



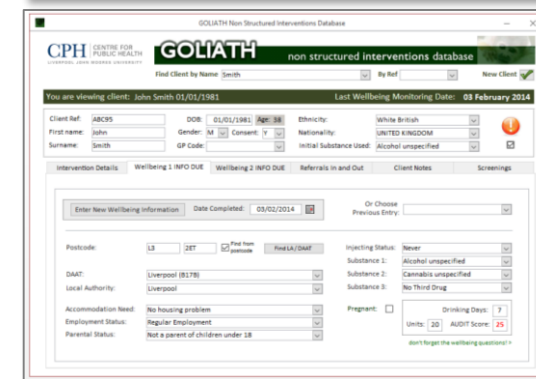
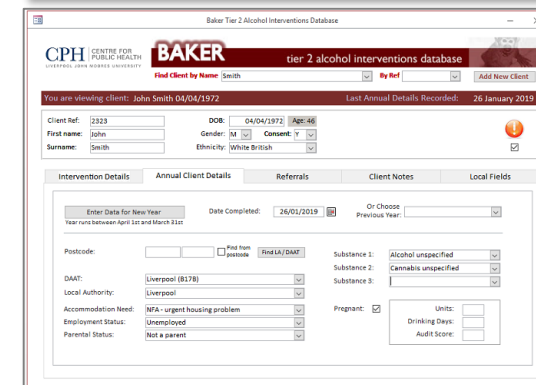
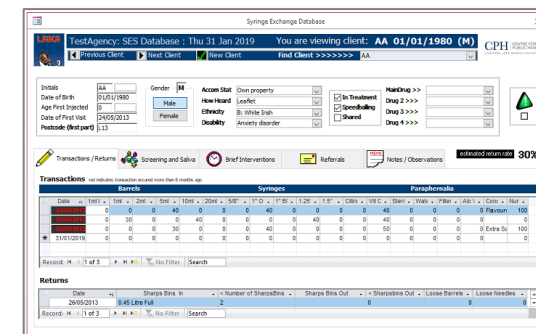
# Integrated Monitoring System





# Integrated Monitoring System

- IMS launched 2014, bringing together existing systems into single dataset
- **IAD *Inter-Agency Database*** - Needle & Syringe Programme provision by pharmacies and drug services
- **ATMS *Alcohol Treatment Monitoring System*** - brief interventions for alcohol use
- **NSTMS *Non Structured Treatment Monitoring System*** - brief interventions for drug use



# Harm Reduction



- Needle & Syringe Programmes are effective for Harm Reduction
  - WHO recommend provision of clean needles and syringes
- Permitted in UK since 1986, by an amendment to the **Misuse of Drugs Act** <http://www.legislation.gov.uk/ukpga/1971/38>
  - It is not an offence to supply hypodermic syringes
  - Other paraphernalia can be provided by a doctor, pharmacist or someone working legally within drug treatment services
  - <https://www.release.org.uk/law/supplying-paraphernalia>
- **NICE guidance (PH52)**, updated 2014
  - Data collection & monitoring
  - Steroid & IPED users
  - Young People
  - <https://www.nice.org.uk/guidance/ph52>



# NICE guidance (PH52)

[nice.org.uk/guidance/ph52](https://www.nice.org.uk/guidance/ph52)

- **Recommendation 2: Collate and analyse data on injecting drug use**
  - Public health commissioners should collate and analyse data from a range of sources to build reliable local estimates of the numbers, demographics and other characteristics of people who inject the number/types of packs or equipment distributed
- **Recommendation 4: Monitor services**
  - Commissioners and providers of needle and syringe programmes should collect data on service usage, including monitoring the number/types of packs or equipment distributed

# Brief Intervention



- **Brief Intervention** is a technique used to initiate change for an unhealthy or risky behaviour such as smoking, alcohol or drug misuse.
- **Alcohol Intervention and Brief Advice** is typically targeted to non-dependent drinkers whose drinking may still be harmful
- [https://www.who.int/substance\\_abuse/activities/sbi/en/](https://www.who.int/substance_abuse/activities/sbi/en/)

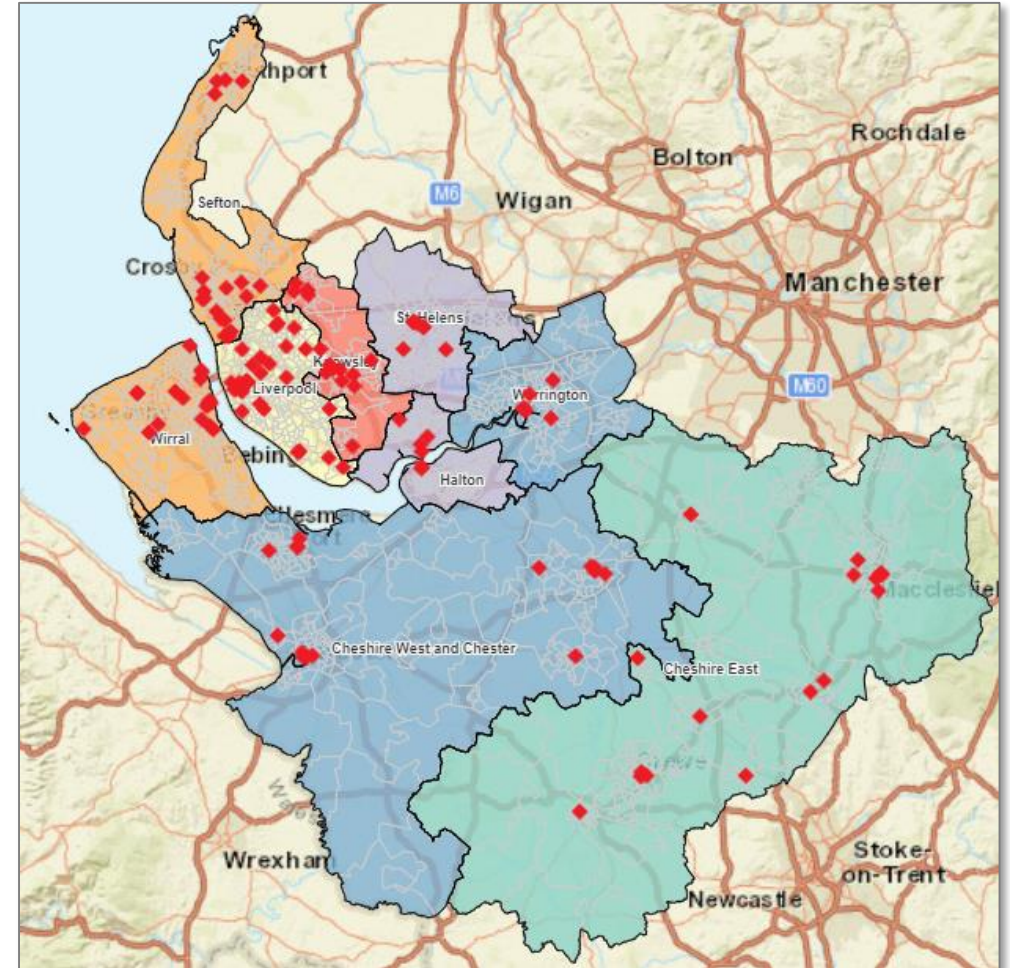


## IMS Dataset

- **Attributable information** - initials, DOB, gender
- **Demographics** - age, ethnicity, postcode of residence
- **Interventions** - type/frequency of intervention delivered
- **Equipment** - syringes, needles, bins, etc. dispensed (*NSP only*)
- **Reviews** - accommodation, employment, parental status, substance use, alcohol screening
- **Wellbeing** - client's perception of their own mental health
- **Referrals** - interactions with other organisations

