



**change, grow, live (CGL)**

**and**

**SERVICE LEVEL AGREEMENT**

**Needle Exchange Programme**

**01 February 2024 - 31 January 2025**

## **1. Overview & Service Principles**

- 1.1. Needle exchange programmes 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 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; and
  - 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 offering referral to the Wirral Ways service 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 providers, 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 pharmacy will provide the needle exchange packs in a suitable bag to the service user. 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.
- 3.2 Used equipment is normally returned by the service user for safe disposal.
- 3.3 The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake. This material will be provided by WW.
- 3.4 Pharmacies contracted to provide the Needle Exchange service shall display the national logo in a prominent position visible from outside the premises. For further supplies of the needle exchange window sticker please email the contract manager.
- 3.5 The pharmacy should order sufficient materials to ensure continuity of the service (see Section 4)
- 3.6 The pharmacy will provide support and advice to the user, including referral to WW and other health and social care professionals where appropriate.

- 3.7 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission, and Hepatitis B immunisation.
- 3.8 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.
- 3.9 The pharmacy 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 pharmacy's own safety guidance.
- 3.10 A needle stick injury Standard Operating Procedures should be in place and visible to all staff. 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.
- 3.11 It is strongly advised that staff in the delivery of this service are immunised against Hepatitis B.
- 3.12 If the service user requests equipment not supplied within the needle exchange programme, the pharmacy will refer them to the WW service.
- 3.13 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.
- 3.14 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Denise Lowe, Pharmacy Liaison Lead for Wirral Ways within 2 working days.
- 3.15 Pharmacy staff must be aware of local child and vulnerable adult protection procedures. These must be followed at all times.

#### **4 Data Recording & Information Sharing**

- 4.1 The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 4.2 The pharmacy will use PharmOutcomes to register clients and to record all transactions. Client registration is created using the service "Needle Exchange – Client Registration" and transactions including interventions provided are recorded using the service "Needle Exchange – Pack Supply".
- 4.3 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).
- 4.4 The information required to be reported on PharmOutcomes may be developed to reflect the changing requirements of the commissioner.
- 4.5 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

#### **5 Ordering of NSP equipment**

- 5.1 NSP equipment will be ordered via **Frontier** using the order form shown in Appendix 1
- 5.2 The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained

## 6 Management of Returns

- 6.1 Each pack will contain a sharps return bin.
- 6.2 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 client to return used equipment in order that they may receive sterile equipment.
- 6.3 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 (e.g. lack of transport or fear of police).
- 6.4 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, patients 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.
- 6.5 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 6.6 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.
- 6.7 WW will commission a clinical waste disposal service (currently **Sustainable Waste Services**) for each participating pharmacy. Collection of sharps bins will be managed by **Sustainable Waste Services** on a scheduled collection basis. Each pharmacy will be issued with their own personalised Information Sheet (Appendix 2).

## 7 Eligibility

- 7.1 This service will be available to all presenting adults (aged 18 and over) who are Wirral residents requiring access to needles and other injecting paraphernalia in relation to intravenous drug use. This will include users of performance enhancing drugs (PEDs) including anabolic steroids and growth hormones.
- 7.2 Young people under 18 years old should be sign-posted to the local specialised young people's service **Response**. 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 **Response** should be encouraged and they can be contacted by telephone on: 0151 666 4123 or by email at: [response@wirral.gov.uk](mailto:response@wirral.gov.uk).
- 7.3 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 requiring regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups.

## 8 Accessibility

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

The service user will determine:

- Which delivery site they access;
- The frequency of engagement;
- Which interventions they access.

## 9 Quality Indicators

- 9.1 The contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by WW.
- 9.2 The contractor will have standard operating procedures. The pharmacist will review these standard operating procedures and the referral pathways for the service at least every two years.
- 9.3 The pharmacy should demonstrate that pharmacists (including locums) and staff involved in the provision of the service will have sufficient knowledge of the service and are familiar with the requirements of this service specification.
- 9.4 The lead pharmacist must have successfully completed the CPPE declaration of competence which includes the course "Substance Use and Misuse" (Pharmacist Version) and Safeguarding Children and Vulnerable adults. The completion declaration for these courses must be no more than three years old.
- 9.5 The pharmacy undertakes the exchange in an area that ensures a sufficient level of privacy and safety.
- 9.6 The pharmacy will participate and co-operate in any WW organised audit of the service provision or assessment of Service User experience.
- 9.7 The pharmacy provides harm reduction information to each client that accesses the service (See section 3).
- 9.8 The contractor 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.
- 9.9 The contractor will ensure that appropriate professional indemnity insurance is in place.
- 9.10 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 Skills and Competency Framework

The service provider will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so. As a minimum, practitioners and staff will:

- adhere to the standards and practice guidance set by the RPS for the provision of services to drug misusers and needle exchange services in community pharmacies detailed in "Medicines, ethics and practice: a guide for pharmacists" (RPS, latest edition).
- evidence the competencies as detailed in the Drug & Alcohol National Occupational Standards (DANOS)

For further information on the application of DANOS standards see:

<http://www.fdap.org.uk/documents/Vision%20thing%20practitioners%20&%20managers.pdf>

## 11 Required Training

- 11.1 All pharmacists will be required to complete the CPPE Declaration of Competence for Needle Exchange Programme, the CPPE Substance use and misuse (2<sup>nd</sup> edition) and the CPPE Safeguarding Children and Vulnerable adults. It is recommended that all registered pharmacy technicians complete the same declaration.
- 11.2 WW will aim to arrange at least one contractor interaction per year to promote service development and update the knowledge of the named pharmacist.

## 12 Use of Locum Pharmacists

The service provider will ensure that all locums working NSP sites have the appropriate competencies as detailed above.

## 13 Payment Arrangements

Service Provided	Fee
Needle Exchange – packs given out	£2.10+ VAT per pack
Needle Exchange – Annual retainer	£25+VAT per quarter

- 13.1 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.
- 13.2 Fees will be paid on the basis of submitted claims. Please note the WW preferred method of payment is BACS and this can be easily set-up by sending the Contracts Manager details of the bank account and sort code number on official pharmacy letter headed paper.
- 13.3 Contractors are responsible for entering accurate claims data onto PharmOutcomes. This must be done by no later than the end of the following month following the provision date. Please note PharmOutcomes has been configured to reject claims older than this timeframe.

## 14 Termination

- 14.1 Use of the service will be reviewed on a regular basis and the service may be redeployed to an alternative location by WW if uptake of the service is low.
- 14.2 This agreement may be terminated if either the pharmacy or WW give the other party one month's notice in writing during the duration of the contract.
- 14.3 If the pharmacy or WW is in breach of the agreement, the agreement can be terminated with one month notice in writing or with immediate effect for a serious breach or incident (e.g. following a fitness to practice incident).

## 15 Governance

- 15.1 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.
- 15.2 Should an issue be identified either through a visit or through any other means an action plan will be produced following the process below:
- The Pharmacy alongside WW representative will identify any issues and will agree 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 plans 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 the GPhC.

<b>Signed for and on behalf of CGL</b>	
Signature:	
Name:	Denise Lowe
Position:	Pharmacy Liaison Lead
Date:	22/02/24
<b>Signed for and on behalf of Contractor</b>	
Signature:	
Name:	
Position:	
Date:	
<b>CONTRACT MANAGER</b>	
<b>CGL Role &amp; Responsibility</b>	Contract/PharmOutcomes/Invoices/Incidents
Name:	Denise Lowe
Office address:	CGL, Wirral Ways, 84 Market Street, Birkenhead, CH41 6HB
Tel No:	07825 657 969
E-mail Address:	Denise.Lowe@cgl.org.uk

Customer  
**ORDER FORM**



**From:** CGL Wirral (P886)

**Date:**

**A/c No:** 884

**FAO: Needle Exchange Department Email : nxsales@frontier-group.co.uk**  
**Please arrange delivery of the following needle exchange packs:**

**Pharmacy Address :**

**MESSAGE:**

QUANTITY	DESCRIPTION	ITEM CODE	NOTES
	1 ml Pack	X711C1 (50 per box)	
	2 ml Pack	X713C1 (50 per box)	
	5 ml Pack	X714A (50 per box)	
	1 ml Emergency Pack	X717C1 (100 per box)	
	2 ml Emergency Pack	X718C1 (100 per box)	
	0.45 Litre Black Container	41711215 (100 per box)	
	Frontier 1 ½ inch (green)	011702 (100 per box)	Steroid Users
	Frontier 1 ¼ inch (blue)	011705 (100 per box)	Steroid Users
	Alcohol Swabs	019003 (200 per box)	Steroid Users
	2 ltr Yellow Bin	41405430 (50 per box)	Steroid Users

**PLEASE PHOTOCOPY THIS SHEET AS REQUIRED**



## Appendix 2: Sample Sustainable Waste Services Information Sheet



Sustainable Waste Services



Project Code: P886

Project Location:

### Key Contacts

First point of contact

#### CGL Waste Helpdesk

0203 544 2036

Waste.CGL@sustainable-advantage.com

#### Account Management Team for CGL

Lauren Parry  
0203 544 2020

Alex Pannone  
0203 544 2029

Kat Dubravac  
0203 544 2039



Service	Container Type	Collection Freq	Qty
Sharps Container	22 Litre	Monthly	3
Consignment Note	Consignment Note	Monthly	1

