

Working with the:



# HEP C U Later

## **Improving Pharmacy Needle and Syringe Provision:**

A Best Practice Case Study from Inclusion  
Staffordshire (STaRS)

In this best practice case study, Hep C U Later (An NHS Addictions Provider Alliance Initiative) spoke to Inclusion's Staffordshire Treatment and Recovery Service (STaRS) about the challenges they experienced in the provision of the Needle and Syringe Programme (NSP) via community pharmacies across the Staffordshire County, and how they managed to increase provision from one community pharmacy to thirty in just 12 months.

## Background:

The needle and syringe programme (NSP) across the drug treatment sector in England is normally accessed by two main routes: drug treatment services and community pharmacies. Whilst there are additional ways to access needles and syringe kits, the minimum expectation is that it is accessible to people using drugs from drug treatment specialist services (including outreach and mobile units) and/or community pharmacies.

NSP is a vital means of reducing the risk of blood-borne viruses, wounds and other infections. It is an essential service to reduce harm, as well as providing an opportunity for harm reduction advice.

Nationally, the drug treatment sector has seen a decline in the number of community pharmacies providing NSP, largely due to a few closures, funding cuts and increased financial pressures on community pharmacies to maintain their day-to-day operations.



The STaRS team

## What was the issue?

Inclusion, a specialist arm of the Midlands Partnership NHS University Foundation Trust (MPFT), took over the community drug and alcohol treatment service contract for the Staffordshire County in April 2024 and recognised that only one community pharmacy was delivering NSP (in addition to the drug and alcohol treatment service hubs).

One key challenge in the area is its vast geographical nature, which makes it important to have a greater number of community pharmacies (equitably spread across the county) involved in delivering NSP, to better meet the needs of the target population.



Denis Kanu

## How did Inclusion STaRS increase the number of community pharmacies delivering NSP?:

Inclusion STaRS faced many challenges, as any service does at the start of a new contract. Through a systematic approach they have tackled the dilemma around NSP provision, resulting in a significant uplift in community pharmacy engagement, with around 30 pharmacies now providing it.

Denis Kanu, Pharmacy Lead for Inclusion, said the increase in NSP in pharmacies was due to *“a collaborative working approach between key stakeholders”*, namely the Local Pharmaceutical Committee (Community Pharmacy Staffordshire & Stoke-On-Trent, representing the interests and priorities of pharmacy contractors across the patch), the commissioners (Staffordshire County Council) and drug treatment providers (Inclusion).

He said the key to success was *“providing a platform for sincere and honest engagement between us, the LPC and commissioners who fund these services, via regular structured meetings with set agendas led by the commissioners; the engagement was 100%”*.

The Inclusion Pharmacy Lead's first step was to review the current contracts or Service Level Agreements (SLA) in place and how NSP provision impacted on the pharmacy's day to day activity. They looked at how the contracts could open opportunities for pharmacy technicians and/or dispensing assistants, thus supporting the pharmacists with service provision. Additionally, the collaboration was able to increase the payment to pharmacies by around 30% which assisted with the set-up.

Denis stressed that having difficult and direct conversations early on, such as ring-fenced funding for NSP provision, choice of *“pick and mix”* or *“single unit”* kits, and areas within the county to target was essential to knowing what was possible and where the boundaries were; this held everyone to account.

Robert McAleavy, Clinical Lead for Inclusion STaRS, highlighted the importance of maintaining communication and building upon the relationships with community pharmacies, as well as understanding the pharmacy workload pressures indirectly creating barriers for open conversations i.e., attempting to ring the pharmacy at times of the day when they are likely to be most busy.

**“By proceeding through the LPC, we recognised they have direct links to the Superintendent Pharmacists and managers for these pharmacies, and I think for me the strategy was primarily aiming for smaller independent pharmacies rather than big pharmacy chains as they tended to be more responsive and engaging with the programme.”**

**Denis Kanu, Lead Pharmacist, Inclusion (MPFT)**

**“It's about sowing the seed, isn't it? Initially it was just speaking to the Superintendent Pharmacists of a chain of pharmacies to getting them to sign up to the agreements in principle. But then the ‘follow up calls’ were equally as important, showing we were willing to listen to and address any concerns.”**

**Robert McAleavy, Clinical Lead, Inclusion (MPFT)**



**Robert McAleavy**

Robert spoke of starting from the position of understanding the work is a 'Drug & Alcohol Treatment service' priority, not necessarily a 'pharmacy' priority. Therefore, the Drug & Alcohol Treatment service needed to make the NSP offer as simple and effective as possible for community pharmacies to remain engaged.

Denis and Robert also recognised pharmacies valued a single point of contact and they remained engaged with every line of communication from the pharmacy contractors, so they can quickly respond to issues as they arise.

Denis commented on the importance of being responsive, effective and maintaining credibility, he said *"the pharmacists in different localities, they always chat to each other, so they might speak amongst themselves and ask what it's like working with Inclusion"*.

The offer of training for community pharmacies through NSP workbooks was important to not only upskill but also to aid in understanding the key benefits for NSP provision. It was recognised that community pharmacy staff are expected to complete annual continuing professional development (CPD) accredited trainings, especially at certain times of the year, and this provided an opportunity for engagement through learning and development.

Denis's previous experience within community pharmacy settings enabled the service to understand how pharmacy contractors operate and equally communicate the message that the STaRS service understands the pressures they are under.

**"I wanted to make sure the paperwork was very slim and asked the bare minimum from the service user- they wanted a straightforward, one-page data collation form, so that's what we have done. Some of these moves made the pharmacies feel that it wasn't a lot of work to engage with the process."**

**Denis Kanu, Lead Pharmacist, Inclusion (MPFT)**



**The STaRS team**

**"...because there was that confusion around the requirement of the programme i.e. 'are we exchanging needles?', and it felt like the terminology bred stigma amongst service users and service providers alike. You know if they bring their used needles back, fine. If they don't you still offer it."**

**Denis Kanu, Lead Pharmacist, Inclusion (MPFT)**

**Other activities which helped to engage community pharmacies was ensuring they could order kits easily through the online clinical service platform (PharmOutcomes®) which these pharmacies are familiar with, and to minimise the initial pressures with multiple layers of the ordering process. "Single unit" kits was an approach which appealed to the LPC, due to their concerns around time pressures and additional training/communication with people accessing NSP around different needle and syringe types and related paraphernalia like filters etc. Additionally, the team also renamed the service from 'needle exchange (NeX)' to 'needle and syringe programme (NSP)'.**

## What's next?

To improve upon future NSP delivery in community pharmacy settings the team have a few ideas including hosting open interactive evenings (between service providers, manufacturers of these kits and pharmacy contractors), improving on the training delivery programme, completing 'secret shopper' visits to explore the quality of the interventions and likewise identify any subsequent re-training needs. It is recognised that further training can be provided to community pharmacies particularly around Blood Borne Viruses (BBVs) and stigmatisation, which will further support staff within the pharmacies with the requisite knowledge and skills to deliver NSP provision, as well as promote preventative/harm minimisation interventions for people who use drugs.

They plan to engage further with the local Integrated Care Board (ICB) in the programme moving forward enhancing public health interventions across the county. Longer term, it is recognised that 'relationship managers' will be needed to ensure NSP provision is running smoothly across multiple sites, maintaining existing contractual relationships and promoting engagement from community pharmacies not yet signed up to the programme.

The service will continue to monitor engagement, gather feedback (from pharmacy staff and people accessing NSP) and complete modelling around the dispensing of NSP across the locality, providing the service with a better understanding of gaps in terms of location, opening times and out-of-hours provision.

One of the key considerations for the future is exploring how health promotion and harm reduction messaging can be embedded within NSP kits. Equally it is important to the team to ensure up-to-date information about NSP access sites across the locality is held electronically (web portal and QR-codes) and in written format for those who need it, enabling pharmacy staff and clinicians (i.e. walk-in centres, A&E) to signpost service users to these sites where they don't provide it locally.

## Key Learning for Improving NSP across community pharmacies:

- I. Multi-level engagement with the local commissioners and Local Pharmaceutical Committee within the locality is a vital step
- II. Developing a clear strategy for service delivery
- III. Consider additional funding which is ring-fenced to guarantee service continuity and expansion.
- IV. Maintain communication and building on relationships across the locality.
- V. Keep the recording and ordering process simple for pharmacy staff
- VI. Training and staff development is a key engagement tool
- VII. Linking up other health promotion opportunities i.e. vaccination, sexual health, naloxone provision etc.

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