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SERVICE SPECIFICATION

Pharmacy Needle and Syringe Programme
April 2026 – March 2027

1. General Overview

1.1. Pharmacy needle and syringe programmes are part of a wider approach to prevent and reduce drug related harms and transmission of blood borne diseases such as hepatitis and HIV. This is through the provision of sterile injecting equipment, specialist advice and information on treatment options, related health services and harm reduction such as safer injecting. Pharmacy needle and syringe programmes often have contact with injecting drug users who are not in contact with other services, therefore the community pharmacist can play a key role in supporting engagement with services, as well as in providing harm reduction advice and equipment.

2. Aims and Purpose

2.1. The pharmacy will ensure delivery of the needle and syringe programme service in line with the following national best practice guidance:

- Offer user-friendly, non-judgmental, client-centred, and confidential services
- Assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support
- Reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support
- Reduce the rate of blood-borne infections among drug users
- Reduce drug-related deaths (immediate death through overdose and long-term such as blood-borne infections)
- Promote safer injecting practices
- Provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)
- Provide and reinforce harm reduction messages
- Help service users access drug treatment to refer to other specialist drug (and alcohol) treatment services
- Help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.)
- Facilitate access to primary care where relevant
- Ensure the safe disposal of used injecting equipment
- Prevent initiation into injecting and to encourage alternatives to injecting

- Aim to maximise the access and retention of all injectors to the service, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided
- Maximise access and retention of service users to treatment and related health interventions
- Improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

3. Evidence Base

3.1. There is good evidence that community pharmacy-based needle and syringe programmes significantly complement and support other local treatment and harm minimisation initiatives.

3.2. Whilst the level of needle and syringe sharing reported in the UK has declined significantly over the last fifteen years, there continues to be a need for needle and syringe programmes to maintain the progress achieved in this area.

3.3. People who inject drugs using contaminated equipment (for the preparation or injection of drugs) are at risk of contracting – and transmitting – blood borne viruses such as HIV, hepatitis B and hepatitis C.

3.4. This service specification is supported by several key documents and publications:

- From harm to hope: A 10-year drugs plan to cut crime and save lives (Department of Health and Social Care) (2021)
- Preventing Drug and Alcohol Misuse: Effective Interventions (PHE) (2015)
- Drug Misuse and Dependence – UK Guidelines on Clinical Management (Dept of Health and Social Care) (2017)
- Shooting Up: Infections among injecting drug users in the UK (PHE) (Update 2020)
- NICE Guidance PH52 Needle and Syringe Programmes (2014)
- NICE Guidance NG64 – Drug Misuse Prevention: Targeted Interventions (2017)

4. Key Requirements

Service Description

4.1. Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting

practice and reduce transmission of infections by substance misusers will be provided.

4.2. This service is for adult injecting drug users whose stated age is 18 years or over.

4.3. Pharmacies will refer any young person (under 18 years of age) to Children's Social Care and to the local young peoples' treatment service.

4.4. Pharmacies will encourage return of used equipment via sharps containers.

4.5. Pharmacies will ensure sharps containers and used equipment are disposed of safely as clinical waste.

4.6. The service user will be provided with appropriate health promotion materials relating to safer injecting practices, or other harm reduction materials, as provided by substance misuse commissioners.

4.7. The pharmacy will proactively engage the service user to provide support and advice around safer injecting and where possible and required referral to drug treatment or other health or social care agencies.

4.8. The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

4.9. The pharmacy will support the introduction of pick and mix (bespoke) injecting equipment based on evidence.

4.10. The pharmacy will encourage the use of dead space injecting equipment.

Service Requirements

4.11. An appropriately accredited pharmacist present during the hours the pharmacy is open.

4.12. Pharmacies must have a standard operating procedure to cover all the processes involved in the scheme, which is readily available to, and understood by, all staff (and locum pharmacists) involved with the scheme.

4.13. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of, and operate within, local protocols.

4.14. The pharmacy contractor will ensure substance misuse commissioners are updated with the lead pharmacist information; this lead pharmacist will be responsible for cascading relevant information to other colleagues regarding this service specification.

4.15. All pharmacy contractors providing needle and syringe programmes will be expected to stock (display and distribute) the full range of safer injecting equipment, harm reduction products and information as directed by commissioners and subject to change at any point during the scheme.

