

Appendix A – Service 6

All subheadings for local determination and agreement.

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|---------------------------|--|
| Service Specification No. | |
| Service | Pharmacy - Needle & Syringe Exchange Service |
| Authority Lead | Richard Steptoe (Public Health - Swindon Borough Council) |
| Provider Lead | Sarah Cotton (Community Pharmacy - Avon & Wiltshire) |
| Period | Commencement Date to 31 st March 2026 (option to extend for a further two years 1+1). |

1. Population Needs

1.1 National/Local Context and Evidence Base

(Source: Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, data to end of 2021 – updated 22 March 2023): [Shooting Up: infections and other injecting-related harms among people who inject drugs in the UK, data to end of 2021 - GOV.UK](#)

Drug Use in the UK

Drug use in the UK is the highest reported of any country in Western Europe; 1 in 11 people aged 16 to 59 years report having used an illicit drug in the last year in England and Wales and 1 in 14 in Scotland (1 to 4). It is estimated that over 300,000 people aged 15 to 64 in England use opioids or crack cocaine, of which approximately 87,000 people inject drugs. People who inject drugs (PWID) experience substantially worse health outcomes than the general population. Furthermore, overdose deaths and reports of non-fatal overdose are at an all-time high. Existing health inequalities have likely been widened by the coronavirus (COVID-19) pandemic response, which resulted in restricted access to essential services for PWID, including blood-borne virus (BBV) testing, treatment and harm reduction. The full impact of the COVID-19 pandemic response on infection transmission and long-term health outcomes will take time to emerge and evaluate.

Health Harms

Levels of reported sharing and re-use of injecting equipment remain high, which continues to drive transmission of blood-borne viruses (BBVs) and increase the risk of bacterial infections. Availability and access to sufficient supplies of sterile injecting equipment, as well as opioid agonist therapy (OAT), and wound care services, are key to preventing further spread of infections. The UK government's Drug Strategy and investment of £780 million for English local authorities presents a key opportunity to expand and improve evidence-based harm reduction interventions.

PWID are vulnerable to a wide range of health harms which can result in high levels of morbidity and mortality, including blood-borne viral infections, bacterial infections and overdose. HIV, HBV and HCV are effectively transmitted through the sharing of needles, syringes and other injecting equipment. Unsterile injection practices are also associated with bacterial infections such as *Staphylococcus aureus* and *Streptococcus pyogenes*, also known as Group A *Streptococcus* (GAS), which are often worsened by poor wound care and delays in seeking healthcare. PWID are at risk of rare but life-threatening infections with spore-forming bacteria such as tetanus, botulism and anthrax, which can be associated with contaminated drugs and poor injecting technique. Infection and other injecting-related harms among PWID are amplified by the existence of structural barriers to accessing prevention, care and treatment services such as homelessness, imprisonment and discrimination. There is a risk of vulnerability to infections and other injecting-related harms among PWID. As in 2020, the COVID-19 pandemic response continued to impact access to services for PWID in 2021, including BBV testing, treatment and harm reduction. The full impact of the COVID-19 pandemic and the resulting restricted access to services on the health and wellbeing of PWID in the UK remains to be seen (8, 9). Continued public health monitoring of infectious diseases and other drug-related harms among PWID is critical to

understanding the impact of COVID-19 on national HIV and viral hepatitis elimination efforts, as well as on the health inequalities experienced by this marginalised group.

Comprehensive approaches to infection prevention and treatment, as well as broader health and wellbeing, including peer-based models of service delivery are being rolled out on a larger scale. Ensuring that people with lived and living experience are involved in the design and delivery of these services can help to reach underserved groups and those not in contact with traditional services. This person-centred approach, combined with a whole-system approach to the prevention, detection and treatment of infections, is crucial for reducing health inequalities among this marginalised group, and to meet international elimination goals for HIV, HBV and HCV.

Hepatitis C virus (HCV)

Chronic hepatitis C prevalence continues to decline, but prevention of new and re-infections remains a challenge. HCV continues to be the most common BBV infection among PWID in the UK, with bio-behavioural survey data showing no evidence of a reduction in new HCV infections in recent years. However, there is evidence of a reduction in chronic HCV prevalence, which has occurred alongside the scale-up of DAA treatment in this population. The decline in chronic prevalence among PWID is likely to be due to better uptake of HCV treatment rather than improved prevention of new and re-infections through harm reduction initiatives. Insufficient provision of harm reduction poses a threat to the UK's ability to achieve and maintain elimination. However, the UK government's 10-year Drug Strategy released in April 2022 outlines significant investment to be used by local authorities in England to expand and improve evidence-based harm reduction interventions. It is important to continue to test those with ongoing risk regularly to identify re-infection and reduce the risk of transmission.

Hepatitis B virus (HBV)

Although HBV vaccination is recommended as high priority for all people who currently inject drugs, nearly 40% report that they have never been vaccinated. HBV infection in this population remains rare, but it is essential that vaccine uptake is improved to ensure high levels of immunity. Vaccination should be particularly promoted among PWID of younger age and recent initiates to injecting, for whom reported uptake is lower. Further work is needed to explore the facilitators and barriers to uptake of HBV vaccination to inform policy and practice.

