**SERVICE SPECIFICATION**

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| **Service Specification No.** | N/A |
| **Service** | Needle and syringe programme in community pharmacies |
| **Commissioner Lead** | Jayne Hardman |
| **Provider Lead** | Various |
| **Period** | 01.04.24 – 31.03.26 plus one |
| **Date of Review** | January 2026 |

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| **1. Population Needs** |
| **1.1 National context**  The National Drugs Strategy contains two overarching aims to reduce illicit and other harmful drug use and increase the numbers recovering from their dependence through reducing demand, restricting supply and building recovery in communities.  **1.2 Local context**  Halton’s Drug Strategy sets out the local response to the National Drug Strategy. Data from the local Strategy reveals that:   * Halton has a significant burden of risk factors associated with starting to take drugs. * The Hepatitis B vaccination rate in Halton for intravenous drug users is lower than regional and national rates. * The majority of people accessing drug treatment services are males aged between 20 and 49 with heroin being the most common drug used.   In response to Audit Commission reports which highlighted that users experience complex and interrelated social and psychological problems, Halton developed a one stop shop approach at Ashley House, Widnes where drug users are able to access a wide range of support services.  Community pharmacists are ideally placed to link in with the specialist Needle and Syringe Programme (NSP) in Halton to meet the need of injecting drug users for clean injecting equipment within an agreed and structured protocol.  A valuable supportive relationship often develops between the pharmacist and the patient. Regular contact allows the pharmacist to monitor patient compliance and offer advice and responses on apparent issues for concern. The pharmacist thus has an important role to play in advocating treatment and as a result may contribute to the patient’s treatment journey. |
| **2. Outcomes** |
| The service will contribute to one of the key aims of Halton’s Drugs Strategy to prevent and reduce harmful drug use and the priority to improve individual physical and mental wellbeing. |
| **3. Overview** |
| **3.1 Scope**  This contract relates to the provision of a Needle and Syringe Programme (NSP) within community pharmacy in Halton.  **3.2 Aims and objectives of service**  The aim of the scheme is to reduce the transmission of blood borne viruses and other infections caused by sharing injecting equipment. Whilst NSPs assist in the reduction of harm to people who inject drugs, they also ultimately can benefit wider society by reducing the prevalence of blood borne viruses and also reduce the risk to the general public and makes public areas safer e.g. children’s play areas.  The NSP will reduce harm to drug users and offer them opportunities to be referred into other forms of treatment which could support them to abstain from drugs altogether.  The NSP needs to be considered as part of a comprehensive substance misuse strategy that covers prevention, treatment and harm reduction.  There are many ethical issues and social values associated with NSPs. They are not attempting to condone drug use, as many may assume. The government broadened its approach to drug use in the late 1980s, moving from an emphasis on abstinence to advocating harm reduction. This aims to protect society against the effects of drug use to some extent (including crime and anti-social behaviour) and reduce the harm associated with injecting drugs. It is also possible to operate a NSP as mobile or outreach services.  The objectives of the service are to:   * Assist service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support; * Protect health and reduce the rate of blood-borne infections and drug related deaths among service users by:   + Reducing the rate of sharing and other high risk injecting behaviours;   + Providing sterile injecting equipment and other support;   + Promoting safer injecting practices; and   + 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); * Improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment; * Help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate; * Maximise the access and retention of all injectors, especially the highly socially excluded; * 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.   **3.3 Population covered**  The service will be made available to users **aged 16 and over**. Those under 16 years of age will be referred to specialist services as high priority cases.  **3.4 Any acceptance and exclusion criteria and thresholds**  The service is available to injectors, meeting the age criteria above, including steroid users but special attention should be given to:   * Service users who are not in touch with other drug and alcohol misuse treatment services. * Injectors who have characteristics associated with high risk injecting practices. * Poly-drug users (including use of opiates, stimulants, benzodiazepine and alcohol). * People with severe drug dependence. * Frequent injectors. * People who have spent time in prison, especially those released from prison. * People who spend more time with other injectors. * Homeless people or people in substandard or insecure accommodation. * Those with a sexual partner who is an injector. * Injectors who have to travel to other areas to receive clean injecting equipment.   The purpose of a needle and syringe programme is to ensure that injecting drug users have clean equipment, rather than sharing with others and reusing equipment. Providing clean and safe equipment is not only in the interests of the injecting drug user, but it also benefits wider society by reducing the prevalence of blood borne viruses.  