Needle and Syringe Programme Community Pharmacy Wales 2023

Understanding change in needle and syringe programme transactions within a community pharmacy setting

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Summary

- The investigation has found that the factors impacting on the number of transactions recorded on the Harm Reduction Database (HRD) are multifactorial and vary both within and across the health boards regions.
- A consistent message across Wales is that capacity to provide needle and syringe programme (NSP) services is impacted by the requirement for increased range of service provision in community pharmacies.
- Awareness of NSP service provision may be limited due to lack of promotion and advertising of the service. However, many pharmacies were keen to resolve this and access NSP stickers to advertise service provision.
- Staff knowledge and confidence in provision of NSP services varied significantly within and across health board regions.
- Approaches to recording of NSP transactions on the HRD varied significantly across Wales.
    - Paper recording was seen as both a facilitator and a barrier.
    - Limited access to computers prevented direct recording onto the HRD in some pharmacies.
    - Awareness of how to access help with the HRD varied and directly impacted on the recording of transactions.
- The formation of positive relationships with the clients attending the NSP facilitated recording of transactions on the HRD and provision of both NSP equipment and harm reduction advice.
- Partnership working with specialist substance misuse services (SMS) provided a support network for the pharmacies and management of holistic care for the client group.
- Changes to the social context of local communities in terms of reduction in daily pick-ups of opioid substitution treatment (OST) in some pharmacies, an ageing population, transient lifestyles, opening times, location of pharmacies and changes in trends in substance use collectively impact on the number of transactions recorded on the HRD.

This is not an exhaustive review of the experiences of all community pharmacies in Wales. However, it is felt that the sample is representative to inform understanding of the factors that are impacting on the number of NSP transactions recorded on the HRD.

Background

Needle and syringe programmes (NSPs) supply sterile needles and syringes, related paraphernalia, and alternatives to injecting for people who inject drugs (PWIDs). NSP provision is a vital tool in minimising injecting relating harms such as blood-borne viruses (hepatitis B, hepatitis C and HIV) and bacterial infections such as staphylococcus aureus and invasive group A streptococci (Public Health Wales Communicable Disease Surveillance Centre (CDSC), 2021 – 2022). NSPs provide harm reduction advice and information such as overdose prevention. NSPs can also facilitate signposting to specialist services and access to opioid substitution treatment (OST). NSPs may operate from fixed, mobile or outreach sites and the majority of NSPs are run by community pharmacies and specialist substance misuse services (SMS) including statutory and third sector services.

Table 1:

Pharmacy NSP transactions by health board 2021 – 2022

	Number of Specialist NSPs	Number of Pharmacy NSPs	Interactions	% Interactions taking place in Pharmacy NSP
Aneurin Bevan	8	19	16,489	49.5%
BCU	7	64	21,617	92.8%
Cardiff & Vale	7	13	26,296	15.8%
CTM	5	27	13,625	78.7%
Hywel Dda	4	30	9,117	91.4%
Swansea Bay	5	14	8,892	55.9%
Powys Teaching	4	9	1,355	75.4%
Wales	**40**	**176**	**97,391**	**58.9%**

Note. From *Needle and syringe programme activity in Wales Annual Report 2021 – 2022*, Public Health Wales CDSC, 2021 – 2022.

There are currently 209 community pharmacies in Wales that provide NSP. Coverage of community pharmacies in Wales varies across the health boards and is attributable to the differences in rurality between the regions. The highest number of community pharmacy NSP interactions occurs in Betsi Cadwaladr University Health Board (UHB) at 93%, with the lowest community pharmacy NSP interactions occurring in Cardiff and Vale UHB at 16 % (Public Health Wales CDSC, 2021 – 2022). Overall, community pharmacy based NSP interactions account for 58.9% of NSP interactions across Wales, which identifies community pharmacy NSPs as a vital service to reduce health harms within the PWID population.

All NSP activity across Wales is recorded on the Harm Reduction Database (HRD). The HRD is a web-based system that enables point of contact recording of NSP activity including transactions, provision of tailored harm reduction and health related support, and onward referrals for unique individuals within Wales. The HRD was introduced into statutory and third sector NSPs in Wales in 2010 and became available in community pharmacy NSPs in April 2014. The data from the HRD enables Public Health Wales (PHW) to monitor NSP activity across Wales, identifying new emerging trends, areas of concern, and is reported on annually in the NSP Wales Report.

