



Department for People

SERVICE SPECIFICATION FOR

**LOT 3: COMMUNITY NEEDLE & SYRINGE
PROGRAMME FOR PEOPLE WHO INJECT
DRUGS**

IN PHARMACIES

01 April 2026 – 31 March 2029

SUMMARY OF SERVICE PROVISION IN PHARMACIES

The pharmacies in South Gloucestershire offering the Needle and Syringe Programme (NSP), are required to:

1. Provide a pharmacy-based NSP, which has easy access, is user-friendly and respects the confidentiality of people who inject drugs (PWID)
2. Dispense free needles, syringes and information packs, as well as dispensing machine tokens. The issuing of new needles and syringes should not be refused solely on the basis that the PWID has not returned a sharps container
3. To provide harm reduction advice, including relevant health advice, and proactively promote support available from South Gloucestershire Drug & Alcohol Recovery Services, including how to access these services
4. Support reduction of the risks of needle stick injuries and communicable diseases through maximising safe disposal practices and raising awareness that used equipment can be safely stored and returned for disposal.
5. Promote access to Blood Borne Viruses testing and the availability of Naloxone, accessible via the main South Gloucestershire Drug and Alcohol Service
6. Ensure that staff undertake relevant training to enable them to competently provide the service, including knowledge of the range of drugs injected and where and how to access treatment services
7. Comply with regulations and follow good clinical guideline practices issued by CQC, NICE, Department of Health or another Regulatory Body

1 Introduction

- 1.1 This service specification sets out the requirements for the provision of the Needle and Syringe Programme (NSP) within a pharmacy, commissioned by South Gloucestershire Council.
- 1.2 The specification includes all the essential elements of the service and forms part of the contract documentation
- 1.3 This specification will apply until further notice. The views of customers, carers and providers will be considered in any review of the specification or service evaluation during that time, and their views will be welcomed at any time
- 1.4 Further information can be obtained from the South Gloucestershire Public Health and Wellbeing Division, publichealthsouthgloucestershire@southglos.gov.uk.

2 Background

- 2.1 The community NSP is based on the principle of a free service for people who inject drugs (PWID), aimed at, but not dependent on, securing a one for one exchange of new equipment for used equipment. It is far more important that new equipment is provided when requested,

and the opportunity used to deliver a harm reduction intervention and link with services, rather than withholding new equipment because none is returned

- 2.2 The background of the NSP is to ensure engagement with high-risk PWID who may not be working within current services. NSP's are recommended in the Department of Health's Drug Misuse and Dependence Guidelines and seek to reduce associated harm by ensuring sterile injecting equipment is distributed and, where possible, collected once used. The programme also aims to protect PWID and wider communities by managing and monitoring inappropriate and potentially dangerous injecting practices and ensure disposal and storage of equipment is safe
- 2.3 This programme is available to those potentially using needles; this could include heroin, crack cocaine, amphetamines, and other injectable substances. It does not extend to those injecting for medical use, for example, insulin dependent diabetics.
- 2.4 PWID who are under the age of 18, using substances and/or alcohol, must be supported to access specialist young people's services immediately. This can be done by emailing ypservice@southglos.gov.uk. However, their age should not preclude them from receiving a service
- 2.5 It is recognised that not all PWID want to lead abstinent lifestyles, therefore a harm reduction approach must be applied. This approach does not encourage a substance using lifestyle, but uses a non-judgemental approach to engage people who are placing themselves, and potentially others, at risk
- 2.6 Harm reduction can cover various approaches, including:
 - Actions to reduce the risk of drug related deaths
 - Overdose Awareness training
 - Access to Hepatitis, HIV, and syphilis testing
 - Support to access Hepatitis B vaccination
 - Provision of a range of sterile injecting equipment and paraphernalia
 - Provision of safer injecting information and other health promotion information
 - Sexual health information and condoms as some blood borne viruses can also be transmitted to sexual partners
 - Building trusting relationships to encourage PWID into treatment

3 Support offered via the Needle and Syringe Programme

- 3.1 To provide a free NSP for PWID, reducing the need to share or re-use equipment
- 3.2 Reduce potential of harm from blood borne viruses and bacterial infections, by increasing access to sterile injecting equipment and safe disposal facilities
- 3.3 Provide a pharmacy based NSP, which is easily accessible, user-friendly and respects the confidentiality of the PWID

- 3.4 To provide harm reduction advice, including relevant health advice, and proactively promote support available from South Gloucestershire Drug & Alcohol Recovery Services, including how to access these services
- 3.5 To raise the awareness of community pharmacists and their staff on issues relating to substance use
- 3.6 Minimise risks to the public from used needles and equipment, through the provision of safe used needle disposal points
- 3.7 Promote access to Blood Borne Viruses testing and the availability of Naloxone, accessible via the main South Gloucestershire Drug and Alcohol Recovery Service
- 3.8 Encourage multi-disciplinary working and collaboration in the provision of services for PWID

4 Service provision in pharmacies

- 4.1 Ensure that staff undertake relevant training to enable them to competently provide the service, including knowledge on the range of substances injected and where and how to access treatment services
- 4.2 Dispense free needles, syringes and information packs, as well as dispensing machine tokens. The issuing of new needles and syringes should not be refused solely on the basis that PWID have not returned a sharps waste container
- 4.3 Offer a compassionate, non-judgemental service to PWID, recognising their complex needs
- 4.4 Provide additional advice or information regarding harm reduction
- 4.5 Store the returned waste containers safely in the large sharps bin provided to pharmacies. PWID must ensure the waste container they are returning is locked down. Pharmacy staff must observe PWID placing their waste container in the pharmacy's sharps bin
- 4.6 Ensure that pharmacy waste bins are sited so that they are accessible for PWID to deposit their waste container, but away from the public, and in accordance with Health & Safety regulations. This bin is only for NSP use and not for disposal of other clinical waste
- 4.7 Log details of each needle and syringe pack dispensed on the quarterly monitoring form and enter the details on PharmOutcomes
- 4.8 Return quarterly monitoring forms by the dates indicated below:
 - 4.8.1 By 15 July for quarter 1 (April-June)
 - 4.8.2 By 15 October for quarter 2 (July-September)
 - 4.8.3 By 15 January for quarter 3 (October-December)
 - 4.8.4 By 15 April for quarter 4 (January-March)
- 4.9 Facilitate at least one monitoring visit per annum by a member of the Public Health team or South Gloucestershire Drug & Alcohol Recovery Services if needed and allow auditing of the programme to take place

- 4.10 Advise injecting PWID about the mobile NSP provided by the community drugs & alcohol service, which provides a range of needle sizes and targeted harm reduction advice (e.g. regarding blood borne viruses, risks to groin injectors)
- 4.11 Ensure the programme is strictly confidential and there is opportunity for the PWID to discreetly ask for NSP support, information and equipment

The Public Health Team will (via the community drugs & alcohol service provider):

- 4.12 Provide packs of needles and syringes for injecting to PWID free of charge
- 4.13 Provide tokens for access to NSP dispensing machines
- 4.14 Provide advice and support in order that pharmacies may carry out their responsibilities in relation to the programme. This includes at least one pre-arranged visit to the pharmacy per annum
- 4.15 Provide support to pharmacies, when they exercise the right to refuse or exclude PWID where behaviour is unacceptable
- 4.16 Provide initial training and refresher training on NSP and harm reduction advice
- 4.17 The Public Health Team will also provide strategic management of the programme

5 Accreditation

- 5.1 The Provider must conduct the Programme in accordance with the Law and Good Clinical Practice and must, unless otherwise agreed (subject to the Law) with the Council in writing, comply where applicable, with the registration and regulatory compliance guidance of CQC and any other Regulatory Body
- 5.2 Respond, where applicable, to all requirements and enforcement actions issued from time to time by CQC or any other Regulatory Body
- 5.3 Consider and respond to the recommendations arising from any audit, death, Serious Incident report or Patient Safety Incident report. Where appropriate, the pharmacist will be invited to be involved in the death review process, or can request to be part of the review, when a PWID they have had contact with dies. This process is a learning, not blaming, process
- 5.4 Comply with updated recommendations and guidance issued by NICE and other Competent Bodies
- 5.5 Respond to any reports and recommendations made by Local Health Watch; and comply with the Quality Outcomes Indicators
- 5.6 The Pharmacy must have in place systems for seeking and recording specialist professional advice and must ensure that every member of staff involved in the provision of the Programme receives: proper and sufficient continuous professional and personal development, training and instruction; and full and detailed appraisal (in terms of performance and on-going education and training), in accordance with Good Clinical Practice and the standards of any applicable relevant professional body
- 5.7 Good Clinical Practice means using standards, practices, methods and procedures conforming to the Law and using that degree of skill and care, diligence, prudence and foresight which would reasonably and ordinarily be expected from a skilled, efficient and

experienced clinical services provider, providing services the same as or similar to the NSP, as applicable

5.8 Guidance means any applicable Local Authority, health, or social care guidance, direction, or determination which the Council and/or the Pharmacy have a duty to have regard to including any document published under section 73B of the NHS Act 2006

5.9 The service specification may be used to set out clinical governance processes and requirements relating to clinical effectiveness, user experience and user safety of that service. Although the Authorities should not place themselves in a position whereby, they will be signing off those policies as this should be the responsibility of the pharmacy

5.10 Law means:

5.10.1 Any applicable statute or proclamation or any delegated or subordinate legislation or regulation

5.10.2 Any applicable European Union directive, regulation, decision, or law

5.10.3 Any enforceable community right within the meaning of section 2(1) European Communities Act 1972

5.10.4 Any applicable judgment of a relevant court of law which is a binding precedent in England and Wales

5.10.5 Requirements set by any Regulatory Body

5.10.6 Any applicable code of practice

5.11 Regulatory Body means any statutory or other body having authority to issue guidance, standards, or recommendations with which the relevant Party must comply or to which it must or should have regard, including:

- CQC
- NHSTDA
- NHS England
- The Department of Health
- NICE
- Healthwatch England
- General Pharmaceutical Council (GPHC)

6 Review and audit

6.1 An annual review of this agreement will be conducted through various methods by the South Gloucestershire Public Health and Wellbeing Division, including audit and discussion with relevant pharmacy staff

6.2 Any concerns will be raised with the pharmacy in a timely way by South Gloucestershire Public Health and Wellbeing Division

6.3 The pharmacy should maintain an effective system for Quality Assurance based on the outcomes for PWID, in which standards and indicators to be achieved are clearly defined and regularly monitored in line with NICE

6.4 The pharmacy will have responsibility for the monitoring of their programme and maintaining sufficient records for this purpose. These records should be retained and kept up-to-date and

made available on request for inspection by a nominated representative of the South Gloucestershire Public Health and Wellbeing Division

- 6.5 The pharmacy will have a system in place to identify and implement continuous and sustainable improvements in the quality of the service. Details of improvements should be provided to the South Gloucestershire Public Health and Wellbeing Division on request
- 6.6 Outcomes from the Quality Assurance process will be made available to PWID, carers, and all stakeholders including the Department
- 6.7 Pharmacy contractors must have adequate mechanisms and facilities including premises and equipment as are necessary to enable proper provision of these services. Relevant minimum legal requirements and standards must be met
- 6.8 The pharmacy must have appropriate health promotion material available for the user group and promote its uptake
- 6.9 The pharmacy will review its standard operating procedures and the referral pathways for the service on an annual basis
- 6.10 The pharmacy will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service
- 6.11 The pharmacy will co-operate with any local assessment of PWID's experience

7 Payment

- 7.1 Pharmacies delivering activity in accordance with this service specification will receive £100 per quarter, plus £1.50 for each needle and syringe pack dispensed. This payment will be processed through PharmOutcomes. In extreme circumstances, if PWID require alternative equipment, the Council will pay an additional £1.50 per transaction. For the avoidance of doubt, the Council will not pay per single item if multiple items are required. For example, foil, spoons, and needles will be defined as one transaction. All additional transactions will be monitored
- 7.2 To qualify for payment, the Pharmacy must be signed up to the service specification . For the avoidance of doubt, this means a contract signed by both the Council and Pharmacy.
- 7.3 Payments will be made quarterly in arrears.
- 7.4 The £100 per quarter payment will only be made where pharmacies have undertaken activity within the quarter.
- 7.5 The deadlines for completion of Monitoring forms are below.
 - 7.5.1 Q1 claims submitted by end of day on the 12th July
 - 7.5.2 Q2 claims submitted by end of day on the 12th October
 - 7.5.3 Q3 claims submitted by end of day on the 12th January
 - 7.5.4 Q4 claims submitted by end of day on the 12th April

Claims will then be checked and processed. Claims not uploaded by the dates outlined above may result in delayed payments as these will only be processed in the next quarter.