Tower Hamlets Community Pharmacy

Enhanced Needle Exchange and Harm Reduction Service

Service Specification

1. **Introduction**
   1. The National *Drug Strategy (2017)* is a cross-Government programme of policies and interventions that focus on drugs that cause the most harm. The London Borough of Tower Hamlets’ Drug and Alcohol Action Team (DAAT) is responsible for implementing the strategy at a local level by commissioning services that provide a range of drug and alcohol treatment options to meet the needs of the local population. The strategy has placed an increased emphasis on the delivery of interventions and packages of support that enable substance misusers to achieve sustained recovery and reintegration.
   2. The 2017 Strategy emphasises the need to implement a balanced, coordinated partnership approach to reducing harms caused by drug use, including early intervention and providing evidence-based treatment options that can be tailored to individual needs.
   3. *The Tower Hamlets Substance Misuse Strategy 2016-2019* outlines Tower Hamlets Partnership’s approach to tackling the problems associated with drug and alcohol misuse in the borough; highlighting the Partnership’s vision to support individuals and families to maximise their health and wellbeing whilst reducing the negative impact of drug and alcohol use, strengthening protective factors for those at risk and empowering those are addicted or dependent to recover whilst reducing harm from continued use.
   4. Our Annual Needs Assessment which supports the boroughs Substance Misuse Strategy allows us to regularly evaluate service delivery and outcomes for our Service Users, address areas of unmet need and refocus local priorities. Treatment service specifications and key indicators are reviewed on the basis of the annual needs assessment findings to ensure an appropriate response by commissioned services in addressing areas of identified need and service development.
   5. NICE Guidance (PH52) Published in March 2014 (reviewed as fit for purpose in 2019) outlines the main aim of needle and syringe programmes as “to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society. Many needle and syringe programmes also aim to reduce the other harms caused by drug use and include:

* Advice on minimising the harms caused by drugs.
* Help to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy).
* Access to other health and welfare services.”

