University of Bristol
Centre for Academic
Primary Care

NIHR | School for Primary Care Research

Making change happen in primary care - the IRIS story

Gene Feder & Medina Johnson

CAPC Innovation and Impact in Primary Care webinar

29th November 2023

#capcwebinar

www.bristol.ac.uk/capc

@capcbristol

Constance

43-year old care worker who had been my patient for 5 years.

Two sons, James (13) and Tyrone (4).

Partner was Tyrone’s father.

Three research studies and what happened next

IRIS trial

IRIS interrupted time series

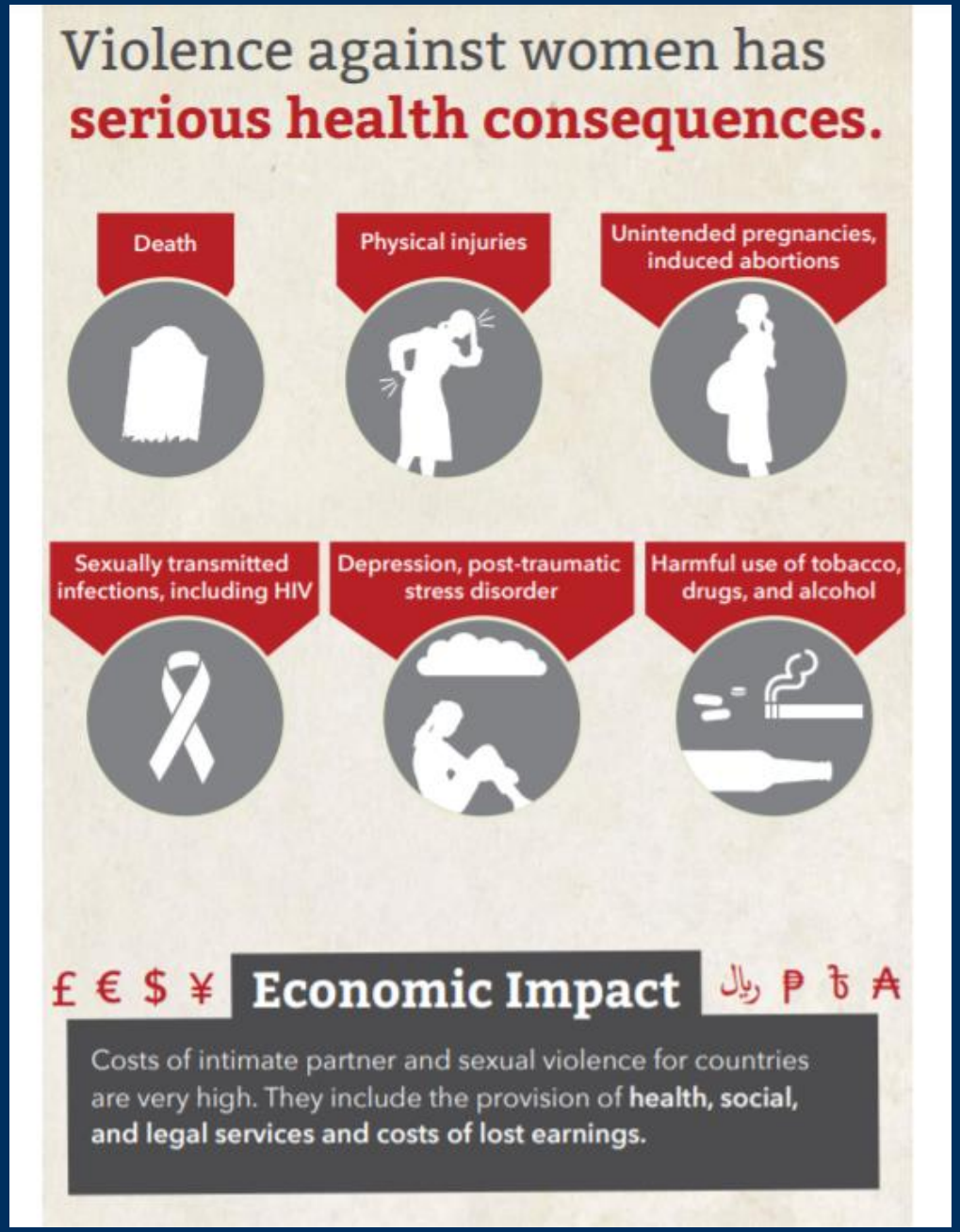
IRIS ADVISE

University of Bristol
Centre for Academic
Primary Care

Domestic violence and intimate partner violence

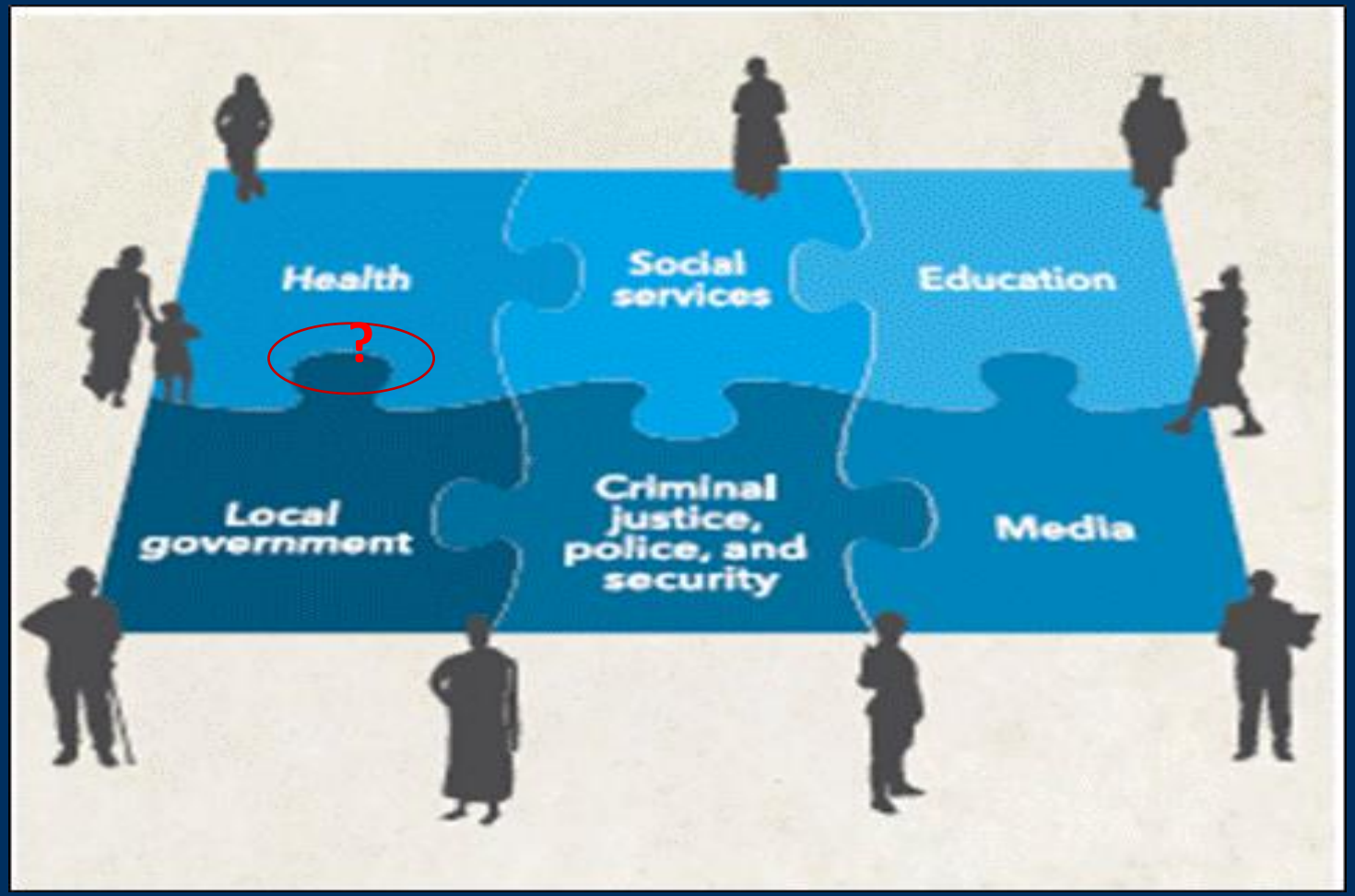
University of Bristol
Centre for Academic Primary Care

University of Bristol
Centre for Academic
Primary Care



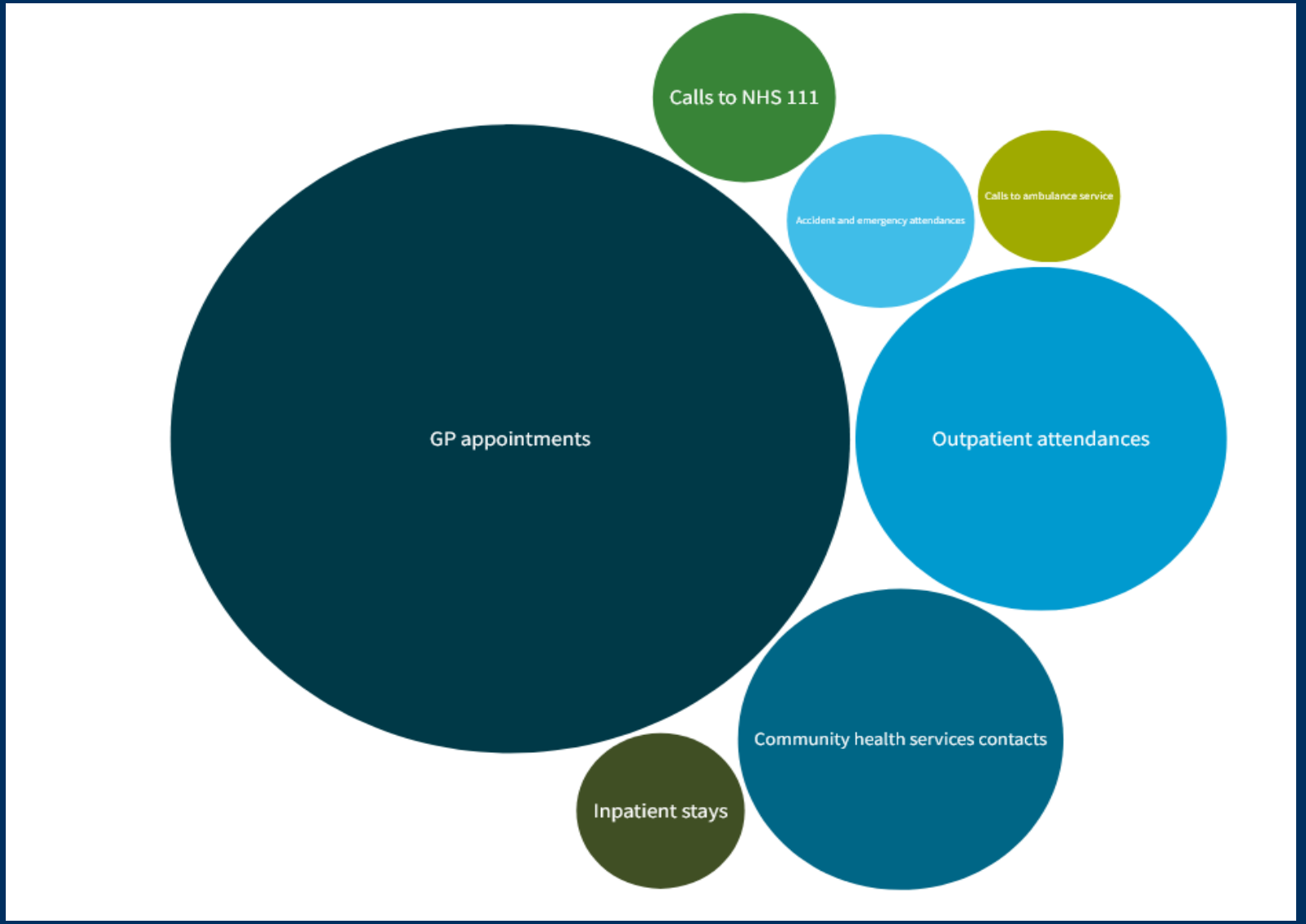
University of Bristol
Centre for Academic
Primary Care

