

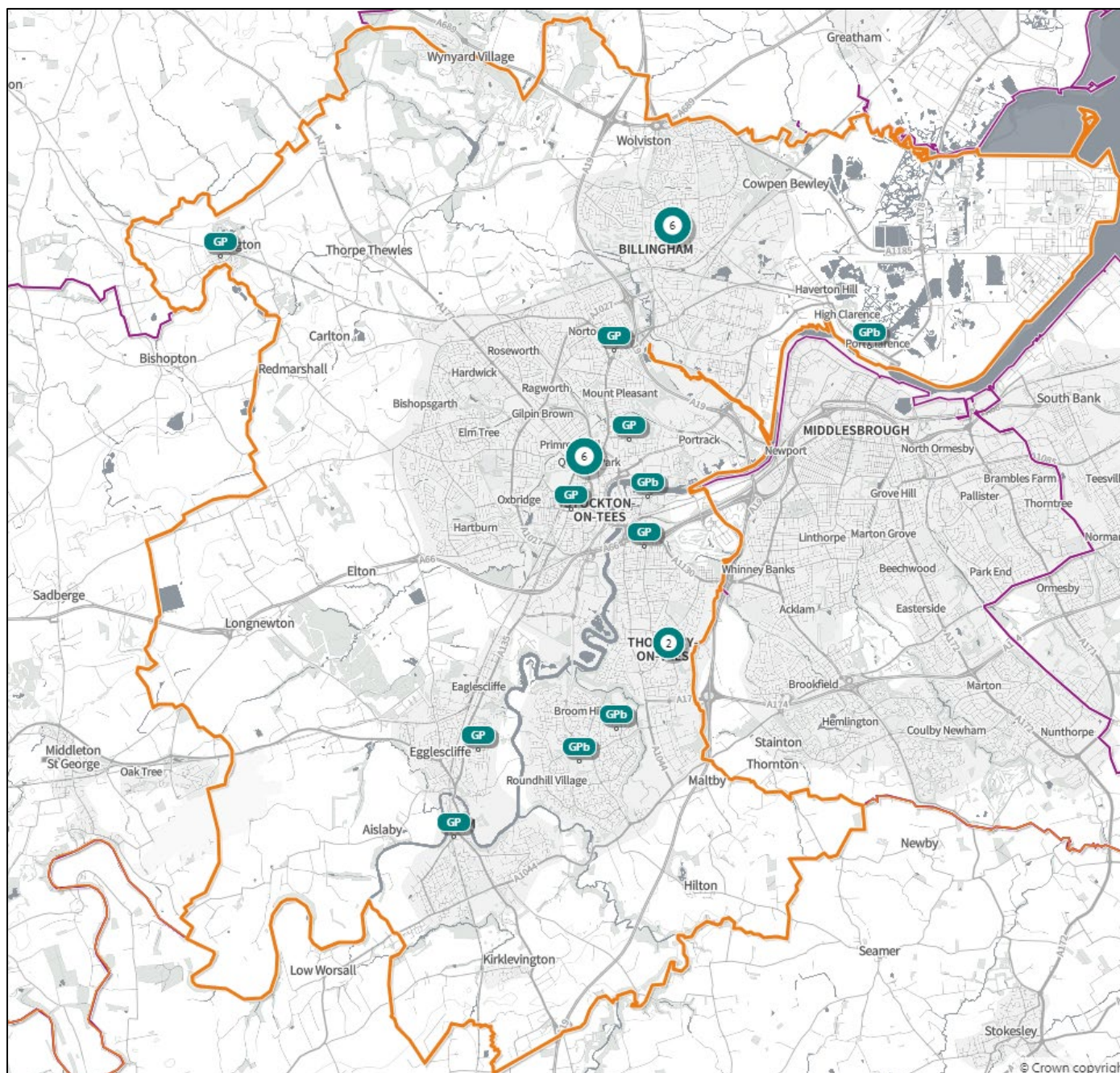
# **Primary Care Network Key Contributor responses to scrutiny review of:**

## **Children affected by domestic abuse- Stockton-on-Tees**

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North East and North Cumbria Integrated Care Board

## Stockton-on-Tees General Practice Overview

In Stockton-on-Tees there are 20 practices in 4 Primary Care Networks (PCNs)]. The location of general practices and branch sites, grouped together in to four Primary Care Networks (PCNs) can be seen in the map, and list below.



