**GP Report for Review Child Protection Conference**

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| **Date of Last Case Conference** |  |

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| **Summary of Child Protection Plan including category of concern** |  |

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| **Date of RCPC:** |  |
| **Name of GP completing the report:** |  |
| **GP Practice and date registered:** |  |
| **GP will be attending the conference:** | Yes / No (delete as appropriate) |

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| **Name of child** | **Date of Birth** | **Address** | **Ethnic Origin** |
|  |  |  |  |
| **NHS Number** | **Gender** | **Language** |
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**Family Details:** Include any individuals who live in the household

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| **Name** | **Date of birth** | **Address** (if different to the child/ren) | **Relationship to the child** | **Registered at the practice**  (Yes / No) |
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| **Significant unrelated adult eg partner, carer.** | Yes / No Details: |

**GP contact & knowledge since the last conference**

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| Active problems in the last 6 months |  |
| Medication-current or repeat in the last 6 months |  |
| Summary of contacts at the surgery (Face to face, telephone, virtual consultation); include any Was not brought to appointments or failure to comply with medical treatment or advice |  |
| A/E, Walk in centre, OOH attendances: |  |
| Any hospital appointments, admissions, clinics (include any was not brought) |  |
| Are Immunisations up to date | Yes / No (Delete as appropriate) |

**Any new concerns since the last conference regarding the child and parents/carers?**

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**Strength or protective factors**

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| Are you aware of any strength or protective factors which impacts positively upon the child and family? |

**Progress made on the Plan**

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| Have the plans that involve the GP practice been actioned?  If not, which ones are outstanding?  Are you aware of any other professionals or services working with the child and family? |

**Summary and analysis**

**THIS IS A MANDATORY FIELD, PLEASE COMPLETE.**

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| **From the information you have provided what does this mean for the child?**  **What are your concerns?**  **What can the GP offer?**  **Please include clear analysis of the issues of risk, how they impact on the child/young person, what may happen if the risk is not addressed.** |

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| **Does the report contain any information that may harm the child or family?**  **If so, you can discuss with the Chair.** | **Yes / No (Delete as appropriate)** |
| **Are you aware of the child’s views in relation to the concerns, which could be shared at the conference?** | **Yes / No (Delete as appropriate)** |
| **Has the report been shared with the child or parents/carers?** | **Yes / No (Delete as appropriate)** |

**PLEASE EMAIL YOUR COMPLETED REPORT TO:**

[**SGRUAdmin@Wakefield.gov.uk**](mailto:SGRUAdmin@Wakefield.gov.uk)