Missing health care response



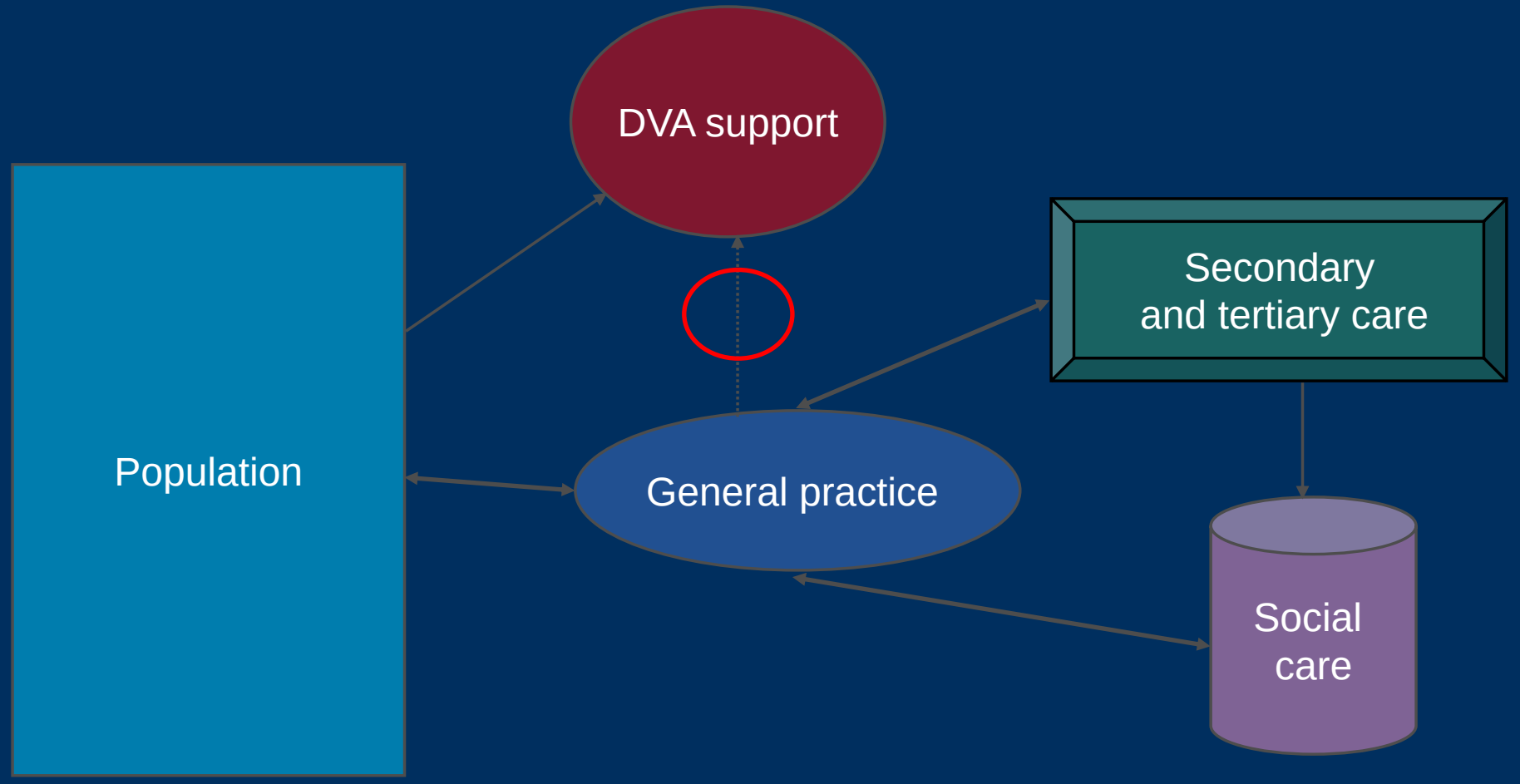
University of Bristol
Centre for Academic
Primary Care

Why primary care?



