

## **WIRRAL COUNCIL**

### **ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE – 5 SEPTEMBER 2007**

#### **REPORT OF THE DIRECTOR OF TECHNICAL SERVICES**

#### **CLINICAL WASTE COLLECTIONS ON WIRRAL**

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### **1.0 EXECUTIVE SUMMARY**

- 1.1 This report details the current provision for Household Clinical Waste Collections on Wirral provided temporarily by Wirral Primary Care Trust (PCT) and highlights the statutory obligations of Wirral Council to provide a clinical waste service to its residents. The Council is committed to provide a clinical waste service at as little cost to residents as possible and ask Members to consider the Clinical Waste Collection policy within this report and the benefits of expanding the Sharps Drop-off scheme currently operated by the PCT at no cost to the public.

### **2.0 BACKGROUND**

#### **2.1 Local Authority Obligations**

Since changes to legislation in 2005, every local authority is obliged to offer a door-to-door collection of infectious clinical waste to households who request it, providing the patients are self-medicating. However, it is at the Council's discretion as to whether a charge should be made for the service. Hazardous Waste resulting from treatment administered by a health care professional will be disposed of by an appropriate method.

#### **2.2. Definition of Clinical Waste**

There is a clear distinction between clinical waste and other medical waste. Under the unified definitions, classification and assessment framework laid out in the "Health Technical Memorandum 07-01: Safe Management of Healthcare Waste", medical waste is categorised four ways:

Infectious clinical waste;  
Offensive / hygiene waste;  
Hazardous waste;  
Waste dangerous for carriage.

Only two types of waste arising from healthcare activity are considered to be both clinical waste and hazardous waste, and therefore unsuitable to be placed in the normal household waste stream.

These are:

- (i) Sharps and other clinical infectious waste (EWC codes 18 01 01 and 18 01 03)
- (ii) Cytotoxic and cytostatic medicines (EWC codes: 18 01 08, 20 01 31)

### **2.3. Consultation with Healthcare Professionals**

Technical Services have met with the PCT's Health Protection Team based on Wirral in order to get clear guidance from them about what waste is likely to arise from self-medicating patients. We need to assess whether or not the waste requires a separate collection due to the health risks posed to the waste industry operatives or the spread of disease/toxins through inadequate disposal mechanisms. They concluded that most waste does not pose a risk to health and confirmed that residents are advised as to how to dispose of their waste safely (e.g. by bagging and sealing offensive waste such as dressings, continence aids (EWC code 18 01 04).

They confirmed that the healthcare waste from a private home that is deposited into the household waste bin, would usually be classed as offensive and not hazardous. Exceptions are syringes (excluding feeding syringes), needles or other type of sharp instrument whether contaminated with blood or not, which is classed as a hazardous waste material. They also confirmed that cytotoxic and cytostatic medicines are prescribed by a health professional and safe disposal of any waste from treatment would be disposed of by an appropriate system.

They stated that a risk assessment is done to ascertain whether the waste arising from their treatment required a special collection in order to manage any risks.

### **2.4. Potential Demand for a Clinical Waste Service on Wirral**

In 2005, the PCT supplied some information to Technical Services, in order to help us gauge the potential demand for a clinical waste collection service (see Appendix 1). The vast majority of requests for the service will come from patients suffering from diabetes. In 2005 there were 1190 type-1 diabetic patients and 11879 type-2 diabetic patients living in Wirral.

On average, a type -1 diabetic will produce 8 litres of sharps per annum and a type-2 diabetic will produce 1 litre of sharps per annum. Therefore a total of 21,400 litres of sharps is produced annually on Wirral through self-medicating patients.

Operating a free door-to-door collection of sharps from all patients would involve a minimum 13,000 visits per annum based on one visit per year per

household. Therefore operating a free door-to-door collection service would cost the Council upwards of £65,000 per annum.

## **2.5. Existing Budget Provision for Sharps Disposal**

The PCT approached Technical Services in 2005 in order to find out what provision we intended to make for self-medicating patients, especially residents who managed their diabetes by injection and therefore produced sharps waste.

As the new waste contract was in the procurement stage and no decision had been made, the PCT set up a temporary system in order to provide safe disposal points for sharps waste.

The PCT provided costs for sharps collections from local pharmacies. One option involved installing larger 50 litre bins at all pharmacies, which could contain up to 20 x1litre sharps boxes. The PCT estimated that 1070 collections would need to be made from pharmacies to cope with current demand. Technical Services therefore included clinical waste collections in their recent tender.

In the new Waste and Cleansing Contract with Biffa a provisional sum of £5000 has been allocated for the collection of clinical waste and this budget provision allows for approximately 1000 home visits per annum if the service were to be free.

If both types of diabetic patients received just one collection per annum from their homes there is only funding for around 13% of patients. This does not include other residents who may require a clinical waste service for other types of illnesses. Clearly, it was the intention that the collections at pharmacies would be carried out by Biffa, rather than the private firm currently contracted by the PCT.

However, Biffa's costings do not include the provision of 50 litre bins, and Technical Services have no other funding to pay pharmacies to act as a collection point for sharps bins as suggested by the PCT. In addition, the collections by Biffa were not intended to be carried out from commercial collection points. Therefore it is unrealistic to expect Biffa to collect on such a large scale for the amount tendered for (as disposal costs alone would far exceed the amount set in their tender).

## **2.6. Existing Collection Arrangements for Sharps**

The PCT agreed to set up a temporary emergency drop-off service in April 2006 and identified nine pharmacies (see appended information) as sharps disposal points which were promoted to all patients who were prescribed sharps boxes by their GP. This is being funded to date by the PCT at an annual cost of £2,700 per annum. This equates to £300 per pharmacy (and does not include the £75 annual pharmacy fee – also currently being paid by the PCT at an additional cost of £675).

The Council has received no requests from the public to collect their sharps from home to date, however the PCT have fielded numerous enquiries prior to setting up this temporary drop-off service.

We have received several requests to collect other types of medical waste, but assessments done so far have rendered the waste safe for disposal with the general household waste stream.

### **3.0 PROPOSED CLINICAL WASTE COLLECTION POLICY**

The Council has no duty to collect any clinical waste free of charge from self-medicating patients; however, we should consider the financial burden to patients, some of who could be vulnerable, if a free disposal option for clinical waste were not available.

It is my opinion that the Council should work with the PCT and healthcare industry to continue and expand the availability of free sharps disposal points, whilst working to minimise the running costs of such a service to all parties involved.

#### **3.1 Proposed Policy**

- 3.1.1 Residents requesting a home collection of sharps are charged for the service, to include real collection costs, and a 15% administration charge. The charge will be based on the number of collections made per annum on a scheduled basis, irrespective of container size. The collections will be carried out by the Council's waste contractor under the terms of the existing contract.
- 3.1.2 Residents who live alone and are housebound, and unable to arrange for their sharps box to be taken to a pharmacy qualify for free collections.
- 3.1.3 Residents requiring a collection of any other type infectious clinical waste (excluding sharps related waste) are offered a free collection service at a frequency suitable for their needs.
- 3.1.4 Residents requesting a collection of non-infectious medical waste are advised to bag and seal their waste and mix it with their normal household residual rubbish. Provision of additional green bin storage will be provided free of charge. Green bins will be collected on alternate weeks in line with the Council's waste collection system. Residents living in multi-occupancy accommodation using bulk containers have the option of being provided with additional, personal bin storage that will be emptied fortnightly.
- 3.1.5 Residents preferring to have their medical waste taken more frequently (weekly) will be added to an alternate weekly clinical waste collection

service operating on the alternate week of their residual household collection service. They will be charged for the clinical waste service, to include collection costs, and a 15% administration charge. The charge will be based on 25 collections per annum on a scheduled basis, irrespective of container size (140 litre to 360 litre).

