

Citizen Participation and Public Petitions Committee
Wednesday 11 December 2024
19th Meeting, 2024 (Session 6)

PE1900: Access to prescribed medication for detainees in police custody

Introduction

Petitioner Kevin John Lawson

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

Webpage <https://petitions.parliament.scot/petitions/PE1900>

1. [The Committee last considered this petition at its meeting on 6 March 2024](#). At that meeting, the Committee agreed to write to the Minister for Drugs and Alcohol Policy.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Minister for Drugs and Alcohol Policy and the Petitioner, which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 12 October](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 8 signatures have been received on this petition.

Action

8. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
December 2024

Annexe A: Summary of petition

PE1900: Access to prescribed medication for detainees in police custody

Petitioner

Kevin John Lawson

Date Lodged

14 September 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

Previous action

I have written to Jamie Halco Johnston MSP who spoke to Humza Yousaf, who confirmed that detainees in police custody should have access to their prescribed methadone.

I have also written to the Chief Executive of the local NHS Board who said it was not their policy to treat detainees in accordance with Official Guidance, and contrary to the Mandela Rules 24-25.

I also wrote to the Chief Constable of Police Scotland who stated it wasn't his problem.

Background information

Police Scotland standing operating procedures says that, as long as it is safe and appropriate to do so, detainees should have prescribed medication continued whilst in police custody including the consideration of opiate substitution therapy such as methadone. The NHS delivers that care.

Humza Yousaf said that this is what should be happening, however, the Chief Executive of the local NHS Board confirmed that it was not their policy to treat detainees.

I am angry that detainees are not being treated in accordance with Official Guidance nor [The Mandela Rules](#), Rules 24 and 25. I believe that this actually breaks [Article 3 of the Human Rights Act](#).

I therefore want the Scottish Government to make sure that detainees are being given their prescribed methadone, as they would in the community, or in prison, in accordance with the Official Guidance.

Annexe B: Extract from Official Report of last consideration of PE1900 on 6 March 2024

The Convener: Our next continued petition is PE1900, on access to prescribed medication for detainees in police custody. The petition, which was lodged by Kevin John Lawson, calls on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

Colleagues will remember that this is an important petition that we last considered at our meeting on 31 May 2023. Members will recall that concerns were raised about NHS Grampian and an inspection of police custody units in NHS Lanarkshire. The then Minister for Drugs and Alcohol Policy committed to conducting a rapid review of each health board to ascertain the extent of issues relating to controlled drug licences across Scotland.

We have since received an update on the outcome of that review, which revealed that Grampian, Lanarkshire, Western Isles, Dumfries and Galloway, Orkney and Shetland national health service boards did not have controlled drug licences. NHS Western Isles and NHS Dumfries and Galloway confirmed that they have existing practices to prescribe medication that do not require a controlled drug licence. NHS Grampian was striving to submit an application by the end of May 2023. NHS Highland submitted an application and was awaiting a Home Office inspection. NHS Lanarkshire was in the process of seeking a licence, as the custody suites in Motherwell and Coatbridge did not have a licence.

NHS Orkney and NHS Shetland have planned a review of the supply of medications in custody facilities, which will help to inform whether they require a licence. That review was due to conclude six months from the time of writing. The response also revealed that NHS Orkney and NHS Shetland could not confirm that they had written policies and effective practices in place to ensure that every detainee has access to their prescribed medication. NHS Western Isles stated that it would create a pathway for prescribing controlled drugs to patients in custody.

We understand from the clerks that an update on each health board has been shared directly with the petitioner—not very recently, but more recently than the update that the committee received—and the petitioner has since provided us with a further written submission. Colleagues will recall that the petition led to an admission by the Scottish Government that we could not demonstrate that prisoners in detention were receiving the medication to which they were entitled and that this had led to a tragic outcome in one case.

Do members have any comments or suggestions for action?

David Torrance (Kirkcaldy) (SNP): I wonder whether the committee would consider writing to the Minister for Drugs and Alcohol Policy to ask for an update on the work of relevant health boards in obtaining controlled drug licences and on implementing written policies on access to prescribed medication. We could also ask how the

minister intends to monitor the progress of work by NHS Grampian, NHS Highland, NHS Lanarkshire, NHS Orkney and NHS Shetland.

