

# HEALTH SERVICES FOR PRISONERS

Expiry date 30 September 2001

**Standard: To provide prisoners with access to the same range and quality of services as the general public receives from the National Health Service.**

**PERFORMANCE INDICATOR: Audit compliance.**

## REQUIRED ACTIONS

### **ETHOS OF HEALTH CARE PROVISION AND DELIVERY**

**Prisoners will have access to timely, needs based health and health promotion services provided by appropriately qualified staff with qualifications appropriate to the age, sex and health needs of the prison's population, adhering to professional standards and ethical codes.**

### **HEALTH ASSESSMENT AT FIRST RECEPTION**

**An assessment of the physical and mental health care needs of prisoners on first reception into prison custody will be carried out.**

### **MENTAL HEALTH**

**Prisoners will be treated in line with the good practice laid out in the Code of Practice on the operation of the Mental Health Act.**

## KEY AUDIT BASELINES

- ✓ A health needs analysis of the local prison population is undertaken and reviewed annually.
  - ✓ Written policy statements describing primary care, out-patient and in-patient services are reviewed annually and are available for staff and prisoners.
  - ✓ The health care manager retains a record of staff qualifications and professional registrations, including:
    - for those who are nurse qualified:
      - qualifications,
      - United Kingdom Central Council (UKCC) pin number,
      - expiry dates,
      - annual reviews,
      - and evidence of re-registration every three years
    - for doctors:
      - qualifications,
      - General Medical Council (GMC) registration and type,
      - and annual renewal.
  - ✓ The clinical supervision of health care workers is undertaken by appropriately qualified professionals.
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- ✓ An initial assessment of all newly received prisoners is conducted by a health care worker trained to the standard approved by the Prison Service in reception procedures, assessment methods and interviewing skills. The screening process identifies immediate physical and mental health needs of prisoners, indicators of recent substance abuse and the potential for self harm, with observations accurately recorded on the F2169, and obtains information on recent NHS contacts including name and address of GP where possible.
  - ✓ A doctor is available for consultation throughout the normal reception period. If not in the establishment, the doctor is contactable by telephone and able to attend the prison if clinically indicated.
  - ✓ A physical and mental health assessment is undertaken by a doctor within 24 hours of reception.
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- ✓ A written and observed operational policy for mental health services has been developed, in conjunction with NHS consultant in psychiatry, to be in line with good practice outlines in the Code of Practice on the operation of the Mental Health Act 1983.

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Expiry date 30 September 2001

## REQUIRED ACTIONS

### **MENTAL HEALTH SERVICES IN LOCAL PRISONS AND REMAND CENTRES**

**In prisons receiving direct committals from courts, services for the observation, assessment, treatment and care of prisoners with mental health care needs will be provided.**

### **PRIMARY AND OUT-PATIENT CARE**

**Primary and out-patient services commensurate with those available to the general public are available to prisoners.**

### **PREGNANCY AND CHILDBIRTH**

**Pregnancy and labour will be managed according to clinical need and in line with the National Health Service (NHS) Standards.**

### **DENTAL, HEARING AND OPTICAL SERVICES**

**Prisoners are provided with dental, optical and audiological services, based on need.**

## KEY AUDIT BASELINES

- ✓ A doctor on the specialist register for psychiatry advises on, and is involved in, the preparation of a written statement of prison operational policy for its mental health service which includes:
  - strategy and procedure for effective application of the provision of the Mental Health Act 1983,
  - guidelines for the management, care and treatment of patients exhibiting challenging behaviour,
  - operational policy in the use of seclusion and physical force/restraint in the Health Care Centre (HCC),
  - appropriate training for health care workers to a standard agreed by the Prison Service,
  - the number of nurses to have a mental health qualification and be engaged in relevant continuing professional development,
  - care and support of out-patients with mental health needs to include a 'key worker' for those considered to be at risk of relapse,
  - an effective follow-up appointment system.