The NSP Wales Report has shown a significant decline in the number of individuals regularly accessing NSP and a decline in the number of transactions recorded on the HRD in community pharmacies across Wales over the last couple of years. This noted decline has prompted a review into the factors that may be contributing to the decrease in NSP activity in community pharmacies across Wales.

Aim

The aim of this investigation was to explore the context in which the decline in the number of community pharmacy NSP transactions recorded on the HRD have occurred in order to inform ongoing development and continual improvement of NSP services in line with current need. The agreed objectives were as follows:

- Describe barriers and facilitators to NSP service provision in community pharmacies across Wales that may be impacting on the number of transactions recorded on the HRD
- Identify social and contextual factors that may influence activity at community pharmacy NSP
- Identify support needs for community pharmacies in their delivery of NSP services

Method

Face-to-face visits and telephone contacts were conducted with community pharmacies providing NSP services across the seven of the health board areas of Wales. Pharmacy visits were arranged with the support of the health board specific pharmacy liaison lead.

A review of the transactions recorded on the HRD between April 2022 and March 2023 was conducted and pharmacies with the highest percentage decline in transactions, a high volume of transactions or no transactions recorded over a one-year period were identified. In total 50 face-to-face site visits and 29 telephone contacts were completed, amounting to 45% of all community pharmacies in Wales providing NSP services.

A focus group was conducted in one health board area. A total of 4 peers attended and provided feedback on perceived factors impacting NSP transactions in a community pharmacy.

Findings

Themes from the discussions were drawn out at health board level and reported nationally unless specific health board level granularity was required.

Awareness of NSP provision

Across Wales there was limited advertising and promotion of the NSP service. NSP stickers were not on the front doors of the majority of pharmacies. Take-home harm reduction information and signposting information was not available to many pharmacies. Several pharmacies were keen to be able to provide signposting and harm reduction information, such as safer injecting techniques and information on BBVs. It was requested that this information be provided in the form of leaflets that could be given out with the NSP equipment.

Capacity

Across Wales, community pharmacy capacity to provide the NSP service was identified as an issue. All pharmacies identified an increased demand to provide additional services and that NSP was one

of multiple services that pharmacies are required to deliver. Staff described capacity being stretched in the context of residual fatigue from Covid and increasing pressures and demands from the public.

Across Wales, staff perceived that there had been a change in the way that the public conducted themselves since Covid. Staff reported experiencing more negative interactions with members of the public generally (not specifically related to NSP provision) that made it more challenging to deliver services overall.

NSP knowledge

Staff knowledge and confidence in provision of NSP varied within and across the health boards. Some staff were confident in the provision of NSP and did not feel that the team needed additional training or support. However, many staff reported a lack of knowledge and understanding of the NSP equipment and requested additional training in NSP provision. Two barriers were highlighted to completing the necessary training: the challenge of finding time to complete the training due to high workload and the lack of awareness of the training available through Orion Medical Suppliers. Pharmacies consistently identified the need for a visual reminder of what was in the packs which could be quickly reviewed to facilitate provision of correct equipment and harm reduction advice.

In some pharmacies, staff reflected that they did not feel comfortable asking clients key questions about drug type, location and frequency of injecting. These are mandatory questions on the HRD that are required to be completed to inform provision of equipment type, quantity and harm reduction advice. It was felt that the questions were too intrusive and that clients did not feel comfortable answering these questions often in the context of a busy pharmacy environment. Staff citied client concerns around confidentiality and a lack of understanding why this information was being gathered as barriers to the information being provided. Some pharmacies identified that additional training in how to ask these questions was required. However, in contrast some other pharmacies reported no concerns with asking clients to provide this information. This was attributed to the development of rapport and trusting relationships grounded in open and transparent communication. Pharmacies that had a private area away from the main desk identified that this facilitated ease of dialogue with clients. Furthermore, having a member of staff with a special interest in NSP provision who took the lead in managing the HRD and the NSP facilitated ease of service provision and confidence with the staffing team.

In some areas, staff highlighted that time pressures impacted on their ability to obtain information from clients. It was queried if a paper recording method could be utilised, whereby the client records their information on drug type, frequency and location while the injecting equipment was being collected by the staff member. This method was already being used successfully in some community pharmacies.

