Service Specification for the Provision of Needle & Syringe Programme (NSP)

Telford Treatment and Recovery Service (STaRS)

1st April 2025-31st March 2027

Including guidelines for pharmacists and accredited pharmacy technicians

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SERVICE SPECIFICATION

Service	Provision of Needle & Syringe Programme (NSP)
Trust	Inclusion - Midlands Partnership University NHS Foundation Trust
Provider	Telford & Wrekin (STaRS)
Period	**18 Months**
Date of Review	**September 2026 (interim review)**

Service Summary

Midlands Partnership University NHS Foundation Trust is working in partnership with Telford & Wrekin STaRs to provide Needle & Syringe Programme (NSP) and does this via their Inclusion directorate and with the support of third-party suppliers. This Specification and guidelines outline the requirements, background, and the administrative process for the needle & syringe programme.

Provision of Pharmacy services for service users qualify as locally Commissioned 'enhanced' Services under 'The Contractual Framework for Community Pharmacy' and as such participation by community pharmacists in this service remains voluntary and guided by localized need.

The service aligns with the Drug Misuse and Dependence: UK Guidelines on Clinical Management, 2017. These Clinical Guidelines are intended for clinicians (doctors, nurses, psychologists, pharmacists, key workers) providing drug treatment for people who use or are dependent on drugs. The community pharmacy plays an integral role in the delivery of evidence- based treatment for drug use by supporting interventions for different types of drug problems in different treatment settings. This impacts positively on levels of drug use, offending, overdose risk and the spread of blood-borne viruses.

1. Purpose

Aims and Objectives

- 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 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.
  - By providing OD advice and Naloxone
- 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.
- To help service users access treatment by offering referral to STaRS Adult substance use services and Health and Social care professionals where appropriate.
- To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- To help service users access other health and social care and to act as a gateway to other services.
- To reduce the number of drug related deaths associated with opioid overdose.
- To help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.)

- Provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.

Evidence Base

This specification adheres to the principles and standards laid down in the key national guidance documents and any subsequent documents published during the duration of the contract. The key documents that support the service specification are detailed below, but this is not an exhaustive list:

- From Harm to hope: A 10 year strategy From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)
- Shooting up: Infections and other injecting -related harms Shooting Up: infections and other injecting-related harms (publishing.service.gov.uk)

Expected Outcomes

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2. Service Scope

Service Description

The service is for residents of Telford & Wrekin, aged 18 years and over.

The service will be delivered by community pharmacy and the service specifications requires that an accredited pharmacist or accredited technician be available to oversee the scheme for a minimum 60% of the working week. The supply of needles and associated paraphernalia should be undertaken by a registered pharmacist or registered pharmacy technician whose personal competence allows them to do so.
Pharmacies will provide access to sterile needles and syringes and sharps containers for return of used equipment.

There should be always adequate and suitably trained pharmacy support staff in the pharmacy to support the pharmacist in the operational elements of the service and help ensure the safe and smooth running of the service. This includes ensuring that support staff are familiar with, have access to and operate within the standard operating procedure.

All staff, including locums, should be aware of their roles and responsibilities and the service provision. It is the responsibility of the superintendent pharmacist to ensure locum staff and other pharmacists are aware of the requirements have the appropriate level of training to deliver this service. Where an accredited pharmacist or accredited technician leaves the pharmacy, a three-month period will be given to ensure new accreditation can be undertaken.

The pharmacy contractor must ensure that standard operating procedures are in place, reviewed as appropriate, read and signed by relevant staff members and pharmacists.

Accessibility/acceptability

The service is available to people who are 18 years and over.
Priority groups include:

- Homeless and people who are street homeless and inject substances.
- People who undertake sex work.
- People who are pregnant and inject substances.
- People who are new to injecting substances.
- People released from prison.

