

TITLE: Future provision for the Council's Clinical waste service

To: Regulatory Services Committee

Date: 21st January 2019

From: Hetty Thornton

[T185 – revised]

1.0 Issue

2.0 To present the options and recommendations for the future provision of the Council's clinical waste service.

3.0 Recommendations

3.1 It is requested that Regulatory Services Committee approve the following recommendations:

3.1.1 Agree Option 1: To continue to work in partnership with Novus and collect clinical sharps waste collections from new collection points at Community Pharmacies and GP dispensing pharmacies from 1st April 2019

3.1.2 Where a resident is housebound due to a disability or any other medical reason and a friend, family member or carer is unable to access a Community Pharmacy or GP dispensing surgery, a free household clinical waste collection will continue to be offered quarterly free of charge upon receipt of a doctor's note

4.0 Background

4.1 The Controlled Waste Regulations 2012 requires all local authorities to provide a clinical waste collection service to residents who self-medicate in their own home. This can consist of administering medication for conditions such as diabetes as well as some infectious disease treatments.

4.2 Currently, the majority of residents across the County take their clinical sharps waste to Community Pharmacy drop-off points (an NHS England registered pharmacy) and some GP dispensary pharmacies. This service has been provided free of charge by NHS England.

4.3 RECAP was contacted in March 2018 by NHS England to highlight their intention to stop collecting from pharmacies from 1st April 2019 due to their review into clinical waste collection costs and their legislative requirements of continuing to offer this service. As a result of this review NHS England will no longer be providing this service and will now be signposting residents to their respective local authorities for all clinical waste collections.

4.4 The review concluded that each local authority has a legal and statutory obligation to provide an adequate arrangement for its disposal of clinical waste collection services to the residents of its district. In addition to the NHS decision each local authority is required to adhere to: The Environmental Protection Act 1993 which states :

The collection of controlled waste:

(ii) as to which the authority is satisfied that adequate arrangements for its disposal have been or can reasonably be expected to be made by a person who controls the waste.

4.5 East Cambridgeshire District Council currently collects sharps boxes and infectious clinical waste sacks from approx. 80 residents around the district free of charge (72 people for sharps collections and 8 for infectious clinical waste sacks). This service is outsourced to an external contractor, Novus, as part of a county wide agreement through the RECAP partnership (the Cambridgeshire and Peterborough Waste Partnership which consists of all local authorities across the County including ECDC).

4.6 The collection service for sharps boxes has recently changed from a monthly sharps collection to a quarterly collection for 72 service users at a cost to the Authority of £6.10 per collection, equating to a yearly total cost of £1757 for sharps and £2538 for infectious clinical waste sacks which is paid to Novus to carry out this service on behalf of ECDC. The previous total annual collection costs, including weekly infectious sack and clinical sharps collections when provided in-house as part of the expired Veolia contract, was approximately £13,000.

5.0 ARGUMENTS

5.1 The Pharmaceutical Needs Assessment 2017 highlights that Cambridgeshire has 1 pharmaceutical service provider per 4258 people. This is the same as the national average and slightly lower than the East of England average of 24 providers per 100,000 resident population.

5.2 Review of the locations, opening hours and access for those with medical conditions suggests that there is adequate access to NHS pharmaceutical provision in Cambridgeshire.

5.3 The Needs Assessment estimates that only 0.02% of the population in Cambridgeshire are more than 20 minutes away from a pharmacy by car.

5.4 In East Cambridgeshire there are four pharmacies contracted to open for at least 100 hours per week, these are Sainsbury's Ely, Tesco Ely, St Mary's Surgery, Ely and St George's Medical Centre Littleport (which would enable service users to access the pharmacies at more convenient times).

5.5 There are 17 GP dispensing pharmacies and Community Pharmacies across East Cambs. For the purposes of the report it is assumed that both Community Pharmacies and GP dispensing pharmacies will sign up to a contract with ECDC and act as a collection point for residents to deposit their sharps boxes for disposal from 1st April 2019

5.6 An agreement between the pharmacies and each respective local authority has been approved by RECAP partners. The proposal is that all of the partners within RECAP will use this template to ensure that there is a formal agreement between each Community Pharmacy and GP dispensing pharmacy and their respective local authority.

5.7 NHS England requested that during the changeover process RECAP communicates with the pharmacies through the Local Pharmaceutical Committee (which represents all pharmacies). The Committee will co-ordinate all engagement and consultation directly with the pharmacies to ensure that there are consistent messages. As a result it hasn't been possible to ascertain at this stage which pharmacies will sign up to the service after 1st April.

Over the past 8 months RECAP has therefore been working in partnership with the Local Pharmaceutical Committee to develop a forward plan for the future provision of clinical waste collections to residents across the County.

