

Service Level Agreement for Pharmacy Needle Syringe Provision

Service Name/Location	
Version no	2026-2027
Author(s)	Graham Parsons, Director of Pharmacy
Date valid from	01/04/2026
Review date	30/09/2026
On behalf of Contractor: Organisation's Name Name Signature Date Position Address <i>(if a multiple, list all relevant and lead address for notices to be sent to)</i>	



General Pharmaceutical Council (GPhC) and Royal Pharmaceutical Society (RPS), including 'Standards for registered pharmacies (2018)', 'Needle and Syringe Programmes Public Health Guidance (PH52)' published by the National Institute for Health and Care Excellence (NICE), 'Community Pharmacy: delivering substance misuse services' published by the Office for Health Improvement and Disparities (2024)

- 1.2 Waythrough and the Pharmacy will fully adhere to their respective obligations set out in this document.
- 1.3 Both Parties agree to share relevant information regarding substance use data to allow safe and high-quality Service provision/improvements and in line with the local PharmOutcomes licence agreement which detail data controller/processing/ sharing details.
- 1.4 All Parties agree to share relevant person information regarding substance use data to allow safe and high-quality Service provision/improvements in line with the local PharmOutcomes licence agreement which detail data controller/processing/ sharing details including but not limited to the General Data Protection Regulations and the Data Protection Act 2018. Consent is to be captured as part of the person registration for services in Pharmoutcomes, with the data captured being pseudonymised. Any relevant data captured will only be used based on public health need. Sharing other information would be based on appropriate escalation of clinical concern/risk determined by the healthcare professionals involved.
- 1.5 The Pharmacy must ensure that the Service is delivered in accordance with the Equality Act 2010 and does not discriminate on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.
- 1.6 Reasonable adjustments must be made to support people with disabilities, neurodivergence, language barriers, or other accessibility needs, including the provision of information in alternative formats where required.
- 1.7 The Pharmacy must ensure that all staff involved in delivering the Service are aware of their responsibilities under equality legislation and are supported to provide inclusive, person-centred care.
- 1.8 Any concerns relating to accessibility or discrimination must be reported to Waythrough within one working day and appropriately investigated.



- 1.9 The Pharmacy will demonstrate relevant Quality Standards to Waythrough or will work towards achieving such a standard within an agreed timescale. The Quality Standards are specified in Appendix A - Pharmacy Quality Standards for NSP Quality Assurance Visits. If the Pharmacy remains in default following the expiry of the period specified, Waythrough may proceed to terminate the Agreement (as outlined in Section 2).
- 1.10 The Pharmacy will take part in reasonably requested audit activity including the facilitation of Quality Assurance visits, where Waythrough staff will use Appendix A - Pharmacy Quality Standards for NSP Quality Assurance Visits.
- 1.11 Should the Pharmacy not work in line with the agreed standards, Waythrough shall immediately investigate and may review payment (as outlined in Section 2) and in the case of suspension or variation, report to the Pharmacy every 30 days until such investigation is complete. When the investigation is complete, Waythrough shall immediately notify the Pharmacy of the outcome.

Clinical Governance Oversight

- 1.12 The Pharmacy must cooperate with any clinical governance reviews initiated by Waythrough, including providing access to relevant documentation, SOPs, and staff for interview or observation.
- 1.13 Where clinical concerns are identified (e.g. unsafe dispensing, repeated errors, failure to follow escalation protocols), Waythrough may initiate a formal review and require the Pharmacy to implement corrective actions within an agreed timeframe.
- 1.14 Serious clinical governance breaches may result in suspension or termination of the Agreement, subject to investigation and notification as outlined in this document.

Safeguarding Escalation Pathways

- 1.15 Any incidents or concerns must be reported immediately and appropriately actioned in accordance with respective organisations incident reporting processes. Information to do so regarding the service Safeguarding Lead will be published on CPGM's website.
- 1.16 The Pharmacy must ensure that all safeguarding concerns are escalated in line with local safeguarding protocols and the Pharmacy's internal safeguarding procedures.
- 1.17 Where a safeguarding concern is identified, the Pharmacy must notify Waythrough immediately and no later than one working day after becoming aware of the issue.



