

Update from the Trauma and Injury Intelligence Group (TIIG)

Jen Germain, TIIG Project Lead

Public Health Institute, Liverpool John Moores University

J.S.Germain@ljmu.ac.uk



Background

- TIIG established in 2001 by Centre for Public Health (now Public Health Institute).
- Similar to the “Cardiff model” - involves systematic data collection of emergency department (ED) injury attendances. Also receives data from Ambulance and Police
- Key aims:
 - ✓ Monitoring of long-term trends
 - ✓ Assist local partners (e.g. local authority public health teams, licensing authorities, police)
 - ✓ Inform prevention strategies and identify at risk groups



Data collected

- Injury ED & UTC attendance data received on a monthly basis.
- Data can be shared at a patient level (non-identifiable). Data varies by NHS Trust, but can include:
 - Gender, age, ethnicity, geography of residence
 - Attendance date/time, arrival mode, type of injury, source of referral, location, outcome
 - Incident date/time, whether alcohol had been consumed in previous three hours
 - Specific details relating to assaults





LANCASHIRE
VIOLENCE REDUCTION
NETWORK

northumbria
VRU
violence
reduction
unit

MERSEYSIDE
Violence
Reduction
Partnership

West Yorkshire
Violence Reduction Unit
Tackling Violence Together

Uned Atal Trais
Violence Prevention Unit

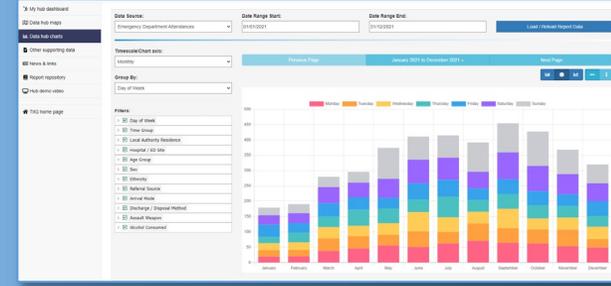
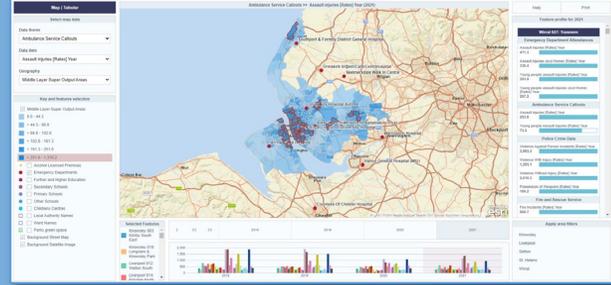
**VIOLENCE
REDUCTION
UNIT**
DOING THINGS DIFFERENTLY FOR
GREATER MANCHESTER'S COMMUNITIES

