# SCHEDULE 2 – THE SERVICES

1. **Service Specifications**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

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| **Service Specification No.** |  |
| **Service** | Supply of Nyxoid (Nasal Naloxone) |
| **Commissioner Lead** | Olivia Wooding |
| **Provider Lead** | Lisa Manning - LPC |
| **Period** | 31 January 2022 – 31 March 2022 |
| **Date of Review** | Not Applicable |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   Naloxone has been used for many years as emergency medicine designed to rapidly reverse opioid overdose and prevent death.  Pharmacies are ideally placed for providing take home naloxone to the target population group as they are one of the main points of contact for opiate users accessing needle exchange or collecting opiate-substitution medication.  The provision of take-home naloxone through pharmacies increases the availability and access to naloxone over a wide geographical area and provides opportunities for intervention in a population group who may not currently access specialist substance misuse services. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | Domain 1 | Preventing people from dying prematurely | X | | Domain 2 | Enhancing quality of life for people with long-term conditions | X | | Domain 3 | Helping people to recover from episodes of ill-health or following injury | X | | Domain 4 | Ensuring people have a positive experience of care | X | | Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | X | |
| **3. Scope** |
| **3.1 Aims and objectives of service**  To reduce the number of drug-related deaths caused by opioid overdose by:   * Increasing availability of naloxone in the community for emergency use in opioid overdose * Increasing awareness of symptoms of opioid overdose and how to respond in an emergency * Providing training in the appropriate use of naloxone in the situation of opioid overdose.   **3.2 Service description/care pathway**  **Service Outline**  Take home naloxone provision is available to all presenting adults (aged 18 and over) who currently use or have a history of using illicit opiates. Young people under 18 years old should be sign-posted to the local specialised Young Peoples services.  Identify suitable patients and supply naloxone in the form of a **nasal naloxone** kit through engagement in the pharmacy, particularly those accessing needle exchange and/or opioid substitution therapy, informing clients about harm reduction and the benefits of carrying a naloxone kit.  All patients with access to opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training is not time consuming. See Appendix 1  The naloxone and overdose 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. Once completed, a take-home naloxone kit may be issued to the patient.  The pharmacy will provide support and advice to the patient, including referral to other health and social care professionals and specialist drug treatment service where appropriate.  **Data Recording & Information Sharing**  The pharmacy will maintain accurate records of the service provided.  The pharmacy will be expected to ensure secure systems and records to prevent misuse of service, and to ensure the confidentiality for patients.  The pharmacy will create a record on PharmOutcomes using information provided by the patient.  Internet access must be available for input of data onto PharmOutcomes.  The consultation room will have access to a computer to enter patient details on to PharmOutcomes.  Verbal consent to be obtained from the patient.  **Brief Harm Minimisation and Health Promotion Interventions**  This will be undertaken by a pharmacist or other competent staff member and may encompass such areas as:   * Safe injecting techniques * Sexual health advice * Transmission of blood borne viruses * Wound site management * Dangers of mixing drugs, in particular other sedatives with opiates * High risk time for overdose (leaving Prison, Detox, Rehab & any other periods of abstinence * Nutrition * Safe storage and disposal of injecting equipment and substances (e.g. to avoid risk of injury to children) * Taking measures to reduce harm and prevent drug- related deaths * Safe storage and use of opiate substitute treatment (typically methadone or buprenorphine) * Alcohol misuse   Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature.  **Ordering of materials**  It is the responsibility of the pharmacy to order stock to meet the requirements of the service.  A website link is provided later in the document which enables the pharmacy to download printable leaflets.  MCFT will advise and support in terms of written information that can be provided to patients  Stock levels must be maintained to ensure availability of naloxone to supply to patients once they have received the training.  **Accessibility**  This service will be provided on an open access basis with no requirement for referral from an external agency.  The patient will determine:   * Which site they access * The frequency of engagement * Which interventions they access   **Service requirements and duration**  The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service.  The service will be delivered in a consultation area in the pharmacy which ensures a sufficient level of privacy and safety and meets NHS pharmaceutical regulations 2020 premise requirements. NHS infection control standards must be complied with.  Pharmacists and staff involved in the provision of the service must be aware of and operate within any locally agreed protocols and follow their company Standard Operating Procedures that cover the provision of this service.  Pharmacists and staff involved in the provision of the service must have relevant knowledge and be appropriately accredited in the operation of the service.  The Contract Manager must be informed of any changes to personnel which impacts service delivery or availability. Every effort should be made to ensure service continuity.  **Safeguarding and Governance**  Pharmacy staff must be aware of local and/or child and vulnerable adult protection procedures; these must be followed at all times.  Its 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.  Should an issue be identified either through a prearranged visit by the Contract Manager or through any other means an action plan will be produced following the process below:   * MCFT will identify any issues and will agree points for action with the named pharmacist, and an action plan will be created. * The Contract Manager will send a written report to the named pharmacist within 2 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 plan has been completed. * If any further action needs to be taken, this will be documented and new timescales agreed. * If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.   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.  **Required Training**  Suitable training will be identified and delivered by MCFT which is mandatory to attend within one month of delivering the service. To book this training please contact [Hannah.edgar2@merseycare.nhs.uk](mailto:Hannah.edgar2@merseycare.nhs.uk)  A short tutorial film can be accessed free via YouTube  <https://www.youtube.com/watch?v=lPznSHQPcpg&t=2s>  A service user leaflet can be downloaded here <https://www.medicines.org.uk/emc/files/pil.9292.pdf>  A more pictorial leaflet can be downloaded here  <https://www.medicines.org.uk/emc/rmm/1278/Document>  Two specific training cards aimed at healthcare professionals and a separate one for service users can be ordered from the provider free of charge. These can be downloaded from the Nyxoid website upon request.  [Nyxoid | United Kingdom](https://www.nyxoid.com/uk)  For all pharmacist and pharmacy technician staff the CPPE courses “Substance Use and Misuse” (Modules 1 - 4) and “Safeguarding Children and Vulnerable Adults” must be completed. The completion certificate for this must be no more than 3 years old.  Pharmacist and pharmacy technicians must have received and completed the required training above and cascade the training to other pharmacy staff who will be delivering the service, within one month of starting to provide the service. Take home naloxone can only be provided once training has been given to a patient by a suitably trained member of staff.  The training requirements must be met within one month of joining the service and updated every three years.  The lead pharmacists will be responsible for identifying staff training needs and for recording their own Continuing Professional Development, and cascading training to all staff where appropriate.  **Quality Indicators**  The pharmacy will have standard operating procedures relating to this service. The Superintendent will review these standard operating procedures and the referral pathways for the service on an annual basis.  The pharmacist and support staff will attend required training and accreditation events relating to this service which can be provided on a virtual platform as needed.  The pharmacist and support staff have completed the required training.  The pharmacist has undertaken CPD relevant to this service, and pharmacists (including locums) and staff involved in the provision of this service have sufficient relevant knowledge and are familiar with the requirements of this service specification.  The pharmacy has a complaints procedure in place  **Incidents and Complaints**  The pharmacy is required to have a robust incident reporting and investigation procedure in place.  Incidents relating to this service should be reported in line with the pharmacy’s incident reporting procedure. The pharmacy will provide a copy of the incident report to the Contract Manager.  The pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Contract Manager as soon as possible  **Use of Locum Pharmacists**  The Contract Holder 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 the absence of the regular pharmacist.  Where possible, the pharmacy should ensure it is staffed by a regular pharmacist/s. Should the pharmacy be in a position when the pharmacy will be run on different locum pharmacists for more than a month, the Contract Manager must be informed.  The pharmacy should ensure that there are 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.  The pharmacy will ensure that appropriate professional indemnity insurance is in place.  It is a requirement for the pharmacies signing up to this agreement to comply with all the requirements of the essential services of the NHS Community Pharmacy Contractual Framework.  **Payment Details**  Claims for the provision of Naloxone will be made via PharmOutcomes on the 7th of each month. This service will cease with Mersey Care NHS Foundation Trust on 31 March 2022, claims up to this date can be made until 30 June 2022. Any submissions after this date will not be paid.   |  |  | | --- | --- | | **Service Provided** | **Payment** | | Naloxone One off Training | £50.00 | | Nyxoid Kit | £10 per supply & Drug Tariff Price |   Payments will be made within 30 days of MCFT receiving the claim.  The one off naloxone training payment can be claimed through PharmOutcomes via a separate service titled ‘Naloxone training payment claim’  **3.3 Population covered**  Patients presenting in Sefton aged 18 and over  **3.4 Any acceptance and exclusion criteria and thresholds**  Those who report use of opioid substances (for those who support those using opioid substances) who are aged 18 and over and demonstrate appropriate knowledge and understanding following in-pharmacy training of Naloxone use/storage |

**All reports – no patient identifiable data to be included in performance/activity monitoring reports. Patient data should be anonymised/pseudonymised.**

**Activity monitoring data to be sent to** [**mcn-tr.contracts@nhs.net**](mailto:mcn-tr.contracts@nhs.net)

Appendix 1 : Service User Training

Patients must be competently trained in order to be provided with take home naloxone. As a minimum, training sessions must cover the following topics:

**Overview of the Main Risk Factors for Drug Overdose**

* Main risk ‘groups’, i.e. people leaving prison, detoxification, rehabilitation, having recently stopped the use of naltrexone or with low tolerance
* Injecting drugs
* Longer history of injecting
* Poly-drug use. Risks associated with using combinations of depressant drugs, e.g. mixing heroin with other sedative drugs or mixing with alcohol

**How to recognise when someone has overdosed**

* Deep snoring/’gurgling’ noises
* Not able to wake, not responsive to shouting and shoulder shake
* Turning blue – lips and fingertips
* Not breathing

**PLEASE NOTE:** Ensure that the patient is aware that naloxone should **never** be considered as a safety net to take extra risks.

**What is Naloxone?**

An opioid antagonist – it **temporarily** reverses the effects of opioids. Naloxone does **not** reverse overdoses of non-opioid drugs.

**How does a patient respond to Naloxone?**

Duration and type of effect from naloxone depends on:

* Which opioid was used?
* How much opioid was used e.g. methadone versus heroin?
* By what means was it taken i.e. oral, IV
* Any other drugs or alcohol taken

If someone has taken an opioid overdose, naloxone will **buy precious time.** The individual still needs to go to hospital. Please dial 999 for an ambulance.

**Where should naloxone be kept?**

* Carried by the individual on their person
* A specific place at home or the place where drugs are used. Patients should also let others know where it is kept.

**What about safety?**

Naloxone should be kept out of reach of children. The expiry date also needs to be checked intermittently. If it is out of date, you need to return to the pharmacy or a MCFT service to collect another naloxone kit.

**How to get a replacement naloxone kit?**

When a replacement kit is needed due to the current dose being used, lost, damaged or out of date, the patient should return to their MCFT service or pharmacy where they were originally trained and supplied with the naloxone kit. When replenishing naloxone, MCFT or pharmacy staff must ensure that verbal consent is gained and recorded and all other relevant data is recorded via PharmOutcomes. In addition, it is essential to ensure that the individuals knowledge is still up to date.

Expired stock must be disposed through medicinal bins, such as at a pharmacy.

**Calling an ambulance**

Throughout the training session it is imperative to emphasise the following:

* Patients must dial 999 and call an ambulance in all overdose cases as the first act
* When using **Nyxoid (nasal naloxone)** an emphasis should be placed on:

1. Always keep the Nyxoid spray in the unopened blister pack until an emergency arises
2. Hold the Nyxoid without touching the plunger and never try to prime the spray as it will be lost
3. Once firmly inserted into a nostril, the plunger can then be pressed in
4. If after two to three minutes the person has not shown signs of breathing the second spray in the kit can be used.
5. If using a second spray use the alternative nostril to the first dose applied.

* Naloxone is a short acting drug that lasts approx. 20 minutes. An overdose can last up to 8 hours; hence the affected individual may go back into overdose state.
* The police are not routinely called to overdoses but if they do attend, this will be for the purpose of assisting the paramedics in their efforts to save a life.
* Always stay with the individual until emergency service arrive and be prepared to give further doses.