Service Specification for the Provision of

Needle Syringe Programmes including the provision of Naloxone

Inclusion Recovery Hampshire

July 2023 - June 2025

Including guidelines for pharmacists and support staff

**SERVICE SPECIFICATION - RRE**

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| **Service** | Provision of Needle Syringe Programmes |
| **Trust** | Inclusion - Midlands Partnership NHS Foundation Trust |
| **Provider** | **Community Pharmacies** |
| **Period** | **July 2023 – June 2025** |
| **Date of Review** | **February 2025** |

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| **Service Summary** |
| Midlands Partnership NHS Foundation Trust is commissioned to provide Substance Misuse Services and does this via their Inclusion directorate and with the support of third party suppliers. This Specification and guidelines outline the requirements, background and the administrative process for needle syringe programmes  Provision of Pharmacy needle syringe programme services qualify as locally Commissioned ‘enhanced’ Services under ‘The Contractual Framework for Community Pharmacy’ and as such participation by community pharmacists in this service remains voluntary and guided by localised need. Pharmacies participating in this service will be expected to take on the level of service that they feel appropriate for their pharmacy within the parameters of good practice advised by Inclusion Services, taking into account all their community responsibilities.  The service aligns with national institute for health and care excellence guidance on needle syringe programmes (public health guidance 52 <https://www.nice.org.uk/guidance/PH52>. The community pharmacy plays an integral role in the delivery of evidence-based treatment for drug misuse by supporting interventions for different types of drug problems in different treatment settings. This impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses. |

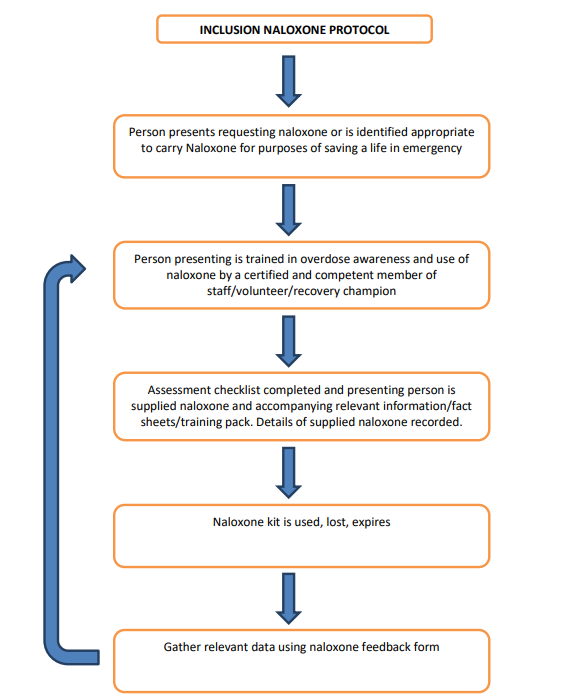
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| 1. **Purpose** |