- 1.18 The Pharmacy must maintain a named safeguarding lead who is responsible for overseeing safeguarding practices and liaising with Waythrough. This contact must be communicated to Waythrough and updated as required via CPGM's website.
- 1.19 Waythrough will provide a named safeguarding contact for escalation and support. Both Parties must cooperate fully in any safeguarding investigation or review, including sharing relevant information in accordance with data protection legislation.

Business Continuity & Emergency Planning

- 1.20 In the event of unforeseen circumstances, including but not limited to staffing shortages, IT failure, or premises-related incidents (e.g. fire, flood, or structural damage) the Pharmacy must make all reasonable efforts to minimise disruption to people we support and, where necessary, work with Waythrough to identify alternative arrangements to ensure continuity of care.
- 1.21 In the event of any disruption to service delivery, the Pharmacy must notify Waythrough as soon as reasonably practicable and no later than one working day after becoming aware of the issue.
- 1.22 All other issues pertaining to concerns, incidents, indemnity, performance, disputes, confidentiality and data handling, must be promptly reported to Waythrough within one working day, as soon as the Pharmacy become aware.
- 1.23 The Pharmacy must demonstrate they have appropriate insurance in place to be able to offer the Service and must ensure that Waythrough is indemnified against any claim arising from the provision of the Service, and in the case of negligence of the Pharmacy: this liability may not be transferred.
- 1.24 The health and safety of Pharmacy staff (and any associated indemnity issues), remain the responsibility of the Pharmacy, including ensuring that hepatitis B vaccinations have been given to all relevant Pharmacy staff.
- 1.25 Any dispute, which cannot be resolved by negotiation, shall be referred to a nominated arbitrator for example the Local Authority Commissioner for Substance Misuse Services or Chair of the Local Law Society. Timelines for this may vary based on external resource involved. Waythrough will endeavour to seek a resolution within 3 months where possible.
- 1.26 Representatives of the Pharmacy (Community Pharmacy Greater Manchester) and Waythrough are required to attend regular review



meetings, which should occur at least once a year to discuss any concerns.

2 Funding, Notices and Termination

- 2.1 Payment for this scheme is to be agreed between Waythrough (local operational contract management supported by Director of Pharmacy) and relevant Local Pharmaceutical Committee(s), Pharmacy (Community Pharmacy Greater Manchester) to represent the Pharmacy. This will be hosted and coordinated by CHL for payment processing.
- 2.2 The Pharmacy will submit claims for payment via PharmOutcomes as outlined in the local PharmOutcomes licence agreement.
- 2.3 The agreed fee to be paid per - is as follows from 01/04/26:

NSP service related payments:

- Each NSP transaction: £1.55

2.4 This payment covers:

- Pharmacy staff time and associated costs for the NSP activity.
- Provision of harm reduction advice including written information leaflets. Additional harm reduction advice can include overdose prevention, blood borne viruses, wound management, contraception and signposting to other services such as the local Waythrough service, mental health and sexual health services.
- Record keeping activities to include PharmOutcomes data entries.
- Issuing service users ad hoc (usually in exceptional circumstances) with locked boxes which will be supplied to the Pharmacy via Waythrough.
- Communication with Waythrough/relevant others relating to this Service.
- Completion of relevant CPPE substance misuse training self-declaration, and attendance at an annual training event to ensure maintenance of confidence and competence when supporting people who use substances.
- Active participation in Quality Assurance visits and achieving required Quality Standards.



- Engaging in the discussion and promotion of other pharmacy services, that are available for people we support, e.g. Pharmacy First for minor conditions. Completion of relevant training such as CPPE substance use and misuse training self-declaration, and attendance at an annual training event to ensure maintenance of confidence and competence when supporting people who use substances.
- Completion of relevant training to ensure maintenance of confidence and competence when supporting people who use substances.

2.5 The Service as outlined is VAT exempt, and both Parties are aware of this exemption. However, if in the future the VAT status was to change then an opportunity to renegotiate the terms of the Agreement would be made available

2.6 The Pharmacy accepts that Waythrough is unable to guarantee future funding and may, owing to budgetary considerations be obliged to reduce funding by the giving of not less than 60 days' notice. Such reductions shall be timed to cause least disruption for people. If Waythrough invokes this clause to reduce payment, then the Pharmacy shall be entitled to cease providing the Service at the end of this notice period without incurring a penalty.

