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Accident and Emergency department data sharing to support violence prevention in Hackney[*]

Accident and Emergency department (A&E) data can play a key role in understanding and preventing violence, yet are often under-utilised by local partners. The government has prioritised work to improve A&E data sharing for violence prevention[1]. Based on interviews with local partners (i.e. Homerton University Hospital A&E, Hackney police licensing, and Hackney Community Safety Partnership [CSP]) in September 2013, this case study outlines how data sharing pathways have been developed in Hackney and how A&E data were informing multi-agency violence prevention (Box 1).

1. Overview

In Hackney, there is a multi-agency approach to violence prevention involving the CSP, police and public health. Although levels of violence have decreased in Hackney in recent years[2], rates of violent crime, A&E presentations and hospital admissions for assault remain above national averages[3]. Violence prevention issues that were being prioritised by local partners at the time of interviews included: alcohol-related violence, domestic violence and a gang type culture.

Homerton University Hospital A&E, part of Homerton University Hospital NHS foundation trust, is located within Hackney local authority (LA). The A&E also has a Primary Urgent Care Centre integrated within it which is open Monday to Friday from 7am until midnight and weekends between 9am and midnight.

Data sharing between the A&E and local partners was well established and facilitated by strong partnerships between the A&E, the CSP, public health and the police. Homerton University Hospital A&E collected and shared data from assault patients, including some of the assault data fields recommended by the CEM (see Box 3). Data were used in a variety of

ways to support local violence prevention (see Box 1 and Section 3). The government is working to ensure that all A&Es collect

Box 1: Summary

- In September 2013, A&E data on assault patients, including some of the fields recommended by the CEM[4] were collected and shared and used by local partners to support violence prevention.

- Examples of data use included: contributing towards a licensing review; an application for A&E-based youth workers to support young assault victims involved in gangs; to identify, support and refer repeat victims of domestic violence to support services; as well as helping to profile gang members within a strategic assessment.

- Features critical to the success of data sharing included: good relationships between partners; regular feedback to A&E staff on data usage and a specialist nurse embedded within the A&E who co-ordinates the A&E data collection.
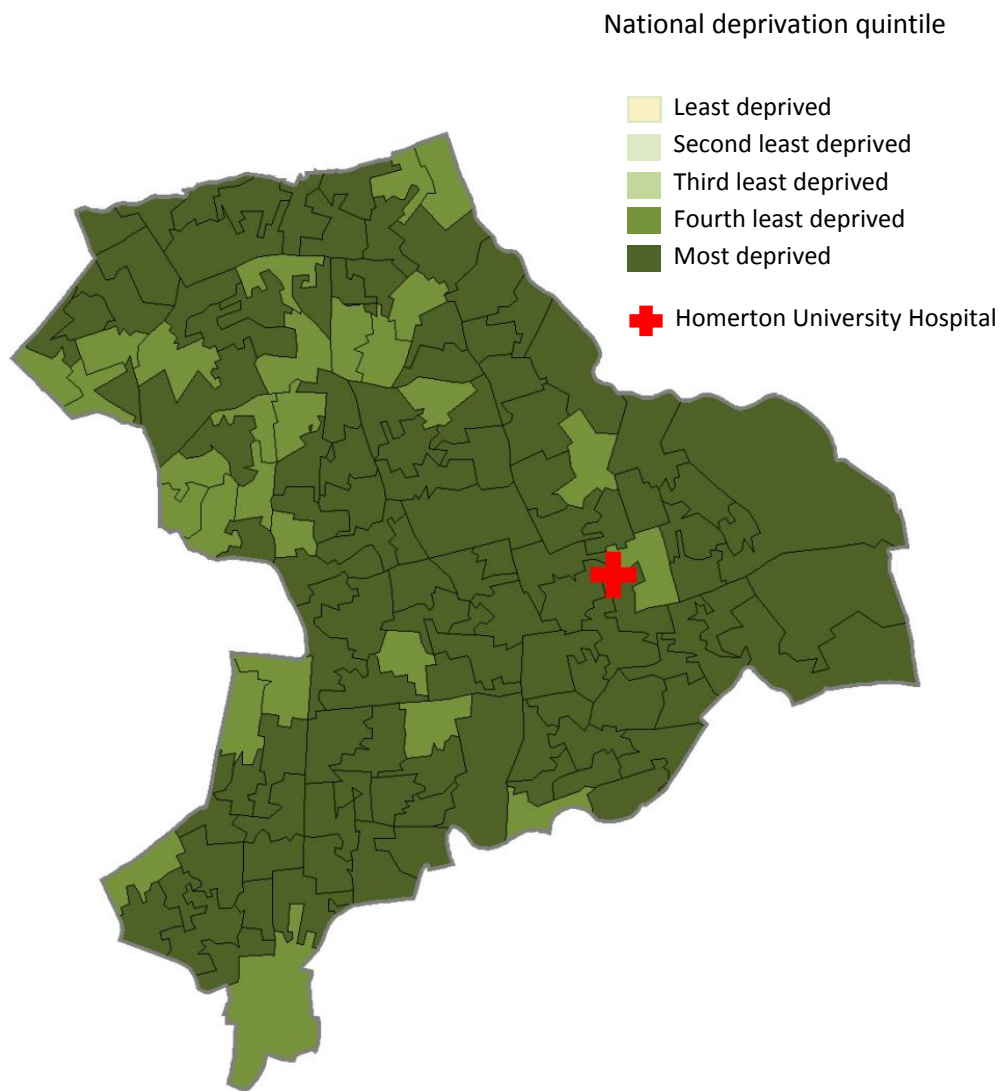
information from assault patients based on the College of Emergency Medicine (CEM) recommended data fields[4] (see Box 3) through their standard IT systems and share it routinely with local partners to support violence prevention (see Box 5).

