

To Health and Sport Committee  
Scottish Parliament

February 2017

### Healthcare in Prisons Inquiry

Prison health services are now the responsibility of the NHS, having transferred from the Scottish Prison Service in November 2011. The Royal Pharmaceutical Society in Scotland (RPS) supports the overall aim of the NHS health services in prisons to provide equity of access for everyone and deliver a health care system which is fully integrated into our public system. We have answered the inquiry specifically from a pharmacy perspective, looking at the pressures and challenges around delivering pharmacy services in the prison environment, as well as highlighting some of the best practice and opportunities that exist.

We have consulted with our members working with the prison service and the specialist substance misuse pharmacists' group to establish what has changed since transferring the services to the NHS health boards and where any barriers remain.

Our response is the summary of the groups' thoughts and experiences in delivering a specialist service in a generalist primary care context.

### **What do you consider are the current pressures on health and social care provision in prisons?**

NHS health services in prisons face unique challenges in providing a comprehensive health care system and ensuring continuity of care, as prisoners move between the community and different secure environments, with varying levels of restrictions, catering for both long and short term populations and delivering to the specifications of the nine health boards areas with prisons located across Scotland.

In parallel with national demographic changes the numbers of prisoners aged over 55 is increasing. Prison populations traditionally consist of people who have not engaged well with the mainstream health services and who often have underlying health issues. Time spent in prison affords an opportunity to engage this underserved section of the population with healthcare.

Since transfer of responsibility for service provision to the NHS, much has been accomplished to continue the safe and effective use of medicines in the prison settings. However there remain some challenges and pressures in the prison system where solutions and improvements have been more difficult to address.

These include:

There are considerable pressures on the prescribing system in prison due to the culture and nature of prison life. Some medicines are high value currency items leading to inappropriate requests for specific prescriptions for which there is no clinical requirement. One of the most significant pressures is drug seeking behaviour within the prisoner population, which places considerable pressure upon prescribers and other healthcare staff involved in the medicines' supply process. Appropriate management of these behaviours invariably leads to the deterioration of relationships resulting in the generation of prisoner complaints which are time consuming and detract resources in preparing responses.

- Prisoners on remand can be discharged from court unexpectedly with no time for prior planning and this can cause problems in continuity of care and accessing their repeat medicines or ongoing opioid substitution therapy. This presents particular issues where prisoners unexpectedly present in community services late on Friday afternoons Confirmation of the current care plan and prescription status in these circumstances can be difficult.
- It has been shown that prisoners are at increased risk of drug death in the immediate weeks after being released. <sup>iii</sup> Abstinence from substance misuse in prison means a person is physically at risk of inadvertent over-dosage if they revert back to former substance misuse behaviours; they will now be less tolerant to the toxicity and hazards associated with misuse than before and are therefore more vulnerable.

There are practical considerations such as the operational impact of needing to provide medicines where 75% of people take at least one medicine, with many taking high risk medicines that require administration under supervision.<sup>iii</sup> The requirement to supervise administration of certain medicines ties up valuable nursing time which could be more appropriately dedicated to the delivery of health based interventions and services. A review of the skill mix of staff working within prison health care would be helpful in ensuring prisoner patients derive the maximum benefit from engagement with services and that professional time is spent on the most appropriate activities.

NHS prescribing budgets across Scotland have come under increasing pressure as the number of people living longer and being successfully managed with long term conditions continues to rise. The number of prescribed items in prison has risen from 22,500 to approx. 49,500 per month over the last 10 years which is an increase of 120%. There are a variety of reasons for this:

- In prisons the incidence of substance misuse and mental health issues is considerably higher than in the general population.<sup>iv</sup>
- It is widely acknowledged that the prison substance misuse population is an ageing one which will further impact on health services in coming years<sup>v</sup>
- A substantial section of the prison population comes from a deprived background. They have poor general health, high smoking rates and suffer from the subsequent respiratory and cardiovascular disease, but at a younger age than the general population<sup>vi</sup>.

