

22. HEALTH SERVICES FOR PRISONERS

Issued: May 2004

STANDARD: To provide prisoners with access to the same range and quality of services as the general public receives from the National Health Service (NHS).

PERFORMANCE INDICATOR:

- Audit compliance

APPLICABILITY:

- Establishments

REQUIRED OUTCOMES

SERVICE PLANNING AND DEVELOPMENT

Establishments must develop needs based health services in partnership with local Primary Care Trusts and other NHS agencies that deliver effective evidence based care to both individual prisoners and the prison population as a whole.

LOCAL POLICY

There is a clear and observed policy statement about what primary care, dental and specialist clinical services are available to prisoners and who is responsible for providing them.

ETHOS

Prison health services are delivered with decency and respect by appropriately trained and well supported staff adhering to professional and ethical codes of practice and provided in a clean environment that offers safety and privacy.

KEY AUDIT BASELINES

1. A Health Needs Assessment (HNA) of the local prison population is developed and is reviewed annually in partnership with local Primary Care Trusts/Local Health Boards and other NHS agencies.
2. Local Prison Health Delivery Plans are developed from the HNA. These form part of local business plans and are reviewed annually.
3. Local policies for the delivery of services are developed and implemented in line with relevant NHS standards.
4. Local policies state what is expected of staff and the standard of service to be delivered to patients.
5. Policy statements are available to staff and prisoners.
6. Staff comply with professional and ethical codes of practice.
7. Services are provided in discrete, properly equipped, clean accommodation that ensures medical confidentiality.
8. Services take account of any special needs arising from ethnicity, disability, gender, age and religion.
9. Healthcare staff act in accordance with advice in PSI 38/2002, Guidance on Consent to Medical Treatment, on intimate physical examination.

PROFESSIONAL PRACTICE

All healthcare staff are appropriately trained and, where relevant, properly qualified and registered with the appropriate regulatory body to provide care to a professional standard of practice. All healthcare staff must receive the ongoing training and development they need to maintain professional standards.

10. Qualifications and professional registrations are verified prior to appointment. Basic checks on doctors and dentists delivering primary care services in prison should be carried out in accordance with PSI 38/2003. The following records are these retained and updated in the establishment.

For staff who are nurse qualified: National Midwifery Council (NMC) pin number; expiry dates; annual reviews and evidence of re-registration every 3 years

For all doctors:
Qualifications; General Medical Council (GMC) registration and type (i.e. Full, provisional or limited) and annual renewal

For doctors providing primary care services:
All doctors must be qualified in accordance with PSI 38/2003 paragraph 17

For doctors working in specialist area: relevant accredited specialist registration is confirmed or supervised by a doctor with such registration

For dentists: qualifications; registration with the General Dental Council

For pharmacists: Registration with the Royal Pharmaceutical Society (GB)

11. Clinical supervision, provided by appropriately qualified professionals, is available to all nursing staff.
12. All doctors to undergo annual clinical appraisal in accordance with PSI 29/2003.
13. Health Care Assistants to be supervised in accordance with PSI 48/2003.
14. All healthcare staff to fulfil continuing professional development activity as a matter of good practice and where necessary to maintain accreditation/ registration with relevant professional regulatory body.

USE AND PROTECTION OF PATIENT INFORMATION

A discrete patient clinical record is opened for every prisoner on first reception and reasonable attempts made to merge this with records from previous periods in custody. Medical information is managed in accordance with relevant legislation and the NHS Code of Practice on confidentiality.

15. Clinical records are used, signed, stored and maintained in accordance with current guidance, including the Data Protection Act 1998, as set out in PSO 9020.
16. Access to clinical is restricted to healthcare workers or those specified in the Data Protection Act 1998.
17. Arrangements are in place to allow current and former prisoners to access their medical records under the provisions of the Data Protection Act 1998.

HEALTH ASSESSMENT AT FIRST RECEPTION

An initial assessment of the healthcare needs of all newly received prisoners is undertaken within 24 hours of first reception by an appropriately trained member of the healthcare team to identify any existing health problems and to plan any subsequent care.

18. A health screen, using the Revised F2169, takes place before the prisoner's first night to primarily detect:
 - 18.1 immediate physical health problems
 - 18.2 immediate mental health problems
 - 18.3 significant drug or alcohol abuse
 - 18.4 risk of suicide and/or self-harm.
19. If immediate health needs are detected, the prisoner is referred to an appropriate healthcare worker or specialist team. Establishments must draw up evidence based written protocols for management of such referrals.
20. All prisoners not identified with immediate health needs are offered a general health assessment to take place in the week following reception.

SUICIDE AND SELF HARM MANAGEMENT

Healthcare work with the multidisciplinary suicide prevention team to manage prisoners at risk of suicide and self-harm in accordance with PSO 2700 and Suicide Prevention Strategies.

21. Written and observed guidelines are in place on the management of those considered to be suicidal or at risk of self-harming and include:
 - 21.1 clinical management in the healthcare centre where appropriate
 - 21.2 mental health assessment
 - 21.3 care planning
 - 21.4 accommodation with consideration of sharing level and nature of day and night-time observation
 - 21.5 the nature and timing of reviews.

