PSNC Legislation and Regulatory Affairs (LRA) Subcommittee Agenda

For the meeting to be held on 24 November 2021

At the De Vere Grand Connaught Rooms, 61-65 Great Queen St, London

WC2B 5DA, at 14.00 – 15.30pm

Members: Ian Cubbin (Chair), Marc Donovan, Sunil Kochhar, Ifti Khan, Stephen Thomas.

1. Welcome from Chair

2. Apologies for absence

3. Conflicts or declaration of interest

4. Minutes of the meeting on 19 May 2021 **(Appendix 01/11/2021) [part-confidential]**

5. Matters Arising

Action

6. …

7. …

8. …

9. …

10. …

Reports

11. …

12. …

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17. …

18. DHSC consultation on expanding access to naloxone – PSNC response **(Appendix 14/11/2021)**

19. CPAF update **(Oral report)**

20. Any other business

Members of LRA present: Ian Cubbin (Chair), Marc Donovan, Sunil Kochhar, Janice Perkins, Stephen Thomas (Vice-Chair).

In attendance: David Broome, Mark Burden, Peter Cattee, Simon Dukes, Jas Heer, Gordon Hockey, Clare Kerr, Ifti Khan, Has Modi, Bharat Patel, Layla Rahman, Anil Sharma, Faisal Tuddy and Gary Warner.

Welcome from the Chair

1. The Chair welcomed everybody to the meeting.

Apologies for absence

2. There were no apologies.

Conflicts or Declarations of Interest

3. There were no new conflicts or declarations of interest; the Chair indicated the importance of members making relevant declarations.

Minutes of the last meeting

4. The minutes of the subcommittee meeting held on 2 February 2021 were approved, subject to one clarification and three typographical corrections as follows: paragraph 7 (addition of 'a,' and 'b,'), paragraph 20 (missing letter s), paragraph 21 (DHSC), and paragraph 23 (missing letter s).
5. Since the last meeting, the sub- committee has been convened once, on 6 May, for the sole purpose of considering the screening questions for this year's CPAF, as recorded in the agenda for this meeting and noted at paragraph 31 of these minutes.

Actions and Matters Arising

6. There were no matters arising.

Report

PCSE – market entry update

7. Layla Rahman introduced the report to the subcommittee.

Rural Working Group meeting and a webinar on the DD regulations – confidential until announced

8. The subcommittee heard that a 'Rural Day' is planned for the summer to include a meeting of the Rural Working Group and a CPD afternoon on the Dispensing Doctors regulations by Charlotte Goodson (Primary Care Commissioning) who has significant practical experience on this part of the regulations and has given a similar talk to Dispensing Doctors.

Brexit

9. The report was noted.

DHSC consultation on Regulating healthcare professionals, protecting the public

10. The consultation was noted.

Pre-registration training – level of funding - confidential

11. The subcommittee noted that the pre-registration grant and the proposed changes to Year 5 (Foundation Year) experience are the subject of a working group in the Year 3 negotiations.

NHS England launched its "net zero" plan

12. NHSE&I's net zero plan was noted.

AOB

13. There was one item raised, the consultation with LPCs on indemnity insurance. It was noted that PSNC was seeking to put together points with which LPCs could respond by this Friday's deadline and any relevant information should be provided to Gordon Hockey.

14. The Chair thanked Janice Perkins for her long and dedicated service to PSNC and the subcommittee and Janice indicated that Ifti Khan would be joining the subcommittee when he became a member of PSNC

(Appendix 02/11/2021) [confidential]

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(Appendix 03/11/2021) [confidential]

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(Appendix 04/11/2021) [confidential]

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(Appendix 05/11/2021) [confidential]

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(Appendix 06/11/2021) [confidential]

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(Appendix 07/11/2021) [confidential]

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(Appendix 10/11/2021) [confidential]

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(Appendix 11/11/2021) [confidential]

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(Appendix 12/11/2021) [confidential]

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(Appendix 13/11/2021) [confidential]

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Subject	DHSC consultation on expanding access to naloxone – PSNC response
Date of meeting	November 2021
Committee/Subcommittee	LRA
Status	Open
Overview	Response to the consultation
Proposed action(s)	None
Author(s) of the paper	Gordon Hockey

1. PSNC responded to the DHSC consultation on *expanding access to naloxone*.

2. The that has been sent to DHSC is set out below and broadly supports widening access to naloxone, supporting the evidence that this will save lives.

3. The response was sent after discussion with the Chair of LRA.

Summary of consultation questions Expanding access to Naloxone
Question 1

To what extent do you agree that the current regulations mean naloxone is difficult to access in the event of an overdose?

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Please provide a reason for your answer and any evidence to support it, including any experiences you or your organisations have had trying to access naloxone (max 1,000 words).

We accept that the evidence from the Advisory Council on the Misuse of Drugs and its recommendations remain relevant and appropriate respectively, and that Naloxone should be more widely available, specifically that it

- non-medical services which may experience frequent opiate-related overdoses are not able to legally hold stocks of naloxone to use in an emergency
- there is evidence that take-home naloxone, given to service users and training carers or peers in how to administer naloxone, can be effective at reversing heroin overdoses
- wider provision of naloxone could result in a reduction in overall drug-related deaths in the UK

Question 2

To what extent do you agree that the following settings or individuals should be able to supply take-home naloxone without a prescription?

Outreach and day services for people who experience homelessness or rough sleeping:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Police officers:

- strongly agree
- agree
- neither agree nor disagree
- disagree

- strongly disagree

Drug treatment workers commissioned by PCCs to work in police custody suites:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Prison officers (orderly officers and duty governors):

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Probation officers:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Registered nurses:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Registered paramedics:

- strongly agree
- agree
- neither agree nor disagree
- disagree

- strongly disagree

Registered midwives:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Pharmacists:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Please provide a reason for your answers with reference to any, some or all of the above settings and any supporting evidence (max 1,000 words).

We accept that the evidence from the Advisory Council on the Misuse of Drugs and its recommendations remain relevant and appropriate respectively and that Naloxone should be more widely available.

We consider that common sense would suggest the above highlighted groups of individuals should be able to supply naloxone. Specifically for pharmacists, they:

- are on the High Street and accessible to the public
- come into contact with drug users and may provide needle exchanges to those who do not attend drug treatment services
- are accessible to family members who may wish to ensure Naloxone is kept in the home to be available if needed for a drug user residing in the home

Question 3

If you represent any of the following services or individuals, do you think it is likely that they would keep a stock of and supply naloxone if the regulations were changed such that they were eligible to do so?

Outreach and day services for people who experience homelessness or rough sleeping:

- highly likely
- somewhat likely

- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Police officers:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Drug treatment workers commissioned by PCCs to work in police custody suites:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Prison officers (orderly officers and duty governors):

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Probation officers:

- highly likely
- somewhat likely

- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Registered nurses:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Registered paramedics:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Registered midwives:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Pharmacists:

- highly likely
- somewhat likely
- somewhat unlikely
- highly unlikely
- I do not represent these individuals

Please provide a reason for your answers (max 1,000 words).

Pharmacies services are provided for the benefit of patients and respond to patient needs; services are provided as part of funded NHS pharmaceutical services or as private pharmacy services.

Question 4

Are there any settings not explicitly cited in the above questions that you would support being able to obtain or supply naloxone? Please provide a reason for your answer with reference to any supporting evidence (max 1,000 words).

None

Question 5

To what extent do you agree that the labelling requirements on prescription-only medicines, such as the name of the individual to whom the medicine is being supplied, should be disapplied when naloxone is given out by services without a prescription?

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

In this specific case disapplying the labelling is considered to be appropriate because the supply:

- may be a stock item that could be used for one or more patients
- is not necessarily agreed by the patient
- the identity of the patient may not be disclosed when supply is requested or needed
- may be administered/supplied in an emergency
- that the patient is a drug user and needs a supply of Naloxone may be disputed by the patient
- the patient may object to a healthcare record or other record of naloxone supply and the implications of this
- the patient may object to labelling of naloxone with the patient's name and the visibility to others and implications of this visibility.

Question 6

To what extent do you agree that allowing the below settings or individuals to supply take-home naloxone without a prescription would help to reduce the incidence of opioid overdose and drug-related deaths?

Outreach and day services for people who experience homelessness or rough sleeping:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Temporary or supported accommodation services for people with substance use disorders or people who experience homelessness or rough sleeping:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Police officers:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Drug treatment workers commissioned by PCCs to work in police custody suites:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Prison officers (orderly officers and duty governors):

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Probation officers:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Registered nurses:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Registered paramedics:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Registered midwives:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Pharmacists:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Please provide a reason for your answers with reference to any, some or all of the above settings and any supporting evidence (max 1,000 words).

Pharmacies will be readily accessible to those at risk and family members of those at risk.

Question 7

To what extent do you agree that there are risks associated with the administration of naloxone in either nasal or injectable form?

Nasal naloxone:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Injectable naloxone:

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Please provide a reason for your answer and any evidence to support it, making sure to be clear which form of naloxone you are referring to (max 1,000 words).

There is a risk to the person administering the Naloxone of needle-stick injuries, needle disposal, and blood-borne virus transmission.

Question 8

What safeguards do you think should be required in the settings from which naloxone is supplied? (Max 1,000 words).

We consider that those supplying Naloxone should have appropriate knowledge, experience or training to be able to advise (the person to whom the Naloxone will be supplied) on how to properly and safely administer the naloxone product.

Question 9

If your organisation distributes naloxone, have you received training on how to use it?

- yes

- no
- not applicable to me

If ‘yes’, do you believe said training is sufficient? (max 1,000 words).

How easy do you think it would be to expand this training to additional settings? Please provide a reason for your answer and any evidence to support it, making sure to be clear if referring only to nasal or injectable naloxone (max 1,000 words).

Question 10

Is there anything else you would like to share on the risks and benefits of naloxone which you have not provided in answers above? If so, please provide further information and include any evidence and research you may have to support your response (max 1,000 words).

No

Question 11

Do you think the proposals risk impacting people differently, or could impact adversely on any of the protected characteristics covered by the Public Sector Equality Duty set out in section 149 of the Equality Act 2010 or by section 75 of the Northern Ireland Act 1998? If so, please provide details (max 1,000 words).

No