

Community pharmacy needle and syringe programmes (NSPs): an overview of UK practice

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Background stats for England

- Community pharmacies comprise ~80% of needle exchange outlets in England^{1,2}
- On average 2 specialist services and 8 pharmacy outlets per Drug Action Team region¹
- Community pharmacies supply approximately 50% of the needles and syringes distributed²
- Approx 22.5% of community pharmacies are part of a NSP¹ but this varies across DAT areas from 4.2 to 100%. Half of all areas have less than 15% of pharmacies in their NSP.

NICE guidance PH18

- Advocate a 'mixed economy' of outlets in each area.
- Provide three levels of service
 - 1) Distribute injecting equipment (pack or 'pick & mix') with written harm reduction information
 - 2) Distribute 'pick & mix' equipment plus health promotion advice including harm reduction advice
 - 3) Level 2 plus provision of, or referral to, specialist services e.g. HBV vaccinations, drug treatment.
- Ensure injecting equipment is available for a 'significant time' in 24 hour period
- Treatment providers should also supply injecting equipment

Pharmacy NSP commissioning

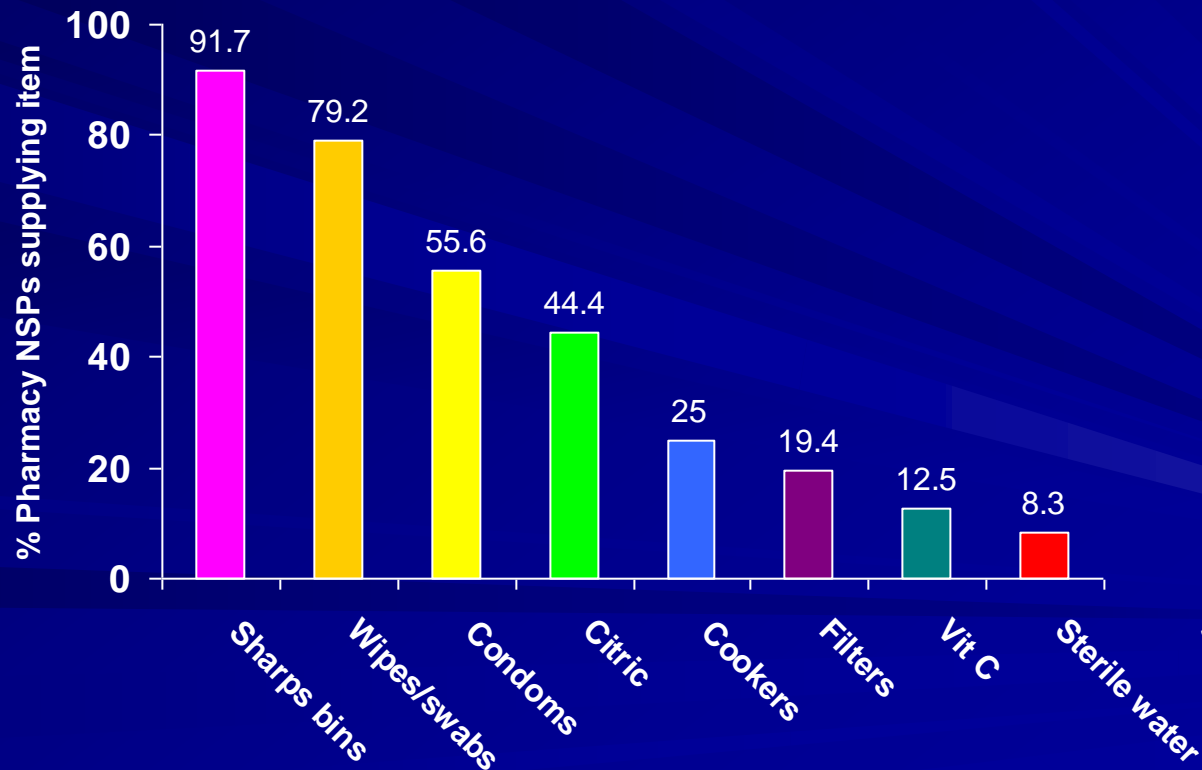
- NHS Pharmacy contract revised 2005
- Needle and syringe programmes are 'enhanced level' services – locally commissioned:
 - Optional
 - Variation in payment
 - Multiple models of co-ordination and support
 - Variation in models of service provision & equipment supplied
 - No standardised method of data collection or reporting

The pharmacy team

- Pharmacist(s)
- Dispensing technicians (including ACTs)
- Medicines Counter Assistants
- Specialist roles e.g. nursing home dispenser, needle exchange MCA
- Other roles e.g. delivery/collection person, security staff

Variation in Pharmacy NSP provision

- Clinical vs. transactional process
- Packs (64%)¹ vs. 'pick & mix'
- Paraphernalia supplied



Source: Ref 1

Variation in Pharmacy NSP provision

- Clinical vs. transactional process
- Packs (64%)¹ vs. 'pick & mix'
- Paraphernalia
- Pharmacist vs. non-pharmacist staff
- Knowledge and ability to provide advice
- Attitude
- Privacy and dignity offered

Factors that influence Pharmacy NSP expansion



Examples of good & innovative practice

- Ask if client has any problems - check injecting sites; offer advice on technique; treat or refer when needed
- Proactive delivery of health promotion and harm reduction information; safer drinking; overdose prevention; written information/dvds.
- Naloxone supply and training on use
- Hepatitis B vaccinations given by pharmacist

Examples of good & innovative practice

- 'What works?' form. Claire Shepherd, Leeds.

What Works?

Initials Date.....


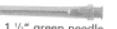

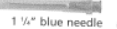

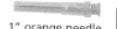








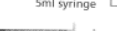
Year of birth Main drug/s used:


eg. 1 9 7 4 Heroin Steroids Cocaine/Crack


Gender M F Other.....


District Code Referrals made to.....

eg. L 5 1 7 tick here if you need to speak to a pharmacist for advice with your health

	quantity		quantity
	BOX A		BOX B
Citric sachets 	<input type="checkbox"/>	1 1/2" green needle 	<input type="checkbox"/>
Condoms 	<input type="checkbox"/>	1 1/2" blue needle 	<input type="checkbox"/>
Lubricant 	<input type="checkbox"/>	1" orange needle 	<input type="checkbox"/>
Swabs 	<input type="checkbox"/>	3/4" orange needle 	<input type="checkbox"/>
Filters 	<input type="checkbox"/>	3/8" brown needle 	<input type="checkbox"/>
Spoons 	<input type="checkbox"/>	Myjector 	<input type="checkbox"/>
		BOX C	
		2ml syringe 	<input type="checkbox"/>
		5ml syringe 	<input type="checkbox"/>
		1ml syringe 	<input type="checkbox"/>

Safer Leeds  tackling drugs and crime

Sharpsafe  exchange

NHS 

Examples of good & innovative practice

- Wicker Pharmacy, Sheffield. Martin Bennett MBE.



<http://www.wicker.co.uk/pharmacy/>

Integration of Pharmacy NSPs with specialist NSPs

- NSP coordinators provide key link
- Joint training with ongoing programme of development; maybe linked to payment
- Awareness of each other's roles
- Work shadowing of each other
- Standardised method of data collection and reporting – *can be tricky!.....but helpful in calculating returns at local level*
- Referral pathways

Integration of Pharmacy NSPs with specialist NSPs

- Produce single information document with opening hours and locations of ALL NSP providers
- Standardise 'corporate' aspects of provision e.g. publicity given to clients; 'rules'.
- Troubleshooting
- Keen and interested individuals can really make a difference!

~Thank you for listening~

References

- Abdulrahim et al, 2007. *The NTA's 2005 survey of needle exchanges in England*. London: NTA
- 1. Parsons et al. (2002). Over a decade of syringe exchange: results from 1997 UK survey. *Addiction*. 97: 845-850.
- 2. Scott, J. 'Why is pharmacy based needle exchange failing to expand and how can this be overcome?' *Report to the Pharmacy Practice Research Trust*. Bath: University of Bath. January 2010.