

Improving and sharing ED data

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TIIG update

- ▶ Established in 2001 by Centre for Public Health (now Public Health Institute)
 - ▶ Systematic data collection of ED injury attendances across NW of England
 - ▶ Warehouse NWS data
- ▶ Key aims:
 - ▶ Monitoring of trends (intentional and unintentional injuries)
 - ▶ Assist local partners (Local councils, PH teams, Licensing authorities, CSPs, police)
 - ▶ Monitor trends, inform prevention strategies and identify at risk groups
- ▶ Current status:
 - ▶ Receiving data from 30/31 EDs
 - ▶ Sharing data from 20/31 EDs on a monthly basis
 - ▶ 26/39 UA/LA commissioning

Bespoke work

- ▶ Children injury attendances (0-4 years)
- ▶ Young people injuries (0-17) where alcohol was a factor
- ▶ Injuries in those aged 60 years and over where alcohol was a factor
- ▶ Deliberate self-harm
- ▶ Falls
- ▶ Alcohol related attendances
- ▶ Assaults in the home (Domestic violence)
- ▶ Alcohol related assaults
- ▶ Falls in those aged 65 and over

Commissioner led

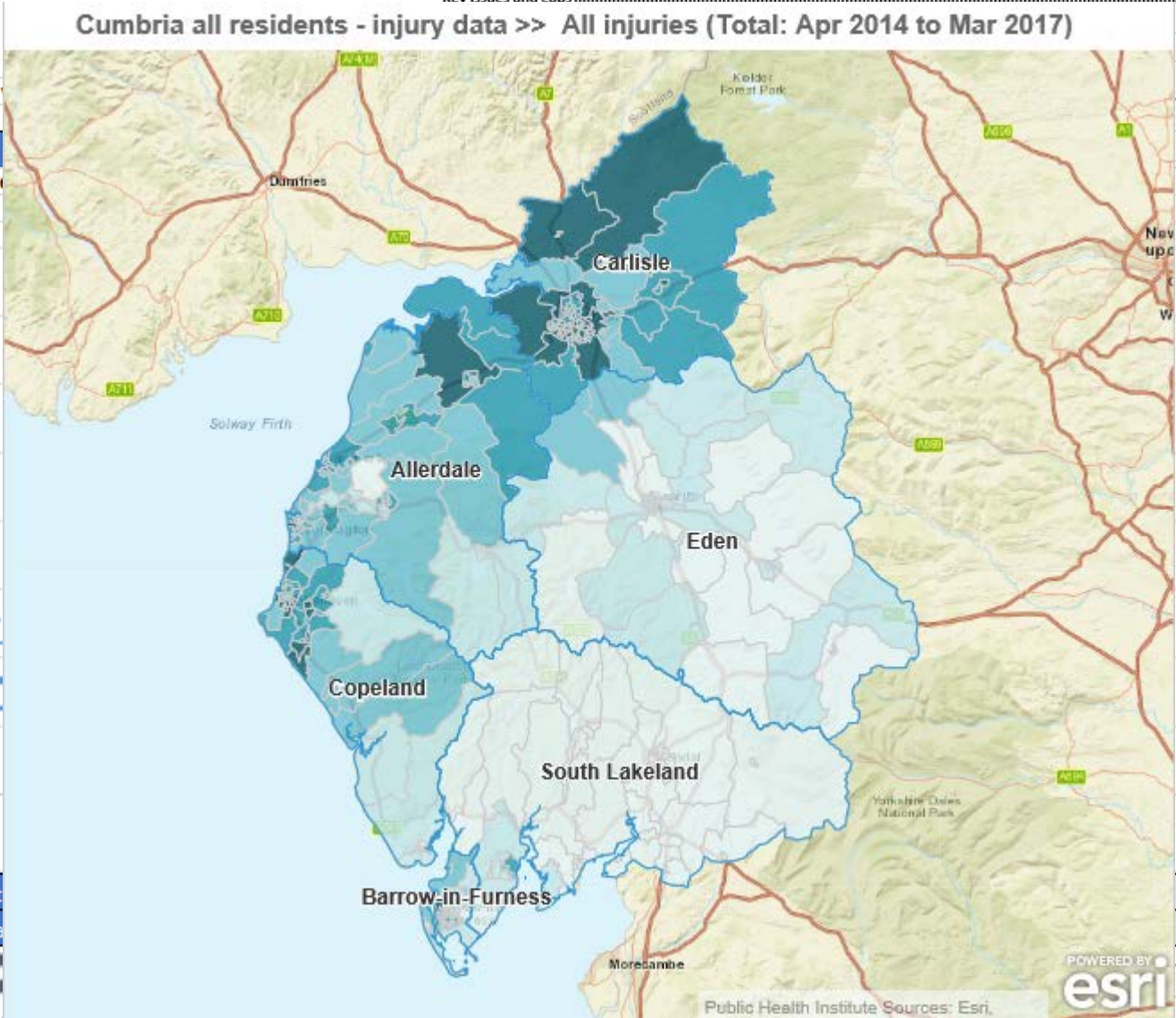
CONTENTS

- Contents of Figures 5
- Acknowledgements 6
- Key issues and gaps 7
- 7
- 9
- 10
- 11
- 12

Table 2. Wirral residents 0-17

Injury group	Number of attendances
Assault	
Bite	
Burn/scald	
Deliberate	
Fall	
Ingestion	
Inhalation	
Other accident	
RTA	
Sports injury	
Struck	
Wound	
Total	
%	

Figure 1. Wirral residents



- 45
- 46
- 49
- 49

How TIIG data has been used during 17/18?

