Review of Needle and Syringe Program Annual Report

Western Australia
January 2013

Sexual Health and Blood-borne Virus Program
Communicable Disease Control Directorate

Sexual Health and Blood-borne Virus Program
Communicable Disease Control Directorate
Department of Health

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While every endeavour has been made to check the accuracy of the information provided in this document, the Department of Health (WA) takes no responsibility for any errors that may be contained within.
1. Introduction

The *Poisons Act 1964* allows approved organisations to provide sterile injecting equipment to people who inject drugs. Any organisation that operates a Needle and Syringe Program (NSP) must meet specific requirements as stated in the *Poisons Regulations 1965*, and be approved under the Act by the Chief Executive Officer.

Organisations wishing to apply to operate an NSP are required to:

- nominate an NSP Coordinator.
- complete *Form 14* for the application of an approval.
- develop a program policy.
- submit this information to the Statewide NSP Coordinator at the Sexual Health and Blood-borne Virus Program.

There are currently (as at January 2013) 106 approved NSPs operating throughout WA and these NSPs are classified as:

- Needle and syringe exchange programs (NSEPs).
- Health service based NSPs such as at hospitals and public health units.
- Pharmacy based NSPs.
- Other NSP services.

The Pharmacy Registration Board of WA holds a ‘blanket’ approval which covers all registered pharmacies in WA. Approximately 550 pharmacies supply prescribed packaged injecting equipment under this approval. In addition to this, there are seven pharmacies that hold individual approvals to sell single needles and syringes (with a disposal container).

The *Poisons Regulations 1965* state that an NSP Coordinator is required to submit an NSP Annual Report at the end of each financial year. The Sexual Health and Blood-borne Virus Program (SHBBVP), Department of Health WA (DoH), provide NSP coordinators with an NSP Annual Report template (see Appendix A) comprising a number of questions about the activities and operations of the NSP during the reporting period. Topics covered include service provision, disposal issues, operational issues, professional development and how the NSP could be improved.
The purpose of this review is to examine the functionality of the NSP Annual Report, and to evaluate how useful it is to inform developments and improvements to NSP provision. This will help to determine the need in continuing to request annual reports from NSP Coordinators, or if the reporting process could be improved to ensure the information gathered is meaningful and is used effectively.

2. Methodology

The review of NSP annual reports will be conducted internally to the SHBBVP through the review of existing documents and consultation with members of the SHBBVP team.

NSP Annual Reports from the last five years (2007/2008 onwards) will be reviewed to look at compliance and completion rates, how useful the information was, what was done with the information received, and whether suggestions and issues raised were acted on by the SHBBVP.
3. NSP Annual Reports 2007 – 2012

3.1 Compliance rates

Compliance rates, in terms of the number of NSPs submitting an Annual Report each year, have remained fairly stable for the 2007 – 2012 period, ranging from 75% to 84% as shown in Table 1 below:

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Total Number of NSPs</th>
<th>Number of NSPs who Submitted a Report</th>
<th>% of NSPs who Submitted a Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>106</td>
<td>84</td>
<td>79%</td>
</tr>
<tr>
<td>2010/11</td>
<td>107</td>
<td>85</td>
<td>79%</td>
</tr>
<tr>
<td>2009/10</td>
<td>101</td>
<td>85</td>
<td>84%</td>
</tr>
<tr>
<td>2008/09</td>
<td>97</td>
<td>73</td>
<td>75%</td>
</tr>
<tr>
<td>2007/08</td>
<td>96</td>
<td>78</td>
<td>81%</td>
</tr>
</tbody>
</table>

Although these compliance rates would not generally be considered poor, the completion of an NSP Annual Report by approved NSP Coordinators is currently a legislative requirement as part of the Poisons Regulations 1965. There may be explanations of why reports have not been submitted, for example if there has been a change of coordinator and the SHBBVP have not been notified of this, however NSP Coordinators should be advising the SHBBVP of any changes of coordinator when they occur. There may be an opportunity to work more effectively with Regional NSP Coordinators to further increase compliance rates by ensuring that details of NSP Coordinators are up to date and that Coordinators are reminded to complete the Annual Report, for example the SHBBVP could advise the Regional Coordinators when Annual Reports are sent out so that they can assist NSP Coordinators with completion of reports.

