Pan-London Prison to Community Opioid Substitution Therapy (OST) Prescribing Continuity Framework: Recommended Steps for Prison and Community Teams

Introduction and Context

This framework aims to support London substance misuse treatment services both in prison and in the community to standardize and enhance the prescribing pathway across the prison wall for London residents who would benefit from Opioid Substitution Therapy (OST) and to strengthen their continuity of care as they move between prescribing settings. It has been developed by a partnership group under the direction of the London Criminal Justice Substance Misuse Board (CJSM). The group included representatives from OHID, His Majesty's Prison and Probation Service (HMPPS), NHSE London Health in Justice team, London Probation Service and London Commissioner and Provider organisations. Consultations with people with lived experience were also considered. OHID would like to thank the members of the working group for their input to the framework.

For people leaving prison, the period immediately after release can be extremely challenging, especially if there are ongoing substance misuse needs. They are at high risk of relapsing into illicit drug use, overdose, and reoffending. They may also be experiencing homelessness and mental and physical ill health. For this reason, The Dame Carol Black independent review of drug treatment systems committed to rebuilding a world class treatment and recovery system, ensuring that people leaving prison with substance misuse needs get priority access to community treatment services within a maximum of 21 days following release, as well as receiving enhanced support to help them stay engaged with treatment.

The framework focuses on people who use opiates and on OST because of the evidence that engagement with treatment protects against health harms and reduces the risk of drug related overdoses and deaths. The focus on opiate users is also key because synthetic opioids are now known to be in the London drug supply chain. However, it is acknowledged that people may use other drugs and alcohol alongside their opioid use and that this will need to be considered when planning treatment with them.

NOTE: This document does not replace any relevant clinical guidance but instead aims to support and strengthen communication and pathways between prison and community substance misuse teams, taking national guidance into account. Local arrangements differ between London community treatment systems and between London prisons, and so the principles in the framework will also need to be considered alongside those local arrangements.

Aims

This framework is intended to sit within broader multi partnership recovery planning based on an enhanced community-based treatment and resettlement offer for people leaving prison. It is crucial that people are placed at the centre of their own care planning, including honest discussions about how and what type of OST can best support them on release. OST can provide an excellent incentive for engagement with drug and alcohol treatment on release, and a moment to pause and be protected against immediate relapse into illicit opiate use and possible overdose when leaving prison.

However, people with lived experience are very clear that other factors are also crucial in encouraging them to engage in treatment including flexible access to enhanced services such as food, clothing, stable housing, benefits advice, mental health support, as well as help to engage with probation requirements. People leaving prison would also like to be connected to local community or recovery networks that allow them to talk to peer mentors and join activities that can support their health and wellbeing and can meaningfully occupy their time. Access to mutual aid networks is also key, and these will ideally be introduced in prison.

To this end, a partnership group working under the CJSM has also developed an Enhanced Community Treatment Offer checklist to support local authorities to audit their treatment and recovery offer to people leaving prison. For community substance misuse teams, this framework should be reviewed and implemented in conjunction with the checklist so that OST is embedded in a rounded and bespoke recovery offer.

In conjunction with clinical guidance, this framework recommends a step-by-step process for both prison and community teams to follow to clarify expectations and develop effective best practice that aims to:

- ✓ Optimise continuity of prescribing for the benefit of the person leaving prison
- ✓ Promote rapid engagement with community treatment and recovery services on release
- ✓ Improve prescribing continuity for people on short remand or recall periods in prison
- ✓ Build effective clinical relationships and pathways between prison and community teams to develop workable agreed local processes
- ✓ Reduce the risk of drug related harm on release
- ✓ Promote ongoing compliance with OST medication and reduce illicit use on release, thereby promoting treatment progress
- ✓ Promote safe medicines management and safe prescribing
- ✓ Promote the effective and safe use of bridging scripts (via FP10s) for those released without a prior appointment with a community service (e.g. released through Courts)
- ✓ Promote the use of the local pharmacy network as part of the continuity of care pathway
- ✓ Optimise take up of naloxone by people being released from prison, considering nasal as well as intramuscular forms of naloxone

