

SCHEDULE 1D
SERVICE SPECIFICATION
NEEDLE AND SYRINGE PROGRAMME (NSP)

Service Commencement Date: 1 April 2013

1. INTRODUCTION

- 1.1. This Service Specification relates to the provision of a community pharmacy needle and syringe programme. The Service provided will include the distribution and collection of sterile injecting equipment and its safe disposal and the provision of a range of other harm reduction support and interventions.
- 1.2. The Service will be delivered by the Provider in accordance with this Specification and the Pharmacy Based Needle and Syringe Programme - Operational Guidelines.
- 1.3. Any contractual agreement undertaken between the Commissioner and the Provider assumes the Provider's compliance with obligations and responsibilities as set out by the General Pharmaceutical Council (GPhC) and Public Health England. In addition, any locally set clinical governance and quality standards as agreed between the Provider and Commissioner are to be adhered to.
- 1.4. For the purposes of this Service, pharmacy needle and syringe programmes are classed, by the current Department of Health (DoH) Models of Care for Treatment of Adult Drug Misusers, as a Tier 2 intervention. Providing an easily accessible public health intervention, pharmacy needle and syringe programmes and harm reduction initiatives are part of the overall wider approach to prevent the spread of blood borne disease and other drug-related harm, including drug related death.

2. EVIDENCE BASE/ BACKGROUND

- 2.1. The Commissioner is committed to purchasing services which support the objectives of the Home Office Drugs Strategy: Reducing Demand, Restricting Supply, Building Recovery: Supporting People To Live A Drug-Free Life (2010) and specifically in relation to this service, meet National Institute for Health and Clinical Excellence (NICE) public health guidance 18 Needle and Syringe Programmes: Providing People Who Inject Drugs With Injecting Equipment Requirements (2009).

3. AIMS AND OBJECTIVES

- 3.1. Key aims of service commissioning are to:
 - Discourage people from misusing drugs and enable those who wish to stop to do so;
 - Ensure that communities have access to accurate information about the risks of drug misuse;
 - Increase the safety of communities from drug related crime;

- Reduce the harm drug misuse causes to individuals and to communities;
- Reduce the accessibility and availability of drugs to young people;
- Protect communities from the health risks, and other damage associated with drug misuse, including the spread of communicable disease such as HIV, or Hepatitis.

3.2. The overall aims of needle and syringe programmes are to:

- Reduce the rate of sharing and other high-risk injecting behaviour by providing sterile injecting equipment and other support;
- Ensure the safe disposal of used injecting equipment;
- Assist the individual to remain healthy until they are ready and willing to cease injecting;
- Promote safer injecting practices, to reduce the risk of blood borne virus infection and the risk of overdose;
- Facilitate access to specialist treatment, health and social care;
- Aim to maximise the access and retention of all injectors, especially the highly socially excluded through the low-threshold nature of service delivery and interventions provided;
- Support the local Harm Reduction Service.

4. SCOPE OF THE SERVICE

Service provision

4.1. The Provider will facilitate:

- The Service User's access to a user-friendly, non-judgmental, patient-centred and confidential service;
- Distribution of injecting equipment based on Service User need;
- The provision of advice and information about safer injecting practices and to promote these practices;
- The provision of sharps bins and advice on how to dispose of needles and syringes safely;
- The provision of other legally permitted injecting equipment associated with illicit drug use (under the Misuse of Drugs 1988 Act);
- Provision and reinforcement of harm reduction messages to include information about safe use of equipment; importance of not sharing equipment; advice on switching to non-injecting methods of drug use; address any other health needs the Service User has;

- Service User's access to referral to other specialist treatment, health and social care professionals where appropriate.
- 4.2. The Provider will promote safe practice to the Service User. Pharmacists or other appropriately trained staff shall provide direct input wherever possible to promote harm reduction. Interventions shall include a clear health promotion element.
- 4.3. A care plan for individuals accessing pharmacy needle and syringe programme facilities is not required.
- 4.4. The Provider is not limited to the number of Service Users they take on at any one time as long as they can fulfil their obligations of providing a quality service to Service Users, in line with this Specification and the operational guidelines.
- 4.5. The Provider must actively encourage returns of used injecting equipment, but this shall not be a condition for accessing sterile injecting equipment.

