

# **Service Specification**

## **Cheshire East Needle Exchange Service**

**Change, grow, live (Cgl)**

**And**

**Community pharmacy**



## **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. 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 benefit of increasing the availability of needles 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 To help service users access treatment by signposting to CGL 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, acting 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 service will be available to all presenting adults (aged 18 and over) who are resident of Cheshire East, who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use. Any patients presenting as users of performance-enhancing drugs (PEDs) (including anabolic steroids and growth hormones) must be directed to attend Cheshire East Substance Misuse Service to obtain their injecting equipment. If the patient is not resident in Cheshire East, they will need to be referred to CGL.
- 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 provide 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 If the service user requests equipment not supplied within the needle exchange programme, the pharmacy will refer them to Cheshire East Substance Misuse Service
- 3.5 Pharmacies in the Cheshire East area participating in the needle exchange service will work together to reduce the practice of sharing equipment amongst drug users.

- 3.6 The pharmacy will provide service users with:
- injecting equipment in a suitable bag
  - information and advice around changing lifestyles
  - basic information on minimising the complications associated with drug use
  - information signposting them to substance misuse services within the community
- 3.7 The pharmacy will provide an introduction to the scheme and explain the rationale behind the service to service users.
- 3.8 The pharmacy should order sufficient materials to ensure continuity of the service.
- 3.9 An accredited pharmacist does not need to 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 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. A needle stick injury standard operating procedure should be in place and visible to all staff.
- 3.11 Used needles and sharps boxes must not be handled directly by any pharmacy staff. Sharps bins should be offered to service users to deposit used 'works' directly into.
- 3.12 It is strongly advised that staff involved in the delivery of this service are immunised against Hepatitis B.

#### **4 Management of Returns**

- 4.1 Each pack will contain a sharps return bin.
- 4.2 Pharmacy staff should encourage a 1-1 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.
- 4.3 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).
- 4.4 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.
- 4.5 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 4.6 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 a scheduled collection basis.

#### **5 Data Recording & Information Sharing**

- 5.1 The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 5.2 The pharmacy will use the Service User Record Form (Appendix 1) to record all transactions. This record will include;
- Date of supply
  - Postcode
  - Initials
  - Gender
  - Date of birth

- Number of packs given out
  - Number of sharps bins returned
- 5.3 The pharmacy will create a transaction record on PharmOutcomes using the information from the service user record form.
- 5.4 Internet access must be available for input of data onto PharmOutcomes.
- 5.5 Pharmacy staff should not notify prescribers or other services of a service user's use of the needle exchange service without their permission. This is except in circumstances where withholding information or seeking the service users permission to share may put others at risk (e.g. in certain Child Protection or Safeguarding situations).
- 5.6 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

## **6 Brief Harm Minimisation and Health Promotion Interventions**

- 6.1 This will be undertaken by a pharmacist or other competent staff member and may encompass such areas as:
- Safe injecting techniques
  - Sexual health advice
  - Transmission of blood-borne viruses
  - Wound site management
  - Nutrition
  - Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)
  - Taking measures to reduce harm and prevent drug-related deaths
  - Alcohol misuse
- 6.2 Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature.

## **7 Ordering of NSP consumables**

- 7.1 It is the responsibility of the pharmacy to order consumables required for this service.
- 7.2 NSP equipment should be ordered via Orion using the online order form.
- 7.3 The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.

## **8 Accessibility**

- 8.1 The service will be available on an open access basis with no requirement for service users to be referred from another agency.
- 8.2 The service user will determine:
- Which delivery site they access
  - The frequency of engagement
  - Which interventions they access

## **9 Service requirements and duration**

- 9.1 This service specification is valid from 1/04/2021-31/03/2022.
- 9.2 The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.
- 9.3 Pharmacies contracted to provide the Needle Exchange service shall display the national logo in a prominent position visible from outside the premises.
- 9.4 The service will be delivered in a part of the pharmacy which ensures a sufficient level of privacy and safety for service users and other members of the public accessing the pharmacy.
- 9.5 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.

- 9.6 Pharmacists and staff involved in the provision of the service must have relevant knowledge and be appropriately accredited in the operation of the service.
- 9.7 The Contract Manager must be informed of any changes to personnel which impacts service delivery or availability. Every effort should be made to ensure service continuity.

## **10 Quality indicators**

- 10.1 The pharmacy will have standard operating procedures relating to this service. The pharmacist will review these standard operating procedures and the referral pathways for the service on an annual basis
- 10.2 The pharmacist will attend required training and accreditation events relating to this service.
- 10.3 The pharmacist has completed the required training.
- 10.4 The pharmacist has undertaken CPD relevant to this service, and pharmacists (including locums) and staff involved in the provision of this service have sufficient relevant knowledge and are familiar with the requirements of this service specification.
- 10.5 The pharmacy has a complaints procedure in place
- 10.6 The pharmacy co-operates with any local assessment of service and service user experience, including use of “mystery customers” and audits.

## **11 Incidents and complaints**

- 11.1 The pharmacy is required to have a robust incident reporting and investigation procedure in place.
- 11.2 Incidents relating to this service should be reported in line with the pharmacy’s incident reporting procedure. The pharmacy will provide a copy of the incident report to the Contract Manager.
- 11.3 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Contract Manager as soon as possible.

## **12 Required training**

- 12.1 The lead pharmacists providing the service are required to successfully complete:
  - CPPE Substance Use and Misuse (Modules 1 – 4) and the associated learning
  - CPPE Safeguarding Children and Vulnerable Adults and the associated learning
- 12.2 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. The declaration will need to be confirmed on PharmOutcomes via enrolment
- 12.3 The training requirements must be met within three months of joining the service and updated every three years.
- 12.4 A representative from the pharmacy may be required to attend an annual training event.

## **13 Use of locum pharmacists**

- 13.1 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 the absence of the regular pharmacist
- 13.2 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.
- 13.3 CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, CGL may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 13.4 The pharmacy should ensure that there are 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.
- 13.5 The pharmacy will ensure that appropriate professional indemnity insurance is in place.

13.6 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

#### 14 Payment arrangements

No of packs per month	Additional Payment	Packs Payment
0 - 9		£25.63
10 - 40		£76.88
41 - 60	£10.25	£87.13
61 - 80	£20.50	£97.38
81 - 100	£30.75	£107.63
101 - 120	£41.00	£117.88
121 - 140	£51.25	£128.13
141 - 160	£61.50	£138.38
161 - 180	£71.75	£148.63
181 - 200	£82.00	£158.88
201 – 220	£92.25	£169.13
221 – 240	£102.50	£179.38
241 – 260	£112.75	£189.63
261 – 280	£123.00	£199.88
281 – 300	£143.50	£220.38
301 – 320	£153.75	£230.63
321 – 340	£164.00	£240.88
341 – 360	£174.25	£251.13
361 – 380	£184.50	£261.38
381 – 400	£194.75	£271.63
401 – 420	£205.00	£281.88
421 – 440	£215.25	£292.13
441 – 460	£225.50	£302.38
461-480	£235.75	£312.63
481-500	£246.00	£322.88
501-520	£256.25	£333.13
521-540	£266.50	£343.38
541-560	£276.75	£353.63
>560	£276.75	£353.63

VAT–20%

- 14.1 Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5<sup>th</sup> of the month. The service contract and financial details will need to be completed and returned before any payments will be made.
- 14.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.
- 14.3 The pharmacy is responsible for entering accurate claims data on the correct website

## **15 Audit**

- 15.1 The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and deliver identified action points reported on the audit within the agreed timescale.
- 15.2 The Contract Manager may employ mystery shoppers as part of this audit.

## **16 Safeguarding and governance**

- 16.1 Pharmacy staff must be aware of local child and vulnerable adult protection procedures; these must be followed at all time.
- 16.2 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.
- 16.3 Should an issue be identified either through a visit by the Contract Manager or through any other means an action plan will be produced following the process below:
  - CGL will identify any issues and will agree points for action with the named pharmacist, and an action plan will be created.
  - 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 plan has been completed.
  - If any further action needs to be taken, this will be documented and new timescales agreed.
  - If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.

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.



## **Appendix 1: Local Contact Information**

Cheshire East Cgl services


Bradshaw House, 45 Cumberland Street, Macclesfield, SK10 1BY

15 Delamere Street, Crewe CW1 2HR

Telephone: 01625 464 995

Secure email address: [Cheshireeast.referrals@cgl.cjsm.net](mailto:Cheshireeast.referrals@cgl.cjsm.net)

## Appendix 2: Service User Record Form

<u>Document Title</u>	
<b>NX Supply SU Record Form</b>	 Needle Exchange Supply.pdf

