

**SERVICE SPECIFICATIONS**

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| **Service** | **Community Pharmacy Needle Exchange Service** |
| **Authority Lead** | **Alan Knobel, Development Manager** |
| **Provider Lead** | **Community Pharmacies in Portsmouth supported by Chief Officer for Local Pharmaceutical Committee** |
| **Period** | **April 2024 - onwards** |

1. Introduction
	1. The Public Health team at Portsmouth City Council (PCC) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities.
	2. This Service Specification is intended for the purchase of open access Needle Exchange services for people who inject drugs (PWID) in the city of Portsmouth, whether they are permanent or temporarily resident in the area. People who inject drugs will require sterile injecting equipment, information, and advice around: changing lifestyles, minimising the complications associated with drug misuse and accessing resources within the community.
	3. Local Authorities commission services to support people towards their recovery and to enable them to lead lives free from alcohol and/or other drugs. It is recognised that not all people who use alcohol or other drugs are at a stage when this is an option for them. A harm reduction approach is therefore applied. It does not seek to support a drug using lifestyle but takes a non-judgmental approach to engage and build relationships with people who are placing themselves and others at potential risk.
	4. Needle Exchange (NE) service delivery is based on a commitment to provide people who inject drugs with sterile hypodermic needles and associated injection equipment at no cost at the point of use. The aim of these services is to reduce the damage associated with using unsterile or contaminated injecting equipment.
	5. To achieve this aim, it is essential that NE services are easy to access, user-friendly, and respect the confidentiality of the service user.
	6. Providers (i.e. providers of Community Needle Exchange services) are instrumental in providing open access, low threshold services to allow people who inject drugs for the provision and return of injecting equipment.
2. National Context
	1. The rates of drug misuse and its associated morbidity and mortality in the UK are among the highest in the western world. Drug-related deaths due to overdose in the UK are among the highest in Europe.
	2. Drug misuse is more common in areas of social deprivation.
3. Local Context
	1. In 2019/20 it was estimated that 1,514 Portsmouth residents aged 15 to 64 years old are Opiate and Crack Cocaine Users (10.29 per 1000 population)[[1]](#footnote-1).
4. Evidence Base
	1. NICE guidance (*PH18 Needle and syringe programmes: supporting evidence*) highlights the important role needle exchange and syringe 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.
5. Scope of Service
	1. Reduce the need for people who inject drugs to share non-sterile equipment.
	2. Reduce the potential harm related to blood borne virus transmission and bacterial infection amongst people who inject drugs, through the provision of sterile injecting equipment.
	3. Encourage people who inject drugs to return used equipment for safe disposal.
	4. Assist people who inject drugs to remain healthy until they are ready and willing to cease injecting through the provision of accurate, current and non-judgemental health advice/information. This shall include handing out written information where appropriate.
	5. Minimise the risk of exposure to members of the public from contaminated needles and syringes by offering a safe used needle disposal point.
	6. Proactively signpost people who inject drugs to a local Substance Misuse Service if they are ready to receive that level of intervention.
	7. Provide accurate, up to date and non-judgemental health advice relevant to people who inject drugs.
	8. Encourage multi-disciplinary working and collaboration in the provision of services within the community for people who inject drugs.
6. Service Description
	1. General
		1. The Provider shall provide people who inject drugs with a service which will include:
			1. The provision of sterile injecting equipment and a bin for safe disposal of injection equipment.
			2. Information and advice around changing lifestyles.
			3. Basic information on minimising the complications associated with drug misuse.
			4. Signposting to support services for people who use alcohol or other drugs.
		2. The Provider shall offer the service for at least 35 hours a week, spread over at least 5 days, with no appointment necessary.
		3. The Provider shall have a suitable area for storage of stock and returned items.
		4. The Provider layout shall allow for discreet requests for packs as well as for returns of used needles, syringes and other injecting paraphernalia.
		5. The service shall be strictly confidential. People using the service must be guaranteed that their dealings with the service will be kept confidential. A basic data set as detailed below shall be collected. Some of the information requested on the initial visit may be shared to help plan services to meet local need.
		6. The Provider shall ensure that staff shall be friendly and supportive with an understanding and professional attitude.
		7. People who inject drugs shall be treated with courtesy and respect and be afforded privacy when using the service.
		8. The Provider shall work alongside other agencies (including the Needle Exchange co-ordinator), involved in the support of people who inject drugs to reduce the practice of sharing equipment amongst people who use drugs, and to ensure service users receive continuity of care.
		9. Providers will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
		10. The Provider shall provide support and advice to people who inject drugs, including signposting to primary care or specialist drug and alcohol services where appropriate.
		11. In practice, the transaction is simple and generally takes only a few minutes. When a Service User accesses the open access Needle Exchange, the Provider shall carry out the following:
			1. Oversee and guide the Service User to place any returned used equipment into the designated sharps bin.
			2. Identify the pack(s) the service user requires.
			3. Issue the packs alongside relevant harm reduction advice delivered either/both verbally and in written format.
			4. Enter the details of each transaction onto PharmOutcomes
	2. Giving advice and information
		1. The Provider shall ensure that staff take every opportunity to engage with people who inject drugs and provide advice/information on general health promotion such as diet, health, exercise, smoking reduction and oral hygiene where opportunities permit.
		2. Healthcare and treatment advice leaflets shall be readily available to all.
		3. Signposting - as relationships of trust develop with Service Users, opportunities shall be taken to promote the contact telephone numbers of specialist drug and alcohol services, information and advice services and alternative Needle Exchange facilities.
		4. Drug Health Alerts - Occasionally, Drug Health Alerts are issued by Local Authorities. Providers who receive these alerts shall ensure that all service users accessing the service are aware of the current risks identified.
	3. Promotion and advertising of the service
		1. Services offering needle exchange shall be readily identifiable to people who inject drugs by displaying the nationally recognised window and/or wall sticker at the commencement of offering the service:



* + 1. This sticker can be obtained from the relevant community treatment service, which can also supply further copies in the event of any damage to the logo or premises refurbishment.
		2. Other advertising will be encouraged at the discretion of the Local Authorities.
	1. Links with other Harm Reduction Services
		1. The Provider shall ensure they maintain links with other harm reduction services in their area to enable people who inject drugs to access treatment services and/or specialist Needle Exchanges where service users can receive more specialist harm reduction advice and interventions and a wider choice of equipment.
	2. Children and young people
		1. If the person presenting to the needle exchange appears to be under 18 years old, the Provider should consider the following:
			1. Ask the person their age and try to get some personal information from them including injecting behaviour; where they live; where they have previously obtained needles etc.
			2. Discuss referral to the local Substance Misuse Service with the young person and facilitate this on the spot if possible. Give the young person contact details for this service. Contact the Substance Misuse Service to make them aware that you have just provided a young person with needles.
			3. You must follow the Fraser guidelines around competency to inform decision making. This may involve talking to the young person’s parents/carers and/or a referral to Children’s Social Care and/or Safeguarding.
			4. Record information as part of routine needle exchange recording.
		2. If the young person is already engaged with the local Substance Misuse Service, their keyworker is expected to accompany them on the first occasion. After this a written care plan should be provided that outlines future dispensing provision requirements.
	3. Exclusions from service
		1. The Provider retains the right to refuse or exclude people who inject drugs at any time if their behaviour is unacceptable.
		2. If a Provider excludes or refuses to work with a Service User, the Provider must inform the Service User about alternative Needle Exchange services in the area and alert the local Substance Misuse Service. A list of alternative Needle Exchange services will be circulated amongst Providers by the local Substance Misuse Service.
	4. Quality standards
		1. This specification may be subject to change due to a range of national and local policy initiatives. Adequate notice will be given to the Provider of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity.
		2. The Provider shall operate in accordance with the latest guidance, including (but not limited to) that issued by: The National Institute for Health and Care Excellence; Public Health England; and the Advisory Council for the Misuse of Drugs. Attention is particularly drawn to NICE Guidance PH52: Needle and syringe programmes, published in March 2014, and any subsequent updates.
		3. The Provider shall ensure its Standard Operating Procedures are accurate and up to date in relation to the latest legislation and guidance.
		4. The Provider shall be able to demonstrate that all staff involved in the provision of the service have successful completion of CPD relevant to the provision of this service.
		5. The Commissioner and/or their representative (including specialist substance misuse treatment Providers) may undertake a visit to the Provider to inspect the provision of the service and to ensure that the Provider is meeting the Service Specification.
		6. The Provider shall participate in any audit of service provision conducted or authorised by the Commissioner.
		7. The Provider shall cooperate with the Local Authorities and their partners to take part in surveys, research or initiatives relevant to improving the accessibility, quality and effectiveness of Needle Exchange Services, and to distribute questionnaires to people who inject drugs.
		8. The Provider shall co-operate with any locally agreed assessment of Service User experience.
		9. The Provider shall supply information related to the delivery of this service both during and at any period after the contract as requested by relevant quality assurance or review bodies (e.g. CQC, OFSTED, Domestic Homicide Reviews, Drug Related Death investigation).
		10. The Provider shall be able to demonstrate that clear and accurate records are kept.
		11. The Provider shall comply with guidance issued by the local safeguarding boards.
		12. The Provider shall ensure that thorough recruitment and selection processes are in place for all staff which include full tracking of previous employment history, checking of qualifications and two written references.
		13. The Provider shall remain compliant with any other relevant service requirements, including (but not limited to) the Community Pharmacy Contractual Framework. No part of this Specification by commission, omission or implication defines or redefines essential or advanced services.
	5. Product details (Injecting Equipment packs)
		1. Within the open access Needle Exchange scheme, sterile injecting equipment should be made available to Service Users in the form of the following pre-packed bags:

