## APPENDIX A

**SERVICE SPECIFICATION**

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| Service | **Pharmacy Needle Exchange Service** |
| Commissioner Lead | **Nottingham City Council (Nottingham Crime and Drugs Partnership)** |
| Period | **1st October 2019 – 30th September 2024** |

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| 1. Purpose |

1.1 Risks Associated with PWID

Injecting drug use is associated with a myriad of health, social and economic harms to individuals, families and the wider community.

Some of the key health risks faced by people who inject drugs (PWID) include the spread of blood borne viruses and bacterial infections from sharing of needles, syringes and injecting equipment, the consequence of which is often high levels of morbidity and mortality (NICE, 2014, HM Gov 2017). Co-morbidities detrimental to health and wellbeing commonly accompany injecting drug use, including cigarette smoking, alcohol consumption, and risky lifestyle behaviours (DOH, 2017).

Problematic drug use remains a stigmatised health issue that people are often reluctant to disclose and access to appropriate health and social support can be difficult, especially for those with co-existing substance misuse and mental health conditions (HM Gov, 2017). The health risk to the public from discarded injecting equipment is considered low, however, the anxiety and nuisance it produces in local communities means that the perceived risk is considerable and contributes to the negative image of drug users (DEFRA, 2005).

1.2 Background and Evidence Base

HIV, Hepatitis C and Hepatitis B are very efficiently spread through sharing of injecting equipment and paraphernalia (HM Gov, 2017). There is good, high quality evidence that needle and syringe exchange programmes are an effective way of lowering the risks associated with injecting drug use (NICE, 2014; Turner et al 2011,).

Pharmacies have spearheaded the provision of needle and syringe exchange programmes since their inception in the late-1980s and now deliver the majority of these services (Jones et al, 2008). This sits within a programme of harm reduction approaches and community based pharmacy needle exchanges are key to maintaining the availability of sterile injecting equipment and well placed in providing a means of contact with a population who may otherwise have limited interactions with health and welfare services (HM Gov, 2017).

1.3 National Context

Hepatitis C is the most widespread blood borne virus affecting PWID (NICE, 2014). In the UK there were over 12,000 positive test results reported in 2017, with exposure data indicating around 90% of Hepatitis C infections were acquired through injecting drug use (PHE, 2018a).

National figures show that the number of PWID living with HIV and Hepatitis B remain low but that bacterial infections continue to be an issue (PHE, 2018a). The most recent Unlinked Anonymous Survey report (PHE, 2018b) shows that while needle and syringe sharing has declined in recent years in the overall population of PWID, direct sharing has increased among PWID aged 25 to 34 years.

In England, indirect measures of needle and syringe programme availability and use suggest that the vast majority of people who inject drugs are accessing these schemes (PHE, 2017) but with 1 in 6 reporting having shared needles and syringes in the last month (PHE, 2018a), there is still considerable work to do.

Geographically, problematic drug use tends to be most prevalent in areas of high social deprivation (DOH, 2017). Inadequate housing, unemployment and social deprivation are associated with poorer health outcomes, which can in turn have a negative impact on engagement and outcomes of drug treatment (PHE, 2017).

1.4 Nottingham and the East Midlands

Nottingham experiences similar levels of problematic drug use compared to other cities in England, with most recent figures estimating there to be around 2,600 opiate and crack users, a proportion of which will be injecting drug users (NCC JSNA, 2015).

Unlinked Anonymous Survey data collected on reported levels of direct and indirect needle and syringe sharing demonstrate a decline over the last decade regionally, in line with national trends (PHE, 2018c). Commonly injected drugs are heroin, crack, heroin and crack together (locally known as ‘snowballing’), amphetamines and Image and Performance Enhancing Drugs (IPEDs). There has been anecdotal information nationally about the injecting of New Psychoactive Substances (NPS), but there has been little activity in Nottingham City.

There is very little data on IPED injecting prevalence at a national or regional level but the use of IPEDs continues to be an issue of concern. IPED users often don’t identify as ‘drug users’ and therefore are less likely to seek help, support or treatment but are still faced with numerous associated health risks including blood borne viruses and cardiovascular problems, alongside health risks caused by a growing market in counterfeit substances (HM Gov., 2017).

**1.5 Aims**

The Pharmacy Needle Exchange Service will contribute towards building a healthier, safer, cleaner city by:

* Reducing the transmission and prevalence of blood-borne viruses and bacterial infections caused by sharing injecting equipment;
* Increasing the proportion of used injecting equipment that is safely disposed, in order to reduce drug related litter, and;
* Lessening harms associated with injecting drug use by providing service users with opportunistic education, advice and access to other health and welfare services.

