

Service	County Durham Pharmacy Needle Exchange Service
Commissioner	Humankind (formerly DISC)
Provider	Orion Medical Supplies Ltd
Period	
Date of Review	

1. Scope

1.1 Aims and objectives of service

The service will:

- Provide a free and accessible community based needle exchange service to injecting drug users (IDUs) with respect, confidentiality, and professional discretion.
- Protect health and reduce the rate of blood-borne infections and drug related deaths among clients.
- Reduce sharing and other high risk injecting behaviours by providing sterile injecting equipment and support, promoting safer injecting practices and reinforcing harm reduction messages including advice around safe injecting, safe sex, and overdose prevention.
- Provide safe disposal facilities for used injecting equipment.
- Facilitate access to specialist drug treatment services and generic health services to IDUs who may be socially excluded.

1.2 Service outline provision

- Pharmacies participating in the needle exchange scheme will conduct all transactions in accordance with the scheme's operational guidelines and the pharmacy's own standard operating procedures (SOPs).
- The Scheme Co-ordinator (Appendix 1) will provide each pharmacy with a Scheme Handbook containing relevant guidelines and information.
- Each pharmacy must provide a nominated pharmacist lead with whom Orion Medical will liaise on all matters pertaining to the needles exchange scheme.

1.3 Clinical governance

Pharmacy providers are required to operate to appropriate standards of clinical governance. Premises should comply with GPhC standards.

Pharmacies will ensure that the needle exchange is a confidential service that protects the privacy and dignity of its clients.

1.3.1 Confidentiality

Pharmacy staff will not pass on personal information about clients to the police, drug projects or other customers (with the exception of circumstances discussed in section 1.15(b)).

The exchange should be conducted in a confidential area.

Pharmacy staff should not inform the prescribing service in instances of clients using the needle exchange as well as collecting medication for drug dependence (Section 1.13).

1.3.2 Incidents and complaints

Any operational or client incidents should be reported to the Humankind Lead (Appendix 1). Pharmacies retain the right to refuse to serve a needle exchange client.

If a pharmacist feels that there is a threat to staff, or other customers, this should be their primary concern. As with any other customer the police may be called. A breach of confidentiality may be appropriate under these conditions (section 1.15(b)).

Clients should be treated fairly, however, if for any reason a client does not abide by policy and pharmacy rules, and does not respond to warnings, a ban can be imposed on an individual client and he/she be referred to the Drug and Alcohol Service (Appendix 2).

Any complaints from clients regarding needle exchange provision should be directed to the Humankind Lead (Appendix 1).

1.3.3 Staffing and training

All clients should be treated respectfully by pharmacy staff.

The nominated pharmacist lead must undertake an induction. This will cover scheme requirements and procedures, and will require attendance at an evening training session. If not already completed, the lead pharmacist must also complete the Centre for Pharmacy Postgraduate Education (CPPE) open learning programme 'Substance use and misuse' within 6 months of signing up for the service.

Orion Medical will then train all pharmacy staff in the practical aspects of running the service (using the Scheme Handbook) during onsite visits to the pharmacy.

Training for pharmacy staff on the scheme is mandatory and failing to attend / participate may affect continued participation in the scheme.

Refresher training will take place at least once a year and training for new staff will be available as soon as is practicable for both parties.

The lead pharmacist is required to ensure all staff participating in the needle exchange scheme (particularly locum pharmacists) are aware of all procedures.

1.3.4 Health and safety

(a) Hepatitis B

Pharmacy staff involved in a needle exchange service are at a small risk of injury from blood stained sharp instruments and therefore hepatitis B vaccinations are suggested.

It is expected that the pharmacies Occupational Health Department will offer this free of charge or the employees employer will pay for the vaccination provided by the GP. It is the employer's responsibility to ensure that workers are not put in an 'at risk' position in delivering their work under Health & Safety Regulations.

(b) Needle stick injury policy and spillage policy

A needle stick injury policy and spillage policy will be supplied to all pharmacies in the Scheme Handbook and should be followed at all times. Spillage kits are available from the Scheme Co-ordinator (Appendix 1).

