DOMESTIC VIOLENCE WORKSHOPS
14 January 2011

NHS

Group C

1. Any specific service or targeted work for high DV Wards in Stockton? (Stockton Town Centre, Newtown Ward and Victoria Ward)
2 .Few questions to promote routine screening within the Health setting e.g. GP, A&E, health visiting and midwifery services?
    - how to support the health professional? e.g. training
    - how to ensure info has been shared with other agencies if they do do the routine screening?
    - is the referral pathway ready for health professional for supporting them to refer to DV service?

3. Alcohol links with DV but
    - is because alcohol is the key cause or
    - other factors e.g. power control

4. Health professionals should support victims to take control of the situation if health professional identifies DV issues (empower patient)
5. Serial perpetrators – how to identify?
6. GP, A&E, Health visitors and midwifery services should have more referrals to DV related services e.g. Harbour
7. If women experience 35 episodes (may link to physical injury) of DV before seeking help, someone within the system must pick up some issues related to DV. Where have those referrals gone? e.g. school nurse, Health Visitor?
8. How to make GPs interested in DV issues?
9. Hospital coding system – why does DV not appear as one of the codings and how can we add DV into the coding system in order to get more people (Health) involved in DV work / referrals?

Group D

10. Social care service, Police, safeguarding are all recording DV but health services e.g. GP, A&E, midwifery etc not recording?
11. Any assessment tool to support local services to identify DV? – may be useful to look at NHS Primary Care commissioning website www.pcc.nhs.uk/violence which may have an assessment tool or a communication tool link to DV
12. How to empower GPs/ health workers to ask patients questions about DV they may feel uncomfortable to ask.
13. What kind of training available to GPs / health professionals? the contents of the training?
14. Who needs to know and who is responsible to the DV if information to share with GP, if share with GP what are they going to do? If they do nothing, what's the point in sharing?
15. Target health practitioners who work with women e.g. midwife, for further training on DV.
16. All professional training – approach Durham Uni re medical student training e.g. teachers, nurses, medical students, social workers etc should have a module or sessions on DV so that they know how to deal with DV after the course? (DV as part of the competencies)
17. Flexi approach to GP/Health professionals due to time particularly on training.

Group A

18. The victims regularly engage with health services such as A&E, GPs midwives and health visitors
    - did the health professional record this (DV)? Why not? How to encourage them to record? What training need to support them to do so?
19. Harbour has quite a lot of referrals from midwives and health visitors
20. If only within their work setting, DV may not be seen as an issue as it could be only identified a few but if you put all the data together e.g. Probation, it could be huge. Is health professional aware of this number?
21. Any link or info or data which is linked to DV from sexual assault referral centre (SARC) based at North Ormesby?

Group B

22. Need campaign to go into GP/ Health setting to raise awareness of DV within the professional group
23. (A&E) screening on DV, if DV is found it could be recorded on the discharge letter so that GPs know and could refer to the right services and A&E staff could discuss with patient re available services and refer before discharge
24. TEWV (mental health) has someone to look at the risk factors of their patients. Margaret Brett (TEWV) can check if DV could be recorded
25. County Durham PCT have a DV Co-ordinator to respond to the DV issues within the health setting. Can local PCT have resource to have similar post?
    - SBC / Hartlepool BC have a joint post to co-ordinate DV but link with Community Safety
26. Does GP ask patients about DV issues as their routine health check? (Emma and Ruby to find out)
27. What is the assessment tool of midwifery service (to access DV)?
28. Lack of recording of DV in NHS means that costs of DV to the NHS are never established, so the business case for investment in prevention cannot be made.