University of Bristol
Centre for Academic
Primary Care

Primary care connections



University of Bristol
Centre for Academic
Primary Care

*I*dentification and *R*eferral to *I*mprove *S*afety

3RD SECTOR IRIS HOST

- Advocate Educator
- Specialist advocacy

General practices with up to 200,000 patients

- In-house training
- Patient and professional resources
- Referral pathways
- Single point of contact
- Specialist consultancy
- On-going support

General practice team

- Clinical enquiry
- Validation
- Emotional support
- Referral/signposting
- Documentation
- Treatment for health conditions

Feder et al. 2011, https://doi.org/10.1016/S0140-6736(11)61179-3

IRIS intervention model

Training and support
+
referral pathways including safeguarding children and adults
+
Medical record prompts
+
Recording and flagging system
+
Advocate educator
+
Practice champion

Health education material
+
Clinical enquiry
+
Validation
+
Documentation
+
Immediate risk check

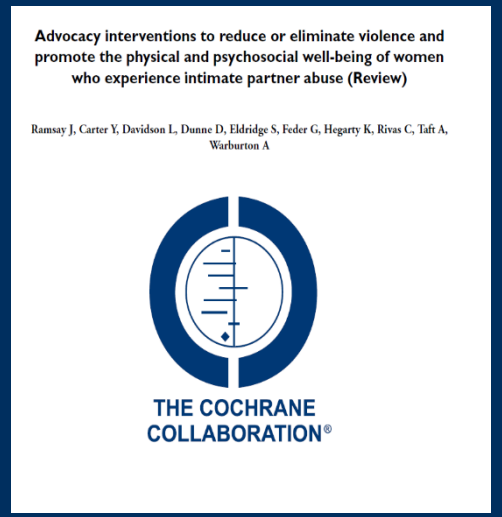
Identification
+
Referral

Advocacy

Emotional & Practical support

Less abuse

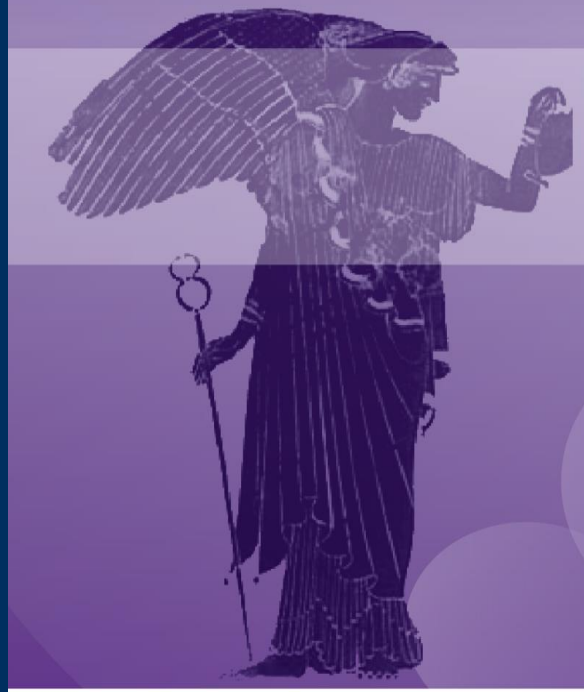
improved quality of life
+
mental health



IRIS Identification and Referral to Improve Safety

Domestic Violence Aware Practice

If you are a woman being hurt by someone in your family, are afraid of someone at home or are in a violent relationship you can talk to doctors, nurses and other staff working here, in private.



You can also call
Next Link domestic abuse services on:

0117 925 0680

Or call the 24 hour
National Domestic Violence Helpline
on: freephone **0808 2000 247**

If you are a man who is a victim of domestic violence contact the Men's Advice Line on:
0808 801 0327

If you have been violent or are worried about your own behaviour, call Respect on:
0808 802 4040

Bristol NHS Primary Care Trust

Next Link domestic abuse services for women and children

University of Bristol
Centre for Academic Primary Care

IRIS trial results

Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial

Gene Feder, Roxane Agnew Davies, Kathleen Baird, Danielle Dunne, Sandra Eldridge, Chris Griffiths, Alison Gregory, Annie Howell, Medina Johnson, Jean Ramsay, Clare Rutterford, Debbie Sharp

Beyond the ivory tower

'Herding cats': the experiences of domestic violence advocates engagin with primary care providers

Medina Johnson from Next Link in Bristol re recent Identification and Referral to Improve general practices with domestic violence spe

Engaging health care services in suppor women experiencing domestic violence been a challenge for domestic violence fora specialist agencies. Reluctance to talk ab domestic violence may be for a variety reasons: clinicians may feel that dome violence is not their remit; are not aware related health issues; fear offending wome they ask about abuse; do not want to o Pandora's Box and then not be able to deal what comes out of it; domestic violence d not fit with what many see as the traditi medical model of symptom > diagnosis treatment > cure (even if much of what and nurses do lies outside that model)[1,2].

The Identification and Referral to Impr Safety (IRIS) randomised control trial been working to engage general practices providing primary care teams with information, confidence and skills to ask t female patients about domestic abuse and creating an easy and clear referral route named advocate who is able to meet

Notes

1 Gremillion DH, Kanof EP. *Overcoming barriers to physician involvement in identifying and referring victims of domestic violence.* Ann Emerg Med. 1996;27:769–773.

