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| **Service Specification No.**  | **2** |
| **Service** | **Community Pharmacy Needle and Syringe Programme (NSP)** |

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| **1. Population Needs** |
| **1.1 National/local context and evidence base****National Context:**Drug misuse is a major source of harm in our local communities resulting in a range of harm including drug related crime and anti-social behavior, deliberate self-harm, suicide, and short and long-term damage to physical and mental health, harm to unborn babies, child neglect and early mortality, as well as increased risk taking in sexual behavior. Many accidental injuries and road traffic accidents are attributable to substance misuse, and it is linked to negative effects on the economy and incalculable misery for individuals and families.The Governments [From Harm to Hope Drug Strategy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf) (2021) sets out a ten year drugs plan to cut crime and save lives delivering a world class treatment and recovery services that aims to:* Reduce overall drug use
* Reduce drug related crime
* Reduce drug related deaths and harms
* Reduce the levels of drug supply
* Improve recovery outcomes
* Increase engagement in treatment

The government aim to boost the sectors health professional workforce and expand evidence-based treatments and interventions which include needle syringe programmes. A local outcomes framework has been implemented by the Office for Health Improvement and Disparities to provide key information to monitor local performance and activity against the key objectives outlined within the National Drug Strategy. People who inject PWID who inject are vulnerable to a wide range of health harms increasing levels of morbidity and mortality including blood borne viral infections, bacterial infections and overdose. HIV, HBC and HCV are transmitted through sharing needles syringes and other injecting equipment.NSP harm reduction provision was reduced during the COVID-19 pandemic. Data from the UAM Survey enhanced COVID-19 questionnaire indicate that access to harm reduction services across EWNI continued to be impacted by the COVID-19 pandemic in 2021, with 15% of participants reporting greater difficulties accessing equipment for the safer use and/or injection of drugs when compared to 2019.The data below, taken from the recent ‘Shooting Up’ report highlights national figures relating to people who inject drugs (PWID). It is anticipated that a successful Needle and Syringe Programme will reduce the harm and reduce risky behaviours associated with PWID, particularly in the sharing of syringe equipment.

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| **Area** | **Category** |  | **2017** | **2018** | **2019** | **2020** | **2021** | **Further information** |
| England | *Indirect sharing self-reported by people initiating drug treatment*  | *%* | *13* | *13* | *13* | *13* | *12* | [NDTMS(further information here)](https://www.ndtms.net/) |
| England, Wales & Northern Ireland | *People who are currently injecting drugs* | ***%*** | *17* | *16* | *17* | *18* | *18* | [UAM Survey of PWID (further information here)](https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring) |
| *People who are currently injecting drugs aged under 25 years* | ***%*** | *20* | *25* | *20* | *23* | *17* |
| *People who are currently injecting drugs and who first injected during the preceding 3 years* | ***%*** | *20* | *21* | *18* | *18* | *14* |
| England, Wales & Northern Ireland | *People who are currently injecting drugs* | ***%*** | *38* | *38* | *39* | *36* | *39* | [UAM Survey of PWID (further information here)](https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring) |
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*Source: Public Health England, Shooting Up report. Available from:* [*https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk*](https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk)From 01/07/2022 to 30/06/2023 Pharmacy Needle Syringe Programmes provided 57% of all NSP services across Knowsley with 77% of separate visits being for Pharmacy Needle Syringe Programmes across service users. **Local Context:**The latest prevalence estimate available from Office for Health Improvement and Disparities, produced by Liverpool John Moores University (based on 2016/17 data), indicates that Knowsley had a 15–64-year-old population of 95,572 and has an estimated total number of 1,145 Opiate and Crack Users (OCUs)(with a 95% confidence interval of between 853 –1,421). Therefore, it is estimated that per thousand of the population Knowsley has 12.0 OCU’s compared to the national average of 8.9 OCU’s per thousand of the population. Ambition for addressing unmet need for treatment will be determined locally, in the context of an integrated approach to alcohol and drug harm and any broader local public health strategy.