Provider's obligations

- 4.6. The Provider will ensure the pharmacy environment and protocols are in such a condition as to be able to:
- Facilitate a quiet, discreet and confidential area where exchange and advice can take place;
 - Ensure capacity to provide information and leaflets supplied via other relevant agencies and shared care partners;
 - Ensure that standard operational procedures facilitate a 'speedy' service that limits waiting time for Service Users;
 - 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 Service User information. Providers will only share information with other health care professionals and agencies in line with any agreed information sharing protocols.
- 4.7. The Provider will ensure that all pharmacists, locums or other staff involved in delivering this scheme will:
- Treat all Service Users with dignity and respect and value their rights to confidentiality;
 - Work in partnership with key stakeholders in York, i.e. the specialist substance misuse treatment provider, the Service User;
 - Provide appropriate health information and referral to other services when required;
 - Commit to reasonable training and service development initiatives as set out in this Agreement;

- Support the Pharmacist and Provider's Representative in providing the service.
- 4.8. The Provider will ensure compliance with all legal and professional requirements.

Quality of Service

- 4.9. The Commissioner will expect evidence of the Provider's full compliance with:
- the Commissioner's clinical governance and approved quality standards arrangements;
 - other reasonable future arrangements deemed necessary as and when required.
- 4.10. All clinical governance, reported incidents and Service User safety standards in regards to this enhanced service will be monitored and audited on an annual basis by the Commissioner.

Service User eligibility for the service

- 4.11. Access to pharmacy needle and syringe programme facilities and harm reduction initiatives is voluntary and open. Wherever possible *and* appropriate, Providers should facilitate onward referrals to specialist substance misuse treatment services within their locality.
- 4.12. Individuals who are receiving prescribed medication (for example opioid substitution treatment) must not be refused access to clean injecting equipment through the needle and syringe exchange programme which shall be provided confidentially by the Provider. In such circumstances, the Provider shall encourage the individual to discuss this with their key worker.

Service User exclusion

- 4.13. Service Users may be excluded if they pose a serious risk to staff, other Service Users and members of the public.
- 4.14. Young People - All young people under the age of 16 years old should be referred on to the local young people's service so a specialist worker can assess their competency before a decision can be made about providing injecting equipment to them.

Interagency Working

Liaison with Substance Use Specific Services

- 4.15. The Provider will demonstrate appropriate working arrangements with the local Specialist Substance Misuse Treatment Service (see Appendix 1 attached).
- 4.16. The local Specialist Substance Misuse Treatment Service's pharmacy needle exchange co-ordinator will provide information and advice and will regularly and routinely engage and visit the pharmacy.

Liaison with Non-substance Misuse Key Stakeholders

- 4.17. For the Service to operate effectively it is essential that good working relationships are developed and maintained, with other complementary service providers, including local agencies such as community health and social care agencies.

5. PRINCIPLES AND STANDARDS

Principles of the Service

- 5.1. The aim of the Dignity in Care campaign, launched by the Department of Health 2006, is to put dignity and respect at the heart of all health and care services. It states that all high quality services should embody and be mindful of the 10 point Dignity Challenge:

- Have a zero tolerance of all forms of abuse;
- Support people with the same respect you would want for yourself or a member of your family;
- Treat each person as an individual by offering a personalised service;
- Enable people to maintain the maximum possible level of independence, choice and control;
- Listen and support people to express their needs and wants;
- Respect people's right to privacy;
- Ensure people feel able to complain without fear of retribution;
- Engage with family members and carers as care partners;
- Assist people to maintain confidence and positive self esteem;
- Act to alleviate people's loneliness and isolation.

Standards of the Service

Training

- 5.2. The following are training and competencies that the Provider will need to develop within the pharmacy, in order to comply with all requirements for offering a needle exchange service. All pharmacists must have an appropriate level of competency to undertake this Service.
- 5.3. The Provider is encouraged to have at least one pharmacist, involved in the delivery of the Service, who has completed the 'Substance Use and Misuse' (or successor) distance learning package, available from the Centre for Postgraduate Pharmaceutical Education (CPPE). This individual must be made known to the Commissioner.
- 5.4. The Provider shall make available to its staff team the National Pharmacy Association's resource manual on providing a needle exchange scheme. There is also a National Institute for Health and Clinical Excellence (NICE) document (PH18 Needle & Syringe Programmes Feb 2009).

