

## Need for a UK Injury Control Strategy

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Recently UK Public Health Strategy and media reporting has understandably been dominated by the fight against the Global COVID – 19 pandemic. Rates of new cases, admissions to hospital / critical care and deaths by setting – not just in hospital - are used to assess the success of infection control and calibrate the path out of lockdown. Like infection, the epidemiology of injury is related to human activity and behaviour, but injuries have remained the commonest cause of death for men aged 15-35 and women aged 10 to 30 for more than 20 years<sup>1</sup>, and in 2020 are still likely to kill more people in these age groups than Covid-19. Injury deaths in older people from Traumatic Brain Injury are also on the rise<sup>2</sup> The modern ‘epidemic’ of injury has attracted little media or government interest. We have specific road safety and violence reduction initiatives but no overarching national perspective, strategy or focus on reducing the UK injury burden.

Webster and Barnard<sup>3</sup> correctly point out that the national trauma registry for England, Wales and Northern Ireland – the Trauma Audit and Research Network (TARN) - has not captured the majority of people who died in London in 2019 from penetrating trauma, whereas the deaths were reported in the media. In common with the majority of international trauma registries TARN functions and is funded primarily as hospital quality improvement, assurance and research body, with “Time Zero” being when the patient arrives in the first Emergency Department - although prehospital observations, timings and interventions are part of TARN data for these patients. Audit funded by hospitals is naturally focussed on the quality of hospital care. The majority of patients who die from penetrating trauma are not conveyed to hospital and death is diagnosed at the injury scene, and so they are not included in hospital trauma audit.

It is likely that prevention strategies for trauma (both blunt and penetrating) would be improved by collecting comprehensive data, including the victims who die before reaching hospital. A similar approach of comprehensive data analysis (joining police and hospital data) has been shown to be effective in the prevention of maxillo-facial trauma (REF Hutchinson). However, comprehensive data collection difficult to do from hospital (many hospitals still even have difficulty in accessing coroner’s data for their own patients). During a recent consultation about changing the TARN inclusion criteria the vast majority of 400 respondents from member hospitals voted against including prehospital deaths, due to the difficulty of accessing accurate and timely data. TARN and other national trauma registries contribute to many injury control initiatives, but comprehensive data collection, as CTARP found, is a massive multi-agency undertaking. The epidemic of injury needs to be regarded as a national public health issue, and comprehensive data collection funded accordingly. Unfortunately, leadership from public health and political bodies is currently lacking.

1. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/causesofdeathover100years/2017-09-18>
2. [https://www.cdc.gov/mmwr/volumes/69/wr/mm6909a2.htm?s\\_cid=mm6909a2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6909a2.htm?s_cid=mm6909a2_w)
3. Webster S , Lawton G , Barnard EBG . Violent death in London: in the news, but not in the database. Emerg Med J 2020;37:496.doi:10.1136/emered-2020-209468  
pmid:http://www.ncbi.nlm.nih.gov/pubmed/32303569