The clients engaging in a needle and syringe programme are doing so because they understand the risk associated with injecting drugs. Attending a pharmacy on a regular basis can be a real effort for some clients and therefore they need to be treated with respect and in the same manner any other patient in the pharmacy would be.  **3.5 Interdependencies with other services**  This service will complement those offered by Community Substance Misuse Services and will run along the lines of National Guidance based on the original advice issued by the NHS Management Executive in July 1992, reference EL 92 49.  Where the user is not accessing any other form of treatment staff will be given guidance around referral and advice for clients, either wishing to access some drug treatment, or wanting advice for an injection site wound.  **3.6 Any activity planning assumptions**  The contracted pharmacy (herein known as the service provider) will have in place robust systems for the identification, mitigation and management of clinical and non-clinical risk.  The service provider will offer a user friendly, non-judgemental, client centred and confidential service. |
| **4. The Service** |
| **4.1 Service Description**  The service provider will provide access to sterile needles and syringes, and sharps containers for return of used equipment.  Used equipment is normally returned by the service user for safe disposal.  The service user will be provided with appropriate health promotion materials.  The service provider will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.  The service provider will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.  **4.2 Service pathway**  New Clients – When a ‘new’ client comes into the pharmacy for equipment, a trained member of the pharmacy team should:  Show the client to a quiet and discreet area where they can talk without being overheard.  Introduce themselves and explain which members of staff are trained and involved in the scheme.  Go through any health promotion leaflets with the client, explaining the service on offer, and other services that they can access through the pharmacy (including referrals into other drug treatment services).  Encourage the clients to disclose their Drug of Choice – data provides information on patterns of drug use and enables commissioning of appropriate services.  Explain that if the client has any health concerns they wish to talk to the pharmacists about, they are more than welcome to do so.  Explain that the pharmacy can offer as a guide, 30 needles per transaction and that they should return their used equipment in the bin supplied to your pharmacy for disposal. The service user should be asked to disclose any issue they may have with returning the used equipment at any time. Returns should be made in sharps bins provided.  Explain that the pharmacy can make a direct referral into treatment agencies and, if they should want this service, to ask a member of the pharmacy team for ‘screening and referral’.  Advise the client if there are any times during the day which would make it difficult to do an exchange i.e. busy lunch times etc. At all other times staff will endeavour to give their full attention and quick service. Advise clients alternative providers of the service which can be obtained from your commissioner.  Set up a quiet and discreet area where needle exchange clients can go in the pharmacy.  If the client wishes to see the pharmacist, they should be directed to the consultation room or private area and the pharmacist should be informed immediately.  Provide equipment in the bags supplied, taking care to respect the client’s right to privacy by being discreet.  At least one bin must be offered with every transaction and as a guide, 30 needles should be provided per visit. Pharmacy staff should use their discretion on increasing numbers of needles provided, taking into consideration; Bank Holidays or special circumstances for the client, and, client’s willingness to return the used works.  The quantity of needle and syringes provided should NOT be subject to an arbitrary limit but instead should meet the client’s needs.  When a client presents with used equipment, the client should be taken to the large yellow sharps container where they can deposit of their used equipment. Pharmacy staff must not touch the used equipment.  If it is not possible to take the client to the sharps container then the sharps container should be retrieved from its storage place by pharmacy staff and taken to the client. The container should be carried by the handle and held away from the body.  Where possible, used equipment should be encased in a personal sharps container.  There must be a ‘Chaperone’ sign on display in the consultation area. The chaperone policy applies to both the client and the staff.  Should any member of the pharmacy team at any time feel unsafe in providing the service, the pharmacist should be consulted who can then support their member of staff.  Hands should be washed after each return.  Should the client not return their used equipment to the pharmacy, they should NOT be turned away or limited with their supply. Instead, ask where their used equipment have been disposed of and encourage them to use the pharmacy for this purpose next time.  Ensure clients are provided with sharps bins and advice about how to dispose of needles and syringes safely.  **4.3 Quality Indicators**  The service provider must demonstrate a relevant quality assurance standard to Halton Borough Council (HBC) or will work towards achieving such a standard within an agreed timescale.  If requested the service provider must participate in audits of service provision or any locally agreed Council lead assessment of service user experience. All pharmacies will be given advance written notice of quality assurance visits.  