2 Sugg NK, Thompson RS, Thompson DC, Maiuro R, Rivara FP. *Domestic violence and primary care. Attitudes, practices, and beliefs.* Arch Fam Med. 1999;8:301–306.

IMPROVEMENT IN PRACTICE:

THE IRIS CASE STUDY

February 2011

Impler succes care d violen early e

Identify Innovate Demonstrate Encourage

Responding to domestic abuse:

Guidance for general practices

RCGP Royal College of General Practitioners

IRIS Identification & Referral to Improve Safety

caada coordinated action against domestic abuse

This document provides guidance to general practices to help them respond effectively to patients experiencing domestic abuse,[1] a Department of Health strategic priority: www.dh.gov.uk/en/Publichealth/ViolenceagainstWomenandChildren/index.htm

This guidance includes key principles to help you develop your domestic abuse policy.[2]

1. The role of management

A senior person within the practice should be identified to clarify the practice's response to domestic abuse by:

- Finding out what **existing domestic violence services** are available (a list of national organisations is on page 4).
- **Engaging** with local domestic abuse services – and the Domestic Violence Co-ordinator – to develop an effective working partnership.
- Commissioning **training** for the practice team.
- Establishing a **simple care pathway** for patients disclosing domestic abuse by identifying a local **designated person** who will be responsible for the initial assessment of victims.
- Ensuring that the practice's response to disclosure always adheres to its **information sharing** protocols.

Identifying the designated person

The practice's designated person can either be:

- An external specialist domestic abuse service practitioner who undertakes the initial assessment on behalf of the practice and liaises with the GP. Specific evidence based training and support programmes for general practice are available: www.irisdomesticviolence.org.uk
- An internal practice nurse or other health professional who is trained to carry out this work.

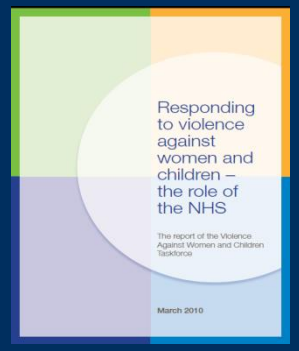
2. Establishing a domestic abuse care pathway

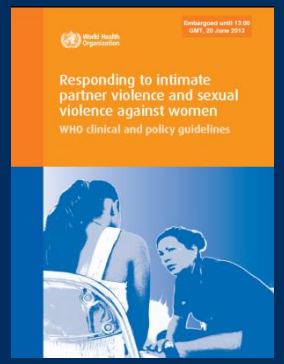
The primary healthcare team's role

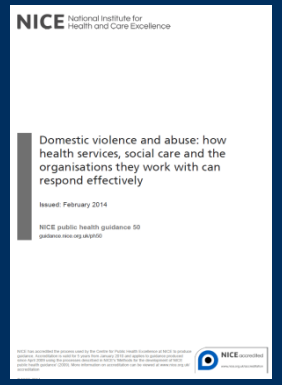
- Recognise patients whose symptoms mean they might be more likely to be experiencing domestic abuse.
- Enquire sensitively and provide a safe and empathetic first response.
- Understand the practice's process for responding to disclosure, and know what to do when there is immediate risk of harm to patients and their children.
- Know who the designated person is for their practice.
- Understand the process for arranging the patient's initial assessment with the designated person.
- Document domestic abuse within patient records safely and keep records for evidence purposes.
- Share information appropriately. Information will be shared **only with the consent** of the patient, subject to practice policy on child protection and adult safeguarding. In exceptional circumstances information may be shared without the patient's consent. Some cases considered at MARAC[3] meetings are likely to constitute exceptional circumstances because MARACs discuss the most serious cases of alleged or suspected domestic abuse.

1. For the Home Office's definition of domestic abuse visit: www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/
2. For more information about the guidance contact iris@nextlinkhousing.co.uk or info@caada.org.uk
3. Multi-Agency Risk Assessment Conference – where information is shared and a coordinated safety plan implemented to protect the highest risk victims of domestic abuse: www.caada.org.uk/aboutus/faqs.html For guidance about the application of Caldicott Guardian Principles to domestic abuse and MARACs visit: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133589

Translation into policy







- cited in Department of Health Violence Against Women and Children taskforce report as an exemplar programme
- cited in WHO partner violence guidelines as evidence for recommendation on training interventions
- part of NICE domestic violence guidelines evidence review
- cited as a “particularly effective remedy” by the Task and Finish Group for the Welsh Government’s *Ending Violence Against Women and Domestic Abuse (Wales)* Bill

Can IRIS be implemented outside of a trial?

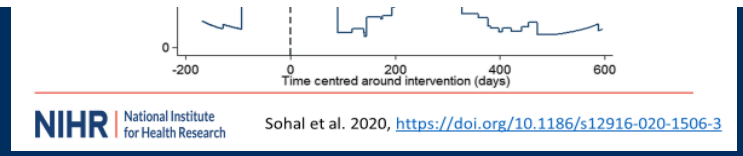
Sohal *et al. BMC Medicine* (2020) 18:48
https://doi.org/10.1186/s12916-020-1506-3

BMC Medicine

RESEARCH ARTICLE Open Access

Improving the healthcare response to domestic violence and abuse in UK primary care: interrupted time series evaluation of a system-level training and support programme

