

Service Specification

Naloxone Distribution

Service Specification No.	N/A
Service	Naloxone Distribution
Authority Lead	Manchester Public Health Team, Manchester City Council (MCC)
Provider Lead	Various community pharmacies across Manchester
Period	1 April 2023 – 31 March 2025
Date of next Review	March 2024

EXECUTIVE SUMMARY

1.0 Overview

- a. Manchester City Council (MCC) is commissioning and funding the distribution of Nyxoid nasal spray (1.8mg naloxone hydrochloride), here on referred to as Naloxone. Naloxone is an emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine, and fentanyl). The main life-threatening effect of heroin and other opiates is to reduce and stop breathing. Naloxone blocks this effect and reverses breathing difficulties.
- b. Naloxone is a prescription only medication (POM). However, Human Medicines Regulations¹ allows the formulations listed above to be supplied without a prescription, PGD or PSD by a drug treatment service including community pharmacy commissioned by a local authority or the NHS to any individual needing access to Naloxone for saving a life in an emergency to someone who is at risk of opioid overdose. This includes carers, relatives or friends and others who may be involved in the management of overdose, for example hostel staff or those working in substance misuse services.
- c. Therefore, 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 Naloxone 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. 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 Drug Strategy, '[From Harm to Hope](#)', was published in December 2022 and outlines a need to do more to address the prevalence of drug related deaths, and 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 (2022) divided responsibilities for the commissioning and funding of some health protection and improvement services between local authorities, NHS Integrated Care Boards (ICBs) and NHS England. Local authorities have the lead for improving health and for coordinating efforts to protect public health.

¹ Human Medicine (Amendment) (No. 3) Regulations 2015 (2015/1503), further amended in February 2019

- b. Local authorities are in the main responsible for commissioning and funding local substance misuse services. This includes the commissioning of specialist drug and alcohol services that deliver treatment and 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 Naloxone distribution.

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:
- Appointments are not necessary
 - Opening hours are long
 - Many staff are from the local community and understand local culture and social norms
 - They can offer advice on healthy behaviours and onward referral to other services, if appropriate
 - Pharmacies may also offer other related substance misuse harm minimisation interventions (such as needle and syringe programmes) that can support a broader harm reduction offer.
- c. Harm reduction provision, including Naloxone distribution services, exist to reduce drug-related deaths. They help to protect not only the individual drug users but also the communities they live in. To this end community pharmacy Naloxone distribution services provide readily available access to Naloxone for all drug users and their contacts (such as family, carers and friends), especially non-treatment seeking populations where Naloxone distribution services may be the only contact some people will have with a healthcare professional.

3.0 GREATER MANCHESTER LOCAL PHARMACEUTICAL COMMITTEE

- 3.1 MCC works 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 locally commissioned services across Greater Manchester, whilst ensuring local variation to meet needs.

4.0 MANCHESTER

4.1 Overview of commissioning responsibilities

- a. MCC commissions and funds the integrated drug and alcohol service for Manchester, delivered by 'Change, Grow, Live' (CGL). CGL provide specialist substance misuse treatment and support to Manchester residents across the life course, to reduce the harm caused by drugs and alcohol and work together with partners to support residents to access the treatment they need to reduce dependency, promote recovery, and manage high risk injecting behaviours. CGL also work together with Ancoats Urban Village Medical Practice in Manchester to deliver a drug misuse shared care service within a primary care setting, again commissioned by MCC.

4.2 Overview of drug misuse prevalence in Manchester

- a. It is estimated that there are 4,150 people dependant on opiates (crack/heroin) in Manchester, with a rate of 10.7 per 1000.
- b. In 2020/21, service provider data recorded the numbers of all adults within structured treatment as 2290, with most of the adults self-referring. Of those in structured treatment, 69% were male.
- c. In 2020/21, service provider data recorded 42% of all adults in treatment were between the ages of 45-54 and 25% aged 35-44. 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 deemed preventable.

AIMS & OBJECTIVES

5.0 AIMS AND OBJECTIVES

5.1 Aims

- a. To reduce drug-related harm and deaths caused by opioid overdose by increasing awareness of symptoms of opioid overdose together with the knowledge and means to respond in an emergency.

