



PSNE Ltd

Newcastle – needle exchange

Valid from 1st December 2019

Needle Exchange Service

<p>1.</p>	<p>Overall purpose of service</p> <p>To ensure that injecting drug users within Newcastle upon Tyne have access to needle exchange facilities across the city</p> <p>Newcastle City Council are committed to working to reduce a number of health and social harms associated with illicit drug use.</p> <p>Community based needle exchange and associated harm reduction initiatives are an important element of a wider approach aimed at reducing and preventing the spread of blood borne viruses and other drug related health harms and reducing drug related deaths. They are particularly important as they often have contact with drug users who are not engaged with any other specialist services or generic health professionals.</p> <p>Newcastle pharmacy needle exchange provision links into and is coordinated by the Newcastle Harm Reduction Service (NHRS). It plays a crucial role in reaching drug users not engaged in treatment, providing clean equipment, harm reduction advice and wider health information and linking them into specialist services, as and when required.</p>
<p>2.</p>	<p>Expected outcomes for service</p> <p>The service will:</p> <ul style="list-style-type: none"> ● Reduce the health and social harms associated with injecting drug use. ● Contribute to a reduction in discarded injecting equipment and paraphernalia and associated risks to public health. ● Facilitate access to specialist drug treatment services and generic health services for injecting drug users. <p>The specific objectives of the service are to:</p> <ul style="list-style-type: none"> ● Offer a user friendly, non-judgemental, client centred, safe and confidential service. ● Reduce the spread of blood borne viruses (BBV) associated with injecting drug use through the minimisation of sharing equipment between clients and reducing the rates of other high risk injecting behaviours. ● Reduce the social and physical harms associated with injecting drug use, including promoting safer injecting practices. ● Increase and facilitate access to treatment services for clients who are not already engaged in structured treatment. ● Reduce the potential for unsafe disposal of used injecting equipment and therefore reduce the risks to public health. ● Provide and reinforce harm reduction messages including safe sex advice and advice on overdose prevention. ● Maximise the benefits of accessing community pharmacies, such as general health improvement and signposting to other services.
<p>3.</p>	<p>Evidence base for the service</p> <p>National Guidance</p> <p>The service will adhere to all relevant guidance including but not limited to:</p> <ul style="list-style-type: none"> ● Drug misuse and dependence – guidelines on clinical management (Department of Health, 2017) ● Needle and syringe programmes Public health guideline [Nice PH52] 2014

- [\(Good practice in harm reduction](#) (National Treatment Agency, 2008)
- [Understanding and Preventing Drug Related Deaths, Public Health England 2016](#)
- [Models of care for adult substance misusers: updated 2006](#) (National Treatment Agency, 2006)

The service is expected to adhere to all such relevant guidance, including any new publications in-year, and provide details of compliance where necessary.

Local information

There are an estimated 2,051 opiate and crack users in Newcastle, this includes:

- 1783 opiate users
- 1076 crack users

There are also an estimated 659 injectors. This figure does not include Image and Performance Enhancing Drug (IPED) users (i.e. steroid users)

(Public Health England Joint Strategic Needs Assessment (JSNA) figures for Newcastle 2016/17)

Drug related death and overdose remains a priority nationally and for the city. Nationally, drug related deaths have continued to rise for the third year running, to their highest levels since records began in 1993 (ONS 2017 Report). Within England, the North East had the highest mortality rate from drug misuse in 2016 for the third year running (77.4deaths per million population).

Deaths are notably linked to opiates, with cocaine related deaths increasing (including a rise in crack). Poly use is common – other substances such as benzodiazepines, prescribed opiate medication (including not prescribed to the individual where diversion has taken place) is common in the profile of local deaths. Prison release / hospital discharge is a risk area.

There is also national concern about increases:

Crack cocaine use between 2010/11 and 2014/15.

90% of Hep C diagnosis in UK are acquired by injecting drug users.

Injecting drug use has increased with cocaine, crack and amphetamines and new initiation to injecting has increased.