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|  | **Estimated Number of Users** | **Rate per thousand of the population** |
| **OCUs** | 1,145 | 11.98 |
| **Opiate** | 969 | 10.14 |
| **Crack**  | 646 | 6.76 |

**Unmet need for Opiate and/or crack users (OCU) within Knowsley:**

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| **Unmet need** | **2017/18 (%)**  | **2018/19 (%)**  | **2019/20 (%)**  | **2020/21 (%)**  | **2021/22 (%)**  |
| Not in treatment (% is a point estimate) | 52 | 53 | 55 | 56 | - |
| In treatment (% is derived from a point estimate) | 48 | 47 | 45 | 44 | - |

Unmet need data across OCU in Knowsley provides prevalence estimates of the number of opiate and/or crack users that are in need of specialist treatment and the rate of unmet need gives the proportion of those not currently in treatment. Prevalence data of OCU users past 2016/17 are not available yet the rate of unmet need figures between 2017/2018 -2020-21 have been estimated using the available OCU 2016/17 prevalence estimates.**Currently, in Knowsley injecting behaviour as of 2021/22 is as follows:**

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| **Injecting Behaviour as a proportion of those in treatment** |
|  | Knowsley (%) | England (%) |
| **Never previously injected:** | 90 | 83 |
| **Previously injected** | 7 | 11 |
| **Currently injecting** | 3 | 6 |

*Source: NDTMS***Knowsley Injecting behaviour Adult Profiles: New Presentations**A screenshot of a computer  Description automatically generated*Source: NDTMS*Translated to a count of total numbers, in the Knowsley treatment population there are:* Never previously injected:384
* Previously injected: 29
* Currently injecting: 13

The relatively low numbers should be however approached with caution as there are limitations on self-reported data. Localised monitoring systems suggest that despite low self-reported injecting status recorded on NDTMS, this may not be translated to practice. In addition, there are cohorts of PWID who do not access treatment as well as injectors of performance and image enhancing drugs (PIEDs) who are likely to access pharmacy-based Needle Syringe Programmes (NSPs).People who inject drugs (PWID) constitute a vulnerable group who are at an elevated risk of contracting and transmitting several blood borne viruses (BBVs), including HIV, hepatitis B and hepatitis C. This can transpire through various risk behaviours, such as needle reusing and sharing needles, and unprotected sex – activities that have declined in recent years but still remain a significant problem. PWID are also more likely to encounter acute bacterial infections, following poor care of injection wounds. Furthermore, PWID are often exposed to socioeconomic inequalities and poor physical and mental health. Such experiences among PWID are exacerbated by unemployment, inadequate nutrition, stigma, social isolation and crime, leading to increased morbidity and mortality.In Merseyside there is evidence to suggest that the number of individuals injecting opiates and stimulants, such as heroin or cocaine respectively, is decreasing. Concurrently, injectors of performance and image enhancing drugs (PIEDs), such as anabolic steroids, are increasing. As a public health challenge, injectors of PIEDs tend to engage in risky behaviour, such as sharing equipment, yet don’t necessarily identify themselves as being ‘typical’ drug users, i.e., those taking psychoactive substances like heroin or cocaine, and may need additional support.Consequently, different Service Users are likely to have unique needs for equipment, information and approaches to engagement. It is therefore important to understand how PWID are able to effectively, or ineffectively, access and utilise appropriate harm reduction services, including Needle and Syringe Programmes (NSPs).In England, NSPs are provided by specialised drug services, as well as increasingly in local pharmacies, and are credited for their provision of safe and clean equipment to PWIDs. While their practices are informed by NICE guidelines (NICE, 2014), NSPs aim to encourage PWID to reduce risky behaviours and avoid dangers of overdose. From a public health perspective, NSPs further aim to minimise harm to the general public, including health professionals, who may be at an increased risk of infection when being exposed to contaminated needles and unprotected flesh.People who inject drugs using contaminated equipment (for either the preparation or injection of their drugs) are at risk of contracting – and transmitting – blood-borne viruses such as HIV, Hepatitis B and Hepatitis C. They are also at risk of a range of other infectious diseases and injection-site infections.**1.2 Background information**Section 12 of the Health and Social care Act 2012 required local authorities in England from 2013 to take responsibility for improving the health of their local populations through the provision of a range of public health services and interventions including alcohol and drug treatment services. Local authorities have increased responsibility for commissioning and funding high quality drug and alcohol services that aim to reduce harm, engage populations into treatment and supports long term recovery.National Institute for Clinical Excellence (NICE): <https://www.nice.org.uk/guidance/ph52> National Scheme Logo: The following logos should be made visible within the pharmacy setting:NEXContact leanda.spence@Knowsley.gov.uk (07385944968) for additional supplies**1.3**  **Training** **The pharmacist must satisfy the requirements of the CPPE self-declaration of competence “Needle and syringe programme” and complete a declaration of competence which can be located** [**here**](https://www.cppe.ac.uk/services/docs/needle%20and%20syringe%20programme%20%28nsp%29.pdf).Suggested training which will support pharmacies deliver this service: The Provider is required to ensure that all pharmacists and pharmacy technicians are fully compliant when providing NSP services and have the relevant qualifications, registrations and completed relevant Centre for Pharmacy Postgraduate Education (CPPE) declaration of competence. CPPE e- learning which supports this declaration includes:[Substance use and misuse (July 2021)](https://www.cppe.ac.uk/programmes/l?t=Substance-E-02&evid=53231): CPPE e-Course[Substance use and misuse (2023): CPPE](https://www.cppe.ac.uk/programmes/l?t=SubstanceEC-A-03&evid=56790)- e- Assessment [Addiction, misuse and dependency (June 2017)](https://www.cppe.ac.uk/programmes/l?t=Addict-E-02&evid=53098)**: *A focus on over-the counter and prescribed medicines:***CPPE e-learning module **Other training suitable for all staff** <http://www.frontiersharpsafety.com/> - Training modules <http://www.ipedinfo.co.uk/index.html> - Information and videos for training on Steroid Injecting |
| **2. Key Service Outcomes** |
| See aims and objectives below. |
| **3. Scope** |
| **3.1 Aims and objectives of service**To reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment. To do this the objectives include reducing harm caused by injecting drug use and provide:* advice on safer injecting practices
* advice on minimising the harm done by drugs, including image- and performance- enhancing drugs
* advice on how to avoid and manage an overdose
* information on the safe handling and disposal of injecting equipment
* access to blood-borne virus testing, vaccination and treatment services
* help to stop injecting drugs, including access to drug treatment (for example, opioid substitution therapy) and encouragement to switch to safer drug taking practices
* To maximise the access and retention of all injectors, especially the highly socially excluded.
* To help Service Users access other health and social care services and to act as a gateway to other services (e.g., key working, prescribing, Hepatitis B immunisation, Hepatitis and HIV Screening, Primary Care Services etc).