The service provider should have appropriate health promotion material available for the user group and promotes its uptake. Health promotion material can be obtained from Halton’s Health Improvement team and Change, Grow, Live (CGL).  The service provider must review its standard operating procedures and the referral pathways for the service every two years.  The service provider must maintain up to date Centre for Pharmaceutical Postgraduate Education (CPPE) self-declarations of competencies for community pharmacies in Needle and Syringe Programmes and make these available to HBC on request.  The service provider must be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken appropriate 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(nsp).pdf)**.**  The service 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 includes:  <http://www.frontiersharpsafety.com/> - Training modules  <http://www.ipedinfo.co.uk/index.html> - Information and videos for training on Steroid Injecting  If requested the service provider must participate in an annual HBC organised audit of service provision.  It is the responsibility of the service provider to keep up to date with changes in guidance and keep abreast of any local or national issues relating to the needle and syringe provision service. |
| **5. Applicable Service Standards** |
| **5.1 Applicable national standards (e.g. NICE)**  NICE Guidance PH52 Needle and Syringe Programmes replaced Public Health guideline 18 in March 2014. The guidance makes the following recommendations in relation to community based needle and syringe programmes:   * Ensure staff who distribute needles and syringes are competent to deliver the level of service they offer. As a minimum, this should include awareness of the need for discretion and the need to respect the privacy and confidentiality of people who inject drugs. It should also include an understanding of how to treat people in a non-judgmental way; * Ensure staff have received health and safety training, for example, in relation to blood-borne viruses, needlestick injuries and the safe disposal of needles, syringes and other injecting equipment; * Ensure hepatitis B vaccination is available for staff directly involved in the needle and syringe programme; * Ensure staff are aware of, encourage and can refer people to, other healthcare services including drug treatment services; * Ensure staff offer wider health promotion advice, as relevant, to individuals; * The service provider must comply with the following quality standards; * Standards for registered pharmacies as set out by the General Pharmaceutical Council; * Quality standards set out by NHS England.   The service provider must comply with the requirements of the Equality Act 2010, and will not treat one group of people less favourably than others because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, sex or sexual orientation.  **5.2 Applicable local standards and terms of service**  The service provider will operate and provide a service in accordance with this specification unless altered/changed by agreement with the service commissioner. This will be mutually agreed with the service provider in advance.  A contract agreement will be signed by the service provider (Head Office in the case of multiples) and will be subject to operational and performance review by Halton Borough Council. The service provider will be given advance written notice of quality assurance visits.  Locum pharmacists must be prepared and trained to provide the service in accordance with the service specification.  Staff involved in the delivery of the service must have a clear understanding of harm reduction and the aims and objectives of the service.  Staff involved in the delivery of the service must be clear with service users with regards to rules/regulations within that pharmacy and have informed them of the consequences of not adhering to these rules. |
| **6. Obligations** |
| **6.1 Responsibilities of the service provider**  The area of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety and meet other locally agreed criteria.  Participating pharmacies should display the needle exchange unit to show that they operate the service. This is provided by CGL.  The service provider has a duty to ensure that staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.  The service provider has a duty to ensure that staff involved in the provision of the service are aware of and operate within local protocols, subject to change authorised by Commissioner.  The service provider will ensure that if the pharmacy has locum cover, that the locum pharmacist clearly understands the practices within the Halton footprint on needle and syringe exchange and adheres to the particulars of this specification, subject to change authorised by Commissioner.  The service provider should ensure that their 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.  The service provider should 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.  Staff involved in the delivery of this service should be offered immunisation for Hepatitis B.  Staff will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.  Issues of 1ml, 2ml or 5ml packs will be made free of charge from participating pharmacies.  All clients of the scheme will be offered and supplied with appropriate personal sharp containers and instructed to use these for the return of used equipment. (Please refer to ‘no returns’ guidance).  Returns should be received in Personal Sharps Containers from the client. These are to be placed in an approved sharps bin in a designated area of the pharmacy, not being in the dispensary or shop public area.  