**Lot 3 Needle Exchange Programme - Sterile Works from Oxfordshire Premises**

**Schedule 1 Specification**

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| **Service** | **Needle Exchange Programme - Sterile Works from Oxfordshire Premises (SWOP)** |
| **Council Lead** | **Kate Holburn – Head of Commissioning, Drugs and Alcohol** |
|  |  **1st April 2022-31st Mar 2026** |

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| **1. Population Needs** |
| * 1. **National context and evidence base**

The national approach to substance misuse is set out in the 2017 Drugs Strategy which places an emphasis on ‘maintaining the availability of injecting equipment through needle and syringe programmes, including through non-specialist outlets’[[1]](#footnote-1), to prevent blood borne virus infections. The National Institute for Health and Clinical Excellence (NICE) Public Health Guidance PH52: Needle and Syringe Programmes[[2]](#footnote-2), published in March 2014 promotes optimal provision of needle and syringe programmes (NSPs) and recommends the provision of community pharmacy-based needle and syringe programmes.Needle and syringe programmes (NSPs) supply all equipment used to prepare and take illicit drugs. The programme has two overarching aims: * To reduce the transmission of blood-borne viruses (BBVs) including hepatitis C, and other infections caused by sharing injecting equipment,
* To reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment such as opioid substitution therapy (OST).

NSPs may be the only contact that some people, for example those who inject performance and image-enhancing drugs [PIEDs], have with health services. NSPs in England are based across a range of services. The latest data from the Oxfordshire Treatment Information System on injecting status of new presentations to treatment in 2020-21 indicates that 6.6% of individuals using opiates were currently injecting, compared to 3% and 1% in the non-opiate and non-opiate and alcohol clients respectively.**Sharing of injecting equipment: people who inject psychoactive drugs**The level of needle and syringe (direct) sharing reported by participants in the UAM Survey has **declined** from **28%** in 2005 to 20% in 2019, although in recent years, from a low in 2012 of 14%, the level has begun to increase again (Public Health England[[3]](#footnote-3)). Throughout the 2005 to 2019 period, direct sharing levels were higher among women than men; in 2019, 25% of women reported direct sharing compared with 19% of men. The 2021 Dame Carol Black Review of Drugs[[4]](#footnote-4) Part 2, has made recommendation which include a focus on better training for professionals working in the drug treatment system, especially in co-morbidities of people who are dependent on drugs, whether that be physical or mental health co-morbidities. * 1. **Local Service provision**

Oxfordshire County Council currently commission around 38 Pharmacy sites to deliver an NSP, known locally as the SWOP scheme, across Oxfordshire under the Dynamic Approved Provider List (DAPL). Currently, there is an additional needle exchange facility available at a homeless centre in Oxford city.The Council commissions the supply of a range of needle exchange packs for distribution to Service Providers providing this service and commissions regular waste collection from Service Providers’ premises of used ‘works’ –i.e. sharps’ waste. The contract for this pack supply to and waste collection from the Service Provider premises is currently held by Orion Medical Supplies Ltd, and this element of the SWOP Service is provided at no cost to Service Providers. There is also a specialist needle exchange provided by the Community Alcohol and Drug Service, currently provided by Turning Point, at each of their locality hubs located in Oxford, Banbury, Didcot and Witney. These specialist needle exchange services provide a more extensive needle exchange service including pick and mix items, harm minimisation support, training and provision of naloxone and is run by Turning Point. The Council commissions General Practitioners’ to provide a Drug Misuse Shared Care Service for people with opiate addiction, supported by the Community Alcohol and Drug Service, provided by Turning Point, and issues a Shared Care Guidance document, which includes guidance for pharmacies in Oxfordshire who are commissioned to provide Supervised Consumption[[5]](#footnote-5).**1.3 Social Value Considerations**The Sterile Works from Oxfordshire Premises (SWOP) programme addresses priorities which disproportionately affect socially disadvantaged communities in Oxfordshire. These include prevention of blood borne viruses and supporting individuals to make choices to reduce the harms caused to themselves, their families and the wider community – such as safer injecting practices, reduction in injecting site wounds and abscesses, as well as a reduction in needle stick injuries to the general public, resulting from discarded needles. The programme also raises awareness of drug treatment services and drug related health campaigns such as dental health.Through the prevention of blood borne viruses and improving individuals’ health in the longer-term, the SWOP programme should improve the economic and social well-being of Oxfordshire by keeping individuals healthier for longer and consequently decreasing demand on health and social care services. |
| **2. Scope**  |
| **2.1 Key Service Aims** The principle aim of the SWOP service is to provide a harm reduction intervention which:* Reduces transmission of blood borne viruses by substance misusers;
* Reduces the risk and impact on the local community from drug injecting waste;
* Reduces the number of drug related deaths;
* Reduces the burden on the local health and social care system caused by injecting drug use;
* Reduces the risk-taking behaviours of injecting drug users, such as sharing needles and syringes.

