



Service Specification

HERTFORDSHIRE CGL Spectrum Drug and Alcohol Recovery Service Needle & Syringe Programme *Incorporating* Take Home Naloxone Programme September 1st 2019

1. Overview and Service Principles

- 1.1 **Needle Syringe Programmes (NSP)** supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses (BBVs) including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 1.2 The needle exchange service may be the only contact some people have with a Healthcare Professional, for example those who inject performance and image-enhancing drugs. Needle exchange services in England are based across a range of services, with pharmacy making up the majority of the sites.
- 1.3 The provision of needle exchange in pharmacies provides the benefits of increasing the availability of needles exchange packs across a wide geographical area. This provides more flexibility of provision of services not only by area but by longer opening hours.
- 1.4 **Take-Home Naloxone** provision to suitable NSP users and those on Supervised Consumption of Opiate Replacement Treatment forms an important part of their care. Naloxone has been used for many years in emergency medicine for the reversal of the effects of opioid overdose and to prevent death.
- 1.5 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 services or collecting opiate-substitution medication.
- 1.6 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. Aims and Intended Service Outcomes

- 2.1 Providing service users who inject drugs clean needles and syringes simultaneously and a Take-Home Naloxone Kit to those injecting and at risk of opiate overdose will assist towards protecting their health until they are ready and willing to cease injecting and ultimately achieve a drug-free life with the appropriate support.
- to protect health and reduce the rate of blood-borne infections and drug related deaths among service users by
 - reducing the rate of sharing and other high-risk injecting behaviours;
 - providing sterile injecting equipment and other support;
 - promoting safer injecting practices;
 - providing and reinforcing harm reduction messages.
 - 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
- 2.2 To improve the health of local communities by preventing the spread of blood-borne infections by providing a safe and effective route for the disposal of used injecting equipment.
- 2.3 To help service users access treatment by offering referral to Spectrum Drug and Alcohol Recovery Service (CGL) and health and social care professionals where appropriate.
- 2.4 To maximise the access and retention of all injectors, especially the highly socially excluded.

2.5 To help service users access other health and social care providers, acting as a gateway to other services.

2.6 To reduce the number of drug-related deaths associated with opioid overdose.

3. Service Outline for the provision of Needles and Syringes and Naloxone Take Home

3.1 The Naloxone Take Home part of the service will require use of a consultation area. The consultation room must meet the [General Pharmaceutical Council \(GPhC\) Standards for Registered Premises](#) and comply with the minimum requirements set out below:

- the consultation room must be clearly designated as an area for confidential consultations
- it must be distinct from the general public areas of the pharmacy premises
- it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).

3.2 Pharmacies contracted to provide the Needle Syringe Programme shall display the national logo in a prominent position visible from outside the premises which will be provided by CGL Spectrum. Should the pharmacy lose the promotional material further supplies of the needle exchange window sticker can be requested from CGL spectrum by emailing herts@cgl.org.uk

3.3 The NSP Lead from CGL Spectrum will provide details of the relevant referral point which pharmacy staff can use to signpost service users who require further assistance. Contact details on the NSP Lead and the relevant referral point are included in Appendix 1.

3.4 The pharmacy will have appropriate health promotion material available for the service users of the service and promotes its uptake. The pharmacy should order sufficient materials to ensure continuity of the service. Promotional material on Safer Injecting, Naloxone Take Home and Steroids can be obtained by emailing herts@cgl.org.uk

3.5 The pharmacy will provide support and advice to the service user, including referral to other health and social care professionals and specialist drug treatment services where appropriate.

3.6 The pharmacy will promote safe practice to the user, including advice on sexual health and sexually transmitted diseases, HIV and Hepatitis C transmission, and Hepatitis B immunisation. See Section 11 on skills, competency framework and required training.

3.7 All service users accessing the Needle Syringe Programme will be provided with needles and syringes in a suitable bag to the service user at every opportunity. Those service users **aged 18 or above** also at risk of opiate overdose will be offered naloxone injection in the form of a Naloxone Take-Home Kit during their engagement in the pharmacy.

