look after yourself, these consultations can be stressful, so housekeep and take a quick 5 minutes break.

Remember to prevent online access to the consultation notes by the patient.

If you feel you need further advice, speak to your safeguarding lead.

Please see “[Safeguarding Guidance to health professionals: conducting Non Face-to-Face Health Assessments or Reviews](#)” by Rob Mills, BSW CCG for detailed advice on this topic  
For further queries about this document or topic please email [michelle.sharma@nhs.net](mailto:michelle.sharma@nhs.net)