

COMMUNITY PHARMACY LOCALLY NEGOTIATED SERVICES 2026/27

Service Level Agreement

Community Pharmacy “Take Home Naloxone Programme”

This agreement is between NHS Lothian and

Pharmacy Contractor

Contractor Code

In Agreement with	NHS Lothian Harm Reduction Team Primary Care Contracts Office NHS Lothian Substance Use Lead Pharmacist
Version Number	2
Effective Date	1 st April 2026 – 31 st March 2027
Review Date	Aug/Sep 2026

Document Revision Control	
Version	2
Previous Versions	This document supersedes version 1

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1. Parties to the Agreement

- 1.1 The contract is between NHS Lothian Primary Care Contracts Office and the pharmacy contractor.
- 1.2 The contract is effective from 1 April 2026 to 31 March 2027.

2. Background

- 2.1 The Take Home Naloxone (THN) Programme was introduced by the Scottish Government in 2011 in order to help address an increasing number of fatal opioid overdoses in Scotland. This Service Level Agreement (SLA) has been introduced to extend equity of access to THN and to reach people at risk of opioid overdose who may not be in contact with other addiction services.
- 2.2 Under regulations that came into force in 2015 (and updated in 2025), people working for a drug treatment service may supply naloxone to those at risk of opioid overdose, or their friends/family/carers, without the need for a prescription¹. Community pharmacies providing treatment services such as opioid substitute therapies or injecting equipment are included in the regulations as drug treatment services.
- 2.3 Pharmacy THN Services will be available in areas where NHS Lothian determine there to be a need for such a service, considering existing provision, drug harm data and local funding arrangements.
- 2.4 Community pharmacies are contracted via the NHS to offer a Take Home Naloxone service. This service is managed by the Harm Reduction Team (HRT) Manager and the Lothian Primary Care Contracts Office (PCCO) on behalf of NHS Lothian.
- 2.5 This contract is in addition to the statutory requirement of a community pharmacist to provide general pharmaceutical services as outlined in the terms of service for community pharmacists under the National Health Services (General Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
- 2.6 This service is in addition to the national “Emergency Naloxone Supply Service.”²

3. Scope of the Agreement

- 3.1 The objectives of the Pharmacy THN service are to contribute to a reduction in drug related death within NHS Lothian by providing:
 - Overdose awareness training and THN supply to individuals who are at risk of opioid overdose and accessing services from community pharmacies.
 - Overdose awareness training and THN supply to significant others and carers of those at risk of opioid overdose.
 - Resupply of naloxone and refresher training to the above.
- 3.2 The aim of the Community Pharmacy Take Home Naloxone Service is to provide training in overdose awareness and to supply Take Home Naloxone (THN) to people at risk of opioid overdose; and/or their friends, family or carers; by means of an agreed supply framework.

4. Contract Agreement

- 4.1 As a Community Pharmacy providing the Take Home Naloxone service you are required to:
- Have standard operating procedure (SOP) in place within the pharmacy, covering all aspects of service provision. Each contractor should develop this SOP in relation to the service delivery in the community pharmacy they control.
 - The community pharmacy contractor will ensure that the responsible pharmacist and pharmacy staff offer a friendly, confidential, patient-centred and supportive service.
 - Overdose awareness and naloxone training will be provided in accordance with the local Harm Reduction Team guidance.
 - Proactively identify people who would benefit from access to Take Home Naloxone. This includes people who use drugs, family and friends of those who use drugs and those who live in the community.
 - Provide information, advice and signposting when required on a range of issues affecting people who use drugs such as access to local treatment and recovery services.
 - Encourage family members and carers to access local family support services where available.
 - Supply Naloxone in accordance with the locally agreed Take Home Naloxone Supply Competency Framework³
 - The community pharmacy team will ensure that each supply is recorded via the NEO system, the agreed data collection tool.
 - Appropriate consent to record and share data should be sought from the individual receiving the supply as defined by NHS Lothian.
 - Service workers intending to supply naloxone as part of their role should be signposted to their nearest 3rd Sector treatment agency or contact the Harm Reduction Team at the Spittal Street Centre.

5. Changes to the Contract/ Cessation of the Contract

- 5.1 The service specification and contract will be reviewed every year; to ensure that locations of pharmacy THN sites are still appropriate. Renewal of the contract will be dependent on ongoing performance and high-quality delivery of the service.
- 5.2 Community pharmacy contractors who no longer wish to provide this service must inform NHS Lothian Primary Care Contracts Office and the HRT Manager, in writing, three months prior to cessation.
- 5.3 Community pharmacy contractors who wish to transfer this service to another branch of their company must contact NHS Lothian Primary Care Contracts Office in writing, explaining in full the need for this change. It will then be considered and a decision on transfer made.
- 5.4 NHS Lothian, through the NHS Lothian PCCO, may ask the pharmacy to withdraw from the contract. There will be a notice period of three months.
- 5.5 Where evidence of a breach of the terms of this contract comes to the notice of NHS Lothian the matter will be referred, in the first instance, to the pharmacy contractor

concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for rectification of the breach.

- 5.6 Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being escalated within NHS Lothian for consideration and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services, which have not been provided

6. Evaluation

- 6.1 It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Lothian for audit and evaluation purposes, which will be undertaken by the NHS Lothian Harm Reduction Team.
- 6.2 Recording of training and supply must be made using the appropriate data collection tool – NEO360.
- 6.3 All pharmacies will be visited on an annual basis by a member of the HRT Needle Exchange Outreach Network (NEON) or as and when required. NHS Lothian should ensure effective monitoring and audit of schemes. Periodically, an audit should be undertaken to identify and respond to service user feedback (service user satisfaction survey).
- 6.4 If an audit is to be undertaken for purposes of evaluation, it must be on reasonable written notice, and not disrupt normal pharmacy activity and services to patients.

7. Finance

- 7.1 Payment for service provision shall be made following review of monthly data on the NEO system by the HRT. Information on this system is also used for audit and evaluation purposes and must be completed accurately before any payment is made by NHS Lothian.
- 7.2 Remuneration for the service from April 2026 will be £15 per patient trained and supplied with Naloxone.

8. Complaints

- 8.1 Any complaint made by, or on behalf of, a service user in relation to the services rendered by a pharmacy contractor under the provisions of this contract will normally be referred to the pharmacy contractor for investigation and direct response to the complainant. If the complainant remains dissatisfied, their next recourse is to the Scottish Public Services Ombudsman.

NHS Lothian

PHARMACEUTICAL CARE SERVICES (SCOTLAND) ADDITIONAL SERVICES

TAKE HOME NALOXONE SERVICE FROM COMMUNITY PHARMACIES

SERVICE SPECIFICATION

1. Background

- 1.1 The Take Home Naloxone (THN) Programme was introduced by the Scottish Government in 2011 to help address an increasing number of fatal opioid overdoses in Scotland. This Service Level Agreement (SLA) has been introduced to extend equity of access to THN and to reach people at risk of opioid overdose who may not be in contact with other addiction services.
- 1.2 Pharmacy THN Services will be available in areas where NHS Lothian determine there to be a need for such a service, considering existing provision, drug harm data and local funding arrangements

2. Service aims and objectives

- 2.1 The aim of the Community Pharmacy Take Home Naloxone Service is to provide training in overdose awareness and to supply Take Home Naloxone (THN) to people at risk of opioid overdose; and/or their friends, family or carers; by means of an agreed supply framework.
- 2.2 The objectives of the Pharmacy THN service are to:
 - Provide overdose awareness training and THN supply to individuals who are at risk of opioid overdose and accessing services from community pharmacies.
 - Provide overdose awareness training and THN supply to significant others and carers of those at risk of opioid overdose.
 - Resupply naloxone and refresher training to the above.
 - Reduce the rate of drug related deaths in NHS Lothian through the above activities