Whole System Relationships
UK Health Security Agency
Office for Health Improvement and Disparities (OHID)
General Pharmaceutical Council (GPhC)
NHS England
Local CDLIN

Interdependencies

Reporting –
PharmOutcomes
LPC – Community Pharmacy Telford & Wrekin

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Governance

The service delivered must be to the standard specified and comply with the legal and ethical boundaries of the profession. Should an issue be identified an action plan will be produced following the process below:

- Parties will identify any issues and will agree with the named pharmacist an action plan.
- Inclusion Services will issue written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
- Inclusion Services will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans have been completed.
- If any further action needs to be taken, this will be documented, and new timescales agreed.
- If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.

The pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to the Inclusion governance team and the GPhC as appropriate.

Training & Education
The Declaration of Competence (DoC) system has been developed to support you in assuring commissioners that you are service-ready and have the appropriate knowledge, skills and behaviours to deliver high-quality, consistent services.
A DoC will be required as proof of accreditation. This DoC will ensure that pharmacy professionals have a knowledge and understanding of the legal and professional issues, clinical management and common practice relating to substance Use and Use in pharmacies. This should be evidenced on PharmOutcomes. A new DoC must be provided at least once every two years.

Pharmacists, pharmacy technicians and locums involved in the provision of this service must have completed or plan to complete within **3 months** of providing the service. Failure to do so will result in non-payment.

- The CPPE assessment for substance use and Misuse- delivering pharmacy services (2021)
- The CPPE assessment anabolic steroids (2021)
- The declaration of competence (DoC) "Needle and syringe programme NSP".

- The CPPE assessment for safeguarding children and vulnerable adults' level 2

Permission to share CPPE data with PharmOutcomes MUST be given by the individual practitioner (specific tick box on the DoC)

Additional training will be provided through Inclusion's Training Lead and includes, but not limited to:

- Overdose Awareness and use of naloxone.
- Drug and Alcohol Awareness.
- Harm Reduction advice and information.
- Relapse Prevention.

3. Service Delivery

Service Responsibilities

- Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment.
- Associated materials, for example service literature, citric acid, and swabs, to promote safe injecting practice and reduce transmission of infections by people who use substances will also be provided. Pharmacies will offer a user-friendly, non-judgmental, client-centered, and confidential service.
- The pharmacy will provide support and advice to the person using the service, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The pharmacy will promote safe practice to the person, including advice on sexual health and sexually transmitted infections (STIs), HIV and Hepatitis C transmission and Hepatitis B immunisation.
- The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have completed the training and are aware of and operate within local protocols.
- The pharmacy will allocate a safe place to store equipment and returns of sharps for onward disposal.
- The pharmacy contractor will ensure that the 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 and visible to all staff.
- The pharmacy contractor will maintain appropriate records to ensure effective ongoing service delivery and audit. These records must be maintained electronically on PharmOutcomes, and each client recorded should be completed in full.
- Client records that are incomplete may result in non-payment of fees for those clients.
- Appropriate protective equipment, including gloves, overalls, and materials to deal with spillages, should be readily available close to the storage site.
- It is strongly recommended that staff involved in the delivery of this service should be offered immunisation for Hepatitis B.
- Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- The contracted supplier will provide the exchange packs and associated materials and will commission a clinical waste disposal service for each participating pharmacy. The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.
- The contracted supplier will advise on arrangements for ordering equipment and disposal of used equipment.
- Packs should be ordered on a weekly basis as needed. Orders should be placed directly with the named supplier (as directed by STaRS) and will be delivered within 2 working days. Pharmacies should hold only 2 weeks of stock.
- Contractors are responsible for ensuring they have sufficient sharps bins in the pharmacy to enable them to deal with demand and not put staff at risk.
- STaRS will provide an electronic framework for the recording of relevant service information for the purposes of audit and the claiming of payment via the PharmOutcomes website.
- STaRS will provide relevant health promotion material for this service which will be made available to people using the service and the pharmacies.

