

# Testing an Accident and Emergency (A&E) violence intervention programme

<b>Submission date</b> 01/06/2022	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 12/08/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 12/08/2022	<b>Condition category</b> Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

People who are seriously injured due to violence often go straight to A&E for treatment. Organisations, such as the police, are not aware of these patients. There are over 170,000 such visits each year in England and Wales, and up to 60% of these patients will return to A&E within two years. This highlights the cost of violence to the NHS. There are many reasons why people are exposed to violence. Some are victims of ongoing domestic violence, some misuse alcohol, or drugs, and some are children living in chaotic households. To stop people from becoming involved in violence, we need to address these underlying causes and not just treat their injuries. Police-led nursing teams in A&E are well-placed to do this. In this research, we aim to understand whether a dedicated team in A&E can identify patients' needs, refer them to services able to support them, and if this approach reduces these patients' subsequent use of emergency healthcare.

There are several schemes based in A&Es that refer patients with violence-related injuries to services that offer support. Those who are victims of domestic violence can be referred to as Domestic Violence Advocates who can offer support. However, there is little support for those who are most likely to visit A&E because of violence - young men. Violence Prevention Teams are funded by and work closely with the police. It is run by a nurse familiar with A&E. They approach all those attending A&E with injuries due to violence, irrespective of their age and gender, and work with them to identify the support that they need. This collaboration between the police and clinical staff is unique across the UK and we wish to understand if it reduces later emergency healthcare use in those who were offered support.

### Who can participate?

People with violent injuries who go to A&E for treatment

### What does the study involve?

We will identify patients who have been supported by the Violence Prevention Teams in Cardiff (from October 2019) and Swansea (from January 2022) and, using a Secure Anonymised Information Linkage facility, access their routinely collected healthcare records. For children, we can also access their school records. We can also do the same with other A&E patients across Wales who have no contact with a Violence Prevention Team but attended their local A&E with

violence-related injuries. In this way, we can see whether the approach in Cardiff and Swansea means patients are less likely to later access emergency healthcare due to the support provided by the Violence Prevention Team.

Patients and the public have commented on the proposal and their suggestions have been incorporated. We will further arrange focus groups with a broad range of people, including those who have experienced emergency healthcare because of their drug and alcohol use, and survivors of domestic violence. The research team includes two co-applicants experienced in providing patient and public involvement support. One promotes the involvement of patients and the public in research, and the other has experiences of equality and diversity.

Little research has looked at how A&E staff can refer patients for support beyond their immediate health needs. The UK Government has invested money to tackle violence and it is likely that our research will be of general interest. We will engage with the local and national government, police forces, practitioners, and the public through regular newsletters. We will also publish our findings in academic journals and present this research at international conferences.

What are the possible benefits and risks of participating?  
There are no known benefits or risks to participants

Where is the study run from?  
Cardiff University (UK)

When is the study starting and how long is it expected to run for?  
October 2019 to December 2024

Who is funding the study?  
National Institute for Health Research (NIHR) (UK)

Who is the main contact?  
Professor Simon Moore (UK)  
moorec2@cardiff.ac.uk

## Contact information

**Type(s)**  
Principal Investigator

**Contact name**  
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## **Additional identifiers**

### **EudraCT/CTIS number**

Nil known

### **IRAS number**

### **ClinicalTrials.gov number**

Nil known

### **Secondary identifying numbers**

2.2

## **Study information**

### **Scientific Title**

The effectiveness and cost-effectiveness of a clinical Violence Prevention Team based in A&E

### **Acronym**

EDVIPE

### **Study objectives**

Does an Accident and Emergency (A&E)-based violence intervention programme reduce future emergency healthcare utilisation?

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Approved 15/06/2022, Information Governance Review Panel, SAIL Databank (Data Science Building, Swansea University, Singleton Park, Swansea, SA2 8PP; telephone number not available; igrp@chi.swan.ac.uk), ref: not applicable

### **Study design**

A controlled longitudinal study

### **Primary study design**

Observational

### **Secondary study design**

Longitudinal study

### **Study setting(s)**

Hospital

**Study type(s)**

Prevention

**Participant information sheet**

Not available in web format, please use the contact details to request a participant information sheet

**Health condition(s) or problem(s) studied**

Violent injury

**Interventions**

Violence Prevention Team, referring patients with assault-related injuries attending the Accident & Emergency (A&E) services (e.g. drug and alcohol teams) able to support vulnerabilities (e.g. drug, alcohol misuse) thereby reducing future exposure to violence

**Intervention Type**

Behavioural

**Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

N/A

**Primary outcome measure**

Incidence of repeated unscheduled A&E attendance measured by the inspection of the A&E Data Set to recover attendance dates across the analytic period from 01/10/2019 to 01/09/2024

