

SERVICE SPECIFICATION

Service	Provision of the take home Naloxone service
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Period	1 October 2025 – 30 September 2028
Date of Review	October 2026

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1. AIM AND OBJECTIVES

1.1 Aim

- 1.1.1 The aim of the service is to increase awareness and the availability of training and supply of Naloxone.

1.2 Objectives

- 1.2.1 To provide training and supply of Naloxone to clients at risk of opiate overdose; specifically those not accessing specialist substance misuse services for support.
- 1.2.2 To provide clients with a supply of replacement injectable Naloxone following emergency use or date expiry.
- 1.2.3 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.
- 1.2.4 To understand the demand for the provision of Naloxone within Torbay pharmacies.

2. SERVICE REQUIREMENTS

2.1 Service outline

- 2.1.1 The service will be available to anybody over the age of 18 who requests naloxone. Only in exceptional circumstances (as outlined within the training) should a staff member refuse to supply an individual with Naloxone, and professional judgement should be used. 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 (see Appendix A for contact information).
- 2.1.2 Naloxone will be proactively offered by the pharmacy to anyone over 18 years who meet any of the below criteria, rather than requiring these individuals to ask for naloxone. Individuals accessing opioid substitution therapy and the needle exchange should always be offered naloxone. The list of below criteria is not exhaustive and this is a list of cohorts whose situation indicates a higher need for naloxone:
- Receiving opioid substitution therapy e.g. Methadone / buprenorphine.
 - Accessing needle and syringe provision
 - Currently using illicit opiates, such as heroin
 - 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.
- 2.1.3 Due to the stigma related to drug use, some individuals may be reluctant to ask for naloxone and so any conversation and training should be offered in a private and confidential space where possible.

- 2.1.4 All individuals supplied with naloxone must be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer Naloxone.
- 2.1.5. Pharmacy staff supplying naloxone and delivering training must have received the training referred to in Section 9.
- 2.1.6. All individuals receiving a naloxone kit 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 (see Appendix A)
 - Services for BBV testing and treatment

2.2 Assessment, Intervention and Naloxone Supply

- 2.2.1 The staff member supplying Naloxone must be assured that the client understands the following before making the supply:
 - The risks and signs of opiate overdose
 - How to administer basic life support
 - Naloxone administration
- 2.2.2 Where an individual has received naloxone training previously (not necessarily from that pharmacy) and has an understanding of the above points, the training does not need to be re-delivered to the individual and a kit can be provided.
- 2.2.3 Only in exceptional circumstances (as outlined within the training) should a staff member refuse to supply an individual with Naloxone, and professional judgement should be used.
- 2.2.4 Health promotion materials to support this service will be provided by Ethypharm. Pharmacies should contact louise.edwards@ethypharm.com to request replacement materials when stocks are low.

2.3 Data recording and information sharing

- 2.3.1 The pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.
- 2.3.2 The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.
- 2.3.3 The pharmacy will create a record on their PMR of dispensing and label product appropriately.
- 2.3.4 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 was provided following a request or after being pro-actively offered by the pharmacy
 - Who the Naloxone is provided to e.g. individual using opiates, a family member, friend or carer of someone using opiates
 - 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.

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

2.4 Service requirements

- 2.4.1 The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times, and guarantee that pharmacists and staff involved in the provision of the service have the required knowledge and skills to do facilitate this approach.
- 2.4.2 Maintaining confidentiality refers to protecting the identity of the individual who accessed the service, and not sharing any personally identifiable information on their visit/interaction with other services. Personal data will be collected by the pharmacy to enable them to contact the individual if there is a product recall. The data required is contained in the PharmOutcomes templates in Appendix B.
- 2.4.3 Only a high-level data extract of all completed forms will be included in a report that is viewable by Public Health, in order for Commissioners to understand demand for the provision. They will not have access to personally identifiable data.
- 2.4.4 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.
- 2.4.5 The Pharmacy must ensure the Local Authority commissioners are informed of any changes to personnel such that the service becomes unavailable at the pharmacy.
- 2.5.6 Where a pharmacist leaves a community pharmacy contracted to provide this service, the community pharmacy should assess the impact to service delivery and ensure Public Health Commissioners via publichealth@torbay.gov.uk are informed of service issues immediately. Every effort should be made to ensure service continuity.

