
Service Specification

Needle and Syringe Programme (NSP)

Service Specification No.	
Service	Needle and Syringe Programme (NSP)
Authority Lead	Lindsay Laidlaw Commissioning Manager Population Health Team Manchester Health and Care Commissioning Mobile – 07903 429041 Email – lindsay.laidlaw@manchester.gov.uk
Provider Lead	
Period	1 May 2021 to 31 March 2022
Date of next Review	1 January 2022

EXECUTIVE SUMMARY

1.0 Overview

- a. Manchester Health and Care Commissioning (MHCC) is commissioning and funding a Level 2 Needle and Syringe Programme (NSP) to ensure people who inject drugs (PWID) have access to clean and safe equipment to prepare and take illicit drugs.

- b. The Contractor (this is the term used throughout this specification to refer to the provider signing up to provide this locally commissioned service) is required to issue and supply injecting equipment in line with 'NICE Public Health Guidance 52: Needle and Syringe Programmes' and offer brief interventions and advice within a community pharmacy setting.

NATIONAL AND LOCAL CONTEXT

2.1 NATIONAL CONTEXT

2.1.1 National Strategy

- a. Drugs and substance misuse impacts on the health and wellbeing of our residents and the safety of our communities. The effects of substance misuse can be far reaching and often complex in nature. [The Government's updated 2017 Drug Strategy](#), outlines a need to do more to address the evolving challenges of drug misuse through effective partnership working between treatment providers, the criminal justice system, housing and employment support.

2.1.2 Overview of commissioning responsibilities

- a. The Health and Social Care Act (2012) divided responsibilities for the commissioning and funding of some health protection and improvement services between local authorities, Clinical Commissioning Groups (CCGs) and NHS England. Local authorities have the lead for improving health and for coordinating efforts to protect public health.
- b. Local authorities are in the main responsible for commissioning and funding local substance misuse services. This includes the commissioning of specialist integrated drug and alcohol services that deliver substance misuse support, to help support citizens to manage their substance misuse or achieve their goal of recovery. Local authorities may also commission and fund other prevention and support programmes to reduce the harm caused by substance misuse, such as needle and syringe programmes (NSP).

2.1.3 Public Health Outcomes Framework

- a. The [Public Health Outcomes Framework](#) sets out a vision for public health. The Framework includes six indicators relating to substance misuse:
 1. [Indicator C19a](#): Successful completion of drug treatment – opiate users
 2. [Indicator C19b](#): Successful completion of drug treatment – non opiate users
 3. [Indicator C19c](#): Successful completion of alcohol treatment
 4. [Indicator C19d](#): Deaths from drugs misuse
 5. [Indicator C20](#): Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
 6. [Indicator C21](#): Admission episodes for alcohol related conditions (narrow)

2.2 Rationale

- a. Community pharmacies can promote health and wellbeing among their local population which includes integrating with existing health and care pathways and

other activities to encourage more people to use their services, in a holistic and non-judgemental way.

- b. Community pharmacies offer accessible healthcare because:
 - 1. Appointments are unnecessary
 - 2. Opening hours are long
 - 3. Many staff are from the local community and understand local culture and social norms
 - 4. Able to offer advice on healthy behaviours and onward referral to other services, if appropriate
- c. Harm Reduction provision, including NSP services exist to reduce the sharing of equipment amongst injecting drug users, to limit the spread of blood-borne viruses such as HIV and Hepatitis. This helps to protect not only the individual drug users, but also the communities they live in. To this end community pharmacy NSP services provide readily available access to sterile injecting equipment for all drug users, especially non-treatment seeking populations where the NSP may be the only contact some people will have with a healthcare professional.

3.0 GREATER MANCHESTER LOCAL PHARMACEUTICAL COMMITTEE

- 3.1 MHCC work closely with the Greater Manchester Local Pharmaceutical Committee (GMLPC) on the development of community pharmacy service specifications and payment tariffs to support and promote standardisation of NSP services across Greater Manchester, whilst ensuring local variation to meet needs.

