

Street Weapons Commission – London

Mike Walsh

Chair, Cherie Booth

Welcome, Mr Mike Walsh, you're the consultant surgeon, the head of the Trauma Team at the Royal London Hospital in Whitechapel. And in the course of your job, I think you actually see the real victims of gun and knife crime and I wonder if you could tell us a little bit about the sort of cases that pass through your operating table.

Mike Walsh

Ok we see significant numbers of people who are stabbed and shot, of our major trauma workload, it's about a quarter. And injuries range sometimes from minor lacerations to leading to death from an injury in the liver, or a stab in the heart, or gunshot involving so that a limb with a major fracture and an injury to a major blood vessel. So we see the full range of injuries related to this.

Chair, Cherie Booth

And is there anything in particular about these injuries, I mean do you think that the people who are inflicting the injuries actually sometimes realise quite what damage they're doing?

Mike Walsh

I think certainly if you look at where people have been stabbed, they don't really know how to use a knife properly. Because there'd be a lot more deaths than we see if they did. But also, you might think oh, I'll just stab you in the arm and it won't do any harm, but if you happen to cut the main artery to the arm, you can bleed to death. So there are those kind of things and, you know a little stab injury on the side of your chest, that'll be ok, but you can injure something like the spleen and the diaphragm and the lung and the heart, all with the one blow with a knife. So I don't think they necessarily know what they're doing, but they certainly seem to manage to cause quite a significant amount of harm.

Chair, Cherie Booth

And of course part of your job is not only to treat the victims but also to pass on the news to the families if, as sometimes happens of course, that your treatment isn't successful.

Mike Walsh

Yeah. And for me it's very depressing because it's usually young men, we've seen injuries ranging from age of about 12 upwards, and to go to somebody who's got the rest of their life ahead of them, and to tell their family we're very sorry he's died or he's permanently disabled, or those kind of things, is very depressing. For something that most of the time probably shouldn't have happened.

Commissioner

And are they getting younger as well as a cohort?

Mike Walsh

No I think the cohort has roughly been about the same. And they usually start in early teenage years upwards, and it's nearly always young men, usually from, well in our experience in London, from the poorer parts of London. Not always, but usually.

Commissioner

And does the trouble follow them into the hospital?

Mike Walsh

We have had one or two incidents but on the whole that's kept under control because the police come with anybody who's stabbed and shot, and if they're admitted then there's usually some police protection. So on our trauma ward we've usually got a handful or more of police who are there to protect the victim, but also to protect the staff and the other patients.

Commissioner

Could I take that point on and move to the boring bit about statistics, but I hope not boring when you see where I'm coming from. We've been given a lot of information before this commission sat and the figures are not altogether compatible. Known crimes reported to police will be one bank, the National Crime Survey would be another one, they don't always add up. And it seems to me that if we're talking about knife and gun crime, the one place that you can be sure, in nearly every case, that it'll be recorded one way or another, is at the hospital. Now I can understand all the issues about confidentiality and so on, but recognising that, as I guess, on occasions you'll get a knife fight between two gangs, or two individuals, the police won't be involved. One will be taken off, maybe more will be taken off by car to hospital. You will be in a position to recognise the scale of the problem. And I wondered if you could help me and perhaps colleagues as well, on whether it is possible for you and others in that rather unique position that you occupy, to give some limited information to police and government that would indicate the true scale and nature of this sort of level of violent crime. Is that possible?

Mike Walsh

Yeah, I've got some figures I got from our database. And these relate only to those who are potentially the most seriously injured. So these are patients who have a trauma team response when they get to the hospital, which is a full response. So the very obviously minor injuries aren't included here, so there's probably another number of patients. But in 2005 we saw 752 patients with penetrating injury. Overall since 2005, we've seen 3,668 seriously injured patients, or potentially seriously injured patients. Of whom 752 have been stabbed or shot. But if you break it down by year, in 2005 we had 168 with penetrating injury, stabbed or shot.

