

IMS ANNUAL USER GROUP MEETING 2017

PHI | Public
Health
Institute
LIVERPOOL JOHN MOORES UNIVERSITY

AGENDA

- 10.00am** Introductions and overview of IMS data 2016/17 including new reporting
- 10.40am** International Harm Reduction Conference report ([video](#))
- 10.50am** Drug related deaths: the national picture ([Paul Duffy, PHE](#))
- 11.15am** Frontline experiences of NSP users in a pharmacy setting ([William Coulter, Numark Pharmacy](#))
- 11.35am** RSPH drug policy public consultation ([video](#))
- 11.45am** Hepatitis C among people who inject psychoactive drugs in the UK ([Ellen Heinsbroek, PHE](#))

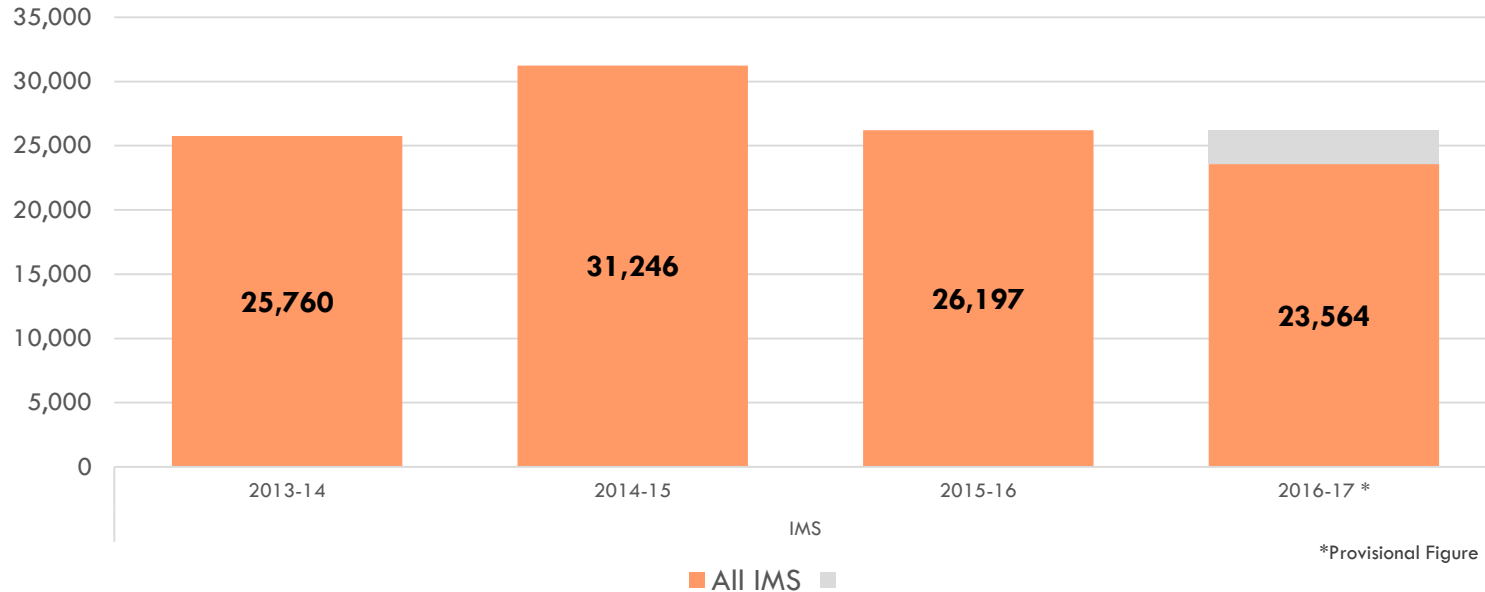
IMS DATA CURRENT POSITION

Covers all nine local authority areas in Merseyside and Cheshire

44 agencies and 91 pharmacies

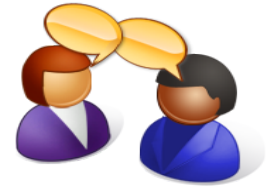
23,564 individuals reporting to system in last year (provisional)

IMS DATA 2016-17



IMS DATA 2016-17

23,564 individuals reporting to system in last year (-11% on 2015-16)



75,114 interventions delivered (-26% on 2015-16)

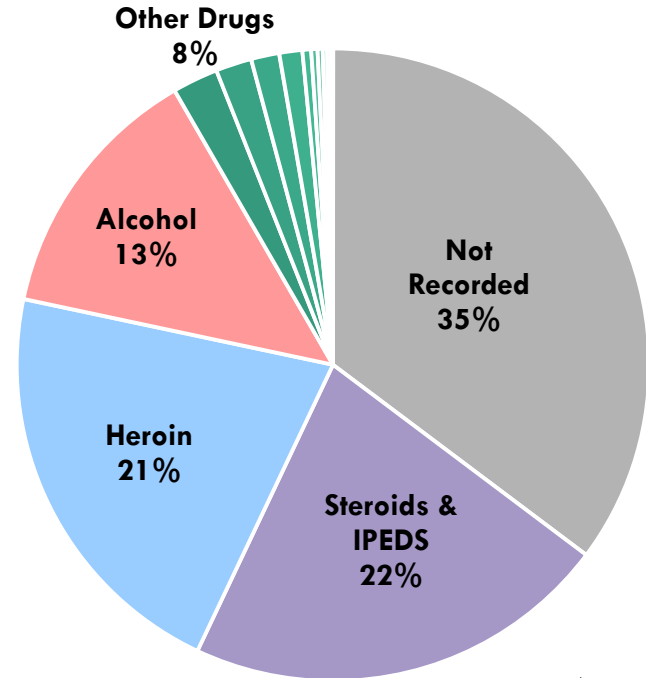
79,957 syringe exchange transactions (+9% on 2015-16)



IMS DATA 2016-17

15,255 individuals (65%) have a main substance recorded.

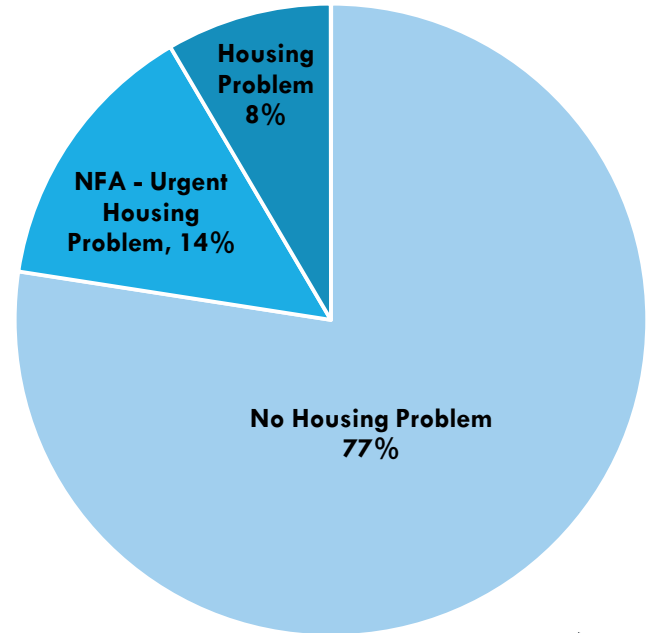
8,309 (35%) have never had a substance recorded, includes 7,430 individuals currently using needle & syringe exchanges.



