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Plain English Publication Summary

Publication: Implementing prescribing safety indicators in prisons: a mixed methods study

Publication details (Vancouver format)

Abuzour AS, Magola-Makina E, Dunlop J, O'Brien A, Khawagi W, Ashcroft DM, Brown P, Keers RN. Implementing prescribing safety indicators in prisons: a mixed methods study. Brit J Clin Pharmacol 2021 8 October; ePub ahead of print.

What are the most important findings/conclusions in this paper? Why are they important?

We found that prisoners in two male prisons were often affected by prescribing safety issues that could cause them harm. We also found that it is important to think about staff workload, team working and accurate medical records when planning to successfully use 'prescribing safety indicators' to explore prescribing safety issues in other prisons.

This work is important because medication safety for prisoners is poorly understood, and this is the first study to find out how often prescribing safety issues happen in prisons and to provide information on how prisons could improve prescribing.

What did you do?

Using ideas from prison healthcare staff and published studies, we created a list of 100 'prescribing safety indicators'. These indicators describe prescriptions that could cause harm to patients.

Next, the research team chose a smaller number of these indicators which we thought would work best in the electronic health record in two male prisons. We then ran the indicators through some software and found that 13 of the 100 indicators could be used in clinical practice to find out how often prescribing safety issues happened.

We also interviewed 20 prison healthcare staff to ask what they thought would help them to use these indicators in their prison(s), and if they had any experience of using them before.

Why did you conduct this research?

'Prescribing safety indicators' have been used in general practice for years as a way to measure and improve medication safety. But in prisons we know less about how common prescribing safety issues are and how 'prescribing safety indicators' could be used in the best way. This is because there are differences in how healthcare is delivered in prisons compared to general practice.

What was known before your paper was published?

We knew little about the safety of prescribing in prisons before this project was published. We knew that medications to treat mental illness were prescribed to people in prisons more often than to people outside of prison, and that some of this prescribing may not have been recommended by 'best practice' guidelines. We also knew that when prisoners entered prison, it could be difficult for them to continue taking their usual medications. In addition, the misuse of some prescription drugs such as opioids, benzodiazepines and mental health medications was common.

What is next? What is the potential impact of the work in this paper? What will change as a result of this paper (or the study it describes)?

We are already using the results from this study to work with a large prison healthcare provider. We will be using our 'prescribing safety indicators' in their prisons and will help the healthcare team to work together so they can take action to improve safety. We will be starting this project in late 2021/early 2022. We hope that our indicators can then be used in all prisons to improve safety.

Does this paper link in to a particular study / project? If so, please summarise the study and explain how this paper has improved understanding, or will move the study forward.

N/A