Data Source: SHAPE Atlas (<https://app.shapeatlas.net/>)

Practice	Primary Care Network
Marsh House Medical Practice	Billingham and Norton
The Roseberry Practice	Billingham and Norton
Dr Rasool's Practice	Billingham and Norton

Kingsway Medical Centre	Billingham and Norton
Melrose Surgery	Billingham and Norton
Queenstree Practice	Billingham and Norton
Norton Medical Centre	Billingham and Norton
Alma Medical Centre	North Stockton
Tennant Street Medical Practice	North Stockton
Queens Park Medical Centre	North Stockton
Woodlands Family Medical Centre	Stockton
Dovecot Surgery	Stockton
Densham Surgery	Stockton
Riverside Practice	Stockton
Elm Tree Surgery	Stockton
Woodbridge Medical Practice	Stockton
Eaglescliffe Medical Practice	BYTES
Park Lane Surgery	BYTES
Thornaby & Barwick Medical Group	BYTES
Yarm Medical Practice	BYTES

### **Approach**

The North East and North Cumbria Integrated Care Board (ICB) Tees Valley Primary Care Team developed and issued a Microsoft (MS) form survey via PCN Operational Managers to support coordination of response from the member practices.

The survey issued was developed on the basis of the key lines of enquiry (KLOEs) identified and agreed by the Link Officers.

*Note- PCNs are groups of practices working together to deliver services and work in collaboration with other providers to deliver proactive and personalised care. They have a national 'directed enhanced service' (DES) contract which they are responsible for delivering. There is no requirement in the DES in respect of 'domestic abuse'.*

### **Key lines of enquiry**

The below provides a screenshot of the MS forms survey outlining the questions asked of PCNs.

1. Primary Care Network

- ☐ Stockton
- ☐ North Stockton
- ☐ Billingham & Norton
- ☐ BYTES

2. What mechanisms or tools do primary care staff within your network use to identify at-risk individuals, children and families who are affected by domestic abuse?

Enter your answer

3. How confident do practice staff within your network feel about spotting the signs of domestic abuse?

- ☐ Very confident
- ☐ Some what confident
- ☐ Not confident at all

4. Is domestic abuse training promoted to staff within your network?

- ☐ Yes
- ☐ No

5. Are primary care staff within your network aware of how to report domestic abuse?

- ☐ Yes
- ☐ No

6. Are primary care staff within your network aware of local domestic abuse services?

- ☐ Yes
- ☐ No

7. Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?

- ☐ Yes
- ☐ No

8. What mechanisms do practices within your network use promote how to report domestic abuse? e.g. teamnet, posters

Enter your answer

9. Do practices within your network utilise the clinical system to record concerns relating to domestic violence, and or referrals they make to support agencies?

- ☐ Yes
- ☐ No


10. If no, please explain why the system is not used in this way e.g confidentiality concerns

Enter your answer

11. Are practices within your network aware of the Local GP Independent Domestic Violence Advocate [IDVA]

☐ Yes

☐ No

13. Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence? 

☒ Yes

☐ No

14. If yes, please provide the reason for your response e.g. how does this operate

Enter your answer

15. If no, please explain improvements that practices feel could be made to strengthen the current arrangements

Enter your answer

16. Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic [e.g existing challenges that need to be addressed]

Enter your answer

## Responses

- All 4 PCNs responded on behalf of members practices

**Q: What mechanisms or tools do primary care staff within your network use to identify at-risk individuals, children and families who are affected by domestic abuse?**

PCN	Response
Stockton on Tees	Collaboration between clinicians and all ARRS staff in particular Social Prescribers and Health and Well-Being Coaches.
BYTES	<p>Primary care staff within our network use a range of mechanisms and tools to identify at-risk individuals, children, and families who may be affected by domestic abuse.</p> <p>All practices consistently make use of clinical coding to record relevant concerns and safeguarding issues within the patient record, ensuring that important information is clearly flagged and accessible to all members of the care team.</p> <p>Safeguarding registers are maintained and updated to monitor vulnerable individuals and families, providing a structured overview of</p>

