

Consultation Response Form

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Organisation (if applicable): Royal Pharmaceutical Society

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Question 1: Do you agree with the structure and content of the clinical treatment pathway set out in Chapter 2 of the SMTF – and its focus assessment, follow-on care and treatment, and support following release from prison – for both alcohol and drugs?

Strongly Agree

If there is information you would like to provide that supports your response to question 1, please include this here.

- At first reception a 'whole person' approach which should include a comprehensive history taking consultation. This should include any drug or alcohol use problem, past history of drug use/ response, success or failure of treatment/ engagement with treatment/ reasons for dropping out (if relevant), social history, and family history to assess and predict impact on the success of treatment.
- It is important that all relevant information is available to Health Care Professionals and therefore we feel that access to all relevant medical notes from primary care, secondary care and other relevant services should be expected rather than desirable.
- It is important that Health Care Professionals appreciate the limitations of drug testing kits. Risk assessment should include advanced technologies used in drug detection, which is usually limited by funding and limited training.
- Care planning should include defining goals of treatment using motivational interviewing, shared decision-making using a person-centred approach, exploring/ identifying/ acting on challenges to engagement/success of treatment, particularly post-release from prison (e.g. pharmacy providing service is too far, homelessness, employment, housing, pregnancy, etc).
- Education and training of staff at service providers on EDI (equality, diversity and inclusion), ensuring a profound appreciation of the needs of a diverse population.
- Education and training of individuals post release from prison on the dangers of street drugs, dangers of poly-substance misuse, relative drug potencies as compared to reduced tolerance in these individuals due to incarceration, etc.
- Many drug and alcohol services do not offer structure benzodiazepine and z-drugs, and SCRAs treatment, detoxification or psychosocial care related to these drugs.
- Improved documentation is needed to evaluate the success and engagement post release from prison.
- Consideration should be given to the amount of medicines provided to the person on release from prison to be routinely more than 7 days. Seven days is not long to arrange for further supplies of medicines.

Question 2: Do you agree with the focus of the guidance for resettlement set out in Chapter 3 of the SMTF?

Somewhat agree

If there is information you would like to provide that supports your response to question 2, please include this here.

Specific information on the health needs of the person should also be included.

Question 3: Do you agree with the required workforce developments set out in Chapter 4 of the SMTF?

Strongly Agree

If there is information you would like to provide that supports your response to question 3, please include this here.

- Training may be limited by available funding within substance misuse services
- Training needs to include an overall and specific understanding of why people are misusing certain substances, should include an understanding of novel substances including recently diverted pharmaceuticals and drug combinations
- Training should incorporate training on drug testing and drug checking
- Training should include an understanding of the impact of increased access to drugs e.g. drugs purchased online, clinical impact of drugs that are not identified in routine drug testing

Question 4: Do you agree with the requirements around access to information systems set out in Chapter 5 of the SMTF?

Somewhat Agree

If there is information you would like to provide that supports your response to question 4, please include this here.

- MDAT should include pharmacists, pharmacist independent prescribers and pharmacy teams

Question 5: Do you agree with the proposed universal standards for mental health services in the prisons and their focus on the following areas:

Strongly Agree

If there is information you would like to provide that supports your response to question 5, please include this here.

- Health Care Professionals need to be mindful that some antipsychotics (olanzapine, quetiapine), anxiolytics (benzodiazepines) and antidepressants (venlafaxine, bupropion, SSRIs) have street values and a potential for misuse

- Access to information from all sectors and across the border (England) needs to be readily available; our members working within prisons have explained to us that sometimes this is challenging as the different IT systems are not 'joined-up'.

Question 6: Do you have any challenges to the evidence set out in the SMTF and the new standards for mental health standards and how can these challenges be addressed?

- Staff shortages are often a challenge; the utilisation of pharmacist and other professionals as non-medical prescribers may help in this area.
- Funding to manage different cohorts of PCIPs such as PCIPs with poly-substances use.
- Increased funding and staff training may help with solving these issues.

Question 7: We have issued a draft Children's Rights Impact Assessment (CRIA) for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on children's rights set out in the CRIA?

Neither Agree nor Disagree

If there is information you would like to provide that supports your response to question 7, please include this here.

- We should develop systems in place to overcome the exploitation of children in county lines drug trafficking.

Question 8: We have issued a draft Equalities Impact Assessment for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on those with protected characteristics?

Somewhat Agree

If there is information you would like to provide that supports your response to question 8, please include this here.

No further comments to add here

Question 9: We have issued a draft Welsh Language Impact Assessment for consultation alongside the draft SMTF and the draft standards for mental health services in the prisons. Do you agree with our assessment of impacts on Welsh Language?

Somewhat Agree

If there is information you would like to provide that supports your response to question 9, please include this here.

No further comments to add here

10: We would like to know your views on the effects that the draft SMTF and draft standards for mental health services in the prisons would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favorably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

The Welsh Government Action Plan recognises the need to improve access to support for people speaking Welsh as their first language. Consideration could be given to staff employed to undertake a 'basic' Welsh language course as part of their development, to enable a basic level of the Welsh language to be understood and spoken.

Question 11: Please also explain how you believe the draft SMTF and the draft standards for mental health services in the prisons could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

As above we feel that everyone should have the opportunity to undertake a basic course in Welsh language.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

- More training is required to avoid stigma. This may include raising awareness about appropriate terminologies.
- Transfer of care around bank holidays and in rural areas where access to services can be challenging.
- Highlighting the role of pharmacists and pharmacy teams as this is not limited to the provision of medicines and supervised consumption of OST.
- To enable continuity of care, we need to continuously review contractual provisions and how these can be affected in places which mainly operated by locum staff.
- Staffing levels and impact on continuity of care and service provision.
- Situations related to refusal of service.
- Importance of communication particularly in relation to prescribed interventions and timely notification/escalation of concerns.
- Standards related to out of hours care.
- Processes for identification of new individuals e.g. those who started drug intake in prison.
- Importance of harm reduction and specific interventions such as needle syringe provision, take home naloxone, smoking cessation, dental care.
- Support for special groups e.g. peri-natal, older individuals with dementia.