

Clinical record keeping in domestic abuse

**Dr Tara Jones, designated GP for
safeguarding**

6th October 2022





Session overview

- What is domestic abuse; definitions
- Background to project
- Audit findings Surrey Heartlands practices summer 2022
- Self-identified learning points
- Accelerated online patient access
- Surrey MARAC information sharing pathway
- MANAGEMENT OF INFORMATION ABOUT DA **not** HOW DA SHOULD BE MANAGED OR SAFEGUARDING PROCEDURES





Defining Domestic Abuse

- “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.” *Domestic Abuse Act 2021*
- Categories include psychological, physical, sexual, financial and emotional abuse.
- Coercive and controlling behaviour.





Coercive and controlling behaviour

Coercive control is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim...

...with the intention of

- Isolating
- Exploiting
- Depriving of independence
- Regulating everyday behaviour
- **POTENTIAL IMPLICATIONS FOR ACCESS TO RECORDS**





“Improving the quality and consistency of DA record keeping in primary care”

Research led by Sandi Dheensa, University of Bristol (published August 2020). Analysis of domestic homicide reviews.

Observations *NOT* criticisms...

- GPs record keeping as a factor in failing to prevent harm or death
- GPs did not know about domestic violence / abuse
- GPs had not coded information accurately
- Poor record keeping led to missed opportunities to enquire about abuse
- Records between intimate partners not linked
- Information regarding perpetrators, victims and survivors lost on moving practices





Work so far

- Initial questionnaire to all Surrey Heartlands GP practices late spring 2022
- 45/107 (42%) responded
- Summary report shared August 2022
- Training webinar 6th October 2022
- Follow-up questionnaire late spring 2023





Audit findings

- **LOTS OF POSITIVES!** Safeguarding administrators, access to training, support from PMs/safeguarding leads, knowledge base.
- **AREAS FOR DEVELOPMENT...** Time allocation for role, need for more than one individual to undertake admin role, identification of DA lead/champion, clarity re training requirements.





Your self-identified training requirements

- How to record Domestic Abuse safely and efficiently in the clinical record.
- How to engage patients in decisions about recording and sharing of sensitive DA information.
- How to hide information in the electronic medical/patient record.





Recording DA info safely and efficiently

- RCGP guidance January 2021 (circulated)
- Recording information about DA is vital for holistic care and safeguarding; victim and any children
- Perpetrators may not know victim has disclosed.
- Perpetrators may not know their case has been discussed at MARAC.
- Accidental discovery of disclosure poses a potential risk to victims.





Recording (2)

- ALL information in the EMR about DA *MUST* be hidden from online access
- Link family records when possible
- Redact from perpetrator's record unless certain they already know (self-disclosure, conviction, CP case conference minutes)
- Coercive access to EMR (as well as own record/children's)
- Subject access requests and third party redaction





Accelerated online access

- November 2022 go-live confirmed
- Positive aspects vs safeguarding concerns (particularly DA)
- Consultations with disclosures
- Coding
- Incoming correspondence





Accelerated access; what do we need to do NOW??

- Start hiding entries from online visibility
- Undertake proactive search *before* 1st November
- Snomed code “enhanced review indicated before granting access to own health record” *aka the “104 code”*
- Discussion with patient re access (opportunistic vs proactive)





Accelerated access; resources

- [Accelerated Record Access Webinar \(surreytraininghub.co.uk\)](https://surreytraininghub.co.uk)
- [GP Online Services \(Accelerating Patient Access\) Resource Library - Implementation Team - FutureNHS Collaboration Platform](#)





MARAC information sharing pathway

- Regulation 28 “Prevention of future deaths” following the death of Mary in 2017.
- High-risk victims of DA, so information sharing justified *even without consent*.
- Victim and children (not perpetrator)
- Pilot Spelthorne Feb-Aug 2022
- Surrey-wide roll-out September 2022





MARAC process walk-through

- Surrey Heartlands safeguarding team identify (Spine) and share registered GP practice with MARAC coordinators
- MARAC coordinators email practice via generic email address approximately 7 days before meeting (MARAC@surreycc.gov.uk)
- Part 2 of form completed by GP and returned
- Shared via secure online management system before meeting
- Any GP-specific actions fed back following meeting





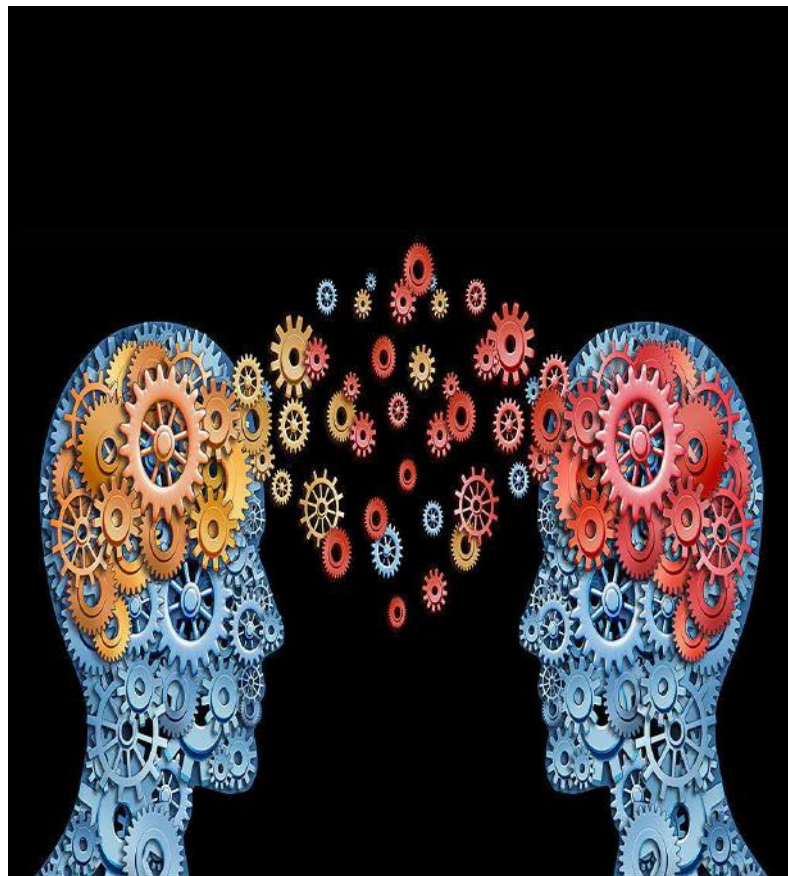
Next steps

PLEASE SHARE

We need everyone who handles DA information to feel confident in doing so safely

PLEASE ASK

Safeguarding lead/Practice manager/Data Protection Officer/Surrey Heartlands safeguarding team



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DA contact details

- Your Sanctuary - <https://www.healthysurrey.org.uk/domestic-abuse/help>
- **Surrey domestic abuse helpline**
01483 776822
9am to 9pm, 7 days a week
- National 24 hour helpline – 0808 2000 247
- Men's Advice Helpline – 0808 8010327
- RESPECT – 0808 802 4040 (perpetrators)
- GALOP – 0800 999 5428 (LGBTQ+)