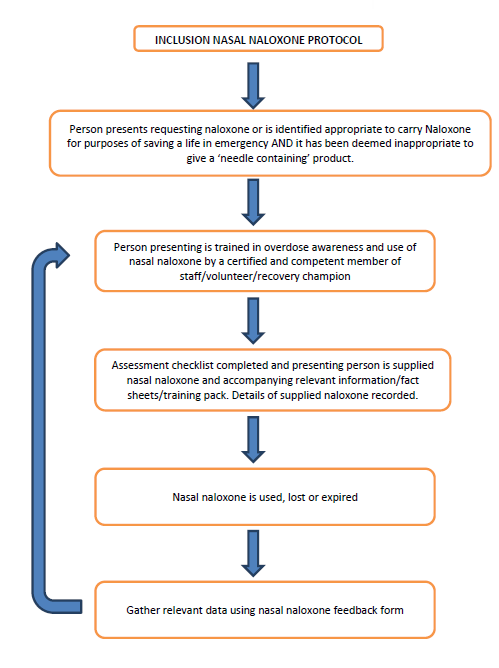
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| * 1. **Aims** * Offering a safe, non-judgemental, service user centred and confidential service; * To provide people who inject drugs (PWID) with regular contact with healthcare professionals and to help them access further advice or assistance (It is good practice to record this intervention on the patient’s PMR if consent for retention of records is given) * To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment. * To reduce the number of drug-related deaths associated with opioid overdose   1. **Evidence Base**   Needle Syringe programmes (NSP) provide injecting equipment to people who inject drugs (PWID), including those who inject image and performance enhancing drugs (PIEDs). The main aim of needle and syringe programmes is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society. Hampshire has committed to Hepatitis C micro-elimination in 2023. Needle syringe programme is vital to this work. Needle and syringe programmes also aim to reduce the other harms caused by drug use. [Public Health Guidance 52 – Needle and Syringe Programmes (March 2014)](file:///\\ns\shares\AppData\Local\Microsoft\Windows\hatcla.NS\AppData\Roaming\Microsoft\Word\Needle%20exchnage\needle-and-syringe-programmes-pdf-1996415046853.pdf).  Britain continues to have a high number of drug-related deaths with opiate overdose remaining a major cause of death among injecting drug users. 4,859 deaths related to drug poisoning were registered in 2021 in England and Wales. Equivalent to a rate of 84.4 deaths per million people; this is 6.2% higher than the rate recorded in 2020 (79.5 deaths per million). A total of 2,263 drug poisoning deaths registered in 2021 involved opiates such as heroin and morphine (almost half of all drug related deaths). [Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020#:~:text=continues%20to%20increase-,4%2C561%20deaths%20related%20to%20drug%20poisoning%20were%20registered%20in%20England,2010%20(49.4%20per%20million).)  Naloxone is an opioid /opiate antagonist which can completely or partially reverse the central nervous system depression, especially respiratory depression, caused by natural or synthetic opioids and is licensed for the treatment of suspected acute opioid overdose. [RPS. Medicines, Ethics and Practice. Edition 45, July 2022](file:///\\ns\shares\AppData\Local\Microsoft\Windows\INetCache\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\FXYZ2HYD\Pharmacy%20Registration\Reference\MEP%2045.pdf)  UK Guidelines on Clinical Management of Drug Misuse (orange guide) fully endorses the use of naloxone in overdose management and prevention. [[Drug misuse and dependence – UK clinical guidance Department of Health and Social Care.](\\\\ns\\shares\\AppData\\Local\\Microsoft\\Windows\\INetCache\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\FXYZ2HYD\\Pharmacy Registration\\Reference\\clinical_guidelines_2017.pdf)  [July 2017]](\\\\ns\\shares\\AppData\\Local\\Microsoft\\Windows\\INetCache\\AppData\\Local\\Microsoft\\Windows\\INetCache\\Content.Outlook\\FXYZ2HYD\\Pharmacy Registration\\Reference\\clinical_guidelines_2017.pdf)   * 1. **General Overview**   Inclusion Services offer a range of interventions to help reduce the harmful consequences of drug dependency. They will assess the risk, progress, safeguarding and health and wellbeing of service users including the need for access to needle syringe programmes.  Community pharmacies play a key role in the care of people who inject drugs. They have a unique role in that they have regular and sometimes daily contact with service users and are able to monitor and offer advice on a patient’s health and wellbeing.  Pharmacists and pharmacy staff play a key part also in reducing the stigma associated with substance use. Providing an opportunity for the pharmacy staff to build a therapeutic relationship with the patient that is beneficial to promote heath and harm reduction. Community pharmacies are also uniquely placed to provide NSP and Naloxone services to patients who do not wish to be known to or cannot otherwise access Inclusion services or other NSP’s.   * 1. **Objectives**   Promote the availability of drug services and refer to and/or actively encourage engagement with them.  Promote access to other health and social care services.  To protect health and reduce the risk of transfer of blood-borne infections and drug-related deaths among people who inject drugs :   * By reducing the rate of sharing and other high risk injecting behaviours * By providing sterile injecting equipment * By promoting safer injecting practices * By providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use) * By increasing awareness and the availability of training and supply of Naloxone. * By providing training and supply of Naloxone to people at risk of opiate overdose. * By providing PWID or at risk of opiate overdose with a supply of replacement naloxone following emergency use or date expiry.   1. **Expected Outcomes**  | **Domain 1** | **Preventing people from dying prematurely** | **x** | | --- | --- | --- | | **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  | | **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  | | **Domain 4** | **Ensuring people have a positive experience of care** | **x** | | **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** | **x** | | | | | | |
| 1. **Service Scope** | | | | | |