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- ✓ Provision of primary care services equivalent to general practice in the community includes:
  - medical consultation and investigation,
  - referral to sources of secondary care,
  - continuing care,
  - minor surgery and trauma care,
  - contraceptive services,
  - counselling,
  - health promotion,
  - ante-natal and post-natal care.
- ✓ From June 1999 all newly appointed doctors providing a primary care service in prison will hold a certificate confirming completion of training to practice as a GP-Certificate from the Joint Committee of Professional Training in General Practice (JCPTGP) or its recognised equivalent.

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- ✓ *All prisons which hold female prisoners will have agreed, evidence-based and effective arrangements with the local NHS Trust for the provision of health care for pregnant women and for childbirth.*

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- ✓ Arrangements will be made with local NHS services, other providers or individual consultants for specialist treatment and advice. These services are undertaken in suitable, appropriately equipped accommodation, ensuring confidential medical consultation and providing means of raising alarm.
- ✓ Information is available for prisoners on dental and optical services, including:
  - range of services available,
  - arrangements for emergency consultation,
  - specification of a reasonable interval for consultation following application.
- ✓ A prisoner will be referred by a doctor to an NHS Specialist, including audiology, if clinically indicated.

# HEALTH SERVICES FOR PRISONERS

Expiry date 30 September 2001

## REQUIRED ACTIONS

### IN-PATIENT CARE

**Prisons which have in-patient accommodation will provide services for the assessment, treatment and care of in-patients.**

### PALLIATIVE CARE

**All prisoners who are terminally ill must have access to specialist palliative care advice.**

### RECEPTION, TRANSFER AND DISCHARGE

**The health care needs of prisoners will be met when they are transferred between prisons, or from prison to outside NHS hospitals for in-patient care; and when they are discharged from prison.**

## KEY AUDIT BASELINES

- ✓ In-patient services are provided ensuring medical confidentiality in discrete, suitably equipped, clean accommodation with suitable provision for people with a disability, permitting unrestricted observation of vulnerable patients at all times.
  - ✓ Each patient has a named doctor and health care 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. The care plan will be consulted daily and an appropriate entry made.
  - ✓ Admission or discharge is at the sole discretion of the clinical head of health care, or doctor or health care worker, deputed by him/her, based on individual needs, recorded in the Inmates Medical record (IMR). A discharge plan ensuring continuity of care is prepared.
  - ✓ The care regime for in-patients includes:-
    - a multi-disciplinary approach, based on individual needs, therapeutically orientated and emphasising social interaction with health care staff and other relevant persons.
    - 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 therapeutic activity e.g. occupational therapy/physiotherapy and with access to normal regime activity.
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- ✓ Prisons have published and implemented a policy for the identification and care of terminally ill prisoner-patient, agreed with their local specialist palliative care provider.
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- ✓ Written and observed guidelines setting out the procedures for reception, transfer and discharge include:
    - the identification of physical and mental health problems, indicators of recent substance abuse and the potential for self-harm,
    - ensuring information on continuing care is conveyed to other establishments on transfer, NHS hospitals and accompanies prisoner to court, in line with professional and Prison Service guidelines.
    - information to ensure continuity of care is communicated, with the prisoner's consent, to general practitioner and/or other responsible community agencies on discharge. Medication appropriate to the clinical need is supplied to ensure supply until GP prescription is obtained.
  - ✓ Completion of the (PER) Prisoner Escort Record form, where applicable, according to national guidelines.

# HEALTH SERVICES FOR PRISONERS

Expiry date 30 September 2001

## REQUIRED ACTIONS

### **CLINICAL AND RELATED SERVICES FOR HEALTH PROMOTION AND WELL-BEING**

**Clinical and related services are provided to prisoners for health screening, preventing illness and disability, maintaining and improving their health, and enabling them to take informed decisions on matters affecting their health.**

### **COMMUNICABLE DISEASE PREVENTION AND CONTROL**

**Effective arrangements for the prevention, control and management of communicable diseases will be available in all establishments.**