## **3.2 Financial Arrangements**

3.2.1 Technical Services suggest that the existing budget provision of £5000 should continue to be held by Technical Services and used to fund a free collection service in line with the policy outlined in section 3.1.

3.2.2 It is unlikely that all the existing budget provision will be used, as the number of residents requesting and qualifying for the free service will be low.

3.2.3 On an annual basis, Technical Services should transfer part of the clinical waste budget held within the provisional items under the Waste and Street Cleansing contract to the PCT. The amount transferred should cover the cost of the free sharps drop-off service and the annual fee charged by pharmacies to act as a drop-off point (£75 per pharmacy). The cost of operating the free drop-off service must not exceed the annual Technical Services clinical waste budget provision.

3.2.4 The current contract between the PCT and Whiterose expires in April 2008. Technical Services will ask Biffa to provide a new pricing schedule for pharmacy collections. If Biffa's costs are lower than other tenders for the new contract, then consideration should be given to the PCT transferring appropriate responsibility to Technical Services on an annual basis for us to manage the pharmacy drop off scheme. It must be noted, however, that the PCT have expressed a preference to managing the scheme.

## **4.0 FUTURE CONSIDERATIONS: EXPANSION OF THE DROP-OFF SERVICE**

4.1 Members' views are sought at this time as to whether the Council should consider offering more financial support to the drop-off service so that more pharmacies can take part in the scheme. There are three options as follows:

### **Option 1**

The service currently operates at 9 locations. The PCT have proposed to expand the service to 3 more locations in order to gain a better geographical spread across the district. This brings the annual cost of the drop off service to approximately £3600 plus £900 for the fees charged by the pharmacies for acting as a drop-off point. This amount should be contained within existing budget provision held with Technical Services. There is adequate 2007/8 budget to fund the expansion to 12 pharmacies this financial year. This cost may be

subject to an annual collection cost increase, and could change significantly in April when the service is put out to tender.

#### Option 2

If one drop-off location per ward is identified, then the cost of the free drop-off service would be approximately £8250 per annum. This cost may be subject to an annual collection cost increase, and could change significantly in April when the service is put out to tender.

#### Option 3

In order to maximise the availability of drop off points to the public, thereby making the service more convenient and reducing the need for patients to travel unnecessarily, the Council should consider whether the drop-off services should be extended to all pharmacies in the borough who are willing to take part in the scheme. There are 80+ pharmacies in the borough. The service would therefore cost around £30,000 per annum to maintain. Again, this figure may change as a result of the future tendering process.

## **5.0 SUMMARY**

5.1 The Council has an obligation to collect clinical waste from households, but may charge the resident for any additional service it supplies. Due to the high number of self-medicating patients living in Wirral, the costs to operating a free home collection service would exceed £65,000 per annum. Offering free sharps drop-off points at pharmacies for those patients who are able to access the service is a cheaper and more sustainable method of dealing with the majority of self-administered clinical waste that can be hazardous to human health. Increasing the number of available drop-off points would reduce the inconvenience to residents who need to use the service. Therefore consideration should be given to identifying additional financial resources to maximise the use of pharmacies as drop-off points.

5.2 By offering or supporting a comprehensive and accessible sharps drop-off service, the council will reduce the risk of sharps entering the general household waste stream. Evidence of this has already been reported at the new Materials Recovery Facility (MRF) at Bidston. On average, sharps are found by sorting operatives once every two weeks. Approximately 70% of sharps waste discovered at the MRF is medical waste (as opposed to waste arising from illegal drug activity). It is reasonable to assume that the risk of sharps waste entering the residual waste stream is much higher, although it is less likely to come into direct contact with humans.