1. **Local Context**
   1. The latest Prevalence Estimates published in 2017 (estimate refers to the period 2014/15) suggests that Tower Hamlets has a total of:
      * 1. 2,798 opiate and/ or crack users
        2. 2,309 opiate users
        3. 2,543 crack cocaine users
        4. Of clients starting treatment in 2016-17, 6.5% of clients reported currently injecting and 13.2% reported previously injecting.
   2. Compared to 2011/12 estimates, the most recent estimates suggest that there has been a fall of around 20% of total OCUs, from 3,561.
   3. However, the number of OCUs in Tower Hamlets remains the highest in London.
   4. Drug treatment figures for 2016-17 indicate that 1,332 opiate drug users and 178 non-opiate drug users are engaged in treatment.
   5. Tower Hamlets has a prevalence rate of 13.7 per 1,000 population (OCUs); 10.87 for opiate users and 11.97 for crack users. Rates significantly higher compared to the London and National averages.
   6. Opiate users make up 63% of the entire treatment population in the Borough.
   7. Needle exchange and harm reduction services are currently provided across 7 sites, usually to Tower Hamlets residents.
   8. Approximately 18% of all service users accessing needle exchange and harm reduction services within pharmacies are out of borough clients.
   9. Tower Hamlets Drug & Alcohol Action Team commissions a range of substance misuse treatment services; these include a mix of targeted and generic needle exchange and harm reduction provisions. These are delivered within a host of settings including substance misuse treatment services, community pharmacies and hostel settings.
   10. Clients are also encouraged to return their used equipment for safe disposal, with the aim to reduce the risk of harm of the general public.
2. **Aims of the service**
   1. The needle exchange and harm reduction scheme aims to reduce the potential harms caused by high-risk injecting behaviour by delivering a consistent and comprehensive approach, focused on facilitating access to safe injecting equipment, providing harm reduction advice and signposting drug users to structured treatment in Tower Hamlets. This is delivered by
      1. Offering a confidential, non-judgemental service
      2. Providing access to safe injecting equipment to injecting drug users and steroid users residing in Tower Hamlets
      3. Facilitating the return and safe disposal of used injecting equipment
      4. Providing testing, information and referrals to blood borne virus services in the aim of reducing the spread of blood borne viruses and HIV
      5. Providing essential harm reduction advice including information about overdose and the availability of naloxone
      6. Signposting and referring clients to Reset Drug & Alcohol Treatment Service [[1]](#footnote-2)
      7. Signposting and referring clients to sexual health services across the borough
3. **Service Delivery and Requirements**
   1. The Pharmacy will provide the service to all Tower Hamlets residents aged 18 or over (including steroid users).
   2. Service Users under the age of 18 should be referred to the local young people’s substance misuse service.
   3. It is recognised that the service may be accessed by non-Tower Hamlets residents. The Pharmacy should not refuse needle exchange service to residents of other boroughs.
   4. The Pharmacy will be in operation 46 hours per week across 5 days as a minimum. The service will be provided during all Pharmacy opening hours.
   5. The Pharmacy must ensure that services are delivered from the Pharmacy only.
   6. The Pharmacy must clearly display the national needle exchange logo in the window.
   7. The Pharmacy must hold a standard operating procedure for all elements of the service including dispensing kits, sharps returns, testing, and a needle stick injury policy.
   8. The regular pharmacist at the Pharmacy providing the service must be registered with the General Pharmaceutical Council
   9. RPS Registration is desirable but not essential
   10. All Pharmacy staff involved in delivering the service must attend appropriate needle exchange training delivered by the commissioned needle exchange supplier provider.
   11. All Pharmacy staff involved in delivering the service must complete the Hepatitis C: Enhancing Prevention, Testing and Care web module training within 3 months of the contract start date.
   12. The Pharmacy will ensure continued learning and development of staff involved in the delivery of the scheme, to ensure awareness of local services, trends and risks.
   13. The Pharmacy must have a suitable private space or room for consultation with service users, allowing for confidential discussions to be had.
   14. The Pharmacy will ideally have on-site toilet facilities to support the sample-collection requirements of the BBV and STI testing provision. Details of this service are outlined below.
   15. Where appropriate, service users will be seen as soon as possible on arrival at the pharmacy.
   16. The Pharmacy will provide readily-packaged needle exchange packs in 1ml and 2ml options; the contents of these packs are:
4. **1ml Exchange Pack containing**

|  |  |
| --- | --- |
| 1 | Re-sealable opaque and identifiable bag |
| 10 | 1ml low dead space Nevershare/ coloured fixed needle syringes (Acufine 1ml 29g) |
| 10 | Citric acid sachets |
| 10 | Spoons (assorted colours) |
| 10 | Filters |
| 10 | Alcohol pre-injecting swabs |
| 1 | Condom |
| 1 | Safeloc 0.35L Black Needle Exchange Container |
| 1 | 1 x Tower Hamlets Reset Service Leaflet |

1. **2ml Exchange Pack containing**

|  |  |
| --- | --- |
| 1 | Re-sealable opaque and identifiable pack |
| 10 | Acuject 2ml low dead space syringe |
| 10 | Acucan 23g ¼” Blue Needle |
| 10 | Acucan 25g 1” Orange Needle |
| 10 | Citric Acid |
| 10 | Spoons (assorted colours) |
| 10 | Filters |
| 10 | Alcohol pre-injecting Swabs |
| 1 | Condom |
| 1 | Safeloc 0.35L Black Needle Exchange Container |
| 1 | 1 x Tower Hamlets Reset Service Leaflet |