HIV Infections

HIV and hepatitis B virus (HBV) prevalence remain comparatively low. However, outbreaks of HIV continue. In addition, there has been an increase in the proportion of people unaware of their HIV status. A concerted effort is required to improve testing, and to ensure that everyone living with HIV is aware of their status and can access treatment. HBV vaccination uptake has declined further and is the lowest level reported within the past decade. Improving vaccination uptake is necessary to ensure high levels of immunity and maintain the low number of infections. HIV infections and outbreaks continue to occur among PWID, although overall prevalence among this group in the UK remains comparatively low. The proportion of those aware of their infection has declined; nearly one fifth of PWID in England, Wales and Northern Ireland were unaware of their infection in 2021. Disruptions to HIV testing services as a result of the COVID-19 pandemic response likely resulted in delayed testing and diagnosis for some people. However, missed opportunities for testing and prompt diagnosis also remain; 18% of PWID who currently inject drugs reported that they had never received a test, despite being in contact with services. It is important that PWID at ongoing risk are offered a diagnostic test regularly. Care pathways for those with HIV need to be optimised and maintained to ensure outcomes for PWID are equitable.

Bacterial Infections

Cases of bacterial infections among PWID have fallen since 2020, although this is mainly thought to be a consequence of the COVID-19 pandemic response, which resulted in restricted access to healthcare services, reduced testing and reporting delays. To prevent rates of bacterial infections increasing, drug and alcohol services should facilitate easy access to needle and syringe programmes (NSPs), embed regular opportunities to discuss safe and hygienic injection practices with clients and provide low threshold and outreach wound care services. It is also important to provide prompt treatment for injection site infections and tetanus vaccination.

Injecting risk behaviours

Sharing and re-use of injecting equipment among PWID remains common. In 2021, a third of PWID reported inadequate provision of needles and syringes. A range of easily accessible harm reduction services for all PWID, including NSP and OAT, need to be provided. A better understanding of the range and scope of NSP provision in non-drug service settings is needed. Clients should be supported to use low dead space equipment, including detachable needles and syringes that have lower dead space, to further reduce the risk of BBV transmission. Socially excluded communities, such as PWID experiencing homelessness and those not currently in contact with drug and alcohol services, should receive additional targeted support to enable them to access harm reduction services, regular BBV testing and care.

Drug use patterns

The changing patterns of psychoactive drug injection in the UK remain a concern, as changes in psychoactive drug preferences can lead to riskier injecting practices. Although the proportion of PWID reporting injection of crack cocaine has remained high in England, Wales and Northern Ireland, there has been an increase in reported injection of powder cocaine across the UK in recent years. The latter has been linked with ongoing BBV outbreaks in Scotland and Northern Ireland. There is a need for local treatment and harm reduction systems that can respond to both the increasing numbers and the specific needs of people who use crack and powder cocaine.

Fatal and Non-fatal Overdose

Reports of both fatal and non-fatal overdose have increased in the UK, with overdose most common among people using and/or injecting opioids. This is in the context of improved availability of naloxone, an emergency antidote for opioid overdose, and increased self-reported carriage of take-home naloxone among PWID. Local areas should ensure that they commission readily accessible OAT, NSP and take-home naloxone services to meet service user needs and preferences. In addition, services working with PWID should provide materials to increase awareness of, and information about, overdose risks and provide training for peers and family members in overdose prevention, recognition and response.

Hepatitis C Virus (HCV)

Prevention, detection and treatment of infections related to injecting drug use remain issues of public health concern in the UK. Hepatitis C virus (HCV) remains the most common BBV infection among PWID in the UK. There is evidence for a continuing decline in the prevalence of chronic HCV infection in this population, which is largely due to improved testing and access to direct-acting antiviral (DAA) treatment. However, prevention of new and re-infections remains a challenge. Although the chronic hepatitis C prevalence continues to decline, but prevention of new and re-infections remains a challenge. In 2016, the UK signed up to the World Health Organization (WHO) Global Health Sector Strategy on Viral Hepatitis, committing to an 80% reduction in incidence of HCV infection and a 65% reduction in mortality from HCV by 2030 (10). More recently, interim guidance has been published setting out absolute impact targets for viral hepatitis elimination, aiming for HCV incidence rates of 5 new infections or fewer per 100,000 population (2 infections or fewer per 100 PWID) and 2 or fewer deaths per 100,000 population for HCV-related mortality. Strategies across the UK aim to eliminate HCV as a public health threat.

HCV Prevalence

Injecting drug use continues to be the most important risk factor for HCV infection in the UK, being cited as a risk in more than 90% of all laboratory reports where risk factors have been disclosed. The proportion of UAM Survey participants in England, Wales and Northern Ireland (EWNI) with evidence of ever being infected with HCV (antibodies to HCV infection) has increased over time from 47% in 2012 to 57% in 2021. HCV antibody prevalence in Scotland has not changed substantially in recent years and was 55% in the most recent NESI survey (2019 to 2020). People are considered to have chronic HCV infection if they test positive for HCV ribonucleic acid (RNA) in addition to HCV antibodies. In EWNI, there has been a decline in the prevalence of chronic HCV infection in recent years. In 2021, 18% of people who injected drugs in the past year had a chronic HCV infection. Correspondingly, the prevalence of cleared HCV infection has increased in recent years and was 42% in 2021.

