**East Ayrshire Health and Social Care Partnership**

**Facilities**
1. What prison healthcare facilities are you responsible for?
   
   HMP Kilmarnock

For questions (2 to 10) please provide information broken down by prison.

**Budget and costs**
2. What is the budget for a) health and b) social care for 2016/17?
   
   Annual *Health* budget is £ 2,114,866

3. What is the average cost of a) health care and b) social care per prisoner?
   
   Cost for *health care* per prisoner per year = £4229.73

**Staffing**
4. Please provide a breakdown of the number of staff, by roles, which provide health and social care.

   **NHS Ayrshire & Arran are responsible for healthcare provision only.**

   1.0 WTE Clinical Operations Manager (Band 8A)

   2.0 WTE Deputy Clinical Operations Manager (Band 7: One RMN & 1 RGN)

   1.0 WTE Primary Care Manager (Band 6)

   1.0 WTE Senior Practitioner Nurse (Band 6)

   1.0 WTE Charge Nurse Mental Health (Band 6)

   1.0 WTE Charge Nurse Addictions (Band 6)

   **Band 5 RGN's**

   9 x 1.0 WTE  
   1 x 0.86 WTE  
   1 x 0.8 WTE

   **RMN's**

   5 x 1.0 WTE  
   1 x 0.86 WTE

   **Addiction Caseworkers (Band 4)**

   3 x 1.0 WTE
2 x 0.6 WTE

**Pharmacy / Healthcare Assistants (Band 3)**

2 x 1.0 WTE  
1 x 0.64 WTE  
1 x 0.8 WTE

**Healthcare Administrators**

1 x 0.77 WTE (Band 4) Personal Secretary  
3 x 1.0 WTE (Band 3) Healthcare Administrators  
1 x 0.5 WTE (Band 3) Healthcare Administrator

5. Please provide information on posts that have been vacant for 3 months or longer.

None

**Demand**

6. How many prisoners have mental health needs?

25 prisoners booked in to Assessment Clinics.  
22 prisoners on the nursing caseload.  
40 prisoners on the Consultant Psychiatrists caseload.

7. How many prisoners have long-term conditions?

![Pie Chart]

- **Asthma**: 73
- **Diabetes**: 34
- **COPD**: 21
- **Hypertension**: 12
- **Epilepsy**: 11

8. How many prisoners have high care needs?
9. How many prisoners have palliative care needs and what arrangements are in place to provide this?

0

Performance

10. How many complaints in relation to a) health and b) social care in prison have you received over the past 5 years by subject of complaint, broken down by year?

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<thead>
<tr>
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<th>Jan - 2012 - December 2016</th>
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<tbody>
<tr>
<td></td>
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### Patient properties / expenses

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<td>Patient property / expenses</td>
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<td>Personal records</td>
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<table>
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11. What performance indicators do you currently use?

**Service development**

12. Since the transfer of responsibility for prison healthcare in 2011 care have you or do you intend to redesign services?

A number of re-design initiatives and service improvements have taken place since November 2011.

- Increased staffing compliment for nursing staff
- Redesigned pharmacy / HCA posts
- Redesign of addictions service at time of transfer moving from prison psychology programmes to health addictions work
- Implementation of NHS Ayrshire & Arran’s Care Partner Recording system for mental health services to ensure person centred care is delivered and seamless between community and prison.
- Implementation of person-centred care plans for individuals with physical and mental health problems
- Implementation of long term condition clinics
- Implementation of clinics to assess the physical health and well-being of individuals prescribed antipsychotic medication or methadone over 100 mls
Implementation of a regular weekly multi-disciplinary meeting for the mental health team, engaging with Consultant Psychiatrist, GP and mental health nurses
- Implementation of a regular weekly addictions clinical team meeting.
- Redesign of medication management reviewing ‘in-possession’ medications.
- Ensuring robust processes are in place for the sharing of NHS policies and procedures
- Ensuring all mandatory training and E-KSF is carried out for all healthcare employees
- Redesign of supervised medication rounds condensing them from 4 to 2 daily in order to increase time for nurses to spend on clinical interventions.
- Assessed the value of the night shift nurse provision which resulted in removing the provision of a nurse overnight which allowed released funding to improve the workforce model.
- Redesign of workforce enhancing the Senior Management Structure to ensure quality clinical and professional supervision and guidance is available to all disciplines within the Healthcare Team.
- Redesign of throughcare processes to ensure robust transfer of care on liberation
- Implementation of Living Life – NHS 24 Telephone CBT
- Implementation of MEW’s

13. Please could you give examples of innovations in service delivery?

Review of Take Home Naloxone Programme from group to 1-1 delivery which has dramatically increased the numbers of prisoners being liberated with Naloxone.