IMS DATA 2016-17

6,905 individuals (29%) have an accommodation status recorded.

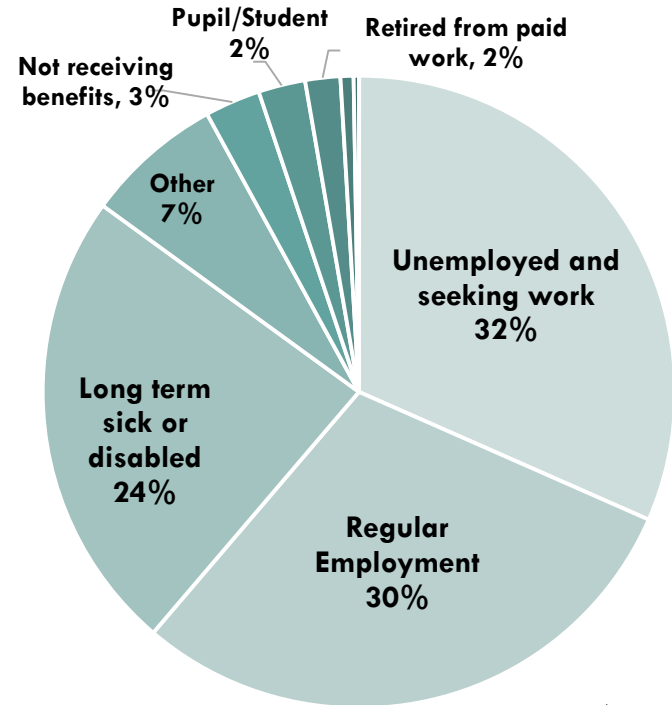
Where recorded, the majority (77%) do not have a housing problem.



IMS DATA 2016-17


4,809 individuals (20%) have an employment status recorded.

Where recorded, almost a third (32%) are unemployed and seeking work.



IMS DATA NEW COHORTS

cohort

/ˈkəʊhɔ:t/ 

noun

noun: cohort; plural noun: cohorts

1. an ancient Roman military unit, comprising six centuries, equal to one tenth of a legion.
synonyms: unit, outfit, force; More
2. a group of people with a shared characteristic.
"a cohort of civil servants patiently drafting legislation"
 - a group of people with a common statistical characteristic.
"the 1940–4 birth cohort of women"
synonyms: group, grouping, category, categorization, grade, grading, classification, class, set, section, division, order, batch, list; More

www.google.co.uk/search?q=cohort

Integrated Monitoring System : All IMS Clients

Individuals with a NEX transaction or NEX return recorded within the period, or an injecting status of 'current' on their last assessment.

Injecting Drug Users : IDU

Individuals with Brief Interventions, referrals and well-being only.

Non-Injectors : BI

Latest client assessment where the main substance recorded is either steroids or other drugs (but not alcohol). Where no substance is recorded clients are allocated to either group using the estimated likelihood from a modelling of client attributes and activity.

IDU : Steroids & IPEDs

IDU : Psychoactive Drug

The main substance (drugs or alcohol) as recorded in client's last assessment.

BI : Drug or Alcohol

Steroids & IPEDs

Drug: Opiate

Drug:
Non-opiate

Alcohol

No substance
or
not recorded

Steroids &
IPEDs

Heroin

Methodone

Other
Opiates

Amphetamine
(excl Ecstasy)
Ecstasy

Anti-
depressants
Hallucino-
gens

Benzo-
diazepines
NPS-Novel
Psychoact

Cannabis
Prescription
Drugs

Cocaine
(excl Crack)
Solvents

Crack
Cocaine
Other Drugs

Alcohol

No
substance
or not
recorded

ALLOCATING IDU “NOT STATED” TO NEW COHORTS

Demographics: gender and age-group profile

Equipment used: the type of equipment taken

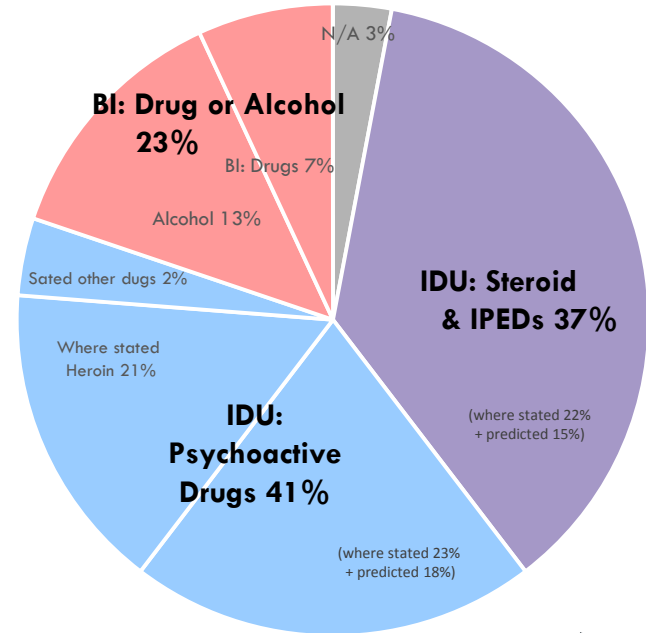
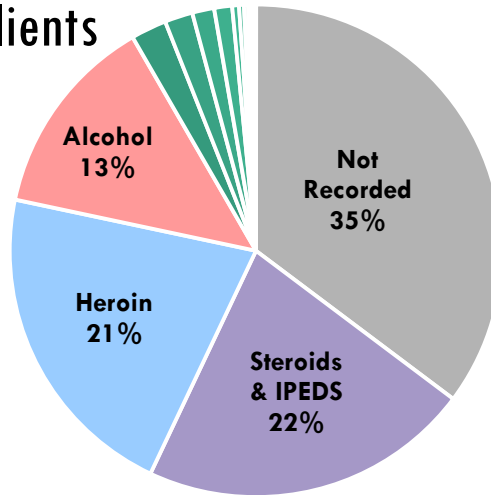
Frequency of visits made to service/pharmacy

83% accuracy by testing estimated cohort model with clients where substance known