COVID-19 Impact

COVID-19 has had a significant impact on PWID and service provision and had an adverse impact on surveillance data collection and reporting in both 2020 and 2021. In addition, it has limited recruitment to bio-behavioural surveys among PWID, including the Unlinked Anonymous Monitoring (UAM) Survey in England, Wales and Northern Ireland, and the Needle & Syringe Provision Surveillance Initiative (NESI) survey in Scotland. Preliminary bio-behavioural and other surveillance and research data indicates PWID in the UK was impacted by the COVID-19 pandemic, with access to services severely limited, including access to BBV testing and equipment for the safe use and/or injecting of drugs. Despite the disruption in services, novel approaches to delivery have been implemented to ensure continuity of access to interventions. It is important that these innovations are evaluated to assess the impact on outcomes, including national HIV and viral hepatitis elimination efforts, as well as health inequalities. It is likely that remote interventions will continue to play a key role in the delivery of essential services to PWID.

Needle and syringe programmes (NSPs) need to be considered as part of a comprehensive substance-misuse strategy that covers prevention, treatment and harm reduction.

The provision of Needle and Syringe Programmes is supported by guidance from NICE and Department of Health and Social Care and Public Health England. NICE guidance PH52 Needle and Syringe Programmes forms the basis of this specification.

2. Key Service Outcomes

2.1 Insert any locally agreed outcomes and quality requirements which are NOT Quality Outcomes Indicators which should be set out in Appendix C (*Quality Outcomes Indicators*)

The service will support delivery against the two main substance misuse Public Health Outcome Framework¹ measures:

- Successful completion of drug treatment
- People presenting with HIV at a late stage of infection

In addition, it will protect health and reduce the rate of blood-borne infections and drug related deaths among service users and protect the wider Swindon population by:

- Reducing the rate of sharing and other high-risk injecting behaviours
- Providing sterile injecting equipment and other support
- Promoting safer injecting practices
- Providing and reinforcing harm reduction messages including safe sex advice and BBV immunisation advice.
- Giving advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

3. Scope

3.1 Aims and Objectives of Service

The Needle and Syringe Programme service aims to:

- Reduce the incidences of blood-borne viruses among people who inject drugs (PWIDs) and the wider community
- Improve health and wellbeing in people who inject drugs by reducing sharing and providing appropriate messages on safer injecting and health and wellbeing
- Signpost people who inject drugs in an unsafe way, e.g. groin or neck injecting, care and management of wounds resulting from unsafe injecting behaviour

- Help users to access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- Maximise the access and retention of all injectors to treatment and support, especially the highly socially excluded
- Help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.).
- Actively encourage the return for disposal of used equipment in a safe manner
- Reduce wastage from the discarding of unused injecting equipment
- Provide easy access and a user-friendly service for all injecting drug users.
- Collect and submit routine information for monitoring and evaluation purposes.

Service objectives include:

- The service will be made available, free of charge, to all PWIDs particularly those not in contact with other services.
- Referral of those PWIDs who are or appear to be, under 18 years of age, to the Swindon Walk in Centre, where a full assessment can be undertaken in conjunction with Swindon's Young People's Substance Misuse Service (SYPSMS) also known as U-Turn.
- People under 18 years of age are not expected to be served by the community pharmacy scheme unless there has been a full assessment and the supply has been agreed by SYPSMS.
- Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- The pharmacy should ensure that all users of the scheme are treated, as any customers are, in a non-stigmatising and respectful way.
- Pharmacy staff should regularly offer (PWIDs) health promotion advice. Over the counter sales and signposting should be offered as essential services under the NHS pharmacy contractual framework.
- The pharmacy will provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.
- The regular contact with health care professionals will also help service user access further advice or assistance when required.
- Pharmacists should be prepared and able to answer simple harm reduction questions from users e.g. injection technique and sites.
- The pharmacy contractor agrees to ensure that there is a trained pharmacist(s)/registered pharmacy technician engaged in the pharmacy for the majority of the time that the pharmacy is open.
- The pharmacy will connect with Swindon's specialist Needle & Syringe Provision run by the main treatment provider
- Ensuring that those individuals engaged in risky injecting behaviour (e.g. groin or neck injecting) or sharing/re-using equipment are properly supported in conjunction with the main drug and alcohol treatment provider
- Overall responsibility for the service remains with the "responsible pharmacist" at all times. The trained pharmacy technician is to ensure consistency in pharmacies where there is no regular pharmacist.
- If the trained pharmacist(s)/registered pharmacy technician leaves the pharmacy, the pharmacy contractor will need to notify Public Health Swindon immediately. The pharmacy contractor will have three months to train a new pharmacist/registered pharmacy technician for the service.

3.2 Service Description/Pathway

The service will provide open access, cost-effective, high-quality provision of needles and syringes, advice and information.

The Service specification is as follows:

- The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.
- The part of the pharmacy used for provision of the service provides a sufficient level of privacy: - the conversations between the pharmacist or any member of staff and service user cannot be overheard by members of the public or other pharmacy staff.

- The pharmacy shall provide a service allowing a client access to a range of injecting equipment including but not limited to, needles, syringes for injecting a variety of substances and ancillary equipment including, e.g., citric acid, sharps bins, swabs, spoons, etc. Pack contents may vary over time and could also include other associated materials, for example condoms, acidifier, and sterile water. Lead Pharmacists/Technicians should ensure they, and all staff involved in running the service, including locums, are aware of pack contents.
- Used equipment should be returned by the service user for safe disposal. This should be encouraged at all opportunities, but a lack of return shall not prevent access to clean equipment.
- People who inject drugs who are returning equipment that is not in a personal sharps bin may either be provided one or asked to place their equipment in the pharmacy's sharps bin
- The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the –Public Health commissioned clinical waste disposal service will be used to store used equipment
- Should a person who injects drugs request more than one pack, staff should give out the number requested and record as a single transaction
- The pharmacy shall work with the treatment service outreach team to ensure they are abreast of the latest advice and information and are able to publicise this in relation to:
 - Injecting site integrity and health and techniques to maintain health and wellbeing
 - Blood-borne virus risk factors and techniques to reduce exposure
 - The risks associated with use of acidifiers, particularly citric acid, the promotion of Vit-C over citric acid and advice on amounts to use
- The pharmacy contractor should ensure that their staff (including locums) are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place (see Appendix F for sample of needle stick procedure)
- Appropriate protective equipment, including gloves, overalls and materials to deal with spillage, should be readily available close to the storage site
- Staff involved in the delivery of this service are strongly advised to be vaccinated against Hepatitis B as outlined in Appendix F. Pharmacy staff should seek vaccination via their GP. Should pharmacy staff experience any difficulty in obtaining vaccination via their GP, the vaccination can be administered through the Integrated Care Board (ICB) – Bath and Northeast Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB), you can use the following information. The BSW ICB can be contacted at 0300 304 7500 or via email at bswicb.post@nhs.net for general inquiries. For queries related to the partnership or its content, you can use bswccg.partnership@nhs.net. The Patient Advice and Liaison Team (PALS) can be reached at scwcsu.palscomplaints@nhs.net or 0300 561 0250.
- Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements

Public Health Swindon will:

- Provide the needle and syringe programme equipment and associated materials in line with local need and will commission a clinical waste disposal service for each participating pharmacy. The frequency of collections will be specified by the pharmacy to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises and that waste is removed in a timely manner. The contact details for this service are attached (Section 3.5).
- Require the recording of relevant service information for the purposes of audit and claiming of payments to be entered on the PharmOutcomes Database.
- Provide details of relevant points which pharmacy staff can use to signpost service users who require further assistance.
- Make available health promotional materials relevant to the service users and making this available in the exchange packs

The pharmacy contractor has a duty to ensure:

- That the Pharmacists and staff involved in the provision of the service (including locums) have relevant knowledge and are appropriately trained in the operation of the service
- Pharmacists and other pharmacy staffs involved in the provision of the service (including locums) are aware of, and operate within, local protocols
- There is an appropriate standard operating procedure and risk assessment in place for the delivery of this service

3.2.1 Service Levels

- Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years: -
 - Most recent CPPE Substance Use and Misuse open learning
 - Attendance at CPS contractor meetings organised by – Public Health Swindon to promote the needle & syringe scheme and update the knowledge of the pharmacy staff

The pharmacy contractor:

- Should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service.
- Can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of, and operate within, local protocols.
- This is to ensure that they are aware of current legislation, relevant risks and their management, the ethos of harm reduction and the evidence base for needle and syringe programmes. The latter are important in order to justify service provision to other pharmacy customers who may not understand the importance of the service and also for staff engagement. The basic rules of the service that are common to all Providers and how to conduct this programme should be covered along with training on basic sexual health and offering safer sex advice, overdose prevention and response, implementing user-friendly communication strategies and options for referrals
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis.
- A participating pharmacy contractor must have in place in their pharmacy suitable procedures and appropriately trained staff to ensure that the good practice detailed in this service specification operates in their absence.
- The pharmacy has appropriate – Public Health Swindon provided health promotional materials available for the service users and actively promotes its uptake and can discuss the contents of the material with the service user, where appropriate.
- The pharmacy has details of relevant referral points which pharmacy staff can use to signpost/refer service users who require further assistance
- The pharmacy contractor participates in any organised audit of the service provision.
- The pharmacy contractor co-operates with assessments of service user experience.

3.2.2 Service Protocol

- Pharmacies participating in the needle and syringe programme should display the exchange logo sticker in their window.
- Pharmacy staff involved in the implementation of the programme should be offered vaccination against Hepatitis B before participating in the scheme.
- Pharmacies are expected to participate in the collection and submission of data for monitoring and evaluation purposes.

Initial Visit

- When a customer asks to join the scheme for the first time they should be given or shown a copy of the "Customer's Guide to the Exchange Scheme" (Appendix D).
- It should be explained that the customers will be asked their date of birth at each exchange. This information will only be used to assess how many people are using the scheme.
- Pharmacy staff should record the details of every exchange/issue of packs on the PharmOutcomes Database.
- Customers requesting more than one pack may be given multiple packs in one exchange to meet their needs.
- As part of the initial contact with a new customer the importance of returning used equipment in the sharps bin provided should be emphasised but the supply of new needles and syringes should not be withheld in the absence of any returns.
- Offer information and advice on overdose prevention and response, sexual health and hepatitis B immunisation.

Subsequent Customer Visits

- The customer should be asked their date of birth and should be asked to place their used sharp container into the large sharps box in the pharmacy. Customers who do not return their used works may still be issued with clean syringes and needles but should be encouraged to return

their used works to the pharmacy, another pharmacy in the scheme or the main treatment provider's hub at Temple Chambers, Regent Street, Swindon.

- Customers who return used syringes in containers other than the ones issued should be reminded that they should use the containers provided. Syringes should not however be removed from alternative containers and placed into individual bins. The whole container should be placed in the larger bin and a new bin be issued for next time.
- Customers who return loose used syringes should be advised that this is NOT allowed. In this situation the pharmacist should provide a sharps bin from a pack in order for the customer to store them appropriately before being passed to the pharmacist for safe disposal.
- In all cases the customer should be asked to personally place their returned container directly into the pharmacy sharps bin, making sure that it has been locked first.

UNDER NO CIRCUMSTANCES SHOULD ANY MEMBER OF STAFF TOUCH ANY USED SYRINGES THAT ARE NOT IN A SHARPS CONTAINER.

- If under extreme circumstances it is necessary to handle used syringes directly, this should only be done when wearing the gloves and using forceps. (Provided in the pack for the handling of used sharps.) Under no circumstances should the needles be touched with bare hands.
- The used syringes should be immediately placed in the pharmacy sharps bin. The gloves should be discarded into the disposal bin and the forceps should be cleaned with the wipe provided. Hands should be washed in soap and water.
- In the case of a needle-stick injury or blood spillage, action should be taken following the guidance for dealing with needle-stick injuries or blood spillage (Appendix F).
- The customer should be asked approximately how many syringes have been returned, or the number estimated and recorded on the Record Sheet attached. The date and number of packs issued should also be recorded. Every exchange or issue should be recorded on the Record Sheet.
- Offer information and advice on overdose prevention and response, sexual health and hepatitis B immunisation.

Supplies of Clean Equipment and Collection of Waste:

- To obtain new supplies of syringe and needle packs, participating pharmacies should contact:

Exchange Supplies Ltd

Address: 1, Great Western Industrial Centre, Dorchester DT1 1RD

info@exchangesupplies.org

Phone: 01305 262244

- Pharmacies, especially those exchanging many packs, are encouraged to organise a regular delivery at monthly intervals to suit their requirements.
- The supplier records the number and type of packs supplied to each pharmacy and notifies this information to Public Health at the end of each month.
- The collection of the used pharmacy sharps bin will be arranged at a frequency to suit the pharmacy. The contractor for the collection of the pharmacy sharps bin is:

Sustainable Advantage

Hersham Technology Park, Molesey Rd, Hersham, Walton-on-Thames KT12 4RS

waste@sustainable-advantage.com

020 3544 2030

- The large bin in the pharmacy should be taken away sealed.
- Clean injecting equipment and the pharmacy sharps box for returned equipment must be stored in a safe place to which the public do not have direct access. Clean and used equipment should be stored in separate areas of the pharmacy.

3.3 Population Covered

(Insert details of population area to be covered)

The service must operate an open access policy regardless of residence of the patient.

3.4 Any Acceptance and Exclusion Criteria and Thresholds

Where users become disruptive an exchange can be refused. It may be appropriate in some circumstances to advise clients not to attend the pharmacy in future. In these cases, information regarding alternative Needle & Syringe Provision schemes should be given.

3.5 Interdependencies with other Services

The Needle and Syringe Programme will maintain efficient working relationships with allied services, agencies and stakeholders to enhance the quality of service delivered. Specifically, linkages will be maintained with other Pharmacies, Swindon Drugs and Alcohol Team (Swindon Borough Council), wider Local Authority services, GP's, Adult Drug Treatment Services, Swindon Young People's Substance Misuse Service, Health Promotion, other sexual health and secondary health service providers for use when relevant. In the event of any difficulties please use the Needle and Syringe Programme Contact Information in the table below.

–Public Health Swindon will arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

Needle and Syringe Exchange Scheme Contact Information

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| <p>SBC Public Health Lead for Contracts queries: Mussah Dube - Public Health Specialist Substance Use Commissioning Swindon Borough Council – Civic Offices Euclid Street, Swindon, SN1 2JH substancemisuseteam@swindon.gov.uk</p> |
| <p>Change Grow Live for Service Delivery queries: Kerri Liddington – Lead Nurse Temple Chambers, 4 Temple St, Swindon SN1 1SQ - 01793 328150 Kerri.Liddington@cgl.org.uk</p> |
| <p>Exchange Pack Supplies Ltd Lead for Needle & Syringe Provision queries 1, Great Western Industrial Centre, Dorchester DT1 1R info@exchangesupplies.org 01305 262244</p> |
| <p>Sustainable Advantage for Clinical Waste Collection queries: Hersham Technology Park, Molesey Rd, Hersham, Walton-on-Thames KT12 4RS waste@sustainable-advantage.com 020 3544 2030</p> |

3.6 Any Activity Planning Assumptions

(Insert details of activity planning assumptions if applicable)

4. Applicable Service Standards

4.1 Applicable National Standards e.g. NICE

The service is underpinned by the following:

- PH52 Needle and Syringe programs NICE (2014)
- Community engagement. NICE public health guidance 9 (2008).

- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007).
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007).
- Naltrexone for the management of opioid dependence. NICE technology appraisal 115 (2007).
- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal 114 (2007).
- Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C. NICE technology appraisal 106 (2006).
- Adefovir dipivoxil and peginterferon alfa-2a for the treatment of chronic hepatitis B. NICE technology appraisal 96 (2006).
- Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C. NICE technology appraisal 75 (2004).

4.2 Applicable Local Standards

(Insert local standards if applicable)

4.3 Data Requirements

–Public Health Swindon will:

- require the recording of relevant service information to be entered on the PharmOutcomes Database for the purposes of audit, equalities monitoring and claiming of payment. In the absence of PharmOutcomes or other suitable electronic transfer, the Substance Use Commissioning Team will specify reverting to paper copies being submitted.
- provide up to date details of other services that pharmacy staff can use to refer service users who require further assistance. The information should include the location, hours of opening and services provided by each service Provider.
- be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.
- be responsible for the provision of health promotion material, relevant to the service users and make this available to the pharmacies.
- Include monitoring of quality indicators of pharmacy contractors in contract monitoring visits undertaken jointly by Public Health and the Drug Treatment Team. The contractors will be requested to complete a Community Pharmacy Assurance Framework (CPAF) for this enhanced service (Appendix C)

The pharmacy contractor may also be requested to:

- Participate in an audit of the service by the SBC – Substance Use Commissioning Team.
- Provide a copy of their PharmOutcomes patient exchange records to assist in the monitoring arrangements.

5. Location of Provider Premises

The Provider's Premises are located at: SEE TABLE INCLUDED BEFORE APPENDIX A

Services must have a Swindon address and postcode and predominantly serve the population of Swindon.

6. Required Insurances

6.1 If required, insert types of insurances and levels of cover required

| | |
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| Employers Liability Insurance | £5 million |
| Public Liability Insurance | £5 million |
| Professional Indemnity Insurance (including Medical Malpractice) | £5 million |

APPENDIX B PHARMACY

CONDITIONS PRECEDENT

1. Provide the Authority with a copy of the Provider's registration with the GphC where the Provider must be so registered under the Law
2. The pharmacy contractor has a Standard Operating Procedure (SOP) and the referral pathways for the service in line with RPSGB guidelines, and this SOP is reviewed on an annual basis. Please provide a copy of your SOP.
3. Participating pharmacists and pharmacy technicians must have satisfactorily completed the following, within the last two years: -
 - Most recent CPPE Substance Use and Misuse open learning.
 - Attendance at CPS contractor meetings organised by the SBC – Substance Use Commissioning Team to promote the needle & syringe scheme and update the knowledge of the pharmacy staff.

The pharmacy contractor should provide evidence the above training has been completed by all participating staff within three months of the start of participation in the service. Please provide a copy of your most recent CPPE Substance Use and Misuse Open Learning completion.

4. The pharmacy contractor can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are aware of and operate within local protocols.
5. Copies of valid insurance certificates covering the duration of the contract period.

Employers Liability Insurance - £5 million

Public Liability Insurance - £5 million

Professional Indemnity Insurance (including Medical Malpractice) - £5 million

**APPENDIX C PHARMACY
COMMUNITY PHARMACY ASSURANCE FRAMEWORK**

Service description

To provide a needle & syringe programme for injecting drug users, to assist the service users to remain healthy until they are ready and willing to cease injecting.

Aims and intended outcomes

The overall aim of this service is 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 including safe sex advice, BBV Immunisation advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

Self-Assessment Form Received by SBC Substance Use Commissioning Team:

Pharmacy:

| Service Specification Quality Indicators | Pharmacy response | Comment | Notes | –Public Health verification at monitoring visit |
|--|---|----------------|--|--|
| Does the pharmacy display a logo indicating participation in the service (5.1) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Contact CSP if the logo has not been provided. | |
| Does the pharmacy have an area which offers a suitable level of privacy (5.2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have a written SOP in place for the service which is reviewed annually (6.7) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is there a current SOP signed by all relevant staff to say they have read it, understand it, and will follow it, and is it being followed? | |
| Does the pharmacy keep a record to ensure effective ongoing service delivery and audit (7.2) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | The pharmacy should keep copies of Needle & Syringe Provision recording sheet. | |
| Date of last review of SOP | (Date) | | Within the last two years. | |
| Have all pharmacists/pharmacy technicians completed CPPE distance learning course on Substance Misuse within the last two years | <input type="checkbox"/> Yes <input type="checkbox"/> No | | The pharmacy should keep copies of the certificates of any courses undertaken by the staff. | |
| The pharmacy contractor can demonstrate that all staff involved in the service have relevant training and they undertake CPD. (6.8, 6.9) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | The pharmacy should keep copies of the certificates of any courses undertaken by the staff. | |
| Does the pharmacy have appropriate health promotional materials (6.5) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Please contact the CSP for appropriate materials. | |

Monitoring Visit

| Agreed action plan | Timescale ⁽²⁾ |
|--------------------|--------------------------|
| | |
| | |

Date:

Pharmacy:

Signature of Contractor or Representative:

Date:

Signature of –Public Health representatives:

Date:

² Normally, a minimum of three months is allowed for remedial action, unless there would be grave danger to the public. If there is such a danger, then Fitness to Practise procedures should be pursued as soon as possible.

APPENDIX D PHARMACY

CUSTOMER GUIDE TO THE NEEDLE & SYRINGE PROVISION SCHEME

Thank you for enquiring about the Community Pharmacy Needle & Syringe Exchange Scheme, a free and confidential service.

