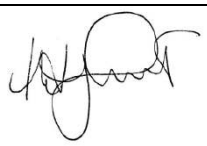
Medicines Possession Policy
Policy and Procedures for Managing Medicines Possession in HMP Birmingham

Policy number and category	**C7**	**Clinical**
Version number and date	**6**	**August 2021**
Ratifying committee or executive director	**Prison Clinical Governance Committee** **BSMHFT Clinical Governance Committee** **BCHC Clinical Governance Committee**	
Date ratified	**February 2021** **August 2021 - Minor amendment to appendix 2a. Removal of Gabapentin and Pregabalin from the amber list and removal of 9 questions from appendix 5, as this figure now varies.** **March 2022 - Minor amendment to appendix 2a. Tricyclic antidepressants and venlafaxine added to the red list**	
Next anticipated review	**February 2024**	
Executive director	**Medical Director**	
Policy lead	**Head of Prison Pharmacy**	
Policy author *(if different from above)*	**Head of Prison Pharmacy** **Prison Clinical Lead Pharmacist** **Chief Pharmacist, BSMHFT**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

The Medicines Possession Policy defines the policy and procedures to be followed for the prescribing, dispensing and supply of medicines that are authorised for in possession use by residents within HMP Birmingham. The policy states that all residents prescribed medication must have a valid risk assessment.
The policy risk assesses medicines into different categories

Policy requirement (see Section 2)

This policy aims to incorporate RPS Professional Standards for optimising medicines for people in secure environments, NICE Guidelines, CQC, HMIP, Health Needs Analysis and Death in Custody recommendations. This policy shall continue to be reviewed to ensure the safe and effective provision of medication for residents in HMP Birmingham.

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1: Introduction:

Rationale:

- A Pharmacy Service for Prisoners, HM Prison Service/DH 2003 issued as Prison Service Instruction 028/2003, defined how pharmacy services were to be provided to patients in prisons. It set the direction, through a number of recommendations, for the development of more patient-focused, primary care-based pharmacy services based on identified need, which support and promote self-care.
- Recommendation 5 of this document states: 'Medicines in use, together with associated monitoring and administration devices, should normally, as a matter of principle, be held in the possession of resident. 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 a resident.'
- The Second edition of the Royal College of General Practitioners Secure Environments Group Safer Prescribing in Prisons, Guidance for Clinicians was published in January 2019. This document also recommends that people in prison and other places of secure detention have been encouraged to have their medicines in their possession to enable them to take an active role in managing their healthcare, and for this to continue when they are released. The Royal Pharmaceutical Society (RPS) standards describe the expectations for implementing in-possession which include that the ability for people to have medicines in-possession is underpinned by:
    - An assessment of the person to establish whether it is safe for them to have medicines in their possession – fully completed on admission/transfer and reviewed during the person's time in prison as needed.
    - A list of specific medicines, for example Controlled Drugs, plus other medicines agreed locally, that are restricted and not provided as in-possession medicines, due to their risks of diversion.
- A national in-possession template for SystmOne has been designed to enable providers to complete the above assessment via a common in-possession risk assessment to meet the standard and implement the recommendations on in-possession in National Institute Clinical Excellence (NICE) guidance.
- It is advised that prescribers in secure environments follow the in-possession policy and procedures and accurately include the in-possession status of all medicines as they prescribe them. It is important that in-possession risk assessments are undertaken in collaboration with the prison and reviewed appropriately if a change in circumstance or risk is identified.

Scope

- This policy applies to **all** healthcare staff working in HMP Birmingham including visiting locum and contracted clinicians.

Principles:

- BSMHFT is committed to providing a safe environment of care and will ensure that there are systems and processes in place to ensure that clinical risks associated with the use of medicines are managed effectively within HMP Birmingham.
- The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

2: **The policy**:

- This policy aims to incorporate RPS Professional Standards for optimising medicines for people in secure environments, NICE Guidelines, CQC, HMIP, Health Needs Analysis and Death in Custody recommendations. This policy shall continue to be reviewed to ensure the safe and effective provision of medication for residents in HMP Birmingham.

- All newly appointed staff will receive training with respect to the Medicines Possession Policy during their local induction. Training will be provided to update and develop existing staff. Training must be repeated at least every three years.

- Throughout this Policy, certain specialist titles describe healthcare staffs who have defined responsibilities regarding the management of medicines. Only staff with contracts (or honorary contracts or employed through SLA or equivalent) of employment to work in BSMHFT or Birmingham Community Healthcare NHS Foundation Trust (BCHC) are recognised as having any involvement with medicines.

- Authorised Healthcare Staff - A member of staff who has, following training, been authorised by BSMHFT or BCHC to undertake specific duties in relation to medicines, e.g. medical and non-medical prescribers, pharmacy staff, registered nurses, nursing associates, support workers and healthcare assistants (HCA).

  This policy applies to all medicines and medicinal products used in HMP Birmingham. These include topical lotions, applications and medicated dressings.

3: The procedure:

PROCESS OF RISK ASSESSMENT, POSSESSION STATUS AND REVIEW

NHS England commissioned the creation of a national clinical template for In-possession Risk Assessments in the Secure Estate. This ensures the standardisation of healthcare delivery across the Secure Estate by ensuring clinical templates are aligned with NICE Guidance, HJIPs, QoF and other Key Performance indicators.

