

Service Specification for Needle and Syringe Exchange Service

This document is correct at the time of publishing however may be subject to change.

Please keep up to date at the resources referenced and at the [Harm Reduction Services](#) webpage

Version 1.2 Published July 2024

Change History

Version Number	Change Details	Date
V01.1	<ul style="list-style-type: none"> ➤ Updated service specification to incorporate PHA Guidance for Community Pharmacy Needle Exchange in to one complete document ➤ Updated service specification to include significant changes to the service including the use of the Northern Ireland Harm Reduction Information System (HRIS) provided by Neo 360 	November 2022
V01.2	<ul style="list-style-type: none"> ➤ Updated service specification to reflect change in training requirement due to removal of the 'Substance Use and Pharmaceutical Care' module from the NICPLD website and change to Exchange Supplies online e-learning ➤ Updated service specification with removal of Appendix 1 – Self-select form ➤ Updated service specification to remove statement "Payment will not be made for paper-based record forms submitted after 08/12/2022" given that all exchanges must now be recorded on HRIS 	July 2024

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1. Service Description and Background

- 1.1 The Needle and Syringe Exchange Service is vital to the health and wellbeing of the entire community, helping to reduce the potential of drug-related litter, lowering the risk of HIV and Hepatitis B and C within the wider population, and putting those who use the service in direct contact with a health professional who can help them in engaging with treatment services to address their drug misuse.
- 1.2 Needle exchange services are based in areas where there is an existing pattern of people who inject, but help protect everyone in the community. Anyone who injects substances can use a needle exchange service, and this includes people who inject opioids, steroids, tanning agents or stimulants¹.
- 1.3 Community pharmacies have been providing needle exchange services to injecting drug users in Northern Ireland since 2001. There is good evidence that this service is both cost effective and effective in reducing transmission of blood borne viruses.

2. Service Aims and Intended Outcomes

- 2.1 The aims of this service are to:
 - Reduce harm to people who inject drugs, by providing a needle and syringe exchange service to injecting drug users.
 - Engage with injecting drug users;
 - Provide equipment needed to inject, including needles, syringes, sterile water, stericups and swabs;
 - Provide equipment to support clients to administer drugs in less harmful ways, e.g. foil;
 - Provide other harm reduction resources including verbal and written advice, including safer injecting and safer sex; and
 - Act as a gateway to other services.
- 2.2 The intended outcomes of the service are to:
 - Increase number of injecting drug users who use a new, sterile needle for every injection;
 - Reduce incidences of reusing or sharing used injecting equipment;
 - Increase returns of used equipment;
 - Increase awareness of safer injecting practices;

¹ [Northern Ireland Needle and Syringe Exchange Service Report 1st April 2019 - 31st March 2020](#)

- Increase distribution of condoms
- Increase engagement of injecting drug users with services; and
- Reduce transmission of blood borne viruses.

3. Service Outline

3.1 Pharmacies offering this service must be contracted by SPPG to deliver this service. The contract must be in place before service delivery can commence and may be terminated by either the purchaser or the provider by giving 8 weeks' notice.

3.2 It is the responsibility of the contractor to ensure the pharmacy will:

- Engage clients in discussion around the importance of returning used equipment.
- Provide access to sterile needles and syringes, and sharps containers for return of used equipment.
- Provide, as appropriate, access to associated materials, for example citric acid, sterile water and swabs.
- Provide access to foil, and promote its use as an alternative to injection.
- Provide individual items as requested where clients do not plan to use all the equipment in a prepacked kit.
- Engage with each client to identify the most appropriate equipment for them.
- Offer a user-friendly, non-judgmental, client-centred and confidential service.
- Provide facilities for the safe return and disposal of used equipment returned by the client.
- Provide support and advice to the client on harm reduction relating to:
substance use, safer injecting, never-sharing injecting equipment, sexual health and sexually transmitted infections, HIV and Hepatitis C, Hepatitis B immunisation, overdose prevention and naloxone.
- Offer the client appropriate harm reduction information, for example, leaflets supplied by PHA/SPPG.
- Link with DAMIS (Drug and Alcohol Monitoring and Information System) to ensure that DAMIS alerts regarding substances of concern are passed on promptly to clients.
- Signpost clients to other relevant services including addiction services, low threshold services and blood-borne virus testing, where appropriate.

3.3 Provision of NSES Equipment

- 3.31 Needle exchange providers are encouraged to be flexible when deciding on the appropriate number of needles to provide to clients.
- 3.32 Pharmacies can order both NSES packs and individual equipment for the self-select model. The NSES packs contain a collection of equipment including needles, cin bin and spoons. Pharmacies are however encouraged to also stock individual equipment for the self-select model as this reduces waste and the amount of discarded NSES equipment as the client only receives what is required.