| * 1. **Service Description**   Needle syringe programmes will be available to people who inject drugs aged 18 years and over and include the provision of naloxone  There should be adequate and suitably trained pharmacy support staff in the pharmacy at all times to support the pharmacist in the operational elements of the service and help ensure the safe and smooth running of the service. This includes ensuring that support staff are familiar with, have access to and operate within the pharmacy’s standard operating procedures.  All staff, including locums, should be aware of their roles and responsibilities and the service provision. It is the responsibility of the superintendent pharmacist to ensure locum staff and other pharmacists are aware of the requirements have the appropriate level of training to deliver this service. Where an accredited pharmacist or accredited technician leaves the pharmacy, a three-month period will be given to ensure new accreditation can be undertaken.  The pharmacy contractor must ensure that standard operating procedures are in place, reviewed as appropriate, read and signed by relevant staff members and pharmacists.   * 1. **Accessibility/acceptability**   People who inject drugs aged 18 years and over will be acceptable for this service. Pharmacies should ensure they have the capability and capacity to meet the terms of this service specification prior to providing the service. NSP’s should not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves. It may be appropriate in some circumstances for someone in a caring role to collect equipment on a PWID’s behalf. Naloxone may be supplied to families and carers of those at risk of opiate overdose.  Naloxone will be offered to anyone over 18 years:   * Currently using illicit opiates, such as heroin * Using the NSP for equipment to inject opiates * Receiving opioid substitution therapy * Leaving prison with a history of drug use * Who has recently ceased used opiate drugs or OST * Naloxone will also be offered to a family member, carer, peer or friend, with consent of anyone identified above   1. **Whole System Relationships**   Public Health England (PHE)  General Pharmaceutical Council (GPhC)  NHS England   * 1. **Interdependencies**   **Reporting** - PharmOutcomes  Local Pharmaceutical Committee (Community Pharmacy South Central)   * 1. **Governance**   The Service delivered must be to the standard specified and comply with the legal and ethical boundaries of the profession.  Should an issue be identified an action plan will be produced following the process below:   * Parties will identify any issues and will agree with the named pharmacist an action plan * Inclusion Services will issue a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when * Inclusion Services will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans have been completed; * If any further action needs to be taken, this will be documented, and new timescales agreed and the LPC informed; * If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.   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 the Inclusion governance team and the GPhC as appropriate. Escalation to the local pharmaceutical committee and Hampshire County Council may also be considered.   * 1. **Training & Education**   Substance misuse providers (SMS) have adopted the Declaration of Competence (DoC) framework as the local process for accreditation; they wish to access the evidence that pharmacy professionals have taken the appropriate steps to reflect on their competence to deliver this service, therefore a DoC and a signed self-declaration of competence certificate will be required as proof of accreditation. This DoC will ensure that pharmacy professionals have a knowledge and understanding of the legal and professional issues, clinical management and common practice relating to substance misuse and misuse in pharmacies. This should be evidenced on PharmOutcomes / ILLY LINKS. A new DoC must be provided at least once every two years.  Pharmacists, Pre-Registration Pharmacists, ACT’s and registered pharmacy technicians and locums involved in the provision of this service must have completed or plan to complete within 3 months of joining the scheme the Declaration of Competence which includes:   * Competency in consultation skills for pharmacy practice * Competency in Safeguarding vulnerable children and adults * CPPE Substance use and misuse modules 1-4 and e-assessment * Sharing CPPE data with PharmOutcomes MUST be granted by the individual practitioner (specific tick box on the DoC)   Further details can be found here [Declaration of Competence (cppe.ac.uk)](https://www.cppe.ac.uk/services/declaration-of-competence2.asp?srv=9)  In addition to the DoC completion of free Naloxone e-learning module via the addiction professional’s website is required. <https://www.ap-elearning.org.uk/course/view.php?id=2>  The Centre for Pharmacy Postgraduate Education (CPPE) lists this as an advanced learning programme for pharmacy professionals and it will take around 1 hour. Please submit the certificate with your DoC via Pharmoutcomes. This training is also available to and a requirement for non-registered staff who will be involved in the supply of naloxone.  Additional training can be provided through Inclusion’s Harm Reduction Team at annual events or ad-hoc as required, and includes but not limited to:   * + Overdose Awareness and use of Naloxone   + Drug and Alcohol Awareness   + Harm Reduction advice and information   + Relapse Prevention   Please contact [inclusion.heart@mpft.nhs.uk](mailto:inclusion.heart@mpft.nhs.uk) to arrange ad-hoc face to face training for your teams.  Further certified e-learning on harm reduction provision of NSP is also available free of charge to all staff via [Exchange Training (exchangesupplies.org)](https://training.exchangesupplies.org/) which is continuously developed and updated. | | | | | |
| 1. **Service Delivery** | | | | | |
| **3.1 Provision**  Needle and Syringe pharmacies will provide the following equipment (not exclusive):   * + Needles in a range of lengths and gauges and include low dead space equipment   + Syringes in a range of sizes   + Water for injection ampoules   + Vitamin C   + Foil   + Spoons   + Filters   + Alcohol swabs   + Sharps bins in suitable sizes and advice on how to dispose of needles safely   + Naloxone   + Written advice on safer injecting practices, injection-site infections, blood borne viruses and overdose   + Suitable bags for equipment ideally recyclable and sourced sustainably.   The quantity provided should not be subject to a limit but, rather, should meet their needs. Taking into account remaining stock and storage space in the pharmacy.  The equipment supplied by needle and syringe programmes is regulated by a 2003 amendment to The Misuse of Drugs Act (2001).  Inclusion are currently undertaking a review of their NSP equipment providers and as such the product list is not exhaustive and may be subject to change.  