

APPROVED PROVIDER LIST FOR THE PROVISION OF NEEDLE EXCHANGE SERVICES

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 needle exchange is to provide free injecting equipment and materials to facilitate hygienic injecting practice and safe disposal of used injecting equipment and to provide a readily accessible service for the safe destruction of diabetic sharps

2.2. Objectives

Objectives of pharmacy needle exchange

The specific objectives of the pharmacy needle exchange are to:

- Minimise the transmission of blood based infections, especially Hepatitis B and HIV, among drug misusers and from them to the wider population
- Promote harm reduction and health promotion messages to drug misusers
- To reduce the rate of sharing and other high risk injecting behaviours
- To guide Service Users from injectable to oral drug use
- Offer a readily accessible service for the safe disposal of diabetic sharps
- To improve consistency and quality of care to the Service User

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General objectives

- To offer user-friendly, non-judgemental, Service User-centred and confidential services
- To encourage the uptake of services by ex-offenders, 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

Needle exchange services will be made available to all adult injectors/ opiate drug users who have significant connection with the Isle of Wight.

3.3 Scope

Service Outline

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

In line with NICE guidance, the Pharmacy will provide support and advice to clients accessing the service, including information. Pharmacists will need to share relevant information with other health care professionals and agencies, (contact list) in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

- Pharmacists will complete treatment forms on PharmOutcomes
- The Isle of Wight Council should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.
- The Isle of Wight Council will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance, including the location, hours of opening and services provided by each service provider.

The supply and support will be made free of charge to the client, other than the collection of a prescription charge from patients that do not qualify for exemption.

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The services to be commissioned by the Isle of Wight Council's Public Health Department from the participating pharmacies are:

a) Pharmacy needle exchange

A community based needle exchange service for injecting drug users on the Isle of Wight, delivered at the participating pharmacies, providing sterile injecting equipment and safe disposal of used needles. The pharmacy will be a key provider of needle exchange and harm reduction services for injecting drug users on the Isle of Wight, alongside the Island Recovery and Integrated Service (IRIS) who is the central provider.

The participating pharmacies will work in partnership with other drug service providers in the catchment area within a tier-based structure of care delivery for treatment of drug misuse. The participating pharmacies shall respond to self-referrals and referrals, and shall prioritise any urgent needs that arise on a day-to-day basis.

The participating pharmacies will provide the following services:

Needle Exchange Service:

- An open access service for injecting drug users
- Access for drug users referred by other agencies
- Free of charge needles and swabs
- Free of charge citric acid, sterile water and spoons for injection
- Safe disposal facilities
- Handouts on communicable diseases, sexual health, immunisation and overdose prevention
- Advice and information about local options for treatment and care
- Information on and referral to appropriate drug treatment and other allied services
- Stock keeping of supplies
- Record keeping of number given out per month
- Promotion of the service, and other drug treatment services through publicity

It is expected that other local drug services and allied services shall build working links with the participating pharmacies in pursuit of seamless provision for service users, developing partnership protocols, sharing information as necessary and engaging in good practice. Key local partners shall include, but are not limited to:

- IRIS
- GPs and Primary Care Services
- Criminal Justice Services
- Hospital Trusts (including Accident and Emergency)
- Community Mental Health Teams
- Antenatal services
- Local Authority Departments

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.

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The pharmacy contractor will ensure that pharmacists and staff complete the relevant local training required and complete the Centre for Pharmacy and Postgraduate Education (CPPE) Substance Use and Misuse – Public Health.

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.

The commissioner should be informed of new permanent pharmacists. Pharmacies should ensure that their locums are suitably qualified to provide this service.

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

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. During the first year of this agreement pharmacies will support the strategic development and governance arrangements of the schemes. 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

The Services will comply with any future specifications for treatment modalities introduced by Public Health England as advised by the local drug and alcohol commissioner.

Staffing

Pharmacists shall conform to their respective professional bodies conditions of employment and abide by their clinical and professional standards. They shall be employed at appropriate clinical and professional grades, and be suitably qualified, competent and experienced to meet the requirement and responsibilities of the service.

