

# **Service 4**

**Provision of  
Open access Needle Exchange Services**

**Reference DN709907  
April 2024**

# Service Specification

## 1. Introduction

- 1.1. Public Health Dorset (PHD) aims to improve and protect the health and wellbeing of the local population with an emphasis on reducing health inequalities. We are a shared service across Bournemouth, Christchurch, and Poole (BCP) Council and Dorset Council.
- 1.2. Public Health Dorset is the Commissioner of Community Health Improvement Services (CHIS) which includes NHS Health Checks, Emergency Hormonal Contraception (EHC), Long-Acting Reversible Contraception (LARC) and Smoking Cessation.
- 1.3. Public Health Dorset is the lead commissioner for Needle Exchange and Supervised Consumption on behalf of Bournemouth, Christchurch, and Poole (BCP) Council and Dorset Council, with the budgets for these services being held by the individual Councils.
- 1.4. This Service Specification is intended for the purchase of open access Needle Exchange services for people who inject drugs (PWID) in the county of Dorset, whether they are permanent or temporarily resident in the area. People who inject drugs will require sterile injecting equipment, information, and advice around changing lifestyles, minimising the complications associated with drug misuse and accessing resources within the community.
- 1.5. It is recognised that not all people who use alcohol or other drugs are at a stage when this is an option for them. A harm reduction approach is therefore applied. It does not seek to support a drug using lifestyle but takes a non-judgmental approach to engage and build relationships with people who are placing themselves and others at potential risk.
- 1.6. A harm reduction approach should include:
  - Actions to reduce the risk of drug related deaths.
  - Overdose awareness training
  - Access to testing for blood borne viruses, including Hepatitis and HIV
  - Access to Hepatitis A/B vaccination
  - Access to Hepatitis C treatment
  - 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 relations aiming to motivate drug users towards seeking help in coming off drugs and/or alcohol where dependent on them.

- 1.7. All substance misuse services accept the need to reinforce harm reduction at any part of person's treatment journey.
- 1.8. Needle & Syringe Programme (NSP) delivery is based on a commitment to provide PWID with sterile hypodermic needles and associated injection equipment at no cost at the point of use. The aim of these services is to reduce the damage associated with using unsterile or contaminated injecting equipment.
- 1.9. In order to achieve this aim, it is essential that services are easy to access, user-friendly and respect the confidentiality of the service user.

## **2. Scope of Service**

- 2.1. Reduce the need for people who inject drugs to share non-sterile equipment.
- 2.2. Reduce the potential harm related to blood borne virus transmission and bacterial infection amongst people who inject drugs, through the provision of sterile injecting equipment.
- 2.3. Encourage people who inject drugs to return used equipment for safe disposal.
- 2.4. Assist people who inject drugs to remain healthy until they are ready and willing to cease injecting through the provision of accurate, current and non-judgemental health advice and information. This shall include handing out written information where appropriate.
- 2.5. Minimise the risk of exposure to members of the public from contaminated needles and syringes by offering a safe used needle disposal point.
- 2.6. Proactively signpost people who inject drugs to specialist needle exchange services, which can provide wider services including a broader range of injecting paraphernalia, wound checking, the promotion of safer injecting or alternative drug taking practices, blood borne virus testing and inoculation to reduce the risk of blood borne virus infection, and access to overdose awareness, 'take home' Naloxone and basic first aid training.
- 2.7. Proactively signpost people who inject drugs direct to a drug treatment service if they are ready to receive that level of intervention.
- 2.8. Provide accurate, up-to-date and non-judgemental health advice relevant to people who inject drugs.
- 2.9. Encourage multi-disciplinary working and collaboration in the provision of services within the community for drug users.