Commissioner

In just your hospital?

Mike Walsh

Yeah. In 2006 it was 254. And if we go to this year, so far we've seen 106 till the end of April, so over the year that will be 318 if we carry on at the same rate.

Commissioner

Could I pursue the point and say that that's alarming and also fascinating. But do you, as a matter of course, or could you as a matter of course, feed not necessarily the name and address and age and occupation of the injured, but the statistic to the police, and could that be done nationally so that at least the police would know exactly the scope and scale of the problem? Because otherwise we're getting sets of statistics that don't always match up.

Mike Walsh

I think the other difficulty with this is that our blunt trauma patients is also increasing in number year on year. But actually as a percentage, the penetrating injury is going up.

Commissioner

That's being hit with a stick or a...

Mike Walsh

Or run over, fall from a height, beaten up without being stabbed or shot. But in 2005 it was 20% of our workload was penetrating injury, and this year it's on course to be 25%.

Commissioner

And could you, or is there a medical ethic that prevents you just giving the numbers?

Mike Walsh

Well the difficulty is they can have the numbers but if you said we could break it down by postcodes, once you start breaking it down by postcodes then you can find out individual people, but just the numbers... [TALKING OVER EACH OTHER]

Commissioner

No I wasn't even going that far, just the pure numbers of an occurrence has taken place, maybe the postcode of where it took place. But even putting that on, the sheer volume is amazing. And to know that nationally, would be a huge step forward because the statistics don't necessarily follow in the trend.

Mike Walsh

That's our experience. I mean we are now on a scale where we are seeing the same percentage of penetrating injuries as some of the metropolitan centres in the States are. And in fact we're ahead of a lot of them, you know, places like New York now where we're seeing more than they would be seeing.

Chair, Cherie Booth

Can I bring Gus in?

Professor Gus John

[INAUDIBLE] Are these figures desegregated by ethnicity and age?

Mike Walsh

We could do that. In my experience, we could do it by ethnicity and we could do it by age, almost all of these are young men under 25. By ethnicity, there's quite a range from Irish, English, East European, African, West Indian, you know, it does cover the whole group of people who live in London.

Professor Gus John

Ok, my main question really is this, your trauma teams work with trauma as a result of penetrating injuries, but as someone who has to break news to families about their loved ones dying, do you also have a concern about the trauma within those families, and particularly amongst young siblings, that might actually result in them, if not treated, result in them going and doing revenge attacks and so on? What services are you aware of that accompanies those families after you've given them that news?

Mike Walsh

There's very little and I think, for me, there is a real need. Probably you allude to younger brothers and sisters picking up on this and saying right, we're gonna get our revenge at some point, or that kind of thing. There is also the situation of why are these young men getting into this trouble in the first place? Because when you talk to them, they're usually polite. They

usually seem reasonably intelligent and sensible, and yet they're out there getting into the situation where they're getting stabbed and shot. And when you start talking a bit further, very often they're not in work, they're not in college, they're not finishing their GCSE's or their A Levels, and you just wonder what is going on that's leading to this? So I think there is work to be

done in something about their education and what they're hoping to achieve in life, and their role in society, because you just wonder what is their, do they have one, is that what they're missing? I think when they have been in one of these incidents, I think what we offer the families, we are as good as we can be at the time, but actually once they go leave the hospital, that's it. And for

some of them who maybe survived or been seriously disabled, if you're nearly bled to death and revived you can have a really serious brain injury and not be able to function, or you could have a lame leg or you can lose an arm. What happens to those families then? And they've got to deal with that then for the next, sometimes 40-50-60 years. And there's nothing really in place in society for that either.

Professor Gus John

One related issue on this, over time government has had a whole number of campaigns about the effects of drink driving or smoking, or whatever, very graphic pictures. Do you believe that more could be done to sensitise young people to the effects of stabbings and gun crime?

