

Service Specification

Domestic Sharps Waste

Service Specification No.	
Service	Domestic Sharps Waste
Authority Lead	Marie Earle Strategic Commissioning Manager Population Health Team Manchester City Council Mobile – 07786 177984 Email – marie.earle@manchester.gov.uk
Provider Lead	Various
Period	1 April 2023 to 31 March 2024
Date of next Review	February 2024

EXECUTIVE SUMMARY

1.0 Overview

- a. Manchester City Council (MCC) is commissioning a Domestic Sharps Waste service to ensure that self-medicating patients (for example, diabetics who inject insulin) can return used sharps bins to a collection point so they can be safely disposed of.
- b. The Contractor (this is the term used throughout this specification to refer to the provider signing up to provide this locally commissioned service) is required to accept used sharps bins in community pharmacy settings.

2.0 GREATER MANCHESTER LOCAL PHARMACEUTICAL COMMITTEE

- 2.1 MCC work closely with the Greater Manchester Local Pharmaceutical Committee (GMLPC) on the development of community pharmacy service specifications and fees to support and promote standardisation of services across Greater Manchester, whilst ensuring local variation to meet needs.

3.0 MANCHESTER

3.1 Overview of commissioning responsibilities

- a. Manchester City Council (MCC) is a partnership between NHS Manchester Clinical Commissioning Group and Manchester City Council (MCC). MCC is responsible for commissioning and funding health and care services in Manchester. The contracting responsibility for this service is held by MCC.
- b. MCC commission a waste contractor, Biffa, to collect domestic waste in Manchester.

AIMS

4.0 AIMS

- To provide a safe and convenient route for the disposal of sharps for patients who self-administer their medication.
- To support self-medicating patients to live independently and MCC to reduce costs and the number of patient journeys to centres of treatment.
- To reduce the potential environmental damage and risk to public health caused by using inappropriate disposal methods for sharps.
- To ensure patients understand the correct means of sharps disposal and reduce the risk of sharps being disposed of within unsuitable waste streams.
- To reduce the volume of sharps stored in patients' homes, by providing convenient route for disposal, thus reducing the risk of accidental needle-stick injuries.
- To improve the health of people within the waste industry locally and local communities by preventing the potential spread of blood-borne infections by enabling the safe disposal of sharps. To reduce the risk of needle stick injury in the community and inappropriate disposal of used injectable sharps.
- To provide baseline information in relation to the demand for the service.

OVERVIEW

5.0 SERVICE DESCRIPTION

- a. The contractor will provide a collection point service for these self-medicating patients generated sharps in order to facilitate their safe disposal. Self-medicating patients will return filled and sealed sharps bins to the pharmacy. Community pharmacies will continue to supply sharps bins to patients in the usual manner when presented with a valid prescription from a prescriber. This service does not propose to circumvent this means of supply.
- b. The community pharmacy will safely store returned sealed sharps bins in a storage container until the collection by the waste management company, Biffa.
- c. A licensed waste management contractor (Biffa) is commissioned by Manchester City Council and will collect from community pharmacies every 3 weeks.
- d. In cases of increased demand, the contractor will be able to request an additional collection. The process for doing so will be made available on PharmOutcomes.

GOVERNANCE AND OPERATION

6.0 CLINICAL GOVERNANCE

General requirements

- a. The contractor is required to ensure compliance with the requirements for clinical governance as set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ including to:
 - Ensuring the premises are maintained in accordance with the approved particulars for premises²
- b. The contractor is required to have a clinical governance lead for the pharmacy.
- c. The contractor has a duty to ensure that pharmacists and staff involved in the provision of the services have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills and data recording
- d. Whilst maintaining the confidentiality of the patients, the contractor will use PharmOutcomes to record the number sharps bins returned and consigned for collection and disposal.

¹ <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

² <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

- e. The contractor will have a standard operating procedure in place. The contractor has a duty to ensure that pharmacists and staff are aware of and operate within national and locally agreed protocols.
- f. The contractor will nominate a named individual to act as the lead for the service, who will oversee compliance with health and safety waste and environmental legislation.
- g. The contractor will ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks.
- h. A needle stick injury procedure will be in place.
- i. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages will be readily available.
- j. The contractor will complete required risk assessments and ensure adequate controls are in place, which may include provision of Hepatitis B immunisations for all staff involved in the handling of presented sharps containers, the safe storage of returned bins, and recording the transfer of bins to the waste management company.
- k. Where required, and not covered by existing contracts or arrangements, the commissioner will pay up to £120 towards required immunisations, records of which should be kept for the period of this agreement by the contractor.
- l. The contractor will comply with the General Pharmaceutical Council Standards of conduct, ethics and performance at all times.

Disposal of waste

- a. Waste should be disposed of safely and steps taken to minimise risks of infection through meticulous hygiene and immunisation of staff if required.
- b. As it will not be possible to assess the risk of infection from the sharps, all returned sharps containers will be consigned as hazardous waste.
- c. The contractor will comply with all relevant waste management legislation and its requirements
- d. The frequency of waste collection by the waste management contractor will be every 3 weeks to ensure there is not an unacceptable build-up of sharps on the pharmacy premises. As stated in 5 d (above,) the contractor can request additional waste collections if there is an unexpected rise in patient returns.

7.0 INFORMATION GOVERNANCE

General requirements

- a. The contractor must be compliant with the requirements set out in the Information Governance Toolkit. The current version can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre). The associated assessment should be completed on an annual basis.
- b. The contractor is required to have an appropriate range of policies, procedures and processes, to secure and protect the personal information of patients in line with the requirements of the law.
- c. The contractor must ensure that all members of staff (including locums) are aware of their responsibilities in relation to the protection of personal information.

Recording

- a. Manchester City Council (MCC) requires the contractor to use PharmOutcomes to record data.
- b. The contractor will comply with any legal reporting requirements as required under the Health Technical Memorandum (HTM) 07-01.
- c. The contractor is also required to use PharmOutcomes for the purposes of audit and for generating, submitting invoices to MCC and the purpose of remuneration.
- d. The contractor will maintain appropriate records to ensure and provide evidence of effective ongoing service delivery.

Interdependencies

- a. The contractor should note the following interdependencies:
 - 1. EMIS Health is the operator of PharmOutcomes.
 - 2. The waste management contractor is Biffa.

PERFORMANCE AND OUTCOMES

8.0 MONITORING

Service monitoring

- a. The contractor will record numbers of sharps bins received on PharmOutcomes.
- b. The contractor will review its standard operating procedures on an annual basis.

- c. The contractor will participate in any MCC audit of service provision (for example, by providing the numbers of returned sharps boxes over a certain period.)

Complaints, compliments and suggestions

- a. The contractor is required to have a process for receiving, reviewing, and responding to complaints and suggestions.
- b. The contractor will inform the commissioner if a complaint is received regarding the domestic sharps waste service.

RENUMERATION & VAT

Fees & VAT

- a. MCC will pay an annual retainer of £624.00. On request, MCC will contribute a payment of up to £120.00 towards the cost of Hepatitis B immunisations as per 6 k (above.)
- b. Contractors are required to submit invoices via PharmOutcomes.
- c. Payments can only be made to pharmacies that have signed up to this scheme and have agreed to provide the service outlined above. Payments will be made to the contractor.
- d. MCC reserves the right to review and revise fees.
- e. In line with guidance on the HM Revenues & Customers website, the service is standard rated for VAT. This is because the registered pharmacist is not required to assess the health condition of the patient for this service. The role does not require the professional skills and expertise of a registered pharmacist and can be carried out by a member of the pharmacist team.