3.8 The service also includes provision of needles and syringes for users of steroids and image enhancing drugs.

3.9 If the service user requests equipment not supplied within the Needle Syringe Programme, the pharmacy will refer them to the CGL Spectrum service.

3.10 Used equipment is normally returned by the service user for safe disposal. The accredited pharmacist will ensure that staff are made aware of the risks associated with the handling of returned used equipment and the correct procedure used to minimise those risks. Please refer to the pharmacy's own safety guidance. See Section 9 on Management of Returns of Needle and Syringe equipment.

3.11 It is the responsibility of the pharmacy contractor to offer immunisation to all participating staff against Hepatitis B involved in the delivery of this service at their own cost. CGL strongly advises the

pharmacy contractor to get participating staff immunised against Hepatitis B who will deliver this service.

- 3.12 The pharmacies own needle stick injury Standard Operating Procedures should be in place and visible to all staff. Used needles and sharps boxes must not be handled directly by any pharmacy staff. A safe way in which to receive the needle and sharps box should be offered without the need for the pharmacy staff to handle these items and these should be immediately placed in the appropriate disposal bins.
- 3.13. Naloxone Take Home (Prenoxad) will be supplied together with training on how to recognise the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. The training delivery to service users is not time consuming.
- 3.14 The training can be delivered by any member of the pharmacy team who has been appropriately trained at CGL Spectrum and has been deemed competent to do so by the pharmacist in charge. Once completed, a Naloxone Take-Home Kit may be issued to the service users. See Section 11 on training.
- 3.15 Naloxone Take-Home (Prenoxad) supplied to service users **aged 18 or above** should be appropriately labelled with printed labels showing pharmacy details. When Naloxone Take Home (Prenoxad) is supplied, the expiry date of the medication should be highlighted to the service user who should be encouraged to return the medication to the pharmacy before the expiry date to collect a further supply.
- 3.16 Responsibility for the service lies with the accredited pharmacist who should be available for 60% of the time and is responsible for providing the services at the pharmacy in keeping with the local guidelines.
- 3.17 An accredited pharmacist does not need to undertake the transaction of either the Naloxone Take-Home or the Needle Syringe Programme or be present when either transaction occurs. However, the accredited pharmacist will be responsible for ensuring that any staff member undertaking the transaction is trained to the appropriate level as outlined under the requirements of this agreement.
- 3.18 Pharmacists and staff involved in the provision of the service must be aware of and operate within this specification.
- 3.19 The pharmacy should have an appropriate Standard Operating Procedure (SOP) to deal with complaints. It is expected that the pharmacy will deal with any complaints sensitively and will report any complaints, comments or concerns to the Deputy Service Manager (NSP Lead) as soon as possible.
- 3.20 A comments slip will be provided by the pharmacy to a service user if they wish to make a complaint anonymously. Further supplies of the comments slip can be obtained by emailing herts@cgl.org.uk

4. Brief Harm Minimisation and Health Promotion Interventions

- 4.1 These will be undertaken by a pharmacist or other competent staff member to help signpost the service user to appropriate information and advice and may encompass areas such as:
- safe injecting practices
 - sexual health promotion
 - transmission of blood-borne viruses and the benefits of BBV testing and Hep B vaccination
 - wound site management
 - 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
 - prevention of opioid overdose

4.2 Advice will be consistent with relevant recognised guidelines and good practice and should be supported with appropriate harm minimisation materials or literature signposted by CGL.