2.7 To enable payment, the Pharmacy Contractor or suitable representative assigned to the Pharmacy must complete the relevant PharmOutcomes NSP sign up module. The Pharmacy is responsible for subsequently ensuring that CHL are provided with the correct Pharmacy bank details to complete the enrolment process. Pharmacies are expected to complete the persons registration on Pharmoutcomes, including their gender, date of birth and the first part of their postcode. The pharmacy will need to choose within the supply module the items supplied to the person.

2.8 Waythrough through CHL will make best endeavours to pay the Pharmacy within 30 days in arrears upon receipt of an invoice received via PharmOutcomes. Any queries related to payments should be directed to enquiries@cpgmhealthcare.co.uk

2.9 No payment will be made if the invoice covers activity that was undertaken more than 3 months prior to the date of the invoice being submitted.

2.10 Waythrough will examine the data submitted and may seek to verify the Fees claimed.

2.11 Payments will only be made where Waythrough and CHL are satisfied that the Service has been provided in accordance with the terms of this Agreement. Waythrough shall be entitled to suspend payment



and/or vary the amount of the payment if it considers the Pharmacy has committed a serious breach of the Agreement and shall forthwith notify the Pharmacy in writing accordingly. Once all relevant investigations are complete and if deemed appropriate, within 30 days Waythrough will pay any sums to the Pharmacy that were suspended or varied.

- 2.12 Annual Review: The Parties agree that the terms outlined in this Agreement shall be subject to an annual review, to be conducted no later than 31st January each year. This review will consider service delivery costs, national guidance, and any relevant changes in legislation or policy.
- 2.13 Waythrough shall notify the Pharmacy and the Local Pharmaceutical Committee (Community Pharmacy Greater Manchester) of any revised payment terms arising from the Annual Review of Payment Terms per Clause 2.12 in writing, providing at least 14 days' notice prior to implementation. Where only remuneration is updated, a letter of variation shall be issued in lieu of a new Service Level Agreement.
- 2.14 Waythrough may from time to time, require reasonable changes to the terms of this Agreement, and where reasonably practicable, up to 14 days' notice will be given. The Pharmacy shall use its reasonable endeavours to implement this change on the understanding that such change will not materially affect the nature of the Service or the Pharmacy's ability to provide the Service.
- 2.15 The Service and payment may be varied or discontinued if the Pharmacy and Waythrough agree, or a change in Waythrough service priorities is required either by changes in legislation or by other circumstances, including the cessation or reduction of the budget. Waythrough also has the option to terminate funding should the Pharmacy enter receivership or become insolvent.
- 2.16 The Service must be offered every day that the Pharmacy is open. If the Pharmacy put in an application to reduce their opening days or times, then Waythrough must be informed at the time of application.
- 2.17 Notices must be given in writing and by email (with acknowledged receipt) or recorded delivery post to the details provided for that purpose. A notice given by post will be deemed to have been served the first working day after it was posted.
- 2.18 This Agreement will be reviewed and subject to agreement, renewed on an annual basis between Waythrough and Community Pharmacy Greater Manchester. However, it can be ended early, either on dissolution of the Pharmacy or where at least 60 days' notice is given by either Party of their intention to terminate the Agreement.



- 2.19 Nothing in this Agreement confers or purports to confer on any third party any benefit or any right to enforce any term of this Agreement.

