

Criminal Justice Committee

31st Meeting, 2022 (Session 6), Wednesday 7 December 2022

Recent correspondence

Note by the clerk

Purpose of the paper

1. This paper invites Members to consider several items of correspondence received by the Committee (see **Annex**), namely:

From the NHS Scotland

- Letter from NHS Scotland on **medical prescriptions for prisoners on their release** (page 3)

From Police Scotland

- Letter from Police Scotland on **cyber kiosks (training)** (page 6).

Action

2. **Members are invited to consider the correspondence and any suggested follow-up and discuss what action, if any, they wish to take.**
3. For the convenience of Members, the suggested follow-up for each of the letters is as follows:

NHS Scotland	
Letter from NHS Scotland on medical prescriptions for prisoners on their release	To note the correspondence and welcome the Chief Executive of NHS Scotland's offer to approach Health Boards to work with the Scottish Prison Service to consider the issues raised by the Committee and the Wise Group and identify any practical actions that could help ensure people leaving prison can access prescriptions. The Committee may wish to ask for an update when that meeting has taken place.
Police Scotland	
Letter from Police Scotland on cyber kiosks (training)	To thank Police Scotland for its response and note the contents of the letter.

**Clerks to the Criminal Justice Committee
December 2022**

Letter from NHS Scotland on medical prescriptions for prisoners on their release

15 November 2022

Dear Convener

Thank you for your correspondence of 3 November on behalf of the Criminal Justice Committee regarding access to medical prescriptions by people leaving prison and following on from my reply to the Committee dated 28 September 2022.

Your letter enclosed a paper provided by the Wise Group whose staff provide frontline support to prisoners on their release. Their paper was very helpful in highlighting the practical difficulties that are being faced by people in accessing their necessary prescribed medicines and registering with a GP practice in some local communities. While the Wise Group notes that such problems seem to have lessened, I understand the Committee's concern about individuals attending Emergency Departments as a result and the potential risk of relapsing.

As the Committee may be aware, GP practices are experiencing high volumes of requests for GP appointments. Following the publication of the [Health and Social Care Winter Resilience Overview](#) the Scottish Government will shortly set out its expectations and write to GP practices regarding the need to ensure there is an appropriate mix of pre-booked, same day, face-to-face and remote appointments that suits individual practice populations.

Depending on location, people leaving prison may be given a prescription for a duration of 14 or 28 days to take to a community pharmacy, or may be given a 5 or 7-day supply from the prison to take away with them.

The Committee has asked if other healthcare professionals such as nurse practitioners or community pharmacists could provide prescriptions, or whether an online prescribing system could be used to alleviate pressures on GPs. In order to write prescriptions, a non-medical healthcare professional has to be an independent prescriber (IP) which requires additional training and qualification. Some nurse practitioners and pharmacists who are IPs will be based within GP practices and have access to practice records. While it is for each practice to decide how best to utilise their multi-disciplinary team this could be a potential option in some cases providing they would be prescribing within their scope of practice.

With regards to community pharmacists, we are seeing increasing numbers of IPs but at this current time, there are still fewer IPs within the community pharmacy sector than in other settings. At a local level, it may be possible to have some community pharmacist IPs providing prescriptions but again this would need to be within their scope of practice and reflect the key competencies required and it is not a model that could be implemented across the entire community pharmacy network at this time.

Our strategy for pharmaceutical care in Scotland – Achieving Excellence in Pharmaceutical Care (2017) committed to target resources to expand the number of community pharmacists undertaking independent prescribing and advanced clinical skills training. This work is underway and any pharmacist who completes the NHS National Education for Scotland pharmacy foundation training programme would be able to access IP training. The Independent Prescriber Training Programme is established in Scotland for eligible pharmacists in the community pharmacy network.

In addition, by 2026, all UK pharmacy graduates will be independent prescriber-trained at the point of registration, a development that forms part of changes to the initial education and training of pharmacists, which were introduced by the General Pharmaceutical Council in summer 2021.

Under the unscheduled care Patient Group Direction (PGD), community pharmacies can provide patients with up to one prescribing cycle of their repeat medicines and appliances in a wide range of circumstances where obtaining a prescription from a GP practice is not practicable. This does not include controlled drugs though so it may be an option in only some circumstances depending on the medicines and the clinical judgement of the pharmacist.

Concerning the suggestion of using online prescribing systems, this would again be a matter for individual GP practices and the arrangements they have in place for their patients to order repeat medicines may differ. Practices are required to offer online repeat prescription booking if they have the capability to do so. However, this would only be for registered patients.

Picking up on the details from the Wise Group's paper, it may be worth noting the following points in response to the issues raised:

- Difficulties registering with a GP practice – The Scottish Government published [guidance](#) in 2018 setting out that:
 - No documents are required to register with a GP. The inability by a patient to provide identification or proof of address is not considered reasonable grounds to refuse or delay registering a patient.
 - Anybody in Scotland may access primary care services at a GP practice without charge.
- In addition, the Scottish Government has consulted key stakeholders on changing GP contract regulations to allow prisoners to be registered with a GP in advance of liberation and will look to do so when there is a suitable legislative opportunity.
- Waiting time for a GP appointment – if patients provide the letter issued on liberation, which contains their active medications, a prescription can be generated for the patient without the need for an appointment.
- Addiction services - The National Prison Care Network have considered the issues raised and will take these to their Prison GP forum for consideration of

how some of these could be addressed through pre-release processes. The Clinical Lead has also advised, however, that OST medications would still be expected to be generated by Community Addictions Teams as described in my previous letter, other than in exceptional circumstances.

- Fit notes - a nurse or a pharmacist who works in a GP practice can now also issue fit notes.
- Patients who are "sofa-surfing" being unable to register with a GP practice – people without a fixed address can still register permanently with a GP using a c/o address (which could be the practice itself).

Having considered these aspects, I am satisfied that the current arrangements are appropriate and it is not currently feasible for other healthcare professionals to take over prescribing for all people leaving prison when newly liberated. However, I accept there is scope to examine in more detail why some processes have not always worked as well as we would have expected. I will ask Health Boards to work with the Scottish Prison Service to consider the issues raised by the Committee and the Wise Group and identify any practical actions that could help ensure people leaving prison can access prescriptions.

I hope this information is helpful to the Committee.

Yours sincerely

Caroline Lamb

CJ/S6/22/31/4

Letter from Police Scotland on cyber kiosks (training)

18 November 2022

Dear Convener,

Digital Device Triage Systems – Further Information

Thank you for your correspondence on 1 November 2022 requesting further information and timescales for the introduction of the production and case management system.

As part of the Digitally Enabled Policing Programme (DEPP), Core Operational Solutions (COS) is responsible for the delivery of a national system for the recording of core policing functions, including case and production management.

This system (UNIFI) has already been introduced in a number of territorial Policing Divisions across Scotland, replacing the multiple similar applications that pre-dated the inception of Police Scotland. The incremental delivery of UNIFI and training of staff is currently ongoing across all Divisions and is due for completion by December 2023.

One of the many benefits of this single national system is the ability to effectively record and monitor the movement of case-related productions from the point of seizure, including transport for any reason, such as specialist examination, presentation at court or being returned to their owner. I trust this answers your query and further information in relation to the Digitally Enabled Policing Programme (DEPP) can be made available if required.

Yours sincerely,

Andy Freeburn
Assistant Chief Constable