**Safeguarding Under 18 Virtual Consultations in Primary Care**

***“An A to G guide for safer U18 virtual consulting”***

**A**

**Amend existing policies**

* Amend existing SG policies to include remote access and digital imagery handling in U18s
* Provide update / training for all staff

**BA**

**Be vigilant and professionally curious**

* Remain aware, vigilant and professionally curious
* Have your safeguarding antennae alert at all times

**CA**

**Consult the same way as you would in a F2F consultation**

* Use the same principles to assess capacity (Gillick Competence and Fraser Guidelines) for consulting remotely as you would in a F2F consultation
* Ensure consent is obtained and confidentiality assured
* Provide a quality consultation with written advice and information / guidance
* Offer chaperones when appropriate and necessary to do so

**DA**

* Pay attention to the tone of your voice, try and smile! These things matter much more remotely

**Digital & IT awareness**

* Be aware of associated GP IT Futures, IT and digital regulations
* Be aware of IT security and legal regulations regarding remote & intimate consultations
* Be up to date with safeguarding and information governance training

**EA**

**Equality of provision – Voice & Choice**

* Ensure that U18s are not disadvantaged by providing full access to the remote offer

*(eConsult does not currently allow under 16s direct access)*

* Ensure U18s have a choice and have a voice in their service offer, where possible and appropriate to do so

**FA**

**Face to Face (F2F) where possible**

* Many young people would choose F2F over remote, and phone over video
* Retain a low threshold to convert a remote into a F2F consultation especially if there is a known or suspected vulnerability / disability or safeguarding issue
* If seeing them F2F is not an option, ‘meeting’ by video first just to make introductions and establish some rapport, and then continuing the consultation by phone, in order to discuss their problem may be an option

**GA**

**Good record & house keeping**

* Document carefully and contemporaneously
* Check the identity of the patient – by date of birth and their location + 1 or 2 other pieces of information known only to the patient (e.g. date of last consultation, last hospital appointment or prescribed medication)
* This may be important if the call is terminated abruptly and you are concerned about their safety / use of drugs or alcohol / mental wellbeing.
* Establish who has initiated this call – did the young person know that the appointment was being made? {a parent making the appointment can adversely affect the outcome and you should ask the young person if they want to continue}
* Document who else is present in the room, can anyone overhear, do they feel safe?
* Rearrange the call if necessary or bring them in for F2F