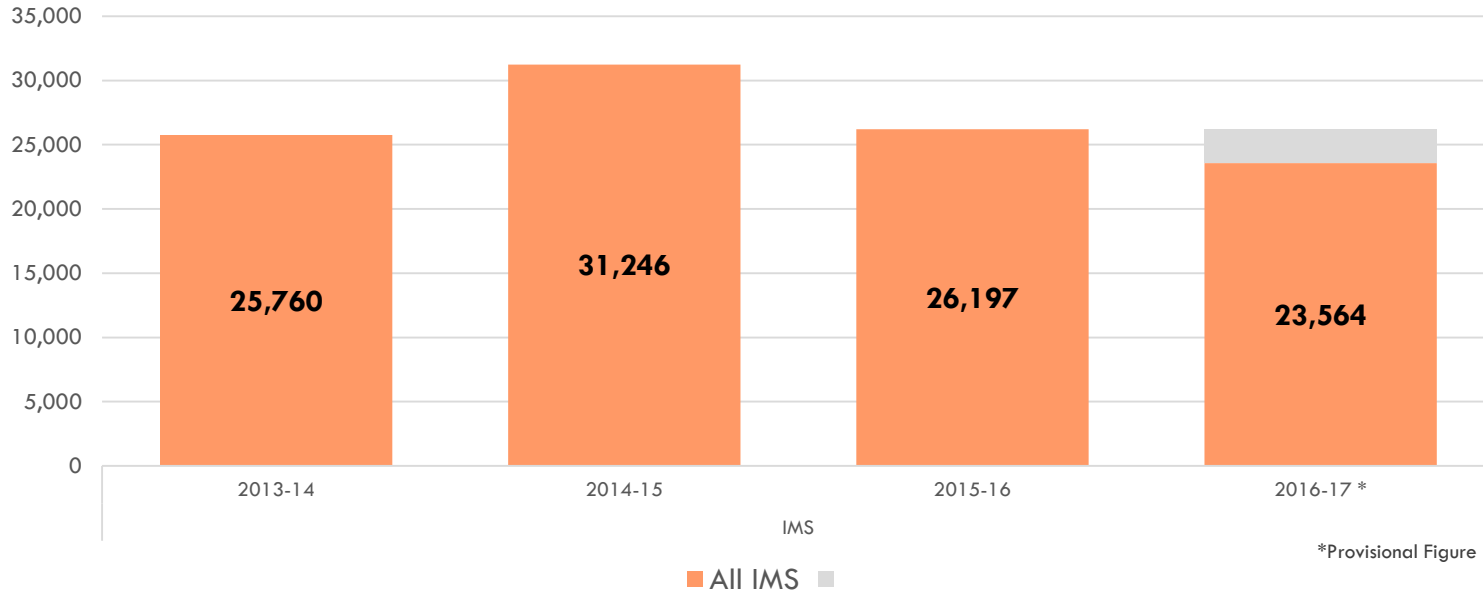


IMS DATA 2016-17

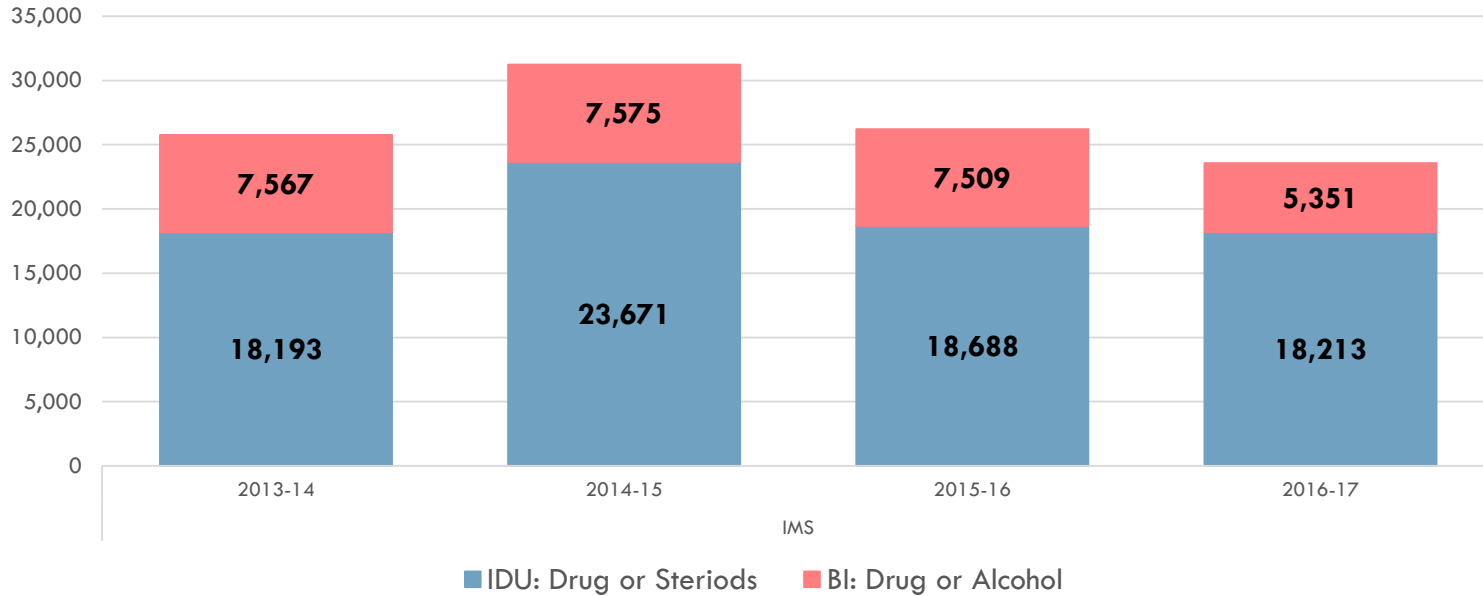
7,430 of the individuals (32%) with no substance recorded, are IDU clients currently using needle & syringe exchanges.