**2.2 Key Service Objectives*** Provide access toSWOP paraphernalia, which may include Single Use Kits, larger packs or other packs as necessary, and associated materials to promote safe injecting practice;
* Provide safe disposal for used injecting equipment (works);
* Offer a people--friendly, non-judgemental, confidential service to drug users in their local community;
* Provide support and advice to the people who use the service, including referral to drug treatment services and access to other public health services including Emergency Hormonal Contraception and smoking cessation;
* Increase choice through offering flexible opening times and locations;
* Reduce inequalities and improve access to services for people from specific groups such as homeless people, women who inject drugs, and men who have sex with men with substances (often called ‘Chemsex’).

**2.3 Service description**The Service Provider shall provide sterile injecting equipment to Service Users who inject illicit drugs and/or non-prescribed performance and image-enhancing drugs (PIEDs). Provision will be in accordance with NICE public health guidance (PH52 on needle and syringe programmes). The cost of the injecting equipment, the waste bins and the collection and disposal of waste is outside of the remit of this contract.* + 1. **The minimum essential criteria** for delivery

The Service Provider shall:* Give out needle exchange packs to Service Users, free of charge. A number of different packs and kits are available, depending on the size of the syringe, the gauge of the needle, and the number of needles contained. The Service User can request the most appropriate pack for their usage and the quantity of packs that they require;
* Receive used works contained in personal sharps bins for safe disposal in the waste bins provided by the waste collection and injecting equipment provider (currently Orion Medical Supplies Ltd);
* The position of the waste bin in the pharmacy premises should give due regard to the safety of the public accessing the service and the staff
* All staff operating this service should demonstrate competence and awareness of the Service Provider’s Standard Operating Procedure for this service
* Ensure clear and regular communication with the waste collection and injecting equipment provider to ensure that stock levels are maintained, and waste is collected regularly;
* Provide other drug injecting paraphernalia at the request of the commissioners, subject to funding and availability;
* Ensure people who use the service receiving prescribed medication for opioid substitution are not refused access to SWOP injecting equipment; the Pharmacist will encourage them to discuss this with their prescriber or addictions nurse;
* Ensure all staff undertake the web-based training provided by the injecting equipment supplier, giving all pharmacy staff a level of knowledge and skills to provide an excellent service;
* Promote harm reduction wherever possible including:
* encouraging people who use the service to return used needles for exchange to reduce the level of discarded needles in public places;
* Use the Health Education England information on Making Every Contact Count via: <http://www.makingeverycontactcount.co.uk/>
* Offering advice and support on preventing the risk of overdose and drug-related death including signposting to the Community Alcohol and Drug Service Hubs ;
* Providing safer injecting practice and harm reduction advice,
* Providing advice on blood-borne viruses and encourage the uptake of testing and immunisation for blood borne viruses as relevant;
* Displaying harm reduction campaign material and information as provided by the Council.

**2.3.2 Commissioner Responsibilities:*** Commission the injecting equipment supplier to provide the Service Provider packs of sterile injecting equipment, free of charge and sharps waste bins (also free of charge). They will arrange for the collection of used injecting equipment from the Service Provider, and its safe disposal in accordance with current legislation, at no cost to the Service Provider;
* The Council or its agent may provide, without charge, supplies of other associated materials and leaflets for promoting safer injecting and harm reduction;
* Provide a direct point of contact for the Service Provider;
* Provide details for referral points or signposting to other relevant services for Service Users.
	+ 1. **Monitoring**

The information required for each transaction is defined in the Council Data system (currently PharmOutcomes) to reflect the Council’s monitoring requirements along with the development of newer monitoring systems.The Service Provider shall:* + Provide a minimum data set for each transaction which should be recorded using the web-based system provided by the Commissioners. Data shall be input within 28 days of the end of the quarter to which the activity relates;

Payments will be made according to the number of needle exchange transactions made that quarter, not the number of packs/injecting equipment items given out, and as such the data entered onto this system will determine the level of payment to each Service Provider. If information is not input within the required timescales, payment will not be made (see 5.1).**2.3.4 Review and Audit**The Service Provider shall:* Participate in Council organised audits of the Service
* Participate in National audits as required
* Participate in locally agreed Council assessments of Service User experience
* Demonstrate key Staff have undertaken CPD relevant to this Service
* Respond to the Council’s annual Monitoring Self-Assessment of the service standards

**2.4 Population covered**The target client group for the Service are Oxfordshire residents aged 18 years or older. **2.5 Acceptance and exclusion criteria and thresholds** * The commissioning of this Service is for all injecting drug users and as relevant to non-injectors, over the age of 18 years.
* This Service allows supply of packs to injecting drug users who are under the age of 18 years, (as per NICE PH52) if the Service Provider establishes that **not** giving clean injecting equipment to the young person would be of greater risk than the risks posed by continued or increased injecting drug misuse. Where individuals presenting to Pharmacy needle exchange programmes are aged under 18 years the Service Provider must collaborate with the Council Commissioned Children’s and Young Peoples Substance Misuse Service, currently provided by Aquarius Action Projects. The case may also need to be raised with the Multi-Agency Safeguarding Hub (MASH). Details can be found at <https://www.oxfordshire.gov.uk/cms/content/multi-agency-safeguarding-hub>.