Please see links below for further reference guides, these guides were correct at the time of template initial approval:

NICE guidance
https://www.nice.org.uk/guidance/ng57/chapter/Recommendations

Royal Pharmaceutical Society

Professional Standards Secure Environments-edition-2.pdf (rpharms.com)

HJIPs Guidance and Quality Data Submission

Z:\HMP\Healthcare\Statistical Reporting\HJIP Performance Documentation

SEAT - IPRA template

Z:\HMP\Healthcare\Systm1\New Templates\National Clinical Template Support Documentation - USER GUIDES\In Possession Clinical Template User Guide v1.0.pdf

The risk assessment is designed to be used as part of the reception screening. It is a holistic tool which is used to assess the individual's capacity to have medicines in possession in general terms, not whether individual medicines are held in possession. The template only covers the assessment of the person's risk of having medicines in their possession. Prescribers will need to refer to local policies when prescribing individual medicines that have in-possession restrictions. (See section 6.1 and refer to Appendix 2a)

The IPRA forms part of the reception screening template. However it also stands as a template on its own and therefore can be used at any time, including if the IP status of the person needs to be reviewed, for example: if a patient is admitted or discharged from the healthcare wards or the Care and Segregation Unit (CSU); or if there is any abuse of this policy or the patient is on an open ACCT document.
(See appendix 3)

Please also refer to The NEL Commissioning Support Unit – SEAT In Possession Risk Assessment SystmOne Clinical Template user guide on the Healthcare Z drive or speak with your system administrator for further advice.

3.1 PRESCRIBING IN RELATION TO POSSESSION STATUS

It is primarily the responsibility of the prescriber to determine the recorded possession status for the individual patient is suitable for the medication being prescribed. The prescriber must ensure an IPRA (appendix 3) has been completed for the patient prior to initial prescribing. At Reception, the reception nurse or doctor must complete the IPRA template, as appropriate.

If the patients' circumstances change and/or the IPRA requires review, a Prescriber or nurse may review and complete the IPRA.

28 days in-possession supply is considered routine unless the risk assessment directs otherwise. See Scores below for direction.

3 days in-possession supply may be considered for weekend/night-time dose administration to avoid these medications being given too early due to the prison regime

The Medicines Possession List (appendix 2a), categorises medicines under a level of risk and are RAG rated.

Red medicines or medicines which are unsuitable for IP must be prescribed as supervised or not in-possession (NIP). These should never be prescribed as IP. Supervised medication should be prescribed for once daily administration (preferably in the morning), as appropriate. Exceptions will exist for short-term night sedation and twice daily doses e.g. diazepam detoxification regime.

Some drugs carry a very low risk, both to the individual and to the wider prison population (e.g. most antibiotics, emollient creams and most medication for minor ailment) and the prescriber may choose to authorise these products IP. Such medicines have been classified as "*Green*" medicines, which are suitable for IP in most circumstances. *Green* medicines can be prescribed for up to six months and issued with up to 28 days' supply.

Medicines which do not fall into the *green* or *red* categories are deemed "*Amber*" medicines and may be suitable for IP. For *amber* IP medicines, the prescriber may consider 3-7 day, 7 day or 28 day, depending on the IPRA and RAG rating of the medicine. If it is deemed the *amber* medicine should be prescribed as supervised, then again a once daily (preferably morning) administration dose should be prescribed, as appropriate.

Consider prescribing in possession where the required medication is listed on the automatic IP list (see appendix 2b)

Following completion of the IP RA, if a prescriber chooses to prescribe supervised/NIP *amber* or *green* medication; they must clearly document on the IPRA template the rationale for this decision.

A valid IPRA must exist for an individual patient in order to prescribe medicines, regardless of RAG rating (red, amber or green).

Actions following a Risk Assessment

The IPRA for a patient will have a score of:

0-9 - *Suitable for full in-possession* where a 28 day supply should be prescribed (unless listed in the red or amber category of The Medicines Possession List (appendix 2a) or other concerns are noted by the prescriber

10-19 Consider risks and consider Weekly in-possession if needed with follow up and review within 28 days, changing IPRA appropriately.

+20 Not suitable for in-possession. The IPRA for supervised (not suitable for IP) can have an exception added to it e.g.
Not suitable for in-possession but ok for green rated medication on appendix 2a. *This should be typed in the reason for action box of the risk assessment.*

When prescribing any medication (e.g. once only, acute, repeat) a read-coded indication should be used. Medicines should not be prescribed without a defined indication. The read-coded entry indication will appear in both the *new journal* and the *medication* screens on S1.

3.2 ASSESSING PATIENTS AT RECEPTION.

In reception, if a resident requires medication the prescriber must check or complete the IPRA (appendix 3) and refer to the medicines possession RAG rating tool (appendix 2a).

Refer to Section 6.1 and Appendix 2a the medicines possession RAG rating tool for exceptions, which include paracetamol, a maximum of two days' supply IP; and insulin.

All new residents arriving at HMP Birmingham will automatically be referred to the primary care secondary health screening clinic for the following morning.

For residents who are referred to the primary mental health team or the Birmingham Recovery Team (BRT) by reception will be screened no later than the following day by the respective nursing teams.

Residents with long term conditions and who have a good understanding of their condition it is considered that it is in the interest of the patient to be in control of their treatment and IP may be considered likely. Residents with long term diseases will be booked for either a routine GP appointment or referred to the appropriate chronic disease specialist/pathway, within a week of arrival.