- ▶ Alcohol related Assaults data support requirement for 'Drink Less Enjoy More' Alcohol Campaign
- ▶ Informed work as a responsible authority in Licensing
- ▶ Identify assault hotspots for licensing interventions
- ▶ Informed care home related falls
- ▶ RTC and DV data informed Alcohol JSNA
- ▶ Targeting accident prevention work in areas with high ED attendances/rates
- ▶ Stabbing attendances informing local violence work
- ▶ Assault data used by local partners (including Police) to target interventions

What is the added value of TIIG data?

- ▶ Highlights issues not possible from other data sets
- ▶ Timely so is current and relevant
- ▶ Allows to monitor trends and patterns
- ▶ Robust evidence
- ▶ Data would not normally be available or would be badly coded
- ▶ Allows for comparison with other data, e.g. police and ambulance
- ▶ Supports anecdotal evidence from e.g. police in identifying hotspot assault locations

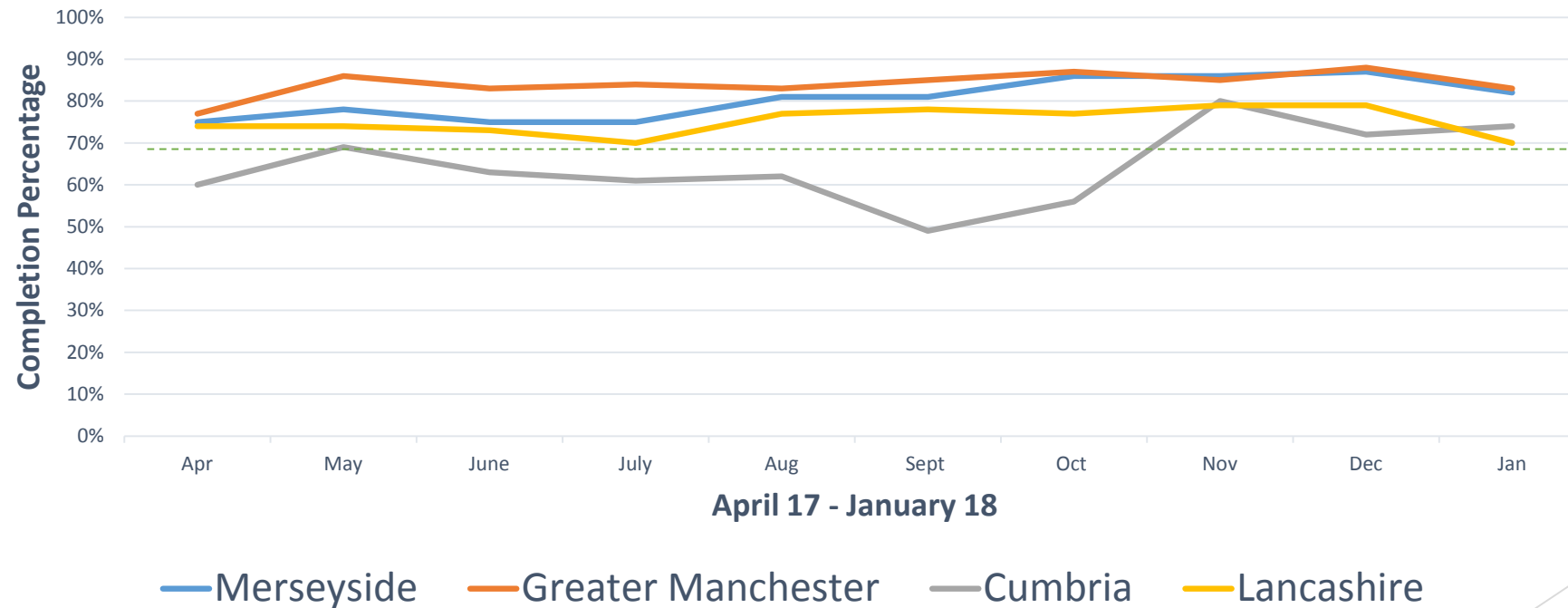
TIIG improvements

- ▶ Data not always detailed enough
 - ▶ e.g. Assault weapon, sharp objects not allowed for identification of knife crime
- ▶ Data quality can also be variable
- ▶ UCC data
- ▶ Desire for alcohol related injuries/assaults recorded across all EDs
- ▶ Assault data made available sooner

<https://ljmu.onlinesurveys.ac.uk/identifying-uses-of-trauma-and-injury-intelligence-group>

TIIG Assault Completion Rates

Assault Completion by Region



Current TIIG Collaborations

- ▶ New 'Night Time Economy Officers Working Group' led by the Public Health Team, Manchester City Council
- ▶ Recognition as to how the TIIG data can help inform and support the work being undertaken in respect of the night time economy of Manchester
- ▶ Maximise the use of TIIG data and identify ways to support those responsible for collecting TIIG data
- ▶ Facilitation of ED engagement with the new working group is currently being coordinated through the TIIG group
- ▶ Positive responses received from EDs