- 5.5. The Provider ensures that its Representative and one other member of staff attends one DAAT-led annual training and development event per year to promote the service locally and update knowledge and skills.
- 5.6. The Provider shall ensure that staff are trained to provide the appropriate level of service. Pharmacists and their staff will adhere to the standards and practice guidance set out by the GPhC for the provision of service to drug misusers. Staff should be competent to provide information on the range of drugs injected, including heroin, cocaine, crack cocaine, amphetamines and steroids.
- 5.7. The Provider shall ensure that Pharmacists respond to all reasonable training requirements, as reasonably required, from time to time by the Commissioner.

Service management

- 5.8. Core opening hours operated by the Pharmacy for needle and syringe exchange provision shall be agreed with the Commissioner. Any specific requirements must be arranged and agreed with the Service User and marked down on the Service User/pharmacists agreement.

Service development

- 5.9. Service developments will be negotiated as required. Any generic changes will be put to the Local Pharmaceutical Committee prior to implementation.

Competencies

5.10. Information Management

- Establish and maintain appropriate information related to drug treatment services and other relevant local services.
- Correctly process documentation for the needle exchange scheme.
- Provide appropriate records for audit and evaluation.

5.11. Communication

- Provide information and advice in a manner appropriate to the needs of the Service User.
- Behave in a manner that instils confidence of others involved in the service, especially the Service User.
- Support, collaborate with, delegate to and supervise other staff in an appropriate manner for the provision of the Service.
- Use knowledge and skills effectively to facilitate learning of other staff in relation to the Service.

5.12. Personal Skills Development

- Recognise personal and professional limitations in regards to the Service.

- Identify priorities for staff training and development for the Service.
- Record learning activities in relation to the Service.

6. MONITORING QUALITY AND PERFORMANCE INDICATORS

Performance Standards

- 6.1. The Provider ensures the pharmacy has appropriate health promotion material available for the user group and displays and promotes its uptake.
- 6.2. The Provider reviews its standard operating procedures in line with the Commissioner's requirements as negotiated with the Local Pharmaceutical Committee.
- 6.3. The Provider ensures training standards are maintained as stipulated in this Agreement.
- 6.4. The Provider participates in an annual Commissioner organised clinical governance, service and contract review as deemed necessary.
- 6.5. The Provider annually facilitates Service User feedback and uses it to improve service delivery where appropriate.
- 6.6. The Provider's return rate of needles shall be at least 85% for the duration of this Agreement and will be monitored by the local Specialist Substance Misuse Treatment Service.

Monitoring of service

- 6.7. The Provider complies with the monitoring and administration requirements, keeping accurate records and forwarding them quarterly to the local Specialist Substance Misuse Treatment Service. The following information is a minimum dataset:
 - number of individuals registered at the service (registration includes initials, date of birth and postcode, gender and drugs used);
 - number of syringes issued and number returned;
 - other paraphernalia issued;
 - number of harm reduction information and advice interventions offered;
 - number reporting sharing of equipment in previous four weeks;
 - number referred on to other agencies;
 - untoward/reportable incidents.

Monitoring meeting

- 6.8. The Commissioner's representative, or designated officer, will aim to visit the Provider at least once every two years, for a formal monitoring meeting.
- 6.9. The Provider representative will have to complete a monitoring proforma and submit this at least two weeks prior to the scheduled visit.
- 6.10. Following the formal monitoring the Provider will receive a copy of the notes of the meeting, identifying areas for support and/or follow up. A copy of the notes of the meeting will be forwarded to the Local Pharmaceutical Committee.

Risk management

- 6.11. The Provider will inform the Commissioner within one working day of serious untoward incidents.

7. FINANCIAL

- 7.1. Each Provider will receive a payment of £1.60 per transaction.
- 7.2. There is an annual retainer of £300 paid quarterly.
- 7.3. Providers will need to electronically submit a monthly claim form to the Commissioner using the template supplied.

References

NHS NYY Pharmacy Based Needle Exchange - Operational Guidelines *

National Treatment Agency (NTA)(DoH) Models of Care for Treatment of Adult Drug Misusers: Update 2006*

Home Office. Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life *

National Institute for Health and Clinical Excellence (NICE) - PH18 Needle & Syringe Programmes (2009)

* as may be amended, updated or superseded from time to time

Appendix 1

Local Specialist Substance Misuse Treatment Services – Needle & Syringe Exchange Programme

Lifeline Project York

3 Blossom Street

York

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Tel: 01904 464 680