3. Roles and responsibilities

- 3.1 The **Community Pharmacy Contractor** will take full responsibility for ensuring compliance with all aspects of the Service Outline and Standards.
- 3.2 The community pharmacy contractor and responsible pharmacist are responsible for ensuring the service provided is user-friendly, patient-centred, non-judgemental, trauma informed and confidential. Helpful resources are available from: [Reducing risk and stigma \(MAT 4, 6, 8, 9 and 10\) | Turas | Learn](#). This will be evidenced during monitoring visits to the pharmacy by the NHS Lothian HRT team.
- 3.3 The community pharmacy contractor and responsible pharmacist are responsible for ensuring that the service is provided in a non-discriminatory manner and promotes the principles of equality and diversity.

- 3.4 The community pharmacy contractor and responsible pharmacist should ensure that a standard operating procedure is in place which refers to the NHS Lothian Naloxone Supply Competency framework, and covers all aspects of service provision and should include information on:
- The role of each staff member in providing the service
 - Staff training
 - Health and safety issues
 - Minimising the risk to staff, clients and members of the public
 - Ensuring security of stock and premises
 - Ordering stock and data recording
 - Emergency use of the service
- 3.5 The pharmacy contractor will ensure that information relating to the Service, provided by NHS Lothian, is displayed and offered to clients as appropriate.
- 3.6 All pharmacy staff should have reviewed and signed the Standard Operating Procedure for the service and adhere to it when delivering the service to patients.

4. **Service Outline and Standards**

- 4.1 This service concerns the provision of overdose awareness training and training in the use of naloxone in the event of a suspected opioid overdose. Following this training individuals may be supplied with naloxone in the following approved forms:
- ***Prenoxad® Injection*** (Naloxone hydrochloride 2mg/2ml Pre-filled Syringe for Injection)
 - ***Nyxioid® 1.8mg Nasal Spray*** (Naloxone hydrochloride dihydrate, 1.8mg solution in a single dose container)
 - ***Naloxone® 1.26mg Nasal Spray (Pebble)*** (naloxone hydrochloride dihydrate, 1.26mg solution in a single dose container)
- 4.2 Community pharmacies are contracted under the NHS to offer an THN service. This service is managed by the NHS Lothian Pharmacy and Medicines Team and the Lothian Primary Care Contracts Office (PCCO) on behalf of NHS Lothian.
- 4.3 The service should be offered from premises that can provide a safe and comfortable environment for staff and clients engaged in the service.

Ordering and storage of naloxone

- 4.4 It is recommended that the full range of devices are kept in stock by the community pharmacy for supply to individuals as appropriate
- 4.5 Stock can be ordered:
- a. Pharmacies in City of Edinburgh HSCP – order via the NEON Team at the Spittal Street Centre. Phone: **0131 5378300**
 - b. Pharmacies in East Lothian HSCP – order via MELDAP email: office@meld-drugs.org.uk

- c. Pharmacies in Midlothian HSCP – order via MELDAP email: office@meld-drugs.org.uk

- 4.6 Only in exceptional circumstances should a pharmacist refuse a supply. Professional judgement should be used with a record of the reason for refusal should be kept.
- 4.7 In community pharmacies, stock should be segregated to minimise the risk of any potential picking error.
- 4.8 Packs should be stored as per manufacturer's recommendations.
- 4.9 Packs must remain sealed.
- 4.10 Stock should routinely be date checked and stock rotated. The stock with the nearest expiry date should be used first.

Supply of naloxone

- 4.11 Supply must be made in accordance with the Take Home Naloxone Supply Competency Framework³.
- 4.12 The individual receiving the supply should receive a brief intervention on basic life support, overdose causes, signs and symptoms and how to assemble and safely administer naloxone.
- 4.13 A handy quick one page 15-point checklist is included in this pack and can be helpful to have this pinned up and used for reference when giving the supplies (Appendix 1).
- 4.14 However, if the person is at high risk of overdose and is unwilling to receive a full brief intervention, professional judgement can be used to supply naloxone with only a brief description of its use.

Recording and claims

- 4.15 The individual receiving a supply of naloxone must be informed that:
- 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.
- 4.16 The individual receiving a supply of naloxone will be asked to give consent to allow the sharing of information with the Information Services Division (ISD) of NHS National Services Scotland" (non-consent is not a barrier to supply).
- 4.17 Supply to individuals will be recorded via the NEO360 platform, which is compliant with all NHS digital and information governance.
- 4.18 Client data is confidential and as such procedures should be in place to ensure data protection and information governance requirements are met.
- 4.19 Where supply is not made for any reason, this should be recorded.

5. Training and support

Mandatory Training

- 5.1 All individuals involved in the supply of naloxone should take part in appropriate training prior to providing a service or during induction. This will be provided by the HRT. Training will also be given in the use of NEO 360 to record transactions. There is also a checklist (Appendix 5).
- 5.2 Staff will be provided with access to a copy of the Take Home Naloxone Supply Competency Framework (Available at: [THN Supply Competency Framework](#)).
- 5.3 On completion of training and demonstrating an understanding of the Framework, the name and signature of each member of staff will be recorded on the staff training record.
- 5.4 Refresher training should be undertaken **every three years** as a minimum.
- 5.5 It is the responsibility of the pharmacy contractor to ensure staff who are trained are competent and to maintain and monitor the staff training record.
- 5.6 Responsible pharmacists who have completed the mandatory training and delivered the service are authorised to train staff, including new starts and conducting refresher training.
- 5.7 A training check list and assessments are provided to aid staff training (Appendix 2,3 and 4)

6. Monitoring and Evaluation

- 6.1 It is a requirement of the service that appropriate records are kept and maintained by the community pharmacy contractor to enable verification of service provision and training requirements, and to provide information to NHS Lothian for audit and evaluation purposes, which will be undertaken by the HRT and the NHS Lothian Pharmacy and Medicines Service.
- 6.2 All pharmacies will be visited on an annual basis by a member of the HRT Needle Exchange Outreach Network (NEON) to provide support and training. NHS Lothian should ensure effective monitoring and audit of schemes. It is recommended that audits should be undertaken to identify and respond to service user feedback (service user satisfaction survey).

7. Business Continuity

- 7.1 The community pharmacy contractor will have in place business continuity plans to ensure the continued provision of this service.

8. Service specification review

- 8.1 The service specification and contract will be reviewed annually to ensure that locations of pharmacy THN sites are still appropriate, and renewal of the contract will be dependent on performance and assessment of need. Refer to Contract – section 'Cessation of or Changes to Existing Contract'

9. Remuneration

- 9.1 From April 2026 onwards, remuneration for providing the THN service will be £15.00 per individual trained and supplied with Naloxone. These fees are exclusive of any applicable VAT. Any applicable VAT will be charged at the prevailing rate and is payable by NHS Lothian following receipt of a VAT invoice.

10. Contact Details

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NEON Team, NHS Lothian Harm Reduction Team

Spittal Street Centre 9
22-24 Spittal Street
EDINBURGH,
EH3 9DU
☎ 0131 537 8300

Primary Care Contracts Office

Mainpoint
102 West Port
Edinburgh
EH3 9DN
☎ 0131 537 8471
loth.communitypharmacycontract@nhs.scot

References

1. UK Government (2025) Supplying Naloxone without a prescription. Available from: <https://www.gov.uk/guidance/supplying-take-home-naloxone-without-a-prescription>
2. Scottish Government (2023) National Community Pharmacy Emergency Naloxone Holding Service. Available from: <https://www.publications.scot.nhs.uk/files/pca2023-p-34.pdf>
3. NHS Lothian (2018) Naloxone Supply Competency Framework. Available from: <https://services.nhslothian.scot/harmreductionteam/wp-content/uploads/sites/16/2022/02/NaloxoneSupplyCompetencyFramework.pdf>

