Draft - OOH Medical Services to Prisons

Current Standards

Since November 2002, all organised providers of out-of-hours (OOH) services to the NHS have had to comply with national OOH Quality Standards. With the introduction of the new *Standards for Better Health*, published in July 2004, these Quality Standards have been replaced by National Quality Requirements in the delivery of OOH services which came into effect on 1st January 2005.

PCTs will need to ensure that the services they provide or commission comply with *Standards for Better Health.*

These Standards are set out in 'National Quality Requirements in the Delivery of Out-of-Hours services', October 2004, available at www.out-of-hours.info and will be familiar to all PCTs.

There is no reason why these standards should not be applicable to the prison environment. They for instance, include response times and indicate that 'Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP, including where necessary, at the patient's place of residence'

Models of service delivery

Historically OOH cover was provided by 'Medical Officers' providing telephone advice or if necessary visiting the prison. Experience has shown that the need to visit a prison after the period of the evening reception period is a rare but important service for both the patient and prison.

Prison health services are primary care based and the same standards of clinical governance, staffing qualifications, standards and range of services should apply as in services outside the prison

On occasion, the reason for a visit may superficially vary from that usually encountered in General practice, for instance;

- After a death in the prison: It is always advisable for a doctor to attend because there is automatically a coroners case in front of a Jury, with effects on staff, family concerns and press interest. There will be a need to confirm death if the patient has not been removed by ambulance.
- Patients who may be suicidal: Good clinical practice would anyway suggest an assessment.
- Patients subject to restraint or adjudication: As well as being required, health assessment is an important protection for patients who may affected by the morbidity from mental illness and substance misuse prevalent within the population.
- Doctor specific duties are always being examined and where possible reduced through changes in Prison Health policy and legislation.

The primary care practitioner will need to be able to access the same range of services as in the wider community, so commissioners will also wish to consider how to facilitate access to specialist advice out-of-hours, particularly with regard to Mental Health Services. This will be particularly important in local remand prisons which receive large numbers of newly remanded patients with severe mental health illness from the community Service Agreements with general mental health service providers in some areas already include access to the Trust on-call rotation.

HMYOI READING

Has a psychiatrist that attends the prison twice a week. The Out of hours the crisis team cover the prison Prisoners often use the trusts intensive care unit which is locked. The on call consultant and SHO have responsibility for the prison when on call. If a visit is requested the crisis service go in with the on call GP first. If the prisoner needs further assessment then he will be admitted to the hospital or consultant may visit the prison.

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Because of the number of patients who are dependant on opiates and other substances when they arrive in the prison setting it will also be important to consider protocols for treatment and access to specialist advice when required.

The range of options for providing services is now much wider and includes OOH services;

- Linked to PCT OOH provision.
- Linked to a local GP practice.
- Linked to other services for deprived populations within the PCT, such as primary care services for Homeless people.
- Provided with local Ambulance Trusts
- By contract with Private providers such as Forensic Medical Practitioners

There are also services that remain provided by;

- Provided by local GPs employed through the Prison on a part-time medical officer contract.
- Provided by Doctors employed full time by the Prison [Medical officers]

Points to consider in developing OOH services for prisons;

- Integrate with local PCT OOH services for long term viability and affordability
- Closely manage the early period of provision through the Partnership Board so that issues can be quickly resolved

- Alternatives to Doctor only provision should be fully explored [eg use of NHS Direct, paramedic services]

HMP Everthorpe

An NHS Direct touch screen computer has been in-situ for two years. This system is used on a daily basis, the feedback from prisoners and staff is that it is provides a valuable service and provides valuable information. If a prisoner has any concerns with the specific information he has obtained, he will discuss this issue with a member or healthcare.

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- It is worth working out some issues in advance ;
    - How the GPs will be informed of the protocols within the prison, the likely reasons they will be asked to visit and why these are necessary
    - How the GP is able to keep in contact for other calls – access to the mobile phone in the prison
    - Ability to bring in an OOH medicines bag or access to a bag in the prison. Any prescribing protocols specific to the prison.
    - Security clearance – Doctors visiting OOH are likely to be classified as one-off professional visits by security in the prison. The policy for the clearance of occasional professional visitors was clarified in a letter from Mike Spur and Peter Atherton to all Governing governors in July 2004

HMP The Mount

Guidelines have been written for the local PCT Out of Hours service by the GP who regularly practices at the prison to give general background as well as covering many of the more specific issues that visiting doctors may encounter.

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- Provision of an experienced second on call Doctor or Senior Prison Health worker to provide support in early weeks may be useful, particularly to provide advice on prison specific issues.
- Audit of actual episodes of service use is essential to address problems early on.
- The perceived difficulties in gaining access to prisons out of hours may act as a disincentive to attend. This may be offset by paying per time episode [eg per half hour] from arrival at gate. This may facilitate swift access to the prison, and encourage attendance that may avoid the need for escorts with their attendant security risks and compensate clinical staff for additional time spent accessing a prison. Payment may also attract the engagement of service providers in the initial stages.