5. Ordering of Needles and Syringes and Naloxone Take Home Kits

5.1 Frontier medical group are the supplier of needle and syringe packs. The following items are available as 50 pack per container, unless stated otherwise

- 1 ml Red Pack x 580C
- 2 ml Yellow Pack X581C
- 2 ml White Pack X582
- 2 ml Blue Pack X583C
- Vit C 019002 1000 per ctn
- Citric Acid 019001 1000 per ctn

5.2 NSP equipment will be ordered via Frontier using the order form. See Appendix 2.

5.3 All pharmacies will obtain the exchange packs and associated materials through Frontier and CGL will commission a clinical waste disposal service for each participating pharmacy. The ordering of packs should be organised by the pharmacy so that appropriate stock control is maintained and to ensure there is not an unacceptable build-up of clinical waste on the pharmacy premises.

5.4 Naloxone Take-Home kits are supplied as pre-packed Prenoxad kits, manufactured by Martindale Pharma. Pharmacists are responsible for ordering the kits from their local wholesalers after dispensing or replacing expired stock. These should then be invoiced to CGL Spectrum via PharmOutcomes to recuperate costs and fees. Only Naloxone Take-Home in the form of Prenoxad Kits are to be used.

5.5 Details on ordering Prenoxad Naloxone Take Home Kits can be found in Appendix 3. Each pharmacy on the scheme should order five kits upfront and maintain a stock of five kits throughout. In other words, with every kit issued, this must be replaced as soon as possible.

6. Data Recording and Information Sharing

6.1 The pharmacy is expected to ensure secure systems and records to prevent misuse of data, and to ensure the confidentiality of service users. In addition, the pharmacy should maintain appropriate records to ensure effective on-going service delivery and audit.

6.2 The pharmacy will use PharmOutcomes directly to record all transactions within the NSP programme and/ or Naloxone Take-Home and will create a Client Registration record for new service users. To assist you, a paper copy of the registration form and record sheet are included in Appendix 4 and 5 respectively. This information will need to be transferred to PharmOutcomes within 48 hours.

6.3 For Naloxone Take-Home the pharmacy will also record on PharmaOutcomes and will include the Batch Number and Expiry Date of the Prenoxad kit supplied.

6.4 The information required to be reported on PharmOutcomes will be developed to reflect the changing requirements of the commissioner.

6.5 Pharmacy staff usually do not notify prescribers or other services of a service user's use of the Needle Syringe Programme without their permission. However the 4-way agreement between the service user, prescriber, recovery worker and pharmacist allows for the disclosure to be made in circumstance where a service user uses a needle exchange service at the pharmacy dispensing opiate substitute medication and when a situation arises that puts the service user's health or others at risk, in which case there will be a duty of care to share information. Circumstances where withholding information

or seeking the service user's permission to share information may put others at risk may include child protection or safeguarding situations

6.6 Pharmacists may be required to share anonymised information on service user activity and trends with other health care professionals and agencies, in line with locally determined confidentiality arrangements. The Local Pharmaceutical Committee (LPC) will be consulted on the process of this before any requests are made.

7. Eligibility for Needles and Syringe Programme and Naloxone Take Home

7.1 The Needle Syringe Programme is available to all presenting adults (aged 18 and over) who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use. This will include users of performance-enhancing drugs, including anabolic steroids and growth hormones.

7.2 Young people under 18 years old should be sign-posted to Spectrum Families and Young People 's Service (CGL). However, for young people aged between 16 and 18, where there is likely to be a delay in the young person accessing treatment, it may be appropriate to issue a small amount of injecting equipment if it is considered that by doing so the young person will be kept safe from the risk of blood-borne viruses through previously-used equipment. Referral to CGL Spectrum Families and Young People Service should be encouraged and information provided on how to access this service. See Appendix 1 for contact details.

7.3 The Needle exchange service will NOT be available to individuals requiring access to needles and other injecting paraphernalia in relation to non-drug misuse related treatment regimens which require regular intravenous administration of prescribed medication e.g. insulin. Separate provision exists for these patient groups.

7.4 Naloxone Take-Home Kits (Prenoxad) are licenced for supply to all presenting adults at risk of opiate overdose, aged 18 and over, who attend for either the NSP programme or Supervised Consumption Programme, if this also forms part of the pharmacy service.

