**Service Specification for The Provision of Take Home Naloxone from Community Pharmacies**

**Devon Pilot 2nd Jan 2024-31st March 2025.**

**Would want to pilot with:**

Boots Dawlish The Strand

Boots Courtenay St Newton Abbot

Boots High St Barnstaple

Exeter Community Pharmacy

No provision in Teignmouth

No provision in Exmouth

We would work with the LPC to approach these pharmacies

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| **Service Specification** Service  | **Provision of the take home Naloxone service**  |
| Authority Lead  | **Richard Merrifield**  |
| Period  | 2nd Jan 2024-31st March 2025 |
| Date of Review  | **January 2025**  |

1. **Aims and intended service outcomes**
	1. To increase awareness and the availability of training and supply of Naloxone.
	2. To provide training and supply of Naloxone to clients at risk of opiate overdose; specifically, those not accessing specialist substance misuse services for support.
	3. To provide clients with a supply of replacement injectable Naloxone following emergency use or date expiry.
	4. To help clients who use the service to access other health, voluntary and social care services where appropriate to facilitate behaviour change in their journey toward recovery.
	5. To understand the demand for the provision of Naloxone within Devon pharmacies.
2. **Service Outline**

**2.1** The service will be piloted to Substance Misuse and Needle Exchange clients who meet the eligibility criteria in 2.2. This service is for any person who uses drugs or who may witness a drug overdose in Devon. It excludes supply to those under 18 years of age. Any person under 18 should be referred (with their consent) to the local specialist service (currently Y-SMART, see Appendix A for contact information).

**2.2** Naloxone will be offered to anyone over 18 years:

Currently using illicit opiates, such as heroin

Receiving opioid substitution therapy e.g. Methadone / buprenorphine.

Leaving prison with a history of drug use

-Who has previously used opiate drugs (to protect in the event of a relapse)

Who resides or is closely associated with individuals where any of the above apply, including family members, carers, peers or friends.

**2.3** All clients will be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer Naloxone.

**2.4** The training and Naloxone supply can be delivered by any member of the pharmacy team who has either received direct training from an Orion Medical Supplies representative (either face to face or remotely) or has been trained by a member of the pharmacy team who has previously received the training as above.

**2.5** All clients will be provided support, advice and information, including signposting or referral to other health and social services. These will include:

Local substance misuse treatment services

Services for BBV testing and treatment.

**2.6** Staff should refer to the Naloxone Pilot standard operating procedure for further details regarding service information and contact details.

**3.0 Assessment, intervention and Naloxone Supply**

**3.1**. All individuals attending the service should be asked some basic information about the Naloxone programme to assess their understanding and knowledge. The client must demonstrate an understanding of or be given training on:

- Risks and signs of opiate overdose

- Basic life support

- Naloxone administration

**3.2**. Only in exceptional circumstances (as outlined within the training) should a supply of Naloxone be refused, and professional judgement should be used.

**3.3**. Verification of the individual’s knowledge and understanding of all aspects of the service should be confirmed. When the person supplying Naloxone is assured that the client understands:

* The risks and signs of opiate overdose
* How to administer basic life support
* Naloxone administration

The pharmacy will make a supply of ‘take home Naloxone’ as determined by meeting the eligibility requirements.

**3.4**. Written and Verbal information about the Naloxone Service, benefits, harm reduction, signs of opiate overdose and basic life support will be given. Health promotion materials to support this will be provided by Orion Medical Supplies. Pharmacies should contact gareth@orionmedical.co.uk to request replacement materials when stocks are low.

**4. Data**

**4. Data recording & information sharing**

4.1. The pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.

4.2. The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.

4.3. The pharmacy will create a record on their PMR of dispensing and label product appropriately.

4.4. The pharmacy will create a record on PharmOutcomes using the information provided by the service user for all services. This will include.

* Gender
* Age
* If the individuals is engaging with specialist substance misuse services
* If the kit is an initial supply or re-supply. Where it is a re-supply, the reason for re-supply should also be recorded e.g. following use of initial kit supplied.