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| Pack A | 15 x 1ml fixed needle/syringe0.45L Sharpsafe Exchange Container15 x sterile wipesInformation leaflet |
| Pack B | 10 x 2ml syringes10 x needles (23x1)0.45L Sharpsafe Exchange Container10 x sterile wipesInformation leaflet |

* + 1. The equipment is subject to change as the Commissioner responds to the latest evidence and guidance both nationally and locally.
	1. Ordering, stock maintenance and stock control
		1. Packs will be made up by the local Substance Misuse Service - the Provider is responsible to contacting the Substance Misuse Service to request additional packs when required.
		2. Requests can be made by sending an email to recovery.hub@ssj.org.uk stating the Provider name, delivery address and a contact telephone number, and the quantity of stock required.
		3. Packs are provided in cartons of 25 or 50 packs and the supplier is normally able to deliver within 3-4 working days.
		4. Supplies of injecting equipment are ordered at the Provider’s discretion to include consideration of the number of packs to be delivered in line with the amount of storage space available.
	2. Disposal of injecting equipment
		1. Bins for the disposal of sharps deposited under this scheme shall be made available without request for the return of the individual sharps containers issued within the packs.
		2. The Provider will encourage the service user to make returns of used equipment in the sharps bins provided.
		3. Bins are available from the Local Authority's authorised clinical waste collection service.
		4. The bin shall be sited in a designated area of the service location where staff and members of the public will not have inadvertent contact with it. These arrangements will vary according to the practicalities of the Provider layout.
		5. It is recommended that the Provider has several bins available at any one time. One shall be set up as a sealed bin ready to operate in day-to-day exchanges. It is possible that very occasionally a Service User may return used equipment in larger quantities. Service users shall be permitted to access this disposal service for any quantity of equipment related to their personal use. In this case, the Service User shall be directed to place the bag in an open bin and then the lid shall be sealed with care afterwards.
		6. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
		7. Arrangements are in place for a waste collection provider to collect and dispose of full sharps containers. The Provider is required to oversee these collections and ensure that only full bins are taken by the waste collection service. Providers can arrange access to this provision by contacting recovery.hub@ssj.org.uk.

* 1. Policy on returning used equipment
		1. People who inject drugs shall be advised about the risks to themselves and others which are posed by used syringes and needles. This particularly includes risks to children and young people. The Service User shall, on every occasion they visit the service, be proactively encouraged to return used equipment in a properly sealed sharps container (provided within each pack) for safe disposal by the Provider.
		2. Service Users shall not be refused a pack if they do not return used equipment (if it is their first visit they are unlikely to have anything to return). The Return Policy shall be discussed with them, and individuals shall be reminded of the need to return used equipment.
		3. For Service Users who repeatedly fail to return used equipment, the Provider shall consider giving only one pack of injecting equipment for their use, until they start returning equipment for safe disposal on a regular basis. However, this shall be considered alongside the recommendations in the NICE Public Health Guidance 52 for Needle and Syringe Programmes.
		4. The Provider shall ensure that the Service User is instructed and directed to place their used equipment in the Provider sharps container themselves. No member of staff is expected to handle returned sharps.
		5. In cases where an individual wishes only to return equipment, the Provider shall record the interaction as normal on PharmOutcomes noting the quantity of equipment returned and identifying that no new equipment was issued. The Provider will receive payment on the same basis as any other needle exchange interaction. This returns service shall be made available to any member of the public regardless of their substance or medication it relates to.
1. Training and Competency Requirements
	1. Staff providing the Service shall have knowledge of the range of drugs injected, including heroin, cocaine, crack cocaine, amphetamines and steroids and in particular the range of local Substance Misuse Services available to signpost Service Users to.
	2. To support them in delivering the services, Providers may receive an initial visit from a representative of the local Substance Misuse Service or Local Authority team to advise on setting up the Service and to give practical advice on how the needle exchange transaction can take place within the location.
	3. This visit will help ensure that staff involved in the scheme are suitably trained in:
		1. The scheme context.
		2. The ethics and principles of an open access Needle Exchange scheme.
		3. Blood borne virus awareness and basic awareness about substance use.
		4. Service operation - carrying out the transaction and recording activity.
		5. Confidentiality.
		6. Safety and risk management precautions within the service to ensure the prevention of injury to staff and members of the public.
		7. Dealing with spillage and contamination with potentially infected blood or body fluids.
		8. Processes and what to do in the event of needle stick injury.
		9. Reporting of incidents/accidents.
		10. Handling Conflict; dealing with difficult situations; what action to carry out if a Service User becomes threatening.
		11. Safeguarding children and vulnerable adults.
		12. Signposting to specialist services available in the area.
		13. Expected action in an overdose situation – dial 999.
	4. Provider staff shall fulfil all the service-specific competencies described in Appendix 1 below.
	5. To develop these competencies, the Commissioner recommends the four e-learning modules on “Substance use and misuse” to demonstrate competence according to this framework, which can be downloaded from the Centre for Pharmacy Postgraduate Education (CPPE) website (<https://www.cppe.ac.uk/programmes/l/substance1-e-01>). Other sources of information and training may be equally appropriate.
	6. A Standard Operating Procedure (SOP) must be put in place prior to commencing delivery of the Service. All relevant staff must have received training and records must be kept to demonstrate this. These records shall be made available to the Commissioner if requested.
	7. A system for reviewing and updating the SOP must be in place. A named person must be identified with the responsibility for implementation and monitoring the SOP.
	8. Any temporary staff must be made aware that the Provider offers a Needle Exchange Service and that the SOP must be adhered to.
	9. The Provider must send at least one key member of staff to attend annual local training sessions on the care of people who use drugs, arranged by the Local Authority in partnership with the local Substance Misuse Service.
	10. All staff delivering the service shall be encouraged to access immunisation for Hepatitis B if they are not currently vaccinated.
		1. The Local Authority has arranged with the Occupational Health and Safety department of Portsmouth Hospitals NHS Trust to provide Hepatitis B inoculations. Staff using this option must complete the full vaccination programme (involving 4 visits to Occupational Health). If the course is completed then the Local Authority will meet these costs. Staff may wish to organise vaccination via their own GP or alternative Provider but the Local Authority will not refund any costs associated with this process.
		2. Staff declining the offer of vaccination should sign a declaration of such which should be retained by the pharmacy contractor.
	11. The Provider shall display information on how to respond to a needlestick injury in a visible, prominent location.
2. Performance and Reporting Requirements
	1. The Provider shall ensure that all consultations are logged on PharmOutcomes to enable the Commissioner to monitor activity and verify payments for Services provided.
	2. For each interaction, the Provider shall collect the following items of information and record them on PharmOutcomes:
		1. Number and type of pack(s) issued.
		2. Returns received.
		3. Service user gender.
		4. Service user year of birth.
		5. Service user home postcode (first 4-5 digits only).
	3. If the service user refuses to state any item of personal information, the Provider should deliver the service and record the interaction on PharmOutcomes with ‘0’ (zero) recorded in the blank field.
	4. These details are subject to change as the Commissioner responds to the latest evidence and guidance both nationally and locally.
	5. If the Provider cannot enter the information onto PharmOutcomes at the time of the time of the consultation, the information shall be entered onto PharmOutcomes as soon as possible after the consultation.
	6. The Provider shall ensure that any documentation detailed in this Service specification is maintained and made available to the Commissioner to enable the Service to be monitored and for post payment verification.
	7. The Provider shall ensure that the necessary information, as detailed in this Service Specification, is maintained and made available to the Commissioner to enable the Service to be monitored and for post payment verification.
	8. The Provider shall complete the relevant template to submit their activity to the Commissioner on a monthly basis.
	9. The Provider shall immediately inform the Local Authority if there is a change in Provider staff or any other issue that will affect the delivery of the Service.
3. Payment and Charges
	1. The Provider shall submit information in respect of payment to the Local Authority as a minimum at the end of each month, via PharmOutcomes.
	2. Based on the information provided as set out above, the Council will make payment of the following charges:
		1. The Provider will receive £2.50 per pack transaction recorded on PharmOutcomes
		2. Additional £200.00 retainer per Provider per year if at least one member of staff attends annual local training sessions on the care of people who use drugs, arranged by the Local Authority in partnership with the local Substance Misuse service.
	3. The deadline to submit any data to PharmOutcomes for payment is the end of each month. Any late submissions from Providers will not be paid until the following month. Providers will not be paid for data submitted more than six months after the activity was undertaken.
	4. No claim shall be submitted more than one month after the end of this agreement.
4. Provider Qualification Requirements
	1. The Provider must offer the service for at least 35 hours a week, spread over at least 5 days, with no appointment necessary.
	2. The Provider must have a suitable area for storage of stock and returned items.
	3. The Provider layout must allow for discreet requests for packs as well as for returns of used needles, syringes and other injecting paraphernalia.
	4. Staff shall fulfil all the service-specific competencies described in Appendix 1 below.
	5. The Provider must ensure that all consultations are logged on PharmOutcomes to enable the Commissioner to monitor activity and verify payments for Services provided.
5. Location of Delivery
	1. Community pharmacies within Portsmouth City boundaries.
	2. If two or more Providers are identified in the same geographical location and in excess required activity then priority will be given to those pharmacies who:
		1. Meet geographical and population need.
		2. Have been successful Providers of the service in previous years.
		3. Have completed required training and service provision requirements.
		4. Are Providers of the Supervised Consumption service.
		5. Have attained Healthy Living Pharmacy status.
		6. Have demonstrated successful provision of other healthy lifestyle services.