4.0 MANCHESTER

4.1 Overview of commissioning responsibilities

- a. Manchester Health and Care Commissioning (MHCC) is a partnership between NHS Manchester Clinical Commissioning Group and Manchester City Council (MCC). MHCC is responsible for commissioning and funding health and care services in Manchester. The current contracting responsibility for this service is held by MCC.
- b. MCC commission and fund the integrated drug and alcohol service for Manchester, delivered by 'Change, Grow, Live' (CGL). CGL provide specialist substance misuse support to Manchester citizens across the life course, to reduce the harm caused by drugs and alcohol and work together with partners in supporting individuals to access the treatment they need to reduce dependency, promote recovery, and manage high risk injecting behaviours. CGL also work together with a number of General Practice (GP) surgeries in Manchester to deliver a 'shared care' service within a primary care setting, again commissioned by MCC.
- c. MCC commission a basic community pharmacy NSP in selected community pharmacies across Manchester. This specification to deliver a Level 2 community

pharmacy NSP service will supersede any existing NSP services and all community pharmacy NSP services contracted with MCC from 01.03.2021 will be Level 2, delivering a cohesive and consistent offer across the City.

4.2 Overview of drug misuse prevalence in Manchester

- a. Local prevalence estimates (National Drug Treatment Systems 2016/17) indicate there are 4150 people dependant on opiates (crack/heroin) in Manchester, with a rate of 10.7 per 1000, however we know there is significant unmet need.
- b. In 2018/19, the numbers of all adults within structured treatment were 2515, with the majority of referrals into treatment systems 'self-referral', followed by the criminal justice system. Of those in structure treatment above, 71% of these male however, women in treatment services are more likely to be caring for children.
- c. In 2018/19, 40% of all people in treatment were between the ages of 40-49, with 26% 50-59. The drug using population is getting older, with a greater risk of long-term health conditions.
- d. Drug misuse is a major contributor to premature mortality. People who use drugs are up to ten times more likely to die suddenly or from chronic diseases than people who do not use drugs, with many of these deaths preventable.

AIMS & OBJECTIVES

5.0 AIMS AND OBJECTIVES

5.1 Aims

- a. To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support.

5.2 Objectives

- a. To protect health and reduce the rate of blood-borne infections and drug related deaths among service users:
 - by reducing the rate of sharing and other high-risk injecting behaviours.
 - by providing sterile injecting equipment and other support.
 - by promoting safer injecting practices
 - by providing and reinforcing harm reduction messages.
- b. To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.

- c. To help citizens access treatment services by signposting to the integrated drug and alcohol service for Manchester and health and social care professionals where appropriate.
- d. To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- e. To help citizens to access other health and social care, acting as a gateway to other services.
- f. To aim to reduce the number of drug-related deaths caused by opioid overdose by increasing awareness of symptoms of opioid overdose and how to respond in an emergency
- g. To identify suitable service users and provide harm reduction advice.
- h. To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.
- i. To help citizens access treatment services by signposting to the integrated drug and alcohol service for Manchester and health and social care professionals where appropriate.
- j. To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- k. To help service users access other health and social care, acting as a gateway to other services.
- l. To aim to reduce the number of drug-related deaths caused by opioid overdose by increasing awareness of symptoms of opioid overdose and how to respond in an emergency
- m. To increase the number of people accessing the NSP provision through open-access in a community pharmacy setting.
- n. To provide baseline information in relation to the demand for the service.

OVERVIEW

6.0 SERVICE DESCRIPTION

6.1 General requirements

- a. The part of the pharmacy used for provision of the NSP service is to provide a sufficient level of privacy and safety.