Orders are made by email [PESHampshire@mpft.nhs.uk](mailto:PESHampshire@mpft.nhs.uk). The order will be placed on behalf of the pharmacy by Inclusion and delivered directly to the pharmacy by the equipment wholesaler. Please confirm with the email above when orders have been received or if it has not been delivered after a 14 day period. Orders should usually be received after 5 working days.  **3.2 Premises**   * The pharmacy will provide a consultation area that is fit for purpose for delivering a needle syringe programme that meets the following;   + General Pharmaceutical Council (GPhC) Standards for Registered Premises;   + Clearly designated for confidential consultations;   + It must be a room where both the service user receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person; * In agreement with the pharmacist, the service user may choose not to use the consultation area but in another area of the pharmacy that is fit for purpose. In all circumstances, the pharmacy must have a fit for purpose consultation area. * All pharmacies participating in the scheme should display a national needle exchange sticker or window sticker readily visible on the premises.   **3.3 Storage and disposal of sharps waste**   * + Pharmacies should provide 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.   + Large sharps containers i.e. 30L/60L containers ordered with the NSP equipment be used to store returned used equipment.   + The pharmacy will allocate a safe place to store returned equipment for safe onward disposal. Collections of full bins can be arranged by emailing the [PESHampshire@mpft.nhs.uk](mailto:PESHampshire@mpft.nhs.uk)   + 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).   + Large collections direct from service user homes can be arranged through the harm reduction team.   **3.4 Provision of Naloxone**  Following legislative changes in October 2015, naloxone falls into a unique category. Naloxone remains a POM but the Human Medicines (Amendment) (No.3) Regulations 2015 allow staff engaged or employed in “lawful drug treatment  services” to obtain naloxone from a wholesaler and make direct supplies to patients without a prescription, patient group direction (PGD) or patient specific direction (PSD). From February 2019 this included nasal naloxone.  Lawful drug treatment services is defined as:  “Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies:  (a) an NHS body  (b) a local authority  (c) Public Health England, or  (d) Public Health Agency”.  This definition extends to commissioned services providing needle and syringe programmes (including those provided by pharmacies) and pharmacies providing drug treatment services (includes instalment and supervised dispensing of Opioid Substitute Therapies (OST)).  Anyone can administer naloxone for the purpose of saving a life (Schedule 19 of the Human Medicines Regulations 2012) and there is evidence for the effectiveness of training family members or peers in how to administer the drug. The 2015  Amendments widen the groups of people who are eligible to receive supplies of naloxone. This has been extended to cover people likely to witness an overdose and includes family members, peers and staff in regular contact with drug users where naloxone may be required for example.  Please see appendix 1 for Inclusion’s Naloxone supply protocol.  The process of using the Naloxone kit must be explained and demonstrated and an assessment checklist (see appendix 2) must be carried out post training to ensure understanding.  Clients will be offered training in recognising the symptoms of opioid overdose, how to respond appropriately including basic life support and how to administer naloxone. The training should be backed up with written information to take away where appropriate. PIL’s are included in the packs of both Prenoxad and Nyxoid.  This is a service that can continue to be provided by appropriately trained staff in the absence of the Responsible Pharmacist.  Two naloxone products are licensed for use in reversing acute opioid overdose. These include Prenoxad and Nyxoid. Prenoxad is given by injection into a big muscle such as the thigh. Nyxoid is sprayed up the nose.  Intramuscular naloxone remains the preferred product but there may be certain groups that would prefer a needleless option.  Patient information leaflets and summary of product characteristics are available in appendix 3.  Naloxone provision should be recorded on the patient’s medication record including the batch number and expiry date and as such is not a service that can be provided anonymously. Where a supply is made to a carer or representative record should be made on their own record indicating it is for use on another except where consent has been given by the patient.  Where naloxone is re-issued after an overdose situation, feedback on the overdose including any information given by the service user on location or characteristics of the drugs used, should be provided to the harm reduction team via email to allow for compiling of information for drug alerts.   * 1. **Roles & Responsibilities**   **Pharmacy Contractor**   * The pharmacy should order sufficient NSP equipment to ensure continuity of the service allowing for at least 5 working days for delivery. * Pharmacies should have appropriate protective equipment and materials to deal with spillages and loose needles should this occur, readily available close to the site or provision. * It is strongly advised that staff in the delivery of this service are immunised against Hepatitis B. * NSP should be conducted according to the pharmacy’s own standard operating procedure. It is the responsibility of the contractor to make sure all staff, including locums, are familiar with these documents and work in line with the terms of the contract; this includes any certification and accreditation. * All Pharmacy staff delivering NSP and must conform to General Pharmaceutical Council Standards for registered Pharmacies and Standards of conduct, ethics and performance. * It is the responsibility of the pharmacy to order replacement stock of Prenoxad 1mg/ml Injection 2ml and/or Nyxoid nasal spray. * Orders for NSP equipment excluding naloxone are placed via [PESHampshire@mpft.nhs.uk](mailto:PESHampshire@mpft.nhs.uk) using the order form in appendix 4. * Orders received should be checked against the original order and an email sent to [PESHampshire@mpft.nhs.uk](mailto:PESHampshire@mpft.nhs.uk) to confirm receipt/ query any discrepancies.   **Service User**   * If there is concern about the behaviour of the service user known to the Inclusion service then the service should be contacted by email or phone call: * If an incident occurs in the pharmacy relating to a service user the service should be contacted immediately using the pharmacies secure nhs.net email and phone call.   **Service Responsibilities**   * The service will place any orders received with the supplier of the equipment. * The service will provide regular updates to practitioners via Pharmoutcomes on supply issues or giving drug alerts. * The service will advertise available needle syringe programmes to people who inject drugs. * The service will provide an annual training event. A pharmacist or representative from each pharmacy to attend annual training event. A £ fee per pharmacy will be paid for attendance at the event.   **Delegation to a registered pharmacy technician or other pharmacy staff**  The accredited pharmacist providing this service may delegate the role of delivering NSP or Naloxone to a registered pharmacy technician or any suitably trained support staff, However overall responsibility and accountability will remain with the pharmacist, due consideration should be given to the risks associated with initially commencing injecting drugs or where there is an increased risk of adverse events such as overdose and death.  **3.6 Pathways –** please see flowchart in appendix 5and sample client order forms if required in appendix 6. | | | | | |
| 1. **Service Standards and Requirements** | | | | | |
| Guidance as per the following links:   * [Overview | Needle and syringe programmes | Guidance | NICE](https://www.nice.org.uk/guidance/ph52) * [Widening the availability of naloxone - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone) * <https://www.ap-elearning.org.uk/course/view.php?id=2> * Local Needle Stick Injury Response Pathway * <https://www.pharmacyregulation.org/standards/standards-registered-pharmacies> <https://www.pharmacyregulation.org/standards-for-pharmacy-professionals> * <https://www.cppe.ac.uk/gateway/substance> * <https://www.cppe.ac.uk/programmes/l?/Substance-A-12> * [Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk)](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020#:~:text=continues%20to%20increase-,4%2C561%20deaths%20related%20to%20drug%20poisoning%20were%20registered%20in%20England,2010%20(49.4%20per%20million).) * [Drug misuse and dependence (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf) * [MEP Contents (rpharms.com)](https://www.rpharms.com/mep/mep-contents#gsc.tab=0) | | | | | |
| 1. **Referral, Access and Acceptance Criteria** | | | | | |
| * 1. **Geographic coverage/boundaries**   Patients (people who inject drugs) accessing pharmacies in the Hampshire area   * 1. **Location(s) of Service Delivery**   Pharmacy address   * 1. **Days/Hours of operation**   Pharmacy hours  **5.4 Referral processes**  Access to the NSP and naloxone pharmacy provision is by attendance at the pharmacy by the service user.  Referrals to Inclusion for people who inject drugs can be made via the Hampshire harm engagement and reduction team (HEART).  HEART can provide tailored harm reduction advice, blood borne virus testing, collections of large amounts of used sharps where a pharmacy is unable to store them, access to Opiate substitute prescribing, latest drug alerts advice on wound care and accessing health care regarding drug related illness. These services can be provided anonymously with the exception of prescribing services.   * 1. **Exclusion Criteria** * People requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens e.g. injection of prescribed medications, or businesses providing aesthetics services. Separate provision exists for these groups. * Service Users aged 14-25 are usually managed through our sub-contractors Catch 22 in partnership with Inclusion. Referral into the Young People’s substance misuse service should be completed and information provided on how to access this service for people aged 18 and under. * 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. * Capacity must be assessed using Gillick competencies and clearly documented on their PMR, before supplying any injecting equipment and supply should never occur anonymously. | | | | | |
| 1. **Patient and Carer Information** | | | | | |
| * The Pharmacy Contractor should maintain appropriate records using PharmOutcomes to ensure effective ongoing service delivery and audit. * The Pharmacy Contractor will be responsible for ensuring that access to the system is maintained for current pharmacy staff only to ensure the security of service user information. * Pharmacists are responsible for maintenance of each client’s patient medication record, where it is deemed appropriate to record such information (i.e. for safeguarding purposes or to support other health conditions) and the identity of the patient is known. | | | | | |
| 1. **Continuity arrangements** | | | | | |
| **Inclusion Continuity Arrangements**   * **Minor disruption (1 day) -** The Sub-Contractor will assess the severity of the incident and its possible consequences.  If the incident is unlikely to escalate, then control of the incident will be undertaken locally. * **Medium/short term (2-7days) disruption -** Where the incident is deemed to result in minor disruption to the service, and the incident is unlikely to escalate, the Sub-Contractor will then inform the Head Provider and of the decision to manage the incident locally. * **Major/long term (>7 days) disruption -** Where the incident is deemed to result in a major/long term disruption to the service, the Sub-Contractor must inform the Head Provider immediately and convene a meeting to discuss the continuity of the service   1. **Pharmacy Business Continuity Requirements** * The Pharmacy contractor is responsible for ensuring adequate arrangements are in place for continuity of the service in the event of staffing shortages, equipment shortages, facilities and system failures appropriate to the service and to notify the Service if such arrangements are put into place * In the event of a pharmacy being unable to continue the service for any reason the Inclusion Service must be notified all reasonable measures must be taken to ensure continuity of provision. * The pharmacy contractor should be aware of: * The legal obligation to report certain incidents to the Health and Safety executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) * If there is a temporary suspension of pharmaceutical services for unplanned reasons NHS England to be notified as soon as possible | | | | | |
