

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:7.....

Date of Meeting:13th May 2021.....

TITLE OF REPORT:	Patient Focus	
AUTHOR:	CCG Communications/Engagement Team	
PRESENTED BY:	Jane Bradford, Clinical Director Governance & Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	<p>This month's patient story focuses on a story from Fortalice the Bolton charity helping women, families and children affected by Domestic Abuse and Violence (DAV).</p> <p>It highlights the importance of IRIS (Identification and Referral to Improve Safety), which is a programme that trains GPs to recognise DAV so they can refer patients to an IRIS specialist service, and also provides support for people (both men and women) who are experiencing all forms of domestic abuse.</p>	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	<input type="checkbox"/>
	Joint collaborative working with Bolton FT and the Council.	<input type="checkbox"/>
	Supporting people in their home and community.	<input type="checkbox"/>
	Shared health care records across Bolton.	<input type="checkbox"/>
	Regulatory Requirement	<input type="checkbox"/>
	Standing Item	<input checked="" type="checkbox"/>
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	For noting.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	N/A	
REVIEW OF CONFLICTS OF INTEREST:	Review of conflicts of interest not required for this report.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	These stories originate from issues raised with the CCG or providers through complaints and incidents.	

OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	This standard report has been considered against the criteria of EIA and an assessment is not considered necessary for this report.
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Patient story – May 2021

IRIS case study - background

The following Patient Story has kindly been provided by Fortalice; the Bolton charity helping women, families and children affected by Domestic Abuse and Violence (DAV).

It highlights the importance of IRIS (Identification and Referral to Improve Safety), which is a programme that trains GPs to recognise DAV so they can refer patients to an IRIS specialist service, and also provides support for people (both men and women) who are experiencing all forms of domestic abuse.

Elsie's story

Elsie was referred into the IRIS project at Fortalice by her GP after consecutive consultations during which she told her doctor she was low in mood. She also had several physical health presentations which she said were harder to manage now that her mood was low.

Elsie's GP had recently undertaken the Clinical 1&2 training provided by the IRIS Advocate Educators (AE) at Fortalice. This training highlights the prevalence of domestic abuse and violence (DAV) in the patient population, focusses on health-related indicators of DAV, recommends how to ask questions of the patient to make them feel comfortable enough to confide in a professional about what is going on at home, and defines the referral pathway into the local IRIS project.

Initially, Elsie thought her life with her husband of 20 years was normal but recently, she began to recognise things weren't quite right. Her husband had recently had a health scare, and he began to act irrationally; drinking heavily and being abusive. Despite being arrested for drink-driving, he began to drink daily and to excess. His behaviour at home deteriorated and became more erratic and controlling. Elsie became more isolated from her family and friends and steadily lost her confidence.

The GP realised she was experiencing domestic abuse and referred her to the IRIS project at Fortalice.

The IRIS Advocate Educator talked through what was happening at home and a risk assessment showed that Elsie was in a dangerous relationship. As they discussed coercive control, Elsie shared more about her home life, about how her husband could be violent to her adult children, how aggressive and abusive he could be, and about how she was scared and felt she had no way out. At this first meeting Elsie was adamant that she was not leaving her home.

Over the next several months, Elsie continued to meet regularly with the IRIS AE who offered support and suggested a 'planned move'. Elsie's home life didn't improve but she thought leaving was too difficult. She felt that since her husband wasn't physically violent to her that her experiences weren't valid. She'd lived in the same home for over 20 years and didn't want to lose it so found it hard to make the break. The IRIS AE put her in touch with local agencies who were able to help the AE and Elsie plan her move away from her home. This included practical advice and support around benefits, housing and legal representation for a divorce.

When an aggressive incident with her husband occurred, Elsie was considered to be a high risk victim and, although reluctant to go into a refuge, she recognised she needed to move to a place where she was safe. At the refuge, she received support with counselling and group work and attended sessions to understand domestic abuse and coercive control. This has helped Elsie to move her life forward.

In Elsie's own words

I struggled to comprehend what was, and had been, happening to me. I kept thinking that I didn't deserve a refuge place as I hadn't been beaten up. I took a colleague to a refuge many years ago, her partner beat her constantly and her face was all messed up. Whilst I didn't feel safe, that wasn't my experience, I didn't want to take the place of someone I thought deserved it more.

I associated a refuge with women who had been beaten up. But now, I know you can be beaten up inside as well.

He had always been controlling and made me feel small, but I didn't recognise that as domestic abuse, I'd certainly never heard of coercive control; that wouldn't have meant anything to me. I absolutely thought that you had to be hit to be in an abusive relationship.