



# Needle and Syringe Programmes in Community Pharmacy

An additional service for community pharmacy

## Authors

Name	Role
Adam Mackridge	Strategic Lead for Community Pharmacy (BCUHB)

## Key dates

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## Key dates

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This document describes the specification and standards pertaining to the provision of the above service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of the service.

## Version history

Version	Changes from previous version	Date
1.0	First approved version	26 July 2022

## **1. INTERPRETATION**

- 1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.
- 1.2. “Contractor” means a person lawfully conducting a retail pharmacy business.
- 1.3. “Harm Reduction Database Wales” (or “HRDW”) means the recording system that is provided to contractors for the purpose of documenting activity under this service.
- 1.4. “Local Health Board” (LHB) means the Local Health Board from which the service has been commissioned.
- 1.5. “Onward Distribution” means the collection of injecting equipment or written information resources by an individual who then passes these to one or more people who inject drugs for their use.
- 1.6. “Pack Service” means a service where Service Users are provided with equipment in pre-packed sets, containing standard equipment and paraphernalia for a defined number of injections for a particular drug group.
- 1.7. “Pick and Mix Service” means a service where Service Users are able to select the items they need from a range of equipment kept by the pharmacy (see Provider Pack for details of equipment).
- 1.8. “Pharmacy” means any premises included on a health board pharmaceutical list where a pharmacist provides drugs or services as part of pharmaceutical services.
- 1.9. “Provider” means an individual who meets the criteria set out in Section 7, who is providing the service.
- 1.10. “Service User” means any person in receipt of the service.

## **2. SERVICE AIMS**

- 2.1. To enable community pharmacies to contribute to a comprehensive needle and syringe programme and to the wider arrangements for harm reduction through the provision of an easy-access and user-friendly service for all people who inject drugs (PWID)

## **3. SERVICE OUTCOMES**

- 3.1. Reduction in the proportion of PWID who reuse their own or share injecting equipment and participate in other high risk injecting behaviours

- 3.2. Provision of a comprehensive range of equipment to reduce risk of harm from injection of psychoactive substances and/or image and performance enhancing drugs (IPEDs)
- 3.3. Provision of safe disposal arrangements for used injecting equipment contributing to reduction in drug litter, waste, and risk to local communities arising from accidental exposure
- 3.4. An increase in the proportion of people from each group of PWID who are in contact with Needle and Syringe Programmes
- 3.5. Availability of advice and information on, and referrals to, services which aim to: reduce the harms associated with injecting drug use; encouragement for people to stop using drugs or to switch to non-injecting methods (for example, opioid substitution therapy, or use of foil for smoking); and address their other health needs.
- 3.6. Availability of advice and information on, and referrals to, services which aim to: support effective management of bacterial skin and soft tissue infections and support identification and treatment of people with blood-borne viruses (Level 2 only)
- 3.7. Provide access to, and knowledge on safe use of, take home naloxone (THN) and drug poisoning prevention strategies (Level 3 only)

#### 4. SERVICE OVERVIEW

- 4.1. The service can be commissioned at three levels from a given pharmacy:

- 4.1.1. **Level 1 (Supply only):**

- 4.1.1.1. Distribution<sup>1</sup> of (a) pre-pack, or (b) Pick and Mix,<sup>2</sup> injecting and sharps disposal equipment that is suitable and in sufficient quantities to the needs of the Service User;<sup>3</sup>

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<sup>1</sup> At Level 1, staff providing the service are not expected to give detailed advice on product choice. However, where needed, they should support Service Users with a product choice guide – See Provider Pack.

<sup>2</sup> As agreed between the Local Health Board and Contractor at commissioning – See Provider Pack for details of equipment that must be stocked.

<sup>3</sup> In line with NICE and Welsh Government guidance, supply of injecting equipment should **never** be conditional on the return of sharps waste, and **no limits** should be placed on the type or quantity of equipment provided. Onward Distribution is **permitted** and if large quantities are requested, these should be supplied.

