



In Surrey our vision is for every adult and child experiencing domestic abuse to be seen, safe and heard, and free from the harm caused by perpetrator behaviour

[www.surreyagainstda.info](http://www.surreyagainstda.info)

## Surrey GPs and MARAC Information Sharing Guide

### What is MARAC?

A Multi Agency Risk Assessment Conference (MARAC) is a confidential meeting to discuss how to help domestic abuse victims, aged 16 or over, at high risk of murder or serious harm. Membership includes domestic abuse specialists, police, children and adult's social care, health, and other relevant partners. They consider the victim, family, and perpetrator, share information, and agree safety plans for each survivor. In Surrey, the MARAC process is managed by Surrey Police. The local operating protocol including a list of partner agencies that attend MARAC and referral forms can be found here: [Multi agency risk assessment conferences - Healthy Surrey](#). Enquiries and MARAC referrals can be made via the Surrey MARAC Co-ordinators email: [MARACCRU@surrey.pnn.police.uk](mailto:MARACCRU@surrey.pnn.police.uk)

### About Domestic Abuse

Anyone can be a victim of domestic abuse, but some people, particularly women, are much more likely than men to be victims/survivors of high risk or severe domestic abuse. Approximately 95% of those going to MARAC or accessing specialist domestic abuse services are women. **We know from the Crime Survey for England and Wales that four out of five victims/survivors of domestic abuse do not tell the police and that women may be more likely to disclose domestic abuse to a health care professional. Seeing their GP is a vital opportunity for identification and disclosure of abuse and access to support.** For more information on Domestic Abuse and the support services available visit: [Surrey Against Domestic Abuse - Healthy Surrey](#)

### Coercive and Controlling Behaviour (CCB)

Domestic Abuse isn't always physical, coercive, and controlling behaviour is also a crime and can have a serious impact on mental health, liberty, sleep, and lifestyles. People will not usually disclose being controlled or coerced as they will not understand it in this way or even know it is a crime. They may instead talk about the controls being put on them, having to notify current or previous partners of their movements or being financially controlled. These are some of the most destructive behaviours in domestic abuse and are often the most hidden.

### What is the GP's role in relation to MARAC?

- To share relevant information and expertise with MARAC agencies to assist safety planning
- To record relevant information shared at MARAC on the survivor and children's records, only if safe to do so<sup>1</sup>
- To consider domestic abuse and safety when you next see the victim/survivor, children, or perpetrator

GPs can refer directly to MARAC if they have serious concerns about a patient, using the SafeLives DASH risk assessment criteria, however this assessment is best undertaken by Surrey's specialist domestic abuse services. You can find out more about the services available in Surrey here: [How to get help - Healthy Surrey](#) or by phoning the Surrey Domestic Abuse Helpline 01483 776822, 9am to 9pm, 7 days a week.

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<sup>1</sup> For further guidance please refer to: Royal College of General Practitioners: 'Guidance on recording domestic abuse in the electronic medical record'. [Guidance-on-recording-of-domestic-violence-June-2017.ashx \(rcgp.org.uk\)](#)

## Information Sharing & Consent

GPs should only share information with MARAC that they consider to be proportionate and relevant to safeguarding either the victim or child(ren). Some patients will have provided their explicit consent for information to be shared by GPs and other relevant clinicians in support of the MARAC process. Where this is the case this will be detailed on the MARAC Information Request Form sent to the Practice.

Where explicit consent to share has NOT been obtained by MARAC partners you will have to balance the risk of not sharing information against the need to preserve confidentiality. When a victim has been assessed at high risk of serious harm or homicide, GPs and other services may share relevant information without patient consent:

- If the GP has concerns about the welfare of child(ren)<sup>2</sup> or a vulnerable adult and believes they are suffering or likely to suffer harm
- If there is a risk of serious harm<sup>3</sup> or homicide in not sharing the information (all victims referred to MARAC will have already been assessed as experiencing high risk domestic abuse by the agency who referred the case to the MARAC).