	<p>those who require additional oversight. Patient alerts are also applied within electronic health systems, allowing clinicians to be immediately aware of potential risks during consultations.</p> <p>In addition to these digital tools, staff participate in regular multidisciplinary team (MDT) meetings where concerns can be discussed collaboratively with other professionals. This creates an environment for information-sharing, early intervention, and coordinated support. Collectively, these approaches ensure that safeguarding concerns, including those related to domestic abuse, are identified, monitored, and acted upon in a timely and consistent manner across the network.</p>
<b>North Stockton</b>	Utilise tools learned from Safeguarding Children and Safeguarding Adults training.
<b>Billingham and Norton</b>	We do not have a single way of working across practices.

### Key themes:

- Collaboration Across Roles
- Identification and Monitoring of At-Risk Individuals
- Structured Information Sharing and Early Intervention
- Training and Use of Safeguarding Tools

### Q: How confident do practice staff feel about spotting the signs of domestic abuse?

How confident do practice staff within your network feel about spotting the signs of domestic abuse? (0 point)



### Q: Is domestic abuse training promoted to staff within your network?

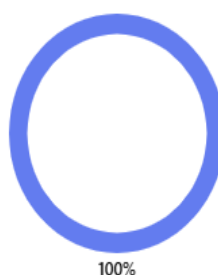
Is domestic abuse training promoted to staff within your network? (0 point)



### Q: Are primary care staff within your network aware of how to report domestic abuse?

Are primary care staff within your network aware of how to report domestic abuse? (0 point)

● Yes 4  
● No 0

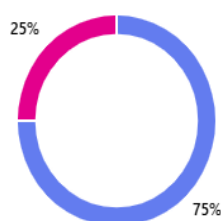


### Q: Are primary care staff within your network aware of local domestic abuse services?

\*BYTES responded 'no' this question

Are primary care staff within your network aware of local domestic abuse services? (0 point)

● Yes 3  
● No 1



### Q: Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour?

Would primary care staff within your network benefit from promotion of the local service offer provided by Harbour? (0 point)

● Yes 4  
● No 0



### Q: What mechanisms do practices within your network use promote how to report domestic abuse? e.g. teamnet, posters

PCN	Response
Stockton on Tees	Posters, PPG noticeboards, Practices and PPG social media.
BYTES	<p>Practices within our network use a variety of mechanisms to promote awareness of how to report domestic abuse and to ensure both patients and staff know how to access support. Online signposting is routinely provided through practice websites and digital platforms, directing individuals to trusted local and national resources.</p> <p>Within the practice environment, information is displayed prominently through posters, flyers, and reception displays, with particular attention</p>

	<p>to placing materials in discreet areas such as toilets, so that individuals can access information privately and safely.</p> <p>Each practice has safeguarding leads who act as visible points of contact for staff, ensuring clear lines of accountability and advice. Opportunities to raise awareness and reinforce reporting pathways are also created through regular meetings, discussions at multidisciplinary forums, and protected learning events.</p> <p>In addition, staff are supported with mandatory and refresher safeguarding e-learning modules, which include specific guidance on domestic abuse and reporting procedures.</p>
<b>North Stockton</b>	<p>Within our network, the importance of recognising and reporting domestic abuse is reinforced through several mechanisms. All staff complete annual training modules which include safeguarding and domestic abuse awareness.</p> <p>In addition, monthly ARRS staff MDT meetings provide an opportunity to review patients collectively, ensuring that safeguarding processes are consistently applied and reinforced across the team. Monthly GP mentoring sessions also support this by allowing discussion of any safeguarding submissions made, alongside reflection on advice received and best practice guidance.</p> <p>To further promote awareness and accessibility, a permanent link to the Stockton Council domestic abuse reporting pathway is available on our PCN's GP TeamNet homepage.</p>
<b>Billingham and Norton</b>	<p>Posters within patient toilets and on practice website</p>

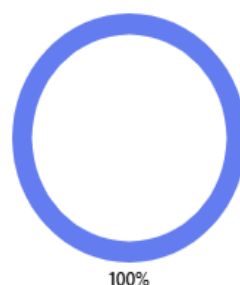
### Key themes:

- Using a variety of media channels and signposting
- Staff training and support
- Regular communication and support
- Accessible reporting pathways
- Commitment to consistency and best practice

### Q: Do practices within your network utilise the clinical system to record concerns relating to domestic abuse and or referrals they make to support agencies?

