



# **Turning Point Specification for Community Pharmacy Take Home Naloxone (THN) Programme**

**Community  
Pharmacy  
Agreement  
(Part B) V1.00**

## **Turning Point Specification for Take Home Naloxone (THN) Programme**

### **Community Pharmacy Agreement**

#### **1. Introduction, aims and objectives of service**

This document sets out a Service Specification for a community pharmacy Take Home Naloxone (THN) to be provided by the Contractor<sup>1</sup> to service users across our commissioned services

**Pharmacies are well placed to be able to provide services as part of the local harm reduction strategy.**

The THN service relates to the supply of Prenoxad® 1mg/ml pre-filled syringe (2ml) injection for lay administration and includes the details of who may supply Prenoxad®, who may receive a supply of Prenoxad®, who is excluded from receiving a supply of Prenoxad®, the procedure that must be followed and the information that must be recorded.

This specification has been informed by the following recommendations and guidance:

- PHE (2019) Guidance: Widening the availability of naloxone. Available at <https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone> (Accessed 17/04/2020)
- Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health

This Service is for anyone aged 18 years and above. Any person aged under 18 years can access the Company's<sup>2</sup> specialist substance misuse service and should be referred through local offices) see appendix C for further details). Contractors are also reminded that their own safeguarding policies need to be followed.

#### **2. Supply (Service Description)**

- Contractors must offer a user-friendly, non-judgmental, client-centred and confidential service.
- People employed or engaged in the provision of drug treatment services including community pharmacy staff can supply Prenoxad® that has been obtained by their pharmacy to others for the purpose of being available to save life in an emergency.
- The supply can be made by any member of the pharmacy team who has completed the mandatory training (see appendix C) and is authorised by name to make Prenoxad® supplies (signed the training record in Appendix A)
- Pharmacy staff members should assure themselves that the supply is only made to individuals of 18 years or over
- Pharmacy staff members should ensure that the individual is not knowingly allergic to Prenoxad® or any of the ingredients. Any details of an adverse drug reaction should be recorded.

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<sup>1</sup> The term "Contractor" is used throughout this Agreement to represent Community Pharmacies

<sup>2</sup> The term "Company" is used throughout this Agreement to represent Turning Point

- Pharmacy staff members should assure themselves that the individual understands how to use Prenoxad® and issues a Prenoxad® assembly and administration leaflet to support this (this also provides signposting to the Prenoxad® information website)
- The supply can be made proactively, for example by the member of staff during a needle exchange, or reactively following a direct request by an individual
- Pharmacy staff making the supply should provide appropriate harm reduction advice when appropriate.
- As the intervention is fundamentally a supply-only service, clients who have not had Prenoxad® before should be given brief information of its use and referred to the Prenoxad® information leaflet and website
- Individuals can be signposted to the local Turning Point service for further information and referral for those currently not engaged in treatment
- Pharmacy staff should keep up to date with any changes to the service. Any changes to the service will be communicated via Turning Point.
- Pharmacy staff should attend/undertake refresher training at least every 12 months<sup>3</sup> and adhere to relevant professional standards if applicable
- The pharmacy should retain a training record for each member of staff completing the training (Appendix A).
- Authorisation to supply using this service only allows supplies to be made as specified; it does not cover supplies issued on prescription or by Patient Group Direction (PGD) which must be made by the appropriate professional.
- A label should be applied to each Prenoxad® unit confirming supply by the named pharmacy only. See appendix C for further details

### **3. Information for Monitoring**

- Details of the supply must be recorded on PharmOutcomes.
- Monthly submissions and payment will be provided through automated PharmOutcomes report to Turning Point in a timely manner
- Pharmacies supplying Prenoxad® as part of their drug treatment service must have an SOP in place which covers the ordering, storage, access, supply, monitoring and disposal arrangements for Prenoxad®. Turning Point has produced an example SOP which services may want to adapt for their individual pharmacies (appendix D)

### **4. Accreditation**

- Pharmacists and pharmacy staff involved in the provision of THN should have relevant knowledge and be appropriately trained in the operation of the Service to a standard agreed with the Company. Training in the operation of the Service is provided by the Company in the form of the locally approved Prenoxad® training for supply under this service (See appendix C).
- Delivery of these support services will be determined locally between the Company, Local Pharmaceutical Committee (LPC), local commissioners and any other organisation or group that

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<sup>3</sup> This may include online training

are considered to be a valid stakeholder in the service delivery e.g. service user group.

- All **pharmacy staff** should be encouraged (it is not a mandatory aspect of the training) to complete the free online training courses from SMMGP at <http://www.smmgp-elearning.org.uk> (registration required). This e-learning programme is free and supports learning and development in the subject.
- Pharmacists and staff involved in the provision of THN are aware of and operate within local protocols agreed with the Company. The Pharmacies SOP must be based on local protocols and must be regularly reviewed.
- Contractors will be invited to attend at least one meeting per year<sup>4</sup> with the Company to promote Service development and update the knowledge of pharmacy staff. This includes an awareness raising session about the drug and alcohol treatment and support services available locally and an opportunity to raise questions and/or concerns about practice. Although attendance is not mandatory, the Company would encourage engagement from Contractors to support both Service development and as a CPD update for pharmacy staff.

