



# Community Pharmacy England's response to DHSC's consultation on proposals to expand access to take-home naloxone supplies

March 2024

## About Community Pharmacy England

**We are the voice of community pharmacy in England, representing all 10,600+ community pharmacies across the country.**

We exist to represent all community pharmacy owners in negotiations with the Government and the NHS. We are responsible for negotiating the NHS Community Pharmacy Contractual Framework, currently around £2.592 billion per year, under which all NHS community pharmacies operate.

We are recognised by the Secretary of State for Health and Social Care as the body that represents NHS pharmacy owners. We work closely with Local Pharmaceutical Committees (LPCs) to support their role as the local NHS representative organisations.

Our goal is to develop the NHS community pharmacy service, to enable community pharmacies to offer an increased range of high quality and fully funded services that meet the needs of their local communities and provide value and good health outcomes for the NHS and the public.

We welcome the opportunity to be able to provide our response to the consultation on proposals to expand access to take-home naloxone supplies.

## Consultation questions

### Route 1: named services and professionals

#### **Proposed list of named services and professionals that can supply naloxone without a prescription:**

**To what extent do you agree or disagree with the proposed list of named services and professionals that can supply naloxone without a prescription?**

We agree with the proposed list of named services and professionals that would be enabled to supply naloxone without a prescription. However, regarding the limiting of supplies to registered



pharmacy professionals, as supply is being advocated through other services and organisations via route 2, we would recommend, that this definition be expanded to 'pharmacy professionals (pharmacists and pharmacy technicians) and any trained and competent non-registered members of the pharmacy team under the supervision of a registered pharmacy professional.'

### **Proposed training requirements for named services and professionals:**

**To what extent do you agree or disagree that the training requirements for named services and professionals should include the storage and supply of naloxone, as well as how to support those supplied with naloxone with its storage and administration? (Maximum 500 words)**

We agree with the proposal that all new services and professionals taking on this role, other than armed forces personnel should complete training to:

- Understand appropriate practice around storing and supplying naloxone; and
- Ensure they can properly support an individual being supplied with naloxone, including how to store and administer the medicine.

However, we would not expect pharmacists and pharmacy technicians to be required to undertake additional training regarding the storage and supply of naloxone, or regarding the advice to individuals regarding the storage of naloxone at home, where this is performed as part of their provision of pharmaceutical supplies from a community pharmacy. The procurement, storage and supply of medicines is a core function of community pharmacy. We do not believe therefore, that an additional requirement for registered pharmacy professionals (pharmacists and pharmacy technician) to undertake additional training regarding storage and supply is necessary.

Where other pharmacy staff are enabled to provide naloxone supplies under the supervision of a registered pharmacy professional (pharmacists and pharmacy technician), then we would accept their inclusion in the requirements for additional training.

Current locally commissioned services provided from community pharmacies to support the provision of naloxone have different supply and training requirements. A nationally agreed training requirement will allow more consistent provision of the service by the pharmacy workforce, particularly in circumstances where pharmacy staff move between different pharmacies in different areas.



It is important though, that all other services and professionals involved in supply undertake the same training to ensure all providers have a consistent level of knowledge to underpin and support storage, advice and supply of naloxone. A nationally agreed training requirement standardises the requirements for all service providers and professionals.

As locations other than medical or pharmaceutical premises could be involved in the procurement, storage and supply of naloxone, we agree it is important that the training involved for all named services and professionals includes the requirements and records to be kept regarding procurement, storage and supply of medication. This will support ensuring that consistent standards are put in place for all named services and professionals.

## Route 2: registration with a naloxone supply network co-ordinator

### Supplying naloxone by registering with a network co-ordinator:

**To what extent do you agree or disagree with enabling services and organisations to supply naloxone without a prescription, through the registration route?**

We agree with the proposal of enabling services and organisations to supply naloxone without a prescription, through the registration route. This has the potential to support expanded availability and access to naloxone where appropriate.

### Conditions for supplying naloxone under route 2

**If you think there are any other requirements that services under route 2 should meet to ensure safe supply of naloxone, please outline them. (Maximum 500 words)**

We think the follow requirements should also be considered as a requirement for services under route 2:

- Maintenance of stock records for procurement of naloxone.
- Date checking records to support storage of medication.
- Records of consent to share information with service commissioner regarding supply.
- Records of who supplies are made to including role, where appropriate.
- Supplies would need to be made in original packaging and include the manufacturer's patient information leaflet.



