

Policies, Procedures, Guidelines and Protocols

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3	October 2018	Update to include new in-possession risk assessment tool
4	May 2022	Movement of medicines from red to amber Patient Information Leaflet updated Medication Compact updated
5	January 2024	Revised medications in RAG rating list. Patients on weekly in-possession require more regular review

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1 Introduction

Pharmacy service for Prisoners (DOH 2003) outlines how pharmacy services should be provided to patients in prisons to ensure they receive the same standards of care to that in the community.

The document states that “Medicines in use, together with associated monitoring and administration devices should normally, as a matter of principle, be held in the possession of prisoners, unless there are clearly identified individual factors why this should not be the case.”

Each prison should have a policy and risk assessment criteria developed by the local prison Medicines Management Governance Group for determining on an individual basis when medicines and related devices may not be held in the possession of prisoners.

The aim is to move towards prisoners being responsible for their own medicines. Historically there have been concerns amongst the prison service that in possession medication can lead to suicide, self-harm, trading and abuse. This has led to a high percentage of medication being given supervised at the medication hatch.

1.1 Benefits for patients receiving medicines in possession

- Improvement in the continuity of care
- Promoting responsibility for their medicines and self-care (supports rehabilitation)
- Patients are able to take their medication at the appropriate time.
- Improved medicines concordance (patients may not be able to attend the hatch due to visits, court, work)
- Reduced nursing time spent at the medicines hatch.
- Better management of long-term conditions through better use of nurse time.
- Improved nursing job satisfaction
- Improved staff retention.
- Reduced likelihood of omitted doses during transfer between establishments.
- Reduced risk of error by reducing medicine handling and reduced pressure at administration times.

2. Purpose

This In-possession policy outlines all the aspects of in-possession medication at HMPYOI Stoke Heath with the aim to increase the number of prisoners receiving their medication in possession allowing the benefits outlined above, whilst reducing the risk of medicines abuse and harm to prisoners.

The risk can be minimised by following a robust risk assessment for both the individual patient and the medication being considered for IP as outlined in this policy.

Exceptions to the policy where clinically appropriate are discussed at the multi-disciplinary Safer Prescribing Meeting

3. Definitions

IEP – Incentives and Earned Privileges' scheme is a form of discipline used in prisons. There are 3 levels: Basic, Standard and Enhanced. Prisoners are awarded privileges for work and good behaviour, and they are also taken away for bad behaviour.

IR – (Incident Reporting) any incidents relating to suspicious behaviour will be recorded on the prison computer. This will be reported to healthcare staff during the staff handover and recorded in the handover book.

MDT – (Mandatory Drug Testing) carried out on prisoners to check if any illicit substances have been taken.

MPFT – Midlands Partnership Foundation Trust

Open ACCT – (Assessment Care in Custody and Teamwork) would indicate an increased risk of self-harm or suicide by the prisoner.

SCHT - Shropshire Community Health NHS Trust

SystemOne – the computer programme used nationwide by HM Prisons for the patient's electronic health record, prescribing and administration.

4. Duties within the Organisation

Shropshire Community Health Trust Medicines Management team in conjunction with Prison Healthcare will be responsible for ensuring that the policy is up to date in regard to the risk assessment criteria of the in-possession policy. Prison Healthcare will ensure that training is included in the induction packs for new members of staff.

NHS West Midlands Region SystemOne user group are responsible for the reviewing the risk assessment tool on SystemOne on a regular basis.

4.1 Healthcare manager at HMPYOI Stoke Heath

Is responsible for ensuring that all staff involved in the assessment of patients for IP medications have completed the relevant training and are made aware of the contents of this policy.

4.2 Clinical staff

Must ensure they have read the contents of this policy, and follow the correct procedures as outlined in this policy.

5. Assessing the suitability for a patient to have their medicines in possession

5.1 Initial risk assessment

An "in-possession medication" information leaflet (see Appendix 1) should be provided to patients on arrival in Reception. This explains what their responsibilities are, what the staff responsibilities are and what will happen if they break the rules as outlined in the medicines compact.

A qualified healthcare professional will complete the electronic IP risk assessment tool on SystmOne as part of the initial reception process within 24 hours of the prisoner's arrival. (See Appendix 2)

The responses to the questions are recorded on to the electronic patient record on SystmOne. The IP assessment tool will make a recommendation based on the answers given. The nurse must then make a professional decision as to whether the patient is suitable for medication to be given IP depending on the answers given on the risk assessment tool, and information obtained from the patients SystmOne record relating to overdose, trading and concealing medication.

In possession risk assessment advised scoring system:

- 0-9 = Full in-possession (28 days IP)
- 10-19 = Full in-possession (28 days IP) however consider the risks and medication RAG rating. Weekly IP medication trial can be issued if needed with follow up and review.
- 20+ = Not in possession

The nurse should also add the date for the next review. The in-possession risk assessment tool will recommend re-assessment in 6 months; however, this can be altered if necessary. The IP status will be recorded for that patient as either Not suitable for IP or suitable for 28 days IP. The IP status can be seen easily by the prescriber and will appear on the custom script for checking by pharmacy staff.

All risk assessments must have an expiry date. This should not exceed 12 months in length. Patients on weekly in-possession should be reviewed more regularly.

If the patient is deemed unsuitable for IP medication the healthcare professional must indicate whether this is permanent or when the risk assessment is to be reviewed. This is to be recorded on Page 2 of the Risk Assessment Tool under "New Recall".

If the patient is suitable to have medication in his possession, then the nurse undertaking the risk assessment must ensure that the Medicine compact agreement is signed by both parties during the reception process.

If the patient has learning or literacy difficulties, or English is not his first language, particular care will be taken by the staff to explain the contents of the agreement to the patient with due regard for the guiding principles of the mental capacity act. The form should only be countersigned when the member of staff is satisfied the patient understands what they are signing.

The signed medicines compact must be scanned onto the patient's electronic record on SystmOne for all clinicians to refer to.

Pharmacy and nursing staff must not supply medication to the patient on an IP basis unless there has been a risk assessment carried out in the last 12 months showing that the patient is suitable to have medication IP and there is a signed medicine compact scanned on to the patient's electronic record.

An **exception** can be made in the case of creams, inhalers, eye drops and short courses of antibiotics to aid effective use. The risk of harm and abuse potential for these products are minimal.

Failure to comply with the medicine compact will result in a further IP risk assessment and the healthcare staff member must decide on appropriate actions from one or more of the following:

- Prisoner no longer permitted to have medicines IP
- Adjudication
- IEP warning

This should be recorded in the staff observation book, the wing “log book” and the prisoners SystemOne journal.

5.2 Subsequent risk assessments

The person’s suitability for having medication IP must be reviewed on a regular basis and at a minimum, every 12 months (more frequently for patient’s on weekly in-possession). All staff associated with the patient can contribute to monitoring and record any medication concerns in the patient record. If there has been any change in circumstances which may alter the IP risk, then an IP risk assessment should be completed, and the outcome of the review recorded on patient record on SystemOne.

Changes in circumstances that would trigger an IP risk assessment review within the 12 month period would include:

- Change in cell mate
- Patient confined to the Segregation Unit (SRU).
- Patient found to be under the influence of New Psychoactive Substances (NPS).
- Patient self-medicating with prescription medication that is not prescribed for them.
- Patient found to be “trading” medication
- Patient found to be diverting or concealing medication
- Patient who has had an ACCT document opened on them and may be at an increased risk of self-harm.
- Patients found to be taking medication incorrectly
- Patients who bully others for medication
- Patients who may be being bullied for their medication.
- Any SIR’s, IEP warnings or reported suspicious activity relating to medicines.
- MDT indicating illicit drug use.
- Patients with deteriorating mental health
- Patients struggling to manage their medication
- ACCT has been closed for more than 4 weeks
- Patient issues have been resolved

- Trial period on NIP medication for 2 months with no reported issues. Patient may be suitable for an increase to monthly IP depending on the medication.

It is the responsibility of all health care staff to initiate a medicine risk assessment for a patient after any incident relating to the medicines or any incident that may alter the patient's state of mind making them more vulnerable to medicine risk.

Information about incidents occurring in the prison, which may influence a patient's suitability for IP medication on security grounds, will be forwarded to the healthcare by means of incident reports (IR's).

IR's reported relating to the patient's medication will be recorded in the staff handover book and the task of recording the information on the patient records and updating the risk assessment should be allocated to a member of staff.

Any problems relating to a medicine must be entered in the patient's SystemOne journal under the Read code "Medication Concern."

5.3 Medicines NOT suitable to be prescribed IP.**Red – High Risk**

Drug group	Specific Examples	Reason
Controlled Drugs	Morphine Concerta Tramadol Pregabalin Gabapentin	Traded
Benzodiazepines	Diazepam	Traded
Anti-coagulant medication	Warfarin	Dangerous in overdose and Patient compliance
Z drugs	Zopiclone	Traded
Lithium	Priadel	Dangerous in overdose and Patient compliance
Anti-arrhythmic	Digoxin Amiodarone	Dangerous in overdose
Anti-malarial	Quinine	Dangerous in overdose
Anti-psychotics	Quetiapine Olanzapine	Traded (can be weekly IP to improve compliance, on Psychiatrist advice)
Anti-psychotics	Clozapine	Patient compliance
Disease Modifying Agents	Methotrexate	Dangerous in overdose
Detoxification Medicines	Chlordiazepoxide	Traded
Others	Lactulose Hyoscine	Abused – to make hooch Abused

5.3.1 Medicines considered suitable for IP with caution.

Limited quantities may be advised. Monitoring of compliance will be needed in the form of cell checks. Reassessment of risk MUST be completed every 6 months.

Amber – Moderate risk

Drug/Drug group	Specific examples	Reason
Non-opioid analgesia	Nefopam (Max 7-day IP) Paracetamol (max 32) Ibuprofen (max 24)	Dangerous in overdose
Compound analgesics	Co-codamol 8/500 (max 32)	Dangerous in overdose
Opioid analgesics	Co-codamol 30/500 Dihydrocodeine (DHC) Codeine Co-dydramol	Traded (Max. 7-day IP)
Anti-coagulants	DOACs	Dangerous in overdose
Muscle relaxants	Baclofen	Traded (Max. 7-day IP)
Tricyclic Anti-depressants	Amitriptyline	Dangerous in overdose (Weekly IP – toxicity starts at 3MG/KG)
Anti-epileptics (including neuropathic pain)	Carbamazepine	Moderate risk in overdose consider weekly IP
Iron Salts	Ferrous Sulphate	Dangerous in overdose- consider weekly IP if needed
Anti-depressants with abuse potential	Mirtazapine	Traded
Antidepressants with concern in overdose	Venlafaxine	Moderate risk in overdose
Theophylline	Slo-phyllin	Moderate risk in overdose (weekly IP)
Insulin	Novorapid or Trurapi Lantus or Semglee Toujeo Levemir	Dangerous in overdose (swap an empty pen for a full pen) Ensure patient fully understands treatment regime
Sedating antihistamines	Chlorphenamine Promethazine	Abused
Hepatitis medication	Epclusa, Zepatier, Mavriet	Cost
Anti-viral	HIV medicines	Cost

5.3.2 Medicines considered low risk and safe to give as IP as long as the prisoner is able to manage medication as indicated in the risk assessment tool.

Green – Low risk.

Drug/Drug group	Specific examples
Topical and External preparations for the ear, nose, throat and skin	Hydrocortisone cream Sodium Cromoglycate Eye drops Emollient creams
Short courses of Antibiotics	Amoxicillin Flucloxacillin Clarithromycin
Food Supplements	Colecalciferol (Vitamin D) Vitamin Capsules
Medicines on the Homely Remedies List	Gaviscon tablets Loperamide
Non-sedating antihistamines	Loratadine Cetirizine
Medicines for acid suppression	Omeprazole Lansoprazole
Inhaled preparations	Salbutamol inhalers Clenil inhaler
Drugs for Cholesterol reduction	Simvastatin Atorvastatin
Short courses of Corticosteroids	Prednisolone tablets
Anti-viral	HIV medicines

5.4 Prescribing In-possession medication

Prescribers must check that the patient has a valid IP risk assessment showing the suitability to have his medicines in possession before prescribing medicines in possession. Exceptions can be made for eye drops, inhalers and creams that would not be suitable for administration at the medicines hatch.

The prescriber must reassess the risk each time they initiate a newly prescribed medication which is highlighted as a drug causing potential harm.

If medication has been put on to a repeat template, the authorised prescriber will ensure that the current risk assessment is in date for the duration of the prescription. If there are any concerns about risk the prescriber must only prescribe a limited quantity of repeat medications and request a medication review appointment for the patient.

Prisoners must not be prescribed any more than 28 days' supply of in possession medication at a time.

If there are changes to a prisoners IP medication, prisoners should be asked to hand back the unwanted medication to healthcare staff for safe disposal when issuing the replacement. If the prisoner's IP risk assessment changes from IP to non IP, prisoners should hand back the IP medication to reduce the risk of duplicate dosing of the same medication.

5.5 Administering IP Medication

The decision to allow a patient to have medication IP will be made by a healthcare professional or healthcare assistant trained in medicines management, taking into account the recorded risk assessment of the patient and the drug prescribed.

6 Consultation

This policy was written with consultation of the following people:

Susan Watkins	Chief Pharmacist, Shropshire Community Health Trust
Jaskaran Sahota	Lead Pharmacist, Prison Services SCHAT
Helen Newton	Head of Healthcare
Wendy Sweeney	Clinical Senior Nurse Manager, HMPYOI Stoke Heath
Dr Pat Staite	Prison GP
Denis Kanu	Inclusion Pharmacist, MPFT

Ratification was undertaken at the Prison Medicines Governance Group January 2024

7 Dissemination and Implementation

The policy will be communicated verbally in staff handover. The policy will be available as a paper version in the "Policies" folder located in the nurse's office. An electronic version will also be available on the Shropshire Community Health Website under "Policies" in the Staff Zone.

IP risk assessment training must be included in the Induction Pack for new clinical staff.

8 Monitoring Compliance

An In Possession Audit will be carried out annually to check that every prisoner has received an IP risk assessment in the last 12 months.

A further audit could be carried out using the “medication concern” read code to check that this has triggered a subsequent IP risk assessment.

All healthcare staff involved in the administration of medicines will check before administration that an appropriate risk assessment has been carried out and medicines are suitable to be given to the patient in possession.

9 References

1. Department of Health, 2003, A Pharmacy Service for Prisoners
2. National prescribing Centre (NPC), 2005, Medication in Possession. A guide to improving practice in Secure Environments.
3. West Midland In Possession Risk Assessment Tool, 2015
4. Toxbase – The primary clinical toxicology database of National Poisons information Service

10 Appendices

1. In possession leaflet – to give to prisoners on arrival.
2. In possession risk assessment (electronic version available on SystmOne)
3. Medication compact – to be signed by patients and scanned on to SystmOne

Appendix 1

A copy of the embedded leaflet should be provided to all new prisoners by the Healthcare Team



Prison Leaflet
Version 2 May 2022.

Appendix 2

West Midlands Medication Risk Assessment Tool on SystmOne

Questions to be asked	
1. Are you taking medicines that have been prescribed for you on prescription or Do you take any medicines that you buy yourself?	
2. Does the patient have a problem with alcohol or using drugs?	
3. Has the patient had any problems in the last 12 months with bullying or trading medicines?	
4. Has the patient had any problems in the last 12 months with not taking or not remembering to take their medicines as prescribed?	
5. Has the patient had any problems in the last 12 months with not being able to collect their medicines?	
6. Has the patient had any problems in the last 12 months with not being able to get their medicines out of containers?	
7. Has the patient self-harmed or attempted suicide in the last 12 months?	
8. Has the patient overdosed with medicines in the last 12 months?	
9. Does the patient have an open ACCT document?	
10. Is the patient confused or disorientated?	
11. Is it the patient's first time in prison?	
12. Has there been a change in their custodial sentence? (e.g. licence recall, long sentence to serve, murder or manslaughter charge)	
13. Other recent life changing event?	
Date of assessment	

In possession risk assessment advised scoring system.

0-9 = Full in possession

10-19 = Consider the risks and consider weekly in possession with follow up and review.

20+ = Not in possession

- Monthly IP
- Non IP

If you have issued an IP status outside of the guidance, then give reasoning in the box.

Date of re-assessment (within 12 months)	
Assessor Name/Signature:	
Assessor's designation	
Date	

This assessment is only a tool to aid decision making as recommended in Paragraph 8.3 of "A Pharmacy Service for Prisoners". After risk assessment, where there is continuing doubt as to a prisoner suitability to have medication in possession, the final decision not to allow a prisoner to have medication IP lies with the prescriber.

Appendix 3

Medication Compact – The IP Agreement Form

I understand that during my period in custody at HMP Stoke Heath, I may have medicines issued to me either in my possession or administered by healthcare staff. The medication will be prescribed to me from a list of approved medicines for use in this prison.

I understand and agree to the following conditions:

1. I must show my ID card to the person administering my medication.
2. I will take or use my medicines according to the instructions given.
3. I will return medication I no longer need immediately to healthcare staff for safe disposal.
4. I will not attempt to store up medication
5. I will keep the medicine in the container in which it is issued.
6. I will not give my medication to any other person
7. I will take full responsibility for my medication and keep it in a safe place.
8. I will not tamper with my medicine in any way.
9. I allow nursing staff to carry out medication checks to see if I am taking my medication correctly.
10. If I am having any problems with my medication, I will let a member of health care staff know as soon as possible.
11. I understand that I am responsible for ordering medication in my possession every month and will allow 5 working days for this to be processed.

I understand that if I do not follow these conditions, my prescription will be reviewed and my medication may be stopped. In addition, I may not be allowed medication in my possession and disciplinary action may be taken.

I have read and/or had had an explanation of all the above conditions.

Patient Name: _____

Prison Number: _____

Patient Signature: _____

Staff name: _____

Signature: _____

Designation:

Date:

