NIHR | Applied Research Collaboration North Thames

November 2019

ARC BITE

Brokering Innovation Through Evidence

How to improve the healthcare response to domestic violence and abuse (DVA)?

Domestic violence and abuse (DVA) is a global health concern and a major risk factor for poor health in women. It is unknown whether interventions to improve the healthcare response to DVA found to be effective in trials are effective when implemented in the real world.

Does IRIS – Identification and Referral to Improve Safety – a programme that embeds direct access for women in health settings to specialist trauma focused, DVA care, underpinned by training of the primary healthcare team, improve doctor and nurse responses when implemented outside of a trial setting?

What was the aim of the project?

The project aimed to improve the healthcare response to domestic violence and abuse (DVA) in UK primary care by increasing the referrals received by DVA workers from general practices and increasing the recorded identification of new DVA cases in the electronic medical record. This focus on vulnerable patients' care benefits all registered in general practices – not just women affected by DVA – by optimising safety within health settings, consultations and medical records.

What did we do?

We analysed data over four years, from 205 general practices, in five northeast London boroughs, before and during the start of new DVA initiatives; using powerful segmented regression analysis. This observational study, analysed routinely collected data from general practices that implemented the IRIS programme; and general practices in a neighbouring borough that did not but were instead invited to attend a DVA education session, more akin to usual care.

There was also a cost effectiveness analysis, a mixed methods process evaluation and qualitative in depth case study work, better understanding how the IRIS programme operates.

This research is funded by the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) North Thames (NIHR ARC North Thames).

What we found and what does this mean?

Over four years, from the 144 general practices in the boroughs where the training and referral programme IRIS was implemented, there was a significant increase in referrals received by DVA workers (global incidence rate ratio of 30.24, 95% C.I. 20.55 to 44.77, p<0.001); and recorded identification of new DVA cases (incidence rate ratio of 1.27, 95% C.I. of 1.09 to 1.48, p<0.002). There was no increase in referrals or recorded identification from the 61 general practices in a comparator borough that did not fund IRIS, but instead provided a stand-alone DVA information session to which general practice doctors and nurses were invited. The staff mix from health and specialist abuse services was found to be crucial – the IRIS advocate educator's joined up approach, bridging the two planets of primary care and specialist domestic abuse support services, making IRIS work. Even temporary IRIS programme disruption that clinicians were unaware of substantially reduced referrals. It's estimated that IRIS outside the trial setting is cost-effective from a health service and societal perspective, good value for the NHS and cost saving for society – the incremental net monetary benefit was £22 and £42 respectively.

Recommendations

This study and the totality of evidence supports the funding of DVA programmes that integrate direct referral pathways to DVA specialist services for patients, training and system-level support for clinicians, with on-going reinforcement processes in place, from the outset. Our work fills a key evidence gap to support funding of health care-based programmes for women affected by DVA.

What next?

As a healthcare response to DVA is implemented, the next step is to directly assess population health impact, as well as sustainability of IRIS beyond ten years.

As IRIS spreads to different settings (for example, IRIS ADViSE is modified for sexual health), evaluation is required; starting with pilot work (for example, IRIS PHARM – is IRIS modifiable for community pharmacists?), extending to trials, expanding to post-trial work and beyond to population level impact.

Who needs to know

Commissioners of primary care, public health and community safety services within local government and the police need to know that IRIS – an intervention to improve the response to DVA found to be effective in a cluster randomised controlled trial – is also effective when implemented in the real-world, outside of a trial.

Find out more

Sohal AH, Feder G, Boomla K, Dowrick A, Hooper R, Howell A, Johnson M, Lewis N, Rutterford C, Eldridge S, Griffiths C. 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. BMC Med 18, 48 (2020). https://doi.org/10.1186/s12916-020-1506-3. PMID: 32131828

Sohal AH, Feder G, Barbosa E, Beresford L, Dowrick A, El-Shogri F, Howell A, Lewis N, Johnson M, Nightingale C, Boomla K, Morris S, Eldridge S, Griffiths C. Improving the healthcare response to domestic violence and abuse in primary care: protocol for a mixed method evaluation of the implementation of a complex intervention. BMC Public Health 2018 Aug 3;18(1):971. Doi: 10.1186/s12889-018-5865-z. PMID:30075711

Lewis NV, Dowrick A, Sohal A, Feder G, Griffiths C. Implementation of the Identification and Referral to Improve Safety programme for patients with experience of domestic violence and abuse: A theory-based mixed-method process evaluation. Health Soc Care Community. 2019 Jul;27(4):e298-e312. doi: 10.1111/hsc.12733. Epub 2019 Mar 13.

Dowrick A, Kelly M, Feder G. Boundary spanners: Negotiating connections across primary care and domestic violence and abuse services. Social Science & Medicine Available online 15 November 2019 https://doi.org/10.1016/j.socscimed.2019.112687

Panovska-Griffiths J, Sohal AH, Martin P, Barbosa EC, Johnson M, Howell A, Lewis NV, Feder G, Griffiths C, Eldridge S. Disruption of a primary health care domestic violence and abuse service in two London boroughs: interrupted time series evaluation. BMC Health Services Research – under review

Barbosa EC, Verhoef TI, Morris S, et al. Cost-effectiveness of a domestic violence and abuse training and support programme in primary care in the real world: updated modelling based on an MRC phase IV observational pragmatic implementation study. BMJ Open 2018 Aug 29;8(8):e021256. doi: 10.1136/bmjopen-2017-021256. PMID: 30158224

Useful links

IRISi - Identification and Referral to Improve Safety interventions – is a social enterprise established to promote and improve the health care response to gender based violence. For further information on the IRIS programme and commissioning see www.irisi.org

Study homepage: https://clahrc-norththames.nihr.ac.uk/systems_and_models_theme/improving-the-healthcare-response-to-domestic-violence

This research is funded by the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) North Thames (NIHR ARC North Thames).