- Records of assessments of competence if supplying to anyone under the age of 16 years where appropriate.
- If supply is covered by the NHS, what are the requirements for prescription levies and documentation of exemption declarations if any.
- Processes in place to support and document any actions associated with product recalls.
- Where the product supplied contains a sharp (needle), information on local needle and syringe programme service points should be available and provided to service users to support the safe clinical disposal of any used kits that are not or cannot be given to emergency services.
- Documentation of any instances of administration of naloxone by service providers, including the name of the person who administered it, date and time of administration, details of the person naloxone was administered to (where known), location of administration, site naloxone was administered to.

## Supply routes for naloxone across the UK under route 2

In England, the consultation suggests a competition will be launched in 2024 for a central organisation to act as both the wholesaler and the supply network co-ordinator. Community Pharmacy England would advise that more than one wholesaler is enabled to supply. This provides better coverage and support across the UK and enables existing supplier relationships to be used within the pharmacy sector. Experience of use of a solo provider for supplies of lateral flow devices during the COVID-19 pandemic, demonstrated that use of more than one wholesaler would have provided better access to supplies.

Given the approach of setting up additional service providers via route 2, a wholesaler is likely to need to set up additional delivery points and additional or amended delivery routes. Having more than one wholesaler, would minimise the potential impact of these additional delivery points and routes on any one wholesaler and reduce the risk of impacts on routine medication supplies to pharmacies and other medical practices. Given the workload associated with the current shortages of medication within the supply chain, we are keen to ensure that any implementation of new supply arrangements, do not have any unintended consequences. Any significant changes to supply times could add to operational pressures on community pharmacies.

## Wholesaler dealer's licence under route 2



**If you think there are other requirements that non-public or statutory services and organisations under route 2 should meet to ensure safe supply of naloxone, please outline them. (Maximum 500 words)**

When considering the above, we would recommend considering that community pharmacy be given dispensation to be able to supply and distribute naloxone without having a wholesale dealer's licence. This would allow for supply in situations of mutual aid or practice need. Any such supplies would also need additional mechanisms to support remuneration of these supplies.

If network co-ordinators are able to distribute naloxone without having a wholesale dealer's licence, then, there need to be additional requirements to ensure:

- Stock records for procurement of naloxone are maintained.
- Procedures to support stock management are in place, including date checking records to support storage of medication.
- Processes are in place to support and document any actions associated with product recalls.
- Processes are in place to communicate any product recalls to organisations or professionals that have been supplied and to communicate what action(s) will need to be taken to return any recalled products and to obtain replacement products.
- Entries are made of all supplies, including:
  - Date supplied;
  - Name, quantity, formulation and strength (where not apparent);
  - Name and address, trade, business or profession of the person to whom the medicine was supplied; and
  - Purpose for which it was supplied.
- Supplies should only be made in response to an order / invoice from a registered service provider.
- Orders/invoices requesting supply by the network co-ordinator need to be retained for an agreed period from the date of supply.

## **Data collection on naloxone supply for routes 1 and 2**

### **Data reporting proposals**



**To what extent do you agree or disagree that the named services and professionals that supply naloxone to individuals should be provided with a legislative gateway to support the sharing of data on the supply of naloxone?**

We agree that the named services and professionals that supply naloxone to individuals should be provided with a legislative gateway to support the sharing of data on the supply of naloxone. Access to any reporting system should not be at the cost of the service provider and where possible, any legislative gateway should integrate with local provider IT service records systems via an appropriate application programming interface to reduce any additional work associated with double entry of records or the risk of transcription errors.

### Comments on the full legislation

**If you have any further comments on the detail of the draft legislation, please outline them. (Maximum 500 words)**

Regarding the limiting of supplies to registered pharmacy professionals, as supply is being advocated through other services and organisations via route 2, we would recommend, that this definition be expanded to include other pharmacy staff. We therefore suggest the entry is amended to read, 'registered pharmacy professionals (pharmacists and pharmacy technicians) and any trained and competent non-registered members of the pharmacy team under the supervision of a registered pharmacy professional.'

**If 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, please outline them. (Maximum 500 words)**

No comments.

**For more information or support, please contact Community Pharmacy England:**

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Community Pharmacy England is the operating name of the Pharmaceutical Services Negotiating Committee.