

PH52

Audit tool for the implementation of

NICE public health guidance 52
Needle and syringe programmes

EXCHANGE
SUPPLIES

MAKING INJECTING SAFER

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Introduction

This audit tool has been developed to help you audit implementation of, and compliance with, NICE guidance PH52 in the development and running of needle and syringe programmes.

It will be of particular use to: commissioners and providers of NHS services, local health and wellbeing boards, local authorities, local organisations, drug service providers, NSP providers (including pharmacists), drug users, and service user groups.

The audit tool provides an easy to use checklist to identify compliance across recommendations, and identifies where actions or shortfalls pertain to more than one recommendation.

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Who audits what?

Provision of needle and syringe programmes is a multi-agency activity. This audit document has been designed to be shared, and completed as a whole, following dialogue with the agencies involved. To assist with completing the audit, the list below details those directly involved in delivering the outcomes set out in each of the 10 areas in which recommendations are made by NICE.

Commissioners

Commissioners need to audit their activity against recommendation:

- 1: Consultation with, and involvement of, drug users, practitioners, and the local community
- 2: Collate and analyse data on injecting drug use
- 3: Commission both generic and targeted services to meet local need
- 4: Monitor services
- 5: Develop a policy for young people who inject drugs
- 6: Provide a mix of services; and
- 10: Provide equipment and advice to people who inject image and performance-enhancing drugs

Directors of public health

Directors of public health need to audit their activity against recommendation:

- 1: Consultation with, and involvement of, drug users, practitioners, and the local community
- 2: Collate and analyse data on injecting drug use
- 3: Commission both generic and targeted services to meet local need; and
- 5: Develop a policy for young people who inject drugs

Health and wellbeing boards

Health and wellbeing boards need to audit their activity against recommendation:

- 1: Consultation with, and involvement of, drug users, practitioners, and the local community
- 2: Collate and analyse data on injecting drug use
- 3: Commission both generic and targeted services to meet local need
- 4: Monitor services; and
- 6: Provide a mix of services

Public health practitioners

Public health practitioners need to audit their activity against recommendation:

- 1: Consultation with, and involvement of, drug users, practitioners, and the local community
- 2: Collate and analyse data on injecting drug use
- 4: Monitor services; and
- 10: Provide equipment and advice to people who inject image and performance-enhancing drugs

Providers of needle and syringe programmes

Providers of needle and syringe programmes need to audit their activity against recommendation:

- 4: Monitor services
- 5: Develop a policy for young people who inject drugs
- 7: Provide people with the right type of equipment and advice; and
- 10: Provide equipment and advice to people who inject image and performance-enhancing drugs

Community pharmacies

Community pharmacies participating in pharmacy needle and syringe provision will need to audit their activity against recommendation:

- 7: Provide people with the right type of equipment and advice
- 8: Provide community pharmacy-based needle and syringe programmes
- 9: Provide specialist (Level 3) needle and syringe programmes

Local pharmaceutical committees

Local pharmaceutical committees need to audit their activity against recommendation:

- 8: Provide community pharmacy-based needle and syringe programmes

Coordinators of community pharmacy-based programmes

Coordinators of community pharmacy-based programmes need to audit their activity against recommendation:

- 8: Provide community pharmacy-based needle and syringe programmes

Children's safeguarding boards

Children's safeguarding boards need to audit their activity against recommendation:

- 5: Develop a policy for young people who inject drugs

Specialist needle and syringe programmes

Specialist needle and syringe programmes need to audit their activity against recommendations:

- 4: Monitor services
- 5: Develop a policy for young people who inject drugs
- 7: Provide people with the right type of equipment and advice
- 9: Provide specialist (Level 3) needle and syringe programmes; and
- 10: Provide equipment and advice to people who inject image and performance-enhancing drugs

Three levels of service provision

This NICE guidance recommends that each area uses pharmacies, specialist Needle and Syringe Programmes (NSPs), and other healthcare settings to provide a balanced mix of the following levels of service:

Level one NSP

Distribution of injecting equipment either loose or in packs, with written information on harm reduction (for example, on safer injecting or overdose prevention).

Level two NSP

Level 1 services *plus* distribution of 'pick and mix' (bespoke) injecting equipment plus health promotion advice (including advice and information on how to reduce the harm caused by injecting drugs).

Level 2 providers may also offer blood testing for blood borne viruses, and/or hepatitis A and B vaccination.

