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**Service Level Agreement**

**Pharmacy Naloxone Service**

1. **Background**
   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.
   2. Providers 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 or collecting opiate-substitution medication.
   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 service.
2. **Aims and Intended Service Outcomes**
   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** 
   1. Take home naloxone provision is available to all presenting adults (aged 18 and over) who attend for either needle exchange 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.
   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.
   3. All service users in using or living with an opioid user are to be offered brief training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone (see Appendix 1).
   4. Online training for the Pharmacy team is through the Prenoxad site which consists of five short videos @ 7 mins total per team member. Further support can be provided by CGL, Wirral Ways through the Pharmacy Liaison Workers or our nursing team.
   5. The naloxone and overdose training can be delivered by any member of the pharmacy team (it does not have to specifically be the Pharmacist) who has been appropriately trained or informed 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.
   6. The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug treatment service where appropriate.
4. **Data Recording & Information Sharing**
   1. The pharmacy team member will maintain accurate records of the service provided on Pharmoutcomes.
   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.
   3. The pharmacy will create a record on PharmOutcomes using information provided by the service user. The naloxone service is a stand-alone service on PharmOutcomes, independent of the of the Needle Exchange service.
   4. Internet access must be available for input of data onto PharmOutcomes.
   5. The service will need to be conducted in the consultation room, which will have access to a computer to enter patient details on to PharmOutcomes.
5. **Brief Harm Minimisation and Health Promotion Interventions**
   1. This will be undertaken by a pharmacist or other competent staff member and may encompass such areas as:
      * Safe injecting advice and techniques
      * Sexual health advice
      * Transmission of blood borne viruses
      * Wound site management
      * Dangers of mixing drugs, in particular other sedatives with opiates
      * High risk times for overdose (leaving Prison, Detox, Rehab & any other periods of abstinence)
      * 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 Opiate Substitute Treatment (typically methadone or buprenorphine)
      * Alcohol misuse
   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**
   1. Stock levels must be maintained to ensure availability of naloxone to supply to service users once they have received the training.
7. **Accessibility**
   1. This service will be provided on an open access basis with no requirement for referral from an external agency.
   2. The service user will determine:
      * Which delivery site they access
      * The frequency of engagement
      * Which interventions they access
8. **Service requirements and duration**
   1. This service specification is valid from 1st November 2022 – 31st March 2025
   2. The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.
   3. The service will be delivered in a consultation area in the pharmacy which ensures a sufficient level of privacy and safety.
   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.
   5. Pharmacists and staff involved in the provision of the service must have relevant knowledge and be appropriately trained (See section 10) in the operation of the service.
   6. CGL must be informed in the event that the provider is not able to deliver the service, for example, where locums would decline to offer provision. Every effort should be made to ensure service continuity. CGL contact details can be found in Appendix 3 of this specification.
9. **Safeguarding and Governance** 
   1. Pharmacy staff must be aware of local and company child and vulnerable adult protection procedures (which must be followed at all times); and know where they can access the contact details of the local safeguarding leads
   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.
   3. Should an issue or concern be identified by a member of the Pharmacy team, an initial discussion should take place with the Pharmacy Liaison Worker unless there is a serious and immediate risk to the client or to a third parties wellbeing. The Pharmacist should use their professional judgment and escalate as required.
   4. Should an issue be identified by CGL or through any other means an action plan will be produced with communication/agreement of the points to be addressed going to the Service Providers nominated person on the Contract first before the pharmacist in store. This may be the pharmacist in store, or others if from a multiple etc.
10. **Required training**
    1. The accredited pharmacist and support staff must complete the SMMGP e-learning module “Naloxone Saves Lives” available at <http://www.smmgp-elearning.org.uk/course/index.php?categoryid=2> or have attended a training and accreditation event organised by CGL before commencing the service. The service provider will be required to keep a record and evidence of appropriately trained staff.
    2. The free tutorial video can be accessed via You Tube: <http://www.prenoxadinjection.com/hcp/how-to.html>
    3. A free leaflet for the use of prenoxad can be downloaded here: <http://www.prenoxadinjection.com/downloads/patient_info.pdf>
    4. A free training manual for the use of prenoxad can be downloaded here: <https://www.medicines.org.uk/emc/files/pil.3054.pdf>
    5. A free guide for service users can be downloaded here: <http://www.prenoxadinjection.com/downloads/clients_guide.pdf>
    6. A link to more information can be found here: <http://www.prenoxadinjection.com/hcp/injecting.html>
    7. For all Pharmacists the CPPE courses “Substance Use and Misuse” (Modules 1 – 4) and Level 2 “Safeguarding Children and Vulnerable Adults” must be completed. The completion certificate for this must be no more than three years old.
    8. Pharmacist and support staff must have received the required training before the service can be delivered, and updated every three years. Take home naloxone can only be provided once training has been given to a service user by a suitably trained member of staff.
    9. Some further information regarding what the training will cover can be found in appendix 1 of this specification.
    10. The Responsible Pharmacist will be responsible for identifying staff training needs and for recording their own Continuing Professional Development, and cascading training to all staff where appropriate
11. **Quality indicators**
    1. The pharmacy will have standard operating procedures relating to the locally commissioned service specification. The pharmacist will review these standard operating procedures and the referral pathways for the service once every two years barring incident.
    2. The Provider should attend (where possible) any events hosted by the Local Pharmaceutical Committee (LPC) where updates and information sharing opportunities with the local treatment provider (Wirral Ways) will be facilitated.
    3. The pharmacist and support staff have completed the required training (as per section 10).
    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.
    5. The pharmacy has a complaints procedure in place
    6. The pharmacy co-operates with any local assessment of service and service user experience, including use of “mystery customers” and audits. All reasonable requests are to be agreed with Providers prior to commencement of the service.
12. **Incidents and complaints**
    1. The pharmacy is required to have a robust incident reporting and investigation procedure in place.
    2. Incidents relating to this service should be reported in line with the pharmacy’s incident reporting procedure. The pharmacy will provide a summary of the incident report to the Contract Manager at CGL.
    3. The pharmacy will deal with any complaints sensitively and will report a summary of any complaints, comments or concerns to the Contract Manager as soon as possible.
13. **Use of Locum Pharmacists**
    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 a regular pharmacist.
    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. A list of other service providers can be found in Appendix 2 of this specification.
    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. Any conditions imposed would need to be agreed with the Provider.
    4. The pharmacy should ensure (as far as is reasonably possible) 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.
    5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
    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**

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| **Service Provided** | **Fee** |
| Naloxone Supply | £10.00 (exclusive of VAT) |
| Naloxone Service - Annual Retainer | £25.00 (exclusive of VAT) per quarter |
| Prenoxad kit | Drug tariff price of Prenoxad (Naloxone) |

* 1. Payments for the supply of Naloxone will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5th of the month, with payment to be made within 30 days of the invoice date. The service level agreement and financial details will need to be completed and returned before any payments will be made.
  2. Payments for the Naloxone kits will be made upon receipt of a claim via Pharmoutcomes with the cost code of P1122/.
  3. Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.
  4. The pharmacy is responsible for entering accurate claims data on the correct website

1. **Audit**
   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. Any requests should be reasonable and must be agreed with the Provider.
   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- Lips/fingers
    - 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** (approx. 20 minutes)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 as first action upon discovering an expected overdose

**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.

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. This usually happens in the upper outer part of a person’s thigh where its most fleshy and can straight through clothing. It takes 2-5 minutes to have an effect when given intramuscularly. There are five 0.4 doses in each pre-filled syringe.

**What Should be Done with the Syringe After Use?**

Immediately after use the person should not try to re-sheath the needle but place it in the yellow container it came in, acting as a safe cradle and then given to the ambulance staff. The syringe should be placed in a sharps bin, e.g. in the ambulance.

**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.

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,

Calling an Ambulance

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

• First responders must dial 999 and call an ambulance in all overdose cases as the first action.

• Naloxone is a short acting drug that lasts on average 20 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 0.4mg doses if the person does not shown signs of breathing again.

**Appendix 2: List of Providers**

Name of provider 1

Address of Provider 1

Telephone number of provider 1

Name of provider 2

Address of Provider 2

Telephone number of provider 2

Name of provider 3

Address of Provider 3

Telephone number of provider 3

Name of provider 4

Address of Provider 4

Telephone number of provider 4

Name of provider 5

Address of Provider 5

Telephone number of provider 5

**Appendix 3: Local contact information**

Local CGL Service - CGL (Wirral Ways)

Local CGL Service address - 84 Market Street, Birkenhead, CH41 6HB

Local CGL Service telephone number – 0151 556 1335

Pharmacy Liaison Worker – Denise Heys (Tel: 07825 657 969)

Pharmacy Liaison Worker – Alex Woods: TBC