

## UTILISING HEALTH DATA IN VIOLENCE PREVENTION

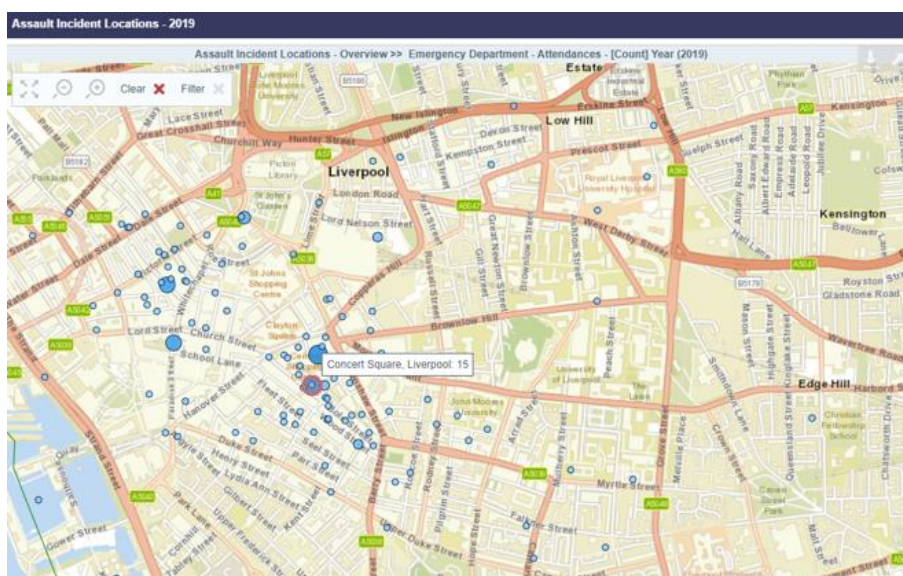
On the **12<sup>th</sup> May 2021**, as part of the VRU Data workshop event, Rachel Bath (Consultant in Public Health; Public Health England) and Jen Germain (Trauma and Injury Intelligence Group (TIIG) Project Lead; Liverpool John Moores University) provided an overview of the **value of health data in violence prevention**. This presentation focused specifically on the **Information Sharing to Tackle Violence Programme (ISTV) programme**, drawing examples from health data sharing in the North West of England as well as considering how best to **engage Emergency Departments (EDs) in collecting and sharing data**.

## INFORMATION SHARING TO TACKLE VIOLENCE

Approximately **three quarters of assaults go unreported to the police**. In order to help identify the **true extent of violence**, EDs are asked to collect the **Information Sharing to Tackle Violence (ISTV) dataset**. ISTV is a **non-patient identifiable dataset** comprising: Assault date and time, Attendance date and time, Location of incident and Weapon. This data is shared locally with those working in violence prevention, helping to inform **where, when and how violence is taking place**.

## TRAUMA AND INJURY INTELLIGENCE GROUP

The Trauma and Injury Intelligence Group (TIIG) is an **injury and violence surveillance system** based in Liverpool John Moores University. TIIG collects data on **ED attendances** (as well as data from ambulance services, walk in centres and the police) across the North West of England, and more recently in West Yorkshire and Wales. The data shared includes but goes beyond ISTV, comprising all injury groups as well as data on **patient demographics, nature of the incident, details of the visit to hospital and other questions pertaining to the assault e.g. relationship to attacker and whether alcohol had been consumed**. TIIG support a number of VRUs, through the development of **data hubs and dashboards**, allowing for identification of **at risk groups, targeted interventions, monitoring of trends over time** and using ED free text assault location data to identify **where violence is taking place**. This has allowed for VRUs to develop **problem profiles, formulate a response strategy and direct expenditure**.



## ENGAGING EDs IN DATA COLLECTION

ISTV is a mandatory dataset, however EDs do still **require support in collecting the data to ensure it is useful**. Some key suggestions to assist with this includes:

- Regular **training for reception staff**
- Provision of **completion rates**
- Data quality feedback reports, in particular for **assault location feedback** on specifics of what data is useful
- **Sharing best practice**, e.g. through pairing up well performing and poor performing EDs
- **Feedback on how the data is being used** and the impact it is having locally ensuring EDs understand the purpose and value of the data

Example location	Able to map?	Feedback
Ward 3	No	Not possible to identify the hospital the ward is in. Here we would need the name of the hospital where the assault took place
Manchester	Not sufficiently	Whilst this does tell us the area an assault happened, it does not give enough information to hotspot map
Manchester University	No	Whilst the University name has been recorded, due to the number and spread of building it would not be possible to identify the specific location. Here we would also need the building name or at least the street name.
Bury New Road	Usually	This allows us to identify the street an assault took place on. Where mapping may be difficult is for very long street, e.g. Wilmslow Road or where a number of streets in the area share the same name
Pharmacy, Princess Parade, Bury	Yes	As we have the street name and a point of interest we can hotspot map this data
409 club Failsworth, Oldham	Yes	We have a specific venue with the area so we can hotspot map this data