Community Pharmacy Needle and Syringe Programme

The community pharmacy needle and syringe programme (NSP) is a public health service that provides injecting drug users with information and advice, sterile injecting equipment and safe disposal of sharps waste.

1. Service description

1.1 The Contractor will promote safer injecting practice and reduce the incidence of viral and bacterial infections associated with injecting drug use by providing injecting drug users with sterile needles, syringes, spoons, filters, vitamin C, swabs and a sharps container for returning sharps waste. Items will be supplied in a pre-filled ‘pharmacy pack’.

1.2 The Contractor will offer a friendly, non-judgmental, confidential service.

1.3 The client will normally return used items in a sharps container for safe disposal. The Contractor shall provide a pharmacy pack (or packs) to a client whether or not the client is returning a sharps container. The Contractor shall encourage the return of used items in the supplied sharps container when providing the service.

1.4 The Contractor will provide the client with appropriate health promotion information, including advice about:

- Sexual health and sexually transmitted infections
- Preventing blood-borne infections by not sharing
- Safer injecting practices
- Testing for HIV
- Testing for hepatitis C
- Testing for hepatitis B, and immunisation.

1.5 The Contractor will provide support and advice to the client, including referral to other health and social care professionals and specialist drug and alcohol recovery services when appropriate.

2. Aims and intended service outcomes

The aims of the community pharmacy needle and syringe programme are:

2.1 To assist clients to remain healthy until they are ready and willing to stop injecting and abstain from drug use, with appropriate support if required.

2.2 To protect health and reduce the incidence of viral and bacterial infections associated with injecting drug use by:

- Providing sterile needles, syringes and other items
- Providing information about safer injecting practice
- Providing information about preventing sexually transmitted infections
- Providing information about preventing overdose (for example about the risks of using multiple drugs including alcohol).
2.3 To maximise the number of injecting drug users that use the needle and syringe programme, especially socially excluded injectors and other injectors with a high risk of harm associated with their injecting drug use.

2.4 To protect the health of local communities, preventing the spread of blood borne infections and providing safe disposal of contaminated sharps waste.

2.5 To help clients to access effective treatment by offering referral to specialist drug and alcohol recovery services when appropriate.

2.6 To help clients to access other health and social care services when appropriate.

3. Service outline

3.1 The community pharmacy needle and syringe programme is coordinated by the provider of the local specialist drug and alcohol recovery service (‘the NSP Coordinator’). Registration is required through SONAR. Although full registration is preferred, it is recognised this may not always be possible. The Contractor is required to operate within the local registration arrangements.

3.2 The NSP Coordinator is required to ensure that the service provided by Contractors match this specification. The NSP Coordinator acts as the point of contact for all queries in relation to the operation of the scheme.

3.3 The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety.

3.4 The Contractor has a duty to ensure that pharmacists and staff involved in providing the service have relevant knowledge and are appropriately trained in the operation of the service. The competence and training framework is described in appendix one.

3.6 The Contractor has a duty to ensure that any staff providing the service are aware of and operate within local protocols.

3.7 The Contractor will allocate a safe place to store pharmacy packs and sharps waste. Sharps waste must be stored using the container provided by the sharps waste disposal service that the NSP Coordinator supplies.

3.8 The Contractor must ensure that its staff are aware of the risks associated with the handling of contaminated sharps waste and the correct procedures used to minimise those risks. The Contractor must have a needle stick injury procedure which includes consideration of post exposure prophylaxis when appropriate.

3.9 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

3.10 The Contractor must maintain appropriate records to ensure effective ongoing service delivery and audit.

3.11 The Contractor should ensure that staff providing the service are offered immunisation for Hepatitis B with relevant immunity checks and boosters as required. The Contractor is responsible for this occupational health cost. If occupational health arrangements for this immunisation are not already available, staff may be able to arrange hepatitis B immunisation with their own GP. There is no obligation under the GMS regulations for a practice to provide occupational health services for patients. A practice may choose to provide the service and charge the cost to the employer.
3.12 Contractors will share relevant information with other health care professionals and agencies, in line with locally determined information sharing arrangements.