5.2 Objectives

- a. To increase overdose awareness knowledge, informing clients and appropriate others about harm reduction and the benefits of Naloxone to help reduce the rate of drug related deaths associated with opiate use. We know that most fatal overdoses can be avoided with certain interventions. Risks relating to opioid overdoses can include:
 - Injecting alone
 - History of a recent non-fatal overdose

- Other drugs in use
 - Not being in treatment
 - Other people present not recognising the signs of overdose
- b. To actively identify opportunities to supply suitable clients with Naloxone through engagement in community pharmacy. This service is particularly aimed at those accessing needle exchange and/or opioid substitution therapy. However, it can also include other contacts such family, friends, carers, hostel managers or anyone witnessing a potential overdose. Anyone can administer Naloxone for the purpose of saving a life.
- c. To help individuals access treatment services by signposting to the integrated drug and alcohol service in Manchester and health and social care professionals where appropriate.
- d. To maximise the access and retention of people who use drugs, particularly those not already engaged in treatment services, highly socially excluded, homeless, and other vulnerable groups.
- e. To identify drug users and provide harm reduction advice.
- f. To help individuals using this service to access other health and social care services if required.
- g. To provide baseline information in relation to the demand for the service.

OVERVIEW

6.0 SERVICE DESCRIPTION

6.1 General requirements

- a. Provision of and training in how to administer Naloxone to opiate users and their contacts (family, friends, carers, support workers, etc).
- b. The area of the pharmacy used for provision of the Naloxone distribution service is to provide a sufficient level of privacy and safety.
- c. Pharmacies will offer a user-friendly, non-judgemental and confidential service, and will ensure that all staff involved in the Naloxone distribution service work within data protection guidelines including any new requirements as a result of the implementation of GDPR.
- d. Pharmacists and relevant staff must complete Naloxone training (as described in 7.2a).
- e. 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.

- f. The pharmacy will allocate a safe place to store Naloxone. Naloxone has been subjected to stability studies at 40 degrees centigrade which showed the product shelf life was fully compliant at this temperature for up to 6 months. However, it should be protected from light. Inappropriate storage and handling may shorten the shelf life.
- g. When Naloxone is supplied, the individual in receipt of the supply should be advised to return the Naloxone to the pharmacy before the expiry date and collect a further supply. Pharmacies will be re-imbursed by Public Health if disposal of expired Naloxone stock is required.
- h. The pharmacy should maintain appropriate records of distribution activity to ensure effective ongoing service delivery and audit. In order to comply with data collection and invoicing requirements pharmacies must ensure that all distribution is recorded on the PharmOutcomes system.
- i. The pharmacy should clearly display the Naloxone scheme logo indicating participation in the service. Scheme logo stickers will 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. A single pack (containing two nasal spray units) should be dispensed per transaction. Professional discretion can be used to determine if more should be provided.
- l. Pharmacies are expected to provide Naloxone distribution services for individuals who are accompanied by children (exceptions at the discretion of the Pharmacist may apply).
- m. Pharmacies will contact CGL for advice if they have any concerns regarding the presentation of any individuals, in order to maintain effective communication regarding individuals at risk.
- n. Pharmacy staff will advise individuals about the services 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.
- o. Under this service, pharmacies will only provide Naloxone distribution to individuals who use opiate drugs and their contacts (family, carers, support workers, etc).
- p. 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.
- q. Individuals must be advised to keep the Naloxone in a safe place but accessible in the event of being urgently required.

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, respect and the privacy of people who use drugs. This should also include training on how to treat users of Naloxone 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. All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer Naloxone. Once complete, a Naloxone kit may be issued to the service user.
- e. The integrated drug and alcohol service will ensure the pharmacy has appropriate harm reduction materials available for the user group and will share current health promotion messages via PharmOutcomes.
- f. The pharmacy will promote harm reduction materials and take on the responsibility of providing other health promotion messages as appropriate.
- g. 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 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 technicians and may encompass such areas as:
 - The importance of active involvement of contacts, such as friends and/or carers, in the use of Naloxone
 - 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
 - Taking measures to reduce harm and prevent drug-related deaths
 - Alcohol misuse
 - Tobacco addiction signposting
- b. The integrated drug and alcohol provider will provide all training to contracted pharmacies in respect of the above. Any disclosed or suspected situations involving complex injecting techniques will be referred to CGL.