- b. The pharmacy contractor will offer a user-friendly, non-judgmental, client-centred and confidential service.
- c. Pharmacists must have satisfied the Health Education England and Centre for Pharmacy postgraduate education (CPPE) Declaration of Competence for Pharmacy Services – Needle and Syringe Programme Service Declaration of Competence.
- d. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within their own protocols.
- e. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.
- f. The pharmacy contractor should ensure that staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury Standard Operating Procedure (SOP) should be in place.
- g. The pharmacy should maintain appropriate records of exchange activity to ensure effective ongoing service delivery and audit. In order to comply with data collection and invoicing requirements pharmacies will ensure that each exchange is recorded on the PharmOutcomes system.
- h. Appropriate protective equipment, including gloves and overalls should be readily available close to the storage site.
- i. The pharmacy should clearly display the NSP scheme logo indicating participation in the service. Scheme logo stickers can be provided by CGL on request.
- j. It is recommended that staff involved in the delivery of this service are immunised for Hepatitis B.
- k. The frequency of waste collection should be agreed with MCC to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.
- l. Pharmacies are expected to provide people who inject drugs with the supplied injecting paraphernalia packs. The quantity of packs dispensed should not be subject to an arbitrary limit, but rather, should meet individual needs.
- m. Pharmacies are expected to provide NSP services for citizens who are accompanied by children (exceptions at the discretion of the Pharmacist may apply).
- n. Citizens who present at the NSP heavily under the influence of either drugs or alcohol should be advised of the risks of overdose and it should be suggested to them that they return at a later time to obtain an exchange. If the citizen remains persistent, pharmacy staff will issue the smallest pack they have available and make a note on the NSP form.

- o. Pharmacies will offer a user-friendly, non-judgemental and confidential service, and will ensure that all staff involved in the NSP service work within data protection guidelines including any new requirements as a result of the implementation of GDPR.
- p. Pharmacies will contact CGL for advice if they have any concerns regarding the presentation of any citizen in order to maintain effective communication regarding citizens at risk.
- q. Pharmacies will encourage and support users of performance and image enhancing drugs (PIED's) to access harm reduction provision with CGL, in order to receive specific advice and guidance.
- r. Pharmacy staff will advise citizens of CGL, who are the commissioned provider for the integrated drug and alcohol service where they can obtain further harm reduction advice and access to a full range of recovery supported interventions in order to support them to address their substance misuse. The integrated drug and alcohol service will provide information to pharmacies on how to make a referral into treatment services.
- s. Under this service, pharmacies will only provide NSP for individuals who inject illicit substances, use intravenous non-anabolic steroids or image and performance enhancing drugs ([IPED's](#)).
- t. Pharmacies will provide the Commissioner and integrated drug and alcohol service with details of their opening hours and advise in a timely manner of any changes.

6.2 Quality

- a. Pharmacy contractors participating in this service must be delivering essential pharmaceutical services to a satisfactory standard.
- b. The pharmacy contractor has a duty to ensure that pharmacists and technicians involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. As a minimum, this should include awareness training on the need for discretion and the need to respect the privacy of people who inject drugs. The training should also include training on how to treat users of the NSP in a non-stigmatising way.
- c. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken continuous professional development relevant to this service.
- d. The integrated drug and alcohol service will ensure the pharmacy has appropriate harm reduction material available for the user group and will share current health promotion messages via PharmOutcomes.
- e. Pharmacies will provide the Commissioner and integrated drug and alcohol service with details of their opening hours and advise in a timely manner of any changes.

- f. Pharmacies will provide the Commissioner and integrated drug and alcohol service with details of their opening hours and advise in a timely manner of any changes.
- g. The pharmacy will promote the uptake of harm reduction materials and take on the responsibility of providing other health promotion messages as appropriate.
- h. Pharmacies will be expected to act on service user feedback provided by the Commissioner or the integrated drug and alcohol service in order to ensure a high-quality service provision.

6.3 Brief harm minimisation and health promotion interventions

- a. Harm minimisation and health promotions will be undertaken by a pharmacist or other competent technician and may encompass such areas as:
 - Safe injecting techniques
 - Sexual health advice
 - Transmission of blood-borne viruses
 - Wound site management
 - Basic diet and Nutrition advice
 - Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)
 - Taking measures to reduce harm and prevent drug-related deaths
 - Alcohol misuse
 - Tobacco addiction signposting

The integrated drug and alcohol provider will provide all training to contracted pharmacies in respect of the above.