3.13 The NSP Coordinator will supply pharmacy packs. Contractors must ensure that they order sufficient supplies to provide a continuous service and that a range of pack sizes are available. The NSP Coordinator will supply a sharps waste disposal service for each participating pharmacy. Contractors are responsible for requesting waste collection to ensure the sharps waste stored on premises is within an acceptable limit.

3.14 The Contractor is expected to understand the different type of needles that are appropriate to the patient’s individual circumstance (eg patients injecting Performance and Image Enhancing Drugs will require different needles to those injecting opiates) and to ensure that staff maintain this awareness when issuing packs.

3.15 The NSP Coordinator will provide information about services that pharmacy staff can use to encourage clients to engage with recovery services.

3.16 The Contractor will use the SONAR information system to record service activity for payment claims.

3.17 ESCCPH will arrange four public health provider forum meetings each year to promote service development.

3.18 ESCCPH will consider obtaining or producing health promotion material relevant to the service users and making this available to pharmacies.

3.19 ESCCPH will disseminate information about the service to other Contractors and health care professionals in order that they can signpost patients to the service.

3.20 ESCCPH will remunerate the Contractors participating in this service by paying £1.35 for each transaction.

3.21 A transaction is completed when the contractor has supplied NSP items to the client. Contractors are supplied with pharmacy packs that include NSP items for dispensing. A single transaction may include multiple pre-packed bags, for which one fee can be claimed.

3.22 There is no requirement for the client to supply sharps waste. If a client presents sharps waste, the Contractor is required to safely dispose of the waste using the sharps waste flow used for the service. Simply disposing of sharps waste does not constitute a transaction.

3.23 Payment can only be authorised for exchanges that are recorded correctly, using SONAR. The minimum information requirement is:

- The name of the person requesting the service
- The pharmacy pack(s) dispensed

3.24 The Contractor is responsible for ensuring that their staff are aware of the potential safeguarding risk posed to children and vulnerable adults who may be accompanying an adult presenting for NSP. This includes noting the presentation of the child/vulnerable adult and the presentation of the adult patient, as well as reporting any concerns in accordance with the East Sussex County Council Safeguarding policies.
4. Quality Indicators

4.1 The Contractor has completed the quality monitoring self-assessment (appendix two) ‘Part A’ before starting the service, and ‘Part B’ annually by 31 March each year.

4.2 The Contractor promotes the distribution of appropriate health promotion resources (e.g. leaflets or other information) for clients.

4.3 The Contractor fully completes the information required on SONAR.

4.4 The Contractor reviews its standard operating procedure and the referral pathways for the service annually.

4.5 The Contractor can demonstrate that pharmacists and staff providing the service have completed relevant continuing professional development.

4.6 The Contractor can demonstrate that sharps waste is being regularly returned and disposed of safely using the supplied sharps waste disposal service.

4.7 The Contractor fully participates in any audit of the service coordinated by ESCCPH or the NSP Coordinator.

4.8 The Contractor fully participates in any assessment of client experience coordinated by ESCCPH or the NSP Coordinator.

4.9 The pharmacist(s) providing the service have completed the Centre for Pharmacy Postgraduate Education (CPPE) Substance Use and Misuse (2nd Edition, May 2012) open learning pack.

4.10 The Contractor promotes the service by using the national signage adopted for similar programmes:

Pharmacy pack contents - each pack contains either:
- 10 x 1ml syringes with needle (‘1ml 10s’ on SONAR)
- 5 x 1ml syringes with needle (‘1ml 5s’ on SONAR)
- 10 x 2ml syringes and 10 x long blue needles (‘2ml 10s’ on SONAR)
With 10 (or 5, in 5 x 1ml packs) swabs, vitamin C, spoons and a sharps Bin

To order more pharmacy packs contact Frontier Medical
Tel: 01495 235800
Fax: 01495 235808
info@frontier-group.co.uk
www.frontier-group.co.uk

To arrange sharps waste collection contact SITA UK
Tel: 0870 421 1122 / 01934 524 084
www.sita.co.uk (email contact via the website)
Appendix One | Competencies and training framework

1 Introduction
1.1 Contractors providing the Community Pharmacy Needle and Syringe Programme must ensure that pharmacists are competent to provide the service.

