1 Introduction

1.1 Drug treatment services and community pharmacies should work together to widen access to harm minimisation initiatives, to help keep people who use drugs and the communities they live in safe. With 52% of opiate and/or crack cocaine users in England not in structured treatment (PHE, 2020), it is vital that any opportunity to deliver interventions to reduce the risk of harm in this hard-to-reach population is taken.

1.2 The aims of the service are:

- To deliver harm minimisation support, advice, and interventions to people who may misuse drugs who may not currently be in treatment with a drug and alcohol service.
- To protect and improve the health of people who use drugs.
- To reduce drug-related deaths and harms.
- To keep communities safe.

2. Rationale

2.1 Community pharmacists and their teams are healthcare providers who are easily accessible to the public. Pharmacies are often located in areas where access to other healthcare provision may be difficult and are open when other healthcare settings are closed. The convenience and less formal environment for those who cannot or choose not to access other kinds of health service means that community pharmacy teams are best placed to reach those who rarely see other health professionals. This gives opportunity for them to deliver interventions to people who use drugs and may not currently be in structured treatment.

3 Overview & Service Principles

3.1. Needle and Syringe Programmes (NSP) supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses (BBVs) including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.

3.2 The NSP may be the only contact some people have with a Healthcare Professional, for example those who inject Image and Performance Enhancing drugs (IPEDs). Needle and Syringe Programmes in England are based across a range of services, with pharmacy making up the majority of the sites.

3.3 The provision of needle exchange in pharmacies provides the benefits of increasing the availability of needle exchange packs across a wide geographical area. This provides more flexibility of provision of services not only by area but by opening hours as well.

4 Aims and intended service outcomes.

4.1 To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.

4.2 To 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;
- by providing sterile injecting equipment and other support;
- by promoting safer injecting practices; and
- by providing and reinforcing harm reduction messages.

4.3 To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.

4.4 To help service users access treatment by offering referral to CGL adult substance misuse services and health and social care professionals where appropriate.

4.5 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.

4.6 To help service users access other health and social care and to act as a gateway to other services.

4.7 To reduce the number of drug-related deaths associated with opioid overdose.

5 Duration

5.1 This agreement shall take effect for a period from 01/10/2024 to 30/09/2026.

6 Service Outline

6.1 NSP will be available at pharmacies to any person who is injecting drugs and requests it.

6.2 There is no limit on the number of times a person may collect equipment, or the amount of equipment which can be supplied at one time. Low dead space needles will be provided to reduce risk of blood-borne virus (BBV) transmission by minimising exposure to potentially contaminated blood.

6.3 Pharmacies will provide ready assembled packs or "pick 'n' mix" NSP as per contract, allowing service users to take away packs in a suitable bag.

6.4 The part of the pharmacy used for the provision of the service must provide a sufficient level of privacy and safety for service users and other members of the public accessing the pharmacy. NSP will be provided in a respectful manner.

6.5 Used equipment is normally returned by the service user for safe disposal.

6.6 The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake.

6.7 The contract manager will provide details of the relevant referral point which pharmacy staff can use to signpost service users who require further assistance.

6.8 Pharmacies contracted to provide the Needle Exchange service shall display the national logo in a prominent position visible from outside the premises. For further supplies of the needle exchange window sticker please email reading.admin@cgl.org.uk.

6.9 The pharmacy should order sufficient materials to ensure continuity of the service.

6.10 The pharmacy will provide support and harm reduction advice to the user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.

6.11 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

6.12 The service includes provision for users of Image and Performance Enhancing Drugs (IPEDS).

6.13 An accredited pharmacist does not need undertake the transaction or be present when the transaction occurs. However, the pharmacist will be responsible for ensuring that any staff member undertaking the transaction is competent to do so and have undertaken the required training.

6.14 The pharmacist will ensure that their staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacies own safety guidance.

6.15 A needle stick injury Standard Operating Procedure should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff. Sharps bins should be offered to service users to deposit used 'works' directly into.

6.16 It is strongly advised that staff in the delivery of this service are immunised against Hepatitis B.

6.17 If the service user requests equipment not supplied within the needle exchange programme, the pharmacy will refer them to the local CGL hub.

7 Referral into drug treatment services

7.1 The benefits of entering into structured treatment will be discussed where appropriate and an offer of referral into drug treatment services will be made. This includes people who have developed dependence on over-the-counter or prescription medications.

- This will be provided in a respectful manner, in a quiet, private area of the pharmacy.

- A robust referral system will be in place to ensure quick and efficient entry into treatment for people who need it.
- Harm reduction advice will be provided as appropriate.
- People will be signposted and referred to other relevant commissioned services as appropriate.
- Pharmacies will record referral activity via PharmOutcomes.

8 Ordering of NSP equipment

8.1 NSP equipment will be ordered from Vernacare:

Vernacare

Newbridge Industrial Estate

Blackwood

Caerphilly

NP12 2YN

Email to be sent to nxsales@vernagroup.com.

Pharmacy to confirm:

The CGL service they are part of

Pharmacy address

Pharmacy email address

Pharmacy contact number

From this an online ordering login will be issued for their **fcom** online ordering platform.

8.2 The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.

9 Data Recording & Information Sharing

9.1 The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.

9.2 The pharmacy may use the Service User Record Form (Appendix 2) to record all transactions. This record will include;

- Date of supply
- Postcode
- Initials
- Gender
- Age
- Number of sharps bins returned
- Number of packs given out

9.3 The pharmacy will create a transaction record on PharmOutcomes using the information from the Service User Record Form. This information will be entered on to the service called 'NSP supply and return' monthly. PharmOutcomes will be provided by CGL.