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<sup>4</sup> This may also be delivered as an online meeting

## **Schedule 1**

### **Payments**

#### **Payment process**

CPWY has been commissioned by the Company to act as an agent for processing THN claims.

From the Service Commencement Date, Turning Point shall pay the provider based on activity that has been recorded on PharmOutcomes at the end of each calendar month. Payments will be administered by Community Pharmacy West Yorkshire (CPWY) on behalf of Turning Point.

Payments are made on or after the 28th of the following calendar month after service provision. Where the 28th falls on a weekend, or Bank Holiday, then the payment will be made on the first working day following the 28th. The provider must ensure that all information recorded on PharmOutcomes is a fair and accurate recording of the activity it has undertaken. Claims will be paid in line with the Payment Terms outlined in section 6 of the Company “Services Agreement” document

Paper-based claims will not be processed for payment.

For queries relating to the use of PharmOutcomes please contact PharmOutcomes directly

***Appendix A: Turning Point Specification for Community Pharmacy Take Home Naloxone (THN) Programme Training Record***

**Drug Treatment Service**

- I have read and understood the Prenoxad® Turning Point Specification for Community Pharmacy THN Programme and I agree to supply Prenoxad® 1mg/ml Pre-Filled Syringe (2ml) injection in accordance with the service.
- I have completed the training as described in appendix C and have the necessary competence, training and knowledge to apply the Turning Point Specification for Community Pharmacy THN Programme
- A copy of the Turning Point Specification for Community Pharmacy THN Programme will be retained in the pharmacy for reference.
- I know who to contact for further support and advice concerning the Turning Point Specification for Community Pharmacy THN Programme
- I will attend a refresher training session every year and keep up to date with developments concerning the Take Home Naloxone programme.

Staff Member (please print)	Signature	Date

**This training record should be retained and kept up to date by the pharmacy**

## Appendix B - One to One Prenoxad® Training Check List

Training received and understanding demonstrated	Confirmed
The most common drugs identified in a drug-related death (heroin, methadone, diazepam & alcohol – all CNS depressant drugs) and the physical effects these drugs have (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, poor memory, not feeling pain, lower body temp)	
The main causes of drug overdose (low tolerance, mixing drugs, using too much, using alone, injecting drug use, purity levels)	
High risk times (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, fever periods, weekends or holidays)	
The signs and symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness)	
The common myths (don't inflict pains, give others drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)	
Knows when to call 999 (when person won't wake up without a shake or shout, status of person and location)	
Knows about the recovery position (person on side, airway open)	
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle BRS)	
Knows when and how to administer Prenoxad® (unconscious but breathing-admin when in recovery position then every 2-3 minutes, unconscious but NOT breathing-admin after one cycle of BLS then after every 3 cycles of BLS. Dose: 0.4mls into outer thigh muscle through clothing. Assembly of syringe.)	
Knows the importance of giving Prenoxad® as per recommended dosing instructions (Understands ONLY to give 0.4mls & always to leave a 2-3-minute gap IN BETWEEN doses) Understands the safety risks of not adhering to this.	
Knows that Prenoxad® is short acting (the effects of Prenoxad® wear off after 20-30 minutes, possible that overdose may return)	
Knows the importance of staying with the person (do not let the person take any other drugs if they gain consciousness)	
Knows safe storage information, no refrigeration, and expiry date. Clarify Police position regarding possession	
Is aware of the training websites and can signpost the client to them <ul style="list-style-type: none"> <li><a href="http://www.prenoxadinjection.com/">http://www.prenoxadinjection.com/</a></li> <li><a href="https://www.smmgp-elearning.org.uk/">https://www.smmgp-elearning.org.uk/</a></li> </ul>	

### ***Appendix C - Locally approved training options for Pharmacy staff and Contact Details***

All staff involved with the supply must have relevant training on the use and supply of take home naloxone; the level of training is dependent on the role being undertaken within the pharmacy:

#### All involved Staff:

Mandatory: 1 hour Turning Point online training session

Recommended: SMMGP Free-learn "Prenoxad Saves Lives" <http://www.smmgp-elearning.org.uk> (registration required)

#### **Contact details**

Ongoing support may be provided through Ethypharm (Prenoxad®) representative:

Asia Rafiq ([asia.rafiq@ethypharm.com](mailto:asia.rafiq@ethypharm.com))

For additional support and information please contact:

Julian Coxon (Clinical Lead)

Turning Point | Grosvenor House | 8-20 Union Street | Wakefield | WF1 3AE

T: 0300 123 1912


DD: 01924 318535

Each pharmacy should nominate a lead practitioner to support this work

On the following page is an example of a label we use at our Suffolk service.

When producing a pharmacy label please just label as "Supplied by" with your contact details  
Please do not add the client name.

Pharmacies may want to consider pre-printing these labels and adding the date to support an efficient supply model

<b>Supplied By:</b>		
Suffolk Recovery Network		
Turning Point		
Sanderson House		
17-19 Museum Street		
Ipswich	Tel: 0330 303 6000	
IP1 1HE	Date of Supply: __/__/__	