Recording of transactions

Transactions were either recorded directly onto the HRD or onto range of different types of paper recording forms. Paper recording was utilised due to reported time pressure and simplicity, however, pharmacies consistently reported that recording onto paper and uploading later onto the HRD was also problematic, often stating "*it becomes a job in itself*".

Paper records were infrequently uploaded to the HRD. While some pharmacies uploaded batches of paper transactions monthly or every couple of months, this results in the date of data upload being inconsistent with the date it took place. Furthermore, in some pharmacies no transactions were uploaded onto the HRD from the paper recording form. This was attributed to lack of time and resources.

Several pharmacies had reported experiencing problems using paper recording and had transitioned to recording directly onto the HRD. Having the HRD platform open on a computer facilitated recording of transactions. However, some pharmacies identified a lack of access to enough computers as a barrier to recording directly onto the HRD, as computers needed to prioritise dispensing.

Difficulties recording of any 'Other Drug' on the 'Client Details' page of the HRD was highlighted. As previously mentioned, the client details page includes recording of a drug use, location and frequency of injecting. Recording a client's drug use includes the mandatory recording of any 'Other Drug' that is used but not injected. Whether this recording needs to be mandatory was a question raised by several pharmacies, with reports that clients are reluctant to give this information, resulting in inaccurate or incomplete transactions being recorded.

Pharmacies were not always aware of where to get support when using the HRD and some pharmacies did not have up-to-date login details, resulting in several months of transactions that had not been recorded.

Variations at local level

This review found a wide variation in the layout of NSPs within community pharmacies. In some cases NSP provision takes place in the main store in front of other customers. Some others provide a separate designated space for NSP, which may include side hatches or in some cases a confidential room to complete transactions. It was recognised that in some instances the restrictions imposed by the physical layout of the pharmacy may hinder NSP service provision as clients may not feel comfortable engaging in the services due to reduced confidentiality. However, despite the challenges posed by the structural factors of building design, it was consistently experienced that the more favourable staff attitude was towards NSP provision the better pharmacy teams were able to overcome and adapt to provide high quality NSP services for PWID.

Across Wales individual differences in attitude towards NSP and stability of staff appeared to play a significant role in the success of the NSP provision. Generally, reduced staff turnover and a positive attitude towards NSP provision contributed to the service being received more favourably by the pharmacy team. This was then reflected in the perceived ease of utilisation and recording on the HRD and more positive interactions and working relationships with the client group. Staff reflected a sense of enjoyment in the role and personal satisfaction for providing this service and supporting this vulnerable population.

Working relationships with local SMS varied within and across health boards. Some pharmacies reported working closely with local SMS and highlighted that this facilitated holistic harm reduction care, particularly in terms of OST provision and wound care. In contrast, some pharmacies had no engagement with their local SMS, with some examples of services being in close proximity but having no information on the SMS or the support available.

Several pharmacies identified that they would like to be able to provide further care for wound management although capacity and resources were identified as a barrier. Current provision of wound care involved signposting to primary care, emergency departments and SMS. However, concern was raised that the clients would not access the support they needed.

NSP stock and equipment provision

Across Wales there did not appear to be significant issues with ordering stock and pharmacies had sufficient NSP equipment. Occasionally, there were reports of slight delays in receiving stock,

however, this was typically due to local arrangements and pharmacies not ordering directly through Orion Medical Suppliers.

Overall, the quantity of NSP equipment supplied was not restricted and it was reported that PWID were provided with the amount of injecting equipment requested. However, there were incidences where pharmacies restricted the quantity and times that NSP equipment would be dispensed. In these situations, the decision to do this was attributed to various factors such as capacity during peak dispensing times, littering concerns, NSP equipment stock levels and, in a minority of situations, staff attitudes towards PWID. Where pharmacies were not asking about injecting frequency and using paper recording the quantity of equipment provided was guided solely by PWID request and not grounded in the calculation of equipment quantity required provided by the HRD.

Returns of sharps in community pharmacies was reported to be limited across Wales. However, lack of returns, although encouraged, did not prevent provision of injecting equipment.

