

Community Partnership Information (CPI) Form

Information for Health Practitioners

This form has been designed by the police as a conduit for partner agencies to share non-urgent information with police relating to children/adults at risk of:

- Missing, Exploited, Trafficked
- Child Sexual Exploitation
- Criminal Exploitation
- Drug Related Harm
- Modern Day Slavery
- Community Cohesion
- Anti-Social Behaviour
- Organised Crime

There is clear guidance from the GMC on sharing information when it is required by law or can be justified in the public interest. 'The duty of confidentiality is not absolute, and there can be a public interest in disclosing information if the benefits to an individual or society outweigh both the public and the patient's interest in keeping the information confidential. For example, **disclosure may be justified to protect individuals or society from risks of serious harm, such as from serious communicable diseases or serious crime**' (GMC Good Medical Practice 2017; Confidentiality, paragraph 22).

When deciding to share information remember:

- Each case must be considered on its individual merit.
- If information relates to a person who is not a patient, then information can be disclosed without consent.
- If information relates to a patient, then principles of confidentiality should only be breached if:
 - The patient has given consent.
 - The disclosure is of overall benefit to an individual who lacks capacity to make the decision.
 - The disclosure is required by law.
 - The disclosure can be justified in the public interest

'A patient's consent should still be sought for public interest disclosures. Seeking consent does not necessarily imply that a refusal will be respected (and that should be made clear), but doctors should take account of any views expressed by the patient. If it is not practicable or safe to seek a patient's consent or to notify them of an intention to disclose, or if that would

undermine the purpose, doctors should disclose relevant information promptly to an appropriate person or authority' (GMC Good Medical Practice, 2017, Confidentiality, paragraphs 63 to 70).

If you are unsure whether to share information that would break confidentiality then seek advice from other professionals, the LMC or your indemnity organisation.

Further guidance is available here:

<https://www.safe4me.co.uk/portfolio/sharing-information/>

http://www.gmc-uk.org/guidance/ethical_guidance/30608.asp

<http://www.themdu.com/guidance-and-advice/latest-updates-and-advice/terrorism-act-your-duty-to-inform-the-police>

The police Intelligence department will always protect the source and provenance. This means personal information and how it was obtained is not available for general view. Great care is taken to remove any reference or indicator of the source or provenance and this information is not shared with other law enforcement agencies or partners.

If the police need to re-contact a source (which is rare but may be necessary to seek clarification) this will be direct from an officer or operative of the Intelligence Unit. Prior to approaching the source, the police will contact the health professional who submitted the form to seek their authority (please ensure the box is ticked on the form to agree to this). If the source details are not supplied, there is a danger the police may respond in a way which compromises the source as they may be unable to correctly grade, and risk assess the intelligence. Therefore, it is important the source details are included on the CPI form.

This is clearly a complex area. To aid the decision in sharing soft intelligence, some examples of information police have received from professionals with a medical background are outlined below. All information is converted in to intelligence where it is evaluated, sanitised, linked, developed, researched, disseminated and actioned appropriately. All the examples would be appropriate for submission via the CPI (Community Partnership Information) form.

Example 1

It has been reported that XXXX was in possession of a samurai sword; it has now been disposed of and left in a dump next to the Co-Op in XXXX.

This information has been obtained during a visit by a mental health professional and submitted via CPI. Disclosed in the public interest.

Example 2

Heroin is being cut with Fentanyl by users in Andover. This may be the reason for recent overdoses.

This information has been obtained by a medical professional whilst speaking with a patient, reported direct to Police Officer. Disclosed in the public interest.

Example 3

Two males are regularly seen using/dealing drugs in the car park beneath the health centre XXXX; they usually arrive around 10pm in the evening.

This information has been passed direct to police by a health centre employee. Disclosed in the public interest.

Example 4

Four new detached houses are being built at XXXX by XXXX. Every morning four eastern European males are dropped off to carry out ground work on the site. They are collected again at the end of each day. The workers appear not to be in the best health; they look very tired and don't appear to have a break all day.

This information has been obtained by a medical professional, working in a nearby surgery via CPI.

Example 5

Concerns regarding XXXX has a chemistry set at his home address which he uses to make crystals. He has a 1930s chemistry book and knows how to make nitro glycerine.

This information was passed direct to police by an NHS support worker after receiving Prevent training. Disclosed in the public interest.

Example 6

XXXX has a diagnosis of ASD and communication difficulties. XXXX is very vulnerable. Over the course of 4 months XXXX has been obtaining sweets, packets of cigarettes and alcohol from an unknown male person. This person has told XXXX not to tell anyone who he is. XXXX is not paying for these items. There are concerns in regards to a vulnerable young person being given these items for non-payment. It is highly likely this unknown male person is not a young person as cigarettes and alcohol are expensive.

I have explored all avenues of the subject obtaining these items legitimately; XXXX has no cash to be able to pay for these items.

Obviously we are concerned in regards to several aspects:

Risk he is being exploited

He may be occurring debt to someone

Possible radicalisation where he is isolated and vulnerable

A SERAF (Sexual Exploitation Risk Assessment framework) has been completed, although I feel it does require further investigation as I am concerned about whom XXXX is meeting in the community.

XXXX has made no direct disclosure in regards to abuse and or exploitation.

XXXX has also been phoned and has saved contact numbers - which are suspicious as XXXX has no social peer groups we are aware of.

TELEPHONE NUMBERS FROM XXX PHONE

07*** 8*2*1*

8*7*8*

P**** R**** – 07*** *5*1*0

This information has been obtained by a support worker from a specialist team via CPI.