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**Police use A&E tip-offs to target trouble hotspots and stop violence before it starts**

By [Daily Mail Reporter](http://www.dailymail.co.uk/home/search.html?s=y&authornamef=Daily+Mail+Reporter)  
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Police used information from accident and emergency departments to target trouble hotspots and help prevent violence.

Details from hospitals such as the location, time, and weapons involved in incidents - provided anonymously so no victims could be identified - were shared with police and led to a 'substantial and significant reduction' in violence in a four-year study in Cardiff.

The scheme led to 42 per cent fewer woundings compared with 14 similar cities in England and Wales.

Now the World Health Organistion has called for the initiative to be rolled out in other countries,

The study, published on BMJ.com, also showed that the reduction was accompanied by an increase in minor assaults which did not result in injuries, suggesting 'that more accurate targeting led to faster and more frequent police intervention'.

Professor Jonathan Shepherd, who led the Cardiff Violence Prevention Programme, said officers could use the information from A&E departments, much of which currently goes unreported to the police, to deploy their resources more effectively.

In an accompanying editorial, Alexander Butchart, of the World Health Organisation, said: 'In light of its large effect on preventing violence, this model will hopefully be emulated by other cities in developing and developed countries.'

Professor Shepherd told MailOnline: 'It's hugely encouraging to see the scheme is obviously making a difference - it's keeping people out of hospitals and out of prisons.

'It is also a low-tech scheme which doesn't depend on some fancy medicine which costs a fortune.

'It's just sharing of information, which costs next to nothing.

'If A&Es aren't using this scheme, people should ask why not.

The information used also isn't personal, so none of it can be used to identify any victims.

'The data enables police to be at violence hot spots more frequently and therefore to intervene earlier and more frequently than they would otherwise have done.'

Prof Shepherd, of Cardiff University, said officers were able to identify a particular nightclub or bar where there was habitual violence but no one had contacted the police.

They could then make sure they intervened more quickly, stopped the violence sooner or reviewed a venue's licence.

The study found 'information sharing and use were associated with a substantial and significant reduction in hospital admissions related to violence'.

The authors said: 'Our findings suggest that communities can achieve substantial reductions in the public health burden of violence through organised data driven partnerships between health, law enforcement agencies, and local government.

'The intervention was associated with an estimated 42 per cent fewer woundings recorded by the police relative to comparison cities four years after implementation.'

DAILY TELEGRAPH

By [Stephen Adams](http://www.telegraph.co.uk/journalists/stephen-adams/), Medical Correspondent

6:30AM BST 17 Jun 2011

**A&E data helps police target violence hotspots**

**Police could become much more effective at targeting violent "hotspots" in towns and cities if they used data gleaned from A&E departments, a pilot study indicates.**

When officers in Cardiff were given access to anonymised data from A&E about where and when violent incidents occurred, provided by patients, they were able to reduce the number that led to hospital admissions by 42 per cent over a four-year period.

Rates of violence-related hospital admissions fell from seven a month per 100,000 people to just five, whereas in comparison cities the number rose from five to eight.

At the same time, the number of minor assaults recorded by police that did not result in injury rose in Cardiff, suggesting that more accurate targeting of trouble hotspots "led to faster and more frequent police intervention".

The authors of the report, published today online in the *British Medical Journal*, concluded that the approach "led to a significant reduction in violent injury".

In an accompanying editorial, Alexander Butchart, prevention of violence coordinator for the World Health Organisation, wrote that he hoped the Cardiff model would be emulated by city authorities throughout the world

The Independent (London)

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First Edition

**Police to use A&E** **data to cut violent crime**  
**BYLINE:** Jeremy Laurance Health Editor  
  
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A POLICE scheme which uses anonymised A&E data to work out crime hotspots in Cardiff has been so successful it is to be rolled out across the country.

Officers have cut the number of violent incidents, from fist fights to stabbings, by over 40 per cent by counting where they occur according to the records of those admitted to hospital.

The police then focused resources on those areas.

The results were compared with 14 similar cities and showed that targeting police intervention reduced incidents by 42 per cent.

Hospital admissions for injuries caused by violence in the city fell from seven to five a month, while in the comparison cities, admissions rose from five to eight a month.

The researchers, led by Jonathan Shepherd, professor of oral and maxillofacial surgery at the University of Cardiff - whose findings are published in the British Medical Journal - say that while rates of woundings fell significantly there was an increase in common assaults which did not cause injury.

"One plausible explanation for these findings is that more accurate targeting of hotspots, earlier and more frequent police [investigation], and better deployment of CCTV led to faster and more frequent police intervention in assaults and their precursors (such as arguments)," the research said.

"The increased presence of police at hotspots could also have led to increased reporting of common assaults by witnesses and victims and subsequent recording by police."

The scheme is being rolled out across the UK following a pledge by the Coalition government to promote the sharing of information on violence between hospitals and the police.

In 2008-9, police recorded over 900,000 violent incidents in England and Wales.

It is estimated that violence resulted in medical and lost productivity costs of over £2bn.

The precise location, time and weapons used were recorded in the study over four years.

The information has to be anonymised to protect the identity of the injured who might otherwise be deterred from seeking medical help.

Much violence is often not known to the police because victims do not report it or fear reprisals.