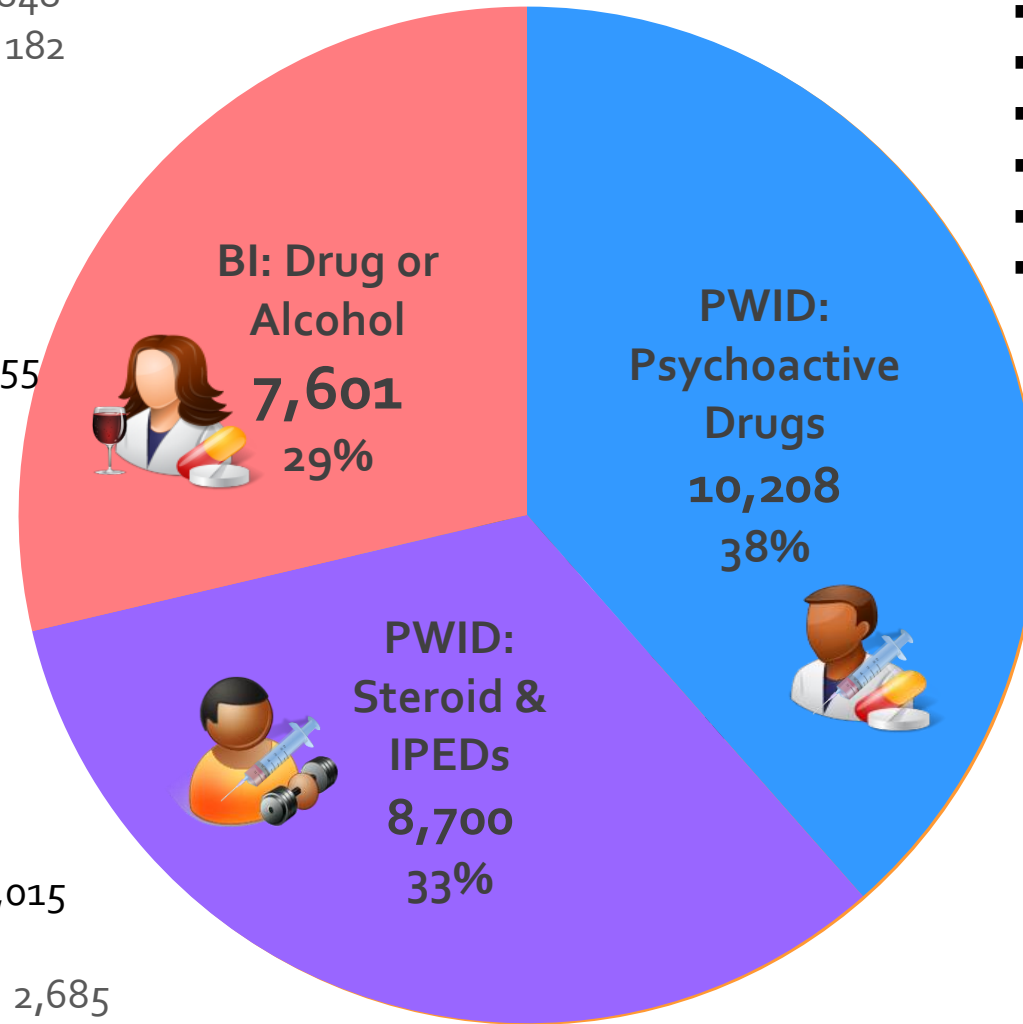
# IMS Data 2017-18

- Activity recorded by 145 separate sites across Merseyside and Cheshire
- **50 agencies** – majority using the IMS online data entry tool
- **95 pharmacies** – mostly data submitted via pharmacy systems (PharmOutcomes / Webstar Health)



# IMS Data 2017-18

- Not stated 916
- No substance 848
- Someone else 182
- Alcohol 3,939
- Heroin 637
- Cannabis 479
- Cocaine 294
- Methadone 62
- Crack Cocaine 55

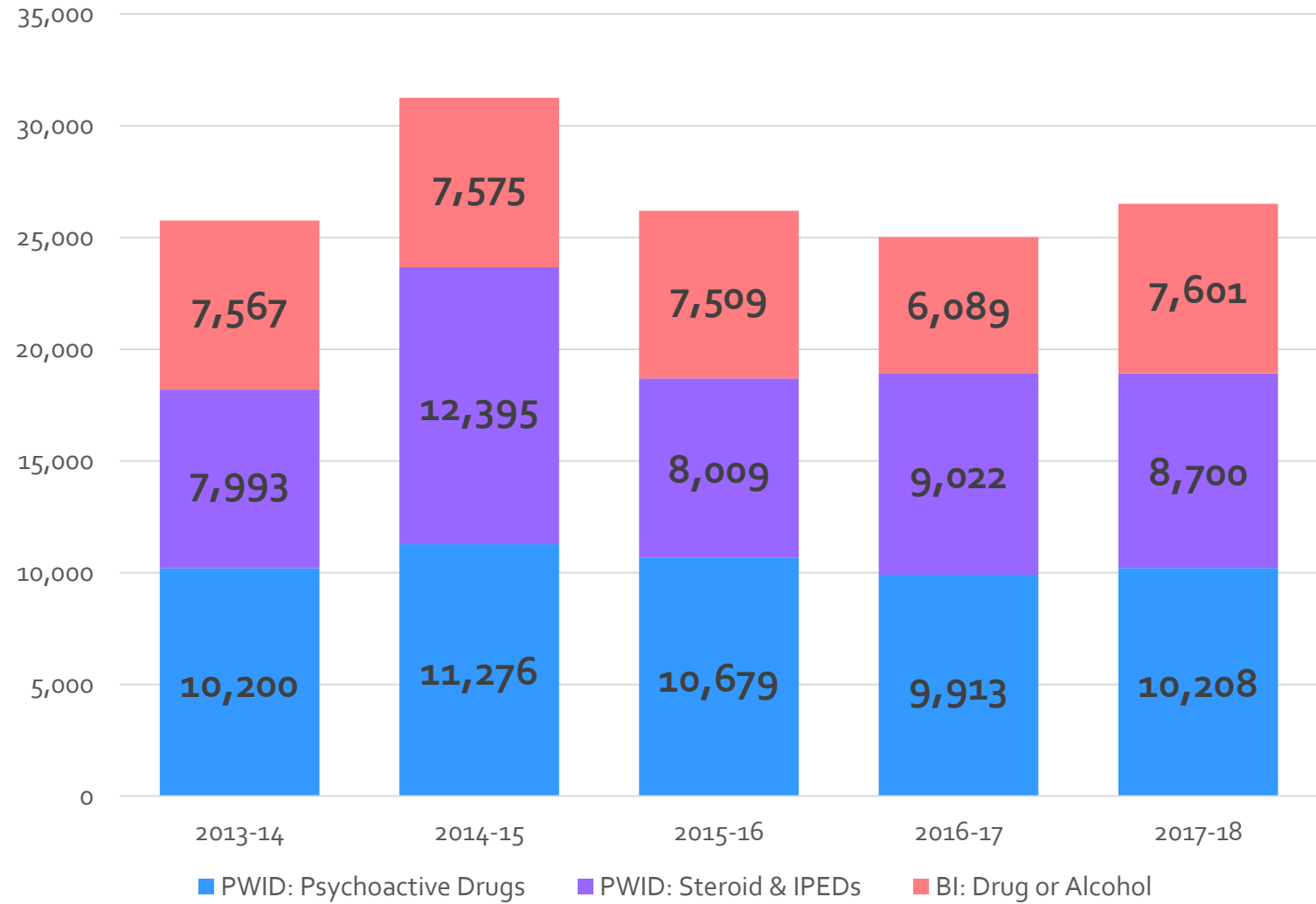


- Heroin 6,201
- Other Drugs 479
- Crack Cocaine 147
- Methadone 50
- Amphetamines 48
- Cocaine 46
- Not stated 3,187

