

SERVICE SPECIFICATION

FOR

THE PROVISION OF

NEEDLE EXCHANGE SERVICES

IN

HAMPSHIRE

Needle & Syringe Programme

1. Background

- 1.1. Needle exchange services supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses (BBVs) including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 1.2. The needle exchange service may be the only contact some people may have with a Healthcare Professional, for example those who inject performance and image-enhancing drugs. Needle exchange services in England are based across a range of services, with pharmacy making up the majority of the sites.
- 1.3. The provision of needle exchange in pharmacies provides the benefits of increasing the availability of needle exchange packs across a wide geographical area. This provides more flexibility of provision of services not only by area but by opening hours as well.

2. Aims and intended service outcomes

- 2.1. To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.
- 2.2. To protect health and reduce the rate of blood-borne infections and drug related deaths among service users:
 - By reducing the rate of sharing and other high risk injecting behaviours.
 - By providing sterile injecting equipment and other support.
 - By promoting safer injecting practices.
 - By providing and reinforcing harm reduction messages.
- 2.3. To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.
- 2.4. Provide signposting to adult substance misuse services and health and social care professionals where appropriate.
- 2.5. To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- 2.6. To help service users access other health and social care and to act as a gateway to other services.
- 2.7. To reduce the number of drug-related deaths associated with opioid overdose.

The service will comprise a mix of level 1, 2 and 3 sites (as defined in NICE PH18) and will be configured as shown:

Level of Service	Key Elements of Service	Fees available
<p>1</p> <p>By agreement only</p>	<ul style="list-style-type: none"> ● Registration of NSP clients ● Supply of pre-packed needle exchange packs ● Receipt and secure storage of used injecting equipment ● Supply of printed harm minimisation literature ● Sign-posting to Level 2/3 sites, Primary Care, GUM services and to specialist drug treatment services ● Data recording and upload via web-based tool <p>(NB – this level of service is intended as emergency provision only. Regular users should be supported to engage with Level 2/3 sites)</p>	<ul style="list-style-type: none"> ● £1.50 (+ VAT) per transaction
<p>2</p>	<ul style="list-style-type: none"> ● Registration of NSP clients ● Supply of comprehensive range of injecting equipment on a user-led 'pick and mix' (bespoke) basis ● Receipt and secure storage of used injecting equipment 	<ul style="list-style-type: none"> ● £1.50 (+VAT) per transaction

	<ul style="list-style-type: none"> ● Provision of one-to-one brief harm minimisation and health promotion interventions (including advice and information on how to reduce the harms caused by injecting drugs) ● Sign-posting to GUM services and Primary Care ● Referral to specialist drug treatment services ● Data recording and upload via web-based tool 	
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Service Outline – All Levels

- 2.8. The Needle Exchange Scheme shall offer a confidential service to all presenting service users (ages 18 and over) who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use. This will include users of performance-enhancing drugs (PEDs) (including anabolic steroid and growth hormones).
- 2.9. Young people under 18 years old should be sign-posted to the local specialised Young People’s Service. However, for young people aged between 16 and 18, where there is likely to be a delay in the young person accessing treatment, it may be appropriate to issue a small amount of equipment if it is considered that by doing so the young person will be kept safe from the risk of blood-borne viruses through previously-used equipment. Referral into the Young People’s substance misuse service should be encouraged and information provide on how to access this service.
- 2.10. The Needle Exchange service will NOT be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which requiring regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups.
- 2.11. Pharmacies across Hampshire participating in the service will work together to reduce the practice of sharing equipment amongst drug users.
- 2.12. Pharmacies shall provide service users with:
- The provision of sterile injecting equipment in a suitable bag
 - Information and advice around changing lifestyles

- Basic information on minimising the complications associated with drug misuse
 - Signposting information on how to access drug and alcohol open access or treatment services within the community.
- 2.13. The pharmacy will provide an introduction to the scheme and explain the rationale behind the service to service users.
 - 2.14. The pharmacy should order sufficient materials directly from Frontier to ensure continuity of the service.
 - 2.15. The service includes provision for users of performance and image enhancing drugs (PIEDs).
 - 2.16. An accredited pharmacist does not need undertake the transaction or be present when the transaction occurs. However, the pharmacist will be responsible for ensuring that any staff member undertaking the transaction is competent to do so and have undertaken the required training.
 - 2.17. The pharmacist will ensure the staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise the risk of needle stick injury. Please refer to the pharmacies own safety guidance.
 - 2.18. Used needles and sharps boxes must not be handled directly by any pharmacy staff. Sharps bins should be offered to clients to deposit used 'works' directly into.