**Secondary outcome measures**

Cost-effectiveness of the Violence Prevention Team, as measured by all NHS costs considered in the base case and health outcomes measured in quality-adjusted life-years (e.g. attendances avoided attributable to the intervention) for all patients available with a two-year follow-up duration

**Overall study start date**

01/10/2019

**Completion date**

31/12/2024

**Eligibility****Key inclusion criteria**

Attendance of an emergency department with an assault-related injury

**Participant type(s)**

Patient

**Age group**

All

**Sex**

Both

**Target number of participants**

1600 (case and control)

**Key exclusion criteria**

Does not meet the inclusion criteria

**Date of first enrolment**

01/03/2023

**Date of final enrolment**

30/11/2024

**Locations****Countries of recruitment**

United Kingdom

Wales

**Study participating centre**

University Hospital of Wales

Heath Park

Cardiff

United Kingdom

CF14 4XW

**Sponsor information****Organisation**

Cardiff University

**Sponsor details**

Research Integrity

Governance and Ethics

Cardiff

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+029 2087 9273

resgov@cardiff.ac.uk

**Sponsor type**

University/education

**Website**

<https://www.cardiff.ac.uk/>

**ROR**

<https://ror.org/03kk7td41>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## **Results and Publications**

**Publication and dissemination plan**

1. Patient and public involvement (PPI), policy and practitioner focused:

An ongoing evaluation of violence reduction units (VRUs) and violence prevention units (VPUs) is to recommend that greater attention is paid to evidence-based interventions and that activities consider the possible involvement of schools and therefore the Department for Education.

Education data has been included and we can therefore contribute to the evidence-based linking school activity to violence. In addition, our PPI engagement highlighted the need to consider ARA predictors, and engagement with the Home Office will further identify intermediate outcomes. We, therefore, aim to undertake interim analyses that will inform the final analysis and respond to significant emerging policy questions as it relates to evidence-based violence prevention and reduction initiatives. While these will likely translate to academic papers, we also seek to produce more accessible outputs and exploit existing networks in that respect.

2. Existing networks:

The project is able to exploit existing networks to disseminate findings. The Crime and Security

Research Institute works closely with police forces across the UK. Opportunities will be leveraged to involve officers in the current project through the Policing Futures programme (<https://bit.ly/2Nu5TI2>), in addition to existing collaboration with the VPU. TL convenes the Policing Futures programme. LS is Violence Prevention Programme Lead and works closely with VRUs across the UK as well. LS is also a member of the World Health Organisation Collaborating Centre on Investment for Health & Well-being and is able to disseminate work to this body. Our collaboration with PRIME and stakeholders representing the Home Office, Alcohol Change, Alcohol Health Alliance, and others. D'OR and DR lead TARN. We are also working with the Youth Endowment Fund, which funds and evaluates violence prevention schemes. Violence prevention and reduction standards are to become incorporated in the NHS standard contract in England and as part of the new Integrated Care Systems. Aspirations are to develop violence prevention teams, not dissimilar to the police-funded VPUs and VRUs, and to develop training and education resources at diploma and post-graduate levels to increase expertise in whole system approaches to violence prevention. This is partly overseen by the Staff Engagement and Experience, People Directorate in NHS England, and NHS Improvement, who we are working with (Iain Harbison) and have been invited to advise on dissemination and diffusion activities as a part of this proposed work.

### 3. Newsletters:

We have previously found (EDARA NIHR 14/04/25) newsletters to be effective in disseminating projects to frontline staff and practitioners. To facilitate the above, we will therefore co-produce a newsletter, written and distributed three times across the project (inception, plans, results). Co-production will involve the PPI group (who are enthusiastic about this role) and members of the VPU and VPT. These will be in the format of "60 Second Briefings," used to good effect in the Crime and Security Research Institute.

### 4. Media:

Given the considerable attention to violence, both in the UK Government and elsewhere, we anticipate the current project will be able to leverage media attention to promulgate the project outcomes.

### 5. Academic Papers and Conferences:

We envisage three primary papers concerning the protocol (and pre-registration), epidemiology of violence, and results paper. Pandemic allowing, results will be communicated through presentations to VRUs across the UK. One presentation at the Emergency and Acute Care Medicine conference and one Law Enforcement and Public Health conference presentation. The work also crosses into the service evaluation domain and therefore UK based Health Services Research conference will be targeted. We will also publish papers in Janes Police Review.

### 6. Impact:

As the first rigorous effectiveness study of Hospital-based Violence Intervention Programs (HVIPs), we expect the study will be impactful in the UK and globally.

### 7. End of Study Event

We will organise an end-of-study dissemination event. This will be co-produced with PPI groups and open to the public, policy makers, stakeholders, and other decision makers across health, policing local and national government.

## **Intention to publish date**

01/05/2025

## **Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are not expected to be made available the study analyses existing, anonymised routine health data. These data are privileged and will not be shared.

**IPD sharing plan summary**

Not expected to be made available