4.16. The pharmacy will provide sharps bins (currently included in the pack contents) and advise and encourage service users to dispose of needles and syringes safely. The pharmacy will allocate a safe place to store sterile equipment and used equipment returns for safe onward disposal.

4.17. The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks through health and safety training. A needle stick injury procedure and infection control policy should be in place.

4.18. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery (including stock control) and audit.

4.19. Appropriate protective equipment, including gloves and materials to deal with spillages, should be readily available close to the storage site.

4.20. The pharmacy should be aware of clinical waste regulations and maintain appropriate records to ensure effective audit.

4.21. The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service.

4.22. The pharmacy contractor should ensure Hepatitis B vaccination is available to all staff (pharmacy, dispensary and counter staff) involved in the delivery of this service.

4.23. Pharmacists will share relevant information with other healthcare professionals and agencies, in line with locally determined confidentiality arrangements.

4.24. The pharmacy will have a discrete and accessible area allocated within the pharmacy to display the full range of items and to allow privacy for service users if required.

Training and information requirements

4.25. All pharmacies providing needle and syringe programmes will be monitored by drug and alcohol commissioners to ensure contractors meet the service specification and staff have undertaken the appropriate training.

4.26. All staff involved in the delivery of needle and syringe programmes must have an appropriate level of competency to undertake these services.

4.27. Training required for pharmacists would be:

Requirement	Details	Link to training
Substance Use and Misuse • **Unit 1:** Individual experience of substance use and misuse • **Unit 2:** Risks and challenges of substance use and misuse and associated harm reduction service	Successful completion of Unit 1 and Unit 2 distance learning package from CPPE, or possession of a certificate of completion within the last 3 years.	https://www.cppe.ac.uk/programmes/l?t=Substance-E02&evid=53231
Safeguarding Adults Level 1	Successful completion of the distance learning package "Safeguarding Adults Level 1 (eLearning for healthcare)" from CPPE, or possession of a certificate of completion within the last 3 years.	https://www.cppe.ac.uk/programmes/l/safegrding_elfh-e-01
Good Conversations for MECC	Successful completion of 'Good Conversations for MECC' online course or possession of a certificate of completion within the last 3 years.	Camden & Islington MECC - Making Every Contact Count in Camden & Islington
Introduction to Harm Reduction	Harm reduction via the Vernacare Medical e-Learning platform eLearning - Needle Exchange. Frontier Medical will facilitate face-to-face training and provide a visual aid of packs/products.	Exchange | Harm Reduction | Vernacare Vernacare Academy

Scanned copies of certificates will need to be submitted to the Drugs and Alcohol Commissioning Team upon request.

4.28. The pharmacy 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 as demonstrated through continuing professional development and personal development plans. Substance misuse commissioners will monitor this as part of Contract and Performance management.

4.29. Participating pharmacies will use information and referral points provided by substance misuse commissioners to signpost clients who require further assistance.

4.30. Participating pharmacies will use the Harm Reduction Works health promotion material available free from www.harmreductionworks.org.uk

Clinical Waste

4.31. The frequency of waste collection should be agreed between the Pharmacy and the clinical waste disposal service to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises. The current provider is Vernacare.

Geographic coverage / boundaries

4.32. Access to pharmacy needle and syringe programmes and harm reduction initiatives is voluntary and open access, regardless of the injecting drug users' borough of residence. Pharmacy needle users do not require contact with other drug misuse treatment and care agencies nor do they need to be living within Islington to use the service.

Location(s) of Service Delivery

4.33. Pharmacy needle and syringe programmes will be provided from the pharmacy premises commissioned to provide this service.

Days / Hours of operation

4.34. All pharmacies providing this service must be open at least 6 days of the calendar week. Pharmacy needle and syringe programmes will be available during all hours which the pharmacy is open.

4.35. Pharmacy opening times should be clearly displayed.

Referral pathways

4.36. Pharmacy needle and syringe programme facilities are available to all adult injectors (including steroid users) who are using drugs illicitly. Special attention

should be given, where identified, to those not in contact with drug and alcohol misuse treatment services.

4.37. Where possible, needle and syringe programme and harm reduction facilities should also provide interventions relevant to non-injectors, such as advice and information on blood borne virus screening and local drug services.

4.38. Access to pharmacy needle and syringe programme facilities and harm reduction initiative is voluntary and open access.

