

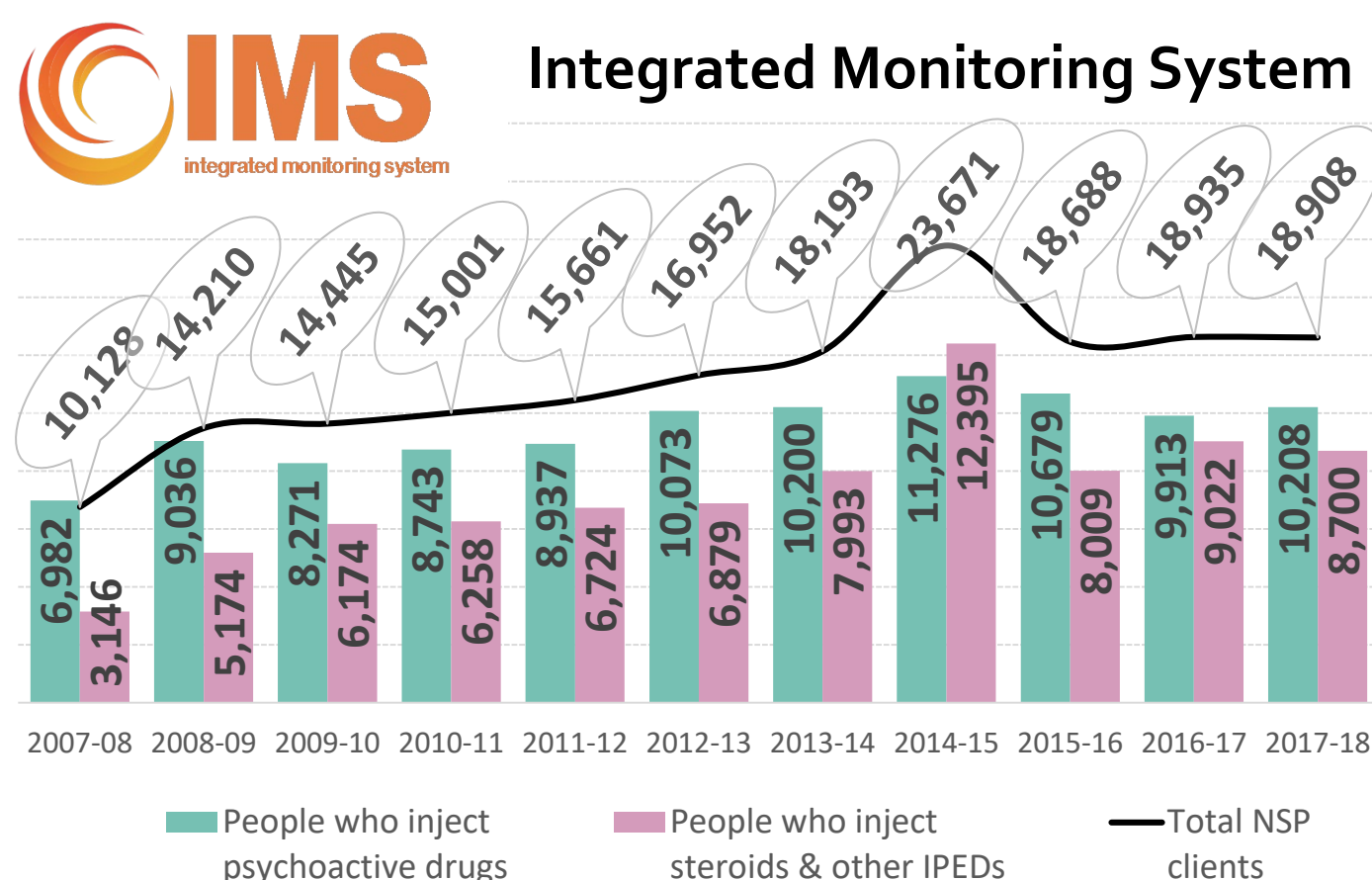
Use of client attributors is suitable as a method for monitoring the coverage of needle and syringe programmes.

Exploration of the accuracy of needle and syringe programme data collection processes and implications for monitoring harm reduction coverage: A quantitative research study in Cheshire and Merseyside, United Kingdom.

