METHODOLOGY: HOW DID WE DO THIS WORK?

The evaluation was made up of five 'workstreams' which are described below.

1 Workstream 1: Aimed to identify and assess current published evidence about effectiveness of remotely delivered drug and alcohol support interventions.

We searched four databases of published studies with search terms related to drug and/or alcohol use interventions for adults. We then read through potential studies to make sure they were suitable, giving us a final list of included studies. With the final studies, we did the following things:

- Rated the quality of the studies
- Rated how well they improved alcohol and/or drug use
- Analysed the 'behaviour change techniques' used in the interventions that helped reduce substance use versus those that did not

2 Workstream 2: Aimed to explore staff experiences of the changes that occurred and their future preferences for service delivery.

The Leeds service provider organisations helped to publicise the evaluation among their staff teams. Staff members were invited to register to take part in the evaluation and 47 staff members registered and consented to take part. They were then invited to participate in one or more of the following data collection methods: a digital, online timeline where staff could give details of how services had changed and what their experienced of those changes had been; an online, videoconference focus group discussion; an online, one-to-one in-depth interview.

In total, 19 people completed a timeline, 17 took part in a focus group, and 18 took part in an in-depth interview.

3 Workstream 3: Aimed to explore service user experiences, the relative pros and cons for them and their preferences for the future of services.

With support from services based in Leeds, more than 100 service users volunteered to be contacted about their experiences. From this pool of potential participants, we invited and successfully recruited 17 individuals to have an in-depth interview by telephone or videoconference. Seven people took part in a videoconference focus group and eight individuals engaged with us in a text message or email-based interview.

In addition, staff who work with sex workers in Leeds were supported via two workshops to collect data from their service users during the normal course of their work with them. They asked women about their experiences during the pandemic, and what they wanted from services in the future. Staff then created a total of seven 'vignettes' of sex workers' experiences, which were included in the data analysis.

4 Workstream 4: Aimed to assess how outcomes for service users during the COVID-19 pandemic compare with pre-COVID outcomes; how service activity changed over the course of the pandemic; the resource and economic impact of changes in key activities; and the economic impact on service users of the service moving to remote delivery.

This workstream involved analysis of routinely collected data from the lead organisation for the period March 2019 to March 2021. It involved quantitative analysis of data that included service delivery, contacts with service users, service user characteristics and outcomes over time (including, outcomes such as substance use, quality of life, and psychological and physical wellbeing). It included an economic/cost evaluation of the different modes of service delivery (face-to-face and online). Data was drawn from service records (appointment booking system, capturing details of attendance), interviews with service users and staff (information on costs borne by them), and group meetings with Recovery coordinators and Group workers (to understand the resource and cost differences between F2F and virtual delivery of key activities).

5 Workstream 5: Aimed to synthesise workstream findings and co-produce recommendations for future service delivery

This workstream involved bringing together findings from workstreams 1 to 4, to generate recommendations for how the design of drug and alcohol services in Leeds might be optimised in future, drawing on lessons learnt during COVID-19. It also involved working in partnership with multiple stakeholders to develop ways of widely communicating evaluation findings to a range of interested parties.

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