TRAUMA AND INJURY INTELLIGENCE GROUP NEWSLETTER
PHI PUBLIC HEALTH INSTITUTE
TACKLING INJURY AND VIOLENCE SINCE 2005

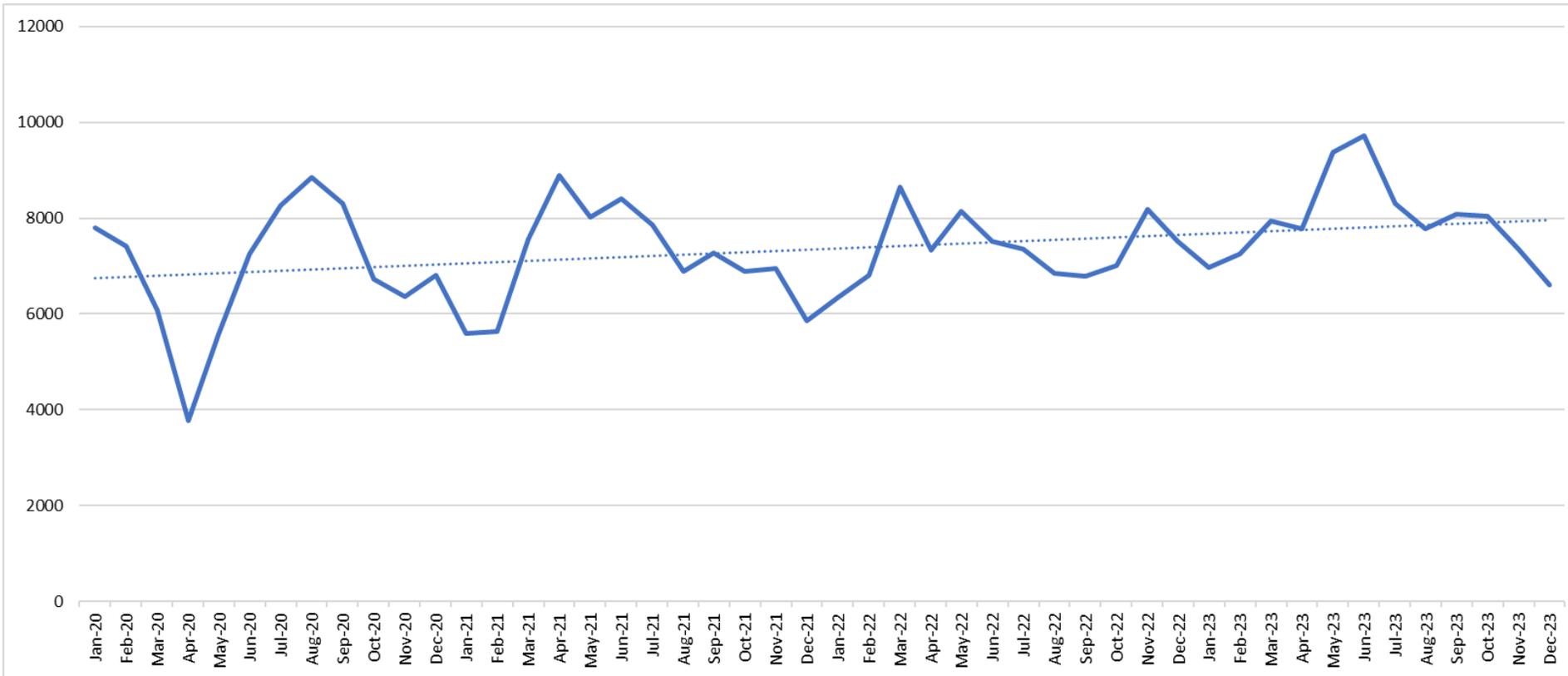
THIS IS THE NEWS
The Trauma and Injury Intelligence Group (TIIG) has published its first newsletter, which provides an overview of the group's activities and the latest research in the field of trauma and injury.

1.5 MILLION FOR VIB
The government has announced a £1.5 million grant to support the development of a national violence and injury prevention strategy.

MEET THE TEAM
The TIIG team consists of experts in trauma and injury prevention, including researchers, clinicians, and public health specialists.

