

Public Health Agreement for Community Pharmacy Needle Exchange Level 1 Provision 1 April 2021 to 31 March 2022



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1.0. 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 people who inject drugs (PWID) in England was last estimated in 2011 at 103,185 (95% CI: 100,085 to 107,544). Work is ongoing to provide an up-to-date estimate of the number of PWID, with results expected in late 2020. There were 192,603 individuals in treatment for drug use in England 2017 to 18, 141,189 for opiate use.

1.3. Surrey County Council commission enhanced services for people who inject drugs, through the provision of needle exchange programmes in community pharmacies and specialist fixed sites within the Integrated Drug Service.

2.0. 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 Opiate Substitution Therapy (OST). NSPs may be the only contact that some people (e.g. 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 related to people who inject heroin, other opiate drugs or crack and cocaine and do not include people injecting other drugs such as anabolic steroids and other Image and Performance Enhancing Drugs (IPEDES). However, recent anecdotal reports from across the country suggest that the use of anabolic steroids and IPEDES is on the increase, particularly among young men. This is particularly evident in some areas within Surrey.

2.3. Recent publications from Public Health England (PHE), including Shooting up¹, state people who inject drugs (PWID) are vulnerable to a wide range of viral and bacterial infections, which can result in high levels of illness and death. Sharing needles and syringes is a highly effective transmission mechanism for HIV, Hepatitis B virus and hepatitis C virus. The level of needle and syringe sharing among those currently injecting psychoactive drugs has fallen across the UK, but needle and syringe sharing remains a problem. The provision of effective interventions to reduce risk and prevent and treat infections needs to be maintained. These interventions include needle and syringe programmes, opioid substitution treatment and other treatments for drug misuse and dependence.

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.

3.0. Agreement

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.

4.0. Service description

¹ [Shooting Up: Infections among people who inject drugs in the UK, 2018 - an update, December 2019 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

- 4.1. The Provider will deliver access of approved packs for Level 1 Needle and Syringe Programme provision and additional pick and mix alternatives if applicable.
- 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 Melanotan, a referral must be made to the local drug service to undertake a safer injecting assessment.
- 4.8. Any service user who requests equipment not supplied within that pharmacy must be either referred to the nearest 'pick and mix' provider or to the scheme manager to help with this request.
- 4.9. Any service user presenting with unsafe injecting techniques or other similar concerns should be, with consent referred to the local drug service.
- 4.10. The service includes provision for users of steroids and image and performing enhancing drugs (IPEDs).
- 4.11. Any young people under 18 requesting injecting equipment must be referred to the young people's specialist substance misuse service, following the [needle exchange protocol for young people in Surrey](#).

5.0. 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 immunisations, Hepatitis screening, sexual health, and primary care services.
- 5.8. To have a close working relationship with the local drug services and where appropriate facilitate referral into treatment.
- 5.9. To reduce the number of drug-related deaths associated with opioid overdose and actively encourage service users to carry Naloxone and signpost to Naloxone participating pharmacies.

6.0. 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. As part of the Healthy Living Pharmacy criteria, a consultation room shall be made available to deliver this service when appropriate.
- 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. These sharps bins are for needle exchange waste only. Please note waste

disposal is commissioned by Surrey County Council. Surrey County Council have the right to recover money from the provider for waste disposal if NEX bins are misused. It is the responsibility of the provider to ensure all staff are trained in the correct management of waste disposal in pharmacy.

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 upon request.

6.6. The provider will clearly display the national scheme logo on the shop front window or door 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 carry out a quality assurance audit and 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 stock to provide the service for one month, where storage allows. If more is required, the provider will arrange a delivery of additional stock 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 immediately.

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. It is the responsibility of the pharmacy to request this. Signposting can be done through the [healthy surrey website](#).

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 accurately on Pharmoutcomes. Each client record should be completed in full. These records must be maintained electronically via the Pharmoutcomes website in a timely manner.