9.4 Pharmacy staff should not notify prescribers or other services of a service user's use of the needle exchange programme without the service user's permission. This is except in circumstances where 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).

9.5 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

10 Management of Returns

10.1 Each pack will contain a sharps return bin, where applicable.

10.2 Pharmacy staff should encourage a 1-for-1 exchange (i.e., supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive.

10.3 Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).

10.4 Pharmacies should position a returns deposit bin in a convenient location in order to encourage and facilitate the return of used equipment, but having regard to the safety of staff and other users of the pharmacy. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.

10.5 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.

10.6 Contractors are responsible for ensuring they have sufficient sharps bins in the pharmacy to enable them to deal with demand and not put staff at risk. Collection of sharps bins will be managed by Sustainable Waste (SWS) on a scheduled collection basis.

10.7 CGL will arrange monthly waste collections via SWS, unless otherwise arranged. SWS will provide a laminate with all contact information upon commencement of service.

11 Eligibility

11.1 This service will be available to all presenting adults (aged 18 and over), who require access to needles and other injecting paraphernalia in relation to illicit drug

use. This will include users of Image and Performance Enhancing Drugs (including anabolic steroids and growth hormones). The service user, where appropriate will be referred to CGL with consent.

11.2 Young people under 18 years old should be sign-posted to the local specialised Young People's Service. However, for young people aged between 16 and 18, where there is likely to be a delay in the young person accessing treatment, it may be appropriate to issue a small amount of equipment if it is considered that by doing so the young person will be kept safe from the risk of blood-borne viruses through previously-used equipment. Referral into the Young People's substance misuse service should be encouraged, and information provided on how to access this service. The provision to supply should be in accordance with local policy. Capacity to consent should be assessed within the Gillick Competence framework. At every opportunity harm minimisation and safe injecting advice should be provided whilst safeguarding at all times.

11.3 NSP's will **NOT** be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which require regular administration of prescribed medication e.g., insulin. Separate provision exists for these patient groups.

12 Accessibility

12.1 This will be available on an open access basis with no requirement for service users to be referred from another agency. The service user will determine:

- Which delivery site they access;
- The frequency of engagement;
- Which interventions they access.

12.2 Services will be available to anyone who needs them during pharmacy opening hours.

12.3 Service users will be informed of the pharmacy opening hours upon them first accessing the service.

12.4 In the instance the service becomes temporarily unavailable (for example, due to staff shortages or unanticipated closures):

- a business continuity plan for the pharmacy shall be in place and actioned to ensure people can still access services.
- the local Change Grow Live service shall be notified of service unavailability and informed of the alternative arrangements which have been put into place.

13 Training

13.1 All pharmacists will be required to complete the CPPE Declaration of Competence for Needle and Syringe Programme Service, Substance use and misuse and Substance use and misuse: Anabolic steroids.

13.2 The declaration will need to be shared with PharmOutcomes. There will be a three-month grace period from the start of the service; after this if not completed you will not be able to access the services.

13.3 The local Change Grow Live service will provide training to commissioned pharmacies on appropriate topics as part of their annual meeting, alongside sharing information on incidents, resolving queries, and exploring ideas for improvements to the service. Attendance at the annual meeting is recommended as part of service delivery. The Contractor/Pharmacist attending the training must cascade any changes to service delivery to all pharmacy staff involved in delivering NSP.

13.4 Refresher training to be undertaken in line with the requirement to update DoC every 2 years.

13.5 The NSP supplier will provide product-specific training and regular training updates, coordinated by the National Harm Reduction Lead. This training will be provided in on-demand recorded or online formats.

14 Safeguarding

14.1 Pharmacy staff are aware of local child and vulnerable adult safeguarding procedures and follow them at all times.

14.2 All Pharmacists and registered Pharmacy Technicians will be trained to Level 2 in Safeguarding. All other pharmacy staff, who may be directly or indirectly involved in providing the NSP service, must be aware of safeguarding procedures and escalation processes within the pharmacy .

15 Quality and safety

15.1 The pharmacy must have up-to-date policies and procedures in place for delivery of this service.

15.2 The pharmacy will participate in an annual audit relating to service provision as requested by Change Grow Live and agreed with the LPC, and deliver any identified action points.

15.3 The contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL.

16 Incidents and feedback

16.1 Incidents and feedback in relation to any service will be reported and investigated as per the pharmacy's incident reporting procedures.

16.2 A summarised copy of the incident report, investigation, and outcomes will be provided to the local Change Grow Live service when requested.

16.3 Any serious incidents will be notified to Change Grow Live within 5 working days.

17 Payment Arrangements

Service Provided	Fee
Needle Exchange – packs given out	£2 per transaction
Referral into drug treatment services	£5 for a new referral £10 for those who sustain treatment for 12 weeks

17.1 Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month.

17.2 Fees will be paid on the basis of submitted claims into a bank account specified by the contractor. The service contract and financial details will need to be completed and returned before any payments will be made.

17.3 Either party wishing to terminate this agreement must give three month's notice in writing. However, either party reserves the right to suspend or terminate the service at short notice following a significant event or serious incident.

Appendices

Appendix 1: Local contact information and resources

Reading Change Grow Live

Address: 127 Oxford Road, Reading, RG1 7UU

Telephone number: 0118 955 7333

Email address: reading.admin@cgl.org.uk

Lead Contacts: **Lynn Taylor – Services Manager**

Marta Odrzywolska – Partnerships Lead

Appendix 2: Pharmacy Needle and Syringe Programme Data Collection

Needle and Syringe Programme Data Capture														
Date	Intials	Postcode	Gender	Age	BBV Test	Returns	Number of Packs Issued							
							1ml red	1ml yellow	1ml glasses	2ml orange	2ml blue	steroid		