

Enter & View Visits to HMP Wandsworth

Healthwatch Wandsworth

September 2017 to August 2018

Acknowledgement

The Healthwatch Wandsworth Enter & View Team would like to thank the management (especially Jo Darrow and Zubair Mustafa), staff and prisoners who made us welcome and assisted us in carrying out our visits and in preparing this report.

The Project Team

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Enter & View Visits to Wandsworth Prison:

Executive summary

One of the main aims of Healthwatch Wandsworth's current Enter & View (E&V) strategy is to collect feedback on the experience of patients of St George's University Hospitals NHS Foundation Trust which is the main provider of acute care services in Wandsworth. Physical health care in HMP Wandsworth (HMPW) is provided by St George's.

As part of this strategy we decided to visit the prison. The team also has a longstanding interest and experience in visiting facilities for older people and people with mental health problems and we are aware that the number of older prisoners and those with mental health and drug-related problems has increased in recent years. We are interested in these vulnerable groups of people in prison.

Although we focused primarily on the experience of health and social care services, we considered the prison environment and prison regime more generally insofar as they impacted on either the provision of health and social care or the uptake or experience of health or social care.

The prison is a very large facility with over 1500 prisoners and we wanted to try to gain information from a range of sources as we knew that we would not be able to talk to a large number of prisoners. In addition, the sub-group of the Enter and View team working on this project consisted of only five volunteers. The work in this report took place over almost a year from 7th September 2017 when we first met with Jo Darrow, General Manager and Head of Offender Healthcare HMP Wandsworth, to August 2018 when we talked to some visitors at the Visitors' Centre. We would especially like to thank Jo Darrow for her welcome, her responsiveness and her openness throughout this period.

Our work consisted of two meetings with Jo Darrow (September and December 2017) in which we also were escorted through parts of the prison and where we viewed the health facilities as well as learning about how services were provided. Two members of the team attended a prisoner forum chaired by Jo Darrow (October 2017). Two members of the team met with a total of five Healthcare Reps (prisoners with a specific role) on two occasions and discussed with them a survey of prisoners which they distributed across all of the wings (February to April 2018). Points raised about healthcare services were fed back to Jo Darrow who responded to our team. 36 responses to our survey of prisoners were received and analysed (May 2018). Eight visitors to the prison (seven were family members) completed a short survey at the visitors' centre (August 2018).

Our initial work was informed by the HM Inspectors of Prisons 2015 report and reports published by other public bodies. The prison was inspected again by HMIP between February and March 2018 and that report was published in July 2018 as we were completing this E&V report. We appreciate that there were a number of changes during the year in which we were visiting the prison. Some of these are related to building work to improve healthcare facilities and the prison also became smoke-free on 1 April 2018. We have used a narrative style for this report describing what we found at each stage of

our work and we are aware that this may not represent the situation exactly as it is now. We have tried to make our recommendations with this in mind.

After our initial visits to the prison, we developed the following objectives in relation to health and social care services in the prison:

- Understand the challenges to providing health and social care in the prison environment.
- See how far what is being offered measures up to the stated objectives of providing care that is as good as care provided to the general population (principle of “equivalence”).
- Capture the experience of prisoners and any ideas they might have for improvement.
- Identify examples of good working practice.
- Capture the views of relatives who visit the prison.

We related our findings specifically to these objectives in our conclusions:

Understanding the challenges to providing health and social care in the prison environment at HMP Wandsworth

Our visits to the prison and the information we obtained from written material, staff and prisoners all confirmed the substantial difficulties of providing health care and social care in such a setting. However we concluded that sometimes there could be closer collaboration between all services to resolve operational issues.

Seeing how far services met the principle of “equivalence” to care provided to the general population

Although the health screening within the first week of arrival (secondary screening) provided an obvious way for more men than in the general population to be screened for and helped with health conditions, this did not always lead to the provision of necessary care, with long waits for some services. The commissioners’ criteria for services in the dental contract, in particular, discriminate against short-term prisoners. Low numbers of prisoners were accessing social care services. The internally set seven-day target for responding to “concerns” was met less frequently in the prison (46%) than by PALS in St George’s Trust (more than 85%).

Capturing the experience and views of prisoners and their ideas for improvement

Long waiting times, perceived lack of services, especially mental health services, and lack of social care for some prisoners were highlighted. Healthcare Reps did not think that either they or prisoners were well enough informed about services and made suggestions about “welcome packs” for prisoners and training for themselves. Physically centralising the delivery of healthcare services was also mentioned.

Identifying examples of good practice

The use of Healthcare Reps is very positive, as is the practice of trying to resolve complaints as “concerns”, in theory allowing swifter resolution. Using prisoners as part of mental health interview panels was also good practice.

Capturing the views of relatives who visit the prison

Only a small number of visitors were spoken to but almost all had concerns. These were similar to those of prisoners and they perceived a lack of services for those awaiting sentencing.

Our recommendations

There have been a number of changes since we first began our work visiting the prison and the 2018 inspection report¹ has also been published.

Plans to build an entirely new healthcare clinic have progressed positively and there have been some interim improvements to healthcare facilities. The prison has successfully become smoke-free. Jo Darrow and her team are working closely with the Healthcare Reps and they have made substantial plans for improving the provision of information about healthcare services to prisoners from the time of their arrival onwards. The Offender Healthcare Service will be re-tendered in the near future with the likelihood of a wider range of psychological services included in it.

The HM Inspectorate of Prisons (HMIP) had far more wide-ranging and lengthy access to the prison and prisoners than our team and made substantive recommendations in many of the areas where we saw the need for change. We have picked out points of comparison with our own findings in our full report and recommend that the HMIP report is read in full.

In addition to the HMIP 2018 recommendations we should like to recommend:

Provision of information

We strongly welcome the introduction of electronic kiosks for the provision of information and the objective of increasing prisoners’ understanding of the range of services available and the purposes of each service. We also welcome the close working with Healthcare Reps on this developing project. We should like to see:

- Written materials on all healthcare matters including appointment requests, CCC forms and medicines available in a full range of languages used in the prison population.
- Information available from the new electronic kiosks should also be available in printed form for prisoners who cannot use the kiosks and as an *aide memoire* that prisoners can keep to hand in recognition that prisoners spend a great deal of time in

¹ Report on an unannounced inspection of HMP Wandsworth by HM Chief Inspector of Prisons 26 February-9 March 2018 <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/07/Wandsworth-Web-2018.pdf>

their cells with no access to the kiosks. It should also be available in a range of languages and should be appropriate for people with learning disabilities or dementia.

- Provision of information and a contact point for relatives and other visitors about health and social care services, especially about any variations in eligibility criteria for remand and sentenced prisoners.
- The recruitment and training of an adequate and stable number of Healthcare Reps in the new and more challenging situation of a remand prison.
- That Healthcare Reps are trained to signpost to the many different types of mental health services and support, or better still, that there is a more unified approach to service provision which would make it easier for prisoners to navigate and would make signposting easier.

Healthwatch would welcome the opportunity to collaborate with the prison healthcare services to provide education and training to Healthcare Reps to enable them to carry out their role with more confidence.

Access to services and joint working

We should like to see shorter waiting times and lower DNA rates and increased access to all services. In particular that:

- Rates of secondary screening should be maintained and increased as the best mechanism for ensuring appropriate and timely health care and referral for social care needs assessment.
- Waiting times should be reduced in particular so that those on remand and short sentences can access all services.
- Screening and provision of services should recognise that age-related health and social care needs within the prison population become apparent at an earlier age than in the general population.
- The commissioners' criteria for services in the dental contract should be changed so that those on remand and shorter sentences can access treatments above band 1 and urgent care to promote equivalence with care in the wider community.
- In addition to recommendation 5.35 in the HMIP report for closer joint working, more rapid identification of social care needs and provision of appropriate support, prisoners should not be reliant on regular unpaid help from other prisoners with personal care and other needs which should be eligible for social care input.
- There should be clearer auditing of referrals for social care and data collection about those deemed ineligible. There should be clear signposting and information for those who are deemed to be ineligible for services.
- There should be closer working between healthcare services and the Listener scheme to ensure that the Listeners fully explain their role to prisoners and signpost prisoners, especially those at risk of self-harm, to other services.
- There could be access to programmes similar to those in the community that help patients manage their health and long-term conditions, such as the Expert Patients Programme in Wandsworth.
- Consideration should be given to the introduction of a single point of access to mental health services including psychosocial interventions for substance misuse. We

appreciate that this may not be possible until more services are brought under the Offender Healthcare Service with recommissioning.

Healthwatch would welcome the opportunity to be involved appropriately in upcoming commissioning decisions relating to health and social services. We would like to see the involvement of prisoners in recommissioning processes.

Building design

We welcome the development of a new healthcare centre to centralise provision. We should also like to recommend that:

- The prison should consider whether a unit for older and disabled prisoners could be established which is distinct from that for Vulnerable Prisoners and which would respond to the changing needs of an ageing population and related needs such supporting people with dementia and those with disabilities.
- Prisoners should be involved in the detailed design stage for the building.
- There should be additional beds for prisoners with mental health problems.

The Full Report: Contents

| | |
|--|-----------|
| 1.0 Introduction | 8 |
| 1.1 About Healthwatch Wandsworth | 8 |
| 1.2 Enter & View | 8 |
| 1.3 Our E&V strategy | 8 |
| 2.0 Background | 9 |
| 2.1 Description of health services at Wandsworth Prison | 9 |
| 2.2 Information from third party sources about prison services | 11 |
| 3.0 The sequence of our visits | 15 |
| 3.1 Preliminary meetings | 15 |
| 3.2 Objectives of our visits | 15 |
| 3.3 Planning and methods | 15 |
| 4.0 Our work and findings: understanding the issues, our meetings with prisoners and our survey | 16 |
| 4.1 Developing an initial understanding of the issues | 16 |
| 4.2 Information from Wandsworth Social Services | 19 |
| 4.3 Attendance at prisoner Forum | 20 |
| 4.4 Second meeting with Jo Darrow | 21 |
| 4.5 Our observations from our visits in September and December 2017 | 22 |
| 4.6 Meetings with Healthcare Reps and developing our survey | 23 |
| 4.7 Summary of concerns raised by the Healthcare Reps | 23 |
| 4.8 The prisoners' survey (Spring 2018) | 26 |
| 4.9 Visitor Centre survey (August 2018) | 31 |
| 5.0 Overall conclusions and recommendations | 33 |
| 5.1 Our conclusions | 33 |
| 5.2 Summary of the 2018 Inspection report with points of comparison | 36 |
| 5.3 Update on some relevant changes in the prison 2017-2018 | 39 |
| 5.4 Our recommendations | 40 |

The Full Report

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in the areas of health and social care services. At the national level, we send our reports to Healthwatch England. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. Our activities are developed in consultation with the public at our Assembly meetings and as we collect feedback from people about their experiences of health and social care in Wandsworth. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us, we speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

1.2 Enter & View

Healthwatch Wandsworth has the statutory authority to visit health or social care services provided in the borough, or which cater for the local population but are located outside the borough. Our Enter & View (E&V) volunteers observe how services are delivered. Our main aim is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services. Our main focus is on the service user's experience of care.