Box 2: Hackney local authority area

Hackney is a London borough located northeast of London with a population of approximately 252,100. Life expectancy at birth is 77.7 years for males and 82.3 years for females (2008-2010), lower than the life expectancy for England of 78.6 and 82.6 years respectively[5]. Hackney is ranked as the most deprived LA in England (out of 326 LAs; based on the Index of Multiple Deprivation 2010[6]) and also has one of the highest population densities[7].

Figure 1: Deprivation profile of Hackney LA by Lower Super Output Area[a]

National deprivation quintile

- Least deprived
- Second least deprived
- Third least deprived
- Fourth least deprived
- Most deprived
- ✚ Homerton University Hospital

[a]Lower Super Output Areas (LSOAs) are a set of geographical areas across England and Wales that are defined by population size (average population is 1,500).

2. The development of data sharing

How A&E data sharing was established

Homerton University Hospital A&E began regularly sharing A&E data with local partners in 2009, initially as part of the Home Office Tackling Knives Action Programme (TKAP)[b]. A series of discussions were held between A&E staff, the CSP and police to identify data that could help tackle violence in the borough and to improve the quality of the data being collected. A dedicated post (12 hours a week) was created at the A&E for a specialist nurse to co-ordinate A&E data collection, ensure data quality, and share the data securely with partners. This was partly funded by the Department of Health.

Enabling the collection of CEM-recommended data

Recognising the value of incorporating questions on assaults into the A&E dataset, a number of fields, including some of those recommended by the CEM (Box 3), were added to the existing IT patient reporting system (Cerner Millennium Electronic Patient Record; EPR). This system enabled the A&E to make changes to the dataset internally as and when required. The changes therefore incurred no additional cost. The A&E collected a range of information on assaults (see Table 1), including the location of assault and the weapon used.

How CEM-recommended data and other assault data were collected

The data were collected at various points during a patient's A&E visit, including by reception staff, by nursing staff at patient assessment, and during the discharge process. The A&E data were collated by the specialist

nurse who identifies all patients that have presented at the A&E with an assault. If there were gaps in the data the specialist nurse examined ambulance sheets, clinical notes and nursing documents and extracted additional data from them. This process also allowed the data to be updated if needed (e.g. by adding more specific location information).

The specialist nurse provided on-going training and updates to staff within the A&E on the use of the data to ensure that data collection was understood and embedded in staff practice. Input from the CSP on how the data were used helped A&E staff recognise the wider importance of data collection and consequently maintain data quality. Data collection was seen as a collaborative process and was driven by the commitment of the A&E nursing and reception staff. Completion rates for the A&E data fields were reported as good (around 95%).

How A&E data were shared

At the time of interviews, the A&E specialist nurse downloaded the CEM-recommended data into an Excel spreadsheet and shared this with Hackney CSP on a fortnightly basis. The

[b]TKAP was a Home Office funded project that worked with a number of police force areas across England and Wales to reduce the number of teenagers killed or seriously wounded by knives.