4.1.1.2. Provision, on request, of written information on harm reduction and details of local specialist harm reduction services;

4.1.1.3. Acceptance of returned sharps waste.

4.1.2. **Level 2 (Supply with proactive support/advice):**

4.1.2.1. Level 1 service; **and**

4.1.2.2. Proactive offer of verbal advice and written information on relevant harm reduction topics;

4.1.2.3. Proactive identification of services users who may benefit from other harm reduction services and offer of signposting or referral into these (e.g. for management of bacterial and soft tissue infections).

4.1.2.4. Actively identify individuals who have not had a recent test for blood-borne viruses and offer signposting to available testing services, or provide in the pharmacy, where commissioned.

4.1.3. **Level 3 (Naloxone):**

4.1.3.1. Level 1 or 2 service; **and**

4.1.3.2. Provision of take home naloxone and advice/training on its safe use;

4.2. The Provider will offer a user-friendly, non-judgmental, client-centred, and confidential service.

4.3. The Provider will complete the relevant section of the National Harm Reduction Database to ensure effective ongoing service delivery and audit – see section 6.

4.4. This service can be offered to anyone requesting the service.

## 5. PROVIDER RESPONSIBILITIES

5.1. Prior to providing a service, the provider will apply to their Local Health Board using the agreed process;

5.2. All levels of service will normally be available for the full published opening hours of the pharmacy and sufficient staff should be trained as Service Providers to facilitate this (excluding in exceptional circumstances).

5.3. When a Level 1 service is commissioned, the provider will:

5.3.1. Hold quantities of equipment and information resources in stock, sufficient to meet the needs of Service Users between deliveries;

- 5.3.2. Where the Service User is accessing the service for the first time (evidenced by no entry in the Harm Reduction Database Wales), ascertain and enter details of current drug use in the HRDW;
  - 5.3.3. Provide sufficient injecting equipment including paraphernalia to the Service User to allow for the use of sterile equipment for each injecting event – such supplies may be offered in either a (a) Pack service or (b) Pick and Mix service format<sup>4</sup> (as agreed between the LHB & Contractor) to meet the needs of the Service User;
  - 5.3.4. Encourage Service Users to return used injecting equipment through the provision of safe disposal (sharps) bins;
  - 5.3.5. Provide, on request, written information to the Service User relating to relevant harm reduction topics, including: overdose prevention, injecting technique, blood borne virus prevention, and alternatives to injecting as appropriate.
- 5.4. When a Level 2 service is commissioned, the provider will:
- 5.4.1. Hold quantities of equipment and information resources in stock, sufficient to meet the needs of Service Users between deliveries;
  - 5.4.2. Where the Service User is accessing the service for the first time (evidenced by no entry in the Harm Reduction Database Wales), undertake an initial assessment, including collection and entry of relevant data in the HRDW;
  - 5.4.3. Provide sufficient injecting equipment including paraphernalia to the Service User to allow for the use of sterile equipment for each injecting event – such supplies may be offered in a (a) Pack service or (b) Pick and Mix service (as agreed between the LHB & Contractor) to meet the needs of the Service User,<sup>5</sup> including helping the service user to identify the most appropriate equipment for their needs;
  - 5.4.4. Encourage Service Users to return used injecting equipment through the provision of safe disposal (sharps) bins and advice on how to dispose of used equipment safely;

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<sup>4</sup> As agreed between the Local Health Board and Contractor at commissioning – See Provider Pack for details of equipment that must be kept

<sup>5</sup> NICE guidance recommends that there is more than 100% coverage of equipment, so it is preferable to provide too much equipment, rather than insufficient. In line with NICE and Welsh Government guidance, supply of injecting equipment should **never** be conditional on the return of sharps waste, and **no limits** should be placed on the type or quantity of equipment provided. Onward Distribution is **permitted** and where large quantities are requested, these should be supplied.

