

Public Health Agreement

for

Community Pharmacy Needle Exchange

1st April 2017 to 31st March 2018

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1 Introduction

- 1.1 Drug Misuse and its complications pervade every part of society and social classes and are a problem found across the whole country
- 1.2 The number of heroin and crack users in the general population in England is estimated to be 298,752 with the number of injecting drug users estimated at 93,401; these are figures provided by Public Health England (PHE) for the period of 2010/2011¹
- 1.3 Surrey County Council has commissioned enhanced services for drug users through the provision of needle exchange schemes in community pharmacies and specialist fixed site needle exchange schemes in Tier 2 Drug Services

2 Background

- 2.1 Needle and Syringe Programmes (NSPs) supply needles and syringes, and often other equipment, used to prepare and take illicit drugs. NSPs reduce the transmission of Blood-Borne Viruses (BBVs) and other infections caused by sharing injecting equipment. Many NSPs also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment such as Opioid Substitution Therapy (OST). NSPs may be the only contact that some people (for example, those who inject Performance and Image-Enhancing Drugs (PIEDS)) have with health services. NSPs in England are based across a range of services including specialist services, pharmacies, outreach/mobile services, police custody suites, walk-in centres and accident and emergency departments. However, over 70% of NSPs are provided by pharmacies
- 2.2 The above estimated figures relate to people who inject heroin, other opiate drugs or crack cocaine and do not include people injecting other drugs such as anabolic steroids. However, recent anecdotal reports from across the country suggest that the use of anabolic steroids is on the increase, particularly among young men. This is particularly evident in some areas within Surrey
- 2.3 Recent publications from PHE, including Shooting Up², state that injecting as a practice amongst those in treatment has declined, but that it is more common amongst more vulnerable service users such as those who have no fixed abode and older service users
- 2.4 The provision of needle exchange in pharmacies provides the benefits of increasing availability of needle exchange across a wide geographical area, providing more flexibility in provision of services including more flexible opening hours. This results in a reduction of drug-related harm and risk behaviours, such as sharing needles, and helps engage drug users into treatment

3 Agreement

¹ <http://www.nta.nhs.uk/uploads/prevalence-commentary.pdf>

² <http://www.hpa.org.uk/Publications/InfectiousDiseases/BloodBorneInfections/ShootingUp/>

- 3.1 This Public Health Agreement is between Surrey County Council and the Provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The Council will serve a 1 month termination notice to either stop or revise the service

4 Service Description

- 4.1 The Provider will provide access to approved packs
- 4.2 The Provider will offer a user-friendly, non-judgemental, service user-centred and confidential service
- 4.3 Service users will be encouraged to return used equipment for safe disposal
- 4.4 The service user will be provided with appropriate health promotion materials
- 4.5 The Provider will provide support and advice to the service user, including sign posting to other health and social care professionals and specialist drug and alcohol treatment services where appropriate
- 4.6 The Provider will promote safe practice to the service user, including advice on sexual health and STIs, blood borne viruses including HIV and Hepatitis C transmission and Hepatitis B immunisation
- 4.7 Where the service user is using a drug that is unfamiliar to the Provider, such as Melanatan, a referral will be made to the appropriate Tier 2 Specialist Service to undertake a safer injecting assessment before offering a service
- 4.8 Any service user who requests equipment not supplied within the pharmacy needle exchange scheme must be referred to the appropriate Tier 2 specialist service
- 4.9 Any service user presenting with unsafe injecting techniques or other similar concerns should be referred to the Tier 2 specialist service
- 4.10 The supply of equipment to under 18s will not be delivered within this pharmacy needle exchange scheme. Any young people under 18 requesting injecting equipment must be referred to the young people's specialist substance misuse service

5 Aims and Intended Service Outcomes

- 5.1 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
- 5.2 To protect health and reduce the rate of blood-borne infections and drug related deaths amongst service users
- 5.3 To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support
- 5.4 To promote safer injecting practices by 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)
- 5.5 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment and minimising drug-related litter in the local community
- 5.6 To maximise the access and retention of all injectors, particularly those not already engaged in treatment services, those who are homeless and other vulnerable groups
- 5.7 To act as a gateway / signpost to other services such as care planned key working, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening and primary care services
- 5.8 To have a close working relationship with other local drug services

6 Service Outline

- 6.1 The area of the pharmacy used for the delivery of the service will provide a sufficient level of privacy and safety and meets other locally agreed criteria. Where available, a consultation room shall be used
- 6.2 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. Please note waste disposal is commissioned by Surrey County Council.
- 6.3 The Provider will ensure that their staff are made aware of the risks associated with the handling of returned used equipment and the correct procedures used to minimise those risks. Please refer to the Pharmacy's own safety guidance
- 6.4 The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit

- 6.5 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, will be readily available close to the storage site. (A Spill Pack will be provided by Surrey County Council.)
- 6.6 The Provider will clearly display the national scheme logo indicating participation in the service
- 6.7 It is advised that staff involved in the delivery of this service are immunised against Hepatitis B
- 6.8 Surrey County Council will arrange at least one site visit per year, based on need, to promote service development and update the knowledge of pharmacy staff
- 6.9 Surrey County Council will provide the materials and paraphernalia to be supplied together with appropriate disposal equipment from a centrally designated supplier
- 6.10 The Provider will order sufficient materials to provide the service for one month, where storage allows. If more is required, the Provider will arrange a delivery of additional materials needed directly from the equipment provider. If there is a delay in delivery, local needle exchange pharmacies engaged in the scheme will help out if possible. If both of these fail, Surrey County Council must be informed
- 6.11 A collection service for each participating pharmacy will be arranged with the subcontracted waste collection service as required
- 6.12 Surrey County Council will obtain and produce health promotion material relevant to the service users and make this available to pharmacy, including a current Surrey treatment directory
- 6.13 The Provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable
- 6.14 The Provider will offer the service user a sharps bin if requested to dispose of used needles regardless of whether clean needles are taken
- 6.15 The Provider will ensure that the demographic information is recorded
- 6.16 The Provider will hand over the exchange materials in a suitable bag, typically an opaque dispensing bag, and the opportunity will be taken for health promotion activities
- 6.17 It will be a recommendation that the Provider will offer safer injecting assessments, where possible, and arrange referral to specialist local services when appropriate
- 6.18 Surrey Council Council reserves the right to give a participating pharmacy 1 month's notice of the termination of their participation in the scheme if the needle exchange service is not