Introduction of Long term Condition/Health promotion exercise group. A new exercise group has been implemented in partnership with the Prison gymnasium staff to encourage, support and provide a safe environment for patient with chronic diseases to participate in a supervised, structured exercise programme.

The HMP Kilmarnock Healthcare Improvement Forum has been established to allow constructive conversations to take place between the NHS healthcare providers in HMP Kilmarnock and the service users. This forum will allow sharing of information, ideas and will identify healthcare improvement initiatives to improve the health and wellbeing of the prison population.

Implementation of a communication process between prison healthcare and the local community GP’s to ensure clinical information is passed from the community GP to the prison healthcare team in a timely fashion to ensure seamless care.

**Health inequalities and prevention**
14. What public health measures do you currently provide and how are these accessed?

- Flu vaccinations
- Bowel screening & AAA screening are checked at the time of admission into HMP Kilmarnock and if they haven’t engaged in the community, a nurse appointment is arranged to discuss and encourage uptake.
- Oral health
- Smoking cessation
- BBV and sexual health service – this is an opt-out service

15. What access do people have to drug treatment programmes such as methadone therapy?

On admission all prisoners are assessed with regards to any current or previous addiction concerns. Where appropriate the reception nurse will refer on to the Addiction Team for further assessment.

Any prisoner can self-refer to Addiction Services for Assessment.

Prisoners have access to 1-1 support from the Addiction Team along with the option to participate in group activities where available. Prisoners are encouraged to take ownership of their own recovery.

All prisoners who are on the addiction caseload have a pre-liberation appointment which includes Take Home Naloxone training

16. What factors would help you address health inequalities in the prison population?

- Appropriate accommodation to deliver healthcare services
- Appropriate support from the custodial operational staff in terms of resource and efficiency
- GPIT system which is fit for purpose
- National workforce tool fit for the prison healthcare needs
- Electronic prescribing

17. What steps do you take to ensure continuity of care on release?

**GP**

To maintain the continuity of care, prisoners will be temporary registered with a community GP provider prior to liberation to ensure that access to GP services is made available. This is on the understanding that the prisoners complete the registration form provided and return to healthcare for processing in advance of their liberation.
For those prisoners who are serving a short term sentence of 6 months they receive a letter with their GP details asking them to confirm that they are returning to the practice.

For those prisoners who are serving 6 months or more they receive a letter with a registration form to complete, 4 weeks prior to liberation. They will receive a reminder 2 weeks prior to liberation if they have not returned the registration form.

A discharge summary from Vision along with a Transfer of Care Summary is sent via email to the appropriate GP Practice.

**Addictions**

To ensure the continuation of opiate replacement therapy medication upon liberation, the Addiction Caseworker will arrange appropriate appointments with the relevant Community Addictions Services.

The completed Pre-release Medication Form will be forwarded on to Addictions Services and/or community GP prior to release to confirm continuation of the relevant prescribed medications in the community.

**Mental Health**

The Named Nurse/Consultant Forensic Psychiatrist will contact the local Community Mental Health Team and/or other establishments, providing an overview of care and intervention that was being delivered on entering and also on being liberated from HMP Kilmarnock.

In some circumstances, depending on clinical need, a multi-disciplinary team meeting will take place via tele-health with members of the team from the community who will be following up the prisoner on liberation. Depending on the complexity it may be necessary to initiate Care Programme Approach. This will allow the prisoner to be aware of the care agreed post-liberation and also that he is aware of whom he will be working with.

**Physical Health**

Physical Health Reviews and Follow-Ups will be arranged by the responsible health professional

- Blood borne virus
- Physiotherapy
- Tissue viability / wound review
- Podiatry

**Medication**

Each prisoner who is prescribed supervised medications will be issued with a 3 day supply (5 day supply over a public holiday weekend) allowing time for
them to make arrangements with their Community GP to have their prescription continued.

Note** there is no social care service or budget within the prison. There is a social work justice service in place, which is funded by SERCO and delivered by the Health and Social Care Partnership. This is provided via a service level agreement. Further details care be provided is required.