- 5.4.5. Use the Service User's HRDW record to identify those that may benefit from harm reduction information and advice and offer this on a quarterly basis where possible. Advice and information may relate to overdose prevention, injecting technique, blood borne virus and other infection prevention, risk of polypharmacy (including use of prescribed/illicit/diverted medications), alternatives to injecting, ongoing health problems, prior non-fatal overdose, and injecting site infections.
  - 5.4.6. Where appropriate, proactively offer to signpost, or refer, Service Users to other drug and health related services available locally. This may include the provision of information or advice, or supporting a Service User to arrange an appointment to access a relevant service.
- 5.5. When a Level 3 service is commissioned, the provider will:
- 5.5.1. Hold quantities of naloxone kits in stock, sufficient to meet the needs of Service Users between deliveries;
  - 5.5.2. Proactively offer naloxone supply or training on each occasion that a service user who injects opioids obtains injecting equipment;
  - 5.5.3. On request from an individual who injects opioid drugs, or associates with an individual who injects opioid drugs:
    - 5.5.3.1. Provide an approved naloxone kit;<sup>6</sup>
    - 5.5.3.2. Provide training (and confirm understanding) on its safe use and management of overdose, where this has not been provided in the past 12 months (as confirmed on HRDW). Training must include, as a minimum, advice on:
      - 5.5.3.2.1. How to identify a suspected opiate overdose
      - 5.5.3.2.2. When to call 999
      - 5.5.3.2.3. Rescue breathing, cardiopulmonary resuscitation (CPR) and the recovery position
      - 5.5.3.2.4. What naloxone is, what it does, what it can't do,
      - 5.5.3.2.5. The short acting nature of Naloxone
      - 5.5.3.2.6. When and how to administer naloxone

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<sup>6</sup> Note that no prescription or PGD is required for supply of nasal or injectable naloxone as permitted in the Human Medicines Regulations 2012 (Schedule 17, Part 2, Line 4a).

5.5.3.2.7. The importance of staying with a casualty after administration

5.5.3.2.8. The importance of checking the expiry date on the naloxone kit periodically

5.5.3.3. Pro-actively identify individuals who have not received training on safe use of naloxone in the past 12 months and provide, or support access to, this training at the first opportunity;

## 6. RECORD KEEPING

6.1. On each occasion where a service is provided, the provider will:

6.1.1. Identify any pre-existing record for the Service User maintained within the Harm Reduction Database and, where none exists, create a record;

6.1.2. Document, as soon as possible after the consultation,<sup>7</sup> the Service User's initials, date of birth, gender, substance used, route and frequency of administration, and equipment provided in the Service User's record in the Harm Reduction Database<sup>8</sup>

6.1.3. For Level 2 service provision:

6.1.3.1. Complete and document an initial assessment using the Service User's details section of Harm Reduction Database Wales (new Service Users only);

6.1.3.2. Document current drug use, injecting frequency and risk behaviour (record to be updated at least 6 monthly);

6.1.3.3. Document any information provision, signposting, or referral activity that has been offered or undertaken in respect of clauses 5.4.5 and 5.4.6;

6.1.4. For Level 3 provision, in the HRDW record associated with the Service User:

6.1.4.1. Where supplying naloxone, record the reasons for supply or re-supply (i.e. used, lost, damaged or date expired);

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<sup>7</sup> This should normally be done by the 5<sup>th</sup> day of the calendar month following that in which the supply has been made (unless the HRDW is not available owing to a technical problem).

<sup>8</sup> A paper recording system may be used where this facilitates provision of the service. However, Service Providers will need to ensure that they are aware of the Service User's current status in terms of advice given/training on Naloxone etc. when providing Levels 2 and 3 services. A paper form is available in Provider Pack

6.1.4.2. When providing training, record details of the training given, and enter the full name of the person providing training in the 'Note' field on the consent page;

6.1.4.3. Record supply of naloxone on the pharmacy PMR record for the Service User.

6.2. HRDW records will be periodically audited to confirm that the service has been provided in line with the service specification for the relevant Level of service that has been commissioned in the pharmacy.

