



Service Specification

Waltham Forest

Take home naloxone

Background

- 1.1 Take home naloxone provision to suitable needle exchange and supervised consumption service users forms an important part of their care. Naloxone has been used for many years in emergency medicine for the reversal of the effects of opioid overdose and to prevent death.
- 1.2 Pharmacies are ideally placed for providing take home naloxone to the target population group as they are one of the main points of contact for opiate users accessing needle exchange services or collecting opiate-substitution medication.
- 1.3 The provision of take home naloxone through pharmacies increases the availability and access to naloxone over a wide geographical area and provides opportunities for intervention in a population group who may not currently access specialist substance misuse services.

2. Aims and Intended Service Outcomes

- 2.1 To reduce the number of drug-related deaths caused by opioid overdose by:
 - Increasing availability of naloxone in the community for emergency use in opioid overdose
 - Increasing awareness of symptoms of opioid overdose and how to respond in an emergency
 - Providing training in the appropriate use of naloxone in the situation of opioid overdose

3. Service Outline

- 3.1 Take home naloxone provision is available to all presenting adults (aged 18 and over) who attend for either needle exchange services or supervised consumption of their opiate substitute medication. Young people under 18 years old should be sign-posted to the local specialised Young People's Service.
- 3.2 Identify suitable service users and supply naloxone injection in the form of a Prenoxad kit through engagement in the pharmacy, particularly those accessing needle exchange and/or opioid substitution therapy, informing clients about harm reduction and the benefits of carrying a naloxone Injection.
- 3.3 All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone (see Appendix 1). The training is not time consuming.
- 3.4 The naloxone and overdose training can be delivered by any member of the pharmacy team who has been appropriately trained and has been deemed competent to do so by the pharmacist in charge. Once completed, a take-home naloxone kit may be issued to the service user.
- 3.5 The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.

4. Data Recording & Information Sharing

- 4.1 The pharmacy will maintain accurate records of the service provided.
- 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 PharmOutcomes using information provided by the service user.
- 4.4 Internet access must be available for input of data onto PharmOutcomes.
- 4.5 The consultation room will have access to a computer to enter patient details on to PharmOutcomes. There will be access to a printer for printing of the consent form via PharmOutcomes

5. Brief Harm Minimisation and Health Promotion Interventions

- 5.1 This will be undertaken by a pharmacist or other competent staff member and may encompass such areas as:
 - Safe injecting techniques
 - Sexual health advice
 - Transmission of blood borne viruses
 - Wound site management
 - Nutrition
 - Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children)
 - Taking measures to reduce harm and prevent drug-related deaths
 - Safe storage and use of OST
 - Alcohol misuse

5.2 Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature.

6. Ordering of materials

6.1 It is the responsibility of the pharmacy to order stock to meet the requirements of the service.

6.2 Stock levels must be maintained to ensure availability of naloxone to supply to service users once they have received the training.

7. Accessibility

7.1 This service will be provided on an open access basis with no requirement for referral from an external agency.

7.2 The service user will determine:

- Which delivery site they access
- The frequency of engagement
- Which interventions they access

8. Service requirements and duration

8.1 This service specification is valid from [DATE] – [DATE].

8.2 The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.

8.3 The service will be delivered in a consultation area in the pharmacy which ensures a sufficient level of privacy and safety and meets Medicines Use Review premise requirements. Hand washing facilities must be available. NHS infection control standards must be complied with.

8.4 Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and follow their company Standard Operating Procedures that cover the provision of this service.

8.5 Pharmacists and staff involved in the provision of the service must have relevant knowledge and be appropriately accredited in the operation of the service.

8.6 The Contract Manager must be informed of any changes to personnel which impacts service delivery or availability. Every effort should be made to ensure service continuity.

9. Safeguarding and Governance

9.1 Pharmacy staff must be aware of local child and vulnerable adult protection procedures; these must be followed at all times.

9.2 It is implicit in the service being provided that it is delivered to the standard specified, and complies with the legal and ethical boundaries of the profession.

9.3 Should an issue be identified either through a visit by the Contract Manager or through any other means an action plan will be produced following the process below:

- CGL will identify any issues and will agree points for action with the named pharmacist, and an action plan will be created.
- The Contract Manager will send a written report to the named pharmacist within two weeks of the visit summarising what action needs to be taken and by when.
- The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plan has been completed.
- If any further action needs to be taken, this will be documented and new timescales agreed.
- If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.

Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC.

10. Required training

11. The accredited pharmacist and support staff must complete the SMMGP e-learning module “NaloxoneSavesLives” available at

<http://www.smmgp-elearning.org.uk/course/index.php?categoryid=2>

or have attended a

11.1 training and accreditation event organised by [CGL] before commencing the service. The manager will be required to keep a record and evidence of appropriately trained staff.

- 11.2 For all services the CPPE courses “Substance Use and Misuse” (Modules 1 – 4) and “Safeguarding Children and Vulnerable Adults” must be completed. The completion certificate for this must be no more than three years old.
- 11.3 Pharmacist and support staff must have received the required training before the service can be delivered. Take home naloxone can only be provided once training has been given to a service user by a suitably trained member of staff.
- 11.4 The training requirements must be met within three months of joining the service and updated every three years.
- 11.5 The lead pharmacists will be responsible for identifying staff training needs and for recording their own Continuing Professional Development, and cascading training to all staff where appropriate

12. Quality indicators

- 12.1 The pharmacy will have standard operating procedures relating to this service. The pharmacist will review these standard operating procedures and the referral pathways for the service on an annual basis.
- 12.2 The pharmacist and support staff will attend required training and accreditation events relating to this service.
- 12.3 The pharmacist and support staff have completed the required training.
- 12.4 The pharmacist has undertaken CPD relevant to this service, and pharmacists (including locums) and staff involved in the provision of this service have sufficient relevant knowledge and are familiar with the requirements of this service specification.
- 12.5 The pharmacy has a complaints procedure in place
- 12.6 The pharmacy co-operates with any local assessment of service and service user experience, including use of “mystery customers” and audits.

13. Incidents and complaints

- 13.1 The pharmacy is required to have a robust incident reporting and investigation procedure in place.
- 13.2 Incidents relating to this service should be reported in line with the pharmacy’s incident reporting procedure. The pharmacy will provide a copy of the incident report to the Contract Manager.
- 13.3 The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Contract Manager as soon as possible.

13. Use of Locum Pharmacists

- 13.1 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 the absence of the regular pharmacist.
- 13.2 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 Contract Manager must be informed.
- 13.3 CGL has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, CGL may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 13.4 The pharmacy should ensure that there are 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.
- 13.5 The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 13.6 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.

14. Payment arrangements

Service Provided	Fee
Naloxone Supply	£10.00
Prenoxad kit	£18.00

- 14.1 Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month. The service contract and financial details will need to be completed and returned before any payments will be made.
- 14.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.
- 14.3 The pharmacy is responsible for entering accurate claims data on the correct website

15. Audit

- 15.1 The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and deliver identified action points reported on the audit within the agreed timescale.
- 15.2 The Contract Manager may employ mystery shoppers as part of this audit.

Appendix 1: Service user training

Service users must be competently trained in order to be provided with take home naloxone. As a minimum, training sessions must cover the following topics:

Overview of the Main Risk Factors for Drug Overdose

- ❑ Main risk ‘groups’, i.e. people leaving prison, detoxification, rehabilitation, having recently stopped the use of naltrexone or with low tolerance
- ❑ Injecting drugs
- ❑ Longer history of injecting
- ❑ Poly-drug use. Risks associated with using combinations of depressant drugs, e.g. mixing heroin with other sedative drugs or mixing with alcohol

How to Recognise when Someone has Overdosed

- ❑ Deep snoring/‘gurgling’ noises
- ❑ Not able to wake, not responsive to shouting and shoulder shake
- ❑ Turning blue
- ❑ Not breathing

PLEASE NOTE: Ensure that the service user is aware that Naloxone should **never** be considered as a safety net to take extra risks.

What is Naloxone?

An opioid antagonist – It **temporarily** reverses the effects of opioids. Naloxone does **not** reverse overdoses of non-opioid drugs.

How Does a Patient Respond to Naloxone?

Duration and type of effect from Naloxone depends on:

- ❑ Which opioid was used
- ❑ How much opioid was used e.g. methadone versus heroin
- ❑ By what means it was taken, i.e. oral, IV
- ❑ Any other drugs or alcohol taken

If someone has taken an opioid overdose, Naloxone will **buy precious time**. The individual still needs to go to hospital. Please dial 999 for an ambulance

Where Should Naloxone be Kept?

- ❑ Carried by the individual on their person
- ❑ A specific place at home or the place where drugs are used. Service users should also let others know where it is kept

What About Safety?

Naloxone should be kept out of the reach of children. The expiry date also needs to be checked intermittently. If it is out of date, you need to return to the pharmacy or a CGL service to collect another Naloxone kit.

How is the Naloxone Syringe Assembled?

Instruction leaflets are included in the 'Take Home Naloxone' kit. There are dummy (or out of date) syringes available, which can be used to practice assembling the kit. It is important to emphasise that care must be taken when screwing the needle onto the barrel of the syringe as it is easy to eject Naloxone accidentally.

PLEASE NOTE: The Naloxone kit contains two needles. It is important to emphasise to the service user that these needles should never be used for other purposes, because when an overdose occurs, the absence of needles could lead to death.

Where Naloxone Should be Injected?

It is quicker and easier to give Naloxone into a muscle, i.e., intramuscular. Intramuscular injection is the usual way it is given in A&E departments and by paramedics. It takes 2-5 minutes to have an effect when given intramuscularly.

What Should be Done with the Syringe After Use?

The syringe should be placed in a sharps bin, e.g. in the ambulance. In addition, in areas where ampoule packs are being used, the used needle can be placed in the container and given to the ambulance staff or taken back to CGL service.

PLEASE NOTE: The Naloxone pack should not be opened unless it is to administer to someone in an emergency overdose situation.

How to get a Replacement Naloxone kit?

When a replacement kit is needed due to the current dose being used, lost, damaged, or out of date, the service user should return to their CGL service or pharmacy where they were originally trained and supplied with the Naloxone kit. When replenishing Naloxone, CGL or pharmacy staff must ensure that a consent form and all other necessary paperwork is completed. In addition, it is essential to ensure that the individual's knowledge is still up to date.

Expired stock must be disposed through medicinal waste bins, such as at a pharmacy.

Calling an Ambulance

Throughout the training session it is imperative to emphasise the following:

- ☒ Service users must dial 999 and call an ambulance in all overdose cases.
- ☒ Naloxone is a short acting drug that lasts between 20 minutes and 40 minutes. An overdose can last up to 8 hours; hence the affected individual may go back into overdose state.
- ☒ The police are not routinely called to overdoses but if they do attend, this will be for the purpose of assisting the paramedics in their efforts to save a life.
- ☒ Always stay with the individual until emergency services arrive and be prepared to give further doses.

Appendix 2: List of providers

Ethypharm
Building A2 Glory Park, Glory Park Avenue
Wooburn Green
Buckinghamshire
HP10 0DF

Tel : 01628551900

Appendix 3: Local contact information

CGL Waltham Forest
1 Beulah Road
Walthamstow
E17 9LG

Tel: 02038269600
Fax: 02085098015
Email: WFPharmacy@cgl.org.uk