



HEALTH CARE

Primary Health Care, Specialist Health Care/Referral to the NHS, Specific Prison Health Care Functions, Pharmacy, Dental Health Care, Mental Health Care, In-patient Health Care, Maternity Services

Introduction

Prisoners should be cared for by a health service that assesses their need for health care and health promotion, which meets the needs identified, links them with National Health Service (NHS) care on release and by doing this improves their health and reduces the risk of their re-offending. The following values apply to prisoners' health care:

- ▶ Prisoners have access to the same quality and range of health care services as the general public receives from the NHS (as outlined in 'The Future Organisation of Prison Health Care'¹⁰ published in 1999 by the Joint Prison Service and National Health Service Executive Working Group).
- ▶ In caring for their health, prisoners are treated with courtesy and respect in a competent and professional manner.
- ▶ The Governor is responsible for providing a proper level of health care ensuring the provision of a high quality, patient centred health service that:
 - offers skilled assessment, treatment and care aimed at restoring health and independence
 - respects and promotes the values, rights and dignity of the individual including the right to confidentiality
 - is sensitive to the needs of those from minority ethnic groups
 - involves patients in planning their own care and treatment
 - allows freedom of choice in accepting or refusing treatment except as permitted in law
 - recognizes that access to health care is a priority within prison regimes and systems
 - complies with all statutory requirements and professional and other codes of practice or conduct including the guidance from the General Medical Council and the UKCC Code of Professional Conduct
 - meets Prison Service Health Care Standards¹¹
 - works in partnership with the NHS to promote continuity of health and social care.

Inspectors will make judgements about Primary Health Care against the following eight outcomes:

Health Care Outcome 1

Prisoners, including pregnant women, new mothers and their babies, experience a full range of primary health care, health promotion and disease prevention services in an environment which is clean, safe and conforms with the standards that operate in the NHS

Health Care Outcome 2

The prison health care service has ready access to health care information systems held by the NHS

Health Care Outcome 3

NHS and prisoner records are available to those responsible for the care of the patient

Health Care Outcome 4

Prisoners receive health care from appropriately trained staff and support and care in meeting their health needs from all prison staff. Their right to refuse treatment is recognised

Health Care Outcome 5

Prisoners with physical or mental health problems are identified and assessed promptly, receive appropriate treatment and care and, where appropriate, are referred without delay to appropriate secondary care providers

Health Care Outcome 6

Routines, regimes and purposeful activities are designed and delivered to support and promote prisoners' health

Health Care Outcome 7

Prisoners' access to health promotion in primary care is equivalent to that in the community

Health Care Outcome 8

Prisoners are encouraged to maintain healthy lifestyles while in prison and on release and are linked to community services including GPs prior to release

Inspectors will make judgements on In-patient Health Care against the following three outcomes:

Health Care Outcome 9

Prisoners receive in-patient health care that meets NHS standards in an environment which is clean, safe and meets NHS standards

Health Care Outcome 10

Health care staff have unrestricted access to patients for their care at all times

Health Care Outcome 11

In-patients receive opportunities for purposeful, therapeutic occupation according to their assessed needs and care plan

Inspectors will make judgements on Specialist Health Care and Referral to the NHS against the following three outcomes:

Health Care Outcome 12

Patients requiring specialist health care are identified promptly and referred to visiting specialists or the NHS

Health Care Outcome 13

Patients are assessed by specialists promptly and specialist care may be delivered in prison normal residence as in the community or, if necessary, transferred to the NHS

Health Care Outcome 14

Continuity of treatment and care is not impeded by transfer between prison and the NHS nor by inappropriate security precautions

EXPECTATIONS

Primary Health Care

1 The health needs of the prisoner population are assessed jointly by the prison and the local health authority.

2 Health care of prisoners is planned, developed, provided and assured through partnership working between the prison, the local health authority and providers.

3 Reciprocal arrangements ensure that health information held by the NHS about prisoners is available to the prison health care service and vice versa in order to ensure continuity of care.

4 Everything reasonable is done to help prisoners understand their right of access to health care and they are provided with written and explained information about the service during reception and induction.

5 Health care services should take account of those who do not normally access health care in the community or elsewhere at all.

6 Health care and medical cover in reception should reflect the needs of different prisoner population intakes, for example first time arrivals from court are likely to need more comprehensive screening than those who have their prison health care record with them.

7 Prisoners are offered skilled health assessment, treatment and primary care according to their health, gender, ethnic and cultural needs.

8 Acute prescribing, detoxification and mental health assessment from the night of admission should be integral to the screening process.

9 Prisoners are treated and cared for by competent staff who receive ongoing training, supervision and support to maintain their professional registration and continuing professional development.

10 Prisoners' individual rights to confidentiality and choice of treatment are respected and understood by prison staff and structures.

11 Prisoners are involved in planning their own care and treatment: they can complain about their treatment and care; the complaints procedure is consistent with the NHS complaints procedure.

12 Prisoners receive a programme of treatment based on individual care plans, incorporating prevention, active management and prevention of deterioration, especially in chronic disease management.

13 Prisoners are given information about their health in a sensitive, supportive and timely manner.

14 Prisoners receive information on the prevention and control of communicable diseases during induction, which is likely to include, for example, HIV, drug-related disease, Hepatitis B and C and tuberculosis, but is based on prisoner need. Appropriate services are provided.

15 Prison records enable identification and communication with contacts of people found to have or be carriers of communicable diseases for their screening, counselling and health care.

16 Every prisoner has an individual medical record containing a comprehensive medical history and accurate, up to date records of medical contact. The content of all patients records and style of record keeping complies with UKCC and other professional guidance.

17 Records accompanying or following a prisoner back to the NHS should not necessarily identify them as an ex-prisoner.

18 Prisoners are included in the National Health Screening programmes for disease detection and prevention.

19 Public Health Services are provided for prisoners and are led by the Director of Public Health in partnership with Primary Health Care staff.

20 Prisoners can create, maintain and develop a healthy lifestyle in prison; health care is able to contribute to the planning and development of routines, regimes and occupation.

21 Effective health promotion and health screening procedures meet the needs of prisoners and take account of their families.

22 Primary health care for prisoners has outreach services to where prisoners live and work.

23 Primary health care clinics for prisoners are carried out in an environment offering privacy, dignity and safety.

24 The particular health care needs of elderly prisoners are identified and provided for in line with the National Service framework for older people.

25 Provisions are made to ensure that there is continuity of health care for prisoners on release including, at least, assistance in registering with a GP.

Specialist Health Care Services

NHS Referral

26 Patients are transferred to the NHS for consultations and admissions with no more delay than in the community.

27 Patients have access to a full range of diagnostic and therapeutic services including ophthalmic optician services and radiological services.

28 Patients have access to a full range of NHS specialists; specialist services are provided.

Specific prison health care functions

29 Parole Board reports, medical reports on life sentenced prisoners and reports

requested by the courts are prepared on time by doctors who are appropriately trained and who have sufficient time to interview and assess the prisoner.

30 The fitness of all prisoners charged with offences against prison discipline is assessed before adjudication; the medical officer sees all prisoners in segregation daily in privacy.

31 All prisoners are seen by a health care worker on reception where immediate needs are identified, and by a doctor within 24 hours.

32 In female establishments, doctors and nurses working in reception are mainly female and are specifically trained to care for the health care needs of abused women, pregnant women and juveniles.

33 In male establishments, doctors and nurses are specifically trained to engage with the health care needs of their population.

34 Prisoners in Reception from minority groups, such as those who are disabled, blind, elderly, foreign nationals, ethnic minorities have their special needs catered for; pregnant women and women with babies receive priority treatment.

35 Screening in Reception is gender specific and carried out in an environment which offers privacy, dignity and safety.

Pharmacy

36 Prisoners receive a pharmacy service equal to that in the community, which includes access to counselling by pharmacy staff.

37 The pharmacy service is governed by the Medicines Act 1968,¹² the Misuse of Drugs Act 1971¹³ and their attendant Regulations and Statutes. The service complies with the Code of Ethics.

38 Each prisoner has a complete medication record held on a pharmacy computer.

39 Prisoner safety is assured by accurate prescribing, sound and professional practice, clear protocols and clinical audit, including arrangements for attending court.

