

## SCHEDULE A – Service Specification

### Pharmacy Needle and Syringe Provision (NSP)

Service Specification No.	26 NSP
Authority Lead	Fiona Dixon, Substance Use Commissioning Manager, Health and Care Public Health Healthy & Sustainable Communities, North Somerset Council. <b>Email:</b> <a href="mailto:fiona.dixon@n-somerset.gov.uk">fiona.dixon@n-somerset.gov.uk</a> <b>Post:</b> Post Point:1 West, Town Hall, Walliscote Grove Road, Weston-super-Mare, BS23 1UJ
Start Date:	1 April 2026
Review Date:	January 2027

#### 1. Population Needs

##### 1.1 Context

Needle exchange services are an important mechanism for controlling the spread of blood borne viruses (**BBVs**), especially hepatitis C (**HCV**) for which injecting drug users are the highest risk group. Around 90% of new HCV infections in the UK are attributed to the injecting of illicit substances.

The provision of needle exchange services was shown to be effective in controlling the transmission of BBVs in a 2004 World Health Organisation (**WHO**) study in which it is stated that needle exchange services "substantially and cost effectively reduce spread of BBV's without increasing injecting use". In addition, needle exchange services minimise other health related problems such as abscess, and infections such as endocarditis and are an important way of moving individuals towards less risky methods of drug use which links in with North Somerset's Health and Wellbeing strategy<sup>1</sup> and the Council's Corporate Plan<sup>2</sup>.

The safe disposal of injecting related waste, (a service provided by needle exchange programmes) reduces the risk of accidental needle stick injury and associated infections and reduces associated litter in public places which also supports the delivery of North Somerset Council's corporate plan<sup>3</sup>. Needle exchange services have also been shown to an effective route of engagement and referral of drug users into treatment programmes.

Community pharmacies have an infrastructure which allows the Needle Exchange (NSP) Service to be provided across a wide geography and for extended periods of time.

##### 1.2 Population

The most recent estimate of the number of injecting opiate and / or crack drug users in North Somerset (2019-20) is n=177 (95%CI 145 - 207); this equates a rate of 1.4 per 1000

<sup>1</sup> [Joint health and wellbeing strategy 2025-28 | North Somerset Council](#)

<sup>2</sup> <https://n-somerset.gov.uk/sites/default/files/2024-04/corporate%20plan%202024-28.pdf>

<sup>3</sup> <https://n-somerset.gov.uk/sites/default/files/2024-04/corporate%20plan%202024-28.pdf>

head of adult population which is lower than both the Southwest rates of 2.1 and England 1.8.

Whilst patterns of drug use locally appear to have changed since covid, with less injecting and consequently less needles dispensed, It is estimated that in 2023, on average, approximately 106 (range between 76 – 143) individuals accessed pharmacy needle exchange each month collecting on average of 270 packs each month (which equates to approximately 54,000 needles per annum which highlights that pharmacy based needle and syringe exchange services are still vitally important.

## 2. Aims, Objectives and Outcomes

### 2.1 Aims:

- To provide clean injecting equipment to injecting drug users (this relates to all relevant injecting paraphernalia not just needles).
- To facilitate the collection and safe disposal of injecting-related waste.
- To promote service user attendance at Naloxone (and overdose response) training sessions (at the time of writing these are provided by [With You](#)) and to advise service users to always carry Naloxone.
- To engagement with injecting drug users who are treatment naïve and/or hard to reach and to refer into treatment services where possible.

### 2.2 Objectives:

- Support the Council in achieving its goal of reducing the level of drug related harm, including drug related deaths.
- Support the Council and Public Health England in containing and reducing blood viruses to meet the World Health Authority target to eradicate Hep C by 2030.
- Protect the health of North Somerset's population (both those using and those not using drugs) in relation to the risk of infection related to injected drug use.
- Increase the number of individuals who have adopted safer injecting practices.
- Increase the number of vulnerable individuals accessing treatment for health problems.
- Reduce the amount of "injecting related litter" (i.e. needles and other associated paraphernalia in public spaces).

### 2.3 Service description/pathway

The pharmacies/pharmacists providing this service will:

- Ensure all staff involved in the provision of the NSP Service comply with and operate within the confines of this Service Specification.
- Ensure all staff involved in the provision of the NSP Service have received training on all associated activities. Staff will be proficient in assessing and responding to the injecting related needs of Service Users; they will provide correct and up to date advice on safer injecting practices; they will be able to minimise the risk associated with the handling of returned used injecting equipment and will follow the correct disposal procedures. The Council may request to see evidence that all relevant staff have completed the necessary

training. The Provider will submit this to the Authority's Lead (see top of document) within 2 Business Days of the request being received.

- Attend external training or events hosted by the Council providing:
  - a minimum of 4 weeks' notice has been given.
  - events do not occur more frequently one per year.
- Ensure that all appropriate protective equipment, including gloves, overalls and materials to deal with spillages, is available close to the storage site and is disposed of appropriately.
- Ensure that an up-to-date needle stick injury procedure is in operation and that all staff are familiar with, and comply with, the procedure.
- Ensure that all other protocols relevant to the safe and effective running of a health care service must be in place and followed. This includes protocols for such things as infection control, and medication storage.
- Register and record each Service User on PharmOutcomes with a unique ID number for each client using the following format (Gender, First Initial, Surname Initial, month of birth, year of birth – for example Donald Duck born 9 June 1934 would be MDD61934). This will allow commissioners to more accurately monitor service provision for clients who access more than one service without identifying individuals.
- Read and respond to all messages sent by North Somerset Council in relation to needle and syringe provision as required including recording any actions taken.
- Always make available appropriate injecting and general health related information to Service Users and staff must promote/encourage Service Users to follow the advice set out within the information.
- Share relevant information with other health care professionals and agencies. Any information sharing will comply with locally determined confidentiality arrangements.
- Distribute, at the request of North Somerset Council, additional material designed to improve the health and social functioning of Service Users
- Display the international needle exchange symbol in a position which is visible to the public prior to entering the pharmacy.
- Offer immunisation for Hepatitis B to those staff involved in the delivery of the NSP Service (any associated costs will be covered by the Provider).
- Report any critical incidents related to the needle exchange service to the Council in line with the Council's critical incident protocol.

#### **2.4 Quantities and proxy collections:**

In keeping with the goals of minimising the re-use and sharing of injecting paraphernalia there will be no limitations imposed on the number of packs provided to Service Users. However, Staff will encourage Service Users to return used items at the same volume as the unused items they are receiving, i.e. 1 return for 1 supply. Failure to return items will not prevent a Service User from receiving unused items.

Where an individual is suspected of, or is openly collecting injecting paraphernalia on behalf of another person, Staff should encourage the individual to get the person who will receive the injecting paraphernalia to access the NSP service themselves, as direct access will allow that person to receive guidance / advice on matters such as harm reduction and safer injecting, assessment of injecting sites, assessment of other concurrent health

problems, and/or referrals to specialist services. Note: proxy collections will not be prevented

## 2.5 Improving access

There are no factors which will result in priority access being given to Service Users of the NSP Service, however there are some specific groups that the Provider will be expected to target to increase their use of the Service. These groups are:

- Women – as stated in UNODOC briefing paper called Women Who Inject Drugs and HIV, there is worldwide gender-based inequality in the use of needle exchange services. Therefore, the Provider will be expected to take all available actions to improve engagement with female injecting drug users.
- Social disadvantaged individuals - There is strong correlation between low socio-economic status and drug use. This is reflected in North Somerset with many users of pharmacy needle exchanges living in areas of high deprivation. The Provider will be expected to ensure services are accessible and acceptable to individuals from lower socio-economic groups.
- Offenders - There is a high rate of injecting drug use amongst offenders involved with the criminal justice system. In response to this, the Provider will be expected to provide NSP Services which can be accessed by offenders as they move in and out of different elements of the criminal justice system.
- Homeless – Homelessness is a key risk factor for injecting drug use (Feng et al, 2012) and is common amongst the homeless. The Provider will ensure that homeless individuals are able, welcomed and supported to access the service.

## 2.6 Population covered

Any adult (over the age of 18) who requires injecting paraphernalia for the administration of illicit substances (including performance and image enhancing drugs).

See 1.2.

## 2.7 Any acceptance and exclusion criteria and thresholds

Individuals falling into any one of the following groups will not be eligible for access to the NSP Service:

- Individuals aged 17 years and below (these individuals should access the specialist needle exchange service currently operated by [With You](#))
- Individuals injecting prescribed substances such as insulin.

## 2.8 Interdependencies with other services

- **Specialist Substance Misuse Service** – Pharmacies will refer individuals to the specialist service for any other service requirements including injecting equipment not held at pharmacy, Naloxone, BBV testing and vaccination and treatment services.

## 3. Applicable Service Standards & Clinical Governance Requirements

### 3.1 Clinical Effectiveness & Research-Applicable national & local standards e.g. NICE

The Provider will comply with all relevant guidance, regulations and statutory circulars in so far as they are applicable to the NSP Service. The Provider shall review and implement any relevant elements of the following guidance documents:

- NICE (2014) Needle and syringe programme. PH 52. Online: [www.nice.org.uk/guidance/ph52](http://www.nice.org.uk/guidance/ph52)
- OHID (2024) Community pharmacy: delivering substance misuse services. Online: [www.gov.uk/government/publications/community-pharmacy-delivering-substance-misuse-services/community-pharmacy-delivering-substance-misuse-services](http://www.gov.uk/government/publications/community-pharmacy-delivering-substance-misuse-services/community-pharmacy-delivering-substance-misuse-services)

### 3.2 Audit

- Providers will take part in the General Pharmaceutical Council (GPhC) annual national audit programme.
- Providers will complete the NHSE-I annual Community Pharmacy Assessment Framework (CPAF) screening questionnaire.
- Providers will participate in Local Authority led audit and review activity.

### 3.3 Risk Management

- Providers must comply with latest Infection Prevention Control Guidance IPC
- Any serious incidents need to be reported in accordance with the providers local incident reporting policy and NHSE reporting requirements: [www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/](http://www.england.nhs.uk/patient-safety/patient-safety-insight/learning-from-patient-safety-events/) as applicable and notified to the commissioner within one week.
- The provider should provide assurance of actions taken and sharing the Lessons Learned.
- Pharmacists should read, understand, and sign the latest local PGD's (available on the Avon Local Pharmaceutical Committee (ALPC) website <https://avon.communitypharmacy.org.uk/> . The signed PGDs should be retained and made available for reference in each pharmacy.

### 3.4 Education and Training

- Pharmacists participating in this service specification must have declared themselves competent to do so and provide the evidence using the Declaration of Competence system on Pharm Outcomes. Relevant support and guidance will be provided by the ALPC.
- Pharmacists should review the self-declaration form at least every 3 years or, earlier if the Pharmacists feels his/her competence levels have declined due to undertaking too few consultations.
- Advisable for at least one member of staff from each organisation - CPPE (2024) E-Course - Substance Use and Misuse <https://www.cppe.ac.uk/programmes/l/substance-e-02/>

### 3.5 Patient and Public Involvement (PPI)

- Pharmacies will complete the annual Community Pharmacy Patient Questionnaire (CPPQ) and review feedback to evaluate public health commissioned services where appropriate and use this information to support service improvement.
- The pharmacy co-operates with any locally agreed North Somerset Led assessment of service user experience. This includes being willing to participate in periodic 'mystery shopping' exercises to monitor quality.

Pharmacists are required to complete an annual Pharmacy Clinical Governance Assurance Statement to provide assurance that public health commissioned services in North Somerset are safe, effective, and meet the required quality standards.

#### 4. Information provision

##### 4.1 Record of activity

All activity must be recorded on PharmOutcomes using the templates under 'North Somerset Needle Exchange Service'. Payment will be based on invoices generated by the system on the 25th of the month after the activity month.

##### 4.2 Service user feedback

Service user feedback will be obtained through the annual community questionnaire, and adverse comments will be monitored and associated pharmacies contacted to review.

#### 5. Key Performance Indicators

This service will support the outcomes measured by the Department of Health and Social Care (DHSC) and the Office of Health Improvement and Disparities (OHID).

Service delivery will be monitored through data recorded on PharmOutcomes, critical incidents and service user feedback.

#### 6. Financial Details

Claims will only be accepted up to 3 months after the end of the month being claimed for (for example services delivered in April must be loaded onto PharmOutcomes by 25 July for any payment to be made).

Payments will be based on the activity recorded on PharmOutcomes. Invoices will be calculated and submitted by PharmOutcomes monthly in arrears 25 days after the end of the month being claimed for.

Payments will be made as follows:

- A fixed fee of £15 per month if 1 or more packs are dispensed in the month (if no activity is recorded there will be no fixed fee paid).
- £1.75 will be paid for every pack dispensed.

- An additional fixed payment of £140 will be paid at the end of the financial year to pharmacies who have dispensed between 28 and 227 packs during the year – this will be calculated based on activity loaded to PharmOutcomes by 25 May for the preceding 12 months.