Whether or not consent has been obtained, the GP must:

- Ensure the information to be shared has been assessed against the Caldicott Principles and any potential non-compliance escalated to the Practice's Caldicott Guardian
- Only share information which is relevant and proportionate to the level of risk of harm to a named individual or known household
- Document any decision to share information (or not) within the patient and child(ren)'s records\*

**\*It is unlikely that the GP will be certain of the extent of the perpetrators knowledge of domestic abuse disclosures or allegations to other agencies. Therefore, in most circumstances, the GP will NOT record information within the perpetrator's notes.**

### Lawful grounds for sharing without consent:

All personal information must be shared fairly and lawfully. In relation to MARAC information sharing the legal grounds are either:

- Consent (the individual referred to MARAC has given explicit consent to share their information with MARAC partners) **or, where consent has been refused**
- Legal Obligation i.e. you are obliged to process the personal data to comply with the law (see appendix one for 'grounds in UK legislation which require or enable the sharing of information' in relation to MARAC).

## Information Sharing Protocols

GP Practices are encouraged to become signatories to the Surrey Multi-agency Information Sharing Protocol (MAISP). It is not legally binding but sets good practice standards that organisations need to meet to comply with relevant legal duties in relation to the sharing of personal information. Information can still be shared without a protocol if a legal basis has been clearly identified. Further information about the MAISP is available here:

[Information sharing protocol for multi agency staff - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk/information-sharing-protocol-for-multi-agency-staff)

## MARAC Resources for GPs

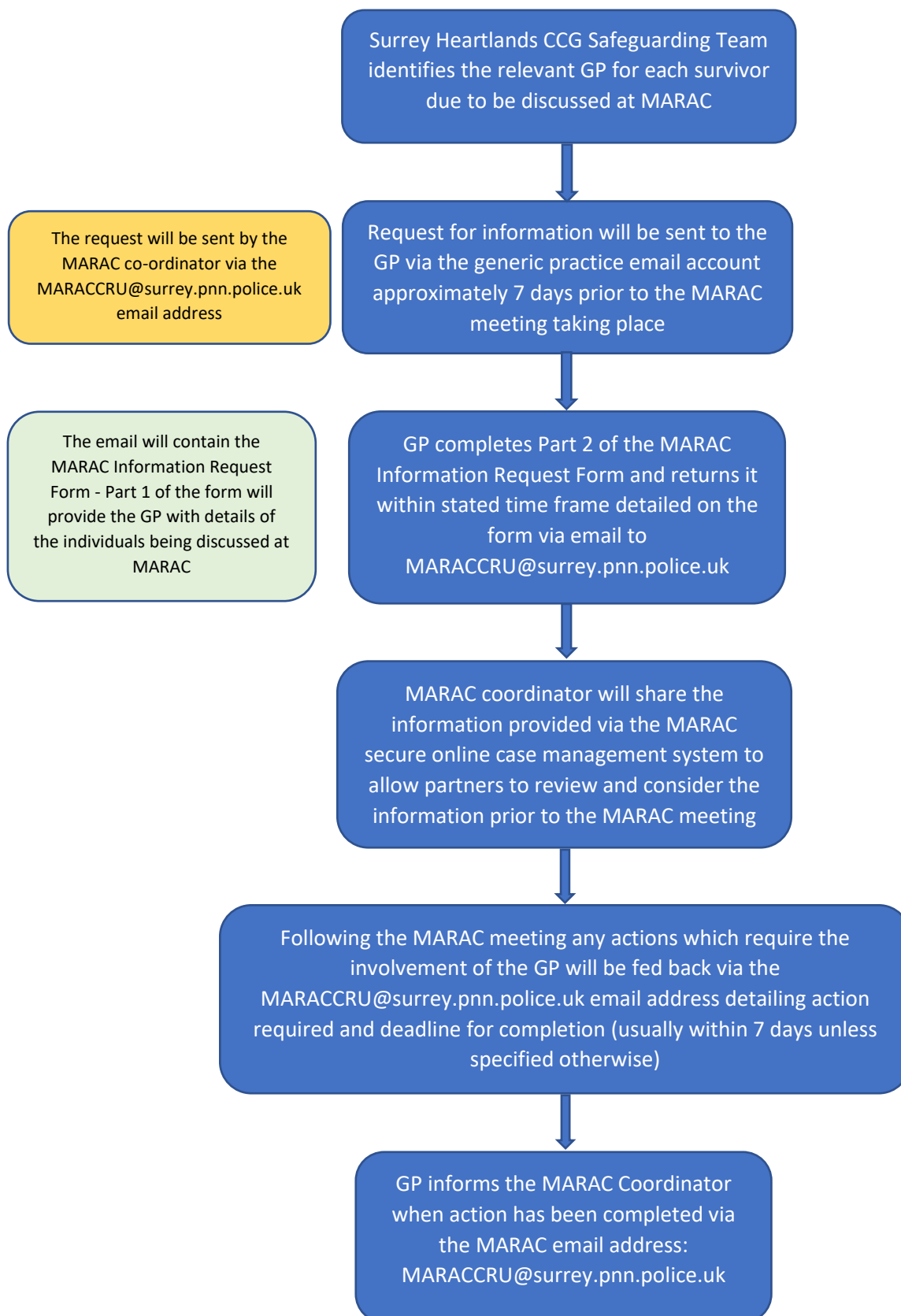
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<sup>2</sup> The Domestic Abuse Act 2021 provides that any child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse

<sup>3</sup> The Home Office definition of serious harm is 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'

SafeLives are a national charity dedicated to ending domestic abuse. The SafeLives Knowledge Hub provides professionals with tools and resources to help the effective operation of MARACs. Resources specifically for GPs can be found here: [Resources for GPs | Safelives](#)

### The Process for GP information Sharing with MARAC



For further, more detailed, guidance please see:

- General Medical Council 'Confidentiality - good practice in handling patient information'. [gmc-guidance-for-doctors---confidentiality-good-practice-in-handling-patient-information---70080105.pdf](https://www.gmc-uk.org/guidance/for-doctors/confidentiality-good-practice-in-handling-patient-information/70080105) (gmc-uk.org)
- The Department of Health & Social Care 'Domestic abuse: a resource for health professionals'. [Domestic abuse: a resource for health professionals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/531212/02162019_domestic_abuse_a_resource_for_health_professionals.pdf)
- SafeLives MARAC Guide for GPs here: [Multi-Agency Risk Assessment Conference Guidance for GPs 0.pdf](https://safelives.org.uk/wp-content/uploads/2019/04/Multi-Agency-Risk-Assessment-Conference-Guidance-for-GPs-0.pdf) (safelives.org.uk)
- Surrey MARAC Protocol: [Multi agency risk assessment conferences - Healthy Surrey](https://www.healthysurrey.gov.uk/marac-protocol)

Community Safety, Surrey County Council (October 2021)

Email: [communitysafety@surreycc.gov.uk](mailto:communitysafety@surreycc.gov.uk)

## Appendix One

<b>Grounds in UK legislation which require or enable the sharing of information</b>	
Prevention and detection of crime	S.115 Crime and Disorder Act 1998
To protect vital interests of the data subject; serious harm or matter of life or death	Schedule 8, Data Protection Act 2018
For the administration of justice (usually bringing perpetrators to justice)	Part 3 & Schedule 8 DPA 2018
For the purposes of the prevention, investigation, detection or prosecution of criminal offences or the execution of criminal penalties, including the safeguarding against and the prevention of threats to public security	Part 3 S.31 & 35 DPA 2018
Child protection disclosure to Children's Social Care or the Police	Children Act 1989 & 2004
In accordance with a court order	Requests to share information must show why it is relevant for the purpose for which they are requested, including a Court Order
Overriding public interest	Common Law
Right to life and right to be free from torture or inhuman or degrading treatment	Human Rights Act, Articles 2 & 3
Prevention of abuse and neglect	The Care Act 2014
Person lacks the mental capacity to make the decision regarding consent	Mental Capacity Act 2005