1.3.5 Standard operating procedures

Each pharmacy should have a SOP that outlines what will happen when a client accesses the scheme. It should contain all of the information any member of staff would need to safely and effectively work on the needle exchange scheme. It should also include information regarding procedures that outline what actions should be taken in an emergency, for example untoward incidents, needle stick injuries etc. All staff delivering the service must be conversant with the SOP and it must be reviewed regularly. Pharmacy SOPs can largely be adapted from the information in the Scheme Handbook.

1.3.6 Indemnity

The pharmacy must notify the professional indemnity insurers and maintain adequate insurance cover for participation in the scheme.

1.4 Facilities and equipment

The service should be provided in an appropriate confidential room/area. The provider will comply with the GPhC standards for pharmacy premises at

<http://www.pharmacyregulation.org/standards/standards-registered-pharmacies>

1.5 Branding and advertising the service

The National Needle Exchange logo must be displayed in a prominent position in the pharmacy window at all times.

The logo will be supplied by the Scheme Co-ordinator (Appendix 1).

The scheme will be advertised locally (in GP surgeries, local drug services, probation, etc).

1.6 Distribution to clients

The needle exchange packs will be supplied free of charge to pharmacies and are issued free of

charge to clients.

Pre-packs for single and multiple use (x10) will be available (see Scheme Handbook for a description of pack contents).

Clients are free to take more than one pre-pack pack per visit. There is a recommendation that clients should receive no more than five pre-packs although it is recognised that there may be exceptions. Requests for large numbers should be queried and dealt with at the discretion of the pharmacist. Returning clients should be issued with sufficient injecting equipment to last a minimum of one week (Note: that a typical opioid user will inject 3-5 times a day).

If clients need extra equipment (loose needles/syringes or other paraphernalia not available in the packs or as a supplement to the packs) they can be referred to the local Recovery Centre (Appendix 2).

First presentation (Note: never hand out packs to a third party)

When a client who has not accessed the scheme before presents to the service requesting needle exchange, the framework in Appendix 3 must be followed.

The client should be taken to a confidential area, where an initial assessment will be completed to ascertain the needs of the client in relation to injecting equipment.

The client will be given the appropriate injecting equipment and informed that failure to return all of this could result in a reduction the next time they attend. It is particularly important to explain this process of the exchange to the client including the importance of returning used equipment. It is also particularly important to provide the relevant harm minimisation advice to the client, including information on:

1. Harm reduction relating to their own drug used
2. Safer injecting practices
3. Hygiene and wound care to prevent infection e.g. the use of soap and water is preferable to the use of alcohol swabs which can harden the injection area
4. Blood borne virus (BBV) prevention, testing and vaccination (Appendix 5)
5. Sexual health e.g. signposting to C card service
6. Overdose
7. Safe storage of sharps
8. Substance misuse services
9. GPs

Subsequent presentations (Note: never hand out packs to a third party)

Returning clients will provide basic information at each visit to the pharmacy of initials, DOB, and drug of choice. Always ask clients whether they have equipment to return at the start of the transaction. If the client has no used equipment to return ask where it is. Pharmacy staff will provide appropriate packs of injecting equipment to meet the needs of the client, and should issue sufficient injecting equipment to last for a minimum of one week (see above).

For all transactions, the following information will be recorded on PharmOutcomes, using the template in Appendix 4:

- Client initials
- Client DOB
- Drug of choice
- Type and number of packs supplied?
- Equipment returned?
- Any further support or harm minimisation advice given?

1.7 Returns

Continued participation for clients is not conditional on return of used equipment at every visit. However, pharmacy staff are asked to strongly encourage good regular returns.

The client will have been informed on their first visit of the importance of returning equipment (Appendix 3). Returns should always be requested when the client asks for new equipment and if nothing is returned the client should be asked the whereabouts of the equipment, and if possible, asked to return them on their next visit. Always ask clients whether they have equipment to return at the start of the transaction.

Pharmacy staff should never handle any used injecting equipment, but request the clients place returns directly into the sharps bins. All returned equipment should be returned in small black sharps bins (but must not be refused if "loose") and must be placed in a large yellow sharps bin by the client. "Loose" returns should be placed in a small black sharps bin and then into the large yellow sharps bin by the client.

Sharps bins should be stored away from the general public area, and not overfilled. Pharmacists must ensure that only needle exchange sharps waste is placed in the bins provided. Medicines must not be placed in these bins – Orion Medical will correlate waste collections with pharmacy prepack stock levels in order to monitor this.

1.8 Recording transactions

All information must be recorded on PharmOutcomes within 2 months of the transaction date (Appendix 4).

1.9 Waste collection

Collection of sharps bins will be made by Orion Medical.

Collections will be made on a regular basis - by arrangement between the pharmacy and Scheme Co-ordinator (Appendix 1). The Co-ordinator should also be contacted if extra collections or replacement bins are required (next day delivery if contacted before 2pm).

Bins taken away will be replaced with an equivalent sized bin.

Pharmacists are required by law to sign a Waste Transfer Note, a copy of which is kept on file and retained for two years after it expires.

1.10 Discarded waste

1.10.1. Discarded used sharps waste

Any discarded needle/syringe (sharps) waste found by members of the public must be reported to the Durham County Council Street Cleaning Programme for safe collection and disposal. Contact 03000 261000.

No one else must handle or collect sharps waste as it is unlawful to do so without a license.

If you become aware of discarded waste occurring repeatedly in the same area the Scheme Co-ordinator should be informed (Appendix 1). If the waste is thought to originate from the pharmacy this may jeopardise the service. The pharmacy may be required to communicate this to clients verbally or through leafleting, in order to rectify the problem.

1.10.2 Discarded waste

The pharmacy should consider supplying clients with single-use packs if open and unused multiple prepacks are found near the pharmacy premises (to a maximum of five single use packs per visit).

1.11 Stock management

Supplies must be stored securely and replenished regularly and pharmacies must endeavour to ensure that stocks do not run out.

Pharmacies will contact the supplier when a new delivery of stock is required (Appendix1).

Orion Medical provides a next day delivery service for orders placed before 1pm the previous day.

1.12 Wider healthcare package to IDUs

During the client transaction pharmacies will:

- Consistently promote safe injecting practices to avoid injection site infections and reduce the risks from infectious illnesses associated with injecting drug use.
- Promote and signpost when necessary into specialist treatment providers for substance misuse and also into primary care providers.
- Promote overall health improvement advice including safer sex, nutrition, and oral health.
- Offer advice on safe storage of equipment.
- Provide information on access to specialist services for clients who need specific harm reduction interventions, such as BBV screening (Appendix 5) or safer injecting advice and wound care.

Also see section 1.6, and Appendix 3.

1.13 Signposting and referral processes

Pharmacies providing needle exchange may offer services to injecting drug users who have no contact with treatment agencies and may serve as a gateway in engaging clients into accessing drug treatment. Any requests for treatment advice should be referred to the local Recovery Centre (Appendix 2).

In addition some pharmacies may deliver both supervised consumption of medicines and also needle exchange schemes from the same location. Clients who use the supervised consumption scheme should not be excluded from using the needle exchange scheme and they are not mutually exclusive. While clients are using both, they should be considered as separate and although communication with prescribers regarding supervised consumption is encouraged, this does not extend to communicating information regarding needle exchange, and communication of this information without client consent will be considered a breach of confidentiality. Pharmacies should use their relationships with clients to discuss their continued injecting behaviours, particularly stressing the risks around overdose when using on top, and encourage the client to discuss this with their prescriber, or offer to do so on their behalf, however this must only be with the explicit permission of the client.

1.14 Population covered

Service to be provided to any client aged 18 and over.

1.15 Acceptance and exclusion criteria

(a) Inclusion criteria

- Clients aged 18 and over.
- Users of performance enhancing drug users (PEDs - including steroids/growth hormones) are encouraged to use needle exchange services as this group is at risk of BBV transmission and require similar harm reduction interventions as IDUs.