. Do practices within your network utilise the clinical system to record concerns relating to domestic violence, and or referrals they make to support agencies? (0 point)

● Yes 4  
● No 0



## Q: Are practice aware of the Local GP Independent Domestic Violence Advocate?

. Are practices within your network aware of the Local GP Independent Domestic Violence Advocate [IDVA] (0 point)



## Q: if yes how effective is the current IDVA arrangements?

### BYTES PCN responded:

*"Overall, feedback on the current IDVA (Independent Domestic Violence Advisor) arrangement is positive, with many practices reporting that the support provided has been strong, effective, and well-received by both staff and patients. The presence of the IDVA has been valuable in offering specialist advice, helping staff to feel more confident when responding to disclosures, and ensuring that at-risk individuals are connected with appropriate services in a timely manner. That said, there is recognition that the arrangement could be strengthened further. In some practices, safeguarding leads have not yet had the opportunity to meet the IDVA directly, which can limit the consistency of engagement and the visibility of the role across the network. Enhancing direct contact and building stronger relationships between IDVAs and safeguarding leads would help to embed their input more fully into day-to-day practice safeguarding work"*

## Q: Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence?

. Do practices within your network feel there is effective collaborative working with Stockton Borough Council and NHS partners regarding domestic violence? (0 point)



### BYTES PCN responded:

*"Cross-service referrals are being efficiently picked up and acknowledged"*

### Those who responded NO:

*"Collaboration works in principle, but lack of feedback after referrals is a shared frustration"*

*"There seems to be little promotion of collaborative working, with Harbour and other societies working in isolation"*

*"We would benefit from support to implement a single process across our PCN" [Billingham and Norton]*

*"Regular communications from the department/nominated staff members to raise the service's profile"*

**Q: Are there any key areas that your network would like scrutiny to focus on in future in relation to this topic**

- Better interoperability/communication between agencies
- Enhanced training and education (e.g., "Child behind the adult"), multi-disciplinary safeguarding training, and 0–19 service attendance at safeguarding meetings (possibly at PCN level)
- Ensuring the current referrals to both CHUB and the Adult equivalent remain in place as they are working

### **Potential opportunities**

Based on the responses received to this survey the potential opportunities include:

#### **Enhanced Collaboration and Communication/ Feedback following referral**

- While collaboration with agencies like Harbour and Stockton Borough Council exists, feedback highlights that collaborative working can at times be fragmented, with lack of feedback after referrals and a desire from practices for better communication between agencies to ensure cases are followed up and outcomes are communicated

#### **Increased Visibility and Engagement with IDVA**

- The presence of the Independent Domestic Violence Advisor (IDVA) is valued, but not all practices have met the IDVA directly, which may be limiting engagement and the role's impact. This could be resolved by regular, direct meetings between IDVAs and practices to embed the IDVA role more fully into daily safeguarding work

#### **Ongoing Training, promotion and Awareness**

- Whilst there was good awareness amongst practices there was a call for constant refresher awareness training and more multi-disciplinary safeguarding training, including topics like "Child behind the adult" and attendance from 0–19 services at safeguarding meetings
- Regular promotion of local service offers and reporting pathways through internal communications, meetings, and digital platforms would be welcomed

#### **Improved Use of Digital Tools and Communication Channels**

- Practices use a range of mechanisms (e.g., clinical coding, safeguarding registers, patient alerts, posters, websites, TeamNet) to identify and support at-risk individuals. Practices could share best practice about how they promote services to provide peer support and to identify potential opportunities of standardised process for identifying and responding to domestic abuse (recognising practices are independent businesses)