In exceptional circumstances when clients return unprotected equipment, the client under the personal supervision of the pharmacy staff should place this into an appropriate sharps container in the pharmacy.  Service providers will keep records consistent with the Confidential Monitoring Data Proforma.  The service provider will maintain a signposting file which contains contact details for relevant services and suppliers, referral forms, health promotion leaflets and other information relevant to the delivery of the service including advice on safer injecting and identification of injection site wounds etc.  Service providers are encouraged to appoint a member of staff to act as a Substance Misuse champion who will take the lead for stock control, invoicing, managing waste, maintaining the signposting file, attending training courses and training and supporting new staff and locums in the delivery of the service.  **6.1.1 Professional responsibility**  All pharmacy staff involved in providing this service must adhere to their professional code of conduct and at no point does this service abrogate their professional responsibility, professional judgement must be used at all times.  It is the professional’s responsibility to practice only within the bounds of their own competence.  The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.  **6.1.2 Standard Operating Procedures**  The service provider will develop a Standard Operating Procedure (SOP) which specifically details the operational delivery of this service.  The service provider must ensure that all staff including those other than pharmacists, involved in the provision of the service, have relevant knowledge, are appropriately trained and operate within the SOP, this includes sensitive client centred communication skills.  The SOP will be reviewed at least every two years or before if circumstances dictate. Each review should be documented and the SOP/protocol subject to version control. Staff delivering the service must be trained in the SOP and a training record held by the provider.  Changes to procedure must be highlighted within the SOP for special attention.  The service contractor must ensure that there are systems in place to make locum pharmacists aware of the enhanced service.  Locum pharmacists and trained staff should operate under the same procedures and protocols as a pharmacist and must have completed the appropriate training to deliver this service.  **6.1.3 Service provision and continuity**  It is the responsibility of the service provider to have a process in place which ensures that all new staff and locums are aware of all enhanced services provided by the service provider and commissioned by HBC and must maintain continuity of service during and after staff changes.  **6.2 Responsibilities of Halton Borough Council (HBC)**  Provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. Any queries regarding the waste disposal service should be made to the Commissioner in the first instance. The frequency of waste collection should be agreed to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.  Use the appropriate IT system for the recording of relevant service information for the purposes of audit and the claiming of payment.  Provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.  Obtain health promotion material relevant to the service users and making this available to pharmacies in Halton.  Distribute lists of participating pharmacies to Drug/HIV, sexual health agencies and to Hospital Accident and Emergency departments on an annual basis. |
| **7. Training and Competency** |
| In order to deliver the service on behalf of Halton Borough Council community pharmacists must:   * Be registered with the General Pharmaceutical Council (GPhC); * Be working in a pharmacy contracted to NHS England; * Provide the service from premises located within the administrative boundary of Halton Borough Council; * Ensure that staff involved in the delivery of the service have undertaken appropriate training; * Ensure that pharmacists complete and satisfy the requirements of the Self-Declaration of Competence for Community Pharmacy for Needle and Exchange Programmes every three years or sooner if appropriate; * Ensure that staff have received additional appropriate training relating to health and safety, data protection and basic drugs awareness; * A staff training log must be available for inspection, by arrangement;   It is the service provider’s responsibility to ensure that the staff they employ are trained and competent to provide the service. Staff should not provide the service until trained (see training and competency above). |
| **8. Welfare** |
| Where there are concerns about the welfare of any person aged 0 to 18 within the pharmacy setting and/or accessing the service appropriate immediate action must be taken to address those concerns by following the Safeguarding pathway.  Additional information on Child Safeguarding procedures can be found at:  <https://hcypsp.haltonsafeguarding.co.uk/>  <https://hcypsp.haltonsafeguarding.co.uk/procedures-guidance/>  If there are concerns about the welfare of someone over the age of 18 pharmacists are required to contact Halton Borough Council on 0303 333 4300 (this will be picked up by the Emergency Duty Team if outside of normal office hours) or if there is an immediate threat to safety or wellbeing the pharmacist should contact the Police. |
| **9. Significant Event Reporting** |
| The service provider must have an adverse incident and near miss reporting system in place which includes maintaining a log of patient safety incidents.  The service provider should be able to demonstrate that it has learnt from an event.  Halton Borough Council reserves the right to undertake its own root cause analysis if it feels that the root cause is derived from the implementation of the service specification, protocol or PGD.    Patient or staff safety incidents or near miss incidents related to this service must be reported to public.health@halton.gov.uk. |