| 1. **Quality and Performance Standards** | | | | | |
| * 1. **Monitoring Requirements**   The Provider shall participate in audits of compliance as required by Inclusion, agreed with the LPC and agree to action plans to address areas of non-conformance as appropriate.  The NSP service will be reviewed on an annual basis against the following document that has been produced by Exchange Supplies and ratified by NICE (appendix 7). This will include visits to the pharmacy as well as service user and stakeholder feedback.  [NICE Guidance Audit Tool (exchangesupplies.org)](https://www.exchangesupplies.org/shopdisp_nice_guidance_ph52_audit_tool.php)  Pharmacists will:   * Participate in organised audit of the service. * Co-operates with any locally agreed assessment of Service User experience. * Demonstrate that key staff have undertaken continuous Professional Development relevant to this Service. * The Service will review the service provision, on a regular basis as well as responding to issues which may require a more urgent review. * Health and safety training must be provided to staff and remains the responsibility of the pharmacy contractor to do so. In addition the pharmacy contractor must advise the service user regarding on-going health concerns and refer or signpost into primary care or specialist services. * The pharmacy contractor will provide advice and may display health promotion leaflets (provided by Inclusion, see appendix 8 for printable leaflet and appendix 9 for an order form for printed leaflets) relating to harm reduction. They will advise the person using the service regarding reducing the harms associated with substance misuse as appropriate.   **Incidents**  Reportable incidents will be reported in line with local and national guidelines. The Pharmacist will provide full details of the incident to the Service.  All incidents will be investigated by the Service who may require further details to help with the investigation. Incidents will be recorded by the Service on their local reporting system. The Pharmacy should still report incidents via their own reporting system. Learning outcomes from all incidents will be shared between the Service and Pharmacy, in line with national guidance.   * 1. **KPIs** | | | | | |
| **Performance Indicator** | **Indicator** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
| Data Reporting | Receiving data report as required from PharmOutcomes/ LINKS | 100% | Monthly Report | Service review |
| Incident Reporting | Any incidents raised to the Service within 24 hours | 100% | Ad hoc | Service review |
| Communication | Trust to Pharmacy, and vice versa, communication between valid email addresses to address incidents, patient on boarding or other queries:  Urgent – 3 hours  High – 1 working day  Low – 3 working days | 100% | Email time stamps | Service review |
| 1. **Activity** | | | | | |
| * 1. **Indicative Activity Plan**   Activity entered into PharmOutcomes/ ILLY LINKS will allow for robust monitoring and auditing of provision, ensuring compliance with the terms of this specification.   * 1. **Capacity/Workforce**   Appropriately qualified individuals as defined within this specification.  **Trust Contact Details:**  **Hampshire Leads**  Inclusion Recovery Hampshire  Avalon Centre  Fareham Health Centre  Civic Way  Fareham  PO16 7ER  Inclusion Harm Reduction team can be contacted by contractors or service users by [inclusion.heart@mpft.nhs.uk](mailto:inclusion.heart@mpft.nhs.uk) or via  07791466272 for matter in relation to NSP and Naloxone  For order queries please email [PESHampshire@mpft.nhs.uk](mailto:PESHampshire@mpft.nhs.uk)  **Procurement**  Trust HQ  Corporation Street  Stafford  ST16 3AG  Email: [Procurment@mpft.nhs.uk](mailto:Procurment@mpft.nhs.uk)  **Pharmacy Lead**  Denis Kanu  Inclusion, Stonefield House Corporation Street Stafford  ST16 3AG  Email: [Denis.kanu@mpft.nhs.uk](mailto:Denis.kanu@mpft.nhs.uk) | | | | | |
| 1. **Prices & Costs** | | | | | |
| * 1. **Price** * £ per transaction for NSP * £ plus drug tariff price of Prenoxad or Nyxoid as appropriate   To claim the pharmacy contractor will need to input on PharmOutcomes so once a pharmacy has entered data, payment will be processed.  Payment for service provision is generated via activity entered into the internet based software system, PharmOutcomes. All activity must be recorded on PharmOutcomes at the earliest opportunity as invoices are generated on a monthly basis, allowing a **1 month** period for retrospective data to be entered.  If data is entered outside of this period, it will be paid at the discretion of the Service.  This information will be used to calculate payment for services, determine stock replenishment, and identify waste collection requirements. | | | | | |
| 1. **Exit Arrangements** | | | | | |
| * 1. **Exit arrangements** * This enhanced service agreement is awarded on the basis that there has been an identified and on-going need in the area for this service provision. * This service agreement may be terminated by either party by the giving of three months’ notice in writing * Failure to comply with the terms of this contract may result in the withholding of payment for the service. | | | | | |
| **Signed and Agreed on behalf of the Signed and Agreed on behalf of the**  **Head Provider by: Provider by:**  Signature …………………………………………. Signature …………………………………………….  Designation ……………………………………… Designation …………………………………………  Date ………………………………… Date ………………………………… | | | | | |