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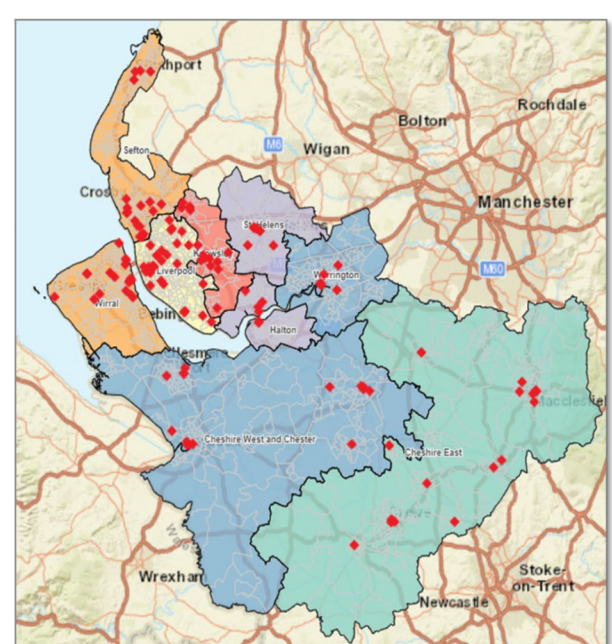
Background:

The World Health Organization target is to provide at least 200 needles and syringes annually per person who injects drugs in order to control infections. However, there is a paucity of evidence evaluating the monitoring of Needle and Syringe Programme (NSP) delivery in different settings. Data from the NSP monitoring system in Cheshire and Merseyside (Integrated Monitoring System, IMS), together with survey responses from NSP staff, were used to explore how NSP delivery affects the quality of monitoring data and to evaluate factors that could impact on coverage.



Methodology:

A questionnaire was distributed to all 110 sites involved in NSP delivery. Topics covered service provision, interaction and engagement with clients, opinions regarding the client groups accessing services, and changes in service use over time. Responses were matched to data captured in IMS.



Survey questionnaire

- Service provision & restrictions
- Staff training & knowledge
- Interaction & engagement with clients
- Data recording, system & processes
- Changes in service usage

Results:

Responses were received from 64 service providers. Almost three-quarters (72%) felt that clients mostly provided correct or consistent personal identification information when using NSPs. Asked about changes in service usage, less than one-third (29%) of providers recognised the increase in client numbers observed in the IMS data. Opinions regarding injected substance correlated with the IMS data, and supported distinct patterns of service use by people injecting steroids. The majority of services (91%) implemented at least one restriction on service provision, with 45% placing restrictions on the amount of equipment obtained.

Conclusions:

- Client attributors are reliable for data collection
- Increases in NSP service use were not recognised
- Picture of ageing cohort was not recognised
- Injected substance correlates with data
- There are barriers and restrictions to accessing NSP
- Data recording processes may not be robust

Recommendations:

Service restrictions

Provide guidance for sites delivering NSP services to ensure that clients do not face restrictions that prevent them from obtaining a suitable amount of clean needles to meet their injecting needs. Access to NSP should not be prevented for specific groups, in particular people who inject steroids.

