# Marac Information Request Form **General Practice**

###### You have been sent this form by [insert name], the Marac Coordinator/ Health Representative/Marac Nurse for [insert local area] because a patient of yours (victim, perpetrator or child(ren)) is being discussed at a Multi-Agency Risk Assessment Conference (Marac) because high risk domestic abuse has been identified.

###### This professional has completed Part 1 of the form, and has requested that you provide additional relevant information.

###### Below you will find detailed information regarding the legal grounds for sharing information with the Maracs, as well as the summary of Caldecott Principles that justifies sharing information at the Marac. Please read ‘*Marac Guidance for GPs’* (available from safelives.org.uk/gp) if you are using this form for the first time, or if you need background information about the role of GPs at the Marac.

**Please return the form to [insert email address] within [one week] of receiving the request.**

**Part 1: To be completed by the Marac coordinator or the Marac health representative**

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| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Email** |  | **Phone** |  |
| **Marac Area** |  |
| **Marac Case Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person** | **Name** | **Date of Birth** | **Address** | **Registered with GP? (Y/N)** |
| Victim |  |  |  |  |
| Perpetrator |  |  |  |  |
| Child 1 |  |  |  |  |
| Child 2 |  |  |  |  |
| Child 3 |  |  |  |  |
| Child 4 |  |  |  |  |

**Part 2: To be completed by the GP**

**Please provide relevant and proportionate information about the family members registered with your practice. Use the questions overleaf as a guide. Ensure that any information you share is ‘Caldecott compliant’ and that you document any decision to share (or not to share) information:**

**If the registered patient is the victim:**

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| **When was the patient last seen and by whom?** |
|  |
| **Has the patient disclosed any recent incidents of domestic abuse (within the last 12 months)? If ‘yes’, please provide details below and any safeguarding measures taken by the GP or colleague** |
|  |
| **Has the patient presented with any problems or conditions that may be associated with domestic abuse?** *For example, anxiety or depression, unexplained chronic pain*. Please see the additional information section on page 6 for the NICE guidance for indicators of domestic abuse. **If ‘yes’, please provide details below.**  |
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| **How many times has the patient been to A&E in the last 12 months, and were any of the visits possibly related to the domestic abuse?** Please see the additional information section on page 6 for the NICE guidance for indicators of domestic abuse.  |
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| **Does the victim have any disabilities, mental health needs, problematic substance use issues, pregnancy (within the last 12 months) or other safeguarding needs that may increase the risk of violence and abuse? If ‘yes’ please provide details below.** |
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**If the registered patient is a child:**

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| **Please consider all of the above questions and then detail below any answers that apply to the child(ren).** Please specify which child you are referring to if there is more than one.**(**i.e has the child disclosed any incidents of domestic abuse? Has the child attended A&E within the last 12 months? Does the child have any additional vulnerabilities that could increase the risk of harm?). |
|  |
| **Do you have any safeguarding concerns for the child(ren)? If ‘yes’, please detail your concerns below, as well as whether a safeguarding referral has been made to Children’s Social Care, including when this referral was made and whether there was any response.** |
|  |
| **Any additional information**  |
|  |

**If the registered patient is the perpetrator:**

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| **When was the patient last seen and by whom?** |
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| **Has the patient disclosed any recent incidents of domestic abuse (within the last 12 months) OR stated that they are aware of any disclosures of domestic abuse?**  **Please note: DO NOT ask the perpetrator for this information or inform them of the Marac referral.** |
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| **Does the patient have any mental health needs, substance misuse, disabilities or other safeguarding needs that could increase risks to the victim or child(ren)?** |
|  |
| **Any additional concerns or information.** |
|  |

**Reasons for sharing information with Marac**

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| --- | --- | --- |
| **Please record below your reasons for sharing this information** | **Yes** | **No** |
| You have concerns about the welfare of a child(ren) or adult experiencing high risk domestic abuse and believe they are suffering or likely to suffer serious harm or homicide | ☐ | ☐ |
| **There are other legal grounds (as detailed below) - please summarise below if you wish to reference any of the additional legal grounds:** | ☐ | ☐ |
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##### Lawful grounds for sharing without consent[[1]](#footnote-2)

|  |  |
| --- | --- |
| Purpose | Legal Authority |
| Prevention and detection of crime | Crime and Disorder Act 1998 |
| Prevention and detection of crime and/or the apprehension or prosecution of offenders | Section 29, Data Protection Act (DPA) |
| To protect vital interests of the data subject; serious harm or matter of life or death | Schedule 2 & 3, DPA |
| For the administration of justice (usually bringing perpetrators to justice) | Schedule 2 & 3, DPA |
| For the exercise of functions conferred on any person by or under any enactment (police/social services) | Schedule 2 & 3, DPA |
| In accordance with a court order |  |
| Overriding public interest | Common law |
| Child protection – disclosure to social services or the police for the exercise of functions under the Children Act, where the public interest in safeguarding the child’s welfare overrides the need to keep the information confidential | Schedules 2 & 3, DPA |
| Right to life Right to be free from torture or inhuman or degrading treatment | Human Rights Act, Articles 2 & 3 |
| Prevention of Abuse and Neglect | The Care Act 2014 |
| Person lacks the mental capacity to make the decision regarding consent | Mental Capacity Act 2005 |