### **3. Service Description**

#### **3.1 General**

- 3.1.1 Community Needle Exchanges are open access, low threshold services to allow people who inject drugs for the provision and return of injecting equipment.
- 3.1.2 The Provider shall deliver Needle exchange provision in accordance with this service specification.
- 3.1.3 The Provider shall deliver services across Dorset Council and/or BCP Council areas, and in accordance with this service specification.
- 3.1.4 The Provider shall provide people who inject drugs with a service which will include:
- the provision of sterile injecting equipment
  - information and advice around changing lifestyles
  - basic information on minimising the complications associated with drug misuse.
  - signposting to support services for people who use alcohol or other drugs.
- 3.1.5 The Provider shall offer the service for at least 35 hours a week, spread over at least 5 days, with no appointment necessary.
- 3.1.6 The Provider layout shall have a suitable area for storage of stock and returned items.
- 3.1.7 The Provider layout shall allow for discreet requests for packs as well as for returns of used needles, syringes, and other injecting paraphernalia.
- 3.1.8 The service shall be strictly confidential. People using the service must be guaranteed that their dealings with the service will always remain confidential. A basic data set as detailed below shall be collected. Some of the information requested on the initial visit may be shared with the Purchaser to help plan services to meet local need.
- 3.1.9 The Provider shall ensure that staff shall be friendly and supportive with an understanding and professional attitude.
- 3.1.10 People who inject drugs shall be treated with courtesy and respect and be afforded privacy when using the service.
- 3.1.11 The Provider shall work alongside other agencies involved in the support of people who inject drugs, to reduce the practice of sharing equipment amongst people who use drugs, and to ensure service users receive continuity of care.
- 3.1.12 The Provider shall provide support and advice to people who inject drugs, including signposting to primary care or specialist drug and alcohol services where appropriate.

3.1.13 In practice, the transaction is simple and generally takes only a few minutes. When a Service User accesses the open access Needle Exchange, the Provider shall carry out the following:

- Oversee and guide the Service User to place any returned ‘used’ equipment into the designated sharps bin.
- Identify the pack(s) the service user requires.
- Issue the packs alongside relevant harm reduction advice delivered either/both verbally and in written format.
- Enter the details of each transaction onto PharmOutcomes

3.1.14 An appropriate number of the most suitable packs shall be provided depending on the needs of the service user. Most service users request one or two packs per visit. There may be occasions when a service user may be collecting and distributing for friends/other members of the family and requests more packs. In such a case, the Provider should issue the number requested. It would be expected that equivalent numbers of the black personal sharps containers would be returned on follow up visits.

### **3.2 Giving advice and information**

3.2.1 The Provider shall ensure that staff take every opportunity to engage with people who inject drugs and provide advice/information on general health promotion such as diet, health, exercise, smoking reduction, and oral hygiene where opportunities permit.

3.2.2 The Provider shall ensure that healthcare and treatment advice leaflets shall be readily available to all.

3.2.3 The Provider shall signpost as relationships of trust develop with Service Users, opportunities shall be taken to promote the contact telephone numbers of specialist drug and alcohol services, information and advice services and alternative Needle Exchange facilities.

3.2.4 The Provider shall receive Drug Health Alerts (CASCADE) and ensure that all service users accessing the service are aware of the current risks identified.

### **3.3 Promotion and Advertising of the Service**

3.3.1 The Provider shall display the nationally recognised window and/or wall sticker at every location the service is offered at the commencement of the contract.



3.3.2 This sticker can be obtained from the relevant community treatment service, which can also supply further copies in the event of any damage to the logo or premises refurbishment.

3.3.3 Other advertising will be encouraged at the discretion of the local authorities.

### **3.4 Links with other Harm Reduction Services**

3.4.1 The Provider shall ensure they maintain links with other harm reduction services in their area to enable people who inject drugs to access treatment services and/or specialist Needle Exchanges where service users can receive more specialist harm reduction advice and interventions and a wider choice of equipment.

### **3.5 Children & Young People**

3.5.1 If the person presenting to the needle exchange appears to be under 18, the Provider shall:

- If the young person is already engaged with the locally commissioned young people's drug and alcohol service, their keyworker will be expected to accompany him/her on the first occasion. After this the Provider will provide a written care plan that outlines that further supplies can be dispensed by the pharmacy.
- If the young person however is not yet engaged in treatment, the aim should be to encourage them to do so. In this scenario, pharmacists should consider the following recommendations:
  - Ask the person their age and try to get some personal information from them about their injecting behaviour: where they live, where they have previously got needles from etc.
  - Discuss referral to the local drug and alcohol YP provider service with the young person and facilitate that on the spot if possible. Give the young person contact details for the Provider service. Contact that service to make them aware that you have just provided a young person with needles.
  - You must follow the Fraser guidelines to inform your decision making. This may involve talking to the young person's parents/carers and/or a referral to Children's Social Care and / or Safeguarding.
  - If the young person presents at the pharmacy out of hours, then the pharmacist should consider making a supply (balancing Fraser guidelines and harm minimisation principles) and collect relevant information then inform the local drug and alcohol YP Provider at the earliest opportunity.
  - Record information as part of routine needle exchange recording.
  - If the young person presents at the service on a further occasion, consider strengthening the delivery of the message that they must contact the local drug and alcohol YP Provider.
  - Offer to call the drug and alcohol YP Provider and ask the young person to speak to a team member to arrange an appointment or arrange for the drug and alcohol worker to visit the pharmacy.