* 1. The Pharmacy will also provide foil and this will be ordered separately in addition to the readily-packaged needle exchange packs.
  2. The Pharmacy must ensure surplus supply of personal sharps containers (0.2 Ltr, 0.35Ltr and 0.45Lts) is available should service users request additional containers. These can be ordered separately in addition to the readily packaged needle exchange packs.
  3. All equipment dispensed must be in accordance with LBTH DAAT approved equipment list and obtained through the LBTH contracted supplier.
  4. Supply of equipment will be in accordance with any protocols and guidelines disseminated by LBTH DAAT.
  5. The Pharmacy will be responsible for ordering its own stock of needle exchange packs, foil and sharps containers through the LBTH dedicated contract and ensure appropriate stock levels at all times.
  6. Details of the needle exchange equipment supplier and how to order stock will be provided by the DAAT.
  7. The cost of needle exchange equipment will be met by LBTH Drug & Alcohol Action Team.
  8. The Pharmacy must ensure needle exchange stocks are stored appropriately in a safe and sterile space.
  9. Needle exchange paraphernalia or ‘works’ will be issued to the service user free of charge, i.e. clients will not be asked to pay a fee for any equipment they obtain.
  10. Service users may obtain more than one pack per visit. However, requests for 5 or more packs are to be at the pharmacist’s discretion. Clients requesting a large number of packs should be encouraged to return to the Pharmacy and should be signposted to Reset Treatment Service and encouraged to engage in treatment.
  11. Service users requesting packs for peers may obtain more than one pack per visit. However, they should be encouraged to accompany their peers to obtain their own packs and refrain from sharing any equipment.
  12. The Pharmacy will encourage the return of used equipment via sharps containers (included in the packs). Staff delivering the service must raise this every time equipment is dispensed.
  13. Sharps and used equipment returned in other forms that are deemed unsafe by the Pharmacist or could cause injury (e.g. sharps in a plastic bag or a bottle) should not be accepted. The Pharmacist must provide the service user with a suitable sharps bin and encourage them to place the equipment in the container before this is collected.
  14. The Pharmacy should strive to maximise return rates but must not refuse to supply equipment on the basis of the return rate. Failure to return equipment does not disqualify the service user from receiving further equipment.
  15. Pharmacists retain the right to refuse or serve a service user, for example, in the event of unacceptable behaviour
  16. Pharmacy staff must be aware of and will inform service users of structured treatment services available across the Borough and signpost to Reset Service as appropriate.
  17. Details of referrals made to Reset Treatment Service must be recorded and shared with the DAAT in order to qualify for PbR payments (10 clients engaged per annum).
  18. Pharmacy staff must receive appropriate needle exchange and harm reduction training to enable them to deal with requests safely, sensitively and appropriately.
  19. Service users, particularly those presenting for the first time, must be provided with harm reduction advice and informed of local drug and alcohol treatment services. Harm reduction advice must include as a minimum:
      1. Explanation of the type of equipment provided in needle exchange packs
      2. Safe injecting practice
      3. What to do in the case of an overdose
      4. Information about the use of naloxone/ prenoxad and offer of kit
      5. Information regarding blood borne viruses, testing as part of the BBV service offer or signposting to the BBV team for screening and treatment
      6. Information regarding structured treatment options in Tower Hamlets and how to access Reset Treatment Service
      7. Information about safely discarding of and returning used equipment
      8. Information about the use of foil
      9. The Pharmacy will facilitate access to primary care and encourage registration with GP practice where appropriate (Tower Hamlets residents only).

1. **Blood Borne Virus and Sexual Health Testing**
   1. As part of our commitment to improving health outcomes and engagement with substance misuse treatment, the Pharmacy will offer Blood Borne Virus and Sexual Health support to clients accessing the needle exchange service.
   2. The Pharmacy will offer and facilitate testing for blood borne viruses (BBV) and sexually transmitted infections (STI), in conjunction with the Public Health Sexual Health contract already being delivered in community pharmacies.
   3. The Pharmacy will offer clients tests using kits provided through the Public Health Sexual Health contract.
   4. The Pharmacy will be paid an agreed fee per test completed and sent for analysis, through the Public Health Sexual Health Contract. Payment details are outlined in Appendix 1.
   5. The Pharmacist/ Pharmacy staff will collect the specimen by agreed means in the sexual health contract fingerprick blood test and collect a suitable sample to be sent for analysis.
   6. The client will collect a urine sample to be sent for analysis alongside the blood sample.
      1. The BBV and STI testing provision is **only** for clients who are Tower Hamlets residents
      2. The Pharmacy should prioritise clients who report no engagement with substance misuse treatment services
      3. Clients who report to not have received a test within the last 6 months should be targeted
      4. The Pharmacy must seek consent from the client to share their details with local treatment services as appropriate (the Sexual Health service and Reset Treatment Service’s BBV Team) should their test return a positive result
      5. Test results will be sent by the lab to the Sexual Health Service based at Ambrose King Centre.
      6. Test results will be communicated to the client by the Sexual Health Service. To facilitate this, the Pharmacy must obtain client contact details where possible. Failing to do so, or in cases where the client does not have a telephone number, clients must be encouraged to return to the pharmacy to receive and discuss their results
      7. The Sexual Health Service will liaise with the Blood Borne Virus Team based within Reset Treatment Service to establish whether clients testing positive are known to the BBV Team
      8. The Sexual Health Service will refer clients not known to the BBV Team to Reset Treatment Service
      9. In the case of any client being uncontactable, the Sexual Health Service will flag up the client with the pharmacy, BBV Team and Drug & Alcohol Outreach Teams.
      10. The Pharmacy is encouraged to utilise the Drug & Alcohol Outreach & Referral to make contact with clients who produce reactive tests but do not re-engage or do not return to the Pharmacy
      11. Clients who do not consent, or decline the test offer should be signposted to the Reset Treatment Service
      12. A suitable training provider will be identified by the DAAT and will provide training to Pharmacy Staff to support this provision
   7. The pharmacy will dispense naloxone/ prenoxad kits to clients accessing the service
   8. Clients who report non-engagement with substance misuse services and do not have access to naloxone/ prenoxad should be targeted
   9. The Pharmacy must ensure appropriate levels of stock. Kits will be ordered alongside needle exchange packs through the Tower Hamlets approved contract.
   10. Clients must not be issued with a naloxone/ prenoxad kit at each visit; but can be issued with a replacement kit if the previous has been used or no longer in the client’s possession
   11. The Pharmacist must provide a brief consultation/training to the client on how and when to use naloxone
   12. The Pharmacy must maintain accurate records of naloxone/ prenoxad kits dispensed, including date of issue and expiry date.
   13. Naloxone/ Prenoxad ‘Train the Trainer’ training will be facilitated by the DAAT
   14. No separate fee will be paid for dispensing naloxone; this is considered part of the needle exchange transaction.
2. **Staff Requirements and Health & Safety**
   1. It is expected that the regular pharmacist at the Pharmacy is registered with the Royal Pharmaceutical Society (RPS), has completed the appropriate needle exchange and harm reduction training organised by LBTH and has completed the Centre for Pharmacy Postgraduate Education (CPPE) Training - Substance Use and Misuse.
   2. All Pharmacy staff delivering needle exchange services will receive appropriate training. Mandatory training by DAAT will be delivered on an annual basis.
   3. It is expected that staff continue to update their knowledge and skills by attending additional training where necessary and utilise guidance and learning materials such as the NICE PBNX (pharmacy-based Needle Exchange) Programme for Community Introduction.
   4. Pharmacy staff involved in the scheme must be made aware of the risks associated with handling returned used injecting equipment. Needle stick injury procedure and infection control policies must be in place.
   5. Pharmacy staff delivering needle exchange services should have access to vaccination against hepatitis B and are encouraged to have relevant immunisations.
   6. Successful providers are expected to establish pathways with Reset Drug & Alcohol Services, understand the treatment provision and offer and attend service open days as appropriate.
3. **Sharps and Hazardous Waste Collections**
   1. Collections of sharps and hazardous waste will be delivered by a dedicated supplier commissioned by LBTH DAAT.
   2. The cost of sharps bins collections will be met by LBTH DAAT.
   3. The Pharmacy must ensure sharps containers and used equipment are disposed of safely as clinical waste and through suitable sharps bins provided.
   4. The Pharmacy must ensure this type of waste is not mixed with any other types of waste or disposed of through other bins.
   5. The collection of sharps bins will take place on a monthly basis. Full bins taken away will be replaced by empty bins of the same size.
   6. The Pharmacy will be expected to provide a signature as way of confirming that full sharps bins are collected and replacement bins are provided.
   7. Sharps bins must be kept in a safe place away from service users and the general public and must be used for this provision only.
   8. Additional collections (on top of standard allocation) where required, must be requested through LBTH DAAT (e.g. if allocated sharps bins become full well in advance of the scheduled collection date)
4. **Confidentiality and Information Sharing** 
   1. The Pharmacy must ensure compliance with the General Data Protection Regulation which came into effect on 25th May 2018.
   2. Service user confidentiality must be maintained. It is recognised that there are exceptional circumstances where confidentiality cannot or should not be preserved (refer to pharmacist professional codes of conduct and LBTH Terms and Conditions for further information).
   3. Neither party will disclose to any other third party, except those directly involved in the service users’ clinical management information concerning any service user without their consent, except in defined exceptional circumstances.
   4. For clients engaging in the BBV and STI support interventions, client details will be shared with the Sexual Health Service and consent must be sought from the client. For this purpose, written consent must be sought from the client to share their details.
