



Pain Management Formulary for Prisons:

Implementation Resources - Examples from Practice

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for professional
medicines advice**

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Background

In December 2015 NHS England published the Pain Management Formulary for Prisons [Link](#). The formulary outlines a rational, evidence based approach to the use of pain relief medicines for acute, persistent and neuropathic pain for people in prisons.

The formulary consists of three main elements:

1. The Formulary: This contains the formulary medicines and detailed information about them to support choice. It has two sections:
 - Acute and persistent pain
 - Neuropathic pain
2. The Implementation Guide: This describes the background to the formulary and how to use it.
3. Implementation Resources: This document is a collation of practical information and tools that have been shared by providers and partners covering various aspects of formulary use and pain management.

Introduction

Sharing examples of practical information and good practice can help providers to embed national guidance into their local area.

In early 2016 providers of healthcare in offender settings were approached, using established national networks, and asked to share examples of practical implementation tools and examples of good practice in managing pain in prison. This document is the collation of the examples shared.

We are grateful to all those who shared examples and ask that if organisations use the material shared they acknowledge the original source.

If you would like to share an example from your own organisation, to be included in a further edition, then please contact tracy.rogers@nhs.net

The collation of examples reflects the five areas highlighted in the Implementation Guide:

- Integrating the formulary and pain medicines into pain care
- Prescribing pain medicines - general principles
- Patient-centred care
- Optimising the safe use of pain medicines
- Optimising continuity of care

Integrating the formulary and pain medicines into pain care

The formulary is only one part of providing high quality pain management services and care. Medicines play a small role in the treatment of long-term pain. If they are used, medicines should always be part of a wider pain care plan including advice on physical activity or physiotherapy, sleep, general advice about managing pain such as weight loss and exercise and support in achieving improvements in quality of life.

Pain Pathways

Example from HMP Littlehey

The pain pathway in a prison setting in the east includes the assessment and management of patients. It can be found here [Link](#).

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Example from Lancashire Care NHS Foundation Trust

The provider to prisons in the north west has integrated physiotherapy into the pain pathway. They are also introducing quick guides for clinicians on management of common conditions such as a hand pathway, hip pathway, knee pathway and lower back pain pathway

[Link \(Hand Pathway\)](#)

[Link \(Hip Pathway\)](#)

[Link \(Knee Pathway\)](#)

[Link \(Lower Back Pain Pathway\)](#)

Challenges:

Ensuring the physiotherapy provision was adequate in all sites.
Ensuring GPs understood and agreed to follow each pathway

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Example from Kent Community Health NHS Foundation Trust

Two prisons in Kent receive a chronic pain service from a local community provider. They are in the process of reviewing their pain pathway and are looking to incorporate more education with regard to chronic pain for staff and offenders. Working collaboratively on a regular basis with prison GPs, pharmacy, substance misuse and mental health teams has been very beneficial. The MDT clinics have been highly effective in limiting the number of clinicians seen by prisoners. Their Draft Proposed Integrated Chronic Pain Model can be found here [Link](#). Their referral criteria were also shared and can be found here [Link](#).

Challenges:

Making a change which affects multiple stakeholders requires coordination and managerial support

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Example from Sussex

A new service is evolving in Surrey. The chronic pain management service in the acute hospital provides an in-reach multi-disciplinary service to the prison. The service does not prescribe medication but works in collaboration with the healthcare provider at the prison and makes treatment recommendations.

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Example from Nottinghamshire Healthcare NHS Foundation Trust,

The pain management nurse role was developed within Nottinghamshire Healthcare NHS Foundation trust, Offender Health directorate services. The service aims to:

- Improve the management of symptoms and outcomes for patients with chronic pain in prison environments.
- Reduce referral to external appointments for chronic pain interventions, through on site specialist provision
- Provide holistic pain assessment, goal setting and intervention for patients to address pain requirements
- Develop patient / nurse alliance to provide high quality service, reducing dependency on pharmacological management and optimising use of alternative treatments
- Improve collaboration between healthcare and prison partners to deliver a 'settings' based service model optimising self-care and supporting recovery.

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Prescribing Guidelines

Example from HMP/YOI Winchester

It can be useful for prescribers to have clear guidance about what not to prescribe and this can be a useful tool in sending out consistent messages from prescribers. It can remove the confrontation as to why a prescriber has chosen not to prescribe in a particular case, as the prescriber can state that there is a clear policy which prevents such prescribing. An example has been shared here [Link](#).

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Example from PrescQIPP

PrescQIPP have produced some useful resources on prescribing pregabalin and gabapentin in neuropathic pain which can be found here [Link to website](#). Whilst their audience is primarily primary care, they will act as a useful starting point. They include:

- Briefing documents
- Neuropathic pain pathway
- Patient review letter
- Neuropathic pain audit
- Patient information leaflet on neuropathic pain
- Neuropathic pain presentation

Pain medicines for minor ailments

Access to pain medicines as part of a minor ailment scheme is used in some establishments. Minor ailment schemes allow nurses and/or pharmacy staff to supply medicines using a formal protocol.

Example from HMP Littlehey

This Standard Operating Procedure enables pharmacists, pharmacy technicians and nursing staff to supply certain General Sales List (GSL) medicines for the indications listed [Link](#). This increases

patient access to simple remedies for self-limiting or common conditions and decreases pressure on primary care appointments.

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Example from HMP Bedford

This Standard Operating Procedure allows pharmacists, pharmacy technicians and nursing staff to administer paracetamol for pain and/or pyrexia [Link](#). It allows increased patient access to pain relief.

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Example from Yarl's Wood and Gatwick Immigration Removal Centres

These clinical protocols allow for the administration or supply of discretionary medicines within an Immigration Removal Centre. These protocols permit administration only and/or supply of an original pack of a General Sales List medicine to adult residents for self-administration. It includes paracetamol and ibuprofen [Link](#).

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Prescribing pain medicines - general principles

Assessment

Example from HMP Isle of Wight

A thorough assessment of the patient is essential to ensure both initial and on-going prescribing is safe. The provider to a prison in the south shared a process to assess prisoners who may require review of pain control. This is undertaken using functional assessments and the 24 hour inpatient facility in the prison. The provider has found that this process improves appropriate use of pain control and supports the reduction in the use of tradable medications. This has led to improved outcomes for the patient and reduced risks of diverted medicines to the wider prison population. The functional assessment overview and assessment proformas can be found here

[Link \(Functional Assessment Overview\)](#)

[Link \(Wing Functional Assessment\)](#)

[Link \(IHU Functional Assessment\)](#)

Challenges:

The main barrier encountered was engaging the wing staff with questionnaires to aid assessment.

In addition they required full prison sign up and support to deliver this programme.

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Continuing prescribed pain medicines on admission

Example from HMP Lewes

One of the main dilemmas facing prescribers in prisons is how to manage a patient when they first come into prison. A provider in the south east has issued guidance about reviewing prescribing of pregabalin and gabapentin [Link](#).

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Example from Sussex CCGs

Many CCGs are reviewing patients being treated for neuropathic pain and their resources can be adapted for the health and justice setting. Some examples of resources from one CCG are shared here.

[Link \(review of pregabalin for neuropathic pain\)](#)

[Link \(outcomes summary\)](#)

[Link \(medicines optimisation in neuropathic pain\)](#)

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Example from PrescQIPP

Similarly review information on the prescribing of pregabalin and gabapentin can be found on the PrescQIPP website [Link to website](#).

Medicines Reconciliation

Medicines reconciliation is a useful process for verifying previous and current pain medicines used by a patient. Two establishments shared their experiences of setting up medicines reconciliation at a recent national meeting.

Example from HMP Wormwood Scrubs

[Link to presentation](#)

Example from HMP & YOI Holloway

[Link to presentation](#)

Example from NHS Specialist Pharmacy Service

An overview on Medicines Reconciliation: Best Practice Resource and Toolkit can be found here [Link](#). Whilst it is not specifically aimed at the prison setting it sets the principles for best practice and is useful background reading.

Reviewing pain medicines

Example from Virgin Care

At a number of prisons where healthcare is provided by Virgin Care they have set up dedicated analgesic review clinics. A waiting list has been set up on SystemOne which the pharmacist manages and prioritises. The clinics operate on a multidisciplinary basis and before each clinic a detailed medical history is performed for each patient (usually by the pharmacist) so that any previous tests or referrals are known about. This has resulted in improved pain management with prescribing based on each patient's symptoms and response to therapy. In addition there has been a reduction in high risk / traded medication in circulation in the prison. The increased clinic capacity has improved access to primary care for all offenders and the reduced prescribing has resulted in significant cost savings.

[Link to presentation](#)

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Example from HMP Leyhill & HMP Eastwood Park

The pain management pathways at HMP Leyhill & HMP Eastwood Park have recently been reviewed and a programme to develop them has been initiated. The new developments have included:

- GP peer reviews of prescribing
- Prescribing consistency agreements
- Pharmacist-led prescribing audit and clinics
- Joint clinics for GP and in-house physiotherapist
- Case reviews of patient notes by Consultant and GPs to establish whether to continue prescribing current treatment, and suggestions of changes to treatment.

[Link to presentation](#)

Example from HMP Isle of Wight

The Pain Management Formulary for Prisons acknowledges that patients receiving methadone treatment for addiction may report pain that emerges as the dose of methadone is tapered. It suggests that these patients should be assessed for suitability for opioid therapy for pain. If opioid treatment of pain is indicated, and the preferred first line opioid (i.e. morphine) is ineffective, it suggests considering using the existing dose of methadone administered in divided doses 12 hourly.



The substance misuse service and the healthcare service at an establishment in the south have worked closely together to address the clinical prescribing of methadone in this scenario [Link](#).
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Patient-centred care

Patient experience and the contribution of patients in the development of NHS services and policy are at the heart of how services and medicines optimisation should be delivered. The development and use of formularies within care pathways is no exception to this and neither is the offender healthcare setting.

Non-formulary medicines

The Formulary provides a consistent, safe and patient focused approach to choosing a pain medicine. However, there may be occasions when it is necessary to use a non-formulary medicine. Adopting a formal process to document this decision is recommended.

Example from Addaction

A Substance Misuse Service uses a 'High Risk' prescribing form which is completed by the prescriber before the medicine is prescribed [Link](#). In this example a 'High Risk' medicine is defined as either an unlicensed medicine, off-label medicine, or a medicine considered to be high risk by the service. The form and the process could be adapted and used to support the Pain Management Formulary. Contact details: Emma.Griss@addaction.org.uk

Use of patient compacts to support care

It is common for prison healthcare providers to obtain patient agreement about how they will use medicines safely whilst they are in prison. This often is a "compact" that sets out ground rules about patient responsibilities in keeping medicines in their possession or accessing medicines that require dose supervision.

Example from HMP Littlehey

This patient compact is used for both in possession medication and opiate substitute medicines administered by the Substance Misuse Service [Link](#). Contact details: linda.fourie@nhft.nhs.uk

Example from HMP Elmley

These patient compacts are used by the Substance Misuse Service in the prison. They could be adapted for use in pain clinics.

[Link \(buprenorphine compact\)](#)

[Link \(methadone compact\)](#)

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Patient information and support

The use of patient information about managing pain and using particular pain medicines provides additional support to help people manage their pain.

Example from the Faculty of Pain Medicine

The Faculty of Pain Medicine has produced patient information leaflets on medications commonly used to treat persistent pain. The leaflets were created with the help of multi-professionals as well as patient representatives and are currently available for amitriptyline, nortriptyline, pregabalin, gabapentin and duloxetine [Link to website](#).

Example from Kent Community Health NHS Foundation Trust

It is important for patients to understand what to expect from a referral to a specialist service such as the chronic pain service. An example of such a prisoner information leaflet has been shared [Link](#). This explains a little of the physiology of pain and that medication is limited in the management of it. It hopes to provide realistic expectations and introduces the fact that medication will not necessarily be either prescribed or increased. It highlights that they may be directed to improving function with exercise and physiotherapy rather than medication.

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Example from HMP Littlehey

A similar a patient information leaflet which has been designed by a provider in the east, clearly explains to the patient the process of referral and assessment; it also includes some of the responsibilities of the patient such as signing the medication compact and the importance of being compliant [Link](#).

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Example from The Pain Toolkit

This useful toolkit has now developed a version for people who are in prisons
More information can be found at The Pain Toolkit website [Link to website](#).

Optimising the safe use of pain medicines

In-possession (IP) versus not in-possession

Medicines in use, together with associated monitoring and administration devices, should normally, as a matter of principle, be held in the possession of prisoners. While the recommendation is that IP becomes the norm for prisoners, it is not appropriate for all medicines.

Example from Dorset HealthCare University NHS Foundation Trust

A provider in the south west has shared their IP Policy [Link](#). As part of the implementation the GP personally reviewed every patient receiving regular pain relief in accordance with the IP policy. A nurse was trained to work specifically with patients requiring pain medication and established dedicated clinics. The nurse has worked with the clients to establish need, and review alternatives. This has included use of a TENS machine, exercise referral, physiotherapy. In addition they have carried out compliance checks to support IP decisions.