6.4 Population data collection & Information Sharing

- a. The Contractor is required to ensure that wherever possible, for all clients attending the NSP that the relevant PharmOutcomes form is completed which will include:-
 - Date of supply
 - Postcode
 - Initials
 - Gender
 - Date of birth
 - Number of and detail of the NSP equipment provided
 - Number of sharps bins returned
 - Brief harm minimisation and health promotions delivered

Non-provision of this information should not preclude a patient from accessing the NSP service.

- b. Internet access must be available for input of data onto PharmOutcomes
- c. Contracted pharmacy staff should not notify prescribers or other services of a service user's use of the needle exchange or nasal naloxone service without their permission. This is excepting in circumstances where withholding information or seeking the service user's permission to share may put others at risk (e.g. in certain Child Protection or Safeguarding situations).
- d. Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

6.5 Distribution of Equipment

- a. If the service user requests equipment not supplied within the needle exchange programme, the pharmacy will refer them to the integrated drug and alcohol service.
- b. The pharmacy will provide service users with:
 - injecting equipment in a suitable bag
 - information and advice around changing lifestyles
 - basic information on minimising the complications and risks associated with drug use, that will be provided by the integrated drug and alcohol service.
 - information signposting them to substance misuse services within the community

6.6 Management of returns

- a. Each intervention given, should also focus on the return of sharps bins.
- b. Pharmacy staff should encourage a 1-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is NOT necessary for a service user to return used equipment in order that they may receive sterile equipment.
- c. Pharmacy staff should encourage service users to return their used equipment and should enquire if there is a problem that makes it difficult for them to return (for example, lack of transport or fear of police).
- d. Pharmacies should position a returns deposit bin in a convenient location to encourage and facilitate the return of used equipment but having regard to the safety of staff and other users of the pharmacy. The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.
- e. Appropriate protective equipment, including gloves, aprons, masks and materials to deal with interactions or spillages, should be readily available. The pharmacist will ensure that staff are made aware of the risks associated with the handling of returned

used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacy's own safety guidance. A needle stick injury standard operating procedure should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff

6.7 Ordering of NSP Consumables

- a. It is the responsibility of the pharmacy to order consumables required for this service and that stock is maintained to ensure a range of equipment available at all times.
- b. All costs for needle and syringe programme equipment is directly borne by CGL and should be ordered via 'Frontier Services'. CGL will provide training in how to access this service. The free issue of these goods [is not subject to VAT](#).
- c. CGL will advise and support in terms of what can be provided – such as specialist service bulletins/updates, relevant harm reduction advice leaflets.

6.8 Inclusion and exclusion criteria

- a. The NSP service will be available to all presenting adults (aged 18 and over), who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use.
- b. Young people under 18 years old must be sign-posted to the integrated drug and alcohol provider CGL. 'Eclipse' is the Specialist Substance Misuse Service provided by CGL for young people. However, for young people aged between 16 and 18, where there is likely to be a delay in the young person accessing treatment, it may be appropriate to issue a small amount of equipment if it is considered that by doing so the young person will be kept safe from the risk of blood-borne viruses through previously-used equipment. Referral into the [Eclipse Service](#) should be encouraged, and information will be provided on how to access this service.
- c. The NSP will NOT be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which require regular intravenous administration of prescribed medication e.g. insulin/B12. Separate provision exists for these patient groups.
- d. Contracted pharmacies must be committed to ensuring equality of access to the service and that every person associated with this service is treated with dignity and respect. The contractor must ensure that no person is treated less favorably than another because of their age, sex, gender, colour, race, disability, faith/belief, nationality, ethnicity, citizenship, physical appearance, health status, social position, employment status, family/marital status, political belief, trade union membership, sexual orientation or non-relevant previous convictions.

6.9 Referral sources and processes

- a. The Contractor is required to signpost or refer clients to other relevant services, as and when required – e.g. the integrated drug and alcohol service

GOVERNANCE AND OPERATION

7.0 CLINICAL GOVERNANCE

7.1 General requirements

- a. The Contractor is required to ensure compliance with the requirements for clinical governance set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013¹ including to:
- Ensuring the premises are maintained in accordance with the approved particulars for premises²
- b. The Contractor is required to have a clinical governance lead for the pharmacy.