See Appendix B for the list of data captured on PharmOutcomes, including some visual examples of the PharmOutcomes reporting template.

**5. Accessibility**

**5.1**. Naloxone will be available from the pilot pharmacies on an open access basis with no requirement for service users to be referred from another agency.

**5.2** The volume of Naloxone will be monitored in order to understand the demand. If the volumes being dispensed approach the volume of funding available, it maybe necessary for Public Health to stand pharmacies down or limited supplies until additional funding can be sourced.

**6. Service Requirements**

**6.1**. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.

**6.2.** The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols. A Naloxone Pilot Standard Operating Procedure (SOP) will be developed by commissioners and shared with Pharmacies to support with operationalising the pilot.

**6.3.** The pharmacy must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and skills to deliver the service, including sensitive, client centred communication skills and confidentiality.

**6.4**. The Pharmacy must ensure the commissioners are informed of any changes to personnel such that the service becomes unavailable at the pharmacy.

**6.5.** Where a pharmacist leaves a community pharmacy contracted to provide this service, the community pharmacy should assess the impact to service delivery and ensure commissioners are informed of service issues as soon as possible. Every effort should be made to ensure service continuity.

**7. Duration**

**7.1**. This Service Specification is valid from 2nd January 2024 until the end of March 2025.

**8. Safeguarding and Governance**

**8.1**. All Pharmacists, Pre-Registration Pharmacists, ACT’s and registered Technicians must complete CPPE.

Safeguarding Children and Vulnerable Adults Level II e-learning and associated e-assessment before delivering the service.

**8.2**. All other staff involved in delivering the service must be working to a safeguarding policy and procedure and sign the relevant record of competence, which must be stored in the pharmacy at all times.

**8.3**. It is implicit in the service being provided that it is delivered as specified and complies with the legal and ethical boundaries of the profession.

**8.4**. Should any issue’s or concerns with the delivery of the provision be identified, either through a visit or through any other means e.g., service user feedback, the issues will be discussed with the Pharmacy Manager to explore how this can be addressed. The Pharmacy Manager should notify the commissioners of any service delivery concerns.

**8.5**. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.

**8.6**. In addition, any serious professional matters identified may be escalated to NHS England or GPhC.

**8.7**. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

**9. Training Requirements**

**9.1**. All pharmacy staff will be eligible to offer this service and will be required to complete a remote training package comprising of an e-learning module which can be accessed [https://orionmedical.co.uk/prenoxad-injection/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Forionmedical.co.uk%2Fprenoxad-injection%2F&data=05%7C02%7Crichard.merrifield%40devon.gov.uk%7C5557664fedeb4a2bce9308dc0d061241%7C8da13783cb68443fbb4b997f77fd5bfb%7C0%7C0%7C638399566940885525%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=zcdfQQqLpffD29C%2Fk8Mi4cCZ7LzbGnK0aY8VeOgXvEE%3D&reserved=0) and [https://orionmedical.co.uk/nyxoid-training-guide/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Forionmedical.co.uk%2Fnyxoid-training-guide%2F&data=05%7C02%7Crichard.merrifield%40devon.gov.uk%7C5557664fedeb4a2bce9308dc0d061241%7C8da13783cb68443fbb4b997f77fd5bfb%7C0%7C0%7C638399566940895342%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=W2Y0YBz4Sq7%2ByaqKOAvnwg3wSzht0GMCxUrMDdMXrhg%3D&reserved=0) and a face-to-face session with a Naloxone trainer (which may be delivered live via an online platform if face to face training is not possible). Pharmacies should contact gareth@orionmedical.co.uk to arrange the in-person training.

**9.2** The Naloxone trainer might be somebody internal within the pharmacy who has completed the Naloxone train the trainer session provided by Orion Medical Supplies. Where possible staff should complete the e-learning module prior to completing the face-to-face training session.

**10. Use of Locum Pharmacists**

**10.1**. The pharmacy has a duty to ensure that staff and other pharmacists (including locums) involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service to ensure the smooth continuation of the service in their absence.