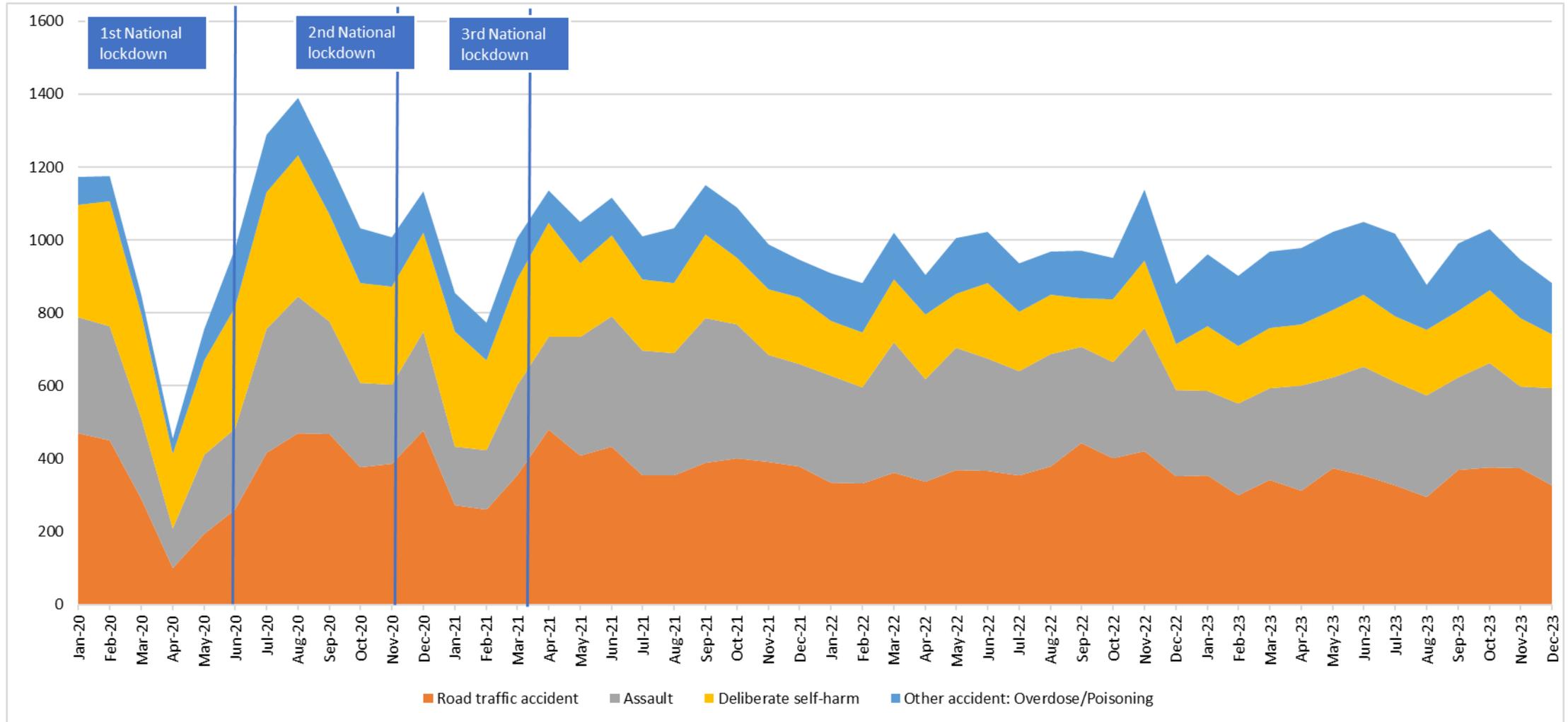


Overall A&E injury trends



- Year on year increase in injury attendances
 - 14% increase 2020-2023
 - 8% increase 2022-2023
- Biggest increases across overdose/poisoning (66%), sports injuries (43%),
- Decreases in falls (-7%), RTCs (-6%), self-harm (-41%)
- Assaults: 1% increase