The Convener: I think that I am right in saying that the update that the petitioner received was in his capacity as a constituent of a minister. It would be useful—essential, in fact—for the committee to have as up to date a position as possible on the petition, which we have identified as important.

Are we agreed on Mr Torrance's recommendation?

Members *indicated agreement.*

Annexe C: Written submissions

Minister for Drugs and Alcohol Policy written submission, 28 March 2024

PE1900/U: Access to prescribed medication for detainees in police custody

As the newly appointed Minister for Drugs and Alcohol Policy, I would like to thank you for your letter dated 11 March 2024, requesting an update on the work of relevant Health Boards in obtaining Controlled Drug Licences and implementing written policies on access to prescribed medication.

I have been briefed thoroughly on my predecessor's commitment to the Citizen Participation and Public Petitions Committee and Criminal Justice Committee, relevant to petition PE1900: Access to prescribed medication for detainees in police custody.

Therefore, as part of our ongoing work to support a positive outcome from this petition, my officials have been engaging with the relevant areas following the rapid review which was carried out in spring 2023. I can confirm that officials have been following up on the information each health board provided to ensure timescales are met, and that processes are put in place and support the delivery of these actions. This work is still ongoing.

I note that the outstanding issues with named health boards were raised during the Committee meeting, and therefore I have provided a brief summary of their position below:

- **NHS Grampian:** As arranged, the premises inspection took place on 4 October 2023. Following that inspection, there were some actions that required follow-up, which have since been actioned. NHS Grampian have had no further communication with regards to their application for a controlled drug licence, but understand that a delay is not unusual.
- **NHS Lanarkshire:** The Disclosure and Barring Service (DBS) process for their service lead was delayed, but they have had assurance that this will be processed and completed soon. They have advised that once this element is completed, the application can proceed, with an anticipated timeline of approximately 12 weeks for the final element of the licensing process.
- **NHS Western Isles:** Home Office colleagues confirmed that, in this case, a controlled drug licence is not required.
- **NHS Dumfries and Galloway:** A controlled drug licence has now been obtained.
- **NHS Shetland:** NHS Shetland do not use controlled drugs for the delivery of custody healthcare in a way that would require a controlled drug licence. They have also advised that the designated lead for urgent and unscheduled care continues to review and develop process and procedure, and that there is now better integration of urgent and unscheduled care work involving custody health care. (further information on this is available at the end of this letter).

- **NHS Orkney:** Status currently TBC.

Please also see attached table which outlines, in detail, the current position of all health boards.

I can confirm that my officials will continue to engage with the relevant areas until all requirements have been met and procedures have been put in place.

In terms of monitoring the progress of this work going forward, we propose requesting annual updates from health boards, ensuring that they have continued to comply with the requirements set out in the Rapid Review. My officials are considering if this can be included as part of existing statistical datasets and, if not, it will be issued as a standalone request.

I thank you for your steer on this matter, and look forward to working with you.

Kind regards,

CHRISTINA MCKELVIE MSP

Assessment of support in police custody, in line with the findings of the HMICS Review of policy custody units in Lanarkshire