6.4 Population data collection & information sharing

- a. The Contractor is required to ensure that wherever possible, for all clients using the Naloxone distribution service, that the relevant PharmOutcomes form is completed, which will include:
 - Date of supply
 - Postcode
 - Initials
 - Gender
 - Date of birth
 - Number of Naloxone units provided
 - Brief harm minimisation and health promotions delivered
- 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 user's use of the Naloxone distribution service without their permission. This is in exception to circumstances when withholding information or seeking the service user's permission to share may put others at risk (e.g., 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 Naloxone

- a. The pharmacy will provide service users with:
 - A pack of Naloxone nasal spray (each pack contains two nasal spray units) together with appropriate training on how to administer. Each spray contains 1.8mg naloxone hydrochloride. It is a single use product, the recommended dose being one spray (1.8mg) into the nostril. Each pack contains two individually sealed nasal sprays
 - Basic information on minimising the complications and risks associated with drug use
 - Provision of information signposting them to substance misuse services within the community, when appropriate.

6.6 Ordering of Naloxone

- a. It is the responsibility of the pharmacy to order consumables required for this service and that stock is always maintained. Pharmacies are to place orders direct with their wholesaler.
- b. CGL will advise and support with regards to information available about Naloxone such as training and leaflets.

6.7 Inclusion and exclusion criteria

- a. The service is to be available and promoted to adults who are aged 18 and above. However, Naloxone is licensed for use by people aged over 14 years of age and is

at the discretion of the pharmacy supplying Naloxone to supply to those aged 14-17 years. Anyone aged 14-17 years old supplied with Naloxone must also be signposted to [Eclipse](#) who are the Specialist Substance Misuse Service provided by CGL for young people. Engagement with the Eclipse service should be encouraged, and information will be provided on how to access this service.

- b. A Contractor providing a child or young person under 18 with Naloxone, training on the use of Naloxone and/or overdose management, needs to act in line with established clinical principles for the treatment of children and young people. This is the case whether the goal is to reduce risks to a young person who is using drugs, or to reduce the risk for others (such as an opioid-using parent). Any decision to supply Naloxone to a child would need very careful consideration and oversight and would need to be made on a case-by-case basis, considering the needs of each child or young person, taking account of potential benefits to the child of the intervention and any risks.
- c. 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.

6.8 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 2013² including to:
 - Ensuring the premises are maintained in accordance with the approved particulars for premises³
- b. The Contractor is required to have a clinical governance lead for the pharmacy.

7.2 Clinical skills and competencies

² <https://www.legislation.gov.uk/uksi/2013/349/schedule/4/made?view=plain>

³ <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

- a. The Contractor is required to ensure that all pharmacists involved in the provision of Naloxone distribution have the relevant qualifications, registrations and/or accreditations and must have completed relevant Centre for Pharmacy Postgraduate Education (CPPE) learning:
- CPPE Safeguarding children, young people and adults: level 2 case studies for pharmacy professionals⁴ and the associated learning
 - CPPE substance use and misuse (modules 1-4) and the associated learning
 - Completion of training to supply take-home Naloxone. Two e-learning courses are available, and the Contractor is free to choose their preferred option:
 - CGL's Training for people providing a take-home Naloxone service www.changegrowlive.org/naloxone-online-training
 - Addiction Professional Educational Resources (www.ap-elearning.org.uk/) provide national information, advice, training, and resources. To access the 'FreeLearn: Naloxone Saves Lives' eLearning module, new users will be required to create an account
 - CGL can also provide virtual training sessions (1 hour) on a quarterly basis, face to face training (1 hour) and Harm Reduction Worker visits to pharmacies to provide additional support and advice, as required.
 - Further guidance and resources will be shared with pharmacies, including patient information and a step-by-step guide to providing training and guidance to individuals regarding the use of Naloxone.
- 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.
- d. PharmOutcomes must be completed at each consultation and securely kept in line with GDPR requirements.

7.3 Clinical Incidents and reporting

- a. Pharmacies have a legal obligation⁵ 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 particulars⁶ 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 MCC of all incidents relating to the Naloxone distribution service.

⁴ <https://www.cppe.ac.uk/programmes//safegrding-e-04>

⁵ <https://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made?view=plain>

⁶ <https://www.gov.uk/government/publications/clinical-governance-approved-particulars>

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. Disposal of expired kits should be in line with current guidance for prescribed medication.

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)⁷. 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 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

- a. The Contractor is required to have a confidentially code of conduct (or similar).
- b. The Contractor is required to ensure that consultations beyond a basic Naloxone distribution 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 private and 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 can explain the code of conduct (or similar) to clients.

8.3 Recording

- a. MCC requires the Contractor to use PharmOutcomes to record consultations.
- b. The Contractor is also required to use PharmOutcomes for the purposes of audits and for generating and submitting invoices to MCC.

