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The cost-effectiveness of nurse-led violence intervention programmes in hospitals

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Violence between people is a serious public health problem worldwide. It harms individuals, families and whole societies. Whether someone experiences violence depends on many things, including their personal circumstances, relationships and the environments in which they live. The healthcare costs associated with treating injuries resulting from violence are substantial - estimated to be around £4.75 billion to the NHS. Total social costs are 10 times higher.

To tackle violence in Wales, Violence Prevention Teams (VPTs) were set up in Emergency Departments (EDs). These teams aim to step in soon after someone is injured, taking advantage of a 'reachable moment' for those recovering from injury when patients might be most open to receiving help. Specially-trained VPT nurses identify these patients and put them in touch with support services designed to address the underlying reasons they are at risk.

Our research team evaluated whether VPTs in EDs were cost-effective relative to standard safeguarding measures in place within hospitals. Using linked health and administrative data between 2019 and 2024 for all of Wales, we developed a model to

compare the healthcare activity, costs and outcomes for patients with similar characteristics who had received the intervention from the VPT, with those who had not.

We found that VPTs in ED improved health outcomes for patients affected by violence while saving health system costs. These savings come mainly from the programme's success in reducing future unplanned ED attendances and related hospital admissions, achieved through disrupting cycles of interpersonal violence.

Expanding the VPT service across the UK would prevent over 7,500 unplanned emergency visits and save the NHS around £102 million. However, these advantages are based on patients' current engagement with VPT referrals, which is 35%. This highlights an important opportunity: if more patients took up the offer of support, the benefits to patients and savings for the NHS would be even greater.

Read the full paper, funding sources and disclaimers in eClinicalMedicine.

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