Learning from Domestic Homicide Review Mary (published October 2020)

Background to the case

Mary – as identified in the report – had been married to Henry for 50 years. They were an independent couple, self-sufficient, wary of strangers and very private. They lived together in their own sheltered housing bungalow in an idyllic rural Norfolk village. Henry had memory problems and was being investigated for Lewy Body Dementia. He had become increasingly disabled as a result of osteoarthritis and chronic obstructive pulmonary disease and was dependent upon his wife Mary for care and support. Mary took full responsibility for caring for Henry's deteriorating mental and physical health. They were not known to adult social care despite offers of support and did not receive any care and support services, apart from that provided by their social housing provider.

In September 2018 Henry stabbed Mary repeatedly at their home and killed her. An ambulance was called by neighbours who witnessed the attack as Mary tried to leave the bungalow. Mary was pronounced dead at the scene. She was 76 years old. Henry was charged with murder and remanded in custody in a secure mental health facility. He was 81 years old.

Learning for primary care

Until Mary's death, domestic abuse was not apparent. However, there were elements of behaviour within their relationship that relate to traditional gender roles not uncommon in older people. There are lessons for primary care in how we recognise mounting pressures within relationships where there is increasing carer dependency. Whilst this is a Norfolk based case, the learning is equally pertinent to our Suffolk GPs. Here are my thoughts:

- This case illustrates the positive role of GPs in making early referral for a person with dementia to NSFT Intensive Older Persons Service (IOPS-previously DIST) where potential challenging behaviour have been/are being picked up before a situation escalates to the point where there is need to use the Mental Health Act (1983).

  How does your practice decide when and where to refer patients who present with memory problems or deterioration in their dementia symptoms?
  Dementia can be difficult to identify as it often has an insidious onset and non-specific signs and symptoms. People with dementia may deny symptoms or accommodate to cognitive change and functional ability. NICE (2008) provides guidance on how to recognise and manage suspected dementia in primary care including when to refer patients at various stages of their illness. The link can be found at https://cks.nice.org.uk/topics/dementia/

- **IOPS** supports older persons with mental health and or dementia. Details of referral criteria, service provided, exclusions, required investigations and the referral process can be found on Knowledge Anglia via the following link https://www.heronkm.nhs.uk/heron_km/organisationdetails.aspx?id=22655

  A useful patient information leaflet about IOPS can be found via https://www.knowledgeanglia.nhs.uk/LinkClick.aspx?fileticket=aAtWXRoaL6U%3d&portalid=1

- **How does your practice support patients with dementia in primary care? Do you feel you use appropriate digital codes in order for patients to be easily identified?**

  Data from NHS Digital (14.01.2021) indicates that 62.4% of those aged 65 years or over estimated to have dementia have a coded diagnosis of dementia as at 31st December 2020. A decrease from 62.7% on 30th November 2020. Only 15.3% of those with a record of receiving a dementia care plan or dementia care plan review by their GP practice at 31st December 2020 had their medication reviewed by a GP in the preceding 12 months.
  The outbreak of Coronavirus has led to unprecedented changes in the work and behaviour of GP surgeries and this data should be considered in the context of the pandemic however it may be helpful to consider re-visiting the types and variation of coding used at your practice and exploring how many of these patients have had medication reviews.
- The Domestic Homicide Review report concluded that Mary did not, at any time give any indication that she was experiencing domestic abuse or coercion and control. There was no reason for professional staff to delve deeper and it is likely that any probing would have alienated the couple from those services that they trusted. **Have you reflected on how older patients can be reached in a way that is acceptable and meaningful for them?** Have you considered Social Prescribing or "community referral" as a way to support for example the patient who frequently uses formal services due to loneliness or the patient who appears anxious as a result of debt or carer responsibilities?
  Social prescribing is a means of enabling primary care professionals to refer people to a range of local, non-clinical services. In Mary and Henry's local authority area, link workers are now working from all GP surgeries to deliver social prescribing, working with people to help them access local sources of support.

- **Could you consider what support is available specifically to patients with dementia and their carers in your region?**
  The **Admiral nurse service** provides support to patients with dementia and their carers. Referrals can be emailed to nwccg.norfolkadmiralnurses@nhs.net. Patients and their carers can also be advised to contact the Admiral Nurse Dementia Helpline on 0800 888 6678 for telephone support and guidance.
  Carers Matter Norfolk is a countywide service founded by Norfolk County Council and the NHS to provide support to unpaid carers. They offer a Preventative Assessment and a support plan to focus on carers needs. The service provides advice, counselling and education and training support. Further information can be found at https://carersmatternorfolk.org.uk/
  Suffolk Carers Matter is a similar service part of Suffolk County Council 'Shared Information Partnership'. Further information can be found at https://suffolkcarersmatter.org.uk/

- The Domestic Homicide Review identified that Henry held a firearms license although this was not implicated in Mary's death. **How does your practice identify**

patients who hold a firearms license? What actions would you take if you have concerns about a patient who holds such a license? The BMA currently advises:

"*Where there is a reasonable belief that an individual holding a firearms license may represent a danger to themselves or others, doctors should ask them to give up their license.*
If the applicant refuses, a doctor should inform the police firearms licensing department as a matter of urgency. If in doubt they should contact the BMA ethics department or their defence body"

As a reminder, the Norfolk Police Firearms Licencing Department can be called for advice and support regarding all firearms matters. Contact can be through email: firearmslicensing@norfolk.police.uk or by dialling 101 (always dial 999 in an emergency). General Suffolk policing enquiries can be made to headquarters@suffolk.pnn.police.uk

- The findings of this DHR-Mary are available to read on the Norfolk Adults Safeguarding Board (NSAB) website via the following link:

  https://www.norfolksafeguardingadultsboard.info/domestic-violence-review/mary-published-october-2020/

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NHS Norfolk and Waveney Clinical Commissioning Group
10/02/2021

Disclaimer: All information provided is correct at the time of publication.