Challenges:

The patients were hugely resistant at first to suggestions that their pain relief may be reduced and we had a big spike in complaints. However, patients have now thanked the GP for the support and have told the GP how they feel much better without the medication

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Overall governance for local formulary implementation

The implementation of the formulary should be under the umbrella of a robust medicines governance framework. All policies, care pathways and procedures involving medicines should be led by a multidisciplinary Medicines Management Committee. Communication strategies that support the implementation of the formulary need to have the authority of this Committee.

Example from Nottinghamshire Healthcare NHS Foundation Trust

The memo to all prescribers within the prison was used to highlight the new Pain Management Formulary for Prisons [Link](#). In addition it summarised some of the key action points that were required in the particular cluster to ensure adherence.

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Audit

Audit is one way of checking whether patients are receiving treatment according to the treatment plan which reflects the pain formulary.

Example from HMP Birmingham

A provider in the midlands shared their controlled drugs audit. The purpose of this audit was to understand the rationale for prescribing controlled drugs (CD), within the prison environment, stating indication of use with particular attention to pain management. It should be noted that this audit was undertaken before the publication of the Pain Management Formulary for Prisons, but the audit standards and methodology could still be adopted [Link](#).

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Example from London

In London, the commissioner worked with the providers to undertake a pain audit. A synopsis can be found here [Link](#).

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Example from NHS Specialist Pharmacy Service

Organisations may find the Gabapentin and Pregabalin Offender Health Audit Tool a useful starting point for designing their own audits [Link to audit tool](#).

Example from Shropshire Community Health NHS Trust

The audit cycle is characterised by robust action plans that are developed and reviewed. A provider in the midlands had concerns about medicines used to treat pain within their establishment. They commenced the audit cycle by specifically looking at the use of Pregabalin, Tramadol, Dihydrocodeine and Gabapentin. Their action plan included strategies to reduce the use of these drugs and included full patient reviews. These reviews incorporated information from prison security teams, work placements and residential wings. This led to an increase in alternative treatment options that included physiotherapy. It was a lengthy process which was challenging to undertake and prison officers supported the running of clinics, as it was evident through security intelligence gathering that the GP's personal safety may be compromised. However, the strategies led to a significant reduction in prescribing of the medications audited.

They are now developing the Pain Care Pathway to incorporate patient feedback and multi-disciplinary reviews. They have kindly shared their initial action plan and their most recent version.

[Link \(initial action plan\)](#)

[Link \(updated action plan\)](#)

Challenges:

Increased level of negative behaviours displayed towards the prescriber

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Optimising continuity of care

When referring or transferring a prisoner into hospital, it is important to provide information for the receiving clinician about the risks of pain medicines being taken by prisoners.

Example from HMP High Down

A prison provider in the south has a standard letter that is attached to the secondary care referral to explain the problems the prison has with certain drugs. Informal feedback from local consultants has been extremely positive; they commented that it was good to understand why some of the prisoners were requesting certain drugs [Link](#).

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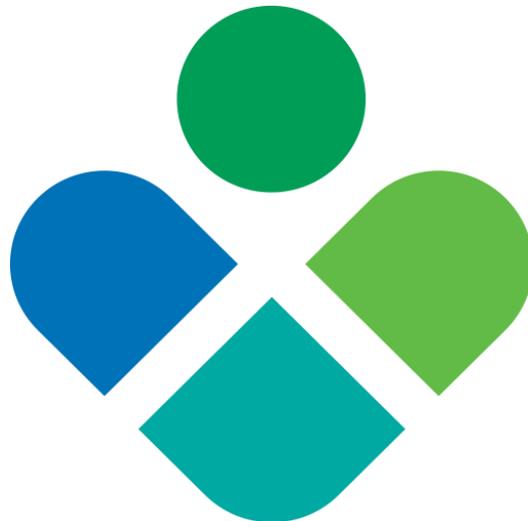
Example from West Hampshire CCG

Similarly when patients are released and move back into primary care it is vital that GPs not only have a copy of the individual's pain management care plan but have an understanding of some of the issues associated with prescribing for pain in a healthcare setting. Including information in CCG Medicines Optimisation Newsletters is a useful way of getting these messages to GPs. An example from a CCG in the south has been shared [Link](#).

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