

# Formulary Update

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# Formulary

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## Pain Management Formulary for Prisons:

**The Formulary**  
for acute, persistent and  
neuropathic pain



**NHS**  
England



**Pain Management  
Formulary for Prisons:  
Implementation Guide**

# Implementation Guide

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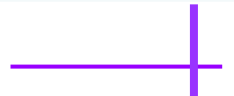
- Background to the formulary
- Patient experience
- Non-pharmacological management
- Medicines pathway for pain medicines
- Risk, use of IT and governance
- Workforce skills



# 2016-17: Implementation

- Wide and targeted communication to NOMS networks, CCGs, hospital networks, PPO and death in custody clinical networks.
- Regional implementation events during 2016 to promote embedding of the formulary in all prisons, sharing examples of good practice, and informing the working group on evaluating formulary use and strategic support needed.

<b>28th April</b>	London	Goodenough college	London House, Mecklenburgh Square, London, WC1N 2AB
<b>3rd May</b>	Newcastle	Copthorne Hotel Newcastle	The Close, Quayside, Newcastle Upon Tyne, Tyne And Wear, NE1 3RT
<b>17th May</b>	Birmingham	The Royal Angus Hotel	St. Chad's, Queensway, Birmingham, B4 6HY
<b>9th June</b>	Leeds	Novotel Leeds Centre	4 Whitehall Quay, Leeds, Yorkshire, LS1 4HR
<b>16th June</b>	Manchester	Kings House Conference Centre	King's Church, Sidney Street , Manchester , Greater Manchester, M1 7HB



# 2016-17: Implementation

- An implementation resource that collates examples of good practice for optimising pain medicines access and use in prisons (in partnership with NHS England's Specialist Pharmacy Services).
- Evaluation of formulary implementation including prescribing trends for all prisons via HJIS
- Review of the formulary in Q4 2016/17 that integrates with wider PHE/NHS E/NOMS programmes on addiction to medicines and prescribing of opioids



# Over to you!.....

- There are lots of examples of good practice already being used.
- We want to share this good practice.

So we are collating:

- Examples of practical implementation tools
- Examples of good practice in managing pain in prison



# What are we looking for?

The implementation guide has 5 sections which describe the work:

1. Integrating the formulary and pain medicines into pain care
2. Prescribing pain medicines - general principles
3. Patient-centred care
4. Optimising the safe use of pain medicines
5. Optimising continuity of care



# Integrating the formulary and pain medicines into pain care

This could include:

- Pain Care Pathway examples, clinical or non-clinical services.
- How you manage OTC medicines, canteen list examples, Pharmacy “shop” examples, out of hours arrangements for OTC medicines.
- How pain medicines for minor ailments are dealt with e.g. Protocol/PGD examples.





# Prescribing pain medicines - general principles

This could include:

- How medicines adherence information and non-clinical information are used to support prescribing decisions, decisions on in-possession, or choices of formulations used.
- How medicines reconciliation is used to verify information about pain medicines when prisoners are transferred in.
- How pain medicines are reviewed and any supporting documentation.

# Patient-centred care

This could include:

- How the use of non-formulary medicines are agreed and any supporting documentation.
- Patient compacts e.g. how people can access support if they are experiencing bullying for their pain medicines.
- Information leaflets on pain medicines.



# Optimising the safe use of pain medicines

This could include:

- How pain medicines are handled within the prison (IP, not-IP).
- Processes for reviewing incidents.
- Governance processes for local formulary implementation.
- Information sharing between prison and healthcare teams to support security and outcomes (including incident reporting).

Continued....

# Optimising the safe use of pain medicines (continued)

- Audits relating to formulary adherence – data collection proformas.
- How the IT system is used to implement the formulary.



# Optimising continuity of care

This could include:

- For hospital referrals/transfers, examples of information sent to the receiving clinician which explains the risks of pain medicines in prisoners.
- Processes to assess prisoners received back after hospital treatment to ensure pain relief is reviewed.
- Examples of good transfer of care information about pain medicines to GPs on release.



# What else do we want?

- What were the issues/barriers with implementing the piece of work?
  - Increased level of complaints initially
  - Engaging with Wing Staff
- Have you been able to evaluate the work?



# What you need to do

- Think about what happens in your prison(s).
- It may seem too simple to share – but it isn't
- Interview the person next to you
- Fill in the form
  
- And if you have a further brain wave email me [tracy.rogers@nhs.net](mailto:tracy.rogers@nhs.net)