7.5 Naloxone Take-Home Kits can also be issued to carers or family members with the relevant training that accompanies this transaction.

8. Accessibility

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

8.2 The service user will determine:

- which delivery site they access;
- the frequency of engagement;
- which interventions they access

9. Management of Returns

9.1 The responsibility for the costs of sharps and disposal bins lies with CGL Spectrum who have commissioned their own provider to manage returns.

9.2 Each pack will contain a sharps return bin.

- 9.3 Pharmacy staff should encourage a 1-1 exchange (i.e. supplies given out in exchange for a used bin being returned) however failure to return all used equipment should not result in a withdrawal of the service. Insistence on 1-1 exchange can be counterproductive, and consequently it is **NOT** necessary for a client to return used equipment in order that they may receive sterile equipment.
- 9.4 Pharmacy staff should keep encouraging service users to return their used equipment and should enquire if there is a particular problem that makes it difficult for them to return (for example, lack of transport or fear of police).
- 9.5 The pharmacy will allocate a safe place to store equipment and returns for safe onward disposal having regard for the safety of staff and other users of the pharmacy. The storage containers provided by the clinical waste disposal service will be used to store returned used equipment.
- 9.6 Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
- 9.7 Pharmacy contractors are responsible for ensuring they have sufficient space within the disposal bin in the pharmacy to enable them to deal with demand and not put staff at risk. Collection of sharps bins is managed by Sustainable Waste on a scheduled collection basis. PHS are often sub-contracted by Sustainable Waste to collect sharps bins at community pharmacies.

10. Quality Indicators

- 10.1 The pharmacy contractor will ensure availability of written information and leaflets in the pharmacy relevant to the service, substance misuse and drug treatment as made available by CGL Spectrum. Promotional material on local services can be obtained by emailing herts@cgl.org.uk.
- 10.2 Pharmacists will need to meet the expected training requirements as outlined under Section 11.
- 10.3 The pharmacy contractor for each pharmacy should be able to demonstrate to CGL Spectrum upon request that pharmacists (including locums) and staff involved in the provision of the service have sufficient knowledge of the service and are familiar with the requirements of this service specification. This could include but is not limited to pharmacy team meeting minutes, training logs etc.
- 10.4 The pharmacy undertaking the NSP and Naloxone Take-Home service must ensure a sufficient level of privacy and safety for its service users.
- 10.5 The pharmacy cooperates with any local assessment of service and service user experience, including use of "mystery customers". See Section 15 on Governance.
- 10.6 The pharmacy provides harm reduction information to each service user that accesses the service.
- 10.7 The pharmacy contractor 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 CGL Spectrum and Hertfordshire pharmacies.
- 10.8 The pharmacy contractor should ensure that there are adequate support staff, including staff specifically trained to support the NSP and Naloxone Take-Home 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.
- 10.9 The pharmacy contractor will ensure that appropriate professional indemnity insurance is in place.
- 10.10 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](#).

11. Skills and competency framework including Required Training

- 11.1 The accredited pharmacist will ensure that all practitioners and staff engaged in the delivery of this service are competent to do so.
- 11.2 The accredited pharmacist must have successfully completed the CPPE declaration of competence which includes the course "Substance Use and Misuse" (Pharmacist Version) and Safeguarding Children and Vulnerable adults which must be updated every two years. The declaration will need to be confirmed on PharmOutcomes, by the accredited pharmacist via enrolment.
- 11.3 The accredited pharmacist must meet these minimum requirements within six months of joining the service, and this will need to be confirmed on PharmOutcomes, via enrolment within this three month period. There will be a further three month grace period from the start of the service after this and if not completed accessibility to PharmOutcomes will be denied.
- 11.4 Other pharmacy staff delivering the Needle Syringe Programme must have been trained and given relevant information by the accredited pharmacist.
- 11.5 For Naloxone Take-Home the accredited pharmacist and support staff will have attended the training and accreditation evening organised by CGL Spectrum before commencing this service. Training for Naloxone Take-Home will be delivered to pharmacy staff on the scheme on a bi-annual basis (every 2 years). New staff will need to attend training on Naloxone Take-Home before engaging in the delivery of the service. Any further requests for extra training can be made to the Nurse Clinical Lead or NSP Lead.
- 11.6 Take-Home Naloxone can only be provided once training has been given to a client or carer by a suitably trained member of staff. It is the responsibility of the accredited pharmacist to ensure that all new staff receive training on Take Home Naloxone before they are eligible to participate on the programme.
- 11.7 CGL Spectrum hold a series of CPD events in partnership with the LPC (which are publicised via the LPC) which will include matters relating to medicines management, sexual health and sexually transmitted infections, HIV and Hepatitis C transmission, Hepatitis B immunisation and Naloxone Take Home. The accredited pharmacist will be required to attend a training event on a bi-annual basis (every 2 years).

