

SERVICE SPECIFICATIONS

Service	Community Needle Exchange service
Authority Lead	Barry Dickinson
Provider Lead	
Period	1st July 2016 - 31st March 2021
Date of Review	December 2016

1. Overview
<p>1.1 National context and evidence base</p> <p>There are an estimated 150,000 – 200,000 injecting drug users within the UK. NICE guidance (PH18 Needle and syringe programmes: supporting evidence) highlights the important role these programmes can play in reducing community harm by tackling the spread of viruses, including Hepatitis C and HIV, and helping drug users to access further treatment. Needle and Syringe Programmes (NSP) work by providing injecting drug users with sterile injecting equipment and advice on safer injecting practices and appropriate disposal techniques.</p> <p>1.2 Local context and evidence base</p> <p>The Safer Portsmouth Partnership Plan identifies drug misuse as one of the priority areas for Portsmouth.</p> <p>It is estimated that there were 1,549 opiate and/or crack users (OCUs) in Portsmouth in 2011/12. In February 2014 Public Health England estimated that there were 731 injecting drug users in Portsmouth.</p> <p>In February 2009, a Health Protection Agency report estimated the level of Hepatitis C (HCV) prevalence amongst injecting drug users (IDUs) in Portsmouth at 57% - the highest in the South East. The Health Protection Agency comments that if prevalence is higher than 50%, then half of IDUs who have been injecting for 5 years will have HCV and those who are starting to inject will be exposed to HCV within 3 years.</p> <p>Because HCV is transmitted by sharing injecting equipment, an IDU should use a new, sterile needle/syringe every time they inject – this would be 100% coverage. A “Coverage Calculator” developed by Exchange Supplies demonstrated that prior to the introduction of the pharmacy based needle exchange scheme in Portsmouth, needles/syringes were reused an estimated 7 times and that the coverage was 13%. This finding was supported by the local drug picture questionnaire conducted in September 2009, which found that the average needle/syringe is re-used approximately 6 times.</p> <p>1.3 Development of the current Community outlet/Pharmacy based Service</p> <p>As a result of these findings additional pharmacy based needle exchange services were developed during 2010 to supplement the specialist service. The pharmacy</p>

service went live between December 2010 and March 2011. Since the pharmacy based needle exchange has gone live, there has been a massive increase in the number of syringes/barrels dispensed in Portsmouth.

Supply of syringes/barrels through Needle Exchange Scheme			
Year	Specialist service	Community Pharmacies	Total
April 2010 - March 2011	9257	12566	21823
April 2011- March 2012	18612	114956	133568
April 2012 - March 2013	13549	146170	159719

Currently there are over 1000 provisions are made each calendar month. This has greatly increased the outreach of clean needle and syringes to injecting drug users. In a small scale survey of needle exchange users in 2015, 69% (n9) reported either not re-using or re-using equipment less, and 46% (n6) reported that they had ceased or reduced sharing equipment since the introduction of the pharmacy based model.

2. Qualifying requirements for inclusion as a delivery site

- 2.1 The Provider has appropriate Commissioner provided health promotion material available for the user group and promotes its uptake. This includes the prominent display of the national scheme logo.
- 2.2 The Provider reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 2.3 The Provider can demonstrate that all staff involved in the provision of the service have undertaken PCC training relevant to their role within this service and have up to date qualification and experience relevant to their professional role. This includes an understanding of the aims and objectives of the Portsmouth Harm reduction programme in relation to needle exchange and developing a non-judgemental approach when working with service users.

For all staff this includes the safe handling of sharps containers and best practice in managing returns from clients.

Support for staff training will be provided by the needle exchange co-ordinator in the statutory substance misuse service; any new Provider joining the scheme must undertake to arrange this training prior to commencing service delivery.

- 2.4 The Provider completes the required service records to facilitate an accurate assessment of equipment supplied, users of the service, other demographic data and return of used sharps bins.
- 2.5 The Provider participates in an annual PCC organised audit of service provision.
- 2.6 The Provider co-operates with any locally agreed Commissioner-led assessment of service user experience.

3. Scope

3.1 Aims and objectives of service

- 3.1.1 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.
- 3.1.2 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;
 - providing sterile injecting equipment and other support;
 - promoting safer injecting practices;
 - 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).
- 3.1.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 3.1.4 To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- 3.1.5 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- 3.1.6 To maintain Needle Exchange access for the City, contributing to a reduction in sharing and repeat usage of injecting equipment.
- 3.1.7 To help service users access other health and social care and to act as a gateway to other services such as key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening and primary care services

