

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PRISONERS BEING IN-POSSESSION OF MEDICATION

INTRODUCTION

- 1.1 The procedure is intended to implement recommendations made in “A *Pharmacy Service for Prisoners (DoH 2003)*” and balance the encouragement of a responsible attitude towards self-medicating whilst safeguarding the security and well-being of patients in custody.

The assessment will allow prescribers to identify:

- Patients not able to safely manage their own medication whilst in custody.
- Medication which are not suitable for In Possession (IP).
- The circumstances under which a review of In Possession status will occur.

- 1.2 The assessment can be carried out by prescribers, registered nurses and Pharmacy staff working within HMP Chelmsford, on patients in custody.

2. CLASSIFICATION OF MEDICATION

- 2.1 Depending on the level of risk the medication poses in terms of safety in overdose and security, medication will be classified as Not In-Possession (supervised administration only), high, medium or low risk.
- 2.2 The classifications will be agreed by EPUT Medicines Management Group (MH&LD), and a current list made easily available to all prescribers (See Appendix 2).
- 2.3 Unclassified medication will be treated as medium to high risk until classified, unless otherwise agreed by the Pharmacist, Healthcare Manager and General Practitioner (GP). (See Appendix 2)
- 2.4 The RAG rating for medications provided by the Safer Prescribing in Prisons – November 2011 will also be used in the classification of medication.

3. RISK ASSESSING THE PATIENT

- 3.1 It is the policy at HMP Chelmsford that all medications are given to patients as ‘In-Possession’ (IP) i.e. for prisoners to self-administer, UNLESS the standard risk assessment that each person undergoes deems this is not suitable.
- 3.2 The assessment is designed to inform the decision making process. The final decision on each medicine should be made following discussion with the prisoner with input from security where necessary and at the discretion of the pharmacist or GP, who retains responsibility for ensuring medication is prescribed and administered safely.

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- 3.3 The initial medication in-possession (IP) assessment will be performed prior to a patient being prescribed medication in HMP Chelmsford for the first time. This would generally be performed by the nurse during screening or GP while prescribing on the first instance.
- 3.4 In situations where an IP assessment is not present; ONE week's medication will be dispensed as In Possession by ensuring patient notes confirm patient is not on an ACCT and has no self-harm issues – while the risk assessment is being processed for medication which are Low Risk for In possession. For medications which are Medium to High risk – these will only be issued as Supervised administration. This assessment can be performed pharmacy staff or nurse.
- 3.5 Each question of the In Possession Risk Assessment should be answered. (See Appendix 1). The questionnaire will then provide information on suitability of the patient In-Possession status.
- 3.6 The template will automatically score the risk assessment and indicate the recommendation for the patient's in possession status.
- 3.7 Patients must sign the patient agreement (See Appendix 3). The person which can be a nurse or a member of the pharmacy team carrying out the assessment must make sure that the patient understands the agreement and their responsibilities. Use of translation services should be considered where appropriate.
- 3.8 A copy of the agreement must be kept in the patients' medical records (either as a paper record or electronically).
- 3.9 The patient's status of IP (either Not In-Possession, Weekly IP, or Full IP) from the initial assessment will remain unaltered until a new risk assessment, is deemed to be required (including review date) and cannot be changed without that documented re-assessment.

4. TRANSFER FROM OTHER PRISONS

- 4.1 Patients transferred from other prisons must be reassessed using the risk assessment in (See Appendix 2) prior to being prescribed medication. It must not be assumed that the results of risk assessments from other prisons are applicable to Chelmsford Prison (a transfer would indicate a change in circumstances that warrants re-assessment).
- 4.2 If the patient has arrived with their own medication – the medication will be assessed using (SOP CLPG13-MH – Appendix 11) for suitability of re-use and if appropriate will be issued to the patient.

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5. DISPENSING OF IN-POSSESSION MEDICATION

- 5.1 The Pharmacy team will confirm and provide guidance for the IP status of each medication prescribed by the GP's, Dentist or any Non-Medical Prescribers.
- 5.2 The Prescription will also have the IP status clearly marked for each medication dispensed.
- 5.3 The pharmacy Team is responsible to make sure a risk-assessment is checked prior to dispensing to ascertain any changes in circumstances and to ensure a valid IP policy is present on System ONE.
- 5.4 If an IP assessment is not available – dispense ONE week's medications and inform appropriate staff (nurses/ pharmacy team) to perform the assessment.
- 5.5 Where possible, medication will be dispensed in the manufacturer's original packs. Where this is not possible labelled, plain white boxes, standard dispensing bottles or clear Henley bags will be used. Inhalers, creams, ointments and eye drops will be labelled on the original container as well as the manufacturer's original pack.
- 5.6 Patient information leaflets will be supplied on the first dispensing and where possible thereafter.
- 5.7 The pharmacist may alter the IP quantity downwards (i.e. monthly to weekly, weekly to Supervised) if required in response to any prevailing circumstances. It is the responsibility of that pharmacist to ensure that the patient is referred for reassessment.

