

Domestic Clinical Waste Collections in Peterborough
Councillor Marco Cereste, Cabinet Member for Waste, Street Scene and Environment
January 2020
Deadline date: N/A

Cabinet portfolio holder: Responsible Director:	Councillor Marco Cereste, Cabinet Member for Waste, Street Scene and Environment Steve Cox, Executive Director of Place and Economy
Is this a Key Decision?	YES If yes has it been included on the Forward Plan: YES Unique Key decision Reference from Forward Plan: KEY/18FEB19/01.
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	NO
Is this a project and if so has it been registered on Verto?	NO Verto number: n/a

RECOMMENDATIONS	
The Cabinet Member is recommended to:	
1. Approve and endorse the option set out in this report to provide a sharps clinical waste and disposal service.	

1. PURPOSE OF THIS REPORT

1.1 This report is for Cllr Marco Cereste to consider exercising delegated authority under paragraph 3.4.3 of Part 3 of the constitution in accordance with the terms of their portfolio at paragraph (a).

2. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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3. BACKGROUND AND KEY ISSUES

- 3.1 1.1 This report is submitted to the Cabinet Member to approve amended arrangements for the provision of Clinical Waste Collections in Peterborough. This report details the recommendations and costs to Peterborough City Council to manage its responsibilities under the Controlled Waste (England and Wales) Regulations 2012 (CWR) and the Environmental Protection Act 1990 (EPA) whereby Waste Collection Authorities were made responsible for ensuring collections of clinical waste from householders and self-treating patients on request.

The proposal enables:

- Delivery of a clinical sharps collection and disposal service that meets the current and future needs of the patients in Peterborough.
- Provides the greatest level of cost control for Peterborough City Council.
- Provides the lowest risk of clinical waste entering the residual waste stream.
- Greatest operational efficiency.
- Gives more choice for the patient on the services they receive.

- 1.2 In addition please approve the recommendation to delegate to officers the right to vary the number of pharmacies who are scheme participants.

- 1.3 PCC with the other members of RECAP and representatives from the NHS have worked together to develop options to deliver this service. The recommended service delivery model for household clinical sharps is detailed below:

The pharmacy drop off model will be free of charge to Peterborough residents and will provide the customer with a choice of either returning used sharps boxes back through the local pharmacy network free of charge, or arranging a doorstep collection from the household at a charge of £8 per collection. If they are physically unable to get to a Pharmacy to deposit the sharps then this will be assessed and a doorstep collection may be provided free of charge in exceptional circumstances.

- 1.4 The current collection arrangements for Household Offensive Waste and Clinical Sharps are detailed below:

PCC provides a free clinical waste collection from residents' home addresses. Applications are made through Peterborough Direct or online through the Councils website. This is for non-infectious waste (e.g. swabs, dressings and san pro waste) also known as Offensive Waste and clinical sharps.

Currently 60 properties have monthly collections of clinical sharps and 20 properties have a weekly offensive waste collection. As a result of this low volume the service provision has been manageable with a low annual collection cost of £5, 500 per year.

- 1.5 Peterborough City Council (PCC), along with the other members of the Recycling in Cambridgeshire and Peterborough Partnership (RECAP) need to make suitable arrangements for the collection and disposal of clinical sharps following the withdrawal of arrangements by NHS England, which will impact residents in Cambridgeshire and Peterborough from October 2019.

- 1.6 NHS England is under no statutory obligation to maintain its current arrangements, whereby home-treating patients dispose of their clinical waste sharps through the local pharmacy network. The collection and disposal of these are then funded by NHS England.

1.7 Local Authorities are legally required under the Controlled Waste (England and Wales) Regulations 2012 (CWR) and the Environmental Protection Act 1990 (EPA) to arrange collection of clinical waste from the household of self-treating patients on request and under the CWR and EPA they may make a reasonable charge for this service.

1.8 The majority of sharps use and disposal at Pharmacies arise from self-treating patients with diabetes. There are currently 10,700 people registered with diabetes, and 7,000 sharps box prescriptions were issued in Peterborough in 2017/18.

4. CONSULTATION

4.1 The Council has undertaken consultation with relevant stakeholders including working in partnership with the NHS and its partner Councils in RECAP.

RECAP has worked collaboratively with the Local Pharmacies Commission (LPC) to broker a solution to best support our residents. This paper will seek a wider partnership approach in the future that may benefit all parties, particularly retaining the important level of resident service and support the current NHS England funded solution enables. The adoption of this approach is not compulsory and not all Council's within RECAP may adopt this approach. Currently Fenland District Council, East Cambridgeshire District and Huntingdonshire District Councils have opted to introduce this structured scheme.