Overall trends

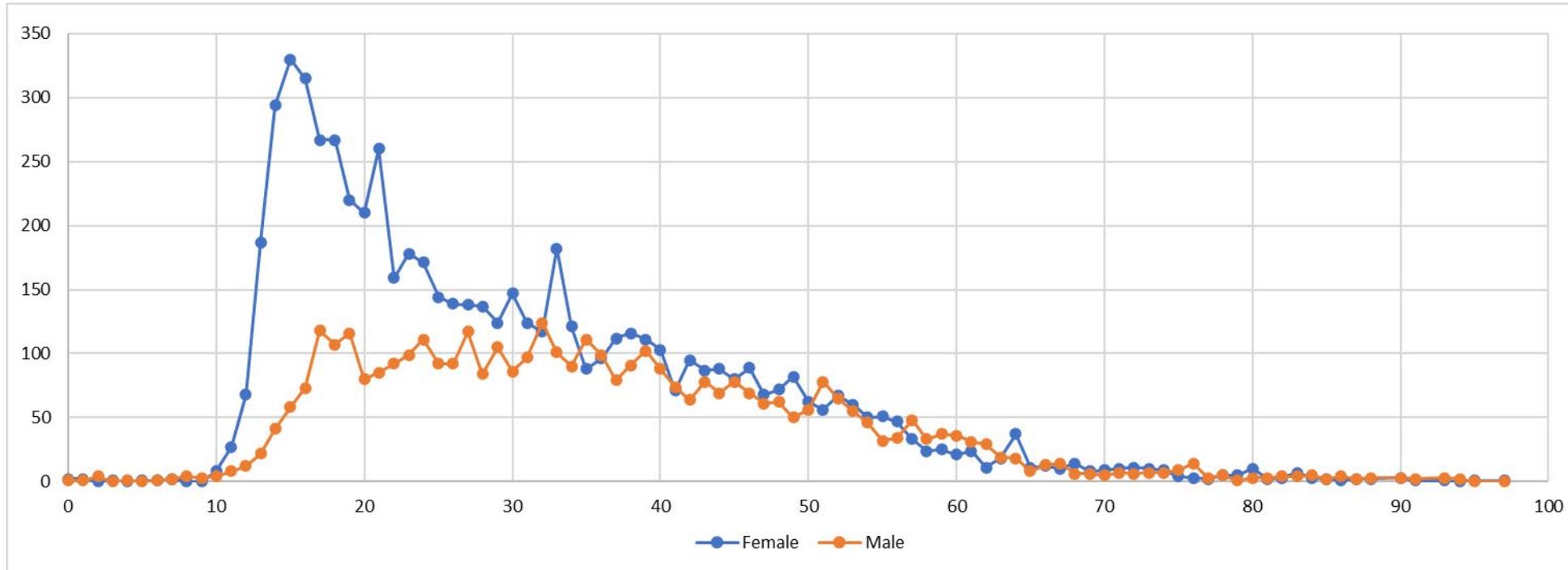


A look at self-harm...

- Self-harm involves self-injury or self-poisoning, and can include ingestion of drugs or toxic substances, and cutting
- Highest in young people (16-24 for women, 25-34 for men), those living in deprivation, experiencing isolation, alcohol/drug misuse, contact with criminal justice system and mental health problems
- Repetitive - Approximately 1 in 6 people attending A&E following an act of self-harm will self-harm again within 1 year.
- Associated with increased risk of suicide
- From TIIG -Deliberate self-harm comprised 3% of injury attendances

