

Title of paper:	Safety Needles		
Meeting date:	Wednesday 5th January 2022		
Agenda item:	To be completed by APC secretary	Attachment(s):	none
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Paper type	Briefing		
For:	Agreement		
<p>Executive Summary: <i>(provide a short description of the subject matter and draw attention to the issues / facts and the proposal)</i></p> <p>In June 2019, NHS England produced guidance for CGGs about items which should not routinely be prescribed in primary care (1): https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf</p> <p>This guidance states :</p> <p><i>“for patients that are not able to self-administer it may be appropriate that a safety needle is used by the health care professional, however this would not need to be prescribed on prescription.”</i></p> <p>The guidance did not expand further as to how the healthcare professional would attain the safety needle that they required. It was assumed that healthcare professionals should be provided with the safety equipment by their employer. Safety needles comes under this category.</p> <p>The Forum for Injection Technique (FIT) advise that safety needles should be used in diabetes management in the hospital and healthcare sector e.g. settings both private and public where healthcare takes place and might include; hospital, primary care, ambulances, care homes, schools, prisons, nurseries, caregivers in home settings, etc.</p> <p>FIT also recommend considering using insulin pen safety needles in :</p> <ul style="list-style-type: none"> • People who inject with small children at home and/or have sub-optimal sharps disposal options should also consider using safety needles. • Situations where HCPs or 3rd party carers using sharps (e.g. injections, blood testing, and infusions) may be at risk of blood-borne disease transmission (i.e. Human Immunodeficiency Virus [HIV] and hepatitis) and in risky environments such as care homes, schools, and prisons. <p>As a result there has been much confusion about the prescribing of safety needles and some GPs are being asked to prescribe them on FP10.</p>			

It is proposed that in line with The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013: Guidance for employers and employees, the employers of healthcare professionals should provide access to safety needles. (2)
(<https://www.hse.gov.uk/pubns/hsis7.pdf>)

Summary: *(What is the APC being asked to do and why)*

- 1) To consider the issues and decide under which circumstances safety needles should be prescribed on FP10.
- 2) To recommend that the employer of healthcare professionals who need to use safety needles for administering insulin to patients they should supply the safety needles for their staff rather than have them prescribed on FP10.

Accompanying papers (please list):

- 1) N/A

Current Situation

In 2019, NHS England updated its guidance on items that should not be routinely prescribed in primary care to include needles for pre-filled and reusable insulin pens. (1)

It advised Clinical Commissioning Groups:

- that prescribers in primary care should not initiate insulin pen needles that cost >£5 per 100 needles for any diabetes patient
- to support prescribers in deprescribing insulin pen needles that cost >£5 per 100 needles and where appropriate ensure the availability of relevant services to facilitate this change.
- For patients that are not able to self-administer it may be appropriate that a safety needle which incorporates an automatic safety lock, is used by the health care professional, however this would not need to be prescribed on prescription.

Since the NHSE guidance was published, there has been much prescribing of safety needles in Primary Care.

The NWS CCG MOG decided that safety pen needles should only be prescribed for patients who currently use them and not to be initiated in any new patients until work was done and a

paper taken to the APC. Despite this recommendation, there have been instances in NWS Alliance where GPs have been asked to prescribe safety pen needles by the community staff for new patients and prescribing has been initiated in a few of these cases. In other parts of Surrey Heartlands this may be the case as well but we do not have any firm data or evidence for this.

Cost implication

Cost of safety pen needles that can be used with insulin pens on the drug tariff (3):

Safety pen needles	Price
Microdot Max Safety Pen Needles 5mm/30 gauge	£12.89
GlucorX Safety Pen Needles 5mm/30 gauge 1295 8mm/30 gauge	£12.95
Neon Verifine Safety 5mm/31 gauge, 8mm/30 gauge	£14.89
Microdot Safety Pen Needles 5mm/30 gauge	£17.00
Mylife Clickfine AutoProtect 5mm/31 gauge , 8mm/29 gauge	£19.00
Ateria SafeControl Safety Pen Needles 4mm/32 gauge 2500 5mm/30 gauge 2200 8mm/30 gauge	£22.00
NovoFine Autocover 8mm/30 gauge	£22.28
Microdot Dual Safety Pen Needles 4mm/31 gauge	£22.95
Dropsafe Safety Pen Needles 6mm/31 gauge , 8mm/31 gauge	£23.00
BD Autosield Duo	£25.00

Prescribers are encouraged to prescribe insulin pen needles that are <£5 per 100 needles.

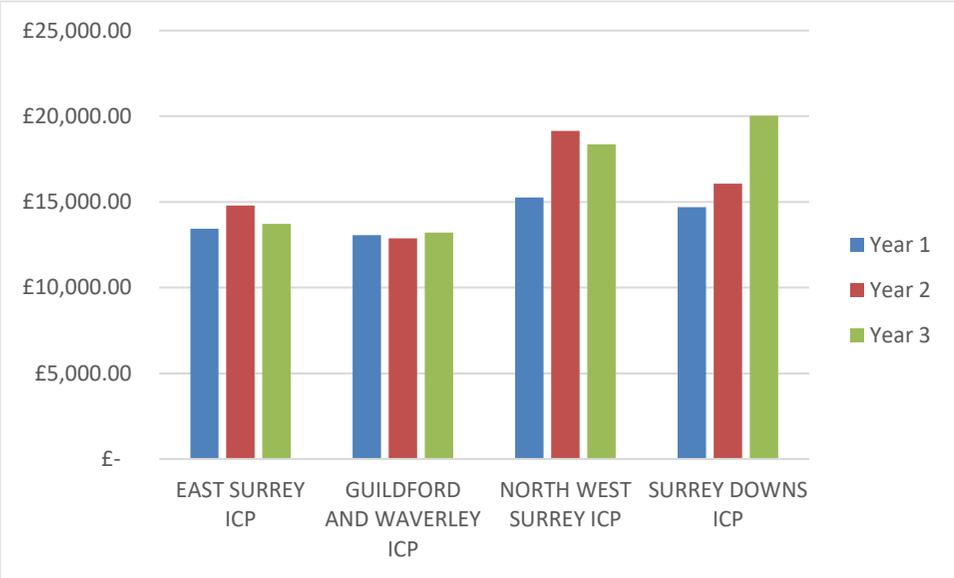
Safety pen needles prescribing data for SH ICP since the NHSE guidance was produced:

TABLE 1

From October 2018	to Sept 2021
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Sum of Actual Cost	Column Labels				Grand Total	Total Patients	Total Spend per 1000 patients
	Year 1	Year 2	Year 3				
Row Labels							
EAST SURREY ICP	£ 13,438.98	£ 14,782.46	£ 13,714.94	£ 41,936.38	190970	£	219.60
GUILDFORD AND WAVERLEY ICP	£ 13,055.19	£ 12,875.98	£ 13,209.23	£ 39,140.40	229288	£	170.70
NORTH WEST SURREY ICP	£ 15,256.48	£ 19,139.25	£ 18,363.20	£ 52,758.93	385202	£	136.96
SURREY DOWNS ICP	£ 14,701.97	£ 16,067.00	£ 20,019.47	£ 50,788.43	314599	£	161.44
Grand Total	£ 56,452.61	£ 62,864.69	£ 65,306.84	£ 184,624.14			

GRAPH 1



In the Year 3 figures of table 1, the costs for NWS may have been higher had NWS MOG not produced its recommendations.

The provision of safety needles used by Community Services to provide care to patients in the Community would incur substantial costs to these services, as can be deduced from the extracted ePACT data as indicated above.

If the prescribing of safety needles was stopped in Primary Care then the cost would have to be incurred by the community services and this could impact on the contract between the ICS and the community provider organisation.

It must be noted that the different needles available offer varying protection- some have dual protection mechanisms whilst others do not. Obviously, the ones with dual protection are more expensive. Each organisation may have safe sharps policies in place which will indicate the preferred type of safety needle and this must be included when working out the remuneration.

SAFETY

Sharps-related injuries carry the risk of serious blood borne infection. A systematic review was undertaken for the Health and Safety Executive, to consider the evidence related to safer sharps devices and their impact on needle stick injury reduction within the healthcare sector. (2) The review sought to determine whether:

- the use of safer sharps devices could reduce the incidence of sharps injury;
- dedicated educational / training initiatives could reduce the incidence of sharps injuries;
- safer sharps devices were accepted by the hospital personnel asked to use them; and
- safer sharps devices had any proven impact on patient care outcomes.

The quality and quantity of evidence was limited, mainly due to study designs used by publishing authors. Despite this, there was sufficient published evidence to consider the use of safer sharps devices to reduce the incidence of sharps injuries amongst UK healthcare workers. Studies showed that when educational programmes were implemented alongside a safer sharps device, lower rates of sharps injuries were sustained for longer. However, the benefit attributable to education alone could not be isolated from the impact of the introduction of the safer sharps device.

The Sharps Regulations: Health and Safety (Sharp Instruments in Healthcare) Regulations 2013, build on the existing law and provide specific detail on requirements that must be taken by healthcare employers and their contractors. All employers are required under existing health and safety law to ensure that risks from sharps injuries are adequately assessed and appropriate control measures are in place.

The employer must substitute traditional, unprotected medical sharps with a 'safer sharp' where it is reasonably practicable to do so. The term 'safer sharp' means medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury. For

example, a range of syringes and needles are now available with a shield or cover that slides or pivots to cover the needle after use.

Information from Stakeholders

Community providers have informed all their teams that for any injections that they are administering to patients, i.e. insulin, they must use safety needles that they carry with them and that are ordered by their team from the NHS Supply chain.

They are not supposed to leave packs of these needles in patient's homes, as any member of staff administering insulin should carry their own supply.

Despite this, GPs are still being asked to provide safety needles for new patients.

Recommendation

1. Employers to provide their employees with safety needles
2. Healthcare professionals or carers who inject insulin into small children should consider using safety needles.
3. Safety needles be prescribed on FP10 for patients whose insulin is administered by a non-professional healthcare worker or third party, e.g. carer or relative and:
 - a. following a risk assessment, the risk of infection from needle stick injury is considered to warrant greater protection
 - b. the patient is known to be aggressive – some dementia patients can become aggressive when insulin injections are needed.
4. Safety needles should be prescribed for those patients who have special visual or psychological needs
5. Where safety needles are to be prescribed the most cost effective needle such as the GlucoRx safety needle (local guidelines are being updated to reflect this)

References:

1. NHSE and NHS Improvement: *Items which should not routinely be prescribed in primary care: Guidance for CCGs* ; Version 2, June 2019
<https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf> (accessed OCT 21)
2. Health and Safety Executive Information sheet: *Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 Guidance for employers and employees* <https://www.hse.gov.uk/pubns/hsis7.pdf> (accessed Oct 21)
3. Drug tariff <https://www.nhsbsa.nhs.uk/sites/default/files/2021-10/Drug%20Tariff%20November%202021.pdf> (accessed Nov 21)