Injecting injuries have increased (particularly in the younger aged groups)

Purity of drugs is rising: at user level

- Heroin – 43% - double the purity since 2011
- Cocaine 54%
- Crack – 71% (up from 26% in 2011)

4. Scope of service

4.1 Service description (including target group)

The service will deliver a needle exchange service to injecting drug users. This will include the distribution of sterile injecting equipment and associated paraphernalia and the safe disposal of returned used injecting equipment.

All pharmacies delivering needle exchange facilities must:

- Ensure that their service links with the NHRS, working closely with the Pharmacy Coordinator within that service.
- Liaise or refer users to the central service for a thorough assessment, if they are not known or where their levels of use require further support.
- Obtain the various injecting equipment and associated paraphernalia to meet the needs of injecting drug users from the NHRS.
- Promote responsible discarding of used or unwanted equipment and collect this in.
- Ensure that the pharmacy has suitable clinical waste disposal arrangements.
- Promote the provision of 'take home naloxone' – available to all opiate users at risk of overdose through CNTW Addictions (Plummer Court – note the client does not need to access treatment to access naloxone) and very shortly, through the NHRS.
- Consistently promote safe injecting practices to avoid injection site infections and reduce the risks from infectious illnesses associated with injecting drug use.
- Adhere to and promote CNTW's policy on needle returns, which form part of the city wide strategy for combatting drug related litter.
- Provide a level of privacy to service users that safeguards and maintains their right to confidentiality, for example through the provision of a private area for transactions.
- Provide information on access to specialist services for service users who need specific harm reduction interventions, such as BBV screening or safer injecting advice and wound care.
- Promote and signpost when necessary into specialist treatment providers for substance misuse and into primary care providers.
- Encourage and support motivation for change and treatment readiness with service users.
- Promote overall health improvement advice including safer sex, nutrition and oral health.
- Offer advice on safe storage of equipment.
- Discuss using arrangements with users, taking note of any children or others who may be at risk, dissuade people from sharing equipment or injecting others.
- Ensure ongoing discussions with service users who are in treatment services and are also accessing needle exchange in pharmacy with a view to reducing their need to use the needle exchange service.
- Ensure that all activity is recorded onto the needle exchange modules on PharmOutcomes.
- Ensure that all clients of pharmacy needle exchange are registered with NHRS
- Report all activity at least monthly and upon request to NHRS.
- Ensure that pharmacy staff who deliver the needle exchange service attend update training including any harm reduction training offered by NHRS.

4.2 Entry into service (referral routes)

Access to the needle exchange scheme is open and voluntary. It will be delivered as an anonymous service that will record initials, date of birth and partial post codes of service users. Although referrals are made, and accepted, from a wide range of sources, the most common is self-referral and contact with other elements of the treatment system, such as structured treatment is not required to access this service. All service users accessing the service who have not previously had contact with the NHRS will be referred to NHRS for an assessment.

4.3 Exit from service (discharge criteria and planning)

There will be no formal discharge or planning involved in this service. The service user will continue to access the scheme as long as they have need to do so and may stop at any time.

4.4 Inclusion/exclusion criteria

This service is for adults over 18 years old only. Young people under this age attempting to access the service should be referred to the NHRS, who will coordinate harm reduction interventions as appropriate. Individual pharmacists reserve the right to refuse a service and refer on to the NHRS if they are concerned a client may be under 18.

There may be times that the provider wishes to exclude service users 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:

- Shoplifting or attempted shoplifting
- Accidents and injuries
- Acts of violence towards staff or customers
- Verbal abuse including threats of violence
- 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 service user. 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 service user will need to be referred to the NHRS. 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 service user.

4.5 Interdependencies

4.5.1 Referrals for specialist harm reduction interventions

Wherever possible and appropriate it will be the responsibility of the pharmacy to facilitate onward referrals into the NHRS when specialist interventions, beyond the usual scope of the needle exchange provision, are required. This could include a full assessment, care required around safer injecting practices, especially around high risk injectors, for example neck or femoral injectors, or venepuncture skills and wound management. The integrated treatment system delivers interventions that specifically aim to prevent diseases in service users due to blood borne virus (BBV), and also provide:

- Advice, information, and counselling as appropriate, for hepatitis B, hepatitis C, and HIV testing (pre- and post-test).
- Hepatitis C outreach clinics (in the central NHRS and also CNTW Addictions).
- Testing for blood borne viruses including hepatitis B, hepatitis C and HIV screening.
- Hepatitis B vaccinations - encourage users to complete the full course and regularly audit uptake.
- Referrals into treatment for Hepatitis B, C, HIV, and sexually transmitted infection.
- Take home naloxone (Prenoxad injection).