Barriers to Continuity of OST Prescribing between Prison and Community

The following barriers were identified by stakeholders involved in the development of this framework:

i. Most London prisons are remand prisons, resulting in much shorter periods of imprisonment with little release planning. This can mean limited opportunities for substance misuse referrals to community treatment to be fully completed. As a result, significant numbers of people are released from prison via the Court without a referral to and/or an appointment with substance misuse treatment despite the best efforts of many prison teams.

ii. Access to (and consideration of) accurate information about upcoming Court dates by prison PSI teams is limited and can impede the completion of timely referrals to community treatment before people are released straight from Court

iii. The use of OST bridging prescriptions between prison and community treatment (FP10MDAs) is sporadic in London due to the lack of an agreement about who should be eligible for them and the lack of an agreed, standardised process between prison and community substance misuse teams. Whilst the NHSE detained estate has moved to electronic prescribing, this does not include OST as it is a controlled drug requiring a ‘wet signature’ and a secure paper management process. The need for a physical/paper prescription to leave the prison with the patient adds to the challenge.

iv. Timely exchange of clinical information between prison healthcare and community substance misuse teams can be challenging, due to the use of different electronic recording systems and variable approaches to managing information via email. In addition, community prescribers do not routinely have access to a patient’s primary healthcare record, meaning that they often do not know in advance when other medication is being prescribed alongside OST.

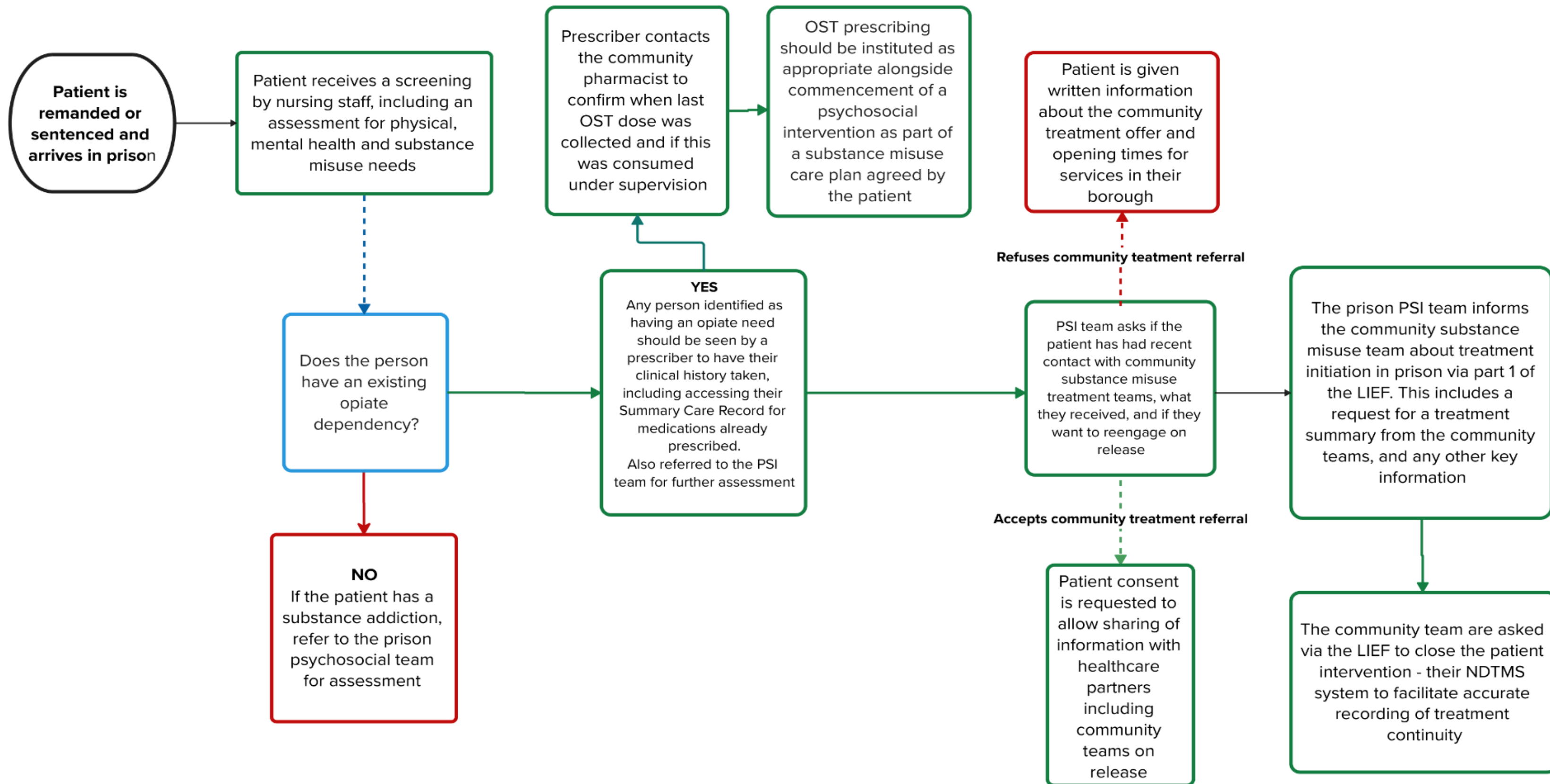
v. Clinical slots in community treatment services available to initiate continued rapid prescribing can be limited and inflexible. These slots, and the availability of a prescriber, do not always align with prison release dates and times, especially in the evening.