⁷ <https://www.igt.hscic.gov.uk/>

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: www.manchestersafeguardingpartnership.co.uk/concerned/

9.2 Child Sexual Exploitation

- a. The Naloxone distribution service is aimed at people aged 18 years and over. However, as previously mentioned, the drug is licensed for use by people aged 14 and over. 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. MCC 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 particulars⁸ will be implemented.
- b. The Contractor is to have a confidential consultation room (or area) available where this is required or requested. It must:
 - Ensure that there is sufficient space for customers, patients and members of staff
 - 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).

⁸ See: <https://www.england.nhs.uk/wp-content/uploads/2018/02/approved-particulars-premises.pdf>

11.0 PARTNERSHIP WORKING AND RELATIONSHIPS

11.1 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 health and wellbeing of residents.

11.2 Interdependencies

- a. The Contractor should note the following interdependencies:
1. EMIS Health is the operator of PharmOutcomes. MCC requires our contractors to use PharmOutcomes to record consultations.
 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. MCC anticipates that provision of a Naloxone distribution service will contribute to achieving the following outcomes, which are regularly monitored:

	Outcome	Indicators	Source
1	Increased access to Naloxone for opiate drug users and their contacts, including harm reduction advice and brief interventions completed	Number of community pharmacy Naloxone distribution interventions	PharmOutcomes

12.2 Service monitoring

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

	Key Indicators	Source	Frequency
1	Number of Naloxone distribution 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. MCC will monitor compliance with the terms and conditions set out in this contract. Contract officers may carry out visits regarding 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 if a complaint is received regarding the Naloxone distribution service.

RENUMERATION & FEES

13.1 Fees

- a. MCC has set the fees as outlined below. Please note that all fees are exclusive of applicable VAT. Payment will be made to the Pharmacy Contractor for each intervention.

Service Provided	Fee
Annual retainer payment – to support provider develop their ability to deliver the service (for example, training)	£500.00
Naloxone distribution including harm reduction intervention sessions per person	£10.00
Reimbursement per Naloxone unit purchased	Drug tariff price plus VAT

- b. MCC reserves the right to revise fees and will provide 3 months' notice of any changes to fees.
- c. Contractors are required to record activity on PharmOutcomes. Invoices for Naloxone distribution activity will be automatically generated through the PharmOutcomes system on a monthly basis. It is the Contractor's responsibility to ensure that all activity is recorded on PharmOutcomes within one month of the service being provided, as failure to do so may result in non-payment. Payments will be paid to the agreed bank account details within 30 business days, for the activity outlined within this specification only.
- d. Invoices for annual retainers are to be generated on PharmOutcomes at the end of the financial year (March). In order to claim the annual retainer, Contractors must confirm on PharmOutcomes that they have undergone training and have delivered the service in accordance with the specification.

- e. All Contractors must record activity 'live' on PharmOutcomes during the intervention with patients or as soon as possible following the intervention.
- f. Where there is low demand for the service, MCC reserves the right to withdraw the Naloxone distribution contract and will provide 3 months' notice. In such cases, the Contractor is required to ensure that individuals are sign-posted to another Naloxone distribution service or CGL for continuity of care. An updated list of Naloxone distribution services will be made available to facilitate this.
- g. The Contractor should ensure the appropriate completion of Naloxone distribution training is completed and certified 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. MCC is not setting a minimum or maximum number of consultations.

13.3 VAT

- a. The Contractor is responsible for any VAT payable. Guidance on VAT for Naloxone distribution 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
- b. The pharmacist does not need to provide these services to every service user for VAT exemption to apply. However, we would expect the Contractor to require these services to be provided to service users on request, or when considered appropriate by the pharmacist.
- c. MCC considers the Naloxone distribution 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

- a. Government guidance: [Widening the availability of naloxone - GOV.UK \(www.gov.uk\)](#)

15.0 LOCAL GUIDELINES AND SERVICES

15.1 Local services

- a. [Change Grow Live \(CGL\)](#) integrated drug and alcohol service.

15.2 Safeguarding

- a. 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 Points of contact

- a. The operational contact for the agreement at MCC is:
Lindsay Laidlaw
Email lindsay.laidlaw@manchester.gov.uk
Telephone: 07903 429041
- b. The operational contacts for CGL are:
Referrals: Contact details for relevant local services available at [Find a Change Grow Live service](#)

Fran Henderson, Primary Care Team Leader
Email francis.henderson@cgl.org.uk
Telephone: 07767 101749

Laura Taggart, Service Manager, CGL
Email Laura.taggart@cgl.org.uk
Telephone: 07918 587249