Pharmacists will potentially have more contact with service users than any other healthcare professionals and as such, pharmacists should be reinforcing the harm reduction messages around testing and vaccination against blood borne viruses. Should service users agree to testing and/or vaccination, the pharmacist will be responsible for making the referral.

4.5.2 Referrals to non-treatment services

Staff delivering needle exchange services should promote improving health as well as harm reduction including:

- Recognising people with physical health problems or severe mental health problems and referring them to appropriate services.
- Basic health examinations, including checks on injection sites, first aid, dealing with minor infections. If health problems are identified that cannot be dealt with in the pharmacy, the service user should be supported to access other appropriate services, such as GPs, walk in centres and where appropriate, A & E.
- Risk reduction advice and health promotion including contraception and safer sex, alcohol misuse and oral health. If risks or issues are identified onward referrals should be facilitated, for example to Genito-urinary Medicine (GUM) clinic.
- Poly use of substances, including using on top of prescribed medication and any risks this may present
- Changes in patterns of use.

4.5.3 Referrals into structured treatment

The provider will be responsible for actively encouraging and supporting motivation for change and treatment readiness. As such, should a service user state that they wish to be referred for treatment the provider should support the service user to contact the designated single point of contact within the community drug and alcohol treatment service for assessment. ¹

4.6 Location of service

The service will be delivered from any provider site within Newcastle that has applied for the scheme and has been approved. PSNE will reserve the right to contract with providers based on the needs of the local populations and as such may not contract with pharmacies that qualify for the scheme but are in areas with adequate provision.

4.7 Geographic coverage of service

There will be no boundary delineated and service users will have the choice of which provider to access, regardless of where they live to suit their wider needs such as access to work and childcare commitments.

4.8 Service availability (opening hours)

As a minimum, providers involved in the delivery of this service will be required to operate between the hours of 9.00 am-5.00 pm Monday to Saturday. However, due to the nature of the service user group, there will be a requirement for some service delivery beyond these hours, including evening service delivery where possible

4.9 Service Model

4.9.1 Standard Operating Procedures (SOP)

Each provider that operates the scheme should have an SOP that outlines what will happen when a service user accesses the scheme. It should contain all the information any member of staff would need to safely and effectively work on the needle exchange service. 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.

4.9.2 First presentation

When a service user who has not accessed the scheme before presents to the service requesting needle exchange, the following steps must be followed:

4.9.2.1 The service user should be taken to a confidential area, where an initial assessment (registration) form will be completed to ascertain the needs of the service user in relation to injecting equipment. Information from the initial assessment/registration form will be recorded onto PharmOutcomes

4.9.2.2 The process of exchange must be explained to the service user including the importance of returning used equipment.

4.9.2.3 If it is not possible to undertake an initial assessment/registration the first time a service user attends due to exceptional circumstances, the provider may make a judgement to issue equipment if there are risks of not doing so, for example, high risk injecting behaviours. The service user will be informed that they must return and undertake an assessment at a later date and before any further equipment is exchanged.

4.9.2.4 In addition to the injecting equipment itself the service user should be offered information, both verbal and written on the following:

¹ As at 2018 this service is provided by Change Grow Live contact tel. no. 0191 261 5610

- Harm reduction relating to their own drug used
- Safer injecting practices
- Hygiene and wound care to prevent infection
- Blood borne virus prevention, testing and vaccination
- Sexual health including provision of condoms
- Overdose
- Safe storage of sharps
- Substance misuse services
- GPs

4.9.3 Subsequent presentations

Returning service users will provide basic information at each visit to the pharmacy, including initials, age and postcode. Pharmacy staff will provide appropriate equipment to meet the needs of the service user. Basic service user information and the quantities of injecting equipment issued will be recorded.

Follow up assessments for regular users of the needle exchange scheme should take place every six months to ensure that any changes to drug use or injecting behaviour are explored to ensure that the service continues to meet the needs of service users.