   5. Written consent must also be sought where referral is made to Reset Treatment Service.
   6. A consent form template will be developed and provided by the DAAT.
5. **Expected Outcomes** 
   1. An increase in the number of needle exchange transactions taking place across Tower Hamlets
   2. Increased access to safe injecting equipment for injecting drug users
   3. Reduced levels of drug related litter and paraphernalia being disposed of unsafely and inappropriately
   4. Increased number of drug users engaging in structured treatment
   5. Increased access to screening and diagnosis of blood borne viruses and reduced spread of blood borne viruses amongst injecting drug users.
   6. Promote safe injecting practice and reduce practice of sharing injecting equipment.
   7. Increased access to foil as a harm reduction initiative, promoting smoking as an alternative to injecting.
   8. Reduce drug related deaths, whether deaths associated with overdose or health complications related to unsafe injecting practice.
6. **Quality and Performance Indicators**
   1. The Pharmacy will successfully refer a minimum 10 clients, with their consent, into Reset Treatment Service during each year of the contract. This will be evidenced and monitored through NDTMS Adult Activity Reports collated by the DAAT and Reset Treatment Service.
   2. This target refers to clients accessing the needle exchange service who report non-engagement with drug and alcohol treatment services.
   3. Clients referred must be Tower Hamlets residents and referrals made to Reset Treatment Service.
   4. A successful referral means a referral resulting in a service user commencing structured treatment at a community based substance drug and alcohol treatment service i.e. Reset Treatment Service. This will be referred to as a ‘treatment start’.
   5. A referral requires the completion and sending of a referral form to Reset Treatment Service; contact details for relevant services and a copy of the referral form will be provided by the DAAT.
   6. Referral forms must be sent securely, through a secure e-mail to ensure data security.
   7. Meeting the above target of treatment starts will be attached to a Payment by Results elements, the details of which are outlined below.
   8. LBTH DAAT will carry out an audit on an annual basis with prior notice.
   9. Performance indicators and targets will be reviewed after the first year of the contract and additional performance targets may be introduced.
   10. **Where essential and required registration, training and policies are not currently in place, the Pharmacy awarded this contract must commit to completing the above requirements and be able to submit evidence prior to implementation of the contract. This is expected to be no longer than 3 months.**
7. **Activity and Data Recording** 
   1. The Pharmacy must record each exchange on PharmOutcomes; data recorded will include:
      1. Unique identification number of each client accessing the service
      2. Ethnicity of client
      3. Gender of client
      4. Sexual Orientation
      5. Date the exchange took place
      6. Type and quantity of packs provided
      7. Additional sharps bins provided
      8. Foil provided
      9. Any equipment returned
      10. Interventions offered
      11. BBV and STI intervention offered
      12. BBV and STI intervention uptake
      13. Knowledge of and access to Naloxone/ Prenoxad
      14. Naloxone/ prenoxad offered
      15. Naloxone/ prenoxad uptake
      16. Naloxone/ prenoxad kit expiry date(where given out)
      17. Whether client is already engaged in treatment
      18. Referral made to Reset Treatment Service
      19. Name of Pharmacist delivering the service
      20. Any additional notes
   2. Each exchange must be recorded at the time of the exchange and submitted by the date specified in order to receive payment for that month.
   3. PharmOutcomes forms must be completed in full; incomplete information may lead to the exchange not being remunerated.
   4. Late data submissions may result in loss of payment for exchanges not recorded or submitted correctly.
   5. Activity reports will be generated through PharmOutcomes on a monthly basis.
   6. For clients accepting BBV and STI test offer, the Pharmacy must record locally (in addition to the above):
      1. Consent to share information with the Sexual Health Service
      2. Unique identification number of each client
      3. Client initials and date of birth
      4. Test taken
      5. Date test carried out
      6. Client contact details
      7. The above details are to be recorded internally but are not required for submission through PharmOutcomes.
   7. The Pharmacy will provide additional data to LBTH DAAT for the purpose of audit, research or data analysis where required to do so.
   8. The pharmacy will record and report number of and details of referrals made to Reset treatment service and submit to the DAAT on a monthly basis.
   9. Any incidents, accidents or near misses must be recorded by the Pharmacy and reported to LBTH DAAT within 7 calendar days of the incident taking place.
8. **Remuneration and Payments**
   1. Payment will be made on a monthly basis in arrears subject to PharmOutcomes reports being received.
   2. The Pharmacy will receive a payment of £1.20 for each individual/ unique transaction (dispensed) and £1 for each individual / unique return (paraphernalia or sharps bins returned).
   3. A payment by results element is attached to this contract, the value of which will be paid the end of the financial year if the Pharmacy successfully reach their target of treatment starts.
   4. The Pharmacy will receive £250 incentive for successfully achieving a minimum of 10 client treatment starts. This refers to clients being referred to and commencing treatment at Reset Treatment Service.
   5. Each exchange must be recorded at the time of the exchange and submitted by the date specified in order to receive payment for that month. Pharm Outcomes forms must be completed in full. Incomplete information may lead to the exchange not being remunerated.
   6. Late data submissions may result in loss of payment for exchanges not recorded or submitted correctly.
   7. The DAAT shall notify the Pharmacy as soon as possible if it considers information submitted by the Pharmacy to be incorrect or that the stated services have not been provided in accordance with this agreement; in such circumstances, any payment due may be withheld.
   8. Any payment reconciliation must be made within the same financial year. Payment reconciliation may include claims/ invoices not received by the Finance department.
   9. The cut off point for payment is 5th of eachmonth (which is the PharmOutcomes system payment run). *Pharmacists are advised to ensure they enter all their information on to the system by the* ***4th of each month*** *as claims will not be accepted 2 months after this date.*
   10. The grace period is 2 months. The funding runs on the 5th of every month and will look at provisions that are within the two months previous to the invoice running. i.e. with regards to a provision from the month of March (regardless to how late in the month the provision date is) the invoice that runs on the 5th of May would be the last chance to have it processed by the invoicing system. By the 5th of June it is too late and the provision will be ignored. So any March provisions will be out of grace.