**2.6 Transfer of Ownership*** If the Provider, or Legal Entity of the Provider, for any site on the Dynamic APL changes during the Call-off contract period, the Provider is required to give at least 3 months written notice to the Council to enable the relevant procurement and contractual processes to be undertaken prior to the change.
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| **3. Applicable Service Standards**  |
| * 1. Applicable National Standards **Delivery**
* All Service Providers shall adhere to NICE Clinical Guidelines and Quality Standards, including but not limited to PH52: Needle and Syringe Programmes;
* Where applicable to the Service Provider Staff delivering this contract must conform to the GPhC Standards for Pharmacy Professionals.

**3.2 Criteria for Operating the Service** * The Service Provider should have a private consultation room for delivery of this contract;
* The Service Provider must display the National Needle Exchange Logo in their window, to indicate that they are operating a needle exchange scheme, subject to availability;
* Identify a Lead Staff member with responsibility for delivering this service;
* The Lead Staff member should have successfully completed the learning pack ‘Substance use and misuse’ CPPE 2010 or RCGP Part One ‘Certificate in the Management of Drug Misuse’ (or equivalent as approved by the Council). **Competence against this training must be reconfirmed at least every 3 years;**
* Notify the Council where the Lead Staff member changes and send a copy of the new Lead Staff member qualifications for delivery of this service (i.e. RCGP Part 1 or CPPE);
* A locum will not be expected to have completed the above training unless they are employed for a period of four consecutive weeks or longer. However, information for providing the Service must be easily available for locums, to ensure continuity of the Service;
* Demonstrate that key Staff have undertaken continuous Professional Development relevant to this service. At least on member of staff must attend the Oxfordshire Pharmacy Training per financial year, currently provided by Turning Point;
* The Lead Staff member must ensure that training is cascaded to ensure that all staff have sufficient training to be able to support this Service;
* Have in place a Standard Operating Procedure (SOP) specific to the individual premises;
* Participate in identified local and/or national projects or pilots concerning safer injecting and harm reduction;
* Ensure that there is sufficient storage available to hold at least 1 weeks’ supply of each SWOP pack type and kits;
* In addition to these criteria the Council recommend that all Pharmacy Staff have Hepatitis B vaccinations and will reimburse the costs of these prescriptions and GP administration fees where required.
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| **5. Data Requirements**  |
| **5.1** **DATA Entry**The Service Provider shall:* Ensure completion of the Council minimum data set for each transaction, which will be completed each quarter
* Input transaction data onto the web-based system provided by the Commissioners (currently PharmOutcomes) within 28 days of the month in which the transaction occurred.

Payments will be made according to the number of transactions made each month, and as such the data entered onto this system will determine the level of payment to each provider. Data will be collected 28 days after the quarter end for calculation of payments, so all data for the quarter must be entered onto this system by this date. There will be no late payment made for data entered after this date.The information required for each service user may be developed to reflect the Council’s contract monitoring requirements. |

**Schedule 2 - Finance**

Payment for delivery of services under this contract shall be £2.30 per transaction.

One transaction is defined as providing one individual with one or more needle exchange SWOP packs or items and where applicable the return by that individual of their needle exchange waste.

* Payments will be made quarterly in arrears, on receipt of data collected on the Councils data system, currently PharmOutcomes;
* Data will be collected from the system 28 days after the quarter end. Payments will be calculated based on the number of transactions completed within that period. All data for the quarter must be entered onto this system by this date. There will be no late payment made for data entered after this date;
* Any queries regarding payments should be taken up with the Council’s Public Health team.

In addition to the payment per Service User per quarter, the Council may at its discretion offer Service Providers the opportunity to periodically access: (i) training grants of £500 for attending Council agreed sessions, up to a maximum of once a year; or (ii) training grants of £1,500 where the Service Provider completes the RCGP Part 2 Certificate in the Management of Drug Misuse, a maximum of once per Service Provider per three-year period.

Payments will be made following confirmation of attendance at the prior agreed training session.

The Council may pay, on prior written agreement and in receipt of proof of purchase, for Hepatitis B vaccinations, for staff directly delivering this service, and will reimburse the costs of these prescriptions and GP administration fees following receipt of an invoice.

1. 2017 Drug Strategy, HM Government, July 2017 [↑](#footnote-ref-1)
2. PH52 – Needle and Syringe Programmes, NICE, March 2014 [↑](#footnote-ref-2)
3. [People who inject drugs: HIV and viral hepatitis monitoring - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/people-who-inject-drugs-hiv-and-viral-hepatitis-monitoring) [↑](#footnote-ref-3)
4. [Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery) [↑](#footnote-ref-4)
5. Drug Misuse Shared Care Pathway & Protocol Guidance for Substance Misuse. Public Health 2021 [↑](#footnote-ref-5)