Department of Health

HM PRISON SERVICE
Public Sector Prisons

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Prison Health Newsletter

Welcome to Issue 21 of the Prison Health Newsletter. Thank you to all those who contributed to it. Future newsletters will be published electronically and be available on the Department of Health website and the Prison Service Intranet – see page 10 of this Newsletter for further details. The next issue will be published in July 2006. Please send any contributions to Lyn Wibberley, Prison Health, by Friday 30 June 2006 at lyn.wibberley@dh.gsi.gov.uk

Additional copies of this newsletter, back issues and all our publications/guidance are available by logging on to www.dh.gov.uk/socialcare and navigating to 'prison health' or by contacting the DH Publications Orderline on 08701 555455.

News

Problem Drinking

Dave Marteau, Prison Health.

We drink a lot in this country. The great majority of us drink sensibly, but the UK retains a culture of big drinking. Our liver cirrhosis rate – the truest test we have of sustained heavy alcohol intake – has doubled over the past ten years. Cirrhosis rates among women aged between 35 and 44 have risen sevenfold since the 1970s

As well as damaging our health, alcohol can make us behave pretty badly: 40 per cent of violent offences are committed under the influence of alcohol, rising to 44 per cent for domestic violence and 53 per cent for stranger violence.

Most drunken people are unlikely to commit an offence more serious than repeating the same fairly tedious story or spilling your pint. They may, however, end up with a nasty little problem.

How can a drinking problem be recognised in prison?

Sometimes this is very straightforward – a prisoner arrives in custody physically withdrawing from alcohol for which they require a prompt detoxification. We treat approximately 13,000 patients for alcohol dependence in prisons every year, 7,000 of whom are addicted to other drugs such as heroin.

Many other problem drinkers, however, will not be physically addicted. Their rocky relationship with alcohol can be detected via an alcohol screening interview. These are pretty quick to carry out via a validated screening tool such as AUDIT (figure 2), which identifies those individuals who are not considered physically dependent on alcohol at the point of reception, yet are at significant risk of harm

AUDIT comprises ten questions, based on drinking patterns – including binge drinking – and the potential consequences of heavy drinking (injury to self or others, inability due to drinking to do what is expected, guilt and loss of memory, waking up in the garden shed etc.). AUDIT is, therefore, a good method for looking into the wider implications of problem drinking.

Can 'problem drinking' be treated?

The idea that problematic alcohol use may be some kind of treatable condition, rather than just an example of wilful bad behaviour, came first from an American doctor, Benjamin Rush, in 1785.

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Rush's semi scientific 'Moral and Physical Thermometer' [figure 1] drew a distinction between lower-alcohol drinks, which he saw as generally pretty good for us, and 'hard liquor' or spirits, which he calculated could put us in the poor house, prison, or even on the gallows.

Nowadays we believe that Rush was wide of the mark in trying to tie up particular drinks with individual problems. It's doubtful, for instance, that only by drinking brandy mixed with water can you turn your nose turn red and find yourself horse racing, although readers who have ever been to a party where it has been served up will confirm Dr Rush's assertion that punch can and will make you sick.

Rush was in fact very accurate in his identification of many alcohol-related medical conditions. He was less visionary when he came to treatment interventions. Throwing buckets of iced water over his luckless patients, and giving them a thorough beating were his top two tips, the evidence base for which tailed off as soon as medical ethics committees and Claims Direct arrived in this country.

So what treatment does work then?

Well, there's some proof now that Brief Interventions can help to reduce problematic drinking. Brief Interventions are a selection of short sessions of advice and well-informed questioning, involving some of the skills that drug counsellors possess such as motivational interviewing, relapse prevention.

Is there any help that can be found for Alcohol Screening and Brief Interventions in prisons?

Under the government's Choosing Health programme, some NHS Trusts are investing in these two approaches

http://www.dh.gov.uk/assetRoot/04/09/47/59/04094759.pdf

There is more detailed advice for prisons and PCTs contained in the Department of Health's Alcohol Misuse Interventions: Guidance on developing a local programme of improvement http://www.dh.gov.uk/assetRoot/04/12/36/82/04123682.pdf

Drug workers generally may doubt their ability to work with offenders with drink problems. They may be reassured by an old finding from a study of 500 doctors who had quit drinking and gone on to work with drinkers. The researchers found that the reformed docs had 3 characteristics in common: they tended to be optimistic, broad-minded and tough – ideal qualities for working in substance misuse in prison.

And no, I don't know what flip and shrub are either.

Scoring

The scores for each question are shown under each response.