(b) Exclusion criteria

- Clients aged under the age of 18 should be referred to the young person's team at their local Recovery Centre (Appendix 2).
- Diabetics and other non IDU customers - this service is not funded for the distribution/return of needles relating to other medical care. Customers are required to make alternative arrangements with their GP.
- There may be times that the provider wishes to exclude clients from the premises which would prevent them accessing the needle exchange scheme. This could include incidents of anti-social behaviour by the client such as:
 1. Shoplifting or attempted shoplifting
 2. Accidents and injuries
 3. Acts of violence towards staff or customers
 4. Verbal abuse including threats of violence
 5. Incidents of serious intoxication

Following an incident such as outlined above, it may be that the provider no longer wishes to provide a needle exchange service to a particular client. In the case of severe or repeat incidents, actions taken by the provider could include verbal warnings, written warnings and banning orders, in which case the client will need to be referred to the local Recovery Centre. This should only be used as last resort if negotiation and earlier warnings have failed as this can negatively impact on service user outcomes and be detrimental to any relationship built up between the provider and the client.

2. Outcomes

2.1 Data recording

(a) Data collection

Pharmacies will enter all data onto PharmOutcomes within 2 months of the transaction date.

(b) Audit

Monitoring is an essential part of the needle exchange service as it affects service funding and provision. Pharmacies will be required to participate in an annual audit.

2.2 Monitoring indicators

Performance will be monitored against the following indicators:

Indicator	Method of measurement
Quantitative	<p>The number of completed transactions per month (to a minimum of 20 transactions per month).</p> <p>The number of equipment packs supplied.</p> <p>The number of returns.</p>
Qualitative	Service user feedback.

3. Payment

3.1 Payment schedule

Retainer fee: Participating pharmacies will be paid a retainer fee of £500 per annum paid in arrears on a quarterly basis.

Pack/returns payment: There is an additional payment of £1.30 per needle exchange transaction for the first 75 transactions each quarter (increasing to a payment of £1.50 per transaction thereafter) (inclusive of VAT).

Payments will be calculated according to the information provided on PharmOutcomes. Data must be recorded on PharmOutcomes within 2 months of the transaction date.

All activity payments are made in arrears on a quarterly basis by Orion based on the PharmOutcomes data provided to Orion Medical by Durham County Council. Payments are issued through the WDP Finance Department by automatic bank giro transfer (BACS). For any enquiries contact Orion Medical (Appendix 1).

4. Termination of contract

4.1 The specification is reviewed and renewed annually, and any change to the contract is expressed in writing to the pharmacy.

Pharmacies are required to give one months' notice of termination of participation in the scheme in writing.

Humankind is required to give one months' notice of termination of participation in the scheme, in writing, to any pharmacies found unsuitable or under-utilised. Any exceptions can be discussed between the pharmacy and Humankind (Appendix 1).

Humankind reserves the right to terminate the contract if any breach to this agreement occurs and will take necessary steps to ensure services provided for clients are compliant with wider national guidelines from Public Health England (PHE), the NHS, and NICE.

Pharmacy Information

Name	
Address	
Telephone	
Fax	
Email	
Contact	
Name	
Address	
Telephone	
Fax	
Email	
Contact	
Name	
Address	
Telephone	
Fax	
Email	
Contact	
Name	
Address	
Telephone	
Fax	
Email	
Contact	



Appendix 1: Key contacts

Orion Medical Contacts

Scheme Co-ordinator

For all technical queries about products and packs, or questions about the service

Name: Shaun Hazlett

Telephone: 07876 743750

Email: shaun@orionmedical.co.uk

Orion Medical Supplies

To order new stock (contact before 1pm for next day delivery), and for further copies of the Scheme Handbook

Name: Jade Lacy

Telephone: 01869 244423

Email: jade@orionmedical.co.uk

Orion Medical Waste

For all queries about waste collections (contact before 2pm for next day delivery) and waste containers, including spillage kits and the handbook on clinical waste collection

Name: Helen Du-Plooy

Telephone: 01869 325912

Email: helen@orionmedical.co.uk

Humankind Contacts

Drug and Alcohol Service Needle Exchange Lead

To report complaints / serious incidents; to terminate the contract.