2.5 Duration

- 2.5.1 This Service Specification is valid from 1st October 2025 until 30th September 2028 to align with existing pharmacy contracts.
- 2.5.2 Naloxone must be available from the pharmacy throughout the duration of the contract.
- 2.5.3 A minimum of 28 days' notice must be given by the Local Authority, or the pharmacy, if the contract can no longer be delivered or there is a requirement to terminate the contract early.

2.6 Safeguarding and Governance

- 2.6.1 To deliver this service, the pharmacist should have evidence of competence in the clinical skills and knowledge required to deliver all aspects of the service. The appropriate clinical skills and knowledge are covered in the following training modules on the Centre for Pharmacy Postgraduate Education (CPPE) and/or the NHS England e-learning for healthcare (elfh) websites (NB – packages that are highly recommended are indicated by an asterisk):
- *Safeguarding
 - Safeguarding Level 3 – Safeguarding Children and Adults Level 3 for Community Pharmacists - video on elfh

OR

- Safeguarding Level 3 Learning for Healthcare Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3

- 2.6.2 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.
- 2.6.3 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.
- 2.6.4 Should any issues or concerns with the delivery of the provision be identified, either through a visit or through any other means e.g. client 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.
- 2.6.5 If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 2.6.6 In addition, any serious professional matters identified may be escalated to the Office of Health Improvement and Disparities or GPhC.
- 2.6.7 Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

2.7 Training requirements

- 2.7.1 Any pharmacy staff will be able to offer this service after having completed a training session delivered either by Ethypharm or the Torbay Naloxone Tribe of trained peers linked to Torbay Recovery Initiatives. To organise a training session, the pharmacy can contact Louise Edwards at Ethypharm via louise.edwards@ethypharm.com. Training sessions can be arranged at a time to suit each pharmacy and should be delivered face-to-face. If for any reason, a face-to-face training session is not suitable, then a virtual session can be arranged with Louise Edwards who can send out a demonstration naloxone kit to pharmacies to use during the training.
- 2.7.2 A free Naloxone e-learning module can be accessed [here](#) and is recommended for staff completion in addition to the training with Ethypharm. This module provides an additional resource of information but should not be a replacement for the Naloxone training required referred to in 9.1. Where possible, staff should complete the e-learning module prior to completing the face-to-face training session.
- 2.7.3 There may be an opportunity for pharmacy staff to attend a Naloxone train the trainer session via Ethypharm. This would support a staff member within the pharmacy to deliver internal Naloxone training across the wider team. Staff interested in attending the naloxone train the trainer session should contact Louise Edwards at Ethypharm by emailing louise.edwards@ethypharm.com.

2.8 Use of locums

- 2.8.1 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.
- 2.8.2 The pharmacy should ensure that there is adequate support staff, including staff specifically trained to support this service in the pharmacy at all times 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. Any risk to continuous provision of the service should be communicated to Public Health Commissioners immediately via publichealth@torbay.gov.uk.
- 2.8.3 The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 2.8.4 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.

2.9 Premises

- 2.9.1 The service must be provided from a designated consultation area in the pharmacy that allows for confidential conversations between the member of staff and the client.
- 2.9.2 The pharmacy will have appropriate health promotion material available for the users of the service and to promote its uptake. These materials can be provided by Ethypharm and pharmacies can contact Louise Edwards to order these: louise.edwards@ethypharm.com.

2.10 Ordering Consumables

- 2.10.1 It is the pharmacy's responsibility to ensure adequate supplies of Naloxone are stocked within the Pharmacy. Prenoxad is produced by Macarthy's Laboratories, which trades as Martindale Pharma, an Ethypharm Group company. Pharmacies should order Prenoxad kits from Orion Medical Supplies as the cost of the kits will be covered upfront by Torbay Public Health when ordering through this route, with no cost made to the pharmacy. Orders can be made following registration for an online account at <https://orionmedical.co.uk/registration/>

Delivery should be received next day during weekdays.
- 2.10.2 It is the responsibility of the pharmacy to order replacement stock of Prenoxad 1mg/ml Injection 2ml and to ensure adequate stock levels are maintained. The risk associated with the rise of synthetic opioids means it is especially important now more than ever to ensure that individuals accessing the pharmacy are able to obtain naloxone.
- 2.10.3 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.
- 2.10.4 New kits must be ordered before current stock expires.

2.11 Quality Standards

- 2.11.1 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.
- 2.11.2 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.
- 2.11.3 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.
- 2.11.4 Co-operation with any review of the client experience.
- 2.11.5 Participation in any audit of the service as required by the Commissioner.

