



Public Health Agreement

for

Take Home Naloxone Service

1st April 2025 to 31st March 2028

(Public Health Agreement managed on behalf of Surrey County Council)

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Community Pharmacy Specification – Take Home Naloxone Service Scheme

1 Introduction

1.1 Surrey County Council currently commission enhanced services through Community Pharmacy for people who inject drugs, through the provision of needle exchange programmes and a Supervised Consumption Service.

1.2 The number of heroin and/or crack users in Surrey is estimated to be 3,721 these are figures for the period of 2019/20¹

1.3 The provision of take-home naloxone via community pharmacies supports the [From harm to hope: A 10-year drugs plan to cut crime and save lives](#) government's priorities to reduce drug related deaths and support individuals to reduce the harms caused to themselves, their families, and the wider community. This programme also raises awareness of opioid overdose management, and harm reduction and drug treatment services

1.4 Deaths related to drug misuse (England and Wales)

In England and Wales, 3618 deaths related to drug misuse were registered in 2023. The rate of deaths relating to drug misuse in 2023 was 61.8 deaths per million people.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations#drug-misuse-in-england-and-wales>

- <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates/estimates-of-opiate-and-crack-use-in-england-main-points-and-methods>
- <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations#:~:text=In%20England%20and%20Wales%205%2C448,has%20risen%20every%20year%20since>

2 Background

2.1 What is a drug misuse death?

A drug misuse death is defined as a death when:

- the underlying cause is drug abuse or drug dependence
- the underlying cause is drug poisoning and where any of the substances controlled under the [Misuse of Drugs Act 1971](#) are involved
- Drug misuse deaths are a public health concern and are often connected with broader social issues, including homelessness, mental health struggles, and poverty

Number of deaths related to drug misuse, persons by local authority, England and Wales, registered in each year between 1993 and 2023

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority>

	2023	2022	2021	2020	2019	2018
Surrey	39	25	32	25	31	30
Elmbridge	11	3	4	3	4	2
Epsom and Ewell	1	2	1	1	2	2
Guildford	6	2	4	2	1	3
Mole Valley	1	3	3	1	3	3
Reigate and Banstead	3	4	5	4	4	3
Runnymede	6	3	1	0	2	5
Spelthorne	1	0	3	2	2	4
Surrey Heath	2	3	3	1	4	2
Tandridge	1	2	2	3	3	1
Waverley	3	1	2	2	4	3
Woking	4	2	4	6	2	2

2.2 Potential factors relating to the rise in drug misuse deaths:

- **Increase in purity of heroin and synthetic opioids.**

The increasing presence of synthetic opioids (e.g., fentanyl and nitazenes) has made street drugs more dangerous. Drug supplies have become more unpredictable, leading to accidental overdoses from adulterated substances.

- **Mental Health conditions**

A growing number of people experience mental health conditions, such as depression, anxiety, and PTSD, which may lead to self-medication with illicit substances.

- **Polydrug Use & Prescription Drug Misuse**

Many drug-related deaths involve a combination of substances (e.g., heroin with benzodiazepines, alcohol, or synthetic opioids), increasing the risk of overdose.

3 What is naloxone?

What is the purpose of the community pharmacy take home naloxone programme?

3.1 Naloxone is an emergency antidote for overdoses caused by heroin and other opiates or opioids. It blocks opioid receptors to counteract the effects of opioid drugs and reverses the life-threatening effects of an overdose. Naloxone itself has no psychoactive properties and has no intoxicating effects or misuse potential.

3.2 There are three formulations of naloxone suitable for use in non-medical settings, and therefore can be used to supply as part of the take home naloxone programme -

- (1) **Prenoxad® solution for Injection** - Each kit contains 1 x 2ml pre-filled syringe (Naloxone Hydrochloride 1.0mg/1ml) and 2 x 23G 1.25" needles for intramuscular injection.
- (2) **Nyxoid® Nasal Spray** – Each spray contains 1.8mg naloxone hydrochloride. It is a single use product, the recommended dose being one spray (1.8mg) into the nostril. Each pack contains two individually sealed nasal sprays.
- (3) **Naloxone 1.26mg nasal spray (Pebble)** – each pack contains one ‘pebble’ carrying two spray containers. Each single-dose spray contains a dose of 1.26mg naloxone.

3.3 Naloxone is a prescription only medication (POM). However, The Human Medicines (Amendments Relating to Naloxone and Transfers of Functions) Regulations 2024 allow registered pharmacy professionals to supply it for future use ('take home' naloxone) to those who need it, without a prescription. <https://www.legislation.gov.uk/ksi/2024/1125/contents/made> Its legal status means that anyone can administer naloxone for the purpose of saving a life, including carers, relatives or friends and others who may be involved in the management of overdose; for example, hostel staff or those working in substance misuse services.

3.4 There are many advantages to pharmacies being able to supply naloxone, particularly as a core group of people who use illicit drugs will visit pharmacies to access their services. Pharmacies are a key provider of naloxone in several regions of England. [ACMD review of the UK naloxone implementation \(accessible\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/acmd-review-of-the-uk-naloxone-implementation)

3.5 The provision of take-home naloxone via community pharmacies addresses priorities that disproportionately affect socially disadvantaged communities in Surrey. These include reducing drug-related deaths and supporting individuals to reduce the harms caused to themselves, their

families, and the wider community. This programme also raises awareness of opioid overdose management, and harm reduction and drug treatment services.

Agreement

4.1 This Public Health Agreement is between Surrey County Council and the Provider, in this instance, the Pharmacy Contractor. The Public Health Agreement is managed on behalf of Surrey County Council. The authorised officer empowered to act on behalf of the Council is the Director of Public Health. The Council and provider will serve a 3-month termination notice to either stop or revise the service.

5 Service Description

5.1 The service will be offered to suitable community pharmacy providers in Surrey County Council. Individuals 18 years and older in contact with opioids along with friends, family or appropriate representatives are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Once the training is completed, a take-home naloxone kit may be issued to the individual by the provider. Naloxone is not just for individuals who use illicit drugs but can be provided to anyone who may potentially witness an overdose. The Provider will only operate the scheme when supervised by a pharmacist or when the pharmacist is contactable.

5.2 There is no legal restriction under the legislation on the supply to children or young people of naloxone by a drug treatment service. However, any decision to supply naloxone to a child would need careful consideration and oversight and would need to be made on a case-by-case basis. Therefore, anyone presenting who is under 16 years and wishing to be provided with Naloxone should be signposted to the Young Persons Treatment Service Catch 22 and the Service Manager informed (Please refer to the Young Persons NSP Safeguarding Policy on PharmOutcomes).

6 Service Outline

6.1 To identify and potentially supply individuals with Naloxone through engagement in pharmacy, particularly those accessing needle exchange and/or opioid substitution therapy, including friends and family of and front-line workers. Inform clients about harm reduction including signs and symptoms of opiate overdose and promoting the benefits of Naloxone.

6.2 The Provider will offer a user-friendly, non-judgemental, person centred and confidential service.

6.3 The individual will be provided with appropriate health promotion materials including the required overdose awareness training which is mandatory when providing the take home naloxone kit.

6.4 Observing the MECC (Making Every Contact Count) model; the Provider will make the most of opportunities to engage with and have 'healthy' conversations with the Service User. This will include

providing support and advice to the service user; for example, sign posting to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.

MECC means having the competence and confidence to deliver healthy lifestyle messages, to help encourage people to change their behaviour and to direct them to local services that can support them <https://www.healthysurrey.org.uk/professionals/making-every-contact-count>

- 6.5 These services will require use of a consultation area. As part of the Healthy Living Pharmacy criteria, a consultation room shall be made available to deliver this service when appropriate. This consultation area must provide sufficient privacy and safety.
- 6.6 Any young people under 18 requesting injecting equipment should be signposted/referred to the young people's specialist substance misuse service Catch 22 <https://www.catch-22.org.uk/resources/syphms-referral-forms/> .
- 6.7 The Pharmacy may only hold 5 kits in stock at one time. Larger quantities of stock held must be agreed with the service manager.

Naloxone has been subjected to stability studies at 40 degrees centigrade which showed the product shelf life was fully compliant at this temperature for up to 6 months. However, it should be protected from light.

6.8 The Service Provider shall ensure that the naloxone kits are stored appropriately, in their original packaging and in line with the manufacturer's requirements. Inappropriate storage and handling may shorten the shelf life. Naloxone recipients must also be advised of appropriate storage conditions and to keep the Naloxone kit out-of-reach of children and pets.

6.9 Recipients of Naloxone kits should be encouraged to return used, partially used, and expired Naloxone packs to the Service for safe disposal and replacement (where available). Any used Prenoxad syringes returned to the pharmacy should be in a sealed sharps bin or a sealed Prenoxad case, which should be disposed of in the sharps waste. **If the Pharmacy is not part of the needle exchange Public Health agreement please email publichealthclaims@surreycc.gov.uk to arrange collection and further information on how to claim a reimbursement of £1.06 for a return.**

6.10 When Naloxone is supplied, the expiry date on the kit must be recorded on Pharmoutcomes and this date explained to the individual the supply is being made to. The individual in receipt of the supply should be advised to return the Naloxone to the pharmacy before the expiry date and collect a further supply.

6.11 All service users in contact with opioids are to be offered training in recognising the symptoms of opioid overdose, how to respond appropriately and how to administer naloxone. Once completed, a take-home naloxone kit may be issued to the individual.

6.12 The Provider must aim to send a copy of any serious complaints or serious incidents to Surrey Council within a reasonable time period of approximately 5 business days.

7 Aims and Intended Service Outcomes

- 7.1 To increase overdose awareness knowledge; informing clients and appropriate others about harm reduction and the benefits of Naloxone to help reduce the rate of drug related deaths associated with opiate use.
- 7.2 To identify and potentially supply suitable clients with Naloxone through engagement in the Pharmacy. This service is particularly aimed at those accessing needle exchange and/or opioid substitution therapy; however, it can also include family, friends, carers, hostel managers, Police officers and staff and anyone who may potentially witness an overdose. Anyone can administer Naloxone for the purpose of saving a life.
- 7.3 To maximise the access and retention of persons who use drugs, particularly those not already engaged in treatment services, those who are homeless and other vulnerable groups.
- 7.4 To act as a gateway / signpost to other services such as drug and alcohol treatment services, prescribing, Hepatitis B immunisation, Hepatitis and HIV screening, sexual health and primary care services. <https://www.healthysurrey.org.uk/professionals>
- 7.5 To have a close working relationship with the local drug services and, where appropriate, facilitate referral into treatment.
- 7.6 Surrey County Council will fund the cost of Naloxone kits. It is the responsibility of the Pharmacy to order the kits directly from the supplier Orion Medical. These kits can be ordered online (link on PharmOutcomes) before 1pm and delivered the next day.

8 Operating Procedures

- 8.1 In accordance with the Scheme Operational Policy, all pharmacies participating in the scheme must develop operating procedures which underpin health and safety of both staff and service users.
- 8.2 Pharmacy operating procedures will be in line with Needle and Syringe Programmes and Supervised Consumption Service and include:
 - Service user dignity, privacy, confidentiality and data protection

- Robust safeguarding policies
- Provision for young people
- Service user complaints procedure
- Untoward incident monitoring
- Return of used injecting equipment & safe disposal of used kits
- Signposting to local treatment services and to other available needle exchange services for when the pharmacy is closed

8.3 Stock must be ordered online (link on PharmOutcomes) from the approved pharmaceutical licensed supplier Orion Medical.

Once supplied to an individual, they should be advised to store the naloxone in a suitable safe place, which is easy to locate but not within reach of children.

9 Accreditation and Training

9.1 The Provider has a duty to ensure that pharmacists and staff involved in the provision of the service have completed the locally agreed Overdose Prevention and Naloxone training to ensure competency in the provision of the service. The e-learning module 'SMMGP Freelearn: Naloxone Saves Lives' training can be completed and certificate shared with the commissioner as proof of competence.

<https://www.smmgp-elearning.org.uk/>

The Lead Pharmacist/ Staff member must also undertake the web-based learning packages for the three naloxone products available from Orion Medical Supplies Ltd., which can be accessed here:
<https://orionmedical.co.uk/product-category/naloxone/>

10 Quality Indicators

10.1 The Provider will be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service and are competent to deliver harm reduction and overdose awareness advice.

10.2 Staff involved in the delivery of training for the take-home naloxone programme have been signed off by the provider as competent to do so using protocols agreed by Surrey County Council.

10.3 The Provider will co-operate with any locally agreed Surrey County Council led assessment of service user experience.

- 10.4 The Pharmacy can demonstrate that all service user training and kits issued are recorded accurately on PharmOutcomes.
- 10.5 The Pharmacy undertakes the intervention in an area that ensures a sufficient level of privacy and safety.
- 10.6 The Provider has appropriate health promotion material available as advised by Surrey County Council for the service user group.

- 10.7 The provider 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 Surrey County Council and Surrey Pharmacies and is used to convey drug alert notifications.
- 10.8 The Provider must, at all times, comply with the relevant regulations for complaints relating to the provision of substance misuse services. Any complaints must be submitted as part of the data return.
- 10.9 The Provider will review its standard operating procedures and the referral pathways for the service every 2 years

11 Monitoring Arrangements

- 11.1 Participating Providers are expected to record accurate and specified data comprehensively, using PharmOutcomes on the appropriate service template.
- 11.2 Access to records and documents containing information relating to service users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Provider will ensure compliance with the Data Protection Act, GDPR, Caldicott and other legislation covering access to confidential patient information. The Provider will only share information with other health care professionals and agencies in line with RPS 'Medicines, Ethics & Practice, A Guide for Pharmacists'⁸

12 Critical Incidents

- In the event of a critical incident such as violent, aggressive or threatening behaviour towards pharmacy staff and the public, or theft, the pharmacist and their staff are not to put themselves in any risk of injury. It is not expected that pharmacy staff will accept threatening, violent or other abusive behaviour from service users.
- In the event of such an incident, the service user should be asked to leave the premises with a verbal warning. The Pharmacy has the right to refuse a service user access to the service on behavioural grounds.



- If the service user returns subsequently and there are no changes in behaviour, the Pharmacy has the right to withhold services.
- If a service user does not leave voluntarily when requested, the pharmacy should call the police to escort the service user from the premises.
- All critical incidents should be reported to the service manager upon request.

13 Safeguarding

13.1 The Provider shall adopt Safeguarding procedures in compliance with local Surrey Safeguarding board procedures

- Safeguarding adult's multi-agency procedures, information and guidance

14 Payment Arrangements

14.1 Payment will be made to the Provider for the provision of the Naloxone Service monthly in arrears using the activity information entered onto PharmOutcomes.

14.2 All claims are generated automatically from the activity data entered onto the PharmOutcomes portal made available by the public health team. If data is not entered, claims cannot be met. Activity should be recorded on the day of the supply (or, at the very latest, by the next working day).

14.3 See Appendix 1 for payment structure.

14.4 The Council has the right to audit a pharmacy against the claims received. Reasonable notice will be given to the pharmacy prior to the audit.

Appendix 1 Payment for providing Take Home Naloxone in Community Pharmacy

Service Provided	Fee
Naloxone Supply including Overdose Awareness Training	£10.61 per intervention
Payment	<p>An initial one off £50 payment is offered as a start-up fee to cover initial costs such as attending training. This will be paid at the end of the financial year only if provision is made.</p> <p>A fee of £10.61 will be paid for each intervention. This covers training each client for the signs and symptoms of overdose and the provision of the naloxone kit (a second kit can be supplied upon request)</p> <p>A fee of £1.06 will be paid for each kit returned.</p> <p>Kits can be ordered directly from Orion Medical Supplies Ltd Tel: 01869 244423 and online through PharmOutcomes</p> <p>A maximum of 5 kits to be kept in stock*. Orders placed before 1pm can be delivered the next working day</p> <p>The packs must be labelled with the person's name and the date of supply</p> <p>Details must be recorded onto the PharmOutcomes System. All fields must be completed to claim</p>

*Unless other arrangement agreed with Service Manager