

PHARMACEUTICAL SERVICES (SCOTLAND)

ADDITIONAL SERVICES

Forth Valley Community Pharmacy Naloxone Service

1. Service aims

- 1.1. To support the National Naloxone Programme to increase awareness and the availability of training and supply across NHS Forth Valley.
- 1.2. To provide training and supply naloxone via patient group direction, to clients at risk of opiate overdose who have engaged in an approved training programme.
- 1.3. 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 towards recovery.

2. Service outline and standards

2.1 Service Provision

- 2.1.1 The Community Pharmacy Naloxone Service will be provided by community pharmacies engaged in Injecting Equipment Provision (IEP) and any other community pharmacy providing services to patients on opiate replacement therapy.
- 2.1.2 The training element of the service will be provided by the pharmacist or staff member who must have attended the approved naloxone training. This element may be supported by an approved DVD presentation.
- 2.1.3 The naloxone supply element of the service will be provided by the pharmacist who must have attended the approved naloxone training.
- 2.1.4 The pharmacist is responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential service.
- 2.1.5 The pharmacy team will be responsible for developing and maintaining a close working relationship with the local harm reduction service and all Substance Misuse Treatment Services. This should include a process to allow information sharing where required.
- 2.1.6 The premises should provide an acceptable level of confidentiality and safety as agreed on a local basis. This should reflect the needs of the client and other members of the public.

- 2.1.7 The pharmacist will provide support, advice and information to clients who use this service, including signposting or referral to other broader health and social support services. These will include:
- Harm Reduction Service drop-ins
 - Local substance misuse treatment services
 - Hepatology services for BBV testing and treatment
- 2.1.8 A standard operating procedure should be in place in the pharmacy to cover all aspects of service provision.
- 2.1.9 NHS Forth Valley will provide a local patient group direction within which this service must be operated.
- 2.1.10 The pharmacist will ensure that the pharmacy staff consider and, where appropriate, act on any child protection issues coming to their attention as a result of providing the service.

2.2 *Assessment, Brief Intervention and Naloxone Supply*

- 2.2.1 All clients attending the service for the first time should be welcomed and asked some basic information about the naloxone programme to ensure their needs are met. The client must be given or have previously received training on:
- risks and signs of opiate overdose
 - basic life support
 - naloxone administration.

Where possible/available the client's details should be confirmed by searching the NEO naloxone module.

The discussion should take place in a private area to ensure confidentiality and should include the provision of both verbal and written information about the naloxone programme.

- 2.2.2 Verification of the client's knowledge and understanding of all aspects of the programme should be confirmed by utilising the checklist (appendix 1).
- 2.2.3 Only in exceptional circumstances should a supply of naloxone be refused and professional judgement should be used.
- 2.2.4 For those clients who have been trained onsite and/or provide evidence of being trained and when the pharmacist is assured that the client understands:
- the risks and signs of opiate overdose
 - how to administer basic life support and
 - naloxone administration
- the Pharmacist will make a supply of 'take home naloxone' as determined by the patient group direction as part of the Forth Valley Naloxone Programme.

Supporting education materials will be supplied by Forth Valley Alcohol and Drug Partnership for issue to clients.

- 2.2.5 The pharmacist will be responsible for ordering replacement stock and maintaining adequate stock levels. All purchases must be claimed from NHS Forth Valley by sending a copy of the invoice to the Finance Department.

2.3 Data collection

- 2.3.1 The pharmacist is responsible for ensuring that the minimum data set is collected as agreed locally.
- 2.3.2 Data collection systems should be used in accordance with local protocols. The aim is locally to move towards direct entry on to the web based electronic system. Where direct entry is not feasible then the paper Naloxone Training and Supply Record (appendix 2) should be used with regular batch entry of this data on to the electronic system. Confidentiality and data protection should be maintained.

3 Training

- 3.1 NHS Forth Valley will ensure that relevant training is made available to pharmacy staff involved in Forth Valley Community Pharmacy Naloxone Service. The pharmacist must have attended an approved naloxone training course prior to commencing the service. Updates will be provided as part of the broader IEP training on an annual basis.
- 3.2 All staff should have read the '*Guidelines for services providing injecting equipment. Best practice recommendations for commissioners and IEP services in Scotland*' (Scottish Government 2010).
- 3.3 It is essential that pharmacists participate in any local and national training initiatives identified by NHS Forth Valley.
- 3.4 The pharmacist will ensure that they have up-to-date knowledge, are aware of local arrangements and are appropriately trained in the operation of the service.

4. Monitoring and evaluation

- 4.1 It is a requirement of the service that appropriate records are kept and maintained by the pharmacist to enable verification of service provision and training requirements, and to provide information to NHS Forth Valley for internal and external audit and evaluation purposes.

- 4.2 NHS Forth Valley should ensure effective monitoring and audit of the service.
- 4.3 The pharmacist is responsible for participating in local and national evaluation and facilitating local customer feedback initiatives.

5. Payment

- 5.1 A fee will be paid for providing this service. This will include the provision of training and/or a 'take home naloxone' kit with written and verbal advice to clients.
- 5.2 Payment for service provision shall be made following submission of a fully completed claim form or invoice from NEO system on a monthly basis. Information on this form is also used for audit and evaluation purposes and must be completed accurately before any payment is made by NHS Forth Valley.

Background Information – not part of the service specification

RPSGB Medicines, Ethics and Practice Guide (current edition)

NES Child Protection Distance Learning Resource Pack

National Forum on Drug Related Deaths in Scotland: Annual Report 2010-11

<http://www.scotland.gov.uk/Publications/2011/11/09091958/0>

Scottish Drugs Forum <http://naloxone.org.uk>

Useful references

Guidelines for Services Providing Injecting Equipment

<http://www.scotland.gov.uk/Publications/2010/03/29165055/0>

National quality standards for drug misuse services

<http://www.scotland.gov.uk/resource/Doc/149486/0039796.pdf>

National Treatment Agency: best practice guidance for commissioners and providers of pharmaceutical services for drug users

http://www.nta.nhs.uk/publications/Prescribing/Pharmaceutical_services_for_drug_users.pdf

Website run by independent academics and healthcare professionals aimed at raising the awareness and profile of the use of take-home naloxone as a mechanism for reducing drug-related death, and to provide a forum for discussing innovation, training and practice developments: <http://www.take-homenaloxone.org>

Guidelines for the prevention, testing, treatment and management of hepatitis C in Primary care available at www.smmgp.org.uk and www.rcgp.org.uk

One to One Naloxone Training Checklist

Trainee Details

Name	DOB	Address (inc. postcode)	GP Name & Address

The person must demonstrate an understanding of the following:

	Trainer Initials
The most common drugs identified in a drug-related death (heroin, methadone, diazepam & alcohol – all CNS depressant drugs) and the physical effects these drugs have (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp)	
The main causes of drug overdose (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels)	
High risk times (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays)	
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness)	
The common myths (don't inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)	
Knows when to call 999 (when person won't wake with shout/shake, status of person and location)	
Knows about the recovery position (person on side, airway open)	
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle of BLS)	
Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Dose – 0.4mls into outer thigh muscle via clothing. Assembly of syringe)	
Knows that naloxone is short acting (the effects of naloxone wear off after 20-30 mins, possible that overdose may return)	
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness)	

The above trainee has demonstrated an understanding and awareness of opiate overdose, the use of naloxone, calling 999, the recovery position and basic life support and is eligible to receive a supply of take home naloxone.

Trainer Name.....
 Pharmacy Name & Address.....

Trainer Signature..... Date.....

Naloxone Training & Supply Record

1. **Pharmacy Service:** Prison release/court date

2. **ADP area of client:** Clacks Stirling Falkirk

3. **Client Identifier:** Gender: Male Female Not known Not Specified

Initials (1st letter of forename, 1st & 4th letter of surname):

Date of birth (e.g. 12/12/1990)

Trainee type: Person at risk Family/Friends Service/Prison Worker

4. **Client details:** First Name

Last name

Address

(service address for workers)

Town/City

Postcode.....

Telephone.....

Mobile

5. **Client only details:** Ethnicity Housing Status

GP name

GP address.....

Other relevant Prescriber nameService

Is the client in structured treatment? No Yes Service:.....

6. **Training:** Training details

Training given on.....

Training given by.....

Completed (✓) Offered but declined

Training elements

OD awareness

Heartstart/CPR

Naloxone administration

DISCLAIMER for clients

I have been offered training in the dangers of opiate overdose, basic life support and the appropriate administration of naloxone and at this point in time **I have decided to decline training elements recorded above**

Reason given:

Client' Signature: Date:

Key worker's name: Key worker's signature

.....

7. Consent options

I consent to the sharing of information within the NHS and Forth Valley Alcohol & Drug Partnership Agencies for the purpose of monitoring and evaluating training and the use and supply of naloxone. The data will be used in accordance with the Data Protection Act.

I consent for my representative to hold naloxone on my behalf.

I decline a supply of naloxone

Person giving consent (client): Signature:

Witnessed by (trainer): Date:

NALOXONE SUPPLY DETAILS

8. Supply details

Supply to: Person at risk Family/Friends Service/Prison Worker

Supply Type: **First Supply** **Repeat supply** **Not known**

Supply date
 Naloxone as: naloxone prefilled syringe for injection 2mg/2ml kit
 Batch number
 Expiry date

Spare supply (if provided)
 Batch number
 Expiry date

Supplied by: Signature:

9. Reason for re-supply

- Kit batch recall
- Kit confiscated
- Kit Expired
- Used on other
- Kit Lost
- Used on self
- Kit Stolen
- Not known
- Kit damaged

DETAILS OF NALOXONE USE (Optional)

11. Outcome: Not known
 Resuscitation successful
 Resuscitation unsuccessful

12. Further comments: