

Somerset and Wakefield Pharmacy Take-Home Naloxone (P-THN) Pilot Schemes: Evaluation headlines

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Somerset



17 pharmacies signed up, 11 have made at least one supply

Total kits supplied 123

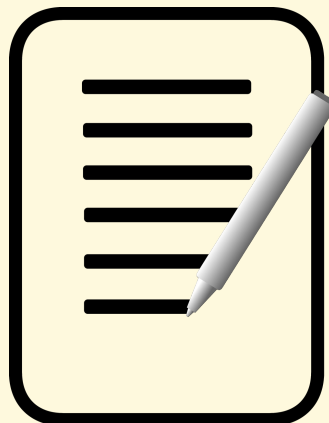
- 56% first supplies
- 44% replacements - of which over half were replacing a kit used on self or other, almost a quarter were to give to others

Wakefield

4 pharmacies signed up, 2 have made at least one supply

Total kits supplied 210

- 31% first supply
- 64% resupply (kit used on someone)
- 4% resupply (kit lost or out of date)



31 staff surveys completed representing 60% of pharmacies in the pilot

- 85% felt the training prepared them to deliver P-THN
- 71% were confident to identify potential recipients
- 39% were confident to proactively initiate supply
- Support staff were *less confident* than pharmacists in both identifying potential recipients and proactively initiating supply.
- **Confidence needs to be increased with training and more support**

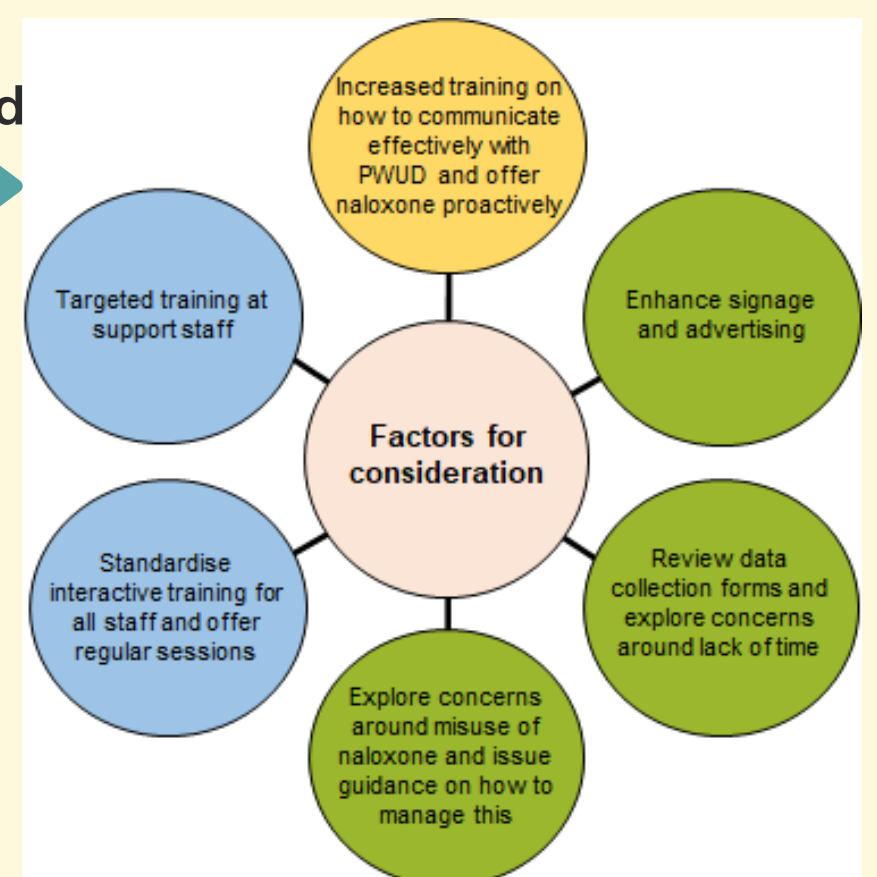
Five pharmacists and one dispenser took part in detailed interviews. We identified **six factors for consideration** →

We will respond by:

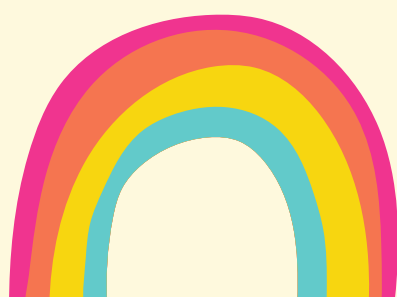
- Asking Ethypharm to supply more signage/stickers
- Asking Turning Point to send more flyers
- LPCs will look at data collection
- Provide further training (23.06.21 in Somerset)

We will:

- Seek to run training six monthly
- Review support staff training needs and provision
- Give support through SDAS/Turning Point staff



Two men and two women who had received P-THN told us the intervention delivery was acceptable, including being done over-the-counter. They said pharmacy supply was welcomed, easily accessed, convenient and quick. Two suggested all NSP pharmacies should supply naloxone to avoid confusion and to make it easy to obtain with NSP equipment; neither of them wanted to engage with drugs services at time of interview. One suggested an App and online ordering would be helpful.



Thank you to all the pharmacies who supply THN, you are saving lives.

Not all pharmacies who signed up initially have made supplies and most of these did not engage with the evaluation. We shall seek to better understand their barriers to supply via the new SDAS harm reduction manager and Wakefield NSP support staff. Every pharmacy has the potential to save lives in the ongoing drug deaths crisis.