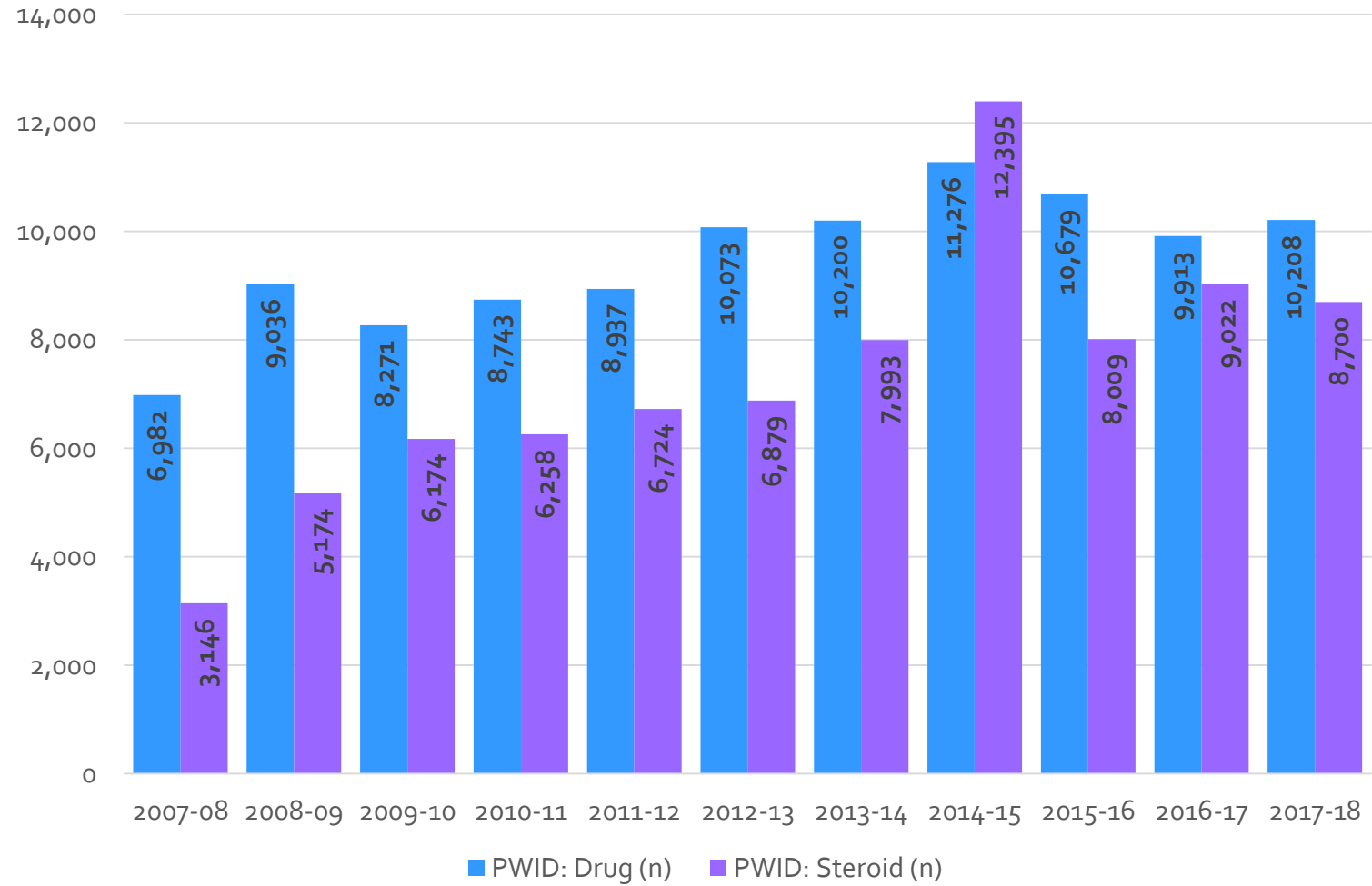
- Steroids 6,015
- Not stated 2,685



# IMS Data trend

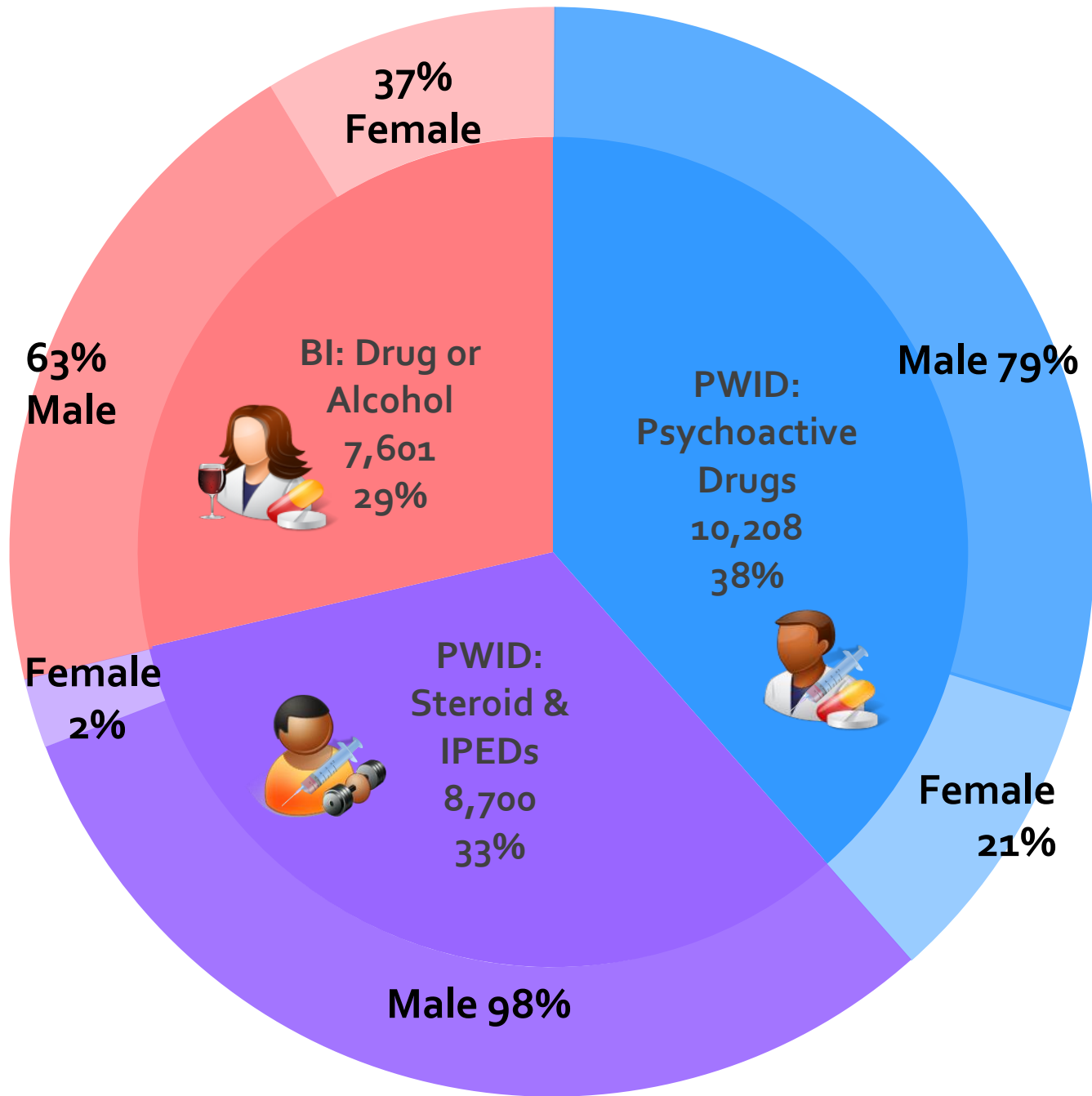


# IMS Data trend



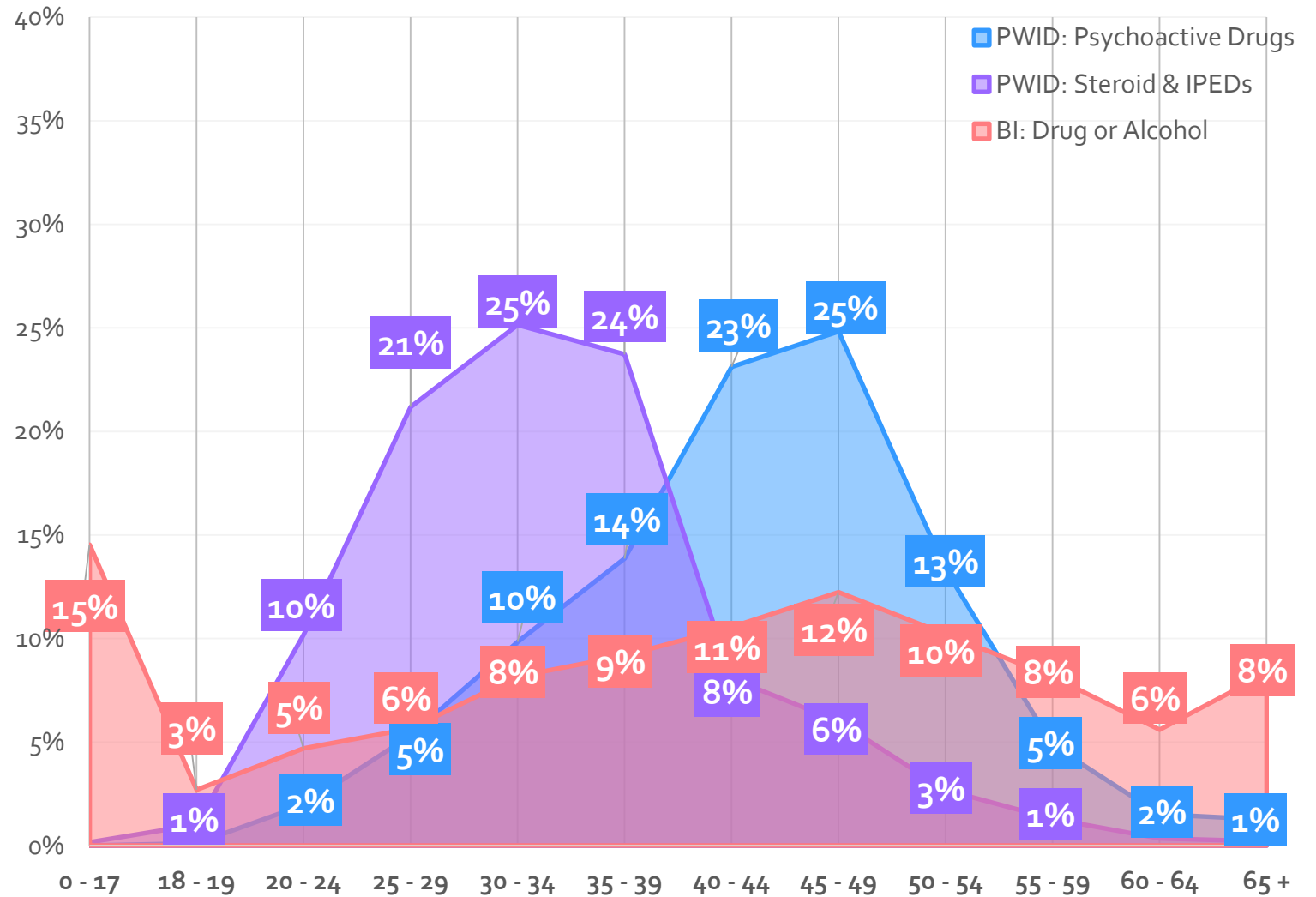
# IMS Data 2017-18

Cohorts  
gender split



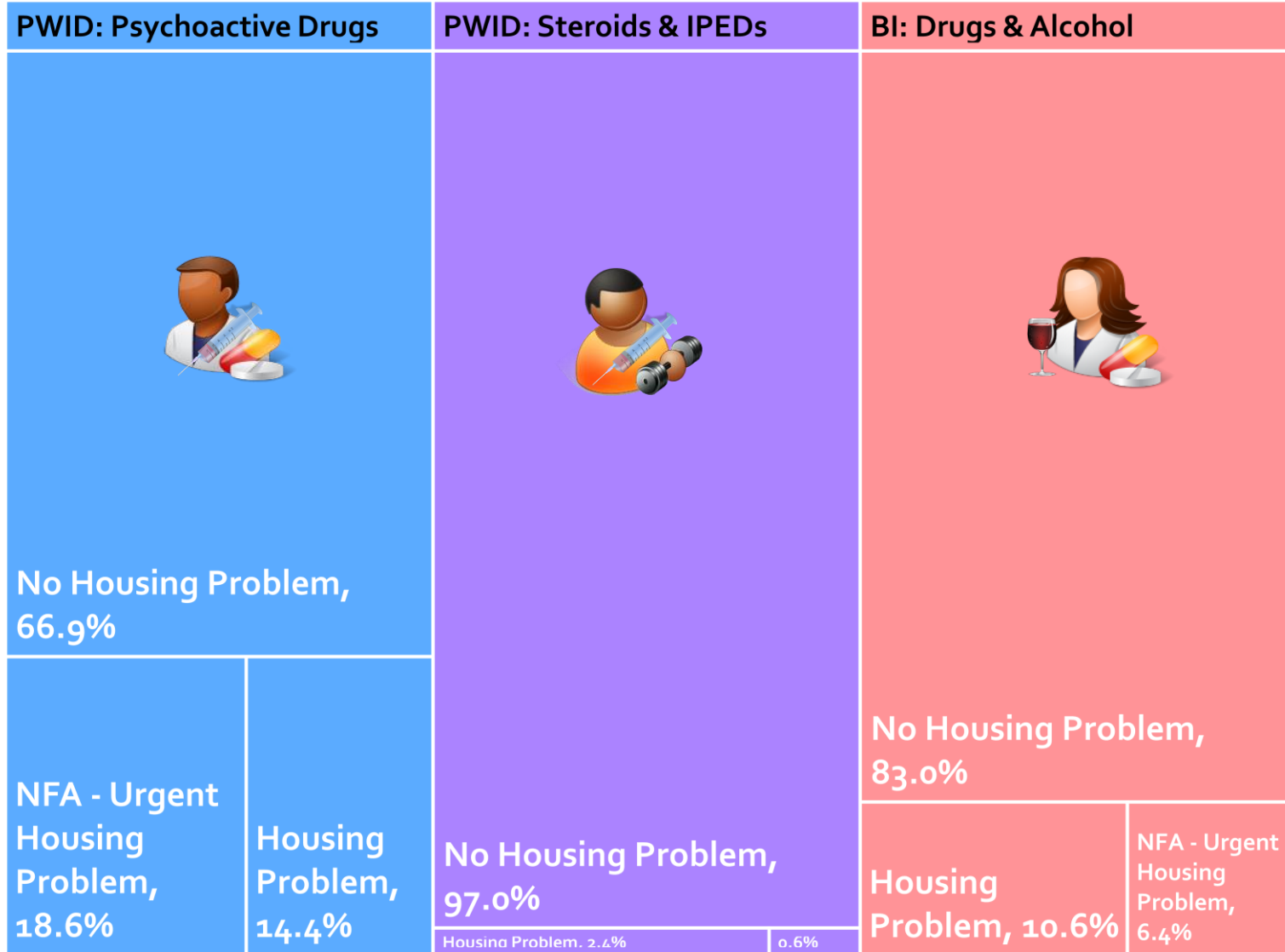
# IMS Data 2017-18

Cohorts  
age profile



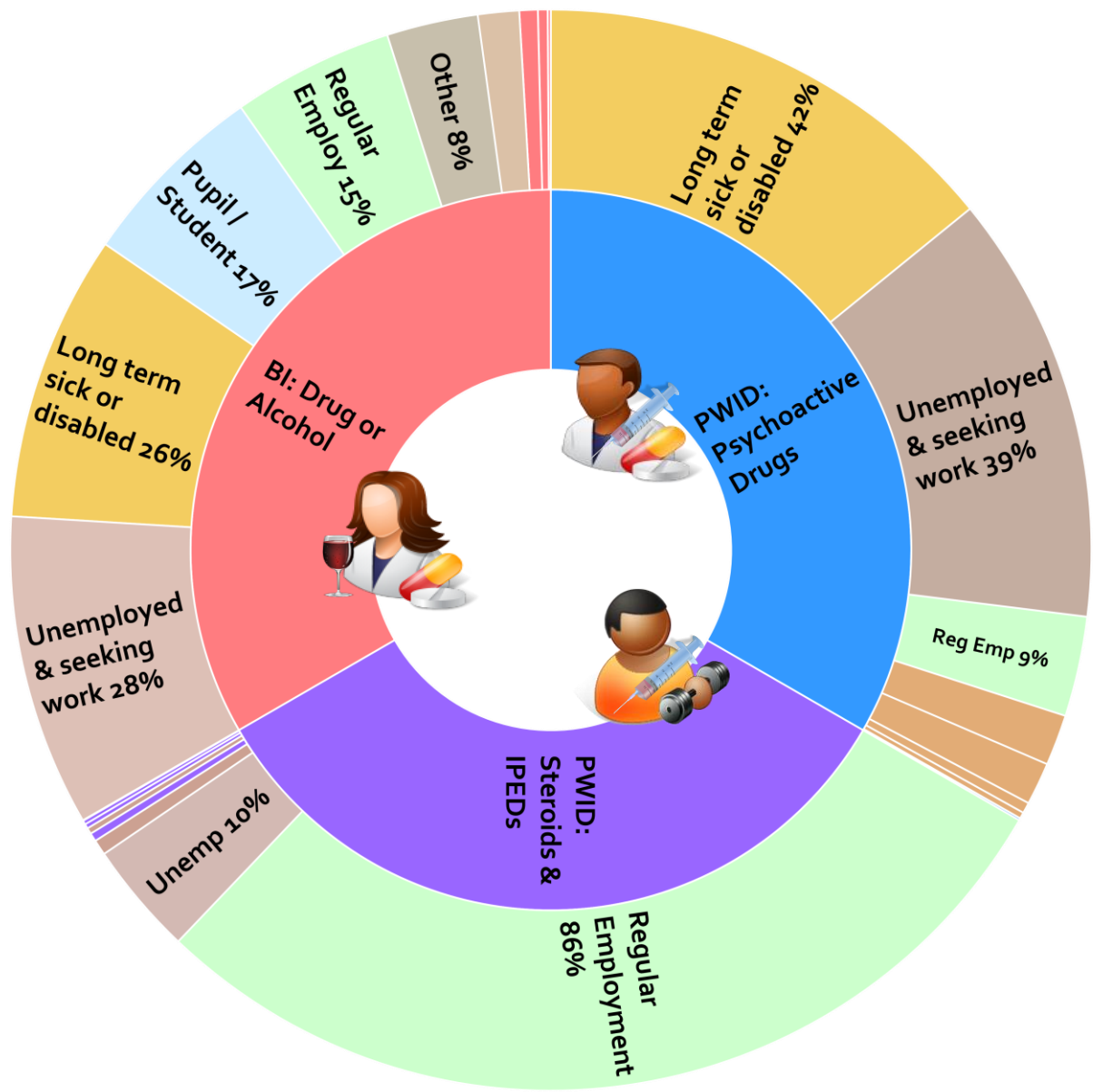
# IMS Data 2017-18

Cohorts  