### **How well do you consider that these pressures have been responded to?**

A national prison pharmacy group has been established through the National Prisoner Healthcare Network (NPHN) to specify the standards for, and monitor the delivery of, a contracted pharmacy service to prison pharmacy. In addition the prison pharmacy group has established mechanisms to share best practice across health board areas and this has extended to sharing across the five nations of UK and Eire. An expert advisory group of the NPHN has a research agenda to identify issues and establish an evidence base for changes to practice.

Integration into the NHS has brought benefits in working more closely with clinical specialists and has enabled new services to be successfully introduced to prisons and those that previously existed to be further developed, such as treatment of Hepatitis C using the new generation anti-viral drugs. Sharing of clinical information and availability of specialist medical and pharmacy staff in emergency situations has improved; challenges remain in other areas, such as addiction services where collaborative working between Scottish Prison Service (SPS) staff and NHS employees is reported to be more difficult. Currently community addiction services work closely with the specialist substance misuse pharmacists to improve patient outcomes. There would be merit in extending this to include the prison setting. This could support continuity of care when prisoners transfer in and out of prison and pharmacist prescribers specialising in substance misuse could build capacity within the system.

Take home Naloxone is now provided to help prevent drug deaths due to inadvertent opioid overdose, however there is variation in how prisoners are trained, supported and followed across the different prisons and health board areas. In addition there can also be variation on how prisoners are followed up with through-care. The Expert Advisory Group for Medicines of the NPHN has developed guidance for the prescribing of certain opioid analgesics, neuropathic analgesics, nutritional supplement feeds and opiate substitution therapies that take account of the currency of these medicines within a drug seeking population.

In the provision of pharmacy services in prisons, areas of best practice have been developed by the service provider to address some of the challenges already highlighted and to support optimal pharmaceutical care; these include:

#### Repeat prescribing system

Identifying patients with medication that is suitable for repeat ordering; supporting medicines optimisation and compliance and, enabling self-care where appropriate.

#### Management Information

Providing detailed management information to the NHS and prescribers, allowing the analysis of prescribing trends at BNF category level.

### Supporting short-term release

Protocols have been developed between the prison pharmacy staff, nursing team, prescribers and community pharmacy which ensures continuity of care for prisoners on release from open prison settings who are in receipt of methadone.

### Hepatitis C medication management

Review medications' use and compliance to ensure optimisation of prescribing for this specific condition.

## **To what extent do you believe that health inequalities are / could be addressed in the prison healthcare system?**

We have already mentioned that the prisoner population is predominantly made up of people from communities that experience high levels of social, economic and health inequality. Time in prison presents an opportunity to address poor health and high risk behaviours, identify undiagnosed conditions and provide brief interventions to improve overall prisoner health.

Screening programmes can be very successful for early identification and treatment of conditions which have the potential to be much more harmful and require more costly and intensive treatment in the longer term. Examples of this would be diabetic retinopathy, breast, bowel and abdominal aortic aneurism screening. Stroke risk from undiagnosed hypertension in smokers would be another example. The cervical screening services offered to women in prisons are a good example of how health inequalities in a high risk group can be addressed in prisons by facilitating engagement with services.

However, more could be done to address the health inequalities experienced by this population while they are in prison. There is the opportunity to engage chaotic drug users with substance misuse services while in custody, initiating opiate substitution therapy, where appropriate, and arranging follow up care.

Pharmacists working in the prison services have the necessary knowledge and skills to assist with the above and could be better utilised to contribute to patient care. This can only be achieved by further integrating and embedding pharmacist involvement in the delivery of prison healthcare services.

In a similar way to the changing roles of pharmacists in primary care, prescribing pharmacists attached to prisons are well placed to provide patient facing support to prisoners by reviewing medication, addressing polypharmacy issues responding to minor ailment symptoms, providing pharmaceutical public health and running specialist clinics in many therapeutic areas such as chronic pain or to help address addiction problems. We believe that this highly trained resource is not being used optimally at present.

There is a labyrinth of health services available to prisoners upon their release from prison and much more could be done to support their navigation of this and support continuity of pharmaceutical care, for example through links with community pharmacy

## **What are the current barriers to using the prison healthcare system / improve the health outcomes of the prison population?**

Clinical IT is a challenge. In our discussions for this report the absence of a clinical IT system that meets the requirements of the prison environment was consistently mentioned as the overriding major issue.

Current clinical IT systems in use in NHS Scotland are not suitable for this specialist area which must include safe systems for prescribing and administering to be linked in real time.

- Prescribing is still paper based and hand written rather than electronic as in the public system. Handwritten prescriptions can have patient safety issues when instructions and doses are not clear, resulting in queries being raised and extra time and resource involved in clarifying prescriber wishes.
- Prison health records do not link with either primary or secondary care patient health records or the supplying pharmacy dispensing records; this can cause patient safety issues and problems in continuity of care, particularly during admission or release from prison.
- Only when prisoners have a sentence of six months or more are their community health records automatically transferred to the prison practice. The Emergency Care Summary is available but might not contain information about any opioid substitution therapy or any items not on the GP repeat prescribing system. E.g. medicines prescribed directly from hospital.
- The current clinical IT system in place in prison health centres does not provide the required prescribing and administration functionality. The system is not enabled to its full potential and so clinical decision support software to support evidence based prescribing and / or diagnosis is not utilised.
- The majority of prescriptions to be dispensed for prisoners are scanned electronically to the supplying pharmacy. However some prisons still fax prescriptions to the pharmacy due to insufficient N3 linkage capacity. Faxed prescriptions can have issues with readability of prescribing details which have potential patient safety issues.
- Information governance processes have always presented challenges for pharmacists working for the contracted service provider when they are required to confirm clinical details of patient's prescriptions to ensure the safe and effective use of medicines. This can cause delays in obtaining essential information from the patient record to allow safe dispensing. It adds to the workload of prison staff liaising with the pharmacists carrying out the necessary clinical checks and can lead to delays in prisoners obtaining their medicines.

The healthcare professions are currently collectively lobbying Scottish Government and the Scottish Parliament as one voice for improved sharing of information and one patient health record which can be accessed and added to appropriately by all health and social care professionals involved in a person's care.<sup>vii</sup>

### **Can you identify potential improvements to current services?**

A suitable clinical IT system is required, which meets the specific needs of the secure environments in terms of prescribing and administration functionalities and which supports the different way of working to deliver the same clinical care in the prison population as across other sections of the NHS.

A working group of the NPHN, led by pharmacy, has produced a set of requirements to define the necessary prescribing and administration functionality for a prison clinical IT system. These must be considered in the specification for any new systems in the pipeline to improve the clinical governance for prescribing and administering of medicines. This will improve patient safety, support better patient outcomes, improve access to medicines and make more efficient use of staff time and resources all through the prisoner's healthcare journey.

The prison population has rapid access to primary care services but the GP shortage has impacted on the prison service in the same way as the public system therefore changes to the models of care in prison should mirror the transformation in primary care being proposed for public services with more made of the multidisciplinary team to provide the correct skill mix and enable prisoners to see the right health professional for that episode of care.

A national approach to several areas of prison healthcare would streamline services, free up staff time, minimise waste and support equitable provision of care.

- A national prisons' formulary with associated guidance suitable for the prison population would eliminate the variation and postcode prescribing which exists with Area Drug and Therapeutics Committees in each of the nine area health boards making the final decisions on treatment options.
- A competency framework for all prescribers has been published by The Royal Pharmaceutical Society in collaboration with 11 other royal colleges and health professional organisations and this should be adopted to provide clinical governance and an assured level of competency for all prescribers in the service.<sup>viii</sup>
- Variation in the processes for the safe and effective use of medicines in each of the prisons in relation to ordering processes can cause extra work for the pharmacy service provider in accommodating their individual wishes. A consistent approach to the management of repeat prescription medicines embedded within a clinical IT system would improve patient safety, increase efficiency and decrease waste.