12. Absence of Accredited Pharmacist

- 12.1 The pharmacy contractor has a duty to ensure that staff and other pharmacists, including locums, involved in the provision of the NSP 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.
- 12.2 Where this is not possible and the locum is either expected to be in place for a period of 28 days or more, or is regularly contracted to work at the site on a frequent basis, the service provider will:
- notify the NSP Lead and
 - ensure that the locum pharmacist has undertaken the relevant training as outlined in this specification.
- 12.3 In the case for Naloxone Take-Home the pharmacy contractor should ensure that there are adequate support staff specifically trained to support the Naloxone Take Home 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.

12.4 If the locum pharmacist has not received the appropriate training, they cannot supply Take-Home Naloxone.

13. Payment Arrangements

13.1 All pharmacies are responsible for entering accurate claims data onto PharmOutcomes: <https://pharmoutcomes.org>. Payments will be made monthly upon input of the data onto PharmOutcomes. Invoices will be generated automatically by PharmOutcomes on the 7th of the month. The service contract and financial details will have needed to be completed and returned before any payments will be made

13.2 Fees will be paid on the basis of submitted claims into a bank account specified by the pharmacy.

Service Provided	Fee
Annual retainer	£175
Naloxone Supply	£10.00
Prenoxad kit	Drug tariff price of Prenoxad
Needle Exchange – packs given out	£1 per transaction
Needle Exchange – returned sharps containers	£1 per transaction

13.3 Use of the service will be reviewed on a regular basis and discussed with the LPC. The service may be redeployed to an alternative location in agreement by CGL Spectrum if uptake of the service continues to be low after an opportunity for resolution of which the LPC can provide support to the contractor if required. Either party wishing to terminate this agreement must give one month's notice in writing. However, CGL Spectrum reserves the right to suspend or terminate the service at short notice following a significant event or serious incident (for example, following a fitness to practice incident).

14. Audit

14.1 The NSP Lead may employ mystery shoppers as part of this audit. The LPC will be consulted on the process of this before being rolled out to community pharmacies.

14.2 When the pharmacy is required to participate in an annual CGL-organised audit of service provision they will be expected to deliver any action points reported on the audit within the agreed timescales.

14.3 The pharmacy will co-operate with any locally agreed CGL Spectrum led assessment of service user experience, including use of mystery shoppers.

15. Governance

15.1 It is implicit that the service provided will be delivered to the standard specified and complies with the legal and ethical boundaries of the profession.

15.2 Reportable incidents or any concerns on any matters relating to the service should be made to the NSP Lead. All incidents will be investigated by the NSP Lead who may require further details from pharmacy staff to help with the investigation.

- The pharmacy contractor or accredited pharmacist, alongside the NSP Lead, will agree on an action plan which will be actioned within an agreed timeframe, where relevant, to safeguard against further incidents of the same nature
- If the nature of the concern remains unresolved the NSP Lead will inform the LPC for advice and will keep the LPC informed on the process.
- If the issues remain unresolved after this, the option to withdraw the service from the pharmacy may be exercised.

15.3 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, the GPhC and the Local Intelligence Network (LIN) if appropriate.

16. Updates

Spectrum CGL will inform all pharmacies on any updates relating to Supervised Consumption and dispensing methods specific to this SLA as and when they arise through direct communication via PharmOutcomes, the LPC site or at CPD training events. The LPC website can be accessible via <http://www.hertslpc.org.uk/public-health/>

Appendix 1: Local Contact Information

Herts CGL Spectrum Single Point of Contact Number: **0800 652 3169**
Countywide email: herts@cgl.org.uk

Electronic - Fax 01438 905199

Website: changegrowlive.org

Name & Telephone Contacts:

CGL Spectrum Families & Young People:

Team Leader Jennie Woodward – Mobile 07867 140 667
email Jennie.Woodwards@cgl.org.uk

CGL Spectrum Drug & Alcohol Recovery Service:

NPS Lead and Deputy Service Manager - Trudy Sealy – Mobile 07881 335213
e-mail Trudy.Sealy@cgl.org.uk

Nurse Clinical Lead - Anna Marie Felice (NMP) – Mobile 07881 335 210
e-mail Annamarie.Felice@cgl.org.uk

HATFIELD - CGL Spectrum, St Martins House, 14 The Common Hatfield,
AL10 0UR

STEVENAGE - CGL Spectrum, Armstrong House, Norton Road Stevenage,
SG1 2LX

HERTFORD - CGL Spectrum, Graham House Yeomans Court, Ware Road, Hertford,
SG13 7HJ

WATFORD - CGL Spectrum, 18 Station Road, Watford, WD17 1JU

Appendix 2



Newbridge Road Ind Estate
Blackwood GWENT NP12 2YN
Tel: 01495 235838
Fax: 01495 235808
Email: jrobinson@frontier-group.co.uk

From: **CGL Hertfordshire**

Date:

A/C No: **884**

FAO: **Needle Syringe Programme**

Please arrange delivery of the following needle exchange packs:

Pharmacy Address (include Post Code)

MESSAGE:

1 ml Red Pack X580C 50 packs per ctn	2 ml Yellow Pack X581C 50 packs per ctn	2 ml White Pack X582 50 packs per ctn	2 ml Blue Pack X583C 50 packs per ctn	Vit C 019002 1000 per ctn	Citric Acid 019001 1000 per ctn



Appendix 3 Prenoxad[®] Injection (naloxone hydrochloride) useful information

What is Prenoxad Injection?

Prenoxad Injection is the world's first licensed naloxone emergency treatment for acute opioid related overdose for use in a non-medical setting¹. Prenoxad Injection is offered as a Take Home Naloxone to those at risk of opioid related overdose.

Prenoxad Injection is used to reverse respiratory depression caused by opioid related overdose. It is supplied in a tamper evident pack comprising a yellow translucent plastic box, one pre-filled syringe containing 1mg /ml naloxone hydrochloride which contains 5 clearly marked 0.4ml doses and two 23G x 1¼ inch needles. Additionally a Patient Information Leaflet containing product instructions and resuscitation information is provided.

What is the significance of the introduction of Prenoxad Injection?

According to a 2012 report published by the Advisory Council on the Misuse of Drugs (ACMD) there are more than 1,000 fatal opioid-related overdoses in the UK each year which could be prevented by prompt administration of naloxone². Evidence shows that providing naloxone has benefits that include, but are not limited to, a reduction in opioid-related deaths². The ACMD's recommendations support the introduction of Prenoxad Injection, and state that naloxone should be made more widely available to tackle the high number of fatal overdoses in the UK.

How is Prenoxad Injection prescribed by a clinician?

Prenoxad Injection (1mg/ml)

How do you order Prenoxad Injection?

Prenoxad Injection can only be ordered through Alliance Healthcare or Frontier Medical Supplies by telephone, email or fax, by either a registered Pharmacy or CQC registered organisation.

What are the ordering codes for Prenoxad Injection?