| **10. Complaints** |
| The service provider must have a complaints procedure that complies with Local Authority Social Services and National Health Service complaints (England) Regulations 2009.  The service provider should inform clients connected to this service of their right to complain to Halton Borough Council. Information shall be provided to the client in order for them to access the Council’s complaints procedure.  Complaints directly linked to this service must be reported to Halton Borough Council. Any complaints must be sent to public.health@halton.gov.uk. The Council reserves the right to directly investigate complaints about the service. In such cases the service provider will co-operate with the investigating officer giving full access to all relevant documents, files and information and will allow them to interview any personnel in the pharmacy’s employment or agent in order to carry out their investigation effectively. This will be agreed prior to investigation by the pharmacy lead. |
| **11. Equality and Diversity** |
| The service provider must comply with the requirements of the Equality Act 2010, and will not treat one group of people less favourably than others because of their Age, disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Religion and belief, Sex, Sexual orientation.  It is the responsibility of the service provider to make reasonable adjustments to meet the individual needs of their patients. |
| **12. Health and Safety** |
| The service provider shall comply with the requirements of the Health and Safety at Work Act 1974, the management of health and safety at work regulations 1999 and any other acts, regulation, orders or rules of law pertaining to health and safety. |
| **13. Freedom of Information** |
| The commissioner and the commissioned service provider recognize that this service specification and/or associated recorded information may be subject to Freedom of Information Requests (FOI). Each party shall comply with any such Freedom of Information requests received, in accordance with the Freedom of Information Act 2000 legal obligations. |
| **14. Required Insurances** |
| * Employers Liability - £10m minimum * Public Liability - £5m minimum * Professional Indemnity - £5m minimum |
| **15. Data Requirements and Record Keeping** |
| The service providerundertakes that they shall:  (i) Keep all information concerning service users confidential.   1. Provide a consultation area as defined in the community pharmacy contractual framework. 2. Comply with the requirements of all legislation relevant to the service and in particular with the Data Protection Act 2018, Human Rights Act 1998 and Freedom of Information Act 2000.   Halton Borough Council may require the service providerto supply it with any relevant information required to carry out monitoring and evaluation of the service. Any service user information supplied can be anonymised where appropriate and will not be used for any purpose other than monitoring, evaluation and validation. |
| **16. Performance Monitoring** |
| The service provider will have an NHS dispensing contract with NHS England and must fully comply with the National Pharmacy Contract regulations for delivery of Essential Services.  Halton Borough Council retains the right to audit any part of the service provided by the service provider or the accredited pharmacist at any time to ensure continued quality.  Halton Borough Council reserves the right to ask for evidence from the service provider that it is following the procedures outlined in this specification including anonymised patient records where appropriate.  The service provider will co-operate with Halton Borough Council led assessment of service user experience or audit of the service in order to evaluate service provision and identify areas for service improvement.  Halton Borough Council reserves the right to evaluate other health professionals’ perception of the overall quality of the service.  Changes to the level or quality of the service will not be introduced without prior agreement between the commissioner and the service provider. Changes will be authorised in writing. |
| **17. Fees for Providing the Service** |
| **Payments**   * A payment of £1.80 will be made to the Provider for a transaction of one or more items exchanged. * Pharmacies are eligible to claim a £30 monthly retainer fee for providing needle and syringe programme provision locally.   Halton Borough Council shall be entitled to suspend payment and/or vary the amount of the payment if it considers the pharmacy has committed a serious breach of the Agreement and shall forthwith notify the pharmacy in writing accordingly.    The service and payment may be varied or discontinued if a change in Halton Borough Council service priorities is required either by changes in legislation or by other circumstances. Any changes made will be mutually agreed between the commissioner and service provider.  **17.1.2 Payment arrangements**  In all cases payment will be made monthly in arrears from the data you will have entered on PharmOutcomes, PharmOutcomes is an online reporting mechanism.. All claims are subject to the validation of data input and authorization from a certifying officer.  **17.1.3 Terms of payment**  The only sums payable to the Provider for the provision of the Services shall be the Contract Price. All other costs, charges, fees and expenses of whatever kind arising out of or in connection with the Agreement shall be the responsibility of the Provider. |