

A CLINICIAN'S VIEW

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

I started working with ISTV since I was part of my local hospital team working to improve data collection and sharing over a decade ago. Latterly, as the lead of the VR programme we've worked hard to improve ISTV returns across London, sharing the data and learning in the NHS. We've forged excellent relations with non-health partners including the London VRU, local government, law enforcement, education, and the voluntary sector using our combined data and knowledge to develop a clearer picture of violence in the capital.

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?

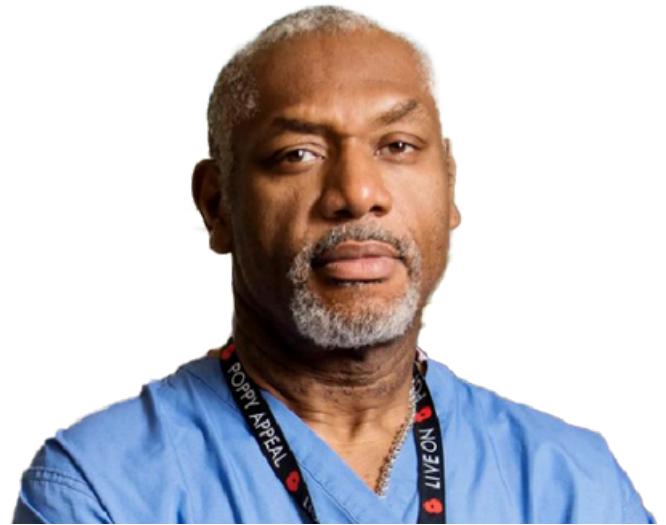
The practicalities of collecting data in hard pressed environments from communities unused to sharing personal data will always be challenging. We have to ensure that our data recording is clear, accessible and sharable with the infrastructure and administrative support necessary for timely and accurate dissemination. But if we don't ask, we'll never know.

How can ISTV help reduce pressure on emergency departments?

Well led ISTV programmes have been demonstrated to inform policing and licensing decisions which indirectly decrease the drivers of interpersonal violence. These data have also supported the development of violence reduction programmes within London, in ED by directly reducing readmissions and in the community reducing the drivers of violence.

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

We need a stronger feedback loop showing not only who collects and shares data but what we actually do with that hard earned information. The benefits of ISTV might not be visible immediately or at the point of collection, however showing the impact of well delivered programmes is hugely impactful.



Professor Martin Griffiths
Consultant specialising in Major
Trauma and Vascular Surgery
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"The development of ED based VR teams has had a transformative effect on our ability to understand and support the victims of injury. Our programmes at least halve readmission rates and have built in safeguards and support for injured patients supported for and delivered by local government and community teams."

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

It's a nationally mandated requirement that EDs are required to comply with. We spend our days asking questions to support our patients' wellbeing. If we can reduce injury by asking a few more, what's stopping us?