

LOCALLY COMMISSIONED SERVICE (LCS) SPECIFICATION

Service	Needle and Syringe Exchange (NEX) Service
Commissioner Lead	Anna Hall
Provider Lead	As per contract
Period	Commence April 2015 2 years (with the option to extend for 1 year) The LCS will be subject to contract review and change by the LBC

1. Purpose

1.1 Aims

- 1.1.1 To assist people who use the service to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.
- 1.1.1 To protect health and reduce the rate of blood-borne infections and drug related deaths among people who use the service:
- by reducing the rate of sharing and other high risk injecting behaviours;
 - by providing sterile injecting equipment and other support;
 - by promoting safer injecting practices; and
 - by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- 1.1.2 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 1.1.3 Help people who use the service to access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- 1.1.4 To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- 1.1.5 To help people who use the service to access/act as a gateway for other health and social care services (such as key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc).

1.2 Evidence Base

- 1.2.1 There is good evidence (See 1.2.5) that locally commissioned community based needle exchange services significantly complements and supports other needle exchange and harm minimisation initiatives commissioned by drug treatment agencies.
- 1.2.1 Whilst the level of needle and syringe sharing reported in England, Wales and Northern Ireland has declined from **34% in 2002 to 14% in 2012**, there continues to be a need for needle exchange services.
<http://www.hpa.org.uk/Publications/InfectiousDiseases/BloodBorneInfections/ShootingUp/1311ShootingupInfectionsamongIDUS/>
- 1.2.2 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.

- 1.2.3 The most recently available statistics 2010/11 Home Office research prevalence estimates calculated 823 injecting drug users in Camden. This equates to 7% of London's 11,586 intravenous drug using population and 35% of all Camden's estimated 2,345 opiate and/or crack users <http://www.nta.nhs.uk/facts-prevalence.aspx>
- 1.2.4 Camden data for injecting drug use suggests a disproportionate representation of injecting drug users in treatment. Despite Home Office research estimate identifying just 35% of Camden's opiate and/or crack users are injectors, treatment data for the same period shows 45% are current or previous injectors.
- 1.2.5 This service specification is supported by a number of key documents and publications (and updates thereof):
- Drug Strategy 2010 Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life¹, December 2010¹
 - Models of Care for substance misuse treatment: promoting quality, efficiency and effectiveness in drug misuse treatment services Department of Health and National Treatment Agency, 2002
 - Models of care for treatment of adult drug misusers: Update 2006 National Treatment Agency, 2006
 - Drug Misuse and Dependence – UK Guidelines on Clinical Management, National Treatment Agency (on behalf of the Department of Health and devolved administrations) 2007
 - Reducing Drug-related Harm: An Action Plan, Department of Health/National Treatment Agency for Substance Misuse, October 2007
 - Shooting Up: Infections among injecting drug users in the United Kingdom 2012. London: Health Protection Agency, Health Protection Scotland, National Public Health Service for Wales, CDSC Northern Ireland, and the CRDHB. November 2013²
 - Best Practice Guidance for commissioners and providers of pharmaceutical services for drug users, February 2006
 - Good practice in Harm Reduction, National Treatment Agency, October 2008
 - NICE Public Health Guidance 52 – Needle and syringe programmes: providing people who inject drugs with injecting equipment, March 2014³

1.3 General Overview

- 1.3.1 Community based needle exchanges are an important easily accessible public health intervention. Community based needle exchange and harm reduction initiatives are developed as part of the overall wider approach to prevent the spread of blood borne diseases (mostly HIV and hepatitis) and other drug related harm, including drug related death. Their open accessibility and availability means they often have contact with drug users who are not in touch with other specialist treatment drug services. These services will have a health remit as well as a social welfare role within the wider community.

1.4 Objectives and Expected Outcomes

- 1.4.1 The National Treatment Agency for Substance Misuse service specification for Needle Exchange and Harm Reduction sets out a series of aims (see 1.1) for needle exchange services generally, these apply to community based locally commissioned services and are reflected within the service objectives:
- To offer user-friendly, non-judgmental, client-centred and confidential services;
 - To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support;

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118336/drug-strategy-2010.pdf

² <https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>

³ <http://www.nice.org.uk/guidance/PH52>

- To reduce the rate of blood-borne infections among drug users;
- To reduce drug-related deaths (immediate death through overdose and long-term such as blood borne infections);
- To promote safer injecting practices;
- To provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use);
- To provide and reinforce harm reduction messages;
- To help people who use the service to access/act as a gateway for other health and social care services (such as key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc) through the provision of appropriate information and referral..
- To facilitate access to primary care where relevant;
- To ensure the safe disposal of used injecting equipment;
- To prevent initiation into injecting and to encourage alternatives to injecting;
- To aim to maximise the access and retention of all injectors, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided; and
- To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

2 Scope

2.1 Service Description

- 2.1.1 Community based NEX 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.
- 2.1.2 This service is for adult injecting drug users whose stated age is 18 years or over
- 2.1.3 Community based NEX will refer any young person (17 years old and younger) to FWD (see section 4.6 Exclusion Criteria)
- 2.1.4 Community based NEX will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 2.1.5 The LCS contractor will encourage return of used equipment in secure sharps containers for safe disposal. LCS contractors will ensure sharps containers are disposed of as clinical waste (see 3.1.7 to 3.1.12)
- 2.1.6 This LCS is not open to patients returning sharps bins containing diabetic syringes or sharps used in the administration of prescribed medicines such as heparin, Clexane etc.
- 2.1.7 The Community based NEX will proactively engage and provide support and advice around safer injecting and where possible and required referral to other health and social care professionals and specialist drug and alcohol treatment services.
- 2.1.8 The Community based NEX will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

2.2 Accessibility / acceptability

- 2.2.1 Community pharmacy/open access healthcare settings are ideally suited to this service as they are often open at weekends and have extended opening hours beyond 5pm. For provision of this service Community based NEX must be open at least 6 days per week, with an appropriately accredited staff member present during these hours.

- 2.2.2 For provision of this service Community based NEX premises must be situated within the boundaries of London Borough of Camden.
- 2.2.3 All Community based NEX providing needle exchange services will be visited by the needle exchange coordinator to ensure contractors meet the service specification, criteria for acceptance and ensure staff have undertaken appropriate training
- 2.2.4 The LCS contractor will identify a lead, named member of staff who will take responsibility to undertake the required training and undertake relevant annual CPD to deliver this LCS. The London Borough of Camden (LBC) will monitor this as part of Contract and Performance Management Relevant training is either:
1. RCGP Certificate in the Management of Drug Misuse Part 1 **OR**
 2. The CPPE training which supports this service: Substance Use and Misuse Theme
 - Drug Use Harm Reduction
 - Substance Use and Misuse pharmacist version Substance use and misuse: Delivering pharmacy services - public health – workshop
- 2.2.5 This lead, named staff member will be responsible for cascading relevant training/information to other colleagues involved in the delivery of this LCS under this service specification (and any variations thereafter) to ensure appropriate and consistent levels of competency to undertake the LCS service.
- 2.2.6 Further training materials/information can be found on the internet:
- <http://www.frontiersharpssafety.com/>
 - www.harmreductionworks.org.uk

2.3 **Whole System relationships**

- 2.3.1 Wherever possible and where appropriate, community based NEX service providers should as a minimum provide information (leaflets/contact information) and facilitate onward referral to specialist drug treatment services, registration with GPs, referral to other healthcare professionals or accident and emergency in Camden.

2.4 **Interdependencies**

- 2.4.1 None

2.5 **Relevant networks and screening programmes**

- 2.5.1 Referral to specialist drug treatment services, GP, other healthcare professionals for blood borne virus screening (HIV and hepatitis) and vaccination.

2.6 **Sub-contractors**

- 2.6.1 None

3 **Service Delivery**

3.1 **Service Model**

- 3.1.1 The part of the designated building used for provision of the service provides a sufficient level of privacy and discretion for service users.

- 3.1.2 Community based NEX 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 (permanent and temporary) involved with the scheme
- 3.1.3 The LCS contractor has a duty to ensure that all staff involved in the provision of the service are aware of and operate within local protocols.
- 3.1.4 The LCS contractor will ensure LBC is updated immediately should there be a change in the lead member of staff with overall responsibility for the LCS as described in 2.2
- 3.1.5 All LCS contractors providing needle exchange services will be expected to stock and distribute the full range of needle exchange packs available from the scheme.
- 3.1.6 The LCS contractor should maintain appropriate records to ensure effective ongoing service delivery (including stock control) and audit.
- 3.1.7 The LCS contractor will provide sharps containers (included in the pack contents) and advice to encourage people who use the service to dispose of needles and syringes safely.
- 3.1.8 The LCS contractor will provide client accessible, safe disposal of personal needle exchange sharps boxes. Client accessible disposal will ensure staff members do not need to handle any sharps bins.
- 3.1.9 The LCS contractor should ensure that staff are made aware of the risk associated with handling returned used equipment and the correct procedures used to minimise those risks through health and safety training and use of the client accessible disposal. A needle stick injury procedure and infection control policy should be in place.
- 3.1.10 The LCS contractor will allocate a safe place to store sterile equipment and used equipment returns for safe onward disposal. The storage containers provided by the commissioned clinical waste disposal service will be used to store returned used equipment.
- 3.1.11 Appropriate protective equipment, including gloves and materials to deal with spillages, should be readily available close to the storage site.
- 3.1.12 The LCS contractor should be aware of clinical waste regulations and maintain appropriate records to ensure effective audit. Where required by LBC the LCS contractor will use the Vector software system to record all clinical waste records.
- 3.1.13 The LCS contractor will clearly display the national scheme logo.
- 3.1.14 The LCS contractor should ensure Hepatitis B vaccination is available to **all** staff involved in the delivery of this service.
- 3.1.15 Staff involved in the delivery of the LCS will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.1.16 The LBC will arrange at least one contractor meeting per year to promote service development and update the knowledge of LCS delivery staff.
- 3.1.17 The LBC will provide the exchange packs and associated materials and will commission a needle exchange clinical waste disposal service for each participating NEX LCS contractor. The frequency of waste collection should be agreed to ensure there is not an unacceptable build up of clinical waste on the LCS contractor premises.
- 3.1.18 The LBC will provide a framework for the recording of relevant service activity and contact information for the purposes of audit (currently via Webstar Health Service PACT tool) and the claiming of payment. All payment claims will be subject to random scrutiny by NHS Protect <http://www.nhsbsa.nhs.uk/Protect.aspx>

- 3.1.19 The LBC and substance misuse treatment pathway providers will provide details of relevant referral points which staff can use to signpost people who access the service who require further assistance.
- 3.1.20 The LBC recommends LCS contractors use the Harm Reduction Works health promotion material available free from <http://www.harmreductionworks.org.uk/>.
- 3.2 Care Pathways**
- 3.2.1 Access to needle exchange facilities and harm reduction initiatives is voluntary and open access. Needle exchange users, accessing this LCS service do not require contact with other drug misuse treatment and care agencies.

4 Referral, Access and Acceptance Criteria

4.1 Geographic coverage / boundaries

- 4.1.1 Access to community based needle exchange facilities and harm reduction initiatives is voluntary and open access, regardless of the injecting drug users' borough of residence.

4.2 Location(s) of Service Delivery

- 4.2.1 Community based needle exchange will be provided from the LCS contractor premises, situated within the boundaries of London Borough of Camden, commissioned to provide this service.

4.3 Days / Hours of operation

- 4.3.1 All LCS contractors providing this service must operate an at least 6-day opening policy. Needle exchange services delivered under this LCS will be available during all hours which the LCS contractor is open.
- 4.3.2 LCS contractor opening times should be clearly displayed. Commissioners should be informed immediately if there are any planned changes to the opening times/access times.

4.4 Referral criteria & sources

- 4.4.1 Community based needle exchange 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 touch with drug and alcohol misuse treatment services
- 4.4.2 Where possible, needle exchange 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.

4.5 Referral route

- 4.5.1 Access to community based needle exchange facilities and harm reduction initiatives is voluntary and open access. Needle exchange users accessing this LCS service do not require contact with other drug misuse treatment and care agencies nor do they need to be living within Camden to use the service.
- 4.5.2 Patients 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 staff. In such circumstances the staff member will generally, where appropriate, encourage the client to discuss this with their doctor or keyworker.

4.6 Exclusion criteria

- 4.6.1 This service specification for the provision of community based needle exchange services is for adults (those whose stated age is 18 years or over) only.
- 4.6.2 A person aged 17 years or under who presents to the LCS contractor for needle exchange services should be referred to FWD - the young people's service in Camden.
- 4.6.3 A referral can be made by calling **the** Operational lead FWD, on 020 7974 5323 or a young person's support worker on 0207 974 4701. The Young Peoples needle exchange operates Monday to Friday 9am – 5pm on a referral basis and in partnership with Kickstart. For enquiries out of hours, pharmacists should give the young person the above FWD numbers and provide with FWD information leaflets (to be provided by FWD).
- 4.6.4 People wishing to access the service should only be excluded for behaviour that has breached accepted rules and standards at the discretion of the LCS contractor but within a structure of user's right and responsibilities.
- 4.6.5 People accessing the service 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 is carried out to engage drug users in this or other more appropriate services and referral to more appropriate services is made where possible.

4.7 Response time & detail and prioritisation

- 4.7.1 This service specification expects participating LCS contractors to have sufficient stocks of the full range of packs (including condom packs) at all times to provide a prompt and efficient service

5 Discharge Criteria & Planning

- 5.1 NEX LCS contractors who wish to cease providing this service will give one month written notice.
- 5.2 NEX LCS contractors will be expected to return any undistributed stock to the LBC for re-distribution.

6 Self-Care and Patient and Carer Information

- 6.1 All community based needle exchange packs contain self-care and patient information regarding harm reduction and overdose prevention.

7 Quality & Performance Standards

<i>Quality performance indicator</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>
The LCS contractor reviews its standard operating procedures (for this enhanced service) which incorporate business continuity and emergency planning, on an annual basis	Mandatory	SOP readily available on premises and being followed Emergency and business continuity plans readily available to all staff	Suspension/ decommissioning of service
The LCS contractor has a lead, named staff member responsible for cascading relevant training/information to other colleagues involved in the delivery of this LCS as described in 2.2. Annual CPD will be demonstrated .	Mandatory	RCGP Part 1 Certificate in the management of drug users in primary care or CPPE certificates <ul style="list-style-type: none"> • substance use and misuse • Drug misuse – harm reduction Annual CPD evidence, which can include any locally held harm reduction training offered by the LBC	Suspension/ decommissioning of service

The LCS contractor participates in an annual LBC organised event supporting service provision	Mandatory	Attendance for the whole event	
The LCS contractor co-operates with any locally agreed LBC-led assessment of service user experience		LBC led assessment of service user experience	
The LCS contractor can demonstrate that the rate of return of used equipment meets locally agreed targets <i>(All patients should be encouraged to return used equipment)</i>	Locally agreed targets – 30% returns		
The LCS contractor has appropriate LBC provided health promotion material available for the user group and promotes its uptake <i>(Department of Health and National Treatment Agency Harm Reduction Materials. Available for order from http://www.harmreductionworks.org.uk/)</i>		Posters, leaflets and information available Checked during announced contract monitoring visits and unannounced visits.	

7.1 The above quality monitoring requirements, after consultation, which includes the LPC will be subject to annual review and change by LBC

8 Activity				
Quality performance indicator	Threshold	Method of measurement	Consequence of breach	Report Due
Submission of activity and contact data via Webstar Health Service PACT Tool	Mandatory Advise (promptly) of exceptional circumstances (e.g. software problems) and provide with action plan and timeline to resolve	Submission of data	Suspension/ decommissioning of service provision	Monthly
Submission of clinical waste records via the Vector software system	Mandatory Advise (promptly) of exceptional circumstances (e.g. software problems) and provide with action plan and timeline to resolve	Submission of data	Suspension/ decommissioning of service provision	Monthly
Stock control LCS contractor providing this service will be expected to provide stock control levels monthly	Mandatory	Submission of Stock levels via Webstar Health Service PACT Tool	Suspension/ decommissioning of service provision	monthly
Locally agreed Return Rates	Mandatory	Via Webstar Health Service PACT tool	Review of engagement with users of the service	Quarterly
Coverage - percentage of occasions sterile injecting equipment was available for use		Via Webstar Health Service PACT tool data and national statistics		Quarterly
Provide information (leaflets) relating to healthcare providers/specialist drug services relating	Mandatory	Via Webstar Health Service PACT Tool		Quarterly monitoring

to 60% of needle exchange contacts				
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8.1 Activity Record and Claim Forms

- 8.1.1 All needle exchange LCS activity monitoring will be submitted through the Webstar Health “Service PACT” tool.
- 8.1.1 Activity will be submitted by LCS contractors on a monthly basis. The window for monthly submissions will close on the 6th day of each following month.
- 8.1.2 Activity data will be reported on a quarterly basis to the Public Health, Clinical Commissioning Group and any other relevant commissioning group.
- 8.1.3 Activity submissions should be received by Webstar Health by the deadline detailed to ensure payments are received by the Provider as detailed below

Quarter	Activity Month	Webstar Extraction Date	Payment reaches Pharmacy contractor account
1	April 2015	6 th May 2015	July 2015
	May 2015	6 th June 2015	August 2015
	June 2015	6 th July 2015	September 2015
2	July 2015	6 th August 2015	October 2015
	August 2015	6 th September 2015	November 2015
	September 2015	6 th October 2015	December 2015
3	October 2015	6 th November 2015	January 2016
	November 2015	6 th December 2015	February 2016
	December 2015	6 th January 2016	March 2016
4	January 2016	6 th February 2016	April 2016
	February 2016	6 th March 2016	May 2016
	March 2016	6 th April 2016	June 2016

- 8.1.4 Retainer payments will automatically be paid in arrears at the end of each quarter.
- 8.1.5 LCS contractors will be expected to retain copies of the Webstar Health payment summaries.
- 8.1.6 The above activity requirements, after consultation will be subject to annual review and change by the LBC

9 Continual Service Improvement Plan

- 9.1 Serious incidents and complaints relating to the LCS contractors/delivery of this service should be reported to LBC immediately.
- 9.2 LCS contractors shall ensure that it has a business continuity plan as part of emergency planning, for this enhanced service, to include;
- Short term major incident
 - Flu pandemic.
- 9.3 Emergency planning should include the following:
- 9.3.1 Notification of any changes to contracted opening hours should be made to **BOTH** LBC and the local Camden Medicines Management team. The LCS contractor shall use all reasonable endeavours to resume provision of contracted services as soon as is practicable.

9.3.2 List of drug service contact numbers to advise of changes to opening hours and liaison regarding clients using the substance misuse service(s).

9.3.3 Advising substance misuse patients on the agreed process for medication collection

9.4 Further guidance on emergency planning can be found:

- PSNC – http://www.psn.org.uk/pages/pandemic_flu.html
- NPA – <http://www.npa.co.uk/Resources/>

10 Prices & Costs

10.1 Price

10.1.1 The LCS contractor receives the following agreed fees for this needle exchange service:

- An agreed £1.30 fee for every needle exchange pack distributed from the community pharmacy (Distribution of condom packs will not incur a fee).
- An annual £400 retainer payment.
- A fixed payment of £100 for each 6 month period (see 10.1.11).

10.1.2 All LCS contractors will have on site access to the internet for data reporting requirements through Webstar Health www.servicepact.co.uk and Vector.

10.1.3 Where LCS contractors are unable fulfil point 10.1.2, the LBC needs to be informed immediately. The LBC will require an action plan from the LCS contractor will a clear indication of when 10.1.2 will be fulfilled. 10.1.4 Submission of monthly activity data will be by implication, taken as a true legal reflection of activity and you will be paid at the agreed rate accordingly. Payment of the distribution fees to the Provider will be by the LBC, made on a monthly basis on receipt of both completed activity record forms and signed claim forms.

10.1.4 LCS contractors should be aware activity data for the month will be calculated on the 6th day of the following month. LCS contractors should ensure monthly activity data is submitted by the 6th of the following month.

10.1.5 Partially complete activity data submissions for the previous month, will not be processed. Payments will be made when the data activity for the month is complete.

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

10.1.7 For the first year (1st April 2015-31st March 2016), claims older than the previous month will not be processed, other than in exceptional circumstances which will be advised to the LBC prior to submission. From 1st April 2016, LCS contractors will only receive payment for the activity payment month with no option to late claim.

10.1.8 Late submissions will be processed in line with the detailed payment schedule only.

Year 1 late claim payment schedule

Webstar Processing Month	Activity Payment month	Late claim months accepted
April 2014	March 2015	February 2015
May 2014	April 2015	March 2015
June 2014	May 2015	April 2015
July 2014	June 2015	May 2015
August 2014	July 2015	June 2015
September 2014	August 2015	July 2015
October 2014	September 2015	August 2015
November 2014	October 2015	September 2015

December 2014	November 2015	October 2015
January 2015	December 2015	November 2015
February 2015	January 2016	December 2015
March 2015	February 2016	January 2016
April 2015	March 2016	February 2016

- 10.1.9 The retainer payment will be paid in arrears at the end of each quarter. Where provision of this contract is terminated by either party the retainer payment will cover the period within the quarter (pro rata) when activity took place. The LBC shall notify the Provider as soon as practicable if it considers a claim submitted by the Provider is incorrect or that the stated Services have not been provided. 10.1.21 Where errors occur in data submissions, payment will be adjusted accordingly and reflected in the following month. Where large discrepancies between reported activity and stock requests are apparent, these will be discussed between the provider and LBC.
- 10.1.10 Following the financial year end (31 March) only payments relating to invoices issued in the new financial year will be processed. LCS contractors should be reconciling payments throughout the financial year.
- 10.1.11 Community based NEX providing the service will be required to submit stock Monthly via the Webstar Health Service PACT tool.
- 10.1.12 Stock submission affords the pharmacy a remuneration of £100 every 6 months, where stock submission has been submitted on a monthly basis (totalling £200 per year for both submitted stock submissions) and forms part of the substance misuse balanced scorecard. Eligibility for this payment requires LCS contractors to submit accurate and up to date stock control data for each individual month, by 6th of the following month. If any month is not submitted within the 6 month periods (April-Sept; October- March) the LCS contractor is not eligible for the £100 payment.
- 10.1.13 Contractors may within the lifetime of this service specification be additionally be required to order stock via the Webstar Health Service PACT tool. Should this become available, LBC Camden will advise LCS contractors.

Appendix 1 Needle exchange LCS pre-acceptance criteria

2015 Accreditation Checklist: Camden Needle Exchange (NEX) Locally Commissioned Service

Only accredited locally commissioned service (LCS) contractors are able to provide NEX. An approved LCS contractor is required to sign the overarching London Borough of Camden Service Level Agreement (SLA) which applies to both the premises and individuals working at said premises.

A healthcare professional employed by the LCS contractor must be accredited to provide NEX services and must be able to satisfy the criteria below. Evidence of this must be submitted to the commissioning officer and the LCS contractor must receive confirmation that the evidence is sufficient prior to any LCS contractor operating under the Camden NEX scheme.

Evidence of the following must be submitted for accreditation:

- The premises has client accessible, safe disposal of personal needle exchange sharps boxes, which means staff do not have to handle any sharps bins (Photo evidence).
- The lead healthcare professional has completed the following required training (evidence certificates) and disseminated information/provides support to other staff delivering this LCS to maintain an appropriate level of competency to undertake the LCS:
 1. RCGP Certificate in the Management of Drug Misuse Part 1 **OR**
 2. CPPE training
 - Substance Use and Misuse pharmacist version Substance use and misuse: Delivering pharmacy services - public health – workshop
 - Drug Use Harm Reduction
- Signed **declaration** that the premises from which NEX is delivered are situated within the boundaries of the London Borough of Camden, is open at least 6 days a week and NEX services are available during the stated opening times (evidence opening times)

Additional criteria, no additional evidence required (please indicate yes or no)

- Y/N Clearly display the national needle exchange scheme logo
- Y/N Use of a patient medical records (or equivalent) system to register patients for NEX and to ensure effective ongoing service delivery including stock control) and audit.
- Y/N Standard operating procedure (SOP) to cover all the processes involved in the LCS
- Y/N A suitable private area for discreet needle exchange is available
- Y/N On site access to the internet for data reporting requirements (e.g. Webstar Health www.servicepact.co.uk)
- Y/N Understanding and responsibilities for clinical waste regulations and maintain appropriate records to ensure effective audit via the designated software provision (Vector).
- Y/N The LCS contractor and accredited health care professionals agree to work in partnership with local drug treatment system provider(s) and other health and social care professionals where appropriate (in line with confidentiality policies)

DECLARATION

Name and address of premises from where NEX will be delivered (situated within the boundaries of London Borough of Camden)

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.....

Opening times of the premises names above

DAY	Opening	Closing	Other info
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Name(s) of healthcare professional(s) applying for accreditation

	Name	Evidence CPPE Certificates
1		
2		
3		
4		

(please attach additional sheet with further names, if more than 4 healthcare professionals)

CERTIFYING SIGNATURE

I (LCS contractor) certify that I have satisfied the criteria above and the evidence submitted is valid.

Signature.....

Date.....

PRINT NAME.....

Contacts, Resources and Training

The **CPPE training** materials can be found at www.cppe.ac.uk

Please submit the checklist along with the declaration and certifying signature page and evidence required to Anna Hall, Mental health and substance misuse commissioning anna.hall@Camden.gov.uk