5.8 Although we are keen to agree a consensus response in partnership with RECAP, it is important to ensure that we focus on the needs of residents in our district and provide a cost effective solution for the Authority.

5.9 Due to the immediacy of the highlighted changes by NHS England a decision on the future provision must be made by February 2019 in readiness for the new process to commence in April 2019.

6.0 ASSUMPTIONS

6.1 For the purposes of this report we are only considering options for the clinical sharps collections and not for infectious waste sack collections which will continue to be collected by the Local Authority through an external contractor, Novus, as part of our on-going statutory requirements. The amount of infectious waste sack collections are not expected to increase as a direct result of the clinical sharps collection changes made by NHS England.

- 6.2 Due to the lack of robust reporting mechanisms within pharmacies we are unable to get accurate figures of the number of people who currently use their clinical waste collection points. We have therefore utilised the diabetes figures across East Cambs, and the amount of sharps boxes deposited, as a basis for determining the number of people we will need to collect from in future.
- 6.3 A report produced by a consultant in Public Health on behalf of Cambridgeshire County Council & Peterborough City Council (Appendix A) estimated that there were 4638 patients over the age of 17 in East Cambridgeshire with diabetes, however not all these would need to inject insulin (national statistics suggest 50% of diabetics will use insulin injections to self-medicate). The report also suggested that 4262 prescriptions for sharps bins were provided to East Cambs residents in 2017/18.
- 6.4 For the purposes of this report and to ensure that we protect the financial risk to the Local Authority we have increased the estimated number of residents who may require a sharps clinical waste collection service and the number of prescriptions for sharps bins by 10%. This takes into account increases in population figures, diabetes rates over the past 12 months and other residents who are required to self-medicate but who do not have diabetes. These figures equate to approx. 2,551 people potentially self-medicating and approx. 4,688 sharps bins (of which ECDC will now be required to collect from 1st April).
- 6.5 This number of residents self-medicating will increase yearly but it must also be noted that the figure does not include numbers of people who temporarily self-medicate (whereby a resident has recently come out of hospital and needs to inject medication for a short period of time) or figures for children who require injections at home. Unfortunately there are no records available to confirm these numbers.
- 6.6 It is proposed that to ensure there are accurate figures recorded from 1st April 2019, each Community Pharmacy and GP dispensary pharmacy who sign up to the service will be required to record specific data for each deposit (size and number of containers) to ensure the service is being used correctly and to allow for monitoring of efficiencies.

7.0 OPTIONS

- 7.1 The following information details all possible viable options for the future provision of the sharps clinical waste collections.

A recommendation that new disposal points will be set up in GP surgeries and pharmacies across the district for people that need to dispose of sharps for use by everyone that is able. For anyone that is housebound and unable to visit any of the locations due to disability or any other medical reason and a family member, friend or carer is not able to help, a free of charge home collection service will continue on a quarterly basis on receipt of a GP letter.

- 7.2 **Option 1:** To continue to work in partnership with Novus and collect clinical sharps waste collections from new collection points at Community Pharmacies and GP dispensing pharmacies from 1st April 2019

There are currently 72 people on our quarterly household sharps clinical waste collection list.

We are proposing that where a resident is disabled and infirm, and therefore unable to visit one of the collection points, they will provide a doctor's note to confirm this and ECDC will continue to provide a free household sharps clinical waste collection on a quarterly basis from their home. For all other residents they will be required to take their sharps clinical waste to pharmacies which will continue to be collected free of charge.

As the majority of residents across the district already use pharmacies as drop-off points the changeover will be seamless. This option would require ECDC to contact the current 72 residents receiving a collection from their property and instruct them to take their sharps to pharmacies at their convenience from 1st April 2019. A draft letter is included at Appendix D.

We will ensure that each of the existing 72 ECDC sharps clinical waste service users are engaged with at the earliest opportunity. After 1st April their next quarterly pick up won't be until June 2019, which will provide enough time to put arrangements in place to drop off their sharps boxes to a corresponding pharmacy. We will provide a list of their local drop-off points to help streamline the changeover process.

Option 1 will also enable ECDC to work in partnership with other local authorities through RECAP who are all proposing to agree this option. The service will continue to be outsourced to our current provider, Novus, to collect on a monthly basis at a cost of £6.10 per collection per pharmacy.

This option would pass any liability to Novus (including training requirements of staff) and would not impact on back office staff as much as bringing the service in-house.

Service users would have their clinical waste collections removed from a company who already have the correct equipment and are already providing the collections service across the County. In addition, the financial cost to the Authority would be less than the other options.

