The Department of Health has launched new guidance to improve the care of vulnerable people in NHS funded care. *Safeguarding Adults: The Role of Healthcare Practitioners* reminds staff and managers across the health service of the importance of personalised care and dignity, and offers practical advice on how to deliver this. This factsheet summarises the new guidance for health service practitioners. Separate DoH documents deal with the role of managers, commissioners and services.

Who are vulnerable adults?

A person’s disability or age does not of itself make the person vulnerable. Whether they are vulnerable depends on several factors including personal circumstances, ill health, environment and resilience. The guidance supports *No Secrets*, the DoH statutory guidance on safeguarding adults, which defines a vulnerable adult as a person:

- who is or may be in need of community care services by reason of mental or other disability, age or illness
- AND who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Why is the guidance needed?

Health services have a duty to safeguard all patients, but provide additional measures for patients who are less able to protect themselves from harm or abuse. People with learning disabilities have a shorter life expectancy and generally poorer health than the general population. More common problems include mental illness, epilepsy, chronic health problems, and physical and sensory problems. People with learning difficulties are also less likely to receive regular health checks or routine screening.

Mencap surveyed GPs in mid-2010 about their experiences of treating people with a learning disability. Almost one third had not been trained in how to make reasonable adjustments and more than half said they needed specific guidelines on how to do this.

The guidance stresses that keeping patients safe cannot be managed in isolation. Safeguarding needs to be supported through working with patients, carers, and partner agencies. Safeguarding adults also needs to be at the core of patient care, with all staff sharing responsibility, although some have specific responsibility for managing concerns.

What to do if you suspect neglect

The guidelines outline a step-by-step approach including:

- Identify the concern and take responsibility for raising an alert.
- Make decisions about whether to refer the concern. The guidance includes detailed advice on decision-making.
- If necessary, refer the concern through the safeguarding adults procedures.
- Outcomes and learning – understand how well the incident was managed and use this to understand wider trends and improve prevention.

Prevention

Prevention of neglect and harm should be a primary objective, with both health services and individual practitioners having a central role through:

- Working with patients and their carers to help reduce and manage risks
- Preventing neglect, harm and abuse by getting the basics right every time.

For example, a care home introduces dementia care mapping to understand and improve staff interactions with residents; or a service specialising in care for people with autism notes an increase in the use of restriction and restraint, and carries out a review. Prevention also includes staff development such as management and supervision, appraisals and continued professional development. Whistleblowing policies are important, but are only effective if staff at all levels feel confident to voice concerns without fear of victimisation. It is also vital to set standards and measure how they are used in day-to-day care.
Your duty of care
A duty of care includes respecting the person’s wishes and protecting and respecting their rights. You may find it difficult to accept the patient’s choices if they involve declining services or treatment, or acting against advice on how to manage their safety. You could be concerned you are failing in your duty and may be found to be reckless or negligent. The GMC’s Consent Guidance states: “You must respect a patient’s decision to refuse an investigation or treatment, even if you think their decision is wrong or irrational. You should explain your concerns clearly to the patient and outline the possible consequences of their decision.”

Exceptions
A patient’s right to make choices about their own safety has to be balanced with the rights of others to be safe. Things to consider when making decisions about sharing information include:

- **Risks to children:** for example, a person who is causing harm to an adult may also present a risk to a child, or an adult’s parenting capacity may be adversely affected by the stress of the abuse they are experiencing.

- **Risks to other adults:** eg, other vulnerable adults within the person’s home.

- **Risk of serious harm or homicide:** information may be shared without consent if there is a public interest in sharing the information to prevent a crime or protect others from harm.

- **Legal restrictions:** There may be exceptional circumstances where a patient intends to act in a way that is unlawful.

- **Mental capacity and impaired decision making:** You should not assume a person lacks capacity merely because they appear to be vulnerable.

Further information

- Department of Health, March 2011 Safeguarding Adults: The Role of Health Services World Health Organisation – www.who.int/patientsafety
- Royal College of GPs – www.rcgp.org.uk
- Mencap – www.mencap.org.uk
- Dr Peter Lindsay, Care of the Adult with Intellectual Disability in Primary Care Radcliffe, March 2011
- Health Issues for People with a Learning Disability – www.easyhealth.org.uk