[c]Young Hackney is a service run by Hackney Council for all young people aged 8-19 with the aim to help all of Hackney's young people to become independent and successful adults. For more information see http://www.younghackney.org/

Table 1: Violence fields collected by Homerton University Hospital A&E.

Field
Assault weapon used (e.g. body part, blunt object, sharp object)
Assault location (free text field e.g. street name, victim's home)
Number of attackers
Gender of attackers
If attacker was known to the victim
Who they were assaulted by (e.g. partner, stranger, friend)
If they had been previously assaulted by the attacker
What the attack was related to (e.g. domestic, alcohol, gangs)
Whether police have been informed or if they would like to report it

Source: Homerton University Hospital

CSP analysed the data and subsequently shared it with Hackney police, public health, the Drug and Alcohol Action Team (DAAT), Young Hackney[c] and the Islington Council CCG (Clinical Commissioning Group) so that cross borough issues could be identified. Hackney CSP also examined how many licensed premises were named within the data and reported this information to Hackney police licensing.

There were strong relationships in Hackney between local partners such as the A&E, police, and the CSP. Communication between partners was frequent and partners from the CSP attended fortnightly police borough co-ordination tasking meetings.

Overcoming barriers to A&E data sharing

The sharing of A&E data in Hackney has faced a number of barriers. These have included: the perception that reception staff within the A&E would not want to collect the data; concerns around collecting data from aggressive patients; and issues around data timeliness. Good links and regular discussions

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Box 4: Resolutions to data sharing barriers in Hackney

A perception that A&E reception staff would not want to collect the CEM-recommended fields
Initial training provided to A&E reception staff enabled them to understand the importance of collecting the CEM-recommended data fields. Feedback was given to A&E staff by the CSP every six months, detailing what the data has helped to achieve in the community. In turn, this helped to increase participation and engage staff further.

Concerns around collecting data from aggressive patients
Staff in the A&E voiced concerns about collecting data when patients were aggressive. To address this, a protocol was put into place. This details that when patients are unwilling or unable to provide the information at A&E reception, the A&E receptionist should place a note on the system for the specialist nurse. The nurse should then collate the required information from other sources such as the clinical notes. This protocol prevents staff from feeling uncomfortable but ensures that the data is still collected.

Issues around data timeliness
To make the A&E data more useful to their work, Hackney police requested that the data be shared on a fortnightly basis to coincide with their fortnightly borough tasking meetings. Thus, the data were shared to these agreed timescales.

between the A&E, CSP, public health, and the police helped to resolve these issues, allowing any shortcomings in the data to be identified and resolved. Box 4 details the resolutions found to the barriers faced.

Data sharing issues

Partners within Hackney continued to work to resolve issues that can hamper the full benefits of data sharing, e.g. missing data within the location of assault field (from patients refusing to answer or not being able to identify the location), and no option to record whether an assault at a licensed premise occurred inside or outside the venue.

3. Use of health data in violence prevention

A&E data on violence was used in a variety of ways by partners in Hackney. This section highlights examples of its use across a range of areas of work.

Supporting licensing decisions

Analysis of A&E data identified a number of assaults taking place at a specific venue in Hackney. The A&E data was highlighted to the police licensing team as supporting evidence for revocation of the venue's late night licence. Although the venue was in the process of appealing the decision to withdraw the licence, further incidents from the A&E data were passed to the police and integrated into the evidence base to justify the withdrawal of the late night licence.

Supporting applications for violence prevention interventions

The Health and Wellbeing Manager for the Children and Young People's Services (CYPS) in Hackney was planning to use the A&E data to support an application for detached youth workers at Homerton University Hospital. The

outreach workers would engage with and support young assault victims associated with gang-related crime, aiming to reduce their risk of future victimisation and deter them from further violent behaviour.

Identifying and supporting victims of domestic violence

A&E data were being used by Homerton University Hospital A&E to build a database of patients presenting with injuries due to domestic violence, thus allowing A&E staff to identify patients who repeatedly present at the A&E due to domestic violence. Staff could then provide support and referrals to relevant services (e.g. Multi-Agency Risk Assessment Conferences).

Increasing knowledge around domestic violence

Since domestic violence is often not reported to authorities and therefore under-represented in police statistics, the A&E data provides an additional source of information on domestic violence. The CSP have used this data to help gain a better picture of domestic violence across the borough.