**1.6 Objectives**

In order to fulfil these aims, the Pharmacy Needle Exchange Service will:

* Stock and supply sterile injecting equipment and paraphernalia that meets the needs of PWID;
* Provide service users with an adequate quantity of appropriate injecting equipment and not discourage secondary distribution;
* Receive used injecting equipment from service users for safe disposal and encourage service users to continue safe disposal practices outside pharmacy needle exchange operating hours;
* Educate Service Users around a range of subjects related to injecting substances, including harm reduction advice and information;
* Support efforts to spread harm reduction messages and education by asking service users to encourage other known PWID to access the pharmacy needle exchange service;
* Provide a timely, user-friendly service that is available during opening hours without an appointment to encourage ease of access;
* Recognise the importance of privacy and dignity for service users using Pharmacy Needle Exchange;
* Allow for the upskilling of pharmacists and pharmacy staff around the issues surrounding substance misuse, and;
* Use the interaction with a health professional as an opportunity to signpost PWID to services within and outside of the substance misuse treatment system, and other health services such as blood-borne virus (BBV) services.

**1.7 Outcomes**

If successful, the scheme will contribute to the following outcomes:

* An increase in the number of injections that occur with a new syringe;
* A reduction in the proportion of PWID that share needles and injecting paraphernalia with others;
* An increase in the number of PWID accessing specialist substance misuse services;
* A reduction in the harms related to injecting substances;
* A reduction in the volume of drug-related litter, and;
* Stability or reduction of the number of PWID with BBV in Nottingham City.

The Service will support the delivery against the following Public Health Outcomes Framework 2016 indicators:

* Mortality rate from causes considered preventable (PHOF 4.3)
* Mortality from Communicable Diseases (PHOF 4.8)

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| 2. Scope |

**2.1 Service User groups covered**

The pharmacy needle exchange scheme will be accessible to PWID aged 18 years and older. Nottinghamshire residents, people of no fixed abode or hostel accommodation, and people from out of area can access the Service. Non-Nottinghamshire residents **must not be refused** supply or disposal. Postcode details must be recorded accurately on the pharmacy database (see section 4). Regular contact with a service user who is resident outside Nottinghamshire should be reported to Commissioners.

**2.2 Exclusion criteria**

The Service will **not** cater for PWID under 18 years of age. Any young person that attempts to access the Service must be referred to the young people’s substance misuse treatment and family support service; CGL Jigsaw. A young people’s needle exchange procedure is currently under review and will be shared with the Provider once completed.

The Provider reserves the right to exclude a service user following inappropriate behaviour or where there is a perceived risk of violent or abusive behaviour.

**2.3 Location of the Service**

The Service must be located within the boundary of Nottingham City and delivered at the Provider’s premises.

**2.4 Essential elements to be delivered**

The Provider must ensure the following:

* The fair and non-judgemental treatment of Service Users.
* Provision of injecting equipment in line with the requirements of Service Users and the service specification. This includes ordering of equipment from the supplier (see also section 6).
* The safe disposal of used injecting equipment returned by Service Users and aim to provide a sharps bin with each transaction (see also 3.1.4).
* A clean, safe and confidential space for needle exchange transactions to occur.
* Service Users are provided with adequate information from staff about opening times, needle exchange, treatment for substance misuse, BBVs, vaccination, overdose prevention, harm reduction and signposting to services related to substance use, where required.
* The safeguarding of Service Users, vulnerable adults and children associated with the Service User, staff and the general public, and;
* Written information is provided to Service Users about a range of subjects related to substance use, as above.
* There is an expectation that the Provider will notify Commissioners of any instance where the needle exchange scheme is not available during full pharmacy opening hours.
* The Provider will display a needle exchange sticker (provided by Commissioners) in the window of the pharmacy and advertise online, as a minimum, to promote the service.
* The Provider is required to make reasonable adjustments to the service, in line with Equality Act 2010.

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| 3. Service Delivery |

**3.1 Service description**

Pharmacy needle exchange Providers will form part of the wider substance misuse treatment system in Nottingham City and Nottinghamshire County.

**The primary intention of the Service is to provide clean injecting equipment and paraphernalia to PWID in a safe and informed way, to encourage Service Users to return used equipment and to accept used equipment ready for disposal**.

The Provider will also be required to provide basic harm reduction advice around safer injecting, overdose, BBV transmission and treatment, sexual health, and other general health queries, should they arise. If the Provider is unable to provide advice on these subjects, they will be required to signpost Service Users to external services (see section 5).

**The Providers of this Service will not be expected to provide advice on injecting technique, preparation of substances for injection, and wound care beyond the existing expectations of the pharmacist through their core community pharmacy role. If required, Providers should signpost Service Users to Nottingham Recovery Network (NRN), or should ask for advice from the pharmacy link worker at The Health Shop.**

3.1.1 Models

The Provider will have the option to apply for one of two schemes, as follows:

**Level 1** – the Provider will deliver all essential elements of the service above by providing a range of injecting equipment in pre-approved **packs** (see section 6). The Provider of this model will be required to have storage facilities for large boxes and space for a small number of each pack within the designated needle exchange area.

**Level 2** – the Provider will deliver all essential elements of the service above in providing a range of pre-approved injecting equipment and related paraphernalia in a **‘pick and mix’** format. “pick and mix” is the model to describe the dispensing of individual items of injecting equipment, instead of pre-packaged equipment.

The Provider of this model will be responsible for having a more in-depth knowledge and understanding of injecting and the equipment and will be able to provide information and advice to Service Users.

The Provider of this model must have space for the full range of individual injecting equipment within the designated needle exchange area, as well as space for boxes of equipment.

3.1.2 Take Home Naloxone

There is an additional opportunity for Providers to partake in the Take-Home Naloxone Pilot. This pilot has been introduced with the aim of reducing drug-related deaths due to overdose. The Provider will be given the option of delivering this service as part of the accreditation, (see Section 9 for more details). This will be discussed with Providers at a later date.

3.1.3 New Presentations to the Service

In the event of a new Service User accessing the Service (or if the Service User has not presented within the previous 12 months), the service user must be (see Section 7).

The form will encourage an effective, professional relationship, allowing the pharmacy staff member to assess the Service User’s needs. The assessment must be done in a confidential and welcoming setting within the pharmacy.

3.1.4 Issuing equipment

Providers must abide by the following rules when delivering needle exchange transactions:

* The number of packs/quantity of injecting equipment service users can request should not be limited and should reflect the service users need and level of injecting activity. . Non-returns should not affect the provision of equipment.
* The Provider should ensure adequate stock levels at all time.
* Providers should not discourage Service Users from taking equipment for other people (secondary distribution) but should ask them to encourage those people to also use the Service themselves.
* Service Users must be able to return used injecting equipment and must be allowed to return large quantities of used injecting equipment. **Returning of used equipment should ALWAYS be encouraged. It is the responsibility of the Provider to challenge repeat non-returners.** Commissioners will provide training on how to accept returned sharps or what to do with a needle stick injury, at no cost to the Provider.
* Providers must give Water for Injection (WFI) upon request. This should be appropriate to the amount of injecting equipment distributed.
* Needle Exchange transactions must be done in a confidential environment; this can include a consultation room, behind a screen, or cordoned-off area.

It is not uncommon for Service Users on a supervised script to also be accessing needle exchange. **Unless there is serious concern about the Service User, access to the needle exchange provision should be entirely confidential and must not be reported to the prescriber.** The exception to this is where the pharmacist has the permission of the patient to do so.

It is good practice for the pharmacist to engage the patient in a discussion regarding risk management to ensure all harm reduction options have been addressed (such as overdose awareness and provision of naloxone, where available). It will also encourage the patient to agree to the pharmacist communicating with the prescriber about current difficulties identified, to facilitate maximum support for the patient (DOH, 2017).

**3.2 Joint-working**

Nottingham Crime and Drugs Partnership (CDP) currently commissions a number of services that form a substance misuse treatment system. These services deliver a range of prescribing, psychosocial, and harm reduction interventions. It is imperative that the Provider has an awareness of these services in order to provide information to Service Users wishing to access a structured intervention.

Should there be any major concerns about safeguarding (see section 3.3), it is imperative for the Provider to report these to the Children and Families Direct (see section 5 for contact information).

All incidents should be reported through the Provider’s internal reporting mechanisms and to the Commissioner by email, phone or through the pharmacy database (see section 4).

Nottingham Recovery Network and The Health Shop will provide support to pharmacies by offering advice and literature around substance use and harm reduction. Local services will also deliver training events, organised by Commissioners, to support pharmacy staff. It is the responsibility of the pharmacy to utilise these resources, including attending training, and to have good communication and relationships with the services.

Providers should ensure that there is relevant advice and information displayed and available for Service Users to take away. This should include information on local treatment services. Providers should also display any relevant campaign literature (e.g. health promotion campaigns) or drug alerts produced by local services or CDP. The pharmacist is expected to replenish its supplies of leaflets/written information by contacting local services (see section 5), when required.

3.2.1 Community Pharmacy Champions

In order to disseminate information and updates relevant to Pharmacy Needle Exchange. Commissioners will roll out a ‘Community Pharmacy Champions’ scheme from the start of the contract.

Community Pharmacy Champions will be part of a distribution list and will be responsible for disseminating information given by Commissioners and substance misuse services, as required, to other members of staff in the Pharmacy. They will also be able to access specialist training sessions hosted by Commissioners and other partnering organisations.

As well as an effective mechanism for the dissemination of information, it is a chance for pharmacy staff to develop further skills and knowledge in an area in which they may have a particular interest.

Pharmacies will need to provide the name and contact details of their nominated Community Pharmacy Champion (if there is one) in their application.

Pharmacy champions must be selected in line with the Equal Opportunities Act 2010.

**3.3 Safeguarding**

Safeguarding is a statutory requirement of all healthcare professionals and organisations.