Alex Hardip Sohal[1*], Gene Feder[2], Kambiz Boomla[1], Anna Dowrick[1], Richard Hooper[1], Annie Howell[3], Medina Johnson[3], Natalia Lewis[1,2], Clare Robinson[1], Sandra Eldridge[1] and Chris Griffiths[1]



University of Bristol
Centre for Academic Primary Care

IRIS ADVISE

Health services research

OPEN ACCESS

ORIGINAL ARTICLE

Assessing for domestic violence in sexual health environments: a qualitative study

Jeremy Horwood,[1,2] Andrew Morden,[1,2] Jayne E Bailey,[2] Neha Pathak,[2,3] Gene Feder[2]

Sex Transm Infect: first publishe

Health services research

OPEN ACCESS

SHORT REPORT

Improving the healthcare response to domestic violence and abuse in sexual health clinics: feasibility study of a training, support and referral intervention

Alex Hardip Sohal,[1] Neha Pathak,[2] Sarah Blake,[3] Vanessa Apea,[4] Judith Berry,[5] Jayne Bailey,[5,6] Chris Griffiths,[7] Gene Feder[8]

Sex Transm Infect: first published as

Generalisable lessons from the IRIS story

- think about pathways to impact at conception of study: different audiences have different tastes
- include a cost-effectiveness analysis for evaluative studies
- get funding for knowledge mobilisation: NIHR gets this now
- produce non-academic outputs
- form strategic partnerships
- be lucky

University of Bristol
Centre for Academic
Primary Care

Thank you

to survivors
to their families
to colleagues
to funders

University of Bristol
Centre for Academic
Primary Care













University of Bristol
Centre for Academic
Primary Care

MOVING FROM RESEARCH TO PRACTICE

STEP 1
IRIS RCT – 2007 to 2010
Health Foundation funding

STEP 3
2013-16
Dept of Health funding
Development of funding model

STEP 2
Post trial research into practice –
2010-2012
Health Foundation funding

STEP 4
2016 to date
Funding via sales and grants
IRISi established in 2017

WHO ARE WE AND WHAT DO WE DO?

VISION

A world in which gender-based violence is consistently recognised and addressed as a health issue.

MISSION

To improve the healthcare response to gender-based violence through health and specialist services working together.

IRIS: Our flagship programme

A general practice based domestic violence and abuse training and referral programme

Recognise; Ask; Respond; Refer; Record

Increases identifications and referrals

Improves clinical practice

Improves quality of life for patients

WHAT DO SURVIVORS WANT FROM HEALTH CARE PROFESSIONALS?

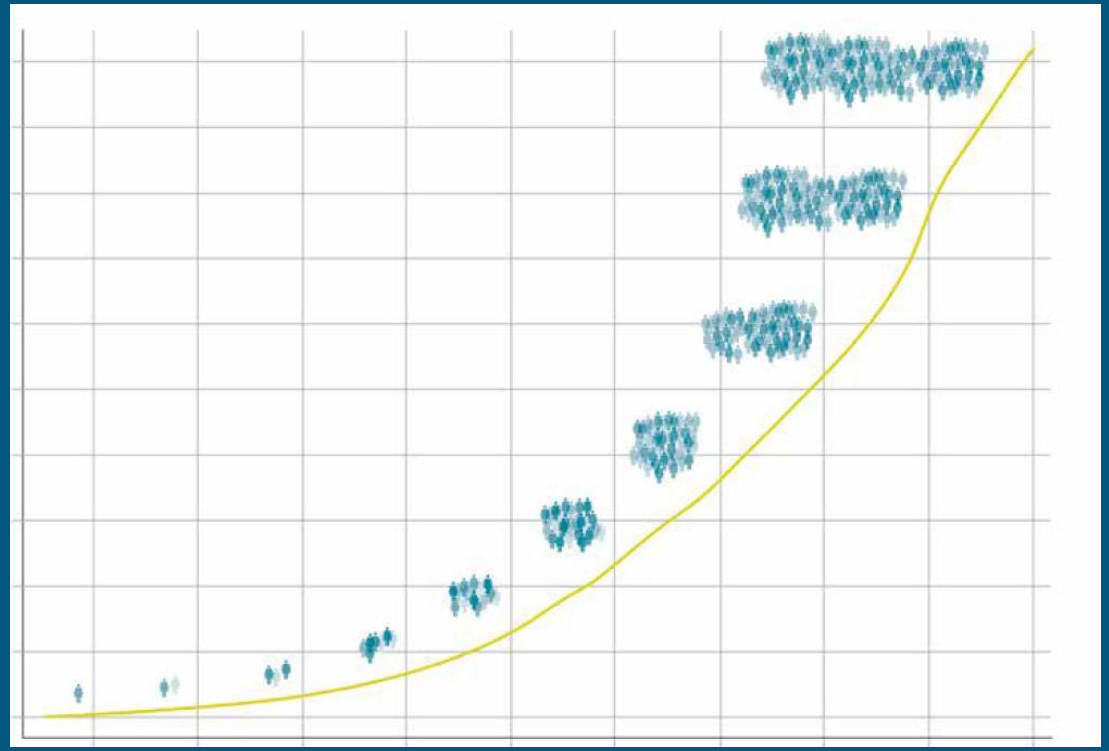
- To feel comfortable and supported to disclose
- An immediate response to disclosure
- To be asked directly – low threshold for clinical questioning
- A response in later consultations – continuity of care

IRIS: Our flagship programme

57	Commissioned sites since 2010 and 39 active sites
1,498	RIS trained practices
30,194	Patients referred

Up to March 2022

UK REFERRALS



WHAT DO PATIENTS SAY?