Green: No further action required

Orange: Follow up required

<p>Health-boards</p>	<p>1) Do you have a controlled drug license in place to store and/or supply controlled drugs in every police custody unit in your health board area?</p>	<p>2) Do you have written policies and effective practices in place which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication?</p>	<p>3) Do you have robust processes and adequate training to ensure that every adverse health event, complaint or feedback is recorded on Datix, and are these reviewed regularly?</p>	<p>If no to any of these questions, then what is your plan for implementing this and what is the timescale for completion:</p>	<p>Officials followed up with health boards who said no to any of these questions during the rapid review, on 5 September 2023.</p> <p><u>Health board responses were as follows:</u></p>	<p>Officials followed up with the relevant health boards again for an update on their progress. These follows up took place between January and March 2024.</p> <p><u>Health board responses were as follows:</u></p>
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<p>NHS Ayrshire and Arran</p>	<p>Yes</p> <ul style="list-style-type: none"> • A current controlled drug licence is in place within each of the three Police custody units in Ayrshire and Arran. The current licences are valid until 26 September 2023. • The first application for controlled drug licences for the Police custody suites was submitted by NHS Ayrshire and Arran to the DFLU in 2017. 	<p>Yes</p> <ul style="list-style-type: none"> • A policy is in place relating to the provision of medication within the custody suites 'Medicines Management within Police Custody Suites Local Operating Procedure'. • Within the Medicines Management LOP a further policy is referred to which details the 'Process for Detainees Receiving Methadone or Opiate Substitution Therapy'. This SOP describes the process of obtaining medication from community pharmacy or using interim 	<p>Yes</p> <ul style="list-style-type: none"> • Services with the Police custody suites are exclusively provided by an independent contracted provider (current COMS) with specification made for complaints or feedback described within the document 'Mainland Healthcare and Forensic Medical Services for People in Police Custody Service Specification and Clinical Model' • Complaints regarding Justice Settings are reviewed by the NHS Clinical Service Manager Justice Healthcare Services and discussed by the Prison and Police Custody Clinical Governance Group. 	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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		<p>prescriptions to continue treatment in custody for the necessary duration.</p> <ul style="list-style-type: none">• These were recently noted to be in need of update with regards a few details (contact numbers, team names, staff in post etc) and are currently being reviewed by the management team for renewal.				
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<p>NHS Borders</p>	<p>Yes NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy</p>	<p>Yes Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</p>	<p>Yes All staff complete Learn Pro training regarding Datix and significant adverse event reporting. Senior Charge Nurses attend a two-day training for management of adverse events. Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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	<p>ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</p>			
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<p>NHS Dumfries and Galloway</p>	<p>No (Refer to column E)</p>	<p>Yes Work was undertaken at the request of Police Scotland in 2022 to look at arrangements for administration of medicines in D&G police custody suites;</p> <p>Nursing & FME have provided evidence of the processes that are in place for the prescribing & administration of medicines within police custody healthcare setting;</p> <p>It is worth noting that with any service it is subject to continual improvement and development;</p>	<p>Yes Patient Safety Team advises that our RM system (Datix) is configured to enable adverse events and complaints from custody suites to be logged on the system and reviewed/investigated as per NHS Dumfries & Galloway policies and procedures which fully comply with National Adverse Event & Learning Framework;</p> <p>We do though note from the Lanarkshire report that there is a risk of under reporting due to the need for effective communication across the different stakeholder groups (Police Scotland & NHS);</p>	<p>1) At present we do not require a license from the Home Office for service. This is because controlled drugs (methadone for MAT) are prescribed on a named patient basis using GP10 prescription form & thus we hold no CD stocks that are not designated for;</p> <p>This is based on experience of applying for licenses for other healthcare services (SDAS and HMP Dumfries). CHSCP (the hosting directorate for police custody suite healthcare) will link with HO regarding licensing if operationally they wish to hold stocks of methadone in the</p>	<p>NHS D&G recently advised they do not require a drugs license.</p> <p>However, in the Custody Inspection Report published by HMICS in October 2023, the following recommendation was made:</p> <p>Recommendation 12: D&G HSPC must obtain a controlled drugs license to meet its legal obligation in the storing and supply of controlled drugs.</p> <p>Scottish Government officials sent NHS D&G a letter on 10 January 2024, to follow this up.</p>	<p>Apologies for the delay in getting back to I can advise that we have implemented the following action on receipt of :</p> <p>Recommendation 12: Dumfries and Galloway HSCP must obtain a controlled drugs license to meet its legal obligation in the storing and supply of controlled drugs.</p>
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		<p>There is a local forum in existence at the clinical operational level between Police Scotland & NHS colleagues where matters are raised & discussed.</p>	<p>As noted in Question2, there is a monthly forum between Police Scotland & NHS for police custody healthcare - this forum would report and escalate any incidents that couldn't be resolved within it;</p> <p>This forum (which is linked operationally to the CHSCP GMs senior team via the service manager) would be appropriate for raising awareness of learning from the Lanarkshire report.</p>	<p>future;</p> <p>Medicines storage was reviewed in 2022 as part of our Controlled Drug Governance Improvement Plan (reporting via Annual CD Accountable Officer to Healthcare Governance Group) and improvements made to being in line with RPS Safe & Secure Handling of Medicines standards.</p>		