4.9.4 Returns

Pharmacies will work in line with the NHRS policy on equipment distribution and return rates. Equipment may be limited to users who are not returning in a responsible manner to reduce harm to local communities.

4.9.5 Provision of Injecting Equipment

Pharmacies will provide suitable injecting equipment to service users, based on their individual needs, taking into account the types of substances used and injecting sites.

4.9.6 Sourcing equipment

The NHRS is responsible for the sourcing and supply of equipment and paraphernalia. The pharmacies will liaise with the Pharmacy Coordinator at NHRS to ensure adequate stock levels to meet likely demand.

4.9.7 Sharps disposal

The pharmacy must ensure that their staff are aware of the risks associated with handling used injecting equipment and should be aware of the correct procedures which are in place to mitigate those risks. There should also be in place a procedure for dealing with needle stick injuries and all staff should be conversant with it. In addition, all staff operating the scheme should be immunised against Hepatitis B.

All users will receive a sharps box, which they must return as agreed with the user (depending on level of use etc). The pharmacist will be responsible for the safe storage and disposal of returned injecting equipment. This must be contracted with a waste disposal company that specialises in clinical waste and will be funded by the pharmacy.

4.9.8 Vaccinations for Hepatitis B

Vaccinations for Hepatitis B will be offered free of charge for up to three (3) members of pharmacy needle exchange staff per pharmacy per year. These vaccinations will be administered through the NCC Occupational Health Department and are subject to vaccine availability.

4.9.9 Recording transactions

When a service user routinely attends for needle exchange provision they should be asked for their initials, date of birth and postcode, which will be recorded on the monthly transaction log along with a record of

equipment issued. The member of staff should also record what returns have been made and what equipment is exchanged. Service users should be asked what has been returned and staff should not attempt to open sharps boxes or accept equipment which is not in a sharps container.

4.9.10 Confidentiality

The needle exchange scheme will be run as an anonymous service and will aim to protect the dignity and privacy of the service user. All records pertaining to needle exchange that contain personal information or information that could lead to the identification of a service user will be kept confidential and held in a secure manner. All service user documentation that is no longer needed will be disposed of as confidential waste and not disposed of in general waste unless shredded.

Some providers may deliver both supervised consumption of medicines and also needle exchange schemes from the same location. Service users who use the supervised consumption scheme should not be excluded from using the needle exchange scheme and they are not mutually exclusive. While service users are using both they should be considered as separate and although communication with prescribers regarding supervised consumption is encouraged and should be considered where safeguarding issues are identified in respect of behaviour which would constitute a risk of harm to self, there is not a requirement to routinely share information unless explicitly endorsed by the service user and outside of these instances information shared without consent or specifically to reduce risk of harm would be considered a breach of confidentiality. Pharmacies should use their relationships with service users to discuss their continued injecting behaviours, including risks around overdose when using on top, and encourage the service user 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 unless the pharmacist identifies risk.

The pharmacy must make every effort to ensure that such privacy in the service exists so that service users are not readily identified to other customers as drug users.

4.9.10 Service User Information

The service user will be issued with a broad range of information from the provider at the time of registration. It is expected that pharmacies will continue to share harm reduction messages with the service user as long as they are attending and utilising the service. As a minimum this should include provision of information on the following:

- Harm reduction relating to their own drug use
- Safer injecting practices
- Hygiene and wound care to prevent infection
- Blood borne virus prevention, testing and vaccination
- Sexual health
- Oral health
- Overdose
- Safe storage of sharps
- Substance misuse services
- Local GPs

The pharmacy will also facilitate sharing information with service users around on-going and one-off harm reduction campaigns linked to emerging harms, for example contamination of illicit substances.

5. Quality standards for services

- All pharmacists delivering the service will need to demonstrate that they have completed the Centre for Pharmacy Postgraduate Education (CPPE) distance learning course “Substance Use and Misuse” available from www.cppe.ac.uk.