Whatever you have going on with GPs in (name of area) is so important - that link is incredible - I am forever indebted to my GP for piecing it all together and for getting me that help

I have seen that there were agencies that could support people with abuse but I would never have called or seen anyone if it wasn't for my GP referring me to see someone in my surgery. What a difference this has made to my life and future.

My Doctor is one of the best , I have now had another very helpful and caring professional, it's like an extension of my GP. Thank you (name of AE) for all your hard work.

I feel my physical and mental health has improved, I visit the GP less, and I feel that my child is safer now.

WHAT DO CLINICIANS SAY?

Great! Where was this years ago! Good to empower us as GPs to feel we can do more about this now.

A good application of real world data and 'what to do' compared to standard training which is easily done and forgotten.

Simple concept and big impact.

WHAT ARE OUR BLOCKS AND CHALLENGES?

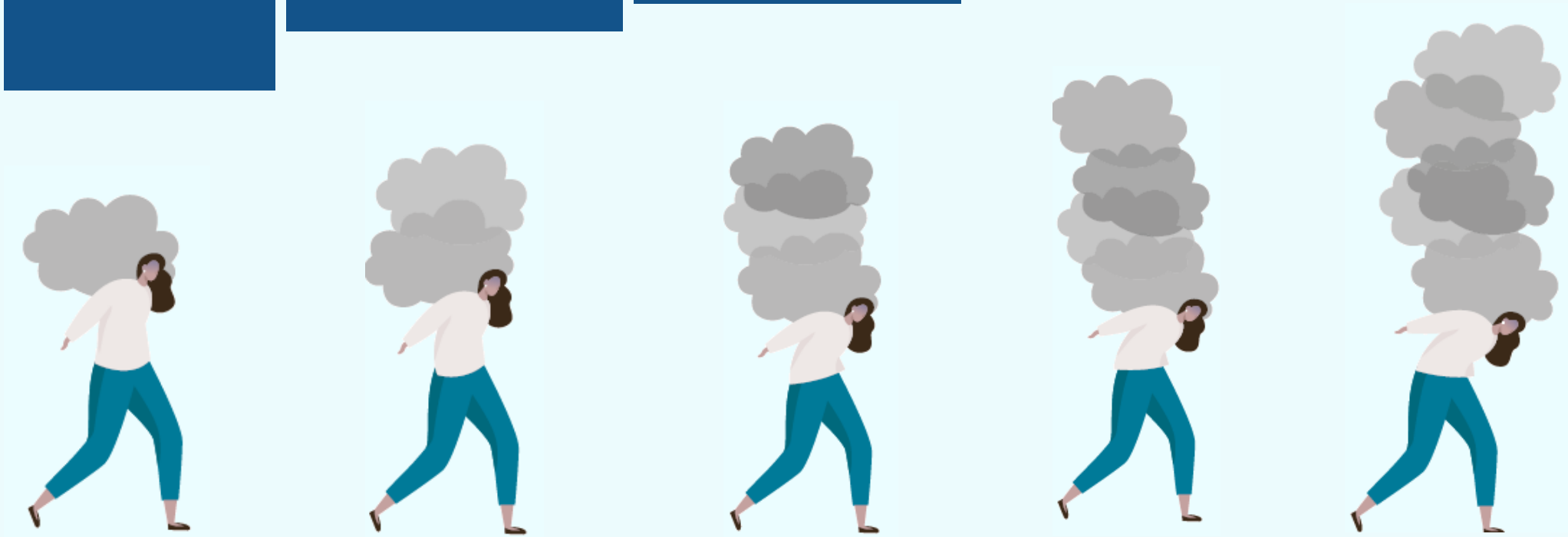
Clinicians don't want to invest time if the programme isn't sustainable – don't want to engage.

Unfair to set up something and then it disappears – what happens to patients?

Everyone thinks it's a good idea but no one wants to pay.

Interventions are more than training.

Short commissioning and funding cycles.



"IRIS IS EXPENSIVE!" - NO, IT'S NOT!

AS WE HAVE SHOWN...

IRIS provides a full intervention: training, consultancy, embedded specialist who supports patients, referral pathways.

VALUE FOR MONEY

Net monetary benefit – 4.8 x better value for money than flu vaccine!

SPEND TO SAVE

Spending in primary care saves money elsewhere – A&E, acute care, mental health - so there is more £ in the health pot.