vi. People have competing priorities when they leave prison, including family, legal, housing and medical commitments. These priorities can be difficult to manage, and appointments may be missed, requiring flexibility and ideally co-location (where possible) from service providers.

Recommended steps for prison teams to continue OST at prison reception

i. Following reception into prison, all patients should receive a screening by nursing staff which includes an assessment for physical, mental health and substance misuse needs including a Urine Drug Screen if drug use is disclosed. Relevant healthcare referrals should then be made including to substance misuse services.
ii. Any patient identified as having an opiate need should be seen by a prescriber for a clinical history to be taken, this includes checking the patients Summary Care Record for medications prescribed in the community.
iii. The prescriber should contact the community pharmacist to confirm when the last OST dose was collected and whether this was consumed under supervision
iv. The patient should be asked about any recent contact with community substance misuse treatment teams, what treatment and care they were receiving, and whether they want to reengage on release.
v. The patient should be given written information about the community treatment offer and opening times for services in their borough (irrespective of expressing an interest in accessing treatment on release)
vi. Patient consent should be requested to allow sharing of information with healthcare partners including community teams on release – patient consent should be recorded
vii. Prison OST prescribing should be instituted as appropriate alongside commencement of a psychosocial intervention as part of a substance misuse care plan agreed by the patient
viii. In most prisons, an Early Days in Custody (EDIC) team is responsible for ensuring that all referrals are made and followed up as part of a broader healthcare plan to which substance misuse teams should contribute. This ensures that a multi-disciplinary planning is commenced.
ix. The prison PSI team should inform the community substance misuse team as soon as possible about treatment initiation in prison via the London Information Exchange Form (LIEF) for prison referrals. This should include a request for a treatment summary from the community teams, and any other key relevant information.
x. The community team should also be asked to close the patient intervention on their NDTMS system to facilitate accurate recording of treatment continuity.

Recommended steps for prison teams to continue OST at prison reception

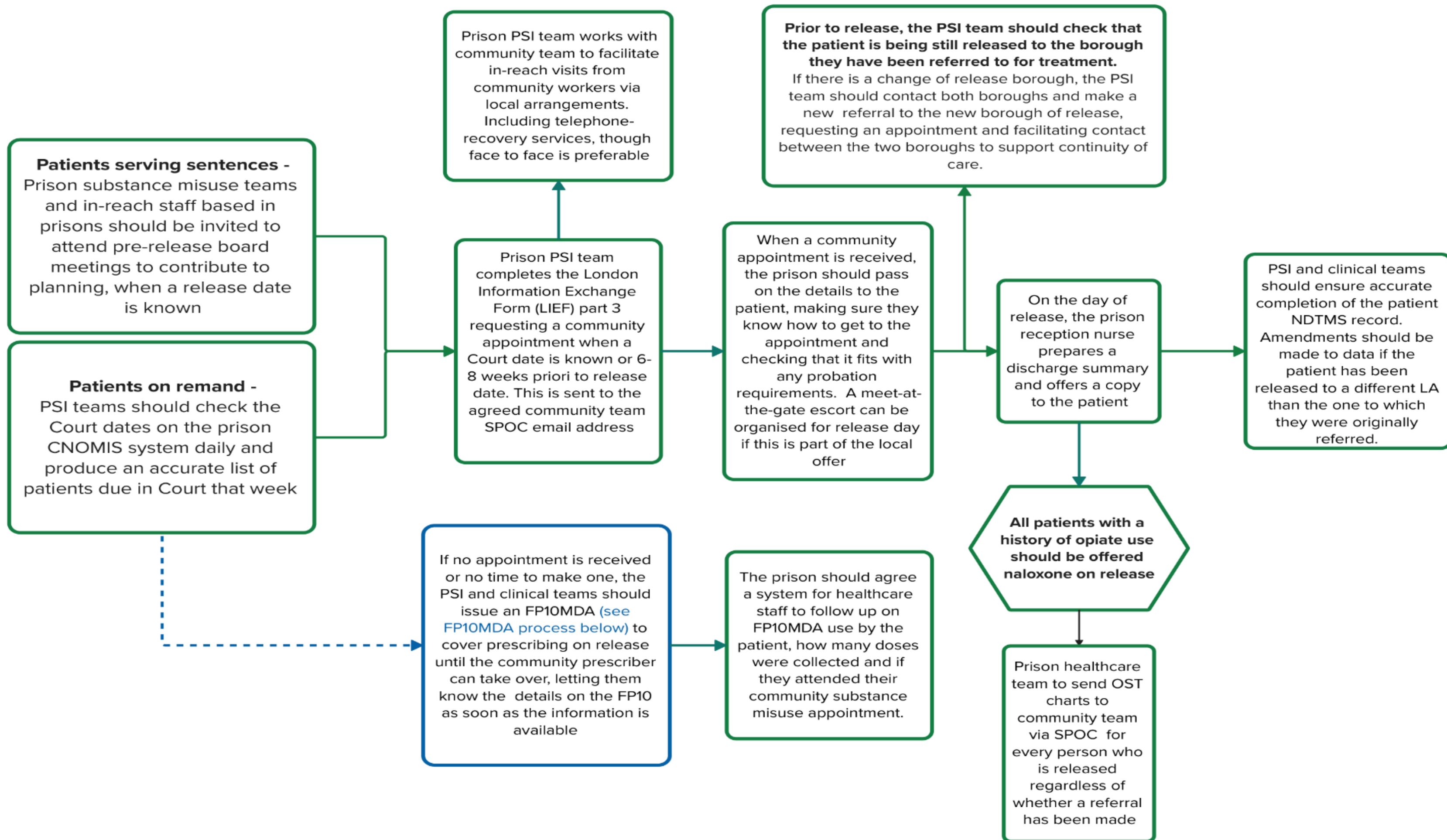


Recommended steps for prison teams for pre-release planning

- **For patients serving sentences,** prison substance misuse teams should attend pre-release board meetings to contribute to pre-release planning, when the release date is known. Where in-reach staff are based in the prison, they should also attend this meeting. Substance misuse teams will need to discuss the arrangements for pre-release boards with relevant prison colleagues including how they get notification of which patients are being discussed.
- Prior to release, checks should be made via release planning boards that the patient is still being released to the borough they have been referred to for treatment. If there is a change of release borough, the PSI team should contact both the old and new boroughs of release and make the referral again, requesting a new appointment on release and facilitating contact between the two boroughs to support continuity of care.

- **For patients on remand**, Court dates are updated twice daily on the prison CNOMIS system. PSI teams should check this system twice a day and produce a list of patients due in Court that week. This will need to be updated as Court dates change.
- A system should be developed to ensure that both clinical and PSI substance misuse teams in the prison are informing each other regularly of Court dates for people who may need ongoing OST prescribing.
- The prison should work to facilitate in-reach visits from community workers via local arrangements. This could make use of any tele-recovery services, although face to face is preferable.
- The PSI team should complete the via the London Information Exchange Form (LIEF) for prison referrals requesting a community appointment as soon as a Court date is known. This may require a phone call to the community team in addition if time to secure an appointment date is limited.
- When a community appointment is received, the prison should discuss and pass on the appointment details to the patient, making sure that they know how to get to the appointment and checking the appointment fits with any probation or other requirements or priorities.
- If no appointment is received from the community, or there is no time to request one, the PSI and clinical teams should issue an FP10MDA (see FP10MDA process below) to cover prescribing on release until the community can take over, and let the community know of prisoner release and details of the FP10 as soon as this information is available
- The prison reception nurse who prepares a discharge summary should offer a copy of the summary to the patient.
- In all cases, the prison clinical team should send confirmation of OST and FP10MDAs (if issued see section below) and a copy of the discharge summary if available to the community service email held on the system, regardless of whether a referral has been made for the patient
- All patients with a history of opiate use should be offered naloxone on release and training on how to use it. Evidence shows an association between administration of naloxone and a reduction of opioid overdose-related deaths. This is especially important to note given the presence of strong synthetic opioids in the heroin supply chain in London. Naloxone issue and refusals should be captured on NDTMS and SystemOne.
- The PSI and clinical teams should work together to ensure accurate completion of the patient NDTMS record. Amendments should be made to data if the patient has been released to a different LA than the one to which they were originally referred.
- Data amendments should be regularly discussed between prison and community data leads to ensure data accuracy of data recording around continuity of care.

Recommended steps for prison teams for pre-release planning


Patients serving sentences -
Prison substance misuse teams and in-reach staff based in prisons should be invited to attend pre-release board meetings to contribute to planning, when a release date is known
Patients on remand -
PSI teams should check the Court dates on the prison CNOMIS system daily and produce an accurate list of patients due in Court that week
Prison PSI team works with community team to facilitate in-reach visits from community workers via local arrangements. Including telephone-recovery services, though face to face is preferable
Prison PSI team completes the London Information Exchange Form (LIEF) part 3 requesting a community appointment when a Court date is known or 6-8 weeks priori to release date. This is sent to the agreed community team SPOC email address
When a community appointment is received, the prison should pass on the details to the patient, making sure they know how to get to the appointment and checking that it fits with any probation requirements. A meet-at-the-gate escort can be organised for release day if this is part of the local offer
Prior to release, the PSI team should check that the patient is being still released to the borough they have been referred to for treatment.
If there is a change of release borough, the PSI team should contact both boroughs and make a new referral to the new borough of release, requesting an appointment and facilitating contact between the two boroughs to support continuity of care.
On the day of release, the prison reception nurse prepares a discharge summary and offers a copy to the patient
PSI and clinical teams should ensure accurate completion of the patient NDTMS record. Amendments should be made to data if the patient has been released to a different LA than the one to which they were originally referred.
All patients with a history of opiate use should be offered naloxone on release
Prison healthcare team to send OST charts to community team via SPOC for every person who is released regardless of whether a referral has been made
If no appointment is received or no time to make one, the PSI and clinical teams should issue an FP10MDA (see FP10MDA process below) to cover prescribing on release until the community prescriber can take over, letting them know the details on the FP10 as soon as the information is available
The prison should agree a system for healthcare staff to follow up on FP10MDA use by the patient, how many doses were collected and if they attended their community substance misuse appointment.

Recommended steps for community teams notified of people on their caseload starting OST in prison

i. Community substance misuse service should receive notification via part one of the via the London Information Exchange Form (LIEF) for prison referrals that a patient has commenced substance misuse treatment in prison. Community teams should use the NDTMS quarterly audit system to review any gaps in referrals and regularly discuss with prisons how referral processes can be improved.

ii. The community service should close the patient case on NDTMS when they receive notification that treatment in prison has commenced

iii. The community service should complete part two of the via the London Information Exchange Form (LIEF) for prison referrals and return this to the prison as soon as possible. This includes a short treatment summary and other brief relevant information about need or risk.

iv. The clinical team at the community service should send OST medication charts to the published prison secure email address

v. Community treatment service staff should write to the patient to acknowledge that they are in prison and set out a community offer on release with information about how to access the service. Where available, an offer of a prison visit by in-reach staff and meet at gate service should be given.