Breakdown of costs

RECAP has indicated that a yearly administration cost of £600 will be paid to each pharmacy involved in the programme. There are 17 pharmacies across the district (although as mentioned previously, we have not yet confirmed exactly how many of these will sign up to the service).

In addition and where required, and not covered by existing contracts or arrangements, East Cambridgeshire District Council will pay £120 towards immunisations required by staff handling the waste, records of which should be kept for the period of the agreement by the Pharmacy Contractor.

The above payment is unlikely to ever be claimed. Immunisation should be a function which every pharmacy undertakes as part of their business as usual requirements, RECAP and NHS England agreed this figure that in the event that a new member of staff has to be employed quickly to fulfil the agreement therefore it is costed out in both options.

After liaising with the Customer Services Manager it was agreed that due to the increase in calls to Customer Services the additional capacity impact would require more staffing resource. Therefore these have been costed out below.

On-going contract costs for a monthly collection outsourced to Novus

Administration costs for each pharmacy = £600 x 17 = £10,200

Immunisation costs = £120 x 17 = £2,040

Novus pick up costs @ £6.10 per pick up (12x 17 x £6.10 = £1,244.40)

Back office staffing costs to register service users and answer customer queries for approximately 2 days per month = £2572 (which uses average salary costs per day). There would still be a requirement for ECDC staff to answer customer queries and referral to Novus.

Annual cost of providing an outsourced monthly clinical waste collection = pharmacy admin costs (£10,200) + immunisation costs (£2,040) + pick up costs by Novus (£1,244.40) and back office staffing costs (£2,572) = **£16,056.40**

We are assuming each pharmacy will have one collection per month, however for smaller more rural areas this may only be a quarterly basis. Conversely some busier town pharmacies may need fortnightly collections. As we are uncertain of the storage facilities of each pharmacy we have worked out costs on a monthly and fortnightly collection basis.

On-going contract costs for a fortnightly collection outsourced to Novus

Administration costs for each pharmacy = £600 x 17 = £10,200

Immunisation costs = £120 x 17 = £2,040

Novus pick up costs @ £6.10 per pick up (26 x 17 x £6.10 = £2,696.20)

Back office staffing costs to register service users and answer customer queries for approximately 4 days per month = £5,143 (which uses average salary costs per day).

Annual cost of providing an outsourced fortnightly clinical waste collection = pharmacy costs (£10,200) + immunisation costs (£2,040) + collection costs (£2,696.20) + staffing costs (£5,143) = **£20,079.20**

7.4 **Option 2:** ECSS to collect sharps clinical waste from Community Pharmacies and GP dispensing surgeries

ECSS would need to purchase a new vehicle with a tail lift which can be washed out and in addition, ECSS staff collecting the waste would be required to undergo ADR hazardous goods training.

This option would be difficult to put in place from 1st April 2019 due to the lack of lead in time and the immediacy of the change required.

This would also have a negative impact on the remaining services ECSS provides to residents of East Cambs as resources would have to be redirected from frontline services to ensure collections take place on time.

This option would certainly require more staff due to ECDC having to register them. At this stage it is difficult to anticipate the increase in customer enquiries, however the costs below reflect the possible increase.

Breakdown of costs

Initial year 1 outlay

An initial outlay of approx. £35,000 would be required to purchase a specialised vehicle adequately equipped to safely collect and dispose of the waste and £748 for 17 x 240 litre waste collection bins at a cost of £44.00 each.

4 x Members of ECSS staff would be required to go through ADR hazardous waste transportation training at a cost of £500 each (renewed every 5 years).

New vehicle (£35,000) + 17 x waste bins (£748.00) + training (£2000) = **£37,748**

General on-going running costs for a monthly collection

As with Option 1 we are assuming each pharmacy will have one collection per month, however for smaller more rural areas this may only be a quarterly basis. Conversely some busier town pharmacies may need fortnightly collections. As we are uncertain of the storage facilities of each pharmacy, we have again worked out costs on a monthly and fortnightly collection basis.

The following costs will be required from April 2019 onwards on a yearly basis working on the assumption that ECSS will provide a monthly collection:

Administration costs for each pharmacy = £600 x 17 = £10,200

Immunisation costs = £120 x 17 = £2,040

Vehicle fuel and average maintenance costs @ £108 per day X 14 days (i.e. one collection day per month and including additional time allowed for increased travel time for disposal) = £1,512

Crew cost @ £72.80 per day X 14 days (i.e. one day per month which takes into account the time for a driver to dispose of the waste collection bins in Thetford) =£1019.20

Back office staffing costs to register service users and answer customer queries for approximately 4 days per month = £5,143.20 (which uses average salary costs per day and would require this level of support to register new users, deal with enquiries, plan the routes etc).