THE LOCAL PICTURE

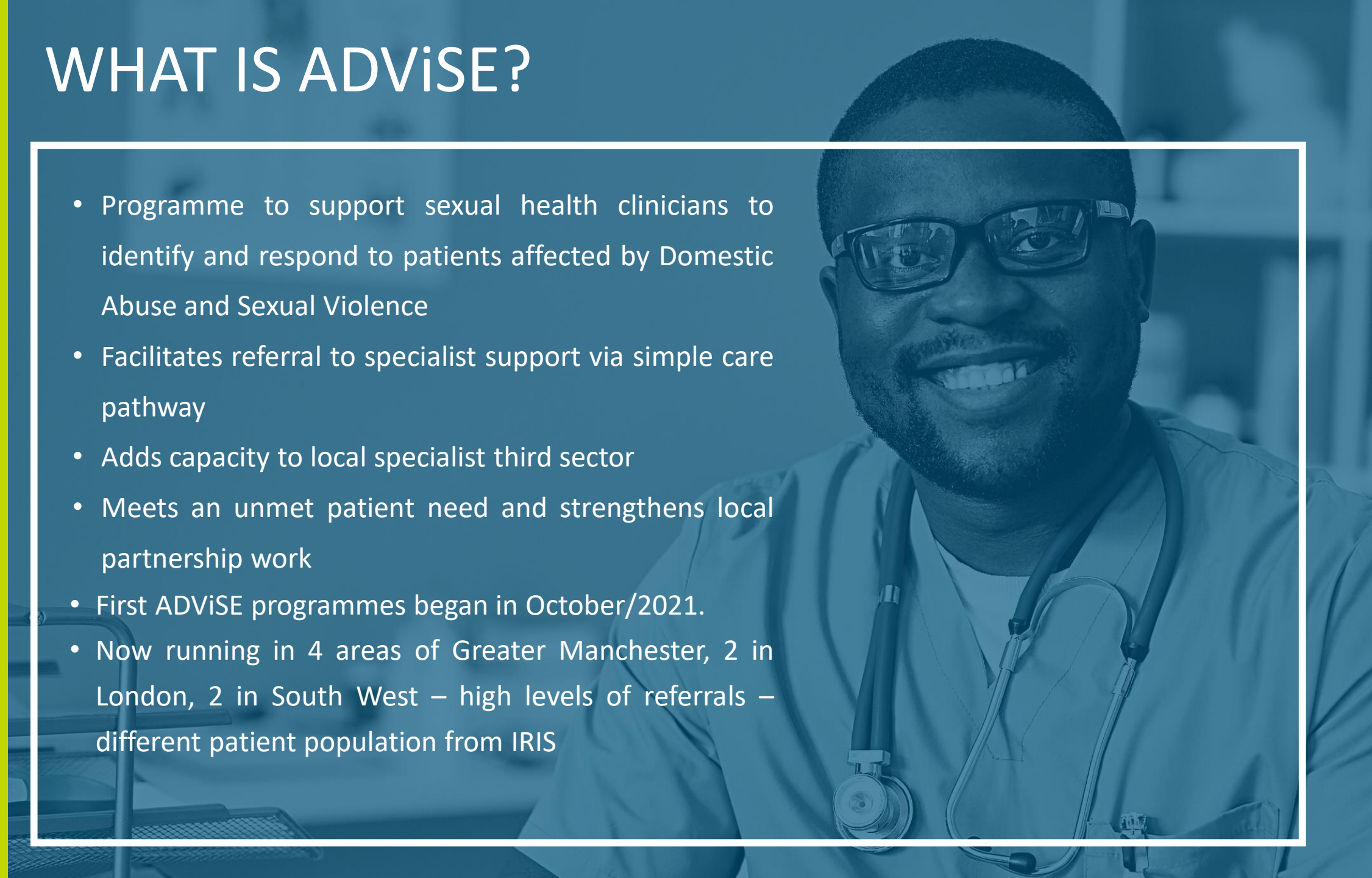
New cost calculator is currently being tested – a large urban area showed societal savings of £42 per woman per year; cost of 2p for NHS per woman per year (i.e. cost neutral).

CEA from research trial = positive.

NICE says we need to be cost effective not cost saving.

CEA from "real world" ITS = positive

WHAT IS ADViSE?



- Programme to support sexual health clinicians to identify and respond to patients affected by Domestic Abuse and Sexual Violence
- Facilitates referral to specialist support via simple care pathway
- Adds capacity to local specialist third sector
- Meets an unmet patient need and strengthens local partnership work
- First ADViSE programmes began in October/2021.
- Now running in 4 areas of Greater Manchester, 2 in London, 2 in South West – high levels of referrals – different patient population from IRIS

FEEDBACK ON ADVISE

Patients have welcomed being asked about domestic violence and abuse, even if they've not ever been involved in an incident of domestic abuse themselves, they appreciate that people are asking that question."

- Sexual Health Nurse

MOVING FROM RESEARCH TO PRACTICE

Transition from academic to operational
- Consistency of staff
- Institutional memory

We have a product
- Need to market selves
- Need to market product

Led by sector partners
- Time
- Passion
- Funding

Maintenance of core partners
- Advocate
- GP and academic
- Commercial lead

BARRIERS

- Limitations of team experience and expertise
- Constantly changing health system and structure
- Paucity of sustainable funding
- Cheaper and less robust alternatives

FACILITATORS

Passion
Connections
Credibility

Academic rigour

Evidence base

Robust, successful, scalable programme

Demonstrable outcomes

Policy
Legislation
Recognition of issue

WHAT NEXT?

Constant reinforcement

Best practice

Creative fundraising

Work smarter

Continue to scale

Continue to innovate

Early intervention
Reduce risk
Improve health & life

THANK YOU!

Any questions?

RECOGNISE, ASK & RISK CHECK, RESPOND, REFER AND RECORD

IRISi interventions

IRiS

Keep in touch

CAPC

- Sign up for our newsletter
- Visit our website: www.bristol.ac.uk/capc
- Follow us on Twitter: @capcbristol and LinkedIn.
- Information about future webinars in the series and other CAPC events are available on the events page of our website.

IRISi
Website: www.irisi.org
Email: info@irisi.org

Refuge
For women and children.
Against domestic violence.

The freephone, 24-hour National Domestic Abuse Helpline 0808 2000 247

Respect
Men's advice line

Freephone 0808 8010327