The Provider must have policies and/or standard operating procedures in place for safeguarding children, and vulnerable adults and adhere to children and vulnerable adults safeguarding procedures, as detailed below.

The Provider must ensure that pharmacy staff are trained to identify all safeguarding concerns. Where there are Domestic and Sexual Violence or Abuse (DSVA) concerns, the Provider must:

* Make referrals into the appropriate agency (See section 5) where it is suspected that there is a need for additional support for the family or child, or there is a child protection issue (including where DSVA has been identified);
* Ensure that pharmacy staff are able to identify possible DSVA indicators with Service Users, their families/carers and dependents. As a minimum, the pharmacy staff will be able to seek advice from DSVA services and follow up any actions and;
* Engage with Domestic Homicide Reviews, where required.

The Provider must ensure that all appropriate safeguards are undertaken to ensure Service Users are not put at risk. The Provider must competently and carefully manage potential safeguarding risks.

The Provider will ensure all staff are trained and fully competent to a level appropriate to their role and abide by national and local guidance and legislation on safeguarding children and vulnerable adults. This should include understanding safeguarding referral procedures and referral pathways to social care by reading and understanding the ‘Interagency Safeguarding Children’ procedures of the Nottingham City Safeguarding Children Board (NCSCB), which can be found at:

<http://nottinghamshirescb.proceduresonline.com/>

As the Service has contact with Service Users on a potentially more frequent basis than other healthcare professionals, it is important for Providers to be aware of and record any deterioration of physical or mental wellbeing of the Service User. Any significant changes must be reported to the prescriber/keyworker/GP, or to adult social care, as appropriate. Any reports (unless there is a safeguarding risk) must be submitted with the consent of the Service User.

3.3.1 Safety of staff, service users and public

Due to the nature of the scheme, and equipment required, it is essential that extra care is taken when undertaking needle exchange transactions.

It is recommended that all staff members are given the opportunity to have a course of Hepatitis B vaccinations. If a staff member refuses the vaccination, this must be recorded for audit purposes.

The Provider must have an up-to-date procedure for dealing with aggressive/violent incidents. This procedure must be available to all staff members.

The pharmacy must have adequate space to store packs of needles ready for distribution. The pharmacy must also have space to store yellow sharps bins full of used equipment; this can be up to 10 bins, but the average is 3. All sharps bins are 22 litres.

The pharmacy should have a confidential space for needle exchange transactions to occur; this space should have an adequate and safe place for returned, used equipment to be put into the larger yellow sharps bin. The designated needle exchange area must be safe for staff members, allowing for quick escape, or panic alarms.

**3.4 Governance**

In addition to the Provider’s internal governance structures, the Provider must adhere to the following requirements. *The requirements below are to be used in addition to the Provider’s own processes and procedures and are not intended to replace them.*

3.4.1 Serious incident reporting and drug-related deaths

Serious incidents are defined as ‘any event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public’ which includes:

* Unexpected or avoidable death of one or more patients, staff, visitors or members of the public.
* Serious harm to one or more patients, staff, visitors or members of the public or where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm (this includes incidents graded under the NPSA[[1]](#footnote-1) definition of severe harm).
* A scenario that prevents or threatens to prevent a Provider organisation’s ability to continue to deliver healthcare services, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.
* Allegations of abuse.
* Adverse media coverage or public concern about the organisation or the wider NHS/Local Authority.

**The Provider must notify the Commissioner immediately if any of the above incidents occur. This should be done by submitting a report on the pharmacy database incident reporting function, via email or phone call.** If there are any uncertainties around incidents, please contact the Commissioner (see section 5).

The Commissioner may undertake further investigations into incidents reported. For example, in Nottingham there is a well-established Confidential Inquiry Review Group (CIRG) that reviews Drug Related Deaths and a Pharmacy Governance Group in which incidents are reviewed to form learning points and reduce the likelihood of repeat incidents. In circumstances where there is a drug-related death/serious incident the Provider will notify the designated investigating confidential inquiry review officer (currently located within the CDP), and the contract manager and provide any information requested to assist in the review process within the given time scales.

In addition to serious incidents and deaths, the following instances – regarding the Service – must be reported to Commissioners by the pharmacy database, email or phone:

* Any safeguarding cases
* Patient safety incidents
* Health and safety incidents
* Staff assaults
* Patient assaults
* Medication / prescribing incidents
* Suicide / serious self-harm
* Child sexual exploitation
* Modern slavery
* DSVA concerns
* Data breaches

*3.4.1.1 – Exclusion from Service*

If a Service User’s behaviour is detrimental or damaging to the Service, the building, staff members, or members of the public within the Pharmacy, the Provider reserves a right to refuse access to the Service. **This is the only instance where a Provider may refuse injecting equipment upon request from a Service User.** Should this occur, the Service User should be signposted to another pharmacy needle exchange service.

3.4.2 Data Protection (GDPR)

To fulfil the requirements in the General Data Protection Regulation (GDPR), the Provider must be fully compliant with the following:

* The Provider must ensure that the data subject (Service User) is aware of the legal basis on which their data will be collected and processed. In order to collect the data, they must sign a consent form (see section 7). If the Service User choses not to provide their information, an anonymous transaction may be inputted.
* The data subject must be given details of the Privacy Notice. *This should be the Provider’s internal Privacy Notice, and Nottingham City Council’s Privacy Notice (*<https://www.nottinghamcity.gov.uk/privacy-statement>)*.* A copy of this Privacy Notice can be seen in section 7.
* Data must NEVER be shared with any party unless there are safeguarding concerns (See 3.3)
* If information is being transferred to a third party, with the explicit consent of the data subject, it must be done so in a secure way.
* Data must be stored securely and retained for a period of time determined as appropriate by the Provider. Once the retention period has been reached, the data must be destroyed safely and securely.
* **All data breaches must be reported to the Information Commissioner’s Office (ICO) within 24 hours. In addition, the Provider must notify the Commissioners within the same period.**

3.4.3 Standard Operating Procedures (SOPs)

The Provider must have SOPs for the following subjects:

* Provision of Needle and Syringe Exchange
* Safeguarding
* Whistle-Blowing
* Complaints
* Needle-stick injury
* Dealing with aggressive/violent incidents

The SOPs must be up-to-date, reviewed regularly, easily accessible to staff and read by all members of staff operating the needle exchange element.

3.4.4 Workforce Development and Training

The Provider must ensure that all staff members that deliver the needle exchange provision within the pharmacy have had the appropriate level of training, as follows:

* At least one face-to-face training session (set up by Commissioners) every two years.
* CPPE training in understanding substance use and level 2 safeguarding.
* Completion of any e-learning modules specified by Commissioners.
* Supervision by an experienced member of staff within the pharmacy at the start of their experience.
* Providers will be given reference materials at the start of the contract which will enable staff to understand the equipment being given out, what it is used for and how to give information to Service Users about it.
* Pharmacy champions must be released from duties for specialist training sessions, as provided by the Commissioner.

It is the responsibility of the Provider to ensure all staff delivering this Service receive the training above and any further training deemed necessary by the Provider, e.g. how to handle sharps correctly, and what to do in the event of a needle-stick injury.

3.4.5 Health and Safety

The Service Provider shall:

* Ensure they (and any sub-contractors) deliver their services in accordance with the Health and Safety at Work etc Act 1974 and all associated health and safety legislation, and landlord responsibilities. This should include, but not be limited to, the management of premises where the services are carried out, and operation of any associated equipment.
* Ensure they (and any sub-contractors) are competent to carry out their services (including health and safety duties), as detailed above.
* Ensure they (and any sub-contractors) comply with the statutory requirements listed below. The Commissioner shall retain the right to request this information at any time. Upon this request, the Service Provider shall provide the necessary information within 5 working days.
* H&S Policy & Arrangements
* Risk Assessments (relevant to the contract).
* Asbestos management plan
* Fire risk assessment and log book/record of tests
* Legionella risk assessment and log book/record of tests
* Certificate of the fixed electrical installation
* Record of portable electrical appliance tests
* Gas safety certificate
* Lifting Operations & Lifting Equipment certificates
* Work equipment inspections
* Site inspection reports
* H&S complaints/accidents/incidents reports and investigations

In addition to this, the Provider must have a comprehensive Needle-Stick Injury procedure that is accessible to all staff working in the pharmacy.

3.4.6 Equality of Access and Feedback

The Provider must ensure all staff members and management are compliant with the Equality Act 2010, and any legislation that supersedes it. This must apply to all aspects of Service delivery, recruitment and incidents/complaints.

The Provider must ensure that, in addition to a Complaint Policy, there is a clear pathway for Service Users to make complaints and for the complaints to be dealt with effectively.

Service users can help provide insights, expertise and access into the needs and requirements of their communities. The Provider must support Commissioners to undertake activities around Service User feedback.

3.4.7 Contract Compliance

The Commissioner will visit the pharmacy at least once per year to conduct a contract compliance visit. This will allow Commissioners to assess the Provider’s ability to fulfil the requirements within this contract. The Commissioner reserves the right to utilise ‘mystery shoppers’ as part of the contract compliance mechanism.

The details of the contract compliance visit will be sent to the Provider once the visit date is confirmed.

3.4.8 Social Value

Nottingham City Council is keen to ensure that our supply chain contributes as much as possible to the overall wellbeing of our citizens. It is therefore expected that the provider will seek to secure wider social, economic and environmental benefits through the delivery of this service.

The provider is expected to add social value in Nottingham through (but not limited to):

*Social*

* Managing the service in a way that minimises the negative impact on the local community
* Encouraging the correct, and safe disposal of injecting equipment to reduce the risks of needle stick injury to members of the public, other service users, staff members and animals (pets)

*Economic*

* Preventing costs to other services such as health (particularly emergency health services), police and probation services
* Providers are encouraged to sign up to the Nottingham Business Charter (Appendix A)

*Environmental*

* Take steps to minimise any adverse impacts of the services delivered on the environment for example through:
	+ Ensuring that services accessible by public transport to reduce the impact of transport and associated carbon emissions in the City
	+ Reducing waste and maximising opportunities to recycle
	+ Encouraging the correct, and safe disposal of used injecting equipment

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| 4. Monitoring Requirements and Payments |

**4.1 Monitoring**

In order to process payment, it is necessary for Commissioners to receive information about and proof of the transactions that occur within the needle exchange scheme. The safest and most secure way of doing this is to input the data onto a secure online system whereby Commissioners can access the data without relying on systems such as post or email. In addition, invoices are created automatically through the portal which reduces administrative burden on pharmacists when calculating invoices.

All Providers will have access to a database (which is paid for and commissioned by Commissioners) and must attend training as part of the induction and when deemed necessary by Commissioners. In addition, the Provider may access any further training upon request.

Providers will be required to input the following information onto the pharmacy database system[[2]](#footnote-2):

* Consent, as follows[[3]](#footnote-3):
	+ ‘*The sharing of anonymous information with participating services and agencies’*
	+ *‘The sharing of anonymous statistical reports with participating services and agencies’*
	+ *‘The sharing of anonymous quality assurance reports with participating services and agencies’*
* Reference ID (Initials, DOB)
* Gender
* Partial postcode to 4/5 digits (e.g. NG1 2, NG11 2) *or* NFA (No Fixed Abode), COUNTY (Nottinghamshire only), or OUT OF AREA (All other areas)
* Item dispensed
* Number of bins returned
* Any observational notes
* Serious and untoward incidents

As a result of the inputting of this information, Nottingham City Council is able to produce invoices automatically and pay Providers within 30 days of the date on the invoice.

**Providers are not required to submit invoices to Commissioners but must ensure that their BACS information is complete, correct and sent to Commissioners at the start of the contract.**

In order to process payment, Providers must input all data for a quarter onto the pharmacy database by the 11th day of the month following the quarter, as below:

* Q1 (April-June) – 11th July
* Q2 (July-September) – 11th October
* Q3 (October-December) – 11th January
* Q4 (January-March) – 11th April

**If transactions are not inputted by the dates above, Providers may not be paid for the activity they have completed.**

For each transaction, payments will be made per transaction, as below:

For Providers delivering model 1, £1.50 will be paid per transaction.

For Providers delivering model 2, £2.00 will be paid per transaction.

No ‘retainer’ fee is available for this Service.

Commissioners have contracted with an organisation that will provide injecting equipment, and another to provide sharps disposal, and so:

* The Provider will not be responsible for the payment of equipment.
* The Provider will not be responsible for the procurement of a sharps disposal service – this will be provided by Nottingham City Council.

It is the responsibility of the Provider to inform the Commissioners of any change to BACS details, change in parent company, or pharmacy manager.

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| 5. Contacts |

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| Bethan Hopcraft | Commissioner for community pharmacy substance misuse services - Nottingham Crime and Drugs Partnership | 0115 8765073/0115 876 5706bethan.hopcraft@nottinghamcity.gov.uk orAlison.cain@nottinghamcity.gov.uk |
| CDP Incidents | Email incidents to this email address. Email any queries regarding incidents to this address | Incidents.cdp@nottinghamcity.gov.uk |
| Children and Families Direct | Safeguarding portal for Nottingham City | 0115 876 4800 |
| Nottinghamshire Sexual Violence Support Service  | Formally ‘Nottinghamshire Rape Crisis’ – counselling for sexual violence survivors | 0115 941 0440 |
| Sexual Assault Referral Centre – The Topaz Centre | First point of contact for recent rape survivors | 0800 085 9993 |
| Equation  | Domestic Violence support for Nottingham City residents | 0115 9623 237 |
| Nottingham Recovery Network | Integrated Drug and Alcohol Treatment Service for over 18s | 0800 066 5362 |
| The Health Shop | Provide specialist advice for service users and professionals around injecting, blood-borne viruses and sexual health. | 0115 844 1855 |
| CGL Jigsaw | Young People (Under 18) treatment service for substance use and misuse and family support. | 0115 948 4314 |

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| 6. Equipment and Disposal |

**6.1 Equipment**

NCC has a contract with an organisation who will supply Pharmacies with injecting equipment.

The Pharmacy is responsible for stock control within the Pharmacy and for ordering injecting equipment. The Pharmacy must ensure that there is sufficient injecting equipment in line with the model of pharmacy needle exchange that they are providing.

The organisation that supplies the injecting equipment will notify the Pharmacy of how to order equipment. They will also deliver training to Pharmacy needle exchange staff on the range of equipment and the Pharmacy is required to ensure that staff who will be providing needle exchange attend this training.