Quality Indicators

- The contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance use, and drug treatment as made available by STaRS.
- The contractor will have standard operating procedures and a risk assessment in place specific to their individual premises. The pharmacist will review the risk assessment on an annual basis.
- The pharmacy can demonstrate that pharmacists (including locums) and staff involved in the provision of the service have undertaken CPD relevant to this service and are familiar with the requirements of this service specification.
- The pharmacy can demonstrate that the return of used equipment is discussed and promoted at each contact and that all returns are recorded on PharmOutcomes.
- The pharmacy undertakes the exchange in an area that ensures a sufficient level of privacy and safety.
- The pharmacy co-operates with any local assessment of service and service user experience, including use of "mystery customers".
- The pharmacy provides harm reduction information to each person that accesses the service.
- The contractor must have a system in place that ensures that NHS email messages are checked daily and any messages on PharmOutcomes are actioned appropriately.
- The contractor should ensure that there are adequate support staff, including staff specifically trained to support this service in the pharmacy to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe running of the service.
- Please note that it is a requirement of the scheme that the pharmacy has in place a child protection / safeguarding policy and that all staff are aware of the content and adhere to it.
- The contractor will ensure that appropriate professional indemnity insurance is in place.

4. Service Standards and Requirements

Guidance as per the following links:

- https://www.nice.org.uk/Guidance/TA114
- https://www.pharmacyregulation.org/standards/standards-registered-pharmacies
  https://www.pharmacyregulation.org/standards-for-pharmacy-professionals
- https://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/methadone-dispensing/
- https://www.england.nhs.uk/wp-content/uploads/2013/11/som-cont-drugs.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214915/15-02-2013-controlled-drugs-regulation-information.pdf
- https://www.cdreporting.co.uk/
- https://www.cppe.ac.uk/gateway/substance
- https://www.cppe.ac.uk/programmes/l?/Substance-A-12

5. Referral, Access and Acceptance Criteria

Geographic coverage/boundaries
Patients known to the Staffordshire Drugs & Alcohol Treatment Services

Location(s) of Service Delivery
Pharmacy address *(pharmacy contractor to complete)*

Days/Hours of operation

Pharmacy hours

Referral processes
Referral via email (using pharmacy nhs.net account) or telephone to STaRS.

Exclusion Criteria

- People requiring access to needles and other injecting paraphernalia that is for other medical conditions or procedures (i.e. diabetes, aesthetics)
- Persons under 18 years are excluded.

6. Patient and Carer Information

- The Pharmacy Contractor should maintain appropriate records using PharmOutcomes.
- The Pharmacy is required to record each day the supply of any needles. The reporting is in two parts, client registration and client supply. The client ID will be in the form of initials followed by date of birth.
- The Pharmacy Contractor will be responsible for ensuring that access to the system is maintained for current pharmacy staff only to ensure the security of service user information.
- Pharmacists are responsible for maintenance of each client's patient medication record.

7. Continuity arrangements

7.1 Where a service is delivered from the Pharmacy Premises:

7.2 Continuity arrangements:

7.2.1 **Minor disruption (1 day) -** The Sub-Contractor will assess the severity of the incident and its possible consequences. If the incident is unlikely to escalate, then control of the incident will be undertaken locally.

7.2.2 **Medium/short term (2-7days) disruption -** Where the incident is deemed to result in minor disruption to the service, and the incident is unlikely to escalate, the Sub-Contractor will then inform the Head Provider and of the decision to manage the incident locally.

7.2.3 **Major/long term (>7 days) disruption -** Where the incident is deemed to result in a major/long term disruption to the service, the Sub-Contractor must inform the Head Provider immediately and convene a meeting to discuss the continuity of the service.

7.2.4 **Pharmacy Business Continuity Requirements**

- The Pharmacy contractor is responsible for ensuring adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities, and system failures appropriate to the service and to notify the Service if such arrangements are put into place.
- In the event of a pharmacy being unable to provide needle exchange for any reason the Service must be notified immediately. All reasonable measures must be taken to ensure continuity of supply.
- The pharmacy contractor should be aware of:
    - The legal obligation to report certain incidents to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
    - If there is a temporary suspension of pharmaceutical services for unplanned reasons, NHS England to be notified as soon as possible.
    - Any controlled drugs issues should be reported to the CD Accountable Officer's (CDAO) team for NHS England via the web-based CD reporting tool www.cdreporting.co.uk

8. Quality and Performance Standards

8.1 Monitoring Requirements

The Provider shall participate in audits of compliance as required by the Trust and agree to action plans to address areas of non-conformance as appropriate.