Appendix 1: Needle Exchange Service-Specific Competencies

1. Do you understand the key aims of a needle and syringe programme (NSP) to:
	1. Reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment.
	2. Reduce other harms caused by injecting drugs.
	3. Signpost to other services?
2. Are you aware of issues relating to sexual health, sexually transmitted infections, blood-borne viruses, HIV and hepatitis C transmission and promotion of hepatitis B immunisation?
3. Do you have an awareness of both official and 'street' names for commonly used drugs and definitions of drug dependence?
4. Are you aware of the treatment/management of substance misuse and knowledge of commonly misused drugs (e.g. opioids, anabolic steroids, IPEDs and melanotan) with particular reference to drugs liable to be injected?
5. Are you able to communicate appropriately and sensitively with the client group and their peers, using discretion, privacy, respect and a non-judgmental approach, and treating them with dignity whilst applying conflict resolution skills when appropriate?
6. Can you participate in the Provider team to deliver a safe, effective and non-judgemental service in line with the service specification?
7. Can you consider a client’s situation, for example, their social circumstances, general wellbeing and health, provide advice and know how and when to refer to other services?
8. Are you aware of other related services and do you know how and when to refer/signpost clients regarding problems relating to their substance misuse or general health and social problems?
9. Are you aware of the sizes and uses of the various types of needles, syringes and other injecting equipment associated with illicit drug use to be made available and are you able to provide the amount of equipment to meet the client’s needs?
10. Do you understand the differences between the injection sites and equipment requirements for opioid, performance and image-enhancing drugs (IPED) and stimulants etc?
11. Are you able to promote safer injecting practice and obtain advice when necessary?
12. Do you understand the principles of risk minimisation to patients, staff and members of the public; use of appropriate protective equipment; safe disposal of used equipment; and how to deal safely and effectively with spillages, needle stick injuries or contamination with potentially infected blood or body fluids?
1. https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates [↑](#footnote-ref-1)