3 Competency and Training

- 3.1 This Service may only be undertaken by competent Pharmacy staff (as outlined below) but must be under the supervision of the Responsible Pharmacist registered with the GPhC.
- 3.2 The Responsible Pharmacist must have completed Safeguarding training in line with current guidance, which must be rechecked/updated in response to any legislative/best practice guidance changes. The Responsible Pharmacist must ensure the suitability of any Pharmacy staff who are one-to-one with a vulnerable person.
- 3.3 Pharmacy staff must be trained, and competencies will be assessed. Competency assessment ('Appendix B 'Pharmacy Staff Competency Assessment and Supply Form') will be issued upon or alternative while completing training available online on Waythrough website. This form may also be used to record supplies given to Pharmacy Staff for their personal issue.
- 3.4 The assessor must ensure that the trainee has met all the listed criteria and fully understands all requirements before signing to confirm their competence.
- 3.5 Training may be provided either individually or in groups.
- 3.6 Training may be provided remotely, and information conveyed e.g. in writing/via remote consultation via any suitable medium, so long as the trainer has been provided with assurances that the person can demonstrate the required competencies.
- 3.7 Only placebo packs may be used for the purposes of training. They will be sourced for pharmacies taking part directly from the manufacturer.
- 3.8 Basic Life Support (BLS) training is not delivered through the Waythrough training programme for this SLA. However, basic information is provided during the Waythrough training programme and pharmacy staff are encouraged to seek further information and training through local groups or via the following BLS sites
- Adult basic life support Guidelines | Resuscitation Council UK
 - How to do CPR on an adult | St John Ambulance (sja.org.uk)

It is not a requirement to provide naloxone services, but recommended to support people, especially in the event of an emergency situation of



an opioid overdose. Waythrough will provide individuals training and emergency stock for the pharmacy if they are willing to support this agenda.

Regular Staff

- 3.9 The Responsible Pharmacist should have completed the NSP CPPE self-declaration via PharmOutcomes within 3 months of commencing service provision.
- 3.10 Staff who are deemed as suitably competent to undertake the Service must be recorded as such on the Pharmacy's local Standard Operating Procedure for Needle and Syringe Provision service.
- 3.11 It is the responsibility of the Pharmacy to ensure that the staff undertaking the Service have received appropriate training.

Locum Pharmacist Oversight

- 3.12 Where locums or part time staff predominantly operate a pharmacy, the Pharmacy Contractor or delegated deputy must nominate a lead person to act as a contact. This must be communicated to Waythrough promptly and updated as required.
- 3.13 Where locum or part-time staff are engaged to deliver the Service, the Pharmacy must ensure that such staff are appropriately briefed and competent to undertake service activities in line with this Agreement and the Pharmacy's Standard Operating Procedures.
- 3.14 The Pharmacy Contractor remains responsible for ensuring that all staff, including locums, meet the competency and training standards outlined in this Agreement and are supported to deliver the Service safely and effectively.
- 3.15 Waythrough will seek to provide at least one training event per year which will usually be available for access by the wider Pharmacy Team (including locum staff), to support broader development of competency and confidence in the management of substance use. The Pharmacy must be represented by at least one member of staff at a minimum of one event per year.
- 3.16 The Responsible Pharmacist on duty at any time will retain professional responsibility and the Pharmacy shall retain liability for the Service.



4 NSP Process

- 4.1 If the Pharmacy is unable to provide the Service (e.g. where Service cannot be provided by the Pharmacy or the service user has been banned from their chosen Pharmacy premises), the Pharmacy must make all reasonable efforts to signpost the service user to an alternative NSP service.
- 4.2 The Service must be completed in a location that considers the persons' privacy/dignity and Pharmacy staff/customer safety (this should usually be in the consultation room/area designated for delivering professional services); it must never be provided in the Dispensary.
- 4.3 The Pharmacy must have sufficient staffing levels to ensure safe and effective service provision. Pharmacy staff delivering the Service must not lone work.
- 4.4 The Service should be confidential; therefore, information about the person accessing the Service should not be shared except in exceptional circumstances (e.g. significant safeguarding risks). If the person is known to be receiving a concomitant prescribed intervention for their substance use, they should be encouraged to speak with their prescriber to have their prescription reviewed.
- 4.5 NSP equipment lists are available will be determined by Waythrough and only low dead space injecting equipment will be used.
- 4.6 NSP equipment and waste management suppliers will be determined by Waythrough.
- 4.7 The Pharmacy must liaise with the NSP/waste management suppliers to organise stock deliveries and waste collections to meet the Service needs (this may be via PharmOutcomes). The service will also support with queries based on issues that may arise.
- 4.8 NSP sharps bins must only be used for NSP returns, not for other sharps waste from other sources such as diabetic services, weight loss services and safely stored whilst in use/awaiting collection for onward disposal.
- 4.9 Pharmacy staff must ensure that appropriate stock management processes for NSP equipment including ordering (usually online) processes, stock checks, rotation and expiry date checks are in place.