The Service reserves the right to carry out an audit of needle and syringe provision and audit against the client record on PharmOutcomes. Pharmacists will:

- Participate in organised audit of service.
- Co-operate with any locally agreed assessment of service user experience.
- Demonstrate that key staff have undertaken continuous professional development (CPD) relevant to this service.
- The service will review the service provision, on a regular basis as well as responding to issues which may require a more urgent review.
- Health and safety training must be provided to staff and remains the responsibility of the pharmacy contractor to do so. In addition, the pharmacy contractor must advise the service user regarding on-going health concerns and refer or signpost into primary care or specialist services.
- The pharmacy contractor will provide advice and display health promotion leaflets relating to harm reduction. They will advise the service user regarding reducing the harms associated with substance use as appropriate.

Incidents

Reportable incidents will be reported in line with local and national guidelines. The Pharmacist will provide full details of the incident to the Service/ Prescriber.

All incidents will be investigated by the Service who may require further details to help with the investigation. Incidents will be recorded by the Service on their local reporting system. The Pharmacy should still report incidents via their own reporting system. Learning outcomes from all incidents will be shared between the Service and Pharmacy, in line with national guidance.

8.2 KPIs

Performance Indicator	Indicator	Threshold	Method of Measurement	Consequence of breach
Data Reporting	Receiving data report as required from PharmOutcomes	100%	Monthly Report	Service review
Incident Reporting	Any incidents raised to the Service within 24 hours	100%	Ad hoc	Service review
Controlled Drug Incident Reporting	Any incidents raised to the Service within 24 hours	100%	Ad hoc	Service review
Communication	Trust to Pharmacy, and vice versa, communication between valid email addresses to address incidents, patient on boarding or other queries: Urgent – 3 hours High – 1 working day Low – 3 working days	100%	Email time stamps	Service review

9. Activity

9.1 Indicative Activity Plan

Activity entered on PharmOutcomes will allow for robust monitoring and auditing of provision, ensuring compliance with the terms of this specification.

9.2 Capacity/Workforce

Appropriately qualified individuals as defined within this specification.

Trust Contact Details:

Service Lead

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10. Prices & Costs

10.1 Price

£2.00/pack supplied

Commented [AA2]: No uplift

To claim the pharmacy contractor will need to input on PharmOutcomes, so once a pharmacy has entered data, payment will be processed at the end of the month(within 30 days of receipt of Invoice).

Payment for service provision is generated via activity entered onto the internet-based software system, PharmOutcomes. All activity must be recorded on PharmOutcomes at the earliest opportunity as invoices are generated monthly, allowing a two-week period for retrospective data to be entered. If data is entered outside of this period, it will be paid at the discretion of the Service.

This information will be used to calculate payment for services, determine stock replenishment, and identify waste collection requirements.

An interim review will take place mid-way through the contract period (between the Telford & Wrekin STaRs, the LPC and Inclusion). Any amendments will be accepted via a three-way agreement between all parties.

11. Exit Arrangements

11.1 Exit arrangements

- This enhanced service agreement is awarded on the basis that there has been an identified and on-going need in the area for this service provision.
- This service agreement may be terminated by either party by the giving of three months' notice in writing.
- Failure to comply with the terms of this contract may result in the withholding of payment for the service.
- Changes in accredited pharmacist providing the service to be communicated to STaRS by email

Signed and Agreed on behalf of the Head Provider by:	**Signed and Agreed on behalf of the Provider by:**
Signature	Signature
Designation Head of Procurement	Designation
Date	Date

The below embedded NHS Sub-Contract terms are applicable to this Agreement:-

NHS-template-sub-contract-for-the-provis