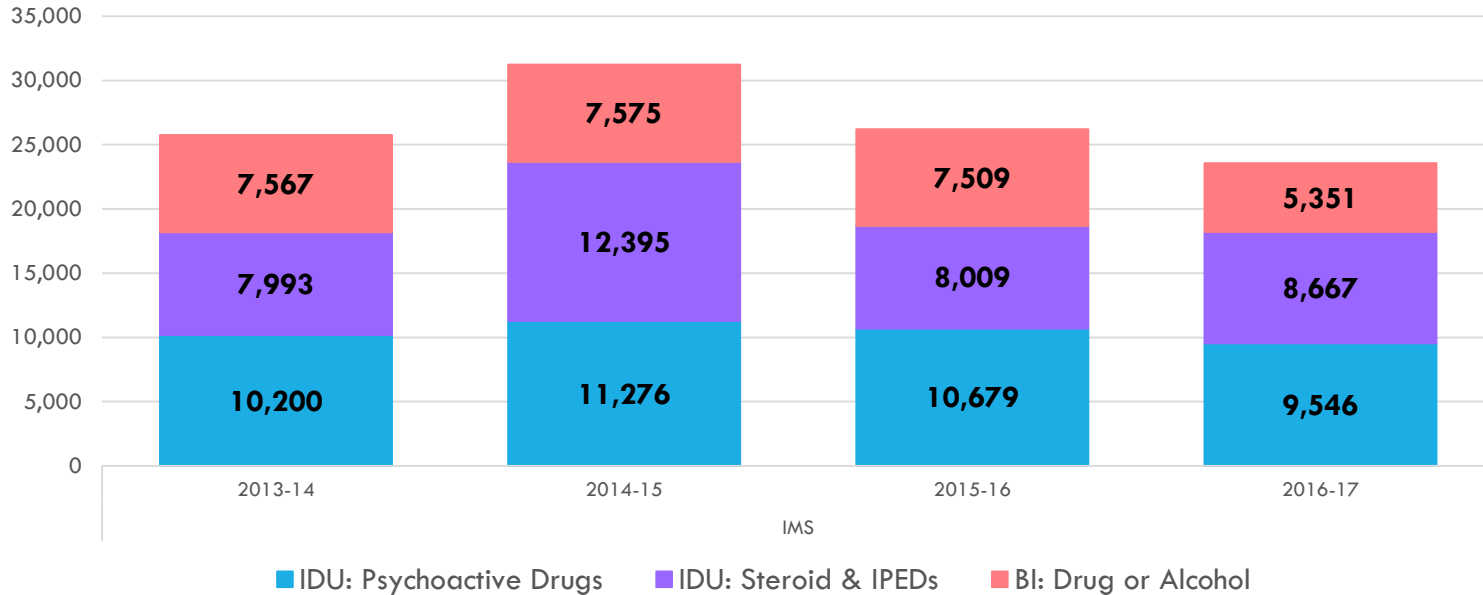
TOTAL IMS CLIENT GROUP



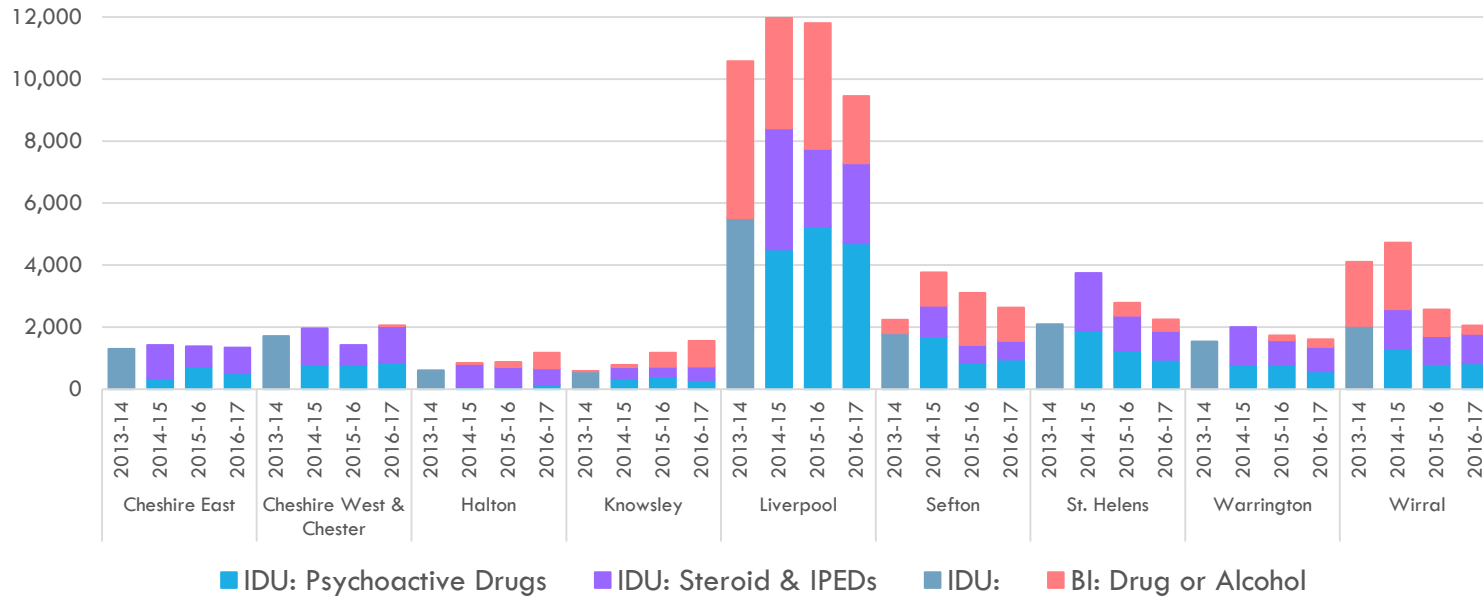
IMS CLIENT GROUP: IDU / BI SPLIT



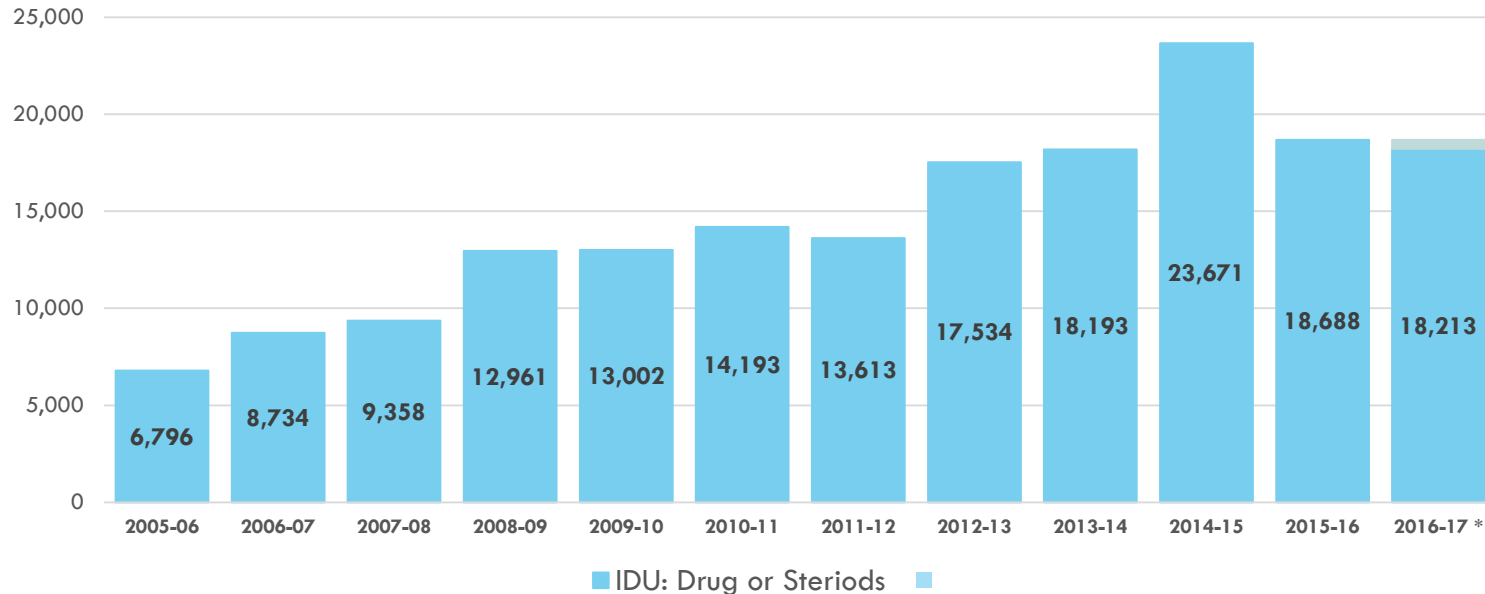
IMS CLIENT GROUP: IDU DRUG / IDU STEROID / BI



IMS CLIENTS: IDU DRUG / IDU STERIOD / BI



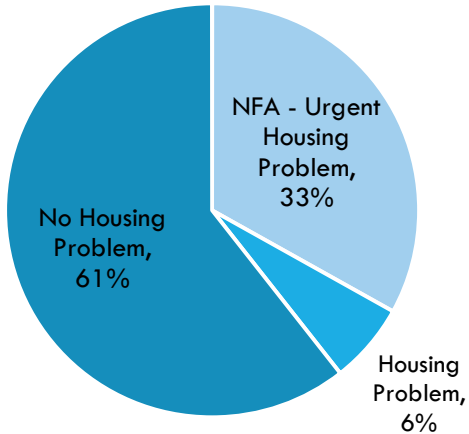
NEEDLE SYRINGE PROGRAMME CLIENTS (IDUs)



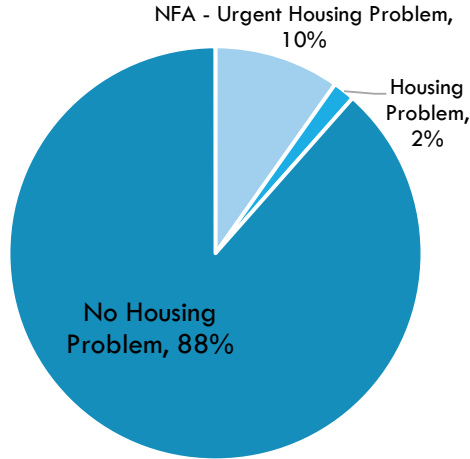
*Provisional Figure

IMS DATA 2016-17

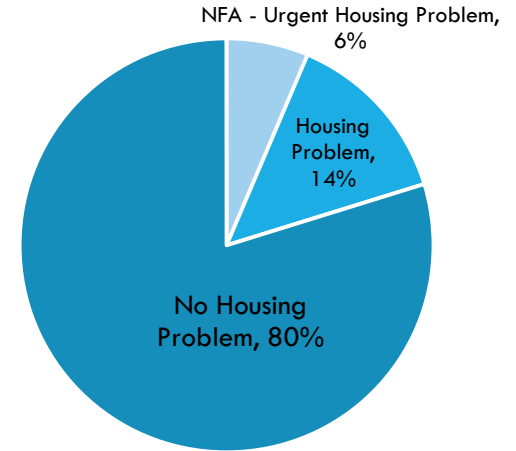
IDU: Psychoactive Drugs



IDU: Steroid & IPEDs

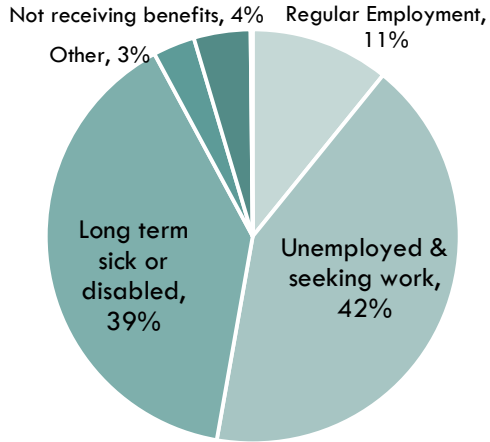


BI: Drug or Alcohol

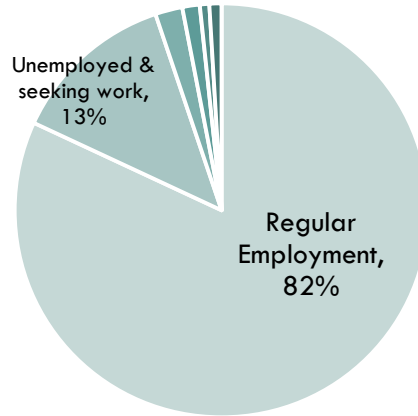


IMS DATA 2016-17

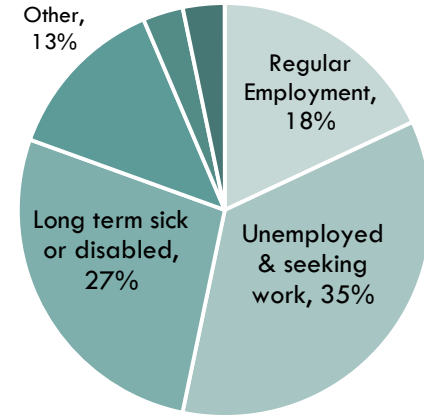
IDU: Psychoactive Drugs



IDU: Steroid & IPEDs



BI: Drug or Alcohol



IMS QUARTERLY REPORTS NEW FORMAT

<https://ims.ljmu.ac.uk/quarterly>

IMS Quarterly Monitoring Report Quarter 1: 2016/17



INTRODUCTION:

Hi! This is the first quarterly report for the 2016-17 year and covers activity for period 1st April – 30th June 2016. Please make every effort to keep your data entry up to date. Where services have been unable to complete their IMS data for the quarterly deadline, their figures will be updated retrospectively in the next quarterly report.

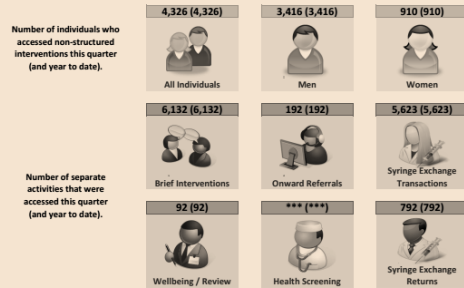
In this quarter's report we have refreshed the layout, and included additional tables to show figures for needle and syringe exchange clients as a separate cohort as all the IMS client data. The needle and syringe exchange figures are found in pages 11-14 with the blue title bars. Thank you to everyone who has given feedback on the content of this report. If you have any requests for changes to additions please do let us know.

The 2015/16 annual report will be available before the end of the year with the detail for all IMS client activity recorded during 2015/16 across Cheshire and Merseyside, and cross matching activity recorded in IMS with client numbers from the National Drug Treatment Monitoring System (NDTMS) and the Drug Intervention Programme

Thank you to everyone who was able to attend our annual IMS user group event. It was great to hear your feedback on IMS. It also gave us an opportunity to show how the IMS data is used, and to present some of the developments to have planned. Information and presentations from the event are available here: www.ljmu.ac.uk/ims/ims-user-group-event-2016

We have been awarded the title of Research Institute and have changed our name: formerly the Centre for Public Health (CPH), we have now become the Public Health Institute (PHI). Our contact details are unchanged and the new name will be formally launched in October.

ACTIVITY SUMMARY FOR: LIVERPOOL



Number of individuals who accessed non-structured interventions this quarter (and year to date).

Number of separate activities that were accessed this quarter (and year to date).

IMS Quarterly Monitoring Report Quarter 4: 2016-17



INTRODUCTION:

Hi everyone, this is the last quarterly report for 2016-17 which includes all activity for the period 1st April 2016 – 31st March 2017. Figures shown for previous quarters have also been updated where retrospective data has been entered. At the time of publishing, data for some agencies and pharmacies is missing from this report. We are currently working with these agencies and aim to include their data within the 2016-17 annual report.