Level three NSP

Level 1 and 2 services *plus* provision of, or referral to, specialist services.

(For example, vaccinations, drug treatment and secondary care).

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RECOMMENDATION 1

Consultation with, and involvement of, drug users, practitioners, and the local community

Responsibility for action:

Commissioners, Directors of Public Health, Health and Wellbeing Boards, and Public Health Practitioners

1.0 Consultation and involvement

Have the health and wellbeing board, directors of public health, commissioners, and public health practitioners involved the following groups in service planning, development, and expansion:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Different groups of people who inject drugs (including those who use a needle exchange, and those who don't)		1	
Under-represented groups, for example, young people and people from black and minority ethnic groups who inject drugs		1	
Families and carers of people who inject drugs		1	
Frontline workers in needle and syringe programmes, pharmacies and related services in the statutory, voluntary and private sectors		1	
Consultation with, and advocacy for NSP to, the local community		1	

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RECOMMENDATION 2

Collation and analysis of data
on injecting drug use

Responsibility for action:

Commissioners, Directors of Public Health, Health and Wellbeing Boards,
and Public Health Practitioners

2.0 Local injecting prevalence and need

Have health and wellbeing board, directors of public health, commissioners, and public health practitioners been regularly collating and analysing data from a range of sources to build reliable local estimates of prevalence and need, including:	Yes No Part	Yes = compliance with recommendation(s)	Headline numbers, and description of the methodology and/or action plan
Prevalence and incidence of infections related to injecting drug use e.g. Hep C and bacterial infections and other problems e.g. overdosing		2	
Types of drugs used, and the numbers, demographics and other characteristics of people who inject		2	
Rates of poly-drug use		2	
Young people under 18 who inject, or are being injected		2	
People who inject image and performance-enhancing drugs (this includes users of tanning agents and other image-enhancing drugs)		2	

Have health and wellbeing board, directors of public health, commissioners, and public health practitioners been regularly collating and analysing data from a range of sources to build reliable local estimates of prevalence and need, including:	Yes No Part	Yes = compliance with recommendation(s)	Headline numbers, and description of the methodology and/or action plan
Injectors of 'new psychoactive substances'		2	
Other groups of injectors, such as men who are injecting and who have sex with men, prisoners and ex-prisoners, sex workers, and or homeless people		2	
People who inject occasionally		2	

2.1 Assessment of coverage

Do health and wellbeing boards, directors of public health, commissioners, and public health practitioners have, for each of the groups above, documented assessments of:	Yes No Part	Yes = compliance with recommendation(s)	The numbers, and description of the methodology and/or action plan
The number of injections for which a new, sterile needle and syringe was available. Note: there is an online coverage calculator at coveragecalculator.org.uk		2	
The percentage of injections for which a new, sterile needle and syringe was available		2	
Number and percentage of individuals who had more sterile needles and syringes than they needed (i.e. people with more than 100% coverage)		2	
Number of people who inject drugs and who are in regular contact with a needle and syringe programme (the definition of regular will vary depending on the needle and syringe programme user and the types of drugs they use).		2	
Percentage of people who inject drugs and who are in regular contact with a needle and syringe programme. (The definition of regular will vary depending on the needle and syringe programme user and the types of drugs they use)		2	

3

RECOMMENDATION 3

Commission both generic and targeted services to meet local need

Responsibility for action:

Commissioners, Directors of Public Health,
and Health and Wellbeing Boards

3.0 Using the needs assessment, and commissioning a range of services to meet need

Have the health and wellbeing boards, directors of public health, and commissioners, ensured that:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
The results of consultation and data analysis (in recommendations 1 and 2) informed the local joint strategic needs assessment		3	
Based on these results, a range of generic and targeted needle and syringe programmes have been commissioned to meet local need		3	
Services are offered at a range of times and in a number of locations		3	
The geography and demographics of the area have been taken into account (for example, whether it is an urban or rural area and the need to site services close to the target population)		3	
Targeted services are focused on the specific groups identified		3	
Outreach or detached services are available for areas where there are high levels of drug use, or populations that do not use existing needle and syringe programmes (unless there is evidence they would not be effective)		3	