40 Prescribed medication for patients is administered in accordance with UKCC and other appropriate guidelines.

41 Prisoners are given responsibility for administering their own medication, where appropriate.

42 The quality of the service to prisoners is developed and monitored by a Drugs and Therapeutics Committee which maintains an appropriate formulary.

Dental Health Care

43 Prisoners can exercise their right of access to dental checks and treatment to a standard and range equal to that in the NHS.

44 The oral health of prisoners is secured through health promotion by dental health educators.

45 Prisoners are treated in a safe and professional environment; they are received courteously and any fears are allayed.

46 Prisoners are treated in a surgery with dental equipment which meets the standards required for the provision of General Dental Service (GDS) dentistry.

47 Prisoner safety is assured by professional practice and appropriate emergency measures; procedures and equipment are in place including infection control and radiation protection.

48 Prisoners' dental health services are assured by independent clinical audit and a system to monitor treatments provided under non-GDS arrangements.

Mental Health Care

49 The mental health service in the establishment is concerned with all prisoners and is proactive in identifying those likely to have mental health problems. Prisoners can access an NHS equivalent service.

50 Prisoners receive their mental health care service from appropriately qualified and experienced professional staff.

51 Staff are sensitive to and respond to acute, post-acute and enduring needs and look for and manage change.

52 Following multidisciplinary assessment, prisoners have a written care plan and are allocated a key-worker.

53 Community mental health care is available and delivered to those who need it.

54 Prisoners whose mental health requires care in the NHS are referred promptly and transferred as required.

55 Care Programme Approach (CPA) is available and delivered to those who need it.

56 Prisoners who need mental health care on release from prison are promptly and reliably linked to NHS services before their date of release.

57 The in-patient care of those at possible risk of self-harm or suicide (whether on a F2052SH or not) always respects the patient's dignity.

58 Staff are competent in the clinical management of suicidal patients.

59 Prisoners at risk of self-harm or suicide are never left alone until assessment and thereafter receive the required level of observation, interaction and communication.

In-patient Health Care

60 Patient care is provided in a safe and clean environment and in an atmosphere which is as calm and noise-free as possible.

61 Patients are cared for and treated by competent staff, for example nurses, doctors, therapists and health care officers trained to meet their needs; patient care is supervised by a first level nurse.

62 Each patient has an individual care plan by which their nursing care is delivered; the patient participates in the development of the plan.

63 Patients have outdoor exercise and access to the gym, occupation and education unless contra-indicated by their clinical condition.

64 Continuity of patient care is ensured by comprehensive information exchange at shift handovers.

65 Nurses ensure that patients sharing accommodation are compatible.

Maternity Services

66 Pregnant women prisoners have access to a full maternity service provided by the local National Health Service (NHS) Trust; women feel safe and cared for.

67 Pregnant women prisoners have access to the team midwife.

68 Consistent and timely information is available to help pregnant women prisoners make informed choices and take responsibility for their pregnancy and their child's birth.

69 The needs of the newborn child, its health, well-being and development, are paramount at all times (see section on Mothers and their babies).

70 Pregnant women prisoners have individual care plans and birth plans.

71 Pregnant women prisoners do not undertake inappropriate work and can rest when necessary.

72 All babies are born in the local NHS Trust's maternity unit and pregnant women have been familiarized with the labour ward before giving birth.

73 A pregnant woman prisoner has a companion of her choice present during labour, subject to security checks.

74 Security during visits and admission to hospitals is in accordance with current Prison Service guidance and is consistent with the assessed risk presented.

75 The use of Prison Service restraints for pregnant women is clearly laid down and ensures there is no improper use during medical examination or labour.

76 After giving birth, all women prisoners have a care plan in accordance with statutory provision, at least up to the date of their post-natal examination.

77 Specialist support and advice is available to women prisoners before, during and after stillbirths, miscarriages and abortions. Mothers are given time to recuperate following birth.

78 The maternity service for women prisoners in prison is subject to review of its efficiency and effectiveness as part of the regular review of the local maternity service by the supervising authority.