

# A simple clinical coding strategy to improve recording of child maltreatment concerns: an audit study

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Recording concerns about child maltreatment, including minor concerns, is recommended by the General Medical Council (GMC) (1) and National Institute for health and Clinical Excellence (NICE) (2) but there is evidence of substantial under-recording (3, 4). GPs are apprehensive about how recording is perceived by parents and the impact of this on the patient-doctor relationship (4). However careful clinical coding, even of minor concerns, is essential for building a cumulative picture of concerns and making children 'findable' on the system.

We determined whether a simple coding strategy ([www.clininf.eu/maltreatment](http://www.clininf.eu/maltreatment)) improved recording of maltreatment-related concerns in electronic primary care records. We calculated rates of maltreatment-related coding before (Jan 2010-Dec 11) and after (Jan-Dec 2012) implementation of the coding strategy in 11 English practices. The strategy was developed in collaboration with the audit leads in the 11 practices. These GPs were selected for expertise in child safeguarding or another relevant area.

The strategy centred on encouraging GPs to use, *always and as a minimum*, the Read code 'Child is cause for concern' if they 'considered' maltreatment (as defined in NICE guidance (2)) had any safeguarding concerns. We also undertook a service evaluation of the strategy.

In the 25,106 children age 0-18 registered with these practices we found increased recording of any maltreatment-related code (rate ratio 1.4; 95% CI 1.1-1.6), child protection procedures (RR 1.4; 95% CI 1.1-1.6), and cause for concern (RR 2.5; 95% CI 1.8-3.4) after implementation of the coding strategy. Clinicians cited the simplicity of the coding strategy as the most important factor assisting implementation and time and competing priorities as the greatest barriers.

The coding strategy improved coding of maltreatment-related concerns in a small sample of practices with some 'buy-in'. Further research should investigate how coding relates to ongoing management of the family and can support the doctor-patient relationship.

**Word count: 300 (Max 300)**

## References

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