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<p>NHS Fife</p>	<p>Yes NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy</p>	<p>Yes Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</p>	<p>Yes All staff complete Learn Pro training regarding Datix and significant adverse event reporting. Senior Charge Nurses attend a two-day training for management of adverse events. Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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	<p>ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</p>			
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<p>NHS Forth Valley</p>	<p>Yes NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy</p>	<p>Yes Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</p>	<p>Yes All staff complete Learn Pro training regarding Datix and significant adverse event reporting. Senior Charge Nurses attend a two-day training for management of adverse events. Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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	<p>ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</p>			
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<p>NHS Grampian</p>	<p>No (Refer to column E)</p>	<p>Yes there is a current policy – ‘Guidance on the Safe Management of Medicines including Controlled Drugs in NHS Grampian’, however this is in the process of being updated to reflect the needs required to deliver the governance around the Controlled Drug Licence. The policy is near completion and is currently in its consultation period with key stakeholders.</p> <p>In addition we are currently reviewing and amending the NHS Grampian policy - ‘Guidance on the Safe</p>	<p>Yes the Datix system is used widely within all 3 police custody suites in NHS Grampian. Once an adverse event report has been submitted, an appropriate level of review is carried out, and any necessary action/learning is implemented if required.</p> <p>All staff undertake DATIX training as mandatory and there are numerous trained Adverse Event Reviewers within the Partnership to support Level 1 and Level 2 Investigations.</p> <p>Currently across Aberdeenshire HSCP all Level 1 & 2</p>	<p>1) At the moment there is no controlled drug licence in place for the 3 police custody suites within NHS Grampian.</p> <p>We are currently working towards submitting an application for a controlled drug licence, which will cover all 3 police custody suites within NHS Grampian. We are striving to submit the application by the end of May 2023, as we are finalising the policies and procedures that are required to be in place.</p>	<p>We submitted our controlled drug licence application to the Home Office on 23rd June 2023.</p> <p>We have since received notification, that the Home Office will carry out our premises inspection within Kittybrewster (Aberdeen) police custody, on Wednesday 4th October 2023.</p> <p>Scottish Government officials followed up with them on the progress of this on 1 February 2024.</p>	<p>Thank you for your email of 1st February, requesting a further update regarding the status of our controlled drug license application.</p> <p>The premises inspection took place as arranged on 4th October 2023. Following this meeting there were some actions that required follow-up. These were actioned within the timescale given of 19th October 2023. Since then, we have had no further communication and understand that a delay of this period is not unusual.</p>
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		<p>Administration of Medication including Controlled Drugs in Forensic and Custody Healthcare'. Again this is being updated to reflect the governance alongside the Controlled Drug Licence.</p> <p>Currently there is only a small percentage of our nursing workforce that hold the Non-medical Prescribing Qualification. However within our workforce planning we are working towards a model where it will be mandatory that all our nursing workforce will</p>	<p>investigations are reported in to the Partnership Risk Group for sign off and approval and are escalated to the Clinical and Adult Social Work Group where necessary.</p> <p>Going forward we have plans to develop a Custody specific Quality and Risk Group to ensure local learning is gained from any identifiable themes, and provide assurances that all appropriate action is being taken and learning shared across all our Police Custody Suites.</p>			
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		<p>undertake Non-medical Prescribing as part of their role.</p> <p>As per above the application for the Controlled Drug Licence is planned to be submitted at the end of May 2023.</p>				
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<p>NHS Greater Glasgow and Clyde</p>	<p>Yes A controlled drug license is in place to store and supply Schedule 2 to 5 controlled drugs in every police custody healthcare suite in Greater Glasgow & Clyde.</p> <p>The most recent Home Office Compliance Visit was on 18th January 2023. The Home Office were satisfied with processes, policies and stock control / management across NHSGGC police custody healthcare and renewal of the Licence was granted.</p>	<p>Yes All individuals referred to the Police Custody Healthcare Team are assessed by a registered nurse and, where appropriate and it is safe to do so, local PCHC medicines policies will support the acquisition and administration of the individual's prescribed medication in custody. If OST is part of the patient's regular prescribed medication in discussion and agreement with Police Scotland, the individual's OST is collected from their identified pharmacy and administered as</p>	<p>Yes All medication is managed and administered in line with Police Custody Healthcare Service CD Policy and Standard Operating Procedure as noted below. Training is included as noted through the induction process into Police Custody Healthcare with an agreed communication process for any updates, developments or amendments as noted by email, verbal and team meetings inclusive of minutes.</p> <p>All incidents or adverse events are recorded on Datix with review by the Senior Charge Nurse</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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		<p>prescribed. In the event of this not being possible, alternative medication will be prescribed and administered. This is not a regular occurrence and the aim is to maintain medication as prescribed where at all possible.</p> <p>Work is currently ongoing in relation to holding stock of OST (methadone, buprenorphine) within Police Custody Healthcare suites as part of our moves to implement MAT standards. The Standard Operating Procedure to support this is</p>	<p>and investigation when required. When required events will be escalated to the Service Manager and/or Head of Service. This is monitored overall through Police Custody Healthcare Governance Group in the quarterly meetings.</p> <p>(PDF links available via email (1) The Safe and Secure Handling or Controlled Drugs Policy in NHSGGC Police Health Care and (2) The Safe Management of Controlled Drugs in NHSGGC Police Custody Healthcare)</p>			
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		<p>currently progressing through the relevant governance procedures within the service. The aim of this is to support improved access to OST in the future for individuals referred to the Police Custody Healthcare service</p>				
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<p>NHS Highland</p>	<p>No (Refer to column E)</p>	<p>Yes, including OST</p>	<p>Yes</p>	<p>1) A controlled drug licence application has been submitted, inspection was due to take place on 14th March 2023. NHS Highland were given notification from the Home Office of this visit being postponed on Friday 10th March 2023. We are waiting a rescheduled date from the Home Office for inspection to complete the application process, they are aware this is outstanding.</p>	<p>An update from NHS Highland in regards to CD license.</p> <p>NHS Highland controlled drug license for police custody remains outstanding. We have received rescheduled date for inspection from the Home Office, for 12th September 2023. This will conclude our application process.</p> <p>Scottish Government officials followed up with them on the progress of this on 1 February 2024.</p>	<p>I can confirm we have received our controlled drugs license from the Home Office for Police Custody Healthcare, NHS Highland. This was issued on the 23rd November 2023.</p>
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<p>NHS Lanarkshire</p>	<p>No (Refer to column E)</p>	<p>Yes There are Standard Operating Procedures that cover Medicine Management, Substance Misuse referrals, Symptomatic Relief for Substance Misuse*, Controlled drug management (detainees own supply), Supervised Administration of Opioid replacement therapy, Independent Prescriber nursing* and Take Home Naloxone.</p> <p>(* SOP's independently signed by Chief Pharmacist, Professional Nursing Rep and other senior</p>	<p>Yes Healthcare in Custody in NHS Lanarkshire is provided by a limited liability company. They have held the contract since the transfer of responsibility to provide healthcare to NHS Boards in 2013. Initial awareness was given on incident recording and adverse events.</p> <p>In light of the HMICS repot findings, the following actions have been taken:</p> <ul style="list-style-type: none"> • Discussions have been held with the healthcare provider clinical lead on the need for refresher training. This will be discussed with his partners 	<p>1) Both Custody Suites in NHSL (Motherwell and Coatbridge) do not have a CD license. Given the guidance issued by Home Office DOMESTIC CONTROLLED DRUG LICENSING IN HEALTHCARE SETTINGS we are now in the process of seeking a license.</p> <p>As per Application requirements: Meetings held to discuss identification of the relevant Managers and Checking of DBS status (Managing director, Site Security, legal compliance and Responsibility for Witnessing Destruction). If no current DBS held,</p>	<p>I can confirm that we are progressing the application.</p> <p>All required named persons have been instructed to apply for their DBS check and we are awaiting updates on individual DBS reference numbers in order to progress the licence application.</p> <p>Scottish Government officials followed up with them on the progress of this on 1 February 2024.</p>	<p>The DBS process is completed for the authorised witness to be named on the application.</p> <p>The DBS process for the service lead was delayed , but we have had assurance that this will be processed and completed soon.</p> <p>Once this element is completed, the application can proceed, with an anticipated timeline of approx. 12 weeks for the final element of the licensing process.</p>
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		<p>members of the Custody offender management Group.)</p> <p>The SOP's are reviewed, updated and shared with the Custody Healthcare Operational Group on an annual basis.</p>	<ul style="list-style-type: none"> • A scoping exercise will be undertaken to ensure all staff involved in providing healthcare in custody have access to Learnpro • The module on Datix recording to be completed by all staff within 3 months • Any staff who do not have access to Learnpro will be offered alternative learning • Adverse events will be recoded and discussed at the quarterly Custody Healthcare Operational group meeting. <p>A learning cycle will be developed to review any adverse events recorded.</p>	<p>then applications shall be made. Once this is complete, then the formal application process shall begin.</p> <p>Timescale will be governed by DBS application status and processing- but this is underway.</p>		
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<p>NHS Lothian</p>	<p>Yes NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy</p>	<p>Yes Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP.</p>	<p>Yes All staff complete Learn Pro training regarding Datix and significant adverse event reporting. Senior Charge Nurses attend a two-day training for management of adverse events. Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
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	<p>ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format.</p>			
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<p>NHS Orkney</p>	<p>No (Refer to column E)</p>	<p>No (Refer to Column E)</p>	<p>Yes NHS Orkney has a series of processes in place to support complaint handling. These are under-pinned by appropriate policies and training. We are currently reviewing our wider Healthcare Governance policies and will be bringing all of these together in one over-arching framework within the next 3 months.</p>	<p>1) A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. This work is being undertaken with our colleagues in NHS Shetland and will be in place within 6 months.</p> <p>2) Completion of these policies will take place on completion of the review. Policies will be in place within 6 months.</p>	<p>NHS Orkney does not keep controlled drugs within the custody suite. Instead, medicines used for custody healthcare are provided from the Urgent and Unscheduled Care service, and only named patient controlled drugs are kept within the custody suite – an activity that does not require licensing. NHS Orkney therefore does not require a Controlled Drug license for the custody healthcare provision.</p> <p>Unfortunately, following the intent provided within the previous email, staff turnover and vacancies have</p>	<p>Status: TBC</p>
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					<p>meant that work on procedures has not been progressed due to loss of the lead. Existing procedures do support medicines supply in the urgent and unscheduled care service, however the service will require to review the custody health processes.</p> <p>Should the delivery context change in Orkney, i.e. controlled drugs schedules 2-4 are stored in the custody suite in a non-named patient basis, NHS Orkney will ensure that a controlled drug license is obtained prior to implementing these changes.</p>	
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					<p><u>Scottish Government Officials followed up on this information on 14 March 2024, to confirm any updates and/or changes.</u></p>	
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<p>NHS Shetland</p>	<p>No (Refer to column E)</p>	<p>No (Refer to column E)</p>	<p>Yes NHS Shetland have trained staff providing custody healthcare who are competent in local governance systems including complaint handling and adverse event recording. The staff work with local policies and procedures. Local clinical governance arrangements provide review of adverse events and assurance.</p>	<p>1) A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. At present, the controlled drugs stored within the custody suite which require home office license are limited to benzodiazepines. This work is being undertaken with our colleagues in NHS Orkney and will be in place within 6 months.</p> <p>2) Completion of these policies will take place on completion of the review. Policies will be in place within 6 months.</p>	<p>Through review and establishing a workstream to review our current Urgent and Unscheduled Care services, including the provision of custody healthcare, all remaining controlled drugs are being removed from the custody suite to be placed within our acute service, with appropriate access for staff covering custody healthcare. NHS Shetland will no longer have a need for a Controlled Drug license for the custody healthcare provision.</p> <p>Existing procedures are in place for custody health and will be updated throughout the work</p>	<p>This remains the case in NHS Shetland. NHS Shetland do not use controlled drugs for the delivery of custody healthcare in a way that would require a controlled drug license.</p> <p>The designated lead for urgent and unscheduled care continues to review and develop process and procedure, together with the pharmacy team on the handling of medicines in Shetland for custody healthcare. Further development work on record keeping is underway too. There is now better</p>
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					<p>of the Urgent and Unscheduled Care workstream as it seeks to combine both custody healthcare and out of hours.</p> <p>We had initially begun the licensing process in registering for access to the application portal and found this challenging to progress quickly. Advice has varied between boards, and I'm aware from other board areas the licensing process has taken longer than anticipated.</p> <p>Should you have any further questions on our approach, please let me know</p>	<p>integration of urgent and unscheduled care work involving custody health care. There has been excellent regional networking between NHS teams in the North of Scotland, and in particular with NHS Highland and NHS Shetland. Police Scotland colleagues in Shetland have engaged fully with the development process including storage of medicines and access.</p>
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					<p>and I'll be happy to discuss.</p> <p><u>Scottish Government Officials followed up on this information on 14 March 2024, to confirm any updates and/or changes.</u></p>	
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<p>NHS Tayside</p>	<p>Yes</p>	<p>Yes. All medication is continued in custody.</p>	<p>Yes all are recorded on Datix, reviewed with the senior team and discussed at the Business & Governance Group.</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>NHS Western Isles</p>	<p>No (Refer to column E)</p>	<p>Yes. We are currently updating our standard operating procedures with the introduction of our Mental Health pathway and Naloxone administering process. To support the issuing of prescribed medications, clinicians working in the service have access to emergency care summary and Adastr.</p>	<p>Yes. Datex is the method used by NHS Western Isles to record any adverse event within the service. This is monitored and assigned to the appropriate senior manager for investigation, route cause analysis and remedial action. Training and system access for Datex is available to all staff in NHS Western Isles.</p>	<p>(1) We do not store controlled drugs within any of our custody suites. Currently any controlled drugs are issued via our Emergency department in Western Isles Hospital or our Community Hospitals in Uist (OUAB Hosptial) & Barra (St Brendan's Hospital). All hospitals are located closely with our custody suites which prevents any significant delay in access to prescribed</p>	<p>Home Office colleagues have come back and agree that CD licenses are not required in this case</p>	<p>N/A</p>

				<p>medication which is not located in the Custody Suite.</p> <p>The NSWI board and service leads for custody and Pharmacy will work on a pathway/standarding operating procedure for prescribing of controlled drugs to patients who are in receipt of custody healthcare. This will be carried out over the next 4-6 months. Patients will continue to have access through the current route of ED or Community Hospitals.</p>		
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Petitioner written submission, 6 April 2024

PE1900/V: Access to prescribed medication for detainees in police custody

I hope you realise that I do appreciate your support of the petition to stop the abuse of detainees in Scotland. Yes, I'm passionate about this cause, my daring wife Rachel hours before her death asked me to stop the vile treatment of our son Robert and other detainees, I give my word and my word is my bond.

As you have gathered, I am not politically correct and as such I am happy to state that some organisations and individuals have committed criminal offences against both the Human Rights Acts and Scottish Law. Yet the organisations involved feel that they are immune from prosecution. Why? Because they have convinced themselves that laws are subordinate to their policies.

Committee, I believe I have the moral and legal high ground and I won't back down. It is disgraceful that Ministers have reneged on their Human Rights Act responsibilities by not ordering NHS Grampian and Police Scotland to comply.

They suggest I should write to the Chief Constable and SPS, and complain to NHS Grampian. I have on numerous occasions. The silence is deafening. There is a complete lack of courage by the Scottish Government to implement their own policies, Scottish Law and the Human Rights Act.

I believe that by a simple addition to the Human Rights Act in Scotland, the Scottish Government can remove any confusion in, how a detainee is treated.

The Scottish Government needs to incorporate the Mandela Rules into a Scottish Human Rights Act. It appears to be accepted for prisoners but not for detainees in police custody in Scotland. Standard 2 of the SPS inspections standards are partly based on the Mandela Rules. So, why not custody suites?

NHS Grampian has achieved in 14 months little or nothing. They still have no controlled drugs licences, and their excuse about design and modifications to medical examinations rooms are pathetic.

NHS Grampian had not followed the [guidance on police custody medical services facility design and cleaning](#) for 10 years. Was this another unwritten policy? We have to ask a very unpalatable question, why have Police Scotland and NHS Scotland been allowed to violate EUHR articles, especially article 3 for ten years?

Detainees have the right to informed consent, have enough information about their condition, treatment options, the benefits and risks relevant to them, and alternative options for them to make an informed decision to consent. This includes the opportunity to ask questions and discuss concerns.

Petitioner written submission, 4 November 2024

PE1900/W: Access to prescribed medication for detainees in police custody

The 14th of September 2024 was the 3rd anniversary of PE1900 Calling on the Scottish Parliament to urge the Scottish Government to ensure that all detainees in police custody can access their prescribed medication, including methadone, in line with existing relevant operational procedures and guidance.

Yet 3 years later, despite winning the argument, there is still no progress. I feel an almost Neville Chamberlain like moment of waving a piece of paper, and actually believing the delusion is real. On the positive side, Police Scotland and NHS Grampian have to accept responsibility for the denial of adequate medical treatment of detainees and multiple breaches of Human Rights. I believe that in Grampian, detainees are still denied medical attention by Police Scotland, the medical assessment is carried out remotely which is then passed to a nurse via phone by a member of the custody team, not the detainee. This combined with the mental health assessment takes on average 1 minute.

Police Scotland are documented as stating that intoxication and medical overdose are the same thing and do not warrant medical intervention. I will stand up in any court or parliament and repeat that statement. I have collected numerous examples of abuse, and none comply with Scottish laws and European Human Rights legislation. What are our values as a society? Strangely these values were well reflected in the Scottish Parliament in 2015. It was committed to social cohesion, justice and equality. This is exemplified by the inscription on the Scottish Mace which sits in the Scottish Parliament, clearly declaring to the world that our society is underpinned by the values of wisdom, justice, integrity, and compassion.

It has come to my attention that NHS Grampian, while stating to you that historic problems prevented them from complying with laws and regulations regarding Dihydrocodeine, they were simultaneously reminding staff of the need not to prescribe Dihydrocodeine to all other members of the community due to the dangers that have come to light in 2007. It certainly is not a historic problem.

Grampian Guidance for Prescribing Medication Assisted Treatment (MAT) in Community Settings for Patients Experiencing Problematic Substance Use

Co-ordinators:

Substance Use and Medicines Management. (published March 2023)

5.7 Oral opioids other than methadone and buprenorphine are not licensed in the UK for the treatment of opioid dependence. This includes dihydrocodeine and slow-release oral morphine preparations. They are not currently recommended, or on the Grampian Area Formulary, for use in Grampian. Treatment using prescribed diamorphine is not currently available.

If NHS Grampian has not told staff to prescribe Dihydrocodeine, then why are they still prescribing it? So it would appear that despite knowing the facts, NHS Grampian have been confiscating detainees' legally prescribed methadone, and without consent, substituting it with the unlicensed drug dihydrocodeine. A drug the Committee knows can cause psychological and physical trauma - seizures are not uncommon. This was confirmed by Dr Carole Hunter in her evidence to the Committee.

The sad thing is the Home Office has confirmed that as the methadone was the detainee's own prescribed medication, there was no need for a controlled drugs licence. Also confirmed by Richard Lochhead MSP in a letter from the Home Office controlled drugs department, the fact dihydrocodeine could be carried in a Doctor's bag and/or with the detainee's signature a police officer could pick it up, or an approved person (next of kin, close relative) and after phoning around pharmacists. I was told they would dispense it to the detainee as it was prescribed to that patient, if they are told and the detainee could be brought to the pharmacy.

So I ask the Committee, why have NHS Grampian been dragging their feet? Robbie Burns had the quote to sum up NHS Grampian management "An' may ye rax Corruption's neck, And gie her for dissection!".

As the lead petitioner of PE1900, I request permission to address the Committee regarding the failure of NHS Grampian and Police Scotland to implement the provision of methadone. Detainees are still receiving the unlicensed drug dihydrocodeine and they are still not being asked for informed consent. NHS Grampian still prescribe Dihydrocodeine to individuals without prescription and do not use specialist clinicians, nor do Police Scotland or NHS Grampian raise risk assessment for each detainee being given an unlicensed drug.

They do not monitor or titrate detainees who still suffer seizures. Police Scotland still reneges on its duty of care and are shamefully acting as proxy medical staff for NHS Grampian. With regards to PE1900, despite the best efforts of the Committee, the promise by the Minister and the letter to the Committee by NHS Grampian that methadone was now the accepted medication, NHS Grampian still illegally prescribe Dihydrocodeine to detainees in Police custody. Although, it should be noted that the drug is not licensed for the treatment of drug dependence. Individuals in police stations are entitled to the same standard of medical care as any other member of the public.