

NHS Community Pharmacy Contractual Framework Enhanced Service – Needle & Syringe Exchange

1. Service description

- 1.1 Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 Used equipment is normally returned by the service user for safe disposal.
- 1.4 The service user will be provided with appropriate health promotion materials.
- 1.5 The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.
- 1.6 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.

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 including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- 2.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 2.4 To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- 2.5 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- 2.6 To help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc).

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 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.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.4 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the PCO

commissioned clinical waste disposal service will be used to store returned used equipment.

- 3.5 The pharmacy contractor should ensure that their staff 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.
- 3.6 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.7 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 3.8 The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.
- 3.9 Staff involved in the delivery of this service should be offered immunisation for Hepatitis B.
- 3.10 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.11 The PCO should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
- 3.12 The PCO will provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The frequency of waste collection should be agreed to ensure there is not an unacceptable build up of clinical waste on the pharmacy premises.
- 3.13 The PCO will need to provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 3.14 The PCO will need to provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
- 3.15 The PCO should consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

4. Suggested Quality Indicators

- 4.1 The pharmacy has appropriate PCO provided health promotion material available for the user group and promotes its uptake.
- 4.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.3 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
- 4.4 The pharmacy can demonstrate that the rate of return of used equipment meets locally agreed targets.
- 4.5 The pharmacy participates in an annual PCO organised audit of service provision.
- 4.6 The pharmacy co-operates with any locally agreed PCO-led assessment of service user experience.

Background information – not part of the service specification

The National Treatment Agency for Substance Misuse service specification for Needle Exchange and Harm Reduction sets out a series of objectives for needle exchange services generally, these apply to services commissioned from community pharmacy and are reflected within the service specification:

- To offer user-friendly, non-judgmental, client-centred and confidential services;
- 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

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- appropriate support;
- To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support;
- To reduce the rate of blood-borne infections among drug users;
- To reduce drug-related deaths (immediate death through overdose and long-term such as blood borne infections);
- To promote safer injecting practices;
- To provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use);
- To provide and reinforce harm reduction messages;
- To help service users access drug treatment to refer to other specialist drug (and alcohol) treatment services;
- To 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);
- To facilitate access to primary care where relevant;
- To ensure the safe disposal of used injecting equipment;
- To prevent initiation into injecting and to encourage alternatives to injecting;
- To aim to maximise the access and retention of all injectors, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided; and
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

There is good evidence that community pharmacy based needle exchange services can complement and support other needle exchange and harm minimisation initiatives commissioned by drug treatment agencies.

Background information for Drug Action Team (DAT) commissioners:
Service Specification Tier (2 or 3), Pharmaceutical Services for Drug Users, National Treatment Agency for Substance Misuse, 2005, www.nta.nhs.uk

National scheme logo:



CPPE training which may support this service:

Opiate treatment: Supporting pharmacists for improved patient care open learning
Public Health – drug users, harm reduction workshop