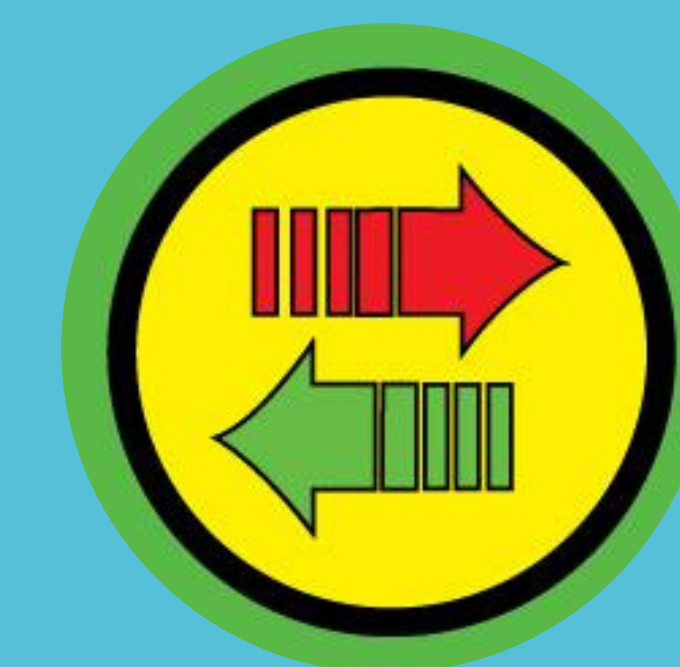


A Mixed Method Evaluation Of NHS Tayside's Injecting Equipment Provision Services



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Background

Providing sterile injecting equipment alone is not sufficient to prevent the transmission of blood-borne viruses among injecting drug users; interventions, such as user education, are also required. This study aimed to evaluate Injecting Equipment Provision Services (IEPS) in Tayside, Scotland, against the National Guidelines for Services Providing Injecting Equipment. These guidelines were developed as an action under Scotland's Hepatitis C Action Plan, Phase II. ²

Methodology

NHS Tayside has 20 IEPS; 16 community pharmacies, 3 Minor Injuries Units and a specialist harm reduction service (SHRS). A mixed methods study collected data from people using, and staff working in, IEPS: Peer researchers undertook a customer satisfaction survey and mystery shopper exercise, and staff participated in semi-structured interviews. Qualitative and quantitative analysis was undertaken to produce an evaluation report making 8 recommendations, using the data from the three research methods.

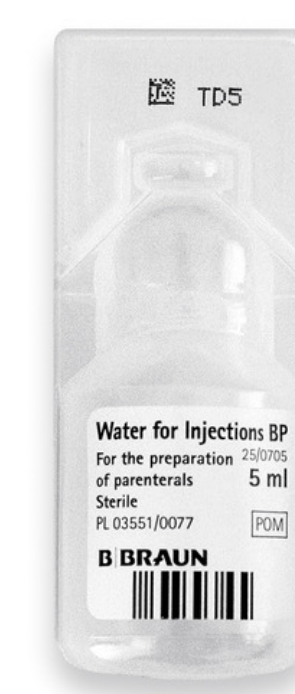
Key Results from the customer satisfaction survey (n=85)

Providing equipment for 1 new use for each injection:

The vast majority, 95.1-97.5%, stated they always got adequate provision of needles, spoons, filters, swabs and acidifier for one new use of each for every injection. However, access to water was significantly lower with only **71.3%** always getting enough.