4.39. Clients who are receiving prescribed medication (for example opioid substitution treatment) will not be refused access to clean injecting equipment and needle exchange and this service will be provided confidentially by the pharmacist. In such circumstances the pharmacist will generally, where appropriate, encourage the client to discuss this with their doctor or keyworker.

4.40. Wherever possible and appropriate, pharmacy service providers should facilitate onward referral to specialist drug treatment services, GPs and other healthcare professionals in Islington, including emergency services.

Exclusion criteria

4.41. This service specification for the provision of pharmacy needle and syringe programme services is for adults (those whose stated age is 18 years or over) only. Please see Appendix 3 for exclusion criteria.

4.42. A person aged 17 years or under who presents to the pharmacy for the needle and syringe programme should be referred to Children's Social Care in Islington. Email address Publichealth@islington.gov.uk.

4.43. Service users should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the pharmacist but within a structure of user's rights and responsibilities.

4.44. Service users may be excluded as a result of professional risk assessment and if they pose a serious risk to staff, other service users and members of the public. Where appropriate, work must be carried out to engage drug users in this or other more appropriate services and referral to more appropriate services must be made where possible.

Incident reporting

4.45. Serious incidents and complaints relating to the pharmacy provider and/or delivery of this service should be reported to substance misuse commissioners immediately at Publichealth@islington.gov.uk.

Stock ordering and control

4.46. Each participating pharmacy will be responsible for monitoring stock and ordering needle packs and/or needles and associated materials.

4.47. Each participating pharmacy will ensure that they have sufficient stock of the full range of packs (including condom packs) and/or needles and associated materials at all times to provide a prompt and efficient service.

4.48. Participating pharmacies will order and monitor stock via the agreed system.

Information and advice

4.49. Clients will be given self-care and patient information regarding harm reduction and overdose prevention (currently in the packs).

5. Termination

5.1. Pharmacy providers who wish to cease providing this service will give one month's written notice to the Substance Misuse Commissioner.

5.2. Following this period, the pharmacy will return any undistributed stock to the drugs and alcohol commissioning team for re-distribution.

5.3. Following service cessation, the pharmacy will direct people requiring the service to the nearest needle and syringe programme.

6. Activity Recording and monthly payments

6.1. All activity relating to pharmacy needle and syringe programme will be inputted, by the participating pharmacy within 72 hours, to Pharmoutcomes as directed by substance misuse commissioners.

6.2. Activity reports will be generated monthly using Pharmoutcomes to calculate the monthly payment for each pharmacy contractor.

6.3. Pharmacy contractors are expected to input activity via Pharmoutcomes within 72 hours of the activity. Retrospective entries will not be accepted for payment unless agreed in advance with substance misuse commissioners.

6.4. Activity data relating to this scheme will be collated via Pharmoutcomes by substance misuse commissioners and any other relevant commissioning group to improve performance and understand local need.

6.5. Retainer payments will automatically be paid in arrears at the end of each quarter.

6.6. The above reporting requirements, after consultation, will be subject to annual review and change by substance misuse commissioners.

6.7. Where pharmacy contractors are unable to fulfil data reporting requirements, substance misuse commissioners should be informed immediately. Payment of the distribution fees to the Provider will be monthly, based on reports generated on the first day of the following calendar month.

6.8. Activity entered retrospectively will not be processed for payment following the first day of the following month, other than in exceptional circumstances with the circumstances reported and arrangement agreed with commissioners in advance of the retrospective data entry.

6.9. Commissioners will obligate to process and make payments in a timely manner and shall notify the Provider should unavoidable delays occur.

6.10. Commissioners will use relevant service information including activity reporting and stock ordering for the purpose of audit and the claiming of payment. All payment claims will be subject to random scrutiny by the local counter fraud team.

7. Business planning and improvement

7.1. Pharmacy contractors shall ensure that they have a business continuity plan as part of emergency planning, for this enhanced service, to include:

- Short term major incidents, resulting in closure of the pharmacy
- Flu pandemic

7.2. Emergency planning should include the following:

- Notification of any changes to contracted opening hours should be made to BOTH NHS England and commissioners. The pharmacy contractor shall use all reasonable endeavours to resume provision of contracted services as soon as is practicable.
- A list of drug service contact numbers to advise of changes to opening hours and liaison regarding clients using the substance misuse service.
- A procedure for advising substance misuse clients on the agreed process for medication collection if the pharmacy has to close.

