



NEO 360

Naloxone Module

User Guide

Author
Approved By
Date Approved
Date for Review
Version
Replaces version

Amanda Laird
NHS GGC Addiction Pharmacy Team
11/11/2020
11/11/2022
2.0
1.0

CONTENTS

ACCESSING THE MODULE	Page 3
CLIENT DETAILS	Page 4
RISK DETAILS	Page 5
TRAINING DETAILS	Page 6
INITIAL SUPPLY OR RESUPPLY?	Page 7
INITIAL SUPPLY	Page 8
RESUPPLY	Page 9
RESUPPLY (existing NEO Naloxone Module registration)	Page 11
REPORTING & CLAIMS	Page 12
USEFUL NUMBERS	Page 12

ACCESSING THE MODULE

- <https://glasgow.neo360.systems/Secure>
- Enter personal login and password details.
- To access the naloxone module from the main screen, click on “naloxone”.
- Ascertain if the person receiving a supply is
 - Person at risk of future opioid overdose (i.e. a current or previous history of opioid use)
 - Family member or friend of someone at risk
 - Individual likely to witness an opioid overdose

and select the appropriate option from the drop down menu

- Select gender and input 1st initial of first name and 1st and 4th initials of surname followed by date of birth in dd/mm/yyyy format.
- Put an asterisk * if there is no fourth initial of surname.
- Click find. If no client is found select new.

The screenshot displays the neo360 UK website interface. At the top, the logo for neo360 UK is visible, along with navigation links for HOME, HELP, and LOGOUT. The version number 8.53.1 and the text 'TEST SYSTEM' are also present. Below the navigation, there are links for CHANGE DETAILS, STAFF, REPORTS, REFERRAL, and NEWS. A menu bar contains options: IEP TRANSACTION, IEP BATCH TRANSACTION, BLOOD TESTING, NALOXONE (highlighted), SITE DIARY, ORT, and CLIENT DIARY. The main content area is titled 'NALOXONE' and features a search section. The search section includes a dropdown menu for 'Person at Risk', a 'Gender' dropdown, and a text input field. There are 'Find' and 'New' buttons. A help box on the right provides instructions: '1. Please select a gender then enter in the client id (which is the 1st initial of their first name, 1st initial of their surname, 4th initial of their surname, if no 4th initial of surname a * can be used followed by date of birth (dd/mm/yyyy)), then click on find or new.' The footer contains copyright information: 'Copyright © 2007 - 2016 neo360. All Rights Reserved.' and links for Privacy Policy, Accessibility, and a license agreement.

CLIENT DETAILS

- A yellow asterisk indicates that the field requires a mandatory response.
- Record personal details for the client by filling in the required fields.
- Record the address details for the client.
- If the client has no fixed abode then record the postcode as **NF1 1**
- If the postcode is unknown record **NK01 0**
- Demographic information will only appear for “person at risk”
- The prison detail should NOT be completed, this is only for prison services.
- Data sharing consent will only appear for “person at risk”. This consent is to allow the sharing of information with the Information Services Division (ISD) of NHS National Services Scotland. NHS ISD will receive the first initial of the forename, first and fourth initials of the surname, gender and sector postcode i.e. PA1 1. Do not tick the box if the client does not consent. Non-consent is not a barrier to supply.
- Click save & then yes to confirm information is correct.

PERSON DETAILS	
★ First Name:	<input type="text" value="Mickey"/>
★ Last Name:	<input type="text" value="Mouse"/>
★ Date of Birth:	<input type="text" value="29/10/1975"/>
★ Age:	<input type="text" value="40 years old"/>
ADDRESS DETAILS	
★ Address:	<input type="text" value="10 Disney Street"/> <input type="text"/>
★ Town / City:	<input type="text" value="Disneyland"/>
County:	<input type="text"/>
★ Postcode:	<input type="text" value="DD1 1DD"/>
DEMOGRAPHICS DETAILS	
Ethnicity:	<input type="text" value="1A Scottish"/> <input type="button" value="v"/>
Housing Status:	<input type="text" value="Homeless - temporary/unstable accommodation"/> <input type="button" value="v"/>
PRISON DETAILS - TO BE COMPLETED BY PRISON SERVICES ONLY	
Prison Release Date:	<input type="text" value="/ /"/> <input type="button" value="📅 (DD/MM/YYYY)"/>
DATA SHARING CONSENT	
<input checked="" type="checkbox"/> Please indicate whether consent to share their personal data, with named services, has been given.	
OPTIONS	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

RISK DETAILS

- This screen will only appear for a “person at risk”.
- Select the most appropriate option from the drop down menus
- Click save & then yes to confirm information is correct.

NALOXONE
RISK DETAILS :: MMS29/10/1975 (M)

NAVIGATION

Client Details Risk Details Training Details Supply Details

RISK DETAILS

Opiate Use: - Please Select -
Overdose: - Please Select -
Risk Behaviour: - Please Select -

OPTIONS

Save Cancel

Opiate Use

RISK DETAILS

Opiate Use: - Please Select -
Overdose:
Risk Behaviour:

- Please Select -
Current opioid use
ORT (methadone or buprenorphine)
Previous opioid use
Unknown

Overdose

Has the person receiving the supply previously overdosed?

RISK DETAILS

Opiate Use: - Please Select -
Overdose: - Please Select -
Risk Behaviour:

- Please Select -
Within previous six months
Over six months ago
Never experienced
Unknown

OPTIONS

Risk Behaviour

RISK DETAILS

Opiate Use: - Please Select -
Overdose: - Please Select -
Risk Behaviour:

- Please Select -
Injecting heroin & polydrug use
Injecting heroin
Smoking heroin & polydrug use
Smoking heroin
Polydrug use
Reduced tolerance/Future risk (e.g. maintenance ORT, detox, abstinence, previous use)
Unknown


OPTIONS

Save Cancel

TRAINING DETAILS

- Enter the date naloxone & overdose awareness training was given on by typing in the date or using the calendar function.
- Using the drop down menu select who training was given by (**do not** select external organisation option).

» TRAINING DETAILS

★ Given / Offered On:  (DD/MM/YYYY)

★ Given By:

- Please Select -

External Organisation

Community Pharmacy

Glasgow Drug Crisis Centre

Fixed site IEP

Street Outreach Team

Turnaround Paisley

218 Project

Peer Trainers

Family Peer Trainers

Community Addiction Team/Drug Service

Other e.g. Prison/Hospital

» TRAINING ELEMENTS

Naloxone One to One

Refresher Only

Group Training

- Select the type of training the client received by clicking in the appropriate box.

» TRAINING ELEMENTS

Naloxone One to One

Refresher Only

Group Training

- Provide the training disclaimer to the client. Confirm that this information has been given and understood by the client by ticking the disclaimer box.
- Click save & then yes to confirm information is correct.

» TRAINING DISCLAIMERS

★ Information relating to naloxone supply will be shared with participating services and agencies when relevant to the individual's care. Anonymous data will be used for reporting, monitoring and evaluation.

» OPTIONS

INITIAL SUPPLY or RESUPPLY?

- This screen will appear only when it is the first time that the client has been entered onto the NEO Naloxone Module.
- If it is the client's first ever naloxone supply then select 'initial supply option', if the client has previously received a supply of naloxone elsewhere then select 'resupply'.
- You will be asked if you are sure you want to make a supply, click yes.



NALOXONE **SUPPLY OR RESUPPLY? :: MMS29/10/1975 (M)**

» NAVIGATION

 Client Details  Risk Details  Training Details  Supply Details

» PLEASE CHOOSE

PLEASE INDICATE WHICH TYPE OF TRANSACTION YOU WISH TO MAKE?

 Initial Supply  Resupply


Copyright © 2007 - 2016 neo360. All Rights Reserved.


[Privacy Policy](#) | [Accessibility](#) | [In using Neo you agree to be bound by this licence](#)

INITIAL SUPPLY









- Enter the date of supply by clicking on the calendar.
- Enter your name into the supplied by box and select the correct entry from the list shown. If your name does not appear and you are designated to supply naloxone, then please contact the addiction services pharmacy team (see useful numbers).
- Select Prenoxad from the drop down menu, enter in the batch number and expiry date of the medication being provided. (NB It is advisable to type in the expiry date in dd/mm/yyyy format rather than use the calendar facility).
- If a spare supply is being issued then enter supply details in the line below also, to show that 2 kits have been provided and tick the box in the spare column.
- Click save & then yes to confirm supply details are correct.

» SUPPLY DETAILS

★ Date of Supply  (DD/MM/YYYY)

★ Supplied By: 

» KITS SUPPLIED

Qty	Naloxone Kit	Batch Number	Expiry Date	Spare
1	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/> 	<input type="text" value="121212"/>	<input type="text" value="30/11/2022"/> 	<input type="checkbox"/>
2	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/> 	<input type="text" value="121212"/>	<input type="text" value="30/11/2022"/> 	<input checked="" type="checkbox"/>
3	<input type="text" value="- Please Select -"/> 	<input type="text"/>	<input type="text"/> 	<input type="checkbox"/>
4	<input type="text" value="- Please Select -"/> 	<input type="text"/>	<input type="text"/> 	<input type="checkbox"/>

» NOTE

USED 0 OF 5000 CHARACTERS


» OPTIONS


 Save  Cancel

RESUPPLY





- Enter the date of supply by clicking on the calendar.
- Enter your name into the supplied by box and select the correct entry from the list shown. If your name does not appear and you are designated to supply naloxone, then please contact the addiction services pharmacy team (see useful numbers).
- Select Prenoxad from the drop down menu, enter in the batch number and expiry date of the medication being provided. (NB It is advisable to type in the expiry date in dd/mm/yyyy format rather than use the calendar facility).
- If a spare supply is being issued then enter supply details in the line below also, to show that 2 kits have been provided and tick the box in the spare column.
- Select a reason for resupply by clicking in the appropriate circle.
- Click save & then yes to confirm supply details are correct.

RESUPPLY DETAILS

★ Date of Resupply  (DD/MM/YYYY)

★ Supplied By: 

RESUPPLY KITS SUPPLIED

Qty	Naloxone Kit	Batch Number	Expiry Date	Spare
1	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/>	<input type="text" value="1212121"/>	<input type="text" value="22/03/2022"/> 	<input type="checkbox"/>
2	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/>	<input type="text" value="1212121"/>	<input type="text" value="22/03/2022"/> 	<input checked="" type="checkbox"/>
3	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> 	<input type="checkbox"/>
4	<input type="text" value="- Please Select -"/>	<input type="text"/>	<input type="text"/> 	<input type="checkbox"/>

REASON FOR RESUPPLY

- Expired
- Lost
- Used other (own supply of naloxone used on someone else)
- Used self (individual's supply of naloxone was used on themself)
- Damaged (e.g. opened and used for needles)
- Confiscated
- Unknown

- If the reason for resupply is because of a reported use in an overdose situation (i.e. used on other or used self) then select if an ambulance was called and if the resuscitation attempt was successful, for other resupply reasons click N/A.
- Click save & then yes to confirm supply details are correct.

CONCLUSION

Follow on Care:

Outcome:

NOTE

OPTIONS

CONCLUSION

Follow on Care:

Outcome:

NOTE

OPTIONS

RESUPPLY (EXISTING NEO NALOXONE MODULE REGISTRATION)

- If a previous client naloxone supply has been recorded on the NEO Naloxone Module then any of the tabs can be selected when the client details are entered.
- Risk Details and Training Details can be updated when necessary or click Resupply Details to go directly to the resupply screen.

NALOXONE CLIENT DETAILS :: MMS29/10/1975 (M)

NAVIGATION

Client Details Risk Details Training Details Resupply Details

PERSON DETAILS

★ First Name: Mickey
★ Last Name: Mouse
★ Date of Birth: 29/10/1975
★ Age: 40 years old

ADDRESS DETAILS

★ Address: 10 Disney Street

- The client's previous supply history will be available to see at the bottom of the resupply screen, toggle between previous and next to look at supplies previously recorded on NEO.

HISTORY

★ Created On: Friday, 29 July 2016 16:25
★ Created By: Stuart Bond
★ Site: Bond Pharmacy
★ Date of Supply: Friday, 29 July 2016
★ Supplied By: Amanda Laird (Bond Pharmacy)

Qty	Naloxone Kit	Batch Number	Expiry Date
1	Prenoxad 2mg/2ml Prefilled Injection	12345	31 Oct 2019
2	Prenoxad 2mg/2ml Prefilled Injection	12345	31 Oct 2019

Previous Next

NB The naloxone supply should only be made under the requirements of the supply framework, individuals issuing supplies must ensure that the client understands how to recognise an opioid overdose and administer naloxone.

REPORTING & CLAIMS

For Community Pharmacies:

Monthly reports can be accessed via the Report Section, Naloxone Module.

All monthly claims should be made for each calendar month. (i.e. 1st to 31st inclusive).

For all Services:

Reporting options will become available in the near future.

USEFUL NUMBERS

Useful Contacts for NEO Naloxone Module

ADRS.PharmacyTeam@ggc.scot.nhs.uk	
Amanda Laird – Addiction Pharmacist	07557 012 879
John Campbell – IEP Improvement Manager	07702 472 796
Laura Wilson – Addiction Pharmacist	07557 012 875
Addiction Services Centre – Pharmacy Administrator	0141 303 8931