

**Recommendations from the Devon Prisons
Health Needs Assessment**

**HMP Exeter, HMP Channings Wood
and
HMP Dartmoor**

2011 -2012



In April 2006 the responsibility for prison healthcare transferred from HM Prison Service to the National Health Service. NHS Devon assumed responsibility for the healthcare provision in the three Devon prisons which are: HMP Exeter - a busy local prison which holds around 530 sentenced and remand prisoners aged 18+ and has 24 hour healthcare, and HMP Channings Wood and HMP Dartmoor – adult trainer prisons holding 725 and 650 prisoners respectively.

The last assessment of the health needs of the Devon prison population was published in November 2008 just as the then Devon Primary Care Trust took over the responsibility for the commissioning of prison health care from the three Devon prisons. Three years on it is time to revisit the health needs of this particularly vulnerable population as NHS Devon seeks to improve and develop prison health care services in line with local, regional and national trends in the prison population.

Prisoners are among the most complex and vulnerable groups of patients and there is a pressing need to be able to identify their health needs in order to develop service provision to meet those needs. This document has identified some areas of good practice as well as several areas in need of further development which include:

1. The data collection and retrieval on SystmOne which is the prison healthcare data management system. This is fundamental to our knowledge of our patients in the three prisons and needs to be utilised to its full potential.
2. Providing healthcare in a prison is a complex undertaking which needs to work within the constraints of prison security requirements whilst adhering to national clinical and other standards. Flexible, joint and integrated working within the healthcare teams and across healthcare and the prison is vital to maintain the safety and well-being of the prisoners, as for example, attendance at Safer Custody meetings. Good communication within and between healthcare teams and with the prison staff is central to the facilitation of access to appointments outside of the prisons. Provision of escorts from the prisons, particularly HMPs Dartmoor and Channings Wood, has proved difficult at times of high demand and out of hours provision must be timely.
3. Populations within prisons are not as stable as one might suppose and change swiftly at times. Both HMPs Dartmoor and Channings Wood have had significant alterations to their prisoner profile with much increased numbers of vulnerable prisoners, many of whom are aged over 50. This has implications for future provision of services for long term and chronic conditions, screening programmes and mental health and highlights the need for a multi-skilled and flexible workforce.
4. Prisoners suffer from greater health inequalities than many other sectors of the general population. Many are not registered with a GP or dentist prior to coming into custody and may have undiagnosed physical and mental health problems. Prison is a chance to begin to address these issues and healthcare services can maximise this opportunity to offer hepatitis B vaccinations, test for hepatitis C, identify and work with substance misusers, offer low threshold mental health services for those with common mental health problems and reduce the number of smokers through smoking cessation programmes.

5. It is important to ensure that continuity of care arrangements are timely and collaboratively planned across the prisons. Preparations for release must include liaison and coordination with community agencies and health, mental health, substance misuse and learning disability services with relevant health promotion material given prior to release. There should be a palliative and end of life care policy in place to support those being released into the community. Healthcare in the prisons assist prisoners with registering with a GP in the area to which they are returning.
6. Medicines management is an area which directly affects patients and needs to ensure that systems adhere to national guidelines and standards

This Prison Health Needs Assessment has been a collaborative process building on the work of the previous needs analysis undertaken in 2009. The document highlights some important areas which will become the focus of work in the coming year such as the need to improve data collection and use of SystmOne and integrate the provision better within the services and across the prisons. It has also shown the significant progress made in some aspects of healthcare provision over the past two years, notably secondary mental health provision.

Recommendations from the 2011-12 Prison Needs Assessment

Page 21 - Data sources

Recommendation

Prioritise consistent read coding of SystmOne across the Devon prison cluster

Page 29 - Primary care – continuity of care

Recommendation

Ensure that continuity of care arrangements are robust and involve multi disciplinary information sharing protocols both within and external to the prison

Page 30 – Primary care - pharmacy

Recommendation

Increased routine access to, and input from, specialist pharmacist support and advice e.g. complex needs medication reviews

Page 31 – Primary care – medicines management

Recommendations

Enhance the procedures for managing and monitoring In Possession medication

Strengthen the practical procedures around the safe and secure handling of medicines in particular around record of receipt, issue and disposal or destruction of all medicines including controlled drugs

Improve the provision and record keeping of medicines and ensure that medicines reviews are carried out in a timely manner, completed and recorded the NHS Quality Outcome Framework and including the capture of details of missed doses

Ensure medicine reviews happen in a timely manner

Ensure information and advice is available on transfer or release from prison

P46 - Mental health – referrals

Recommendations

Consider co-location of mental health and safer custody staff

Ensure good communication and joint working between mental health teams, healthcare, substance misuse and prison staff, including information sharing systems

Page 51 – Mental health hospital transfers

Recommendation

Continue standard of 14 days or less as transfer time target for urgent hospital admissions under section 47 or 48 MHA

Page 52 – Mental health – personality disorder

Recommendation

Commissioners to develop a strategy for personality disorder in the Devon prisons linked with developments for offenders in the community

Page 54 – Mental health – access to psychological therapies

Recommendation

Develop access to a broad range of psychological therapies

Improve integration with third sector and prison providers of psychological interventions

Page 62 – Mental health - suicide prevention and self harm management

Recommendations

Effective risk and care information across all teams working in the prison and external agencies.

To carry out an audit of the NICE guidelines and the PSO 2700 to see how they are implemented in each of the three Devon prisons.

Better information from the prison healthcare teams into the causal factors of suicide and self harm

An examination of how the prisons and healthcare team can work better to prevent suicide and self harm

Page 66 – Substance misuse – workforce and resources

Recommendations:

Clarify available resources, review service model to better match need and allocate resources accordingly.

Consider the development of a model of Integrated Substance Misuse provision in Devon where this is all provided by a separate specialist Integrated Substance Misuse team.

Respecify the Integrated Drug Treatment System services on the basis of the agreed best model.

Ensure that for the existing and any future Integrated Substance Misuse model, all protocols clarify in detail the respective remits and responsibilities of primary and secondary care

Page 67 – Substance misuse – clinical interventions

Recommendation

South West prisons, particularly Exeter, Bristol, Dorchester and Gloucester, give clear information to prisoners about what to expect in terms of maintenance and reduction.

Recommendations

Review and update all Integrated Drug Treatment System protocols for ease of use and emphasis on integrated pathways

Ensure all significant deviations from agreed protocols are a subject of multi-disciplinary review

Rationalise governance processes regarding the Integrated Substance Misuse Service

Page 69 – Substance misuse – drug testing

Recommendations

Develop drug testing as a clinical intervention to support treatment and reallocate resources accordingly

Consider increasing the provision of urine screening in HMP Exeter to include all receptions previously unknown to the prison

Page 69 - Substance misuse – substance misuse data

Recommendations

Improve and maintain data quality for clinical and psychosocial activity and monitoring purposes

All new entrants have fully completed reception minimum dataset

Recommendation

Develop data collection for illicit stimulant, benzodiazepines and steroid use to establish level of need

Recommendation

Ensure protocols for stabilisation meet clinical guidance standards

Recommendation

Consider the reinstatement of food and drink (munchy) packs for prisoners undergoing stabilisation

Page 85 - Drug therapeutic community

Recommendations

To develop the Therapeutic Community as a substance misuse provision including alcohol

To strengthen links with other aspects of substance misuse treatment provision in the Devon prison cluster

To encourage the programme to develop further the involvement of the graduates in peer support and mutual aid in the prison

To review the programme against good practice in the community and develop accordingly

Page 91 – Substance misuse CARATS

Recommendations

Increase the number of group work sessions delivered in HMP Exeter

Engagement with Counselling, Assessment, Referral and Through-care to become an integral part of substance misuse treatment

Interrogate the data over the coming months to explore whether the balance of provision is correct across the Devon prison cluster

Page 94 – Substance misuse – continuity of care

Recommendations

Further development of through-care arrangements, particularly ‘meet and greet’

Counselling, Assessment, Referral and Through-care to see all time-expired prisoners on their day of release for harm-minimisation and relapse-prevention advice

Await outcome of national Naloxone pilot

Agree clinical substance misuse service transfer protocols between prisons

Page 96 – Substance misuse – alcohol

Recommendation

Identify key times in the calendar to target for alcohol awareness and alcohol harm reduction interventions

P101 – Substance misuse – co-existing alcohol and drugs

Recommendations

To undertake a thorough alcohol needs assessment in the Devon prison cluster including Oasys data

To develop a range of alcohol treatment interventions to support harmful and hazardous alcohol users, as well as those who are dependent drinkers, based on evidence from the community and from other prisons elsewhere

Page 105 – Substance misuse - dual diagnosis

Recommendations

Ensure integrated working between substance misuse and mental health provision for dual diagnosis based on the above key principles

Improve data recording and collection and information sharing between mental health and substance misuse teams for dual diagnosis

Page 106 – Substance misuse – peer support and mutual aid

Recommendations

Developing SMART Recovery® Meetings

Renew weekly Narcotics Anonymous groups in HMPs Dartmoor and Channings Wood

Further develop 12-step sponsorship and other peer support

Further develop user-involvement and substance misuse specific user groups

Increase peer support around the end of detoxification

Page 107 – Substance misuse – recovery and ongoing treatment

Recommendations

Develop a holistic, recovery focussed approach to working with prisoners with a history of substance misuse including housing, employment and third sector agencies in the community

Increase training on recovery for all substance misuse and healthcare staff in the prisons

Ensure links to Health and Well-Being

Page 111 – Sexual health

Recommendation

Clarify the care pathway for sexual health in the prison cluster

Clarify the roles and responsibilities of the GPs in prescribing for sexual health

Recommendation

Improve data collection to identify the proportion of under 25 year old prisoners offered the Chlamydia screen and the numbers who accept.

Recommendation

Review the policy with both healthcare and sexual health services and include feedback from sexual health clients

Page 115 – Communicable disease – hepatitis B

Recommendation

Ensure consistent recording of Hepatitis B vaccination coverage, including data from the sexual health provider

Develop blood borne virus pathway to include substance misuse and sexual health provision

Page 116 – Communicable disease – hepatitis C

Recommendation

Review algorithms used for testing

Ensure consistent recording of hepatitis C activity in all three prisons, including numbers from sexual health service to reduce the number of repeat test

Explore dry blood spot testing for hepatitis C

Page 118 – Communicable disease – seasonal flu vaccinations

Recommendations

Developing a national data collection for the uptake of the seasonal flu vaccine would enable appropriate benchmarking to be made

Page 119 – Wound care – leg ulceration

Recommendations

The implementation of care pathways specifically designed for prison services which could include certain prison nurses undergoing education sessions relating to the diagnosis and management of leg ulceration, to ensure that they are competent at assessment. This would mean that there would be a 'link nurse' who undertakes all initial assessments

To explore alternatives to compression bandaging that are require less nurse time and enable the patients to take more control of their care

Page 129 – Escorts and bed watches

Recommendations

Explore ways of reducing the use of accident and emergency

Look at more effective use of out of hours services

Explore the possibility of more effective use of community hospitals

Producing a better breakdown of data for analysis around reasons for accident and emergency attendance

Page 133 - At risk groups – end of life and palliative care

Recommendations

Development of integrated health and social care pathways for older prisoners
Review the process for repeat prescriptions

Increase access to physiotherapy and occupational therapy sessions and to optician and chiropody services for older prisoners

Development of an older prisoners' mental health pathway to include depression and dementia

Training in elderly care for all staff and introduce an elderly care healthcare lead in each prison as key contact for both prison staff and prisoners

Page 137 – At risk groups- armed forces veterans

Recommendation

Ensure status as veteran is recorded for all individuals on reception into each prison and flagged on SystemOne

P138 - At risk groups – equality and diversity

Recommendations

Identify social care lead for each prison and healthcare lead to support

Commissioners to develop further the links with Devon County Council Social Care services

Partnership to clarify which organisation or agency funds which adaptations or equipment

Each prison to develop a programme for peer support for social care

Development of integrated health and social care pathways for older prisoners

The Prison Partnership Boards gives consideration to identifying dedicated social work time to meet this need (Association of Directors of Adult social services, ADASS 2010)

Page 141 – At risk groups - vulnerable prisoners and mental health

Recommendation

Improve data collection and read coding in SystemOne

Page 147 – At risk groups – prisoners with a learning disability

Recommendations

Develop Learning Disability lead nurse roles in HMPs Channings Wood and Dartmoor

Further develop collaborative working, such as joint action planning, with prison disability and other staff and health Learning Disability staff

Page 156 – Evidence of effectiveness – department of health

Recommendations

Ensure that there is appropriate evidence and governance on the compliance with NICE and other best practice advice.

When new NICE guidance is published it should be considered with a focus on its relevance to prisoners and how it might be delivered within the prison setting.

Devon Partnership Trust has the main provider should ensure itself that any healthcare professional delivering health on its behalf delivers clinically effective interventions, including adherence to NICE guidance.