2 Core Competencies
2.1 These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are published at http://www.uptodate.org.uk.

a) Understands the terminology, definitions of drug dependence, the concept and practice of harm reduction; in particular the legislation and parameters associated with the supply of injecting paraphernalia as defined in the Misuse of Drugs Act [G1].

b) Has an awareness of the treatment of substance misuse and knowledge of commonly misused drugs with particular reference to drugs liable to be injected [G1].

c) Is able to promote safer practice to users and reduced sharing of equipment [G1].

d) Effectively communicates with drug misusers with respect and courtesy [G1].

e) Advises on general health promotion including sexual health, STIs, BBVs, HIV and Hepatitis C transmission and Hepatitis B immunisation [G2, G3].

f) Is able to counsel and advise individuals about their drug dependence and enable them to exchange their needles and syringes whilst respecting their privacy and treating them with dignity [G2].

g) Is aware of how and when to refer / signpost clients and when to ask for support and advice [G7].

h) Understands the legislation, ethics, duty of care and the need to apply professional judgement for this client group [G1, G10].

i) Understands principles of risk minimisation to patients, staff and members of the public; use of appropriate protective equipment and how to deal safely and effectively with spillages or contamination with potentially infected blood or body fluids [G1, G8].

j) Understands the principles of safe storage of sterile and used equipment; is aware of actions to take in the event of needle-stick injuries [G1, G7].

2.2 A Centre for Pharmacy Postgraduate Education (CPPE) open learning programme provides pharmacists with the necessary knowledge to underpin the provision of this enhanced service: CPPE Substance Use and Misuse (2nd Edition, May 2012).

2.3 A record of completion of this programme for any pharmacist providing the service must be sent to the ESCCPH team.

2.4 Temporary approval to provide the service for six months may be achieved by written self declaration to the PCT stating that the CPPE training pack has been commenced and will be completed within six months. To continue providing the service, the record of completion must be sent to the ESCCPH team as evidence that the training has been completed within six months of the approval.

2.4 CPPE also has a Pharmacy Technician Substance Use and Misuse open learning programme available. Although not required to provide the service, this learning programme supports the delivery and development of the service.
Appendix Two | Quality monitoring self-assessment

### Supervised Consumption of Prescribed Medicines

#### Part A: To be completed by the Contractor before the service starts

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1. I have read the service specification and understand the service requirement</td>
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<tr>
<td>2. Has/have the pharmacist(s) providing the service completed the Centre for Pharmacy Postgraduate Education (CPPE) Substance Use and Misuse (2nd Edition, May 2012) open learning pack?</td>
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<td>Date of completion:</td>
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<td>3. If the Contractor requests a temporary approval, pending completion of the CPPE Substance Use and Misuse (2nd Edition, May 2012) open learning pack:</td>
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<td>Date approval requested:</td>
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<td>Planned date of completion:</td>
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I declare that I am competent to provide this service.

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<th>Pharmacist’s signature:</th>
<th>Date</th>
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Print name: Registration No

Please return this form to:
Public Health, East Sussex County Council
County Hall, St Anne’s Crescent, Lewes. BN7 1UE
## Supervised Consumption of Prescribed Medicines

### Part B: To be completed by the Contractor annually during March and returned to the Public Health department by 1 April 2014.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Does the Contractor promote the distribution of appropriate health promotion resources (e.g. leaflets or other information)?</td>
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<td>Does the Contractor fully complete the information required on SONAR?</td>
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<td>Does the Contractor review its standard operating procedures and the referral pathways for the service annually?</td>
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<td>Can the Contractor demonstrate that pharmacists and staff involved in the provision of the service have completed relevant continuing professional development?</td>
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<td>Can the Contractor demonstrate that sharps waste is being regularly returned and disposed of safely using the supplied sharps waste disposal service?</td>
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<td>Has the Contractor fully participated in any audit of service provision coordinated by ESCCPPH or the NSP Coordinator?</td>
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