Patient training checklist

Pharmacy Naloxone Training Checklist – 15 Point Checklist

The person being supplied with naloxone should demonstrate an understanding of the following 15 points:

1	What causes an overdose & what happens in the body? Drug overdose- Breathing is reduced and people can struggle to get oxygen into the body. In overdose breathing and the heart can stop altogether and can be fatal
2	What drugs are involved? Commonly Heroin, Methadone, Diazepam / Benzodiazepines/ Street Benzos & Alcohol – ‘downer’ drugs and the physical effects these drugs have -breathing is reduced and breathing can stop altogether
3	The main causes of drug overdose? Mixing drugs, using alone, using too much, injecting drug use, purity levels, low tolerance
4	High risk times of overdose? Recent detox, new to methadone/buprenorphine treatment, release from prison/custody, leaving rehab or hospital, recent relapse, poor physical or mental health, older user, festive periods
5	The signs & symptoms of suspected opiate overdose? Pinpoint pupils, breathing problems <u>NB snoring may be the onset of respiratory distress</u> , pale skin colour, bluish tinge to lips, tip of nose, eye bags, fingertips or nails; no response to noise or touch, loss of consciousness
6	Knows what Prenoxad Injection is, what it does, what it doesn't do & how long it lasts? Temporarily reverses an overdose, only works for about 20mins, it does not get rid of opiates from the body completely, effects will return
7	Knows how to assemble Prenoxad Injection? Perhaps have an opened one for demo so they can see and use the steps on chart below?
8	Knows how to inject Prenoxad Injection? Intramuscular- so outer thigh/outer arm, through clothes is ok
9	Knows steps to take when finding someone who has overdosed? See flow chart overleaf & go through each step
10	Knows when to call 999? (When person won't wake with shout/shake, status of person and location. Stay with the person)
11	Knows about the recovery position? (Person on side, airway open)
12	Knows about rescue breathing and CPR? (30 compressions, 2 breaths = one cycle)
13	Knows when and how to administer naloxone? Dose – 0.4mls into outer thigh muscle - show the dose marks on the syringe Through clothing is ok Give one dose at a time to reduce likelihood of withdrawal symptoms. 1- If Unconscious but IS breathing – admin when in recovery position then every 2-3mins 2- If Unconscious but NOT breathing – admin after one cycle CPR then after every three cycles.
14	Knows that naloxone is short acting (only works for about 20mins, does not get rid of opiates from the body, effects will return)
15	Knows to come back and get another naloxone if current one is used

Appendix 2

Pharmacy One to One Naloxone Training Checklist

The person must demonstrate an understanding of the following:

<p>The most common drugs identified in a drug-related death (heroin, methadone, diazepam/benzodiazepines & alcohol – ‘downer’ drugs) and the physical effects these drugs have (most importantly breathing is reduced and people can struggle to get oxygen into the body. In overdose breathing can stop altogether)</p>	
<p>The main causes of drug overdose (mixing drugs, using alone, using too much, injecting drug use, purity levels, low tolerance)</p>	
<p>High risk times (e.g. recent detox, release from prison/custody, leaving rehab or hospital, recent relapse, poor physical or mental health, older user, festive periods)</p>	
<p>The signs & symptoms of suspected opiate overdose (breathing problems <u>NB snoring may be the onset of respiratory distress</u>, no response to noise or touch, pinpoint pupils, bluish skin/lip colour, loss of consciousness)</p>	
<p>Knows when to call 999 (when person won’t wake with shout/shake, status of person and location. Stay with the person.)</p>	
<p>Knows about the recovery position (person on side, airway open)</p>	
<p>Knows about rescue breathing and CPR (30 compressions, 2 breaths = one cycle)</p>	
<p>Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle CPR then after every three cycles. Dose – 0.4mls into outer thigh muscle via clothing. Give one dose at a time to reduce likelihood of withdrawal symptoms. Assembly of syringe)</p>	
<p>Knows that naloxone is short acting (only works for about 20mins, does not get rid of opiates from the body, effects will return)</p>	

Training Competency Checklist 1

Helpful checklists to re-inforce and refresh training- to be signed as record of competency & training.