3.3 PATIENTS OWN DRUGS

Patient own drugs (PODs) brought into HMP Birmingham by residents should be reviewed and recorded on SystmOne by the designated healthcare professional. Prescribed PODs may be returned to residents only if they are *Green* or *Amber* medicines in conjunction with a valid IPRA. Please note that broken seal creams, bottles of loose tablets/capsules, liquids, glass or flammable items should *not* be returned to patients. In exceptional circumstances, items may be returned to the patient at the discretion of the prescriber.

PODs may be administered when it is not possible to order from pharmacy and recorded as supervised administration on the prescription charts.

Prior to return or administration, all PODs in blister packs must be checked against the label, the container and prescription to ensure the medication is appropriate. (Refer to Medicines Code 2018.)

3.4 ASSESSMENT CARE IN CUSTODY AND TEAMWORK DOCUMENT (ACCT)

All patients with an open ACCT should have their IPRA and subsequently their medication reviewed. The prison is responsible for updating information systems on any changes regarding ACCTs placed on residents and ensuring healthcare is informed, as appropriate.
If a new ACCT is opened for a patient on IP medication, **all** medication must be retrieved and assessed by a prescriber.

The GP or Psychiatrist should be notified and all medicines should be reviewed and potentially prescribed as NIP/supervised, until a further risk assessment is completed.
The prescriber will give instruction whether a particular medication may be retained IP by the patient, i.e. medicines for use in emergency e.g. inhalers, GTN spray and Epipen's.
Radio Hotel 15 (primary care) must be contacted to remove any IP medication if this has not already been actioned.
All other medicines must be returned to pharmacy. Prison officers and healthcare staff can retrieve medication from residents.
See appendix 5 – When to complete and IPRA and flowchart.

3.5 SUPERVISED ADMINISTRATION ONLY AREAS

Patients in the Care and Segregation Unit (CSU) and the Healthcare Wards (H2 and H3) will usually have medication prescribed as supervised.
For self-administration or IP on CSU, H2 and H3 an appropriate risk assessment must be completed by the prescriber. This may for example include the supply of creams and inhalers. Creams in metal tubes may be decanted into plastic containers if this reduces risk.
When patients are prepared for discharge from the CSU/H2/H3 to general location, the prescriber should risk assess the patient with a view to potentially changing supervised to IP medication.

Orodispersible/liquid preparations are available and should be considered for H2 and H3, particularly for night time or patrol state administration.

3.6 REPEAT MEDICATION

Repeat medication may be prescribed on a repeat template on SystmOne for up to six months. Before the six month period has expired the patient should be booked for a pharmacy/GP medication review. Repeat medication will only be issued in conjunction with a valid IPRA, as appropriate. Patients should request their repeat or when required medication using either the electronic Kiosk on the wing, indicating resupply on their delivered prescription or via a *Pharmacy Request Form for Medication* (appendix 6).

Patients should allow for a minimum of three working days for their request to be furnished. Completed request forms should be placed in the Healthcare Application Form box, located on every wing, for daily collection by healthcare.

The healthcare induction pack contains information on how to access healthcare services and order medicines.

3.7 DISPENSING MEDICATION

Pharmacy will dispense medication for the patient population. Where possible, medication will be dispensed in original manufacturer packs, plastic bottles or cardboard boxes. Ideally the tablet form of a preparation will be dispensed instead of capsules. Out of Hours stock is issued where appropriate for when pharmacy is closed. Refer to the HMP Birmingham Medicines Code for further guidance.

3.7.1 Supervised medication

Stock medication for supervised administration by nursing and pharmacy staff, will be issued to the relevant wing/ward.

Non-stock or temporary stock will be named-patient and labelled as “non-stock”. Liquid/orodispersible and modified-release preparations will be dispensed to support the prison regime and the wards (H2 and H3).

3.7.2 IP Medication

IP medication will be clearly labelled with directions for use, the patient name, prison number and date of birth. Patients will be supplied with the complete course of medicine or with a patient pack for up to 28 days treatment at any one time, or in accordance with the IPRA.

3.7.3 PGDs, Homely Remedies and Minor Ailments

PGDs, homely remedies or medicines to be given for minor ailments can be issued in the absence of a prescription. A valid IPRA must exist prior to this issue. If there is a discrepancy with the IPRA, the approved registered healthcare professional may review and complete the IPRA, to support supply, as appropriate. These medicines are considered as green medicines, on the RAG rating (Appendix 2a).

PGDs and minor ailments medicines will be available for trained and authorised staff to administer using stock stored in the MEDI365 cabinets, according to local and Area Prescribing Committee (APC) minor ailment formularies.

3.7.4 Patient Information Leaflets (PIL)

Patient Information Leaflets will be supplied for all acute IP prescriptions, on the first dispensing of (weekly) repeats and where possible thereafter. Pharmacy can provide further copies should they be requested. When doses of medicines are changed by the prescriber and a request is detailed in SystmOne, Pharmacy can provide an additional PIL, when required.

3.8 DISTRIBUTING IP MEDICATION

When distributing medication to patients, ensure the patient is not on an open ACCT book. Refer to a Pharmacist or Prescriber if this is the case prior to handing out medication.
The patient's identity must be confirmed by inspecting their prison ID cards and verifying their name, prison number and date of birth. Where installed, biometric analysis should also be used to verify patient ID.
Due to COVID-19 it is not required that a signature is obtained by the patient for receipt of medication supplies. This will be reviewed as appropriate throughout the pandemic.

Pharmacy and nursing staff distributing medication will counsel patients on how the medication is to be taken to ensure concordance and compliance. New medication or dose changes will be explained to the patient with particular care being taken if the patient has learning or literacy difficulties, or if English is not their first language. If there is a change in prescribed medication, the old medication must be retrieved from the patient and returned to pharmacy before new medication is issued. Counselling points are usually indicated by a Pharmacist in the notes section of the prescription.

For IP Inhalers - only one inhaler will be issued to the patient at a time in exchange for a used/empty one, unless it is the first supply.

3.9 INJECTABLE (PEN) DEVICES

Insulin pens (and any other medication delivered in an injectable device) should be prescribed and dispensed as an original manufacturer's box (e.g. five insulin pens per box).

The pen devices will be labelled as stock with a space to insert the patient name, prison number and date of first use. The pen/device supply will be accompanied with an additional "*Injectable Pen/Device Issuing Record*" sheet; this should be used each time a new device is removed from the box for use.

For IP - only one pen/device will be issued to the patient at a time by a registered nurse in exchange for a used/empty one. Each time a pen/device is issued, the nurse and nurse performing the 2nd check of the pen/device must record the issue on the accompanying issue record sheet. The nurses must check that there is a valid risk assessment and prescription on S1 and partially administer each pen issued on the electronic S1 prescription chart. When the last pen/ device are given to the patient, the issuing record sheet should be returned to pharmacy.

For supervised administration of an injectable device, two nurses are required to sign and date the *issue record sheet* each time a new device is issued ensuring that there is a valid risk assessment and prescription on S1. Again, once the last device has been signed for the completed issue record sheet should be returned to pharmacy.

If a nurse identifies that there is not a valid prescription and /or risk assessment then the

prescriber should be contacted to re-write the electronic prescription.

A daily pen-needle exchange service through nursing staff should occur, allowing for safe use and disposal of sharps.

There is an out of hours (emergency) stock of injectable insulin pen devices located in primary care storeroom fridge. Each original container/box will hold individually labelled pens (labelled as out of hours stock), where the patient details can be completed. An issue record sheet will be placed with each original box and should be completed with appropriate patient details and two nurse signatures, when using this out of hours (emergency) stock supply.

3.10 URGENT IP MEDICATION

Urgent medication such as antibiotics or antiretroviral medication, or other items which the prescriber has requested for urgent delivery, will be highlighted as a hatch item for collection/delivery at the afternoon hatch and sent to Primary Care or BRT for administration.

3.10 TO TAKE OUT (TTO) MEDICATION

Patients to be released from HMP Birmingham require a minimum of 14 days' supply of medication. This quantity will be regularly reviewed throughout the COVID-19 pandemic and adjusted according to availability of community services, as appropriate. For patients who have less than 14 days IP medication or who are taking NIP medications, the prescriber must be informed and a TTO prescription requested.

Patients to be transferred to another establishment require a minimum of 14 days medication. For patients who have less than 14 days IP medication or who are taking NIP medications, the prescriber must be informed and a TTO prescription requested.

All TTO medication supplies must accommodate bank holidays.

Schedule 2 and 3 controlled drugs are also prescribed and dispensed on a TTO prescription for transfer/release or for court proceedings. Those patients on opioid substitute prescribing may be provided with a bridging prescription, which is redeemable in the community upon release, only if community services are disrupted due to COVID-19. FP10/FP10MDA are located on Ward 1.
Those patients under BRT, who are to be released, will be offered a TTO-Naloxone pack.

3.11 LOST, STOLEN AND UNUSED MEDICATION

Any reported lost or stolen medication must be reported to prison security, via a Security Intelligence Report (Mercury) as soon as possible and an investigation carried out. The loss will be recorded in the patients' medical record (SystmOne), monitored, and appropriate action taken. A BSMHFT Incident Report (Eclipse) form should be completed for those incidents with clinical consequence, as appropriate. If necessary, the IP status of the resident will be reviewed and medication may be prescribed as supervised/NIP or withdrawn. Bullying for medication of residents should be reported via both Mercury and Eclipse forms.

Any unused, unwanted or retrieved medication should be returned to pharmacy to be disposed of in the appropriate waste disposal unit.

3.12 SYSTMONE PRESCRIBING

All supervised/NIP prescriptions will be electronic and paperless, to allow for e-administration including controlled drugs.
Medicines can be prescribed supervised/NIP or IP and then as once only, when required, regular, variable dose, PGD, homely remedy or minor ailments (via the RAG rating of medicines – appendix 2a).

All approved medicines are available via the HMP Birmingham Formulary (in-built into S1). If the required medicine(s) does not feature on the approved formulary, a non-formulary note must be entered into the patient's records during the consultation. This should include disclosure of the use of an unlicensed medication/unlicensed use of a medication and understanding and consent of the patient to accept treatment.

All IP and TTO prescriptions will be prescribed on S1 as the valid prescription, with a paper order printed.

3.13 e-ADMINISTATION

All administration of supervised medication is electronic via S1, including CDs and depot injections. The paper administration chart is replaced by an electronic e-medication chart.

All IP medicines will be recorded on S1 as supplied. A partial supply can be given and documented for medicines e.g. insulin pens.

3.14 OUT OF HOURS (OOH)

For out-of-hours (e.g. via the Badger service), where prescriber access to S1 is not possible, a paper prescription and administration chart can be used. An entry onto S1 must be completed by the appropriate healthcare professional and the paper prescription/chart forwarded to a HMP prescriber as soon as possible. The paper prescription/chart can be used for administration until normal working hours resume. Within normal working hours the paper prescription can then be electronically prescribed, to cover the paper prescription/administration and a newly dated ePrescription. Any paper prescriptions must be scanned onto the S1 records.

For Salbutamol IP inhalers administered OOH- only one inhaler will be issued to the patient at a time in exchange for a used/empty one, unless it is the first supply. A record must be made on the accompanying Salbutamol issue record sheet. The nurses must check that there is a valid risk assessment and prescription on S1 and administer the inhaler on the electronic S1 prescription chart.

3.15 PATIENT NON-COMPLIANCE

An Eclipse form must be completed and a medication review undertaken to investigate understanding of compliance and concordance. If found to be intentional diversion of medication-

Residents found to be non-compliant with the Medication Compact, by claiming to have overdosed, possessing or taking medication that has not been prescribed for them or tampering with their own medication, should be recommended to prison staff to be placed on report, depending on the circumstances.

Any medication found on a resident where the patient name on the label is not that of the resident or where the contents do not match the drug name on the label should be treated as unauthorised. A check of the resident's medication record should ascertain whether it was prescribed for that resident. If it is not the resident's he should be placed on report, as outlined above. If it has been prescribed for the resident, he may still be put on report, if appropriate, for tampering with his medication.

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities
Executive Director	The **Executive Medical Director** is the identified Trust lead for Safe Medicines Practice. This role is supported by the functions of the Clinical Lead, the Head of Healthcare, the Chief Pharmacist (BMSHFT), the Head of Pharmacy (HMP Birmingham) and the Chair of Medicines Management Committee.
HMP Medicines Management Committee	The **MMC** will review medicines suitable for In-Possession (IP) administration as an annual review item. Medication suitable for IP supply within HMP Birmingham is based upon the SEAT Medication Status and In-Possession Risk Assessment (IPRA) and classified into a Red, Amber, Green (RAG) rating (appendix 2a) and automatic IP medication list (appendix 2b) There will be agreement on the classes of medication, by the MMC and ratified by the HMP Clinical Governance Committee
Policy Lead	The **Policy Lead** will initiate review of this policy every 3 years or sooner should an incident occur which requires a change to be implemented
Prescribers	Medical and Non-Medical Prescribers (NMP) are responsible for prescribing medicines for patients within the legal framework for medicines, the HMP Birmingham Medicines Code and this policy when performing these duties. It is the prescribers' responsibility to ensure an IPRA (appendix 3) has been completed for patients requiring medication, when considering prescribing.
Pharmacy	○ The Head of Pharmacy, HMP Birmingham, will be responsible for the Pharmacy service, ensuring that medicines are supplied in accordance with an appropriate IPRA. ○ Pharmacists are responsible for advising on the safe,

	effective and economic use of medicines. These responsibilities include advising registered healthcare professionals and support staff on possession status of medicines. ○ Pharmacy technicians and pharmacy support workers are responsible for ensuring IP supplies are delivered in a timely and appropriate manner and handed over to the nursing teams where delivery could not be completed. Pharmacy technicians must ensure that there is a valid IPRA completed whilst performing medication reconciliation. Where this is not completed a task must be sent immediately to the appropriate team for this to be carried out.
Nursing staff	All authorised nursing staff completing the first night screening template must fully complete the SEAT medication risk assessment within the template on SystmOne (S1). This includes asking the full set of risk assessment questions to obtain an at risk score.
All healthcare staff	All staff identifying a subsequent change to risk or circumstances must either complete a new SEAT IPRA or request an authorised clinician to complete and remove medications that are in possession which may now pose a risk to a patient.
Medication Administration staff	All staff administering medication should be aware of an appropriate IPRA for the individual patient. When issuing PGDs and homely remedies, a valid IPRA must exist and all such supplies must comply with the IPRA.
The Patient	The patient must adhere to the Medication Compact (appendix 4). This will be printed by the Reception nursing staff as part of the first night screen. The patient must agree to and sign the compact. Compliance will be monitored following SOP 6.7 In-possession Medication Compliance Testing

5: Development and Consultation process:

Consultation summary		
Date policy issued for consultation	December 2020	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	**Date(s)**	
Prison Medicines Management Committee	December 2020	
HMP Birmingham Clinical Governance	January 2021	
BSMHFT Clinical Governance	February 2021	
BCHC Clinical Governance	January 2021	
Where received	**Summary of feedback**	**Actions / Response**

*(*Add rows as necessary)*

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8: Glossary:

ACCT	Assessment Care in Custody and Teamwork
BCHC	Birmingham Community Healthcare NHS Foundation Trust
BRT	Birmingham Recovery Team (formerly IDTS)
BSMHFT	Birmingham and Solihull Mental Health Foundation Trust
CSU	Care and Separation Unit
DH	Department of Health
HCA	Healthcare assistant
H2	Healthcare Ward 1
H3	Healthcare Ward 2
IP	In-Possession medication
MMC	HMP Medicines Management Committee
NIP	Not In-Possession medication (supervised administration)
PIL	Patient Information Leaflet
PODs	Patient Own Drugs
PCT	Primary Care Trust
RAG	Red Amber Green rating
IPRA	In Possession Risk Assessment
SIR	Security Intelligence Report, Mercury form
SLA	Service Level Agreement
TTO	To Take Out medication

9: Audit and assurance:

This policy will be formally reviewed by the Medicines Management Committee in 2023. The Committee will, however, continuously monitor its implementation and practice through an agreed programme of audit covering inpatient wards and community teams. These audits will include:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Audits of prescribing standards versus the Medicines Possession List (appendix 2a and 2 b) to be completed by medical and pharmacy staff at least annually and reported to MMC.	Clinical Lead Pharmacist	Approved audit tool	Annual	Prison MMC
Audits of the IPRA template to monitor 1. 100% completion 2. Quality of data completion and appropriate risk score versus In possession status.	Clinical Lead Pharmacist	Health and Justice HJIP data Approved audit tool	Annual	Prison MMC

10. Appendices:

Appendix 1 Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	Medicines In-Possession Policy		
Person Completing this proposal	Victoria Garrett	**Role or title**	Head of Pharmacy
Division	Offender Health	**Service Area**	Pharmacy – HMP Birmingham
Date Started	21st December 2020	**Date completed**	28th December 2020

Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.

This policy outline the policy and procedures to be followed within HMP Birmingham for the prescribing, ordering, dispensing, storage and risk assessment for medicines to be held in possession of a resident for self administration.

Who will benefit from the proposal?

Service users and all HMP Birmingham healthcare staff in the course of their duties.

Impacts on different Personal Protected Characteristics – *Helpful Questions:*

Does this proposal promote equality of opportunity? ***No impact***	*Promote good community relations?* ***No impact***
Eliminate discrimination? ***No impact***	*Promote positive attitudes towards disabled people?* ***No impact***
Eliminate harassment? ***No impact***	*Consider more favourable treatment of disabled people?* ***No impact***
Eliminate victimisation? ***No impact***	*Promote involvement and consultation?* ***No impact***
	Protect and promote human rights? ***No impact***

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	x			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	x			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			

This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	x			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**

Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
N/A
How will any impact or planned actions be monitored and reviewed?
N/A
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

N/A
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be publihed on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at **bsmhft.hr@nhs.net** . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2a

Medicines Possession List

Drug	Reason
SUPERVISED ONLY – EXCEPTIONAL USE ONLY	
Tramadol	Only to be used under consultant supervision.
Pregabalin/Gabapentin	Only to be used for epilepsy and neuropathic pain under consultant supervision. Others are detoxed from reception with alternative therapies.
Buscopan® (Hyoscine BBr)	Not to be used (MMC April 2015)
SUPERVISED ONLY – NEVER IP	
Controlled Drugs	Prescribe as a single daily dose for morning administration, where possible.
Opiates e.g. Codeine	Prescribe as a single daily dose for morning administration, where possible.
Benzodiazepines e.g. diazepam	Prescribe as a single daily dose for morning administration, where possible. Diazepam accepted for twice daily administration for detoxification.
Zopiclone	Limit to Psychiatrist and Reception ONLY if confirmed (for 1st night centre)
Tricyclic antidepressants and venlafaxine	Danger in overdose
Drugs with narrow therapeutic indices e.g. lithium and methotrexate.	Danger in overdose, more complex treatment/monitoring regime and hold requirements for careful storage.
IN – POSSESSION or SUPERVISED	
Anti-psychotics	Ability of patient to understand and comply with treatment. Weekly IP
Drugs with narrow therapeutic indices e.g. digoxin	Danger in overdose, more complex treatment/monitoring regime. 7- 28 day IP.
NSAIDs	Risk of GI complications in overuse or overdose – ensure resident understands treatment regime and what to do if no/limited analgesic response. Up to 28 day IP.
Oral hypoglycaemics e.g. metformin and Injectable pens, e.g. insulin	Ensure resident fully understands treatment regime. Danger in overdose, ensure resident fully understands treatment regime. Limit to one pen of each type of insulin at a time IP. Up to 28 days of oral preparations.
Anti- retrovirals	Ensure resident fully understands treatment regime. Up to 28 day IP
Antidepressants (excluding above)	Ensure resident fully understands treatment regime. Danger in overdose. Non-SSRI Limit up to 7 days IP. SSRIs up to 28 day IP.
Antiepileptic's	Danger in overdose, ensure resident fully understands treatment regime. Up to 28 day IP.
Iron preparations	Danger in overdose, ensure resident fully understands treatment regime. Up to 28 day IP
Nutrition e.g. fortisips	Limit to 7 days.
Paracetamol	Danger in overdose. Ensure resident fully understands what to do if no/limited analgesic response. Limit to 2 days IP (max 16 tablets).
IN – POSSESION - up to 28 days IP	
External preparations e.g. creams, lotions, eye and ear drops	
Mouthwash and other preparations acting locally in the mouth	
Short-course antibiotics	
Gastro-intestinal drugs: Antacids, laxatives, bulk forming and ulcer-healing drugs	
Anti-hypertensive's and statins	
Inhalers	
Vitamin tablets/liquid	
PGDs, Homely remedies, minor ailment scheme medication	
HMP Canteen list (available to purchase)	
E45 cream (125g), Shampoo, Vaseline (50g), Lypsyl, Palmers lip balm, Savlon (30g), Sun screens, Fixodent, Polytar, Aqueous lotion/cream, Palmers Coco butter, Wet wipes, Ear plugs,	
Rennies, Strepsils, Lockets lozenges, Halls, Vitamin D tablets, All rounder tablets (multivitamins) and cod liver oil	

tablets, Various Vapes
Nourishment drinks, Peppermint tea, Horlicks, Hermesetas (artificial sweetener)

Appendix 2b:

Automatic IP Medications

1. All MDI inhalers
2. Dry powder inhalers (excluding Spiriva)
3. All eye-drops, ear drops/sprays, nasal sprays/drops
4. All plastic tube creams/ointments
5. All oral antibiotics in particular – dose frequency of TDS or more
6. Dressings/ wipes
7. Catheters
8. Stoma/ incontinence supplies
9. GTN sprays
10. Glucose tablets/testing strips
11. Oral powders (e.g. rehydration and constipation sachets)
12. Shampoos and external applications (warts etc)
13. PPIs – week's worth
14. Statins – week's worth
15. Sleepers – up to 3 days to cover weekends.
16. Vitamins
17. Suppository
18. GI meds – antacids.

Appendix 3

SEAT Reception template and IPRA template

Z:\HMP\Healthcare\Systm1\New Templates\National Clinical Template Support Documentation - USER GUIDES\In Possession Clinical Template User Guide v1.0.pdf

Appendix 4

Birmingham Community Healthcare NHS
NHS Trust

Birmingham and Solihull NHS
Mental Health NHS Foundation Trust

MEDICATION COMPACT

Whilst at HMP Birmingham you may be prescribed medication, either to be administered under the supervision of a nurse or in most cases to be held in your possession.

In order to make the system work the following rules must be adhered to:

1. You will be responsible for collecting your medication at the correct time.

2. You must produce your ID card every time you collect medication. Cell cards are not an acceptable form of ID.

   NO ID NO MEDICATION

3. You must not conceal your supervised medication in order to divert to someone else. Failure to comply with this rule will result in your medication being reviewed.

4. You must not give your medication to anyone else or have in your possession someone elses' medication. Failure to comply with this rule will result in a review of your in-possession medication status.

5. Medication should not be left behind upon release or transfer. If you find medication in your cell that does not belong to you it must be handed in to a health care worker.

6. You must take your medication as prescribed and store it in the container it was originally supplied in. Do not stockpile medication or take it in advance. If medication in your possession is no longer required, return it to a health care worker.

7. You are responsible for the security of your 'in possession' (IP) medication. If you lose your medication, it will not be automatically re-supplied.

8. Non-adherence to the above will result in HMPPS Security being notified.

.....

I have read and understand the above rules.

Name: <Patient Name> Number: <Sentence information>

NHS Number: <NHS number>

Patient's Signature: Date: <Todays date>

Healthcare HMP Birmingham – Winson Green Road – Winson Green – Birmingham – B18 4AS

Appendix 5

When to risk assess an individual on the NHSE In Possession Medication Status?

1. As part of a health care assessment at reception screening.
2. It should not be a one off process. Any change in circumstance must prompt an IP Risk Assessment update. Both patient and prison circumstances often change, which may change the balance of risk for an individual such that it renders them less suitable for taking responsibility for their own medications. Despite the presence of a signed compact for in-possession, medical and nursing staff should reassess the patient's continued suitability, and have it formally reassessed where there are any concerns using the correct SystmOne IP Risk Assessment template.
3. Other Healthcare staff not authorised to complete a risk assessment should task the GPs or nurses for an IP Risk Assessment to be updated where concerns have been noted..

What factors may need to be considered?

These fall into three general categories, and are more fully expanded below:

- Patient-related factors
- Clinical and medication-related factors
- Environmental or local factors

The lists below are not exhaustive and clinical judgement is paramount.

Some factors may not be relevant at all times, some may remain stable over a long period of time, and others may change rapidly depending on the circumstances. Any change in circumstances that may trigger or change the risk assessment status of a patient should be fully documented on the SystmOne IP Risk Assessment template.

Patient-related factors

- Willingness to take responsibility for own medications
- Cognitive ability to understand medical condition and medication
- Risk of self-harm, taking into account past behaviour and known current circumstances, identified through patient contact, SystmOne journal history or ACCT (Assessment, Care in Custody and Team work) etc.
- History of drug misuse
- History of trading and / or hoarding
- Vulnerability to violence and / or bullying
- History or tendency to violence and / or bullying
- Antisocial, explosive or impulsive personality traits
- Prisoner status or change in status, e.g. sentenced / remand

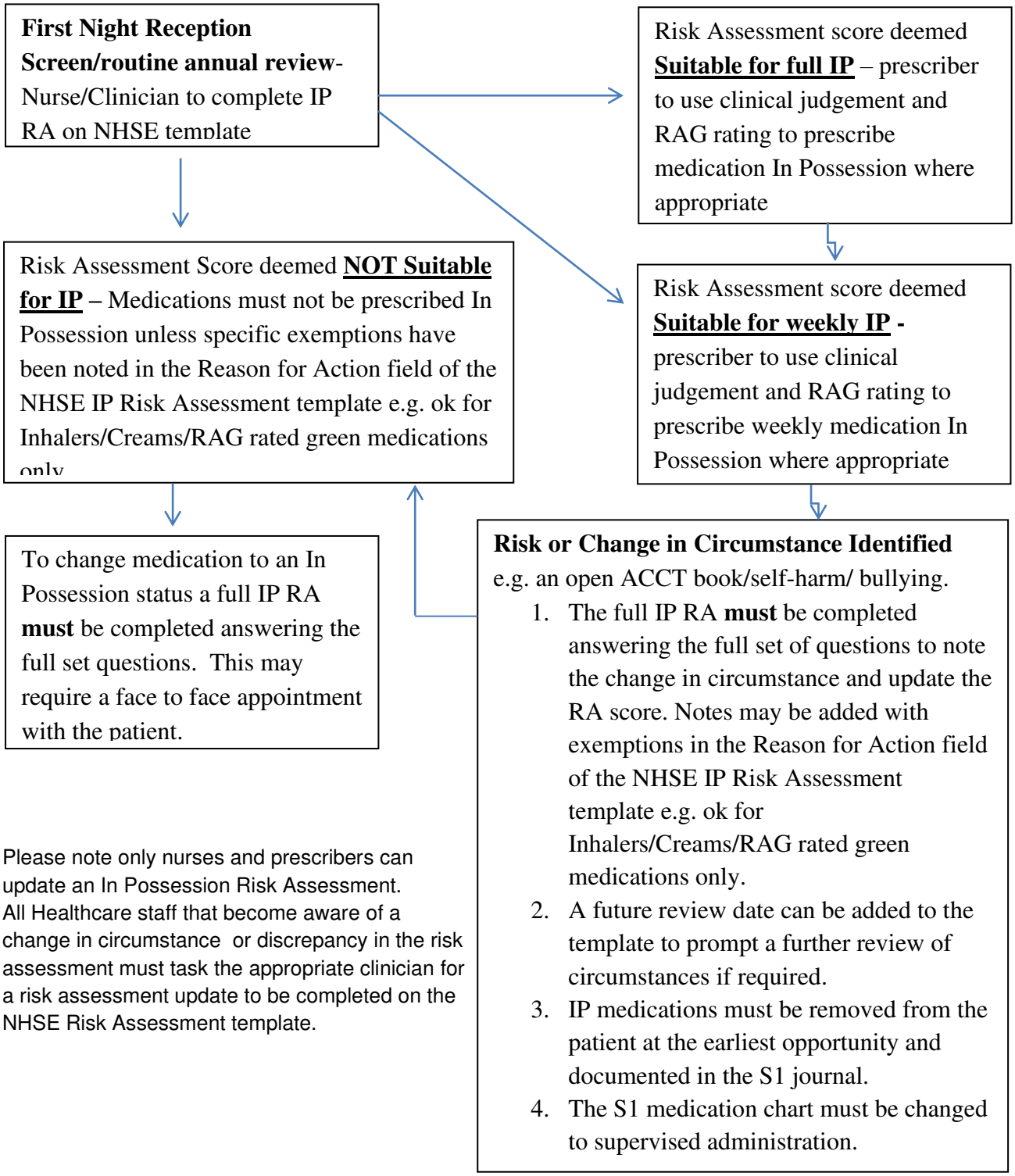
Clinical and medication-related factors

- Choice of medication, e.g. tricyclic anti-depressant or selective serotonin re-uptake inhibitor
- Flammability of preparation and potential for its misuse
- Potential for harm from excess or missed doses
- Stability of medical condition
- Monitoring requirements
- Concordance / compliance with previous treatments
- Duration of treatment required, i.e. acute or chronic need
- Frequency of administration, i.e. as required use or regular dosing
- Access to over-the-counter medicines, i.e. from canteen list
- Suitability of medication to be stored in a cell environment
- Suitability of medication packaging, e.g. glass/metal tubes

Environmental or local factors

- Single or shared cell, or any change — is the cell mate a risk to a patient with in-possession medicines, or are medicines a risk to a cell mate?
- Extent of movement within prison, and transfers to other prisons or court
- Prison staffing levels
- Local culture in relation to medications
- Arrangements for storage of medications

While the recommendation made is that in-possession becomes the normal position across the prison estate, it may not be appropriate for all medications to be provided in that manner. For example, Clinical Services for Substance Misusers requires that the 'administration and consumption of controlled drugs and other drugs subject to misuse within prison must be directly observed.
The medicines with the highest misuse potential may also have the highest currency value in prisons, so the risk associated with providing them on an in-possession basis may be too great for some patients and some prisons. The choice of medicine within a therapeutic group is an important consideration for the risk management associated with in-possession, as some are more toxic when misused or overdosed on than others. For example, tricyclic antidepressants are more dangerous in overdose (with the exception of lofepramine) than other groups of antidepressant medicines and it may be necessary to restrict these to 7 days based on the risk to the individual patient. RAG ratings of certain medications can be found in the HMP Birmingham In-Possession policy.



Please note only nurses and prescribers can update an In Possession Risk Assessment.
All Healthcare staff that become aware of a change in circumstance or discrepancy in the risk assessment must task the appropriate clinician for a risk assessment update to be completed on the NHSE Risk Assessment template.

Appendix 6 –Request Form for Pharmacy Medications

HMP Birmingham

Pharmacy request form for medication

Date of application	
Surname	
Prison number	
Date of Birth	

Medication may be ordered from pharmacy if you have a valid prescription for it and it is due. Please tick what you need and please give details including name and strength. ***Please allow a minimum of 3 working days to receive your new supply (N.B. Pharmacy is closed on Saturday, Sunday and Bank Holidays).***

☐ Paracetamol ☐ Ibuprofen ☐ Glyceryl Trinitrate Spray (GTN)

	Cream/Ointment/Gel	**Date last supplied (on label)**
1		
2		
3		

	Inhalers	**Amount Remaining**	**Date last supplied (on label)**
1			
2			
3			

	Other (Please specify)	**Amount Remaining**	**Date last supplied (on label)**
1			
2			
3			
4			
5			

Pharmacy Use Only	**GP use only**

Designed by Pharmacy, HMP Birmingham 2012