



PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

SPECIFICATION FOR FREE INJECTING EQUIPMENT

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Author:	Anne Shaw, Alexander Adam
Owner:	Anne Shaw
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Specification for Injecting Equipment Provision

1. Standard of Service

- 1.1** The standard of service provided will be in accordance with the *National guideline for services providing injecting equipment 2010* (www.scotland.gov.uk) as per guidance issued by the Royal Pharmaceutical Society in Medicines, Ethics and Practice (section 3.7.14). In addition, the service will comply with the [Good Practice Guidance on the Provision of Injecting Equipment \(2021\)](#) where this provides an update to the 2010 document.

2. Service to be provided

- 2.1** The aim of the scheme is to minimise the spread of HIV, Hepatitis B and C and other blood borne diseases which can occur as a consequence of people who inject drugs sharing needles, syringes and paraphernalia.
- The Scheme additionally seeks to prevent other health harms relating to drug use such as overdose, bacterial infections and wounds.
- 2.1.1** Historical guidance regarding the provision of injecting equipment is provided in the following documents: NHS Circular 1992 (PCS) 3; NHS MEL (1994)113; MEL 1998 (55) and NHS HDL 2002 (90).
- 2.2** *Injecting Equipment Provision Manual*
- 2.2.1** An injecting Equipment Provision Service Manual *will be available in each pharmacy and will include information relating to:*
- The goals of the service;
 - Staff competence
 - Provision of additional information and care;
 - Minimising the risk to staff and members of the public;
 - Ensuring safe and secure disposal of used injecting equipment.
- 2.3** *Injecting Equipment Provision Process*
- 2.3.1** The Responsible Pharmacist will operate a safe and robust system for the provision of a service in keeping with the principles and standards provided by the GPhC for registered pharmacies. All service activities will be under the supervision of the Responsible Pharmacist.

Sufficient equipment stores will be maintained to prevent disruption of service availability under normal operating conditions and timely equipment orders will be placed in line with guidance provided by the Health Board.

Where practicable, NHS Specialist staff will attend IEP pharmacy sites to provide additional support to service users and pharmacy staff. This may include activities such as providing patient consultations, additional health needs assessments and care, wound management, patient testing, sexual health intervention or pharmacy staff training.

2.3.2 Used equipment will be accepted for disposal only in approved sharps containers.

2.3.3 **No one** will handle returns other than the person wishing to dispose of them. Clients must be directed to place their returned needles, syringes and equipment directly in the disposal bin themselves.

2.3.4 Clients will be asked to indicate the approximate number of needles and syringes returned for disposal.

2.3.5 The contractor will provide suitable advice, written information and relevant leaflets on the scheme, drug related topics and other services (e.g. information on safer injecting, hepatitis, etc.)

2.4 *Storage of Returned Equipment*

2.4.1 Safe storage principles will be in place. Returned equipment will be stored in a secure, discrete area in order to ensure quick and efficient disposal and to prevent accidental access by staff or the public.

2.4.2 Full and sealed sharps bins will be stored in a suitably secure and safe designated area until uplifted by an appropriate agency.

2.5 *Disposal*

2.5.1 Arrangements are in place for the regular disposal of full sharps bins. If additional need arises contact should be made with the Specialist Pharmacist in Substance use Management (SPiSM).

3. Shared Care and Partnership Working

3.1 The pharmacist will be responsible for the provision of person-centred care and making the care of the person their first priority in the care of patients under this Service Level Agreement (GPhC Professional Standards).

Where appropriate, individuals accessing their service will be actively encouraged to engage with relevant health and social care providers to improve health and reduce risk of harm. This may include offer and support of referral to:

- Specialist Treatment Services for problematic substance use
- Specialist Blood Borne Virus Treatment services for treatment and care relating to Hepatitis and HIV.
- Homelessness Support Services.

Public Health Communications

The pharmacy contractor will display Public Health information materials relevant to the individuals accessing the injecting Equipment Provision Service.

This will involve display of an information poster (of up to A3 dimensions) to be sited in a location visible, accessible and appropriate to individuals accessing the injecting Equipment Provision Service.

The pharmacy contractor will update the communication material at intervals as directed by the Health Board but no more than four times per year.

4. Training

- 4.1 It is necessary that the Pharmacists and staff involved in the provision of this service undertake appropriate training to demonstrate competence and maintain CPD.

In line with GPhC standard 2.1 the responsible Pharmacist must ensure that there are sufficient staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided.

In line with GPhC standard 2.2 the responsible Pharmacist must ensure that staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training.

It is expected that, as a minimum, staff involved in the provision of this service are familiar with the contents of the **Injecting Equipment Provision Service Manual** provided to each pharmacy site and are able to access the Manual as required.

Online training materials provided by the national equipment provider are available from:

<https://www.frontiersharpssafety.com/>
User & Training Guides - Orion Medical Supplies

In addition to the reference materials and information available, Pharmacists and staff shall participate in local training initiatives as appropriate. Additional training or guidance shall be made available on request to the SPiSM.

- 4.2 All staff working in the pharmacy will be instructed about the risk of needle-stick injuries and the action to be taken if such an injury occurs.
- 4.3 Contractors will ensure that any locum or visiting staff are trained and familiar with the procedures involved in providing the service.

5. Records

- 5.1** The contractor providing the service will keep and maintain appropriate records of transactions and service activity in a manner directed by NHS Ayrshire and Arran including:
- The number of individual clients using the service;
 - The number of individual transactions;
 - The quantities and type of injecting equipment provided;
 - Demographic and substance use information
 - A record of the service user's estimate of the number of used needles and syringes returned, and
 - Details of training courses attended or completed for each member of staff.
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- 5.2** The data collected to satisfy the requirements of 5.1 above will be provided to NHS Ayrshire & Arran in a timely manner.

6. Quality Assurance

- 6.1** The pharmacy contractor will commit to undertake an audit of the service provided at least once a year in line with guidance from the Health Board.
- 6.2** The result of the audit will be available on request to NHS Ayrshire and Arran.

7. Health and Social Care Staffing Act

- 7.1** The Health and Care (Staffing) (Scotland) Act 2019 ("the Act") places requirements on the Health Board stating that: "In planning and securing the provision of health care from another person under an contract agreement must have regard to the guiding principles for health and care staffing, and the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place"
- 7.2** The service provider will ensure that appropriate staffing arrangements are in place for the operation of this service.

8. Termination

- 8.1** The provision of this service can be terminated by either party by providing THREE month's written notice

9. Breach of Contract

- 9.1** Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire & Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire & Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.

<u>Date</u>	<u>Version No.</u>	<u>Description of Amendments</u>	<u>Ratified By</u>	<u>Date to be Reviewed.</u>
03/04/2024	V4.1	JEP SLA - added a link to the 2021 good practice guidelines, which have somewhat replaced the 2010 document in some areas of practice. Also removed mention that Frontier was the current national provider, they are now Vernacare and Orion is the primary supplier.	Alex Adam	Feb 2025
22/04/2024	V4.1	Section 7 & 8 added	Joint Pharmacy Team	Feb 2025
31/03/2025	V5.1	Change to SPiSM job title, removal of link to guidelines under development (finalised guideline is linked), addition of 'demographic and substance use information' in records	Joint Pharmacy Team	Feb 2026
09/12/2025	V6.1	Reviewed no changes	Joint Pharmacy Team	Feb 2027