The following equipment will be made available to Service Users accessing the pharmacy needle exchange provision:

***Level 1 – packs***

1ml Red Pack

1 x 0.2 litre sharps container

5 x 1ml fixed syringes (29G)

5 x citric acid sachets

5 x sterile prep spoons

5 x pre-injection swabs

*Intended for people injecting heroin/crack in superficial veins such as the arm or the back of the hand.*

1ml Blue Pack

1 x 0.2 litre sharps container

5 x 1ml syringes

5 x citric acid sachets

5 x sterile prep spoons

5 x Long Blue 23G 1¼” needles

5 x pre-injection swabs

*Intended for people injecting heroin/crack into femoral, superficial, brachial veins or groin area*

1ml Purple Pack

1 x 0.2 litre sharps container

5 x 1ml syringes

5 x citric acid sachets

5 x sterile prep spoons

5 x Long Orange 25G 1” needles

5 x pre-injection swabs

*Intended for people injecting heroin/crack into femoral, superficial, brachial veins or groin area*

 2ml Green Pack

1 x 0.45 litre sharps container

10 x 2ml syringes

10 x pre-injection swabs

10 x Short Orange 25G ⅝” needles

*Intended for people injecting amphetamine*

 Orange Steroid Pack

1 x 0.45 litre sharps container

10 x 2ml syringes

10 x Long Blue 23G 1¼” needles

10 x Long Green 22G 1½” needles

10 x pre-injection swabs

*Intended for people injecting oil-based steroids into muscles. It is, however, acknowledged that people will use items from this pack for femoral/groin injecting.*

Yellow Sports Pack

10x 1ml fixed syringe

10x pre-injection swabs

1x 0.2 litre sharps container

*Intended or people injecting subcutaneously, usually Image and Performance Enhancing Drugs such as melanotan.*

In addition, the Provider will supply the following equipment:

* 0.2l sharps bins, (as specified in section 2)
* Sterile water for injection (5ml plastic ampoules)
* Vit C acidifier sachets
* Prenoxad Kits (where the Provider has applied for the Naloxone element of the contract)

There is the potential for Commissioners to introduce ‘single use packs’ which include one set of injecting equipment.

 **It is the responsibility of the Provider to ensure all packs are available to service users at all times.**

***Level 2 – pick and mix***

Pharmacies delivering the enhanced “level two” scheme should have access to the following equipment on their ordering account:

*Sharps bins:*

* 0.2l bins
* 0.45l bins
* 0.6l bins
* 1l bins

*Needles:*

* 1ml 29G fixed syringes (identifiable)
* Short Orange (25G x 5/8”)
* Long Orange (25G x 1”)
* Short Blue (23G x 1”)
* Long Blue (23G x 1 1/4”)
* Short Green (21G x 1”)
* Long Green (21G x 1 1/2”)

*Barrels:*

* 1ml syringe
* 2ml syringe

*Additional:*

* Vit C sachets
* Citric Acid sachets
* Water for Injection – 5ml Plastic Ampoules
* Foil
* Prenoxad Kits (where the Provider has applied for the Naloxone element of the contract)
* Plastic Bags

**It is the responsibility of the Provider to ensure that all equipment is made available to service users at all times.**

**6.2 Disposal**

Commissioners have entered into an arrangement with Nottingham City Council’s Hazardous Waste Management Team to ensure equipment is collected on a regular basis.

Commissioners will dictate schedules for this at the start of the contract and will share with the Provider; if this is excessive or insufficient, Providers must contact Commissioners to arrange a more appropriate collection schedule.

The Provider is not responsible for financing the collection of hazardous waste for disposal.

The Provider is not responsible for the procurement of a disposal function.

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| --- |
| 7. New Service User Consent Form and Code of Conduct |

In order to ensure that Service Users are aware of their rights and responsibilities, Commissioners have devised an agreement for the Provider to use with Service Users. There is also a consent form and privacy notice for the Provider to go through with the service user; the notice give details of how the service user’s data will be used. The Provider must ensure that, where possible, the data is collected with explicit consent of the service user.

The privacy notice contains the legal basis on which the council will process data; information for inputting onto the online pharmacy database. The Provider will be required to gain explicit consent from the service user for recording their data. The Provider can use the consent form below. In addition to this, the Service User must give verbal confirmation of understanding their responsibilities in line with the agreement.

The Commissioner understands that it may not be possible for this to be completed with every Service User, but every effort should be made to do so.The discussion around the agreement can act as a way to introduce the service user to the pharmacist/pharmacy staff member and enable conversation.

The privacy notice, consent form and agreement can be seen below. Copies can be provided by Commissioners or printed from the pharmacy database (once this is live). The privacy notice will also be displayed on the Nottingham City Council website.

Copies of the agreement and privacy notice can be given to service users or displayed in the needle exchange area of the pharmacy.

