

A CLINICIAN'S VIEW

What has been your involvement with Information Sharing to Tackle Violence (ISTV) / the Cardiff Model to date?

I have supported all data items in ISTV/Cardiff to be represented in ECDS, which would allow closer and more effective governance of the data flows, identification of regions / Integrated Care Systems with poor data quality, and provide support to improve data quality.

We've seen some of the direct benefits that ISTV/ the Cardiff Model has had in some UK cities and internationally – what do you think is stopping every ED from getting on board with it?

There is a chain of events for benefits to be realised: the patient has to attend ED, the data has to be recorded in the right place, the data has to flow to somewhere that will analyse it and produce valuable aggregation, and that has to be shown to people who can effect policy.

How can ISTV help reduce pressure on emergency departments?

Indirectly by successful violence reduction programmes based on ISTV data leading to reduced admissions.

Staff in EDs may argue that they're too busy to collate this data – what would your message be to them?

It's a national mandatory requirement and should be done by the clerical admin team on registration.

In your opinion, what can be done to increase awareness of ISTV?

ISTV champions, violence youth workers embedded in ED could support.



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"ISTV is a great example of coalface information having direct effects on public health with reduction in violence and mental illness in some cases."

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