accessed regularly (i.e. once a year). Rural issues will be taken into account when considering participation

7 Operating Procedures

- 7.1 In accordance with the Scheme Operational Policy, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users. Please refer to the National Institute for Clinical Excellence Guidelines³ for further details
- 7.2 Pharmacy needle exchange operating procedures will include:
- Service user dignity, privacy, confidentiality and data protection
 - Sharps safety
 - Needle stick injury
 - Return of used injecting equipment
 - Provision for young people
 - Service user complaints procedure
 - Untoward incident monitoring
 - Signposting to local treatment services and to other available needle exchange services for when the pharmacy is closed

8 Accreditation and Training

- 8.1 The Provider will ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Needle and Syringe Provision. Completion of the following open learning CPPE pack⁴ plus the on-line assessment would meet this requirement:
- Substance Use and Misuse
 - Safeguarding Children and Vulnerable Adults

All pharmacists accredited to deliver needle exchange must be registered with CPPE learning record online before approval to supply will be given by Surrey County Council.

- 8.2 The Provider will ensure that the Pharmacist attends the annual training event run by Surrey County Council and any update workshops
- 8.3 The Provider 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

³ www.nice.org.uk

⁴ www.cppe.ac.uk/

- 8.4 The Provider must inform Surrey County Council when the nominated pharmacist leaves and a new pharmacist joins. The new pharmacist will need to become accredited as per the system outlined above. It is the responsibility of the Provider to let Surrey County Council know there is a vacancy and who the replacement pharmacist is within 1 month of the vacancy arising and a new appointment being made

9 Quality Indicators

- 9.1 The Provider has appropriate health promotion material available (as advised by Surrey County Council for the service user group)
- 9.2 The Provider will review its standard operating procedures and the referral pathways for the service on an annual basis
- 9.3 The Provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service
- 9.4 The Provider will participate in audits of service provision organised by Surrey County Council, as and when required
- 9.5 The Provider will co-operate with any locally agreed Surrey County Council.-led assessment of service user experience
- 9.6 The Provider must at all times comply with the relevant regulations for complaints relating to the provision of the needle exchange service. Any complaints must be submitted as part of the data return. The Provider must send a copy of any serious complaints to Surrey County Council within 5 business days

10 Monitoring Arrangements

- 10.1 Participating Providers will be required to record their activity using the appropriate using Pharmoutcomes on the appropriate service template
- 10.2 Access to records and documents containing information relating to service users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Provider will ensure compliance with the Data Protection Act, Caldicott and other legislation covering access to confidential patient information. The Provider will only share information with other health care professionals and agencies in line with RPSGB 'Medicines, Ethics & Practice, A Guide for Pharmacists'⁵

11 Critical Incidents

- In the event of a critical incident such as violent, aggressive or threatening behaviour towards pharmacy staff and the public, or theft, the pharmacist and their staff are not to put themselves

⁵ <http://www.rpharms.com/support/mep.asp>

in any risk of injury. It is not expected that pharmacy staff will accept threatening, violent or other abusive behaviour from needle exchange service users

- In the event of such an incident the service user should be asked to leave the premises with a verbal warning. The Pharmacist has the right to refuse a service user access to the service on behavioural grounds.
- If the service user returns subsequently and there are no changes in behaviour the Pharmacist has the right to withhold services.
- If a service user does not leave voluntarily when requested, the pharmacist should call the police to escort the service user from the premises.

12 Safeguarding

- 12.1 The Provider shall adopt Safeguarding Policies in compliance with Surrey County Council's:
- Safeguarding children / child protection policy⁶
 - Safeguarding adults multi-agency procedures, information and guidance⁷

13 Payment Arrangements

- 13.1 Payment will be made to the Provider for the provision of the needle exchange scheme on a monthly basis in arrears using the activity information entered onto pharmoutcomes.
- 13.2 All claims are generated automatically from the activity data entered into the Pharmoutcomes portal made available by the public health team.
- 8.3 See Appendix 1 for payment structure.
- 8.4 The Council has the right to audit a pharmacy against the claims received. Reasonable notice will be given to the pharmacy prior to the audit

⁶ www.surreycc.gov.uk/_data/assets/pdf_file/0005/254669/Safeguarding-children,-child-protection-policy-2012.pdf

⁷ www.surreycc.gov.uk/social-care-and-health/safeguarding-adults-multi-agency-procedures-and-protocols

Appendix 1 Payment for Needle Exchange in Community Pharmacy

Remuneration is based on the number of packs distributed per annum

Usage (packs distributed)	< 50 packs per annum	Between 50-200 packs per annum	>200 packs per annum
Payment	£100 annual “standby” retainer	£500 annual retainer + £1 per pack distributed over 17/month £0.50 per bin returned over 17/month £0.75 per foil	£200 annual retainer + £1 per pack distributed £0.50 per bin returned £0.75 per foil