PIP Code: 379-7131; EAN Number: 5026468663361

Is there sufficient supply of Prenoxad Injection?

There is sufficient stock in the UK which has been critical for Prenoxad Injection in gaining license status as set out by the MHRA for Prenoxad Injection.

How many kits can I order and how much does it cost?

There is no limit to the Prenoxad Injection kits you can purchase from Alliance Healthcare.

You will only be charged £15.30 + VAT per kit purchased irrespective of the number of kits ordered.

What other resources does Martindale Pharma provide alongside Prenoxad Injection?

Martindale Pharma, who manufacture Prenoxad Injection fully supports the essential role of education in harm prevention and reduction of opioid overdose and as such has committed to provide a platform of educational tools on the safe and effective use of Prenoxad Injection in treating opiate related overdose in this population group. Product-specific information and educational support materials can be accessed at www.prenoxadinjection.com.

For further information please contact

Nina Bilbie, Addiction Healthcare Development Manager.

Email: nina.bilbie@martindalepharma.co.uk Mobile: 07786 110478

References:

1. Prenoxad 1mg / ml injection SmPC
2. Advisory Council on the misuse of Drugs; Consideration of Naloxone, May 2012

Prescribing information for Prenoxad 1mg/ml Injection

Please refer to Summary of Product Characteristics before prescribing.

Presentation: A 2ml pre-filled syringe containing Naloxone Hydrochloride 1mg/ml.

Indications: Prenoxad Injection is intended for emergency use in the home or other non-medical setting by appropriate individuals or in a health facility setting for the complete or partial reversal of respiratory depression induced by natural and synthetic opioids, including methadone, diamorphine (diacetylmorphine (INN)) and certain other opioids such as dextropropoxyphene and certain mixed agonist/antagonist analgesics: nalbuphine and pentazocine.

Prenoxad Injection should be carried by persons at risk of such events.

It may also be used for the diagnosis of suspected acute opioid overdose.

Dosage and Administration: Prenoxad Injection may only be made available once the prescriber has assessed the suitability and competence of a client or representative to administer naloxone in the appropriate circumstances. Prenoxad Injection is for administration by intramuscular injection.

Adults and the Elderly: Opioid overdosage (known or suspected). For Use by individuals in the community in patients where breathing does not appear to be normal.

In patients where breathing does not appear to be normal administration of Prenoxad Injection should be preceded by calling emergency services and requesting an ambulance. Following this, 30 chest compressions and if possible 2 rescue breaths (Basic Life Support SINGLE CYCLE) should be given; 0.4ml Prenoxad Injection solution should then be administered by intramuscular injection into the outer thigh muscle or muscles of the upper arm, through clothing if necessary. A further 3 cycles of chest compressions and rescue breaths should then be given followed by administration of 0.4ml Prenoxad Injection. Three cycles of chest compression and rescue breaths should take approximately 2 minutes. This should be repeated until an ambulance arrives or the patient begins breathing normally / regains consciousness. The patient when breathing normally or has regained consciousness should be placed in the recovery position (lying on their side, mouth open pointing towards the ground) and observed continuously.

In patients where breathing is normal but the patient is unrousable or suspected to be unconscious. The patient should be placed in the recovery position. 0.4ml Prenoxad Injection solution should be administered by intramuscular injection into the outer thigh muscle or muscles of the upper arm, through clothing if necessary, and an ambulance should be called. 0.4ml Prenoxad Injection solution should then be administered every 2-3 minutes and continued until the ambulance arrives and or the patient regains consciousness.

Children and Neonates: The Prenoxad Injection presentation is not intended to be used for children in the home setting other than by an appropriately trained healthcare professional.

Contra-Indications: Known hypersensitivity to Naloxone or any of the ingredients.

Warnings and Precautions: Prenoxad Injection is intended as an emergency treatment and the patient should be advised to seek medical help immediately. It should be administered cautiously to patients who have received large doses of opioids or to those physically dependent on opioids since too rapid reversal of opioid effects by Prenoxad may precipitate an acute withdrawal syndrome in such patients.