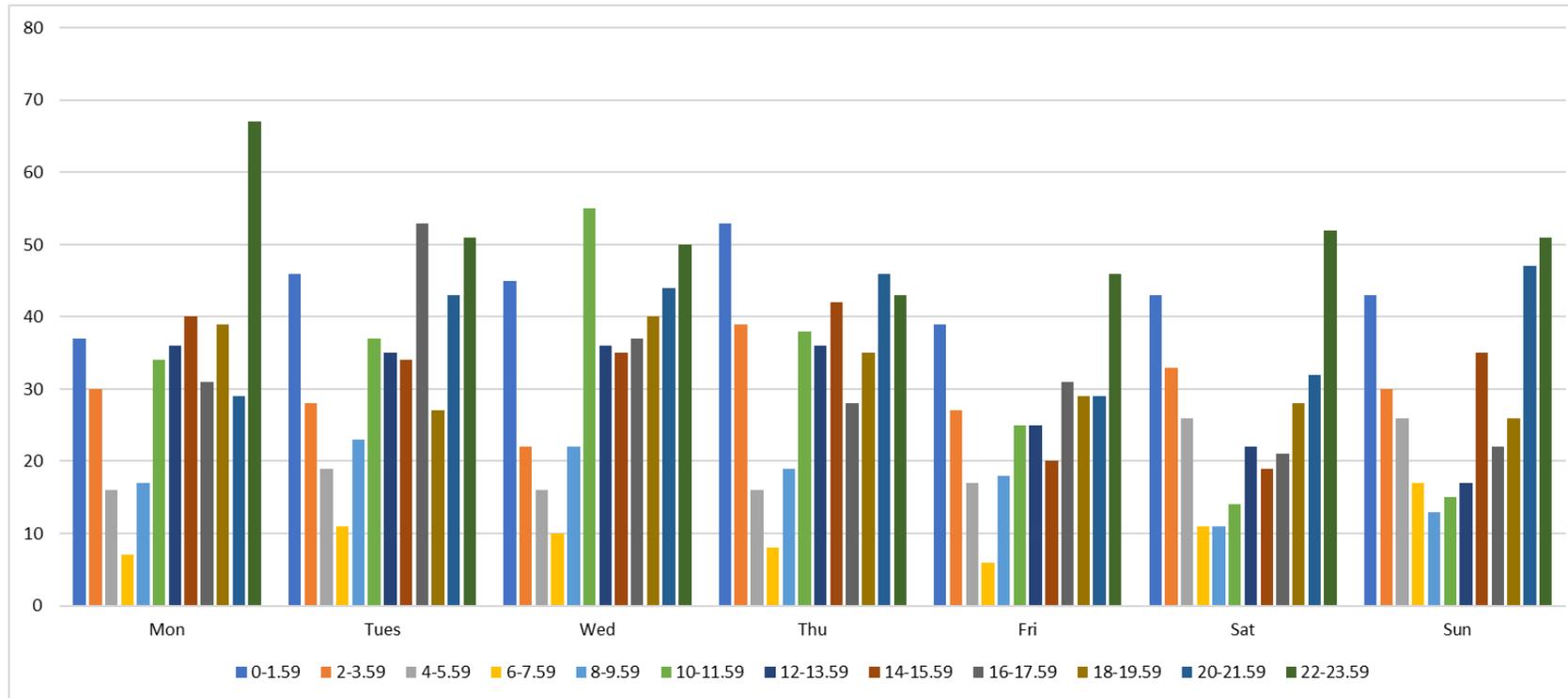


A look at self-harm...



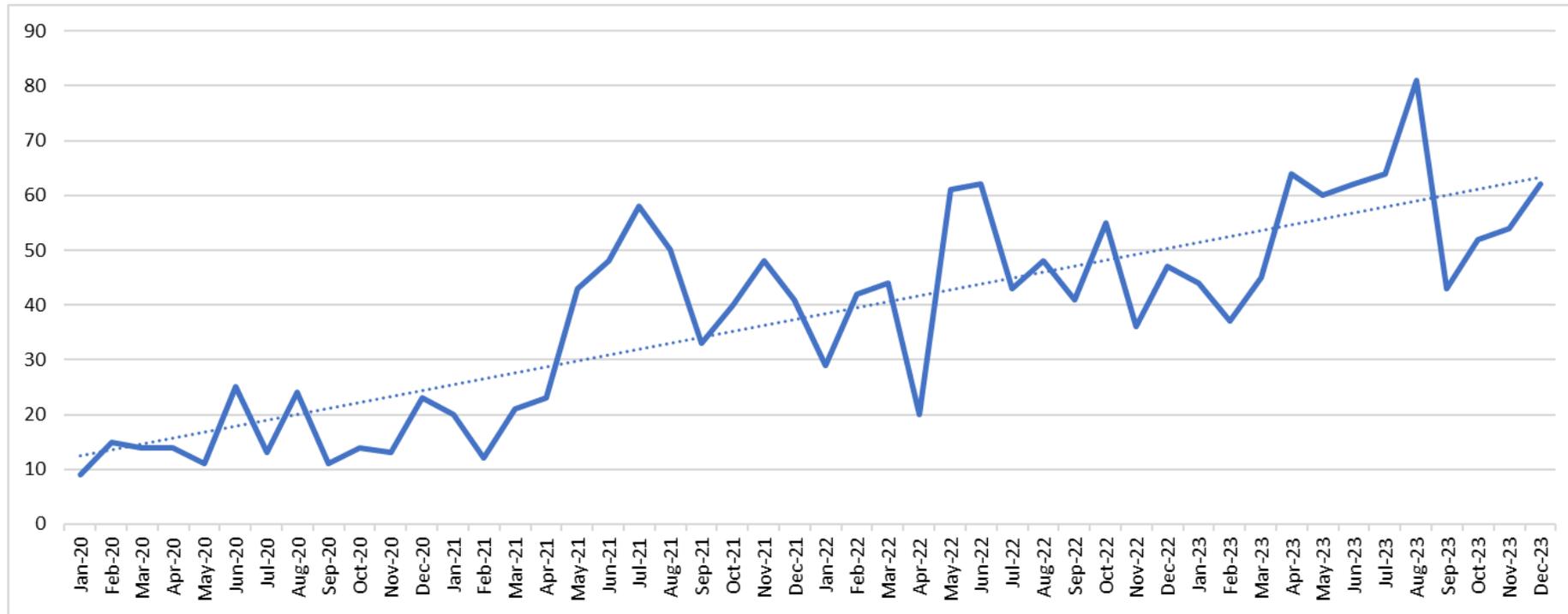
- Women comprise 62% of DSH attendances (numbers from mid-30's similar) – Peak age 15 for women, 32 for men
- 18% of attendances are aged 15-19 years
- Notable increase in falls attendances from 70+ in both men and women
- 49% of DSH attendances arrived by ambulance, 67% self referred and 37% were admitted into hospital
- 65% took place in the home; of those (and where collected, 58% took place in living/dining room and 35% in the bedroom – under 20-s 63% in bedroom

A look at self-harm...