7.2 Clinical skills and competencies

- a. The Contractor is required to ensure that all pharmacists involved in the provision of NSP services have the relevant qualifications, registrations and / or accreditations and must have completed relevant Centre for Pharmacy Postgraduate Education (CPPE) learning:-
- CPPE safeguarding children and vulnerable adults e-learning module³ and the associated learning
 - CPPE substance use and misuse (modules 1-4) and the associated learning
 - CPPE Declaration of Competence for NSP (It is recommended that all registered pharmacy technicians complete the same declaration)
- b. The Contractor is required to ensure that all pharmacists (including locums) have completed and signed the relevant declaration of competence statement. Copies should be kept on file and made available to the Commissioner on request.
- c. The Contractor is required to ensure that each pharmacist has had a Disclosure and Barring Service (DBS) enhanced check. DBS checks should be renewed on a periodic basis in line with best practice guidance.

¹ <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

² See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

³ See: <https://www.cppe.ac.uk/programmes//safegrding-w-05>

- d. PharmOutcomes must be completed at each consultation and securely kept for the minimum time period as stated in this specification.

7.3 Clinical Incidents and reporting

- a. Pharmacies have a legal obligation⁴ to use an approved incident reporting system. Contractors should record, report, and respond to incidents in a manner that complies with the requirements set out in the approved particulars⁵ including but not limited to:
 - 1. Maintaining a patient safety incident log
 - 2. Reporting patient safety incidents to the National Patient Safety Agency (NPSA), via the National Reporting and Learning Service (NRLS)
- b. The Contractor is required, as part of this contract, to inform Manchester Health and Care Commissioning of any and all incidents relating to the NSP service.

7.4 Infection control

- a. The Contractor will maintain their premises to a high standard of cleanliness in order to minimise the risk of healthcare acquired infection for staff and customers.

7.5 Disposal of waste

- a. The system for the review of waste is currently under review, however there will be no financial liability for waste removal by the Contractor. The Contractor will be notified of the system prior to commencement of the service.

8.0 INFORMATION GOVERNANCE

8.1 General requirements

- a. The Contractor must be compliant with the requirements set out in the Information Governance Toolkit. The current version can be found on the website of NHS Digital (also known as the Health and Social Care Information Centre)⁶. The associated assessment should be completed on an annual basis.
- b. The Contractor is required to have an appropriate range of policies, procedures and processes, to secure and protect the personal information of clients in line with the requirements of the law.
- c. The Contractor must ensure that all members of staff (including locums) are aware of their responsibilities in relation to the protection of personal information.

8.2 Confidentiality

⁴ See: <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

⁵ See: <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

⁶ See: <https://www.igt.hscic.gov.uk/>

- a. The Contractor is required to have a confidentiality code of conduct (or similar).
- b. The Contractor is required to ensure that consultations beyond a basic NSP supply occur in a designated room or area. The room or area should allow for the conversation between the pharmacist and the client to remain confidential.
- c. The Contractor is required to ensure that all members of staff (and locums) know and understand their responsibilities in relation to maintaining confidentiality and are able to explain the code of conduct (or similar) to clients.

8.3 Recording

- a. Manchester Health and Care Commissioning (MHCC) requires the Contractor to use Pharmoutcomes to record consultations.
- b. The Contractor is also required to use Pharmoutcomes for the purposes of audit and for generating and submitting invoices to MHCC.

9.0 SAFEGUARDING

9.1 General requirements

- a. The Contractor is required to develop, adopt and implement policies and procedures for safeguarding children and vulnerable adults. These should be developed with reference to the policies and procedures of the [Manchester Safeguarding Partnership](#).
- b. The Contractor is required to ensure that all members of staff (including locums) are aware of their safeguarding duties and responsibilities. Staff should receive initial and refresher training.
- c. The Contractor is required to ensure that all members of staff (including locums) know how to record concerns and refer to local safeguarding teams. Further information can be found at:
<https://www.manchestersafeguardingboards.co.uk/concerned/>

9.2 Child Sexual Exploitation

- a. The NSP service is for citizens aged 18+ however in order to improve the effectiveness of safeguarding and protecting children and young people from child sexual exploitation (CSE), the Contractor is expected to ensure staff are fully able to recognise the signs of CSE and act according to the relevant pathways and procedures. More information on CSE and relevant training can be found on the [Manchester Safeguarding Partnership](#) website.