Safeguarding children

The CEM-recommended A&E data were used for child safeguarding purposes by Homerton University Hospital. The assault data were reviewed at weekly safeguarding meetings which were attended by trust staff, social services, and local children's services. Details on assault victims aged between 16 and 18 were shared with the paediatric team in the hospital who provided appropriate support and referrals to services.

Informing strategic assessments

A&E data have been analysed from a strategic perspective by the CSP to examine gangs in Hackney. The data were analysed alongside

police data to develop a profile of gang members and gang-related activity. Discussions were ongoing with Homerton University Hospital A&E for the option of sharing patient ID numbers so that repeat attenders or individuals who persistently present with gang-related injuries can be identified and supported.

A&E data have been used within the CSP's annual strategic assessment to increase knowledge around victim and offender profiling and highlight changes in the nature of offending over time.

Future work

At the time of interviews, a pilot was being undertaken with the Greater London Authority (GLA) SafeStats[d] to map the location of assaults reported through the A&E data. It was hoped that partners would be able to use this information to identify and address violence hotspots across Hackney.

Police hoped that once a sufficient body of A&E data had been collected, it would assist in the development of action plans for addressing anti-social behaviour and violence hotspots. The data would be used alongside crime data and surveys to provide evidence for the creation of dispersal zones (areas where police have the power to disperse groups of two or more where the groups' behaviour has [or is likely to] result in harassment, intimidation, alarm or distress to others).

Further, the police, in partnership with City Safe[e], had launched an initiative to map perceptions and fear of crime, which would be overlaid with A&E and police data. This exercise would allow a comparison between actual locations of crimes and public perceptions of where crime occurs. This would help to identify areas where people feel vulnerable, as well as identify gaps in knowledge about the location of violence. The information would be used to target community interventions to increase safety and prevent violence.

4. Partner attitudes towards sharing and using A&E data

Partners in Hackney were very positive towards the use of A&E data in local violence prevention activity and could clearly see the value of data use (e.g. in identifying venues where violence is a continual problem). Partners also recognised that there were further uses of the data, especially in partnership work with other services such as the London Fire Brigade (e.g. integrating calls for ASB and arson). However, there was recognition that in order to use A&E data to its full potential, obstacles (see Section 2) needed to be overcome.

Partners highlighted that sharing data across London boroughs would be useful for violence prevention, providing a more accurate picture of violence in Hackney. This is because a large number of assault victims presenting to Homerton University Hospital A&E reported that the incident took place in another London borough. GLA SafeStats were keen to look at the development of A&E datasets across London in line with work around the mapping of assaults (see Section 3).

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[d]SafeStats is a London based data hub, hosting data from police, emergency services and other agencies. For further information see http://www.london.gov.uk/priorities/policing-crime/safestats

[e]City Safe is a campaign to make London streets safer, run by Citizens UK. For further information see http://www.citizensuk.org/campaigns/citysafe-campaign/

5. Summary

Within Hackney, at the time of interviews, A&E data on assaults were successfully collected, shared and used within local violence prevention. There was strong 'buy-in' and support towards the collection of A&E data from staff members within Homerton University Hospital. The system operating in Hackney had several strong features that contribute to its success. Critical amongst these are:

1) Good relationships between partners (e.g. A&Es, police, police licensing and public health). Regular meetings and discussions between partners helped develop and improve A&E data sharing and resolve various issues that had arisen (see Box 4).

2) Feedback to A&E staff provided by partners. Work between partners and the A&E was thought to be reciprocal with joint objectives and outcomes. The CSP fed information on the use of the data to A&E staff via regular discussions and training. This helped A&E staff recognise the wider importance of data collection and maintain data quality. It also allowed an opportunity for A&E staff to feed back any problems they were having with data collection. In this respect, the CSP recognised that the training sessions were equally as important for them as they were for the A&E.

3) A specialist nurse embedded within Homerton University Hospital A&E. The dedicated specialist nurse post at Homerton University Hospital A&E was clearly beneficial to data sharing. This enabled the co-ordination of A&E data collection, ensured that data were of high quality and allowed data to be shared quickly and securely with local partners.

Box 5: National policy around health data sharing

There is a Coalition Government commitment for hospitals to share data to prevent knife and gun crime[1]. In September 2014, the Health and Social Care Information Centre developed a new information standard on A&E information sharing to tackle violence, which will help with consistent gathering of CEM-recommended assault data fields, along with the time and date of the A&E attendance[8]. Anonymising this data and sharing regularly with local partnerships will help local areas to prevent violent crime and its health impacts.

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