Our E&V volunteers receive full training and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

1.3 Our Enter & View strategy

One of the main aims of our current E&V strategy is to collect feedback on the experience of patients of St George's University Hospitals NHS Foundation Trust which is the main provider of acute care services in Wandsworth. Physical health care in HMP Wandsworth (HMPW) is provided by St George's.

As part of this strategy we decided to visit the prison. The team also has a longstanding interest and experience in visiting facilities for older people and people with mental health problems and we are aware that the number of older prisoners and those with mental health and drug-related problems has increased in recent years. We are interested in these vulnerable groups of people in prison.

Although we focused primarily on the experience of health and social care services, we considered the prison environment and prison regime more generally insofar as they impacted on either the provision of health and social care or the uptake or experience of health or social care.

2.0 Background

HMP Wandsworth is the biggest public prison in the UK with over 1600 prisoners.² The prison is housed in Victorian buildings spread out over a large site.

Healthcare services at Wandsworth Prison were put out to tender by NHS England in 2014 and a consortium of St George's University Hospitals NHS Foundation Trust, South London and Maudsley NHS Foundation Trust (SLaM), dental and optician services was formed under integrated general management by Jo Darrow who is employed by St George's. There is a service specification which was developed for the tendering process for Wandsworth, Pentonville and Brixton prisons and intended to be a live document for monitoring services. Since the implementation of the Care Act of 2014, social care functions have been provided separately by Wandsworth Social Services.

The Department of Justice has agreed funding for a new health centre within the prison which would centralise the provision of many services. Building has not yet commenced and it is recognised that it will not solve all of the problems outlined above and below. Some funding has also been agreed to upgrade other facilities.

2.1 Description of health services at Wandsworth Prison as provided by the prison

This description comes from the material which was provided to Healthwatch Wandsworth before and during visits to the prison rather than from the service specification (which we only received on 1 June 2018).

2.1.1 Health services

The prison healthcare system aims to provide health care which is “equivalent” to health care outside the prison. There is a pathway for the delivery of health care in the prison which is described in a leaflet given to prisoners on arrival. It starts with screening by a registered nurse when the person arrives, to identify any immediate physical or mental health problems. A GP is available to prescribe medication and if the person has drug or alcohol problems he will be seen by a specialist nurse.

This should be followed up by Secondary Screening (which is the opportunity for a more thorough health check) within 7 days of arrival, and where possible within 48 to 72 hours of arrival.

² This information comes from our preliminary visit and from articles provided to us before our visit: [Léa Surugue](#) (2016) “HMP Wandsworth: The challenges of providing healthcare in the UK's biggest prison” *International Business Times (online edition)* and Alison Whyte (2017) “Being Behind” a feature in the *Nursing Standard*.

After that prisoners can request appointments with different healthcare professionals and a wide range of clinics is on offer and listed in the leaflet³: “GP Primary Care Clinic; Advanced Nurse Practitioner (ANP) Primary Care Clinics; Nurse Clinics; Phlebotomy clinic (blood tests); Hepatitis B & other vaccinations clinic; Psychiatrist clinic; Older Person’s Mental Health Clinic; Neurodevelopmental clinic; Podiatry (feet); Dental clinic; Optician Clinic (checking eyesight / spectacles); Dietitian; Sexual health clinic; X-ray clinics; Substance Misuse clinics” as well as pharmacy.

Mental health services include a Primary Care Mental Health Team (PCMHT) with mental health nurses and a part time assistant psychologist, and a secondary care mental health team (the “In-reach Team”) which includes mental health nurses and clinical psychologists. Forensic psychiatrists work with both primary care teams and the in-patient unit. In addition psychiatrists specialising in substance-misuse, a specialist nurse and psychiatrist in learning disabilities and specialist psychiatrist for older adults all provide services on a visiting basis. A volunteer service provides formal, supervised counselling and psychotherapy.

There are two adjoining units for prisoners requiring “in-patient” facilities: 6 beds in the Jones Unit for physical illness staffed by general nurses and 12 in the Addison Unit for mental health staffed by mental health nurses. We have been told that the mental health unit has an insufficient number of beds for the size of the prison and there is some flexing of the beds when required. For example the Addison Unit will sometimes need to place a mental health patient on the Jones Unit, however mental health patients placed on the Jones unit are carefully selected to avoid disruption to ill patients.

Prisoner Healthcare Peer Workers (PHPWs), also known as Healthcare Reps are recruited to help with the liaison between prison staff, healthcare staff and prisoners. Their role will be described below (section 4.1.5).

2.1.2 Social Care

Social care is provided by Wandsworth Social Services. Prisoners can be referred for a needs assessment and if the criteria are met, a home care worker will be provided.

2.1.3 Additional related services which do not fall under the health and social care contracts

As well as the Offender Healthcare Service provided under the consortium contract, there are additional services. Some of these are provided by the prison. These include mindfulness groups, a violence reduction programme and a Listener Scheme⁴. The Listener Scheme is a national programme run in prisons by the Samaritans aimed at improving mental and physical well-being. The Forward Trust provides psychosocial interventions for substance misuse problems. NHS England commissions a psychotherapy service which is

³ “Healthcare Services at HMP Wandsworth: A Prisoner Information Leaflet”, updated September 2016

⁴ “The Listener Scheme”, <https://www.samaritans.org/your-community/our-work-prisons/listener-scheme>

separate from the Offender Healthcare Service. Information about these services was posted in the wings and is reported in section 4.5 below.

2.2 Information from third party sources about prison services

2.2.1 The HM Inspectorate of Prisons report 2015

When we approached the prison, the most recent HMIP inspection had been in 2015. The prison was inspected again between February and March 2018 but, at the time we began our work, the report was not available to us, though we have included a short summary in section 2.2.4.

Most of the 2015 report⁵ does not focus on health and social care but there are many relevant points and we have highlighted some here to explain the challenging circumstances in which health and social care services have been delivered. The 2015 report was the background and starting point we used for our work from September 2017 and so this section of our report sets the context for our work.

The 2015 report described how the improvements made in 2013 had not been maintained and that for reasons “*largely outside the prison’s control, outcomes had deteriorated significantly and it faced severe problems.*” It was overcrowded (70% more than its certified accommodation of 963). As a “foreign national prisoner hub” it held over 700 foreign nationals, 100 of whom could not speak English and relied on other prisoners to help them, often with very complex problems. The prison budget had been reduced by about 25% and staffing reduced by 100, with high turnover, especially among senior staff. Relations between prison staff and prisoners were reported as generally positive, however the frequency of interactions between prison officers and prisoners was low and had been adversely affected by staffing reductions and only 59% of prisoners said that they were treated with respect. Some areas of policy and practice were commended including the response to emergencies and robust root cause analysis and action plans after a serious incident. Also, integrated mental health services were noted to be very good.

The summary of health services stated:

“Health services had deteriorated since the last inspection mainly because of staff shortages. The quality of nursing care by some nurses was poor. Medicine management was also weak. The regime in the Jones unit - the inpatient unit for patients with physical health needs - was very poor. Mental health care was much better but the capacity of the Addison unit, which provided inpatient care for men with complex mental health needs, was insufficient to meet demand; some of these very ill men had to be cared for on the wings. There were unacceptably long delays in transferring men out of the prison to secure mental health facilities.”

Other issues of note in 2015 were the weak approach to addressing diversity and discrimination of all types and lack of provision for prisoners with disabilities, the lack of care planning, that 20% of prisoners reported feeling unsafe, that not all prisoners could

⁵ Report on an unannounced inspection of HMP Wandsworth by HM Chief Inspector of Prisons <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2015/07/Wandsworth-web-2015.pdf>

access the Listener scheme (supported by The Samaritans and not part of health provision), as well as the importance of the chaplaincy.

From the detailed report we also noted a number of areas where we thought that an Enter & View visit might shed further light.

- Substance misuse was identified as a major problem for the prison. During our preparations for visits we learned that the prison had developed a newly updated strategy for multi-disciplinary working across the prison (prison staff, prison healthcare services and the Forward Trust) to improve care and management.⁶
- The dual diagnosis team (for prisoners with mental health and substance misuse problems) no longer existed in 2015 but is included in the 2017-2018 strategy.
- Fewer prisoners than in comparator prisons said that they had seen a health professional on arrival and the inspectors noted that confidentiality was compromised in the reception area.
- Although secondary screening was taking place, it was perceived as mechanistic: for example, the inspectors observed a nurse whose behaviour was abrupt and did not encourage prisoners to discuss or disclose personal issues.
- Waiting times for different services were very varied and the system for getting appointments was not clear enough. Some people did not get seen on the expected clinic day as they were not down to be escorted (“on the unlock list”). Some people had experienced repeated cancellations of outside appointments. There were difficulties with repeat prescriptions being issued on time.
- The report stated that there were about 300 referrals per month to mental health services and about 500 prisoners were on the caseload of the drug team. It was generally more positive about mental health services than physical healthcare services, including waiting times for treatment.

The 2018 report was published as we were writing this report. There is a note of this report at section 2.2.4. As our work was not informed by this report, we return to it in the concluding section (5.2) and draw comparisons with what we found.

2.2.2 Independent Monitoring Board report for Wandsworth Prison⁷

We did not see the annual report of the Independent Monitoring Board for 2016-17, published in September 2017, until some months after that date. The Board’s responsibility is to *“satisfy itself as to the humane and just treatment of those held in custody within that establishment, and as to the range and adequacy of the programmes preparing them for release”* and to inform relevant authorities of any problems that it finds.

This latest report covers the period from 1 June 2016 to 31 May 2017 and addresses issues of dignity and quality as well as safety which can all impact on health and well-being, as well as the provision of health and social care services. The key finding was that severe staff shortages were having a profound impact on almost all aspects of service provision.

⁶ HMP Wandsworth “Drug and alcohol strategy 2017-2018,” Policy document number 12, November 2017

⁷ <https://www.imb.org.uk/report/wandsworth-imb-2016-17-annual-report/>

Despite strong leadership, stronger recruitment and better retention of staff “[o]verall the prison did not consistently manage to provide a safe, decent and humane environment.” The prison was also very overcrowded and prisoners remained locked in their cells for long periods without exercise or activities. The shortage of staffing in the prison was exacerbated by more prison staff being used for hospital escort duties.

In relation to health, the report echoes the findings of the HMIP 2015 inspection report regarding the high “Did not Attend” (DNA) rates for clinic appointments within the prison and unsuitability of facilities and of the Addison Unit in particular. Attendance rates for appointments outside the hospital were noted to have improved.

However, although the improvement in the percentage of prisoners screened in the first 72 hours was maintained from the previous year, some prisoners were still not being screened, some through their own choice and some because of a lack of officers to escort them. On a positive note, the prison did have the highest rate of screening for blood-borne viruses of all London prisons.

The number of clinics cancelled for “healthcare operational reasons” was “high”. We were told by Jo Darrow that this is because of nursing shortages which are a known national problem.

Although waiting times to see a GP (2 weeks) and nurse (1 week) were not very long, other waiting times were very long indeed (e.g. dentist 7 weeks; sexual health 20 weeks; smoking cessation 21 weeks; optician 22 weeks; podiatry 26 weeks).

Mental health services, which visited prisoners on the wings, were found to be performing well on waiting times with 96% of those with mild to moderate mental health problems being seen by the Primary Mental Health team with 48 hours, despite a referral rate of eight referrals per day.

The volunteer psychotherapy service had a waiting time of 16 weeks. There was a mainly stable staff group with low vacancy rate. The In-reach team for prisons with severe and enduring mental health problems had no vacancies.

2.2.3 Prison and Probation Ombudsman’s reports

There are two especially relevant reports by the Prison and Probation Ombudsman (PPO) service. One published in 2014 on risk factors in self-inflicted deaths in prisons⁸ referred to demographic factors, times of particular risk and the positive benefits of a Listener scheme. It emphasised the need for joint working and for dynamic risk assessment. This had evidently been taken on board by the prison healthcare service in HMP Wandsworth and the issues were referred to repeatedly by Jo Darrow.

The second report, published in June 2017, on older prisoners in England and Wales,⁹ investigated the deaths of 314 older prisoners (over 50), and mentioned the increase in

⁸ http://www.ppo.gov.uk/app/uploads/2014/07/Risk_thematic_final_web.pdf Learning from PPO investigations: Risk factors in self-inflicted deaths in prisons, April 2014

⁹ <https://www.ppo.gov.uk/prison-service-needs-strategy-to-deal-with-growing-numbers-of-older-prisoners-says-ombudsman/> Learning from PPO investigations: Older Prisoners, June 2017.

older prisoners which had already taken place and was projected to continue. Nationally numbers of prisoners over 60 have tripled in 5 years and those over 50 are projected to increase substantially. The areas that the report examined and the lessons learned apply not only to older prisoners but to those in very poor health generally. These include the importance of thorough health screening and continuity of care, use of treatments based on NICE guidelines, using restraints in proportion to risk, providing a suitable environment for end of life care, early release when appropriate, and proper assessment and management of dementia and complex needs.

This PPO report cites evidence that many prisoners experience health problems at an earlier age than the general population. Therefore it is not appropriate to use the principle of “equivalence” literally, but instead one should bear in mind that often prisoners over 50 years of age will have similar needs to much older people in the wider community.

2.2.4 The Prison Inspection report 2018¹⁰

This report was published on 13 July 2018 as we were concluding this report. This was a visit conducted in partnership with the Care Quality Commission (CQC) which is responsible for inspecting the health services within the prison and other bodies. It continued to use the prison inspection’s system of assessment of “healthy prison outcomes” rather than the CQC’s five domains, although there is some overlap in concepts. In three of the four areas, there had been no change in overall rating since the 2015 visit: Safety and Respect were rated as “not sufficiently good” and Purposeful activity remained “poor”. “Rehabilitation and release planning” had improved from “not sufficiently good” to “reasonably good”. 41 out of the 86 recommendations made in 2015 had been fully or partly addressed but 45 had not been addressed.

Wandsworth was described as the most overcrowded prison in England and Wales with 1428 prisoners compared with a certified capacity of 841. 42% of prisoners were found to be locked in cells on a spot check. 38% of prisoners were foreign nationals. Whilst not about the provision of health and social care directly, these factors certainly would be expected to have an impact on the well-being of prisoners, especially their mental health and illustrate the continuing challenges facing healthcare services.

Despite these factors the report states that health care was *“a reasonably good and developing service, although the prison regime continued to affect the effective delivery of some services.”*

Many of the issues reported on by the inspectors were very similar to the issues which we found in our work. We shall therefore discuss them at the end of this report (section 5.2).

¹⁰ Report on an unannounced inspection of HMP Wandsworth by HM Chief Inspector of Prisons 26 February-9 March 2018 <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2018/07/Wandsworth-Web-2018.pdf>

3.0 The sequence of our visits

3.1 Preliminary meetings

On 9th September 2017 six members of the Enter & View Team met with Jo Darrow, General Manager and Head of Offender Healthcare, Allison Hempstead, Matron for Primary Care and Substance Misuse Nursing and Murray Wyke-Joseph, Head of Pharmacy. The way in which health care is provided was explained to the team and we also were able to visit the prison, including the two in-patient areas.

On 25th October 2017 two members of the team attended the monthly Forum meeting chaired by Jo Darrow. We were observers in the meeting (attended by 9 prisoners) and noted issues which were raised.

On 8th December 2018 three members had a further meeting with Jo Darrow and discussed the team's ideas for obtaining the views of prisoners about the health care and social care that they are receiving.

We also received information from the audit work that the services do themselves analysing the Concerns, Complaints and Compliments forms submitted by prisoners.

These meetings and visits shaped our approach and our objectives.

3.2 Objectives of our visits

After our initial visits to the prison, we developed the following objectives in relation to health and social care services in the prison:

- Understand the challenges to providing health and social care in the prison environment.
- See how far what is being offered measures up to the stated objectives of providing care that is as good as care provided to the general population (principle of “equivalence”).
- Capture the experience of prisoners and any ideas they might have for improvement.
- Identify examples of good working practice.
- Capture the views of relatives who visit the prison.

3.3 Planning and methods

Our meetings with Jo Darrow and visit to the prison environment were a key part of understanding the issues and planning our approach. They are reported below (Section 4). As the population of the prison is high, we were aware that we would only be able to speak with a sample of prisoners through the Forums. We decided to do a survey of prisoners to get as wide a range of views as possible. In order to design this effectively, two members of the E&V team met with Healthcare Reps to co-produce the survey which yielded further information about services. We hoped to speak to relatives through the Prison Visitors' Centre. However we only achieved this aim in August 2018, when we were able to speak to a small number of visitors. See section 4.9 below.

This report therefore focuses on the information which we obtained from meetings with staff, principally Jo Darrow, observation of one Forum, meetings with Healthcare Reps and information from the survey of prisoners and from the small-scale survey at the visitors' centre.

4.0 Our work and findings: understanding the issues, our meetings with prisoners and our survey

4.1 Developing an initial understanding of the issues

Our reading of documents provided in advance and our initial meeting with Jo Darrow and her senior staff and walking around the prison gave us an appreciation of the objectives and many of the challenges of providing health and social care on a day to day basis.

4.1.1 Health challenges

As noted earlier, the prison health care system aims to provide health care which is “equivalent” to health care outside the prison. However, it is recognised that this is a major challenge as prisoners have poorer health than the average in the UK population. Risk factors such as low socio-economic group, previous homelessness, and a history of being in care mean that there are high rates of physical and mental illness and drug and alcohol use. Another challenge is that of language, with poor standards of literacy and many prisoners whose first language is not English. Many prisoners may also have experienced trauma and abuse. In addition, much of the prison population is transient and, in Wandsworth, the turnover is set to increase from 500 per month to 750 per month as Wandsworth becomes increasingly a “remand prison”. Wandsworth is also an Extradition Prison and this presents its own problems with prisoners not wanting to comply with extradition orders and self-harming. National figures (for prisons) suggest rates of mental illness as high as 23% for men with symptoms of psychosis in 15%.¹¹

We were told that there are increasing numbers of older prisoners. However, the age profile in the report of the Independent Monitoring Board only gives 22 prisoners over 65 years of age. There were a further 79 aged between 55 and 64 and 244 between 45 and 54. Many of these latter groups, although not normally classed as “old” are likely to be in much poorer health than their peers outside prison. 64 prisoners were registered as disabled.

According to Jo Darrow, the first night in prison is a time of very high risk of harm or death and assessment for risk can be challenging. For example, people with alcohol problems may under-declare their level of drinking and be at risk of fits when detoxing and people with substance misuse problems may over-declare their drug use in order to get higher levels of maintenance drugs and this may lead to overdoses. Other factors such as an unexpected custodial sentence, family issues and shame may be contributory factors to the risk of suicide or self-harm.

¹¹ Léa Surugue (2016) “HMP Wandsworth: The challenges of providing healthcare in the UK's biggest prison” *International Business Times* (online edition)

The Mental Health Act cannot be used in prisons to compel people to take medication, leading to untreated psychosis which may be a risk to the person or put others at risk. There are many people with Personality Disorders from whom it may be difficult to get reliable information.

4.1.2 Prison issues

There have been substantial reductions in funding for prison officers since 2010 with some funding reinstated more recently. Older, more experienced staff have been lost disproportionately. Staff shortages mean that prisoners often spend a great deal of time locked in their cells, with little opportunity for exercise or any activity. This affects both physical and mental health.

The buildings are old, not purpose-built for health care and unsuited to anyone with disabilities. The accommodation and healthcare facilities are spread out and the task of getting prisoners to appointments is a major one. The fact that prisoners cannot move freely means that they need to be escorted to appointments both inside the prison and when they need health care outside. Resources for escorting prisoners are limited and can change at short notice if there is an emergency or other unplanned event. Prisoners cannot be told about the dates of appointments outside the prison as this could lead to a risk of absconding. This means that appointments could clash with visits from family or lawyers to the prison or with court appearances. All of these factors mean that there is a high number of missed appointments.