TRANSFER AND RELEASE

Current healthcare needs are assessed and continuity of care ensured when prisoners are transferred between establishments, from establishments to outside NHS hospitals for inpatient care, or released into the community.

22. Written and observed guidelines are in place setting out the procedures for reception, transfer and release that include:
 - 22.1 the identification of physical and mental health problems, indicators of recent substance abuse and the potential for self-harm
 - 22.2 ensuring information on continuing care is conveyed to other establishments on transfer and to NHS hospitals for outpatient and in/outpatient appointments
 - 22.3 information to ensure continuity of care is communicated, with the prisoner's consent, to their GP and/or other responsible community agencies on discharge
 - 22.4 medication, appropriate to the clinical need, is provided to ensure supply until a GP prescription can be obtained.

MENTAL HEALTH SERVICES

Establishments provide services for the observation, assessment, treatment and care of prisoners with mental healthcare needs. Prisoners are treated by a multidisciplinary team in line with the good practice laid out in the Code of Practice on the operation of the Mental Health Act and standards set out in the National Service Framework (NSF) for Mental Health.

23. A multi disciplinary team, including NHS healthcare professionals, to the full extent that such input is available, develops and implements protocols for the provision of mental health services which are grounded in the standards of the National Service Framework (NSF) for Mental Health and include:
 - 23.1 protocols and procedure for effective application of the provision of the Mental Health Act 1983
 - 23.2 guidelines for the management, care and treatment of patients exhibiting challenging behaviour, including guidance on the rare use of seclusion in the healthcare centre for managing prisoners exhibiting challenging behaviour as a result of their mental illness and maintenance of a register of use
 - 23.3 operational policy on the use of physical force/restraint in the Health Care Centre.
24. Arrangements are in place for the provision of support services other than the traditional doctor/nurse model where HNAs have identified such needs including:
 - 24.1 day care and support of outpatients with mental health needs to include a 'key worker' for those considered to be at risk of relapse
 - 24.2 an effective follow-up appointment system
 - 24.3 provision of appropriate facilities for private consultations with health care professionals either individually or in groups
 - 24.4 effective arrangements for monitoring patient's progress and outcomes.

IN-PATIENT CARE

Establishments which have in-patient accommodation will provide appropriate needs based services for the assessment, treatment and care of in-patients.

25. Admission or discharge is at the sole discretion of the clinical head of health care (or doctor/health care worker, deputised by him/her) and is based on clinical need, recorded in the patient's clinical record.
26. Each patient has a named doctor and healthcare worker and a care plan. The plan is initiated within 24 hours of admission, and reviewed within one week in consultation with the patient, and named health care worker.
27. The care plan is consulted daily and an appropriate entry made.
28. The care regime for in-patients includes:
 - 28.1 a multi-disciplinary approach based on individual needs, therapeutically orientated and emphasising social interaction with health care staff and other relevant persons

28.2 time spent out of room, which is at least similar to that which applies to the rest of the establishment, a substantial part being spent in purposeful therapeutic activity e.g. occupational therapy/ physiotherapy and with access to normal regime activity.

29. A discharge plan ensuring continuity of care is prepared prior to an individual's discharge from in-patient care.

COMMUNICABLE DISEASE PREVENTION AND CONTROL

Establishments have effective arrangements for the prevention, control and management of communicable diseases.

30. Written information on communicable disease control policy is made available and understood by staff and prisoners, to include but not restricted to:

30.1 action plan in the event of outbreak of a communicable disease

30.2 arrangements for the notification of all incidents of a notifiable disease, e.g. TB to the local Consultant in Communicable Disease Control (CCDC)

30.3 Hepatitis B immunisation policy and practice

30.4 protocols for the provision of post exposure prophylaxis.

CLINICAL SERVICES FOR SUBSTANCE MISUSERS

Effective clinical management of substance misusers is delivered by evidence based services which:

- identify, assess and treat substance misusers in line with national Department of Health guidelines
- contribute to throughcare plans
- provide information on high-risk behaviour; harm minimisation and secondary prevention to prisoners.

31. There is a written and observed policy statement on the establishment's substance misuse service covering:

31.1 clinical services provide by healthcare

31.2 guidelines for opiate, alcohol and benzodiazepines detoxification

31.3 information on assessment, treatment setting, essential observations and treatment of overdose in line with Department of Health guidelines (1999)

31.4 evidence of healthcare involvement with CARATs drug care plans

31.5 evidence of NHS specialist involvement in preparation of guidelines

31.6 evidence of regular contact between prison health care staff and the NHS substance misuse specialist services

31.7 urine sample taken for testing for opiates, stimulants and benzodiazepines prior to starting a detoxification programme and result placed in the patient's clinical record

31.8 guidelines for the management of pregnant women prepared jointly with NHS obstetrician and substance misuse specialist.

PHARMACY

A patient focused, primary care based pharmacy service, based on identified need, is provided to prisoners. The service complies with legal requirements, professional standards and ethical codes is comparable to that provided by the National Health Service and is developed in line with PSI 28/2003 A Pharmacy Service for Prisoners.

32. A multi-disciplinary Drugs and Therapeutics committee, Medicines Management Committee or equivalent, chaired by the pharmacist, or with pharmacist input determines local policy on pharmaceutical services for the establishment ensuring:
 - 32.1 prescribing, dispensing and storage of drugs, including controlled drugs is in line with The Medicines Act 1968 and the Misuse of Drugs Act 1971
 - 32.2 arrangements are in place for the storage of drugs, including controlled drugs, in secure and appropriate conditions and security of treatment rooms and pharmacies
 - 32.3 provision is in place for a secure 'out of hours' cupboard with recorded access by health care staff only, containing medication which may be required for urgent prescribed treatment 'out of hours'.
 - 32.4 The National Prescribing Centre guidance 'Saving Time, Helping Patients: A Good Practice Guide to Quality Repeat Prescribing' should be used as a source of good practice.

DENTAL SERVICES

Prisoners are provided with dental services based on clinical need.

33. A dental service is available to all prisoners. This service is delivered according to patients' dental need and length of sentence. The service:
 - 33.1 is provided by an appropriately qualified person
 - 33.2 is provided in line with professional standards
 - 33.3 adheres to infection control guidelines
 - 33.4 is provided in suitable properly equipped accommodation.
34. Prisoners are given information on how to access dental care. This includes the treatment they are entitled to, and how to make an appointment.
35. Access standards for dental care reflect general access guidance from the NHS.
36. The prison has a commitment to utilising dental time to its maximum capacity.

PROMOTING HEALTH

Services are provided to prisoners which aim to:

- build the physical, mental and social health of prisoners (and, where appropriate, staff) as part of a **whole prison approach**
- help prevent the deterioration of prisoners' health during or because of custody, especially by building on the concept of decency in our prisons
- help prisoners adopt healthy behaviours that can be taken back into the community upon release.

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37. Health Promotion considerations should be adequately and explicitly included within Local Prison Health Delivery Plans drawn up in partnership with PCTs/Local Health Boards.
 38. There is access to health education and prevention programmes and activities, including screening, which promote awareness of healthy lifestyles and address, as a minimum, needs in five major areas:
 - 38.1 mental health promotion and well being
 - 38.2 smoking
 - 38.3 healthy eating and nutrition
 - 38.4 healthy lifestyles, including sex and relationships and active living
 - 38.5 drugs and other substance misuse.

CONSENT TO TREATMENT

Treatment without consent is only administered in accordance with professional standards of practice.

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39. Treatment and emergency care of patients who withhold consent is managed in line with PSI 38/2002 Guidance on Consent to Medical Treatment.
 40. Necessary documentation is completed and retained, and audit arrangements are in operation.

CLINICAL GOVERNANCE

Establishments must ensure that arrangements are put in place to develop clinical governance in prisons.

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41. There must be an identified clinical governance lead in health care.
 42. A framework document must be in place setting out proposed clinical governance arrangements in the prison.
 43. A baseline assessment must be carried out by the prison with the relevant Prison Health Regional Teams.
 44. An annual review document of progress, linked to the PCT clinical governance review must be produced (from April 2004).

REFERENCES:

LEGISLATION

Criminal Procedure (Insanity) Act 1964
Data Protection Act 1998
Medicines Act 1968
Mental Health Act 1983
Mental Health Act 1983 - Code of Practice 1999
Misuse of Drugs Act 1971

NATIONAL INSTRUCTIONS

PSI 27/2000 Caring for the Suicidal in Custody
PSI 69/2000 Basic checks on doctors and dentists
PSI 21/2001 National Service Framework for Older People
PSI 50/2001 Hepatitis C: guidance for those working with drugs users
PSI 07/2002 National Service Framework for Diabetes - Standards
PSI 24/2002 Health Promoting Prisons
PSI 25/2002 Protection and use of confidential health information in prisons and inter-agency information sharing
PSI 36/2002 Developing and modernising primary care in prisons
PSI 38/2002 Guidance on consent to medical treatment
PSI 05/2003 Good medical practice for Doctors providing primary care services in prison
PSI 16/2003 Strategy for modernising dental services for prisoners in England
PSI 28/2003 Pharmacy Services for Prisoners
PSI 29/2003 Clinical Appraisal for Doctors Employed in Prisons
PSI 38/2003 Basic checks on Doctors & Dentists
PSI 43/2003 Issue of Healthcare Skills Toolkit
PSI 46/2003 Medical Treatment of Prison Staff by Healthcare Workers
PSI 47/2003 Rationalisation of Doctors' Duties in Prison
PSI 48/2003 Guidance for the Introduction of Healthcare Assistants
PSO 0200 HM Prison Service Standards Manual
PSO 3100 Clinical Governance-Quality in Prison Healthcare
PSO 3200 Health Promotion
PSO 3550 Clinical Services for Substance Misusers
PSO 9020 Data Protection

OTHER

Confidentiality: NHS Code of Practice
Mental Health National Service Framework, Department of Health 1999
Prison Service Healthcare Standards 2002
Seeking Consent: Working with People in Prison, Department