

Helping prisons give most patients responsibility for their own medicines

Most prisons in England and Wales have a policy whereby patients are responsible for their own medicines, but there has been no standardised framework until now. **Hannah Pike** examines how new guidelines will help prisons develop good practice

Over two years ago HM Prison Service and the Department of Health published "A pharmacy service for prisoners", outlining recommendations to improve pharmacy services in prisons in England (*PJ*, 12 July 2003, p37). One of these recommendations stated that people in prison who are using medicines should normally, and as a matter of principle, keep their medicines in their own possession.

This week the National Prescribing Centre has published a guide to help those responsible for implementing local policies in England and Wales to comply with this recommendation. Commissioned by Prison Health, the guide outlines the benefits to both patients and staff when patients take responsibility for their own medicines (referred to as "medication in-possession") and explores the practical issues that must be considered in a prison environment.

"Medication in-possession is not a new concept," says Annie Coppel, director of publications and corporate governance at the NPC. "A survey carried out by the Prison Service and Department of Health in 2003 found that the vast majority of prisons in England and Wales had some kind of medication in-possession policy in place. The problem was that the prisons were adopting a negative approach to patients keeping hold of their medicines."

She explains that instead of it being routine for patients to hold and administer their medicines, unless considered inappropriate following a risk assessment, prisons were gen-



Different types of prisons face different challenges when designing new policies

erally not allowing patients to hold their own medicines, unless an assessment had determined that they could.

She explains that the NPC guide aims to help local prisons and primary care trusts work together to reach a position where most patients normally hold and administer their medicines.

Ms Coppel explains that while developing the framework the NPC carried out a survey of 138 prisons in England and Wales in spring 2004. Of the 54 per cent of prisons that responded, 77 per cent already had an approved policy in place for prisoners to be in possession of their own medicines and 19 per cent were in the process of developing one.

"Some prisons are much further down the road than others," she says, "and it is clear that more support is needed to help some make a start, and others to make further progress. Our guide aims to help them at whatever stage they are at with

medication in-possession." She adds that most of the prisons that responded were approaching the issue from a negative rather than the positive default direction.

"A pharmacy service for prisoners" stated that for effective and efficient patient care the level of risk needs to be correctly identified, assessed and managed more positively. Medication in-possession will help patients to get the most of their medication, to understand what they are taking and why," she says.

Due to the nature of the prison environment, the risks of suicide, self-harm, bullying and abuse must be considered. However, benefits of medication in-possession have been shown to outweigh the risks, as long as the risks are properly managed (see Panel).

Risk assessment

"A pharmacy service for prisoners" recommends that each prison should have a policy and risk assessment criteria, developed through the drug and therapeutics committee, for determining on an individual basis when medicines and related devices may not be held in the possession of the patient.

According to Ms Coppel, the risk assessment is a key element of a successful medication in-possession policy. She emphasised that, as well as being robust and appropriate to both the patient and the environment, the assessment must be ongoing. "An event like a prisoner receiving some bad news could be enough to change the risk assessment that means it would no longer be considered safe to allow them to be responsible for their medicines," she said.

There is currently no validated risk assessment tool that would meet the needs of the populations of the different categories of prisons. Ms Coppel explains that the drugs and therapeutics committee is responsible for developing the risk assessment criteria under which medicines may not be held in the patient's own possession, and each prison will be able to use these criteria to develop a tool adapted to the individual environment.

The guide acknowledges that additional considerations may need to be taken into account depending on the type of prison. In local prisons patients tend to be less settled and less well known to staff because they have high levels of transfer. The guide says that extra care may be needed when introducing medication in-possession to patients in these establishments, although there may be more stable wings where staged implementation may be possible.

Benefits for patients in prison

The National Prescribing Centre's guide outlines the potential benefits for patients in prison when they have responsibility for their own medicines. These include the following;

- Being able to take an active role in managing their own care in prison and on discharge
- Being able to use medicines and associated devices at the appropriate time
- Improved contact and partnership with health care professionals
- Increased access to education and counselling about their condition and medicines
- Improved concordance with advice and medicines
- Reduced likelihood of missing doses on transfers, court visits or on release
- Improved health and better management of long-term conditions
- Reduced time spent in queues at treatment times where other prisoners can see what medicines are being supplied which may increase patient vulnerability and bullying

Women's prisons tend to have a high proportion of patients with mental health problems and a history of self-harm, and in juvenile establishments issues of consent must be considered.

The NPC's guide provides advice on the development of tools for risk assessment, such as involving all staff who will be using it in its development, and linking up with establishments of similar type to share practical experience and learning.

Another factor to consider is those medicines that are less suitable for in-possession use, as some are more toxic and prone to misuse than others. "Medicines are perceived as currency in prisons," Ms Coppel explains, "and issues such as bullying and patient confidentiality need to be carefully considered."

However, many prisons use local formularies for their preferred choice of medicine within a class, and the National Institute for Health and Clinical Excellence guideline on self-harm advises prescribing the drugs least dangerous in overdose that remain effective.

Developing a local policy

When developing a local policy for medication in-possession the guide recommends that consideration is given to the following factors.

How prison pharmacy is progressing in Wales

There are four state prisons in Wales; Cardiff, Swansea, Usk and Prescoed, and one private prison, Parc prison in Bridgend. Cardiff prison provides the pharmacy services for Usk and Prescoed prisons via a satellite service.

According to Dana Tait, principal pharmacist at Cardiff prison, publication of "A pharmacy service for prisoners" greatly improved awareness of prison pharmacy in Wales, especially among pharmacy staff in other fields of the profession. However, she is disappointed that things have not moved forward as rapidly as they might have done. "It has been two years since 'A pharmacy service for prisoners' advised prisons to develop a network of regional leads," she points out, "and Wales still has not got a professional pharmacy lead for prisons."

She says that despite there being "blanket" representation in the Welsh Assembly, there is not one regional lead to attend the pharmacy development meetings in England. "A lot of work is under way and ongoing but each prison is doing their own thing with little co-ordination," she explains.

Rowena Williams, prison health care project co-ordinator at the Welsh Assembly Government, points out that "A pharmacy service for prisoners" has not been formally adopted in Wales. She said that although Wales was consulted on the document and the principles are broadly accepted, it could not be implemented as it was written in an English context. She says that the chief pharmaceutical officer for Wales has commissioned a review of prison pharmacy services in Wales that will be looking at, among other things, professional leadership issues. She says that although they are working in tandem with England on prison health services, the direction and speed of travel will depend on the other priorities of the WAG for health in Wales.

Medication in-possession, however, is an area with which Cardiff prison is familiar. Miss Tait says that Cardiff prison has had a medication in-possession policy for over 10 years, and that every prisoner looks after their own medicine by default, unless there is a reason to the contrary. "A survey we carried out in January showed that 58 per cent of prescriptions issued for residents of Cardiff prison were written for in-possession," she says. "A local prison such as Cardiff, with a high turnover of residents, should be able to reach a level of 70 per cent." She hopes that the NPC framework may help to improve these figures. "The framework will hopefully provide more uniformity to what the prisons are doing independently," she says.

Medicines management For the past seven months Miss Tait has also been running a medicines review clinic at the prison, funded by the Welsh Assembly Government. Miss Tait designed the project together with a pharmacist from Cardiff Local Health Board, and has reviewed 40 patients since January. She explains that patients were identified for review by their prescriptions to ensure that, for example, patients with depression were treated in accordance with NICE guidelines. "Patients were initially reluctant to attend," she says, "but the feedback we have received shows that they found the service useful and would recommend it to others. Feedback from nursing and medical staff was also positive, and one doctor said that it he thinks the service has adds an extra safety aspect to patients' medicines."

Miss Tait hopes that these results will help the service to be commissioned by the LHB.

Steady progress in Scotland

Sandra Hands, project manager, nursing services review at the Scottish Prison Service Headquarters, explains that since the drugs and therapeutics committee launched "A protocol for in-possession medication" in 2000, it has been mandatory for all 15 Scottish prisons to have a medication in-possession policy.

Before this many prisons had their own informal arrangements and Ms Hands believes that good communication between the prisons and the sharing of ideas has helped them to establish their national policy.

Ms Hands has just completed a new survey showing that 75 per cent of patients in Scottish prisons currently have responsibility for their own medicines. Taking into account excluded medicines (eg, methadone, dihydrocodeine, opiate-based analgesics) and patients who are not suitable for medication in-possession, a figure of 80 per cent should be achievable. Ms Hands says that there has been no evidence of bullying triggered by the policy and that no prisoners have used their own medicines to commit suicide, although there was one case of accidental overdose. "The policy gives patients more responsibility for their own health care and helps them understand how to take their medicines when they are released," she says.

Although patients in prison in Scotland are currently assessed for suitability to look after their own medicines case-by-case, Ms Hands says that they would eventually like to see patients have responsibility by default, as proposed in England and Wales.

Pharmacy services are delivered somewhat differently to prisons in Scotland in that they are all contracted to Alliance Pharmacy, and mainly supplied from a central dispensary (*PJ*, 30 March 2002, p427). Ms Hands says that last month Alliance Pharmacy had its contract with the Scottish prisons renewed for another five years.

Duration of supply The amount of medicine supplied to a patient will vary depending on both patient specific issues and medicine specific issues. For example, the length of a course of antibiotics will depend on the condition being treated. For new arrivals to the prison, a

shorter supply may be more appropriate, and a follow up is needed to assess compliance and remove any surplus medicines.

Storage of medicines Patients in single cells can generally ensure their cell door is locked when they leave, but patients who share a cell may be anxious about leaving their medicines unattended. Some prisons have provided lockable cupboards in shared cells, although this has implications for extra workload for staff conducting cell searches. The risk of prisoners holding keys also needs to be considered.

Patient agreement The principles of the medication in-possession policy need to be clearly explained to patients and their agreement must be obtained. A policy should be in place for managing patients who abuse the privilege.

Other factors to be taken into account include medicines packaging, patients being transported elsewhere (eg, being escorted to court), and the relationship of a medication in-possession policy to other medicines management policies.

A system for the management of any critical incidents also needs to be in place. To help to improve the quality of the service continually, the guide states that audit should be an integral part of the policy, and that the findings should be shared.

Ms Coppel says that the NPC will be inviting pharmacy leads and other key personnel to a conference in November to discuss the challenges that may face the prison service in implementing medication in-possession in different categories of secure environment.

"Medication in-possession: a guide to improving practice in secure environments" can be accessed via *PJ Online* (www.pjonline.com/links/pj).

Original paper, p232
Article, p234