2.12 Incidents requiring reporting

- 2.12.1 The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.
- 2.12.2 The pharmacy should ensure it is familiar with the Incidents Requiring Reporting Procedure detailed in the Public Health services main contract at Appendix G.

3. PRICING AND PAYMENT

3.1 Reimbursement process

- 3.1.1 Pharmacies should order Prenoxad kits from Orion Medical Supplies as the cost of the kits will be covered upfront by Torbay Public Health when ordering through this route, with no cost made to the pharmacy.
- 3.1.2 In order for the pharmacy to receive payment for delivering the service to each customer, pharmacies will need to record each supply made on Pharmoutcomes.
- 3.1.3 The Initial service supply must include training the individual on how to administer naloxone, including basic overdose awareness and how to respond. For subsequent re-supply of a naloxone kit (where individuals have already received training), the cost of this service is proportionate to the amount of time required.
- 3.1.4 Please see the below table for the payment structure:

Service Description	Unit Value
Prenoxad Injection – New supply made	£25.00
Prenoxad Injection – Re-Supply made	£5.00

- 3.1.5 Invoices will be generated automatically based on activity recorded via PharmOutcomes and payments will be made in arrears on a monthly basis.
- 3.1.6 Invoices will be generated automatically by PharmOutcomes around the 6th of the month.
- 3.1.7 Payment will be made in accordance with Appendix E of the main contract.

APPENDIX A

Service contact details for referral and signposting

Adult Drug and Alcohol Service:

Torbay Recovery Initiatives (TRI)

 8 Morgan Avenue, Torquay, TQ2 5RS

 01803 291129

 [Email using this online referral form](#)

Young Persons Drug and Alcohol Service (YDAS):

Torbay Children's Services

 Town Hall, Castle Circus, Torquay, TQ1 3DR

 01803 208100

 YDAS@torbay.gov.uk.

Sexual Health Service:

Devon Sexual Health

 Castle Circus Health Centre, Abbey Road, Torquay, TQ2 5YH

 01800 303 3989

 <https://www.devonsexualhealth.co.uk>

APPENDIX B

Data captured via PharmOutcomes Naloxone template

Provider File Copy - Take Home Naloxone Pilot

Patient Details	
Name	Mickey Mouse
Address	Please write patient address legibly in block capitals or affix bag label
Date of Birth	01-Feb-2003
Gender	Male
Ethnicity	Not Stated

Violet Patch Pharmacy
 678 A Street in a Town
 Narrow
 EF45 6GH
 0789 123456

Provision Details	
Provision Date	15 Jan 2021
Is the client currently in treatment (i.e. on a script for methadone / buprenorphine)?	Is the client currently in treatment (i.e. on a script for methadone / buprenorphine)? One of: Yes No
If No	If No: One or more of: Currently using illicit opiates such as heroine A prison leaver with history of drug use Someone who has previously used opiate drugs Supporting an individual where any of the above apply including family members, carers or friends Other
Was the Naloxone requested by the client?	Was the Naloxone requested by the client?: One or more of: Yes No
If No, was Naloxone offered by the pharmacy?	If No, was Naloxone offered by the pharmacy?: One of: Yes No

Training	
Approved training package delivered?	Approved training package delivered?: One of: Yes No

Supply of take home naloxone kit	
Naloxone kit supplied	Naloxone kit supplied: One of: Yes No
Reason for supply ?	Reason for supply ? One of: Initial (new) supply Re-supply (used) Re-supply (lost/stolen) Re-supply (out of date) Re-supply (other)
Batch number	Answer to Batch number single line input
Expiry date	Answer to Expiry date
If No, please state reason for non supply	Answer to If No, please state reason for non supply text box

Example of the Naloxone template on PharmOutcomes

Take Home Naloxone Pilot (Preview) [Deprecated]

Provision Date	15-Jan-2021	Please ensure that the service user is aware that data captured here will be shared with Public Health for the purpose of monitoring supplies made by the pharmacy and to enable Public Health or the pharmacy to contact the individual if any issues are identified with the naloxone (e.g. a batch recall).
Name	Donald Duck	
Date of Birth	05-Jun-1987 33 years of age	
Gender	☒ Male ☐ Female	
Ethnicity	Mixed - Other mixed groups ▼	
Postcode	ZY98 8XW	
Is the client currently in treatment (i.e. on a script for methadone / buprenorphine)? ☒ Yes ☐ No		
Was the Naloxone requested by the client? ☐ Yes ☒ No		