

Evelina London Health Visiting and GP Liaison Communication Protocol

This protocol has been developed through consultation with GPs, Health Visiting (HV) matrons and children's service commissioners. ***Due to COVID19, we would like to ensure that the virtual meeting option remains to facilitate HV attendance.*** The HV & GP Practice Liaison meetings will be mandated on a 4-6 weekly basis to ensure robust and regular communication and information sharing between professionals. Attendance will be monitored by the Trust.

HV Team Business Support Officer Responsibilities:

- The BSO's will set up a shared folder on the S drive for the team – Called GP/HV Link meetings. The lists will be held here for each practice and will be updated at each meeting by the link HV.
- This list will have the name and contact details of the HV working with each of the families on the list – BSO to check this is in place.
- In this GP Link folder will be the GP/HV grid – and dates entered on here for all the Safeguarding meetings that have taken place.
- The BSO will send Rachael Kilner (LEAP GP) and Alison Davidson(Safeguarding Lead GP's) Shimona Gayle (Southwark) an updated HV List (Names/ Days of working / email and mobile telephone numbers) each quarter.
- If the meetings have not taken place by 8 weeks, the BSO will send an email reminder to the practice asking them to schedule a meeting.
- All practices should schedule the meetings and send the dates 3 months in advance. These should be scheduled in the Link HV diary.

Community Matrons Responsibilities

All Community Matrons will:

- Allocate a link HV to each GP practice in their localities and ensure any staff changes are communicated to the GP practice
- Share a list of link HV contact details, including team and SPA telephone contact number and generic team nhs.net email with practices. These must be updated as soon as changes occur
- Monitor adherence of staff attending GP liaison meetings and communicate any issues in a timely way
- Conduct a clinical audit every 6 months.

Link HV Responsibilities

All Link HVs will:

- Ensure the GP Practice has the team generic contact details (telephone and email) and list of all team members and contact details. To be updated quarterly.

- Provide the GP Practice with their work mobile telephone number
- Inform the GP practice of any flexible working arrangements (e.g. non-working days)
- Schedule liaison meetings with GP practice in advance quarterly.
- Attend a minimum of 75% of face to face/virtual meetings at GP surgery
- ***Liaise with colleagues in HV team and complete GP liaison template for GP practice on latest concerns, plan of care and developments ahead of meeting. This completed template will be emailed to practice 2-3 days ahead of meeting, so GP's can be sighted on content prior to meeting.***
- If unable to attend the face to face or virtual meeting, the liaison can occur via telephone. In rare / exceptional circumstances, the information can be emailed to practice without a meeting taking place, notifying the team leader that this has occurred. The meeting must be rescheduled as soon as possible
- Document the agreed follow up arrangements for families that were discussed on Carenotes following the meeting.

Frequency of meetings: 4-6 weekly – or dependant on practice meeting schedule.

GP Practice Requirements

All GP practices will:

- Each practice will send the link HV a schedule of meeting dates and times (***including the option to join virtually***) quarterly, so these can be diarised on Carenotes and prioritised above other commitments to ensure attendance.
- Share the following information in advance of the 4-6 weekly meetings in order to ensure link HV has time to liaise with colleagues to gather information to bring to the meeting
 - A list of all vulnerable children under the practice from EMIS
 - A list of all new families with children under 5 years registering with the practice
 - A list of any families of concern that the GP would like to discuss
- Share practice bypass numbers with Link HV (this will not be shared with patients)
- Ensure that families of concern are prioritised for discussion first on the agenda to maximise HV time and ensure enough time is dedicated to information sharing for this group of patients.

Examples of topics the GP or practice representative is asked to communicate with the link HV:

- Details of new-to-area families with pre-school children
- Relevant information known in the antenatal period e.g. history of postnatal depression, disability, mental health problems, late bookings, previous child or infant death
- Updates on relevant GP contacts with families with safeguarding concerns, or where issues exist which may compromise the parenting of the child, particularly in relation to parental mental health, disabilities, substance or alcohol abuse or significant self-harm/suicide attempts in parents

- Health concerns for the child e.g. Children's sleep, breastfeeding, weaning, healthy eating, delayed toilet training or behaviour problems, or listening visits and support for mothers with postnatal depression. Children with incomplete vaccinations.
- Significant non-attendances to GP or other health appointments, or a significant number of, or inappropriate, attendances at out-of-hours services or A&Es, if the GP decides that discussion with the HV is appropriate.
- Outcome of referrals made by HV to the GP at the request of the HV.

HV examples of communication:

- Service developments e.g. Introduction of new electronic patient record, single point of access, launch of E-Red book
- Changes in service provision – e.g. child health clinic provision
- Inform GPs of children centres services
- Staff changes.

Documentation of discussions:

- Link HVs are asked to record the agreed follow up arrangements on the child's Carenotes records

Date: 7th April 2021