### **3.6 Exclusions from service**

- 3.6.1 The Provider retains the right to refuse or exclude people who inject drugs at any time if their behaviour is unacceptable.
- 3.6.2 If a Provider excludes or refuses to work with a Service User, the Provider must inform the service user about alternative Needle Exchanges in the area and alert the relevant local specialist needle exchange Provider.

### **3.7 Quality Standards**

- 3.7.1 The quality standards may be subject to change due to a range of national and local policy initiatives. Adequate notice will be given to the Provider of any significant changes which may impact on the service provided and will ensure sufficient transition arrangements are secured to ensure service continuity.
- 3.7.2 The Provider shall operate in accordance with the latest guidance, including (but not limited to) that issued by: The National Institute for Health and Care Excellence; UK Health Security Agency; Office for Health Improvement and Disparities (OHID); the Advisory Council for the Misuse of Drugs; Dorset Medicines Advisory Group; the Pan Dorset Harm Reduction Steering Group. Attention is particularly drawn to NICE Guidance PH52: Needle and syringe programmes, published in March 2014, and any subsequent updates.
- 3.7.3 The Provider shall ensure its Standard Operating Procedures are accurate and up to date in relation to the latest legislation and guidance.
- 3.7.4 The Provider shall be able to demonstrate that all staff involved in the provision of the service have successful completion of CPD relevant to the provision of this service.
- 3.7.5 Public Health Dorset and/or their representative (including specialist substance misuse treatment Providers) may undertake a visit to the Provider to inspect the provision of the service and to ensure that the Provider is meeting the Service Specification.
- 3.7.6 The Provider shall participate in any audit of service provision conducted or authorised by the Commissioner.
- 3.7.7 The Provider shall cooperate with the local authorities and their partners to take part in surveys, research, or initiatives relevant to improving the accessibility, quality and effectiveness of needle exchange Services, and to distribute questionnaires to people who inject drugs.
- 3.7.8 The Provider shall cooperate with any locally agreed assessment of Service User experience.

- 3.7.9 The Provider shall supply information related to the delivery of this service both during and at any period after the contract as requested by relevant quality assurance or review bodies (e.g. CQC, OFSTED, Domestic Homicide Reviews, Drug Related Death investigation).
- 3.7.10 The Provider shall be able to demonstrate that clear and accurate records are kept.
- 3.7.11 The Provider shall comply with guidance issued by the local safeguarding boards, including (but not limited to) the Pan-Dorset’s Multi agency Safeguarding Adults Policy and the Pan Dorset LSCB Inter-Agency Procedures for Children and Young People.
- 3.7.12 The Provider shall ensure that thorough recruitment and selection processes are in place for all staff which include full tracking of previous employment history, checking of qualifications and two written references.
- 3.7.13 The Provider shall remain compliant with any other relevant service requirements, including (but not limited to) the Community Pharmacy Contractual Framework. No part of this Specification by commission, omission or implication defines or redefines essential or advanced services.

**3.8 Product Details (Injecting Equipment packs)**

- 3.8.1 Within the open access Needle Exchange scheme, sterile injecting equipment is currently made available to Service Users in the form of the following pre-packed bags:

Red pack containing:	15 x 1ml fixed needle/syringe 0.45L Sharpsafe Exchange Container 15 x sterile wipes Information leaflet
Blue pack containing:	10 x 2ml syringes 10 x needles (23x1) 0.45L Sharpsafe Exchange Container 10 x sterile wipes Information leaflet

- 3.8.2 The equipment is subject to change as Public Health Dorset responds to the latest evidence and guidance both nationally and locally.

**3.9 Ordering, Stock Maintenance and Stock Control**

- 3.9.1 Provision is made for the Provider to be responsible for and to order directly from the local authorities’ authorised supplier (currently Vernacare), who will then invoice the relevant local authority directly.



3.9.2 Before ordering any needle exchange equipment, Providers within the following areas should notify:

Dorset Council – email: [phcontracts@dorsetcouncil.gov.uk](mailto:phcontracts@dorsetcouncil.gov.uk)

Bournemouth, Christchurch and Poole (BCP) Council – email:  
[karen.wood@bcpcouncil.gov.uk](mailto:karen.wood@bcpcouncil.gov.uk)

3.9.3 Orders can be made by sending an email to [nxsales@vernacare.com](mailto:nxsales@vernacare.com) stating the Provider name, delivery address and a contact telephone number, and the quantity of stock required including order codes. The Vernacare Needle Exchange Sales team will then confirm the order by email.