The format of this report has been refreshed to show your IMS data in three distinct cohort groups. This report is available in both the new and old formats. This is to help with comparison of figures in the new format and to assist with feedback about the changes.

We have also introduced a new Activity & Data Quality Report which will be published alongside this monitoring report. The new 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. <http://www.ljmu.ac.uk/ims>

This year's annual IMS users meeting will take place on Tuesday July 28th 2016 – 1pm. The meeting will include a first look at figures from the forthcoming 2016/17 annual report, along with presentations on the new client cohorts, an update on organizational deaths and an overview of new reporting tools. For more details and to register for this event please go to our events page: www.ljmu.ac.uk/ims/ims-users-meeting-2016-17

Over the next few months Howard will be completing a research project looking at the data collection from needle and syringe exchange services. This includes a survey questionnaire asking for your opinions relating to the delivery of needle and syringe exchange. Thank you to everyone who has already responded. If you aren't already clear there it will need to complete the survey online ims.ljmu.ac.uk/ims/MS/MS. As always thank you for your continued support of the Integrated Monitoring System.

CLIENT COHORT SUMMARY: LIVERPOOL

Number of individuals who accessed syringe exchange services and non-structured interventions in the last quarter, and the full year to date (rolling 12 months). Shown for all individuals combined and separately for 'Injecting Drug Users' (IDU) using Praxicochrone drugs, 'Injecting Drug Users' using steroids or other (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 pop	IDU: Psychoactive Drug	Rate per 1,000 pop	IDU: Steroid & PEDs	Rate per 1,000 pop	BI: Drug or Alcohol	Rate per 1,000 pop
Cheshire East	1,252	3.3	470	1.3	782	2.1	0	0.0
Cheshire West & Chester	2,016	6.1	696	2.0	1,320	3.8	2	0.0
Hallam	1,849	9.2	128	0.6	1,721	4.3	107	0.6
Knowsley	1,531	20.4	287	3.9	1,244	16.5	284	3.8
Liverpool	6,467	37.7	4,227	24.8	2,240	12.9	1,900	11.1
Salford	2,614	9.6	948	3.5	1,666	6.1	1,079	3.9
St. Helens	1,290	12.7	953	9.4	337	3.2	316	3.1
Warrington	1,801	17.7	573	5.5	1,228	12.0	247	2.4
Wirral	2,047	6.4	134	0.4	1,913	6.0	269	0.8
Cheshire & Merseyside	22,513	9.2	8,016	3.7	14,500	5.4	5,182	2.1

IMS Activity & Data Quality Report Quarter 4: 2016-17

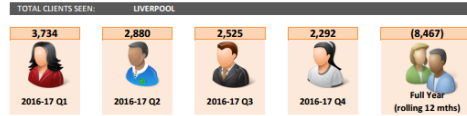


INTRODUCTION:

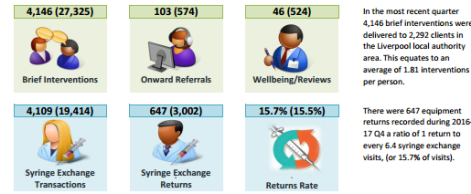
This activity & data quality report is designed to accompany the quarterly IMS monitoring report. The information in this report is shown for each service and as a total for the local authority area. The sections of this report show both the consistency in the number of clients and volume of activity 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>

Goals:	Count of individuals	p.2	Assessment data items	p.5
	Count of activity recorded	p.3	Data notes & methodology	p.8



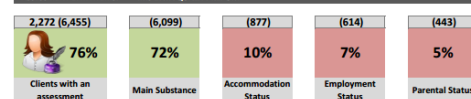
ACTIVITY RECORDED: LIVERPOOL



In the most recent quarter 4,146 brief interventions were delivered to 2,292 clients in the Liverpool local authority area. This equates to an average of 6.4 syringe exchanges per person.

There were 647 equipment returns recorded during 2016-17 Q4 at a rate of 1 return to every 6.4 syringe exchange visits, (or 15.7% of visits).

ASSESSMENT DATA ITEMS: IMS DATA QUALITY REPORT



IMS DATA QUALITY

IMS Activity & Data Quality Report Quarter 4: 2016-17



INTRODUCTION:

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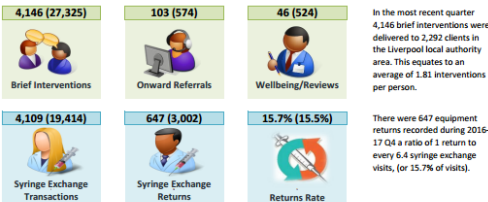
Clients with assessment p.5
Assessment data items p.6
Data notes & methodology p.8

TOTAL CLIENTS SEEN: LIVERPOOL

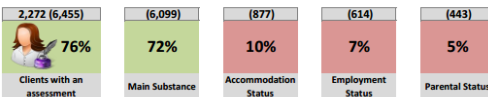


1 Summary figure after client check & transfer one for a full year / 12 month period

ACTIVITY RECORDED: LIVERPOOL



ASSESSMENT DATA ITEMS: IMS DATA QUALITY REPORT



Action Plan: XXXXXXXX Test Agency Dated: Q2 2017-18



Assessment & data items completion

Data item	Actual for last 12 months	Actual for last Quarter	Target for last Quarter	Target for next Quarter
Assessment Data				
Clients with an assessment	89%	100%	70%	100%
Main Substance	88%	100%	70%	100%
Accommodation Status	81%	89%	70%	90%
Employment Status	69%	83%	70%	90%
Parental Status	70%	86%	70%	90%
Penicils	25%	41%	50%	70%

Recorded client activity

Activity	Actual for last 12 months	Actual for last Quarter	Actual Quarterly Average	Expected Quarterly Average
Activity				
Number of clients	123	66	45	50
Brief Interventions	412	162	103	100
Syringe Exchange Transactions	462	170	116	150
Syringe Exchange Returns Rate	18%	15%	Returns Target for last quarter 30%	Returns Target for next quarter 30%

Notes

IMS NEW FEATURES

Home page: menu options

Reports dashboard: data charts and visualisation

IMS info pages: quarterly and annual reports

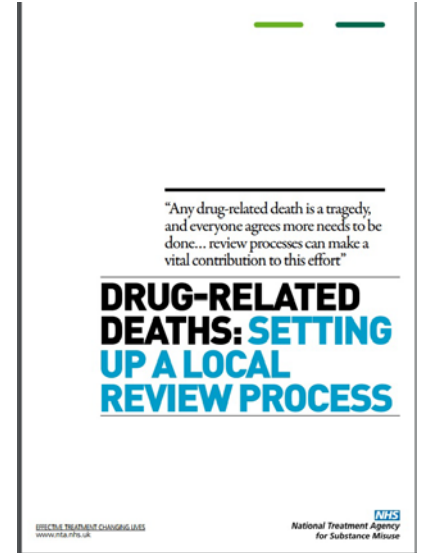
My details: update your details and email subscription preferences