##### Additional information

###### Summary of updated Caldicott principles for information sharing:*[[2]](#footnote-3)*

The Marac process must comply with **all** Caldicott principles to be correctly implemented:

1. Formally justify the purpose
2. Identifiable information only when absolutely necessary
3. Only the minimum required should be used
4. Need to know access
5. All must understand their responsibilities
6. Comply with and understand the law
7. The duty to share information can be as important as the duty to protect patient confidentiality

###### Information Sharing Protocol

There are guidelines governing the information sharing process at the Marac; all engaged agencies are signed up to an **Information Sharing Protocol (ISP).[[3]](#footnote-4)** If you have received notification that your patient is to be discussed at Marac, via your Marac point of contact, your GP practice will already be signed up to the ISP. In some circumstances, a governing or commissioning body will have signed the ISP on behalf of GPs collectively.

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| **NICE Guidelines: health problems or conditions that may be associated with domestic abuse**[[4]](#footnote-5) |
| Symptoms of depression, anxiety, post-traumatic stress disorder, sleep disorders’ | Vaginal bleeding or sexually transmitted infections |
| Suicidal tendencies or self-harming’ | Chronic pain (unexplained) |
| Alcohol or other substance use | Traumatic injury, particularly if repeated and with vague or implausible explanations |
| Unexplained chronic gastrointestinal symptoms | Problems with the central nervous system-headaches, cognitive problems, hearing loss |
| Unexplained reproductive symptoms, including pelvic pain and sexual dysfunction | Repeated health consultations with no clear diagnosis |
| Adverse reproductive outcomes, including multiple unintended pregnancies or terminations, delayed pregnancy care, miscarriage, premature labour and stillbirth | Intrusive ‘other person’ in consultations including partner or husband, parent, grandparent or an adult child (for elder abuse). |
| Unexplained genitourinary symptoms, including frequent bladder or kidney infections |  |

###### Repeat requests for information

You may be asked for information about the same patient more than once. This may be because there have been further incidents of domestic abuse for either the victim or the perpetrator.

###### Sharing information with the perpetrator

**Never share any information from Marac with the perpetrator** unless you are **certain** that they already know the case has been discussed at Marac and they are aware that domestic abuse has been disclosed to the police or other agencies**.** Please note that perpetrators are **NOT** informed when a victim is referred to Marac, so it is unlikely that they will be aware of this information already.

Sharing this information needs to be considered when subject access requests (SAR) (i.e. a request made by an individual for their personal records) for the perpetrator’s medical records are made by either the victim or the perpetrator. According to the Information Commissioners Office (ICO), where a patient’s record contains information regarding another individual (ie the victim) you do not have to comply with the SAR (or redact any information regarding another individual).[[5]](#endnote-2) If a victim requests this information or consents to the perpetrator seeing their information, you must consider potential coercion by the perpetrator to do so. If the perpetrator requests this information, you must consider the risk that sharing this information is likely to pose to the victim and children. For more information regarding subject access requests see the ICO’s guidance, particularly the section: What should I do if the data includes information about other people. Also refer to the Royal College of General Practitioners guidance, in particular section 6.2.2 regarding the risk of coercion.[[6]](#footnote-6)

###### More Marac information for GPs

You can find more information and resources to support you with domestic abuse in general and the Marac process in particular at: safelives.org.uk/gp

1. For more information regarding the legal grounds for sharing information without consent, refer to: <http://www.safelives.org.uk/sites/default/files/resources/Legal%20Grounds%20for%20Sharing%20Information%20Guidance.pdf> [↑](#footnote-ref-2)
2. See ‘Striking the balance’ – applying Caldicott principles to the MARAC process’: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf>; and the updated principles with added principle about the duty of sharing information (see page 21): <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf> [↑](#footnote-ref-3)
3. See also Caldicott principles: http://systems.digital.nhs.uk/infogov/igfaqs/quickreferencef.doc [↑](#footnote-ref-4)
4. For more examples, see the NICE Guidance: https://www.nice.org.uk/guidance/ph50 [↑](#footnote-ref-5)
5. [↑](#endnote-ref-2)
6. <http://www.rcgp.org.uk/-/media/Files/Informatics/Health-Informatics-Enabling-Patient-Access.ashx?la=en>

Information Commissioner’s Office: Guidance for responding to subject access requests. https://ico.org.uk/for-organisations/guide-to-data-protection/principle-6-rights/subject-access-request/ . Accessed on 01 June 2016/ [↑](#footnote-ref-6)