**The below embedded NHS Terms and Conditions for Supplier Services Purchase Order version are applicable to this agreement.**



**Appendix 1 – Inclusion Naloxone supply protocol**

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**Appendix 2:**

**Overdose and use of Prenoxad Training Checklist**

**Client name:………………………………………………. Date of birth:………………….…..........**

**Representative name (if applicable):………………………………………………………….……..**

|  |  |
| --- | --- |
| **Evidence of understanding** | **Assessor’s signature** |
| **What are the signs and symptoms of suspected opioid overdose?**  Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring,  rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips. |  |
| **How and when would you call an ambulance?**  Dial 999. Prenoxad is not an alternative to calling an ambulance. |  |
| **Describe the recovery position.** |  |
| **Describe what Prenoxad is and how it works?**  Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not  reverse alcohol or benzos, quick acting 2-8 min. |  |
| **When would you inject Prenoxad?**  When the person will not wake, shows signs of overdose and they have been put into the  recovery position. Call ambulance first. |  |
| **How do you inject Prenoxad?**  Assemble the injection as shown on the leaflet provided. Inject 0.4ml (up to the first black  line) into the muscle of the outer thigh or upper arm. Repeat another 0.4ml dose every  2-3 minutes until the person wakes up or the ambulance arrives. |  |
| **How long do the effects of Prenoxad last?**  20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again. |  |
| **Are you aware of the importance of staying with the person and handing over to the**  **Paramedics when they arrive?**  Tell the paramedics what the person has taken if you know, hand the Prenoxad kit to the  paramedics. |  |

**I confirm that the above named client or representative has had Prenoxad training, has demonstrated sufficient understanding of overdose and using Prenoxad and has been provided with a Prenoxad kit and Prenoxad information:**

**Staff sign:...………………………………………………Client sign:……………………………….……………**

**Staff name:……………………………………………….Client name:……………………………………….…..**

**Date:……………………………………………………….Date:……………………………………………….……**

**Batch no:………………………………………………….Expiry date:……………………………………………**

**Nyxoid Training List**

Training on how to recognise opioid overdose, overdose management, and administration of nasal naloxone must be given before Nyxoid is supplied.