Have the health and wellbeing boards, directors of public health, and commissioners, ensured that:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
There is promotion of needle and syringe programmes to groups that may be under-represented among those who use them, for example, club-drug injectors and people who inject image and performance-enhancing drugs		3	
Plans for needle and syringe disposal are in line with <i>Tackling drug-related litter</i> (Department for Environment, Food and Rural Affairs 2005) and include the provision and disposal of sharps boxes for the safe disposal of needles		3, 7	
Consideration has been given to providing public sharps bins (drop boxes) in areas where drug-related litter is common, and where implemented, there has been work with members of the local community, people who inject drugs, and the local police service to agree the location for drop boxes		3	
They have commissioned integrated care pathways for people who inject drugs so that they can move seamlessly between the full range of services, including treatment services		3	

3.1 The aims of services

Have the health and wellbeing boards, directors of public health, and commissioners, ensured that the services commissioned aim to be accessible and:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Increase the proportion of each group of people who inject drugs who are in contact with a needle and syringe programme		3	
Increase the proportion of people who have more than 100% coverage		3, 2	
Increase the proportion of people who have been tested for hepatitis B and C and other blood-borne viruses (including HIV) in the past 12 months		3	
Provide advice and information on services that aim to: reduce the harm associated with injecting drug use; encourage people to stop using drugs or to switch to a safer approach if one is available (for example, opioid substitution therapy); and address their other health needs and where possible, offer referrals to those services		3	

3.2 Equipment provided

Have the health and wellbeing boards, directors of public health, and commissioners, ensured that the services provided:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Syringes and needles available in a range of sizes and at a range of locations throughout the area		3, 7	
Encourage identification schemes (involving, for example, the use of coloured syringes) to reduce accidental sharing		3, 7	
Offer, and encourage the use of, low dead-space injecting equipment		3, 7	

4

RECOMMENDATION 4

Monitor services

Responsibility for action:

Commissioners, and Providers of Needle and Syringe Programmes
with support from Public Health Practitioners

4.0 Service monitoring

Have the commissioners, and providers of needle and syringe programmes with support from public health practitioners:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Monitored the number and types of packs or equipment they distribute		3	
Collected more detailed data from users of specialist services on: the amount and type of equipment distributed, the demographic details of the person who is injecting, along with details of their injecting practices and the drugs they are injecting (Note: Practitioners should only ask for these details if they are confident it will not discourage the person from using the service)		3, 2	
Ensured a local mechanism is in place to aggregate and analyse the data collected on at least an annual basis		3, 2	
Aimed to build up a picture of injecting practices in the local area and how this may be changing over time		3, 2	
Ensured that local services use data that is available, in anonymised form, for relevant national bodies and research units		3	

5

RECOMMENDATION 5

Developing a policy for young people who inject drugs

Responsibility for action:

Directors of Public Health, Children's Safeguarding Boards,
Commissioners and NSP Service Providers

5.0 Policy and practice for young people who inject drugs

Have directors of public health, children's safeguarding boards, commissioners and providers:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Developed and implemented a local, area-wide policy on providing needle and syringe programmes and related services to meet the needs of different groups of young people aged under 18 (including young people under 16) who inject drugs		5	
Ensured that the policy details how local services will achieve the right balance between the imperative to provide young people with sterile injecting equipment and the duty to protect (safeguard) them and provide advice on harm reduction and other services		5	
Taken into account the young person's capacity to consent (Gillick competence), the risks they face, the benefits of using services, and the likelihood that they would inject anyway, even if sterile needles and syringes were not provided		5	
Made the governance responsibilities of drug services and safeguarding boards clear		5	
Sought approval from the safeguarding board for the local policy		5	

Have directors of public health, children’s safeguarding boards, commissioners and providers:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Ensured the policy emphasises the need to provide young people with sterile injecting equipment		5	
Ensured the policy has considered how best to assess age, seriousness of drug misuse, whether risk is increasing or decreasing, and the general social context of the young person		5	
Ensured the policy includes affirmation of the fact that parental or carer involvement should generally be encouraged, with the consent of the young person, and where this is not possible (or appropriate), the policy should include strategies to address their needs		5	
Ensured equipment provision to young people (especially those under 16) is provided, where possible, as part of a broader package of care to meet their other health and social care needs		5	
Taken into account provision of specialist young people’s substance misuse services, including specialist provision of needle and syringe programmes for those under 18 (including young people under 16)		5	

Have directors of public health, children's safeguarding boards, commissioners and providers:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Considered how to encourage young people to ask for advice and help from staff providing the services (as well as providing them with needles, syringes and injecting equipment)		5	
Put measures in place to ensure that staff have the necessary skills, knowledge, and awareness to assess young people (including their ability to give consent) and provide services		5	
Ensured that the policy utilises the potential of pharmacies to provide young people with needles, syringes and injecting equipment, if they also encourage the young person to make contact with specialist services		5	
Considered the role of needle and syringe programmes as part of a range of services for young people that includes seamless transition from youth to adult services		5	
Ensured that needle and syringe programmes aimed at young people who inject drugs implement all the recommendations in this guidance, not just those for young people		5	
Reviewed the policy regularly		5	

6

RECOMMENDATION 6

Provide a mix of services

Responsibility for action:

Health and Wellbeing Boards, and Commissioners

6.0 Provide a mix of services

Have health and wellbeing boards, and commissioners:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Used pharmacies, specialist needle and syringe programmes and other settings and approaches to provide geographical and demographic coverage (Examples of other settings and approaches include: custody centres, sexual health services, outreach and detached services)		6, 3	
Provided a mix of Level 1, 2, and 3 services		6	
Established links and referral pathways between the different levels of service to promote integration and to share learning and expertise		6	
Coordinated services to ensure testing for hepatitis B and C and other blood-borne viruses is readily available to everyone who uses a needle and syringe programme		6	
Coordinated services to ensure injecting equipment is available at times (including out-of-hours), and in places, that meet the needs of people who inject drugs		6, 3	
Ensured that services offering opioid substitution therapy also make needles and syringes available to their service users		6	

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RECOMMENDATION 7

Provide people with the right type of equipment and advice

Responsibility for action:

Needle and Syringe Programme Providers
(including Community Pharmacies)

7.0 Equipment and advice

Do providers of needle and syringe programmes and community pharmacies that run a needle and syringe programme:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Provide people who inject drugs with enough needles, syringes and other injecting equipment to meet their needs		7	
Have policies in place to ensure that the quantity of equipment provided to individuals is not subject to limits		7	
Not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves		7	
Where possible, make needles available in a range of lengths and gauges, and provide syringes in a range of sizes		7, 3	
Offer and encourage the use of low dead-space injecting equipment		7, 3	
Ensure people who use the programmes are provided with sharps bins and advice on how to dispose of needles and syringes safely		7	

7.1 Advice

Do providers of needle and syringe programmes and community pharmacies that run a needle and syringe programme:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Provide a means for safe disposal of used bins and equipment		7, 3	
Provide advice relevant to the type of drug and injecting practices, especially higher risk practices such as injecting in the groin or neck		7, 3	
Encourage people who inject drugs to mark their syringes and other injecting equipment, or to use easily identifiable equipment, to reduce the risk of accidental sharing		7, 3	
Encourage people who inject drugs to use other services as well, tell them where to find these services and refer them as needed		7, 3	

8

RECOMMENDATION 8

Provide community pharmacies based needle and syringe programmes

Responsibility for action:

Community Pharmacies, Coordinators of Community Pharmacy-based NSPs, and Local Pharmaceutical Committees

8.0 Community pharmacy needle and syringe programme

Have community pharmacies, coordinators and the local pharmaceutical committee worked together to ensure that:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
There is a community pharmacy needle and syringe distribution service		8, 3, 6	
The pharmacy NSP provides a range of equipment including low dead space injecting equipment, and equipment designed to reduce accidental sharing		8, 3, 7	
Hepatitis B vaccination is available for staff directly involved in the needle and syringe programme		8	

8.1 Pharmacy staff training and competence

Have community pharmacies, coordinators and local pharmaceutical committees put in place measures to ensure:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Staff who distribute needles and syringes are competent to deliver the level of service they offer		8	
All staff who distribute needles and syringes have received training on the need for discretion, the need to respect the privacy and confidentiality of people who inject drugs and an understanding of how to treat people in a non-judgmental way		8	
All staff who distribute needles and syringes have received health and safety training in relation to blood borne viruses, safe disposal of contaminated waste, and needlestick injuries		8, 3	
Staff providing Level 2 or 3 services (see Recommendation 6) are competent to provide advice about the full range of drugs that people may be using – in particular, they should be able to advise on how to reduce the harm caused by injecting, and how to prevent and manage an overdose		8, 3	
Staff are aware of, encourage and can refer people to, other healthcare services including drug treatment services		8, 3, 6	