vi. Community teams should ensure that they are aware of the generic email address of the prison healthcare teams that they regularly deal with so that they can request medical charts when needed. Prisons have been asked to send OST charts to all patients whether a referral has been completed or not. This should assist community teams to respond to rapid prescribing needs when a person presents from prison. If these arrangements are not in place, community teams should arrange to meet with prison colleagues to agree this.

vii. If the patient is subject to a short remand and a Court date is imminent, the community may receive information that the patient has commenced prison treatment at the same time as a request for a post-release appointment. They may need to supply an appointment by telephone as well as email.

viii. If the patient does not attend, the community service should check with the prison whether the patient has been remanded back to prison, and offer further appointments as directed by future Court dates. Some community services offer flexible drop-in clinics to accommodate the prescribing needs of people leaving prison given the frequency of unplanned releases from Court.

Recommended steps for community teams to support continuity of OST in prison

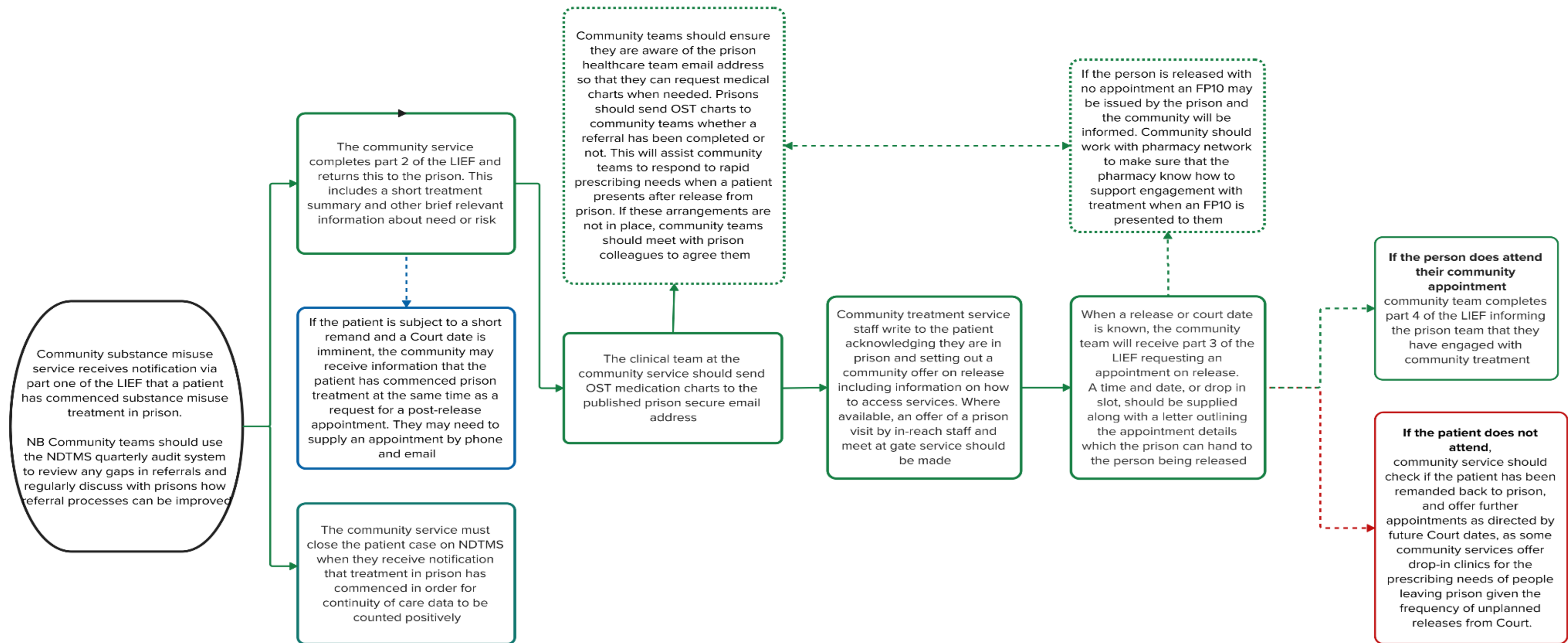
Release Planning:

- The community team should receive **part three** of the London Information Exchange Form (LIEF) for prison referrals as soon as a patient has a Court or release date from prison and wished to be referred to community treatment on release. This will include a summary of the substance misuse treatment and care that is taking place in prison
- The community team should provide an appointment date and time, and details of how to find the service and what to do if they cannot attend. Some services can offer flexible drop-in times and dates and people with lived experience said that they find this very helpful.
- The community should arrange an in-reach visit and/or meet at gate service if available, agreed and facilitated by the prison substance misuse team.

