

SERVICE SPECIFICATION

FOR

THE PROVISION OF

NEEDLE EXCHANGE SERVICES

IN

GLOUCESTERSHIRE

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 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.

3. Service outline

- 3.1. 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.

- 3.2. 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 provided on how to access this service.
- 3.3. 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 require regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups.
- 3.4. Pharmacies across Gloucestershire participating in the service will work together to reduce the practice of sharing equipment amongst drug users.
- 3.5. 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.
- 3.6. The pharmacy will provide an introduction to the scheme and explain the rationale behind the service to service users.
- 3.7. The pharmacy should order sufficient materials to ensure continuity of the service.
- 3.8. The service includes provision for users of performance and image enhancing drugs (PIEDs).
- 3.9. 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.
- 3.10. The pharmacist will ensure that their staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacies own safety guidance.
- 3.11. 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.
- 3.12. Management of Returns**
 - 3.12.1. Each pack will contain a sharps return bin.
 - 3.12.2. 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.

- 3.12.3. 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).
- 3.12.4. 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.
- 3.12.5. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 3.12.6. 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. Collection of sharps bins will be managed by Sustainable Waste on behalf of cgl, on a scheduled collection basis.
- 3.12.7. Please contact Rae Davies (cgl) at Rae.Davies@cgl.org.uk, or Alex Pannone (Sustainable Waste) via email waste.cgl@sustainable-advantage.com, or phone 0203 5442036 if you require additional bins or collections.

3.13. Advice and information

- 3.14. Provide information on the risks of unsafe disposal of injecting equipment.
- 3.15. 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
- 3.16. Advice will be consistent with relevant recognised guidelines and good practice
- 3.17. Advice should be supported with appropriate harm minimisation materials or literature.

3.18. Data recording & information sharing

- 3.18.1. The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 3.18.2. The pharmacy will use the Client Record Form (appendix 1) to record all transactions. This record will include;
- Date of supply
 - Postcode

- Gender
- Number of sharps bins returned
- Number of packs given out

3.18.3. The pharmacy will create a transaction record on PharmOutcomes using the information from the client record form. This information will be entered on to the service called 'NSP supply and return' at each transaction.

3.18.4. Pharmacy staff should not notify prescribers or other services of a client's use of the needle exchange programme without the client's permission. This is except in circumstances where withholding information or seeking the client's permission to share may put others at risk (e.g. in certain Child Protection or Safeguarding situations).

3.18.5. Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

4. Accessibility

4.1. This will be available on an open access basis with no requirement for service users to be referred from another agency.

4.2. The service user will determine:

4.2.1. Which delivery site they access

4.2.2. The frequency of engagement

4.2.3. Which interventions they access

5. Service requirements

5.1. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.

5.2. 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.

5.3. 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 centred communications skills and confidentiality.

5.4. The Pharmacy must ensure that the Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.

5.5. 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.

6. Duration

6.1. This Service Specification is valid from 1st April 2019 – 31st March 2020.

7. Safeguarding and governance

- 7.1. 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.
- 7.2. 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.
- 7.3. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 7.4. 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.
- 7.5. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.
- 7.6. It is strongly advised that staff in the delivery of this service are immunised against Hepatitis B.

8. Training requirements

- 8.1. 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.
- 8.2. 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.
- 8.3. The declaration training and reading and signing the SOP 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.
- 8.4. A representative from the pharmacy may be required to attend an annual training event.
- 8.5. LloydsPharmacy aim to arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist.

9. Use of Locum Pharmacists

- 9.1. 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

- 9.2. 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.
- 9.3. 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.
- 9.4. 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.
- 9.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 9.6. 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.

10. Premise

- 10.1. 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.
- 10.2. Ensure internet access to use PharmOutcomes.

11. Ordering consumables

- 11.1. It is the responsibility of the pharmacy to order consumables required for the service by contacting Frontier Medical Group.
- 11.2. Please email nxsales@frontier-group.co.uk to order stock. If you have queries regarding orders, you can phone on 01495 235800 (please note you will **not** be able to order stock over the phone). The pharmacy must ensure appropriate stock control is maintained and there is not an unacceptable build-up of clinical waste on the pharmacy premises.

12. Quality standards

- 12.1. **The pharmacy should ensure the following:**
- 12.2. 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.
- 12.3. A needle stick injury SOP should be in place and visible to all staff.
- 12.4. The accredited pharmacist has undertaken CPD relevant to the service.
- 12.5. 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

12.6. Co-operation with any review of the client experience.

12.7. Participation in any audit of the service.

12.8. The quality standards for the pharmacist are:

12.8.1. Accreditation by commissioner.

13. Audit

13.1. The pharmacy will participate in audits of this service provision organised by the Contract Manager/cgl, as and when required, and delivers any action points reported on the audit within the agreed timescales.

13.2. The Contract Manager may employ mystery shoppers as part of this audit.

14. Reporting incidents

14.1. The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.

14.2. 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.

15. Payment arrangements

15.1. Payment and Reimbursement Structure

Service Provided	Fee
Needle exchange	£2.00 (inc. VAT) per transaction

15.1.1. Payments will be made on a monthly basis.

15.2. Claims for Payment

15.2.1. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.

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

16. Local contact information

16.1. Contract Manager

Anna White

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Appendix 1

**N.B this form is subject to change as and when stipulated by cgl*

**NEEDLE EXCHANGE SCHEME
Client Record Log**

Name & Address of pharmacy: _____

Month: _____

**Denotes required field; all other fields are not mandatory*

Date*	Initials	Postcode* <i>First 3/4 characters only</i>	DOB*	Gender* <i>M/F/T</i>	No. of bins returned*:	No. of packs given out*	
						1ml packs	2ml packs