



Medicines Optimisation in Health and Justice Services:

Report from a National Audit of Professional
Standards

The first stop for professional medicines advice

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Executive Summary

This report is intended for healthcare service providers, commissioners and practitioners that deliver services within the health and justice sector.

Background and audit method

NHS England and NHS Improvement has responsibility for directly commissioning healthcare services to custodial secure environments for:

- HM Prisons and Young Offender Institutions
- Secure Training Centres and Secure Children's Homes
- Immigration Removal Centres

Healthcare and pharmacy are commissioned such that they are equivalent to services people would receive in primary care. There are additional requirements to maximise safety and outcomes from medicines as the population has a high prevalence of substance misuse, mental health and general health co-morbidities.

In 2018, NHS Specialist Pharmacy Service¹ in collaboration with Health and Justice (HJ) commissioners undertook a national self-assessment audit for all prisons, immigration removal centres (IRCs) and secure training centres (STCs) against the 2017 Royal Pharmaceutical Society (RPS) standards for optimising medicines in secure environments.² These standards describe best practice with medicines optimisation over the person's time in custody over five D domains (see Box 1). Their aim is to help service providers deliver an excellent, safe and effective service to all people in custody.

Box 1

Domain 1: Arriving and meeting people's initial medicines needs
Domain 2: Meeting people's medicine needs during their stay
Domain 3: Continuing people's medicines on release and transfer
Domain 4: Maintaining a framework of safety and governance
Domain 5: Employing and training a competent workforce to underpin optimising people's medicines

The purpose of the audit was to

- Provide a national picture of delivery of the standards
- Provide HJ commissioners with an overview of progress in meeting the standards which they can build into contract monitoring
- Support providers, by giving them individual outcomes and action plans that can be used to optimise the efficacy and safety of medicines and pharmacy services locally
- Identify whether there are common standards across HJ sites that can be supported strategically to facilitate improvement

¹ Specialist Pharmacy Service: <https://www.sps.nhs.uk/>

² RPS 2017: Professional standards for optimising medicines in secure environments ([link](#))

Each provider was contacted and asked to complete a self-assessment audit which required them to indicate the evidence they had for attaining each standard. Standards could be assessed as fully met, partly met or not met. Based on this data each completed template generated an individual action plan for each site. This can be used by commissioners and providers to prioritise improvements.

Summary of outcomes

The audit template was completed by 121 out of 122 HJ sites. One site (IRC Campsfield) has since closed so is excluded, thus the results shown are for 120 HJ sites.

The templates were analysed and scored to give an overall Red, Amber and Green (RAG) rating and score for all HJ sites. Separate analyses were completed for 7 site types:

- Adult Male reception and remand prisons
- Adult Male trainer prisons
- Adult Category D open prisons
- Prisons detaining females – reception and trainer
- Children and Young people and Young Offender Institutions (CYP/YOI) detaining people under 18
- Prisons and CYP/YOI sites that have an on-site pharmacy.
- Immigration removal centres (IRC)

Key messages from the overall and individual HJ site analyses are:

- Overall RAG-rated scores show that the majority of HJ sites are amber with most scores in the upper quartile. 27 sites (22%) were rated as green overall with no sites rated as red. Domains 1 and 5 showed the highest scores with most sites being rated as green for these domains.
- Regional outcomes were highest for the North, Midlands and East of England
- More elements were fully met by site types with smaller populations
- Prisons detaining females achieved the highest performance
- In general, the sites with pharmacies out-performed similar site types without pharmacies
- Prisons detaining females and CYP/YOI sites showed the highest rating for Domain 3- Continuity of care elements
- Across all HJ site types there were several common elements where the standards were not fully met. The themes for these are:
 - Medicines reconciliation
 - Documenting clinical information about medicines consistently, including indications
 - Access to lockable cupboards for in-cell medicines storage
 - Procedures for medicines handling
 - Elements relating to the handling of Controlled Drugs (CDs)
 - Access to a continuous supply of medicines on release and transfer
 - Access to pharmacy staff and clinical pharmacy services
 - Using prescribing analysis to inform practice and outcomes.

Recommendations

There are common recommendations for all HJ sites and additional recommendations for specific site types which need to be considered for implementation by providers and commissioners:

Recommendation 1

HJ commissioners and HJ providers should use the outcomes as a focus for:

- quality visits by commissioners - using the audit action plan for each provider and re-audit against the standards
- sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them
- identifying and supporting resolution of the barriers to achieving common issues
- collaborative working with NHS England and NHS Improvement Controlled Drug Accountable Officers (CDAOs) to improve CD handling and continuity in HJ

Recommendation 2

HJ commissioners should take steps to introduce on-site dispensing pharmacies in reception prisons that currently do not have them. Collaboration with HMPPS will be needed to facilitate this, especially for contracted out prisons and new builds. On-site pharmacies in sites should be maintained when services are re-procured.

Recommendation 3

For Category D Open prisons:

- a. explore how Cat D sites achieve the elements relating to planning for and supplying medicines on release and cell/room storage of medicines so these can be shared with other prison types.
- b. review commissioned pharmacy services to identify ways of increasing access to a pharmacist or pharmacy technician and clinical medication reviews.

Recommendation 4

For prisons detaining females:

- a. explore how female sites achieve the elements not met by other prison types, especially in domains 1 and 2 and share these with other sites
- b. review commissioned pharmacy services to identify ways of increasing access to clinical medication reviews.

Recommendation 5

For prisons/YOI with on-site dispensing pharmacies:

- a. Identify ways in which the pharmacy services to sites without pharmacies can be revised and practice shared to facilitate improvements of elements being achieved by prisons with on-site pharmacies.

- b. Review the pharmacy service where on-site pharmacies show a lower outcome overall or within specific domains to explore the reasons for this. Pharmacy workforce capacity or roles of the pharmacy team are an essential part of this review.

Recommendation 6

For sites detaining children and young people (STC and YOI):

- a. explore how CYP sites achieve the elements not met by other prison types, especially in domains 2 and 4.
- b. introduce the use of FP10 and FP10MDA prescriptions for sites who currently do not use them
- c. review commissioned pharmacy services to identify ways of increasing access to clinical medication reviews and pharmacy workforce.

Recommendation 7

For immigration removal centres:

- a. Explore how access to purchase over the counter medicines could be increased
- b. Introduce the use of FP10 and FP10MDA prescriptions for sites who currently do not use them
- c. Share practice from other IRCs who have met the patient information and adherence follow up elements.
- d. Identify a medication safety officer (MSO) for all IRCs and link them with the wider MSO network

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- Sid Ali, Senior Project Manager, NHS England and NHS Improvement HJ for his expertise in creating the final audit template and data analysis of responses.
- The members of the Health and Justice Pharmacy Advisory Group (HJPAG) who supported the audit including the pilots
- Every person and provider who submitted a response whose contributions have enabled the audit to cover 99% of all HJ sites.

Introduction

NHS England and NHS Improvement has responsibility for directly commissioning healthcare services to custodial secure environments for:

- HM Prisons and Young Offender Institutions
- Secure Training Centres and Secure Children's Homes
- Immigration Removal Centres

Pharmacy services and the optimisation of medicines within care pathways in health and justice settings are commissioned so that they are equivalent to services people would receive in primary care. There are additional requirements to maximise safety so that the commissioned services:

- Ensure patients get access to and a choice of the most effective treatments, and the outcomes that matter to them.
- Improve the quality (safety, clinical effectiveness, patient experience) of prescribing and medicines use.
- Provide clinical pharmacy services within health and justice services that deliver the services and pharmacy workforce expectations described in the NHS Long Term Plan ([link](#))

In 2017, the Royal Pharmaceutical Society (RPS) published Professional Standards for Medicines Optimisation for people in Secure Environments ([link](#)). These 23 standards are described within five domains covering the detained person's time in custody, from admission to release or transfer:

Domain 1: Arriving and meeting people's initial medicines needs
Domain 2: Meeting people's medicine needs during their stay
Domain 3: Continuing people's medicines on release and transfer
Domain 4: Maintaining a framework of safety and governance
Domain 5: Employing and training a competent workforce to underpin optimising people's medicines

In 2018, NHS Specialist Pharmacy Service³ in collaboration with NHS England Health and Justice commissioners undertook a national audit for all prisons, immigration removal centres (IRCs) and secure training centres (STCs) against the RPS standards. The purpose of this audit was to

- Provide a national picture of delivery of these standards
- Provide Health and Justice commissioners with an overview of progress in meeting the standards which they can build into contract monitoring
- Support providers, by giving them individual outcomes and action plans that can be used to optimise the efficacy and safety of medicines and pharmacy services locally
- Identify whether there are common standards across HJ sites that can be supported strategically to facilitate improvement

This report describes the outcomes from the audit and identifies priorities for supporting providers in meeting the standards and improving care.

³ Specialist Pharmacy Service: <https://www.sps.nhs.uk/>

Structure of the Audit Tool

The tool covers each of the standards (except one relating to a lead pharmacist which is a contractual requirement) in the 5 domains. Each standard has one or more elements or sub elements within it and all of these were incorporated into the tool. This gave a total of 215 criteria within the tool that were measured. The audit tool is available here: ([link](#))

Each domain is structured in the same format showing:

- the name of the standard (22), the elements (117), and sub-elements (98)
- the individual elements making up the standard with a descriptor of the element. Where there are sub-elements within an element these were also included and used to determine whether the element or standard was met
- the evidence available that demonstrates that the element is being delivered

For each of the standards and elements the responders stated whether they Fully or Partially met the standard or whether the standard was Not Met. For fully met or partially met standards, responders selected from a range of evidence types that they had available as supporting evidence.

To facilitate local follow up from completing the audit, the tool self-generated an action plan based on the responses made by the site. These avoided providers needing to develop their own plan and provided a consistent format for HJ commissioners to use across several sites for their contract monitoring or service quality assurance.

A record was also made of whether the site had an on-site dispensing pharmacy.

The responses were then scored with a total of 507 points available if all elements and sub elements were met across all domains. Maximum points were awarded for fully meeting the element, point were also awarded for partially met elements and a point was awarded for each sub-element achieved. To score 100%, all elements and sub-elements needed to be met.

A RAG rating was calculated for each domain giving an overall outcome using the following approach:

Green: 405 or over (80-100%); Amber: 152-404 (30-79%); Red: less than 152 (<30%)

Overall Outcomes

121 out of 122 (99%) health and justice sites returned completed audit data with the non-responder site being a prison which was undergoing a major change in provision at the time of the audit. IRC Campsfield has closed since the data was collected so this site has been excluded. The overall RAG ratings across the health and justice sites is shown on the map.

Figure 1.

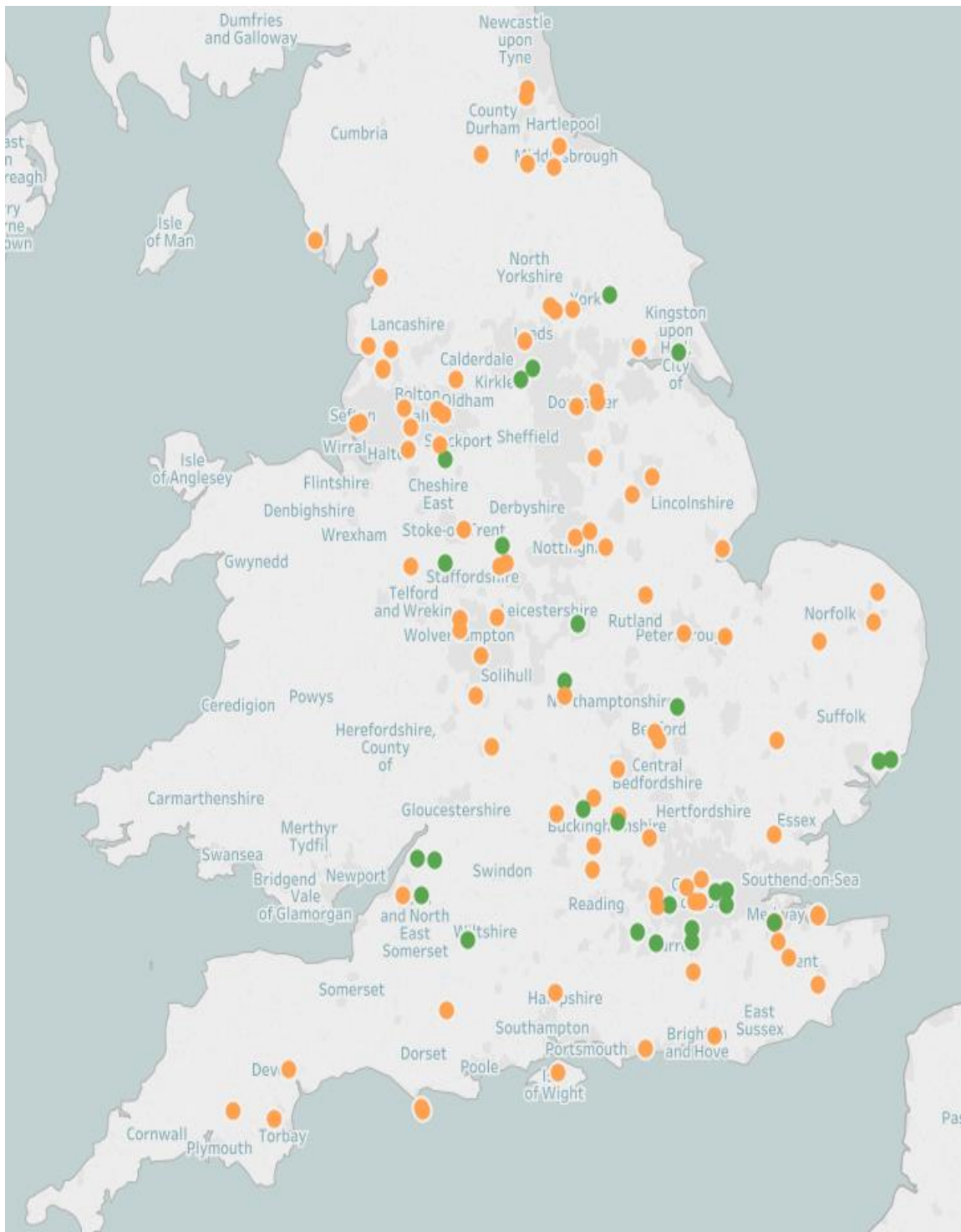


Figure 1 shows that the overall RAG rated scores for the majority of HJ sites are amber with an average national score of 379 and a range of scores from 247 to 429. 27 sites (22%) were rated as green overall with no sites rated as red. Domains 1 and 5 showed the highest scores with most sites being rated as green for these domains. The domain outcomes are analysed further in the chapters for each HJ site type.

A summary table showing the overall number of green and amber sites and average total and domain scores for each of the 7 NHS regions is shown in Table 1.

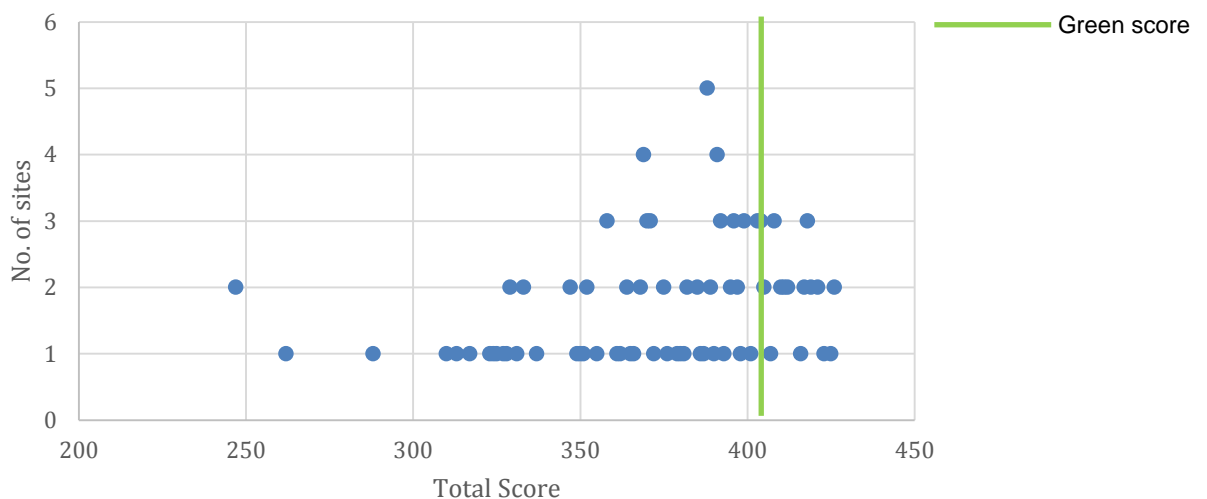
Table 1: Overall outcomes for HJ sites

Region*	Number of Green sites	Number of Amber sites	Average Total Score (507)	Average Domain Scores (total points)				
				D1 (38)	D2 (199)	D3 (33)	D4 (210)	D5 (27)
North East and Yorkshire (n=20)	4 (20%)	16 (80%)	381 (76%)	35	147	26	147	26
North West (n=16)	1 (6%)	15 (94%)	383 (69%)	34	148	26	149	25
Midlands (n=26)	4 (15%)	22 (85%)	398 (74%)	35	154	27	156	26
East of England (n=15)	4 (27%)	11 (73%)	392 (76%)	33	153	26	154	26
London (n=9)	4 (44%)	5 (56%)	314 (77%)	30	117	23	124	21
South West (n=11)	4 (36%)	7 (64%)	367 (75%)	33	142	24	143	25
South East (n=23)	6 (26%)	17 (74%)	345 (75%)	32	129	25	135	24
England (n=120)	27 (22%)	94 (78%)	379 (74%)	34	146	26	148	25

*The allocation of sites to the 7 NHS regions was completed at the time when actual allocation of HJ sites to each region was still being finalised.

Figure 2 shows the distribution of the scores to enable a picture of the range of scores and where the majority of scores are for the amber and green outcomes:

Figure 2: Distribution of Total Scores across all HJ sites



The distribution plot shows that most of the scores were in the higher quartile (i.e. over 350) of the amber (152-404) range.

- Adult Male reception and remand prisons (n= 33): These receive people from courts or police custody (on remand) and retain people on shorter sentences.
- Adult Male Trainer prisons (n=50): These prisons receive sentenced prisoners who complete the bulk of their sentence here.
- Adult Category D open prisons: (n=12): These prisons provide less security and are for prisoners who present a low risk. Prisoners can have employment outside the prison and be released for short periods on temporary licence (ROTL).
- Prisons detaining females-reception and trainer (n=10): There are 12 female prisons in England. The data for HMP Peterborough is shown in the adult male reception section of this report as a single template was completed for the male and female sites. One of the female prisons is a Category D open prison so the data for this prison is shown in the Category D outcomes.
- Children and Young people and Young Offenders Institutions (n=10): The children and young people (CYP) and Young Offender (YOI) sites included in this section are those that only have a population between the ages of 15 and 21 years
- Prisons and YOI sites with dispensing pharmacies (n=41): Pharmacy supplies are either provided by a dispensing pharmacy outside of the site or on-site. This sub-analysis includes the prisons (n=40) and YOI (n=1) that have an on-site pharmacy.
- Immigration removal centres (IRC) (n=5): IRCs hold people who are subject to immigration control, while they wait for permission to enter or before they are deported or removed from the UK.

Using the outcomes from the individual site types Table 1a shows the overall outcomes for all HJ sites and for the seven site types including outcomes for the five domains (average score and proportion of elements fully met).

Results were also analysed for those sites with a dispensing pharmacy as a subset.

This shows that:

- Prisons detaining females achieved the highest performance
- In general, the sites with pharmacies out-performed similar site types without pharmacies
- Prisons detaining females and CYP/YOI sites showed the highest rating for Domain 3- Continuity of care elements

Table 1a

HJ Site	Overall Score		Domain 1	Domain 2	Domain 3	Domain 4	Domain 5					
	Average score and % rated green		Average score for each domain with RAG rating and % of standard elements that were fully met.									
England	379	22	34	84	146	81	26	86	148	75	25	94
Reception	374	21	33	77	145	77	25	79	146	73	25	90
Trainer	375	18	34	81	145	79	25	79	146	73	25	89
Cat D Open	346	25	31	81	131	78	26	91	136	75	23	90
Female	402	60	36	92	158	89	28	90	155	79	27	98
CYP/YOI	390	20	35	86	146	82	28	91	154	79	27	98
IRCs	373	0	36	89	142	79	25	91	143	72	27	100
All sites with a Pharmacy	389	32	34	82	153	84	26	84	150	76	26	94

Detailed graphs showing the overall outcomes across all the sites for each region are shown in Figs 3-9

Figure 3: NHS North West

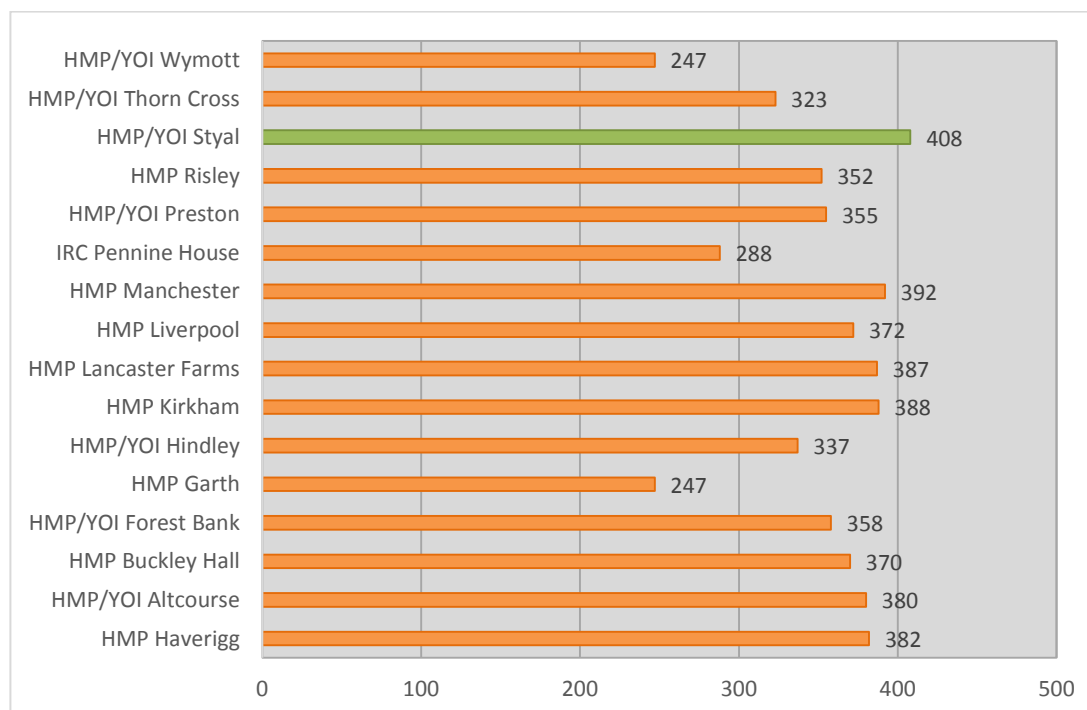


Fig 4: NHS North East

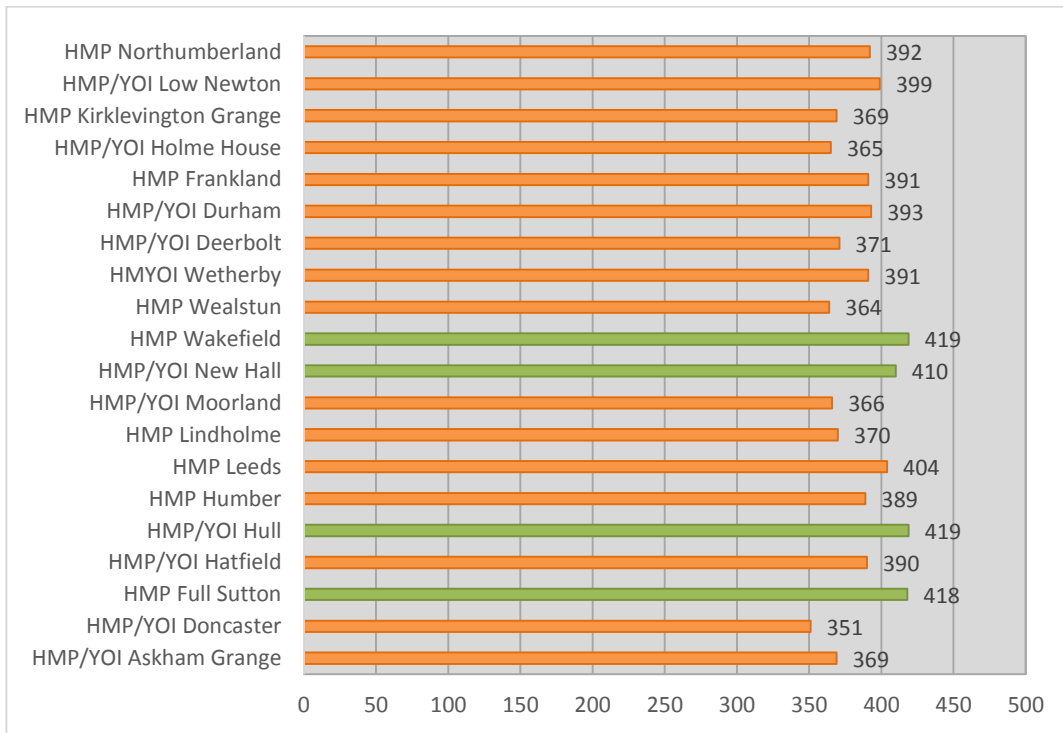


Fig 5: NHS Midlands

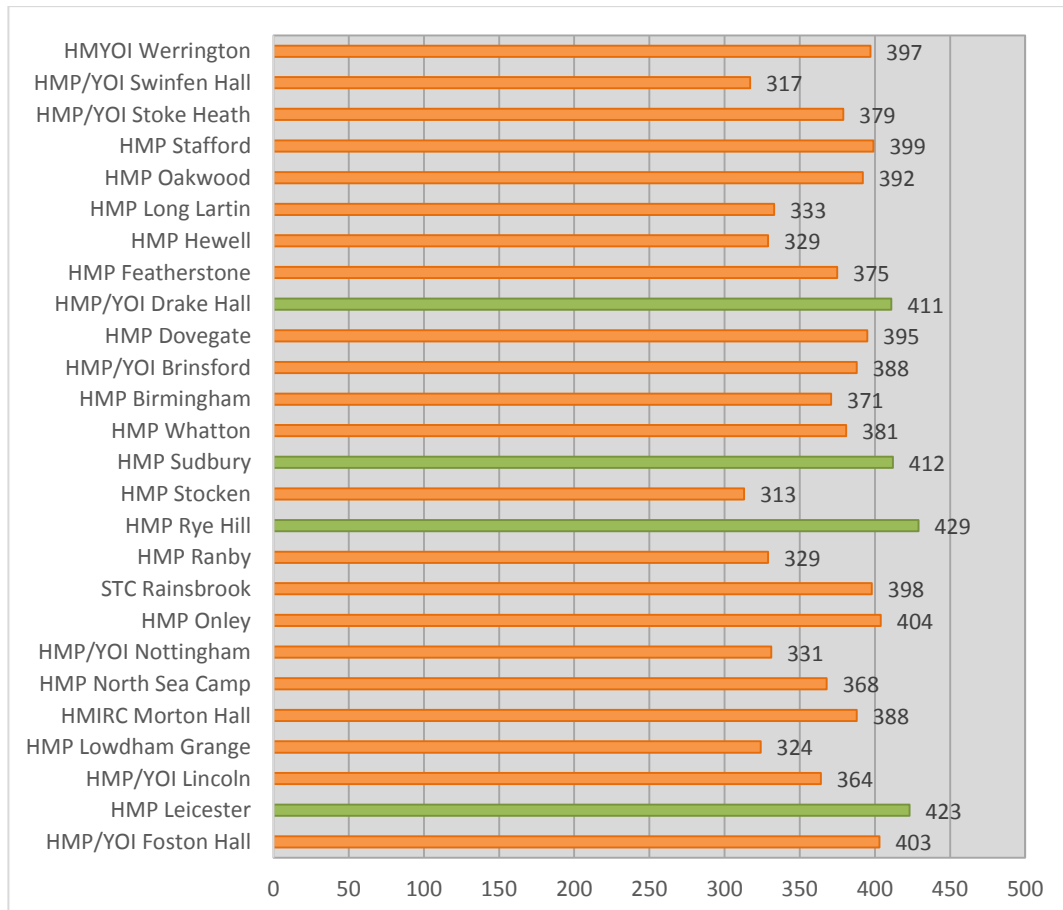


Fig 6: NHS East

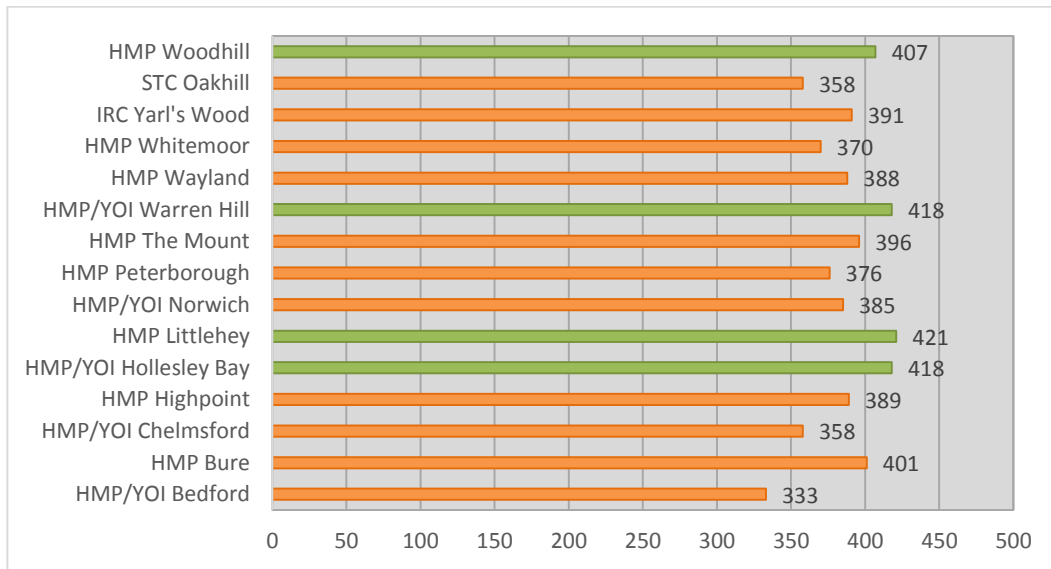


Fig 7: NHS South West

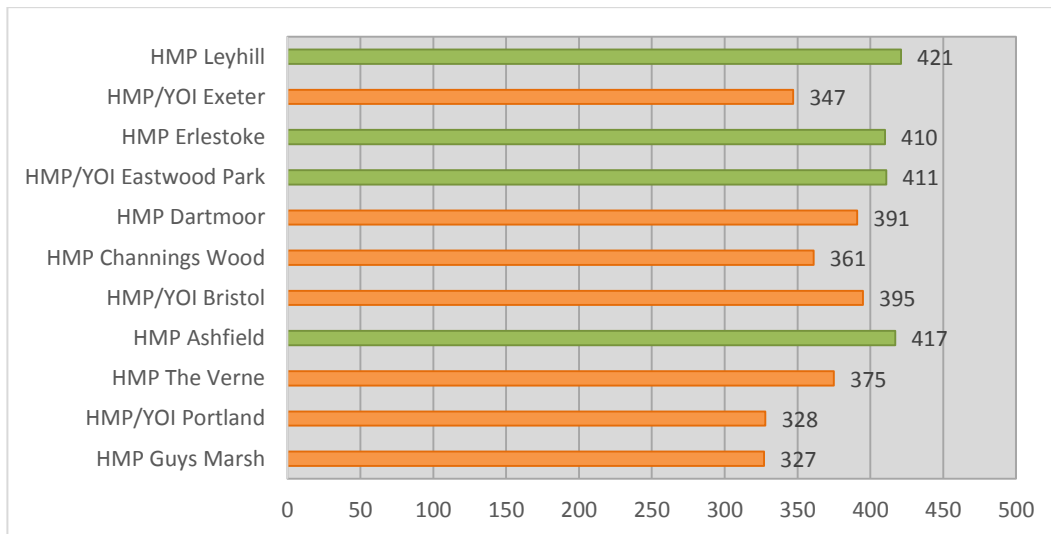


Fig 8: NHS London

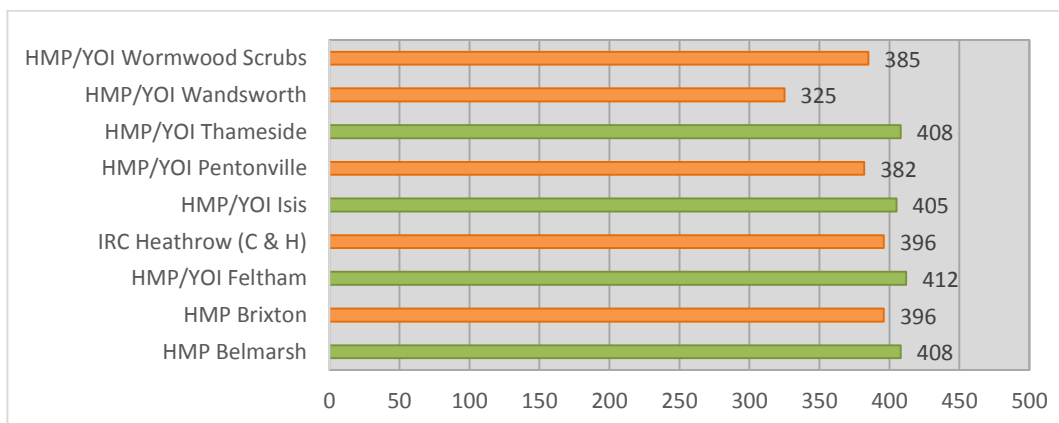
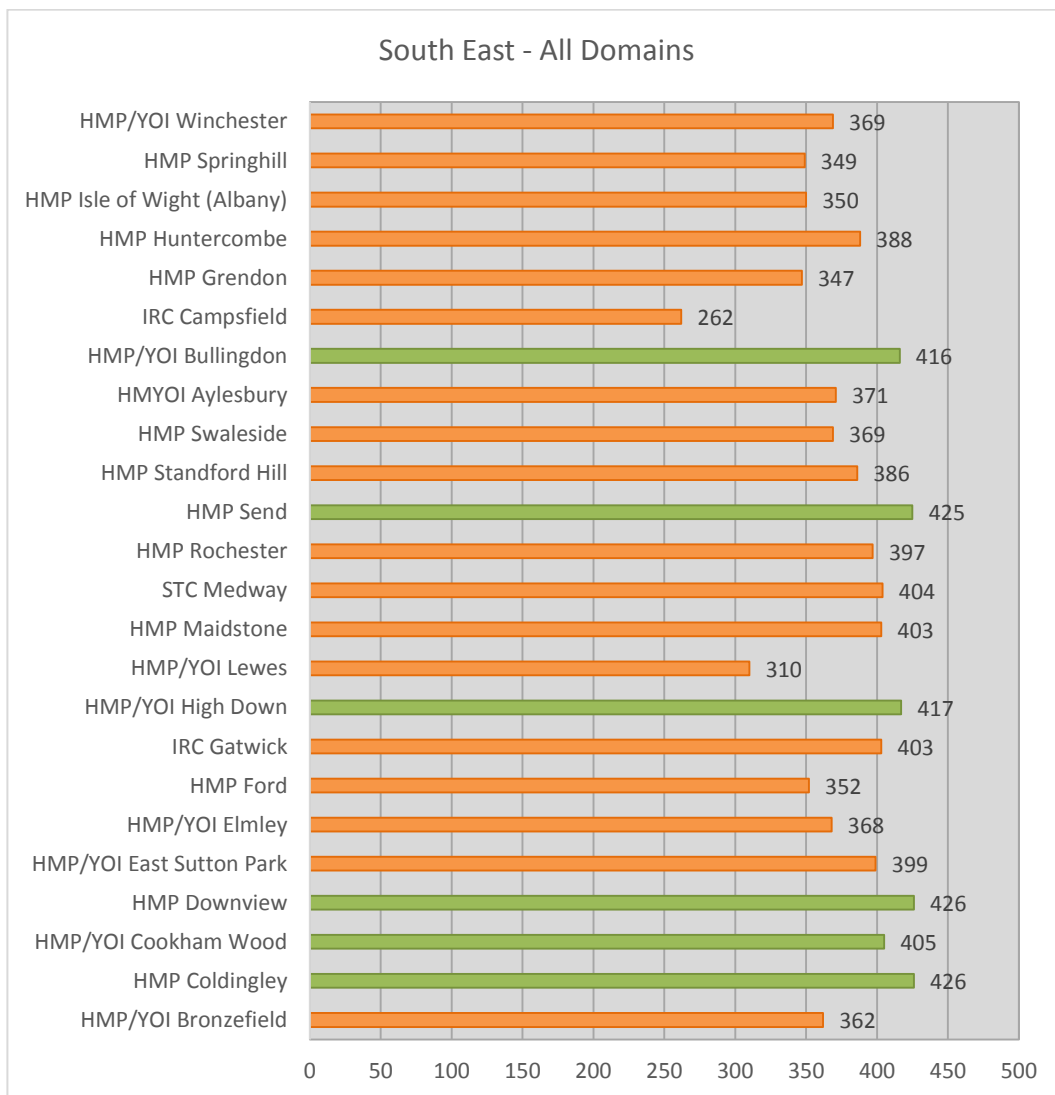


Fig 9: NHS South East



1. HM Prisons

This chapter provides the outcomes for HMP prisons (including those that hold adults and young adults in the same site). Across England the adult prison population is 82,293⁴, of whom 4000 are female. For the purposes of the audit analysis, the data is considered separately for:

- **Adult Male reception and remand prisons (n= 33):** These receive people from courts or police custody (on remand), and retain people on shorter sentences. This means the admission and release rate from these prisons is high compared to other prisons with the length of stay ranging from a few days to a year. Most of these prisons have 7-day, 24-hour healthcare services and dispensing pharmacies within them with a pharmacy team present in the prison at least 5 days a week.

⁴ HM Prison Population Figures: <https://www.gov.uk/government/statistics/prison-population-figures-2019>

- **Adult Male Trainer prisons (n=50):** These prisons receive sentenced prisoners who complete the bulk of their sentence here. This means the admission rates are lower than reception prisons and healthcare services are not always 24-hour services but are usually available 7 days a week. Not all these sites have on-site pharmacies or a pharmacy workforce on-site every weekday.
- **Adult Category D open prisons: (n=12):** These prisons provide less security and are for prisoners who present a low risk who can reasonably be trusted in open conditions and for whom open conditions are appropriate. Prisoners can have employment outside the prison and also be released for short periods on temporary licence (ROTL). Healthcare services are less likely to be available at the prison 7 days a week and the pharmacy service is usually provided from a pharmacy outside the prison.
- **Prisons detaining females – reception and trainer (n=10):** There are 12 female prisons in England. However, HMP Peterborough has both male and female prisons within the same site and the healthcare and pharmacy services are provided by a single provider, so only one audit was completed. The data for HMP Peterborough is shown in the Adult male reception section of this report. One of the female prisons is a Category D open prison so the data for this prison is shown in the Category D outcomes.
- **Prisons and CYP/YOI sites with dispensing pharmacies (n=41):** Pharmacy supplies are either provided by a dispensing pharmacy outside of the site or on-site. This sub-analysis includes the prisons (n=40) and YOI (n=1) that have an on-site pharmacy.

1.1. Adult Male reception and remand prisons/YOI (n= 33)

These prisons receive people from court, from their homes or after being in police custody to be held in prisons on remand awaiting trial. Any reception prisons that **only** hold people under 21 years of age are reported on in the chapter on Children and Young People (YOI/STC) sites.

1.1.1. Overall Performance

Table 2 shows the overall and domain outcomes for the reception prisons. The average attainment against the standards overall and for the individual domains reflects that of the wider national HJ average. At the time of the audit 13 out of the 33 reception prisons did not have a dispensing pharmacy. A total score for a Green overall rating was achieved by 7 (21%) sites with the remaining 26 (79%) sites being Amber.

From the sub-analysis in section 1.5 those reception prisons with on-site pharmacies (n=20) in general had a higher performance than reception prisons without a dispensing pharmacy.

Table 2: Overall total and domain outcomes for reception prisons

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
East of England	HMP/YOI Bedford	487	23	138	19	128	25	333
East of England	HMP/YOI Chelmsford	720	28	136	25	142	27	358
East of England	HMP/YOI Norwich	773	38	155	25	140	27	385
East of England	HMP Peterborough ^{np}	1276	33	146	25	145	27	376
East of England	HMP Woodhill*	660	38	159	26	157	27	407
London	HMP Belmarsh*	930	34	161	30	156	27	408
London	HMP/YOI Pentonville	1310	33	146	27	151	25	382
London	HMP/YOI Thameside	1220	34	161	30	156	27	408
London	HMP/YOI Wandsworth	1669	34	123	11	130	27	325
London	HMP/YOI Wormwood Scrubs	1289	33	150	27	148	27	385
Midlands	HMP Leicester ^{np}	214	38	168	28	162	27	423
Midlands	HMP/YOI Lincoln ^{np}	408	33	144	27	137	23	364
Midlands	HMP/YOI Nottingham ^{np}	1000	32	123	19	136	21	331
Midlands	HMP Birmingham	1436	38	139	27	144	23	371
Midlands	HMP Hewell ^{np}	1308	33	118	24	133	21	329
Midlands	HMP Long Lartin* ^{np}	620	32	115	28	145	13	333
North E & Yorkshire	HMP/YOI Doncaster ^{np}	1145	30	136	30	130	25	351
North E & Yorkshire	HMP/YOI Hull	1044	38	160	30	164	27	419
North E & Yorkshire	HMP Leeds	1212	36	160	24	157	27	404
North E & Yorkshire	HMP/YOI Durham	996	33	164	23	148	25	393
North E & Yorkshire	HMP/YOI Holme House	1210	29	141	21	147	27	365
North West	HMP/YOI Altcourse	1033	36	151	26	142	25	380
North West	HMP/YOI Forest Bank ^{np}	1460	31	149	15	136	27	358
North West	HMP Liverpool ^{np}	1247	35	135	28	147	27	372
North West	HMP Manchester*	1238	27	159	28	153	25	392
North West	HMP/YOI Preston ^{np}	750	30	133	24	145	23	355
South East	HMP/YOI Elmley ^{np}	1252	36	125	30	150	27	368
South East	HMP/YOI High Down	1103	38	163	30	159	27	417
South East	HMP/YOI Lewes	742	21	120	22	124	23	310
South East	HMP/YOI Bullingdon	1114	38	168	30	155	25	416
South East	HMP/YOI Winchester ^{np}	703	28	134	22	158	27	369
South West	HMP/YOI Bristol	614	36	154	23	155	27	395
South West	HMP/YOI Exeter ^{np}	561	27	135	26	138	21	347
England average	Reception prisons	32,744	33	145	25	146	25	374

*High Secure Category A prisons; ^{np} No on-site pharmacy

1.1.2. Domain analysis

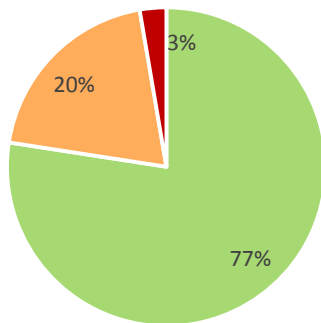
The individual domain outcomes for the reception prisons were analysed to identify the level of attainment for each element for each standard within the domain and to identify whether there were specific elements within a domain which providers had not met.

Fig 10 shows the proportion of standards or elements Fully Met, Partially Met or Not Met for each domain across all Reception prisons (n=33). Domains 1,2 and 3 were similar in respect of the number of standards that were Partially or Not Met. Domain 5 showed the greatest achievement of the standards with Domain 4 showing the lowest achievement.

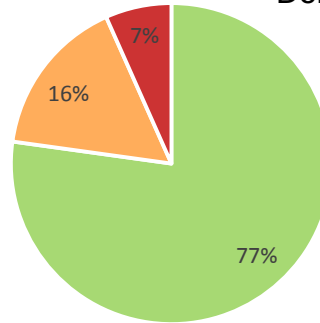
Fig 10: Proportion of domain elements Fully Met, Partially Met or Not Met

Domain 1: Arriving and meeting people's initial medicines needs (9 elements)
 Domain 2: Meeting people's medicine needs during their stay (40 elements)
 Domain 3: Continuing people's medicines on release & transfer (9 elements)
 Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
 Domain 5: Employing and training a competent workforce (9 standards/elements)

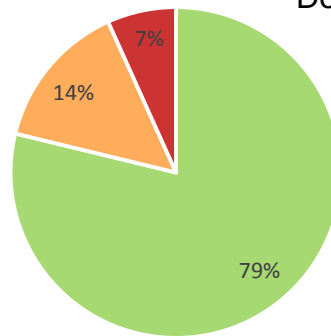
Domain 1



Domain 2

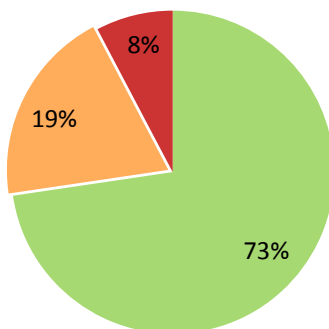


Domain 3



- Standard Met
- Standard Partially Met
- Standard Not Met

Domain 4



Domain 5

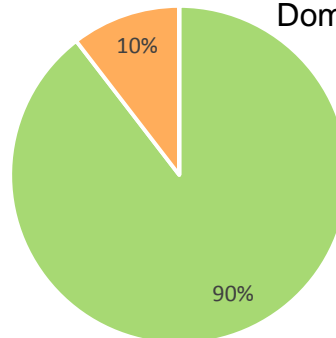


Table 3 below shows the elements that were Not Met or Partially Met across 13 or more sites for each domain:

Domain	Element	Descriptor	No. sites (n=33)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	1 Not met 18 Partially met
1	2.3	Medicines brought into the secure environment by people are able to be used.	0 Not met 13 Partially met
2 (40 elements)	4.3	People can store medicines safely with individual lockable secure storage available in shared accommodation. (N.B. This storage facility may be used for other personal items as well)	20 Not met 12 Partially met
2	6.6	Prescribed medicines have a documented indication recorded in the person's record that simplifies clinical monitoring or audit and continuity of care.	4 Not met 16 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them	8 Not met 10 Partially met
2	10.3	The roles of the on-site pharmacy team are based on people's needs. <i>Includes 15 sub elements on pharmacy team functions/services</i>	0 Not met 16 Partially met
2	11.9	Medicines Administration Points (MAPs- the rooms used from which medicines are supplied) meet the required criteria	1 Not met 16 Partially met
3 (9 elements)	12.1	People have sufficient medicines and dressings, in dispensed packs (including Controlled Drugs) when they are released or transferred to another health and justice setting. This supply will be for a minimum of 7 days and usually a maximum of a month's supply.	0 Not met 13 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	4 Not met 29 Partially met
4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	1 Not met 32 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	7 not met 26 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	17 Not met 16 Partially met
4	19.4	There are lockable cupboards for people to store medicines in their cells	19 not met 12 Partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	7 Not met 26 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	13 Not Met 20 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	10 Not met 23 Partially met

1.1.3. Conclusions and recommendations for Reception prisons

Thirteen reception prisons do not have on-site pharmacies. The higher turnover of admissions, transfers and releases for these sites creates challenges and risks for medicines continuity due to the time needed to access individually named medicines.

HJ commissioners, supported by HMPPS, should use future procurements and prison re-configuration to prioritise the introduction of on-site pharmacies within these 13 reception prisons.

There is generally a consistent outcome for the majority of elements and standards across Reception prisons.

HJ commissioners and HJ providers should use these elements as a focus for:

- **quality visits by commissioners – using the audit action plan for each provider and re-audit against the standards**
- **sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them**
- **identifying and supporting resolution of the barriers to achieving common issues**
- **collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity in HJ**

1.2. Trainer prisons (n=50)

Prisoners serving sentences of more than 1 year are usually transferred to a trainer prison to complete their sentence and participate in rehabilitation programmes. This additional length of stay provides an opportunity for prisoners to receive longer term support for their healthcare needs and engagement with primary care, mental health and substance misuse services that they may not have received in the community. As they near the end of their sentence they are either transferred back to a reception prison (for resettlement planning) or a Category D open prison to receive a longer programme of community rehabilitation support.

1.2.1. Overall Performance

Table 4 shows that the average scores for trainer prisons are similar to reception prisons across all domains and the overall total score. Thirteen trainer prisons have on-site pharmacies (26%). Nine prisons attained a green rating (18%) with the remaining 41 (82%) being amber.

Table 4: Overall total and domain outcomes for trainer prisons

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
East of England	HMP Bure	650	33	159	27	155	27	401
East of England	HMP Highpoint ^p	1325	38	145	29	152	25	389
East of England	HMP Littlehey	1217	38	165	30	161	27	421
East of England	HMP The Mount	1028	38	150	27	154	27	396
East of England	HMP/YOI Warren Hill	264	38	162	30	161	27	418
East of England	HMP Wayland	1078	35	158	27	143	25	388
East of England	HMP Whitemoor*	464	31	139	23	150	27	370
London	HMP Brixton ^p	798	34	155	27	153	27	396

London	HMP/YOI Isis ^P	622	34	158	30	156	27	405
Midlands	HMP Lowdham Grange	900	30	122	19	132	21	324
Midlands	HMP Onley	742	34	160	28	155	27	404
Midlands	HMP Ranby	1090	30	123	19	136	21	329
Midlands	HMP Rye Hill ^P	600	38	170	30	164	27	429
Midlands	HMP Stocken	768	24	113	19	136	21	313
Midlands	HMP Whatton	841	36	144	27	150	24	381
Midlands	HMP Dovegate ^P	1133	36	154	27	151	27	395
Midlands	HMP Featherstone	695	24	145	22	157	27	375
Midlands	HMP Oakwood ^P	2106	33	148	27	157	27	392
Midlands	HMP Stafford	751	38	153	28	153	27	399
Midlands	HMP/YOI Stoke Heath	782	36	152	19	145	27	379
Midlands	HMP/YOI Swinfen Hall	624	29	128	28	110	22	317
North E & Yorkshire	HMP Full Sutton*	616	38	166	30	157	27	418
North E& Yorkshire	HMP Humber ^P	1062	38	149	30	147	25	389
North E & Yorkshire	HMP Lindholme	1010	38	158	23	126	25	370
North E & Yorkshire	HMP/YOI Moorland	1006	36	155	14	134	27	366
North E & Yorkshire	HMP Wakefield*	730	38	165	30	159	27	419
North E & Yorkshire	HMP Wealstun ^P	824	31	143	27	139	24	364
North E& Yorkshire	HMP Frankland*	808	36	158	22	148	27	391
North E & Yorkshire	HMP Northumberland ^P	1348	35	158	19	153	27	392
North West	HMP Haverigg	286	35	148	28	147	24	382
North West	HMP Buckley Hall	445	26	146	23	150	25	370
North West	HMP Garth*	847	27	77	13	113	17	247
North West	HMP/YOI Hindley	664	38	121	23	136	19	337
North West	HMP Lancaster Farms	554	32	142	30	156	27	387
North West	HMP Risley ^P	1095	35	138	26	136	17	352
North West	HMP/YOI Wymott	1176	27	77	13	113	17	247
South East	HMP Coldingley	513	38	167	30	164	27	426
South East	HMP Maidstone	600	34	155	28	159	27	403
South East	HMP Rochester ^P	742	34	153	30	153	27	397
South East	HMP Swaleside*	1112	36	126	30	150	27	369
South East	HMP Grendon	238	30	125	30	135	27	347
South East	HMP Huntercombe	470	32	161	21	153	21	388
South East	HMP Isle of Wight * ^P	1103	23	133	16	151	27	350
South West	HMP Guys Marsh	579	31	118	27	129	22	327
South West	HMP/YOI Portland	580	33	126	25	124	20	328
South West	HMP The Verne	580	38	147	30	133	27	375
South West	HMP Ashfield	400	38	164	27	161	27	417
South West	HMP Channings Wood ^P	724	28	149	17	148	19	361
South West	HMP Dartmoor	640	34	148	30	154	25	391
South West	HMP Erlestoke	524	38	163	25	157	27	410
England Average	Trainer Prisons	39754	34	145	25	146	25	375

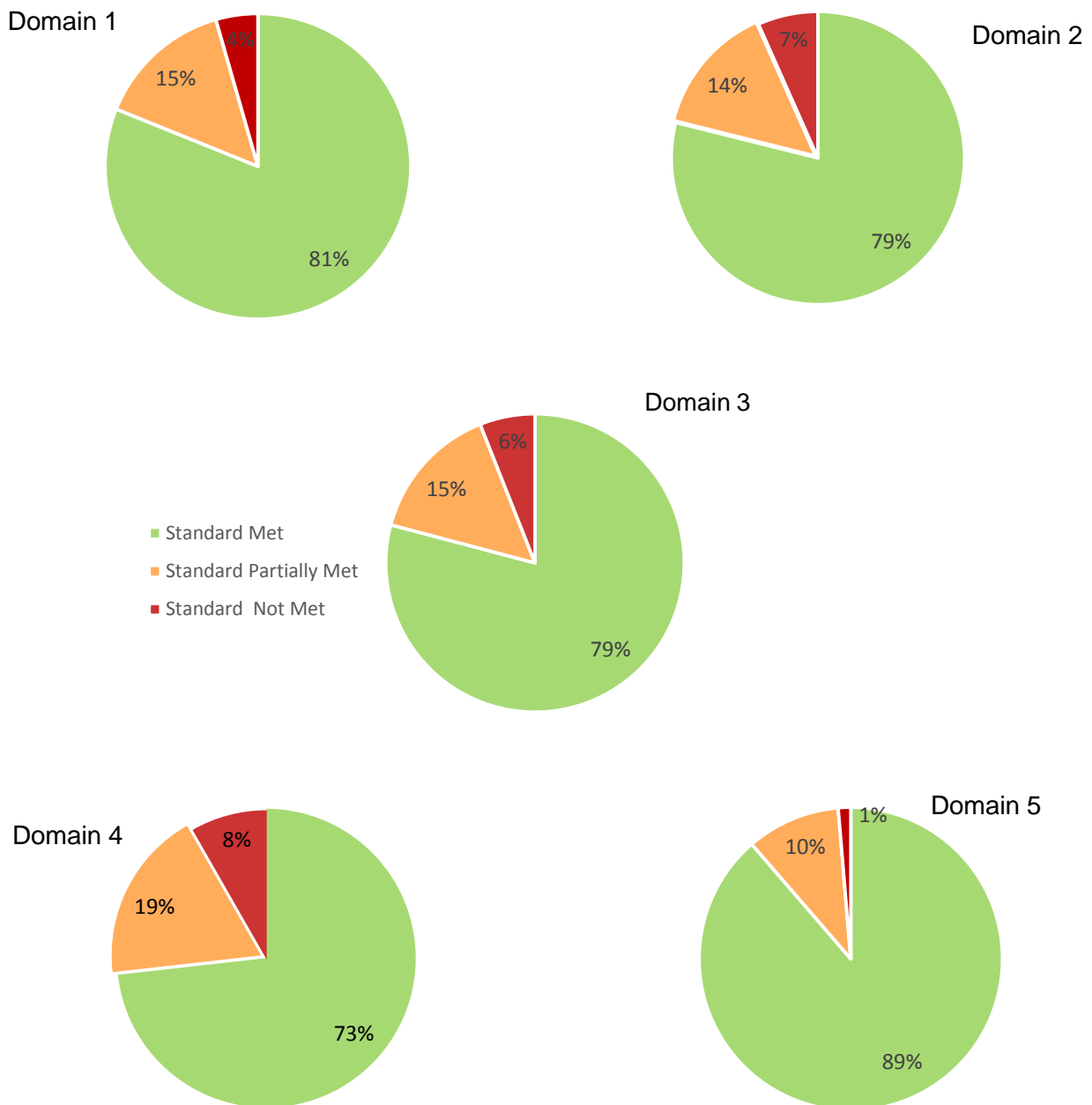
*High Secure Category A prisons; ^P On-site pharmacy at the prison

1.2.2. Domain analysis

The individual domain outcomes for the trainer prisons were analysed to identify the attainment for each element and to identify whether there were specific elements which providers had not met. Fig 11 shows the proportion of standards or elements Met, Partially Met or Not Met for each domain across all trainer prisons (n=50).

Fig 11: Proportion of domain elements Fully Met, Partially Met or Not Met

Domain 1: Arriving and meeting people's initial medicines needs (9 standards/elements)
Domain 2: Meeting people's medicine needs during their stay (40 standards/elements)
Domain 3: Continuing people's medicines on release & transfer (9 standards/elements)
Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
Domain 5: Employing and training a competent workforce (9 standards/elements)



Trainer prisons' outcomes showed that Domain 1 had a higher achievement than for reception prisons. Domains 2 and 3 have similar proportions of achievement with Domain 5 showing the highest achievement and Domain 4 the lowest.

Table 5 shows the elements that were Not Met or Partially Met across 16 or more sites for each domain:

Domain	Element	Descriptor	No. sites (n=50)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	6 Not Met 21 Partially met
2 (40 elements)	4.3	People can store medicines safely with individual lockable secure storage available in shared accommodation. (N.B. This storage facility may be used for other personal items as well)	13 Not met 10 Partially met
2	6.6	Prescribed medicines have a documented indication recorded in the person's record that simplifies clinical monitoring or audit and continuity of care.	3 Not met 23 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them	12 Not met 25 Partially met
2	10.3	The roles of the on-site pharmacy team are based on people's needs. <i>Includes 15 sub elements on pharmacy team functions/services</i>	3 Not met 23 Partially met
2	11.9	Medicines Administration Points (MAPs- the rooms used from which medicines are supplied) meet the required criteria	0 Not met 20 Partially met
3 (9 elements)	12.1	People have sufficient medicines and dressings, in dispensed packs (including Controlled Drugs) when they are released or transferred to another health and justice setting. This supply will be for a minimum of 7 days and usually a maximum of a month's supply.	0 Not met 16 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	9 Not Met 41 Partially met
4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	5 Not Met 45 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	4 Not met 46 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	24 Not met 26 Partially met
4	19.4	There are lockable cupboards for people to store medicines in their cells	10 Not met 14 partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	0 Not met 46 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	15 Not met 35 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	19 Not Met 31 Partially met

Fifteen elements were identified as needing to be improved within the domains. The majority of these were in Domain 2 and 4 with three related to handling of Controlled Drugs (CDs). The key message from this table is that the elements that trainer prisons have most challenges in meeting are the same as reception prisons apart from the element relating to using medicines brought in by the patient (2.3). This reflects the fact that medicines will be sent from another prison when people are transferred

1.2.3. Conclusions and recommendations for trainer prisons

There is generally a consistent outcome for the majority of elements and standards across trainer prisons. These align with the outcomes for reception prisons suggesting consistency across these two prison types. As the elements were like those for reception prisons the recommendations for trainer prisons are the same:

HJ commissioners and HJ providers should use the overall outcomes and specific elements identified as a focus for:

- **quality visits by commissioners – using the audit action plan for each provider and re-audit against the standards**
- **sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them**
- **identifying and supporting resolution of the barriers to achieving common issues**
- **collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity in HJ**

1.3. Adult Category D open prisons: (n=12)

There are 11 category D prisons for male prisoners and 1 detaining females. The population in each prison is less than that for other prison types. Prisoners are often out of the prison working during the day or living elsewhere for short periods under a Release on Temporary Licence (ROTL). This and the rehabilitative nature of their residence in these prisons and the reduced availability of healthcare and pharmacy services at evenings and weekends mean that the interpretation of the RPS standards and achievement of them will be different and should be considered separately to other prison categories.

1.3.1. Overall Performance

Table 6 shows the average scores for Cat D prisons are similar across all Domains and the overall total compared to reception prisons. One Cat D prison has an on-site pharmacy which also services HMP Warren Hill a trainer prison which is close by. Three (25%) prisons attained a green rating with the remaining 9 (75%) being amber.

Table 6: Overall total and domain outcomes for Cat D prisons

Table 6

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
East of England	HMP/YOI Hollesley Bay ^p	480	38	162	30	161	27	418
Midlands	HMP North Sea Camp	420	33	148	27	137	23	368
Midlands	HMP Sudbury	581	38	162	30	159	23	412
North E& Yorkshire	HMP/YOI Hatfield	266	36	164	27	136	27	390
North E& Yorkshire	HMP Kirklevington Grange	303	35	128	30	149	27	369
North West	HMP Kirkham	630	36	145	30	150	27	388
North West	HMP/YOI Thorn Cross	321	27	125	21	135	15	323
South East	HMP/YOI East Sutton Park ^f	100	34	152	27	159	27	399
South East	HMP Ford	521	27	123	30	147	25	352
South East	HMP Standford Hill	464	36	140	30	153	27	386
South East	HMP Springhill	335	30	119	26	147	27	349
South West	HMP Leyhill	527	38	168	27	161	27	421
England Average	Cat D Prisons	4948	31	131	26	136	23	346

^f Female site; ^p On-site pharmacy

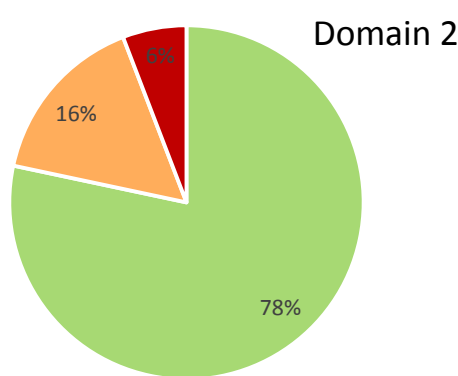
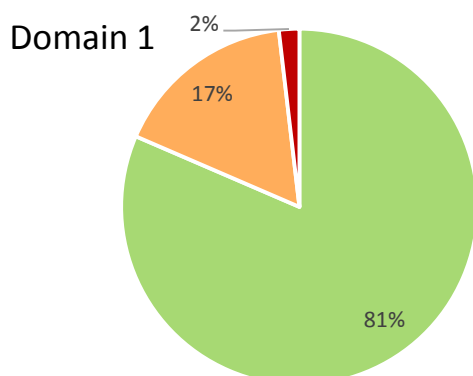
1.3.2. Domain analysis

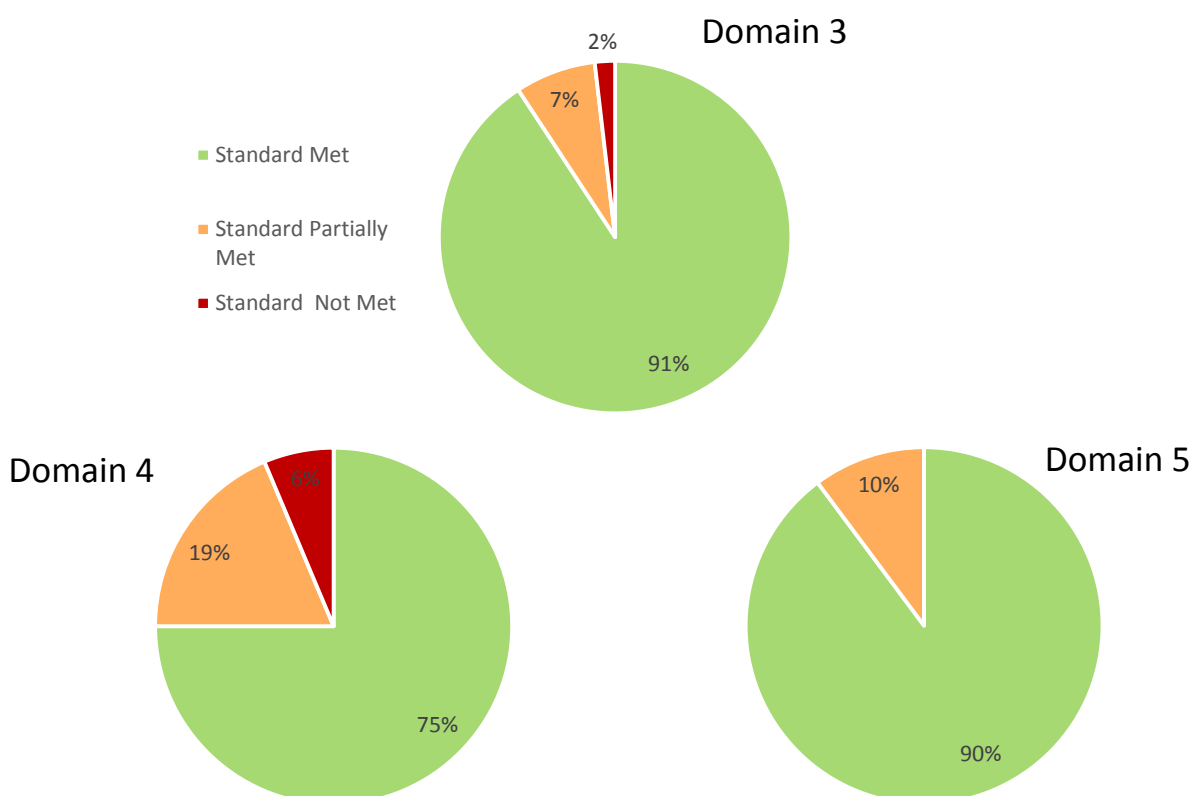
The individual domain outcomes for the Cat D prisons were analysed to identify the level of attainment for each element within the Domain and to identify whether there were specific elements within a domain which providers had not met.

Fig 12 shows the proportion of standards or elements Met, Partially Met or Not Met for each domain across all trainer prisons (n=12)

Fig 12: Proportion of domain elements Fully Met, Partially Met or Not Met

Domain 1: Arriving and meeting people's initial medicines needs (9 standards/elements)
 Domain 2: Meeting people's medicine needs during their stay (40 standards/elements)
 Domain 3: Continuing people's medicines on release & transfer (9 standards/elements)
 Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
 Domain 5: Employing and training a competent workforce (9 standards/elements)





The Cat D outcomes show a high achievement of the elements in Domains 3 and 5 followed by Domain 1, 2 and then the lowest proportion of elements met were in Domain 4. The achievement in Domain 3 could be explained by the focus made on release planning, fewer transfers to other prisons and the short-term releases experienced by prisoners which provide more focus on medicines access continuity. It is also more likely that Cat D prisoners have their medicines in their possession and this increases the likelihood of a supply being available to them on release.

Table 7 shows the elements that were Not Met or Partially Met across 6 or more sites for each Domain:

Domain	Element	Descriptor	No. sites (n=12)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	2 Not Met 6 Partially met
2 (40 elements)	5.3*	People can see a pharmacist or pharmacy technician at the secure environment to discuss their medicines and receive support they need to optimise their care.	0 Not met 6 Partially met
2	6.6	Prescribed medicines have a documented indication recorded in the person's record that simplifies clinical monitoring or audit and continuity of care.	1 Not met 6 Partially met
2	8.1*	People have a clinical medication review included in their care plan.	1 Not met 6 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them	4 Not met 5 Partially met
	8.4*	The completion and outcomes from the review is read coded and clearly documented in the person's clinical record and care plan.	4 Not met 2 Partially met

	10.1*	People and the healthcare team have access to on-site pharmacist and pharmacy workforce that delivers a pharmacist-led, clinically and safety focussed service	1 Not met 7 Partially met
2	10.3	The roles of the on-site pharmacy team are based on people's needs. <i>Includes 15 sub elements on pharmacy team functions/services</i>	2 Not met 5 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures <i>(there are 5 sub-elements relating to procedures that need to be met)</i>	1 Not Met 11 Partially met
4	18.5	SOPs are in place for CDs <i>(there are 6 sub-elements that describe the range of SOPs needed to be in place)</i>	1 Not Met 11 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	2 Not met 10 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting <i>(there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer)</i>	4 Not met 8 Partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	1 Not met 11 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	3 Not met 9 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians <i>(there were 5 sub-elements of consistency included)</i>	3 Not Met 9 Partially met

*elements that are unique to Cat D sites

Category D prisons showed 15 elements that were commonly not met or partially met. Eleven of these elements were the same as for reception and trainer prisons with 4 being unique to Cat D sites. Compared with reception and trainer prisons there were 4 elements that Cat D establishments achieved:

- cell/room storage facilities being available for medicines (elements 4.3 and 19.4);
- Having medicines administration points that were fit for purpose (11.9)
- medicines supplies being available on release or transfer (12.1).

1.3.3. Conclusions and recommendations for Cat D prisons

The 11 elements that were common to reception and trainer prisons and the overall picture of outcomes for Cat D prisons show that priorities for improvements are similar across all three prison types. Lessons could be learnt by reception and trainer prisons about how Cat D sites achieve the standards relating to continuity of medicines and cell/room medicines storage.

There are 4 elements that are unique to Cat D sites. These have access to pharmacy workforce and clinical themes which may reflect the pharmacy and healthcare service models for these prisons. Interestingly the Cat D prison with an on-site pharmacy was the site that achieved these elements. Taking account of these conclusions, the recommendations for Cat D prisons are:

HJ commissioners and HJ providers should use the elements in Table 7 as a focus for:

- **quality visits by commissioners – using the audit action plan for each provider and re-audit against the standards**

- sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them
- identifying and supporting resolution of the barriers to achieving common issues
- collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity in HJ
- explore how Cat D sites achieve the elements relating to planning for and supplying medicines on release and cell/room storage of medicines so these can be shared with other prison types.
- reviewing commissioned pharmacy services to identify ways of increasing access to a pharmacist or pharmacy technician and clinical medication reviews.

1.4. Prisons detaining females: (n=10)

Prisons detaining females have been analysed separately as they are smaller in population and the healthcare needs of the population are different to male prisoners. HMP East Sutton Park a female Cat D site has been analysed within the Cat D estate, and HMP Peterborough has been analysed within the Adult Male reception prison data as the service delivered at this establishment is the same across the male and female sites and a single audit return was submitted. This means that the sub analysis for female prisons includes 10 sites.

Table 8 shows the overall outcomes for the sites and the average across all female sites.

Table 8: Overall total and domain outcomes for Female prisons

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
Midlands	HMP/YOI Foston Hall	290	38	160	27	156	22	403
Midlands	HMP/YOI Drake Hall	340	38	156	27	163	27	411
North E & Yorkshire	HMP/YOI Askham Grange	128	36	135	30	141	27	369
North E & Yorkshire	HMP/YOI New Hall ^p	425	36	162	30	155	27	410
North E & Yorkshire	HMP/YOI Low Newton ^p	329	36	156	27	153	27	399
North West	HMP/YOI Styal ^p	460	36	156	30	159	27	408
South East	HMP/YOI Bronzefield ^{np}	527	30	149	21	135	27	362
South East	HMP Downview	355	38	167	30	164	27	426
South East	HMP Send	282	38	168	30	162	27	425
South West	HMP/YOI Eastwood Park	442	38	166	23	157	27	411
England Average	Female Prisons	3578	36	158	28	155	27	402

^p On-site pharmacy within the prison; ^{np} Reception prison without an on-site pharmacy

The average scores for female prisons are generally similar across all Domains. The average total score (402) and range of scores in female prisons is higher than Reception (375), Training (374) and Cat D prisons (346). Three female prisons have an on-site pharmacy. Six (60%) prisons attained a green rating with the remaining 4 (40%) being amber. This is a significantly higher percentage of green scores that the other prison types.

1.4.1. Domain analysis

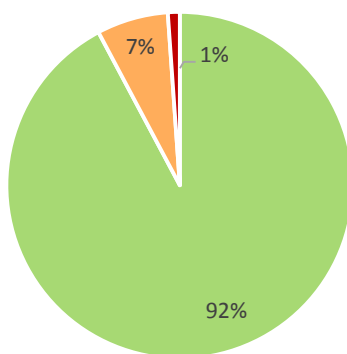
The individual domain outcomes for the female prisons were analysed to identify the level of attainment for each element within the domain and to identify whether there were specific elements within a Domain where provider had not met the standard.

Fig 13 shows the proportion of standards or elements Met, Partially Met or Not Met for each domain across prisons detaining females

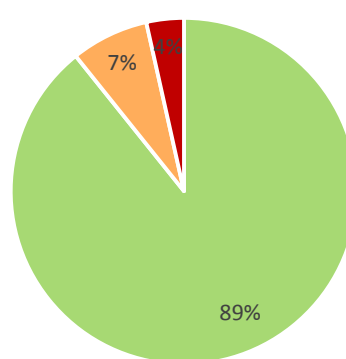
Fig 13: Proportion of domain elements Fully Met, Partially Met or Not Met

Domain 1: Arriving and meeting people's initial medicines needs (9 standards/elements)
Domain 2: Meeting people's medicine needs during their stay (40 standards/elements)
Domain 3: Continuing people's medicines on release & transfer (9 standards/elements)
Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
Domain 5: Employing and training a competent workforce (9 standards/elements)

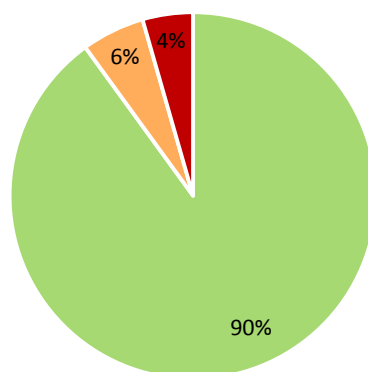
Domain 1



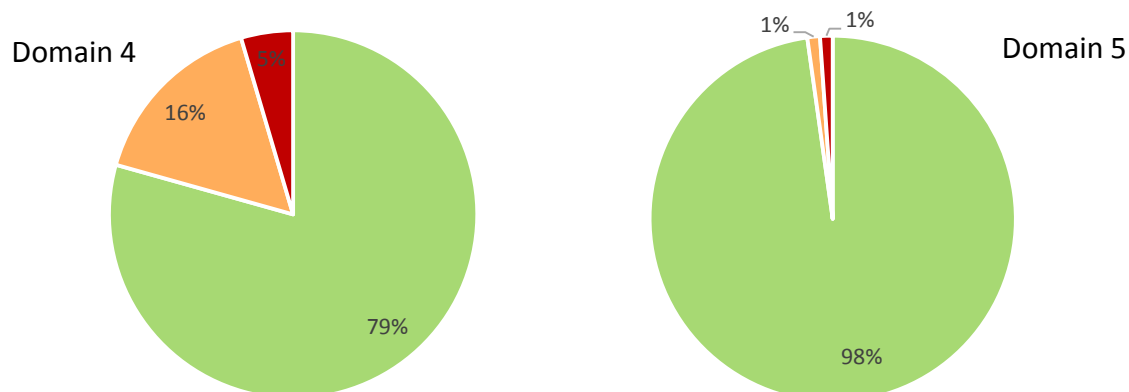
Domain 2



Domain 3



■ Standard Met ■ Standard Partially Met ■ Standard Not Met



The proportion of elements that have been met are high for Domains 1, 2, 3 and 5 with a lower proportion met in domain 4, which is a common finding for all prisons. All domains showed higher proportions of met elements compared to all other prison types. This higher attainment could be due to a number of factors such as a higher ratio of healthcare professional per patient or related to the health needs and healthcare service access of female prisoners compared to male prisoners. These potential factors need to be explored further.

Table 9 shows the elements that were Not Met or Partially Met across four or more sites for each Domain:

Domain	Element	Descriptor	No. sites (n=12)
2 (40 elements)	6.6	Prescribed medicines have a documented indication recorded in the person's record that simplifies clinical monitoring or audit and continuity of care.	4 Partially met
2	8.1*	People have a clinical medication review included in their care plan.	5 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them	1 Not met 4 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	10 Partially met
4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	10 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	10 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	2 Not met 8 Partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	10 Partially met

4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	1 Not met 9 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	3 Not Met 7 Partially met

*In Cat D list

There were 10 elements that were not met or partially met by 4 or more prisons. The elements were like those found in reception and trainer prisons and 1 element that was only in the Cat D list. There were no standards with lower attainment that were unique to prisons detaining females.

1.4.2. Conclusions and recommendations for prisons detaining females

The 9 elements that were common to reception and trainer prisons, the element shared with Cat D sites and the overall picture of outcomes for prisons detaining females show that there are common priorities for improvements across all prison types. There are no elements that are unique to sites with females. Lessons could be learnt from them about how they deliver the elements that the other prison types do not meet, especially in Domains 1 and 2.

Taking account of these conclusions, the recommendations for prisons detaining females are:

HJ commissioners and HJ providers should use the outcomes and elements in Table 9 as a focus for:

- **quality visits by commissioners – using the audit action plan for each provider and re-audit against the standards**
- **sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them**
- **identifying and supporting resolution of the barriers to achieving common issues**
- **collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity in HJ**
- **explore how female sites achieve the elements not met by other prison types, especially in domains 1 and 2.**
- **reviewing commissioned pharmacy services to identify ways of increasing access to clinical medication reviews.**

1.5. Sub-analysis of prisons with on-site dispensing pharmacies

There are 41 on-site dispensing pharmacies within HM prisons including 1 in a YOI. This sub-analysis will provide some insight into the overall and domain performance of this group of prisons compared to the national and prison type average reported. Having a dispensing pharmacy in a prison guarantees the presence of an on-site pharmacy workforce during core hours (9am to 5pm) at least 5 days a week. The pharmacy team will usually deliver pharmacy and medicines leadership and provide clinical pharmacy services and governance-related roles in addition to the dispensing of prescribed medicines.

Table 10 shows the prisons with pharmacies and their overall and domain scores:

Table 10: Overall total and domain outcomes for prisons/YOI with pharmacies

Key: average score for similar prison/YOI type is: ↑ higher; ↓ lower or = the same

Region	Site Type	D1	D2	D3	D4	D5	Tot
HMP/YOI Low Newton	Female	36 =	156↓	27↓	153↓	27 =	399↓
HMP/YOI New Hall	Female	36 =	162↑	30↑	155 =	27=	410↑
HMP/YOI Styal	Female	36 =	156↓	30↑	159↑	27 =	408↑
HMP/YOI Hollesley Bay	Cat D	38 ↑	162↑	30↑	161↑	27↑	418↑
HMP Belmarsh	Reception	34 ↑	161↑	30↑	156↑	27↑	408↑
HMP Birmingham	Reception	38 ↑	139↓	2↑	144↓	23↓	371↓
HMP Leeds	Reception	36 ↑	160↑	24↓	157↑	27↑	404↑
HMP Manchester	Reception	27 ↓	159↑	28↑	153↑	25 =	392↑
HMP Woodhill	Reception	38 ↑	159↑	26↑	157↑	27↑	407↑
HMP/YOI Altcourse	Reception	36 ↑	151↑	26↑	142↓	25 =	380↑
HMP/YOI Bedford	Reception	23 ↓	138↓	19↓	128↓	25 =	333↓
HMP/YOI Bristol	Reception	36 ↑	154↑	23↓	155↑	27↑	395↑
HMP/YOI Bullingdon	Reception	38 ↑	168↑	30↑	155↑	25 =	416↑
HMP/YOI Chelmsford	Reception	28 ↓	136↓	25 =	142↓	27↑	358↓
HMP/YOI Durham	Reception	33 ↑	164↑	23↓	148↑	25 =	393↑
HMP/YOI High Down	Reception	38 ↑	163↑	30 ↑	159↑	27↑	417↑
HMP/YOI Holme House	Reception	29 ↓	141↓	21↓	147↑	27↑	365↓
HMP/YOI Hull	Reception	38 ↑	160↑	30 ↑	164↑	27↑	419↑
HMP/YOI Lewes	Reception	21 ↓	120↓	22↓	124↓	23↓	310↓
HMP/YOI Norwich	Reception	38 ↑	155↑	25 =	140↓	27↑	385↑
HMP/YOI Pentonville	Reception	33 =	146↑	27↑	151↑	25 =	382↑
HMP/YOI Thameside	Reception	34 ↑	161↑	30↑	156↑	27↑	408↑
HMP/YOI Wandsworth	Reception	34 ↑	123↓	11↓	130↓	27↑	325↓
HMP/YOI Wormwood Scrubs	Reception	33 =	150↑	27↑	148↑	27↑	385↑
HMP Brixton	Trainer	34 =	155↑	27↑	153↑	27↑	396↑
HMP Channings Wood	Trainer	28 ↓	149↑	17↓	148↑	19↓	361↓
HMP Dovegate	Trainer	36 ↑	154↑	27↑	151↑	27↑	395↑
HMP Frankland	Trainer	36 ↑	158↑	22↓	148↑	27↑	391↑
HMP Full Sutton	Trainer	38 ↑	166↑	30↑	157↑	27↑	418↑
HMP Highpoint	Trainer	38 ↑	145 =	29↑	152↑	25 =	389↑
HMP Humber	Trainer	38 ↑	149↑	30↑	147↑	25 =	389↑
HMP Isle of Wight (Albany)	Trainer	23 ↓	133↓	16↓	151↑	27↑	350↓
HMP Northumberland	Trainer	35 ↑	158↑	19↓	153↑	27↑	392↑
HMP Oakwood	Trainer	33 ↓	148↑	27↑	157↑	27↑	392↑
HMP Risley	Trainer	35 ↑	138↓	26↓	136↓	17↓	352↓
HMP Rochester	Trainer	34 =	153↑	30↑	153↑	27↑	397↑
HMP Rye Hill	Trainer	38 ↑	170↑	30↑	164↑	27↑	429↑
HMP Wakefield	Trainer	38 ↑	165↑	30↑	159↑	27↑	419↑
HMP Wealstun	Trainer	31 ↓	143↓	27↑	139↓	24↓	364↓
HMP/YOI Isis	Trainer	34 =	158↑	30↑	156↑	27↑	405↑

HMP/YOI Feltham	YOI	38 ↑	167↑	24↓	158↑	25↓	412↑
> or = to site type average		83%	73%	67%	78%	85%	73%
England average	Pharmacies	34 ↑	153↑	26 =	150↑	26↑	389↑

The main points from this analysis of prisons/YOI with on-site pharmacies is that:

- 32% are rated green (13/41) compared to 22% for all HJ sites across England
- Within similar prison types, 73% of those prisons with pharmacies exceed the average total score for that type.
- All prisons with pharmacies perform better than the national average across all 5 domains
- Domain outcomes showed that at least 67% of these sites show a higher than average performance than similar prison types.
- Domains 1 and 5 showed the biggest percentage of sites where the average score for that site type was exceeded.

1.5.1. Domain analysis

Using the charts in the site type sections, a comparison between sites with pharmacies compared to the proportion of all sites for the proportion of **fully met** elements within each domain:

Table 11: Comparison of elements fully met by on-site pharmacies

Site Type	D1 % met	D2 % met	D3 % met	D4 % met	D5 %met
Reception	77	77	79	73	90
Rec pharmacies (20)	79	82	80	74	94
Trainer	81	79	79	73	89
Trainer pharmacies (16)	83	84	83	77	92
Cat D	81	78	91	75	90
Cat D pharmacy (1)	100	93	100	83	100
Female	92	89	90	79	98
F pharmacies (3)	89	87	96	80	100
CYP	86	82	91	79	98
CYP pharmacy (1)	100	98	78	83	89
All sites with pharmacy	82	84	84	76	94

The outcomes show that

- Pharmacies in reception (n=20) and trainer prisons (n=16) meet a higher proportion of the elements in all domains compared to the prison type as a whole. The difference is greater for the trainer prisons for most domains and may reflect the longer length of stay and lower prescription volume in trainer prisons where turnover of prisoners is slower. This may allow pharmacy staff more time to deliver clinical pharmacy and governance roles.
- The Cat D pharmacy (n=1) meets a much higher proportion of the elements in all domains and as for trainer prisons, the lower prescription volume and greater proportion of in-possession medication provides additional opportunities for clinical pharmacy and continuity of medicines support.

- The pharmacies in the female prisons (n=3) on average only showed a higher proportion of met elements for domains 3, 4 and 5. However the difference for Domains 1 and 2 was small (<3%). It should be noted that female prisons perform better than male prisons so effect of having a pharmacy may not be so easily to quantify.
- For the pharmacy in the CYP site, this showed a higher proportion of met elements for Domain 1, 2 and 4 with Domain 3 and 5 still requiring improvement.

Table 12 provides information about the achievement of the different site types for specific elements that had the higher number of not met and partially met for establishments with a pharmacy.

Domain	Element	Descriptor	No. sites (n=41)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	4 Not met 21 Partially met
1	2.3	Medicines brought into the secure environment by people are able to be used.	18 Not met 10 Partially met
2 (40 elements)	4.3	People can store medicines safely with individual lockable secure storage available in shared accommodation. (N.B. This storage facility may be used for other personal items as well)	20 Not met 12 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them	10 Not met 14 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	3 Not met 38 Partially met
4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	2 Not met 39 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	7 Not met 34 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	17 Not met 24 Partially met
4	19.4	There are lockable cupboards for people to store medicines in their cells	17 Not met 10 Partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	5 Not met 36 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	10 Not Met 31 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	14 Not met 27 Partially met

This table can be compared to tables 3 and 5 in section 1.1 for reception and section 1.2 for trainer prisons as most of the pharmacies are within these prison types.

The 12 elements where non-achievement is common in prisons with pharmacies are the same as those for trainer and reception prisons. The four elements that sites with on-site pharmacies do achieve that reception and trainer sites do not are:

- Documented indications in the clinical record (Domain 2, 6.6)
- The roles of the on-site pharmacy team are based on people's needs (Domain 2, 10.3- this has 15 sub-elements that all have to be achieved for the element to be fully met). This element is fully met by 29 sites (71%). This compares to 52% of all reception prisons and 50% of all trainer prisons. This element is also met by the 3 prisons detaining females where there is a pharmacy and the CYP site with a pharmacy, but only partially met by the Cat D prison with a pharmacy.
- The medicines administration points (MAPs) element is met by 26 (63%) sites (Domain 2, 11.9)
- People have a supply of medicines (minimum 7 days) on release and transfer (Dom 3, 21.1) - this was met by 78% of these sites compared to 61% of all reception prisons and 68% of all trainer prisons. The Cat D, female and CYP sites with pharmacies all meet this element.

1.5.2. Conclusions and recommendations for prisons with pharmacies

The sub-analysis of 41 prisons/YOI with on-site pharmacies shows a higher achievement of medicines optimisation standards across all domains compared to the average across the same prison types. However, a few sites show a lower attainment overall or in specific domains than the average for their prison type. This requires a focussed review by providers and commissioners to identify the causes for this and to ensure that the capacity and roles of the pharmacy team are being used across the site to support clinical care and safety and not just restricted to the pharmacy itself.

The commissioning policy for having on-site pharmacies in all reception prisons is validated by the achievement of the standards. Where on-site pharmacies exist in other prison types, sustaining these when services are re-procured will enable the better outcomes seen in these sites to be maintained.

Collaboration is needed with HMPPS to introduce pharmacies into prisons as rooms with facilities that meet national guidance for pharmacies will be needed. This collaboration is particularly needed for contracted reception prisons where healthcare and pharmacy services continue to be commissioned by HMPPS (n=3) with limited NHS England and NHS Improvement involvement and for new prison builds where early consideration of whether an on-site pharmacy should be included is essential.

Taking account of these conclusions, the recommendations are:

HJ commissioners and HJ providers should use the outcomes and elements in Table 16 as a focus to:

- **Act on the recommendations shown for the different prison types shown elsewhere in this report.**

- **Take steps to introduce on-site pharmacies in reception prisons that currently do not have them. Collaboration with HMPPS will be needed to facilitate this, especially for contracted out prisons and new builds.**
- **Maintain on-site pharmacies when services are re-procured.**
- **Identify ways in which the pharmacy services to those without pharmacies can be revised and good practice shared to facilitate improvements where elements are being achieved by prisons with on-site pharmacies.**
- **Review of the pharmacy service is needed where on-site pharmacies show a lower outcome overall or within specific domains to explore the reasons for this. Pharmacy workforce capacity or roles of the pharmacy team are an essential part of this review.**

2. Children and Young People (YOI and STC: n=10)

The children and young people (CYP) sites included in this section are those that only have a population between the ages of 15 and 21 years. Three of these are Secure Training Centres that hold young people between 15 and 17 years old. All 10 sites are for males as younger females are held within female prisons. Secure children's homes were excluded from the audit as a separate set of standards have been developed for them⁵.

Table 13: Overall total and domain outcomes for STC/YOI prisons

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
East of England	STC Oakhill	80	38	123	30	140	27	358
Midlands	STC Rainsbrook	76	32	156	28	155	27	398
South East	STC Medway	76	34	154	30	159	27	404
London	HMP/YOI Feltham ^p	180	38	167	24	158	25	412
Midlands	HMP/YOI Brinsford	470	38	152	23	148	27	388
Midlands	HMYOI Werrington	142	38	143	30	159	27	397
North E & Yorkshire	HMYOI Wetherby	336	38	150	25	151	27	391
North E & Yorkshire	HMP/YOI Deerbolt	513	30	126	30	158	27	371
South East	HMP/YOI Cookham Wood	178	34	155	30	159	27	405
South East	HMP/YOI Aylesbury	440	32	129	30	155	25	371
England Average	STC/YOI Prisons	2491	35	146	28	154	27	390

^p Dispensing pharmacy on-site

The average scores for CYP sites are similar across Domains except for Domain 2 where more variation exists between them. The average total score (390) and range of scores in CYP is higher than adult male prisons (all types) and close to that for female prisons. One CYP site, HMP Feltham, has an on-site pharmacy which shows a green rating (see also section 1.5). Two (20%) prisons attained a green rating with the remaining 8 (80%) being amber. This is a similar percentage of green scores to reception and trainer adult male prisons.

⁵ Healthcare Standards for Children and Young People in Secure Settings Refresh 2019 [Link](#)

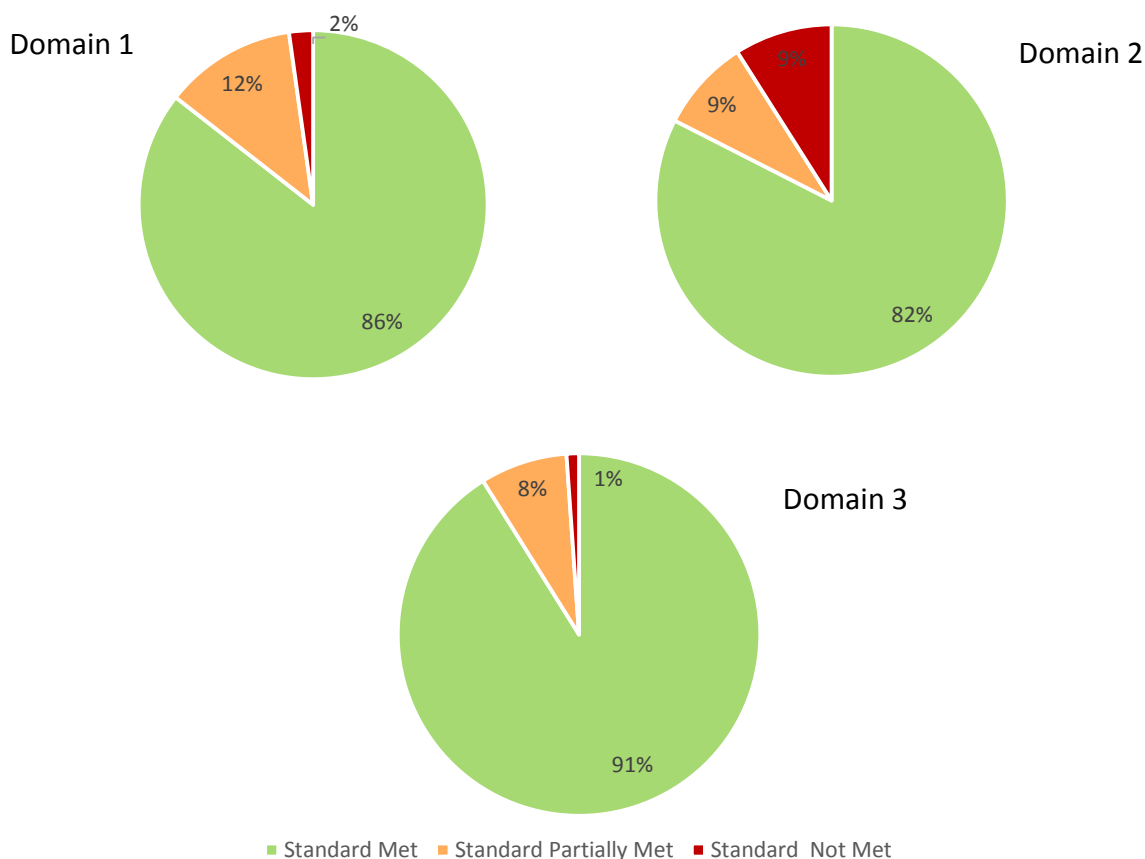
2.1. Domain analysis

The individual domain outcomes for the CYP sites were analysed to identify the level of attainment for each element within the domain and to identify whether there were specific elements within a domain where provider had not met the standard.

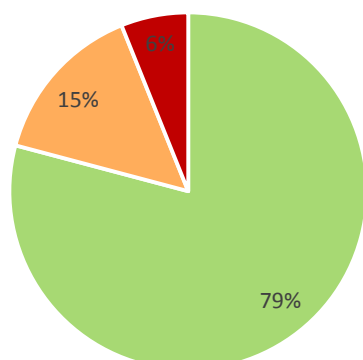
Fig 14 shows the proportion of standards or elements Met, Partially Met or Not Met for each Domain across prisons detaining females

Fig 14: Proportion of domain elements Fully Met, Partially Met or Not Met

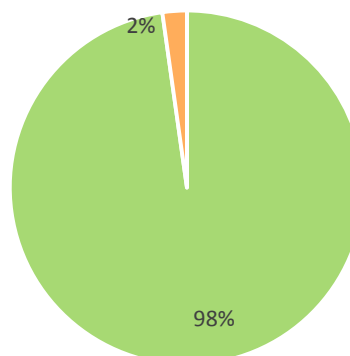
Domain 1: Arriving and meeting people's initial medicines needs (9 standards/elements)
 Domain 2: Meeting people's medicine needs during their stay (40 standards/elements)
 Domain 3: Continuing people's medicines on release & transfer (9 standards/elements)
 Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
 Domain 5: Employing and training a competent workforce (9 standards/elements)



Domain 4



Domain 5



The proportion of elements that have been met are highest for Domains 3 and 5 with a lowest proportion met in Domain 4, which is a common finding for adult prisons. All domains showed higher proportions of met elements compared to adult prisons. This higher attainment could be due to a number of factors. Examples include a higher ratio of healthcare professional per patient or related to the health needs and healthcare service access for children and young people compared to demand and need in adult male prisons which in general have a higher population. Further work is needed to explore these factors.

Table 14 shows the elements that were Not Met or Partially Met four or more sites for each Domain:

Domain	Element	Descriptor	No. sites (n=10)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	1 Not met 4 Partially met
2 (40 elements)	4.3	People can store medicines safely with individual lockable secure storage available in shared accommodation. (N.B. This storage facility may be used for other personal items as well)	2 Not met 6 Partially met
2	6.6	Prescribed medicines have a documented indication recorded in the person's record that simplifies clinical monitoring or audit and continuity of care.	0 Not met 4 Partially met
2	6.12*	People receive individualised care using non-formulary medicines via a local exceptional case process which is fully documented in the person's clinical record.	2 Not met 2 Partially met
2	8.4**	The completion and outcomes from the review is read coded and clearly documented in the person's clinical record and care plan.	2 Not met 3 Partially met
2	10.1**	People and the healthcare team have access to on-site pharmacist and pharmacy workforce that delivers a pharmacist-led, clinically and safety focussed service	4 Not met 2 Partially met
2	10.3	The roles of the on-site pharmacy team are based on people's needs. <i>Includes 15 sub elements on pharmacy team functions/services</i>	4 Not met 0 Partially met
2	11.9	Medicines Administration Points (MAPs- the rooms used from which medicines are supplied) meet the required criteria	0 Not met 20 Partially met
3 (9 elements)	12.4*	Where the release into the community is unplanned, people are given or can access FP10/ FP10MDA prescriptions, so they can access their medicines via a community pharmacy.	1 Not met 3 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	10 Not Met 0 Partially met

4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	10 Not Met 0 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	2 Not met 8 Partially met
4	18.15*	Administration of liquid medicines such as methadone oral solution 1mg/ml to a number of people (>10 from one MAP) on a regular basis should be risk assessed and will usually be undertaken via an automated pump or a computerised pump system.	5 Not met 0 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	2 Not met 8 Partially met
4	19.4	There are lockable cupboards for people to store medicines in their cells	8 Not met 1 partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	0 Not met 10 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	1 Not met 9 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	2 Not Met 7 Partially met

*Standards unique to CYP compared to adult trainer or reception prisons

** Also in Cat D list

There were 18 elements that were not met or partially met by four or more CYP sites. 13 elements were similar to those found in reception and trainer prisons and two elements that were also in the Cat D list. There were 3 elements with lower attainment that were unique to CYP prisons.

2.2. Conclusions and recommendations for CYP sites

The 13 elements that were common to reception and trainer prisons, and the overall picture of outcomes for CYP sites show that there are common priorities for improvements across all prison types and secure training centres.

There are three elements that are unique to CYP sites and two they share with Cat D prisons. Lessons could be learnt from other prison types about how they deliver the elements, especially in Domains 2 and 4.

The two shared elements with Cat D sites have access to pharmacy workforce and clinical themes which may reflect the pharmacy and healthcare service models for CYP sites. The remaining three unique elements have individual themes relating to formulary processes, continuity of medicines access post-release and how methadone is administered. Interestingly, the CYP site with an on-site pharmacy was the site that achieved all five of these elements.

Taking account of these conclusions, the recommendations for CYP sites are:

HJ commissioners and HJ providers should use the outcomes and elements in Table 14 as a focus for:

- **quality visits by commissioners – using the audit action plan for each provider and re-audit against the standards**



- **sharing practice between providers who have achieved specific elements (including other prison types) to support sites who have yet to achieve them**
- **identifying and supporting resolution of the barriers to achieving common issues**
- **collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity in HJ including whether equipment for the administration of methadone is needed**
- **explore how CYP sites achieve the elements not met by other prison types, especially in domains 2 and 4.**
- **Introduce the use of FP10 and FP10MDA prescriptions for sites who currently do not use them**
- **reviewing commissioned pharmacy services to identify ways of increasing access to clinical medication reviews and pharmacy workforce.**

3. Immigration Removal Centres (IRCs)

Immigration Removal Centres (IRCs) are a part of Home Office Immigration Enforcement and play an important role in immigration control in the UK. There were 5 immigration removal centres in England (IRC Campsfield was open during the data collation period and provided results but has since closed). One site (Yarl's Wood IRC) is primarily for female immigration detainees, IRC Harmondsworth and Colnbrook are considered as a single IRC at Heathrow, and Brook and Tinsley House are considered as one IRC at Gatwick. As part of its responsibilities, immigration enforcement, IRCs provide secure detention facilities for:

- People who have just arrived in the UK and who are subject to examination by an immigration officer to decide whether or not they can be granted entry to the UK.
- People who have entered the UK illegally (for example, in the back of a lorry or using false documents), who are waiting for a decision as to whether they will be granted leave to enter and who are waiting for removal if leave to enter is refused. This category may include people who have applied for asylum.
- People who have overstayed their limited leave to remain, or who have breached conditions attached to their leave to remain, and who are waiting for a decision about whether they are to be removed from the UK, or pending their removal.
- People against whom the Home Office is taking deportation action. Most people in this position will be foreign national offenders who have completed their criminal sentence.

Most people detained under immigration powers spend only very short periods in detention. Of the people leaving detention during the year ending June 2016, 64% had been in detention for less than 29 days and 94% for less than 4 months. A percentage of detainees will also come directly from prison detention and exhibit challenging or violent behaviour. The most challenging of such cases will however remain in the prison estate.

There are several challenges when providing healthcare and medicines to detainees within the IRC environment. These may include:

- A lack of verifiable information to support medicines reconciliation on admission.
- The risk of purposeful self-harm or cessation of medicine compliance by a detainee to try to frustrate removal by making themselves unfit for air travel.
- Difficulties identifying non-UK medicines or patient having poor knowledge about their current treatment.
- The provision of medicine continuity when patient is being removed or released into the community (for example to no fixed abode). On occasion there might not be enough time to arrange medicine to take away. Also, a patient might be discharged on a treatment regimen that might not be available in the country of destination (for example clozapine).
- Challenges to remove patients to countries where tight Controlled Drug Regulations apply. Requirement to provide extra documentation or a reduced amount supplied.

Table 15: Overall outcomes for IRCs:

Region	Site name	Pop ⁿ	D1	D2	D3	D4	D5	Tot
East of England	IRC Yarl's Wood	400	34	156	27	147	27	391
London	IRC Heathrow (C & H)	1100	38	148	21	162	27	396
Midlands	IRC Morton Hall	392	36	149	25	151	27	388
North West	IRC Pennine House	32	35	97	24	105	27	288
South East	IRC Gatwick (B & T)	670	36	162	27	151	27	403
England Average	IRCs	2594	36	142	25	143	27	373

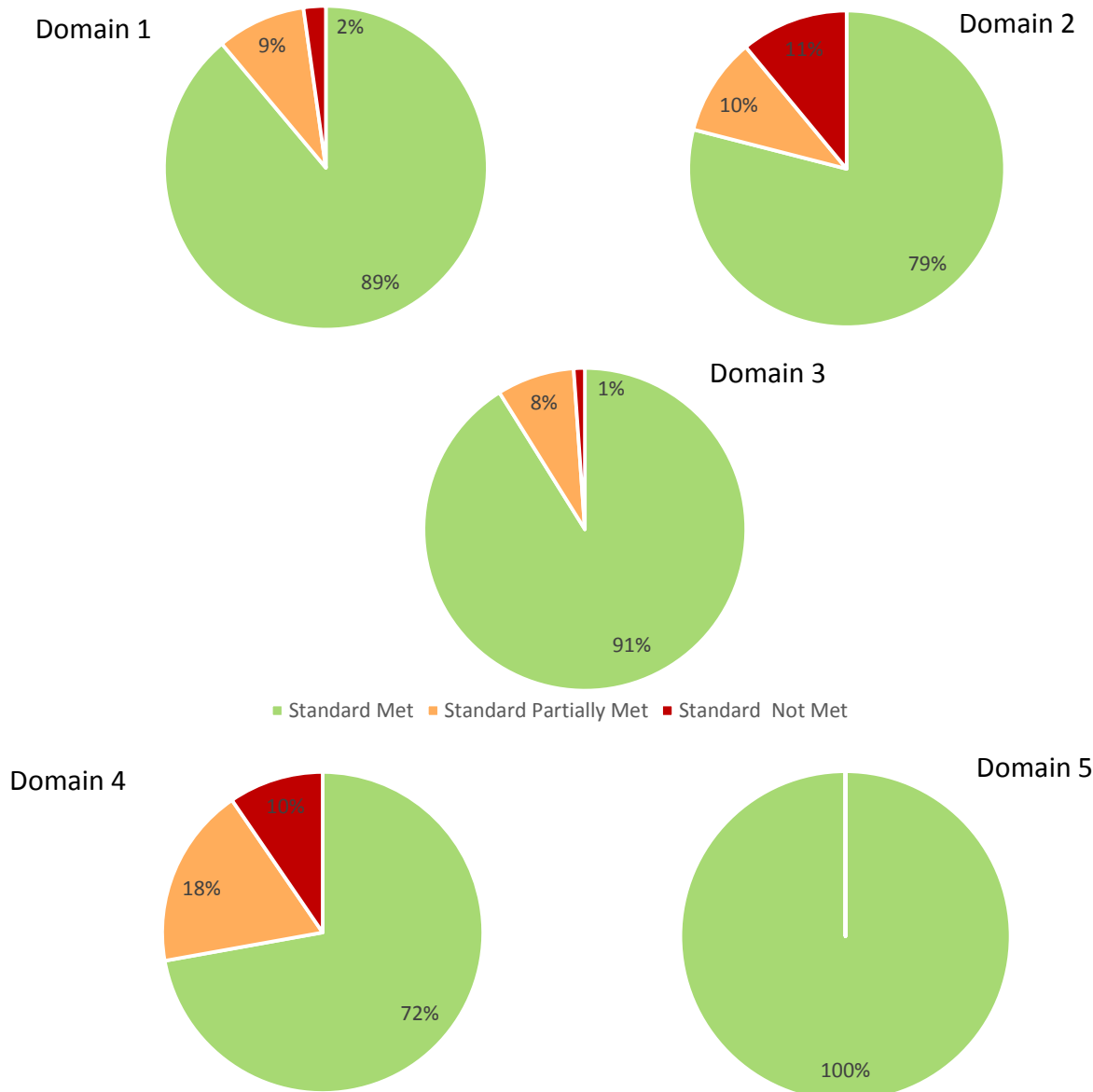
The average scores for IRCs are similar across the 4 larger sites with Pennine House showing lower outcomes. This is likely to be due to the nature of this facility which holds detainees for much shorter timeframes. There are similar scores across the domains with domains 2, 3 and 4 having the lowest attainments. All IRCs rated amber although the average score was similar to that shown by adult reception prisons which, like IRCs, have a high turnover of detained people. None of the IRCs have on-site dispensing pharmacies.

3.1. Domain analysis

The individual domain outcomes for the IRC sites were analysed to identify the level of attainment for each element within the Domain and to identify whether there were common elements within a domain not fully met by providers.

Fig 15: Proportion of domain elements Fully Met, Partially Met or Not Met

Domain 1: Arriving and meeting people's initial medicines needs (9 standards/elements)
 Domain 2: Meeting people's medicine needs during their stay (40 standards/elements)
 Domain 3: Continuing people's medicines on release & transfer (9 standards/elements)
 Domain 4: Maintaining a framework of safety and governance (46 standards/elements)
 Domain 5: Employing and training a competent workforce (9 standards/elements)



The proportion of elements that have been met are highest for domains 3 and 5 with a lowest proportion met in domains 2 and 4, which is a common finding for all health and justice settings. The proportion of fully met outcomes for the IRCs in domains 2 and 4 were similar to those seen in trainer prisons. The higher attainment for domains 1, 3 and 5 reflect those attained by the other HJ settings that have a lower population i.e. Cat D, female and CYP sites. Table 16 shows the elements that were Not Met or Partially Met across two or more sites for each Domain:

Domain	Element	Descriptor	No. sites (n=5)
1 (9 elements)	1.4	A full medicines reconciliation is commenced and completed within 72 hours of admission.	1 Not met 1 Partially met
1	3.2*	Information provided to people, written & verbal, is in a format or language they need based on their physical, mental health, understanding of English and literacy.	0 Not met 2 Partially met
2 (40 elements)	4.1*	People can buy over-the-counter medicines that are not appropriate for supply on the NHS and would have been bought in the community from a locally agreed list	1 Not met 3 Partially met
2	6.12**	People receive individualised care using non-formulary medicines via a local exceptional case process which is fully documented in the person's clinical record.	1 Not met 2 Partially met
2	8.3	People are able to have a Medicines Use Review or access a New Medicines Service by pharmacy staff that are equivalent to the services available via community pharmacies. Local arrangements exist to identify people and offer these services to people that would benefit them and enable people to self-refer for them.	1 Not met 4 Partially met
2	8.4	The completion and outcomes from the review is read coded and clearly documented in the person's clinical record and care plan.	2 Not met 3 Partially met
2	11.12*	When a person fails to collect in-possession medication there is a process in place to identify these people and to follow up their adherence and well-being and refer them for further clinical review as needed.	1 Not met 2 Partially met
3 (9 elements)	12.3*	Where the transfer or release date is known in advance there is a discharge plan (<i>there are 3 sub-elements relating to transfer, community and overseas releases</i>)	1 Not met 2 Partially met
3	12.4**	Where the release into the community is unplanned, people are given or can access FP10/ FP10MDA prescriptions, so they can access their medicines via a community pharmacy.	3 Not met 0 Partially met
4 (46 elements)	16.2	People access medicines and staff handle medicines according to procedures (<i>there are 5 sub-elements relating to procedures that need to be met</i>)	0 Not Met 5 Partially met
4	17.1*	There is a medication safety officer (MSO) or medication safety lead for the prison or organisation delivering healthcare services to people. The MSO or medication safety lead is linked into and contributes to the national or local MSO and other medicines safety networks.	2 Not met 1 Partially met
4	18.5	SOPs are in place for CDs (<i>there are 6 sub-elements that describe the range of SOPs needed to be in place</i>)	1 Not Met 4 Partially met
4	18.13	People receive CDs (Schedule 2-4) under supervision except under exceptional circumstances	1 Not met 4 Partially met
4	18.16	People prescribed CDs (Schedule 2 and 3) will not have their supply of CDs interrupted on transfer to another custodial setting (<i>there are 2 sub-elements involving a copy of the CD prescription being available and supplies sent on transfer</i>)	1 Not met 4 Partially met
4	19.6	People's named medicines awaiting collection and medicines stock (including medicines in emergency bags) are regularly checked.	0 Not met 5 Partially met
4	20.3	Prescribing analysis is routinely conducted to support evidence-based practice, formulary use and inform people's clinical outcomes. Analysis is prioritised on national and local requirements	2 Not met 3 Partially met
4	21.5	Medicines are recorded consistently on HJIS by healthcare staff and in-reach clinicians (<i>there were 5 sub-elements of consistency included</i>)	1 Not Met 4 Partially met

*Unique to IRCs compared to adult trainer or reception prisons; ** Also in CYP list

There were 17 elements that were partially or not met by IRCs. 10 of these were also a common element for other HJ settings with two elements common with CYP sites: formulary management and use of FP10 prescription forms on release. 5 elements were unique to IRCs.

3.2. Conclusions and recommendations for IRCs

The 17 elements that were common to other HJ sites, and the overall picture of outcomes for IRCs show that there are common priorities for improvements across all health and justice settings.

There are five elements that are unique to IRC sites which are about:

- Information being available in a format the person can understand (3.2)
- Ability for people to purchase over the counter medicines (4.1)
- Taking action to follow up people who haven't collected their medicines (11.12)
- Discharge planning for planned releases (12.3)
- A medicines safety officer (MSO) is in place and is engaged with the wider MSO networks (17.1)

Lessons could be learnt from other health and justice settings types about how they deliver the elements, especially in Domains 2, 3 and 4.

The two shared elements with CYP sites involve formulary management and access to FP10 prescription forms. These will require support for the sites to improve as they rely on local arrangements.

Taking account of these conclusions, the recommendations for IRCs are:

- **HJ commissioners and HJ providers should use the elements in Table 16 as a focus for:**
 - **quality visits by commissioners**
 - **sharing practice between providers who have achieved specific elements (including other HJ settings) to support sites who have yet to achieve them- especially from other IRCs who have met the patient information and adherence follow up elements.**
 - **identifying and supporting resolution of the barriers to achieving common issues**
 - **collaborative working with NHS England and NHS Improvement CDAOs to improve CD handling and continuity**
 - **Explore how access to purchase over the counter medicines could be increased**
 - **Introduce the use of FP10 and FP10MDA prescriptions for sites who currently do not use them**
 - **Identifying a medication safety officer (MSO) for all IRCs and linking them with the wider MSO network**

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