Use of Stock Medicines in HM Prisons versus individually named medicines

What does the Guidance say?
As prison healthcare delivery is a primary care service, pharmacy service should mirror community pharmacy so the patient experience reflects the community setting wherever possible. HMIP Expectations (2012) reflect this by stating in the Healthcare section:

"Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community”

In addition HMIP expectations state in the Pharmacy Services section that:

"Prisoners are cared for by a pharmacy service which assesses and meets their needs and is equivalent to that in the community”

A Pharmacy Service for Prisoners (June 2003) includes recommendations about stock versus individually labelled medicines. Recommendation 7 states that:

We recommend that the drug and therapeutics committee should ensure medicines are generally supplied in patient packs.

Why is this different for IDTS Patients?
As the medicines for IDTS for opiate substitution and alcohol detoxification are CDs (schedules 2,3 and 4), these are never held IP in any prison. Because of this and because every prison is expected to host IDTS patients and thus hold stock, IDTS PSI 2010/45 stated that these medicines must be supplied from stock. As all prisons will keep these medicines in stock, then using a stock supply is the safest system and reasonable. For releases both planned and unplanned, IDTS guidance states the need for ensuring continuity of supply via short term discharge supplies or FP10 use + access to community services.

Why is individually labelled medication (patient packs) recommended for everything else?
There are good reasons why even for non in-possession (non-IP) medication the use of individually labelled patient packs is recommended. These include:

- You can keep all the medicines prescribed for a patient in one place: It is more common for medicines to be stored in medicine cupboards in dedicated areas in healthcare or on the wings rather than trolleys due to the volume of medicines usually needed for supplying IP and non-IP to prisoners who access the treatment area. This means that by using individually labelled medicines for each prisoner, both IP and non-IP medicines can be stored in baskets or individual medicine bags containing all their medicines which mirrors the community pharmacy model.
Individually labelled NIP medicines can be used to supply the prisoner with medicines on transfer or discharge in line with the requirement for continuity of medicines stated within national prison pharmacy guidance. Stock medicines would need to be dispensed prior to supply to the prisoner and this creates a delay which usually ends up with the prisoner leaving without all of their medicines. This is a particular issue in local prisons where unplanned or swift releases are common. When a prisoner is transferred to another prison their medicines have to go with them (IP and non-IP). Most prisons have very limited use of stock supplies for medicines so there is a high risk of missed doses when medicines are not transferred when the transferring prison uses stock medicines as the norm for non-IP medicines.

It is important that the amount of and supply of medicines to prisoners, especially for high risk medicines for diversion, can be audited. If a prison uses stock supplies for all NIP medication, then it is very difficult to detect whether stock has gone missing. In addition if a patient claims that they have not received a dose of a medicine, it is impossible for the healthcare staff to use the stock medicines to verify this. They would have to rely on written information on the medicines chart or SystmOne records (where there is a record for each administration/supply) and these are error/omission prone.

When a nurse/pharmacy technician administers an individually labelled medicine to a prisoner, there will be additional checks that are made by checking the label information (prisoner name, medicine name, dose etc) against the prescription/medicines chart. These checks are not possible with stock supplies and staff have to rely on the accurate transcription of the prescription onto the chart or be able to see and access a copy of the prescription either on paper or on the IT system to meet NMC Standards. Administration of medicines using labelled stock is therefore safer as additional checks are possible at the point of supply using the label on the medicine. This is increasingly important where paperless prescribing and administration/supply become more common.

It is commonly understood that selecting stock medicines from shelves containing different strengths of the same medicines or medicines with similar names is a cause of medication errors. In the high pressure environment of administering supervised/Non-IP doses of medicines to prisoners this risk is heightened. Introducing un-labelled stock rather than using individually labelled medicines for prisoners will introduce a new risk to the administration of these medicines to prisoners. Individually labelled medicines are safer to select accurately and administer.

There are instances where a non-IP medicine may change to IP for clinical reasons or as part of the prisoner’s rehabilitation. Using individually labelled medicines means that this can be implemented more efficiently as a labelled medicine can be supplied to the prisoner rather than having to wait for a dispensed supply.