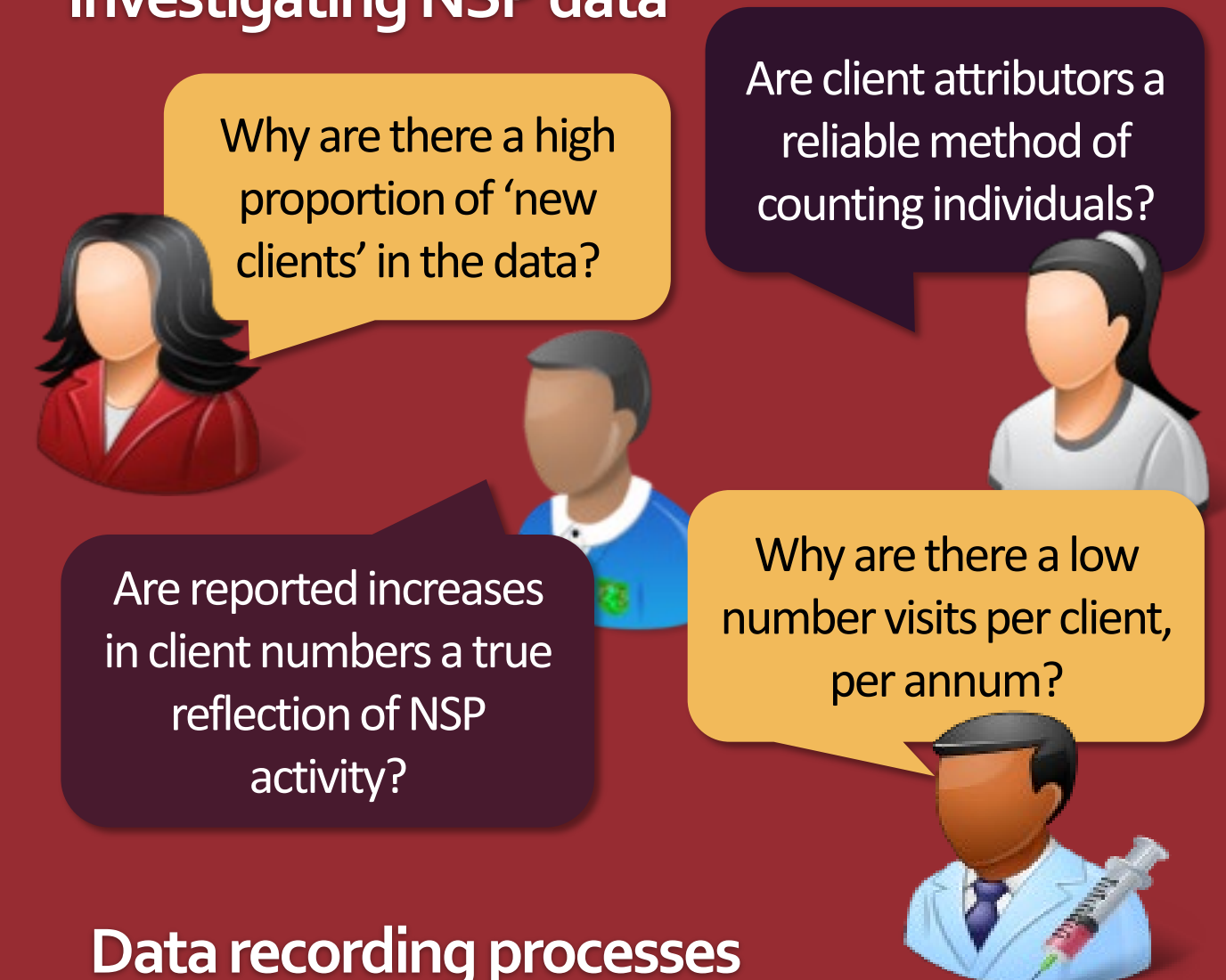
Data entry processes

Each NSP site should have a nominated data lead who is able to oversee the data recording process, monitor the volume of activity that is recorded to ensure it accurately reflects the service delivery, and to address any local issues or breakdown in the data capture process.

Access to NSP provision

There are key differences in the settings in which steroid injectors access NSP. Further research may be needed to assess whether NSP services meet the needs of all people who inject drugs.

Investigating NSP data



Data recording processes

Few services usually enter data while the client is present (14% n=9)
When is retrospective data entered?
✓ Later the same day (27% n=13)
✓ Later same week/month (73% n=36)

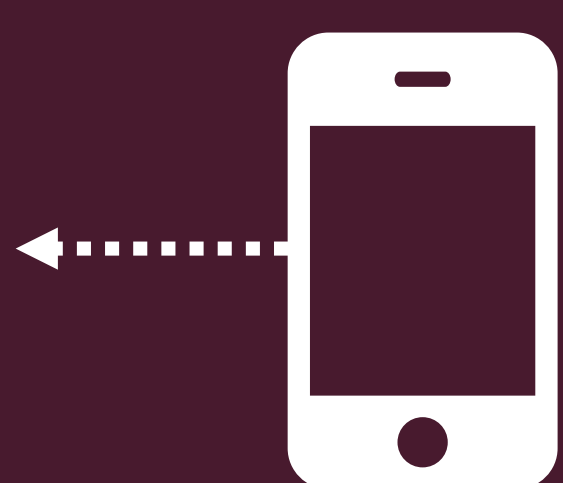
Interaction & engagement

Do you recognise and interact with regular clients?
91% agree or strongly agree

Clients provide correct or consistent initials & date of birth.
72% agree or strongly agree

Restrictions on service provision

- All specialist drug services used a private area for NSP activity, but 51% of pharmacies used a 'shared space' where the activity was visible to others.
- Asked about a range of 'restrictions' on the provision of injecting equipment, 92% of respondents responded 'yes' to at least one.
- 29 NSP providers (45%) placed restrictions on the amount of equipment issued, and for 17 (27%) service provision was dependent on the injected substance.



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