Annual cost of providing an in-house monthly clinical waste collection = pharmacy costs (£10,200) + immunisation costs (£2,040) + vehicle costs (£1,512) + crew costs (£1,019.20) + staffing costs (£5,143.20) = **£19,914.40 per Annum**

General on-going running costs for fortnightly collection

The following costs will be required from April 2019 onwards on a yearly basis working on the assumption that ECSS will provide a fortnightly collection:

Vehicle fuel and average maintenance costs @ £108 per day X 28 days (i.e. one collection day per fortnight and the time to dispose of the waste in Thetford) = £3,024

Administration costs for each pharmacy = £600 x 17 = £10,200

Immunisation costs = £120 x 17 = £2,040

Crew cost @ £72.80 per day X 28 days (i.e. one day per fortnight which takes into account the time for a driver to dispose of the waste collection bins in Thetford) =£2,038

Back office staffing costs to register service users and answer customer queries for approximately 4 days per month = £5,143.20 (which uses average salary costs per day).

Annual cost of providing an in-house fortnightly clinical waste collection = pharmacy costs (£10,200) + immunisation costs (£2,040) + vehicle on-going costs (£3,024), + crew costs (£2,038) + staffing costs (£5,143) = **£22,445**

7.5 Under each of these options we are aware that there will be a very small number of elderly or disabled residents who may be unable to access any pharmacy as drop off points. We are proposing to work with these residents to enable them to use the pharmacies. However, in the event that this is impossible due to a disability or other medical conditions we will collect clinical sharps waste free of charge from their home on a quarterly basis provided they have a doctor's note to certify that they are unable to reach any local pharmacy who has joined the service.

8.0 RISK

8.1 Due to the constrained timescales presented by NHS England a decision on the future provision of clinical waste must be agreed by February 2019. This will take into account full engagement with pharmacies across Cambridgeshire & Peterborough to identify which pharmacies would be prepared to act as collection points from the 1st April 2019.

8.2 A series of resident engagement exercises will be carried to help ensure that residents are aware of the changes in clinical waste collection, including all those currently known to the authority; without having a list of everyone it is impossible to guarantee that we will be able to reach every affected resident.

8.3 Information will also be sent to all GP surgeries to inform them of the new locations and ask them to publicise this to their patients.

8.4 A draft letter has been written (please see Appendix D) which will go to all existing service users who currently receive a household clinical sharps collection (currently this stands at 72).

8.5 Due to the rurality of the district and the disparity of pharmacies towards the south of the district (please see Appendix C) some residents may access a pharmacy in another district. Whilst this is not ideal, many customers in the rural areas already access pharmacies in other districts and there is no restriction on doing so.

8.6 The existing contract with the current service provider, Novus, runs for 3 years and therefore we are committed to working with them until 2021. The existing contract allows ECDC to specify the use of central collection points and a further SLA can be drawn up under any new arrangements to ensure our required performance measures are met.

- 8.7 If the Council wishes ECSS to deliver the service an initial capital outlay of £37,704 would be required for the purchase of a new vehicle and providing adequate training of staff.
- 8.8 The Local Pharmaceutical Committee will engage with all the pharmacies across Cambridgeshire and Peterborough to sign up to this proposal, however this is not a statutory requirement on their part and we may find that some pharmacies do not want to take part.
- 8.9 The research carried out provides only an estimate of figures from which we have ascertained costs. It does not take into account clinical waste collection's for out of hours, children or hospitals (which will in most cases will require a temporary administration of self-medication). However this report has aimed to forecast for these instances in the figures to account for this lack of information.

9 CONCLUSION

- 9.0 Due to the recent decision by NHS England to withdraw their free sharps waste collection service from pharmacies from 1st April 2019 and transfer the service back to local authorities, ECDC must provide a solution for local residents who self-medicate.
- 9.1 To ensure that we protect ECSS from increased financial risk due to the lack on accurate numbers of people who will be using the service from 1st April, reduce capacity strain on the workforce and to meet the needs of local residents it is recommended that the best option moving forward would be Option 1 to continue to work in partnership with Novus for collection of sharps from the new locations.

10 Financial Implications/Equality Impact Assessment

- 10.0 There is a EIA, please see Appendix C
- 10.1 The financial implications to the Authority are detailed in the report.

11 Appendices

- 11.0 Appendix A- Public Health Consultant research document
 Appendix B- Map of district showing Pharmacies
 Appendix C- Equality Impact Assessment
 Appendix D- Draft letter to the existing clinical waste household collection users

<u>Background Documents</u>	<u>Location</u>	<u>Contact Officer</u>
Cambridgeshire Pharmaceutical Needs Assessment 2017	The Grange, Ely	Hetty Thornton Performance Management Officer (01353) 616233 E-mail: hetty.thornton@eastcamb.gov.uk