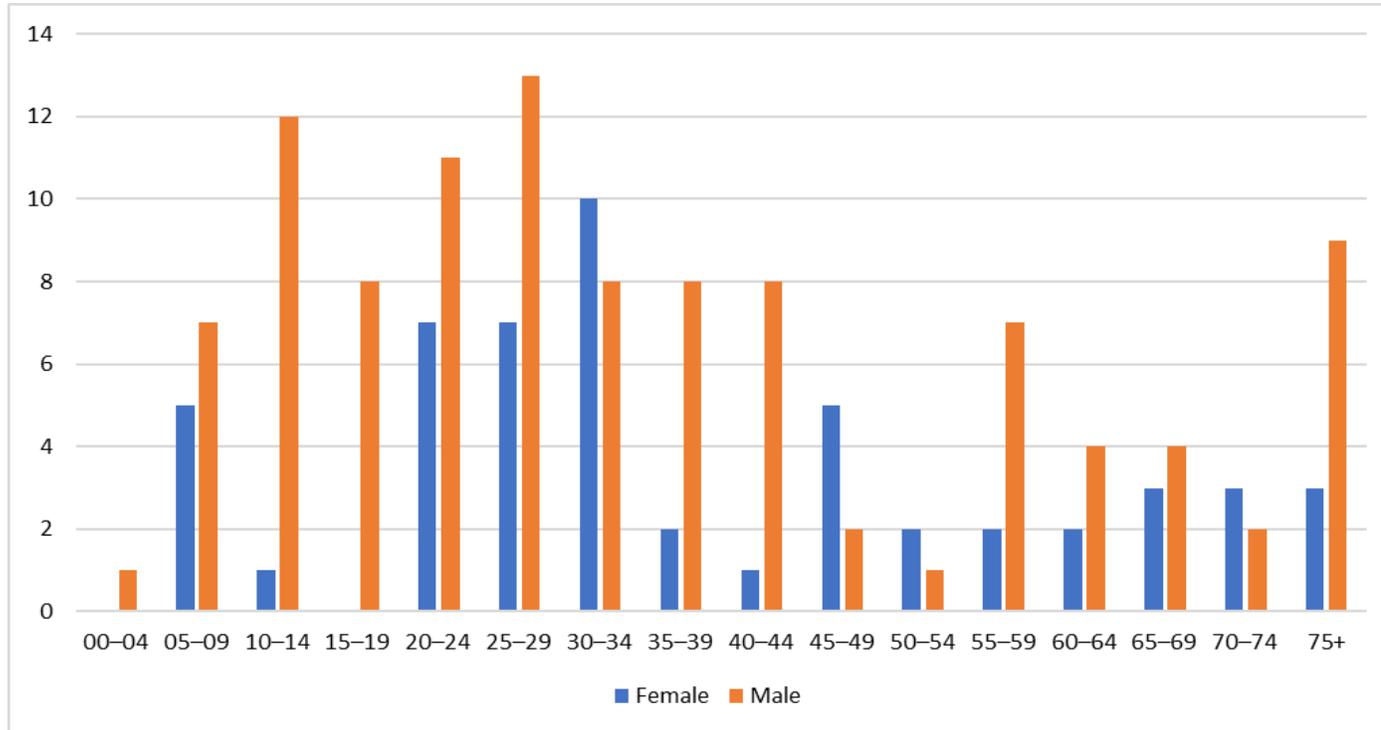
- Overall, DSH attendances decreased since 2020 – across all age groups except 10-14 years (22% increase)
- Peak in January, more likely to occur on Sunday and Wednesdays and between midnight and 2am
- Young people (0-19), see high levels of incidence before and after school hours – ED attendances peak on Monday evenings

New areas (dog bites)...



