MAPPING PHARMACY-BASED NEEDLE AND SYRINGE PROVISION IN ENGLAND: A COMMUNITY-LED ACCOUNTABILITY EXERCISE TO SUSTAIN HEPATITIS C ELIMINATION

Authors
Littley C[1], Morris D[1], Smith S[1],

[1] The Hepatitis C Trust

Background
Needle and syringe programmes (NSPs) are foundational public health interventions for preventing blood-borne virus transmission among people who inject drugs (PWID). As England approaches hepatitis C elimination, sustaining prevention infrastructure is critical. Rising equipment-sharing rates and increasing system pressures highlight the need for robust national monitoring of NSP coverage. However, no comprehensive national dataset exists for pharmacy-based NSPs, creating an accountability gap between commissioned services and real-world accessibility. To address this, The Hepatitis C Trust developed a community-led accountability model, embedding lived and living experience peers as trained public health researchers to independently verify service delivery.

Methods
A mixed-methods national study was conducted across all of England (2025). Freedom of Information requests were issued to 153 local authorities to identify commissioned pharmacies and this was supplemented by local verification of pharmacy coverage. Trained lived experience peers led a structured telephone-based mystery shopping exercise to assess real-world availability, supply practices, distribution limits, and equipment return requirements. This participatory approach enabled independent verification of commissioned services and their real-world accessibility. Descriptive statistical and thematic analyses were undertaken.

Results
Of 2,705 pharmacies identified as commissioned NSP providers, 2,581 were contacted; only 52.8% (n=1,362) confirmed active NSP provision. Longitudinal comparison showed 32% of pharmacies delivering NSPs in 2023 were no longer providing the service in 2025. Among active sites, 69.3% imposed supply limits and 25.6% required equipment returns. Marked regional variation was observed. Peer researchers identified inconsistencies in staff knowledge, operational barriers, and stigma, revealing gaps between commissioned services and accessible care. Findings were fed back to local commissioners responsible for NSP provision to support service improvement and strengthen harm reduction accountability.

Conclusion
This study demonstrates the value of peer-led methodological innovation in national harm reduction monitoring. Embedding lived experience within public health surveillance strengthens accountability, exposes inequities, and generates actionable evidence to safeguard hepatitis C elimination.

Disclosure of Interest Statement
HCT receive funding for community work from Gilead, Abbvie, MSD & NHS England.