	<ul style="list-style-type: none"> ● The pharmacist has a duty to ensure that all staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. ● Relevant, on-going, harm reduction training will be provided to pharmacists and their staff by the commissioned drug and alcohol treatment provider. ● The pharmacy must undertake an initial assessment for all new presentations to the service and service users should receive follow-up assessments to establish any changes in their injecting behaviours and injecting equipment requirements at six monthly intervals. ● The pharmacist shall review the standard operating procedures for the service on an annual basis. ● The pharmacist must demonstrate that service and monitoring guidelines are followed throughout the provision of this service. ● The pharmacy must participate in any audits of service provision and update training. ● The pharmacy must co-operate with any locally agreed PSNE-led assessment of service user experience. ● An appropriate consultation area must be available to ensure that the needs of service users are able to be assessed in a confidential manner. ● The accredited pharmacist and/or appropriate pharmacy staff will complete all necessary paperwork and collect data as agreed, to enable monitoring and evaluation of the service. ● The pharmacy must maintain appropriate records to ensure effective on-going service delivery and audit. Records will be confidential and should be stored securely and for the length of time expressed in local NHS record retention policies. ● Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the consent of the client to share the information.
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<p>6.</p>	<p>Accessibility of service</p> <p>Service users will, within reason, be able to choose which site to attend, which does not have to be the closest to their home, to meet their needs including relating to employment activities and child care.</p> <p>All providers will make efforts to ensure that premises from which needle exchange services are offered are accessible, in line with the Equality Act 2010 and should not exclude groups such as those with limited mobility or pushchair users.</p> <p>The provider shall conduct an annual Equality Impact Assessment (EIA) on services and implement improvements identified. The EIA will be shared with the commissioner and will be reviewed annually.</p>
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<p>7.</p>	<p>Performance management framework</p> <p>Pharmacies must undertake an initial assessment for services users to establish their needs in terms of injecting drug use and associated equipment and harm reduction information. Returning clients should be re-assessed at six-monthly intervals in order to ensure that changing needs are identified and met.</p> <p>Quantitative and qualitative information will be used to evaluate the scheme. Pharmacies will be monitored on:</p> <ul style="list-style-type: none"> ● the number of transactions completed; ● the quantity of equipment supplied; and ● the rate of needles returned to the pharmacy. <p>PSNE will ensure that PharmOutcomes modules for Newcastle Needle Exchange service contain all data fields necessary to enable full data capture. Pharmacies must ensure that all activity is recorded and all data fields are completed.</p> <p>Data must be submitted through PharmOutcomes. Data entered onto the PharmOutcomes system will trigger the appropriate payments.</p>
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NB Data may be subject to changes, according to local or national requirements. Pharmacies will be informed of any changes and the relevant PharmOutcomes modules adjusted accordingly.

Data entered on PharmOutcomes will be visible to PSNE, who will use this data in performance of their pharmacy co-ordination function.

Qualitative information may be gathered via informal service user feedback.

Audit

Audit may be carried out on both the activity and quality elements of the service.

Activity audits may include consideration of:

- Activity volumes and associated payments
- Contribution to performance targets
- Equity of provision

Quality audits may include consideration of:

- Compliance with policy and guidance
- Qualification of provider relating to staff training
- Qualification of provider relating to requirements for premises and equipment
- Reporting of serious untoward incidents
- Patient and user feedback, including compliments and complaints

The Pharmacy must allow the commissioner's internal and other nominated auditors together with the NHRS, access to all or any papers and relevant data relating to this agreement for the purposes of audit. The pharmacy must fully co-operate to carry out service evaluation audits.

A programme of audit will be set out each year.

9. Price

A fee of **£3.00** will be paid for each service user intervention.

An annual retainer of £300 will be paid to each pharmacy active in the pharmacy needle exchange service. 'Active' is defined as at least five exchanges per week. This retainer is to contribute to running costs of the service, for example freeing staff to attend IT and harm reduction update training.

Payment for this service will be made on a monthly basis. Payment to pharmacies will be provided according to timely and complete data submitted to PSNE through PharmOutcomes.

PharmOutcomes generates monthly claims for pharmacies on activity recorded up to and including the last day of a calendar month. Automated invoices are submitted to PSNE by PharmOutcomes on or around 6th of the following month. Data must be entered onto PharmOutcomes by the end of the calendar month for payment to be made the following month. For data submitted after the data submission date, the payment will not be processed that month. Activity data will be retained and validated and payment will be made the following month.