Prison Health IT Update- Winter 2004

Clinical Information Systems Pilot-now completed

1. The purpose of this pilot, which was initiated in 2001, was to review whether a COTS package (Commercial Off The Shelf) would fulfil the needs of the prison service for an IT system to support the delivery of primary care in prisons.

2. Seven prisons were chosen to pilot three clinical systems. HMP Frankland and HMP Belmarsh, reviewed the EMIS - GV system, HMP Dorchester and HMP YOI Guys Marsh were selected to pilot the iSOFT - Sunrise Clinical Manager product and finally HMP Sudbury, HMP Highpoint North and HMYOI Glen Parva worked with In Practice Vision.

3. Implementation at establishments began in late 2001, an independent Evaluation Report of the project was completed in December 2002. This identified significant technical, personnel, management and other implementation related issues. It also suggested the type of system most suited to HMPS would be a primary care one with some additional requirements. The mental health, pharmacy and in patient requirements are identified in the NHS Care Record Service Output Based Specification. Additional work has been carried out highlighting the specific prison health requirements, such as reception screening.

4. Funding has been agreed for continued support of these pilots, where establishments wish to retain them, over the next year. Dorchester and Guys Marsh have confirmed that they have discontinued using the Sunrise system. The most successful prisons in implementing the clinical systems are Sudbury and Glen Parva, the other two have made more limited use of their systems due to a number of technical reasons.

Stand alone systems

5. In addition, a number of prisons and PCTs have been procuring – or are planning to procure - standalone primary care systems to address pressing service needs. If current local proposals come to fruition, a further 20 or so establishments could be operating PCT-funded standalone IT systems within the next year. Clearly this pressure needs to be considered in determining our overall approach to the future rollout of core clinical information systems. The Department of Health have no objection to stand alone interim systems, as long as it is understood they may be a short term solution, and funding must be found locally. It is important that PCTs understand when purchasing these systems that none of them as they stand will fulfil the needs of prison health, but may be appreciated by the GP's for prescribing and for clinical governance.

Strategic Outline Case (SOC)

6. This has been completed in consultation with colleagues from PCT's, Quantum, NHS IPU, NHS IA, Prison Health and staff from healthcare in prisons. The outcome of the consultation was agreed by the National Steering Group, that a single system throughout HMPS would be the best option. There are over 95,000 prisoner movements a year, and a single system allows for the prisoner health record to be accessed from whichever prison he or she is resident. Multiple servers would pose far greater security risks than a single one in an approved unit.

Outline Business Case (OBC)

7. The Outline Business case will be ready for consultation in March 2004. This will examine the costs, risks, benefits and business needs of the main options. The Local Service Providers (LSP's) did not have prison healthcare as part of their contracts, and as such an independent system will have to be provided. The forward plan is for this system to eventually link up to the NHS Spine, providing shared access to all parts of the healthcare records where appropriate with the wider NHS. Partnership working with the NPfIT is imperative.

NHS Care Record Service

8. In line with national strategy, the NHS CRS has been reviewed, and where the explicit needs of prison health are not met, these have been identified. The gaps were identified in consultation with colleagues from PCT's, Quantum, NHS IPU, NHS IA, Prison Health and staff from healthcare in prisons. Discussions are taking place with the National Programme for IT the best way forward to procure a suitable system. It may be that this work is carried out by the NPfIT on our behalf. No firm decisions have been made, but hopefully plans will be in place in the Spring. The funding for Prison health IT lies within the budget of the National Programme for IT.

Training

9. The pilot evaluation identified a pressing need for suitable IT training. Numbers of staff in prison healthcare were identified and sent a questionnaire to determine their information training needs. Over 1400 papers have been returned, and the analysis of the results were published in July 2003. The headline messages are that staff are in general reasonably computer literate, enthusiastic to have a clinical information system, but in need of training especially in the area of patient confidentiality, and patient access to health records. A training pack, SECURE has been produced both in paper and CD format, this is being launched in March 2004 via four national workshops.

NHSNet

10. Securing NHSNet access for prison health care staff has been

clearly identified as a key policy objective, and discussions are taking place with theNPfIT. Some PCTs have already organised stand alone links to their local prison, which is acceptable if the security aspects have been agreed by HMPS and the NHS IA. Guidance for NHSNet connection is available on the NHS IA web site.

Telemedicine

11. "Telemedicine" covers a wide range of potential applications to support new ways of delivering patient care, including video conferencing, electronic transmission of test results and images etc.

12. There are two pilot projects taking place at present to explore the application of video conference telemedicine in English prisons. The first is at HMP Belmarsh, funded by Invest to Save, with a full telemedicine suite with connection to the Queen Elizabeth Hospital in Greenwich. The system has been used for a limited number of patients, as the expertise in this kind of consultation is still building. The second is in telepsychiatry, in a partnership between the University of Southampton, HMP Parkhurst, West Hampshire PCT and Ravenswood Hospital, a medium secure unit. The study is going very well, and has led to the increase in follow up appointments for prisoners. Initial findings are that there is a high level of satisfaction with the service from both clinical staff and patients.

Resources for business change

13. Funding responsibility for prison health services was transferred from the Home Office to DH in April 2003, and will be devolved to PCTs by 2006 (the point at which these services will be integrated fully into the NHS). As part of the deal that was struck in SR2002, SofS Health agreed to accept responsibility for funding business change improvements in health care IT in prisons.

The NPfIT recognises the need to incorporate Prison Health Services into the NHS IT infrastructure in the longer term and to improve Prison Health Service IT as soon as practicable, in a way which is compatible with this longer term aim. It is looking at the short-term options, including the scope to bring prison health staff into the new NHS email and directory system and giving them access to the NHS net. It is also ensuring that the appropriate national contracts will be available to Prison Health Services to enable them to participate in the ICRS as infrastructure development and funding allow. It recognises the strong case for development of IT to support primary health care and related mental health services in prisons, and which takes account of the frequency with which prisoners move between sites. However, it will not be possible to make final decisions on the funding and timing of these pieces of work until the funding position is clearer after the current procurement exercise for main NPfIT systems is complete in the New Year.

Security

14. EDS have a 12 year contract to provide, amongst other things, basic desk top facilities and an intranet for HMPS. This does not include clinical systems within the prison health centres. HMPS are naturally very concerned about security of prisoner data for obvious reasons, any healthcare systems, purchased as a tactical solution, have to be stand alone within the prison. No links to GP practices or any outside organisations are agreeable at this time. A single clinical system within HMPS healthcare will allow the sharing of electronic prisoner health records within the prison service. In time it is anticipated that electronic health records will follow a person into prison, and back out again into the community, in line with the national programme for IT.

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