Needle exchange

Only trained staff who are engaged by the pharmacy shall deal with enquiries about needle exchange and supply and receive works and equipment. Training for operating an effective pharmacy based needle exchange scheme will need to be provided for pharmacists and staff within the pharmacy by a suitably qualified person. Pharmacists can also access advice and support from the Healthcare Trust and IRIS. Some training will also be provided by the local Public Health Department for nominees put forward by Pharmacists. Within the pharmacy, pharmacists shall provide training to staff on the operation of the scheme.

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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 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

4.1 Public Health Outcomes Framework 2013-2016

The Department of Health Public Health Outcomes Framework 2013-2016 includes the indicator, 2.15 'Successful completion of drug treatment'. The service will support delivery against this Public Health Outcome measure.

4.2 Local Outcomes

The Service will also aim to achieve the following local outcomes:

- Increasing the numbers of pharmacists and other members of staff trained to deliver needle exchange
- regular continuous professional development (CPD)
- Provision of all required data
- A satisfactory system of audit to be in place

Service delivery expectations:

- Excellent patient satisfaction
- High quality treatment and advice in line with recognised clinical standards and best practice
- Clinical outcomes at least as good as those achieved by comparable NHS Providers
- Provider participates in relevant National and Local audits.

4.3 Key Quality and Performance Indicators

Performance Indicators

- Number of episodes of needle exchange provision.

Quality Indicators

- The pharmacy should have appropriate Health Promotion material available for the potential client group and promotes its uptake.
- The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis.
- The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

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- The pharmacy should co-operate with any Isle of Wight Council led assessment of service user experience.
- The pharmacy must provide a reliable, regular service and in the event of circumstance changing within the Pharmacy rendering them unable to deliver the service, must contact the Isle of Wight Council to allow changes to signposting.

5. Applicable Service Standards

5.1 Applicable national standards

- The National Drug Strategy (2010);
- Medication in Recovery: Re-orientating drug dependence Treatment (2012)
- Royal Pharmaceutical Society guidance on the operation of needle and syringe exchange schemes (1996)
- Quality in Alcohol and Drug Services (QUADS) (1998) Alcohol Concern/SCODA
- Drug Misuse and Dependence – Guidelines on Clinical Management (1999) DoH
- 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

The provider will agree that access to records and documents containing information relating to individual patients treated under the terms of this agreement will be restricted to authorised personnel and that information will not be disclosed to a third party. Both parties will comply with the Data Protection Act, Caldicott Guardian and any other legislation covering access to confidential patient information.

The provider must follow and work within the Isle of Wight Local Safeguarding Children Board (LSCB). Guidance and information which can be found on the following website: <http://www.4lscb.org.uk/isleofwight/>

Representatives of LSCB have the right to visit the pharmacy at any reasonable time, having regard for the provision of services and the patient's right to privacy and dignity

The provider will be responsible for ensuring on-going training and registration or membership of appropriate professional bodies.

5.3 Pharmacy Needle Exchange

Whole system integration

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The service shall be part of an inclusive whole system provision supplied through an array of agencies that provide harm minimisation advice, information and structures treatment to a variety of individuals. Pharmacy based needle exchanges, with many other low threshold services, are required to support the harm reduction/minimization philosophy for those drug users who are choosing to continue to use so that they remain healthy, until they decide to make more significant health behaviour changes.

The pharmacy needle exchange service will be available to Service Users when a pharmacist is present during pharmacy working hours.

Pharmacy accreditation

Each pharmacy participating in the scheme will receive accreditation. Accreditation will include:

- Basic compulsory training which will include completion of the CPPE 'Opiate treatment: Supporting pharmacists for improved patient care' and CPPE Substance Use and Misuse Public - Health and a session with substance misuse service providers to ensure understanding of the service provision on the Island.

Each accredited pharmacy will clearly display the 'standard logo' for participants in the pharmacy needle exchange scheme in their shop front windows. They will also be included in the Island's 'Guide for Service Users Directory'

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 others.

Service Reception

The pharmacies will provide a user-friendly, non-authoritarian and informed reception response to Service Users. The pharmacy staff will be aware of customer care and the importance of Service User retention within this user group. The Pharmacist and trained staff will be familiar with and competent to deal appropriately with people presenting with drug and alcohol problems. If there is no separate service area within the pharmacy to operate the service, staff will need to ensure that conversations of a confidential nature are discreet.

Pharmacies should also have the means, back up and procedures to ensure staff safety at all times, maintaining a balance between this and an engaging service. Pharmacies will hold the right to refuse a service to Service Users who are being disruptive.

All enquiries about needle syringe exchange should be referred to the Pharmacist or trained staff. It is essential that all staff working within the pharmacy (including locum pharmacists and relief staff) are aware of, and adhere to this.

Information giving

Pharmacists may be, for some drug users, the only contact they have with health services. Pharmacists shall be prepared to discuss harm minimisation practices

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with Services Users. A wide range of health promotion leaflets will be provided to Pharmacies by St. Mary's Hospital and through the Public Health Department. These will include information on harm reduction, safer injecting practices, risks of unsafe disposal of equipment, risks of overdoses and blood borne diseases. Pharmacies will not be expected to provide direct information and advice about drug services, but shall direct such enquiries to IRIS.

Assessment procedures

Service Users who have been referred by agencies will already have been given an initial assessment (in line with the NTA guidelines). This assessment should not constitute a barrier to service utilisation, especially for the hard to reach groups. The assessment should have flagged up the need for a needle exchange service, and identified a Pharmacy needle exchange as a suitable venue for this. Any follow up work needed with the Service User on harm reduction, take up of other interventions etc. will be the responsibility of the referring agency, (e.g. the IRIS exchange service) whom the pharmacy service will need to link in with.

Service Users who are self-referring and approach Pharmacies through open access will be required to give their basic personal details to the Pharmacist, which will include their name and address or if NFA – where they are staying on the Island. This will be kept on record. Open access Service Users should be given information about the IRIS needle exchange and encouraged to access it for the more comprehensive service it provides, e.g.

- a further needs assessment (particularly for this who are known to be HIV or Hep C positive)
- harm reduction information which should be reinforced periodically
- written information, on prevention of HIV, hepatitis, overdose and other drug and injecting related problems
- advice on safer injecting and safer sex; basic health checks, Hep B immunization or referral to appropriate services for delivery
- HIV and hepatitis counselling and testing (or referral)
- information about local treatment and care services, including referral where necessary

Stock keeping

The pharmacy shall maintain an adequate supply of all the individual items contained in the previously issued packs in order to make up packs to Service User's requests. The supplies warehouse will be Boots the Chemist in Ryde.

Service provision

Once a referral has been accepted, the Pharmacist should discuss and record the type of needles and paraphernalia that is required by each service user and frequency of collection. Service Users shall be asked to tick a menu indicating which items they require and the quantity. Service Users requesting equipment that is not listed on the items menu should be encouraged to contact IRIS, which is able to provide a larger range of injecting equipment.

The Pharmacy Menu includes:

- 1 ml syringe with needle
- 1 ml syringe without needle
- 2 ml syringe without needle
- 5 ml syringe without needle
- medicated swabs
- Citric acid

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Sharps canisters
Orange needles
Brown needles
Blue needles
Spoons

The menu is then sent to the warehousing provider, which is currently Boots the Chemist, 170-172 High Street, Ryde, Isle Of Wight. The warehousing provider orders the majority of their stock from St. Mary's Hospital, apart from citric acid and 'matches', which they order from the Boots in Ryde. From their stock, in response to the completed menus, they send the participating pharmacies the requisite orders. The warehousing provision is subject to a separate service specification.

The Pharmacies will explain the procedure for returning used equipment and disposal of this in the Sharps Box under staff supervision to service users. Service users who return used equipment in containers other than those supplied, shall be encouraged to use an approved container. Service users who return used equipment, not in a container should be strongly discouraged from doing so. In such an event, the Service users should be able to place the used equipment in the sharps bin available and encouraged to use safer practice in future transactions. It is usually safer to allow the Service User to place the equipment directly into the pharmacy sharps bin rather than refuse to accept the returns. Service Users are not required to return used equipment when they request new supplies, but the pharmacist should encourage Service users to return used equipment, as in safer practice guidance.

