



England

# Health and Justice medicines optimisation and pharmacy services

Strategic and local priorities for 24/25

Presented by:

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## **Actions:**

- **Engage with and integrate detained community, practitioners and data in ICB-led local MO and pharmacy programmes**
- **Deliver national HJ MO and workforce priorities across HJ services**



# NHS England retains HJ Commissioning (custodial)

## HM Prisons- Cat A-D (open)

113 (+ new pending and expansions- 2027)

adults (81,000 men and 3,400 women)- **97,000 by July 2025**

**15% over 50 years old**

## Children and young people

2x YOI; 2x Secure training centres; 15 secure children's homes- welfare and CJS beds

Population approx. 1000

## Immigration Removal Centres

5 (+ 2 pending)- **not** HO temporary sites!

Rising to several thousand detainees due to legislation

## Liaison and Diversion; RECONNECT

L&D- diverts people away from custody to MH/SM services

RECONNECT- supports post-release continuity of care

**NHS Commissions:** GP, primary care, mental health, public health and pharmacy services

Region	HJ Sites
East of England	15 HMP; 1 IRC; 2 CYPSE
London	9 HMP; 1 IRC; 0 CYPSE
Midlands	29 HMP; 0 IRC; 4 CYPSE
North East and Yorkshire	21 HMP; 1 IRC; 5 CYPSE
North West	16 HMP; 0 IRC; 2 CYPSE
South East	22 HMP; 2 IRC; 4 CYPSE
South West	11 HMP; 0 IRC; 2 CYPSE
<b>Grand Total</b>	<b>147 sites</b>



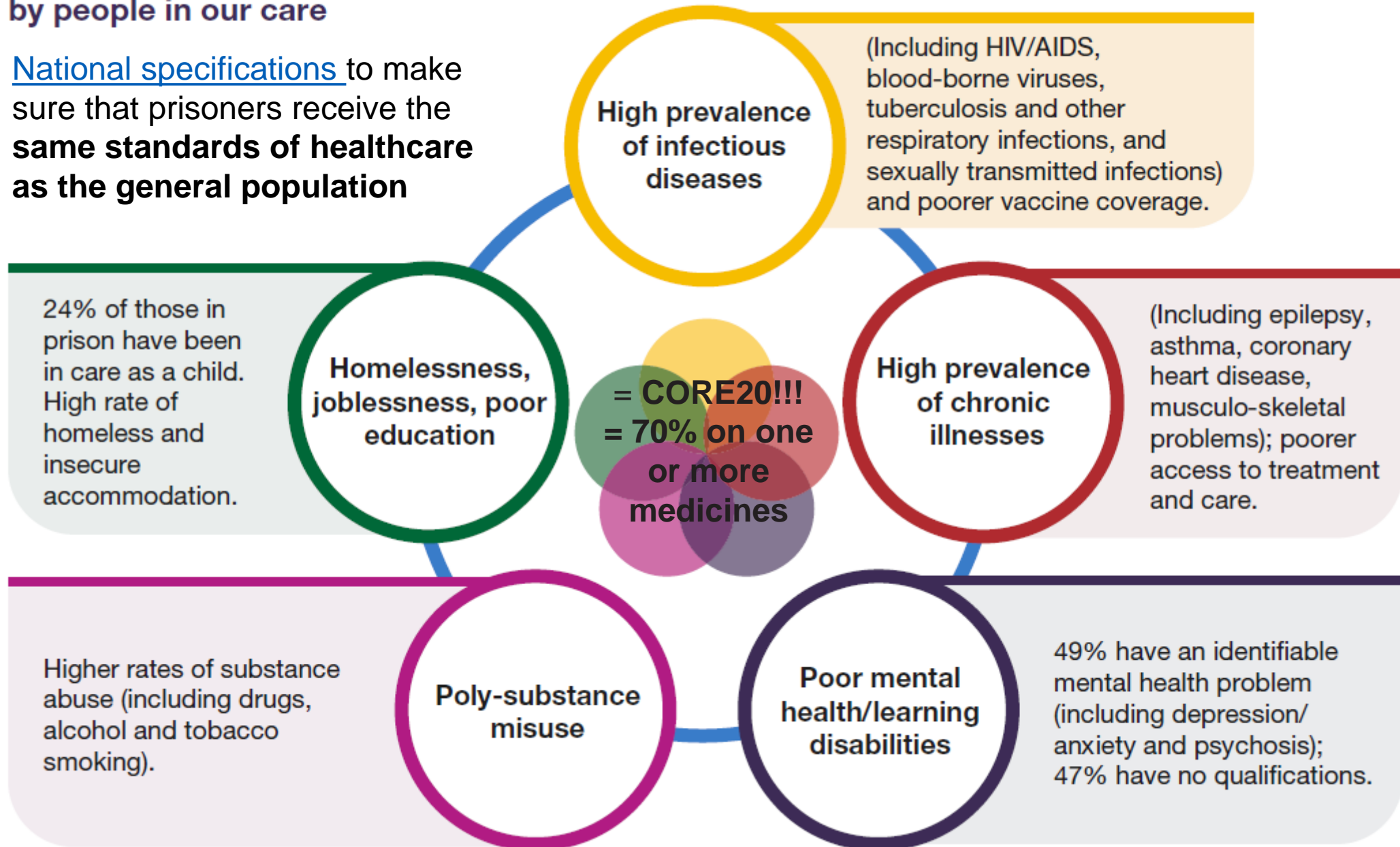
Detained population live within local rural and urban communities and there is detained community in most ICB areas

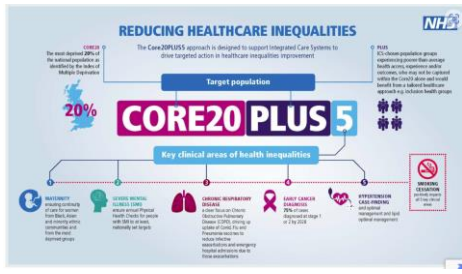
People in detained communities work, eat, sleep and undertake leisure activities and access healthcare- in a controlled way

Average time in HMP – 75% 6 months or less-  
range: hours to life!  
IRC days- months with deportation and  
community releases

## Health inequalities experienced by people in our care

National specifications to make sure that prisoners receive the **same standards of healthcare as the general population**





## National medicines optimisation opportunities 2023/24

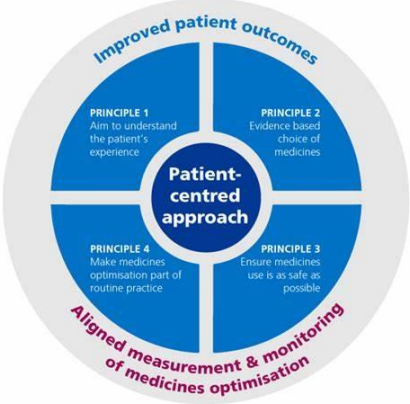
This guidance describes the 16 national medicines optimisation opportunities for the NHS in 2023/24, and signposts to resources to help with their implementation. We recommend integrated care boards (ICBs) choose at least five medicines optimisation opportunities to focus and deliver on alongside their local medicines optimisation priorities. Progress against chosen opportunities will be reviewed using available data.

## National Partnership Agreement

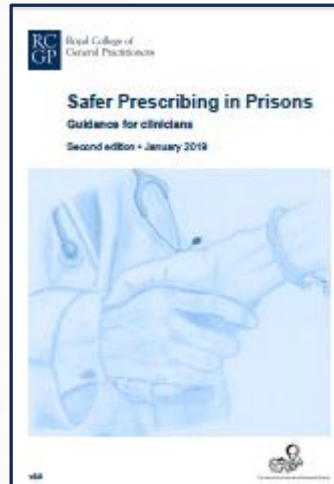


### Tackling antimicrobial resistance 2019–2024

The UK's five-year national action plan



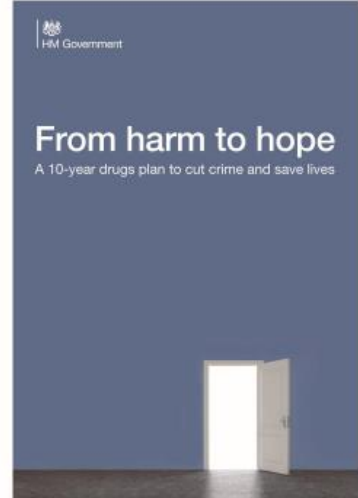
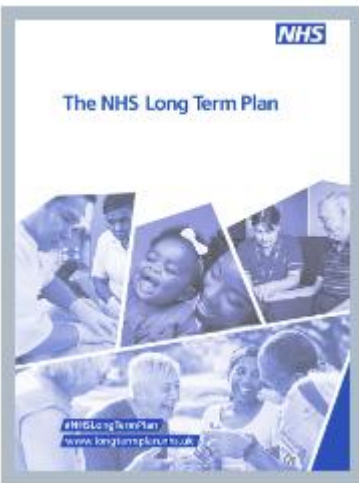
Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care



### Specialised services

What are specialised services?

Specialised services support people with a range of rare and complex conditions. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. They deliver cutting-edge care and are a catalyst for innovation, supporting pioneering clinical practice in the NHS. For a quick overview of specialised services watch our animation.



Guidance  
**COVID-19: outbreaks in prisons, refuges and other higher-risk accommodation settings**



**Pain Management Formulary for Prisons:**  
The Formulary for acute, persistent and neuropathic pain  
Second Edition: October 2017



**Health and Justice mental health services:**  
Safer use of mental health medicines

**NICE** National Institute for Health and Care Excellence

# MO on the inside: Unique factors and challenges



- **Controlled daily regime:** includes set times for medicines access- issues with long queues – dose intervals and risk of delayed and omitted doses
- **Premises safety:** Medicines access rooms variable in size and quality; safe transport of medicines across the site.
- **Cell design:** Shared cells common and access to safe medicines storage limited- searches used to manage risks
- **Officer enablement:** escort and security by officers to maximise access and safety
- **In-possession (IP) risk assessments:** All prisoners receive this on admission and when review or new medicine initiated. All have local IP policy and some medicines are always non- IP due to diversion risk.
- **Controlled drugs:** high volume across all Schedules- Sch 2-4 all supervised consumption (not in-possession) and adds to access issues- methadone queue can be >100 daily!
- **High prevalence of diversion and abuse of medicines:** Mostly hidden in the community but visible and factored into medicines pathway in HJ- sharing safety and security information is key
- **Demands for dependence forming medicines and polypharmacy:** High and creates challenges for prescribers especially where shorter stays limit options for review and optimisation- continuity is key

# NHS HJ Medicines Optimisation Pharmacy Plan on a Page



## Overall Aim

To work together to ensure NHS MO & pharmacy services:

Deliver NHS opportunities, policy and priorities

Deliver world class equitable care via staff who are supported and valued

Support people to age well

Achieve the best value for the public

standards, medicines supply, treatment access & outcomes

## National Priorities

**System Collaboration and Integration**  
Work collaboratively nationally, regionally and locally as **one pharmacy team** across systems in multi-professional teams

**Workforce: Deliver People Plan**  
Support **health and wellbeing** of NHS teams  
Take action on **recruitment and retention**  
Promote **equality, diversity and inclusion**

**Transform Service Delivery**  
Create more personalised, digitally enabled and better coordinated **patient care**

**Improve Health Outcomes**  
**Prevent ill-health**, improve productivity and address health inequalities

**Transform Continuity between settings**  
Better **continuity of care** between Community and Custody

## HJ Work Programmes

**Enabling via formal collaboration:** Sharing contacts, HJ representation and participation in MO and pharmacy inside and outside

### HJ Pharmacy Workforce strategy and support

- HJ teams visibly contributing in regional & local WTE/ICB programmes
- Embed access for HJ to pharmacy training programmes e.g. PCPEP
- Grow cross-sector pre-and post-qualification training
- Enable cross sector posts between primary and HJ practices
- Showcase career opportunities in HJ practice

### HJ MO Digital strategy and estate expansion

- Implement EPS for FP10s and internal Rx and integrate Methasoft
- Access for digital therapy and devices: CGM and Sleepio
- Integrate HJ population in digital informatics to inform care and need
- Enable new and improved estate is effective for service and access

### MO opportunities: with ICB and HJ partnership

- Embedding MDT SMRs for DFM and polypharmacy
- HJ women's review, AMR and valproate improvement programmes
- Substance Misuse Services: Naloxone and injectable buprenorphine
- PH7a/SAAS : Imms and Vaccs, sexual health, smoking cessation, BBVs

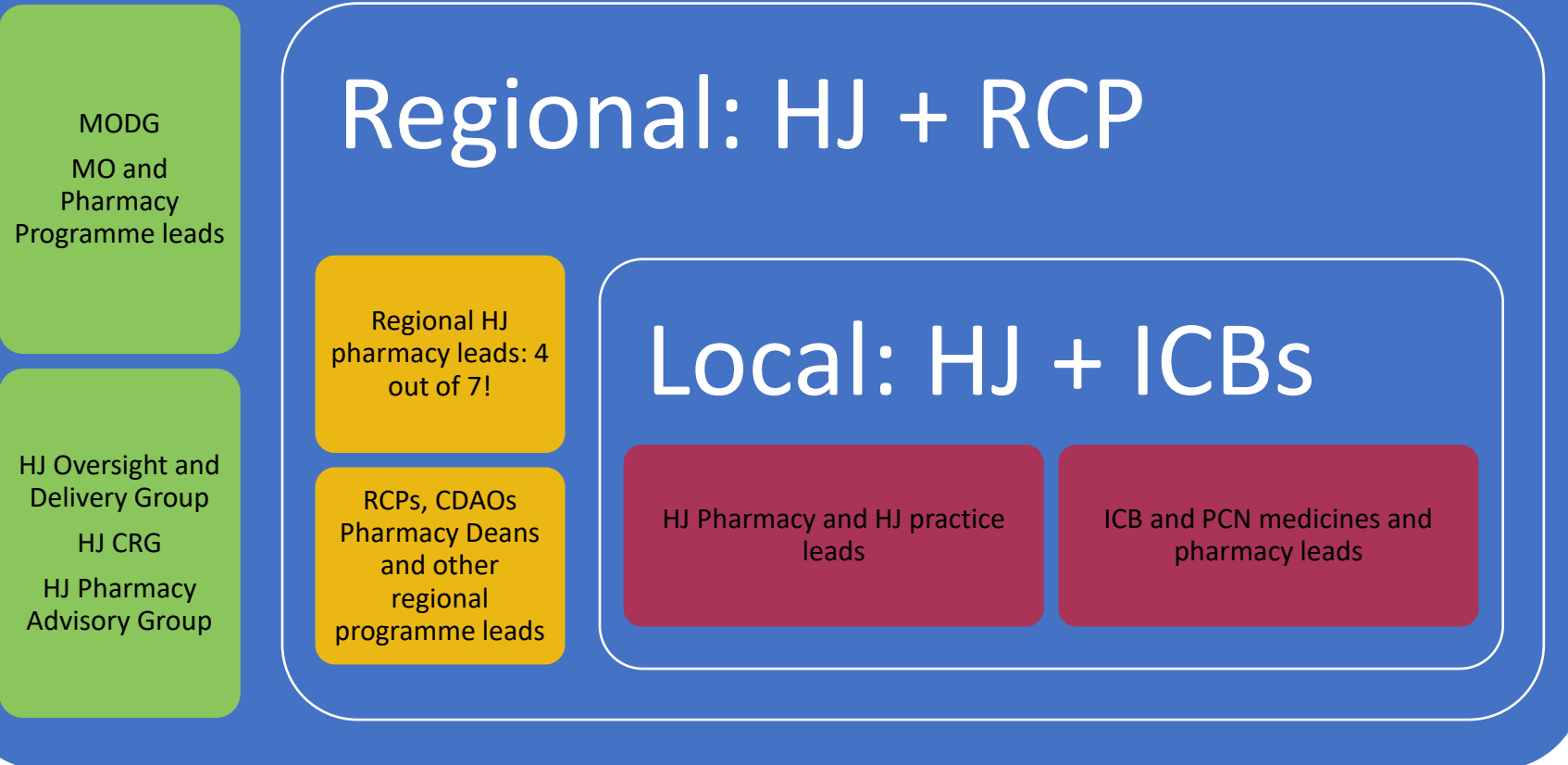
### Continuity improvement programmes:

- Publish briefing to underpin local action for improvement
- Roll out use of evidence bags for court, hospital and inter HJ transfer
- Videos, digital and paper info for accessing medicines on release



# Whole System Integration of HJ practice- status and planning

## National – HJ into MO



Engagement and inclusion of HJ essential at all levels to deliver equivalence and priorities

- Good engagement nationally – some programmes need additional leadership support
- Good links with RCPs- broadening needed via regional HJ expertise linking with regional MO programme leaders and networks
- **ICB engagement is key action** - ICB maturity and MO leadership now better embedded so can achieve improvements in 2024/25



# Embedding System Integration at ICB/HJ practice level

- Sharing of key contacts for HJ and ICB MO and pharmacy to enable first contact
- Using HJ regional pharmaceutical advisers to
  - Formally link with NHS regional chief pharmacists and Pharmacy Deans to enable HJ regional integration
  - Facilitate local engagement between HJ practitioners and ICB medicines and pharmacy
  - Develop local HJ practice networks and support local delivery of MO/pharmacy programmes with sharing of good practice across HJ and systems
- Continue to develop national engagement to enable HJ inclusion in key national priorities:
  - Formal collaboration with national ICB MO leads via NHS England's national team
  - Spec comm high cost drugs delegation and new pathways (COVID and Alzheimer's therapeutics)
  - Contribution in MODG which links with all other NHS E leads and NHS executive and regional/ICB actions
  - Consider how to share HJ MO information so visible where ICBs share practice

# Pharmacy services and workforce: background



- Each HJ provider has a HJ pharmacy lead/chief pharmacist
- 46 on-site dispensing pharmacies in HJ- remainder accessed via external pharmacies
- Most reception/local prisons have them due to high patient churn and acute/urgent supply needs: needed in all of them!
- Clinical pharmacy service commissioned as for GP practice and care home pharmacy
- OTC medicines provision led by pharmacy
- Pharmacy team provide medicines policy, governance and oversight- run a medicines management committee

**Equivalent access and service provision to primary care is essential: need full integration of HJ practitioners with ICB practice**

Pharmacy Workforce = 10% of HJ workforce

- ❖ 109 pharmacists
- ❖ 416 pharmacy technicians (260 ACTs)
- ❖ 70 assistants
- ❖ 27 active pharmacist prescribers
- Introducing **HJ cross sector 13-week Foundation Trainees**: 17 confirmed 23/24; 27 posts 24/25
- Access to NHS-led training opportunities increasingly in line with primary care colleagues
- Engaging with NMP and Newly Qualified Pharmacist pathway
- Pharmacy Technician development- HJ member on national advisory group 😊

**Key opportunities for cross sector posts with ICB/PCN pharmacy workforce- need full integration of HJ practitioners with ICB pharmacy workforce planning and use.**





# Pharmacy services and workforce: next steps

- Consolidate progress made by setting bringing together stakeholders to continue strategic enablement for HJ pharmacy workforce and integration with NHS WTE and ICB developments
- Focus on pharmacy technicians to maximise skill mix, training and leadership
- Sustain and grow cross sector practice to operationalise whole system use of the pharmacy workforce – support pathfinders to showcase opportunities
- Develop independent prescribing in practice and contribute to the system-led increase in pharmacist IP training
- Support workforce development to deliver clinical pharmacy services
- Collate and report on HJ pharmacy workforce to underpin recruitment and retention activities
- Showcase HJ pharmacy practice by including examples in pharmacy careers videos and engaging with undergraduate and training partners and students



# Medicines Optimisation: HJ Opportunities

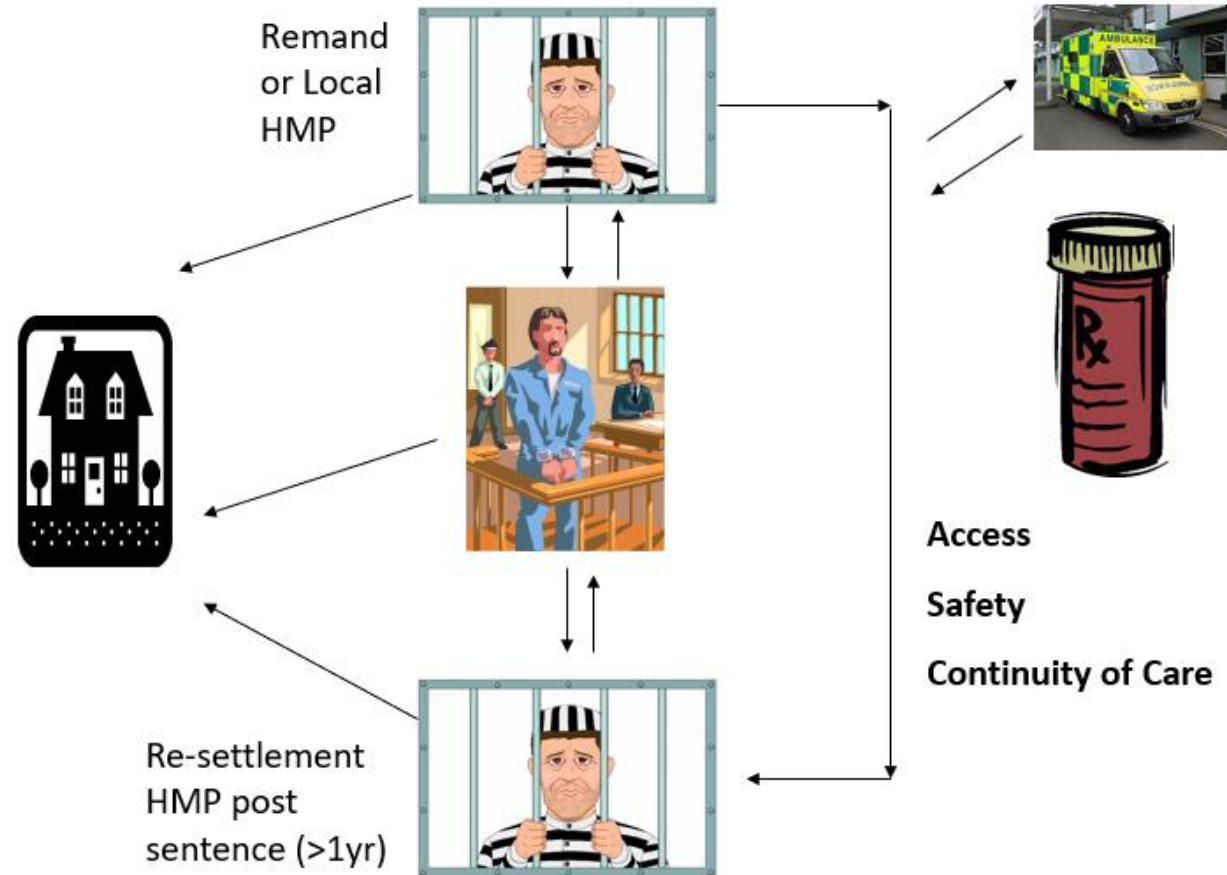
- Encourage partnership with ICBs for local medicines opportunity programmes
- Embedding multidisciplinary SMRs for DFM and polypharmacy:
  - Linking HJ practice with national overprescribing and polypharmacy leads to showcase DFM care pathways and support connecting HJ practice with local ICB overprescribing programmes
  - Use practice support and tools available via Health innovation and PrescQiPP
  - Consider workforce requirements and opportunities for cross-sector SMR sessions with PCNs
  - Confirm training and exemption requirements for pharmacists- can access PCPEP via CPPE starting with January 2024 cohort
  - Convene working group to advise on implementation and sustainable approach
  - Develop metrics to measure outcomes aligned with primary care

# Medicines Optimisation: HJ Opportunities

- **Deliver AMR and valproate improvement programmes:**
  - AMR programme led by regional AMR lead and delivered through HJ pharmacy leads, HJ CRG and HJ commissioners: Programme of improvement to commence in 2024 😊
  - Initial dataset and overview of antibiotic prescribing completed and shared with national AMR team for AMR awareness week
  - Women's review: recommendations about medicines access information and continuity.
  - Valproate programme as per MHRA and patient safety alert will commence in January- data suggests low usage across HJ female patients
- **Substance Misuse Services:**
  - Naloxone administration by HMPPS officers (Jan 2024 launch) with HJ SMS teams
  - Injectable buprenorphine – in prison formularies by 31<sup>st</sup> March 2024
- **PH7a/SAAS :**
- Imms and Vaccs (COVID and national strategy inc delegation impact), sexual health (BASHH HMP standards), smoking cessation (vapes) , BBVs (Hep C)

# Continuity of care: right medicine, right time, every place

- Huge population pressures and rising in HMP and IRCs
- 5,700 new prison admissions + 2000 recalls and 3,700 releases each month
- 45,000 monthly prison transfers (inc to courts)
- 75% prisoners return to the community in 6 months- back to ICBs!!
- Single clinical IT system (TPP HJIS) across HJ
- GP registration at HJ practice in male estate- improves health records sharing
- 85% meds reconciliation within 72 hours of admission now achieved 😊
- Standards for medicines supply- 7 days moving to 28 (COVID retained)



**Well over 30% of the population is moving in, out or around every month- consider this for a small town!**

# Continuity improvement programmes

## Sharing good practice and supporting local improvements:

- Jo Cadwallader completed a programme of work to collate good practice and complete strategic work to support access to medicines supplies on transfer and release.
- Briefing to be published and shared in Dec 2023
- Revised release and transfer templates info + how to access and use FP10 prescription forms
- Webinar to follow in Jan/Feb 2024 to showcase templates and good practice
- Linking with PhIT at NHS England to consider opportunities for how CP services could support released detainees

## Roll out of use of evidence bags for transporting medicines

- Implemented in HMP Bullingdon on transfer to prisons and courts with success
- HJPAG agreed that this should be rolled out across all HMP
- Requires detailed strategic planning and partnership with HMPPS inc PECs



## Medicines information resources for released detainees and probation staff

- Developing self-help info videos, web-pages and printable leaflet about how medicines are obtained in the community and pharmacy services available to support patients (including Pharmacy First and CPCS)



Any questions?

Contact me: [denisefarmer@nhs.net](mailto:denisefarmer@nhs.net)

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## Thank You



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