

CLAHRCBITE

Brokering Innovation Through Evidence

What are the factors that affect the implementation of a domestic violence programme in real-world general practice?



Identification and Referral to Improve Safety (IRIS) is a training and support programme to improve the response to domestic violence and abuse (DVA) in general practice. Following a pragmatic cluster-randomised trial, (a randomised controlled trial in which pre-existing groups, called clusters, of individuals are randomly allocated to treatment arms), IRIS has been implemented in over 30 administrative localities across the UK. The trial and local evaluations of the IRIS implementation showed an increase in referrals from general practice to third sector DVA services with a variation in the referral rates within and across practices.

What is the aim of the project?

We used Normalisation Process Theory (NPT) to unpick the human processes at work when encountering a new set of practices. We aimed to understand the reasons for such variability in referral rates by identifying factors that influenced the implementation of IRIS in the National Health Service (NHS).

This knowledge can inform the update of the IRIS commissioning guidance, training for trainers and training for general practice - and result in higher uptake of the IRIS programme by non-trained practices.

What we did

We conducted a mixed-method process evaluation which included:

- (i) **a case study** (100 hours of participant observation, 19 interviews)
- (ii) **survey** (n=118)
- (iii) qualitative analysis of **free-text comments** from the survey
- (iv) **qualitative interviews** (n=8)
- (v) **documents review** (n=44)



What we found

The survey showed wide variation in the extent to which practice staff saw IRIS as a normal part of their daily work. The qualitative data we collected, and documents we reviewed illuminated the drivers of DVA work, implementation barriers, and suggested solutions.

- The **drivers** were related to individual professionals characteristics and relationships.
- The **barriers** were linked to the differing sense-making and legitimisation of DVA work and differing contexts between NHS and third sector.
- **Solutions** represented IRIS adaptations to these contextual differences.

Recommendations

IRIS commissioning guidance should be updated to reflect the importance of leadership with regard to DVA both within individual practices and by commissioning bodies, and the vital role of effectively managed communication between NHS and third sector practitioners for building shared understanding of the service.

The damage to confidence in the service that results from the short-term funding should also be emphasised. Updates could consider how IRIS training could be locally adapted to fit into an over-burdened general practice, perhaps by blending face-to-face training with e-learning.

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;00:1–15. <https://doi.org/10.1111/hsc.12733>

Further reading

Study homepage:

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

IRIS commissioning guidance:

www.irisdomesticviolence.org.uk/iris/uploads/documents/IRIS_CommissioningPack.pdf

IRIS information page:

www.irisdomesticviolence.org.uk/iris/

Murray et al.

Normalisation process theory: a framework for developing, evaluating and implementing complex interventions

BMC Medicine 2010 8:63.

<https://bmcmedicine.biomedcentral.com/articles/10.1186/1741-7015-8-63>