6. ISSUING WEEKLY/MONTHLY IN POSSESSION MEDICATION

- 6.1 On issue of the IP medication, the issuer will ensure that the electronic administration record on System ONE.
- 6.2 If after 3 days the patient still has not collected their medication, it will be returned to pharmacy. The prescription will be endorsed "did not attend" (DNA), and the GP will be informed and treatment to be reviewed.
- 6.3 Any medication that the patient misplaces for any reason will not be replaced other than in exceptional circumstances; an incident form must be completed and a record of the incident placed on System One. The patient's IP status should be re-assessed.
- 6.4 Any medication that is unused must be returned to healthcare (nurses / pharmacy team) staff that will document it on the electronic patient record and return it to pharmacy for destruction or reconciliation.

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- 6.5 If the prescription is changed in any way the patient must first return their supply before being issued with the new medication.

7. RE-ORDERING OF MEDICATION

- 7.1 Patients receiving Weekly / Monthly IP medication will be responsible for re-ordering their repeat medication using the appropriate form for the establishment. This should be received by Healthcare staff at least 7 days prior to the item being required.
- 7.2 The request should then be sent to the doctor to rewrite the prescription if appropriate.
- 7.3 Prescribers should make appointments for patients they feel should be seen for review prior to the prescription being rewritten.
- 7.4 Prescriptions should not be rewritten for more than 6 months without the patient being seen.
- 7.5 Any losses or suspicion of overly frequent requesting of medication must be reported by direct communication to the following area for review:
- Healthcare manager
 - Security Officer
 - Prescribers
 - Pharmacy
- 7.6 Depending on the cause of the lost medication this will involve a re-assessment of the risk, and if necessary a clinical incident report. The re-assessment can be performed by nurses or the pharmacy team.

8. RE-ASSESSING THE RISK

- 8.1 If there is any abuse of the In-Possession policy, then the patient will be removed from having the medication IP immediately and return to supervised issue of medication until they can be re-assessed.
- 8.2 Any changes in In-Possession status should be notified to security and security can request that changes the IP status (or request pharmacy to change the IP status on consultation with the prescriber) if relevant information affecting the safety of the current IP status becomes apparent.
- 8.3 As per section 2, it is the prescriber who retains responsibility for ensuring medication is prescribed safely and they therefore retain the final decision on IP status. This means the prescriber has the right to refuse or to down grade the in-possession status regardless of the assessment score if other information sources suggest this would increase medication safety.

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- 8.4 Further assessments should be undertaken after any incidents; if the patient's circumstances change; or otherwise when a member of security or healthcare staff believe it to be necessary (i.e. following the opening of an ACCT document). This assessment can be performed by the nurses or pharmacy team.
- 8.5 If the patient's IP status changes, the person carrying out the assessment must make sure that the pharmacy is aware of the change and the information is clearly noted in the patient's notes, on the prescription and on Systm One.
- 8.6 Patients assessed as requiring supervised medication administration should be reassessed on a regular basis to ensure they are returned to in-possession as soon as it is safe and appropriate to do so (except medication that is identified as HIGH Risk).

References

- Professional Standards for Optimising Medicines for People in Secure Environments. Royal Pharmaceutical Society February 2017

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Optimising%20medicines%20in%20secure%20environments/Professional%20Standards%20Secure%20Environments-edition-2.pdf?ver=2017-05-18-112406-223>
- Nice Guideline NG66 Mental Health of Adults in contact with the Criminal Justice System. March 2017 <https://www.nice.org.uk/guidance/ng66>
- Medication in-possession: *A guide to improving practice in secure environments* National Prescribing Centre, August 2005.
- A Pharmacy Service for Prisoners. Department of Health, 2003.
- Safer Prescribing in Prisons, Guidance for Clinicians, November 2011
- In Possession Risk Assessment SysmOne Clinical Template User Guide NEL Commissioning Support Unit 30/06/2017 Version 0.1

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Appendix 1: In-possession risk assessment

Direct Questions

Question number	Question	Risk level responses	Additional information
1	Are you taking any medicines that have been prescribed for you on prescription and do you take any medicines that you buy yourself?	No- go to Q4 Yes- go to Q2	This allows patient's not currently taking medication to still have an IP status recorded for potential future use
2	Before coming here, for example at home did you: a) Look after your medicines yourself? b) Take your medicines yourself?	Yes=0 No (for a and b)= High	Some people may have had carers who helped them manage. If no, record in free text who helped to inform medicines reconciliation or ongoing care
3	Do you have any problems understanding how to take your medication?	No=0 Yes=Medium	Ask about difficulties in reading labels, language issues, confusing instructions on when and how to take them.
4	Have you a problem with alcohol dependence or using illegal drugs? a) Now b) In the last 3 months	a) Yes= high b) Yes=Medium c) No=0	Pause assessment and check clinical notes and reception screen outcome
5	Have you had any of these problems with medicines now or had them in the last 6 months? a) Being bullied for or have you traded high risk medicines? b) Not taking, or remembering to take your medicines as prescribed? c) Not being able to collect your medicines yourself? d) Not being able to get medicines out of their containers	a)=Yes=Non IP b)=yes=high c) & d) =yes=medium	The question is split into different issues that raise the risk of safety for IP medication. Ask supplementary questions if necessary to explore the issue further. Record answer on the template. Refer to pharmacy of necessary to provide compliance aids or other support
6	In the last 12 months have you: a) Attempted suicide? b) Overdosed with medicines	a)=yes=very high b)= yes=very high No=0	Pause assessment to check clinical notes and reception screen outcome
7	Is the person on an ACCT Document?	Yes=High	Check ACCT policy. Person may not be non IP for all medications