3.9.4 Orders can be placed on any day.

3.9.5 Packs are provided in cartons of 25 or 50 packs and the supplier is normally able to deliver within 3-4 working days.

3.9.6 The current order codes for the cartons are as follows:

- X034 for 50 red packs
- X035 for 25 red packs
- X114A for 50 blue packs
- X218 for 25 blue packs

3.9.7 Supplies of needle exchange equipment are ordered at the Provider's discretion to include consideration of the number of packs to be delivered in line with the amount of storage space available.

### **3.10 Disposal of injecting equipment**

3.10.1 Bins for the disposal of sharps deposited under this scheme shall be made available for the return of the individual sharps containers issued within the packs.

3.10.2 Bins are available from the local authorities' authorised waste collection service (currently PHS).

3.10.3 Dorset Council Providers ordering bins for the disposal of injecting equipment for the first time need to be set up on the PHS supplier system and should email [phcontracts@dorsetcouncil.gov.uk](mailto:phcontracts@dorsetcouncil.gov.uk) to arrange this.

3.10.4 BCP Council Providers ordering bins for the disposal of injecting equipment for the first time need to be set up on the PHS supplier system and should email Karen Wood at BCP Council: [karen.wood@bcpcouncil.gov.uk](mailto:karen.wood@bcpcouncil.gov.uk) to arrange this.

- 3.10.5 Bins can be ordered from the PHS waste collection service and by emailing PHS customer service: [keycustomerservice2@phs.co.uk](mailto:keycustomerservice2@phs.co.uk) with the providing location's full address and postcode.
- 3.10.6 Only 30 litre bins should be disposed of through PHS. No other bins will be accepted.
- 3.10.7 The bin shall be sited in a designated area of the service location where staff and members of the public will not have inadvertent contact with it. These arrangements will vary according to the practicalities of the Provider lay out.
- 3.10.8 It is recommended that the Provider has several bins available at any one time. One shall be set up as a sealed bin ready to operate in day-to-day exchanges. It is possible that very occasionally a Service User may return used equipment in larger quantities. Service users shall be permitted to access this disposal service for any quantity of equipment related to their personal use. In this case, the Service User shall be directed to place the bag in an open bin and then the lid shall be sealed with care afterwards.
- 3.10.9 Providers should only use needle exchange bins and disposal arrangements for this commissioned needle exchange service.
- 3.10.10 Arrangements are in place for a contracted waste collection Provider to collect and dispose of full sharps containers. The Provider is required to oversee these collections and ensure that only full bins are taken by the waste collection service.
- 3.10.11 A schedule will be agreed with the Provider as to how often the collection visits are made. Quantity and frequency of returned equipment and available space in the Provider location will be taken into consideration when the agreeing the schedule. Local authorities will set the schedule up with the recognised waste collection service Provider and will be invoiced directly for this service.
- 3.10.12 Any changes to the frequency of collections must be authorised by the relevant local authority which shall be notified of any required increase needed.
- 3.10.13 The Provider shall comply with all relevant regulations related to waste disposal, including (but not limited to) participating in the 'Pre-acceptance' audit required by the Environment Agency and retaining any certificate of disposal such as a Duty of Care notice.

### **3.11 Policy on Returning Used Equipment**

- 3.11.1 People who inject drugs shall be advised about the risks to themselves and others which are posed by used syringes and needles. This particularly includes risks to children and young people. The Service User shall, on every occasion they visit the

service, be proactively encouraged to return used equipment in a properly sealed sharps container (provided within each pack) for safe disposal by the Provider.

- 3.11.2 Service Users shall not be refused a pack if they do not return used equipment. (If it is their first visit, they are unlikely to have anything to return.) The Return Policy shall be discussed with them, and individuals shall be reminded of the need to return used equipment.
- 3.11.3 For Service Users who repeatedly fail to return used equipment, the Provider shall consider giving only one pack of injecting equipment for their use, until they start returning equipment for safe disposal on a regular basis. However, this shall be considered alongside the recommendations in the NICE Public Health Guidance 52 for Needle and Syringe Programmes.
- 3.11.4 The Provider shall ensure that the Service User is instructed and directed to place their used equipment in the Provider sharps container themselves. No member of staff is expected to handle returned sharps.
- 3.11.5 In cases where an individual wishes only to return equipment, the Provider shall record the interaction as normal on PharmOutcomes noting the quantity of equipment returned and identifying that no new equipment was issued. The Provider will receive payment on the same basis as any other needle exchange interaction. This returns service shall be made available to any member of the public regardless of their substance or medication it relates to.