### **CLINICAL SERVICES FOR HIV/AIDS, HEPATITIS B & HEPATITIS C**

**A clinical service for the diagnosis, assessment, treatment and care of prisoners with HIV/AIDS, Hepatitis B and Hepatitis C will be provided.**

### **CLINICAL SERVICES FOR SUBSTANCE MISUSE**

**Clinical services for the assessment, treatment and care of substance misusers comparable to those available in the community will be provided.**

### **PHARMACY**

**A safe, efficient and cost effective pharmaceutical service to prisoners is provided which complies with legal requirements, professional standards and ethical codes, commensurate with those of the National Health Service.**

## KEY AUDIT BASELINES

- ✓ Health promotion and health screening services include:
  - written information on coronary heart disease, stroke, cancer, blood-borne viruses and substance abuse prevention and harm minimisation and mental health, dental and sexual health promotion and healthy eating,
  - arrangements for further health assessments of long term prisoners at intervals of no more than three years,
  - links with NHS district health promotion units and other appropriate community agencies,
  - access to NHS services for cervical and breast screening for female prisoners.

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- ✓ Written information on communicable disease control policy is made available and understood by staff, to include, but not restricted to:
  - action plan in the event of outbreak of a communicable disease,
  - arrangements for the notification of all incidents of a notifiable disease, e.g. TB to the local Consultant in Communicable Disease Control (CCDC),
  - Hepatitis B immunisation policy and practice.

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- ✓ Information for prisoners on blood-borne viruses including:
  - confidentiality of clinical information,
  - pre-test & post-test counselling by a trained health care worker,
  - testing with informed consent,
  - nature, provision and expectations of the service.

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- ✓ A written and observed statement of the establishment's substance misuse service in line with Department of Health guidelines (1999) includes:
  - the services provided by health care,
  - guidelines for opiate, alcohol and benzodiazepines detoxification,
  - information on assessment, treatment setting, essential observations and treatment of overdose.

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- ✓ A multi-disciplinary drug and therapeutic committee, including a pharmacist, where available, or taking account of pharmacy advice will lay down local policies on all aspects of the establishment's pharmaceutical services, including:
  - a written policy statement describing the range of pharmaceutical services,
  - local prescribing formulary and 'general sales list' medicines (discretionary medicines),
  - in-possession (I/P) policy,
  - administration of medicines according to UKCC standards,
  - prescribing, dispensing, storage of drugs, including controlled drugs in line with The Medicines Act and the Misuse of Drugs Act 1971,
  - prescription review, including medication to be taken as required,

# HEALTH SERVICES FOR PRISONERS

Expiry date 30 September 2001

## REQUIRED ACTIONS

### PHARMACY (cont.)

### PRISON MEDICAL DOCUMENTATION AND MEDICAL CONFIDENTIALITY

A discrete Inmate Medical Record (IMR) will be opened for every prisoner on first reception and reasonable attempts will be made to merge this with records from previous periods in custody. Confidentiality of medical information will be strictly in line with professional guidelines.

### SUICIDE AND SELF-HARM MANAGEMENT, INCLUDING USE OF SECLUSION, AND UNFURNISHED ROOMS IN HEALTH CARE CENTRES (HCC).

Guidelines set out in CI 1/1994 to work jointly to manage prisoners at risk of suicide and self-harm according to Prison Service Policy, in particular F2052SH procedures, will be followed.

### CONSENT TO TREATMENT

Treatment without consent will only be administered in accordance with guidelines issued by the Committee on Mentally Abnormal Offenders in 1975, and as outlined in DDL(95)1.

### YOUNG PEOPLE

Health Care staff will exercise discretion as laid down in professional guidelines, when consent is obtained from those under 16 years or who are found not to be competent.

### HUMAN RIGHTS, FOOD REFUSAL ETC.

Respect of those human rights which remain following the deprivation of liberty.

## KEY AUDIT BASELINES

- arrangements for storage of drugs in secure and appropriate conditions and security of treatment rooms and pharmacies, including 'out of hours' cupboard with recorded access,
- the procedure for administration of over the counter medication in the absence of health care staff,
- the maintenance by health care manager and pharmacist of a record of staff initials and signatures, including agency and detached duty staff.

✓ Health care records are used, signed, stored and maintained in accordance with current guidance, including the Access to Health Records Act (1990), such access being restricted to health care workers or those specified in the Act.

✓ Subject to the requirements of the Act, prisoners may have access to their medical records.

✓ Local guidelines on the management of those considered to be suicidal or at risk of self harming, in line with DDL (93)3, include:

- clinical management in HCC, including mental health assessment, care-planning, accommodation with consideration of sharing, level and nature of day and night-time observation and the nature and timing of reviews,
- seclusion and unfurnished rooms policy and the details of use maintained in a register.

✓ Form 2052SH is opened up in all cases of identified risk and actual self-harm.

✓ There are written and observed local guidelines for the treatment and emergency care of patients who withhold consent, to include situations where such intervention may be necessary, limited to where:

- patient's life is endangered, or
- there is a risk of serious harm to inmate or others, or
- withholding treatment would result in an irreversible deterioration in patient's condition.

✓ Audit arrangements are in place.

✓ *Written guidelines are in place for obtaining consent for treatment in those aged under 16 years mentioning the involvement of parents or guardians where appropriate.*

✓ *Guidelines for the identification of patients whose competence is impaired are drawn up locally and are adhered to.*

✓ Prisoners refusing food are managed in line with DDL(96)1.

✓ Prisoners undergoing cellular confinement will be managed in line with DDL(93)13.

✓ Health care staff will take account of the advice in DDL(95)6 on intimate body searching.



## REFERENCES

- **Relevant material**
  - The Prison Service's Health Care Standards
  - Prison Act 1952
  - Prison Rules and YOI Rules
  - Misuse of Drugs Act 1971
  - Medicines Act 1968
  - Mental Health Act 1983
  - Criminal Procedure (Insanity) Act 1964
  - The Access to Health Record Act 1990
- **Prison Service Orders**
  - Standing Order 13
- **International Health Care Statements**
  - United Nations Code of Medical Ethics
  - World Medical Association Declaration of Tokyo 1975
  - UN Declaration on the principals of medical ethics 1981
  - World Psychiatric Association Declaration of Hawaii 1982
  - Council of Europe Declaration on the ethical and organisational aspects of prison health care 1998
  - Principles relating to the role of health personnel in the protection of prisoners and detainees against torture and other crimes, and inhuman or degrading treatment or punishment.
- **Mental Health**
  - Mental Health Act 1983 - Code of Practice 1999, London Stationery Office
  - Approval Under Section 12 of The Mental Health Act 1983 **DDL(87)3**
  - Mentally Disordered Inmates: Assessment Visits By Consultant Psychiatrists **DDL(89)3**
  - Mental Health Act 1983 Code of Practice **DDL(91)2**
  - Care, treatment and management of prisoners with gender dysphoria (Transsexualism)
- **Health Promotion**
  - Health Risks From Smoking **DDL(89)10**
- **Substance misuse**
  - New Measures to Reduce Temazepam Misuse **DDL(95)14**
  - Treatment of Drug Misusers **DDL(89)12**
  - Throughcare of Drug Misusers **DDL(90)16, DDL(91)6, DDL(92)8**
  - Clinical Management of Drug Misusers **DDL(95)5**
- **Pharmacy**
  - Temgesic: Dipipadone: Cyclizine **DDL(90)15**
  - Prescribing Patterns **DDL(95)11**
- **Pregnancy and Childbirth**
  - Changing Childbirth NHS Publication
- **Young People**
  - NHS Health Advisory Services: Child and Adolescent Mental Health Services
  - People Like Us :The report of the review of the safe guards for children living away from home DH Welsh Office
  - Choosing With Care: The report of the Inquiry into the selection, development and management of staff in children's homes **HMSO**
- **Dental, Hearing and Optical**
  - Contact Lenses for Inmates **DDL (85)2**
  - Supply of Spectacles to Inmates **DDL(85)13, DDL(86)25**
  - Visiting Medical, Dental, Optical and Paramedical Practitioners **DDL(86)18, DDL(90)6**
  - The Care of Completely or Profoundly Deaf Prisoners **DDL(87)17**
- **Palliative Care**
  - PSO on Health Care (in preparation)
  - Prison Rule 6 and YOI Rule 6
- PSO - Security Manual
- Information and Practice: Care of Prisoners requiring Palliative Care (in preparation)
- Health Service Circular HSC 1998/115: Palliative Care
- **Prison Medical Documentation**
  - Medical Officers' Role in Adjudication **DDL(85)16**
  - Disclosure of Medically Confidential Information in Adjudication Procedures **DDL(85)20**
  - Prison Medical Documentation **DDL(86)31, DDL(87)13, DDL(88)1, DDL(85)15**
  - Medical Information and Confidentiality in Reports to the Parole Board **DDL(87)16**
  - Medical Reports to Court **DDL(88)11**
  - Review of Lenient Sentences: Access to Medical Reports **DDL(89)2**
  - Retention Period and Central Storage of Medical Records of Discharged Inmates **DDL(90)21**
  - Access to Health Records Act 1990 **DDL(91)9**
  - Access to Inmate Medical Records for Visiting Doctors **DDL(93)6**
- **Communicable diseases**
  - Incidence of Identified/Reported Cases of HIV Infection **DDL(90)12**
  - Dealing with Communicable Diseases **DDL(93)10**
  - Early Diagnosis and Treatment of Tuberculosis in Prisons **DDL(94)5**
  - Transmission of HIV Within the Prison Context **DDL(94)6**
  - Hepatitis B Immunisation of Inmates Addendum to **DDL(93)12**
  - Influenza Vaccine **DDL(94)9, DDL(95)13**
  - Overwhelming Post Splenectomy Infection (OPSI) **DDL(94)10**
  - Transmission of HIV Within Prisons: The Prescribing of Condoms **DDL(95)10**
  - Hepatitis B Protocol for Immunisation of Inmates **DDL(96)2**
  - Hepatitis C **DDL(96)3**
  - Pulmonary Tuberculosis **DDL(96)5**
  - HIV Antibody Tests **DDL:(85)24**
  - Outbreaks of Infectious Disease **DDL(87)8**
  - AIDS (Control) Act 1988 **DDL(88)12**
  - Food Poisoning (Gastro-Enteritis) **DDL(89)5**
  - Tetanus Protection **DDL(89)6**
  - AIDS and HIV: District HIV Prevention Co-ordinators **DDL(89)14**
  - Guidance for Clinical Health Care Workers: Protection Against Infection with HIV and Hepatitis Viruses **DDL(90)2**
- **Suicide Prevention and Seclusion**
  - CI 3/1987 Suicide Prevention
  - Authorisation of Use of Protective Rooms **DDL(87)6**
  - Suicide Prevention **DDL(89)7**
  - Guidelines on the Use of Protective and Unfurnished Rooms **DDL(90)1**
  - The Use of Seclusion in Health Care Centres **DDL(93)3**
  - Prison Disciplinary System: Cellular Confinement **DDL(93)13**
  - Seclusion **DDL(94)11**
  - Standard on Suicide and Self-harm reduction
  - CI 1/1994
- **Treatment without consent**
  - Consent to Treatment **DDL (85)19**
  - Treatment Without Consent **DDL(95)1**
- **Human Rights**
  - Prison disciplinary system: Cellular confinement **DDL(93)13**
  - Food Refusal **DDL(96)1**
  - Intimate Body Searching **DDL(95)6**
- **Ethics**
  - Health Care Practitioners: Indemnity **DDL(94)4**
  - Legal, Ethical and Medical Duties of Prison Medical Officers in Relation to Prison Discipline **DDL(95)2**
  - Annual Reports by Heads of Health Care **DDL(95)3**
  - Prison Service / Health Research Ethics Committee **DDL(95)4**
  - Prison Medical Officers' Annual Leave Entitlement **DDL(96)4**