Although compliance rates of NSEPs tend to be very good, regular (6 monthly) reporting already takes place as part of service agreements so the Annual Report could be duplication of this, creating an unnecessary administrative burden.
3.2 Completeness of reports

Although compliance rates have ranged from 75-84%, this does not necessarily mean that all questions within the report were completed. Questions may be missed out meaning that the data that is collected only represents a proportion of NSPs across the state. One way around this could be to move to all annual reports being completed online and implementing a system whereby all questions must be answered to move onto the next section. This is likely to encounter issues in terms of accessibility, as not all areas have effective internet connections, making it more straightforward for them to complete the report offline and then email or post it to the SHBBVP.

A large proportion of NSPs operating in WA do so as an add-on to their main role, particularly within health service based NSPs. These NSPs may only distribute a small number of Fitsticks™ per year, or sometimes none. This may also contribute to missing information in annual reports as they may only have limited feedback, if any, to provide. However, where no clients have accessed the NSP, this should still be fed back to the SHBBVP as a nil return. It may be useful to remind NSP Coordinators when the annual report pro-forma is circulated, that they should report a nil return if there has been no NSP activity during the reporting period.

3.3 Questions included in annual reports

The questions included in the Annual Report have remained very similar since 2007, with questions on particular topics being included when relevant, for example, questions have been added around the publication NSP News, awareness of new DoH NSP documents and interest in the recent online NSP training package. Inclusion of these questions helps to raise awareness and provide updates to NSP Coordinators around any changes or developments, as well as providing an opportunity for any queries to be raised.

The topic areas generally covered in the NSP Annual Reports are:

Service Provision
This section asks about what needles and syringes are distributed by the NSP, what information has been given out to clients and what referrals have been made. This helps to give an idea about whether other services are promoted to clients and how proactive NSPs are in providing brief interventions and referrals. It is however understood that the NSP role is often an add-on to current job roles of staff and that it is not always easy to
engage with a client for long enough to be able to make referrals, although information can be distributed by including leaflets with injecting equipment packs. Clients may also be reluctant to engage with staff in health service based NSPs meaning there are few opportunities to make referrals or provide brief interventions.

NSP Coordinators also used to be asked how many needle and syringes they distributed over the course of the year but this question was removed in the 2010/2011 report as this information was not being used by the SHBBVP so it was felt to be an unnecessary administrative burden. The SHBBVP also utilise a database where numbers of injecting equipment packs ordered by NSPs is recorded so requesting this data through annual reports was seen as duplication. Coordinators are encouraged to continue collecting this information if it assists them in their service planning and delivery.

**Disposal Matters**

This section of the report asks about any issues that have been experienced with disposal of needles and syringes. In the 2011/2012 report, NSP Coordinators were also asked, in cases where they had experienced issues, whether any action was taken to address these issues. The intention behind the inclusion of this question was that it would provide a broader picture of how any issues are dealt with, and might highlight areas for further discussion.

Coordinators are asked each year about the strategies they have in place to facilitate the safe disposal of needles and syringes and if a high proportion of Coordinators were stating that they have no strategies in place, this would highlight a need to discuss putting practices in place to aid safe disposal. A large proportion of NSPs distribute Fitsticks™, which come with a disposal sleeve, so it may be worth considering the relevance of this question.

**Operational Matters**

NSP Coordinators are asked about what issues they have experienced with clients, NSP staff and in coordinating the NSP. A question was also added in 2011/2012 to ask what action was taken to address these issues. It is useful to know what issues are experienced as this can help to identify training needs and areas for additional support; however a lot of the issues are either one-off incidents; or ongoing systemic issues, such as staff turnover. It does seem that NSP Coordinators are taking steps to address these issues where they
can, and it does provide useful feedback to the SHBBVP in identifying commonalities where action may need to be taken. Although the Annual Report provides an opportunity for NSP Coordinators to feedback any issues to the SHBBVP, it would be hoped that these would be communicated to the SHBBVP, where appropriate, so that support and/or advice could be provided throughout the year, as and when issues arise.

