Department of Health

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25 January 2013

To: All NHS Acute Trust Chief Executives in England
All Chief Constables in England
Jeremy Browne (Minister for Crime Prevention)

Dear Colleague,

Coalition commitment on data sharing

I am writing to you in relation to the Coalition Government's commitment on data sharing. As you know, the Government has made it clear that we want hospitals to share non-confidential information with the police in order to reduce violence, especially gang violence. To that end, my Department has commissioned an audit of local areas to assess the quality of information sharing between A&E Departments and their local Community Safety Partnership. The audit found that two thirds of A&E-CSP partnerships are not sharing information to the level set out in the College of Emergency Medicine guideline.

I enclose a hard copy of the audit report, which indicates how each hospital is faring.

Sharing health data is critical to an effective partnership response to tackling violence, and helps local partners target their resources in a more sophisticated way. The College of Emergency Medicine (CEM) guidelines state how A&E Departments can routinely collect data about assault victims at registration, including the date and time of the assault, the location of the assault, and what weapon was used. This should be shared with the Community Safety Partnership and crime analysts in an anonymous and aggregate form. There should be no national, logistical or legal reasons for not sharing anonymous information. If your hospital has not yet made such arrangements to meet the CEM guideline then I would be grateful if you could do so. If there are good reasons why it cannot be done, then I would ask that you write to me, setting out in detail the concerns and difficulties that you have.

Annex A to this letter sets out examples of how and where local leadership on data sharing is making a real difference to levels of violence – and correspondingly reducing the demand on local hospitals. I am grateful for the work that been undertaken in these examples, and for the success elsewhere, to date.

Should you have any queries about how best to implement effective data sharing arrangements, then please do not hesitate to contact either Martin Teff at the Department of Health (martin.teff@dh.gsi.gov.uk) or Stephanie Waddell at the Home Office (Stephanie.Waddell@homeoffice.gsi.gov.uk) who would be more than happy to assist you.

With all good wishes

Anna Soubry
Parliamentary Under-Secretary of State for Public Health

ANNEX A

- **Good Practice examples of anonymised A&E data sharing**

- The following link includes a range of key resources to support you: http://www.dh.gov.uk/health/2013/01/facts-tackle-violence/

- *Addenbrooke's Hospital, Cambridge* collects data at patient registration, in line with College of Emergency Medicine (CEM) guidelines. Addenbrooke's has seen a 20% reduction in the number of assaults requiring emergency department care and a 35% reduction in the violent crimes with injury reported to the police.

- *Arrowe Park Hospital, the Wirral* collects data via the electronic patient administration system, installed in 2010. It is shared via secure e mail in the form of fortnightly reports for the police focusing on alcohol-related violence and monthly reports covering all A&E injury attendances. Intentional A&E injury attendances have decreased by 35.6% and alcohol-related assault attendances decreased by 30.3% between 2004 and 2010.

- *Northamptonshire Hospitals*, East Midlands collects data at reception, beyond the minimum dataset recommended by the CEM. New fields have been set up in the electronic patient system to enable this information to be collected, and hospital staff have been trained to understand the process and rationale for collecting data. Aggregate data is shared monthly with the CSP and other partners. The data has led to lighting being switched back on and CCTV repaired in a crime hotspot, leading to a drop in assaults. It also provided evidence for the CSP to secure funds for specific domestic abuse services within the emergency department.

- *Cardiff Violence Prevention Group* (CVPG) and local partners set up the independent multi-agency Targeting Alcohol related Street Crime (TASC) project. This project formalised and enhanced data sharing arrangements and employed a project support nurse at A&E to support reception staff and follow-up questionnaires of victims of violent assault. Combined police and A&E data informs targeted policing and partnership interventions in Cardiff City Centre and Bay areas.

- *University Hospital of North Tees, Stockton* collects data at reception and triage, which has been enabled through changes to the electronic system. Data is downloaded monthly by an analyst, and is anonymised, but with reference numbers to identify repeat cases. Data is discussed by the CSP, local authority, police and drug action team, and feedback is provided on how data used. The data enabled identification of domestic violence as more of an issue than previously thought, with time and resources directed towards that issue as a result.