## **7. STAFF TRAINING AND ACCREDITATION REQUIREMENTS**

### 7.1. For the Level 1 Service

7.1.1. Each pharmacy must provide details of one or more staff who will access as a point of contact for the LHB and Harm Reduction Team. The point of contact will be familiar with the ordering process for replenishment of equipment and written information, as well as how to use the Harm Reduction Database Wales;

7.1.2. Although no formal training is required, the following requirements must be met by anyone providing the Level 1 service

7.1.2.1. Be familiar with the equipment and packs that they are handing out and local services for people who inject drugs (to enable signposting where asked by Service Users); and

7.1.2.2. Know how to record transactions in the Harm Reduction Database Wales; and

7.1.2.3. Understand the importance of non-judgemental service provision and how to offer services in an inclusive way.

### 7.2. Level 2 Service

7.2.1. All staff providing the service must meet the training requirements for the service, as detailed in the National Clinical Services Accreditation (NCSA) hub on the HEIW website; and

7.2.2. Have their names included in the All Wales Pharmacy Database (or equivalent for non-registrant staff) for the service.

### 7.3. Level 3 Service



- 7.3.1. All service providers must meet the training requirements for the service, as detailed in the NCSA hub on the HEIW website

## **8. CONTRACTOR RESPONSIBILITIES**

- 8.1. Contractors wishing to provide the service from their premises will apply to their Local Health Board using the locally agreed process.
- 8.2. The contractor will ensure that the service is provided only by individuals who meet the standards set out in section 7.
- 8.3. Other than with the agreement of their Local Health Board, the contractor will ensure that the service is provided from a discrete area of the pharmacy which is distinct from the general public areas of the pharmacy. Service Users should be offered the opportunity to access the service in a consultation area, particularly where the nature of discussions is likely to be sensitive or personal in nature.
- 8.4. The contractor will ensure that all staff involved in providing the service have indemnity insurance covering the provision of the service.
- 8.5. The contractor will ensure that all providers of the service from their premises will have access to the Harm Reduction Database Wales.
- 8.6. The contractor will have awareness of, and ensure the service is provided in accordance with any relevant standards.
- 8.7. The contractor will ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met. This includes implementation of one or more standard operating procedures relating to provision of all aspects of the service.
- 8.8. The contractor will ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with his or her obligations under The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022.
- 8.9. The contractor will participate in any reasonable publicity of the availability of the service required by the Local Health Board and will not publicise the availability of the service other than with the agreement of the Local Health Board.
- 8.10. The contractor shall have appropriate arrangements in place to maintain service continuity and take all reasonable steps to ensure that patients are able to access this service. In the event of unforeseen service unavailability, the contractor shall signpost patients to alternative providers.

- 8.11. The contractor will ensure that they have in place relevant policies for safe and effective delivery of the service, to include policies on needle stick injury, working with young people (under 18 years), and confidentiality.
- 8.12. The contractor will ensure that all staff involved in provision of the service are offered the opportunity to be vaccinated against Hepatitis B, and records maintained of vaccinations received, or declined. Information on the number of staff involved in vaccination, and the number who have been offered, and taken up, vaccination may be requested by the LHB. No personal data regarding vaccination status would be requested.

## **9. LOCAL HEALTH BOARD RESPONSIBILITIES**

- 9.1. The Local Health Board will enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service. The format of the SLA may be determined locally but its content will not contain additional requirements over and above the provisions of this specification.
- 9.2. The Local Health Board will arrange supply mechanisms for injecting equipment, naloxone and information resources to support the delivery of this service. Once the initial arrangements are in place, the contractor is responsible for ensuring adequate replenishment of stock via these mechanisms, as needed.
- 9.3. The Local Health Board will make necessary arrangements for collection of any waste received under clause 4.1.1.3
- 9.4. The Local Health Board, or its authorised officer, will provide details of local organisations/teams, which provide services that are relevant to PWID. The Local Health Board will also have in place reasonable measures to ensure that pharmacies and other stakeholders are aware of local service provision.
- 9.5. The Local Health Board, or its authorised officer, will ensure that procedures are in place to facilitate effective communication and referral between providers and appropriate local NHS services.
- 9.6. The Local Health Board will make provision for the Harm Reduction Database Wales to be available to each pharmacy providing the service
- 9.7. The Local Health Board will support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board.
- 9.8. The Local Health Board will support the handling of any complaints or issues relating to the service so far as they relate to issues within the control of the Local Health Board.

## **10. WELSH GOVERNMENT RESPONSIBILITIES**

- 10.1. The Welsh Government, or its authorised officer, will in conjunction with Local Health Boards, and in consultation with Community Pharmacy Wales, determine the fees and allowances payable in respect of the service.
- 10.2. The Welsh Government will make provision for the details of each pharmacy providing the service to be included in the All Wales Pharmacy Database.
- 10.3. The Welsh Government will ensure reasonable access to the All Wales Pharmacy Database for contractors wishing to verify the accreditation of one or more of their staff member(s).
- 10.4. The Welsh Government will make provision for an appropriate level of service performance information to be available to, the contractor, Local Health Boards and other organisations of NHS Wales (e.g. Public Health Wales NHS Trust), and to Community Pharmacy Wales.
- 10.5. The Welsh Government, or its authorised officer, will in consultation with CPW support the resolution of difficulties, complaints or issues which cannot be resolved in accordance with 9.7 & 9.8.
- 10.6. The Welsh Government will make a Harm Reduction Database available for use in provision of this service.

## **11. CONFIDENTIALITY AND DATA PROTECTION**

- 11.1. The Contractor will ensure that no staff member, whether during or after an appointment, discloses or allows to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired in the course of carrying out their duties under this Agreement, except as may be required by law or as directed by the Local Health Board.
- 11.2. The Contractor will protect personal data in accordance with the provisions and principles of Data Protection Act, GDPR and the Confidentiality: NHS Wales Code of Practice, and will ensure that all staff that have access to data relevant to this Additional Service are informed of, and comply with this requirement.
- 11.3. The Contractor will, at all times, ensure that appropriate technical and organizational security measures are taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
- 11.4. The Contractor will be aware that the any information held by the Welsh Government, Local Health Boards or their authorised officers is subject to disclosure under the Freedom of Information Act.

## **12. AUTHORISED OFFICERS**

- 12.1. For the purpose of the service, the Welsh Government and Local Health Board will inform the Contractor immediately, in writing, of the details of any officer authorised to act on its behalf. Any notice, information or communication given by the authorised officer will be deemed to have been given by the Welsh Government or Local Health Board as the case may be.

## **13. REVIEW VARIATION AND TERMINATION**

- 13.1. Variation to the service specification, competency and training requirements, or the Harm Reduction Database will only be made with the agreement of the Welsh Government, following consultation with Community Pharmacy Wales.
- 13.2. Contractors will be notified of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received, other than where it is clinically or legally necessary to do so. Contractors who do not wish to abide by any variations to the service should give notice to cease providing the service in accordance with 13.3.
- 13.3. A Contractor may cease to provide the service by giving notice in writing to the Local Health Board. In the event of such notice, the service will be terminated 90 days after that notice is received
- 13.4. LHBs may cease to commission the service by giving notice in writing to the Contractor. In the event of such notice, the service will be terminated 90 days after that notice is received

## **14. FEES AND ALLOWANCES**

- 14.1. Contractors will be paid professional fees as set out for the relevant level(s) in Part VIE of the Drug Tariff.
  - 14.1.1. Fees will be paid at level 1 *or* level 2, based on commissioned service level. Where commissioned, any Level 3 fees due will be paid in addition to any level 1 or 2 fees due to the pharmacy.
- 14.2. Contractors will submit all claims using the national Harm Reduction Database Wales
  - 14.2.1. Level 1 & 2 - HRDW activity will be used to determine transaction fees and eligibility for annual retainer fee – rates will be based on the level of service that the pharmacy is commissioned under:

- 14.2.2. Level 3 - HRDW activity of number of supply transactions and number of individuals trained (*if appropriate, number of packs supplied will also be captured for reimbursement at tariff rates*)
- 14.3. Fees and allowances will be paid monthly in arrears
- 14.4. Claims for payment will be subject to Local Health Board arrangements for Post Payment Verification.
- 14.5. All injecting equipment and other resources will be provided free of charge to the pharmacy
- 14.6. Depending on local arrangements, naloxone kits will either be supplied to the pharmacy free of charge, or purchased by the pharmacy directly from their wholesaler. Where the pharmacy has purchased the kits, the cost of any kits that have been supplied, and the value of any expired kits (where claimed), will be reimbursed at current drug tariff rates