3.33 *NSES Packs*

When deciding how many packs to give out to a client, the following points should be considered:

- The drugs the client is injecting (stimulant injecting may require a greater number of needles due to the frequency of injecting);
- The location of the service (services which cover rural areas may wish to provide larger numbers of packs, as access for clients may be more difficult);
- Available storage space on the premises;
- If the client is collecting clean needles for other people;
- If your service is due to be closed for holiday periods within the next few days/week, or other foreseeable exceptional circumstances such as bad weather, may reduce access;
- If you are aware of any other specific barriers to a client being able to access the service regularly;
- An upper limit of 60 needles is recommended;
- Exceptional provision of equipment which does not follow these standards (i.e. provision of needles above the upper limit) should be recorded along with the rationale for the decision taken.

3.34 *Self-select model*

- Some clients may prefer to use a self-select model for needle exchange where they can choose what equipment they require.
- Pharmacy staff should consider the same points outlined in 3.33 when deciding how many needles to give to a client

- 3.4 Each needle exchange visit should be tailored to individual need and provide opportunities for clients to enter into a dialogue with service staff about what they want, potentially opening the door to other discussions. The contact may build rapport so clients feel more comfortable to

engage in conversation and ask for help and/or referral. It can also help to reduce drug litter because clients are not getting equipment they don't want/use. A needle exchange checklist is included in Appendix 1.

3.5 *Patient Returns*

- 3.51 An accessible cin bin is provided for used equipment.
- 3.52 Clients are directed to place returns in the sharps bin themselves.
- 3.53 All clients should be encouraged to place used injecting equipment into a cin bin before entering the pharmacy.
- 3.54 Clients should be informed about the safe level to fill cin bins and how to close them securely once full. These should be secured before returning it to the pharmacy.
- 3.55 If there is an appropriate safe space to do so (e.g. a consultation room), those clients who present with loose needles and syringes on attendance at the service should be handed an appropriately sized cin bin and asked to place the used equipment into it themselves.
- 3.56 If it is not safe or appropriate to ask the client to place their loose equipment into a cin bin, they should be asked to place their equipment directly into the pharmacy's 22 litre sharps bin. This should then be locked and stored for uplift.
- 3.57 Any needles returned to the service in containers e.g. cans, boxes or bottles, bags or any other vessel which is not a sharps container, but contains used equipment must be placed directly into the Pharmacy's 22 litre sharps bin by the client. Staff and clients MUST NOT attempt to search through bags or containers to separate out used equipment from other paraphernalia. This should then be locked and stored for uplift.
- 3.58 Small 0.2 or 0.45 sharp safe containers should be placed by the client directly into the large containers through the "drop hatch".

3.60 *Pharmacy Waste*

- 3.61 The Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH), should be adhered to. These require that substances hazardous to health (including sharps) within the pharmacy are identified and the risk formally assessed, and regularly reassessed, (in writing) and that the risk is adequately controlled and monitored.

- 3.62 Pharmacies must have large 22 litre yellow sharps containers (with orange lids) in stock and should order enough to keep at least 2 to cover any that become damaged or to cover an unexpected increase in returns.
- 3.63 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the commissioned clinical waste disposal service will be used to store returned used equipment. (Please see [section 5](#) for further information on waste collection)
- 3.64 The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and that staff should never handle returns.
- 3.65 A written procedure should be in place for preventing and dealing with needlestick injuries
- 3.66 A written procedure should be in place for dealing with spillage or contamination with potentially infected blood or bodily fluids.
- 3.67 Pharmacies should have available appropriate protective equipment such as gloves, overalls and materials are available to deal with spillages and discarded needles and syringes.
- 3.7 The pharmacy must have a SOP in place to cover delivery of the Needle and Syringe Exchange Service (NSES).
- 3.8 A privacy notice must be available in the exchange area of the pharmacy and the pharmacist should use this to explain to the patient how their personal data may be used. The patient may wish to receive a printed copy of the privacy notice. The privacy notice is available at the [Harm Reduction Services](#) webpage.
- 3.9 The pharmacy must be able to provide the service during contracted hours and sufficient numbers of staff should be trained to ensure continuity of service when core staff are on leave or otherwise not available.

4. Training and Premises Requirements

- 4.1 The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in the provision of the service have appropriate knowledge and training to allow delivery of the service, including client centred communication skills.

4.2 *Staff involved in providing the service (conducting equipment exchange transactions)*

- 4.21 The pharmacist² must watch the NICPLD recorded lecture 'Opioid Misuse' and have passed on the key points to all staff involved in providing the service.
- 4.22 The pharmacist² delivering the NSES must complete the following mandatory training determined by the Public Health Agency:
- completion of online e-learning 'Introduction to Needle and Syringe Exchange for Needle Exchange Practitioners' training which can be found via the following link [Exchange Training \(exchangesupplies.org\)](https://exchangesupplies.org)
 - Live one day training course facilitated by PHA. (Please note completion of the online training must be completed before attending live training). Details of upcoming training will be issued to community pharmacies via email and further information can be obtained from (adele.dunn@hscni.net).
 - Training provided by PHA Health Improvement and Neo 360 support team on the implementation and usage of the Northern Ireland Harm Reduction Information System (HRIS). Further information can be obtained from (adele.dunn@hscni.net).
- 4.23 All other pharmacy staff involved in providing the service (conducting equipment exchange transactions) may attend the live training provided by PHA however as a **minimum** requirement should complete the following mandatory training:
- completion of online e-learning 'Introduction to Needle Exchange for Needle Exchange Practitioners' training which can be found via the following link: [Exchange Training \(exchangesupplies.org\)](https://exchangesupplies.org)
 - completion of training facilitated by the pharmacist² who has attended the live training facilitated by PHA. The pharmacist should convey all key points outlined to pharmacy staff. Pharmacists should also include in the training key points identified from the NICPLD recorded lecture 'Opioid Misuse'
 - Training provided by PHA Health Improvement and Neo 360 support team on the implementation and usage of the Northern Ireland Harm Reduction Information System (HRIS). Further information can be obtained from (adele.dunn@hscni.net).

² By "pharmacist" we mean primary pharmacist, though in larger pharmacies, it is recommended that more than one pharmacist to attend training.

- 4.24 Participation in ongoing CPD in relation to needle exchange services is undertaken as appropriate. Refresher training should also be completed every **3 years** by all staff conducting equipment exchange transactions. Refresher training is provided by PHA and dates of upcoming training can be obtained from adele.dunn@hscni.net
- 4.25 Prior to accessing the HRIS system all staff will be required to outline the training they have received.
- 4.26 The pharmacist attends the Public Health Agency's Needle Syringe Exchange Service Forum meetings (held approximately once a year, with additional meetings when required). PHA will inform community pharmacies of any upcoming meetings.
- 4.27 The pharmacist attends additional PHA training events when required as stipulated by PHA.
- 4.28 The training content, schedule and delivery mechanism will be reviewed on an annual basis.
- 4.29 Pharmacy contractors can claim pharmacist locum cover and travel expenses for staff attending face to face training from PHA.

4.3 *Staff not involved in the service*

- 4.31 All staff who are not involved in the NSES, but who may come into contact with clients, must complete the online e-learning 'Introduction to Needle Exchange for Needle Exchange Practitioners' training which can be found via the following link: [Exchange Training \(exchangesupplies.org\)](http://exchangesupplies.org)
- 4.32 Staff who are not involved in the service should not be involved in the supply or return of equipment and should be advised of this by the pharmacy contractor. It is important that client confidentiality and safety are emphasised and maintained at all times.

- 4.4 The service can be offered in any area of the pharmacy where patient confidentiality can be maintained. A sharps bin must be located in the exchange area for safe disposal of used injecting equipment, which can be used by clients. There should also be sufficient storage space available for the NSES equipment.
- 4.5 The pharmacy should also provide an area of the pharmacy which may be used when clients wish to discuss other issues and may or may not be where the exchange of equipment takes place. A consultation room is strongly recommended however this area should allow the client and the pharmacist to sit down together and allow for normal speaking volumes without being overheard by

any other person (including pharmacy staff). Any area outside of a consultation room where the consultation occurs should be with the agreement of the service user/representative.

- 4.6 While participating in the service, the pharmacy will designate space for display of material advertising the service, including the national needle exchange logo and answer any queries from potential users of the service.
- 4.7 The pharmacy contractor must ensure that individuals involved in the provision of this service are strongly advised that they should consider being vaccinated against Hepatitis B, including follow up titre testing and be advised of the risks should they decide not to be vaccinated. Sufficient numbers of staff should be available to ensure continuity of service when core staff are on leave or otherwise not available. While the PHA will cover the cost for vaccinations obtained through the Needle Exchange Vaccination Protocol, it is the responsibility of the Contractor to ensure that staff are advised regarding vaccination, as appropriate. Any queries in relation to vaccination should be directed to adele.dunn@hscni.net
- 4.8 The pharmacy contractor must ensure that individuals involved in the provision of this service are advised that they should have up to date tetanus vaccinations.

5. Ordering and Storage and Waste Collection of NSES Equipment

- 5.1 Automated ordering is a part of the stock control function of the Northern Ireland Harm Reduction Information System (HRIS) providing exchanges are recorded in a timely fashion. For this reason, exchanges should be recorded contemporaneously or before midnight on the day the supply is made. This will ensure stock is then monitored and ordered correctly through HRIS.
- 5.2 The NSES equipment must be stored in accordance with the manufacturer's instructions and regular checks of expiry dates undertaken. It should be stored securely in a designated area that is close at hand but inaccessible to members of the public.
- 5.3 A commissioned clinical waste disposal service will be provided by PHA/SPPG and the pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The commissioned clinical waste disposal service will supply 22 litre sharps bins after notification by SPPG of the pharmacies contracted to provide the service.
- 5.4 It is the responsibility of the contractor to agree frequency of waste collection with the appropriate agency to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises. If contractors have any queries or requests in relation to the delivery or collection of 22 litre sharps bins (including more frequent collections/deliveries), please contact lisa.pearson@rentokil-initial.com in the first instance.

6. Records submitted via Northern Ireland Harm Reduction Information System (HRIS) and Monitoring

- 6.1 The pharmacist and/or pharmacy staff lead will complete all necessary records and collect data as agreed, to enable monitoring and evaluation of the service.
- 6.2 All exchanges must be recorded on the Northern Ireland Harm Reduction Information System (HRIS). User Guides can be found at the [Harm Reduction Services](#) webpage. Exchanges should be recorded contemporaneously to ensure all information is recorded. If this is not possible, exchanges should be recorded before midnight on the day the supply is made. Any queries or support required in relation to the use of HRIS should be directed to adele.dunn@hscni.net
- 6.3 In exceptional circumstances if HRIS is not accessible at any stage of the service (for example due to a technology malfunction) a paper based record form (Appendix 2) can be downloaded from the [Harm Reduction Services](#) webpage. This can be used to record the details of the supply and must be added to HRIS as soon as possible when it becomes available again. Any paper-based record forms should be disposed of in the confidential waste.
- 6.4 SPPG would remind Community Pharmacies to review their information governance arrangements. As Data Controllers, Community Pharmacies must process data in line with data protection principles outlined in GDPR. Further guidance on this can be found on the ICO website at the following link: <https://ico.org.uk/for-organisations/>
- 6.5 If the use of additional devices introduces additional risks in terms of storage or processing of personal data (e.g. unsecure means of data transfer) then pharmacies may need to amend their Privacy Notice to let the patient make an informed decision.
- 6.6 Records must be retained securely in line with the Department of Health Retention Policy identified in the document 'Good management, Good Records' which can be viewed at [Good Management, Good Records - Disposal Schedule | Department of Health \(health-ni.gov.uk\)](#) and outlines the requirements for retention and disposal of community pharmacy held records.
- 6.7 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 permission of the client to share the information.
- 6.8 Monitoring and evaluation of the Community Pharmacy Needle and Syringe Exchange Service will be carried out by the PHA. Quantitative and qualitative information will be used to evaluate the service. As the service evolves evidence of need for NSes in geographical locations will be monitored through PHA Health Intelligence data. Any service which completes less than 50 Needle Exchanges within one year will become part of a review process which looks at both qualitative and quantitative data to

evaluate the viability and future of the service, in partnership with the pharmacy. This will be led by PHA Health Improvement.

- 6.9 Should SPPG/PHA request access to NSES records, the pharmacy contractor will be required to submit all records within 14 days of receipt of the request.

7. Payment Arrangements

- 7.1 Remuneration for the NSES is provided by the Public Health Agency and will be based upon HRIS data entry.
- 7.2 Claims for payments will be via submission of exchanges recorded via the Northern Ireland Harm Reduction Information System (HRIS). Community pharmacies are not required to submit a claim as PHA will provide the payment information directly to BSO on a monthly basis. It is imperative that all transactions are recorded on HRIS by the 10th of the following month to allow for BSO to process claims that month. Retainers will be paid in April and September of the financial year. Any queries in relation to payments should be directed to PHA using the following email address:
adele.dunn@hscni.net

- 7.3 Currently, payments will be as follows:

- £1,250 annual retainer fee (£625 paid in April, £625 paid in September)
- £2.20 per transaction fee

8. Service Availability

- 8.1 The pharmacy contractor should ensure that locums, relief pharmacists, and other individuals are adequately trained, so as to ensure continuity of service provision. If the pharmacy temporarily or permanently ceases to provide the service, they should notify the PHA/SPPG immediately.
- 8.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

9. Other terms and conditions

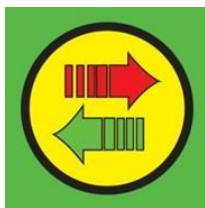
- 9.1 The pharmacy contractor is required to report any patient safety or adverse incidents in line with SPPG clinical governance arrangements.
- 9.2 The pharmacy contractor should ensure that there are appropriate indemnity arrangements in place to provide this service. This agreement does not abrogate the pharmacy or pharmacist from any of their professional duties or obligations and the PHA or SPPG cannot be held liable for any action or inaction by a pharmacy or pharmacist under the auspices of this agreement that may lead to client harm.
- 9.3 The pharmacy contractor will be notified if SPPG/PHA withdraws the service due to unforeseen issues.
- 9.4 The pharmacy contractor shall not publicise the availability of the service, other than using any materials specifically provided by PHA (unless with the prior agreement of the PHA) or publicise in any way which is inconsistent with the professional nature of the service.
- 9.5 The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.
- 9.6 The pharmacy contractor shall ensure that service provision is in accordance with relevant professional standards and guidelines.

Appendix 1 Needle Exchange Checklist

Needle Exchange Checklist

- Reinforce that the needle exchange is a confidential service, discuss the consent and [NSES Charter](#)
- Ask for returned needles, to encourage needles, both used and unused, to be returned
- Offer Cin Bins
- Does the client need all in the needle exchange equipment pack? Offer self-select if appropriate
- Record exchange on HRIS and provide all required information
- Ask if the client has any health complaints, needs any health advice or requires any support information. The following resources and links may support any discussions:
 - [Drugs and Alcohol NI](#)
 - PMH Z cards can be found and downloaded via the following [link](#). If paper versions are required, please contact Adele.Dunn@hscni.net

Appendix 2 – HRIS Paper Form



Community Pharmacy Needle and Syringe Exchange Service

Harm Reduction Information System (HRIS) Record Form - Please complete the following:

Note: Payment cannot be claimed via this paper form. All payments are made following HRIS submission			
Section 1. Service User details			
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Trans <input type="checkbox"/> Other <input type="checkbox"/> Not specified <input type="checkbox"/>
Unique Identifier: (if not known record initials and DOB)		Initials :	
Date of Birth:			
Postal Code District (first 4 characters of post code)			
Section 2a Substance Used			
Substance Route Frequency			
Section 3. Equipment and Quantity			
Estimated Returns <input type="checkbox"/> Qty _____	16mm (5/8") orange needle <input type="checkbox"/> Qty _____	0.5ml fixed syringe <input type="checkbox"/> Qty _____	Foil (pack of 20) <input type="checkbox"/> Qty _____
1ml Standard Pack <input type="checkbox"/> Qty _____	25mm (1") blue needle <input type="checkbox"/> Qty _____	1ml 30G Unisharp fixed <input type="checkbox"/> Qty _____	Pre-injection swabs <input type="checkbox"/> Qty _____
1ml Twin Pack <input type="checkbox"/> Qty _____	25mm (1") orange needle <input type="checkbox"/> Qty _____	2ml Nevershare syringe <input type="checkbox"/> Qty _____	Regular condoms <input type="checkbox"/> Qty _____
2ml Standard Pack <input type="checkbox"/> Qty _____	30mm (1 ¼") blue needle <input type="checkbox"/> Qty _____	2ml water amps <input type="checkbox"/> Qty _____	Stericup <input type="checkbox"/> Qty _____
2ml Twin Pack <input type="checkbox"/> Qty _____	40mm 1 ½" black needle <input type="checkbox"/> Qty _____	Amp snapper <input type="checkbox"/> Qty _____	Sharps container <input type="checkbox"/> Qty _____
Steroid Pack <input type="checkbox"/> Qty _____	40mm 1 ½" green needle <input type="checkbox"/> Qty _____	Citric sachet <input type="checkbox"/> Qty _____	Leaflet (specify type) _____

0.3ml Fixed syringe □ Qty _____	Woundcare packs □ Qty _____	Vit C sachet (strip of 10) □ Qty _____	
Section 4. For Pharmacy Use			
Has exchange been added to HRIS (Neo 360)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date added to HRIS :	
		Staff Signature:	

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