

**SERVICE SPECIFICATION**

**FOR**

**THE PROVISION OF THE**

**TAKE HOME NALOXONE SERVICE**

**IN**

**HAMPSHIRE**

## **1. Aims and intended service outcomes**

- 1.1. To increase awareness and the availability of training and supply of Naloxone.
- 1.2. To provide training and supply of Naloxone to clients at risk of opiate overdose.
- 1.3. To provide clients with a convenient supply of replacement injectable naloxone following emergency use or date expiry.
- 1.4. 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 toward recovery.

## **2. Service outline**

- 2.1. The service will be offered to suitable Substance Misuse and Needle Exchange service users.
- 2.2. Naloxone will be offered to anyone over 18 years:
  - 2.2.1. Currently using illicit opiates, such as heroin
  - 2.2.2. Receiving opioid substitution therapy
  - 2.2.3. Leaving prison with a history of drug use
  - 2.2.4. Who has previously used opiate drugs (to protect in the event of a relapse)
- 2.3. Naloxone will also be offered to a family member, carer, peer or friend, with consent of anyone identified in 2.2.
- 2.4. All clients will be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone.
- 2.5. The training and naloxone supply can be delivered by any member of the pharmacy team who has received training from the Contract manager (either face to face or remotely) or has been another trained member of the pharmacy team.
- 2.6. All clients will be provided support, advice and information, including signposting or referral to other health and social services. These will include:
  - Harm reduction service drop ins
  - Local substance misuse treatment services
  - Services for BBV testing and treatment

## **2.7. Assessment, intervention and Naloxone Supply**

- 2.7.1. All clients attending the service should be asked some basic information about the naloxone programme to ensure their needs are met. The client must be given training on:
  - Risks and signs of opiate overdose
  - Basic life support
  - Naloxone administration
- 2.7.2. Verification of the client's knowledge and understanding of all aspects of the service should be confirmed.
- 2.7.3. Only in exceptional circumstances should a supply of naloxone be refused and professional judgement should be used.
- 2.7.4. For those clients who have been trained onsite and when the person supplying naloxone is assured that the client understands:
  - The risks and signs of opiate overdose

- How to administer basic life support
- Naloxone administration

The pharmacy will make a supply of 'take home naloxone' as determined by their suitability.

2.7.5. Written and Verbal information about the Naloxone Service, benefits, harm reduction, signs of opiate overdose and basic life support will be given.

## **2.8. Data recording & information sharing**

2.8.1. The pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.

2.8.2. The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for service users.

2.8.3. The pharmacy will create a record on their PMR of dispensing and label product appropriately.

2.8.4. The pharmacy will create a record on PharmOutcomes using the information provided by the service user for all services.

## **3. Accessibility**

3.1. This will be available on an open access basis with no requirement for service users to be referred from another agency.

3.2. The service user will determine:

- Which delivery site they access
- The frequency of engagement
- Which interventions they access

## **4. Service requirements**

4.1. The pharmacy will ensure the service is user friendly, non-judgemental, person-centred and confidential at all times.

4.2. The pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4.3. The pharmacy must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately accredited in the operation of the service, including sensitive, client centred communications skills and confidentiality.

4.4. The Pharmacy must ensure that the Contact Manager is informed of any changes to personnel such that the service becomes unavailable at the pharmacy.

4.5. Where a pharmacist leaves a community pharmacy currently accredited to provide this service, the community pharmacy must assess the impact to service delivery and ensure that the Contract Manager is informed of service issues as soon as possible. Every effort should be made to ensure service continuity.