Patients who have responded satisfactorily to Prenoxad should be kept under medical observation for at least 2 hours. Repeated doses of Prenoxad may be necessary since the duration of action of some opioids may exceed that of Prenoxad. Use with caution in patients with pre-existing cardiac, hepatic or renal disease and in those receiving medications with potential adverse cardiovascular effects e.g. hypotension, ventricular tachycardia or fibrillation and pulmonary oedema. Caution should be exercised and patients monitored when Prenoxad Injection is administered to this patients with renal insufficiency/failure or liver disease.

Interactions: Administer cautiously to opioid dependent patients including newborns of mother's dependant or those suspected of having received large doses and observe for signs of acute withdrawal.

Pregnancy and Lactation: Prenoxad should be used with caution in pregnancy. The neonate must also be monitored for signs of opioid withdrawal. Naloxone may be administered during the second stage of labour to correct any respiratory depression due opioid analgesics. It is not known whether Naloxone is excreted in human milk therefore use with caution in breastfeeding mothers.

Undesirable Effects: Common side effects include nausea, vomiting, dizziness, headache, ventricular tachycardia, hypotension and hypertension. Less common side effects: Tremor, sweating, arrhythmia, bradycardia, diarrhoea, dry mouth, hyperventilation, inflammation. Seizure tension, allergic reactions, anaphylactic shock, fibrillation, cardiac arrest, erythema multiforme, fever, dyspnoea, runny nose, sneezing and yawning. Piloerection, weakness, shivering.

Product Licence Number: PL 12064/0125 **Product Licence Holder:** Aurum Pharmaceuticals Ltd, Bampton Road, Harold Hill, Romford, Essex RM3 8UG

Basic NHS Price: £18.00 **Legal Category:** POM. **Date of Preparation:** April 2013

For more details contact:

Aurum Pharmaceuticals

Hubert Road, Brentwood, Essex CM14 4LZ

01277 266600

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.

Adverse events should also be reported to

Martindale Pharma Tel. 01628 643920 Fax 01442 500615 e-mail pharmacovigilance@aptivesolutions.com

Needle Exchange - Client Registration Form (Appendix 4)

Practitioner Name:	
Registration Date:	
Client unique ID:	
Gender:	
Ethnicity:	
Postcode:	
Full postcode provided?	
Postal outcode:	

Referral, Treatment and Injecting History

Is client in structured treatment?	
First Injected on:	
Last Injected:	
What is the usual source of needles/ paraphernalia?	
Have you ever shared needles? (If yes, counsel on BBV risk)	
Ever shared needles?	
Primary drug use – Tick ALL that apply: <input type="checkbox"/> Heroin <input type="checkbox"/> Cannabis <input type="checkbox"/> Crack <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack and Heroin <input type="checkbox"/> Methadone amps	

- Amphetamines
- Benzodiazepines
- Performance Enhancers
- Declined
- Other

Hepatitis B Vaccination status

Have you been vaccinated against Hepatitis B?

Hep B vaccination status:

- Vaccinated
- Not Vaccinated
- Declined

Last BBV test:

- Within last month
- Last 3 months
- Last 6 months
- Last Year
- More than a year
- Never
- Declined

Relevant notes:



SPECTRUM Drug and Alcohol Recovery Services (Appendix 5)

Record Sheet re: Needle and Syringe Programme

Pharmacy Name:.....

Pharmacy Address:.....

MONTH:.....

Date	Client no. DOB	M/F	Age	Red Pack	Blue Pack	White Pack	Yellow Pack	Citric/Vit C	Bins	Returns	Naloxone Batch Number and Expiry date

Record Sheet to be used within pharmacy to record transitions to be uploaded onto PharmOutcomes:

Returns to be uploaded no later than the 7th of the month to be included in the claim period of the following month. Claims submitted later than three months may not be paid.

NB: *It is the responsibility of the Pharmacy to ensure their claim forms are uploaded*