accommodation status



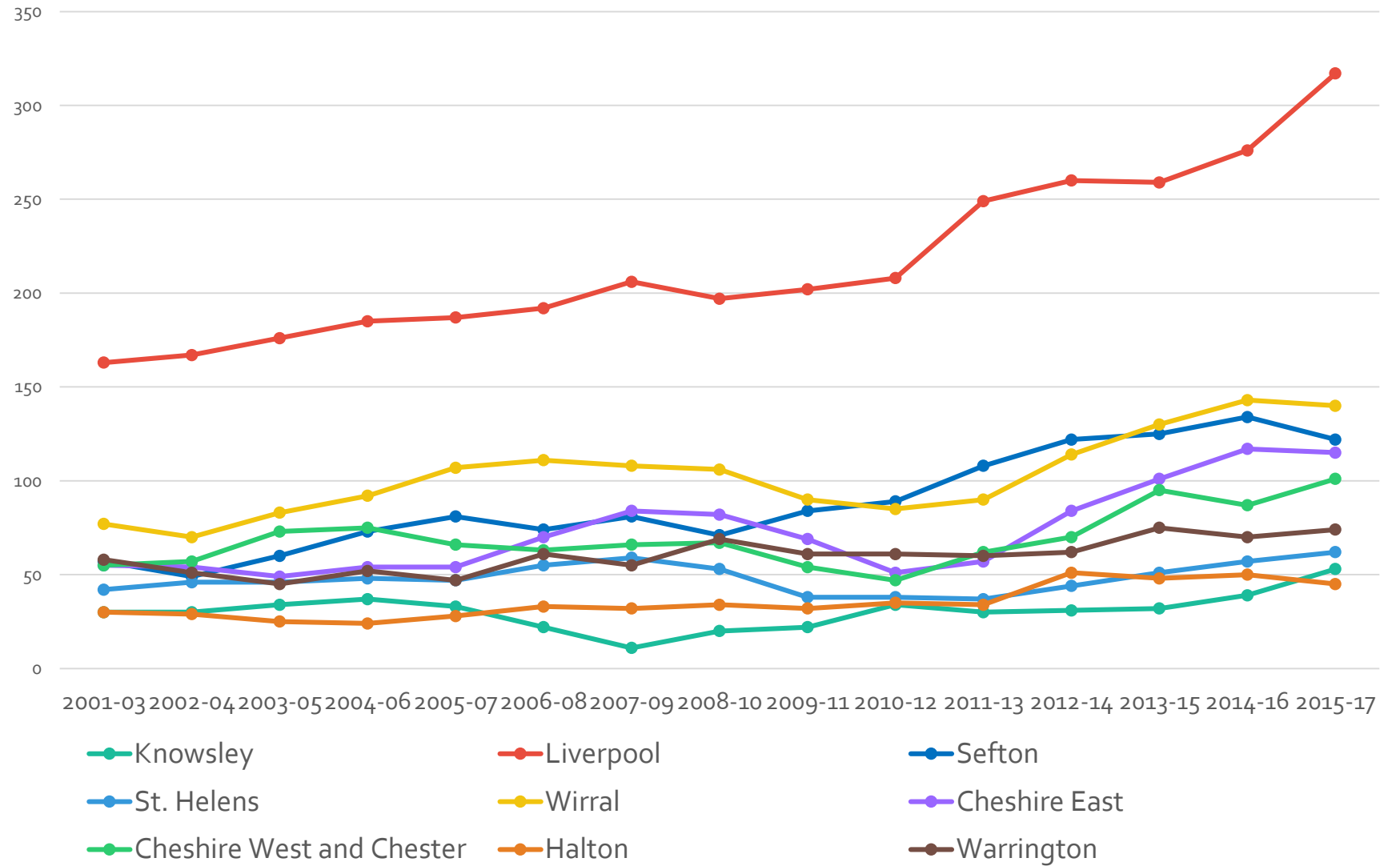
# IMS Data 2017-18

Cohorts  
employment status



# Drug Related Deaths

ONS reported Drug Related Deaths across Cheshire & Merseyside, 2001-2017



# Drug Related Deaths

[ims.ljmu.ac.uk/DRDreview](https://ims.ljmu.ac.uk/DRDreview)

- IMS module to record drug related deaths
- Allows collaboration with all agencies involved in the client's care