Affected by someone's use: new alternative option for client assessment

IMS DRUG RELATED DEATHS

- Defining purpose of review process and what a DRD is
- Appointing lead officer
- Development of data gathering methods
- Addressing information sharing issues
- Developing links with neighbouring local authorities
- Engaging the coroner
- Liaise with external agencies

Areas to explore: engagement with relatives/carers,
GP data extraction service input, volume of deaths



IMS DRUG RELATED DEATHS

Reporting incorporated into IMS. Now covers 5 areas in Merseyside: Liverpool, Sefton, Wirral, Knowsley, St Helens

Reports compile data from:

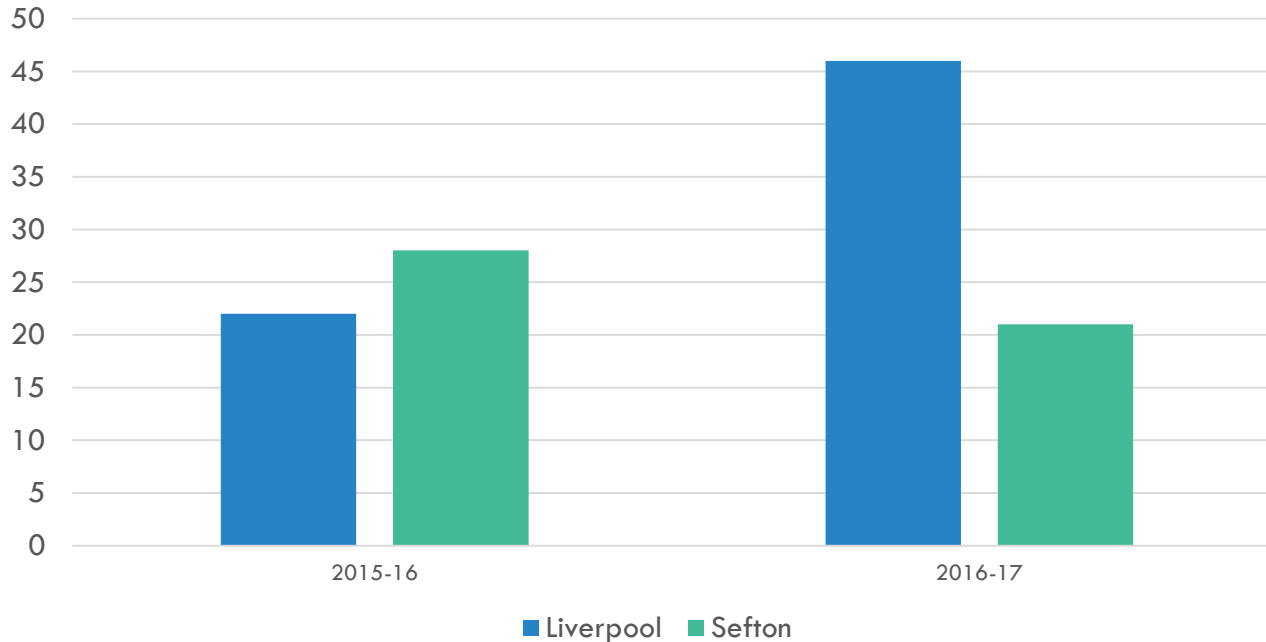
- Coroner
- Service proforma
- NDTMS record
- IMS
- DIP
- Other services (social services for eg)

Panels meet quarterly with attendance from agency clinical lead, key worker, public health leads, other services