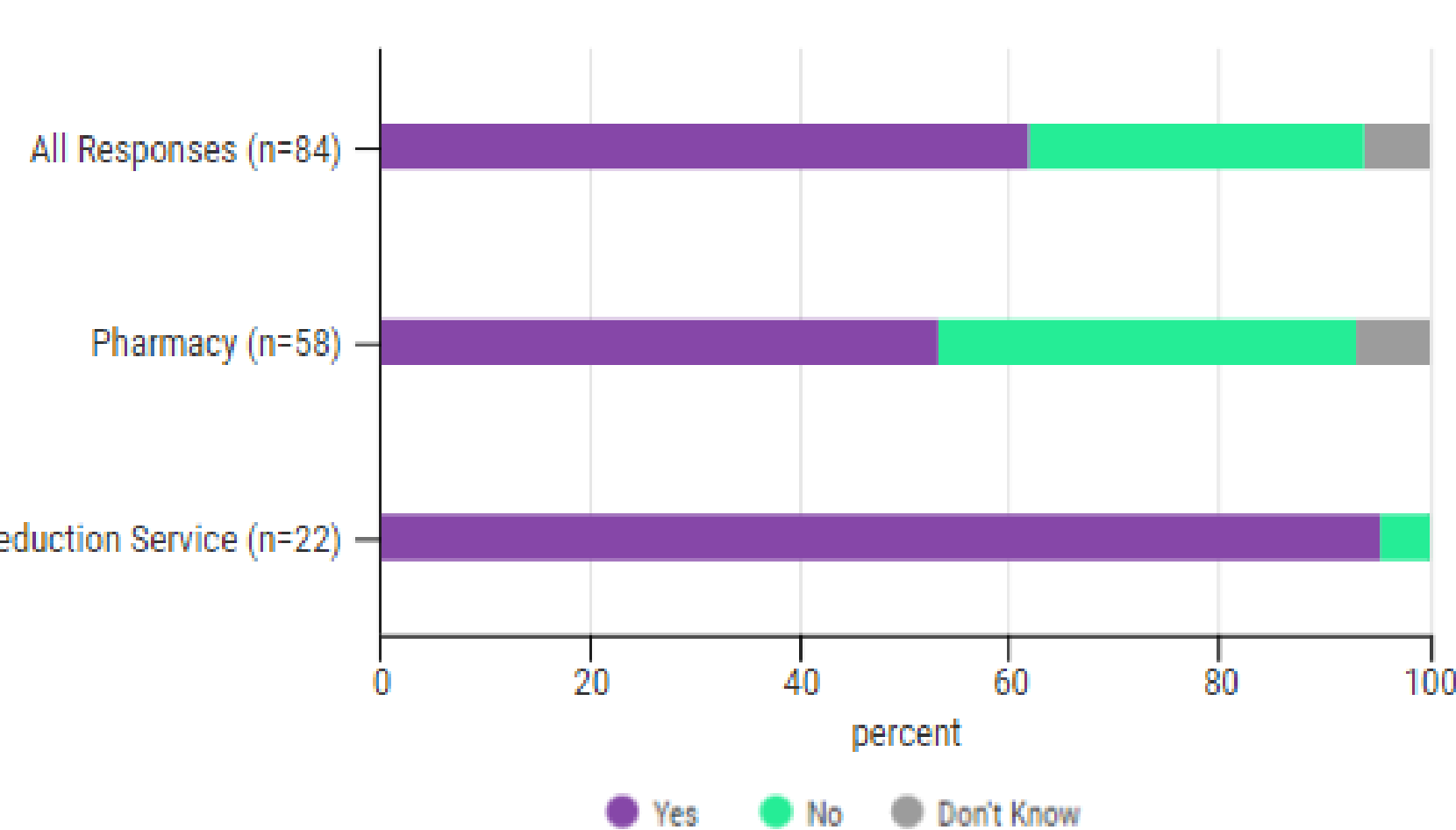
The top three reasons given as to why people didn't get enough equipment were: (n=35)

- Inconvenient to carry enough items (51.4%)
- No or limited stock of water (14.3%)
- Staff limit number of items (11.4%)