There are five cells for people with disabilities who need wheelchairs. These are sited within the provision for vulnerable prisoners: these are people who are at risk of being attacked because of the crimes that they have committed (e.g. sex offenders and paedophiles), and people who are at risk because of the other factors (e.g. transgender and high-profile prisoners). We were told that sometimes prisoners with disabilities do not want to go to the adapted cells because of the area where they are sited.

4.1.3 Healthcare staffing issues

Recruitment of nurses is very challenging and is a national problem. The vacancy rate for nurses was 50% when we met with Jo Darrow in September 2017. There have been additional challenges in recruiting because HMRC rules now make it more favourable for agency staff to work for private providers.

Despite the challenging work, NHS staff are paid on the same pay scales as in the rest of the NHS. There is local induction training of 6 weeks for registered general and mental health nurses who work in both primary care and substance misuse areas. Registered nurses working in the mental health team have a slightly shorter induction. The service is recruiting from those established and already working in hospitals and community as well as new nursing graduates. Prisoners were part of the interview board for the recruitment of mental health nurses.

In addition to nursing staff there are GPs: two salaried GPs are employed by St George's Hospital and agency sessions are purchased to supplement. There is a new additional post for a senior GP which will make the management of medical staff more straightforward.

They have worked to reduce waiting times for routine appointments which used to take several weeks. Now most prisoners can be seen within 4 to 7 working days.

There is a 24-hour emergency nurse response on site (“Hotel 3”). Staff carry a radio and attend to emergencies where the prisoner is located (e.g. cell). They are trained to ILS standard by the St George’s Hospital resuscitation team¹².

The pharmacy service is very proactive with a head of pharmacy and pharmacy technicians who can explain medication and promote compliance. Records from medicine administration show people who are not taking their medication who can be targeted. There is a wing for prisoners with drug problems. High numbers of anti-psychotic and anti-depressant medications are prescribed. As yet there are no explanatory leaflets in different languages related to medications. Some prisoners are allowed to keep their own medication and the prison healthcare team are working towards people with long term conditions managing their own care more independently. Most people need to go to a medicine hatch (one on each wing) to request medication from a pharmacist even for minor conditions. There is a trial at the moment of adding paracetamol to the list of items which prisoners can order from a “canteen list”; the risk of overdose is being carefully monitored.

4.1.4 Social Care

Social care is provided through Wandsworth Social Services based on individually assessed needs. Prison officers and healthcare staff do not provide any help with personal care, so people who need help are assessed and home carers come in to the prison to provide that care. Jo Darrow reported that these arrangements are working well. The home care agency, appointed by Wandsworth Council, has a worker on call, but Jo acknowledged that many prisoners with social care needs have these met by fellow inmates on a day to day basis. Jo did not think that there is anyone with severe dementia at the prison at present. This may become more of a challenge with the increase in older, frailer prisoners. We followed this up at a meeting with Wandsworth Social Services (below 4.2).

4.1.5 Prisoner Healthcare Reps

There is a system of Prisoner Healthcare Peer Workers (PHPW), also known as Prisoner Healthcare Reps who are recruited to a specific role and paid a small weekly amount (£14). These prisoners can advise about access to health services and help those with literacy problems to read and write in relation to their medical condition and completing forms. They liaise with prison staff to ensure that upcoming appointment slips are delivered for appointments on the following day and staff know who needs to be “unlocked” to go to an appointment. Jo Darrow has subsequently told us that she hopes to invest in and develop a health promotion role for the Reps. There are leaflets in six languages. There are some challenges to finding appropriate prisoners to fulfil this role and some have unfortunately had to be dismissed because of unacceptable behaviour. Release of Healthcare Reps leads to a high turnover and this challenge will increase when the prison becomes a remand prison.

¹² Immediate Life Support - these are courses accredited by the Resuscitation Council

4.1.6 Additional positive developments

There has been a morale boost in 2017 with a new Governor, Jeanne Bryant, who is especially supportive of providing high quality health care in the prison. As well as being supportive, she is perceived as demanding and challenging in a positive way, wanting to change the ethos of health care in the prison and make it a national centre of excellence.

There has already been one promising indication of progress in this direction with a research project on blood-borne viruses (HepB/C; HIV) being moved to HMP Wandsworth (from another centre) as they were doing so well at diagnosing these cases.

4.2 Information from Wandsworth Social Services

We discussed social services in the prison with Wandsworth Department of Adult and Social Services in October 2017.

We were told that the Care Act provided a grant to Social Services so that they could take on care which had previously been part of the Health Services contract. The criteria for eligibility for services for prisoners is the same as for people living in the community and is defined within the Care Act 2014. The council has a statutory duty under the Care Act to complete assessments of, and where eligible provide services to, all prisoners at HMP Wandsworth. There is an agency which provides a rotation of staff to ensure there is one carer in the prison, 7 days a week. They work mostly in partnership with NHS colleagues whilst at the prison. The number of social care users is minimal. Many of the people that Social Services see are based within the hospital wing of the prison.

The council provides both social work and occupational therapy assessments in the prison in line with Care Act duties and provides services to those deemed eligible for support.

We understand that social services have had relatively fewer people referred and assessed as needing support than would be expected, especially with the increase in older prisoners. Based on 2016-17 data,¹³ eight people out of thirty who were referred were offered a service (including two for substance misuse), two further people declined the support because they were receiving help from cell mates and another two declined support for other reasons. It was not clear from the information we received if those who were not eligible for services were signposted to relevant services to meet their needs. Possible reasons for the low number of referrals and people receiving support could be the high turnover in the prison.

We were told that the services offered by the Council do work alongside those offered by the NHS within HMP Wandsworth. The Council is in discussions with St George's Hospital Trust and Wandsworth CCG at present about how they could improve co-ordination between their services.

¹³ Social services Prison_referrals Jan16-Apr17.xlsx

4.3 Attendance at prisoner Forum

Having developed our initial understanding of the issues we attended a Forum convened by Jo Darrow on 25th October 2017 to better understand prisoners' experience of health care.

Although this is a quarterly meeting, dates are apparently not fixed and some prisoners said that they had only been told about it an hour before. We have been told that there are plans to increase the frequency of this meeting to monthly.

All nine prisoners came from Trinity Wing which is for Category C (lowest risk) prisoners. They were mostly young or middle aged although one had an older relative in the prison and was able to talk about his experience. Jo Darrow focused on discussing reception health care, secondary screening and appointments. Prisoners provided their feedback and shared their experiences and some suggested solutions.

The main issues raised by prisoners were:¹⁴

- The initial reception health care was very brief (10 minutes) and prisoners did not find it friendly: staff *'acted more like prison officers'*.
- Secondary screening did not always happen (currently being monitored by Jo Darrow's staff and achieving 70% rate) but when it did happen it was felt to be *'better'*.
- There were issues with medication: repeat prescriptions not arriving in time, the system being difficult to use, medication from hospital not transferring.
- Long waits for dental appointments and a very limited range of options when treatment was offered. This was raised by us with Jo Darrow in our December 2017 meeting - see below.
- DNA rates are high and this seems to be associated with movement of prisoners and accessibility.
- Feedback from prisoner representatives appears to indicate that there are issues with the timetabling of appointments that are clashing with association time, cells are not being opened so that they can attend, issues with medical slips arriving too late, not enough movement officers to take to appointments, and having to wait up to four weeks for an appointment.
- Issues with long waiting times for hospital appointments: currently there are four outpatients slots per day used mostly for prisoners on dialysis and cancer appointments. This does not leave room for many others, also for security reasons prisoners cannot be told about appointments in advance.
- Issues of communication, especially for prisoners whose first language was not English.

¹⁴ The comments reported in single quotation marks are taken from notes made by the two Enter & View team members and may not be verbatim quotes. This convention is used throughout the rest of the report. Thus the responses from Jo Darrow to our feedback are in double quotation marks because these are verbatim quotes of her written replies and comments. In section 4.8 below on the survey of prisoners, all responses are in double quotation marks as they are verbatim transcriptions of the written responses of prisoners. The responses in section 4.9 from the visitors' centre survey are in single quotation marks as these summarised notes from face to face interviews.

4.4 Second meeting with Jo Darrow

Three members of the Enter & View Team met again with Jo Darrow on 8th December 2017.

This meeting was to discuss future plans following our attendance at the Forum and to clarify some of the issues raised by prisoners. We were also given some data from an internal audit of services.

Jo Darrow sent us further information which clarified the nature of the contract for dentistry¹⁵ which had been raised as an issue at the Forum. All prisoners have access to urgent and Band 1 treatments but short-term prisoners, including those on remand, those sentenced to less than six months and those with less than six months to run on their sentences do not have access to the full range of NHS dental services available to the general public. There is the possibility that a private dentist could come into the prison but only the equipment available in the consulting room could be used and appropriate security would have to be funded by the prisoner. An oral surgeon has been coming into the prison since 1st May 2014 to reduce the need for referrals out for this service.

4.4.1 Proposals for Healthwatch activity

The idea of a Healthwatch Enter & View survey was positively received. It was agreed that this could be done with the help of the Healthcare Reps and that we should approach Zubair Mustafa, Practice Operations Manager, to facilitate this.

4.4.2 Internal audit of Concerns, Compliments and Complaints

The prison healthcare service provides forms on each wing that prisoners can use to provide feedback of “Concerns, Compliments and Complaints” (CCC form). It has been recognised that prisoners do not easily distinguish between concerns and complaints and the service has a procedure for converting complaints to concerns with the prisoners’ permission. These are handled locally as PALS (Patient Advice and Liaison Service) work with a verbal or written response provided rapidly where possible. Where a patient does not agree to de-escalate their complaint and a formal response is required the Trust Complaints Process is followed in the same way as for any other complaint. The patient will then receive a signed written response to his complaint from the Chief Executive.

After our December 2017 meeting, we were given an audit of the CCC report (Nov 2016 to Oct 2017)¹⁶. Although 71% of complaints were de-escalated into Concerns (reported as “PALS”), only 46% of these were responded to within the 7 day target set by the healthcare services. Of the 1224 PALS concerns, 54% concerned appointments, 40% concerned clinical treatment and 5% of PALS concerned requests for information. The PALS concerns for different health areas/professions varied considerably over this period with the only noticeable trend being as substantial increase in the numbers of concerns about GPs.

¹⁵ Criteria for dental services as developed by NHS England (emails from Jo Darrow).

¹⁶ “Complaints, ‘PALS’ and ‘Converted PALS’ Offender Health Service (OHS) at HMP Wandsworth,” Charlotte Etchells and Jo Darrow, 12 February 2018

Of the 185 formal complaints, 45% were concerned with appointments and 42% were concerned with clinical treatment.

There was an analysis of DNA rates for clinics which went down from a high point of 43% in September 2017 to 28% and 29% in January and February 2018.

The content of many of these concerns and complaints was similar to the points raised in the Forum.

4.5 Our observations from our visits in September and December 2017

On our walks around the prison on 7th September and 8th December 2017 we could see at first hand the age and unsuitability of most areas for providing health care. The exception to this was the newly refurbished clinic rooms in the reception area. The clinical rooms for the GPs were inaccessible to people with disabilities and were very cramped and in one room we could not see how the doctor could sit safely nearer the door than the prisoner who was a patient. The two ward areas were very dark and unwelcoming with very small rooms and the areas seemed very isolated, potentially raising issues of personal safety for staff. We saw queues for medicines which also raised the possibility of prisoners being aware of other prisoners' medication which might encourage trade in medicines.

In all of the areas that we visited we saw the orange boards and post boxes where prisoners can request appointments for a range of services and there were forms to apply for appointments and forms to feedback Concerns, Compliments and Complaints (CCC forms). These forms were photocopies that were difficult to read and they were only in English. In contrast, the leaflets in the secondary screening area were clearer and these were translated into what are perceived to be the six most common languages in the prison: French, Romanian, Polish, Lithuanian, Arabic and Albanian. (Four of these match the top four reported by the Independent Monitoring Board¹⁷). However, the leaflets did not cover the full range of languages of the prisoners who did not speak English and these prisoners are especially disadvantaged by all of the systems.

Smoking cessation was being offered and there were plans for supporting prisoners in the transition to a non-smoking prison in April 2018. Prisoners told us that their understanding was that vapes would be allowed but they questioned whether there would be a budget large enough for this provision. Prisoners also commented that this plan could have implications for the mental health of some inmates.¹⁸

We also saw information on noticeboards about prison-provided services related to mental health and learned that there are prisoners trained as "Listeners" by the Samaritans, an active chaplaincy (including an Imam), mindfulness courses and posters giving advice about self-management of depression and anxiety and asking about loneliness.

¹⁷ The Independent Monitoring Board reported foreign nationals from 74 countries with the highest numbers being from Poland (112), Romania (70), Albania (65), Lithuania (24) and Ireland (19).

¹⁸ The prison is now smoke-free - see Updates section.

4.6 Meetings with Healthcare Reps and developing our survey

On 1st and 21st February 2018, following negotiations with Zubair Mustafa, two team members met with a total of five of the Prisoner Healthcare Reps (whose role was explained above in section 4.1.5). This was to involve them in the co-production of our proposed survey and enlist their help in distributing it and returning responses. It also enabled our team members to understand services from their perspective. They raised a number of concerns and these were written up and sent to Jo Darrow (see next section).

4.7 Summary of concerns raised by the Healthcare Reps

Some of the concerns raised by the Healthcare Reps overlap with those raised in the initial Forum (in October 2017) and those not summarised above were included in this feedback. We compiled a document in March 2018 to which Jo Darrow responded in writing. The full document is lengthy and contains information which could identify individual prisoners and so we have grouped the issues raised under themes and also included some information from Jo Darrow's responses.

Training for Healthcare Reps:

There was a lack of clarity on the remit of the Healthcare Reps role and training and development of the role.

'Every ward should have a HR. One wing has had no Health Rep for 5 months and they are not employing anyone.'

'When I came into my role I was told that there would be a monthly meeting with all HRs to discuss issues, but this hasn't happened. I was also promised a training course a year ago and this hasn't happened either.'

This was acknowledged by Jo Darrow, *"I acknowledge that we have not been given [sic] sufficient input into the healthcare rep programme and we will be taking remedial action led by the Matron."*

Below are a few additional comments from Health Reps who offered suggestions on how they could be more effective in their role.

'I would like to have a basic knowledge of first aid training as it would make me feel more confident in my role.'

'When new arrivals arrive it should be compulsory that they have an induction to health care and meet HR's.'

'Work with HR's to co-design a welcome pack that can be given to new prisoners upon arrival, part of induction.'

Jo Darrow welcomed the suggestions put forwarded by Health Reps and we can view this as a positive step forward in terms of the development of the Health Rep role and look forward to seeing these posts developing, *"I think the welcome pack is an excellent idea and I will pick this up with the nursing service who have responsibility for the Healthcare*

Reps.” We were told that this potential plan has been superseded by electronic kiosks which are described in the Updates section.

Views about quality of health and social services:

According to the Health Reps both they and some prisoners had trouble negotiating their access to health and social care. But there were some more positive comments interspersed.

‘If older people/or more vulnerable people have a medical problem and they can’t wait two to three weeks for an appointment, I usually take them to the clinic and ask the nurse if they can be seen. Sometimes they can be seen and other times I am asked to call Hotel 3.’

‘It took me 13 days to get an appointment to see a nurse.’

Jo Darrow acknowledged staffing shortages and said that there had been some improvement following recent recruitment.

‘It took 4.5 years for me to get secondary screening and this should happen 24 hours after arrival.’

‘Secondary screening is a much better service [than arrival health check] as staff were concerned about me.’

Jo Darrow responded that they have been working closely with the prison to improve attendance at secondary screening and had, following an audit, offered an appointment to anyone who had missed out on this and the prison added an additional officer to help facilitate attendance.

An illustration of the perceived effects of drug use came from one of the Healthcare Reps:

‘SPICE (drug that is smoked) attacks happen three or four times a day which takes up the nurses and doctors time. It takes one doctor and three nurses to deal with a SPICE attack as people have seizures and this means all planned appointments are disrupted.’

Jo Darrow acknowledged that “SPICE and other Psychoactive drugs are a real problem in prisons nationwide including HMPW and their impact is a constant strain on the healthcare service.” However she said that it was unlikely to cause disruption to clinics as the emergency response teams are nurse-led and separate from clinics.

Lack of knowledge or understanding of what mental health service are available:

There appears to be a lack of knowledge amongst prisoners and Healthcare Reps of what mental health services or types of support are available for those prisoners with mental health issues.

‘There is no psychological support, so some prisoners use nurses for this and it means everyone else has to wait.’

‘There are a lot of mental health issues on this wing, two people in the last week have had mental health problems, one inmate set fire to a cell and another smashed his cell.’

‘There is a wing that holds people with mental health issues but it’s full and has no room. Mental health is a big issue in Wandsworth and there are people in prison that are not mentally well and shouldn’t be in prison they should be in mental health institutions. They are not safe in prison and prisoners don’t feel safe around them. There used to be a budget for support groups but not anymore and it’s needed.’

‘They train inmates to be Listeners (2 day course) but they are trained to stand there and listen to people, they can’t offer solutions or help their role is just to listen.’

‘There are 1-2 older men who can’t communicate with anyone as they have dementia and get no help.’

Although these accounts are of concern, there is a psychotherapy service and a counselling service and Jo Darrow told us that there is an ongoing piece of work with the commissioners of NHS England to introduce Cognitive Behavioural Therapy at HMP Wandsworth. There is also a visiting psychiatrist for older people; but, as discussed in the next section, this may not be joined up with the practical help that might be offered. Besides a lack of knowledge and understanding of the mental health components of the Offender Healthcare Services and other commissioned mental health services, our conversations with Healthcare Reps indicated that neither they nor prisoners appeared to understand the Listener scheme or where it fitted into the range of services on offer and indeed that it is outside the remit of healthcare services.

Limited evidence of collaborative working:

At times, it appeared to us both from what the Healthcare Reps told us and from Jo Darrow’s written responses to their feedback, that the provision of health and social care were seen as very separate from the prison regime. Jo Darrow’s response to many of the issues raised was that they were due to issues with the prison and availability of prison officers and not within the control of the healthcare provider.

Although a couple of the issues were about the building, such as lack of wheelchair access to some areas, including toilets, there some were practices by prison officers which impacted on prisoners’ health care which we thought could be remedied by services increasingly working together. These included the system for appointments and the practice of “double cuffing” even very gravely ill prisoners for external hospital appointments:

‘A prisoner [has a very serious illness¹⁹] and is very weak but staff still have to double cuff him when they take him to a hospital appointment, even though he can’t walk and is in a wheelchair.’

¹⁹ Details omitted to preserve confidentiality.

This is an aspect of prison policy which we felt could be challenged by healthcare personnel on health and human rights grounds. The recent report by the Prison and Probation Ombudsman notes that “double cuffing” is usually only used for moving category A and B prisoners and made recommendations about the use of restraints with terminally ill prisoners and said that their use should be agreed with medical staff and well-documented.²⁰

We also noted that prisoners’ understanding of and expectations of the Listener scheme, were that it should provide more active support.

Only in two of Jo Darrow’s responses was there mention of using the Liaison Governor (whose role it is to facilitate interactions between the healthcare service and prison services) or feeding back directly to the prison service.

There also appeared to be a lack of joined up working between health and social care. We were told:

‘There are three inmates in wheelchairs that haven’t washed in a long time, the prisoners try and help them as they smell. It is an old building and the wheelchairs cannot get through the toilet doors so they have no access. There is no dignity.’

Jo Darrow responded that *“The Care Act, which came into effect in April 2015 makes it clear that the responsibility for provision of personal care to prisoners with social care needs lies with the local authority. Where an individual has social care needs, a referral should be made to Wandsworth Social Services who will undertake an assessment to determine eligibility for personal care /aids. Wandsworth Social Services already provides a care assistant for personal care such as washing in HMPW (once the person has been assessed as meeting their criteria).”*

We concluded that this fragmentation of services is affecting the delivery and quality of all services as well as health outcomes.

4.8 The prisoners’ survey (Spring 2018)

We hoped that a survey would give us material on which to base future visits to speak to groups of prisoners.

We wanted to find out whether primary and secondary screening were taking place as they should and what prisoners’ experience of these services was. We also wanted to know about the other health and social care services available. We wanted to separate the issue of accessing each service from the experience of the service once it had been accessed. We did this by asking how easy it was to access each service and then (a) whether the person’s problem had been solved and (b) the attitude and behaviour of the staff in that

²⁰ The report of the Probation and Probation Ombudsman *Learning from PPO Investigations: Older Prisoners* (2017) has three major points about the use of restraints: that they should be proportionate to risk, that if they are used despite medical objections reasons should be recorded and that their use should be reviewed and documented.

service. Finally we wanted to know whether prisoners could access health services outside the prison when they needed to. We also gave an opportunity for prisoners to write about any aspect of care or services and to offer suggestions for improvements. A copy of the survey form is available on request from Healthwatch Wandsworth.²¹

4.8.1 Developing and distributing the survey

We produced an initial draft of the survey and then two members of the team met with the Healthcare Reps to refine it and discuss how it would be distributed. These meetings were facilitated through Zubair Mustafa who was present throughout but did not take part in the discussion. He helpfully offered to print additional copies of the survey if required and he collected all the responses from the Healthcare Reps.

It was agreed that the Healthcare Reps would distribute and collect the surveys. We produced some written guidelines to help them and advise how they should help prisoners with challenges of literacy or language.

4.8.2 Analysing the survey²²

36 survey responses were received, predominantly from D and E Wings. The data was entered into an Excel spreadsheet and cross-referenced to comments made by prisoners. There were a number of problems with data reliability which have made the responses difficult to analyse, noted below.

Few prisoners made use of space on the survey forms to comment further and in many ways the discussions with the Healthcare Reps have been a richer source of information. Nevertheless this information from 36 prisoners has provided us with some further information about their experiences of health care and their views about it.

Most of the 36 respondents (89%) were less than 44 years of age. 67% of respondents were sentenced and 31% were on remand. Both of these percentages are in line with the prison population. Respondents self-reported a wide range of ethnicities and due to the variability in how they responded it was not possible to categorise and analyse their responses accurately.

Only four out of 36 respondents reported a disability (two reported mental health problems, one reported mental and physical health problems, one reported physical health problem). However, nine respondents reported accessing drug treatment services; five reported access mental health medications; and four reported access mental health talking therapies. This suggests that respondents may have differed in their interpretation of the term disability.

Most respondents (92%) reported receiving arrival screening.

²¹ Healthwatch Wandsworth can be contacted via phone, 020 8516 7767, or email, enquiries@healthwatchwandsworth.co.uk.

²² The team wishes to thank Teresa Mossakowska, Healthwatch Research Volunteer for her help in analysing the survey responses.

Of those who received arrival screening, 52% reported having their problem solved. When interpreting the responses on whether the respondent's problem was solved after primary screening, it is important to note that respondents may have interpreted this question differently. For example, it is possible that respondents expecting complete resolution of their symptoms may have indicated that their problem had not been solved, regardless of whether they received appropriate care. Moreover, Jo Darrow subsequently pointed out that this figure is not surprising as the purpose of the arrival screening is *"to identify any physical and healthcare needs that require immediate attention to avoid harm - the focus of reception is risk assessment and risk management."*

In their comments, a small number of respondents reported unmet care needs following their primary screening, some of which had clearly not been resolved later either:

"Some things are solved. Other matters are still in never never land."

"I was taken straight to the segregation Dept as I entered HMP Wandsworth and I wasn't seen until the next day!"

"No medication since arrival" [survey completed two days after arrival]

A lower proportion of respondents (62%) reported having a secondary screening. Of those who received secondary screening 27% reported their problem solved, 23% reported their problem not solved and 50% did not respond. Due to the high level of non-response to the question of whether respondents' problems were solved following secondary screening, it is difficult to interpret the results reliably. In addition, respondents may have interpreted the question of whether their problem was solved differently, as described above for arrival screening. In their comments, respondents reported delays of a week up to 18 months in receiving secondary screening:

"I think I received in the week after my arrival in the segregation"

"It took about 3 weeks before I received secondary screening."

"Like a month later"

"Just didn't happen. I had severe eczema and waited over a month for cream."

"Healthcare come to get me for second day screening 18 months after my arrival in Wandsworth."

"They only give us slips and they never collect us."

Respondents were asked (yes/no) whether they were able to access particular clinicians and care services. However, these results are also difficult to interpret because the possible responses did not include an option for respondents to select if they did not need to access a particular clinician or care service. Therefore, one cannot determine whether those who selected "no" were not able to access care or whether they did not need to access that care service. For the reasons described in the preceding two sections, it was difficult to analyse data on the question of whether respondents' problems were solved following access to a particular clinician or care service.

However, in the free text responses, respondents reported difficulty accessing particular types of healthcare services, such as dental care.

"I have put in countless applications to see the dentist and countless complaints. I've never got a reply from either process. WHY"

"I submit more than one application for dentist. I never heard back, also 4 application to check my ears, was nothing heard back."

"I would [like to] see dentist"

"Need dentist"

Other respondents reported long delays in accessing particular types of care.

"Dentist takes a long time per patient and I have waited for an appointment to be returned to the wing because there wasn't time to be seen."

And getting an appointment rebooked even though not being seen was not my fault it was still difficult to get it rebooked."

"I put in an application for an assessment waited 6 months for an appointment, went for the appointment, the doctor did not attend the prison at all that day my appointment wasn't rebooked, so enter the healthcare CCC form to complain about this, I received a reply apologising for my experience and stating that an appointment would be booked ASAP but still it hasn't been re-booked."

Similarly, some respondents specifically identified waiting times as an area for improvement.

"Shorten waiting times"

"Make it easier to see the nurse or doc app takes to [sic] long."

"Improvements I would state this quicker on prescriptions for example if once a year on the system you get prescribed Hayfever stuff surely you don't have to see a nurse first then wait for it. I just see it as a waste of time and makes the process longer."

"I saw the dentist + opticians a little over 6-week's maybe you can look at this process?"

One respondent recommended combining all healthcare services into one clinic.

"Maybe have everything at one Clinic"

Respondents report mixed views regarding accessing care outside HMP Wandsworth. Some respondents reported that it was "very easy" whereas others reported significant challenges or delays accessing care outside HMP Wandsworth.

"Impossible"

"Very hard"

"I've been here for 3 months and still not received my out patients app for physio or teeth."

“It’s a nightmare trying to get an appointment.”

“I waited 4 weeks to go out to hospital.”

Respondents were asked whether staff were “kind and caring”, with four possible responses. For arrival screening respondents reported variable levels of staff kindness in the arrival screening (30% yes; 33% mostly; 15% a little; 9% no; 12% no response). Most respondents (73%) who received a secondary screening did not respond to the question on staff kindness. Respondents reported variable levels of kindness among different clinicians and care services, with most respondents reporting that clinicians were kind or mostly kind (Table 6). Where small numbers of respondents (five or fewer) reported accessing a particular clinician or type of service (dentist, foot care, optician, mental health medication, mental health talking therapies and care assistant), the results on kindness were not included in the table below.

Kindness and caring of different clinicians

| | Nurse | | Doctor | | Pharmacist | | Drug treatment | |
|-------------|-------|-----|--------|-----|------------|-----|----------------|-----|
| | N | % | N | % | N | % | N | % |
| Yes | 10 | 48% | 7 | 50% | 5 | 42% | 3 | 33% |
| Mostly | 8 | 38% | 5 | 36% | 2 | 17% | 2 | 22% |
| A little | 2 | 10% | 0 | 0% | 0 | 0% | 0 | 0% |
| No | 0 | 0% | 1 | 7% | 0 | 0% | 1 | 11% |
| No response | 1 | 5% | 1 | 7% | 5 | 42% | 2 | 22% |

Respondents’ comments reflected the variable levels of kindness among clinicians. Some respondents praised the kindness of clinical staff:

“I spoke with a doctor and a nurse on arrival and both were very nice.”

“Yes I met a doctor and nurse as I was getting signed in. My perspective was good asked necessary questions.”

“Most healthcare staff are very helpful and compassionate with our problems.”

“Secondary screening on day two of arrival. Again very nice staff.”

“My experience of health care has been very positive indeed and I think the team do a great job. Thanks.”

Others were less positive:

“There are a few that are very rude.”

“Very bad no concerned. Felt like he wanted to get his shift done, see next person and go home. Not listening, not caring.”

“The nurses are very rude. They cut corners! Do not explain what is going on.”

In summary, most respondents reported receiving a primary screen on arrival at HMP Wandsworth. Fewer respondents received a secondary screening and some reported delays of over a year in receiving a secondary screening. Some respondents reported challenges accessing certain healthcare services, particularly dental care. Respondents highlighted

waiting times as a particular area of concern. While some respondents reported easy access to care outside of HMP Wandsworth, others reported lengthy waits or a complete lack of access to outside care. Most respondents reported that clinicians were kind or mostly kind, but some also reported that clinicians were not kind.

4.9 Visitors’ centre survey - August 2018

We wanted to speak to relatives and friends of prisoners in Wandsworth prison as their feedback may offer a different perception and overview of health and social care services. We used a short survey to gather views. The survey form is available from Healthwatch Wandsworth on request. Many visitors wanted to leave quickly but we still managed to speak to eight people.

4.9.1 Analysing the survey

Seven of the eight people we spoke to were relatives of prisoners across a variety of wings (A-H excluding F and G). All but one had been there for less than 6 months and there was a mixture of those on remand or sentenced. The ages of the people they were visiting varied:

| Age | Number |
|----------|--------|
| Under 25 | 2 |
| 25-34 | 2 |
| 45-54 | 2 |
| 55-64 | 1 |

Below are comments made about health and social care of the person people were visiting. The visitors may not have a full understanding of the situation for the person they are visiting or how the prison works, which needs to be borne in mind when considering their responses.

All respondents answered that “yes” the person they were visiting has a health problem. We asked them whether they had discussed health services with them, four of the eight answered “yes”, one answered “occasionally” and two answered “no” with one person not answering this question.

Comments about health and mental health care

Seven of the eight people we spoke to said that there were no positive things their relative had told them about health or mental health services.

The visitor who did say that they had had a positive experience said that nurses were ‘*very quick at giving assistance with drugs,*’ but mentioned that the person they were visiting has not been sentenced so does not have access to all services which is causing mental distress, during what they thought was a ‘*critical time*’ to have psychological help and access to health care.

Problems with health and mental health care

Seven of the eight visitors reported that their friends and relatives had told them they had had a problem with health or mental health services. Most comments related to long waits to access services, two specifically related to dental services.

'Was told 53 week wait for dentist'

'Is registered to see a dentist but has been told 4 months wait. It has also taken 2-3 days to get medication. If they call medical team has to wait a long time.'

'Yes - Lots of medication, taken hospital, should have come back to medical wing but didn't, 2 weeks ago was supposed to get psychological evaluation but still hasn't, didn't have medication and put on 3 different types of medication. Have a peak meter and normal is 600 and he was on 350 (had half of lung capacity).'

'Hasn't received medication for blood pressure, can't get an appointment with doctor.'

'I had to write to my MP about my partner's health conditions and get another mattress for their back. The conditions are absolutely appalling.'

'Not accessible/was diagnosed as paranoid schizophrenic, should not be in prison, needs section'

Comments about personal care needs (social care)

We explained that personal care needs included needs for help with moving, bathing, eating, drinking and washing.²³ Five of the eight visitors said that the person they were visiting did not have personal care needs but three said that they did. One person mentioned that their relative has a dairy intolerance (i.e. dietary needs), another mentioned back problems and the third said that he needs '*prompting*' to do things.

We asked if the person they were visiting was receiving help with personal care needs. One of the five who answered that the person did not have personal care needs said that they were getting help from another prisoner. No one mentioned help received from any other sources, including the three people who felt that the person did have personal care needs. One person said that there was no help provided and that their relative was really struggling.

Any additional needs or help needed?

We also asked if they thought the person they were visiting needed additional help with health, mental health or personal care needs and all but one person said "yes". Most comments related to waiting times for help, some waiting longer because there is a perceived lack of help when awaiting sentencing. Several mentioned the need for mental health support.

²³ Definition taken from a document "Social Care Needs in Prisons"
<https://www.local.gov.uk/sites/default/files/documents/social-care-needs-prisons-f89.pdf>

One visitor said their relative suffers from severe depression but cannot access any services whilst on remand, but there is a family history of bipolar disorder. *'He needs mental health assistance and has a very low mood and no medication.'*

Another visitor said that their friend or relative has not been sentenced and not having access to services is causing mental distress. They felt it was important to have psychological help at this important time.

One visitor said they felt the person needed a lot more help with physical and mental health. They mentioned that secondary screening only happened after 12 days which they felt was worrying because the person was *'suicidal'* and *'he hadn't seen anyone from mental health'* and *'is in a vulnerable state as being extradited ...'* They provided examples where the person called "Hotel 3" when having an asthma attack and *'it took 36 minutes for someone to get there and he passed out.'* They described another time when their relative had called with chest pain and it took 48 minutes for someone to come. They felt that if it had been a heart attack he would be dead.

One visitor said that their friend or relative suffers from depression but does not want to go to hospital because he would be *'attached to a prison warden.'*

One visitor said that their friend or relative was awaiting bail to then go to hospital. They said that he is more *'manic'* at the moment without medication and needs *'encouragement'* to start talking again.

Another visitor said that their friend or relative had seen a doctor with hip pain and he was recommended to go to the gym. Three weeks later he still had not been called to attend the gym. Another said that their friend or relative had been in two weeks and had not been assessed.

5.0 Overall conclusions and recommendations

5.1 Our conclusions

Findings from our meetings, observations, interviews and survey have been identified throughout our report. This section will not reiterate all of these points but rather will summarise them briefly in relation to the objectives of our visits.

Understanding the challenges to providing health and social care in the prison environment at HMP Wandsworth

Our visits to the prison, our meetings with Jo Darrow and the feedback from prisoners all confirmed the major challenges of providing health and social care in an over-crowded Victorian set of buildings spread over a large site. These were described fully in section 4.1 and will only be briefly mentioned here.

The high turnover of prisoners (which is increasing as the prison becomes a remand prison) and near 200% occupancy present challenges to providing timely health checks and meeting the health needs of all prisoners. Many prisoners have drug, alcohol and mental health problems as well as poorer physical health than people of comparable age in the general population. The reduction in number of prison officers has had an impact on the

provision of health care which is reliant on them to escort prisoners to and from clinics both inside and outside the prison and contributes to high DNA rates inside the prison. The national shortage of nurses also presents a challenge.

The high number of foreign nationals (approximately 40%) also presents challenges to delivering effective health care with the need for interpreters and information in different languages.

In addition to these constraints, we noted that there seemed often to be limited joined up working between prison services, healthcare services and social care services and that the services often appeared to regard themselves as separate, especially when it came to resolving issues such as appointment DNAs.

Seeing how far services met the principle of “equivalence” to care provided to the general population

The very fact of secondary screening within the first few days of arrival in prison gives the potential for prisoners to access a wide range of health services many of which they would not have accessed in the community where there is no such systematic screening programme. Men are much less likely to visit their GP than women, many members of this group of men are in poorer health than men in the community of their age and many will have led unsettled lifestyles and neglected various aspects of their health. Thus this aspect of the healthcare service provides more than “equivalence” and means that focusing on maintaining high secondary screening rates is really important.

The commissioners’ criteria for access to services in the dentistry contract only offer the full range of dental services to sentenced prisoners with longer than six months to run on their sentence. This, coupled with long waiting times to see the dentist, means that this service is not equivalent to that provided to the general population and as the prison becomes increasingly a remand prison, fewer prisoners will be eligible for full dental care.

In interviews at the visitor centre, visitors perceived that there was a lack of mental health and social care services available for prisoners on remand and awaiting sentencing. Jo Darrow has told us that there are no differences in eligibility criteria.

As noted in section 4.4.2 of this report, prisoners’ “concerns” (from the Complaint, Concern, Compliment form) are treated in the same way as a concern addressed to the Patient Advice and Liaison service (PALS) within the NHS Trust. However, although there is no national standard for timescales for resolving such concerns, St George’s PALS service at its most recent audit (2016/17),²⁴ achieved an 85% response rate to these concerns within 7 days in contrast with 46% in the prison.

All reports on the prison healthcare service, including the 2018 inspectorate, have mentioned long waiting times for some healthcare services and high DNA rates. As already noted, much of the reason for high DNA rates is the interdependence of services within the prison and therefore is a specific disadvantage that prisoners suffer as those in the

²⁴ <https://www.stgeorges.nhs.uk/wp-content/uploads/2018/03/ANNUAL-REPORT-1617-1.pdf> *Annual Complaints and Improvements and PALS report 1 April 2016 - 31 March 2017*, St George’s University Hospitals NHS Foundation Trust.

community are free to attend appointments that they book or are offered. Long waits for dental and optician services and the absence of physiotherapy are clear differences from services in the community.

In contrast to what Jo Darrow told us, several prisoners said that there were many prisoners with dementia, cognitive impairments, and severe mental health issues who needed support and their needs were not being met. We were told that some prisoners with memory problems could only manage due to the regimented prison regime and support from other prisoners.

There are a very low number of prisoners receiving social care and it is not clear how assessments are triggered and how eligibility criteria are applied. In addition we are unclear about funding and provision for people out of borough.

Capturing the experience and views of prisoners and their ideas for improvement

Healthcare Reps said that they did not think that they were adequately informed for their role and would welcome more training and information about services so that they could provide better information to prisoners and signpost them to request relevant services. We were pleased to learn from Jo Darrow of important new developments in this area which are noted below under “Updates”.

Healthcare Reps and prisoners who responded to the survey also frequently mentioned long waiting times for appointments, being on lists for a clinic and then not being taken to an appointment and clinics being cancelled. Having all healthcare services in one place was mentioned as a possible improvement. Healthcare Reps referred to the short notice for getting prisoners to be unlocked. As noted above, the most frequent service to be named for lack of access was dentistry. Waiting for prescriptions or repeat prescriptions was also highlighted as a problem. Prisoners’ responses to questions about the kindness of staff were variable with substantial numbers of positive responses but some negative ones about lack of caring or respect.

The most frequent issues, apart from waiting times, raised by prisoners may occur because of a lack of understanding of what services are available, the function of the services that are available and which services fall under healthcare and which are outside it. For example, reception screening was seen by prisoners as health screening rather than primarily a risk management exercise. The ‘listening only’ role of the Listener scheme, equivalent to the Samaritans in the community, was seen as a frustration rather than as the brief for the service.

The gap between provision and understanding seemed to be particularly marked when it came to mental health services. Although there was a wide range of mental health services available, including those for prisoners with substance misuse problems, both Healthcare reps and prisoners seemed not to be aware of many these and therefore they were reporting a great deal of unmet need. Having different providers may make dissemination of information more complex.

There is a mis-match between the views of Healthcare Reps about the extent of the need for social services and the number of people receiving social care services. Healthcare

Reps reported that prisoners often help one another with activities of daily living including personal care.

Identifying examples of good working practice

The development of the role of Healthcare Reps amongst the prisoners is a clear example of good practice. As noted in the previous section, we received a great deal of feedback from these prisoners who thought that their effectiveness could be improved substantially. Jo Darrow has responded to this very constructively, initially by accepting the suggestion of “welcome packs” for prisoners and further training for Healthcare Reps and, more recently by updating us about developments that are in progress (see Updates below).

The practice of de-escalating possible complaints into “concerns” which could be resolved quickly and informally rather than requiring investigation and a written response is also commendable and in the internal audit, 71% of complaints were reported as de-escalated. However, as noted above, responses were not always swift.

Using prisoners on interview panels for mental health staff is also a welcome innovation.

Some leaflets are translated into the six most frequent languages occurring in the prison, however there were no translations of information about medicines and only a few about health conditions.

Capturing the views of relatives who visit the prison

We only surveyed the views of eight people. However, all but one reported dissatisfaction with healthcare services. Again waiting times for services were frequently mentioned and again dentistry was specifically mentioned. There was a perceived lack of support when awaiting sentencing with lack of access to mental health services at this time. Social care needs were not perceived as being met with one person receiving help from another prisoner and one ‘*struggling*.’ The visitors also were worried about perceived slow responses to emergencies such as asthma attacks.

5.2 Summary of the 2018 Inspection report and recommendations with points of comparison with our work

The inspectorate had a far more wide-ranging remit and much lengthier access to the prison and prisoners. Moreover, their survey received 177 responses in comparison with 36 to ours and it used clear sampling (rather than opportunistic) methods. This section will briefly outline some of the inspectorate’s views of health and social care services and some of their recommendations. We also make comparisons with what we found.

5.2.1 Main points of the 2018 HMIP report on matters particularly impacting on health and social care of prisoners

Although there were many positive findings about health and social care and the summary paragraph was reasonably positive, this was not always borne out by the more detailed findings in the report. The summary paragraph is as follows:

“Health care was a reasonably good and developing service, although the prison regime continued to affect effective delivery of some services. Waiting times for some primary care services were too long and exacerbated by high ‘did not attend’ rates. Examples of good practice included prisoner involvement in health staff recruitment and access to blood-borne virus testing. The two inpatient units, one for physical and one for mental health care, provided reasonable support for patients with very complex health needs, but the regimes were still not therapeutic enough. The management of medicines was adequate, but supervision of medicine queues was poor and presented opportunities for diversion. Dental provision was good. Secondary mental health services were very good but there were some gaps in the range of primary mental health services. A social care support worker usually provided good support for the small number of men with high level needs; however, one patient was provided with inadequate care, largely as a result of poor partnership working between the prison, local authority and health care. Psychosocial support for prisoners with substance misuse issues had improved and was reasonably good. Clinical treatment remained appropriately flexible and monitoring of new arrivals during stabilisation was satisfactory.”