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Figure 1: Benjamin Rush's Problem Drinking Thermometer, 1771

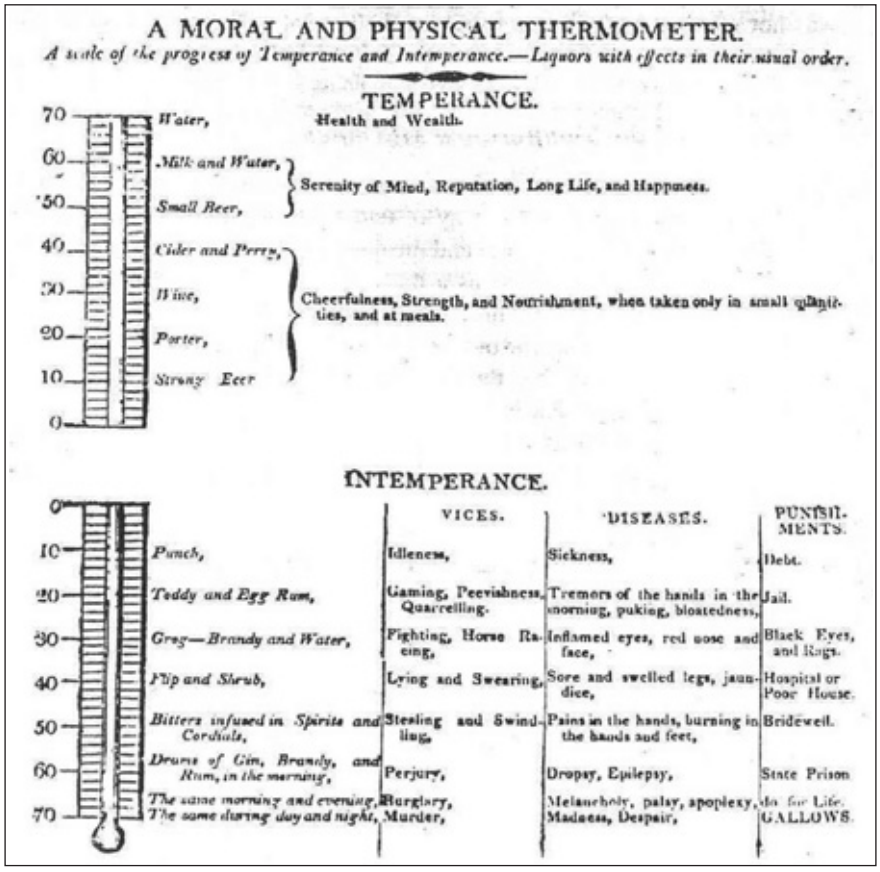

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Figure 2: The Audit Screening Tool

AUDIT

1. How often do you have a drink containing alcohol?

Never ☐	Monthly or Less ☐	2 to 4 times a month ☐	2 to 3 times a week ☐	4 or more times a week ☐
(0)	(1)	(2)	(3)	(4)

2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 ☐	3 or 4 ☐	5 or 6 ☐	7 to 9 ☐	10 or more ☐
(0)	(1)	(2)	(3)	(4)

3. How often do you have 6 or more standard drinks on one occasion?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

5. How often during the last year have you failed to do what was normally expected from you because of your drinking?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ☐	Less than monthly ☐	Monthly ☐	Weekly ☐	Daily or almost daily ☐
(0)	(1)	(2)	(3)	(4)

9. Have you or someone else been injured as a result of your drinking?

No ☐	Yes, but not in the last year ☐	Yes during the last year ☐
(0)	(2)	(4)

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No ☐	Yes, but not in the last year ☐	Yes during the last year ☐
(0)	(2)	(4)

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The minimum score (for non-drinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

Score each question as shown on the AUDIT form, and write the sum total at the bottom. Make sure the prisoner's name is on the form and file.

Prisoners who score 8 or more should be referred for Triage Assessment, where treatment needs can be considered in more detail. It is valuable for the actual score to be passed through to the person doing the triage.

Those who score less than 8 require no further intervention other than attending the alcohol awareness raising sessions provided to the general prison population.

Those who score between 8 – 19 indicate 'hazardous' drinking (significant risk to health and well-being) and 'harmful' drinking. Both levels of problem require further assessment. A score of 8–19 is indicative of low treatment need in the treatment framework.

Scores of 20 or more suggest high treatment needs, and scores well in excess of 20 suggesting progressively elevated risk. The triage must take other factors into account though this valuable information should be included.

For further information please contact david.marteau@dh.gsi.gov.uk

Smoking in Prisons

Prison Health has been asked to take the lead in co-ordinating the Prison Service's response to the Health Bill currently passing through parliament which will create work places and enclosed public places as smoke free areas in 2007. To take this forward Paul Hayton, Prison Health's Head of Health Promotion, is chairing the Steering Group on the Restriction of Smoking in Prisons which will consider the issues.

The Steering Group is considering how best to reflect the need to strike a balance between the rights of prisoners to smoke and the rights of non-smoking prisoners and the people for whom a prison is their workplace to be protected from second hand smoke. The Group will work to develop a Prison Service Instruction (PSI) on the restriction of smoking in prisons, and advice for Ministers on the implications of the Health Bill.

The Steering Group has membership that encompasses the wide range of stakeholders in this area, and will consult with representatives from staff associations. Part of the process will include an invitational 'stakeholder workshop' to be held in July. With regard to Young Offenders' Institutions, where there already a few smoke-free establishments, the Group will also give advice on how smoke-free arrangements could be implemented more widely across this part of the estate.

Updates on this work will be featured in future Newsletters. For further information, please contact Paul Hayton at paul.hayton@dh.gsi.gov.uk

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Prison Mental Health Transfer Project

The aim of the Mental Health Transfers Project is to improve significantly the speed with which those clients with acute mental health problems, which cannot be treated in prison, are transferred to a hospital setting appropriate to their health and security needs.

Key outcomes to date

- "The Procedure for the Transfer of Prisoners to and from Hospital under Sections 47 and 48 of the Mental Health Act 1983" which been disseminated through the DH Gateway process and as PSI 2006/03. It aims to reduce delays in transfer by supporting more effective partnership working between stakeholders whilst emphasising the vital role of Commissioners.
- "Prison Mental Health Transfers: A Review" describes the numbers and characteristics of prisoners who have been transferred and those waiting for transfer from across the Prison Estate (85.7% response rate) following analysis and collation of the following:
  - questionnaires
  - audit visits
  - analysis of MHU and Traffic Light data
- Submission of a proposal describing aspects of a potential process model to expedite timely transfers for acutely mentally ill prisoners within a nationally agreed waiting time limit to the Royal College of Psychiatrists Forensic Division

Current activity

- Prison Mental Health Transfer Workshops across Care Service Improvement Partnership Regions. The aim of the workshops are to support the implementation of the procedures document and discuss the proposed solutions model to reduce any delays in transfer with key stakeholders
- Preparation of 'Prison Mental Health Transfers: A Review' for publication through the Department of Health
- Revision of mental health items on the Prison Health Star Ratings proforma to ensure more robust monitoring of any delayed transfers at key stages across the transfer process
- Development of process model and clinical protocols to expedite timely transfers for prisoners with acute mental health problems.

Future activity

- Invitations to key stakeholders to participate as pilot sites for the proposed process model and clinical protocols to expedite timely transfers for prisoners with acute mental health problems
- Introduction of revised mental health items in Prison Health Star Rating proforma June 2006
- Evaluation of the impact of the procedure document
- Evaluation of the proposed process model at the pilot sites

Progress will be reported in future newsletters. For further information on any aspect of the Mental Health Transfer Project, please contact Vanessa Fowler at vanessa.fowler@dh.gsi.gov.uk

News

'Healthy Choices, Healthy Prisoners' Awards

Ten healthcare awards were presented recently by Richard Bradshaw (Head of Prison Health) at a ceremony in London to people making real differences in the prison health world.

Winners of the prison health innovation awards had taken part in two schemes, organised by the Centre for Public Innovation, to encourage the introduction of new ideas to improve healthcare for prisoners.

One of the schemes *'Healthy choices, Healthy prisoners'* awarded seven grants of £1000 each to staff keen to try out their ideas or introduce new practices that would encourage prisoners to lead healthier lifestyles. The grants programme was managed by CPI in a very special way – with a simple application process requiring just a project plan, projects lasting only a few months and the people running them receiving regular advice and support from CPI staff.

"I couldn't believe that I was given the money and the freedom to just get on with the project, with no lengthy audit trial"' said Debbie Leach, from HMP East Sutton Park. Debbie's project called Ready Steady Cook ran for four weeks in an effort to help long-term prisoners coming up for release learn more about healthy eating, shopping and cooking habits. "It exceeded our expectations" said Debbie "we attracted women who had been reluctant to join in other education activities and they got really interested in the nutrition side of the project. From such a small investment, the benefits for the women *and* their families will be huge".

Speaking at the award celebration, Peter Mason, Chief Executive of CPI commented "We have learnt that change is possible if individuals are allowed to do something that makes it happen. Energetic people, who want their service to change, do exist in the prison service but they are often hampered by the system. We were told that you will never get prisons to change, that they are risk aversive places measuring only three things 'no escapes, no riots and no deaths'. So how can you possibly innovate? The great success of these schemes – where the seeds of change are nurtured at grassroots level – show clearly that this is not the case".

Other award winners included a guide to sexual health produced by Steve Woods of Chorley and South Ribble PCT; the *Healthy Inside and Out* booklet from Simon Blasby at Mid-Hampshire PCT; an alcohol support scheme for short term prisoners at Belmarsh by Sgt. Tony Unthank from the Metropolitan Police and Carol Gaskin's *'Don't Go Back'* informative playing cards for HMYOI Feltham.

For further information about the award scheme or the winners please contact Patricia.Sauer@publicinnovation.org.uk

Healthcare Escorts and Bedwatches update

The second in a series of interim reports on the findings of the prison health escorts and bedwatches audit is now available to download from the DH website at www.dh.gov.uk/socialcare and navigate to 'prison health'. The audit commenced on 18 April 2005 and will run for a twelve-month period. It aims to gain a realistic picture of activity levels in order to inform the debate about whether, and if so to what extent, responsibility for external healthcare security should pass from the Home Office to the Department of Health. In parallel to this exercise, a number of transfer options are being piloted at local level. The final report is due to be published in Summer 2006. Further details will be available in future newsletters.

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Improved Safety and Health of Prisoners in Segregated Settings

A national Steering Group has recently been formed in partnership with Prison Health, the Prison Service Security Group and Safer Custody Group to ensure that people being managed in segregated settings have the same access to the same range of high quality health and mental health services as those living in the community. The Terms of Reference for this group is awaiting final ratification but its aims will include

- supporting the training needs of discipline staff working in segregated settings
- a review of the utility and effectiveness of the segregation algorithm
- ensuring equivalent access to physical and mental health services,
- ensuring Safer Custody support and continuity of care into and out of segregated settings.

For further details please contact Vanessa Fowler at vanessa.fowler@dh.gsi.gov.uk

WHO Health in Prisons Project Best Practice Awards

As reported in the last issue of this Newsletter, the recipients of the first WHO Health in Prisons Project (HIPP) Best Practice Awards were announced at the WHO HIPP conference in London in October. The awards scheme was created by WHO 'to identify, acknowledge and disseminate best national practices concerning prison health among our member states'.

MAIN AIMS OF THE SCHEME

- To achieve better prison-level recognition in our countries of prison health development.
- To give encouragement and recognition to staff of prisons, and those who support them in the wider community, all of whom are working to promote the health of people in their prisons.
- To learn from the process of identifying these best national practices, including learning about barriers to progress, and how the WHO HIPP can help with wider dissemination of useful information
- To encourage Members to consider how much the identified prison or practice could act as an example within that country and beyond
- To consider with Members the feasibility of the identified prisons acting as good examples for prisons of other Member countries.

Awards recognise best practice within a particular prison, or best practice that illustrates co-operation between a prison and the wider community.

CATEGORIES OF AWARD

Category 1: an example of best practice regarding *health care services provided to prisoners.* This category includes any aspect of the clinical care provided to prisoners by doctors, nurses or other healthcare professionals.

Category 2: an example of best practice regarding any of the following, or a combination of the following: *prevention, health education or health promotion services provided to prisoners.* For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education i.e. using specially trained prisoners.

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Category 3: An example of best practice, which demonstrates *effective co-operation between a prison and the outside community, in the area of health improvement.* This category includes any aspect of improving the health and well being of prisoners.

HMP Littlehey received an award under category 3 for their work "A Holistic Approach to Men's Sexual Health within HMP Littlehey". The aim of this project is 'to provide an equitable, holistic, innovative sexual health programme to promote physical and mental well being'. The programme was established in 2002 and continues in collaboration with local NHS services and extensive prisoner involvement in both the planning and delivery stages.

The aims of the programme at HMP Littlehey are to:

- promote safe sexual practices through health education
- reduce isolation by giving prisoners a forum to allow their own sexuality in a secure, safe, non-judgmental environment
- reduce discrimination – the programme acts as a vehicle to address discrimination within the wider prison
- promote Hepatitis B vaccination
- provide confidential access to Hepatitis B/C Screening and HIV testing

John Boyington presenting the award to Helen Burr, Clinical Nurse Manager, HMP Littlehey

John Boyington, Director of Health and Offender Partnerships, NOMS and Paul Hayton, WHO Health in Prisons Project Lead, Department of Health presented the award to the prison in January. John congratulated everyone involved and acknowledged their dedication and creativity in tackling the issue of the sexual health of prisoners in a multi-disciplinary way in co-operation with PCT colleagues and the prisoners themselves.

HMYOI Rochester also received an award under category 2 of the awards scheme. This piece of work entitled "Time for your Teeth" was a dental health resource developed by four establishments (HMYOI Rochester and HMPs Maidstone, East Sutton Park and Elmley) in conjunction with Swale PCT.

Evidence shows that prisoners have poorer oral and dental health than the population generally, and many prisoners make their first visit to a dentist when they enter prison. This resource package provides health education in the form of quizzes, posters and a video film. Prisoners who appear in the video all volunteered to speak about their own experiences and discuss their dental health (or lack of it!) with a view to helping and informing other prisoners. The film addresses the effects of drug use, methadone use in particular, upon dental and oral health. It also includes a very clear demonstration of how to clean teeth and dentures properly.

Following successful piloting, the "Time for your Teeth" resource package was distributed to all prisons in England and Wales.

The WHO Health in Prisons Project Best Practice Awards are given biennially. The application forms for the 2007 awards will be available from July 2006. Further details will be given in the next Newsletter, or visit www.euro.who.int/prisons

News

Women at Risk:The mental health of women in contact with the judicial system

The mental health of women in prison is of increasing concern to those who work with this vulnerable group of women. Although they are responsible for only a small proportion (6%) of the overall prison population, the women's establishments are not only finding themselves dealing with a rising number of individuals with increasingly more complex and severe mental health problems, but also that their general population seems increasingly to be suffering from mental ill-health.

As mentioned in the last issue of this Newsletter, a report 'Women at Risk' has been published which provides best practice guidance on providing services (both in prison and in the community) that are supportive and responsive to the mental health and well-being of women in contact with the judicial system.

Aims of the report

The *'Women at Risk'* report aims to look at the issues affecting the mental health of women in contact with the judicial system in a holistic yet practical way, considering all of the issues, which may affect their mental health, both within the prison system and outside.

The report gives recommendations for PCTs with women's prisons in their catchment areas, for all PCTs, and for the Department of Health/Prison Health. The latter are around the need for good access to PCs and the internet for all staff, and for good data collection and dissemination.

Although the report focuses on the needs of women, many of the recommendations could equally well apply to male offenders. The main reasons for concentrating on women are around the specific circumstances which differentiate them from the men who find themselves in contact with the judicial system.

Focusing on the needs of women prisoners

It will come as no surprise to those who work with this group of women to hear the statistics associated with this population, e.g. the high percentage who have been in care, who have been the victims of abuse, who have previously been in contact with mental health services, and who have problems with drug or alcohol dependency (often involving multiple substances). All of which flags up the need for increased access to services in the community, as well as the need for good detox services and substance misuse rehabilitation services within women establishments. However, there are two main issues which differentiate women from their male counterparts, and which can lead to extensive destruction of their lives if they are remanded in custody or receive a prison sentence.

The first is that women are more often sent to prison or remanded for less serious crimes than men – they are most commonly held for theft and handling (43%), whilst 37% are held for drug offences (see full report for sources). The second concerns their living arrangements. Around two thirds of female prisoners are single, compared to only 17% of the general population, and 43% of female prisoners had been living with their children immediately prior to their imprisonment. This means that a high proportion of women have been the sole carers for their children, and that when they are in prison, they are more likely than men to lose their home, and to have their children taken into care, which adds to their mental distress.

The following recommendations, which are expanded on in the full document, address the wider determinants of mental health as well as the purely health related issues. This is in recognition of evidence showing the vitally important part played by areas such as good physical health, training opportunities, etc. in achieving and maintaining good mental health in the general UK population. The report stresses the need for women in prison to be able to access the same level of service within the establishment as they would whilst living in the community. It also emphasises the need for strong partnership work both within the prison and linked to

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Recommendations for Primary Care Trusts with a Women's Prison in their Catchment area

Prison Health Delivery Plan

The PCT and the Prison should reflect the recommendations of the Mental Health National Service Framework (NSF) and may include actions to address the known determinants of good mental health. Contains clear guidelines/criteria for referral from Primary Care into the Inreach Team, as determined by NSF recommendations and local needs assessment.

Primary Care Team: It is recommended that the PCT facilitates the Prison Primary Health Care Team to:

- provide a good mental health service at the Primary Care level
- have adequate and appropriately trained staffing
- consider using a care planning approach to mental health patients seen in primary care
- have good primary/health care data collection systems, including levels and types of prescribing, with due regard for data protection issues
- contact, with her agreement, either directly or through the prison's release system, the relevant Primary Care Team in the woman's returning area when she is released.
- have support to provide good mental health promotion.

Inreach Team: the PCT to support the Inreach Team to:

- provide appropriate mental health care in the right environment, making full use of Care Programme Approach (CPA)
- implement Care Plans fully and liaise with other prisons and with Community Mental Health Teams when women on CPA are transferred or released
- work closely with prison staff who have the experience and interest in developing programmes to help women modify their behaviour
- have in place clear agreed criteria and protocols for transfer of women to forensic services
- have the support of the Training department to facilitate mental health training to all prison staff.

and within services in the community.

The report recognises the many areas of good practice that currently exist within the women's establishments, and gives examples with contact details so that these can be followed up by staff who would like to extend and improve their services. It also contains useful websites and information about voluntary organisations, which, of course, already play a key role for many women while they are in prison. In this respect the authors, Penny Butler and Dorothy Kousoulou, hope that the report will be of good practical use for everyone concerned about the issues of vulnerable women.

Complete details of the recommendations and the full report are available at: www.londondevelopmentcentre.org.uk

All Change...

The Prison Health Newsletter is moving with the times and will be published electronically in future. The new Prison Health Newsletter will be published every two months, starting July, which will allow us to keep you up to date with all latest developments, publications and policy announcements.

The Newsletter will be available on the Prison Service Intranet and on the Prison Health web pages of the Department of Health's website www.dh.gov.uk/socialcare and navigate to 'prison health'.

We still aim to include news from the field, so please do get in touch with articles, news, or examples of good practice which you would like to share.

If you would like to receive a copy of each newsletter by email, please forward your details to matthew.lees@dh.gsi.gov.uk

What's Going on in the Field?

The Butler Trust Annual Award Scheme

Simone Scott, Communications Officer, The Butler Trust

The Butler Trust was established in 1985 to reward and encourage exceptional, distinctive and innovative work carried out by prison staff throughout the UK. Butler Trust awards recognise exceptionally dedicated, and often creative, work undertaken by individuals and groups working prisons. The Trust is keen to recognise the integrated working amongst NHS and prison healthcare staff that has resulted from the partnership between the Prison Service and the Department of Health and to celebrate the excellent work that takes place to ensure that prisoners receive the same quality and range of healthcare as the general public.

The Trust's Award Scheme has evolved to reflect the varied and diverse work undertaken by staff working in prisons. In addition to 15 major awards, the scheme includes three or four Development Awards for work which the Trust feels it can help winners to develop and disseminate. The Trust's development team offers advice, support, mentoring, training and a small amount of financial support to help award winners take their work forward. Around 10 Certificate Awards are also available each year for other outstanding nominations.

Of particular relevance to healthcare staff is the Health Improvement Award, supported by Prison Health. Launched in 2004, the award aims to publicly recognise some of the excellent health improvement work undertaken by staff working in, what can be, a very difficult environment. The Trust was delighted to give the 2006 Health Improvement Award to the Conibeere Unit at HMP Wormwood Scrubs. The partnership of officers, healthcare staff, drug workers and Central and Northwest London Mental Health NHS Trust delivers an exceptional quality of care to substance-misusing prisoners, significantly contributing to their welfare, safety and confidence. The Unit offers detoxification or maintenance treatment and educates prisoners about the effects of substance misuse and provides links to support services. Over 2,500 prisoners have undertaken the programme in the last two years and, to its credit, there have been no overdoses and a very low incidence of self-harm.

The development team at the Trust is very much looking forward to working with the Conibeere Unit as it moves the initiative forward. Their development plan will include: publishing a best practice guide for working with prisoners addicted to alcohol/drugs; producing templates for evidence based prescribing for the prison estate and for psychological interventions and support for other prisons; and developing a network of NHS and prison staff who work in these areas.

The Healthcare Team at HMYOI Polmont in Scotland were awarded the first Health Improvement Award in 2005 for delivering a model of healthcare to 680 young offenders. The nurse-led service provides chronic disease management, a dedicated mental healthcare team supporting crisis management and suicide prevention, and a service offering continuity and consistency of support with outside agencies.

The Healthcare Team at Polmont have been incredibly proactive in developing their initiatives since receiving the award. The team organised a Men's Health Event in June 2005 to raise awareness and promote good health practices amongst a typically hard to reach group through a range of talks, displays, handouts and relevant exhibitors. The Trust awarded a grant, which was used as part payment for healthy goodie bags that were given out on the day. The event was informative whilst being interactive and fun and has helped to set a benchmark for future health promotion events in the Scottish Prison Service.

The excellent work being undertaken at Polmont was further acknowledged last year when they received the World Health Organisation award for "best practice regarding health care services to prisoners".

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What's Going on in the Field?

The Butler Trust is very grateful to Prison Health for its continued support and the funding it provides for the Health Improvement Award. Year-on-year the Trust receives a number of high quality nominations for staff working in this vital area of work and several awards have, in the past, been made for work in mental health and a wide range of physical conditions. The Trust hopes to be able to continue to contribute to the development and dissemination of best practice in this area.

Nominations for awards can be made by prisoners, ex-offenders, fellow staff or colleagues from associated services. Nominations need to demonstrate the results and outcomes of the nominee(s)' work and how it has benefited offenders and/or fellow staff. Do you know a colleague whose dedication and commitment deserves recognition? Nomination Handbooks and Nomination Forms can be downloaded directly from The Butler Trust website. Please visit www.thebutlertrust.org.uk for further information. If you require a paper copy, please write to: The Butler Trust, Howard House, 32-34 The High Street, Croydon, CR0 1YB. Alternatively, you can phone: 020 8688 6062, fax: 020 8688 6056 or email: info@thebutlertrust.org.uk

The closing date for nominations is 31st May 2006.

Positive outcomes resulting from participating in a Hepatitis C Study

Sue Dagger, Clinical Nurse Manager, HMP Shrewsbury

HMP Shrewsbury is a category B local prison with an operational capacity of 350, taking adult male prisoners from courts in its catchment area. The prison mainly consists of prisoners on remand or with short sentences.

In July 2004 the prison took part in a study undertaken by Imperial College, London and the Health Protection Agency which was funded by the Department of Health. The study, carried out in selected specialist drug clinics and prisons in England was on the use of dried blood spots (DBS) for diagnosing Hepatitis C. In my role as senior addiction nurse I was invited to take part in the study and together with an addiction staff nurse colleague began offering finger prick (DBS) testing to prisoners with an injecting history. Prior to commencement we were trained to take finger prick samples and to provide pre and post-test discussions to participants.

The aims of the study were

- to increase the number of prisoners, in particular injecting drug users, being tested for Hep C, by offering finger prick DBS testing
- to provide information regarding blood-borne viruses and harm minimization through health promotion and education
- to increase the uptake of Hep B vaccination.

The main characteristic of the target group was their injecting drug use. The test was offered to all prisoners seen by the addiction nurses. It was advertised through posters on the wings and although aimed at injecting drug users any prisoner could request the test.

The study and DBS testing initiative was important for several reasons. A conservative figure gives 200,000 people in the UK with Hep C, with intravenous drug users (IVDUs) as the highest risk group. The prevalence of Hep C in prisoners is said to be as high as 31% (Weild et al 2000). There is reluctance among IVDUs to be tested as conventional venepuncture is often painful due to restricted or poor venous access. Offering a quick and relatively painless procedure increases the probability that more prisoners will come forward for testing and enables this group to be targeted for health promotion and education.

The study ran from July 2004 to March 2005. The results

What's Going on in the Field?

for the whole study have yet to be published. In HMP Shrewsbury we tested 238 men, with 60 having Hep C antibody positive results (25%). With the knowledge of the prisoners we see (many return time after time to prison) we were not surprised at the high percentage of Hep C antibody positives, although it does give cause for concern for the future health care of this client group.

Both my colleagues and I felt that the study had been beneficial in many ways

- the finger prick test was simple and relatively painless
- the pre and post-test discussion gave the opportunity to engage in important health promotion work, and gave the participants an opportunity to voice any concerns they had
- it increased our knowledge of Hepatitis C and community links.

As a direct result of this study we have established excellent links with the Hepatitis C specialist nurse and consultant from our local hospital. Of even greater importance, this has led to a prison-specific Hepatitis C policy drawn up with specialists in the community. This enables us to carry out many follow up tests in prison. This is positive in both ensuring access to appropriate follow up care and ensuring patient confidentiality. It also reduces the number of outpatient escorts therefore saving the prison both staff time and money.

The majority of prisoners will be released and many will revert to drug taking and may have little consistent contact with health services. The time spent in prison provides an ideal opportunity for prisoners to receive interventions that enable them to make informed choices regarding behaviours that impact on their health.

For further information contact Sue Dagger, Clinical Nurse Specialist at HMP Shrewsbury.

Acknowledgments

Dr Ali Judd, Dr Matthew Hickman
Imperial College London

References

Weild AR; Gill ON; Bennett D; Livingstone SJM; Parry JV; Curran L, Prevalence of HIV, Hepatitis B and Hepatitis C antibodies in prisoners in England & Wales: a national survey, Communicable Disease and Public Health 2000, Vol 3 No 2, June 2000.

Bright Ideas, Better Practice

A scheme to find bright ideas to tackle drug-related health problems of prisoners and offenders has been launched by the Centre for Public Innovation.

New solutions are urgently needed to get to grips with this important issue. According to CPI, the best ideas often come from people - like healthcare and security staff - who are nearest to the problem.

"We know that enthusiastic people can make a huge difference and can achieve great things, even with limited resources" said Peter Mason, CPI's CEO, launching the new scheme. "Working at grassroots level, they see just what the problems are and often have good ideas to solve them. All that is needed is encouragement and some financial help".

The scheme, called **Bright Ideas, Better Practice**, aims to encourage prison, court and health staff to introduce new ideas to help substance misusing patients. Working in conjunction with Health and Offender Partnerships, CPI is offering grants of £1,000 to help turn these ideas into reality.

Grant winners will be expected to run small, fast projects to show how their innovations work and find out if they are worth sharing with others working in similar situations. The application process is simple, with a deadline of 31st July 2006. Full details are available from Dan Farag at the Centre for Public Innovation on daniel.farag@publicinnovation.org.uk or 020 8675 5777.

What's Going on in the Field?

Sparcle!

Gary Rees

SPARCLE! is an innovative group formed by detox/substance misuse staff to support detox/substance misuse staff in this highly challenging field, to share best practice, and to improve formal and informal networking amongst the Prison Service detox/substance misuse community.

The idea for SPARCLE! developed during an extra curricular networking session involving detox/substance misuse staff from HMPs Swansea, Parc, Ashfield, Cardiff, Leyhill and Exeter at the international Prison Health conference in Sept 2004 in London. It was strongly felt that there was a need for a local support network for Prison Service detox/substance misuse nurse and drug workers to share ideas and protocols, trouble shoot problems and spread best practice.

The meetings encompass a wide range of educational opportunities. A high quality speaker is invited to each meeting, which allows us to hear what is going on both inside and outside the Prison Service environment. SPARCLE! Serves as a means to get to know fellow detox/substance misuse staff in other Prisons, how they are practicing and how they have improved poor practice or enhanced existing good practice.

We meet quarterly at a central location; the format is formal at first then becomes informal in the late afternoon and early evening. To those who have attended it has become a valuable learning and sharing tool as well as a way to make new and interesting friends in a professional and personal sense. Some of the subjects covered within the meeting have included sexual health, needle fixation, stimulant misuse and a very interesting debate about the use of needle exchanges within the custodial setting!

SPARCLE! Has also gained an educational grant from Britannia Pharmaceuticals and has embarked on a project which will see an informative Handbook being produced to aid new receptions into Prisons. The SPARCLE! Handbook will give all new receptions that have a substance using history information on what kind of treatment options they will encounter during their period of time in Prison, who to discuss their own particular individual treatment package with and how to access services back in the community on their release from custody.

It will also give invaluable information on how to prevent a self-inflicted death on release, looking at the very serious issue of reduced tolerance and harm minimisation.

Other areas have now started to form their own SPARCLE! groups and are finding this to be a useful forum and making a large and valuable support network amongst Prisons in England and Wales. Who knows one day there may a national SPARCLE! Conference.

For more information on SPARCLE! Or to receive FREE copies of the handbook, please contact Gary Rees (Chairman, SPARCLE!) on 01392 415713 or by email gary.rees01@hmps.gsi.gov.uk

Staff Moves

Prison Health has a new Head of Parliamentary Business and Communications - **Matthew Lees** joins us from the Department of Health's Parliamentary Unit where he worked with colleagues in No.10 in preparing briefing on health matters for Prime Minister's Question Time. Also new to the Prison Health Team is **Mark Freeman** who joins us as Primary and Social Care Policy Lead. Welcome Both!

Tania Osborne who has been the health support for contestability and the contracted estate for the past two years is leaving us to work in business with her husband. We wish her all the best for the future.

Finally, we are very sad to be saying goodbye to Parliamentary Business Manager **Cecilia Riccardi** who is retiring after 33 years in the civil service. Cecilia has worked in the Prison Health team since its inception and has accumulated a vast knowledge about a wide and varied range of prison health issues. Her expertise in parliamentary business and her knowledge of prison health matters will be much missed by the rest of the team. We all wish Cecilia a very happy retirement.

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The Prison Health Newsletter is circulated to Prison Service Area Managers, Governing Governors, Prison Healthcare Managers, Independent Monitoring Board Chairs and to NHS organisations. If we have missed someone/an organisation from our list, or you would like to give us feedback on the newsletter, please let us know by contacting Lyn Wibberley, Prison Health by email at lyn.wibberley@dh.gsi.gov.uk

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