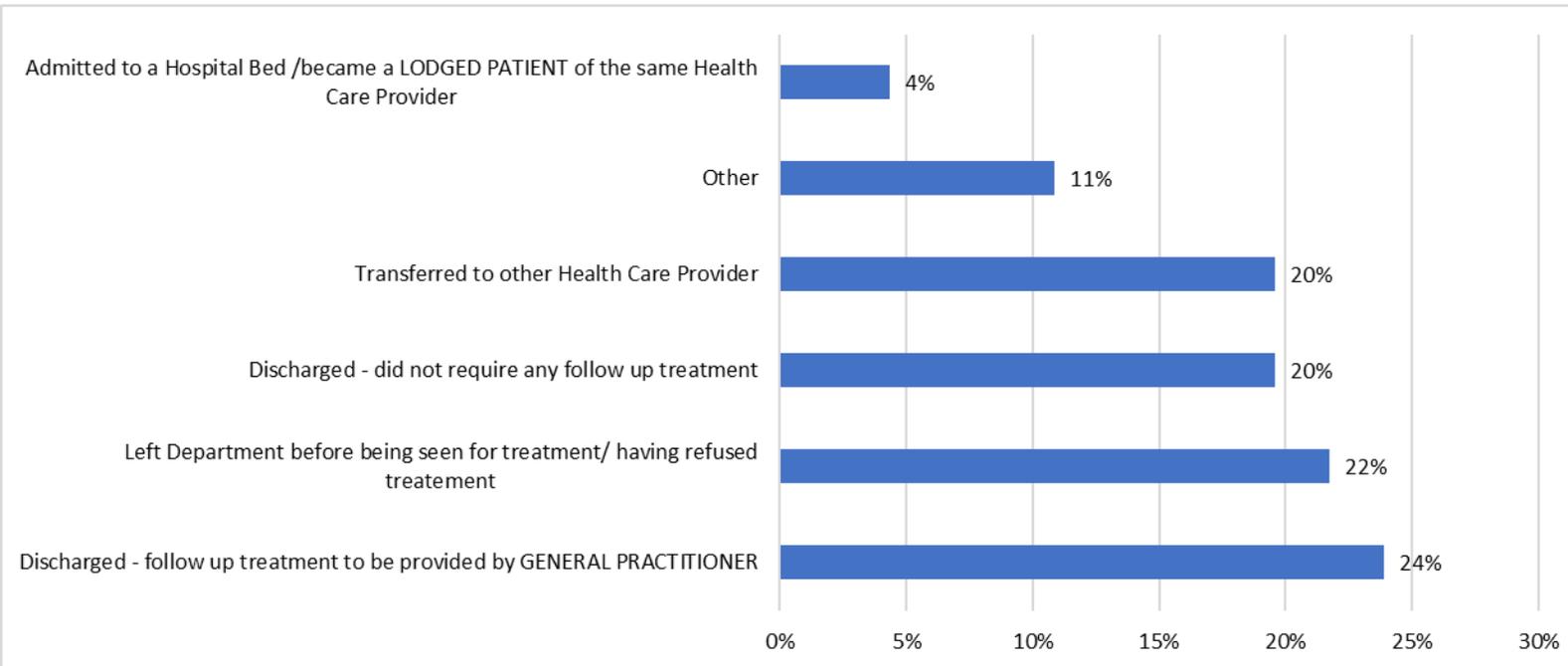
- 1819 injuries that mention a dog
- Most commonly categorised as bites, wounds and assaults - where collected, 20% of injuries reported to be on the hand, 12% on finger, 12% on face
- 51% male, 11% aged 20-24. 10% aged both 25-29 and 30-34 - peak attendances – men aged 30-34
- Attendances significantly increased year on year (from 186 in 2020 to 668 in 2023) – 27% increase between 2022 and 2023

New areas (e-scooter injuries)...



- 158 that mention a scooter
- Most commonly categorised as RTA or fall
- 66% male, peak age for attendances 27 years
- 23% admitted into hospital – only 3 had consumed alcohol
- Increase from 2020 but 2021-2023 remained the same

New areas (sexual assault)...



1% of assaults mentioned being sexual in nature

76% of attendees were women – 38% were women aged 15-24

Where collected, 93% had or planned to inform the police

Where collected, 56% said attacker was a stranger, 27% a friend, 8% a partner/ex-partner.; 90% were assaulted by one person.

65% believed their attacker to be drunk

40% of assaults were in the home

4% were admitted into hospital

Priorities for 2024/25...

- Categorisation of injury types – local and national system changes
- Supporting national ISTV work
- VRUs, ICBS and more
- Data quality and engagement
- New topics / data directions
- Academic research

Thank you to all our data providers, commissioners and partner organisations!