**10.2.** Where possible, the pharmacy should ensure it is staffed by a regular pharmacist/s. Should the pharmacy be in a position where the pharmacy will be run on different locum pharmacists for more than a month, the pharmacy manager will advise their plans for ensuring locums have knowledge of the provision and how they will ensure they will have at least 1 staff member on duty each day who is able to deliver the provision.

**10.3**. The pharmacy should ensure that there is adequate support staff, including staff specifically trained to always support this service in the pharmacy in order to support the pharmacist (including locum pharmacist) in the operational elements of the service and to help ensure the safe and smooth running of the service.

**10.4**. The pharmacy will ensure that appropriate professional indemnity insurance is in place.

**10.5**. It is a requirement for pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.

**11. Premises**

**11.1**. The service must be provided from a designated consultation area in the pharmacy that meets as a minimum requirements of computer access and chairs in line with other NHS services.

**11.2**. The pharmacy will have appropriate health promotion material (provided by Orion Medical Supplies) available for the users of the service and promotes its uptake.

**12. Ordering Consumables**

**12.1***.* Prenoxad injection kits (2mg) and Nyxoid Nasal sprays (1.8mg) are stocked by Orion Medical Supplies. Delivery should be received next day as per any other medicines.

**12.2.** It is the responsibility of the pharmacy to order replacement stock of Prenoxad 2mg/ml Injection and 1.8mg Nyxoid Nasal sprays from Orion Medical Supplies.

**12.3.** All stock must be ordered by brand name i.e. Prenoxad injection, to ensure the kits ordered are licensed for use in non-medical settings*.*

**12.4.** The pharmacy must ensure appropriate stock control is maintained.

**13. Quality Standards**

**The pharmacy should ensure the following:**

**13.1**. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and operate to a Standard Operating Procedure (SOP) for the delivery of this Service Specification.

**13.2.** An example standard operating procedure will be developed by commissioners and shared with Pharmacies to support with operationalising the pilot, however it is advised that Pharmacies review and update the SOP to ensure this is fit for purpose and aligns with any locally agreed protocols.

**13.3**. The pharmacy is making full use of promotional material provided by Orion Medical Supplies.

**13.4**. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken the necessary training required to deliver the service.

**13.5.** The pharmacy has a complaints procedure in place and will report any complaints, comments or concerns associated with the provision, to the commissioners as soon as possible by email or phone.

**13.6**. Co-operation with any review of the client experience.

**14. Audit**

**14.1.** The pharmacy will participate in audits of this service provision on a quarterly basis from the start of pilot. Aim of the audit would be to understand any operational challenges faced, review of the data – kits distributed / re-issued and reasons for re-issue. This will also provide an opportunity to discuss any challenges / concerns of delivering the provision.

**15. Reporting Incidents**

**15.1.** The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.

**15.2.** Any incidents pertinent of this service should be reported using the Pharmacy’s normal incident reporting procedure and a copy of this report should be sent to the commissioners.

**16. Payment Arrangements**

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| **16.1. Payment and Reimbursement Structure** Pharmacy set up Fee Cost of Prenoxad Naloxone Kit (2mg) Cost of Nyxoid nasal spray (1.8mg) | £150.00 (a one-off payment for each Pharmacy taking part in the Pilot) £18 £29.90 |
| Cost of Initial service supply Cost of re-issue  | £25.00 + cost of Naloxone Kit £5.00 + cost of Naloxone Kit  |

**16.1.1** Invoices will be generated based on activity recorded via PharmOutcomes and payments will be made in arrears on a monthly basis.

**16.2. Claims for Payment**

**16.2.1**. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 6th of the month.

**Appendix A**

**Service contact details for referral and signposting**

**Adult Specialist Substance Misuse Services:**

Together Drug and Alcohol Treatment service

Info@edp.org.uk

Tel: 0800 233 5444

**Young Persons specialist Substance Misuse Services:**

Y-SMART

y-smart@devon.gov,uk

01392 385637

**Appendix B**

Data captured via PharmOutcomes Naloxone template.



2. Examples of the Naloxone template on PharmOutcomes