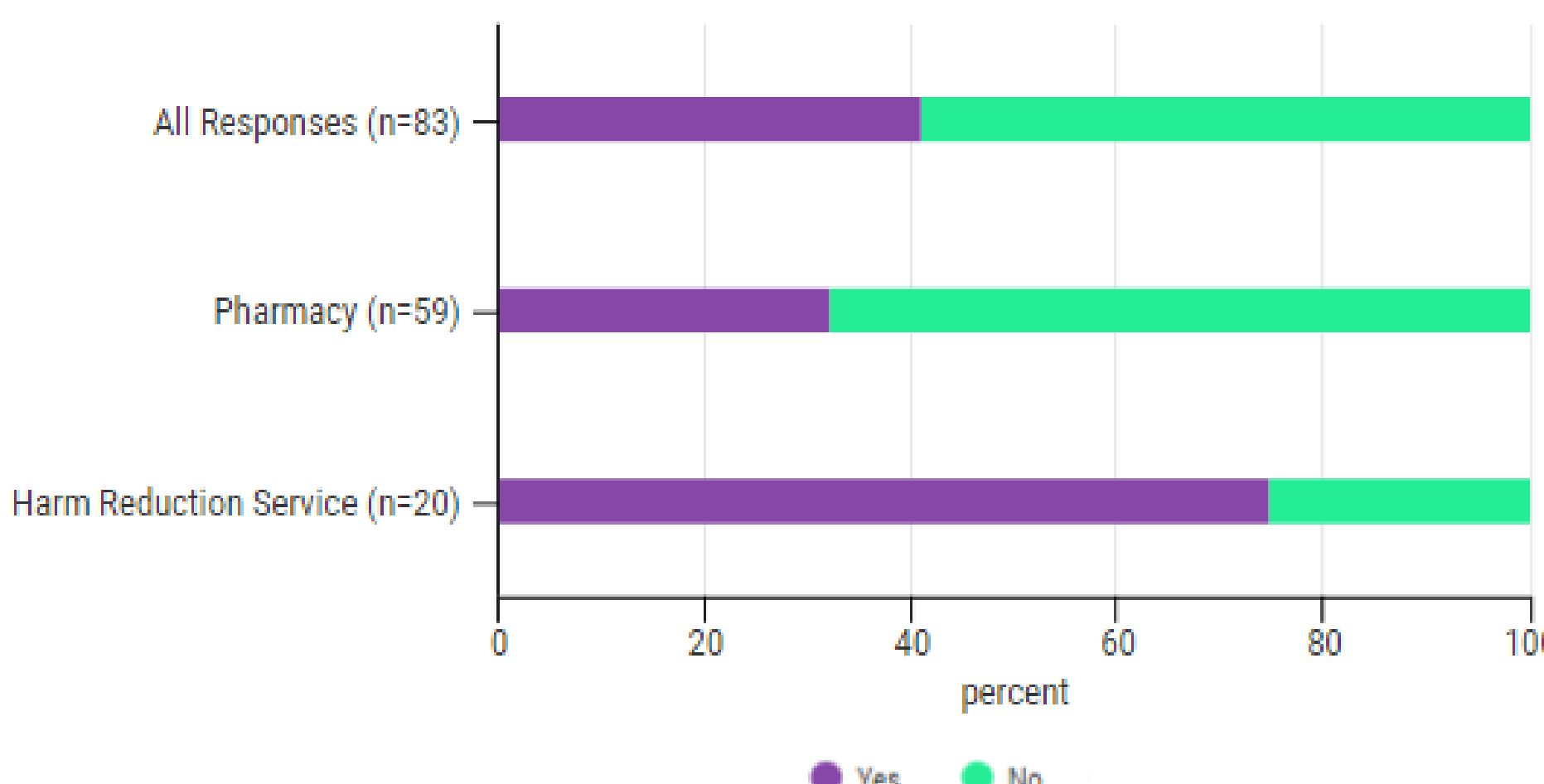
Perception of Staff Knowledge:

Proportion of responses who felt staff have an understanding of the prevention of BBVs



Service User Education:

Proportion of respondents stating if they had ever been informed in this service about the risks of sharing equipment



Key Information from Mystery Shoppers

The peer researchers conducted 2 mystery shopper visits with all IEPs, 40 visits in total. Six of the visits specifically enquired about BBV testing and information. Levels of local knowledge around BBV testing varied greatly although most did attempt to signpost to appropriate services.

During the other 34 Mystery Shopper visits, only one staff member engaged the mystery shopper in discussions about BBV testing without specific prompting. At the time of the research HCV testing was only available to customers receiving ORT. HCV testing is now being rolled out to anyone who attends an IEP.

"It would be good if there was a harm reduction person or a specific person trained and assigned to the IEP."

"I always found everyone very helpful and approachable"

"I have never been asked anything"