9

RECOMMENDATION 9

Provide specialist (Level 3) needle and syringe programmes

Responsibility for action:

Commissioners, Specialist Drug Services, and Pharmacies offering Level 3 services

9.0 Specialist (Level 3) needle and syringe programme services

Have the commissioners, specialist drug services, and pharmacies offering Level 3 services worked together to ensure that:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
There is a specialist needle and syringe programme offering the full range of Level 3 services		9, 3, 6, 7	
Staff are competent to deliver the service on offer, including competence to provide advice about the full range of drugs that people may be using, how to reduce the harm caused by injecting, and how to prevent and manage an overdose.		9	

9.1 Key features of specialist (Level 3) NSP service provision

Have the commissioners, specialist drug services, and pharmacies offering Level 3 services worked together to ensure that the Level 3 service offers:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Comprehensive harm reduction services, including: advice on safer injecting practices, assessment of injection-site infections, advice on preventing overdoses and help to stop injecting drugs		9	
Opioid substitution therapy and other drug treatments		9	
Treatment for injection-site infections		9	
Vaccinations and boosters (including those offering protection from hepatitis A, hepatitis B and tetanus)		9, 3	
Testing and treatment for hepatitis B, hepatitis C and HIV (or help people to access testing and treatment)		9, 3	
Services for image and performance-enhancing drug users		9, 3	

Have the commissioners, specialist drug services, and pharmacies offering Level 3 services worked together to ensure that the Level 3 service offers:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Specialist substance misuse services and specialist youth services (for young people under 18 who inject)		9, 5	
Other specialist clinics and services		9, 6	
Psychosocial interventions		9	
Primary care services (including condom provision and general sexual health services, dental care and general health promotion advice)		9	
Secondary care services (for example, mental health services)		9, 3	
Welfare and advocacy services (for example, advice on housing and legal issues)		9	

10

RECOMMENDATION 10

Provide equipment and advice to people who inject image and performance-enhancing drugs

Responsibility for action:

Commissioners, Providers, Specialist Needle and Syringe Practitioners, and Public Health Practitioners

10.0 Provide equipment and advice to people who inject image and performance-enhancing drugs

Have the commissioners, providers, specialist needle and syringe providers and public health practitioners worked together to ensure that services:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Are provided at times and in places that meet the needs of people who inject image and performance-enhancing drugs (for example, offer services outside normal working hours, or provide outreach or detached services in gyms)		10, 6, 3	
Provide the equipment, information and advice needed to support these users		10, 3, 7	
Are provided by trained staff		10, 8, 9	

10.1 Provide specialist services for people who inject image and performance-enhancing drugs

Have the commissioners, providers, and public health practitioners worked together to ensure that services used by a high proportion of injectors of performance and image-enhancing drugs provide specialist services to members of this group that include:	Yes No Part	Yes = compliance with recommendation(s)	Evidence of compliance / non-compliance and (if necessary) action plan
Specialist advice about image and performance-enhancing drugs		10	
Specialist advice about the side effects of these drugs		10	
Advice on alternatives to injecting anabolic steroids including maximising the impact of nutrition and physical training to build muscle mass		10	
Information about, and referral to, sexual and mental health services		10, 6	
Information about, and referral to, specialist image and performance-enhancing drugs clinics, if these exist locally		10, 6	

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Recommendations 3, 7 & 8 (see pages 19, 30 & 34)



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Syringe identification

Recommendations 3 & 7
(see pages 19 & 30)



Total Dose needles

Low dead space injecting equipment

Recommendations 3, 7 & 8
(see pages 19, 30 & 34)

...and drug information publications



Safer injecting

Information and advice

Recommendations 3, 7, 8 & 9
(see pages 18, 30, 31, 35, 38 & 39)



Steroids

Information and advice

Recommendation 10
(see pages 42 & 43)



Infections

Information and advice

Recommendations 3 & 9
(see pages 18, 38, 39, & 40)

**An essential audit tool for monitoring the implementation of,
and compliance with, NICE guidance PH52 in the development
and running of needle and syringe programmes for:**

Commissioners and providers of NHS services

Local health and wellbeing boards

Local authorities

Local organisations

Drug service providers

NSP providers (including pharmacists)

Drug users, and service user groups

EXCHANGE
SUPPLIES
MAKING INJECTING SAFER