Management of Returns - All Levels

- 2.18.1. Each pack will contain a sharps return bin.
- 2.18.2. Pharmacy staff should encourage a 1-for-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is NOT necessary for a service user to return used equipment in order that they may receive sterile equipment.
- 2.18.3. Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).
- 2.18.4. Pharmacies should position a returns deposit bin in a convenient location in order to encourage and facilitate the return of used equipment, but having regard to the safety of staff and other users of the pharmacy. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.
- 2.18.5. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 2.18.6. Contractors are responsible for ensuring they have sufficient sharps bins in the pharmacy to enable them to deal with demand and not put staff at risk.

2.18.7. Collection of sharps bins can be ordered on the Frontier Customer order form (see appendix 1) on an adhoc basis.

Brief Harm Minimisation and Health Promotion Interventions (Levels 2&3)

2.19. Provide intimation on the risks of unsafe disposal of injecting equipment.

2.20. Risk reduction advice and health promotion. These will be undertaken by a pharmacist or other competent staff member and this includes advice on a range of issues:

- Safe injecting techniques
- Sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation
- Transmission of blood-borne viruses
- Wound site management
- Nutrition
- Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk to injury to children)
- Taking measure to reduce harm and prevent drug related deaths
- Alcohol misuse

2.21. Advice will be consistent with relevant recognised guidelines and good practice

2.22. Advice should be supported with appropriate harm minimisation materials or literature.

2.23. These will be undertaken by a pharmacist or other competent staff member and may encompass such areas as nutrition; safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children).

*Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature.

- Safe injecting techniques
- Sexual health promotion
- Reduction in usage
- Wound site management
- Nutrition
- Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)

3. Service requirements

- 3.1. The pharmacy will ensure the service is user friendly, non-judgmental, person-centered and confidential at all times.
- 3.2. The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.3. The pharmacy must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately accredited in the operation of the service, including sensitive, client centered communications skills and confidentiality.
- 3.4. The Pharmacy must ensure that the Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.
- 3.5. Where a pharmacist leaves a community pharmacy currently accredited to provide this service, the community pharmacy must assess the impact to service delivery and ensure that Contract Manager is informed of service issues as soon as possible. Every effort should be made to ensure service continuity.

4. Duration

- 4.1. This Service Specification is valid from 1st July 2018 – 31st June 2023.

5. Safeguarding and governance

- 5.1. There must be a chaperone policy in place that is displayed in a prominent position in the pharmacy (i.e. Consultation room door) – one can be provided for you if necessary.
- 5.2. All Pharmacists, Pre-Registration Pharmacists, ACT's and registered Technicians must complete CPPE Safeguarding Children and Vulnerable Adults Level II e-learning and associated e-assessment before delivering the service.
- 5.3. All other staff involved in delivering the service must be working to a safeguarding policy and procedure and sign the relevant record of Competence, which must be stored in the pharmacy at all times.
- 5.4. It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.
- 5.5. Should an issue be identified either through a visit of the contract manager or through any other means an action plan will be produced. LloydsPharmacy will identify any issues and create an action plan with the named pharmacist. The timescales will be agreed according to the level of risk and the Contract Manager will send a written report to the named pharmacist within two weeks of the visit, summarising what action needs to be taken and by when. The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed. If any further action needs to be taken, this will be documented and new timescales agreed.
- 5.6. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 5.7. Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC.
- 5.8. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.
- 5.9. It is strongly advised that staff in the delivery of this service are immunised against Hepatitis B.

6. Training requirements

- 6.1. To ensure, on a 3 yearly basis, that the lead/regular pharmacist overseeing the service has successfully completed:
 - CPPE Substance Use and Misuse (pharmacist version) and the associated Declaration of Competence
 - CPPE e-learning module Safeguarding Children & Vulnerable Adults and the associated e-assessment.
- 6.2. All pharmacists will be required to complete the CPPE Declaration of Competence for Needle Exchange Programme. It is recommended that all registered pharmacy technicians complete the same declaration.
- 6.3. The declaration of competence will need to be confirmed on PharmOutcomes via enrolment. There will be a three month grace period from the start of the service; after this if not completed you will not be able to access the services.
- 6.4. A representative from the pharmacy may be required to attend an annual training event.
- 6.5. LloydsPharmacy aim to arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist.

7. Use of Locum Pharmacists

- 7.1. The pharmacy has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence
- 7.2. Where possible, the pharmacy should ensure it is staffed by a regular pharmacist/s. Should the pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, the Contract Manager must be informed.
- 7.3. LloydsPharmacy has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, LloydsPharmacy may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 7.4. The pharmacy should ensure that there is adequate support staff, including staff specifically trained to support this service in the pharmacy at all times in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.
- 7.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 7.6. It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

8. Premise

- 8.1. The part of the pharmacy used for the provision of the service must provide a sufficient level of privacy and safety for service users and other members of the public accessing the pharmacy.
- 8.2. Ensure internet access to use PharmOutcomes.

9. Ordering consumables

- 9.1. It is the responsibility of the pharmacy to order consumables required for the service by contacting Frontier directly. Email the completed order form (see appendix 1) to nxsales@frontier-group.co.uk
- 9.2. Please call SRCL helpdesk to request a collection, the telephone number is 0333 240 4400 or email support@srcl.com if you require additional bins or collections.
- 9.3. The pharmacy must ensure appropriate stock control is maintained and there is not an unacceptable build-up of clinical waste on the pharmacy premises.

10. Quality standards

10.1. The pharmacy should ensure the following:

- 10.2. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and follow their company Standard Operating Procedures that cover the provision of this service.
- 10.3. A needle stick injury SOP should be in place and visible to all staff.
- 10.4. The accredited pharmacist has undertaken CPD relevant to the service.
- 10.5. The pharmacy has a complaints procedure in place and will report any complaints, comments or concerns to the Contract Manager as soon as possible by email or phone
- 10.6. Co-operation with any review of the client experience.
- 10.7. Participation in any audit of the service.

10.8. The quality standards for the pharmacist are:

Accreditation by commissioner.

11. Audit

- 11.1. The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and delivers any action points reported on the audit within the agreed timescales.
- 11.2. The Contract Manager may employ mystery shoppers as part of this audit.

12. Reporting incidents

- 12.1. The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.
- 12.2. Any incidents pertinent of this service should be reported using the Pharmacy's normal incident reporting procedure and a copy of this report should be sent to the Contract Manager.

13. Payment arrangements

13.1. **Payment and Reimbursement Structure**

13.1.1. Payments will be made on a monthly basis.

Service Provided	Fee
Needle Exchange pack supplied – all levels	£1.50 per transaction (+ VAT)

13.2. **Claims for Payment**

13.2.1. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 2nd of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

13.2.2. Evidence of your bank details, for example a paying in slip, will be required for payment.

14. Local contact information

14.1. **Contract Manager**

HampshirePDTs@lloydspharmacy.co.uk

14.2. **Inclusion Recovery**

Inclusion Recovery - Hampshire

Telephone number: 0300 124 0103 (follow options for relevant hub)

Email: inclusionhants@sssft.nhs.uk

Young Persons Services - Catch 22

Email: 247hants@catch-22.org.uk

24/7 emergency crisis line for young people: 0800 599 9591

Fareham Office

5aThe Gardens Office Village, Broadcut, Fareham, Hampshire, PO16 8SS

Telephone number: 0845 459 9405

Telephone number: 01329 248037

Basingstoke Office

The Square, Basing View, Basingstoke, Hampshire, RG21 4EB

Telephone number: 0845 459 9405

Telephone number: 01256 369160

Appendix 1:

PLEASE NOTE

Orders under £100 is subject to £5.00 carriage charge. Orders over £100 carriage free.

Inclusion Pharmacy
Order Form



Account No. 1364

Delivery Address:

Product Description	Product Code / Price	Carton Quantity	No of cartons	Cost
1 ml Frontier 29g Syringe x 1/2"	011801 - £5.00	100		£0.00
2 ml Frontier Syringe No Needle	011601 - £3.42	100		£0.00
1 ml Frontier Syringe No Needle	011600 - £3.42	100		£0.00
Frontier Blue 23g 1 1/4" Needle	011705 - £1.29	100		£0.00
Frontier Orange 25g x 1" Needle	011708 - £1.29	100		£0.00
Frontier Orange 25g x 5/8" Needle	011709 - £1.29	100		£0.00
Frontier Brown 25g x 1/2" Needle	011710 - £1.29	100		£0.00
Frontier Green 21g x 1 1/2" Needle	011702 - £1.29	100		£0.00
Frontier Spoon with Filter	015005 - £85.00	1000		£0.00
Vit C	019002 - £34.00	1000		£0.00
Alcohol Swabs	019003 - £1.49	200		£0.00
2 ml Sterile Water for Injection	019005 - £175.00	1000		£0.00
Water Snappers	019006 - FREE	100		£0.00
1 Litre Sharpsafe	41601210 - £61.00	100		£0.00
Braun Orange Needle 25g x 1 1/2"	011008 - £4.70	100		£0.00
Foil (Packs of 50)	019011 - £1.90	1		£0.00
			Total	£0.00