Stigma

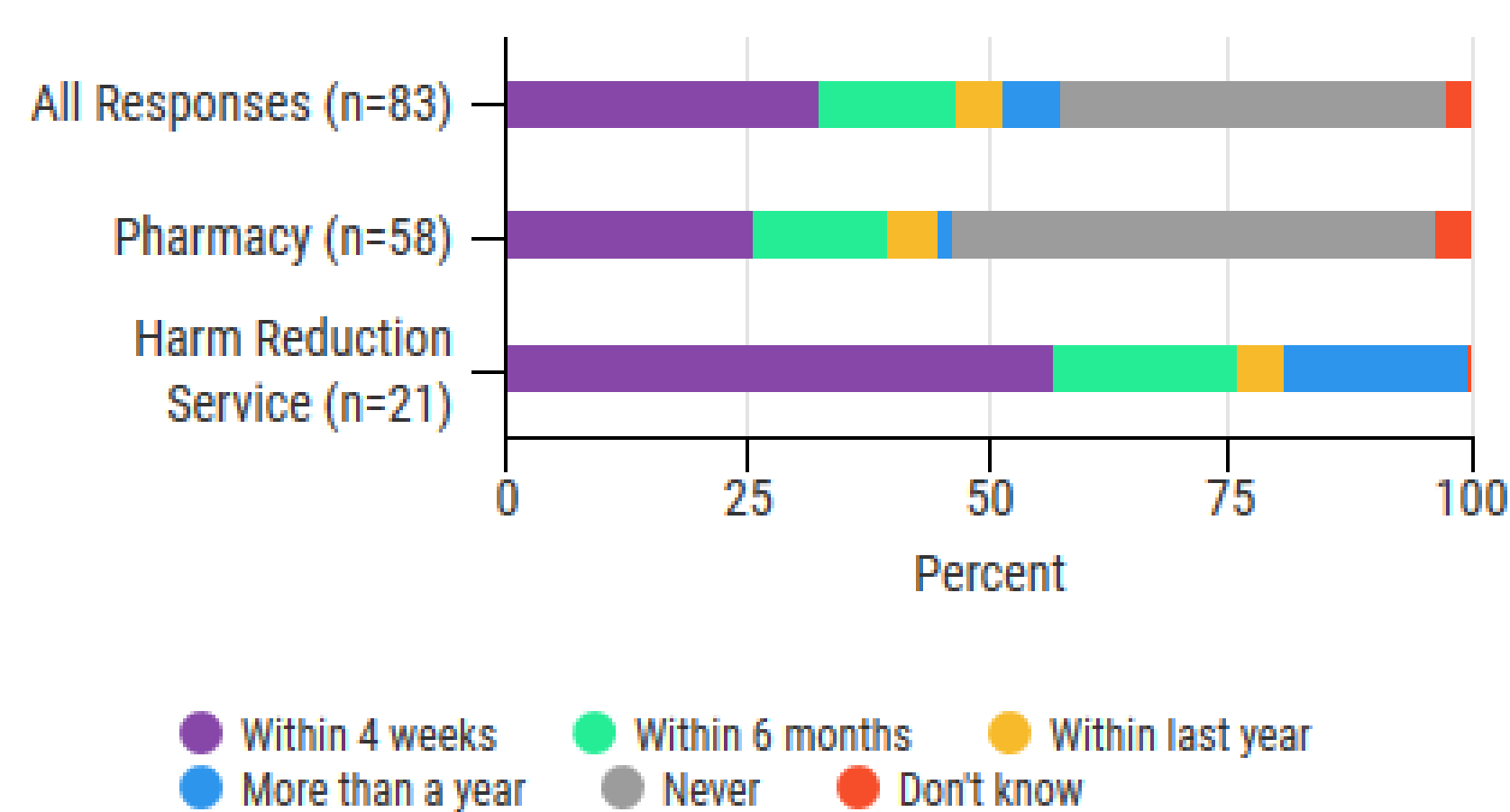
A barrier to improving service quality and effectiveness is the level of stigma borne by people who inject drugs. It should be no surprise that the public's stigmatising views and prejudices can also be identified in some people whose work involves IEP. Crucial to addressing this issue is the sometimes painful process of pointing out where stigma exists and the evidence in terms of practice and attitude. Stigma was evidenced in all three arms of this study.

"Her attitude changed when I asked for needles. I could see her demeanour change from nice customer friendly to not really caring." (Mystery Shopper experience)

There is good practice captured in this report, with respondents reporting positive experiences; *'it feels good being treated equally to others'* This should be the expectation for every service as opposed to an exceptional event.