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Professional Judgement

8	Is the person confused or disorientated?	Yes=High	
9	Do any of the following apply to the patient: a) Is this their first time in prison? b) Has there been a change in their custodial sentence e.g. license recall, long sentence, on remand or sentenced to murder or manslaughter c) Other life changing event?	a)=yes=medium b)-yes= high c)=yes=high	Questions can be posed to the person but equally a professional judgement can be made based on prison and clinical information
10	Has the patient understood and signed the IP compact/leaflet?	Yes=No score No=No score- local decision as to impact on IP	Print off compact and ask the person to sign. In the event they refuse to sign.....

Score Guide

Advised Scoring System:

0-9 = Full In Possession

10-19 = Consider Risks and Consider Weekly In Possession with Follow Up and Review

20+ = Not In Possession

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Appendix 2: Prescribing Guidance (This will have to be reviewed and agreed)

Not In-Possession
Controlled drugs (Schedule 2 and 3) Benzodiazepines Tramadol Gabapentin Pregabalin Zopiclone / Zolpidem Codiene (And Codiene Based Products)
Medium risk drugs (weekly)
Antidepressants Anti-epileptics Antipsychotics Tricyclic antidepressants (e.g. Amitriptyline) Corticosteroids NSAIDs Paracetamol – prescribed for acute conditions. Insulin pre-filled pens Lithium Methotrexate Promethazine
Examples of drugs considered low risk (Weekly or monthly)
All other medications

Appendix 3 – Medication Compact



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CLIENT AGREEMENT

- I have read the information above and agree to behave as this compact requires
- I have had the opportunity to ask the healthcare staff any further questions in order for me to fully understand the prescribed treatment in full
- I consent to the use of any medication that has been prescribed for me
- I must not give or sell my medication to others, medication lost or stolen will not be replaced.

Signed _____

Witnessed by:

Name _____

Signed _____

Date _____

Name _____

Prison Number _____

Date _____



HMP CHELMSFORD
200 SPRINGFIELD PARK HILL
CHELMSFORD
CM2 6LQ


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As a condition of receiving medicines, you are required to read this booklet and sign that you agree to the conditions.

If you conceal medicines given to you or are suspected of concealing, this will be reported to prison officers.

MAKING A
DIFFERENCE
FOR YOU,
WITH YOU

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MEDICATION COMPACT

- A valid ID card must always be shown to healthcare staff when collecting medication. **NO I.D WILL MEAN NO MEDICATION GIVEN TO YOU AT THAT TIME**
- There is zero tolerance to abuse. If you abuse staff verbally you risk NOT receiving your medication.

SEE TO TAKE

1. Patients on see to take medication will be given and are required to drink a cupful (200ml) of water after their daily dose
2. Failure to show that your mouth is empty afterwards, and you have taken your medicine is a breach of this agreement. The doctor will be informed and your medication could be stopped or an appropriate substitute may be prescribed
3. Medication will only be issued to the patient on the date the medication is due and during allocated treatment times
4. Patients must be aware that if they do not pick up their medication at the allocated treatment times and choose to attend other activities, then that dose of medication will not be given, in the interests of patient safety and security
5. If healthcare staff believe medications are not being taken correctly, or are being sold or distributed in any way then you may be reviewed by the medical team and your medication stopped
6. The use of drugs that have not been prescribed is a breach of this contract
7. All methadone mixture will be administered as sugar free liquid.

BUPRENORPHINE

1. You will be given a small amount of water before you are given your buprenorphine
2. All buprenorphine tablets will be crushed and you will be given it to put under your tongue as is normal practice within prisons
3. Your mouth will be examined before you take your buprenorphine and after the taking of your medication
4. You will be given and required to drink a cupful (200ml) of water after taking crushed buprenorphine
5. If a patient is suspected of not taking his buprenorphine tablets and/or giving it to someone else, then the patient will usually be converted on to a methadone regime.

IN-POSSESSION

1. Medication will only be issued to the patient on the date the medication is due and during allocated treatment times
2. Medications should be taken as prescribed on the label
3. All medication must be stored in the containers it's given in, removing the labels means medication could be removed by wing staff and deemed to be illicit and subject to further action
4. Any unwanted or unused medication must be returned to a member of the healthcare team, and not stored in the cell.
5. Medication must be collected on a regular basis (weekly/monthly) if not, the doctor will review treatment and may cancel the prescription
6. Non-compliance with the in-possession policy could result in daily collection or see to take.