

Harm Reduction Database (HRD) Wales for Community Pharmacy Syringe and Needle Exchange (SNEX) Services – Frequently Asked Questions

Q: Why has the Harm Reduction Database been introduced?

A: The HRD was developed and introduced in 2010 in all statutory and voluntary sector needle exchanges as there was no existing mechanism to establish activity or efficacy in relation to needle exchange and the provision of this vital service to a vulnerable population. Injecting drug use brings with it the risk of transmission of blood borne viruses and bacterial infections, representing a substantial burden of disease to the NHS, and the introduction of the HRD has been associated with improvements in the quality of service and patient safety (2012 Winner of eHealth Award for 'Best Use of IT to promote Patient Safety'). The connection of community pharmacy to the HRD ensures that the vital and considerable contribution that community pharmacy providers make across Wales in relation to the provision of sterile injecting equipment and health /harm reduction advice is captured consistently and integrated with the rest of the service.

Q: When will connection to the HRD take place?

A: Local Health Boards will be in contact with all pharmacy needle exchange service providers with details of the arrangements for the LHB. It is expected that all contractors will be required to record supply information on the HRD from 1 April 2014.

Q: What action is being taken to inform clients of the change?

A: A poster has been developed for circulation to all participating pharmacies. Printed copies will be circulated alongside an electronic version (see appendix A). In addition, all current participating needle exchanges will be advised of the change via the alert mechanism on the HRD and asked to inform all service users of the new arrangements.

Q: Can I use the same password for access to the HRD that I use to access to NECAF?

A: Each Community Pharmacy provider will have a site specific username and password. The Username will be the unique accredited pharmacy number (e.g. 60XXXXXX) as used by NECAF. A generic password will be issued and may be changed by the pharmacist.

Q: Is the HRD compatible with all pharmacy systems?

This system is being used by multiples in Scotland and across areas in England. The Substance Misuse Service have assurance that issues around firewalls have been resolved in Wales. In the unlikely event of issues relating to firewalls we have been informed that a call via the contractor to their respective IT Departments will enable the firewall to open for the web address.

The links that will be required for training and the HRD are:

<http://training.harmreduction.co.uk>

<https://walesneo.co.uk/secure>

<http://test.needleex.co.uk/secure>

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Q: What training is available for pharmacists and technicians who will be operating the system?

A: A short online training film and manual have been developed. Details of how to access will be included in the letters sent to contractors by the Local Health Board lead. Following completion of the training, a certificate will be issued along with a hard-copy of the manual for reference within the Pharmacy. The online training is available for all individuals who will be operating the system.

The portal contains two versions of the same training material – the first being a written online tutorial, and the second a video online tutorial. Both are identical in content, and the completion of either one will enable certification. Since the training is based solely around the effective use of the HRD and not Needle and Syringe Service provision itself it does not form part of the established national accreditation processes for this service. This has been discussed and agreed with WCPPE.

The online training, training film and manual can be accessed via the following web portal – <http://training.harmreduction.co.uk>.

Prior to accessing the portal you will be asked to register as a new user, entering the following information:

- Name
- Date of Birth
- ID number (Pharmacy CP/PPA ref number e.g. 60XXXXX) – Not required if not employed in Community Pharmacy NSP
- Any memorable username and password
- Any valid e-mail address
- As the product – select ‘Harm Reduction and Needle Exchange’
- As the organisation – select ‘Harm Reduction Database Wales (HRD)’

Q: Will I be able to continue with the paper based system if I do not have internet connectivity?

A: Local Health Boards have been contacted to request information on internet connectivity issues locally. Any incidents of lack / failure in internet connectivity will be addressed on a 1:1 basis with the relevant pharmacy. All SNEX activity and payments will be made via the HRD.

Q: How do I handle a client that does not wish to provide their initials and date of birth?

A: As with previous systems, we request a unique identifier that consists of initials and date of birth. If an individual does not wish to provide their accurate details, they may provide alternative initials and date of birth but are asked to use these consistently in future transactions and to provide the accurate year of birth. All this information and suggested wording is provided in the training and handbook.

Q: Will I need to continue to submit forms to the LHB for payment and audit?

A: No the HRD will collect all of the required data for audit and will automatically generate payment of fees and allowances to contractors.

Q: How often will I be paid and is there a record of payments?

A: An invoice based upon all Information entered by end of a given month will be generated automatically and sent onward to NWIS and Shared Services Partnership following existing payment

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mechanisms. Contractors will be able to view claim and payment details under the 'report' section of the HRD. The introduction of the HRD will result in more timely payment for contractors.

Q: There is an annual payment for participating in the service how is this to be paid going forward?

A: Contractors will be paid 1/12 of the annual retainer fee every month regardless of whether they have activity in the service in that month.

Q: What are the remuneration rates built into the HRD system?

A: Remuneration rates are entirely consistent with existing payment rates with the exception of the annual payment as specified above.

Q: How will I be paid for the provision of a 'pick and mix' service?

A: The annual fee remains the same as the traditional scheme and the standard payment pack rate will be generated per 10 syringes supplied as agreed with Local Health Board Leads.

Q: How much will I be paid for the supply of paraphernalia?

A: All financial rates re. paraphernalia remain unchanged and will be detailed in the Health Board Service Specification.

Q: Where can I find further information on the HRD?

A: Further background information and annual reports are available on the Public Health Wales substance misuse web pages:

<http://www.wales.nhs.uk/sites3/documents/457/final%20FOR%20PUBLICATION%20HRD%20report%200d%20Jan%202013.pdf>

Further information and webpage are currently being translated and will be published on the Public health Wales website

Q: Is there a helpline to support contractor queries with the switch to and on-going management of the system?

A: Yes, for queries relating to payment, equipment, HRD system functionality and access, contractors are asked to contact their Local Health Board Co-ordinator in the first instance. The details of the local LHB Co-ordinator will be communicated to contractors by the LHB. The HRD manual provides contact details for enquires and covers all aspects of the system.

For queries relating to data and report writing please contact Public Health Wales at: 02920 402478

Additional questions from a CPW perspective.

Q: How does CPW obtain LHB and all Wales performance data for contract monitoring purposes?

A: Public Health Wales will produce an annual report outlining national demographic and activity related data. Local co-ordinators/pharmacy leads will be provided with individual report writing accounts where they will be able to access activity, demographic related data and produce data quality reports for all pharmacies within their local health board.