**PHARMACEUTICAL SERVICES (SCOTLAND)**

 **ADDITIONAL SERVICES**

 **Forth Valley Community Pharmacy Take Home Naloxone (THN) Service**

1. **Service aims**
	1. To reduce the incidence of drug related deaths due to an opiate overdose.
	2. Raise awareness of overdose prevention and providing education on the signs and symptoms of overdose, calling an ambulance, basic life support and the administration of naloxone to patients at risk of opiate overdose and those who may witness an overdose
	3. To help patients who use the service to access other health, voluntary and social care services where appropriate to facilitate behaviour change in their journey towards recovery.
	4. Provide an effective and readily accessible route of supply for Take Home Naloxone via Community Pharmacies underpinned by the NHS FV Take Home Naloxone Competency Framework
2. **Service outline and standards**
	1. ***Service Provision***
		1. The Take Home Naloxone Service can be provided by all community pharmacies across Forth Valley as outlined in the NHS Forth Valley Take Home Naloxone Competency Framework
		2. Staff must have completed training in naloxone supply prior to participating in the naloxone programme.
		3. Pharmacy Staff are responsible for ensuring that the service is a user-friendly, non-judgemental, person-centred and confidential service.
		4. Pharmacy staff will be responsible for developing and maintaining a close working relationship with the staff of the local harm reduction service and all Substance Treatment Services. This should include a process to allow information sharing where required.
		5. The premises should provide an acceptable level of confidentiality and safety as agreed on a local basis. This should reflect the needs of the patient and other members of the public.
		6. Pharmacy staff will provide support, advice and information to patients and others 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 drug and alcohol treatment services
* Hepatology services for BBV testing and treatment
	+ 1. A standard operating procedure should be in place in the pharmacy to cover all aspects of service provision.
		2. The pharmacist will ensure that the pharmacy staff consider and, where appropriate, act on any child protection issues coming to their attention because of providing the service.
	1. ***Naloxone Supply***
		1. The pharmacy will provide a supply of ‘take home naloxone’ as outlined in the NHS Forth Valley Take Home Naloxone Competency Framework
		2. Prenoxad® is first line choice for Take Home Naloxone within NHS Forth Valley. Nyxoid® is an intranasal formulation and is considered second line treatment option where there is a needle phobia or for families or friends where preferred.
		3. The Community Pharmacy will be responsible for ordering stock from Orion via their website and maintaining adequate stock levels.
		4. Community Pharmacies should send a copy of the order invoice along with the claim form to Primary Care Contractor Services to ensure payment reimbursement.
	2. ***Training, Assessment & Information***

2.3.1 All people attending the service for the first time should be welcomed and provided information about the Take Home Naloxone programme to ensure their needs are met. The following elements should be discussed:

* risks and signs of opiate overdose
* safe storage of naloxone
* basic life support
* naloxone mechanism of action and how to administer
* safe disposal of naloxone.

If the person is engaged with a treatment service, they may be able to provide evidence/knowledge of previous training. All supplies should be logged via the NEO system, please contact the local NEO administrator with any queries..

For those individuals known to the pharmacy, requesting repeat supply or previously trained it is good practice to reinforce the key messages of the elements above as a brief intervention.

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 Take Home Naloxone programme.

* + 1. Only in exceptional circumstances should a supply of naloxone be refused. Professional judgement should be used, for example if the client is clearly unable to convey an understanding of how and when to use naloxone.
		2. All individuals who present and have not previously been offered training or are unable to demonstrate knowledge of the programme will be offered a brief intervention.
		3. For those individuals who demonstrate evidence of being trained and when the pharmacist is assured that the client understands:
* the risks and signs of opiate overdose
* safe storage of naloxone
* how to administer basic life support and
* naloxone mechanism of action and how to administer
* safe disposal of naloxone

A supply of ‘take home naloxone’ will be given

Supporting education materials will be supplied by Forth Valley Alcohol and Drug Partnerships for issue to patients where appropriate.

* 1. ***Data collection***

2.4.1 The pharmacist is responsible for ensuring that the minimum data set is collected as agreed locally.

2.4.2 Data collection systems should be used in accordance with local protocols. Direct entry on to the web based electronic module for naloxone on NEO is the recording process. Where direct entry is not feasible then the paper Naloxone Training and Supply Record (appendix 1) should be used with regular batch entry of this data on to the electronic system. Confidentiality and data protection should be maintained.

1. **Training**
	1. NHS Forth Valley will ensure that relevant training is made available to pharmacy staff involved in Forth Valley Take Home Naloxone Service. Staff must have attended approved naloxone training prior to commencing the service. Updates will be provided as part of the broader training on an annual basis.
	2. All staff should complete the mandatory TURAS; Overdose awareness & naloxone supply module
	3. Staff will be provided with access to a copy of the Take Home Naloxone Competency Framework which outlines the requirements for making a naloxone supply.
	4. On completion of training and demonstrating an understanding of the Framework, the name and signature of each member of staff will be recorded on the staff training record this can be found in the FV THN Competency Framework.

3.5 Refresher training should be undertaken every three years as a minimum with additional online training on the SDF website: [Overdose Prevention, Intervention and Naloxone e-learning - Scottish Drugs Forum (sdftraining.org.uk)](https://www.sdftraining.org.uk/e-learning/156-overdose-prevention-intervention-and-naloxone-3). This training could be used as a pre cursor to face to face training to enable staff to ensure supply through this framework.

3.6 It is the responsibility of the contractor to ensure that all staff members are trained and competent as well as to maintain and monitor the staff training record

3.7 It is essential that staff participate in any local and national training initiatives identified by NHS Forth Valley.

3.8 Pharmacy Staff 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**

* 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.
	2. Consent should be sought to share information with relevant parties as indicated on NEO
	3. NHS Forth Valley should ensure effective monitoring and audit of the service.
	4. The service lead 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 ‘take home naloxone’ with written and/or a brief intervention for patients.

5.2 Payment for service provision shall be made following Training and supply details being entered onto NEO in a timely fashion and must be entered no later than the month that the training and/or supply was undertaken to allow for accurate programme monitoring and evaluation.

**Further Information Sources**

* Department of Health, Medicine Healthcare and Regulatory Authority and Public Health England “Widening the availability of Naloxone” (Nov 2015) [Widening the availability of naloxone - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone)
* Current edition of the British National Formulary (BNF) [BNF (British National Formulary) | NICE](https://bnf.nice.org.uk/)
* Prenoxad® Summary of product characteristics (SPC) [Prenoxad 1mg/ml Solution for Injection in a pre-filled syringe - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/medicine/27616)
* Nyxoid ® - [Nyxoid 1.8 mg nasal spray, solution in a single-dose container - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk)](https://www.medicines.org.uk/emc/product/9292/smpc)
* Care Inspectorate “Health Guidance: National Naloxone Programme” [Take Home Naloxone in Social Care Services.pdf (careinspectorate.com)](https://www.careinspectorate.com/images/documents/3203/Take%20Home%20Naloxone%20in%20Social%20Care%20Services.pdf)

**Further Contacts**

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 For any enquiries please email fv.substanceusepharmacy@nhs.scot

Appendix 1

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