

**Derbyshire Pharmacy-based Needle & Syringe Programme**

**Operational guidelines**

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| **Version Control** | | | |
| Version | Date | Change Details | Author |
| V0.1 | 16.04.15 |  | Nik Howes |
| V0.2 | 07.12.16 | Revise in light of introduction of PharmOutcomes | Nik Howes |
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**1. Service rationale**

The primary aim of the pharmacy-based needle and syringe programme (NSP) is to reduce the harm experienced by people who inject drugs. This includes reducing the transmission of hepatitis C, reducing the incidence of bacterial infection and preventing overdose.

The principle intervention offered is the supply of sterile injecting equipment, at sufficient quantities to allow a new needle and syringe to be used for every injection. In addition, harm reduction advice may be offered on an opportunistic basis or as part of a wider campaign.

The pharmacy-based NSP also offers a disposal facility for contaminated injecting equipment, thereby reducing the nuisance and potential harm to the community, caused by inappropriately discarded equipment.

The pharmacy-based NSP should complement the specialist NSPs provided by the Derbyshire Recovery Partnership.

**2. Service principles**

Injecting drug use is associated with a high degree of stigma and marginalisation. It is important that service users are treated with dignity and respect.

Service users should be afforded privacy during the NSP transaction.

The service is confidential and anonymous, with only basic personal details collected.

**3. Delivery of service**

The pharmacist on duty has overall responsibility for the delivery of the needle and syringe programme, although the service may be delivered by other suitably trained pharmacy staff.

A basic training session, to be delivered within the pharmacy, will be offered to all new pharmacies joining the scheme. Occasional events, to include training on injecting-related harm reduction, will be offered by the Derbyshire Recovery Partnership.

The service provider is responsible for ensuring pharmacy staff are trained in handling clinical waste and that a needle-stick injury procedure is in place.

It is advised that all pharmacy staff involved in the delivery of the service are offered hepatitis B vaccination.

**4. Registration**

On a client’s first visit, they should be registered on the web-based monitoring system, PharmOutcomes. This should be done in a consultation room to ensure privacy. If access to PharmOutcomes is not available during registration or data entry at a later point is preferred, client data may be temporarily recorded on a paper version of the template (Appendix 1).

Refusal by the client to supply any of the requested data items should not preclude their use of the NSP. Any missing data fields may be completed at a later visit.

The pharmacy-based NSP is not available to people aged under the age of 18 years. They should be referred to the Derbyshire young people’s service, T3 (provided by *Change Grow Live* (CGL)). Tel. 01773 417560. Email: [derbyshiret3@cgl.org.uk](mailto:derbyshiret3@cgl.org.uk)

The operation of the NSP should be explained and the need to return used equipment for disposal highlighted.

**5. Issue of equipment**

NSP transactions should be carried out in a dedicated space, consultation room, or at the least, an area of the pharmacy which offers an appropriate level of privacy.

Injecting equipment is supplied on a ‘pick n mix’ basis, rather than via a pack system, to allow flexibility and to reduce waste. The following equipment is available:

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| Equipment | Common usage |
| 1ml Insulin syringe with 29G x ½” needle | IV arms: Heroin  SC Stomach: Human Growth Hormone |
| 2ml luer slip concentric tip syringe | IV arms, femoral: Amphetamine, heroin  IM: Anabolic Steroids |
| 26G x ½” luer slip brown needle | IV arms |
| 25G x 5/8” luer slip orange needle | IV arms |
| 25G x 1” luer slip orange needle | IV femoral; IM |
| 23G x 1 ¼” luer slip blue needle | IV femoral; IM |
| 21G x 1 ½” luer slip green needle | Preparation steroids; IM |
| Sterile preparation spoon with filter | Preparing drugs for injection |
| 100mg single use citric acid sachet | Dissolving heroin |
| 70% Isopropyl alcohol pre-injection swab | Cleaning injection site |
| 0.45litre black sharps container | Returning used equipment to pharmacy |

In line with NICE guidance[[1]](#footnote-1), the quantity of equipment issued should not be subject to an arbitrary limit, but negotiated to meet the client’s need.

Clients should be encouraged to take sufficient equipment to ensure that they have a new needle and syringe available for every injection and the facility to replace the needle if repeated attempts are required.

Secondary distribution (service users collecting for others) is permitted, but the service user should be encouraged to introduce the third party to the pharmacy.

Citric acid sachets, preparation spoons and swabs should be supplied as requested to a maximum of the equivalent number of syringes. It is important to advise clients on the correct use of citric acid to reduce damage to veins.

Sharps containers, sufficient to hold the equipment issued, should be provided and the message about returning used equipment should be reiterated.

It is expected that service users will routinely be asked about their wellbeing, with a particular focus on the condition of their injecting sites.

Pharmacists and pharmacy staff should offer harm reduction advice within their competencies.

Service users should be referred as appropriate for specialist care or advice.

A record of equipment issued and any advice given should be entered on PharmOutcomes. If PharmOutcomes is not available during the intervention, or data entry at a later point is preferred, transaction data may be recorded temporarily on a paper template (appendix 2).

**6. Return of equipment**

The importance of returning all used injecting equipment should be emphasised at the first visit and this message reiterated at subsequent visits.

The provision of new injecting equipment is not dependent on returning used equipment.

Service users should be asked to return injecting equipment in the 0.45 litre personal sharps containers provided. These containers should be placed in the 22 litre sharps containers held within the pharmacy. The 22 litre sharps containers should be placed so this can be done easily and without risk to service user or staff.

The number of bins returned should be recorded alongside equipment issued on PharmOutcomes.

Staff must not handle loose used injecting or returned personal sharps containers.

The 22 litre sharps containers must not be overfilled and only moved using the handle.

**7. Ordering equipment**

The injecting equipment issued through the NSP is provided by Nottinghamshire Healthcare NHS Foundation Trust (NHcFT)

Pharmacies should hold sufficient stock to ensure continuity of service and stock should be rotated to avoid issuing out of date stock.

Stock should be ordered using the order form supplied by NHcFT.

Stock will be delivered within five working days of receipt of order.

In exceptional circumstances, there is the facility to have an emergency order delivered within one working day. Use of this facility will be monitored.

Deliveries must be signed for by pharmacy staff and the delivery note retained.

Any queries regarding ordering equipment should be directed to:

Lynn Judge, [lynn.judge@nottshc.nhs.uk](mailto:lynn.judge@nottshc.nhs.uk)

Tel. 01159 560808

Fax. 01332 291881

**8. Harm reduction information**

Public Health may occasionally supply pharmacies with harm reduction material, for distribution to the service user population. This will normally be carried out as part of a county-wide campaign, e.g. to raise awareness of issues such as overdose or hepatitis C.

In addition, Public Health will notify pharmacies of any urgent health warnings (e.g. possible contaminated street drugs, botulism or anthrax infection risks, etc.), which require communication to the service user population.

**9. Disposal of waste**

Returned used injecting equipment is classed as hazardous waste and must be disposed of in line with UK and EU legislation.

Waste will be collected by Nottinghamshire Healthcare NHS Foundation Trust, at a frequency agreed with the pharmacy.

Pharmacies must complete a Duty of Care note on an annual basis and a hazardous waste consignment note prior for each collection.

Instruction on completion of consignment notes is supplied by Nottinghamshire Healthcare NHS Foundation Trust.

**10. Service Payments**

A fee of £2.30 is paid for each NSP transaction completed.

Claims for payment are generated automatically by PharmOutcomes.

**11. Contracting issues**

Contact:

Nik Howes

Commissioning Manager (Substance Misuse)

Public Health

Derbyshire County Council

[Nik.Howes@derbyshire.gov.uk](mailto:Nik.Howes@derbyshire.gov.uk)

Tel. 01629 538229

**Appendix 1. NSP REGISTRATION**

Initials:

Date of birth:

Gender: M / F

First part of postcode (eg DE4):

Primary drug injected: Heroin / crack / heroin and crack in combination / amphetamine / mephedrone / anabolic steroids / human growth hormone / Melanotan / other (specify)

Injection sites used: Arm vein / Hand vein / Femoral Vein / Neck vein

Buttock muscle / Thigh muscle

Stomach (under skin)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time injecting: \_\_ Years \_\_ Months

Ever tested for hepatitis C? Yes / No If Yes, how long since last test:

Vaccinated against hepatitis B? Yes / No

Ever overdosed? Yes/No If Yes, how many times?

Currently in drug treatment? Yes / No

Requires referral to treatment? Yes / No

Any current injection site infections? Yes / No

Any other injecting related problems? Yes / No

Advice given (Tick):

* Blood-borne viruses
* Damage to circulatory system
* Bacterial infections
* Overdose
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 2. NSP ACTIVITY**

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| Date | Client Initials | DOB | M/F | 1ml Insulin | 2ml Syringe | Brown | Short Orange | Long Orange | Long Blue | Green | Swabs | Citric Acid | Spoon + filter | Sharps  Bin | Bins return |
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|  |  | Totals |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. National Institute for Health and Care Excellence (2014) Public health guidance 52: Needle and syringe programmes. NICE: London [↑](#footnote-ref-1)