Mike Walsh

Yes. I think there is an educational issue and I'm sure that more could be done. I am also involved with my sons with football with young lads, and when you actually start to talk to

them about it, they're not very, they know like lots of boys will carry around knives, but they're not really aware of what happens if you use it. And what could happen, you know, even if you just go

like that and you get somebody in the wrong place, and you didn't mean to do it. They don't know. And when somebody really wants to use it, if you say I've got a knife for protection but you come up against someone who really does know what they're doing, you've got no hope. And I don't think they understand that. So I think there is an educational issue. But it must also be

an issue for parents as well, understanding what's happening when your children are out on the street, when they're getting involved with the wrong, for want of a better word, the wrong type of other children or young adults, you know, what's gonna happen to you? And I think there is an issue there as well. Because a lot of the parents, when you talk to them they say well I

didn't ever know he was getting involved in this kind of thing, or how could it have happened to him? And they don't understand that it's out there.

Chair, Cherie Booth

Fay, I think you had...

Fay Selvan

Yeah, it was just a question about the kind of medical response, because you say we're doing more than New York and you referred in your evidence to us something about South Africa, and you think there's more we could do as a NHS in terms of treatment. What do we need to get better?

Mike Walsh

I mean I think there is an issue with the increasing numbers of making sure that if you got stabbed or shot, you wanna go to the hospital where they've got the people who are trained, who know what to do and know how to assess you and what are the appropriate surgical techniques to use, and then afterwards on your aftercare. And I think within the NHS we have a deficit in training surgeons in particular to look after seriously injured people and on from that, from penetrating injury as well.

Fay Selvan

But we do rotate people, don't we? Police take victims to different hospitals in order to avoid future problems. So how could that be?

Mike Walsh

But I mean I think what we need is, we need a system that says if you're very seriously injured, you will end up first time at the right hospital with all the right facilities to treat your pattern of injuries, or your likely pattern of injuries. And that's something that we don't have.

Fay Selvan

Is that something we can do through the emergency services then?

Mike Walsh

I mean I think it's related to the, not only just the ambulance services, but how hospitals organise themselves. And also if you take serious injury, it's actually a relatively small number of patients any hospital might see. So if you spread it out amongst all the hospitals, so if you go into London, the number of hospitals with an emergency department, but not all of them have all the right facilities to treat your injuries. So if you...

Commissioner

Is it also though a case, if I understand you correctly, that there is a shortage of trained staff to deal with this as well, experienced staff?

Mike Walsh

I think there's a deficit in training of surgeons in looking after emergency patients. Of not emergency patients, but of injured patients.

Commissioner

When I was closely involved with the Royal Ulster Constabulary, way back, 20 years ago, in Northern Ireland when the emergency was on, it was always said at that time the Royal Victoria Hospital in Belfast was probably the [INAUDIBLE] that day in dealing with gunshot wounds, I'm sure it was. And there was a huge reservoir of experience there that could be decanted out

elsewhere. But of course that now, thankfully, has stopped. So I can see why in some ways there would be a shortage, but the need is now building up for that better trained staff.

Mike Walsh

But I think you've also got to look at, can you provide the full set of services and responses in every hospital? And I think the answer is no. In which case then you've got to have a system that makes sure that if somebody say is stabbed, let's say for us, near Newham Hospital, stabbed in the chest and the neck, he doesn't get taken to Newham, he comes to the Royal London

Hospital automatically because there's the right trained surgeons there to deal with him. Whereas if you go to Newham, you're not gonna get somebody there who's gonna open up your chest to sew up your heart. Which is what you need to have happen.

Commissioner

Have you made that representation? Or have others made that representation?

Mike Walsh

Yes we have. We, as a trust centre, some information to the NHS review, to the London NHS review and the national one.

Commissioner

Do you think it'll happen?

Mike Walsh

I'm hopeful. But I mean there have been reports over the last 60 years in the UK about centralising trauma services and things which have never been acted upon.

Commissioner

Thank you.

Chair, Cherie Booth

Thank you very much Mike for coming.

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