#### **4. Training and Competency Requirements**

- 4.1 Staff providing the Service shall have knowledge of the range of drugs injected, including heroin, cocaine, crack cocaine, amphetamines, and steroids and in particular the range of local substance misuse services available to signpost Service Users to.
- 4.2 To support in delivering the services, Providers may receive an initial visit from a representative of Public Health Dorset, the relevant local authority, or a treatment Provider to advise on setting up the Service and to give practical advice on how the needle exchange transaction can take place within the location.
- 4.3 This visit will help ensure that staff involved in the scheme are suitably trained in:
  - The scheme context
  - The ethics and principles of an open access Needle Exchange scheme
  - Blood borne virus awareness and basic awareness about substance use.
  - Service operation - carrying out the transaction and recording activity.
  - Confidentiality

- Safety and risk management precautions within the service to ensure the prevention of injury to staff and members of the public:
- Dealing with spillage and contamination with potentially infected blood or body fluids.
- Processes and what to do in the event of needle stick injury.
- Reporting of incidents/accidents
- Handling Conflict; dealing with difficult situations; what action to carry out if a Service User becomes threatening.
- Safeguarding children and vulnerable adults (reference to other training)
- Signposting to specialist services available in the area
- Expected action in an overdose situation – dial 999.
- Awareness raising of ‘take home’ Naloxone and where to obtain it.

- 4.4 In order to develop these competencies, Public Health Dorset recommends the four e-learning modules on “Substance use and misuse” to demonstrate competence according to this framework, which can be downloaded from the Centre for Pharmacy Postgraduate Education (CPPE) website (<https://www.cppe.ac.uk/programmes/l/substance-e-02/>). Other sources of information and training may be equally appropriate.
- 4.5 A Standard Operating Procedure (SOP) must be put in place prior to commencing delivery of the Service. All relevant staff must have received training on this, and records must be kept demonstrating this. These records shall be made available to Public Health Dorset if requested.
- 4.6 A system for reviewing and updating the SOP must be in place. A named person must be identified with the responsibility for implementation and monitoring the SOP.
- 4.7 Any temporary staff must be made aware that the Provider offers Needle Exchange and that the SOP must be adhered to.
- 4.8 All staff delivering the service shall receive the initial induction training and shall attend any additional local training workshops on the care of people who use drugs, arranged in partnership by Public Health Dorset, local authorities, CPPE and Community Pharmacy Dorset (CPD), formerly known as the Local Pharmaceutical Committee (LPC).
- 4.9 All staff delivering the service shall be encouraged to access a Hepatitis B vaccination if they are not currently vaccinated.
- 4.10 The Provider shall display information on how to respond to a needlestick injury in a visible, prominent location.

## 5. Additional staff competencies

### 5.1 Staff must meet the following service-specific competencies:

- Understand the primary objectives of a needle and syringe program (NSP) to:
  - i. Reduce the transmission of blood-borne viruses and infections due to sharing injecting equipment.
  - ii. Minimise harms associated with injecting drugs.
  - iii. Provide referrals to other services.
- Demonstrate awareness of sexual health, sexually transmitted infections, blood-borne viruses, HIV, hepatitis C transmission, and promotion of hepatitis B immunization.
- Recognise official and informal names for commonly used drugs and understand drug dependence definitions.
- Be familiar with the treatment/management of substance misuse, particularly drugs prone to injection, such as opioids, anabolic steroids, IPEDs, and melanotan.
- Communicate appropriately and sensitively with service users, ensuring discretion, privacy, respect, and a non-judgmental approach. Apply conflict resolution skills when necessary.
- Participate in the provider team to deliver a safe, effective, and non-judgmental service aligned with the service specifications.
- Consider service user's situations, including social circumstances, general well-being, and health. Provide advice and make referrals to other services when appropriate.
- Be aware of related services and know when and how to refer or signpost clients for issues related to substance misuse or general health and social problems.
- Understand the sizes and uses of various needles, syringes, and injecting equipment associated with illicit drug use. Provide appropriate amounts of equipment based on client needs.
- Differentiate between injection sites and equipment requirements for opioids, performance and image-enhancing drugs (IPED), stimulants, etc.
- Promote safer injecting practices and seek advice when necessary.
- Understand principles of risk minimisation for patients, staff, and the public.
- Use appropriate protective equipment and safely dispose of used equipment.
- Know how to handle spillages, needle stick injuries, or contamination with potentially infected blood or body fluids.