156 deaths recorded on to system to date

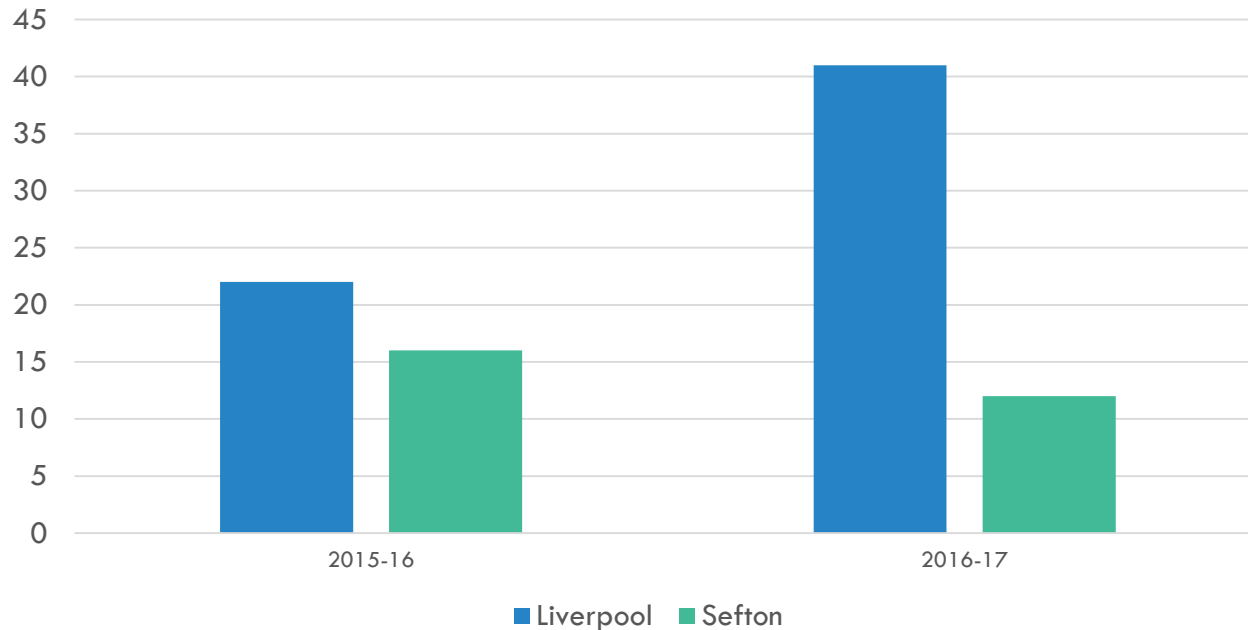
IMS DRUG RELATED DEATHS

Deaths recorded on DRD system 2015-2017 including alcohol



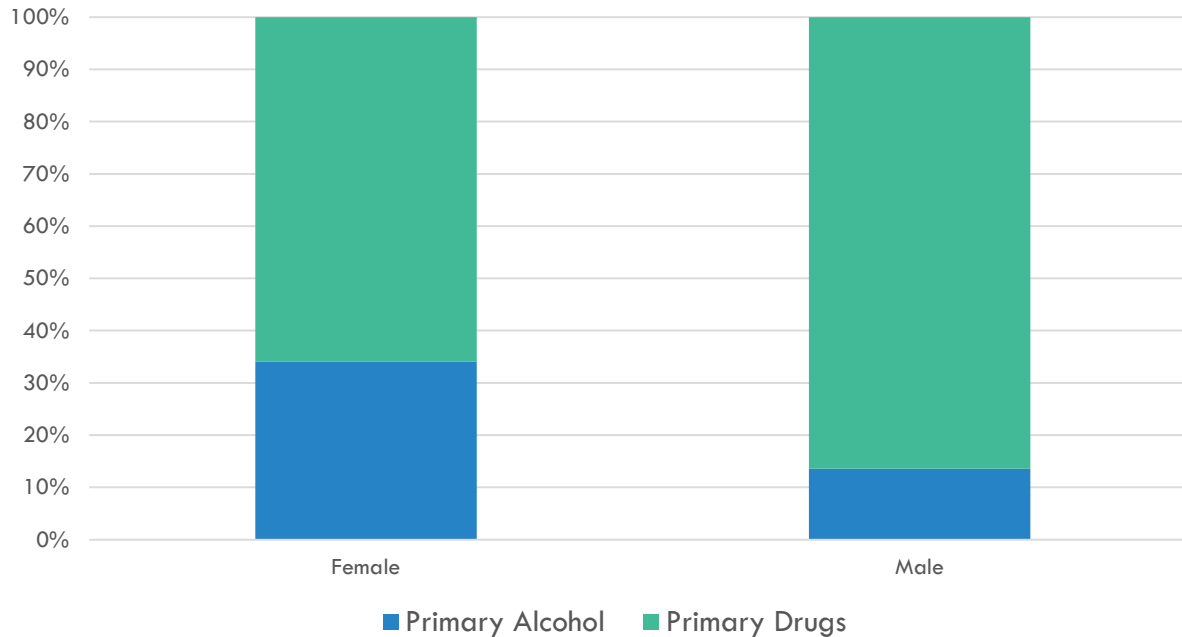
IMS DRUG RELATED DEATHS

Deaths recorded on DRD system 2015-2017 (drugs only)



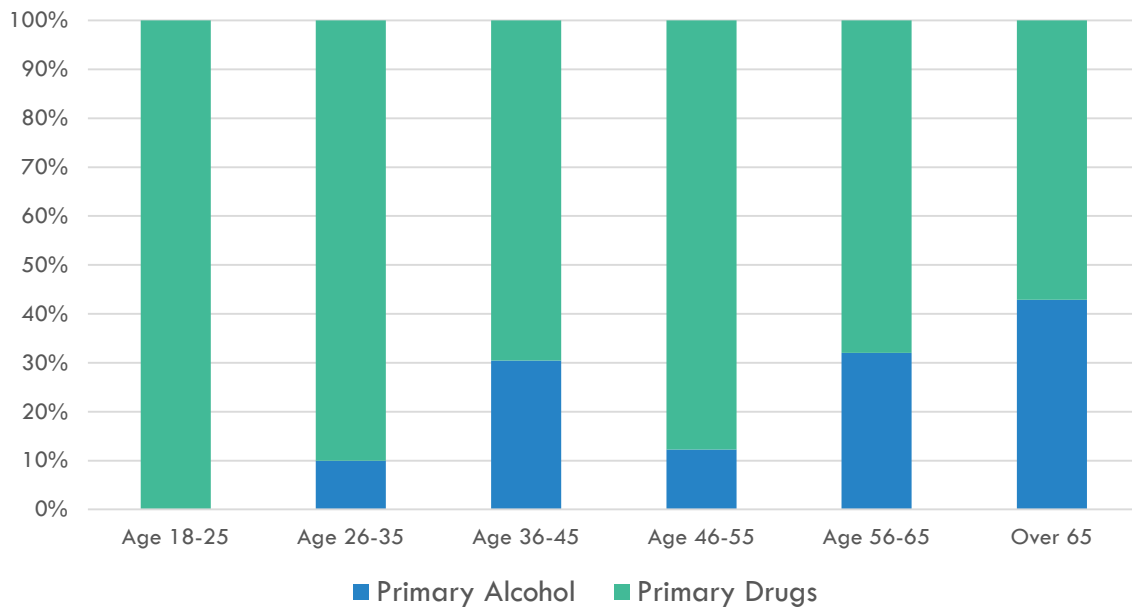
IMS DRUG RELATED DEATHS

Gender split for recorded deaths, 2015-2017



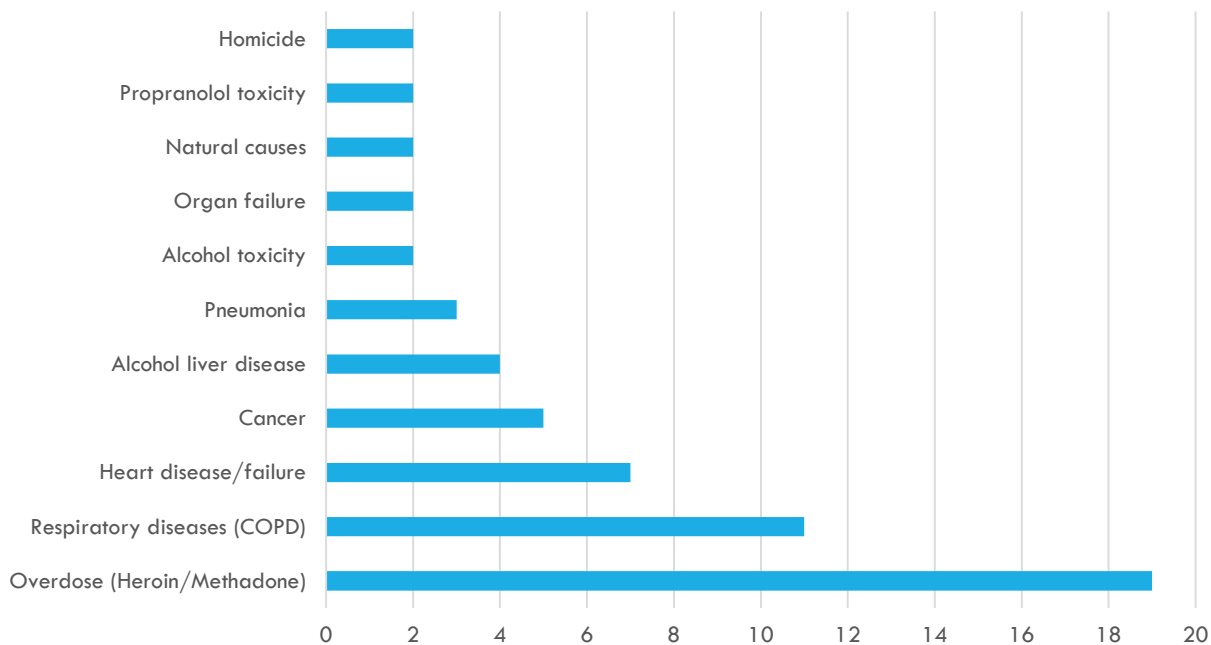
IMS DRUG RELATED DEATHS

Age groups for recorded deaths, 2015-17



IMS DRUG RELATED DEATHS

top causes of death where known 2015-2017



IMS DRUG RELATED DEATHS

Local view:

Ageing cohort means COPD (respiratory disease) deaths on the rise — will not necessarily be picked up by coroner as DRD

However drug overdose is still highest known category

Suggestion from coroner records in 2017-18 that this may be increasing further — many individuals not in treatment

Mirrors national and international trends