- 4.10 The Pharmacy must confirm that the person has appropriate safe storage measures in place (including storing out of sight/reach of children/vulnerable adults) for all medicines, non-prescribed substances and associated paraphernalia; therefore, at least one sharps disposal device should be provided for every supply of injecting equipment.
- 4.11 A 100% return rate must be encouraged using appropriate sharps bins/disposal devices, and the Pharmacy should sensitively explore repeated non-returns.
- 4.12 Where emergency ('one-hit') kits are being used in what is felt to be excessive quantities, the Pharmacy should offer supplies in larger quantities that may better meet the service users' needs.
- 4.13 People who present with high-risk injecting practices (e.g. neck or groin) should be signposted to the local Waythrough NSP for provision of specialist advice/equipment.
- 4.14 The national NSP logo must be clearly displayed on the premises (e.g. store window):



- 4.15 Young people (under 18 years) must be signposted to specialist local young persons' services; however, in exceptional circumstances, the Responsible Pharmacist may decide to supply minimal quantities on balance of presenting risks, after confirming capacity (using Gillick competency).
- 4.16 Locum Pharmacy staff must be made aware of this Service and the procedures in advance of them providing locum cover, as the presence of a locum is not a valid reason for the Service not to be appropriately implemented.
- 4.17 It is essential that communication channels (e.g. via PharmOutcomes/emails) are regularly checked and promptly actioned, otherwise the safety/quality of Service provision may be impacted and payment to the Pharmacy may be impacted (as outlined in [Section 2](#)).

- 4.18 The Service will be undertaken in accordance with the Pharmacy's internal Standard Operating Procedures providing it is not contrary to the contents of this Agreement.

5 Quality Standards

- 5.5 The Pharmacy must display health promotion material supplied by Waythrough and make this available for the potential service user group and promote its uptake.
- 5.6 All Pharmacy staff involved with ENAP must have signed all associated Standard Operating Procedures.
- 5.7 Waythrough may ask Pharmacy staff to demonstrate competency in providing this service.
- 5.8 The Pharmacy must participate in audit of service provision, including any locally agreed assessment of service user experience.
- 5.9 Outcomes will be monitored via PharmOutcomes and local service ENAP outcomes data.



Appendix A - Pharmacy Quality Standards for NSP Quality assurance Visits

Pharmacy Site		Date of Visit	
Responsible Pharmacist		Visit Completed by	

	Quality Standard	√=meets expected standard. No action required X=Doesn't meet expected standard. Add details of all agreed actions
Quality Assurance Off-site checks	Signed current SLA available in Waythrough centrally held records	
	CPPE self-declarations completed by all relevant Pharmacy staff (via PharmOutcomes) within 3 months of commencing the service	
	Attendance by at least one Pharmacy staff member at a minimum of one Waythrough training event in the last year	
	Pharmacy-completed Prescribed Treatment Agreement uploaded to all person's clinical records (if >10people, randomly check 5)	
	Feedback indicates: • person treated with dignity and respect • awareness of safe storage/disposal of sharps • appropriate provision of general brief harm reduction advice including switching to safer routes of administration and overdose management • awareness of how to select and use correct NSP equipment • awareness of measures to take to reduce the risk if accidental sharing • appropriate signposting	
	Last 6 months of complaints/incidents suggest prompt reporting/appropriate actions.	