**Appendix 1**

***STI Screening including Chlamydia screening and treatment***

Under the related sexual health services contract, service providers will receive:

* A fee of £1 for each STI kit supplied (including Chlamydia/Gonorrhoea screening kit)
* A fee of £5 for each completed kit received at the lab
* A fee of £7.50 for a positive Chlamydia result
* A fee of £15 + drug cost for treatment. Pharmacies involved in the treatment of Chlamydia will need to undertake Patient Group Directive training with Barts Health. The training is currently scheduled twice yearly.

Payment for delivery of this provision will be verified and made under a separate contractual arrangement through LBTH Public Health.

**Appendix 2**

Reset Drug & Alcohol Treatment Service

An integrated service which provides structured drug and alcohol treatment interventions to Tower Hamlets residents aged 18 or over.

Support offered includes advice and information for substance users and others concerned or affected by someone else’s substance use.

Interventions offered include key working, substitute medication, community alcohol detoxification, nurse appointments for healthcare assessments, HIV and hepatitis B and C testing and immunisation, counselling, abstinence based groups, whole family interventions and more.

The Service is also supported by Outreach and Recovery Support Services.

**Appendix 3**

[Hepatitis C: Enhancing Prevention,Testing and Care](http://elearning.rcgp.org.uk/course/view.php?id=175) Training

<http://elearning.rcgp.org.uk/course/info.php?popup=0&id=175>

1. Please refer to Appendix 2 for further information [↑](#footnote-ref-2)