

**Prisoner Healthcare in the NHS in Scotland – 1 year on**  
**A Report from the National Prisoner Healthcare Network**

**November 2012**

**1. Introduction**

The responsibility for provision of healthcare to prisoners in Scotland was transferred from the Scottish Prison Service (SPS) to the National Health Service (NHS) on 1<sup>st</sup> November 2011.

This report provides NHS Board Chief Executives and the Scottish Government Health and Social Care Directorate with an update on progress during the first year since transfer and outlines the direction of travel for the coming year, highlighting some of the key issues that are being addressed, together with some of the challenges for the future.

**2. Background**

In July 2008, Ministers approved the transfer of responsibility for the health care of prisoners to the NHS. A National Programme Board for Prisoners' Healthcare was established in March 2009 to pave the way for transfer to take place, and, in August 2010, the Scottish Parliament passed a legislative amendment to enable the change.

The transfer of responsibility aimed to ensure equity in health care: prisoners now receive their care from NHS as does the general population. In so doing the transfer also upheld European and International standards for the health care of prisoners.

**3. Scottish Prison Service**

There are currently 16 prisons in Scotland with around 8000 prisoners in the estate each day.

During the period since the transfer in November 2011, there have been a number of changes within the prison estate with the move towards Community Facing Prisons, HMP Grampian is scheduled to open in early 2014 and will be the first full community facing prison. There have also been new builds at HMP Shotts and HMP Low Moss. Further changes will also occur following the Women Offenders in Custody Consultation Report which will result in further dispersal of women into the wider prison estate.

These changes, whilst not necessarily vastly changing prisoner numbers in any particular NHS Board, do present challenges in terms of skill mix and specific services for certain client groups, for example the movement of some women offenders into HMP Greenock and HMP Edinburgh and the movement of sex offenders from HMP Peterhead to HMP Glenochil.

#### **4. Her Majesty's Inspectorate of Prisons (HMIP)**

A Memorandum of Understanding [MOU] has been drawn up between HM Inspectorate of Prisons [HMIP] and Healthcare Improvement Scotland [HIS]. This MOU sets out the framework agreed by HMIP HIS for co-operation and exchange of information in relation to the inspection of healthcare services in prisons in Scotland.

#### **5. National Prisoner Healthcare Network (NPHN)**

The NPHN was established in November 2011 following a Chief Executive Officers (CEO) briefing from Scottish Government outlining the proposal to form a consortium of NHS Boards' Prison Healthcare Leads. The Network was set up for an initial 2 year period after which it will be reviewed.

Its role is a national co-ordinating and strategic role, initially supporting the transition of primary and community healthcare from the Scottish Prison Service to NHS Boards, with effect from 1 November 2011. The NPHN now supports the delivery of high quality, safe and consistent services, to prisoners in a national Scottish Prison Service.

The initial remit for the network was as follows:-

- Developing guidelines for the consistent delivery of safe, effective and person-centred care in a prison environment, initially in relation to
  - Medicines management
  - Addiction services
  - Mental illness and suicide risk management
  - Long term conditions management e.g. diabetes (diet, insulin access, etc.)
- Impact assessment of proposed changes to service provision
- Supporting and advising risk management plans
- Providing a forum for the sharing of best practice and promotion of collaboration
- Providing expert advice and support to individual NHS Board leads as required
- Providing an annual report for NHS Board Chief Executives and SGHSCD

CEOs agreed that the NPHN should be hosted within HIS as it can provide national expertise and advice on the delivery of healthcare in a prison environment, including enabling links with the healthcare and other relevant areas in the Scottish Prison Service, and providing support for the development and implementation of the Network work plan (attached at Appendix 1). Healthcare Improvement Scotland also supports and manages the healthcare element of HMIP inspections.

#### **6. Resources**

Funding to support the core prison healthcare team was transferred from SPS to HIS for the following staff who transferred under Cabinet Office Statement of Practice (COSOP) regulations:

- 1.0 WTE Pharmacy and Health Adviser
- 1.0 WTE Nursing Services Manager
- 1.0 WTE Policy Officer Substance Misuse
- 1.0 WTE Administrator
- 0.2 WTE Dental Advisor

In addition, temporary funding to support the 1 WTE Network Manager role is provided by Scottish Government and HIS until 31<sup>st</sup> March 2013. A proposal has been submitted to Scottish Government to further fund the post until 31<sup>st</sup> October 2013 when it was agreed that the NPHN would be reviewed.

Since the transfer, there have been staff changes, creating an opportunity as part of HIS LDP discussions to review resource requirements. Discussions are ongoing with staff and Scottish Government colleagues.

## **7. Development of the Workplan**

The first full meeting of the Network took place in February 2012. It is currently chaired by the Director of Glasgow City CHP and Vice Chaired by the Assistant Director of Health and Care at SPS. Both appointments were for 2 years.

At the first meeting, the discussion focused on streams of work which had started prior to transfer by the national programme team and which needed to continue, and new pieces of work that had emerged post transfer. These streams of work were prioritised by Network members at a workshop in April 2012.

Early in 2012, the Network Team undertook a series of visits to all Boards hosting prisons within their boundaries to gain an understanding of the early issues and challenges.

The information gathered during these visits helped Network members to identify the key priorities for the Network over the coming 12 to 18 months which now form the basis of the workplan.

The current workplan can be found at Appendix 1 and is divided into two sections.

Section 1 details the priorities for the Network and those pieces of work which are being taken forward by the Network.

Section 2 details other pieces of work which are linked to prisoner healthcare but being led by other agencies or bodies. The Network Team is however linking very closely into these groups, either by taking part in meetings, or contributing to discussions/papers and information exchanges.

It should be noted that the plan is a live document which is being constantly updated and added to.

## **8. Current Priorities**

Section 1 of the workplan relates to the top 11 priorities that the Network Team are focusing on.

It should be noted that most of these workstreams are in their early stages and will not report until later this year.

These are:

- Performance and Outcome Measurement
- Mental Health
- Substance Misuse
- Information Governance
- Healthcare Managers Forum
- Communication
- National Multidisciplinary Expert Advisory Group
- Prescribing Module on INPS Vision
- Prison Pharmacy Group
- Clinical Forum
- Education and Training

All of the active workstreams are chaired by senior staff within an NHS Board and supported by a member of the NPHN team. All have agreed Terms of reference.

### **8.1 Performance and Outcome Measurement**

This group is primarily focused on developing a group of indicators which can be used by all Boards to collect information on the health of prisoners, taking into consideration national standards, HEAT Targets etc. It aims to agree a framework to enable the delivery of a series of outcomes that demonstrates trends in the health of prisoners. The group has agreed a two-stage approach, firstly to identify those measures that are currently collected as part of Boards performance measurement structures, and secondly to define a number of outcome based indicators and determine how they could be evidenced and reported on. It is anticipated that the first stage will be completed by March 2013.

### **8.2 Mental Health**

This group has identified a number of priorities which include, developing a shared methodology for initial and ongoing needs assessment and care planning, developing mental health services for prisoners, developing agreed core competencies for mental health staff working in prisons, considering service developments to provide psychological therapies for individuals with problem behaviours, the use of Telehealth and considering the needs of special health groups such as dementia and those with co-morbidities.

The group is aiming to report back to the network with recommendations by the end of this financial year.

### 8.3 Substance Misuse

A number of Boards are in the process of redesigning substance misuse services following the expiry of the Enhanced Addiction Casework Services contract with Phoenix Futures. Those Boards have agreed to share their work on service redesign within their areas with the Network to enable sharing of good practice across all Boards if appropriate. In view of this there is no designated workstream at present. Further discussions will be held when some of the work being carried out within Boards is further developed. At this point it will be agreed by the Network whether a specific workstream is required. It should also be noted that the privately managed prisons, HMP Kilmarnock and HMP Addiewell do not have a contract with Phoenix Futures and provide services directly. HMP Low Moss also provides services from NHS Greater Glasgow and Clyde.

### 8.4 Information Governance

Since transfer, a number of issues have emerged in terms of information sharing between SPS, NHS and other agencies.

An initial Information Sharing Protocol was drawn up which was effective from 1<sup>st</sup> November, however, it did not provide the level of detail required. Many of the issues that have now been raised could not have been foreseen prior to transfer.

This group is now in the process of reviewing the ISP which will be presented to all Boards and SPS for signature early in 2013.

Once this piece of work has been completed, the group will move on to look at developing guidance on the application of the ISP, movement of patient records in and out of prison and destruction policies.

### 8.5 Healthcare Managers Forum

This group has been set up to bring senior nursing staff from each prison establishment together to discuss service developments and their potential impact, identify, discuss and find solutions to shared issues, and to provide peer support.

This group will be tasked with specific pieces of work which will feed into the overall workplan.

### 8.6 Communication

It was recognised that there is a vast amount of information that requires to be cascaded through Boards to prison healthcare staff and vice versa. It is vital that there is good communication during this period of high activity and that Boards can be kept informed of progress, and in turn keep the Network Team advised of developments. To this end, a flash report has been developed which is designed to

give updates on all the major areas of work, sign post to publications and events and showcase particular pieces of work. An example of the flash report can be seen at Appendix 2.

### 8.7 National Multidisciplinary Expert Advisory Group

This group is developing a clear, practical, evidence based approach which promotes consistency of practice in the use of medicines and other pharmaceutical products on a national basis for those detained in custody within the Scottish Prison Service (SPS).

The NPHN Expert Advisory Group will seek to develop guidance that promotes a culture of equivalence of treatment within prisons across NHS Board boundaries to:

- Promote the safe, effective and efficient use of medicines to maximize health gain within the SPS population.
- Develop coordinated policies and treatment guidelines for the optimal use of medicines within the SPS.
- Consider strategic issues relating to prescribing and medicines management within the prison environment.
- Advise on the introduction of new medicines within the SPS population and the impact that these may have on local resource utilization and service delivery. This should take into account decisions made by the Scottish medicines consortium.
- Provide a multidisciplinary approach to medicines management in the SPS recognizing the contribution that doctors, nurses and pharmacists make to the clinical management of patients in prisons.
- Communicate ratified decisions with NHS Board ADTCs so that these bodies may consider the guidance as part of their role in medicines governance.

### 8.8 Prescribing Module in INPS Vision

The INPS Vision clinical IT system replaced GPASS in all prisons during the second quarter of this calendar year, with the last prison going “live” in June 2012.

This allowed all clinicians to access an input to the same type of system that currently operates within GP practice in the community. Some bespoke work was carried out such as the “quick data entry screen” developed for nurses and doctors to use on admission to prison and further additional work was identified.

This was primarily focused on the prescribing and administration of medication as, whilst prison healthcare is predominantly delivered within a primary care model, some aspects are more akin to that of a community hospital. In particular, medication is currently prescribed on a Kardex and administered by either a nurse or a pharmacy assistant. This requires a further development to the current GP version of the clinical system. Work is currently ongoing, overseen by the eHealth Leads and the Directors of Pharmacy to develop an IT solution that is both safe and effective.

### 8.9 Prison Pharmacy Group

The contract for the supply of medicines to the prisons is currently held by an independent contractor. There is scope under the current terms of the contract to extend it until 31<sup>st</sup> March 2015. This group is facilitating Board Pharmacists to design and agree a specification for any future contract, fully appraise the options in terms of providing an in-house service or other alternative models, and reach a decision on the most cost-effective solution for the future supply of medicines.

### 8.10 Clinical Forum

Since transfer, a number of clinicians now working in prisoner healthcare are new to prisons and the prison environment. Changes to the way services are now delivered to prisoners have also been made.

To allow clinicians to keep up to date with developments and understand the need to maintain stability within the prison estate, a Clinical Forum will meet twice a year and discuss a range of topics. It is expected that this forum will provide a platform for discussion, education and continuous improvement in prisoner healthcare.

This group has had one initial meeting.

### 8.11 Education and Training

This group will be formed in early 2013 and its role will be:

- To facilitate a range of education and training solutions for clinical staff working in prisoner healthcare and police custody settings.
- To offer a range of education and training support for operational staff working in the Scottish Prison Service and Police Custody services
- To engage with stakeholders across Scotland, ensuring they are both informed and consulted.
- To ensure that all the work done by this group complies with relevant governance procedures.

## **9. Visits to Health Board Liaison Groups**

The Memorandum of Understanding which was signed by all Health Boards hosting prisons and the Scottish Prison Service stated that the shared portion of governance and accountability would be the focus of joint governance arrangements, delivered through a joint Steering Group on Prisoners' Healthcare in each prison or Health Board which hosts a prison; and a National Prisoner Healthcare Network at national level.

A second series of visits is currently underway whereby the Network Manager is attending the Liaison Groups within each Board to gather information on current issues, service developments and priorities for the future.

Most Boards have well developed local delivery plans for prisoner healthcare and are working on a range of initiatives locally. Services are being developed and redesigned in most areas with advantage being taken to evaluate posts as and when vacancies arise.

All Boards have set up Liaison Groups which are broadly similar in their makeup. All Liaison Groups are attended by the local Prison Governor, Health Board Lead for Prisoner Healthcare and Healthcare managers. Some Boards also include a range of other senior officers such as Finance, HR, Staff side, AHPs etc.

## **10. Emerging Issues**

### Agenda for Change

This is still causing challenges in some Boards and the process is still not completed throughout Scotland. Main causes of concern are the staff who have been aligned to a band with a lower salary level, pensions and back pay. Boards are currently working through these issues in partnership with staff and their representatives, and all Boards expect to have completed the exercise by the end of this financial year.

### Finance

A financial review of prisoner healthcare was carried out recently by Scottish Government Finance Department. A report has been produced which does highlight some issues for certain Boards. Comments on the report are currently being collated and taken forward with Directors of Finance. Due to the movement of prisoners around the estate, Network members have suggested the development of a formula for a cost per prisoner and this will be considered by the DOFs once the report has been signed off.

### Premises/Estate

A major challenge for Boards in the development and enhancement of health services to prisoners is the availability of suitable accommodation within prisons in which to provide these services. Boards are therefore exploring ways in which these issues can be overcome.

### Contracts

A number of contracts remain with SPS which will come to an end over the coming year. The Network team is working with SPS and Boards to ensure that these contracts are handed over, or terminated where required. Outstanding contracts are with PHS for Clinical Waste, Synergy for Addictions Testing and the Radiation Protection Advisory Service.

### Complaints

Members of the Network Team met with the Scottish Public Services Ombudsman to discuss the process for prisoner complaints. One of the main issues is that prisoners do not see the local resolution stage as part of the formal process as the previous

system in place within SPS was written at the first stage and not verbal. Boards are therefore working with their local prisons to ensure that appropriate information on how to complain is available to prisoners and that healthcare staff are fully aware of the process within their Board area.

Most Boards are reporting relatively low numbers of complaints, most of which relate to medication issues or access to services, especially dentistry as remand prisoners are not entitled to routine dental services.

### Social Care

This is an area where demand is likely to increase on both SPS and Health Boards as the prison population becomes older and people are living longer with long term conditions. In general there is no overnight nursing service in prisons and therefore no service available for what could be termed as “social care” e.g. assistance getting in and out of bed, catheter bag changes etc. Ways to address these issues vary, with compassionate release being one option but this is not always possible or practical depending on the prisoner’s risk assessment. Other options may also be explored such as peer support from other prisoners. This is an area that requires to be addressed by individual Boards and SPS as issues arise.

### Palliative Care

This is an area which is on the increase for the same reasons outlined in Social Care above. A pilot is planned within HMP Glenochil in partnership with Macmillan Cancer Relief to develop a best practice model which the Network is keeping a close link with. This involves the development of the Palliative Care Champion Role and a specially fitted cell for those nearing the end of life.

### Community Justice Authorities

Representatives from across Scotland came to the Network Meeting on 3<sup>rd</sup> October 2012 to provide an update on their services and plans for the future, particularly in the Throughcare agenda, and thereafter have formally joined the Network Boards are linking into their local CJAs to explore how they can work better together, in particular with short-term prolific offenders.

### Health Improvement

The recommendations from the “Better Health Better Lives for Prisoners” report published by the Scottish Public Health Network. A number of Boards have asked if the Network will be taking forward a workstream on Health Improvement and this will be considered at the next meeting in January 2013. Several Boards have already developed local plans to address some of the Health Improvement issues.

### Recruitment and Selection

An area where there are still challenges for Boards is recruitment and selection of clinical staff, in particular GPs. There have also been a number of vacancies within nursing staff across Scotland, possibly due to the effect of Agenda for Change in some Boards, but they are now reporting that these vacancies are being filled. The

Network is discussing ways of attracting staff to prisoner healthcare, as well as other initiatives such as nurse prescribing, PGDs and enhanced training such as MINTS (Minor Injuries and Illness Nurse Treatment Service).

### Throughcare

Although a workstream of the National Programme Board, there is no Throughcare workstream of the NPHN. Work is being undertaken however by The Wise Group who has been awarded funding from the Reducing Reoffending Change Fund. They are currently putting together a bid to extend the "Routes Out of Prison" project to the whole of Scotland, working in particular with prolific male offenders, The NPHN is working with The Wise Group to develop pathways which include health.

### Telehealth

Several Boards are looking at introducing Telehealth into Prisoner Healthcare and there are pilots underway in Mental Health in HMP Edinburgh and HMP Addiewell. This is an area where there is much potential and the Network will be keen to see how it develops over the coming months.

### Healthcare for People in Police Custody

Although a separate project, there are many similarities between caring for people in Police Custody and Prisoner Healthcare. The Network Team is therefore linking in with the National Programme Board to offer advice and assistance to partnerships as required.

## **10 Conclusions and Recommendations**

This first year of transition has gone relatively well. Health Boards have embraced the challenges of delivering healthcare to people in a custodial setting which has contributed towards the goal of a safer, healthier Scotland. A clear workplan is now established and attached at Appendix 1.

There is still much to do over the coming year to deliver the workplan against a backdrop of competing priorities for limited resources.

Chief Executives as asked to note the contents of this report and endorse the work of the National Prisoner Healthcare Network for the coming year.

As agreed the role and future of the Network will be reviewed at the end of year 2, November 2013. The review will start in the summer of this year and aim to produce a clear programme of work for the following year.

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**January 2013**