	Last 6 months of PharmOutcomes data suggest timely submissions and appropriate returns rates	
Quality Assurance On-site Pharmacy checks	Pharmacy can evidence having in place: • Signed current SLA available in Pharmacy • Correct insurance • DBS for all Responsible Pharmacists • Up to date safeguarding training Level 2 for all Responsible Pharmacists • Prescribed Treatment Agreement fully completed for every person • Appropriate infection control measures (e.g. sharps bins not overflowing) • Suitable confidentiality/data protection methods (e.g. no identifiers recorded) • Pharmacy SOP for NSP read and signed off by all relevant Pharmacy staff • National NSP logo clearly displayed • Appropriate process for organising NSP equipment ordering/current stock • Appropriate process in place for managing NSP waste	
	Pharmacy staff either observed or can verbally outline how to correctly: • Follow best practice when carrying out NSP (as detailed in SLA and local Pharmacy SOP) • Manage a needle stick injury • Respond to incidents/concerns including safeguarding issues • Respond to requests from young people, including Gillick competency • Respond to requests for secondary distribution • Respond to a service user who presents as intoxicated • Respond to a request from a service user who is also receiving a prescribed intervention • Advise on intramuscular injections • Advise on intravenous groin injecting (signposting to specialist services) • Manage repeated non-returns • Signpost to relevant local specialist services (e.g. Waythrough, Housing, Mental Health) • Provide written harm reduction information about different equipment, injecting techniques and wound management	

	• Provide safe storage advice including written information in service-user accessible format (via C&M website) and locked boxes	
	Any additional comments (e.g. feedback about how to further improve current Service, learning from incidents yet to be implemented)	



Appendix B Community Pharmacy Competency Assessment Form (if used)

Name	Position
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Assessment Criteria	Check
Understands what naloxone does (temporarily reverses the effects of opioids for about 20mins, buys time for ambulance to arrive, not a 'safety net', overdose may return, especially if using again, used to help save lives, does not reverse other drugs e.g. alcohol or benzos)	☐
Identifies symptoms of opioid overdose (e.g. pinpoint pupils, colour changes, unconscious, unresponsive to noise/touch, breathing problems/ 'snoring', blue tinge to lips/nose/fingertips)	☐
Identifies causes of drug overdose (e.g. polypharmacy, lack of tolerance including post prison release/detox/hospital discharge, using alone/too much, injecting, changes in purity, poor health)	☐
Outlines actions to take if witnessing a suspected opioid overdose 1. Keep self/others safe 2. Identify symptoms of possible opioid overdose. Place into recovery position if breathing 3. Dial 999 for an ambulance 4. Administer naloxone (first dose) 5. If not breathing administer basic life support (BLS)/cardio-pulmonary resuscitation (CPR) 6. Monitor and give further dose(s) if no response after every 2 mins and continue with BLS/CPR 7. Do not leave the person. Inform ambulance service about action taken 8. Dispose of used naloxone pack(s) correctly (Prenoxad® in sharps bin/ Nyxoid® in clinical waste bin/Naloxone 1.26mg nasal spray (Pebble) in clinical waste bin)	☐
Demonstrates how to use Prenoxad® injection (1mg/ml; 0.4ml (up to the first black line) from 2ml pre-filled syringe, immediately into outer thigh/upper arm muscle, can be through clothes, repeat every 2 minutes if needed)	☐
Demonstrates how to use Nyxoid® nasal spray (1.8mg;1 spray from single use container, immediately into the nostril, repeat every 2 minutes if needed, alternating nostrils) or Naloxone 1.26mg nasal spray (Pebble) (1.26mg;1 spray from single use container, immediately into the nostril, repeat every 2 minutes if needed, alternating nostrils)	☐
Knows how to open the pack and knows not to do so except for emergency use	☐
Aware of safe storage requirements (out of sight and reach of children/pets, informing competent others of where supply is located)	☐
Knows to dispose of unwanted/expired packs of naloxone (in pharmaceutical waste bin or as per local medicines waste disposal arrangements)	☐
Knows to dispose of used packs of naloxone (Nyxoid® in clinical waste bin, Prenoxad® in the original container then a sharps bin: can be given to paramedics/local needle syringe provision)	☐



Knows about reminders for expiry dates/getting replacement packs (checking dates, returning to service before expiry, should return with old pack)	☐
Can access information leaflets/training resources • https://www.smmgp-elearning.org.uk/ • http://www.prenoxadinjection.com/ • https://www.nyxoid.com/uk	☐
Demonstrates how to record a naloxone supply on PharmOutcomes	☐
Describes how to manage requests for young people (<18yrs; by referring to Humankind)	☐

Competency <i>[complete as appropriate]</i>	Prenoxad®			Nyxoid®/Naloxone 1.26mg nasal		
	Administer	Supply	Train Others	Administer	Supply	Train Others
Date Achieved						
Assessor's Name						