- Incorporates information received from local coroner
- DRD record matched to IMS, DIP, and NDTMS datasets
- Panels meet quarterly to discuss individual cases

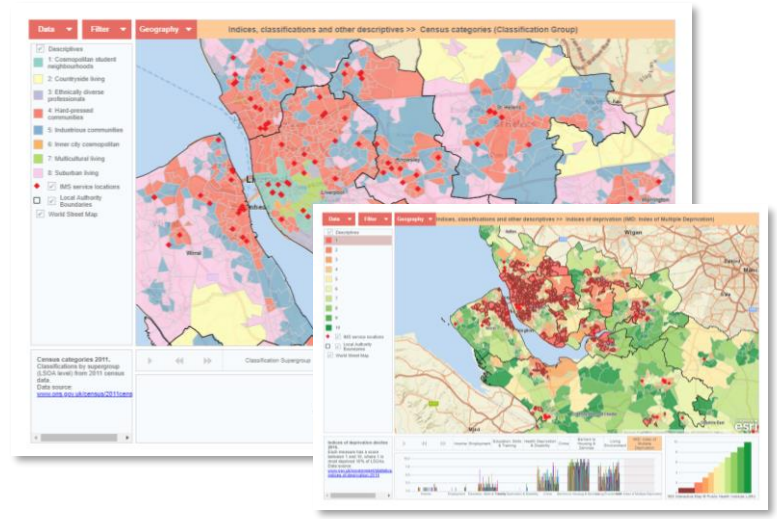
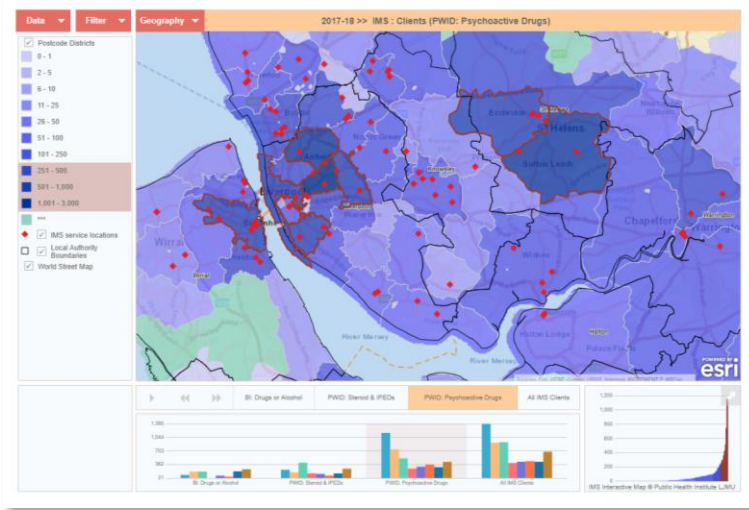
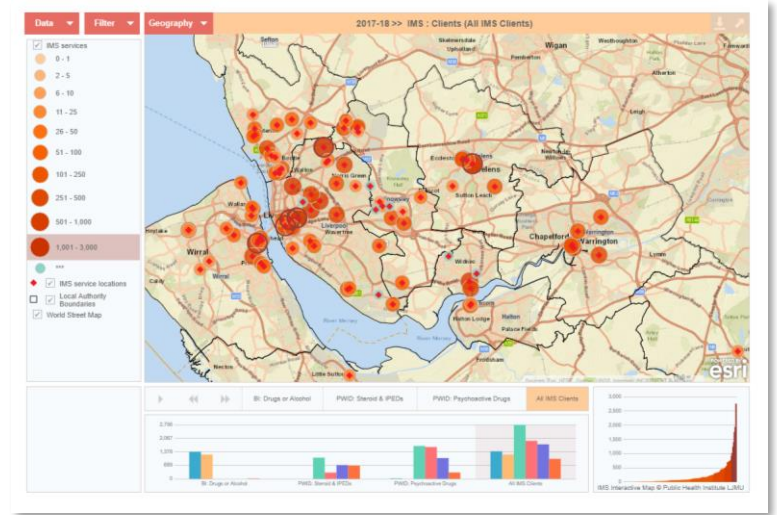
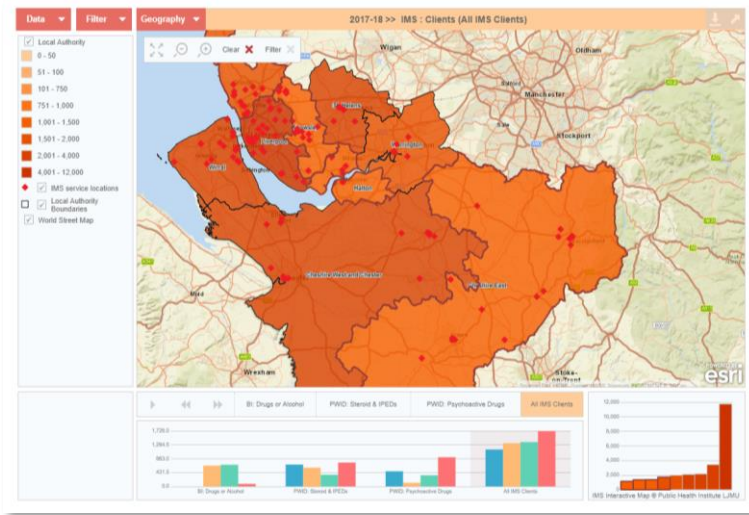
The screenshot displays the IMS (Integrated Monitoring System) web interface. At the top, the IMS logo is visible, along with navigation links for Home, Info, About, and Contact. Below the logo, there are icons for email, a search function, and a user profile. The main content area is titled 'Drug Related Deaths' and includes a 'Save Record' button and a 'Cancel' button. A tabbed interface is shown with 'Main Details' selected. The 'Main Details' form contains the following fields:

Client First (Given) Name	<input type="text"/>
Client Middle Name (or Initial)	<input type="text"/>
Client Surname (Family Name)	<input type="text"/>
Date of Death	<input type="text"/>
Date of Birth	<input type="text"/>
Date death was recorded	<input type="text"/>
Place of Birth	<input type="text"/>



# IMS maps

[ims.ljmu.ac.uk/maps](http://ims.ljmu.ac.uk/maps)



# IMS Data 2017-18

[ims.ljmu.ac.uk/quarterly](https://ims.ljmu.ac.uk/quarterly)

## IMS Quarterly Monitoring Report Quarter 4: 2017-18



### INTRODUCTION:

Hi everyone. This IMS Quarterly Monitoring Reports includes activity for the full 2017-18 year (1st April 2017 - 31st March 2018). Due to changes to Pharmacy systems across several areas there is still some data outstanding from this report; in addition a small number of agency services are still working to complete data entry. Therefore the figures within this report are a preliminary picture of the 2017-18 year and these will be re-issued prior to completion of our IMS Annual Report. Please review your data in this and the IMS Activity & Data Quality report to check that the reported figures are a true reflection of the activity you deliver. In the case of any missing data entry there is still an opportunity to update your activity before final figures are produced. **\*[Update] This 'Issue 3' report has now been updated with additional data.**

The IMS Activity & Data Quality Report, which is published alongside this monitoring report, details activity recorded each quarter together with the completion of the data items included within client assessments. We are keen to hear your feedback. <https://ims.ljmu.ac.uk/contact>

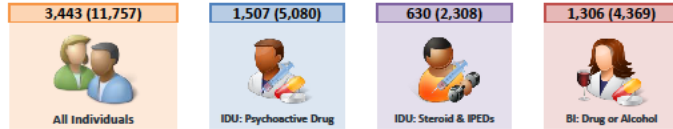
**Monitoring of NSP, and other harm reduction services.**  
The number of individuals engaged in structured drug treatment programmes in England has declined over recent years, but this has been a trend which has occurred alongside another development, that of an increasing number of drug related deaths (DRDs), culminating last year with ONS reporting the highest number of DRDs on record. Delivery of needle and syringe programmes (NSP) in England is not monitored in the same way as drug treatment programmes, at least at a national level, but local monitoring systems provide information which points to a different picture than that which national drug treatment programme data might suggest.\*

The above excerpt is taken from our guest article available on the NNEF website: [www.nnef.org.uk/index.php/updates/155-monitoring-of-nsp-accession](http://www.nnef.org.uk/index.php/updates/155-monitoring-of-nsp-accession)

As always thank you for your continued support of IMS.

### CLIENT COHORT SUMMARY: LIVERPOOL

Number of individuals who accessed syringe exchange services and non-structured interventions in the last quarter, and for the full year to date (rolling 12 months). Shown for all individuals combined and separately for 'Injecting Drug Users' (IDU) using Psychoactive drugs, 'Injecting Drug Users' using Steroids or IPEDs (Image & Performance Enhancing Drugs), and for Non-Injecting 'Brief Intervention' (BI) clients using either Alcohol or Other Drugs.



### CLIENT NUMBERS & PREVALENCE ESTIMATES: LOCAL AUTHORITY AREAS

Comparison of client numbers and estimated prevalence (per 1,000 population) by each Local Authority area for the full year (rolling 12 month period). Shown for all individuals combined and separately for each client cohort group.

	All Individuals	Rate per 1,000 popul	IDU: Psychoactive Drugs	Rate per 1,000 popul	IDU: Steroid & IPEDs	Rate per 1,000 popul	BI: Drug or Alcohol	Rate per 1,000 popul
Cheshire East	1,150	3.1	470	1.2	680	1.8	0	0.0
Cheshire West & Chester	2,153	6.4	964	2.9	1,169	3.5	20	0.1
Halton	1,347	10.6	113	0.9	585	4.6	649	5.1
Knowsley	1,383	9.3	346	2.3	363	2.5	674	4.6
Liverpool	11,757	24.3	5,080	10.5	2,308	4.8	4,369	9.0
Sefton	1,726	6.3	908	3.3	742	2.7	76	0.3
St. Helens	3,420	19.2	1,379	7.7	1,177	6.6	864	4.8
Warrington	1,961	9.4	463	2.2	801	3.8	697	3.3
Wirral	2,089	6.5	791	2.5	991	3.1	307	1.0
Cheshire & Merseyside	26,509	10.8	10,208	4.2	8,700	3.5	7,601	3.1

## IMS Activity & Data Quality Report Quarter 4: 2017-18



### INTRODUCTION:

This activity & data quality report is designed to accompany the quarterly IMS monitoring report. The information in this report is shown for each service and as a total for the local authority area. The sections of this report show both the consistency in the number of clients and volume of activity that is entered into IMS each quarter, and the number and data quality of assessments that are completed for the clients that are seen.

If you have any questions about your data, need help or more information please do contact us <https://ims.ljmu.ac.uk/contact>

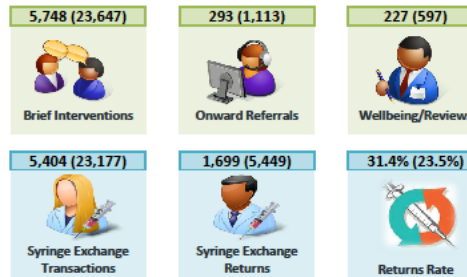
<b>Contents</b>	Clients with assessment	p.5
Count of individuals	Assessment data items	p.6
Count of activity recorded	Data notes & methodology	p.8

### TOTAL CLIENTS SEEN: LIVERPOOL



\* Summary figure when shown in brackets are for a 12 month period

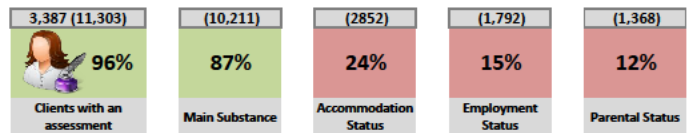
### ACTIVITY RECORDED: LIVERPOOL



In the most recent quarter 5,748 brief interventions were delivered to 3,443 clients in the Liverpool local authority area. This equates to an average of 1.67 interventions per person.

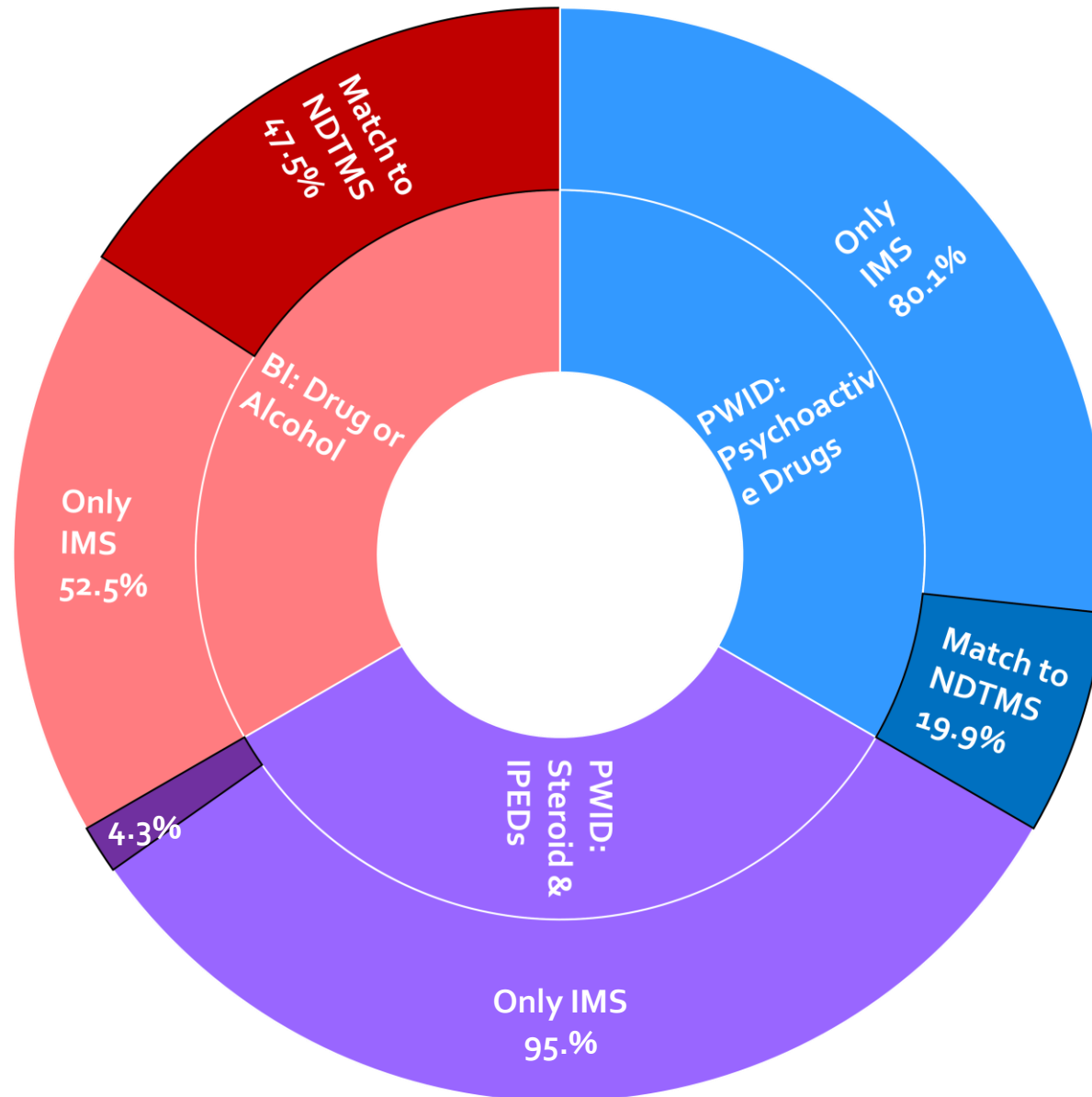
There were 1,699 equipment returns recorded during 2017-18 Q4 a ratio of 1 return to every 3.2 syringe exchange visits, (or 31.4% of visits).

### ASSESSMENT DATA ITEMS: IMS DATA QUALITY REPORT



# IMS data match 2016-17

[ims.ljmu.ac.uk/annual](http://ims.ljmu.ac.uk/annual)



# Data Quality

Training support, and user guides

[ims.ljmu.ac.uk/reference](https://ims.ljmu.ac.uk/reference)



## Integrated Monitoring System

### User Guide

November 2016

Version 2.0



**PHI** | Public Health Institute  
LIVERPOOL JOHN MOORES UNIVERSITY

PHImonitoring@ljmu.ac.uk  
<https://ims.ljmu.ac.uk>  
twitter.com/PHI\_IMS

When a new client accesses your service the IMS assessment should be completed. If the client continues to engage with your service over a longer period then we advise that a new assessment should be completed at six-month intervals. The assessment module is responsive to the requirements of different services, so the data item tabs shown here may appear different for your service.

#### MAIN ASSESSMENT SCREEN

**Substance 1, Accommodation, Employment and Parental Status are mandatory fields**

**Enter client's full (or part) postcode. Click the *Lookup Postcode* button to complete the *Local Authority***

**If the client's postcode isn't known you can select *Local Authority* from the list. This is a mandatory field**

- Date is Required
- Please select the Accommodation to use
- Please select the Employment Status
- Please select the Parental Status
- Substance 1 is Required

**Important:** When you click *Save* your data will be validated and any error messages will appear here. You need to correct any errors and click *Save* again before continuing.

**If other assessment items are applicable for your service, they will appear on separate tabs at the top of the assessment screen.**

## Privacy and Data Security

[IMS data collection](#)

[Principles for processing personal data](#)

[Rights of individuals - GDPR](#)

[Privacy & Data Security guide](#)

### Privacy & Data Security guide

A pdf copy of the IMS [Privacy & Data Security guide](#) can be downloaded here.

This document contains all the information presented on these pages, as well as the following information sheets;

- **Sheet 1 - Sharing Data with the Public Health Institute**

Local confidentiality policies may differ due to the different needs and practices of treatment services but, in the case of information collected and shared with the Public Health Institute, Liverpool John Moores University this sheet provides guidance.

- **Sheet 2 - The type of information collected, and why it is needed**

Why the Public Health Institute collect information, and the type of activity collected.

- **Sheet 3 - How information is handled**

More information about the Public Health Institute, Liverpool John Moores University and the way in which they handle and use IMS data.

- **Sheet 4 - Rights of Individuals - GDPR**

The GDPR (General Data Protection Regulation) legislation sets out important rights for the individual, this sheet explains how these rights may be exercised in relation to IMS.

- **Sheet 5 - Information for Clients/Individuals**

The information on this sheet should be used to inform clients/individuals. It can be adapted, as necessary, by your treatment service and included as part of your own service policy.



# Data Security & GDPR

## Privacy

[ims.ljmu.ac.uk/privacy](https://ims.ljmu.ac.uk/privacy)

[Contact Us](#)



[Privacy](#)



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