3.2 **Service description/pathway**

- 3.2.1 The Provider will provide access to sterile needles and syringes and sharps containers for return of used equipment. Additionally, associated materials including condoms, citric acid and swabs to promote safe injecting practice and reduce transmission of infections by substance misusers as agreed with needle exchange coordinator.
- 3.2.2 The Provider will offer a user-friendly, non-judgmental, client-centred and confidential Service.
- 3.2.3 The service will be offered during the core contractor opening hours, Saturday inclusive in order to provide this enhanced service. (Except for bank/public holidays). Any new Provider seeking to join the scheme must demonstrate that their location and proposed access times will meet service user needs. All service users accessing the service must be provided with information on opening times and arrangements for bank holiday services.
- 3.2.4 The Provider will make available and encourage use of suitable depositories to accept used equipment returned by the service user for safe disposal.
- 3.2.5 Service users will be provided with appropriate health promotion materials as agreed with the needle exchange co-ordinator
- 3.2.6 The Provider 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.
- 3.2.7 The Provider will promote safe practices to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.
- 3.2.8 The premises used for provision of the service must provide a sufficient level of privacy and safety for service users.
- 3.2.9 The Provider will ensure that staff involved in the provision of the service have relevant knowledge, display appropriate attitudes and are trained in the operation of the service.
- 3.2.10 The Provider will ensure that staff involved in the provision of the service are aware of and operate within local protocols.
- 3.2.11 The Provider 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.
- 3.2.12 The Provider contractor should ensure that their staff is 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 must be in place.
- 3.2.13 The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.2.14 Appropriate protective equipment, including gloves, overalls and materials to deal with

spillages, should be readily available close to the storage site.

- 3.2.15 The Provider should clearly display the national scheme logo at the front of the premises and visible from outside at all times the national logo indicating participation in the service.
- 3.2.16 Permanently employed staff involved in the delivery of this service will be offered immunisation for Hepatitis B. The Commissioner has arranged with Occupational Health and Safety department of Portsmouth Hospitals Trust to provide inoculations. Staff using this option must complete the full vaccination programme (4 visits to Occupational Health). If the course is completed then the Commissioner will meet these costs.
Staff may wish to organise vaccination from their own GP or alternative Provider but the Commissioner will not refund any costs associated with this process. Staff declining this offer of vaccination should sign a declaration of such which should be retained by the Provider and Commissioner.
- 3.2.17 Providers will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.2.18 Providers will engage with and promote peer support, education and harm reduction initiatives developed in conjunction with the area User Forum and the Needle Exchange Coordinator.
- 3.2.19 If the Commissioner arranges meetings to promote service development and update the knowledge of staff, then participating Providers must send at least one key member of staff. It is expected that there will be more than one meeting each year.
- 3.2.20 The Commissioner will provide the exchange equipment materials and will commission a clinical waste disposal service. The frequency of waste collection will be agreed with the Needle Exchange Coordinator to ensure there is not an unacceptable build-up of clinical waste.
- 3.2.21 The Commissioner will provide details of relevant referral points, which staff can use to signpost service users who require further assistance.
- 3.2.22 The Commissioners may have health promotion material relevant to the service users and make this available to Providers. They will be expected to disseminate this material appropriately.
- 3.2.23 Service users should be provided with a “menu” and asked to complete with their requirements.
- 3.2.24 The Provider will only operate the scheme when supervised by an appropriately trained person.
- 3.2.25 If anytime the participating Provider is unable to provide this service, the service user will be signposted to the nearest alternative needle and syringe exchange service and the Needle Exchange Coordinator informed.
- 3.2.26 The Provider to supply a sharps bin without request with every service provision
- 3.2.27 The Provider should clarify with the service user any apparent discrepancies on the form, such as deep intra-muscular needles for non-steroid misusers.
- 3.2.28 The Provider should prepare the exchange materials as per the menu request. In the event of an item being unavailable, the service user should be consulted on whether an alternative would be acceptable or signposted to the nearest alternative needle and syringe exchange.
- 3.2.29 The Provider will hand over the exchange materials in a suitable bag, typically an opaque dispensing bag and the opportunity taken for health-promotion activities.

3.3 Coverage

Provision will be made from community venues covering all geographical areas of Portsmouth

3.4 Any acceptance and exclusion criteria

The service is for all Portsmouth adult residents who require needle and syringe exchange for injection of non-prescribed medicines. Requests from users who state (or who staff suspect) that they are under 16 years of age must be immediately

referred to the Needle Exchange co-ordinator for specialist support.

3.5 Interdependencies with other services

The community needle exchange scheme is fully supported by the PCC needle exchange co-ordinator. This scheme is an integral component of the Safer Portsmouth Partnerships Recovery Hub plan for supporting residents who misuse drugs and other substances.

4. Applicable Service Standards

4.1 Applicable national standards

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.

Service Specification Tier (2 or 3), Pharmaceutical Services for Drug Users, National Treatment Agency for Substance Misuse, 2005, www.nta.nhs.uk

4.2 Applicable local standard

Not applicable

5. Location of Delivery

Up to 22 community venues within Portsmouth City boundaries.

If two or more Providers are identified in the same geographical location and in excess to PCC required activity then priority will be given to those Providers who meet

- Geographical and population need
- Successful provision of the service in previous years
- Completion of the required training and service provision requirements
- Providers of the supervised consumption service
- Demonstrated successful provision of other healthy lifestyle services