Checklist 1

What **vital function** stops first when opiate overdoses cause death?

Name **3 signs** of possible life threatening opiate related overdose

1 _____

2 _____

3 _____

Name **three factors** that increase the risk of fatal opiate overdose

1 _____

2 _____

3 _____

What is the major difference in the action of heroin and methadone?

What is the usual first dose (in ml's) of Naloxone, and how would you give it?

How often/at what intervals would you repeat Naloxone administration?

Does cocaine use increase or decrease heroin OD risks?

Why is it essential that an ambulance is called, even after Naloxone has been given to opiate overdose casualty?

Name three things that may reduce the chances of an opiate overdose:

- 1 _____
- 2 _____
- 3 _____

First Aid Questions

What are the 'four steps' involved in getting someone into the recovery position?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Why are rescue breaths so important?

What is the chest compression to breaths ratio?

- 10:1
- 15:5
- 30:2

Name: _____ **Date:** _____

Place of work: _____

Training Competency Checklist 2

Competency Checklist 2: Naloxone Training for Trainers

What is naloxone?	
What is naloxone used for?	
What causes opiate overdose? Participants experiences	
What are the signs of opiate overdose?	
Importance in calling an ambulance and duty of care	
How and when to put someone into the recovery position?	
How and when to give chest compressions?	
How and when to give rescue breaths?	
Why is the naloxone kit sealed and how to open it	
How and when to give naloxone?	
How much naloxone to give, and why?	
What length of time does naloxone work for?	
Why shouldn't you use heroin after naloxone?	
What to do after using naloxone?	
How to store naloxone?	
What to do if naloxone has gone out of date	

Who should you be careful giving naloxone to?	
Who can administer naloxone?	

Name _____ of
Trainee _____

Assessor _____
Date _____

NEO Training Guide

Naloxone Recording on NEO - Quick user guide

Entering New Supplies

- All transactions should be entered live and not entered later as the system produces live data
- Open NEO <https://www.scotlandneo.co.uk/Secure/> and enter username and password
- Select “NALOXONE” on central toolbar
- Select TYPE of client (3 options: Person at Risk, Family /Friend or Support Worker).
 - Person at risk is the default choice
- Select gender from the drop down menu
- Enter client details in the following format abcDD/MM/YYYY (matches needle exchange anonymous identifier)
 - 1st initial of forename
 - 1st and 4th initial of surname
 - Date of birth
 - e.g. John Smith 1st August 1980 = JST01/08/1980
 - (If the surname has 3 letters or less enter a star instead of the 4th initial of the surname i.e. ab*DD/MM/YYYY)
- Click on “FIND”. If client is already in the system their details will come up. If not it will tell you they cannot be found and you will need to make a new record as below.

Creating a New Record

- Click on “NEW” to start a new client record. In the record, those fields with stars are mandatory

Section One - Client Details

- **Person Details**- Date of Birth & Age- these fields generate automatically
- **Address Details** - **Postcodes** only be taken and should be entered in full.
 - For “homeless” or “no fixed abode” record enter **NF1 1**
 - For “not known” record **NK01 0**
- **Demographic Details** – select ethnicity & housing status from drop down menu
- **Prison Details** - ignore this section
- **Data sharing consent**- ask the patient if they consent to having their data shared with services and tick if this is yes
- Click on “Save” to move to next page

Section Two - Training Details & Training Elements

- **Given / Offered on**- Enter date the training was given (normally date of transaction)

- **Given By-** Select “Community Pharmacy Staff Member” if training given by pharmacy, or select “external organisation” if training has been given by someone else previously
- **If you select “external organisation” this will generate two further drop down menus**
 - **Given by other-** select from either NEON & The Exchange, Other NHS, or the Third Sector
 - **Proof of Training-** select not needed
- **Training Elements-** tick either training given / or refresher given
- Click on “Save” and move to next page

Section Three – Consent Details

- **Consent Options-** Click on “Consent to receiving a supply” OR click on “Declines a supply”
- **Consent Details**
 - **Person Giving Consent-** enter “Person Collecting” and select date
 - **Witnessed by –** enter “Pharmacy Staff” and select date
 - This will auto generate a print out, however this does **not** need to signed or to be kept for records
- Click on save and move to the next page

Section Four - Supply Details- Initial Supplies

- Select – Initial Supply
- This takes you to the initial supply page
- **Supply Details-** Select date of supply
- **Kits Supplied-** Select Prenoxad injection from drop down menu
- **Conclusion - Follow on Care-** Select from the drop down when the supply was made:
 - weekday
 - evening (for late night opening chemist)
 - weekend
- **Conclusion - Outcome-** Ask the patient (if picking up for themselves) if they are in treatment services or not and select the answer in the drop down menu
- Click on “save” and this closes the module

Entering Re-Supplies

- Open NEO <https://www.scotlandneo.co.uk/Secure/> and enter username and password
- Select “NALOXONE” on central toolbar
- Select TYPE of client (3 options; Person at Risk, Family member/Friend or Support Worker).
 - Person at risk is the default choice
- Select gender from the drop down menu
- Enter client details in the following format abcDD/MM/YYYY (matches needle exchange anonymous identifier)
 - 1st initial of forename

- 1st and 4th initial of surname
- Date of birth
- e.g. John Smith 1st August 1980 = JST01/08/1980
- (If the surname has 3 letters or less enter a star instead of the 4th initial of the surname i.e. ab*DD/MM/YYYY)
- Click on “FIND”. If client is already in the system their details will come up

Section One - Client Details

- This should already be auto generated
- Double check details are correct and there have been no changes
- Click save and move to the next page

Section Two- Training Details

- **Given / Offered on-** Enter date the training was given (normally date of transaction)
- **Given By-** Select “Community Pharmacy Staff Member” if training given by pharmacy, or select “external organisation” if training has been given by someone else previously
- **If you select “external organisation” this will generate two further drop down menus**
 - **Given by other-** select from either NEON & The Exchange, Other NHS, or the Third Sector
 - **Proof of Training-** select not needed
- **Training Elements-** tick either training given / or refresher given
- Click on “Save” and move to next page

Section Three - Consent Details

- **Consent Options** Click on “Consent to receiving a supply” OR click on “Declines a supply”
- **Consent Details**
 - **Person Giving Consent-** enter “Person Collecting” and select date
 - **Witnessed by** – enter “Pharmacy Staff” and select date
 - This will auto generate a print out, however this does **not** need to signed or to be kept for records
- Click on save and move to the next page

Section Four - Supply Details- Re-supplies

- Select Re-supply
- Takes you to the resupply page
- **Date of resupply-** select date
- **Kits Supplied-** Select Prenoxad injection from drop down menu
- **Reason for resupply-** sensitively ask what happened to previous naloxone and select from list of reasons
 - Used on self
 - Used on others
 - Kit confiscated
 - Kit Damaged
 - Kit expired
- **Conclusion -Follow on Care-** Select from the drop down when the supply was made:
 - weekday
 - evening (for late night opening chemist)
 - weekend

- **Conclusion -Outcome-** Ask the patient (if picking up for themselves) if they are in treatment services or not and select the answer in the drop down.
- Click on “save” and this closes the module

Links to user guides

The following links can be used to access user guides for each of the naloxone products that can be supplied.

“Pebble” - [UK-03385-Naloxone-patient-and-carer-guide-RGB.pdf](#)

Nyxoid - [patient-information-card](#)

Prenoxad - [clients_guide.pdf](#)