Changing social context

- **Reduced daily pick-ups of opioid substitution treatment (OST)**
  A reduction in daily pick-ups was reported in some community pharmacies to have reduced the NSP transactions. It was reported that previously clients would collect their daily OST and access NSP at the same time. It was queried if an increase in the provision of Buvidal contributed to the decrease in daily OST collections and thus NSP transactions.
- **Ageing population**
  An ageing population of PWID was reported across Wales. Pharmacies in Hywel Dda reported clients who had been frequent users of NSP services had passed away, resulting in their reduced number of NSP transactions.
- **Transient lifestyles**
  Individuals having transient lifestyles and moving out of the area was reported to have impacted on transaction volume. This appeared to have a more pronounced impact in the rural communities. Pharmacies in Hywel Dda and Powys were able to identify individual level changes in their client group that impacted directly on the number of NSP transactions recorded on the HRD.
- **Pharmacy location and opening times**
  NSP community pharmacies located in retail stores often reported issues with the client group being banned from entering the stores due to shoplifting or antisocial behaviour.

In rural communities, issues around confidentiality were raised, with staff often knowing the client group, which was perceived to be a barrier to accessing NSP. Additionally, it was identified in rural communities that clients who collected equipment for Image and Performance Enhancing Drugs (IPEDs) would come from out of area to access NSP.

Pharmacies consistently recognised that opening times impacted on client's ability to access NSP services. In some areas there was limited or no provision of NSP services out of hours and at the weekend, and concern was raised regarding accessing equipment during this time and the increased likelihood of sharing and reuse of needles.

Peer discussions

Peers in Powys reported that a decline in the number of NSP transactions recorded on the HRD may be attributable to a perceived decline in the use of opiates in the area. The peers reported that this decline in use could be due to a significant increase in smoking crack cocaine, due to the ease of availability, and the increased prescription of Buvidal.

Peers also reported having experienced stigma and judgemental attitudes in some of the pharmacies which would deter people from accessing pharmacy NSP and would alternatively access SMS NSP. Furthermore, no access to NSP provision in some areas and no NSP availability at the weekends was identified as a significant barrier to accessing NSP.

Recommendations

Based on the findings of this investigation the following recommendations are made:

1. Awareness of NSP service provision should be increased through ensuring promotion and advertising of the service and display of NSP stickers.
2. Training and support for community pharmacies in the provision of NSP services and use of the HRD to be made more accessible. Ensure that all pharmacies have access to the Orion

Medical Suppliers online training and HRD training manual. Exploration of the appropriateness of train the trainer model for cascading learning on NSP service provision and use of the HRD.

3. Review of the current HRD to explore ways to ensure accurate and timely recording of NSP transactions.
4. Provision of easy read visual representation of NSP equipment should be available in all NSPs.
5. Accessibility to signposting and holistic harm reduction information should be increased in accordance with current community pharmacy Wales service specification. This may be in the form of leaflets that can be dispensed as the same time as NSP equipment.
6. Encouragement of partnership working with specialist substance misuse services and community pharmacies across Wales. In areas where this is currently working well pharmacies have identified it to be a supportive relationship that facilitated holistic care and provision of harm reduction information and signposting advice. Wales should capitalise on the opportunity afforded by the close proximity of many pharmacies and specialist substance misuse services.
7. Increase the capacity to distribute NSP services out of hours as identified by local need. This is also a finding of the PHW and European Network of People Use Drugs (EuroNPUD) national consultation with services users in 2023. Increasing provision of NSP services out of hours will contribute to a reduction in the decline of NSP transactions in pharmacies, contribute towards BBV elimination targets and reduce sharing and reuse of injecting equipment.
8. Partnership working with retail outlets that house pharmacy provision and NSP services needs to be further developed. To reduce the need to enforce control measures that prevent people from accessing the stores and thereby prevent use of NSP services, to enable a safe, accessible, and equitable provision of NSP services.
9. Further work is required to understand the changing trends in substance use across Wales and how this is impacting on NSP transactions. Qualitative evidence in this report indicates there may be a change in substance use across Wales, with increased utilisation of crack cocaine and increased provision of Buvidal. NSP services need to be responsive to changes in trends in substance use to ensure provision of drug related paraphernalia that continues to reduce harm and transmission of infection such as BBVs and other bacterial infections.

Limitations

The data does not incorporate the experiences of all community pharmacies in Wales. Visits and telephone contact were conducted with pharmacies with the highest declines or differences in NSP transactions recorded on the HRD. Future work in this area requires additional resource allocation to incorporate the perspective of all community pharmacies to understand the complexity of factors influencing NSP change within this setting.

One focus group was completed with peers from one health board area. This does not fully reflect the experiences of peers from across Wales. Future work within this area should look to include feedback from all seven health board areas to gain invaluable peer perspective for the changes seen within services.

References

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