You may obtain a full list of pharmacies in Swindon that will exchange needles and syringes from the following:

Public Health Swindon

Civic Offices

Euclid Street

Swindon SN1 2JH

E-mail: substancemisuseteam@swindon.gov.uk

How to Obtain Equipment for the First Time

- You can find out which pharmacies are in the Scheme from one of the drug agencies or by looking for the logo which will be displayed in the pharmacy window.
- Go to a pharmacy of your choice and ask to speak to the pharmacist
- You are free to go to any pharmacy in the scheme.
 - You are free to attend as many pharmacies as many times during their normal working hours as appropriate to your need
- Tell them you would like some clean needles and syringes.
- You will be given a pack of syringes and needles and a plastic disposal container for your used works.

You will NOT be asked your full name or address, however we may request non-identifiable information, which you are under no obligation to give. Providing this will help to improve our service to you our client – for more information on how information is used please contact Public Health Swindon.

You will be asked your date of birth. Information will only be used to find out how many people are using the Scheme and may help us to determine the effectiveness of the service.

If you are, or appear to be under 18 years old, or are unable to provide evidence you are over 18, the pharmacy will be unable to serve you. Under 18's should obtain clean injecting equipment from Swindon Walk-in Centre (SWIC), Islington Street Swindon.

How to obtain more equipment

- Go back to the pharmacy and tell them your date of birth.
- You will be asked to place your plastic disposal container with your used works in a disposal box.
- Tell them roughly how many works you have returned and how many you require.
- You will then be issued with new packs of syringes and needles.

It is important for the health and safety of the pharmacy staff, the public and yourself to try and return all used works in the plastic disposal containers supplied. Pharmacy staff are not allowed to handle loose works.

The Exchange points will only accept used works in these containers.

Not all pharmacies in Swindon take part in the needle and syringe scheme.

If you have any questions about the Programme, ask at one of the Exchange points or at one of the drug agencies. The drug agencies will also provide equipment and advice. The pharmacy can also provide advice on overdose prevention and response, safe sex and sexual health and hepatitis B immunisation.

APPENDIX E PHARMACY

CHARGES

- For new providers, in the first year of delivering the service the pharmacy contractor will receive £210 to cover –Public Health specific training for pharmacy contractors new to the scheme.
- The pharmacy contractor will receive the following payments per service user:
- The payment for each exchange will be £2.25 excluding VAT (as is applicable).
- –Public Health will pay the setup and training fee on submission of a claim form (See below - Needle and Syringe Exchange record & claims Forms) from the pharmacy contractor to the person detailed on the claim form.
- Pharmacists are required to complete the PharmOutcomes Database each month, stating the number of exchanges undertaken that month. These should be submitted quarterly **by the 5th day of the following the month after the close of the previous quarter.**

Needle and Syringe Exchange Record & Claim Forms

From

Pharmacy name.....

Tel. No.....

**Swindon Borough Council Substance Use Commissioning Team
Needle & Syringe Provision Training and Set up Claim Form
Local Enhanced Service 2010-2012**

| | |
|--|--|
| Pharmacy Name and Address: <i>(or official stamp)</i> | All Needle & Syringe claims to be submitted via PharmOutcomes All contract/ administrative queries to be e-mailed to: substancemisuseteam@swindon.gov.uk |
|--|--|

Copies of the following documents have been attached to confirm quality indicator.

- Certificate of Completion of CPPE distance learning course substance Use and Misuse completed in last two years*
- Certificate of attendance at Drug Treatment Team (CRI) training.

*Provide copies for all trained pharmacists/technicians at the pharmacy.

- (a) I declare that the information on this form is true and complete and that the activity claimed has been carried out and not claimed before.
- (b) I understand that if I provide false or misleading information I may be liable to prosecution or civil proceedings. I understand that the information on this form may be provided to the Counter-Fraud and Security Management Service, a division of the NHS Business.
- (c) Records of this work will be kept by the service Provider.

| | |
|------------------------|------|
| Total value this claim | £210 |
|------------------------|------|

Signed..... Date

Print Name Position.....

What name would you like to appear on the cheque and where would you like us to send it? [Please print]

| |
|--|
| <i>Office use only</i> Claim authorised.....Date..... |
|--|

APPENDIX F PHARMACY

SAFEGUARDING POLICIES

The Provider shall ensure all staff are aware of, trained to a level appropriate to their role and abide by guidance and legislation on safeguarding (children and adults).

The Service Provider should ensure that staff are aware of and abide by the **Policy and Procedure for safeguarding adults at risk in Swindon and Wiltshire**

<http://www.swindon.gov.uk/sc/Health%20Document%20Library/Information%20-%20Policy%20and%20Procedures%20Safeguarding%20Adults%20at%20Risk.pdf>. This should include understanding safeguarding referral procedures and referral pathways to social care.

Needle-stick Injury and Blood Spillage Guidance Example

Please note – this is sample guidance – in the first instance you should refer to your internal policies and procedures, where these are absent this guidance is provided as an example.

The procedures in the Needle and Syringe Programme have been designed so there should be no health risk to the staff involved in the scheme. The operation of the scheme should ensure that staff do not have contact with contaminated needles and syringes, however all staff should be instructed about the risk of needle-stick injuries, infection and surface contamination.

The pharmacy should ensure that it has access to the relevant Infection Control Guidelines for Community Settings, Guidance on accessing these can be found at GOV.UK

Your pharmacy should have a policy for needle-stick injuries and blood spillages. If your pharmacy does not have a policy the following guidelines may be of use.