Post Release:

- The community team should inform the prison team when the patient attends post release appointment by completing part four of the Pan London Referral form
- Where a bridging script has been issued, the community team should follow up with the prison team and/or local pharmacy whether the medication has been collected.
- If the patient does not attend, the community service should have a robust process for following up the patient and encouraging engagement, including working with local Probation colleagues where appropriate, and making assertive efforts to contact the patient.
- The community team should double check with the prison which borough/address the person was released to.

- If the patient has been released to a different borough, usually due to a late housing placement, the community team should liaise with the treatment agency in the new borough about transferring any care and supporting the person to make this transition.



Bridging scripts (FP10MDA) – Recommended process in London

FP10MDAs can be used as bridging scripts to provide a maximum of 14-days' supply of OST on release from prison. They also allow for instalment prescribing and supervised consumption on certain days as outlined by the prescriber. While NHSE has recently moved to electronic prescribing in the detained estate, this does not apply to OST as controlled drug prescriptions still require a wet signature. The use of FP10MDAs has been low in London prisons and feedback from stakeholders suggests that this is due to several barriers including:

- Lack of an agreed process and agreement about the eligible cohort
- Lack of agreement about how the paper FP10MDA is transported to Court
- Complexity of the required process to securely manage the FP10MDA both out of and back into the prison if not used – risk of the prescription going missing.

As already set out, a major challenge in London is the high number of remand prisoners in the detained estate. This means that people often only stay in prison for short periods and are released directly from Court with restricted opportunities for managed substance misuse referrals. Stakeholders have indicated that they are keen for a London consensus to be developed to agree the process for the use of FP10MDAs. This can then be used to support continuity of care for people on remand for whom referrals have not been fully completed before release.

There is a contractual agreement that SERCO can carry the FP10MDAs in the prisoner's property to and from Court, with the relevant assurance processes in place. Prison healthcare should work with internal prison structures to set up and ensure this process. The development of a morning (9.45am) Magistrates Court meeting to bring together professionals including drug and alcohol workers in the Court room prior to the Court starting hearings for the day should be used to flag if a person has an FP10MDA available to them. If so, an available drugs worker should aim to see the patient and refer them to the community treatment service and support their use of the FP10MDA.

When and how to use FP10MDAs:

FP10MDAs should be considered for use if a patient receiving OST in the prison is attending court and there is evidence that they may be released from court, or if they are being released without a community appointment for another reason, or if they are being released on a Friday. This includes people who are being held on remand. The following steps are suggested:

- A template letter should be developed by the prison healthcare team for both the patient and the community pharmacist to introduce the FP10MDA and to set out details of the local treatment provider, their address, contact details and opening hours.
- The community provider should be informed about the FP10MDA before the patient leaves the prison, via the published secure email address held here (link to SPOC). A copy of the OST medication chart should also be sent to the community treatment team
- The FP10MDA prescription should be given to the contracted staff transporting the patient and their property to court in an agreed and secure way along with the other healthcare information and any medicines supplied. This can then be given to the prisoner once released.
- If the person is not released but instead is returned to prison, and an FP10MDA has been supplied, the script is to be handed back to healthcare
- If the person is returning to court the next day and the prescription is still valid, the above process is to be followed again. If the person is not being returning to court or being released, the FP10 is to be returned to the prison pharmacy for destruction.

- If the person is released the prison clinical team should inform the community team so that the community team can contact the patient and offer an appointment. The prison should also confirm the patients' contact details and address.

The prison healthcare team should work with LA commissioners and community treatment providers to agree a pharmacy network who are part of the local treatment system and are open seven days a week. The prison should also agree a system for healthcare staff to follow up whether the FP10MDA was used by the patient, how many doses were collected and whether they attended their community substance misuse appointment. Data should be monitored and reviewed for impact.