



An Inspector Calls – HMIP Inspections

Purpose of HMIP inspection

- Ensure independent inspection of places of detention in England and Wales;
- report on conditions and treatment, and
- promote the concept of ‘healthy establishments’ in which staff work effectively to support detainees to reduce reoffending and achieve positive outcomes.

Focus - outcomes for detainees

Anticipated outcomes of inspection

- Regular independent scrutiny
- Public assurance
- Improve outcomes for detainees
- Contribute to service improvement
- Support development of policy
- Contribute to protection of human rights – **Focus on Prevention**

Current expectations

- Supply reduction in security (Safety)
- Substance use treatment (Safety – last section)
- Health 5 sections (Governance, Physical Care, Pharmacy, Dental, Mental Health) in Respect
- Social Care – no expectations but reporting it in health
- Continuity of care post release – separate Drugs and Alcohol and Health section in reintegration

Our overarching expectation of health provision is:



“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.”

Current Methodology

- 1 HMIP inspector 2 days looking at substance use treatment and supply reduction - usually with specialist background
- 1 HMIP inspector 4 days looking at health - nursing background
- Usually inspector from General Pharmaceutical Council 1 day
- Joint inspection with CQC and joint report – 1 CQC inspector 4 days

Current HMIP adult prison pharmacy expectation

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



Current ways this could be demonstrated (Indicators)

7 indicators focusing on:

- Consistent documented risk assessment before self-administration of medication is considered.
- Prescribing and administration supporting best therapeutic effect.
- Safe and secure medicines handling, storage and use.
- Safe prescribing, including use of OTCs/PGDs underpinned by current guidance.
- Safe drug administration and prisoners receiving In Possession medicines have secure in-cell storage
- Drug interactions monitored and managed appropriately.
- Effective governance of medicines management including monitoring of prescribing trends.
- **Additional indicator in resettlement re medication on release**

Proposed new adult male expectations

- Supply reduction still in security

Health now has 8 subsections –

1. Strategy, clinical governance and partnerships
2. Promoting health and wellbeing
3. Primary care and inpatient services
4. Social care
5. Mental health
6. Substance use treatment
7. Medicines optimisation and pharmacy services
8. Dental services and oral health

Proposed new methodology

- Core inspector looking at security also does supply reduction
- Only locals and those with registered pharmacies will have GPhC pharmacy inspector
- HMIP 2 health inspectors – 1 for 4 days and second for 2.5 to 3.5 days
- Divide workload based on expertise, interest, need
- Some Cat Ds and very small children's establishment may just have 1 HMIP health inspector
- CQC will normally have 1 inspector but may bring a pharmacy inspector or other specialist based on intelligence
- Remains a joint HMIP and CQC report

Revised HMIP adult prison pharmacy expectation

Prisoners receive community-equivalent, person-centred medicines optimisation and pharmacy services.



Ways this could be demonstrated in new expectations (Indicators) 1

13 indicators focusing on (New additions in yellow):

- Accurate recording of medication history on arrival and prompt medicines reconciliation
- Continuity of medicines
- Direct access to clinical pharmacy services and advice
- Consistent documented and regularly reviewed IP risk assessment and secure in-cell storage.
- Safe and secure medicines handling, storage and use.
- Safe prescribing with focus on regular review and administration at clinically appropriate times

Ways this could be demonstrated in new expectations (Indicators) 2

- Adherence monitored and action taken
- Effective governance of medicines management including monitoring of prescribing trends.
- Prisoners can access self care medicines easily at all times
- Secure and respectful medicines administration environment
- Prison officers effectively supervise medicines administration queues
- Accessible medicines information for prisoners and regular prescribing reviews
- Adequate supplies of medication or an FP10 on release and for court



Prison Challenges

- High turnover, unpredictable workload and high demand for health services
- Difficulties maintaining continuity.
- High numbers on medicines many of which are tradeable
- Detainee unwilling/unable to share health information or give false information
- Diversion
- On-top use of other substances
- Medicalisation of issues
- Staffing
- Regime
- Environment
- Prison bans on certain medicines



Published between April 16 and March 17

- 43 prison reports
- 5 Police reports;
- 4 Immigration Removal Centre reports

133 Pharmacy related recommendations

- **Medication management (23)**
- **Medication administration supervision (19)**
- **IP risk assessments (13)**
- **PGDs & OTC access (10)**
- **Medication administration (9)**
- **Medication administration times (9)**
- **Secure in-cell storage (9)**
- **Pharmacy clinics (8)**
- **In-possession medication (7)**
- **Prescribing (6)**
- **CD management (4)**
- **Medication security (5)**
- **Named patient medication (4)**
- **Pharmacy governance (4)**
- **IP compliance checks (3)**
- **Continuity of medication (3)**
- **Medication storage (2)**

Police Custody

- Mix of FMEs and HCPs – not usually embedded
- Rapid throughput and short stays.
- Detainees regularly present intoxicated. Access to broader medical hx more limited
- Breadth of provision much less
- Focus on treating immediate need
- Often use patient's own medication
- SMS prescribing – not best practice (DFs for opiate withdrawals and diazepam for alcohol)
- 10 inspections – 6 pharmacy related recs across 4 themes (9%) (Custody Officers administering meds x 2, NRT x 2, OST, Meds to court x 1) .

Immigration Removal Centres

- 4 inspections – 7 pharmacy related recs (21%)

7 themes

- Medication Administration Supervision (3)
- Prescribing audits (2)
- CD prescription compliance
- Identification and management of non attendance
- Medication Administration Facilities
- Medication security
- Pharmacist input on site to governance