The blood born viruses hepatitis B, hepatitis C and HIV can pose a significant risk to staff. The risk is negligible when exposure involves intact skin, minimal with exposure to mucous membranes but significant in the case of penetration of the skin or in the case of exposure through cuts or breaks in the skin.

Hepatitis B

Hepatitis B (HBV) is a cause of liver disease. The risk of acquiring HBV following sharps injury is around 1 in 3 when the source is a known hepatitis patient. However there is a vaccine to protect against hepatitis B for all staff who are exposed to blood or body fluids or who deal with sharps in their work. For your protection we strongly advise you to be vaccinated against hepatitis B. Provided you develop antibodies to the vaccine (which is determined by a blood test at the end of the course of treatment) the vaccination will protect you from hepatitis B.

Hepatitis C

Hepatitis C (HCV) is a blood born virus capable of causing liver disease and at present there is no vaccine for protection. The risk of acquiring HCV infection following a needle-stick injury is around 1 in 30.

HIV

HIV is a blood-borne virus which affects the immune system and can cause AIDS. The risk of acquiring HIV infection following a needle-stick injury is around 1 in 300. There are effective drugs available which can control the HIV infection. Post exposure prophylaxis (PEP), if commenced within the first hours after exposure, reduces the risk of HIV infection by 80%.

Action to be taken in case of needle-stick injury

Encourage wound to bleed freely, do not suck it.

Wash thoroughly with soap and cold water. Use plenty of water to wash splashes of blood or body fluids from the eyes or mouth.

Apply a waterproof dressing.

Inform the pharmacist

Report to the Accident and Emergency Department of nearest hospital within 60 minutes, take the sharp with you.

Record in the incident book at first opportunity after receiving treatment

Action to be taken in case of blood, used needle and body fluid spillages

Deal with spillages quickly and effectively. For spillages of high-risk body fluids such as blood, method one below is recommended. For spillages of lower risk spillages such as vomit use method two.

1 Hypochlorite method

- Wear protective clothing and soak up excess fluid using disposable paper towels
- Cover area with towels soaked in 10,000 parts per million of available chlorine e.g. Milton, leave for a least 2 minutes.
- Remove organic matter using paper towels and discard as clinical waste
- Clean area with detergent and hot water dry thoroughly
- Clean the bucket/bowel in fresh supply of hot soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands

NOTE: This method may remove colour from soft furnishings.

2 Detergent and water method

- Wear protective clothing and mop up organic matter with paper towels
- Clean surfaces thoroughly with detergent, hot water and paper towels or disposable cloths
- Rinse the surface and dry thoroughly
- Dispose of all waste materials as clinical waste
- Clean the bucket/bowl in fresh hot soapy water and dry
- Discard protective clothing as clinical waste
- Wash hands

References:

Health and Safety Executive (1999) *Control of Substances Hazardous to Health Regulations*

UK Health Departments (1998) *Guidance for clinical health care workers: protection against infection with blood borne viruses.*

Health Protection Agency South West: *Infection Control Guidelines for Community Setting*

APPENDIX G4 PHARMACY

INCIDENTS REQUIRING REPORTING PROCEDURE

The Provider will be required to produce a six-monthly summary report providing full details of all complaints and how they were resolved.

The Provider will have awareness of and will respond to infectious diseases, outbreaks and other threats to health. Full details of any Serious Untoward Incidents (SUIs) will be communicated without delay to the commissioner Mussah Dube, Public Health Specialist for Substance Use Commissioning substancemisuseteam@swindon.gov.uk

APPENDIX H PHARMACY INFORMATION PROVISION

Activity Plan

On a monthly basis, the Provider will be required to submit records of Needle & Syringe Provision to PharmOutcomes whereupon the Provider will be reimbursed the stated fee per exchange.

The Provider will also report on a range of activity to the Commissioner on a monthly/quarterly/six-monthly/annual basis (*delete as appropriate*). The Provider will meet annually, with the Commissioner to review performance.

The submitted record to include:

- Date of Needle & Syringe Provision
- Anonymised client information (there are recognised difficulties collecting some of these elements, pharmacists are asked to use best endeavours to gain accurate information)
 - Client Initials
 - Date of Birth
 - Gender
 - Ethnicity
 - Sexuality
 - First part of Post Code
 - Number and type of needle packs given to client
 - Estimated number of needles returned
- Additional interventions given to the client i.e. safer injecting practices, safer sex advice, injection site monitoring

Processing payment of tariffs will not be able to proceed without an error free submission, and could result in non-payment.

Please inform Public Health if there is a problem in submitting files for more than a three-month period, the Substance Use Commissioning Team will process backdated payments of up to six months, and up to 1 year in exceptional circumstances.

Please contact susbtancemisuseteam@swindon.gov.uk for all queries.

APPENDIX I PHARMACY

TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS

As an anonymous service, clients are not discharged from services, however pharmacies should ensure that clients using Needle and Syringe Exchange are aware of treatment and recovery services available for drug misuse.

APPENDIX J PHARMACY
SERVICE QUALITY PERFORMANCE REPORT

Please see assurance framework in Appendix C

APPENDIX K PHARMACY
DETAILS OF REVIEW MEETINGS

–Public Health Swindon should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

APPENDIX L4 PHARMACY

AGREED VARIATIONS

Insert agreed Variations