HMP The Mount Out of Hours

Prisoners cannot be taken to an Out Of Hours centre. You can offer advice or the doctor has to go into the Prison. The prison service still has a rule that doctors on call have to come in ***on the duty governor's command*** (the duty Governor may simply want his hand holding). That leaves no room for triage or clinical judgment. I am not sure if the PCT is removing this clause.

Call out rate is very low because we do the work during the day and officers make good judgments in the main. There is a call-in once or twice week. The use of the Governor's order to force you to come is not an issue, but sod's law dictates that it will be used by an inexperienced Governor one Boxing Day, or any such busy night for Harmoni.

HMP The Mount is category C. The prisoners have always come from another prison, and may be on a short sentence or towards the middle or end of a longer one. Very dangerous prisoners are kept in Category B and A prisons. There are some lifers and some pretty nasty characters at HMP the Mount, but most are utterly benign towards the medical profession. By talking to them as if you are at any other home visit or at your surgery, despite being in these surreal surroundings, you find that the prisoner acts the part of being the decent patient "on the out". The role play takes them out of their cell for the moment.

We have never felt frightened by any of the prisoners there. My assistant Dr Janet Crabtree has not had an issue. She is left alone with prisoners in the consulting room behind a shut door (there is a panic button) and she is free to move about the prison un-escorted.

Harmoni doctors would be escorted by prison officers by at all times, and officers may even stay with you during the consultation if you are still worried. The on-call doctor's role will be limited to checking to see if the patient needs to go into hospital there and then, or is safe to be left for the day team to handle (nurses arrive at 8 am). Having an officer present may be an acceptable breach of confidentiality if you are still concerned, but in my view not really necessary. Officers know the nasty characters, and if tempers are high you would be accompanied by a bevy of officers and not left alone for a moment, even if you ask.

Once in the cell, and having exchanged greetings with the prisoner, and got eye contact with him, you can ask the officer to wait just outside the unlocked cell door, in safety. It is worthwhile doing this because prisoners will be reluctant to tell you of their recent drug use in front of an officer. Then flu-like symptoms, and signs that you cannot make sense of suddenly have a diagnosis. Assuring the patient that you are NHS and what he says to you will not be repeated to the prison officers, unless he agrees, is a useful opening line.

At weekends during the day you are likely to be assisted by the prison nurse, and you may see the patient up in Healthcare. Prison nurses attend 7 days a week, but their hours vary.

Prison Service Forms: There are lots of them.
As an emergency doctor do not get involved paperwork such as "2052s" and anything to do with adjudications. Take adequate notes of your consultation such that it is faxed into Healthcare in the normal way as for any NHS patient. Healthcare will then handle the prison service paperwork requirements during the day.

Many prisoners have personality disorders linked to dependency. They often do not realise it themselves, but it is often their dependency that is talking, as they seek sleeping tablets and everything and anything else. We follow the British National Formulary guidelines to the letter. Listed here are the medicines that we avoid in prison because their use is depreciated in the BNF. These medicines can help feed dependency, and they create an internal market. **Please DON'T prescribe:**

- Co-anything (co-proxamol, co-dydramol, etc etc)
- Tylex
- DF118
- Diazepam and all benzos
- Zopiclone
- Codeine and anti-diarrhoea medications
- Clonazepam, another benzo, (used rarely "on the out" for epilepsy, somehow becomes the anti-epileptic of choice by prisoners. Their history of epilepsy may be dubious)

If these are used by on-call doctors it could fuel the call out rate.
Like your dependent patients everywhere, some prisoners will claim that ONLY drug X works.

Can use:
We sometimes use Tramadol for very short courses.
Paracetamol is given in small quantities. Otherwise we use the full range of NSAIDs. For biliary or renal colic and backache diclofenac 100mg supps are our saviour. That must be in your bag.

Of course there are times when we need to use MST or opiates, like any other general practice for pain. These few patients collect their medicines daily. It is unlikely that you would ever need to start such medication. In fact you won't.

There is no indication (again BNF) to use Diazepam for backache. We have very few on diazepam, and it does not come "over the wall". If a patient says he is going to have a fit because he has run out of diazepam yesterday, it would be pretty odd. Anyway a true fit is unlikely in the short term because the half life of diazepam is up to 8 days. Leave for us to sort out in the morning.

Detox
Anyone claiming they are "clucking" from withdrawal of heroin or whatever can be left to the morning team. They may present as being unwell. These prisoners have been detoxed at their originating prison of street levels of heroin. The heroin coming "over the fence" is usually used in very small quantities for each hit, compared to the outside. Heroin is smoked. Injecting seems to be very rare. Hep C is common, caught on the outside, and prisoners may have got the message. HIV is quite rare.

We have positive approaches to dependency. There are whole teams involved in helping prisoners with these issues. You do not need to be involved in the middle of the night and it could undermine the work.

Not sleeping is not an emergency problem, unless the patient is psychotic, but some even claim to "hear voices" to get that diagnosis made. It's their dependency that's talking.

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Sectioning a psychotic prisoner out of hours. Do not even try. Ask for the prisoner to be "put on a watch" and placed in the segregation unit. We will then spend hours finding suitable secure accommodation over the following the week.

Prescriptions
Prisoners are NHS patients but not on a G.P. list, and are quasi private patients. FP10s cannot be used or cashed. So any supply for overnight has to be from your bag. You can use an FP10 simply to leave us a note of your intentions. It cannot be used that day at an outside chemist. Nurses are in every day, so we would use the prescription note as an authority to prescribe an antibiotic. The day doctors still attend on Saturday mornings.

"Running out of Inhalers". This should not happen, and officers cannot dispense such medications. An inhaler may have to be provided. Some patients may need nebulising, but this is rare (I use combivent as it may last longer). You can ask the patient to be put on a watch (hourly) to see if he tightens up afterwards, but you cannot ask a prison officer to be a nurse or make an assessment. A "watch" allows the prisoner to be seen and state how he feels without pressing his buzzer.

Going to Hospital.
This presents a security risk, as a prisoner could swing it to get central crushing chest pain because he has a reception party waiting to spring him at the hospital. This is unlikely to be the case with The Mount's Cat C prisoners, but is possible. I have sent a patient to Stoke Mandeville, telling him Hemel, rather than Hemel as I had doubts (have to bully ambulance to oblige to send to Stoke or Watford). Usually you can send to Hemel. If the SHO asks for the details of the prisoner's offence tell them it is offensive to ask, you don't know, and is irrelevant to his care. He will be cuffed and escorted by two officers at all times. Finding staff to escort prisoners to hospital can be difficult for the prison, but will be provided if you say the prisoner has to go in.

Prisoners do get ill, and sometimes with rare and fascinating conditions. Recognising the ill patient is what we do and then do not hesitate to send such patients to hospital **999**. You **may** have to emphasise the urgency. Prison officers will default to normal practice and put the patient through all the security stages, go via "reception" do paperwork, strip search them, as if taking the patient to outpatients or a town visit, delaying progress to hospital for an hour or more, even keeping the ambulance waiting. You **must** tell the officers that this patient is on the brink. But for the majority delay is acceptable, give the ambulance service an hour or more. Security can be applied in the usual manner.

Cuts and lacerations.
Once you are assured that they are clean and bleeding has settled, and that neither nerves nor tendons are involved, these usually can be left for us to stitch-up in the morning. Waits in casualty may be 6 hours or more anyway.

Possible minor fractures can also be left to the morning. We have X-ray twice a week. We have casualty nurses and plasters can be applied awaiting X-ray.

For further details of our work at HMP The Mount see www.careprovider.com/prison.htm

If in doubt or seek advice try Dr Bulger on 0783 122 3669.

Summary

- Prison Work is safe. You are escorted.
- You need photo I.D. with you.
- Leave your mobile in the car. You cannot take it into the prison
- Harmoni role: Does this patient need to go to hospital now or can his problems be left to the day team which arrives at 8am?
- Drugs: A couple of tablets from your bag (say starter antibiotic) is all the prescribing you can do as FP10s cannot be used apart from using them to leave a message for us in Health Care as to your intentions. Officers cannot cash FP10s at chemists as these are "private" NHS patients. Diclofenac Supps very useful for colic, backache, and help all patients in pain. Carry a Ventolin inhaler in the bag to give out.
- Dependency problems and not sleeping can be left to day team. Beware when "dependency talks"… "nofink works for me Doc, other than the 120mg DF118 QDS the hospital gave me" or "I need my Diazepam now or it will be your fault when I have a fit tonight"
- Cuts and lacerations and possible fractures can be left to the morning (perhaps with simple pain relief: NSAID preferable), if clean and no nerve or tendon involvement, as we can suture and X-ray in house in the morning, and even plaster them.
- Prisoners are fascinating patients who get very ill like the rest of us and need the same care and attention as anyone else. They can present with unusual and interesting conditions.
- If patient very ill and needs hospital 999 make sure officers understand how ill and you mean such that the patient goes straight into hospital with no delays whatsoever.
- Don't ask a prison officer to act like a nurse as in a care home: it's unfair on him or her.
- Psychotic patients have placed on a watch and moved to Segregation Unit. Sectioning prisoners out of hours is not practical.
- Take adequate notes so that the details can be faxed through to Healthcare in the normal manner. You do not need to be involved in Prison Service forms.