**Why do people want to use stock and are these reasonable?**
The use of stock medicines in HM Prisons is often perceived by healthcare staff as being a solution to a range of issues they experience in handling of prisoner’s medication. Examples are given below along with comments on alternative ways of tacking the
issue without resorting to the use of stock for non-IP medication and where use of stock as a stop-gap is useful:

a. Space for medication: Named patient medicines take up more space and can be an issue where medicine trolleys are still being used rather than medicine cupboards installed in specific treatment rooms used to administer/supply medicines.

Trolleys are rarely suitable for prisoner medication storage where wing populations and number of medicines prescribed are higher than hospital wards (where trolleys are traditionally used). Untidy/over-filled trolleys are a high risk of medication errors. Most prisons have moved away from trolley use and have dedicated treatment rooms with lockable medicines cupboards where prisoners from one or more wings attend to receive their medicines. This also reduces the need to transport high volumes of medicines between wings and healthcare one or more times a day. Trolleys may still be suitable for delivering medicines to inpatient units or segregation areas where prisoner numbers are lower and access to a dedicated room is more difficult.

b. Speed: There is a perception that using stock will speed up the medicines administration process for non-in possession stock.

This perception is wrong. If prisons provide non-IP medicines via stock supplies prisoners are very likely to be taking a combination of stock medicines as well as individually labelled IP medicines in prisons. This means the person supplying the medicines to the prisoner has to access two different cupboards at least once a month (and daily for daily IP medicines) to supply IP medicines to the prisoner. This adds additional time to selecting the medicines needed for the prisoner and does not minimise administration/supply risks. It is also possible that in implementing this system, staff may forget to supply the IP or stock medicine causing the prisoner to have delayed/omitted doses or causing the prisoner to have to return to the wing a second time.

If the prison uses individually labelled medicines instead, then all the medicines for the prisoner would be stored in one place (ideally in lockable medicines cupboard and easily identifiable) minimising the risk of delay or omitted doses.

The prison’s IP policy should i) maximise the use of IP and ii) take account of the workforce and time needed to deliver/supply both IP and non-IP medicines safely. Using stock supplies for non-IP medicines does not improve efficiency or safety.

c. Loss of medicines when prisoners are transferred between wings: If stock medicines are used then medicines can still be supplied when prisoners move between wings reducing delays in doses and waste.

The use of stock as a general solution for this issue is flawed. This is because prisoners will be taking other medicines as well as non-IP medicines in most cases. So using stock will only enable the non-IP medicines to be administered on the receiving wing when a prisoner is transferred. The prison will still need to move any IP medicines.

The re-location of prisoners between wings is a difficult issue but solutions can be found by maximising the use of SystmOne where the wing location of the prisoner
can be recorded: This will help the new wing figure out where the prisoner came from if the prisoner doesn’t know. Collaborative solutions need to be sought with prison staff/managers to improve sharing of prisoner transfer information with healthcare. This will improve the efficiency and accuracy of transfer of medicines between the wings.

Stock stop-gap: A limited range of common non-IP medicines stock could be held in treatment rooms to enable non-IP doses to be given until the prisoner’s supply or new prescription can be supplied. As volumes of stock held on the wing will be low and use less often, then stock reconciliation and management is achievable and would detect anomalies/missing stock.

d. Doses of new medicines or newly admitted prisoners are regularly altered resulting in waste of named patient medicines that can’t be re-used. Stock will reduce this waste.

This issue can be resolved by reviewing the initial prescription length for newly prescribed medicines or newly admitted prisoners for medicines that are likely to be changed (the medicines can be determined by audit). Some prisons have policies where prescribers prescribe 7 to 14 days of certain medicines on admission or when they initiate specific medicines to minimise the waste due to likely changes.

e. Prisoners are often transferred without a supply of their medicines. Keeping stock supplies of common medicines, using them as stock all the time will resolve this.

Using stock for non-IP medicines as a solution to this for the whole of the prisoner’s stay is not necessary. Prisons usually have a selection of high risk (clinical) and commonly used medicines that are held as emergency stock (with or without over-labels to allow relevant ones to be given IP to the prisoner). If a prisoner needs this then the stock supply can be used until a new prescription can be raised and dispensed for the prisoner (usually within 5 days). Local prisons tend to have longer lists of emergency stock medicines that trainer prisons as it is more likely that a prisoner transferred from police custody or court will not have their own supply available.