**Professional Development**

NSP Coordinators are asked what education and training they have participated in during the year that is related to NSP. This helps to provide the SHBBVP with information on whether staff have utilised NSP information packs and NSP News, and also identifies other education and training accessed by NSP Coordinators. There is currently no requirement for NSP Coordinators to undertake ongoing education and training so there is no follow up if Coordinators state that they have not participated in any professional development related to NSP.

**General Service Matters**

This section asks NSP Coordinators what they have done to enhance their NSP but again, there is no follow up if Coordinators state that they have not done anything. It is useful to get an idea of what Coordinators do to get the most out of their NSPs but the information does not go anywhere beyond this.

NSP Coordinators are asked about their level of satisfaction with how their NSP operates and there tends to only be a very small number (e.g. 1) who express any dissatisfaction. This feedback is useful to the SHBBVP and if levels of dissatisfaction were to increase then this would indicate that perhaps some action needed to be taken to look at what was causing this and how it could be addressed. As levels of satisfaction are generally high, action is not taken in response to this.

There is an opportunity for NSP Coordinators to answer an open ended question on suggested improvements for their NSP; however this is often left blank or suggestions can sometimes be made which may not be feasible e.g. increased funding. Suggestions are taken into account and where possible feedback can be provided in the overall Annual Report for WA.
Finally, NSP Coordinators are asked whether the Department of Health can enhance their support and, if so, in what ways. This is useful to the SHBBVP as it helps in considering what the Program can do to better support NSPs where this is possible but, as mentioned previously, it is hoped that NSP Coordinators would get in touch with the SHBBVP if they felt that they needed more support or advice throughout the year.
4. Future of NSP Annual Reports

If NSP Coordinators are required to submit an annual report, it is important to ensure that the information requested is useful and relevant and has the potential to be used productively. It should be worthwhile for both NSP Coordinators and the SHBBVP, with NSP Coordinators seeing that they are being listened to and that their feedback is valued.

The reports do provide useful feedback to the SHBBVP in terms of gaining an idea of how NSPs are running and any issues they are experiencing, but action taken in response to feedback can depend on what the issues highlighted are, and whether the SHBBVP actually have the capacity to address the issues, for example, staff turnover. Some issues raised have included the need for additional resources such as information leaflets; however these resources are already available to Coordinators and this is brought to their attention via the final collated Annual Report. This may highlight a need to better communicate this information to NSP Coordinators through regular emails or mail outs.

As previously mentioned, it is hoped that NSP Coordinators would contact the SHBBVP throughout the year to discuss any issues they are experiencing, or ask for any support they may need. If there was such ongoing communication, this may reduce the need for annual reports; however it is useful to collate all of this information in one place and make it available to NSP Coordinators in the overall NSP Annual Report. In saying this, there is no certainty that NSP Coordinators read through the final Annual Report once it is made available to them, or how useful they find it.
5. Conclusion and recommendations

In conclusion, the annual reporting process provides a useful tool to gather feedback on how NSPs across WA are operating, and is a forum for seeking views on particular topics as and when they are relevant and appropriate. Although ideally NSP Coordinators would communicate any issues throughout the year, as and when they arise, this is not always the case so the Annual Report ensures Coordinators are provided an opportunity to raise any issues, provide suggestions and maintain communication with the SHBBVP.

There is an opportunity to amend the legislative requirement of annual reporting with the forthcoming new Public Health Bill; however as the process does prove useful and informative there are benefits in maintaining it as a requirement of the Bill, particularly for secondary NSP outlets. Consideration should be given to whether NSEP’s are required to submit an Annual Report as this may be an unnecessary administrative burden and duplication of reporting already submitted as part of service agreements. This could be addressed through a tick-box at the beginning of the report to ask whether reporting against a service agreement has already been submitted to the SHBBVP, and if so, that there is no requirement to continue with the report.

It is not the intention of the Annual Report to create an administrative burden so it is important that the questions included are relevant and that the report is as concise as possible. Coordinators should also be reminded that if they have not had any activity within their NSP over the reporting period, they should still submit a ‘nil response’. This may help to increase response rates, but thought should also be given to how response rates could be improved further, particularly as the Annual Report is a legislative requirement. It would also be beneficial to work more closely with Regional Coordinators in keeping details of NSP Coordinators up to date and following up submission of Annual Reports.

NSP Coordinators should be advised of when the final Annual Report is complete and provided with an electronic copy or the link to the online Report. This may result in Coordinators being more likely to read through the final report and to see that their feedback is listened to and followed up where this is possible. In turn this may contribute to an increased likelihood of Coordinators completing their report if they can see that the information is used by the SHBBVP.
Recommendations:

- Maintain Annual Reports as a legislative requirement, particularly for secondary NSP outlets, but ensure they are concise and ask relevant questions.
- Consider whether Annual Reports should continue to be a requirement for NSEPs.
- Remind NSP Coordinators that if there has been no activity during the reporting period, they should submit a nil return.
- Request up to date details of NSP Coordinators from Regional NSP Coordinators, particularly prior to circulating the Annual Report pro-forma, and involve Regional Coordinators in following up submissions.
- Notify NSP Coordinators when the final Annual Report is complete and available for them to view to encourage them to look at the findings, and hopefully see that their feedback is useful and appreciated.
Appendix A

Needle and Syringe Program Annual Report 2011/12

Please note that under the Poisons Regulations 1965 it is a condition of any needle and syringe program (NSP) approval that a report be submitted at the end of every financial year. The information provided assists in planning for the future development and expansion of NSP provision statewide.

DUE DATE: 31st August 2012

NSP COORDINATOR DETAILS

Program Location: _________________________________ Program number: __________
Name: _____________________________________________ ___________________________
Email: _____________________________________________ Phone: __________________

Please complete ALL sections of this report by marking the appropriate boxes and providing as much information as possible about your NSP for the year 1 July 2011 to 30 June 2012.

PART 1. SERVICE PROVISION

1. In the past 12 months, did you distribute Fitpacks/Fitsticks, or single needles and syringes through your program?

Fitpacks/Fitsticks:
☐ Yes ☐ No

Single needles and syringes:
☐ Yes ☐ No

2. Did your NSP distribute any information to clients during the year?

☐ Yes ☐ No If no, please go to question 4

3. If yes, what type of information was distributed by your NSP?

☐ Hepatitis C ☐ BBV testing
☐ Hepatitis B ☐ STI testing
☐ HIV/AIDS ☐ BBV treatment options
☐ Safer using information ☐ Detoxification services
☐ Vein care ☐ Body art
☐ Drug information ☐ First aid for overdose
☐ Health and medical services ☐ Legal services
☐ Housing and welfare ☐ Other (please specify):________________
4. How many referrals did your NSP make during the year?

- □ 0
- □ 1-5
- □ 6-10
- □ 11-15
- □ 16-20
- □ More than 20 (please specify):

5. What types of referrals were made by your NSP?

- □ Drug and alcohol counselling
- □ Detoxification services
- □ Treatment and rehabilitation services
- □ Mental health care services
- □ Legal services
- □ Accommodation services
- □ Other NSP outlet
- □ STI testing
- □ BBV testing
- □ Hospital
- □ Other medical practitioner
- □ Other (please specify):

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**PART 2. DISPOSAL MATTERS**

6. Has your NSP experienced any issues regarding needle and syringe disposal in the past 12 months?

- □ Yes
- □ No

If no, please go to question 9

7. What was the nature of the issue/s:

|__________________________________________________________________________|__________________________________________________________________________|
|__________________________________________________________________________|__________________________________________________________________________|
|__________________________________________________________________________|__________________________________________________________________________|

8. Was any action taken to address the issue/s (please specify)?

|__________________________________________________________________________|__________________________________________________________________________|
|__________________________________________________________________________|__________________________________________________________________________|
|__________________________________________________________________________|__________________________________________________________________________|

9. What strategies are in place at your NSP to facilitate the safe disposal of needles and syringes?

- □ Provision of injecting equipment with disposal containers (including Fitpack, Fitstick)
- □ Take back used equipment
- □ Education through printed resources or verbal direction
- □ Fixed disposal units in public amenities
- □ Availability of disposal bin
- □ Referral to needle and syringe exchange programs
- □ None
- □ Other (please specify):

|__________________________________________________________________________|__________________________________________________________________________|
|__________________________________________________________________________|__________________________________________________________________________|
PART 3.  OPERATIONAL MATTERS

10. In the past 12 months, what types of issues have been experienced with NSP clients?

☐ None
☐ Disruptive behaviour
☐ Verbal abuse
☐ Clients injecting drugs in close proximity to the NSP
☐ Other (please specify):

11. Was any action taken to address the issue/s (please specify)?

12. In the past 12 months, what types of issues have been experienced from NSP staff?

☐ None
☐ Moral objection or anxiety to distributing needles and syringes
☐ Personal safety concerns
☐ Problems interacting with clients
☐ Anonymity and confidentiality issues
☐ Other (please specify):

13. Was any action taken to address the issue/s (please specify)?

14. In the past 12 months, what type of issues have you experienced in coordinating your NSP?

☐ None
☐ Understanding the duties of the NSP Coordinator
☐ Understanding recent changes to the Operational Directive (if applicable), Guidelines, and/or Duties of an NSP Coordinator documents
☐ Accessing supply of needles and syringes
☐ Record keeping
☐ Staff turnover
☐ Communication with the Department of Health
☐ Other (please specify):
15. Was any action taken to address the issue/s (please specify)?

___________________________________________________
___________________________________________________

PART 4. PROFESSIONAL DEVELOPMENT

16. As the NSP Coordinator, what type of education and training related to NSPs have you participated in, in the past 12 months?

☐ Participated in 2012 NSP Coordinator Training
☐ Read the NSP Information Pack
☐ Read professional publications
☐ Read NSP News
☐ Attended seminars/lectures/workshops*
☐ None
☐ Other (please specify):

___________________________________________________
___________________________________________________
___________________________________________________

*Please specify the title(s) of the seminars/lectures/workshops, and the location and name of organisation hosting the event:

___________________________________________________
___________________________________________________
___________________________________________________

17. Are you aware of the new Online NSP Orientation and Training Package?

☐ Yes ☐ No

The online training package aims to enhance the knowledge, confidence and skills of health workers who deliver NSP services and can be undertaken by those already working in NSP as well as those who are new to the area. The entire program takes approximately 3 hours to complete with a final assessment on completion, and a certificate on passing the program. Professional development points are available for nurses and pharmacists completing the package.

For further information on the new Online NSP Orientation and Training Package, please email NSP@health.wa.gov.au

18. Are you interested in completing the Online NSP Orientation and Training Package?

☐ Yes ☐ No ☐ Unsure

19. Would you encourage staff members/colleagues to complete this online training package?

☐ Yes ☐ No
PART 5. GENERAL SERVICE MATTERS

20. Have you done any of the following to enhance your NSP in the last 12 months?
   - [ ] Provide short orientation sessions for new staff
   - [ ] Provide in-house staff training
   - [ ] Provide staff with region specific information
   - [ ] Provide debrief sessions for staff
   - [ ] Conduct community education sessions
   - [ ] Establish rapport and networks with regular clients
   - [ ] Make up packs with sterile water, swabs, condoms and information
   - [ ] Develop a list of harm reduction brief information questions for NSP staff
   - [ ] Develop a list of referral agencies for NSP staff
   - [ ] Review the NSP guidelines
   - [ ] None of the above
   - [ ] Other (please specify):

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

21. Please indicate your level of satisfaction with the way your NSP operates within your community:
   - [ ] Very satisfied
   - [ ] Satisfied
   - [ ] Neutral
   - [ ] Dissatisfied
   - [ ] Very dissatisfied

   Comments
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

22. Do you have any suggestions that may improve your NSP?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

23. Can the Department of Health enhance support for your NSP?
   - [ ] Yes
   - [ ] No

24. If yes, in what ways?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
I have undertaken the duties of the Coordinator of an approved needle and syringe program as set out in the Poisons Regulations 1965.

Signature of the Coordinator: Date:

__________________________________  ________________________

Thank you for your assistance in completing this report and your continued contribution to NSP provision in Western Australia.

Please return completed reports to:

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