## **5. Duration**

5.1. This Service Specification is valid from 1<sup>st</sup> July 2018 to 31<sup>st</sup> June 2023.

## **6. Safeguarding and governance**

- 6.1. There must be a chaperone policy in place that is displayed in a prominent position in the pharmacy (i.e. Consultation room door) – one can be provided for you if necessary.
- 6.2. All Pharmacists, Pre-Registration Pharmacists, ACT's and registered Technicians must complete CPPE Safeguarding Children and Vulnerable Adults Level II e-learning and associated e-assessment before delivering the service.
- 6.3. All other staff involved in delivering the service must be working to a safeguarding policy and procedure and sign the relevant record of Competence, which must be stored in the pharmacy at all times.
- 6.4. 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.
- 6.5. Should an issue be identified either through a visit of the Contract Manager or through any other means an action plan will be produced. LloydsPharmacy will identify any issues and create an action plan with the named pharmacist. The timescales will be agreed according to the level of risk and the Contract Manager will send a written report to the named pharmacist within two weeks of the visit, summarising what action needs to be taken and by when. The Contract Manager will contact the pharmacy again once the agreed timescales have elapsed to confirm that the action plans has been completed. If any further action needs to be taken, this will be documented and new timescales agreed.
- 6.6. If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.
- 6.7. Please note that the pace with which the process progresses will be determined by the level of risk. In addition, any serious professional matters identified may be escalated to Public Health England or GPhC.
- 6.8. Pharmacy staff must be aware of local child, and vulnerable adult, protection procedures. These must be followed at all times.

## **7. Training requirements**

- 7.1. All pharmacists are required to complete the CPPE Declaration of Competence for Needle Exchange and Supervised services as part of other service provisions. Only pharmacies providing these other services will be invited to deliver this service.
- 7.2. A pharmacist and representative will be required to complete a remote training pack sent directly to the pharmacy (face to face training with the Contract Manager can be arranged if necessary) and any training updates.
- 7.3. The declaration will need to be confirmed on PharmOutcomes via enrolment. There will be a three month grace period for the CPPE Declarations from the start of the service; after this if not completed you will not be able to access the services. The declaration for reading and signing the SOP need to be confirmed on PharmOutcomes via enrolment before starting the service.

7.4. LloydsPharmacy aim to arrange at least one contractor meeting per year to promote service development and update the knowledge of the named pharmacist.

## **8. Use of Locum Pharmacists**

- 8.1. 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 their absence.
- 8.2. 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.
- 8.3. LloydsPharmacy has the right to withdraw the service from a pharmacy that is not staffed with regular pharmacists. Alternatively, LloydsPharmacy may impose additional conditions on the pharmacy in order for the pharmacy to remain providing the service.
- 8.4. The pharmacy should ensure that there is 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.
- 8.5. The pharmacy will ensure that appropriate professional indemnity insurance is in place.
- 8.6. 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.

## **9. Premise**

- 9.1. The service must be provided from a designated consultation area in the pharmacy that meets as a minimum the national standards required for the provision of the Medicines Use Review Service.
- 9.2. The pharmacy will have appropriate health promotion material available for the users of the service and promotes its uptake.
- 9.3. Ensure internet access to use PharmOutcomes.

## **10. Ordering consumables**

- 10.1. It is the responsibility of the pharmacy to order replacement stock of *Prenoxad 1mg/ml Injection 2ml*.
- 10.2. The pharmacy must ensure appropriate stock control is maintained.

## **11. Quality standards**

- 11.1. **The pharmacy should ensure the following:**

- 11.1.1. Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and operate to a Standard Operating Procedure (SOP) for the delivery of this Service Specification. One will be provided for you if required.
- 11.1.2. The pharmacy is making full use of promotional material.
- 11.1.3. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken some CPD relevant to this service on at least an annual basis
- 11.1.4. The pharmacy has a complaints procedure in place and will report any complaints, comments or concerns to the Contract Manager as soon as possible by email or phone
- 11.1.5. Co-operation with any review of the client experience.
- 11.1.6. Participation in any audit of the service.

**11.2. The quality standards for the pharmacist are:**

- 11.2.1. Accreditation by commissioner.

**12. Audit**

- 12.1. The pharmacy will participate in audits of this service provision organised by the Contract Manager, as and when required, and delivers any action points reported on the audit within the agreed timescales.
- 12.2. The Contract Manager may employ mystery shoppers as part of this audit.

**13. Reporting incidents**

- 13.1. The Pharmacy is required to have a robust incident reporting and investigation procedure in place for all clinical and non-clinical incidences.
- 13.2. Any incidents pertinent of this service should be reported using the Pharmacy’s normal incident reporting procedure and a copy of this report should be sent to the Contract Manager.

**14. Payment arrangements**

**14.1. Payment and Reimbursement Structure**

Service Provided	Fee
Naloxone supply	£10.00 + cost price.

- 14.1.1. Payments will be made on a monthly basis.

**14.2. Claims for Payment**

- 14.2.1. Payments will be made monthly upon input onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 5<sup>nd</sup> of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made.
- 14.2.2. Evidence of your bank details, for example a paying in slip, will be required for payment.

**15. Local contact information**

**15.1. Contract Manager**

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