Public Health Agreement

for

Take Home Naloxone Service

30th June 2019 to 31st March 2020

(Public Health Agreement managed on behalf of Surrey County Council)

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Community Pharmacy Specification - Needle Exchange Scheme

1 Introduction

1.1 Drug Misuse and its complications pervade every part of society and social classes and are a problem found across the whole country

The number of heroin and/or crack users in Surrey is estimated to be 3,391; these are figures for the period of 2016/17. Surrey County Council currently commission enhanced services through Community Pharmacy for people who inject drugs, through the provision of needle exchange programmes and a Supervised Consumption Service.

1.2 Deaths related to drug misuse (England and Wales)

- In 2016 there were 2,593 registered deaths in England and Wales related to drug misuse. This is an increase of 5 per cent on 2015 and 58 per cent higher than 2006.

2 Background

What is a drug misuse death?

A drug misuse death is defined as a death when:

- the underlying cause is drug abuse or drug dependence
- the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved (PHE, 2017)

- There were 3,756 deaths relating to drug poisoning in England and Wales in 2017, a rate of 66.1 deaths per 1 million population, and similar to levels seen in 2016.
- Two-thirds of drug-related deaths were related to drug misuse, accounting for 43.7 deaths per 1 million in 2017.

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4 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodoreviseddrugmisuseinenglandandwales/2017registrations
Potential factors relating to the rise in drug misuse deaths

Increase in availability and purity of heroin

The apparent sudden increase in drug-related deaths historically were likely to have been caused, at least in part, by an increase in the availability of heroin, following a fall in deaths during a period when heroin purity and availability was significantly reduced.

Ageing heroin users

The proportion of older heroin users, aged 40 and over, in treatment with poor health has been increasing in recent years and is likely to continue to rise.
Common Circumstances of opioid overdose

We know that the majority of fatal overdoses can be avoided with certain interventions. Common circumstance surrounding opioid overdoses can include:

- Being in one's own or friends home
- History of a recent non fatal overdose
- Several hours between overdose and death
- Other drugs present
- Older more experienced Injecting drug users
- Recent abstinence/reduction in use
- Not in treatment
- Witnesses present
- Not recognising the signs of overdose

Naloxone and its use

- Across Europe, illicit opioid users are 10 times more likely to die than their peers of the same age group and gender, and 6,100 deaths were attributed directly to opioid overdose in 2012.
- Naloxone is a potentially life-saving medicine when used in settings associated with opiate misuse and overdose.
- There is evidence that take-home naloxone given to service users, and training family members or peers in how to administer naloxone, can be effective in reversing heroin overdoses.
- Its legal status means that anyone can administer naloxone for the purpose of saving a life, and it has been supplied by some drug treatment services since 2005.5

Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine and fentanyl).

The main life-threatening effect of heroin and other opiates is to slow down and stop breathing. Naloxone blocks this effect and reverses the breathing difficulties.

The provision of effective interventions to reduce risk needs to be maintained. These interventions include needle and syringe programmes, opioid substitution treatment and other treatments for drug misuse and dependence.

The provision of needle exchange in pharmacies provides the benefits of increasing availability of needle exchange across a wide geographical area, providing more flexibility in provision of services including more flexible opening hours. This results in a reduction of drug-related harm and risk behaviours, helps engage drug users into treatment and provides vital opportunities for interventions to take place such as offering Naloxone and providing advice around overdose awareness.

3 Agreement

3.1 This Public Health Agreement is between Surrey County Council and the Provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The Council will serve a 1 month termination notice to either stop or revise the service.
4 Service Description

4.1 The service will be offered to suitable Needle and Syringe Programme and Supervised Consumption Service Providers. Service users over 18 in contact with opioids along with friends, family or appropriate representatives are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The service can be delivered by any member of the pharmacy team who has been appropriately trained and has been deemed competent to do so by the pharmacist in charge. This training is to be given with the oversight of the pharmacist. Once completed, a take-home naloxone kit may be issued to the service user by the pharmacist.

There is no legal restriction under the legislation on the supply to children or young people of naloxone by a drug treatment service. However, any decision to supply naloxone to a child would need very careful consideration and oversight and would need to be made on a case by case basis. Therefore anyone presenting who is under 18 years and wishing to be provided with Naloxone should be signposted to the Young Persons Treatment Service Catch 22 and the Service Manager informed.

5 Service Outline

5.1 Identify and potentially supply suitable clients with Naloxone through engagement in pharmacy, particularly those accessing needle exchange and/or opioid substitution therapy, informing clients about harm reduction and promoting the benefits of Prenoxad injection

5.2 The Provider will offer a user-friendly, non-judgemental, service user-centred and confidential service

5.3 The service user will be provided with appropriate health promotion materials

5.4 Observing the MECC (Making Every Contact Count) model; the Provider will make the most of opportunities to engage with and have ‘healthy’ conversations with the Service User. This will include providing support and advice to the service user, including sign posting to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them 6

5.5 These services will require use of a consultation area. As part of the Heathy Living Pharmacy criteria, a consultation room shall be made available to deliver this service when appropriate. This consultation area must provide sufficient privacy and safety.

6 https://www.healthysurrey.org.uk/your-health/supporting-communities/making-every-contact-count
5.6 Any young people under 18 requesting injecting equipment must be referred to the young people’s specialist substance misuse service. Please refer to the Young Persons Needle Exchange Policy on PharmOutcomes.

5.7 The Provider will maintain appropriate records to ensure effective ongoing service delivery and audit. It is preferable that the consultation area will have access to a computer to enter the patient details on to PharmOutcomes. This data must be completed in full.

5.8 The Pharmacy may only hold 5 kits in stock at one time. Larger quantities of stock held must be agreed with the service manager.

5.9 Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocol and must follow Standard Operating Procedures.

5.10 Pharmacists and other staff providing the service will have completed locally agreed training. All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training can be delivered by any member of the pharmacy team who has been appropriately trained and has been deemed competent to do so by the pharmacist in charge. This training is to be given with the oversight of the pharmacist. Once completed, a take-home naloxone kit may be issued to the service user by the pharmacist. The service may be an exempt supply for VAT purposes, because a pharmacist will be involved in providing 1-to-1 health advice including on injecting technique and administration of Naloxone, along with wider harm reduction advice.

5.11 The pharmacy will deal with any complaints sensitively and will report any complaints, comments and concerns to the service manager as soon as possible by email or phone.

6 Aims and Intended Service Outcomes

6.1 To increase overdose awareness knowledge; informing clients and appropriate others about harm reduction and the benefits of Naloxone and to reduce the rate of drug related deaths associated with opiate use amongst service users.

6.2 To identify and potentially supply suitable clients with Naloxone through engagement in Pharmacy. This service is particularly aimed at those accessing needle exchange and/or opioid substitution therapy, however it can also include family, friends, carers, hostel managers and anyone potentially witnessing an overdose.

6.3 To maximise the access and retention of all injectors, particularly those not already engaged in treatment services, those who are homeless and other vulnerable groups.
6.4 To act as a gateway / signpost to other services such as drug and alcohol treatment services, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening, sexual health and primary care services

6.5 To have a close working relationship with the local drug services and where appropriate facilitate referral into treatment

6.6 Surrey County Council will fund the cost of Naloxone kits. It is the responsibility of the Pharmacy to order the kits directly from the NSP equipment supplier Orion Medical. These kits can be ordered before 1pm and delivered the next day. The pharmacy can only hold a maximum of 5 naloxone kits in stock unless it has been agreed otherwise with the service manager. Naloxone kits are stock of Surrey County Council and should be kept segregated and only use for this service.

6.7 Surrey Council Council reserves the right to give a participating pharmacy 1 month’s notice of the termination of their participation in the scheme if the service is not accessed regularly (i.e. once a year).

7 Operating Procedures

7.1 In accordance with the Scheme Operational Policy, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users.

7.2 Pharmacy operating procedures will be in line with Needle and Syringe Programmes and Supervised Consumption Service and include:

- Service user dignity, privacy, confidentiality and data protection
- Sharps safety and Needle stick injury
- Robust Safeguarding policies
- Provision for young people
- Service user complaints procedure
- Untoward incident monitoring
- Return of used injecting equipment
- Signposting to local treatment services and to other available needle exchange services for when the pharmacy is closed

8 Accreditation and Training

8.1 The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have attended the locally agreed Overdose Prevention and Naloxone training provided by Surrey County Council to ensure competency in the operation of the service. This attendance is mandatory. For continuity of new starters, the e-learning module ‘SMMGP
Freelearn: Naloxone Saves Lives” training can be completed and certificate shared with the commissioner as proof of competence.

8.2 The Provider will ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Substance Misuse Service Provision which is a mandatory requirement to provide the Needle & Syringe Programme and the Supervised Consumption Service. Completion of the following open learning CPPE pack7 plus the on-line assessment would meet this requirement:
   - Substance Use and Misuse
   - Safeguarding Children and Vulnerable Adults

All pharmacists accredited to deliver Substance Misuse services must be registered with CPPE learning record online before approval to supply will be given by Surrey County Council.

8.3 The Provider must inform Surrey County Council when the nominated pharmacist leaves and a new pharmacist joins. The new pharmacist will need to become accredited as per the system outlined above. It is the responsibility of the Provider to let Surrey County Council know there is a vacancy and who the replacement pharmacist is within 1 month of the vacancy arising and a new appointment being made

9 Quality Indicators

9.1 The Provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are competent to deliver harm reduction and overdose awareness advice

9.2 Staff involved in the delivery of training for the take-home naloxone programme have been signed off by the provider as competent to do so using protocols agreed by Surrey County Council

9.3 The Provider will participate in all commissioner led audits of service provision as and when required

9.4 The Provider will co-operate with any locally agreed Surrey County Council led assessment of service user experience

9.5 The Pharmacy can demonstrate that all service user training and kits issued are recorded accurately on PharmOutcomes

9.6 The Pharmacy undertakes the intervention in an area that ensures a sufficient level of privacy and safety

9.7 The Provider has appropriate health promotion material available as advised by Surrey County Council for the service user group

7 www.cppe.ac.uk/
9.8 The provider must have a system in place that ensures that messages are checked on a regular basis (at least weekly) on PharmOutcomes and actioned appropriately as this is the primary communication tool between Surrey County Council and Surrey Pharmacies and is used to convey drug alert notifications.

9.9 The Provider must at all times comply with the relevant regulations for complaints relating to the provision of substance misuse services. Any complaints must be submitted as part of the data return. The Provider must send a copy of any serious complaints to Surrey County Council within 5 business days.

9.10 The Provider will review its standard operating procedures and the referral pathways for the service on an annual basis.

10 Monitoring Arrangements

10.1 Participating Providers are expected to record accurate and specified data comprehensively, using PharmOutcomes on the appropriate service template. Service Users are to be encouraged whenever possible to complete all registration information however this must be done discreetly and the provider must be mindful not to discourage the person from using the service.

10.2 Access to records and documents containing information relating to service users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Provider will ensure compliance with the Data Protection Act, GDPR, Caldicott and other legislation covering access to confidential patient information. The Provider will only share information with other health care professionals and agencies in line with RPSGB ‘Medicines, Ethics & Practice, A Guide for Pharmacists’.

11 Critical Incidents

- In the event of a critical incident such as violent, aggressive or threatening behaviour towards pharmacy staff and the public, or theft, the pharmacist and their staff are not to put themselves in any risk of injury. It is not expected that pharmacy staff will accept threatening, violent or other abusive behaviour from service users.

- In the event of such an incident the service user should be asked to leave the premises with a verbal warning. The Pharmacist has the right to refuse a service user access to the service on behavioural grounds.

- If the service user returns subsequently and there are no changes in behaviour the Pharmacist has the right to withhold services.

- If a service user does not leave voluntarily when requested, the pharmacist should call the police to escort the service user from the premises.
All critical incidents should be reported to the service manager at the time of the event.

### 12 Safeguarding

12.1 The Provider shall adopt Safeguarding Policies in compliance with Surrey County Council’s:

- Safeguarding children / child protection policy^9^
- Safeguarding adults multi-agency procedures, information and guidance^10^

### 13 Payment Arrangements

13.1 Payment will be made to the Provider for the provision of the Naloxone Service on a monthly basis in arrears using the activity information entered onto PharmOutcomes.

13.2 All claims are generated automatically from the activity data entered onto the PharmOutcomes portal made available by the public health team. If data is not entered then claims cannot be met. Activity should be recorded on the day of the supply (or, at the very latest, by the next working day).

13.3 See Appendix 1 for payment structure.

13.4 The Council has the right to audit a pharmacy against the claims received. Reasonable notice will be given to the pharmacy prior to the audit.

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## Appendix 1 Payment for providing Take Home Naloxone in Community Pharmacy

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone Supply including Overdose Awareness Training</td>
<td>£10 per unit</td>
</tr>
<tr>
<td></td>
<td>One time payment of £50 to cover training and new service set up costs</td>
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<tr>
<td>Payment</td>
<td>A fee of £10 will be paid to cover time involved in training each client for the signs and symptoms of overdose and the provision of a naloxone kit</td>
</tr>
<tr>
<td></td>
<td>A one time payment of £50 will be paid retrospectively to participating pharmacies at the end of the financial year. This payment is to cover new service set up costs. Payment will only be made if mandatory training is attended (by at least 2 x pharmacy staff) and service must be provided for the whole year</td>
</tr>
<tr>
<td></td>
<td>Kits can be ordered directly from Orion Medical Supplies Ltd Tel: 01869 244423 and online through PharmOutcomes</td>
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<tr>
<td></td>
<td>A maximum of 5 kits to be kept in stock. Orders placed before 1pm can be delivered the next working day</td>
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<tr>
<td></td>
<td>The packs must be labelled with the client’s name and the date of supply</td>
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<tr>
<td></td>
<td>Details must be recorded onto the PharmOutcomes System. All fields must be completed in order to claim</td>
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</tbody>
</table>

*Unless other arrangement agreed with Service Manager*