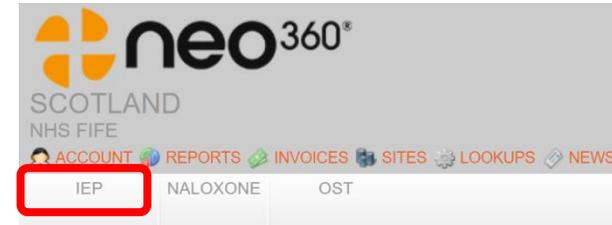


NEO360 Injecting Equipment Provision step-by-step guide

- Log into the NEO360 system, found at <https://scotland.neo360.systems/Secure/Login.aspx>, using the account details for your pharmacy. If these are not known, please contact: fife.fifepharmacycommpharm@nhs.scot

- Ensure you have the 'IEP' module enabled on your account. This is where IEP transactions can be recorded.



- Follow the instructions in the yellow help box to find/create your client and begin recording the transaction. Site, date and time will be pre-populated. To create/find the client you will need to select their gender (*male/female/trans*) and then enter their client ID code. The client ID code is the 1st letter of their forename, surname and then the 4th letter of their surname, followed by their full date of birth. If there is no 4th initial in the surname then replace this with a *.

e.g. John Smith 01/01/2001 would be JST01/01/2001

OPTIONS

1. Transaction Site:

2. Transaction Date:
 (DD/MM/YYYY)

3. Transaction Time:
 (HH:MM)

CLIENT REFERENCE CODE

e.g., QW31/12/1990, MP*31/12/1975

Gender Find New Anonymous

Help

Steps:

- Select a site where the transaction was done at.
- Select the date the transaction was done on.
- Enter the time the transaction was done.
- Please select a gender then enter in the client id code. **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.

- If the client wishes to remain anonymous then you must select their gender before selecting 'anonymous'. You are then required to enter your name and a reason. Please note that yellow stars indicate a field where information MUST be completed in order to progress with the IEP claim. The reason must also be a minimum of 10 characters in order to progress.

DETAILS

★ Your Name:

★ Reason:

USED 0 OF 500 CHARACTERS

OPTIONS

Save Cancel

Notes

Required fields are marked with ★

- Enter in your full name.
- Enter in a reason why the client wishes to be anonymous.

Screen 1 – Client details

The next screenshots will show the information required for a new client. NEO360 may prompt for the information to be updated for returning clients. Remember that a yellow star denotes a field where information must be recorded.

- Details will be pre-filled from when the client ID was entered. Please check that these match.
- For postal district, type in the first part of the postcode and then select the correct area from a dropdown list.
- Confirm which substance(s) the client is currently using, route of administration and how often they are being used. This information should be updated regularly to ensure the correct equipment is being provided.

The available options can be seen below:

DETAILS

★ Registered On: (DD/MM/YYYY)
★ Gender:
★ Initials:
★ Date of Birth: (DD/MM/YYYY)
★ Date first attended: (DD/MM/YYYY)
 First Injected On: (MM/YYYY)
 Structured Treatment:

DEMOGRAPHICS

★ Postal District:

SUBSTANCES CURRENTLY USING

Substance	Route	Frequency
<input type="text" value="- Please Select -"/>	<input type="text" value="- Please Select -"/>	<input type="text" value="- Please Select -"/>

+ Add Substance

SUBSTANCE		ROUTE	FREQUENCY
HEROIN	TANNING AGENTS – E.G. MELANOTAN	INTRAMUSCULAR	3-6 DAYS PER WEEK
OTHER OPIODS/OPIATES	OTHER PIEDS	INTRAVENOUS	MORE THAN ONCE A DAY
COCAINE	KETAMINE	ORAL	DAILY
CRACK COCAINE	NEW PSYCHOACTIVE SUBSTANCE – LEGAL HIGHS	SMOKE	LESS THAN ONCE A WEEK
COCAINE AND HEROIN TOGETHER/SNOWBALL	SUBSTANCE NOT KNOWN	SUBCUTANEOUS	SELDOM
AMPHETAMINE	BENZODIAZEPINE TYPE		WEEKENDS ONLY
METHAMPHETAMINE/CRYSTAL METH	GABAPENTIN		NOT KNOWN
OTHER STIMULANTS	PREGABALIN		
STEROIDS	SYNTHETIC CANNABINOID		
GROWTH HORMONE	OTHER INJECTING		

- 'Anatomical injecting location details' are not mandatory but it is recommended that these are recorded.