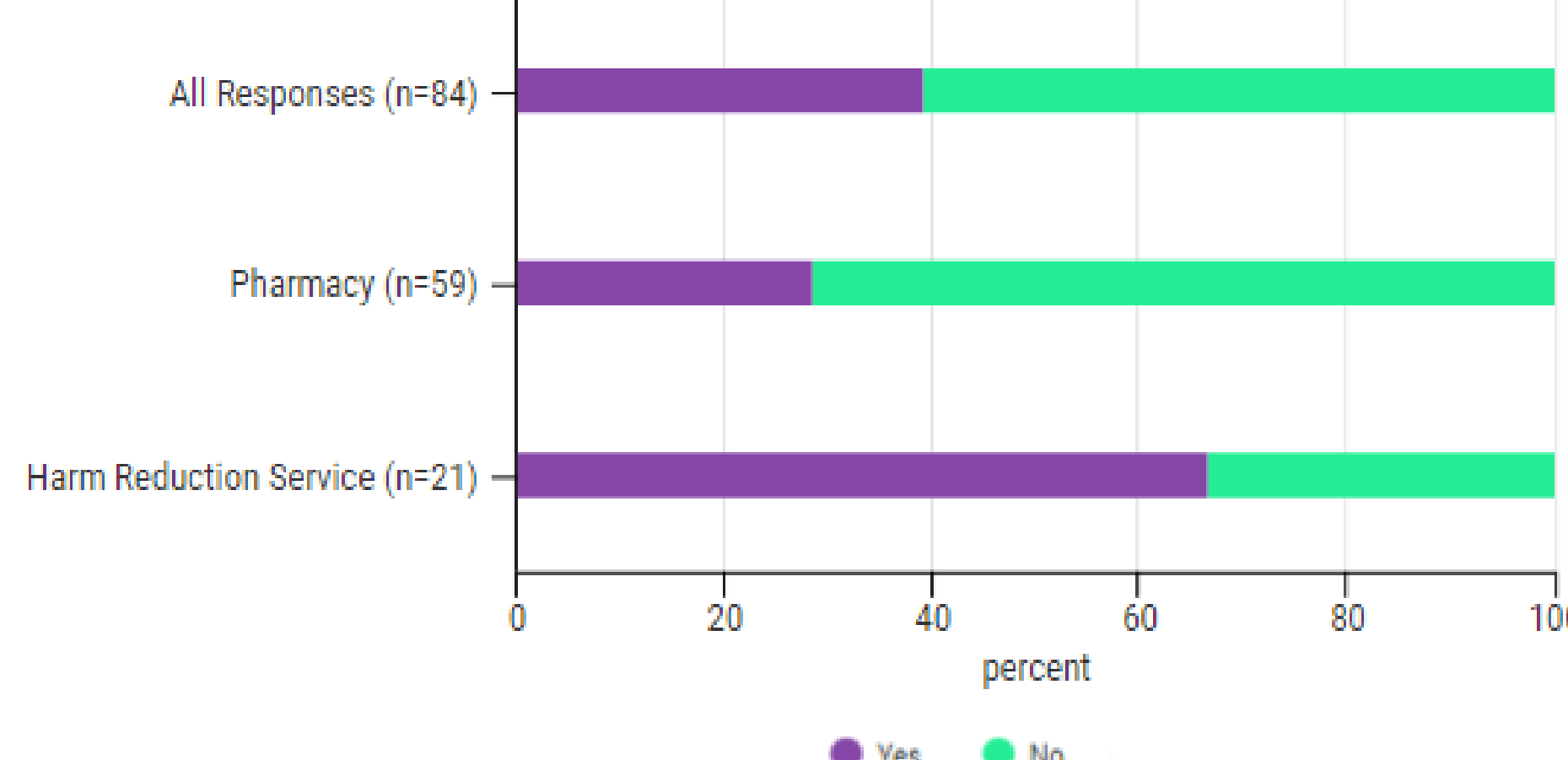
Staff Interventions

Proportion of respondents stating when staff in this service last discussed BBV tests



Staff Engagement

Proportion of respondents stating if they had ever been asked what they are injecting



Key excerpts of recommendations

IEP staff have a great opportunity to reduce stigma and its impact in IEP settings by providing a service that is individualised, non-judgemental and person-centred.

There needs to be consistency of provision across IEP services, including ensuring that the level of IEP equipment doesn't fluctuate due to storage, supply or other issues.

One-off training is inadequate to sustain a quality service. Due to staff turnover and changing user needs, regular training and updates are required.

Conclusion

Achieving the harm reduction and public health aims of IEPs requires a far greater involvement with customers than a mere transaction. Each and every exchange should be seen as a space to build a relationship with the customer that allows more opportunity for an enhanced intervention, such as BBV testing.

Although it is to be expected that SHRS outperforms other IEP settings, the bare minimum of the standards should be adhered to in all settings, which in some places was shown to be lacking. The recommendations, in particular around staff training and service consistency would go a long way to improving this.

NHS Tayside is also now embarking on an ambitious elimination strategy for Hep C, however as this study shows there is work to be done to ensure staff at the heart of prevention of Hep C have the knowledge and skills to engage with IEP customers.