

2014/15
PUBLIC HEALTH SERVICES CONTRACT

Service	The Provision of a Pharmacy Sharps Collection Service
Commissioner Lead	Lead Public Health Commissioner for Drug and Alcohol Services
Provider Lead	TBC
Period	1 st April 2014 to 31 st March 2015

1. Population Needs

1.1 National/local context and evidence base

The National Drug Strategy (2010); and “Medication in Recovery: Re-orientating drug dependence Treatment” (2012) formalised a shift of emphasis from *treatment* interventions to an integrated, personalised approach better suited to promote positive impacts on service users. This now promotes focusing on a person’s potential for recovery and the progress that they make towards the goal of abstinence.

The drug and alcohol misuse agenda has also been impacted by changes in the wider economic, social and political environment. These include the National Treatment Agency being integrated into Public Health England in April 2013 and the administration of funding for drug and alcohol services becoming the responsibility of Public Health teams within local authorities.

Locally the responsibility for commissioning, contracting, monitoring and evaluating substance misuse provision has been transferred to the new Drug and Alcohol Action Team Board which replaced the Joint Commissioning Group in April 2013.

In order to ensure that strategic purchasing partnership plans meet the needs of the local population, and in fulfilment of statutory duty, it is necessary that all provision is clearly specified, costed and evaluated, to ensure it is providing relevant high quality services at value for money. Public Health England will take a leading role in the performance management of drug treatment at a local level and will monitor treatment spend in each area.

2. Aims and Objectives

2.1 Aims

The overall aim of the community pharmacy sharps collection and disposal service is to provide a safe collection and disposal service of used injecting equipment and to provide a readily accessible service for the safe destruction of sharps.

2.2. Objectives

Objectives of pharmacy sharps collection and disposal service:

The specific objectives of the sharps collection and disposal service are to:

- Offer a readily accessible service for the safe disposal of sharps including needles from injecting drug use.
- To improve consistency and quality of care to the Service User

General objectives

- To offer user-friendly, non-judgemental, Service User-centred and confidential services

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- To encourage the uptake of services by ex-offenders (DIP Service Users), hard to reach groups, and those not engaged in treatment services
- To encourage those not engaged in treatment to access specialist services
- To increase access to treatment for drug misusers in primary care
- To prevent the risk of drug-related harm, including drug-related death
- To promote health through the provision of harm reduction facilities
- To conform with the 1999 Department of Health 'Drug Misuse and Dependence Guidelines on Clinical Management'
- To develop good levels of communication with partners organisations and adopt agreed working protocols on referrals and monitoring and reporting requirements.

3. Scope

3.1 Location(s) of Service Delivery

Pharmacy stipulated as Provider

3.2 Population covered

Sharps collection Services will be made available to all people who have significant connection with the Isle of Wight. This is specifically for all sharps generated in a domestic setting.

3.3 Scope

Service Outline

The pharmacy should offer a user-friendly, non-judgmental, client-centred and confidential service.

To provide a supply and collection of appropriate sharp containers as provided by the contracted waste disposal service (PHS).

To provide safe storage of full sharps containers

To keep up to date with current safety requirements for the distribution and storage of sharps.

Pharmacies are required to retain copies of Waste Transfer Notes to comply with The Waste (England and Wales) Regulations 2011 and The Waste Hierarchy requirements.

3.4 Eligibility to provide the service

A pharmacy may be accepted for the provision of this service if it has a partner, employee or sub-contractor who has the necessary skills and experience to carry out the contracted procedures that comply with statutory and local requirements for the delivery of this service.

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 duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

Pharmacists and other members of the pharmacy team will also be expected to participate in relevant periodic updates, meetings and refresher training as and when required.

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Management of the services

The overall responsibility for the management of the services to be provided will lie with the principle pharmacist of each participating pharmacy. The day-to-day operational line management of pharmacy staff will be that of the principle pharmacist of each participating pharmacy who will:

- Provide day to day operational line management
- Provide appropriate professional supervision for staff

Staffing

Staff shall be suitably competent and experienced to meet the requirement and responsibilities of the service.

3.5 Interdependencies

The Service cannot work in isolation and those delivering the service are required to work with partners to address the needs of service users and increase the opportunity for service users to achieve optimum sexual health outcomes. The provider will maintain effective working relationships with allied services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the service.

4. Expected Outcomes

Service delivery expectations:

- Excellent patient satisfaction
- Provider participates in relevant National and Local audits.

5. Applicable Service Standards

5.1 Applicable national standards

- PH18 Needle and syringe programmes: NICE Guidance (2009)

5.2 Applicable local standards

- Local Safeguarding Children's Board policies and procedures
- Isle of Wight Substance Misuse Strategy 2014/19
- Isle of Wight Drug and alcohol need assessment, 2013
- Isle of Wight Young People needs assessment; 2013
- Isle of Wight JSNA; 2012/13
- Dual Diagnosis: Mental health and Substance Misuse Strategy; IOW DAAT and IOW NHS PCT; 2008

Risk assessment of premises

A risk assessment should be undertaken in the pharmaceutical premises in order to ascertain the level of risk that the potential hazards have in the pharmacy. This would include overseeing Service Users disposing their sharps in order to make sure the equipment does not pose a risk to others and evaluating the area where the sharps bin is to be stored in order to make sure it can be contained safely without posing a risk to staff members.

All collections and returns will need to be monitored. The Isle of Wight Council has arranged for Sharps Boxes to be disposed of through PHS, who will also provide participating pharmacies with new pharmacy sharps bins. PHS will make 9 collections per annum to

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arrange for sharps bins to be collected and new bins to be provided.

Health and Safety Issues

The potential hazards from the needle exchange scheme are:

- Cuts or puncture injuries from needle-sticks
- Possible injection of an unknown toxic or otherwise harmful material into the body from a hypodermic needle
- Psychological trauma after a needle-stick injury. The possibility of stress and fear from infection or poisoning through contaminated sharps. The most likely people to potentially face these hazards are Service users, as staff should not handle any of their equipment. However, carelessly disposed of equipment could pose a risk to member of the pharmacy staff and all staff shall be aware of the procedure to be followed in the event of such occurrences.

A policy for dealing with needlestick injury and spillage shall be in place. Staff and Service users shall be made aware of the needlestick injuries to themselves if handling other's used equipment.

Pharmacists should consider having themselves and their staff vaccinated against Hepatitis B. Advice about this can be provided by the SCP BBV care manager. Vaccination is recommended 'in individuals who are at an increased risk of hepatitis B, because of their occupation)¹. Immunisation can take up to six months to confer adequate protection and antibody levels should be checked to ensure that an adequate response has occurred. Non-responders should be considered for a booster dose, or, possibly, for a repeat course. It is currently recommended that immunised individuals who continue to be a risk of infection should receive a booster dose three to five years after the primary course. It is recommended that there should be an annual check on Hepatitis vaccination for all staff in possible contact with scheme users. Staff who do not wish to have the vaccination should sign a declaration to this effect.

6 Prices & Costs

Basis of Contract	Unit of Measurement	Price (excluding std VAT)	Thresholds	Expected Annual Contract Value
Fixed fee	Sharps Collection system per quarter (NB This fee is included within the fee paid to those pharmacies who offer needle exchange)	£30.00		

¹ Immunisation against infectious disease 1992