**3.2 Service description/pathway****3.2.1 Service description**The Authority will provide the needles, syringes and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The frequency of waste collection will be agreed to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.The Provider will provide access to sterile needles and syringes, and sharps containers for return of used equipment and associated materials (for example condoms, citric acid and swabs) to promote safe injecting practices and reduce transmission of infections by Service Users. The Provider will provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck.The Provider will offer a user-friendly, non-judgmental, Service User centred and confidential service. The Provider will ensure that Service Users receive adequate supplies which may include sufficient quantities to allow for secondary distribution. However, the Provider will encourage Service Users to promote direct access and further engagement for those in receipt of secondary supplies.Used equipment should be returned by the Service User for safe disposal in sharps bins. If equipment is not returned, this should not restrict further supply, but the Provider must encourage safe practice and the return of supplies.The Service User will be provided with appropriate health promotion materials.The Provider will provide support and advice to the Service User, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.The Provider will promote safe practice to the Service User, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.**3.2.2 Procedure for supply of needle and syringe exchange materials**1. Health Care Assistant or outreach worker to check in with pharmacies on a monthly basis.
2. If the pharmacy requires items for the needle exchange, Health Care Assistant or Outreach worker will fax order to Frontier Medical Group.
3. Health care assistant will assure pharmacy liaison is maintained on a quarterly basis in form of face-to-face drop in.
4. The address of the pharmacy will be put on order form, for direct delivery to the pharmacy.
5. Pharmacies should monitor their stock usage over each month in order to estimate their stock requirements for the following month. Although adequate levels of stock should be maintained, in order to avoid stock becoming out of date, pharmacies should avoid over ordering.