ANATOMICAL INJECTING LOCATION DETAILS	
Location	Date Assigned
<input type="checkbox"/> Only Smokes Never Injects	
<input type="checkbox"/> Arms (IV)	
<input type="checkbox"/> Hands (IV)	
<input type="checkbox"/> Legs (IV)	
<input type="checkbox"/> Feet (IV)	
<input type="checkbox"/> Groin (IV)	
<input type="checkbox"/> Neck (IV)	
<input type="checkbox"/> Glute (IM)	
<input type="checkbox"/> Thigh (IM)	
<input type="checkbox"/> Shoulder (IM)	
<input type="checkbox"/> Stomach (Subcut)	
<input type="checkbox"/> Other	

- For 'paraphernalia', the options available for selection are: **more than 6 months ago; frequently; occasionally** or **never**.

PARAPHERNALIA		
	Option	Selected
★ Paraphernalia Sharing:	- Please Select -	▼
★ Needle Sharing:	- Please Select -	▼
★ Needle Reuse:	- Please Select -	▼

- 'Geographical injecting location details' are not mandatory but it is recommended that these are recorded.

GEOGRAPHICAL INJECTING LOCATION DETAILS	
In the last 6 months, in what locations did you inject?	
Location	Date Assigned
<input type="checkbox"/> Only Smokes Never Injects	
<input type="checkbox"/> Other	
<input type="checkbox"/> Own home	
<input type="checkbox"/> Friend's home	
<input type="checkbox"/> Shelter/Hostel	
<input type="checkbox"/> Public Toilet	
<input type="checkbox"/> Car Park	
<input type="checkbox"/> Stairwell/Close	
<input type="checkbox"/> Outdoors (park, street etc)	
<input type="checkbox"/> Squat/Abandoned House	

Screen 2 – Recording dispensed items

The screenshots below are from the final section of processing an IEP transaction. **Clients using the IEP service should be offered overdose awareness training and/or a naloxone kit as part of the IEP transaction.**

- Details will be pre-filled from when the client ID was entered. Please check that these match.
- For 'collecting on behalf of', the options available for selection are: **self; self and others; partner; Non-injecting (secondary supplier); service; group.**

DETAILS

★ New Client: Yes

★ Transaction Date: Tuesday, 13 May 2025

★ Transaction Time: 14:03

★ Collecting on Behalf of: - Please Select -

- The number of **One Hit Kits, Packs** and **Paraphernalia** that are being provided to the client should be recorded.
- For **Wound Care**, when injection sites have been checked, the relevant outcome can be selected. If a patient refuses an assessment then this can also be selected. Only pharmacists working in an IEP community pharmacy can supply antibiotics from [PGD 321](#) if they have completed the necessary training and documentation. More information can be found [here](#).
- The number of **Sharps Bins** that have been provided to clients or returned should be recorded.

Please note that clients returning items **is not** a requirement for items to be provided. Return of used equipment should, however, be encouraged.

	Quantity Dispensed	Quantity Returned
One Hit Kits 2023		
ORION 1ml One Hit Kit with VitC	<input type="text"/>	
ORION 2ml Blue One Hit Kit with VitC	<input type="text"/>	
ORION 2ml Orange One Hit Kit with VitC	<input type="text"/>	
Wound Care		
Injection sites checked & dressings supplied	<input type="checkbox"/>	
Injection sites checked & no action required	<input type="checkbox"/>	
Injection sites checked & PGD 321 used/antibiotics supplied	<input type="checkbox"/>	
Onward referral made to alternative healthcare provider	<input type="checkbox"/>	
Patient refused assessment	<input type="checkbox"/>	
Packs		
ORION Image & Performance Enhancing Drug (IPED) Pack 1	<input type="text"/>	
ORION Image & Performance Enhancing Drug (IPED) Pack 2	<input type="text"/>	
Paraphernalia		
Sterile Water	<input type="text"/>	
Sharps Bins		
0.45 litre Black Disposal Container	<input type="text"/>	<input type="text"/>
1 litre Black Disposal Container	<input type="text"/>	<input type="text"/>

Clients accessing the IEP service should be given overdose related advice, offered overdose awareness training and/or a naloxone kit.

When advice is provided then **Overdose related advice** can be selected.

If the client declines to be given overdose awareness training and/or a naloxone kit then **Naloxone offered and refused** should be selected. The **Save** function can then be selected to complete the transaction.

When a client wishes to receive overdose awareness training and/or a naloxone kit the **Save & go to Naloxone** option can be selected. This option will save the IEP transaction and take you to the naloxone module.

Harm Reduction (Primary Task)

- | | |
|------------------------------|--------------------------|
| Naloxone offered and refused | <input type="checkbox"/> |
| Overdose related advice | <input type="checkbox"/> |

OPTIONS

