



OPERATIONAL PLANNING SEMINAR REPORT

Introduction

The Trauma and Injury Intelligence Group (TIIG) Operational Planning Seminar took place on the 19 March 2003 at the University of Liverpool and was hosted by the Department of Civic Design. TIIG has been directing the work on the development of a Merseyside Injury Surveillance System, this now nearing completion of phase one of the project. It was felt therefore that this was an opportune time to review and re-focus the project in consideration of recent staff changes, with the original Technical Advisor now being replaced by Steve Merrall from the University of Liverpool. Key representatives were invited to include users and providers of data to be utilised for the planning, monitoring and evaluation of injury prevention initiatives (appendix 1). It is acknowledged that not everyone invited could attend and some asked to be kept informed or offered late apologies. It was proposed to address a number of key objectives during the course of the afternoon with an emphasis on a purposeful concise approach within the time parameters (appendix 2).

Methodology

Linda Turner, Public Health Specialist with overall responsibility for TIIG, provided an update on the proposals for phases two and three of the project. It is envisaged that phase two (April 2003 – March 2004) will be characterised by the maturing of the initial data systems fostered during stage one with further developmental support. Phase three, the final stage (April 2005 onwards) will involve considerable input from the North West Public Health Observatory, this work being initiated during phase two.

To explore the potential of the TIIG Steve Merrall gave a presentation based on sample data supplied by colleagues from the AED at Arrowe Park Hospital. This approach enabling the opening of discussions focusing on both the use and provision of data.

Following this representatives were divided into two facilitated groups to address the following questions:

- What can TIIG deliver?
- What can you contribute?
- What do you want from TIIG?
- Who are your partners and how can we work together?
- What are the blockages?
- When and how can the project be taken forward?

Outcome from Discussions

What can TIIG deliver?

It was proposed that TIIG could deliver regular reports based on analysed AED data overlaid with socio-economic demographical characteristics derived from recent census statistics.

What can you contribute?

This was discussed in the context of both providing and using data. Although willingness was expressed from colleagues within AEDs to provide data it was also noted that certain restrictions should be noted. In relation to assaults there are problems with data appertaining to those under sixteen years of age. Below this age group child protection issues require to be addressed and therefore Alder Hey Children's Hospital in particular has not been asked to supply assault data. This limitation also being noted by colleagues from Arrowe Park.

What do you want from TIIG?

Discussions on assault data continued with the location of incidents being seen of as of particular relevance, as was date and time. This would enable prevention to be addressed with the possibility of its use for the monitoring of licensed premises and planning in terms of licensing applications.

Locality of residents was important, although it was noted confidentiality of patients must be respected and aggregated data only could be supplied with the characteristics of being non-patient identifiable. Schools attended if applicable was discussed specifically in respect of RTAs to enable the monitoring of school-based educational interventions.

On a general point the display of data in the form of pie charts and graphs was perceived as useful.

Who are your partners?

It was discussed that some colleagues are involved in other projects either gathering or requiring data. An example of this was the Falls Collaboration on the Wirral. The Southport Nitelite Project addressing issues of community safety in Southport Town Centre requires robust data for evaluation and involvement from NHS colleagues is particularly important at the present time. Data gathering in terms of police data and primary data from interviews undertaken with a sample of bar/club goers has already occurred. Dangerzone on the Wirral a high-profile multi-agency project currently in the planning and developmental stage was also highlighted.

What are the blockages?

Commitment of AED staff is vital and it was felt this could be developed and maintained by regular feedback on the use of data being provided, it being acknowledged that this has not always occurred in the past specifically in relation to assault data. It was suggested that two different types of reports may be necessary, one for hospitals to provide feedback and a report of aggregated data for wider distribution.

There is an issue of an incomplete Merseyside picture in respect of injuries if data is not based on all the identified hospitals in the proposed system.

Issues of Caldicott must be addressed and a Data Sharing Agreement has been developed.

When and how can the project be taken forward?

Robust systems should be developed to ensure data in the form of reports is supplied to the relevant people specifically those with the capability of putting it to good use. This would complete the 'loop' by providing feedback on the use of data back to data collectors within AEDs. Furthermore, it would enable good work to be recognised further up within the hospital organisational structure.

The draft dissemination protocol proposes three monthly reports together with an annual feedback report. Safeguards also ensure data can only be supplied within specified parameters.

Steve Merrall will be available to advise on the submission of data and the provision of look-up tables to enable the provision of ward-based data.

Summary

The Seminar was brought to a close by feedback from both of the facilitated groups and all participants were thanked for their attendance. A promise was given to provide a report from the afternoon proceedings and follow-up work with colleagues.

Contacts

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Steve Merrall email: s.merrall@liv.uk

Appendix 1

TIIG OPERATIONAL PLANNING SEMINAR INVITED REPRESENTATIVES

Linda Evans	Sefton Health Improvement Service
Sarah Little	Health Links Wirral
Peter West	North Liverpool PCT*
Qassim Taher	Central Liverpool PCT*
David Rees	Wirral Accident Modernisation Team*
Jan Davies	Dangerzone
Karen Tocque	North West Public Health Observatory
Paul Joy	Merseyside Fire Service
Adam Peers	Corporate Research Merseyside Fire Service
Cathy Gill	Wirral Social Services*
Jim McVeigh	Joint Action Team
Debbie Roberts	Sure Start
Chris Kennedy	Arrowe Park Hospital
Steve Johnson	Arrowe Park Hospital
Vinny Stevens	Royal Liverpool Hospital
Rachel Greer	Alder Hey Hospital*
Lyn Jones	Alder Hey Hospital
Meriel Patterson	Whiston Hospital
Fiona Heyes	Southport District Hospital*
Paul Duffy	Southport Nitelite Project
Sergeant Parry	Merseyside Police
Linda Turner	South Sefton PCT/TIIG
Alex Hirschfield	University of Liverpool

Cannot attend but wishes to be kept informed

Hilary Dreaves	Knowsley PCT
Elaine Michel	St Helens PCT
Tina Hall	Worst Kept Secret Campaign
Anita Carter	HV Southport and Formby PCT
Phil Beckett	Aintree Hospital

* Not able to attend on the day

Appendix 2

TIIG Operational Planning Seminar

Meeting Date	19 th March 2003
Meeting time	Start 2.00pm – Close 4.00pm
Meeting Venue	The University of Liverpool, The Gordon Stephenson Building, Department of Civic Design, 74 Bedford Street South, Liverpool, L69 7ZQ
Meeting Room	‘The Exhibition Room’, Ground floor, directly off the main entrance lobby, first door on the right.

Meeting Agenda

- Introductions and purpose of the meeting – Maureen McEvoy
- TIIG Overview – Linda Turner
- TIIG analytical potential and example outputs from case study data sets - Steven
Merrall
- Open forum discussions on TIIG data analysis requirements
- Timetable for and format of proposed TIIG analysis reports
- Close