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 This new collection model will provide residents with an improved disposal service as the pharmacy drop off model will be free of charge to Peterborough residents and will provide the customer with greater choice, of either returning sharps boxes back through the local pharmacy network free of charge, or arranging a doorstep collection from the household at a charge of £8 per collection. If they are physically unable to get to a Pharmacy to deposit the sharps then this will be assessed and a doorstep collection may be provided free of charge in exceptional circumstances.

Local pharmacies are paid to act as a collection point with larger, less frequent collections from local pharmacies by the appointed clinical waste contractor. This approach has been developed by RECAP in conjunction with the Local Pharmacy Commission (LPC).

18 Pharmacies have agreed to act as a disposal point with an annual cost of £10,800 (£600 per pharmacy).

6. REASON FOR THE RECOMMENDATION

6.1 Local Authorities are legally required under the Controlled Waste (England and Wales) Regulations 2012 (CWR) and the Environmental Protection Act 1990 (EPA) to arrange collection of clinical waste from householders of self-treating patients on request and under the CWR and EPA they may make a reasonable charge for this service.

The model being recommended represents the most economical option for the Council whilst still ensuring residents can access the service by providing a network of collection points in the City. It is also a desirable option as it mimics the current NHS service, controls future growth so a widespread demand for a household collection service for clinical waste is not generated. The relationship between dispensing chemist and patient is retained along with privacy of disposal. Advice from the LPC is that most customers will not want a visible clinical collection and that this increases the risk of other models resulting in sharps being incorrectly disposed of in household waste, causing significant contamination. This model

would allow for a single style of approach across Peterborough and Cambridgeshire, albeit with slight differences in specific implementation.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Continuing with current kerbside collections and do nothing:

Collection of all self-administered sharps and clinical waste from the household at no cost to the household could have the potential to have a significant financial impact as NHS England can provide no information regarding the volume or frequency of sharps boxes being presented to Pharmacies. It must also be noted that the figures of sharps boxes prescribed is an estimate as this was collated using postcode data which does not correspond exactly to the boundaries between authorities. The cost to undertake comprehensive collections would be in the region of £25,000 based on 2017/18 sharps box prescription levels. This is regarded as undesirable on the grounds of cost.

Charge residents for household sharps collections (No Pharmacy Collection Points):

Collection of all self-administered sharps and clinical waste from the household. A charge of £8 per collection would cover the contractor cost and associated booking arrangements/administration and would mean there is no additional cost to PCC. This is regarded as undesirable as a charge is likely to result in customers disposing of clinical sharps in normal household waste collections to avoid the charge.

Pharmacy Model with free household collections:

This option would provide residents with an improved disposal service as the pharmacy drop off model would be free of charge to Peterborough residents and provide the customer with the choice of either returning sharps boxes back through the local pharmacy network or arranging a doorstep collection from the household free of charge. This option was regarded as undesirable as it is likely to give rise to increased costs as an unknown number of residents request a home collection. In addition the environmental impact is significantly lower if collections are made from pharmacies, rather than hundreds of houses, and if the resident is at the pharmacy then they have not made a special journey therefore making the recommended model more favourable than this option.

8. IMPLICATIONS

Financial Implications

8.1 Without a pharmacy based solution, the clinical waste collection costs will increase in terms of administration, costs of collection and disposal. The cost to implement household collections would be in the region of £25,000 based on 2017/18 sharps box prescription levels compared to £10,800 for the pharmacy based model.

NHS England can provide no information regarding the volume or frequency of sharps boxes being presented to Pharmacies. It must also be noted that the figures of sharps boxes prescribed is an estimate as this was collated using postcode data which does not correspond exactly to the boundaries between districts. Due to this the household collections could potentially increase and incur increased costs, whereas the pharmacy model is a fixed cost of £600 per pharmacy to act as a disposal point.

Legal Implications

8.2 A solution must be agreed in order for the Council to fulfil the legal requirement under the Controlled Waste (England and Wales) Regulations 2012 (CWR) and the Environmental Protection Act 1990 (EPA) to arrange collection of clinical waste from householders of self-

treating patients on request and under the CWR and EPA they may make a reasonable charge for this service.

Equalities Implications

- 8.3 There are no identified equalities implications as the recommended model is providing a service with 2 disposal options ensuring all have access to the service.

Carbon Impact Assessment

- 8.4 It is anticipated that this will have a neutral carbon impact because introduction of this service will mitigate any future increases in doorstep collections and will ensure there is no negative carbon impact as a result.

9. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

- 9.1 None.

10. BACKGROUND DOCUMENTS

- 10.1 None

11. APPENDICES

- 11.1 None.