Name: Jane Curtis, Area Manager, County Durham Drug and Alcohol Recovery Service, Centre for Change, 81-84 Whinney Hill, Old Elvet, Durham, DH1 3BQ

Telephone: 03000 266 666. Mob: 078944 62476. Email:

Jane.curtis@humankindcharity.org.uk

Deputy Service Lead

Phil Ransome

Assistant Director, North East

Telephone: 01325 731160. Mobile: 07894462310. Email:

Phil.Ransome@humankindcharity.org.uk

Additional Contacts

Derek Bilton

Harm Minimisation Project Manager, County Durham Drug and Alcohol Recovery Service
Horden Recovery Centre, Sunderland Road, Horden, SR8 4NU

Telephone: 03000 266 666. Mobile: 07525256924 Email:

Derek.Bilton@humankindcharity.org.uk

Maureen Rouini

Hope Lead Practitioner, County Durham Drug and Alcohol Recovery Service



Centre for Change, 81-84 Whinney Hill, Old Elvet, Durham, DH1 3BQ

Telephone: 03000 266 666: Mobile: 07894 936943 Email:

Maureen.Rouini@humankindcharity.org.uk

Appendix 2: Drug and Alcohol Service contact details

The single telephone number for the Drug and Alcohol Service is 03000 266666. This is available 9am-5pm.

In addition, there is a late night opening until 7pm at the Recovery Centres named below (Note: the caller must select the appropriate Centre extension after 5pm (listed below). The Durham *Centre For Change* is open every Saturday morning.

Centre	Address	Ext no	Late night (5-7pm)
Peterlee	Horden Recovery Centre, Sunderland Road, Horden, SR8 4NU	5	Wed
Durham	Centre for Change, 81-88 Whinney Hill, Durham, DH1 3BQ	1	Wed
Dales	Saddler House, Saddler Street, Bishop Auckland, DL14 7BH	3	N/A

Young Person's Drug and Alcohol Service

The Service provides support to young people under the age of 25 who are using, or are at risk of using drugs and/or alcohol.

There are three young people's teams based in each of the Recovery Centres.

The teams provide an outreach service where a young person's worker will meet with young people in a place they feel safe and comfortable (for example at home, school, community centres, GP surgeries or local pharmacies). Each team also has a dedicated family worker who can support family members/loved ones of young people who are using drugs and/or alcohol.

The support offered to young people includes:

- Increasing awareness around alcohol and drugs, the effects, risks and harms.
- One-to-one psychosocial interventions with the aim of not only keeping the young person safe and reducing/stopping substance use but also to empower young people to make and sustain positive changes.
- Harm reduction advice and guidance.
- Access to health care, including sexual health.
- Individual appointments with a regular young person's worker.

The young people's team accepts referrals for young people from a range of professionals as well as from families and young people themselves.

A referral will always require the consent of the young person¹. For young people under the age of 14 years consent is also required from a parent/carer.

The team is happy to accept young people's referrals over the telephone – ring 03000 266666 choosing the option relevant to the young person's locality, and then ask to speak to a young person's worker.

Once a referral is received a young person's worker will contact that young person (or parent/carer if the young person is under 14) to arrange a suitable time and location to meet.

¹ Follow GPhC guidance on consent – e.g. consent can be spoken or written. Consider recording the fact that the person has given consent and what they have consented to.

Appendix 3: Framework for client interactions

First presentation by a client

(Note: never hand out packs to a third party)

Consider the questions described below in order to gain the necessary information and be able to provide the right equipment and harm minimisation advice to a new client:

I can only deal with the person for whom the equipment is for, so you need to come in to the pharmacy yourself each time you need a supply.

I need the following information from you now and each time you come back to the pharmacy in order to exchange your used equipment for new packs:

1. *Initials:*
2. *DOB* (clients should be aged 18 and over):
3. *Drug of choice:*

This is an exchange service, so just to stress that we do need you to return your used equipment in the sealed sharps bin (for you to then place straight into the pharmacy sharps bin) before we can provide you with fresh equipment.

As this is the first time we've seen you I just need to ask the following questions to see what type of equipment you need, how we can help to keep you safe, and any other information that you may need:

- *What process do you follow to prepare an injection?*

See Scheme Handbook for advice on safe injecting practices.