* Ensure personal safety first
* Call an ambulance
* Place the victim in the recovery position
* Insert the device nozzle in one nostril. Press firmly on the plunger until it clicks to give the dose. Remove the nasal spray nozzle from the nostril after giving the dose. If the individual is no better within 2-3 minutes, a second dose can be given into the other nostril using a new Nyxoid nasal spray.
* Wait with the casualty until the ambulance arrives and safely dispose of the used nasal naloxone container(s) with the paramedics

Demonstration must be made using a bespoke ‘demonstration kit’ or by using pictures/videos. Emptied ‘real’ nasal spray containers must not be used for demonstration purposes

* Take home nasal naloxone will be supplied as a Nyxoid pack containing:
* Two single-dose nasal sprays
* Product instruction sheet/s which includes:
* An action guide on finding a potential overdose
* Instructions for patient administration

**Appendix 3: PILs and SmPCs for Prenoxad and Nyxoid**

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**Appendix 4:**

**Needle Syringe Programme ordering form**

Please return this email to: [PEShampshire@mpft.nhs.uk](mailto:PEShampshire@mpft.nhs.uk)

|  |  |
| --- | --- |
| **Date:** |  |
| **Pharmacy/Hub** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRODUCT DESCRIPTION** | **PRODUCT CODE/PRICE** | **CARTON QUANTITY** | **NO OF CARTONS** |
| Frontier Solo 1ml fixed syringe 30g x 1/2 Blue (LDS) | 11810- £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 30g x 1/2 Green (LDS) | 11811- £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 30g x 1/2 Yellow (LDS) | 11812- £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 30g x 1/2 Pink (LDS) | 11813- £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 30g x 1/2 White (LDS) | 11814- £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 29g x 1/2 Blue (LDS) | - £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 29g x 1/2 Green (LDS) | - £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 29g x 1/2 Yellow (LDS) | - £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 29g x 1/2 Pink (LDS) | - £6.00 | 100 |  |
| Frontier Solo 1ml fixed syringe 29g x 1/2 White (LDS) | - £6.00 | 100 |  |
| 1 ml Frontier 29g ID Syringe x ½” | 011801 - £5.00 | 100 |  |
| 1 ml Frontier 27g ID Syringe x ½" | 011800 - £5.00 | 100 |  |
| 1 ml Frontier Syringe No Needle | 011600 - £3.28 | 100 |  |
| 2 ml Frontier Syringe No Needle | 011601 - £3.35 | 100 |  |
| Frontier Grey 27g x 3/4" Needle | 011714 - £1.23 | 100 |  |
| Frontier Brown 26g x ½” Needle | 011710 - £1.23 | 100 |  |
| Frontier Orange 25g x 5/8” Needle | 011709 - £1.23 | 100 |  |
| Frontier Orange 25g x 1” Needle | 011708 - £1.23 | 100 |  |
| Braun Orange Needle 25g x 1 ½” | 011008 - £4.70 | 100 |  |
| Frontier Blue 23g 1" Needle | 011706 - £1.23 | 100 |  |
| Frontier Blue 23g 1 ¼” Needle | 011705 - £1.23 | 100 |  |
| Frontier Black 22g x 1 1/2" Needle | 011704 - £1.28 | 100 |  |
| Frontier Green 21g x 1" Needle | 011701 - £1.23 | 100 |  |
| Frontier Green 21g x 1 1/2" Needle | 011702 - £1.23 | 100 |  |
| Frontier Spoon with Filter | 015005 - £85.00 | 1000 |  |
| Vit C | 019002 - £31.50 | 1000 |  |
| Alcohol Swabs | 019003 - £3.73 | 500 |  |
| 2 ml Sterile Water for Injection | 019005 - £175.00 | 1000 | (max 1) |
| Water Snappers | 019006 - £0.15 | 100 |  |
| 1ml One Hit Kit | 019032 - £10.50 | 50 |  |
| 2ml Orange One Hit Kit | 019034 - £10.50 | 50 |  |
| 2ml Blue One Hit Kit | 019033 -£10.50 | 50 |  |
| My safe plus | 20000002 - £14.00 | 50 |  |
| 0.2 Litre Sharpsafe | 41721210 - £50.50 | 100 |  |
| 0.45 Litre Sharpsafe | 41711210 - £61.50 | 100 |  |
| 1 Litre Sharpsafe | 41601210 - £61.00 | 100 |  |
| 4 Litre Sharpsafe | 41005430 - £38.30 | 50 |  |
| 7 Litre Sharpsafe | 41105430 - £60.12 | 50 |  |
| 30 Litre Sharpsafe | FSL2010A1 - £56.71 |  |  |
| 60 Litre Sharpsafe | 41860000IC - £6.29 | 1 |  |
| Foil (Packs of 50) | 019011 - £1.90 | 1 |  |
| **WASTE COLLECTION NX ONLY** | YES/NO | Size of bin (in Litres) |  |

**Appendix 5: Flowchart of NSP provision**

**Appendix 6: Sample Client Order Selection Form**

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**Appendix 7: Audit Tool for Needle Syringe Programmes**

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**Appendix 8: Printable Leaflet**

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**Appendix 9: Leaflet order Form**

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