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. Providers will be expected to have a sound knowledge of the full range of drugs that people may be using and to opportunistically offer brief interventions, harm reduction advice including safer injecting assessments and advice on how to prevent and manage overdose.

6.18. Surrey County Council reserves the right to give a participating pharmacy 1 months' 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.

7.0. 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 Guidelines² for further details.

7.2. Pharmacy needle exchange operating procedures will include:

² [NICE | The National Institute for Health and Care Excellence](#)

- 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 pharmacy is closed

8.0. Accreditation, training and requirements

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 pack³ plus the online 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 mandatory training events run by Surrey County Council and any update workshops and when appropriate this also includes members of the pharmacy team.

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. Attendance is expected for all update workshops or pre-arranged in store refresher training.

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. It is the responsibility of the pharmacy to let Surrey County Council know the new pharmacist has completed the required training and competent to provide the service to assure continuity.

8.5. The pharmacy should be registered as healthy living pharmacy level 1 with the RSPH.

9.0. Quality indicators

9.1. The provider has appropriate health promotion material available as advised by Surrey County Council for the service user group and the provider is able to access the [Healthy Surrey website](#) to signpost and refer on.

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 and are competent to deliver harm reduction advice.

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 pharmacy can demonstrate that the return of used equipment is discussed at each contact and that all returns are recorded on Pharmoutcomes.

9.7. The pharmacy undertakes the exchange in an area that ensures a sufficient level of privacy and safety.

³ [CPPE - Centre for Pharmacy Postgraduate Education](#)

9.8. The provider must have a policy in place that ensures that messages on Pharmoutcomes are checked regularly and actioned appropriately e.g. in the event of a drug alert issued.

9.9. 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.

10.0. Monitoring arrangements

10.1. Participating providers are expected to record accurate and specified data comprehensively, using Pharmoutcomes on the appropriate service template. Service users are to be encouraged whenever possible to complete all registration information however this must be done discreetly and the provider must be mindful not to discourage the person from using the service.

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'⁴.

10.3. By providing this public health service you agree to sharing of anonymised activity data with Surrey LPC for the purposes of service development.

11.0. 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 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.

All critical incidents must be reported to the scheme manager at the time of the event.

12.0. Safeguarding

12.1. The provider shall adopt Safeguarding Policies in compliance with Surrey County Council's:

- Safeguarding children/child protection policy⁵
- Safeguarding adult's multi-agency procedures, information and guidance⁶
- Young person's Needle Exchange Policy⁷

13.0. 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 onto the Pharmoutcomes portal made available by the public health team. If data is not entered, then claims cannot be met. Activity should be recorded on the day of the supply.

13.3. See appendix 1 for payment structure.

⁴ [Medicines, Ethics and Practice - MEP | RPS \(rpharms.com\)](#)

⁵ [Surrey Safeguarding Children Partnership Procedures Manual. | Surrey Safeguarding Children Partnership](#)

⁶ [Report concerns of adult abuse and harm - Surrey County Council \(surreycc.gov.uk\)](#)

⁷ [Needle-exchange-protocol-for-young-people-in-Surrey-2018.pdf \(surreyscp.org.uk\)](#)

13.4. 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.

Appendix 1 – Payment for Needle Exchange in Community Pharmacy

Remuneration for a transactional fee based on level of accreditation. A transaction is when a service user visits the pharmacy to obtain 1 or more packs, or a selection of paraphernalia from a pick and mix alternative during a single visit.

PHA Level of provision	Level 1
Usage (transactional)	Pharmacies offering pack provision and/or pick and mix alternatives
Payment	£1.50 per transaction £1.00 per return Low level pharmacies – (holding pharmacies for geographical coverage with low provision- < 66 packs per year) will be paid £1.50 per transaction to be claimed as and when provision made. However as holding pharmacies any difference up to £100 will be made at the end of the financial year.