10.0 PREMISES

10.1 General requirements

- a. Manchester Health and Care Commissioning (MHCC) notes that the Contractor has a legal requirement to develop and implement a premises standards programme. NHS England requires contractors to ensure that their programme sets out how the approved particulars⁷ will be implemented.
- b. The Contractor is required to have a confidential consultation room (or area) where this is required or requested. It must:
 - Ensure that there is sufficient space for customers, patients and staff members;
 - Be kept clean and in good repair
 - Be laid out and organised for the purpose of consulting or providing a healthcare service
 - Be laid out and organised so that, once a consultation has commenced and is in progress, other members of staff (or customers) cannot interrupt the consultation or enter the room / area without permission.
 - Not be used for storage of stock (other than stock that could be used or supplied during a consultation)

11.0 PARTNERSHIP WORKING AND RELATIONSHIPS

11.1 Integration

- a. The Contractor should note that Manchester City Council and NHS Manchester Clinical Commissioning Group have contracted Manchester Local Care Organisation to deliver out-of-hospital health and social care services. The responsibilities for substance misuse may transfer to Manchester Local Care Organisation in due course.

11.2 Relationship with other services

- a. The Contractor is required to develop and maintain links with other relevant services including:
 - The integrated drug and alcohol service provider for Manchester
 - GP practices where relevant
 - Other pharmacies or services relevant to the citizens health and wellbeing.

11.3 Interdependencies

- a. The Contractor should note the following interdependencies:
 1. Pinnacle Health Partnership is the operator of Pharmoutcomes. MHCC requires our contractors to use Pharmoutcomes to record consultations

⁷ See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

2. The Centre for Pharmacy Postgraduate Education (CPPE) offers e-learning for pharmacists and technicians involved in delivering substance misuse interventions.

PERFORMANCE AND OUTCOMES

12.1 Outcomes monitoring

- a. Manchester Health and Care Commissioning (MHCC) anticipates that provision of the Level 2 NSP service will contribute to achieving the following outcomes, which are regularly monitored:

	Outcome	Indicators	Source
1	Increased access to NSP supplies for PWID	Number of community pharmacy NSP interventions	PharmOutcomes
2	Increased harm reduction advice and brief interventions completed	Number of community pharmacy NSP interventions	PharmOutcomes

12.2 Service monitoring

- a. Manchester Health and Care Commissioning requires the Contractor to record all consultations using PharmOutcomes and to submit invoices.
- b. Manchester Health and Care Commissioning will use the data for the purposes of monitoring provision and service demand, audit, and for post-payment verification.

	Key Indicators	Source	Frequency
1	Number of NSP interventions	Pharmoutcomes	Commissioners will extract from Pharmoutcomes on a quarterly basis

12.3 Contract monitoring and compliance

- a. NHS England is responsible for monitoring compliance with the NHS Community Pharmacy Contractual Framework.

- b. Manchester Health and Care Commissioning will monitor compliance with the terms and conditions set out in this contract. Contract officers may visit on an annual basis to monitor performance and contract compliance.

12.4 Complaints, compliments and suggestions

- a. The Contractor is required to have a process for receiving, reviewing, and responding to complaints and suggestions.
- b. The Contractor will inform the Commissioner in the event that a complaint is received regarding the NSP service.

RENUMERATION & FEES

13.1 Fees

- a. Manchester Health and Care Commissioning has set the fees as outlined below. Payment will be made to the Pharmacy Contractor for each exchange transaction or harm reduction information provided if appropriate (a transaction is any amount of equipment given out at any one time.) The Pharmacist should encourage clients to take a supply of equipment in line with NICE guidance. The quantity dispensed should not be subject to an arbitrary limit, but rather, should meet individual needs.

Service Provided	Fee
Annual retainer payment – to support provider to develop skills and experience to deliver the service (ongoing training and management)	£500
NSP – intervention session (including equipment provided) per person. Surrender of equipment is not considered an intervention.	£2

- b. Manchester Health and Care Commissioning reserves the right to revise fees.
- c. Contractors are required to record activity on PharmOutcomes. Invoices for the previous month's NSP activity will automatically be generated through the PharmOutcomes system (date to be agreed). It is the pharmacy contractor's responsibility to ensure that all activity is recorded on PharmOutcomes prior to this date as failure to do so may result in non-payment. Payments will be paid to the agreed bank account details (timeframe to be agreed) for the activity outlined within this specification only.
- d. All Contractors must record activity 'live' on PharmOutcomes during the intervention with patients. If Contractors try to complete interventions retrospectively they may not have asked all of the questions necessary at the time of the intervention to complete the webform correctly.

- e. Manchester Health and Care Commissioning reserve the right to withdraw the NSP contract where there is low demand for the service. In such cases, the Contractor are required to ensure patients are sign-posted to another NSP service or CGL for continuity of care.
- f. The Contractor should ensure Health Education England and Centre for Pharmacy postgraduate education (CPPE) Declaration of Competence for Pharmacy Services – Needle and Syringe Programme Service Declaration of Competence is completed prior to claiming for the initial annual fee on commencement of the service and ensure relevant updates for this (and any other training requirements) are completed prior to invoicing for subsequent annual fees, should the contract be extended.

13.2 Volume

- a. Manchester Health and Care Commissioning is not setting a minimum or maximum number of consultations. However, the Commissioner reserves the right to limit or suspend the service on a temporary basis in the event that demand for provision exceeds the available budget.

13.3 VAT

- a. The Contractor is responsible for any VAT payable. Guidance on VAT for NSP services is available on the HM Revenues and Customs website. The [guidance](#) outlines the service will be a VAT exempt supply where a registered pharmacist:
 - assesses the condition of service users and, where appropriate, provides 1-to-1 health advice or treatment
 - provides 1-to-1 advice to service users about safe injecting techniques
 - where appropriate, provides 1-to-1 advice on dealing with injecting or drug related infections and illnesses

The pharmacist does not need to provide these services to every service user for VAT exemption to apply. However, we would expect the contract to require these services to be provided to service users on request, or where considered appropriate by the pharmacist.

Manchester Health and Care Commissioning consider the NSP service to be a pharmacist led service and the Contractor should be delivering the service in line with the above points.

GUIDELINES

14.0 NATIONAL GUIDELINES

14.1 National Guidelines

NICE Public Health Guidance 52: Needle and Syringe Programmes (National Institute for Health and Clinical Excellence, 2014).

15.0 LOCAL GUIDELINES AND SERVICES

15.1 Local services

[Change Grow Live](#) (CGL) integrated drug and alcohol service

15.2 Safeguarding

Actions and policies with regards to safeguarding adults and children can be found on the [Manchester Safeguarding Partnership](#) (MSP) website. Pharmacies must ensure appropriate policies and procedures are in place to comply with MSP safeguarding requirements (please also see Safeguarding section).

15.3 Point of contact -

The operational contact for the agreement at MHCC/Manchester City Council is:

Lindsay Laidlaw

Email lindsay.laidlaw@manchester.gov.uk

Telephone: 07903 429041

The operational contact for CGL is:

Lisa Collier

lisa.collier@cgl.org.uk

Telephone 07881 340869

Frontier (equipment provider)

Andrea Mulligan

Email amulligan@frontier-group.co.uk

Telephone 07980 303814

16 AGREEMENT TERMINATION

- 16.1 The Commissioner and the provider may agree, in writing, to terminate the contract and, if agreement is reached, the date on which the termination should take effect, with a minimum notice period of 30 days.
- 16.2 The Commissioner will have the right to suspend or terminate delivery of the service if the provider fails to meet the terms of this agreement, including accredited pharmacist status.

16: AGREEMENT VARIATION

- 16.1 The Commissioner reserves the right to vary any part of this agreement at any time as a result of any Act of Parliament or direction of Central Government or outcome of review of audit, providing that no less than 30 days' notice to this effect is given.