

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
7TH AUGUST 2018

TITLE OF REPORT:	DOMESTIC VIOLENCE MARAC DATA REPORTING SPECIFICATION
AUTHOR(s) OF REPORT:	JO REYNOLDS AND LIZ CORRIGAN
MANAGEMENT LEAD:	ANNETTE LAWRENCE
PURPOSE OF REPORT:	To ensure that practices can accurately track and identify any repeat domestic violence incidents, patient records need updating with any incidents that have occurred over the last 12 months. These have already been identified, and need including on the patient records at the patients practice.
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Practices will be provided with historical MARAC data allowing them to identify individuals who may be at risk of repeat DV incidents. • This will work in conjunction with the primary care domestic violence pathway. • Data will be provided directly to practices by the MARAC coordinator.
RECOMMENDATION:	For decision pending review by committee
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	To ensure that patient safety is paramount by providing practices with relevant intelligence in a sensitive manner, this will allow practices to refer and signpost as relevant. The aim is to promote a preventative service.



2. Reducing Health Inequalities in Wolverhampton	Survivors of domestic violence may be disadvantaged when accessing health services, this aims to help practices identify individuals and provide support in a timely and sensitive manner when required.
3. System effectiveness delivered within our financial envelope	N/A

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Domestic Violence Coding Update
Commissioner Lead	Liz Corrigan
Provider Lead	
Period	August 2018 - October 2018
Date of Review	

1. Population Needs															
1.1 National/local context and evidence base															
2. Outcomes															
2.1 <u>NHS Outcomes Framework Domains & Indicators</u>															
<table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td></td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>√</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>√</td> </tr> </table>	Domain 1	Preventing people from dying prematurely		Domain 2	Enhancing quality of life for people with long-term conditions		Domain 3	Helping people to recover from episodes of ill-health or following injury		Domain 4	Ensuring people have a positive experience of care	√	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√
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Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√													



3. Scope

3.1 Aims and objectives of service

Wolverhampton Domestic Violence Forum, alongside Wolverhampton CCG safeguarding team, have been working to improve the way domestic violence incidents are dealt with across primary care. Primary care support services have been introduced, and referral pathways have been refreshed so that it is easier for practice staff to report concerns and incidents.

A Multi Agency Risk Assessment Conference (MARAC) is a local, multi-agency victim-focused meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies. Primary Care are often the first agency to have contact, or multiple contact, with an individual experiencing domestic violence, so it is important that risks and concerns are recorded within the patient notes so a true reflection of all risks are presented to MARAC.

Part of the development work taking place improving reporting, and identifying incidents on patient notes is a vital part of this. It is known that if there is a repeat incident within a 12 month period, there is a high and serious risk of imminent death. Previous domestic homicide reviews have indicated that the majority of cases are known to MARAC and have been repeat incidents.

In order to accurately track and identify any repeat incidents, patient records need updating with any incidents that have occurred over the last 12 months. These have already been identified, and need including on the patient records at the patients practice.

By including this information on the patient records, safeguarding duty is being realised, and support to MARAC is being provided.

This is a preparatory piece of work to enable all agencies concerned to have the information required over the next 12 months, while this work is embedded. It will be part of safeguarding duty that this practice of coding on patient records will occur as incidents occur as part of business as usual.

3.4 Service description/care pathway

WDVF have identified the practices that have patients where the record needs updating. This list comprises of individuals where incidents have been reported to other agencies before coding has been introduced, but may be at risk in the next 12 months therefore require their patient records retrospectively updating. This may be separate individuals or repeat incidents for the same patient.

Records need updating with the following-

- The date of the incident
- EMIS Read code 8HI7
- TPP Read code XaNbl
- Practices may wish to add a pop up alert to the system, however caution should be applied that this is not obtrusive therefore putting survivors at risk if it can be easily seen on records by perpetrators or others who may attend the surgery with them.



Once signed up to this specification, patient information will be sent directly to the practice that they are registered with. This information will contain patient identifiable data and must be treated as such, practices are advised to provide details of a secure generic NHS.net email account.

3.5 Payment

Practices will receive a payment of £2.50 per update. Payments will be made on the payment template that will be circulated upon sign up.

3.6 Reporting Requirements

Records are to be updated within 4 weeks of signing up to the service. Once completed, the practice must send notification to liz.corrigan@nhs.net containing information on-

- Completion date
- Number of records updated
- A named individual at the practice must be identified to whom the MARAC information will be sent

3.7 Population covered

Patients have been identified by WDVF and will be sent out to practices as they sign up. If a practice has received this specification, they have been identified as having a patient requiring a retrospective update of their records.

3.8 Timescales

All identified patient records will need to be updated by 30th September 2018. Once completed, feedback will need to be submitted to liz.corrigan@nhs.net by 27th July 2018.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

This specification and the project it is aligned to have been developed in line with NICE Quality Standard 116 Domestic Violence and Abuse:

<https://www.nice.org.uk/guidance/qs116>

All practices taking part in the scheme are expected to work within usual contractual terms and conditions.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards



5.	Applicable quality requirements and CQUIN goals
5.1	Applicable Quality Requirements (See Schedule 4A-C)
5.2	Applicable CQUIN goals (See Schedule 4D)
	N/A
6.	Location of Provider Premises
The Provider's Premises are located at:	
As in Appendix A (to be added by practice)	

Appendix A



7. CLINICAL VIEW

7.1. Reviewed by Clinical Reference Group – comments within QIA.

8. PATIENT AND PUBLIC VIEW

8.1. N/A

9. KEY RISKS AND MITIGATIONS

9.1. Please see QIA.

10. IMPACT ASSESSMENT

Financial and Resource Implications

10.1. N/A outside funding source.

Quality and Safety Implications

10.2. Please see QIA.

Equality Implications

10.3. Full EIA not required as advised by Equality Lead.

Legal and Policy Implications

10.4. N/A

Other Implications

10.5. For IM&T and information governance implications please see DPIA.

Name: Liz Corrigan

Job Title: Primary Care Quality Assurance Coordinator

Date: 6/8/18

ATTACHED:

QIA; EIA and DPIA

Primary Care Commissioning Committee

7/8/18



RELEVANT BACKGROUND PAPERS

(Including national/CCG policies and frameworks)

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr A. Booshan	17/7/18
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	Sukhdip Parvez	21/5/18
Equality Implications discussed with CSU Equality and Inclusion Service	David King	6/8/17
Information Governance implications discussed with IG Support Officer	Kelly Huckvale	2/8/18
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Other Implications (Medicines management, estates, HR, IM&T etc.)	Sonia Sanghera	May 2018
Any relevant data requirements discussed with CSU Business Intelligence	N/A	
Signed off by Report Owner (Must be completed)	Liz Corrigan	6/8/18

