



**Turning Point  
Specification for  
Community  
Pharmacy Take  
Home Naloxone  
(THN) Programme**

**C&HRS  
Community  
Pharmacy  
Agreement  
(Part B) V1.00**

## Turning Point Specification for Take Home Naloxone (THN) Programme

### Community Pharmacy Agreement

#### 1. Introduction, aims and objectives of service

This document sets out a Service Specification for a community pharmacy Take Home Naloxone (THN) to be provided by the Contractor<sup>1</sup> to service users across the City and Hackney Recovery Service (C&HRS).

**Pharmacies are well placed to be able to provide services as part of the local harm reduction strategy.**

The THN service relates to the supply of Prenoxad® 1mg/ml pre-filled syringe (2ml) injection for lay administration and includes the details of who may supply Prenoxad®, who may receive a supply of Prenoxad®, who is excluded from receiving a supply of Prenoxad®, the procedure that must be followed and the information that must be recorded.

This specification has been informed by the following recommendations and guidance:

- PHE (2019) Guidance: Widening the availability of naloxone. Available at <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone> (Accessed 17/04/2020)
- Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

This Service is for anyone aged 16 years and above. Any person aged under 16 years can access the Company's<sup>2</sup> specialist substance misuse service and should be referred through local offices) see appendix B for further details). Contractors are also reminded that their own safeguarding policies need to be followed.

#### 2. Supply (Service Description)

- People employed or engaged in the provision of drug treatment services including community pharmacy staff can supply Prenoxad® that has been obtained by their pharmacy to others for the purpose of being available to save life in an emergency.
- Community pharmacy staff issuing supplies of Prenoxad® to individuals must as best practice:
  - Be authorised by name to make Prenoxad® supplies (individuals are authorised to make supplies once they have completed training as detailed in Appendix B and signed the training record in Appendix A)
  - Have undertaken the locally approved Prenoxad® training for supply under this service (See appendix B).
  - Know where to refer to for further information and advice (see appendix B).

<sup>1</sup> The term "Contractor" is used throughout this Agreement to represent Community Pharmacies

<sup>2</sup> The term "Company" is used throughout this Agreement to represent Turning Point

- Keep up to date with any changes to the service. Any changes to the service will be communicated via Turning Point.
- Attend/undertake refresher training at least every 12 months<sup>3</sup>.
- If registered with a professional body, adhere to any relevant standards.
- The pharmacy should retain a training record for each member of staff completing the training (Appendix A).
- Authorisation to supply using this service only allows supplies to be made as specified; it does not cover supplies issued on prescription or by Patient Group Direction (PGD) which must be made by the appropriate professional.
- A label should be applied to each Prenoxad<sup>®</sup> unit confirming supply by the named pharmacy only. See appendix B
- Contractors will offer a user-friendly, non-judgmental, client-centred and confidential service.

### 3. Information for Monitoring

- The staff member making the supply must:
  - Ensure that the individual is 16 years of age or over.
  - Ensure that the individual is not knowingly allergic to Prenoxad<sup>®</sup> or any of the ingredients. Any details of an adverse drug reaction should be recorded.
  - Check that the individual knows how to use Prenoxad<sup>®</sup>.
  - Issue a Prenoxad<sup>®</sup> assembly and administration leaflet to support this and signpost to the Prenoxad<sup>®</sup> information website.
  - Recommend that the client reads the leaflet and watches the video on the website which shows them how to administer.
  - If you have any concerns then refer the client to Turning Point services.
- Details of the supply should be recorded on NEO360.
- Monthly submissions and payment will be provided through automated NEO360 report to Turning Point in a timely manner.
- Pharmacies supplying Prenoxad<sup>®</sup> as part of their drug treatment service must have an SOP in place which covers the ordering, storage, access, supply, monitoring and disposal arrangements for Prenoxad<sup>®</sup>.

### 4. Accreditation

- Pharmacists and pharmacy staff involved in the provision of THN should have relevant knowledge and be appropriately trained in the operation of the Service to a standard agreed with the Company. Training in the operation of the Service is provided by the Company in the form of the locally approved Prenoxad<sup>®</sup> training for supply under this service (See appendix B).
- Delivery of these support services will be determined locally between the Company, Local Pharmaceutical Committee (LPC), local commissioners and any other organisation or group that are considered to be a valid stakeholder in the service delivery e.g. service user group.
- All **pharmacy staff** should be encouraged to complete the free online training courses from

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<sup>3</sup> This may include online training

SMMGP at <http://www.smmgp-elearning.org.uk> (registration required). This e-learning programme is free and supports learning and development in the subject.