All collections and returns will need to be monitored. Service provision has been made for the collection and disposal of sharp boxes. PHS will make 9 collections per annum to 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

¹ Immunisation against infectious disease 1992

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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.

The pharmacies shall also conform to the Standards for Good Professional Practice for Pharmacists of the Royal Pharmaceutical Society for pharmacists who elect to become involved in schemes to exchange clean syringes and needles for contaminated equipment used by injecting substance and drug misusers and instalment dispensing.

6. Referral, Access and Acceptance Criteria

6.1 Referral route

The service will be open access, and will therefore take both agency referrals (if applicable) and self-referrals. It is expected that most agency referrals will come via existing treatment services, and primarily the IRIS needle exchange. These Service Users will have been assessed by the IRIS needle exchange service, and agreement will have been reached with the Service User to use a pharmacy needle exchange in an appropriate accessible location. On occasions, referrals will have been made by other treatment services. Self-referrals will be accepted from any adult injecting drug user on the Isle of Wight.

6.2 Any acceptance and exclusion criteria and thresholds

Needle exchange facilities will be made available to all adult injectors who have a significant connection with the Isle of Wight. In particular special attention will be given to:

- Service Users not in touch with other substance misuse treatment services
- Injectors who are under-using the services including, but not limited to:
 - Women
 - Amphetamine and cocaine/crack injectors
 - Minority ethnic injectors
 - Younger injectors*
- Injectors who have characteristics associated with high risk injection practices:
 - Polydrug users (including use of opiates, stimulants, benzodiazepine and alcohol)
 - People with severe drug dependence
 - Frequent injectors
 - DIP Service Users, especially those recently released from custody
 - Service Users who have left residential detox or rehab
 - Service Users who spend time with other injectors
 - Homeless Service Users or Service Users in poor accommodation

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- Those with a sexual partner who is an injector
- Those out of treatment

Exclusions to needle exchange

MoC focuses on the commissioning of services for adults (i.e. those aged 18 years or over). Any young person under the age of 16 years who presents for this service will be referred to the IOW Safer Communities 'Get Sorted' young people's substance misuse service. It is recognised, however, that those young people in the transitional period between being a young person and an adult, (i.e. 16-17 year olds) can develop at different rates, and therefore have different treatment needs. In some cases, it may be more appropriate to treat them within the adult services. A policy on Needle Exchange and Young People will be developed in conjunction with young people's drug treatment services during year 1 of this agreement.

Exclusion to both services

Service Users shall be resident in, or have a significant connection with the catchment area. Significant connection will be based on the local authority definition of 'ordinarily resident'. The catchment area is the IOW Safer Communities area. Service Users may be excluded as a result of a professional risk assessment and if they pose a serious risk to staff, other service users and members of the public. The Provider has the right to refuse service provision to the users:

- who are unsuitable for treatment/care under the service on clinical grounds;
- who are temporarily unsuitable for treatment under the service on clinical grounds for as long as such unsuitability remains;
- who have not validly consented and were able to do so, or had consent validly given on their behalf where it could have been, to the treatment provided under the service;
- whose behaviour is unacceptable to the provider because it is unreasonable, notwithstanding that the judgments in those cases must take into account the mental health of such patients.

7. Monitoring

Pharmacies are required to input activity immediately on to the PharmOutcomes system once the consultation has taken place. Information provided will provide the basis of the remuneration for pharmacies.

8. Self-Care and Patient and Carer Information

Providers must provide appropriate patient and carer information as relevant for the patient's condition / complaint. Where appropriate, and to ensure ease of use and understanding by patients and carers, this information shall be provided in languages other than English and in formats other than written documentation.

9. Prices & Costs

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9.1 Price

Payment for needle exchange will be made monthly, in arrears, once activity has been recorded on the PharmOutcomes system.

Basis of Contract	Unit of Measurement	Price (excluding std VAT)	Thresholds	Expected Annual Contract Value
PbR	Per recorded service provision of needle exchange	£3.50		
Fixed fee	Needle exchange collection system per quarter	£30.00		£120.00