For further information contact Catherine.Shaw@cgl.org.uk or telephone 0151 546 9557 /0151 482 6291.**3.2.3 Procedure for collection of needle and syringe exchange materials**The Provider is required to fill out the attached ‘Clinical Waste Pre-Acceptance Audit’ form. This is a legal requirement and must be re-submitted every five years.The Provider will return this form to the Councils Waste Management Service using the following email address: - WasteandRecycling@knowsley.gov.ukOn acceptance, the provider will contact the service using the same email address or by calling 0151 443 2831 to arrange collections as and when required. Collections are provided on Friday only and a minimum of 48 hours’ notice is required. **3.3 Population covered**This is an open access service.**Population data collection & Information Sharing** The Provider is required to ensure that wherever possible, for all clients attending the NSP that the relevant PharmOutcomes form is completed which will include: -* Date of supply
* Postcode
* Initials
* Gender
* Date of birth
* Number of and detail of the NSP equipment provided
* Number of sharps bins returned
* Brief harm minimisation and health promotions delivered

Non-provision of this information should not prevent a patient from accessing a NSP service.* Internet access must be available for input of data onto PharmOutcomes.
* This is excepting in circumstances were withholding information or seeking the service user’s permission to share may put others at risk (e.g., in certain Child Protection or Safeguarding situations).

Pharmacists promote and facilitate referrals to additional sources of support and advice needed, including provision of pathways into e.g specialist substance misuse treatment services, primary care, dentistry, sexual health, mental health and outreach, homeless and hostel services. **3.4 Any acceptance and exclusion criteria and thresholds**None.**3.5 Interdependencies with other services**None.**3.6 Any activity planning assumptions**None.**3.7 Invoicing & Payments*** In order to comply with data collection and invoicing requirements pharmacies will ensure that each exchange is recorded on the Pharmoutcomes system.
* Pharmacies are responsible for keeping service user records up to date via Pharmoutcomes.
* A payment of £2.10 will be made to the Provider for a transaction of one or more items exchanged.
* Pharmacies are eligible to claim a £35 monthly retainer fee for providing needle and syringe programme provision locally.
* Invoices for the previous month’s exchange activity will automatically be generated through the Pharmoutcomes system on the 7th day of each month. It is the pharmacy contractor’s responsibility to ensure that all activity is recorded on Pharmoutcomes prior to this date.
* Payment will be made via BACS to the bank account details provided.
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| **4. Applicable Service Standards** |
| **4.1 Applicable national standards e.g., NICE**The Provider will follow best practice via NICE Guidance PH52 relating to Needle & Syringe exchange services - <https://www.nice.org.uk/guidance/ph52> **4.2 Applicable local standards*** Pharmacists delivering the service are required to complete a self-declaration of competence via the Centre for Pharmacy Postgraduate Education (CPPE).
* An up to date declaration of competence can be found here: [https://www.cppe.ac.uk/services/docs/needle%20and%20syringe%20programme%20(nsp).pdf](https://www.cppe.ac.uk/services/docs/needle%20and%20syringe%20programme%20%28nsp%29.pdf) and must be completed by the pharmacy taking part in the programme at least every two years
* The provider should consider access to flu vaccination for this vulnerable cohort.
* The Provider reviews its standard operating procedures and the referral pathways for the service every two years.
* The Provider will ensure that Staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. The Provider will maintain competencies and ensure records of all trained staff are held for audit purposes.
* The Provider will further direct Staff delivering on this service to complete training modules via <http://www.frontiersharpsafety.com/> and refer to [National Public Health Guidance](https://www.gov.uk/government/publications/treating-substance-misuse-and-related-harm-turning-evidence-into-practice/services-for-image-and-performance-enhancing-drug-iped-users-turning-evidence-into-practice)  on services for image and performance enhancing drug users.
* The Provider must demonstrate that Staff involved in the provision of the service have undertaken training relevant to this service.
* The Provider will participate in any audit of service provision.
* The Provider must ensure a sufficient level of privacy and safety.
* The Provider will ensure that Staff are aware of and operate within local protocols.
* The Provider will ensure that Staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place. For information and a short training on needle stick injuries please visit <http://www.frontiersharpsafety.com/training/needlestick-injury-12/>.
* The Provider must maintain appropriate records to ensure effective ongoing service delivery and audit.
* Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
* The Provider must display the national scheme logo indicating participation in the service in a prominent position.
* The Provider must actively promote the service.
* The Provider must ensure that staff are able to access immunisation for Hepatitis B.
* The Provider will share relevant information with other health care professionals and agencies, in line with appropriate confidentiality principles.
* The Authority will provide details of relevant referral points which Staff can use to signpost Service Users who require further assistance.

The Authority will ensure that annual training sessions for Needle Exchange are made available to Staff. If you require additional training, please contact: leanda.spence@Knowsley.gov.uk (07385944968) |