- Pharmacists and staff involved in the provision of THN are aware of and operate within local protocols agreed with the Company. The Pharmacies SOP must be based on local protocols and must be regularly reviewed.
- Contractors will be invited to attend at least one meeting per year<sup>4</sup> with the Company to promote Service development and update the knowledge of pharmacy staff. This includes an awareness raising session about the drug and alcohol treatment and support services available locally and an opportunity to raise questions and/or concerns about practice. Although attendance is not mandatory, the Company would encourage engagement from Contractors to support both Service development and as a CPD update for pharmacy staff.

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<sup>4</sup> This may also be delivered as an online meeting

## Schedule 1

### Payments

#### Payment process

NEO360 has been commissioned by the Company to act as an agent for processing THN claims. Under this agreement

- NEO360 is funded to provide access to Contractors commissioned to provide the THN Services and process Service payments on behalf of the Company
- Monthly claims are completed via the NEO360 system.

Claims will be paid in line with the Payment Terms outlined in section 6 of the Company “Services Agreement” document

Paper-based claims will not be processed for payment.

For queries relating to the use of NEO360 please contact NEO360 directly

#### Payment rates

THN payments will be made to the Contractor at the following rates:

- **£5.00** per service user transaction (not per individual units)
- The cost of the Prenoxad<sup>®</sup> IM injections will also be reimbursed based on the dm+d price for the month of supply<sup>5</sup>

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<sup>5</sup> <https://apps.nhsbsa.nhs.uk/DMDBrowser/DMDBrowser.do>

**Appendix A: Prenoxad<sup>®</sup> Supply Framework Training Record**

**Drug Treatment Service**

- I have read and understood the Prenoxad<sup>®</sup> Supply Framework and SOP.
- I have completed the training as described in appendix B and have the necessary competence, training and knowledge to apply the Framework.
- A copy of the Framework will be retained in the pharmacy for reference.
- I know who to contact for further support and advice concerning the Framework.
- I will attend a refresher training session every year and keep up to date with developments concerning the Take Home Naloxone programme.

Staff Member (please print)	Signature	Date

**This training record should be retained and kept up to date by the pharmacy**

## ***Appendix B - Locally approved training options for Pharmacy staff and Contact Details***

All staff involved with the supply must have relevant training on the use and supply of take home naloxone; the level of training is dependent on the role being undertaken within the pharmacy:

### All involved Staff:

Mandatory: 1 hour Turning Point online training session.

Note: If the pharmacy staff member is **unable to attend this online training session** they can view the training webinar available through the LPC.

Recommended: SMMGP Free-learn “Prenoxad Saves Lives” <http://www.smmgp-elearning.org.uk>  
(registration required)

### ***Contact details***

Ongoing support may be provided through Ethypharm (Prenoxad®) representative:  
Nikki Hough (London and South East) 07557 175177 [nicki.hough@ethypharm.com](mailto:nicki.hough@ethypharm.com)

**C&HRS** accepts referrals from health professionals as well as self-referrals from members of the public. C&HRS can be contacted through the following routes:

- Telephone: 0300 303 8788 – lines are open 24/7
- Web site: online contact details and screening form available from <https://www.turning-point.co.uk/C&HRS>
- Email: [C&HRS@turning-point.co.uk](mailto:C&HRS@turning-point.co.uk)

For additional support and information please contact:


Ademola Adeniji  
Pharmacy Lead for C&HRS  
Telephone: 02076404502  
Email: [ademola.adeniji@turning-point.co.uk](mailto:ademola.adeniji@turning-point.co.uk)

Each pharmacy should nominate a lead practitioner to support this work

On the following page is an example of a label we use at our Suffolk service.

When producing a pharmacy label please just label as "Supplied by" with your contact details  
Please do not add the client name.

Pharmacies may want to consider pre-printing these labels and adding the date to support an efficient supply model

<b>Supplied By:</b>	
Suffolk Recovery Network	
Turning Point 	
Sanderson House	
17-19 Museum Street	
Ipswich	Tel: 0330 303 6000
IP1 1HE	Date of Supply: __/__/____