Service User Agreement

|  |  |  |
| --- | --- | --- |
| **You must:** | **The Pharmacy staff will:** | **Why?** |
| Treat the pharmacist and their staff with respect.  | Treat you with respect and confidentiality. | The pharmacy worker is there to help you and the staff will respect you if you respect them. |
| Always attempt to return used equipment in the sealed sharps containers given to you. | Remind you to try and bring back used equipment. Accept all used equipment if it is in a sealed sharps container. | This is to encourage equipment to be disposed of correctly. Discarded needles are a hazard to members of the public, children and pets, i.e. dogs.  |
| Ask for help if you need it | Attempt to answer your questions or direct you to somewhere that might know the answer. | The pharmacy worker wants to make sure you are safe and healthy. They can only help you if you let them know what you need. |
| Be aware that the pharmacist may have to pass on necessary information about you to other professionals.  | Inform you if they feel it appropriate to pass on necessary information to other professionals. Provide health information and education to support you during your involvement. | The pharmacist wants to help you gain increased independence and social acceptance by supporting you. |
| Only take the equipment that you need.  | Advise you on the best equipment to take, based on your need.  | Taking equipment that you don’t need, or won’t use, will cost unnecessary money. This could have an impact on future services.  |

Service User Consent Form

To provide this service, we need to gather certain information from you. We will need:

1. Your initials and date of birth (to use as an identifier),
2. You gender
3. A partial postcode (e.g. NG1 1, or NG11 1)

These will be kept by the pharmacy and entered onto an online database.

The database is used to generate invoices and allow commissioners to analyse the anonymous data.

Your data will not be shared with other organisations or people unless there are concerns about your wellbeing or safety.

Your data is only accessed by us and the commissioner for the purpose above.

By signing below, you agree to the statements (please tick, as desired):

I, (ID code)……………………………………………….. consent to the following:

🞏 The sharing of anonymous information with Nottingham City Council (commissioners) for the purpose of generating invoices and statistical reports.

🞏 The sharing of statistical reports with other organisations to assess the effectiveness of the needle exchange provision.

🞏 The sharing of anonymous quality assurance reports with participating services and agencies.

Signed……………………………………………….. Date…………………………

|  |  |
| --- | --- |
| **Privacy Notice for the collection, recording and processing of data for pharmacy needle exchange services** |  |
| **Nottingham City Council****Information Compliance** |
| **Crime and Drugs Partnership****Strategic Commissioning****Strategy and Resources****06/2019**  |

Nottingham City Council currently commissions a number of pharmacies to deliver needle exchange, with the aim of reducing harms caused by injecting drugs. The aim of the service is to ultimately reduce the spread of blood-borne viruses (hepatitis, HIV, etc.), and provide a place for service users to access information and advice from a healthcare professional.

We will use the information provided by you for the purpose of generating statistical reports and invoices for pharmacies.

The legal basis under which the Council uses personal data for this purpose is that this is necessary for the performance of a task carried out in the public interest by the Council and for the prevention of crime through fraudulent behaviour. The only information we ask for from you is your initials; date of birth; gender and a partial postcode.

You are not obliged, either by statute or by contract, to provide the information that is requested here.

The information that you have provided will be kept for 6 years.

Information about Council functions and the legal basis on which it uses information to carry them out can be found at <http://documents.nottinghamcity.gov.uk/download/5939>.

The Data Controller is Nottingham City Council, Loxley House, Station Street, Nottingham NG2 3NG.

The Data Protection Officer is Naomi Matthews. You can contact the data protection officer at the above address or at data.protectionofficer@nottinghamcity.gov.uk.

The new data protection law known as the General Data Protection Regulation provides for the following rights as prescribed by the legislation:

* A right to request a copy of your information
* A right to request rectification of inaccurate personal data
* A right to request erasure of your data known as ‘the right to be forgotten’
* A right to in certain circumstances to request restriction of processing
* A right in certain circumstances to request portability of your data to another provider
* A right to object to processing of data in certain circumstances
* A right regarding automated decision making including profiling

Please note that if you are unhappy with a decision regarding the handling of your data you have the right to complain to the Information Commissioner’s Office at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF. See also the Information Commissioners website at <https://ico.org.uk/your-data-matters/> .

For more information about these rights please refer to our detailed privacy statement at <https://www.nottinghamcity.gov.uk/privacy-statement> .

**Process for Needle Exchange Transactions**



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1. ‘What is a Patient Safety Incident?’ – NSPA (http://www.npsa.nhs.uk/nrls/reporting/what-is-a-patient-safety-incident/) [↑](#footnote-ref-1)
2. Data will be collected and processed under the legal basis of crime prevention, please see privacy notice in section 7 for more information. [↑](#footnote-ref-2)
3. This will be documented in the ‘new service user’ consent form. If service users chose not to give consent for this, they will be recorded as ‘anonymous’ service users. [↑](#footnote-ref-3)