- *How many times a day do you inject?*

This should inform how many packs will be needed - a typical opioid user will inject 3-5 times a day. Clients should generally receive no more than 5 packs per transaction, and enough to last a minimum of 1 week.

- *What do you do with the used equipment now?*

Again stress the nature of the exchange service, and the safe storage of new packs and sharps bins.

- *When was the last time you had a blood test for infections such as hepatitis?*

Signpost to BBV testing (Appendix 5).

- *Would you like more information and help about your drug use?*

Signpost to the Drug and Alcohol Service for support on how to use drugs more safely, or for help to come off drugs.

- *Do you have any contact with other agencies?*

Provide information on for example, sexual health services (e.g. C card service) or local GP practices.

Subsequent presentations by client

(Note: never hand out packs to a third party)

Always ask clients whether they have equipment to return at the start of the transaction - if the client has no used equipment to return ask where it is.

See Appendix 4 for client information required by PharmOutcomes.



Appendix 4: PharmOutcomes recording template

Transaction date: _____
(information must be recorded on PharmOutcomes within 2 months of the transaction date).

New client

OR

Returning client

Client initials: _____

Client DOB (aged 18 and over): _____

Drug of choice:

(more than one can be selected)

Heroin / Opiates

Amphetamine

Cocaine

Benzodiazepines

Performance Enhancing Drug (steroid, growth hormone)

New psychoactive drugs ('legal highs')

Other _____

Used equipment returned:

Yes

No

Packs supplied:

(to a max of 5 packs per transaction)

Single x 1ml _____

10 pack x 1ml (Red) _____

Single x 2ml _____

10 pack x 2ml (Blue) _____

Harm minimisation advice:

(more than one choice can be selected)

None

BBV testing

Other

Appendix 5: Summary of blood borne viruses

There are three blood borne viruses (BBV): HIV, hepatitis B and hepatitis C. These viruses are mainly passed through contact with infected blood. However, the viruses can be present in other body fluids.

BBVs are passed between people through:

- Sharing equipment to inject or snort drugs – even if only once. This includes needles, syringes, spoons, water, filters, acidifiers, and straws.
- Unprotected sex – vaginal, anal or oral.
- Unsterile medical treatment or unsterile body piercing / tattoos.
- Sharing razors or toothbrushes with an infected person.

HIV and hepatitis B are far more common in men who have sex with men and in people who have lived abroad, especially in Southern Africa, Asia and Eastern Europe.

Hepatitis C is common in drug users who have ever injected. Hepatitis C is less likely to be transmitted through sex.

The only way to know if a person has a BBV is to get a blood test:

HIV: The first test is an antibody test. This checks the body's immune reaction to the virus. If this test for HIV is positive, it means there is infection with the virus. Other tests called the CD4 count and the viral load will be then taken to see if the immune system has been damaged yet and how much virus is in the blood.

Hepatitis C: This is a two stage process. The first test is called an antibody test. This test will show if there has ever been exposure to the virus. If the result of the antibody test is positive, another test called a PCR test will determine if the virus is still present in the body. If both the antibody test and the PCR test results are positive, there is an active hepatitis C infection.

Hepatitis B: A blood test will be taken to see if the body is making antibodies to try and fight the hepatitis B virus. If this test is positive, there is hepatitis B infection.

HIV can take around 12 weeks to show up in the blood, while hepatitis B and C can take around 3-6 months to show up. If a person has been at risk during this time they may be advised to get a repeat test even if the first result is negative. If the person puts themselves at risk again, they should consider having another test.

All three BBVs can cause serious illness if left untreated and can, in some cases, be fatal. In the early stages of infection many people feel well and do not realise they are infected.

There is effective treatment for all three BBVs. Hepatitis C can often be treated successfully and treatment for HIV and hepatitis B can help to control the virus.



Appendix 6

We agree to comply with the specifications in this service level agreement.

Name of participating pharmacy:

Address/es: As detailed in Pharmacy Information

Scheme Coordinator (Pharmacy) :

Signature:

Date:

Scheme Co-ordinator (Humankind):

Signature:

Date:

Start of contract:

Contract expires/renewed: