

Service Level Agreement for the Provision of Substance Misuse Pharmacy Services

Between

Inclusion STARS Telford – Midlands Partnership
University NHS Trust

And

.....
(Name of Pharmacy)

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Section 1 – Parties

This Agreement for Services is made between the:

Midlands Partnership University NHS Trust
Inclusion STARS Telford
Whitechapel House
Whitechapel Way
Priorslee
Telford
TF2 9FN

and

Pharmacy name:

Pharmacy address:

.....

For the provision of:

1. Supervised Consumption (SC) on the Premises/
2. Needle and Syringe Provision (NSP) and Naloxone

Section 2 - Term of Agreement:

- 2.1 This will commence on **1st April** and end on **31st March 2027**
Contracts will roll over unless either party puts in writing the desire to withdraw.
- 2.2 This Agreement will be reviewed every 12 months
- 2.3 The contact officers throughout the duration of this agreement are as follows

Substance Misuse Lead Officer	Name: Chris Hirst Service Manager, Telford STARS
Name of Responsible Person (on behalf of Pharmacy)	Name:

- 2.4 Notification will be given by either party if any alterations to the above are needed.

Section 3 – Objectives

- 3.1 This service, which is outside of the essential service, will require the Pharmacist or delegated member of the Pharmacy's staff who is appropriately trained to deliver:

Supervised Consumption, Needle and Syringe Provision and Naloxone

- 3.2 The Pharmacy will offer a user-friendly, non-judgemental, client-centred and confidential service, working collaboratively with Telford Stars.
- 3.3 The Pharmacy will provide support and advice to the Service User (SU), including any onward referral as deemed necessary.

Section 4 – Aims and intended service outcomes

- 4.1 To ensure compliance with the agreed treatment plan by:
- Dispensing in specified instalments (doses to be dispensed for the SU to take away to cover days when the Pharmacy is closed)
 - Provide measuring devices for SU on less frequent pick-ups.
 - Ensuring each supervised dose is correctly consumed by the service user for whom it was intended.
 - Ensure provision is available at all agreed times
 - Ensure cross cover at times of sickness or leave.
 - Ensure effective stock levels are maintained.
- 4.2 To reduce the risk to local communities of:
- Over usage or under usage of medicines
 - Diversion of prescribed medicines onto the illicit drugs market
 - Accidental exposure to the supervised medicines
 - To reduce risk of over or under usage of medicines, prescribers may give consideration to the use of daily dose containers
 - Exposure to contaminated needles and syringes
 - Support reducing risk and occurrences of Blood Borne Virus (BBV) Infections and prevalence
 - Support a reduction of drug related deaths (DRD) by opiate overdose
 - Support with health initiatives
- 4.3 To provide the SU with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate and if not a safeguarding concern, with consent.

Section 5 – Provision

- 5.1 The supervised administration of prescribed Methadone/ Buprenorphine (or similar preparation) will be available to SU in treatment with Inclusion Telford. Needle and Syringe packs and Naloxone will be available to any resident of Telford and Wrekin over the age of 18 who is misusing substances, a steroid user and if Naloxone any person perceived to be in a position to save a life.
- 5.2 The Pharmacist must raise any concerns regarding intoxicated service users, Child Protection and Safeguarding of Vulnerable Adults in line with Telford and Wrekin Local Children Safeguarding Board and Adult Safeguarding.

Section 6 – Responsibilities/Service Outline

- 6.1 The area within the shop used for provision of the service offers a sufficient level of safety, privacy, respect and dignity.
- 6.2 The Pharmacist will present the medicine to the SU in a suitable receptacle and will offer the SU water to facilitate administration if necessary to do so.
- 6.3 For supervised consumption terms of agreement are set up between the SU, prescriber, pharmacist and key worker (appendix 1)
- 6.3 The Pharmacy contractor must ensure that any locum community pharmacists employed during their absence are familiar with the terms and working arrangements regarding this contract and ensure continuity of care.
- 6.4 The community pharmacist must contact the service at the earliest opportunity, on the 1st and 2nd day that a pick up is missed. Pharmacist needs to alert STARS immediately on telfordstars.admin@mpft.nhs.uk if a SU misses three pick-ups or a missed pick up results in 3 missed doses. The Pharmacist must STOP dispensing and the SU should be referred back to the prescribing service to be clinically re-assessed. In all cases, Pharmacists to retain existing prescriptions as Stars may wish to continue using the existing prescription.

Similarly the pharmacist must STOP dispensing and refer the SU back to Stars if they miss an increasing/titrating dose where the previous dose was lower and the following dose would be greater.

If a SU regularly misses 1 day pick ups, the Pharmacist should also inform the service so this can be addressed in the treatment sessions.

(See appendix 2)

- 6.5 The pharmacy will register as a provider on the Vernacare website and ensure they are fully stocked at all times with the NEX packs and clinical waste receptacle.
- 6.6 Regular contact and support from Stars representatives will visit minimum of once a month to monitor NEX and support and will be a central point of contact.
- 6.7. Stars will be responsible for ensuring all clinical waste is collected. Some venues may have a regular collection set up and others will need adhoc arrangements. This will be based on the best use of resources depending on the use of the NEX facility at the pharmacy.
- 6.8 The Pharmacy contractor has a duty to ensure that its staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Training should encompass a range of training in line with the individuals' professional development via Vernacare covering a variety of areas as well as:

- Safer Injecting Training
- Overdose Awareness
- Induction to Pharmacy Substance Misuse Services

This is available online via Vernacare see link below.

[Vernacare Training & Academy](#)

Vernacare are our local contracted providers and can also offer direct bespoke training within Pharmacy's.

Stars will be supporting Pharmacy Professionals continued development through the delivery of a yearly CPD conference. Pharmacists are also encouraged to complete the open learning module, *Substance misuse and opiate treatment: supporting pharmacists for improved patient care*, provided by the Centre for Pharmacy Postgraduate Education (CPPE) in England.

Pharmacist who have completed the Part 2 Royal College of General Practitioners (RCGP) in the Management of Drug Misuse in Primary Care may be eligible, in future, to apply for posts as pharmacists with special interest (PhwSI) in drug misuse.

- 6.9 The pharmacist has a duty to ensure their staff involved in the provision of the service are aware of and operate within this agreement.
- 6.10 The pharmacist will need to make provision to collect prescriptions at an agreed time from Stars central base at Whitechapel house a minimum of once a week and ensure that there is a robust SOP within the shop to receive the prescription, ensure they are kept safe at all times.
- 6.11 The pharmacist should maintain appropriate records for all drugs dispensed on an FP10 MDA to ensure effective ongoing service delivery and audit regardless of the drug dispensed.
- 6.12 The individual SU supervision record form must be completed every day, including any days when the SU fails to attend to receive supervised medication, or they are refused due to being under the influence of alcohol or drugs.
- 6.13 Pharmacists will ensure that they register with Pharm Outcomes to record supervised consumption, provision of NEX and the dispensing of Naloxone in order to make financial claim.
- 6.14 MPUFT may select random pharma outcomes records and audit against the service user supervision record form, which is retained at the Pharmacy.
- 6.15 Pharmacists will share relevant information with other health care professionals and agencies.
- 6.16 Pharmacists to assure Stars that all relevant Health and safety training has been provided to its staff.

Section 7 – Joint Responsibilities

- 7.1 Medication must not be dispensed to a SU if they are judged to be intoxicated or over sedated. A risk assessment and a focus on clinical safety will be undertaken and this will form the basis of any refusal to dispense, where possible in consultation with Stars. If a SU can return later in the day and is no longer intoxicated, they can be reassessed as to whether it is safe to dispense their medication. The Pharmacist should inform the SU of the risk of overdose as a result of taking medication while intoxicated. It is advised that Pharmacists making decisions not to dispense medication contact Stars prior to doing so if possible. In these instances a Naloxone OD kit should be provided by the pharmacist.
- 7.2 NEX and Naloxone provision is delivered to promote engagement with services and to reduce risks of overdose to the SU. Refusal will be at the Pharmacist's discretion and will be due to risk factors and clinical safety. If the Pharmacist suspects a SU is intoxicated the Pharmacist should consider all risks relating to the provision of injecting paraphernalia, but also the risks associated without the SU having access to clean and sterile injecting paraphernalia. In all cases the Pharmacist should inform the SU of the associated risks of injecting any substance whilst intoxicated.
- 7.3 A SU information sheet can be provided to underpin the process of dispensing medication (Appendix 3)

Section 8 – Default and Termination

- 8.1 Failure to comply with the terms of this agreement may result in the withdrawal of pharmacy from the provision of services. Each case of conflict will need to be managed independently and if the pharmacy is not able to fulfil all parts of the contract this will need to be put in writing to outline the issues and why they are unable to deliver, outlining a contingency plan in order to meet the specification.
- 8.2 Either party giving three months notice may terminate the agreement.
- 8.3 In the event of an incident the pharmacist will report to their inspectorate providing Stars with the identifier. Stars will also be required to log an incident and together investigate the incident and develop a plan to mitigate any reoccurrence. Ongoing issues will be raised via CD Lin.

Section 9 – Financial Arrangements and Duration

- 9.1 All existing pharmacies are already approved suppliers. If a new pharmacist enters into this agreement they will need to first be approved as a new supplier. Please contact Stars Clinical lead who can access the necessary paperwork to approve the new pharmacy.
- 9.2 The fee per supervised administration is:
£2.00 for Methadone Mixture and buprenorphine or any similar preparations.

The fee per Needle Exchange is:
£2.00 per pack provided

The fee for Naloxone intervention is:
£10 per full training session.

The pharmacist can also recharge for the actual cost of the Prenoxad/Naloxone so there is no disadvantage to the business in delivering this life saving intervention.

9.2 Any questions about payments need to be directed to AP Invoices
APInvoices@mpft.nhs.uk

9.3 All claims need to be made via Pharmaoutcomes.

Section 10 – Freedom of Information

- 10.1 MPFT/Stars shall be entitled to publish and/or release any and all terms or conditions of this agreement, the contents of any documents and/or information relating to the formation of this agreement under the provisions of The Freedom of Information Act 2000 (“FOIA”) as it sees fit;
- 10.2 The Pharmacy shall co-operate with and supply all necessary information and documentation required in connection with any request received from MPUFT/Stars under FOIA and supply all such information and documentation at no cost to Stars within seven working days of receipt of any such request.
- 10.3. The Pharmacy shall not publish or otherwise disclose any information contained in this agreement or in any negotiations leading to it without written consent.

Section 11 – Signatories

Please indicate with a tick the service/s you will deliver

Supervised Consumption	
Needle and Syringe Provision and Naloxone	

By signing this document both parties are agreeing to the terms and conditions within the Agreement.

On behalf of Inclusion

Signature:

Name in Full:

Date:

Pharmacy Details

Pharmacy Name:

Email address:.....

Signature:

Name in Full:

Date:

Appendix 1:
PHARMACY AGREEMENT

CLIENT NAME:

DOB:

Purpose

This is a formal agreement between the Service User, Prescriber, Recovery Worker and Pharmacy. The purpose of this agreement is to ensure all parties are clear on their responsibilities and to ensure adherence to the national framework of Clinical Governance.

Responsibilities:

Service User

- To notify Prescriber/Recovery Worker and the Pharmacist of any changes to personal circumstances.
- To adhere to the guidance list below.
- To engage with Prescribing Service and the Pharmacy.
- To be responsible for own medication and only take as directed.
- To not display any violent, aggressive or abusive behaviour to any party involved in providing treatment.

Prescriber/Recovery Worker

- To act or respond to any reasonable request within a suitable timeframe.
- To ensure Service User dignity, privacy and respect wherever possible.
- To engage and support the Service User as appropriate.
- To openly discuss any concerns with the Service User and Pharmacy.

Pharmacy

- To provide the service as described.
- To provide a service and suitable environment that ensures dignity, privacy and respect wherever possible.
- To engage and support the Service User as appropriate.
- To openly discuss any concerns with the Service User and Prescriber/Recovery Worker.
- To report any concerns to Prescribing Service without delay.

1. My prescription will be decided by my Prescriber, Recovery Worker and me.
2. When attending the pharmacy for the first time
 - I will be expected to show some form of identification.
 - If my prescription is for 'supervised consumption' I will be asked where in the pharmacy I would like to consume my medication.

I also need to be prepared to show some form of identification at any time.

3. I will attend the named pharmacy in person, at the time arranged by the Pharmacist and myself.
4. The Pharmacist, Prescribing Service and Recovery Worker have the right to refuse to see me and will not dispense my medication if they believe I am intoxicated.
5. All parties involved in this treatment plan will be treated with respect and dignity at all times.
6. I understand that I can only obtain prescriptions for my medication from the Prescribing Service named in this contract. I cannot have my medication dispensed by another pharmacy without negotiating this with my Recovery Worker first.

Any changes required due to work or holiday arrangements will need to be negotiated with my Recovery Worker, with at least 14 days notice.

7. I am responsible for all drugs prescribed to me and, if I should lose them or take them other than as directed, they will not be replaced.
8. I understand that I must collect my medication on the specified days. If I am unable to collect my medication I need to notify my Recovery Worker who will advise the Pharmacy. I understand that no-one else can collect my medication unless pre-arranged with my Recovery Worker.
9. It is my responsibility to keep my medication in a safe, locked place and out of reach of children.
10. I understand that if I do not collect my medication for:
 - **three or more consecutive days** if I am on daily pick up or
 - if I miss a pick up resulting in **three missed doses**
 - if I miss an **increasing/titrating** dose

the pharmacy will not dispense my medication until my treatment has been re-assessed. If this happens the Pharmacist will contact the Prescribing Service and I will need to contact my Recovery Worker to have my treatment reviewed.

The Pharmacist will also advise my Recovery Worker if I regularly miss collecting on the specified days.

11. I agree to see my Recovery Worker and Prescriber regularly and will keep all appointments, unless by prior arrangement. If I do not attend appointments my treatment will be reviewed and may be suspended.
12. All persons involved in my treatment are expected to provide this service as discreetly as possible.
13. I understand that information will need to be shared between all those involved in my treatment as outlined below:
 - Recovery Worker.
 - Prescriber.
 - Pharmacist.
14. I understand that agencies involved in my treatment will not share information and knowledge about me without my permission. I understand there are a few exceptional circumstances where agencies involved in my treatment would disclose information to an outside agency without my consent:
 - If it is believed that the welfare and safety of children and/or young people under 18 and/or welfare of vulnerable adults are being put at risk
 - If I express intent to harm myself or agencies involved in my treatment have any concerns about my immediate welfare
 - If I express an intent to harm or cause injury to a third party
 - If the service is instructed by a court of law to reveal information about me

I understand that under normal circumstances, written consent will be obtained from me before the information is disclosed. I understand that no information will be shared with family or friends without my consent.

This agreement will commence on:

[Prescribing Service to enter start date]

- I will attend the pharmacy named below, at a pre-arranged time if appropriate.

(Pharmacist to state appropriate time)

- I have read, and agree to this agreement

SERVICE USER	NAME: ADDRESS: PHONE NUMBER:	SIGNATURE & DATE
PRESCRIBER	NAME: ADDRESS: PHONE NUMBER:	
RECOVERY WORKER	NAME: ADDRESS: PHONE NUMBER:	
PHARMACIST	NAME: ADDRESS: PHONE NUMBER:	

Appendix 2

Good practise guidelines for pharmacies and Stars

All Service Users (SU) who enter into treatment that require a prescription will receive a comprehensive assessment that includes the screening for drugs of use to determine the package of care they require. As our community pharmacy you are a crucial part of this package of care therefore it is crucial that the key worker (KW) and pharmacist liaise closely to ensure consistent and clear care.

All new SU's will be seen by the prescriber in partnership with their KW and identify their chosen pharmacy. If it is for supervised consumption we will be in touch to arrange the joint care and baseline details will be provided. SU not on supervised consumption will fall into the category of requiring essential pharmacy services and in these instances we will not make contact.

If it proves difficult to make contact with despite our best effects we will email you. We may need to provide the SU with a valid prescription to approach you without your prior knowledge. Please do not refuse to dispense. If a valid prescription is refused this could result in relapse and/or an overdose. We can make any necessary changes once the SU is safely medicated and risks mitigated.

The first few prescriptions will generally be presented by the SU until titration has been achieved. You will need to make provision to collect all follow on prescriptions from Stars once a week on a mutually agreed day. When prescriptions are collected by your nominated representative, they will check and sign for the prescriptions moving the prescriptions into your area of responsibility. Continuation prescriptions will be prepared for up to 4 weeks in advance.

At times it may be necessary to try to reengage with a service user due to an increase in risks. We may ask for your support to not dispense. At these times please "freeze" dispensing off a script advising the SU to contact their worker. We will communicate with you when it is safe to continue dispensing once we have reassessed the SU. It is our intention to ring you to communicate these plans of care. At busy times we will email you.

Please ensure you have a formal standing operational procedure in your shops when you log in your prescriptions. Have a clear process about where the scripts are stored and to ensure continuity of care when you are covered by locums. You will also need a robust arrangement in place as to how you ensure the scripts are marked accordingly if frozen or released. If you misplace a script and a SU does not receive their prescribed treatment it could result in relapse and/or an overdose. We will not always have a prescriber present to provide duplicate prescriptions so it is crucial that all prescriptions are kept safely.

In the event of an error or lost script it is crucial robust clinical governance procedures are followed. We will expect that you follow your procedures in logging the incident with your inspectors. Stars as part of Midlands partnership University NHS Trust (MPUFT) will do the same. This will be reviewed by the medicines optimisation team and the Integrated Care System leads for investigation, learn lessons and embed any changes that may have been identified.

All changes with a SU will be communicated. If the phone line is engaged we will email. When prescriptions are changed it is always the most recent date of signing that is the valid prescription.

Please note all communication will now be via email on:
telfordstars.admin@mpft.nhs.uk

You are crucial partners in the care of our SU's. You will see our SU's more often than the treatment provider so a good working relationship and effective communication between our services is

paramount to improve the health and wellbeing and outcomes of treatment for our SU's and protect public health.

All prescriptions will be printed with the home office approved wording to cover every eventuality as follows:

- Please dispense instalments due on pharmacy closed days on a prior suitable day.
- If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.
- Consult the prescriber if 3 or more consecutive days of a prescription have been missed.
- Supervise consumption on collection days.
- Dispense daily doses in separate containers.

We expect you to arrange a weekly collection of prescriptions from Stars. In trying to reduce carbon footprint, NHS resources and minimise risks we will only post via the Royal mail in extreme circumstances. If you do receive a prescription by post we provide you with an audit trail in the form of a fax back form. Please check and send back to us to confirm you have received the prescription and that all is correct. It is crucial we always have a full audit trail of whereabouts if CD prescriptions at all times. Thank you for sending these back promptly. They can be scanned and emailed if fax is not available.

If a service user misses a day please contact the KW or email with a heading of "**non collect**". Please ensure you continue to dispense unless they miss 3 or more days.

If a service user misses 3 days or more please contact the KW via email making us aware of the "**significant incident**". We ask that you do not dispense after 3 missed days due to the risk of reduced tolerance until you have heard from the key worker or prescriber.

Please do not destroy or submit the prescription for payment as we may wish to recommence the same script. It is our intention to get the SU back into treatment as soon as possible so please keep all valid prescriptions.

The pharmacist should report to the Keyworker the following issues:

- The community pharmacist must contact the SU's key worker when the 1st and 2nd days missed pick up occurs and ask the appropriate member of staff for advice
- If the SU is attempting to avoid supervised consumption
- If three or more consecutive doses are missed (**must STOP dispensing and refer SU back to Telford Stars**)
- If a dose is missed which was an increased/titrating dose from the previous dose (**must STOP dispensing and refer SU back to Inclusion**)
- Unacceptable behaviour
- Intoxication
- Changes in health and or welfare concerns
- Problems concerning the prescription
- Safeguarding issues

The Keyworkers or clinical administrator will:

- Explain to the SU what is involved in the supervised consumption of Methadone/Buprenorphine
- Methadone/Buprenorphine to be taken, supervised by the pharmacist
- Explain that the Pharmacist must STOP dispensing Methadone/Buprenorphine if a SU has missed three pick ups or a missed pick up resulting in 3 missed doses, and the client should be referred back to Inclusion to be clinically re-assessed.
- Explain that Methadone/Buprenorphine will not be dispensed if the SU is judged to be intoxicated with drugs and/or alcohol. The risk of overdose in these circumstances will be

explained to the SU. If they can return later in the day when they are no longer intoxicated, they will be reassessed as to whether it is safe to dispense.

- Provide patient information leaflet
- Support the SU to identify their local pharmacy
- Communicate with the pharmacist all new SU for supervised consumption. If not supervised the SU will come under the normal essential contract and can make their own arrangements with their community pharmacy.
- Basic SU details will be communicated:
 - Client name
 - Date of birth
 - Address
 - Daily dose of Methadone/Buprenorphine
 - Any other prescribed medication e.g. diazepam
 - Start date of prescription
 - Confirm this is for supervised consumption
 - Keyworkers/prescribers name and contact number

Appendix 3

Supervised Medication administration - Service User Sheet

What the SU will do:

- Treat the pharmacy staff with respect
- Attend the pharmacy when agreed, alone and at agreed times.
- Not attend intoxicated with drugs or alcohol.
- Depending on circumstances, wait or return later if the pharmacist is busy.
- See the Keyworker for a reassessment if you have not attended the pharmacy for two days or more.
- Not allow any other person to attend the pharmacy on your behalf unless previously arranged and written permission be given to your pharmacy.
- Be aware that the Pharmacist will pass on necessary professional information about your case to the Keyworker.

What the Pharmacist will do:

- Treat the SU with respect.
- Provide the service within a reasonable time with dignity, care, compassion and confidentially.
- Provide a private/safe area for you to consume your medication.
- Keep records of your attendance.
- Dispense medication in accordance with your prescription.
- Liaise when necessary with your Keyworker with regard to your treatment.
- Refer you back to your Keyworker and discontinue dispensing your prescription if you do not attend the pharmacy for 3 days or more or if you miss 3 consecutive doses, or if you miss a titrating dose.
- Refuse your medication due to risk factors and clinical safety if you are under the influence of drugs and/or alcohol. If you can return to the pharmacy later in the day and are no longer intoxicated, you will be reassessed and a decision will be made as to whether it is safe to dispense your medication. The pharmacist should inform you of the risk of overdose as a result of taking medication while intoxicated.
- Provide you with health promotion information and education.

Appendix 4:

Needle & Syringe Exchange and Naloxone provision

1. Needle Exchange Provision (NEX)

- 1.1 Pharmacies will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers will be provided.
- 1.2 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.
- 1.3 Used equipment will be returned by the service user for safe disposal.
- 1.4 The service user will be provided with appropriate health promotion materials.
- 1.5 The pharmacy will provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate and with consent.
- 1.6 The pharmacy will promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.
- 1.7 For provision of needle/syringe supply please contact:

 Vernacare


vernacare.com

[+44 \(0\)1204 529494](tel:+441204529494)

2. Aims and intended service outcomes

- 2.1 To assist people who inject drug (PID's) to remain healthy and reduce harm caused by injecting.
- 2.2 To protect health and reduce the rate of blood-borne infections and drug related deaths among PID's:
 - ◆ by reducing the rate of sharing and other high risk injecting behaviours;
 - ◆ by providing sterile injecting equipment and other support
 - ◆ by promoting safer injecting practices
 - ◆ by providing and reinforcing harm reduction messages including safer sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- 2.3 To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- 2.4 To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate and with consent.
- 2.5 To aim to maximise the access and retention of all PID's.
- 2.6 To help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.).

3. Service outline

- 3.1 The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
- 3.2 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
- 3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 3.4 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal. The storage containers can be ordered from Vernacare.
- 3.5 Clinical waste disposal will be coordinated by MPUFT either on a regular basis or adhoc depending on use.
- 3.5 The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place.
- 3.6 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
- 3.7 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 3.8 The pharmacy should clearly display the national scheme logo or a local logo indicating participation in the service. 
- 3.9 Pharmacists will share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
- 3.10 The local pharmacy will record all activity onto pharmoutcomes for the purposes of audit and the claiming of payment.
- 3.11 Offer user-friendly, non-judgmental, client-centred and confidential service
- 3.12 Assist PID to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support;
- 3.13 To reduce the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support;
- 3.14 To reduce the rate of blood-borne infections among drug users;
- 3.15 To reduce drug-related deaths (immediate death through overdose and long-term such as blood borne infections);
- 3.16 To promote safer injecting practices;
- 3.17 To provide focused harm reduction advice and initiatives, including advice on overdose prevention (e.g. risks of poly-drug use and alcohol use);
- 3.18 To provide and reinforce harm reduction messages;
- 3.19 To help PID access drug treatment to refer to other specialist drug (and alcohol) treatment services;
- 3.20 To help PIDs access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc.);
- 3.21 To facilitate access to primary care where relevant;
- 3.22 To ensure the safe disposal of used injecting equipment;
- 3.23 To prevent initiation into injecting and to encourage alternatives to injecting;
- 3.24 To aim to maximise the access and retention of all injectors, especially the highly socially excluded, through the low-threshold nature of service delivery and interventions provided; and

- 3.25 To improve the health of local communities by preventing the spread of blood-borne viruses and by reducing the rate of discarded used injecting equipment.

4. Naloxone provision:

There is good evidence that community pharmacy based needle exchange services can complement and support needle exchange and harm minimisation initiatives. The aim is to continue to support the reduction in drug related deaths as well as the reduction of blood born virus transmission.

Britain continues to have a high number of drug-related deaths with opiate overdose which remains a major cause of death among PID's.

In England and Wales in 2021 there were 4,859 registered drug poisoning deaths. Of these 3,060 were identified as individuals who misuse drugs. This represents 63.0% of drug poisonings. If we exclude deaths where no information was available on the drug(s) involved (1,219 deaths), then 84.1% of drug poisoning deaths were drug misuse.

With these facts to consider and the evidence base that NEX and Naloxone provision can significantly support with the reduction of DRD we want to promote the provision of Naloxone and NEX.

Although Naloxone is a prescription only medication, changes were made in 2015 to increase its availability to allow it to be extended to:

“Drug treatment services’ for this purpose are those provided by, on behalf of, or under arrangements made by, one of the following bodies:

- *an NHS body*
- *a local authority*
- *Public Health England (PHE)*
- *Public Health Agency (Northern Ireland)*

The sorts of drug treatment services that meet this definition to be suppliers of naloxone include but may not be limited to

- *drug services commissioned from primary care providers*
- *drug services commissioned from secondary care providers (including a range of specialised community and inpatient drug services)*
- *needle and syringe programmes – including those provided from pharmacies, as long as they are commissioned by local authorities or the NHS*
- *pharmacies providing drug treatment such as opioid substitution treatments through supervised consumption*
- *prison drug services*

<https://www.gov.uk/government/publications/widening-the-availability-of-naloxone>

1 Introduction

1.1 Purpose

This protocol aims to provide guidance on the supply of Naloxone by community pharmacies to PID, SU, family members, hostels, carers and other groups who are in a position to save a life by temporarily reversing opioid overdose.

Naloxone is a drug which temporarily reverses the effects of opioids such as heroin, methadone and morphine. For many years, Naloxone has been used within emergency medical settings to reverse the effects of opioid overdose and prevent death. UK Guidelines on Clinical Management of Drug Misuse fully endorses the use of Naloxone in overdose management and prevention [2].

On the first of October 2015 The Human Medicines (Amendment) (No. 3) Regulations 2015 (2015/1503) comes into force. This allows Naloxone to be supplied by:

Persons employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements made by one of the following bodies– a) an NHS body ;(b) a local authority ;(c) Public Health England; or (d) Public Health Agency.

It can be supplied to anyone in the course of lawful drug treatment services and only where required for the purpose of saving life in an emergency.

For explanatory memorandum see:

http://www.legislation.gov.uk/ukxi/2015/1503/pdfs/ukxiem_20151503_en.pdf

2 Policy

Pharmacists will provide Overdose Awareness and use of Naloxone training to staff, service users, family members, hostel workers and others in line with local and national guidelines to reduce the numbers of drug related deaths from opioid overdose.

2.1 Staff competence

Staff supplying Naloxone should have been appropriately trained (minimum requirement SMMGP online learning package and Inclusion Overdose Awareness and use of Naloxone training package) and have been signed off as competent by the lead Pharmacist.

The training will cover how to recognise opioid overdose, overdose management, and administration of Naloxone injection before Naloxone is supplied. The training may be delivered on an individual or group basis. The training is not time consuming, taking five to ten minutes, but must cover recognition of an opioid overdose and that the procedure is to:

- Ensure personal safety first
- Call an ambulance
- Place the victim in the recovery position
- Inject Naloxone into the thigh or upper arm muscle

- Wait with the victim until the ambulance arrives and safely dispose of the Naloxone kit to paramedics

The process of using the Naloxone kit must be explained and demonstrated and an assessment checklist (**see appendix 1**) must be carried out post training to ensure understanding. This should be done each time a kit is given out or replaced. One Naloxone pre-filled syringe/pack for intramuscular use will be supplied. Should there be an identified need for more than one kit. Each pack will include one Naloxone injection 1mg/ml as a 2ml pre –filled syringe. Each 2ml syringe is marked out with 5 x 0.4mg doses which is the minimum effective dose which can be given in an attempt to reverse the effects of opioid overdose.

2.2 Collection and audit

The supply of Naloxone by the pharmacist can be reclaimed from Stars, no cost will be incurred by the pharmacy. We would encourage you to have 5 stock available in your pharmacy at any one time. Claim back to cost of the drug via pharmoutcomes.

If a kit is required but someone who has used their previous supply we would encourage you use the “Administration of Prenoxad Feedback form” (**see appendix 3**). This will record valuable information about the use of the Naloxone kit and the situation in which it was used. Please forward these forms back to Stars for analysis.

2.3 Supply, storage and stock control

On 30th June 2015, Naloxone was reclassified under article 7 of Prescription Only Medicines Order, by Parliament. Naloxone is now on the list of prescription only medicines that can be administered parentally (by injection) by anyone for the purpose of saving a life.

Take home Naloxone will be supplied as pre-packed Prenoxad kit containing:

- 1 x 2ml pre-filled syringe (Naloxone Hydrochloride (Prenoxad) 1mg/1ml)
- 2 x 23G 1.25” needles for intramuscular injection
- Product instruction sheet/s

Naloxone should be stored at room temperature (15 to 25 degrees Centigrade) and protected from light.

Inappropriate storage and handling may shorten the shelf life.

Service users must be advised to keep the take home Naloxone out of reach of children and pets and encouraged to return for replacement dose should they have used or lost the medication or when it has expired.

Service users must be advised of the safe disposal of needles following the use of the take home Naloxone.

Prenoxad kits have a low potential for misuse however carriers should be discouraged from opening kits to use needles for other purposes.

2.5 Expired supplies

Naloxone has a maximum shelf life of 3 years. When Naloxone is supplied this should be explained to the client and the expiry date noted and told to the recipient. The recipient should be encouraged to return the Naloxone to the service before the expiry date to collect a further supply. Inclusion will develop local protocols to ensure kits are recalled in a timely manner and replaced prior to

the expiry date. Expired kits will need to be disposed of appropriately, via local arrangements with pharmacies or with Trust pharmacy.

Overdose and use of Prenoxad Training Checklist

Client name:..... Date of birth

Representative name (if applicable):.....

Evidence of understanding	Assessor's signature
What are the signs and symptoms of suspected opioid overdose? Unconscious, not responding to touch or noise, breathing difficulties, heavy snoring, rasping sounds, pinned pupils, blue tinge to lips, nose, fingertips.	
How and when would you call an ambulance? Dial 999. Prenoxad is not an alternative to calling an ambulance.	
Describe the recovery position.	
Describe what Prenoxad is and how it works? Opioid antagonist, antidote to heroin, reverses effects of heroin temporarily, does not reverse alcohol or benzos, quick acting 2-8 min.	
When would you inject Prenoxad? When the person will not wake, shows signs of overdose and they have been put into the recovery position. Call ambulance first.	
How do you inject Prenoxad? Assemble the injection as shown on the leaflet provided. Inject 0.4ml (up to the first black line) into the muscle of the outer thigh or upper arm. Repeat another 0.4ml dose every 2-3 minutes until the person wakes up or the ambulance arrives.	
How long do the effects of Prenoxad last? 20 – 30 minutes. Overdose may return after this, especially if the person uses opioids again.	
Are you aware of the importance of staying with the person and handing over to the paramedics when they arrive? Tell the paramedics what the person has taken if you know, hand the Prenoxad kit to the paramedics.	

I confirm that the above named client or representative has had Prenoxad training, has demonstrated sufficient understanding of overdose and using Prenoxad and has been provided with a Prenoxad kit and Prenoxad information and agree to contact provider for replacement kits one month before expiry:

Staff sign:.....Client sign:.....

Staff name:.....Client name:.....

Date:.....Date:.....

Competence assessment Staff Training

Name of staff: Date completed.....

Policy and procedure	Date when competent	Not applicable	Comment
Has read and understood the SSSFT Inclusion policy			
Management of emergency situations	Date when competent	Not applicable	comment
Knows about the procedure required if an overdose of opioids were to occur and who would take responsibility for managing the incident			
Understands the signs and symptoms of an opioids overdose			
Correctly understands the immediate assessment of consciousness and breathing in someone suspected of an opioid overdose			
Shows good knowledge and skills in: <ul style="list-style-type: none"> Placing an individual in the recovery position How and when to call for assistance Understanding the properties and action of Naloxone The administration of Naloxone Understands the requirement around recording and completing incident reports if required			

By signing below you agree this person has met all the criteria above and is competent to deliver opioid overdose training/advice to service users and supply them with Naloxone to take home.

Signature of Naloxone trainer:

Date:

Signature of staff member:

Opiate overdose context issues	Date when competent	Not applicable	Comment
Is aware of the relevance of deaths associated with the consumption of opioids.			
Is aware of the fact that most overdoses which include the use of opioids are witnessed and how this relates to harm reduction opportunities and saving of life			
Is aware of the risk factors in overdose – including popular myths			
Has a good understanding of which are high risk times for individuals who use opioids			

Date:

Date of review:

Appendix 5

Take Home Naloxone Training Guide Aide Memoire

Topics to be covered before Naloxone is dispensed

Facts about accidental opiate overdose:

- Overdose (OD) is unpredictable and over a thousand people die every year in the UK as a result of opiate overdoses.
- Usually at time of OD, somebody else is present who could save life.
- **No one needs to die from heroin overdose.**

Who is most at risk?

- Lost tolerance after prison, hospital, detox attempt, or when not in treatment.
- Injecting drugs (though it is possible to OD without injecting).
- Older person/longer drug use/history of previous OD.
- Poly drug use. (E.g. alcohol, heroin, methadone, benzodiazepines).

How to reduce risk:

- Don't mix "downers" (e.g. alcohol, benzos, heroin, or methadone).
- Don't use alone.
- "Taste" first if not used for a while.
- Don't inject.

How to recognize opiate overdose:

- Not responsive (e.g. to shout or shoulder shake).
- Breathing slow or stopped, or deep snoring ("death rattle").
- Blue tinge around lips, eye bags, finger tips or tip of nose.
- Pinpoint pupils.

What not to do (myths):

- Don't panic! Don't leave them alone.
- Don't try to "shock" them awake (e.g. don't put in cold bath or shower).
- Don't walk them around.
- Don't inject salt water!
- Don't give stimulants like cocaine or amphetamines (they won't work!)
- Don't copy "pulp fiction": don't inject adrenaline into the heart!

What to do:

- If not responsive:
- **Check for danger to yourself** (e.g. needles).
- **Try to rouse** (shout and shake).
- If no response, remember:

Consider giving Naloxone

What is Naloxone?

A.B.C.... Naloxone.

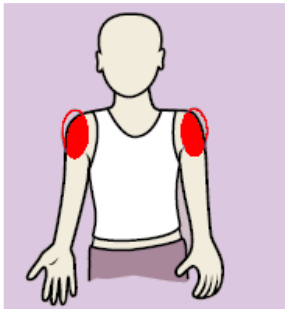
Call **A**mbulance (999)
Check **B**reathing
Put in re**C**overy position

- It is an **antidote** to all opiates (methadone, heroin, codeine etc.)
- **Naloxone blocks and temporarily reverses the effects of opiates.**
- **Given by injection** into the muscle of the upper arm or outer thigh
- **Takes 2-3 minutes to work** (meanwhile consider rescue breaths, CPR).
- **“Buys time” until the ambulance arrives**, but can wear off in around 20 minutes so more doses may be needed.
- **Legal** for Naloxone to be given by anybody to anybody who is suspected of opiate overdose, for the purpose of saving life.
- **Naloxone will do no harm**, even if opiates have not been taken and the collapse is for another reason (e.g. heart attack, stroke, seizure, and diabetes).

How to give Naloxone:

- Inject into a large muscle of the upper arm or outer thigh.
- Hold needle 90 degrees (right angle) to skin. Insert needle into muscle, leaving a few millimeters protruding in case needle should break.
- Slowly and steadily inject one dose into muscle (to first mark on syringe if using “Prenoxad Naloxone Kit”). If no response repeat dose after 2-3 minutes until the person revives. Maximum total 5 doses = 2mgs naloxone.
- When the person comes round, they will be withdrawing. Stay with them until the ambulance gets there. The naloxone will wear off but the overdose will come back (and will be made worse if they leave to score again because they are withdrawing).

Note: Do not re-sheath the needle. Danger of needle stick injury.



Put used syringe and needle back on cradle in plastic case, then give to paramedics when they arrive.

Prenoxad naloxone kit: Contains 5 doses in one pre-filled syringe, and two needles. Give one dose (one line on the syringe) every 2-3 minutes until revived.



What to do with the used Naloxone kit after use?

- Give it to the paramedics who will place it in a sharps bin.

How to store Naloxone. How to report use and get new Naloxone kit.

- Naloxone has a “shelf life”. Make a note of the use-by date and ask for another kit on that date.
- Carry your Naloxone with you or keep it in a safe place away from children. Tell other people where it is kept.
- If you lose your kit, or use it, let your key worker know, and get another straight

What is the recovery position?



