



NEO 360

Naloxone Module

User Guide

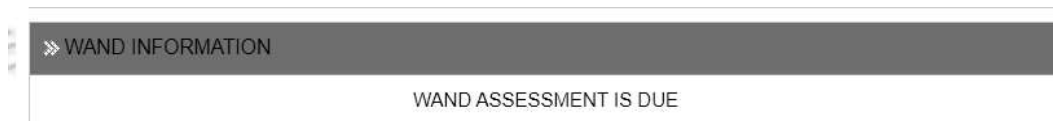
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Date Approved	16/09/2024
Date for Review	16/09/2026
Version	3.0
Replaces version	2.0

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General

- Naloxone supply should only be made under the requirements of the supply framework. Individuals issuing supplies must ensure that the person understands how to recognise an opioid overdose and how and when to administer naloxone.
- There may be a message which appears under a section entitled WAND INFORMATION. This is only relevant for sites that provide the WAND initiative. The majority of sites involved in the naloxone programme, including community pharmacies, do not offer this service.



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
 - Family member/friend of individual at risk of future opioid overdose
 - Other member of the public
 - Service Worker



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.

A screenshot of the NEO360 Naloxone module interface. The top header shows the 'neo360' logo, 'UK', and 'NHS GREATER GLASGOW AND CLYDE - BOND PHARMACY'. Navigation links include HOME, HELP, LOGOUT, and Version 8.53.1. A 'TEST SYSTEM' banner indicates the user is logged on as 'bondpharmacy'. A secondary navigation bar contains links for IEP, IEP BATCH, BLOOD TESTING, NALOXONE (highlighted), ORT, and CLIENT. Below this, a 'NALOXONE' section features a 'SEARCH' form. The search form includes a 'Client Reference Code' field with an example, a 'Person at Risk' dropdown, a 'Gender' dropdown, and '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 and a link to the Privacy Policy.

Client details

- A yellow asterisk indicates that the field requires a mandatory response
- Check / Record the personal details for the client by filling in the required fields
- Check / 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**
- 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 NHS National Services Scotland who 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

 Client Details		 Resupply Details	
PERSON DETAILS			
★ First Name:	<input type="text" value="Test"/>		
★ Last Name:	<input type="text" value="McTest"/>		
★ Date of Birth:	<input type="text" value="29/10/1975"/>		
★ Age:	<input type="text" value="48 years old"/>		
ADDRESS DETAILS			
★ Address:	<input type="text" value="99 saracen st"/> <input type="text"/>		
★ Town / City:	<input type="text" value="Glasgow"/>		
★ Postcode:	<input type="text" value="G22 5AP"/>		
PRISON DETAILS - TO BE COMPLETED BY PRISON SERVICES ONLY			
Prison Release Date	<input type="text"/>	 (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.			

Initial supply or resupply?

- This screen will appear only when it is the first time that the client has been entered into 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

 PLEASE CHOOSE

PLEASE INDICATE WHICH TYPE OF TRANSACTION YOU WISH TO MAKE?


 Initial Supply

 Resupply

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Initial supply


- Enter the date of supply by clicking on the calendar
- Select Prenoxad from the drop down menu
- If an additional supply is being issued then select Prenoxad in the line(s) below to show that more than one kit has been provided
- Tick the box in the spare column to highlight any kits which have been issued as a spare supply
- Click save & then yes to confirm supply details are correct

 SUPPLY DETAILS

★ Date of Supply

29/08/2024

 (DD/MM/YYYY)


 KITS SUPPLIED

Qty	Naloxone Kit	Spare
1	Prenoxad 2mg/2ml Prefilled Injection	<input type="checkbox"/>
2	Prenoxad 2mg/2ml Prefilled Injection	<input checked="" type="checkbox"/>
3	- Please Select -	<input type="checkbox"/>
4	- Please Select -	<input type="checkbox"/>
5	- Please Select -	<input type="checkbox"/>
6	- Please Select -	<input type="checkbox"/>
7	- Please Select -	<input type="checkbox"/>
8	- Please Select -	<input type="checkbox"/>
9	- Please Select -	<input type="checkbox"/>
10	- Please Select -	<input type="checkbox"/>

Resupply

- Enter the date of supply by clicking on the calendar
- Select Prenoxad from the drop down menu
- If an additional supply is being issued then select Prenoxad in the line(s) below to show that more than one kit has been provided.
- Tick the box in the spare column to highlight any kits which have been issued as a spare supply
- 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)

KITS SUPPLIED

Qty	Naloxone Kit	Spare
1	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/>	<input type="checkbox"/>
2	<input type="text" value="Prenoxad 2mg/2ml Prefilled Injection"/>	<input checked="" type="checkbox"/>
3	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
4	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
5	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
6	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
7	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
8	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
9	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>
10	<input type="text" value="- Please Select -"/>	<input type="checkbox"/>

REASON FOR RESUPPLY

- ☐ N/A Spare Supply
☐ Expired
☐ Lost Kit
☒ Used on other
☐ Used on self
☐ Damaged Kit
☐ Confiscated
☐ Not Known

Patient History

The client's previous NEO naloxone 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.

Contact Details

If you require any assistance relating to the module then contact a member of the ADRS Central Pharmacy Team

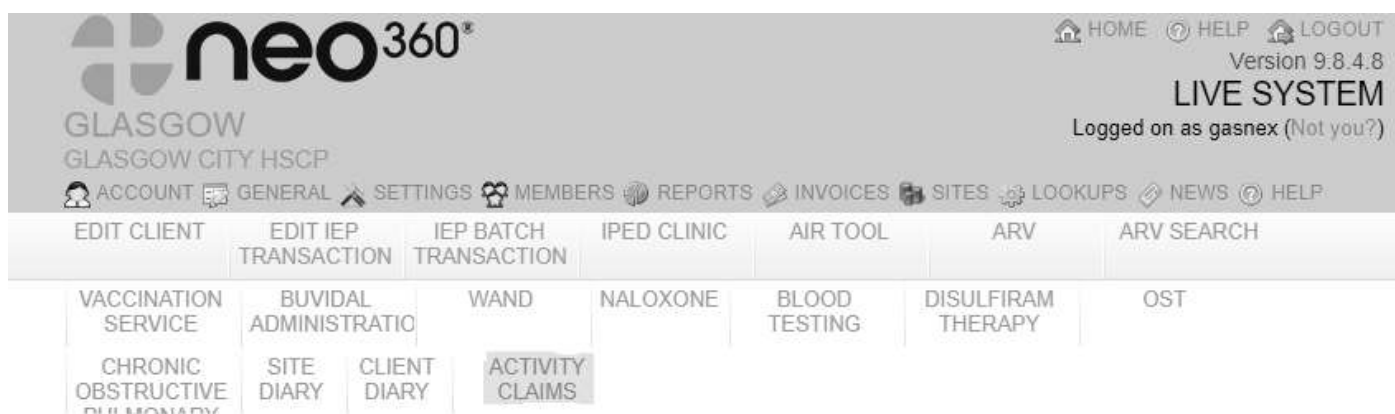
ADRS.PharmacyTeam@ggc.scot.nhs.uk

Telephone: 0141 303 8931

Claims – Community Pharmacy Only

A GPhC registered member of staff must log in to Neo via their own login and **NOT** via the Pharmacy Manager login. When logged into the home page, NEO will highlight any claims that are outstanding and need submitted.

- Click on Activity Claims



- Click on the green tick beside Naloxone

ACTIVITY CLAIMS

MODULES	
Module	
<input checked="" type="checkbox"/>	BBV Testing Module
<input checked="" type="checkbox"/>	Buvidal Administration
<input checked="" type="checkbox"/>	Naloxone
<input checked="" type="checkbox"/>	Needle Exchange

- Toggle the dates to select the correct month to be claimed

ACTIVITY CLAIMS
NALOXONE
1ST OCTOBER TO THE 31ST OCTOBER 2022

OPTIONS

TRANSACTIONS

- A summary of transactions completed for the selected month will appear with the total amount payable due at the bottom of the list

Monday 24th	0	0	0	0	0	0	0
Tuesday 25th	1	1	0	0	0	0	1
Wednesday 26th	0	0	0	0	0	0	0
Thursday 27th	0	0	0	0	0	0	0
Friday 28th	0	0	0	0	0	0	0
Saturday 29th	0	0	0	0	0	0	0
Sunday 30th	0	0	0	0	0	0	0
Monday 31st	0	0	0	0	0	0	0
Total Transactions:							3
Amount Payable:							£45.00

CLAIM INFORMATION

COUNTER FRAUD DECLARATION: I ACCEPT THAT THE INFORMATION PROVIDED ON THIS FORM MAY BE USED TO VERIFY THE CLAIM AND MAY BE SHARED WITH OTHER BODIES/AGENCIES FOR THE PURPOSES OF PREVENTION AND DETECTION OF CRIME. IN SIGNING THIS FORM, I CONSENT TO THIS USE AND ACKNOWLEDGE THAT IF I PROVIDE FALSE INFORMATION THEN I MAY BE LIABLE TO CRIMINAL PROSECUTION, REFERRAL TO MY PROFESSIONAL BODY AND/OR RECOVERY PROCEEDINGS.

- When satisfied that all naloxone supplies have been documented appropriately, read the counter fraud statement and click the **“Submit Claim”** button
- **Claims must be submitted by close of business on the 6th of each month**, payment for claims submitted after this period will be delayed until the next claim submission
- Click “Print” to print a copy if required