## 6. Performance and Reporting Requirements

- 6.1 The Provider shall ensure that all consultations are logged on PharmOutcomes to enable Public Health Dorset to monitor activity and verify payments for Services provided.
- 6.2 For each interaction, the Provider shall collect the following items of information and record them on PharmOutcomes:
- Number and type of pack(s) issued.
  - Returns received.
  - Service user gender
  - Service user year of birth
  - Service user home postcode (first 4-5 digits only)
- 6.3 If the service user refuses to state any item of personal information, the Provider should deliver the service and record the interaction on PharmOutcomes with '0' (zero) recorded in the blank field.
- 6.4 These details are subject to change as Public Health Dorset responds to the latest evidence and guidance both nationally and locally.
- 6.5 If the Provider cannot enter the information onto PharmOutcomes at the time of the time of the consultation, the information shall be entered as soon as possible after the consultation.
- 6.6 If Provider shall ensure that any documentation detailed in this Service specification is maintained and made available to Public Health Dorset to enable the Service to be monitored and for post payment verification.
- 6.7 The Provider shall ensure that the necessary information, as detailed in this Service Specification, is maintained and made available to Public Health Dorset to enable the Service to be monitored and for post payment verification.
- 6.8 The Provider shall immediately inform Public Health Dorset if there is a change in Provider staff or any other issue that will affect the delivery of the Service by emailing [phcontracts@dorsetcouncil.gov.uk](mailto:phcontracts@dorsetcouncil.gov.uk) or by phoning **01305 224400**.

## 7. Activity and Payments

- 7.1 The Provider shall submit information in respect of payment to the lead Commissioner (Public Health Dorset) on the last day of the month, via PharmOutcomes.

- 7.2 Given that the budget for this service is held by both Dorset Council or Bournemouth, Christchurch and Poole Councils, the Provider will receive payment from either or both Councils depending on where the activity is undertaken.
- 7.3 Payments will be made as per the finance schedule
- 7.4 Any late submissions from Providers will not be paid until the following quarter.
- 7.5 Providers will not be paid for data submitted more than six months after the activity was undertaken.
- 7.6 No claim shall be submitted more than one month after the end of this agreement.
- 7.7 Public Health Dorset will continue to review the data submission process, to improve efficiency and align with any system developments. Public Health Dorset will notify The Provider of any changes to the template to be used.

## **8. Quality Assurance**

- 8.1 The Provider must have a complaints procedure in place and demonstrate to users and commissioners how complaints have been addressed to improve the service.
- 8.2 Both parties are required to regularly assess contract performance and address any additional matters during Review Meetings, scheduled at intervals and in a format determined by the Commissioner.
- 8.3 Public Health Dorset may request a review meeting within 5 business days following notice.
- 8.4 Quality control checks may take place at any point at the discretion of the Commissioner.

## **9. Safeguarding**

- 9.1 Providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver.
- 9.2 The Provider shall demonstrate safeguarding is embedded at every level in their organisation with effective governance processes evident.
- 9.3 It remains the responsibility of every (NHS-funded) organisation, and each individual working healthcare professional (in the NHS), to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, and conscientiously applied. Every (NHS funded) organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively.

- 9.4 Public Health Dorset will take a proportionate approach to assuring Safeguarding and Quality, commensurate with the responsibilities and financial value of each contract.
- 9.5 The Provider shall be compliant with all applicable requirements of Safeguarding Vulnerable Adults and Children outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.

**Public Health Commissioned services may be required to provide:**

- 9.6 Policies and evidence of robust safeguarding arrangements as part of formal Contract Award documentation.

**10. Data Protection**

- 10.1 The Provider shall be the sole Data Controller and personal data shall be processed by the Provider under this contract (for example, patient details, medical history and treatment details).
- 10.2 The processing of personal data which is required by Public Health Dorset for the purposes of quality assurance, performance management and contract management- Public Health Dorset (Council) and the Provider will be Data Controllers in Common; together the “Agreed Purposes”.
- 10.3 The Provider shall be compliant with all applicable requirements of the Data Protection Legislation outlined in the section: **C.8 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS** of the contract.