

## Service Specification

<b>Service</b>	Locally Commissioned Service (LCS): Pharmacy Needle and Syringe Programme (NSP)
<b>Commissioner Lead</b>	Charlotte Matthews - Southampton City Council
<b>Provider Lead</b>	Lead Pharmacist
<b>Period</b>	1 July 2019 to 30 September 2020
<b>Date of Review</b>	By September 2020

### 1. National/Local Context

- 1.1 Public Health England provides national strategic direction and funding for Substance Use Disorder Services (SUDS) locally via a Public Health Grant.
- 1.2 Southampton City Council's Integrated Commissioning Unit work with specialist services to commission an integrated response to drug use disorders, and specifically to the development of models of shared care which ensure that all service providers collaborate to meet the needs of people who use drugs (PUD) and address the risks and harm associated with the use of drugs.
- 1.3 Reducing the spread of blood borne viruses can only be achieved if people who inject drugs (PID) use sterile injecting equipment and other drug paraphernalia at all stages of drug experimentation and later / chronic use. In practice this is not the case, many being exposed to needle sharing long before contact is made with drug services of any kind. Consequently, needle exchange is provided as a harm minimisation intervention that reaches as much of the at risk drug abusing community as possible.
- 1.4 Prevalence Estimates suggest that there are 636 people who inject Crack and Opiate drugs (491 Lower CI – 778 Higher CI) in Southampton. We also know that this number of people who inject drugs in increased by the numbers of people who inject other drugs – Amphetamines, Novel Psychoactive Substances and Performance and Image Enhancing Drugs (PIEDs).
- 1.5 Blood Borne Virus (BBV) prevalence (measured by surveys and local audit) compares favourably with the national average, and is in the low/average range in Southampton. This reflects the long term efforts to engage, educate and reduce the harm to people who use drugs (PUD) and to maintain an effective needle exchange programme.
- 1.6 PHE published guidance for NSP in 2014, Needle and syringe programmes (PH52) which includes the recommendation:  
*Use pharmacies, specialist needle and syringe programmes and other settings and approaches to provide geographical and demographic coverage*  
<https://www.nice.org.uk/guidance/ph52>

### 2. Aim of Service

Pharmacy Needle Syringe Programme (NSP) aims to:

- 2.1. Reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support, as well as ensuring the safe disposal of used injecting equipment.
- 2.2. To reduce the spread of blood borne pathogens (HIV, Hepatitis B & C) among PID.

- 2.3. To provide information and advice to PUD to reduce the harms associated with injecting drug use
- 2.4. To encourage use of other SUDS and facilitate referrals to other agencies where appropriate
- 2.5. To encourage partnership working between primary care and SUDS.

### **3. Scope of Service**

- 3.1. Service Providers will offer a user-friendly, non-judgmental, patient-centred and confidential service.
- 3.2. Service Providers will distribute appropriate packs of sterile needles, syringes and harm minimisation paraphernalia to PID and facilitate the safe disposal of injecting equipment, including personal sharps bins, via the dedicated waste disposal contractor.
- 3.3. Up to two Pharmacies in the city will offer sterile needles, syringes and harm minimisation paraphernalia to PID through a pick-and-mix distribution method in addition to offering ready-made packs.
- 3.4. The Service Provider will provide support and advice to the PID, including referral to other primary care services where appropriate.
- 3.5. The Service Provider will be required to provide core opening hours covering Monday to Saturday inclusive in order to provide this service, except for bank/public holidays. Sunday provision is encouraged where possible.
- 3.6. The part of the pharmacy used for provision of the service must provide a sufficient level of privacy and safety
- 3.7. All Service Providers will deal with any complaints sensitively and will report any complaints, comments or concerns (professional or patient) to the CCG as soon as possible. The address for communication is Medicines Management, Southampton City CCG, Ground Floor, Oakley Road, Millbrook, Southampton, SO16 4GX
- 3.8. Public Health England policies on Substance Use Disorders and NSP will apply to this LCS.

### **4. Eligibility to Provide the Service**

- 4.1. Any number of services providers in the city are welcome to provide this service, subject to meeting the rest of the eligibility criteria.
- 4.2. A maximum of 2 service providers in the city will be able to offer the pick-and-mix scheme. These pharmacies will be selected to optimise access, in terms of geography and opening days and times.
- 4.3. The Service Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Pharmacists will be expected to have completed the Centre for Pharmacy Postgraduate Education (CPPE) training modules in Substance Use and Misuse within three months of signing this agreement, if not previously completed, and that learning is updated regularly. Enrolment will be required via CPPE Declaration of Competence on PharmOutcomes to provide this service.

- 4.4. The key staff of each pharmacy will attend an annual workshop with members of the prescribing team for education and training.
- 4.5. The Service Provider will recommend Hepatitis B vaccination to all staff, including regular locums and support staff who will be working on the premises where NSP Service is provided.
- 4.6. The Service Provider must have a partner, employee or sub-contractor who has the necessary skills and experience to carry out the contracted procedures.
- 4.7. Staff should receive training to ensure that they feel confident and are able to manage situations in which any member of the public exhibits aggressive or abusive behaviour when in the pharmacy.
- 4.8. All staff involved in the provision of the services must attend at least one multidisciplinary evening training event per year organised by the Medicines Management Team at Southampton City CCG, in conjunction with the Drug and Alcohol Recovery Service. The aim of this session is to promote safe and effective service delivery and to allow networking and sharing of best practice
- 4.9. The Service Provider must demonstrate it has sufficient indemnity cover to support provision of this service.
- 4.10. The Service Provider and its agents and/or employees shall carry out its obligations under the agreement in a timely manner and with reasonable care and skill

## 5. Monitoring and Reporting

- 5.1. The Service Provider must maintain all appropriate records of all clients on PharmOutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)) and comply with the programme and schedules for the submission of data and reports.
- 5.2. Reporting and feedback for this LCS will be via PharmOutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)). The Service Provider is encouraged to ensure this is up to date and accurate. There is a two month grace period in place for retrospective claims.
- 5.3. Payments will be made one month in arrears, based on activity extracted from PharmOutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)).

## 6. Unit Costs

- 6.1 SCC will reimburse the contract on provision of data submitted to PharmOutcomes ([www.pharmoutcomes.org](http://www.pharmoutcomes.org)). Data must be recorded within two months to ensure payment.
- 6.2 The service provider will be paid **per pack transaction** recorded on PharmOutcomes.
- 6.3 The service providers providing the pick-and-mix option, will be paid **per pick-and-mix transaction or per pack transaction** recorded on PharmOutcomes.

- 1. Needle Exchange Equipment**
- 2. Safety Guidelines**
- 3. Substance Misuse Signposting Document**

*Documents under review – to be confirmed*

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