

Introducing the Female Genital Mutilation Information Sharing System

9th February 2018



It is assumed that you will already:

- Have an understanding of FGM and the impact on health
- Have undertaken FGM and safeguarding training at an appropriate level to your role including mandatory reporting duty



Safeguarding FGM and Information Sharing



“Sharing information about FGM is vital to safeguard and promote the welfare of children and young people” (DH March 2015).

There are 3 requirements on NHS organisations for sharing information in relation to FGM

- FGM-IS
- FGM Mandatory Reporting Duty 2015
- FGM Enhanced dataset SCCI 2026



What is The FGM IS and what does it do?

National web based system for sharing information, which:

- Highlights a family history of FGM to protect and safeguard a girl under 18
- Shares information on the record of a girl under 18
- Prompts clinicians treating a girl that she has a family history of FGM

The FGM tab is present on the Summary Care Application (SCRa), which is part of the NHS Spine for girls under the age of 18.



FGM IS is part of Safeguarding

The FGM IS:

- Does not change or replace professionals responsibility
- Is used alongside existing local and national safeguarding frameworks
- Provides an opportunity to strengthen/ review existing local safeguarding policies and procedures
- Should already be sharing family history of FGM with GP and health visitor



FGM-IS

Safeguarding Considerations

- Immediate family history of FGM -consider both parents
- Long term protective factors
- Circumstances and risk may change throughout childhood
- Good practice to discuss with the family but not need their consent to add information
- Document any conversation and actions taken in the girls notes



FGM-IS

Discussion with parents:

- Explain that the indicator is to help protect their daughter(s)
- Not meant to stigmatise or penalise – is a protective measure
- DO NOT need parents consent but if they raise objections discuss further with your Safeguarding lead as they may be trying to ‘hide’ their true feelings/’intent’ to have their daughter(s) cut.



Adding an FGM Indicator

- Indicator can only be added to a girl's record by a clinician who is directly caring for her (OR by an authorised administrator, adding the indicator at the request of the clinician).
- Clinicians not directly caring for a girl or the police/ social care can request an indicator is added if they are concerned about a girl
e.g. Midwife can only add for the new-born girl not her siblings but can suggest GP does this



FGM IS

Find a patient Change role Help Print Exit

Summary Care Record **NHS**

Nic-Qtp-Donotuse XXTESTPATIENTRBAC DoB 19-Aug-2007 Female NHS 999 025 6195 GP Practice Y90206 Address C/O NPFIT TEST DATA MGR, PRINCES EXCHANGE, PRINCES SQUARE, LEEDS, WEST YORKSHIRE, UNITED KINGDOM, LS1 4HY

Patient Details **FGM**

Key Demographic Information GP & Care Providers Contacts & Next of Kin Historical Information

⚠ This record may contain incomplete information. Please see items identified below

Name

Usual Name	MISS Nic-Qtp-Donotuse XXTESTPATIENTRBAC <small>Effective since 27-Aug-2007</small>
Preferred Name	<small>Not recorded</small>
Alias	<small>Not recorded</small>
Other Names	<small>Not recorded</small>

Addresses

Usual Address	C/O NPFIT TEST DATA MGR PRINCES EXCHANGE PRINCES SQUARE LEEDS WEST YORKSHIRE UNITED KINGDOM LS1 4HY <small>Effective since 07-Dec-2007</small>
Correspondence address	<small>Not recorded</small>
Temporary address	<small>Not recorded</small>

Key Details

Gender	Female
NHS Number	999 025 6195
Date of Birth	19-Aug-2007
Birth Order	<small>Not recorded</small>
Place of Birth	<small>Not recorded</small>
Language	<small>Not recorded</small>
General Practice	Y90206 - XXX DO NOT USE XXX TEST GP PRACTICE 14
Consent to share	Implied Consent

Summary Care Record / Consent Preference

SCR Consent Preference	Permission to view required
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Contact Information

Telephone	<small>Not recorded</small>
Email	<small>Not recorded</small>
Fax	<small>Not recorded</small>
Textphone	<small>Not recorded</small>
Written communication	<small>Not recorded</small>
Contact preferences	<small>Not recorded</small>

National Data Opt Out Preferences

Research Information Sharing Preference	Not opted out
Planning Information Sharing Preference	Not opted out

CONFIDENTIAL - PERSONAL PATIENT DATA accessed by DEERING, Wilma - General Medical Practitioner - PARK END SURGERY (E82025) Version: r.17-11.1.1.20171129165649

- Access with Smartcard with correct role based access codes
 - Via NHS portal
 - Access Summary Care Record Application
 - Find patient using NHS number/name/DoB
- www.england.nhs.uk





FGM IS

Find a patient Change role Help Print Exit

Nic-Qtp-Donotuse XXTESTPATIENTRBAC DoB 19-Aug-2007 Female NHS 999 025 6195 GP Practice Y902

Patient Details **FGM**

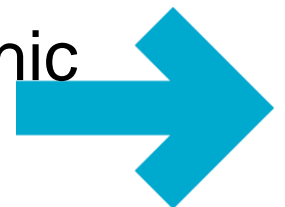
Key Demographic Information GP & Care Providers Contacts & Next of Kin Historical Information

 This record may contain incomplete information. Please see items identified  below

Name

Usual Name	MISS Nic-Qtp-Donotuse XXTESTPATIENTRBAC <i>Effective since 27-Aug-2007</i>
Preferred Name	<i>Not recorded</i>
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Other Names	<i>Not recorded</i>

- Click on the FGM tab option on the demographic page



What the wording on the system will look like to add an indicator (No indicator is set)

- *Title:* Female Genital Mutilation Information Sharing
- This FGM Information Sharing system would tell you if a family history of FGM has previously been shared for this patient to support safeguarding. She either has no family history or she might have a family history of FGM, but it has not been previously identified or has not yet been shared.
- If you identify a family history of FGM, ask appropriate questions and proceed to the next screen to share this information.
- *To support your decision, see your local safeguarding guidance OR guidance here: www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm*
- REMEMBER: FGM is part of wider safeguarding considerations; if you have any safeguarding concerns including FGM, take appropriate action. If a girl u18 tells you she has had FGM or you see signs / symptoms which you believe means she has had FGM, report this to the police by calling 101.
- **Button: 'Add FGM-IS Indicator'**



FGM- IS 'indicator is set' screen

- **'Alert Symbol' An FGM family history is recorded on this child's record; remember to consider safeguarding including FGM.**
- Continue to deliver care to this child as planned, but be aware that she has a family history of FGM. Family history is known to be relevant when safeguarding against FGM.
- If you have any safeguarding concerns, including FGM, you should consider what action to take as part of your safeguarding responsibilities. The family were informed this information would be shared.
- *To support your decision, see your local safeguarding guidance, ask your local safeguarding lead OR guidance here:*
www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm
- *FGM Family History Identified Date: Date
Recorded Date/Time: Date/time*



FGM-IS

'Adding' Case Study

- At booking it was noted that a woman was subjected to FGM as a child in her country of origin. This is recorded in her notes.
- She gave birth to a girl.
- **Outcome:** The Midwife:
 - Carries out a safeguarding risk assessment
 - Informs parents
 - Adds the indicator to the girl's records



FGM- IS

Why View FGM - IS?

Clinical presentation raises concerns: e.g.

- Travel vaccinations
- Urinary tract infections
- Menstrual problems
- Immediate family history of FGM
- To see if 'alert' present/not present

Prompt to clinician to consider if girl at risk of FGM



FGM-IS

‘Viewing’ case study

- A family take their daughter to the GP for her immunisations. The family have strong cultural ties/are from a country where FGM is widely practised. They inform the nurse they are travelling for a holiday.
- **Outcome:**
- The nurse accesses the girl’s electronic record
- The FGM indicator appears on the nurse’s screen and prompts the nurse to ask more questions because of the potentially increased risk to the girl from travel.



Thank you