Although the report says that “[m]ost prisoners we spoke to were satisfied with the quality of health provision but lengthy waiting times for some appointments was a recurring theme.” their survey responses indicate that 51% of prisoners thought that health services were “bad” or “very bad” against 35% who thought that they were “good” or “very good”.²⁵ The responses to their more specific survey questions about access to and quality of individual clinical services were skewed towards “difficult” and “very difficult” for access. Survey responses were more variable for quality with doctors and nurses receiving predominantly positive appraisals and dentists and mental health workers more negative ones. As with our own survey it was not clear how much the responses to the inspectorate’s survey were based on the reputation of services and how much on actual experience of using them. Although dental provision is described as “good” in the summary, later, waiting times of nine weeks are described as “too long”. Other long waiting times were for podiatry and the optician (39 and 17 weeks respectively). The DNA rate of 35% for internal clinic appointments was also described as too high. It was recommended that “Prisoners should have timely access to all primary care services, equivalent to the community [and that] The failure-to-attend rate for all clinics should continue to be monitored and appropriate remedial action taken to reduce it.”

Other findings and recommendations included that:

- Secondary screening rates had improved to 70%.
- Fewer external hospital appointments were cancelled and “Escort risk assessments were completed appropriately and handcuffing arrangements were considered and proportionate. Managers providing risk assessment authorisation were informed of prisoners with mobility and other health care considerations to aid their decision making.”
- The inspectorate found that staffing levels had started to improve and there was an appropriate skill-mix throughout the 24 hours. They commended the written responses

²⁵ Survey question 11.5

to complaints, the availability of health promotion literature including translations and the use of telephone interpreting services.

- Referrals to mental health services had increased to 450 per month, from about 300 in 2015 and prisoners were assessed within four working days.
- Mental health services were described as very responsive with some notable gaps in provision for mild to moderate mental health problems which it was recommended should be addressed.
- First night interviews observed were cursory and not all important issues were explored with a potential impact on the management of risk which is already heightened on admission to prison. It was recommended that assessment and induction should be strengthened.
- In relation to suicide prevention the inspection focused on prison procedures as well as joint working and found that healthcare services had made substantial progress in implementing the 2014 PPO report recommendations whereas working practices of prison officers fell short especially in the matter of answering call bells.
- Listeners were seen as having an important role to play but their distribution within the prison was uneven and the report recommended better provision in the induction wing and “adequate cover at all times”.
- The high number of prisoners receiving help with substance misuse issues (36%) has been noted as a major challenge for services. These services were generally commended for good multi-disciplinary and partnership working and the recommendation made that “*The substance misuse strategy, including supply reduction, should be informed by a current needs assessment and supported by a comprehensive action plan. It should be reviewed at well-attended monthly substance misuse strategy meetings.*”
- 17% of prisoners were 50 or over and one third of prisoners said that they had a disability and those who were unable to work were locked in their cells for the core day. Also, mobility aids and adaptations were not always provided. This led to the recommendations that prisoners with disabilities should have their needs assessed and met and that those unable to work should not be locked in during the day and that officers should know which prisoners might need help in the event of an emergency.
- Social care needs were not always reviewed and social needs care plans were not always implemented. The inspectors identified some negative attitudes amongst officers to social care being delivered and more wide-ranging weaknesses in joint working between the prison, the healthcare service and social care. They strongly recommended closer cooperation.
- Only a quarter of prison officers had received mental health awareness training in the past three years. It was recommended that this be extended to all prison officers.
- There was specialist input from visiting psychiatrists for prisoners with learning disabilities and older prisoners and a learning disability nurse.

5.2.2 Some points of comparison between our work and the 2018 HMIP report

These responses accord generally with our own findings where the prisoners we spoke to also had mixed views about the quality of services and many described very long waiting times and poor access to dental services. In addition, the MHIP report does not mention

that full dental treatment is not available to short-term prisoners who constitute a large, and increasing, proportion of the HMIP Wandsworth population.

Despite the report's findings about the responsiveness of mental health services, prisoners we spoke to did not seem to be well-informed about what mental health services were available or how to access them. We noted that these services did not have a single provider and that this may make sign-posting and access more complicated. The Listeners scheme also appeared to be poorly understood by prisoners including the Healthcare Reps.

Although the report said that good procedures were followed for assessing the need for handcuffing for external appointments, an incident we were told about was at variance with this.

The low number of prisoners receiving social care input, the reliance on other prisoners for help and the lack of adaptations for those with disabilities were perhaps more prominent findings in our own work including the information from visitors to the prison, than in the HMIP report.

5.3 Update on some relevant changes in the prison 2017-2018

Not surprisingly, there have been changes in many areas since we first visited the prison in September 2017 and Jo Darrow has updated us about some of these.

Provision of better information and developing the role of Healthcare Reps

Electronic kiosks have been installed on all of the wings, including the induction wing, and healthcare information will be put on these kiosks. A set of FAQs will be developed with the Healthcare Reps as well as other "welcome" information. A leaflet is being produced to inform prisoners about the functions of reception and secondary screening and this will be translated into the six most common languages in the prison.

The prison healthcare service has also requested that the prison permit a Healthcare Rep to be available on the induction wing after 6pm to help new arrivals, especially those who have literacy problems.

Building works

As well as the improvements to the reception area, already noted, there have been recent works to improve the secondary screening area and the D and E wing healthcare areas. Plans for the purpose-built new healthcare centre have become more concrete with a completion date of 2020. The centre will bring together facilities in one place making it easier to coordinate clinics and coordinate services. There will be seven clinic rooms for secondary screening with a waiting room, nine clinic rooms for other clinics also with a waiting room, space for the dentist and for X-ray facilities. Vulnerable prisoners will be able to use a separate entrance and waiting area.

Transition to a smoke-free prison

Since we visited, the prison has become smoke free and we have learned that prisoners allowed vapes have easy access to them. Jo Darrow has told us that Wandsworth was one

of the very last prisons in England to go smoke free and there is no evidence from other prisons or at Wandsworth of an observable link between going smoke free and the mental health of prisoners. There is some anecdotal evidence that there could be an increase in the use of SPICE as a result of going smoke free, but this is not as yet evidenced. The smuggling in of tobacco is now an issue for the prison. Prisoners are generally preferring the vapes to the smoking cessation programmes.

Re-commissioning of the Offender Healthcare Service

We understand that there are plans to re-tender the Offender Healthcare service. Jo Darrow has told us that the new specification will be likely to include a wider range of psychological services, including Cognitive Behaviour Therapy, under the umbrella of a “Health and Well-being Model.” It is also possible that the services provided by the Forward Trust and the Psychotherapy Service will be included in that tender. The tender will also reflect the fact that the prison is becoming a remand prison.

5.4 Our recommendations

In addition to the HMIP 2018 recommendations we should like to recommend:

Provision of information

We strongly welcome the introduction of electronic kiosks for the provision of information and the objective of increasing prisoners’ understanding of the range of services available and the purposes of each service. We also welcome the close working with Healthcare Reps on this developing project. We should like to see:

- Written materials on all healthcare matters including appointment requests, CCC forms and medicines available in a full range of languages used in the prison population.
- Information available from the new electronic kiosks should also be available in printed form for prisoners who cannot use the kiosks and as an *aide memoire* that prisoners can keep to hand in recognition that prisoners spend a great deal of time in their cells with no access to the kiosks. It should also be available in a range of languages and should be appropriate for people with learning disabilities or dementia.
- Provision of information and a contact point for relatives and other visitors about health and social care services, especially about any variations in eligibility criteria for remand and sentenced prisoners.
- The recruitment and training of an adequate and stable number of Healthcare Reps in the new and more challenging situation of a remand prison.
- That Healthcare Reps are trained to signpost to the many different types of mental health services and support, or better still, that there is a more unified approach to service provision which would make it easier for prisoners to navigate and would make signposting easier.

Healthwatch would welcome the opportunity to collaborate with the prison healthcare services to provide education and training to Healthcare Reps to enable them to carry out their role with more confidence.

Access to services and joint working

We should like to see shorter waiting times and lower DNA rates and increased access to all services. In particular that:

- Rates of secondary screening should be maintained and increased as the best mechanism for ensuring appropriate and timely health care and referral for social care needs assessment.
- Waiting times should be reduced in particular so that those on remand and short sentences can access all services.
- Screening and provision of services should recognise that age-related health and social care needs within the prison population become apparent at an earlier age than in the general population.
- The commissioners' criteria for services in the dental contract should be changed so that those on remand and shorter sentences can access treatments above band 1 and urgent care to promote equivalence with care in the wider community.
- In addition to recommendation 5.35 in the HMIP report for closer joint working, more rapid identification of social care needs and provision of appropriate support, prisoners should not be reliant on regular unpaid help from other prisoners with personal care and other needs which should be eligible for social care input.
- There should be clearer auditing of referrals for social care and data collection about those deemed ineligible. There should be clear signposting and information for those who are deemed to be ineligible for services.
- There should be closer working between healthcare services and the Listener scheme to ensure that the Listeners fully explain their role to prisoners and signpost prisoners, especially those at risk of self-harm, to other services.
- There should be access to programmes similar to those in the community that help patients manage their health and long-term conditions, such as the Expert Patients Programme in Wandsworth.
- Consideration should be given to the introduction of a single point of access to mental health services including psychosocial interventions for substance misuse. We appreciate that this may not be possible until more services are brought under the Offender Healthcare Service with recommissioning.

Healthwatch would welcome the opportunity to be involved appropriately in upcoming commissioning decisions relating to health and social services. We would like to see the involvement of prisoners in recommissioning processes.

Building design

We welcome the development of a new healthcare centre to centralise provision. We should also like to recommend that:

- The prison should consider whether a unit for older and disabled prisoners could be established which is distinct from that for Vulnerable Prisoners and which would respond to the changing needs of an ageing population and related needs such supporting people with dementia and those with disabilities.

- Prisoners should be involved in the detailed design stage for the building.
- There should be additional beds for prisoners with mental health problems.

Disclaimer

Please note that our findings in this report relate to observations and interviews on particular days and to responses to surveys at a particular time. It should not be taken as a representative portrayal of the experiences of all service users and staff in the prison over time.