## **6.0 FINANCIAL AND STAFFING IMPLICATIONS**

6.1 If the PCT continue to manage the drop off service, there are no staffing implications.

- 6.2 If the Council do not support the drop off service and introduce home collections only, then an administrative officer would be required to manage this new service to 13,000 plus households. The additional admin costs can be recovered by charging residents for the service.
- 6.3 If the Council wishes to offer free collections to all self-medicating patients from their homes, the collection costs would exceed £65,000 per annum and additional administrative support would be required at Scale 1 / 2 0.6 FTE.
- 6.4 By approving the financial arrangements detailed in section 3.2 of this report, the Council will incur no financial costs in addition to the existing budget provision.

## **7.0 EQUAL OPPORTUNITIES IMPLICATIONS**

- 7.1 The policy aims to be fair and accessible to all. By funding the PCT's free drop-off scheme, the council is ensuring that those residents who have no alternative but to request a home collection for their clinical waste may do so without charge.

## **8.0 PLANNING IMPLICATIONS**

- 8.1 There are no planning implications.

## **9.0 COMMUNITY SAFETY IMPLICATIONS**

- 9.1 The PCT give out strict guidance on the safe disposal of infectious or hazardous clinical waste to all patients in order to reduce the risk posed to the community and waste collectors. It is the opinion of Technical Services that the PCT's drop-off scheme reduces the very real risk of sharps and other dangerous waste being disposed of in the household waste stream. Technical Services aim to help the PCT by promoting safe disposal and collection points on their own website and through the call centre.

## **10.0 HUMAN RIGHTS IMPLICATIONS**

- 10.1 If a member of the public requests a clinical waste collection from home, Technical Services officers must determine whether the waste is hazardous to health after all usual precautions have been taken (EWC code 20 01 32 and 18 01 03). Medical advice will be sought by completing a referral form that will be sent to the Health Protection Team at the PCT if further assessment is required. This form will contain personal details of the patient relating to their medical illness that the patient has told us. The assessment form will be treated as confidential at all times. Permission will be sought from the patient to send the form to the Health Protection Team prior to dispatch. On return, the form will be held on record confidentially for the period of time the patient is self-medicating, whether the waste is collected in the

household waste stream or via a separate clinical waste collection. The system set up to ensure confidentiality is upheld will be in line with current Council Policy.

## **11.0 LOCAL AGENDA 21 IMPLICATIONS**

11.1 Clinical waste collected separately to the residual household waste stream will be destined for incineration. Incineration is deemed less damaging to the environment than sending waste to landfill. The PCT Pharmacy Drop-off scheme is less “carbon generating” than operating collections from individual households as the journey to the pharmacy is most likely to be undertaken when patients collect a prescription. Collecting sharps containers from 13,000 plus homes would add at least 30,000 road miles, therefore increasing carbon emissions unnecessarily. The PCT’s preferred clinical waste contractor also collects unused medicines from pharmacies, reducing miles travelled even more.

## **12.0 ACCESS TO INFORMATION ACT**

12.1 The Clinical Waste Policy will be published on the Council’s website. Information regarding individual patients will be held in the strictest confidence.

## **13.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

13.1 The PCT would like the council to agree to the expansion of the drop-off service to another 3 pharmacies to give a better spread across the borough, however, not all wards will be able to have a drop-off point due to the restricted amount of current allocated funding. Options 2 and 3 detail how the current service could be expanded into all wards.

## **14.0 RECOMMENDATIONS**

14.1 Members are requested to:-

- (i) Endorse the Clinical Waste Collection policy described in section 3.1 of this report and recommend to Cabinet for approval;
- (ii) Endorse the implementation of Option 1 in section 4 of this report for this financial year; and
- (iii) Request officers to report back to Committee after Biffa Clinical Waste Collection costs to collect from pharmacies have been reviewed and PCT tenders have been received for the renewal of the clinical waste contract to enable further consideration of Options 2 and 3 detailed in section 4 of this report.

DAVID GREEN, DIRECTOR  
TECHNICAL SERVICES



