

PHARMACEUTICAL SERVICES (SCOTLAND)

ADDITIONAL SERVICES

Borders Community Pharmacy Naloxone Service

1. Service aims

- 1.1. To support the National Naloxone Programme to increase the availability and awareness of naloxone across NHS Borders.
- 1.2. To 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) in selected geographical locations according to need.
- 2.1.2 Any training on Take Home Naloxone to patients receiving a 1st supply will be provided by a member of pharmacy staff in person who must have attended the approved naloxone training.
- 2.1.3 The pharmacist is accountable and responsible for ensuring that the service is user-friendly, non-judgemental, client-centred and confidential service.
- 2.1.4 The pharmacist will be responsible for developing and maintaining a close working relationship with the staff of the local harm reduction service and all Drug Treatment Services. This should include a process to allow information sharing where required.
- 2.1.5 The premises should provide an acceptable level of confidentiality and safety as agreed on a local basis. This should reflect the needs of the client and other members of the public.
- 2.1.6 The pharmacy staff 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 drug and alcohol treatment services
- Hepatology services for BBV testing and treatment

2.1.7 A standard operating procedure should be in place in the pharmacy to cover all aspects of service provision.

2.1.8 NHS Borders will provide a local patient group direction within which this service must be operated.

2.1.9 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 *Naloxone Supply*

2.2.1 The pharmacist will provide a supply of 'take home naloxone' as part of the Borders Naloxone Programme.

2.2.2 The NHS Board will provide pharmacies operating the Community Pharmacy Naloxone Service with an initial stock of 'take naloxone home' kits. The pharmacist will be responsible for ordering replacement stock from NHS Borders Addiction Services and maintaining adequate stock levels. Supplies ordered from Wholesalers will not be reimbursed by NHS Borders.

2.3 *Assessment & Information*

2.3.1 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 provide proof of prior training on:

- risks and signs of opiate overdose
- basic life support
- naloxone administration.

This may be in the form of a workbook or local naloxone card. Where possible/available the client's details should be confirmed by searching the NEO for evidence of training being recorded.

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.

2.3.2 Verification of the client's knowledge and understanding of all aspects of the programme should be confirmed by utilising the checklist (appendix 1).

- 2.3.3 Only in exceptional circumstances should a supply of naloxone be refused. Professional judgement should be used, for example if the patient is clearly unable to convey an understanding of how and when to use naloxone.
- 2.3.4 All clients who present and have not previously been offered training or are unable to demonstrate knowledge of the programme will be offered a referral to Signpost Recovery for training.
- 2.3.5 For those clients who 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
- a supply of 'take home naloxone' will be given as determined by the patient group direction.

Supporting education materials will be supplied by the Take Home Naloxone Co-ordinator at Borders Addiction Services.

2.4 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. 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 Borders will ensure that relevant training is made available to pharmacy staff involved in Borders Community Pharmacy Naloxone Service. Any member of pharmacy staff delivering Naloxone training 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 pharmacy staff participate in any local and national training initiatives identified by NHS Borders.
- 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 Borders for internal and external audit and evaluation purposes.
- 4.2 NHS Borders 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 'take home naloxone' 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 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 Borders.

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