There should be better provision for prisoners to facilitate re-registering with a GP practice on release. Currently the personal information required such as a home address can cause delays and challenges for people attempting to see a GP and obtain access to medicines in the early days after their release.

Community pharmacies hold medication records of what has been dispensed and when; these pharmacies can support access to medicines on entry to or on leaving prison, particularly, at the weekends and out of hours' periods. Sometimes there are delays in prisoners obtaining their regular supplies because the community pharmacist who is the only available healthcare professional at that time is not contacted. A more coordinated approach could alleviate particular problems with opioid substitution therapy and other controlled drugs as well as regular acute medication which must be continuous; these might include antibiotics and treatments for long term conditions. Looking forward, a single health record which could be accessed containing the pharmacy medication records would be the ideal option to ensure patient safety.

Having a designated community pharmacy with a prescribing pharmacist available to link with the prison system could support remand prisoners, released at short notice, to obtain their regular medications.

The Royal Pharmaceutical Society has produced a set of professional standards for secure environments, the principles of which are applicable across GB and would support standardisation and a national approach. Prisons should benchmark their services against these standards to identify gaps and areas where systems and practice can be improved <sup>ix</sup>

### **What do you think the main pressures will be in the next 15 years?**

From a pharmacy perspective an increase in the aging prison population with demographic changes parallel to the rest of the population will mean increasing levels of treatment for long term conditions; these might have potential polypharmacy issues and an increasing requirement for provision of pharmaceutical care to keep people stable and healthy as long as possible. This will support the conservation of NHS resources, minimise avoidable harm, unplanned admissions to hospital and waste.

An additional pressure will arise from the proposal to make prisons smoke free. The prevalence of smoking in the prisoner population is circa 75%. When the Scottish Prison Service moves to become a smoke free estate there will be significant pressure on smoking cessation services within each of the nine NHS Boards with responsibility for service provision. Pharmacy could have an important role in assisting with the management of this situation given its role in delivering smoking cessation services in the community.

The challenges and issues outlined in the report above will need to be addressed to realise the vision of equity of healthcare provision between the general and prison populations.



Aileen Bryson MRPharmS,  
Policy and Practice Lead,  
Royal Pharmaceutical Society in Scotland

---

<sup>i</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0020/114914/Preventing-overdose-deaths-in-the-criminal-justice-system.pdf](http://www.euro.who.int/_data/assets/pdf_file/0020/114914/Preventing-overdose-deaths-in-the-criminal-justice-system.pdf) accessed 26/1/2017

<sup>ii</sup> <http://onlinelibrary.wiley.com/doi/10.1111/add.12969/full>

<sup>iii</sup> <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-optimising-medicines-for-people-in-secure-environments.asp>. Accessed 22/2/17

<sup>iv</sup> Prison Health in Scotland Review. Dr Lesley Graham 2007

<sup>v</sup> <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2016-05-17/2016-05-17-SDMD-Report.pdf> (Page 16)

<sup>vi</sup> Five Years On: Royal College of Nursing Scotland 2016

<sup>vii</sup> [http://www.rpharms.com/what-s-happening-/news\\_show.asp?id=4194](http://www.rpharms.com/what-s-happening-/news_show.asp?id=4194) accessed 22/2/17

<sup>viii</sup> A Competency Framework for all Prescribers. Royal Pharmaceutical Society July 2016

<sup>ix</sup> <http://www.rpharms.com/unsecure-support-resources/professional-standards-for-optimising-medicines-for-people-in-secure-environments.asp>. Accessed 22/2/17

#### Acknowledgements

Tom Byrne, National Prisons Pharmacy Adviser ,Healthcare Improvement Scotland

Lloyds Pharmacy Ltd

Specialist Pharmacists in Substance Misuse Group