7.3. Further guidance on emergency planning can be found:

- PSNC –http://archive.psnc.org.uk/pages/pandemic_flu.html
- NPA – http://www.npa.co.uk/Resources/

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8. Price and Cost

8.1. The Pharmacy contractor receives the following agreed fees for this needle and syringe programme service:

- Annual retainer of £300 to be paid 6 months into the contract- subject to minimum service levels of 50 needle exchange pack transactions. Failure to meet minimum service levels will result in retainer not being paid.
- An agreed £1.60 fee for every needle exchange distributed from the community pharmacy (distribution of condom packs will not incur a fee).

8.2. Where errors occur in data input, payment will be adjusted accordingly and reflected in later payments. Where large discrepancies between reported activity and stock requests are apparent, these will be discussed between the provider and commissioners.

8.3. Pharmacies providing the service will be required to submit stock data as instructed by the Drug and Alcohol Commissioning Team.

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Appendix 1: Quality & Performance Standards

Quality performance indicator

- The pharmacy will review its standard operating procedures (for this service) which incorporate business continuity and emergency planning, on an annual basis.
- The pharmacy will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken and continue to undertake CPD relevant to this service.
- CPPE certificates:
    - Substance Use and Misuse Unit 1 Individual experience of substance use and misuse
    - Substance Use and Misuse Unit 2 Risks and challenges of substance use and misuse and associated harm reduction services
    - Safeguarding adults and children
- Harm Reduction - Vernacare e-Learning platform Vernacare Academy
- Frontier Medical will facilitate face to face training and provide a visual aid of packs/products.
- The pharmacy will participate in any audit of service provision organised by commissioners (usually annually) including but not limited to:
    - Any locally agreed commissioner-led assessment of service user experience
    - Mystery shopping
- The pharmacy can demonstrate that the rate of return of used equipment meets locally agreed targets (30%). *(All service users should be encouraged to return used equipment.)*
- The pharmacy displays and distributes appropriate health promotion material available on harm reduction, treatment services and related healthcare for the user group and actively promotes its uptake.
- The pharmacy displays relevant promotional material linked to any campaigns around substance misuse or harm reduction available from http://www.harmreductionworks.org.uk/. Information on treatment services and pathways will be provided by commissioner. The display and availability of this material will be checked during announced contract monitoring visits and unannounced visits.
- Pharmacy contractors will additionally be required to record stock control (orders received and packs distributed) via Pharmoutcomes for on-going monitoring purposes.

Quality monitoring procedures are subject to annual change where required by commissioners and in consultation with pharmacies via the LPC.

Appendix 2 ***Activity Quality performance indicator***

Report Due

- Recording of activity within 72 hours using Pharmoutcomes
- Ensuring monthly activity is up to date by first day of following month to allow payment activity to be generated by the Joint Commissioning Team
- Advise commissioners (promptly) of exceptional circumstances (e.g. software problems) and provide an action plan and timeline to resolve
- Input of activity via Pharmoutcomes on daily basis
- Real time activity data available to commissioners as required via Pharmoutcomes.
- Monthly reports will be generated on the 1st day of the following month
- Accurate reflection of activity will be used to generate payment retrospectively to pharmacies who input activity information late unless for specified reason agreed in advance with commissioners

Stock control

- Pharmacies providing this service will be expected by commissioners to order and record stock levels via the Vernacare electronic ordering system unless otherwise directed.
- Pharmacies will provide stock control levels as requested to the Drugs and Alcohol Commissioning Team.

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Appendix 3 *Exclusion*

In the event of an incident such as violent, aggressive or threatening behaviour towards pharmacy staff or the public, or theft, the pharmacist and their staff are not to put themselves at any risk of injury. It is not expected that pharmacy staff will accept threatening, violent or other abusive behaviour from Needle and Syringe Programme service users.

In the event of such an incident the client should be asked to leave the premises with a verbal warning. The Pharmacist has the right to refuse a client access to the service on behavioural grounds.

If the client returns subsequently and there are no changes in behaviour the Pharmacist has the right to withhold services.

If a client does not leave voluntarily when requested, the pharmacist should call the police to escort the client from the premises.

If a client has been asked by the pharmacist to leave the premises or the pharmacist has had to call the police, the pharmacist will inform the treatment service immediately (if they are known to access a treatment service).