30 September 2018

Response to the document: 'Enter & View Visits to HMP Wandsworth. September 2017 to August 2018"

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External scrutiny of healthcare services from a prisoner perspective as carried out by Healthwatch is always welcome. The report will be shared with healthcare senior managers who will cascade any learning to their staff and it will also be shared with senior managers in the prison and discussed at the monthly Local Delivery Board and the Healthcare Clinical Governance Group meeting.

It is worth noting the disclaimer at the end of the Healthwatch report ***"…findings in this report relate to observations and interviews on particular days and to responses top surveys at a particular time. It should not be taken as a representative portrayal of the experiences of all services users and staff in the prison over time…"*** Provision of healthcare services in a large, overcrowded busy London prison is both complex and challenging. Reports such as the Healthwatch report are useful snapshots and can assist in informing the wider perspective, but they need to be seen as a useful 'snapshot' and not necessarily the 'full picture'.

1.0 Context

As with most prisons, on arrival the men at HMP Wandsworth often present with a range of unmet physical and mental healthcare needs including substance misuse problems. When it comes to accessing healthcare whilst in the community, many of the men at HMPW fall in to the 'hard to reach group', therefore their time in prison can be an opportunity to address unmet healthcare needs if individuals are willing to engage. For example we know that as a result of drug use there is a higher incidence of hepatitis amongst the prison population, which is why we offer Blood Borne Virus testing shortly after arrival, as well as a hepatitis B vaccinations programme. These are programmes that individuals may be less inclined to access when in the community.

The nature of incarceration itself can and often does have an impact on how men interact and engage with prison healthcare services. Negative perceptions about healthcare services can be a direct result of a failure on the part of the healthcare service to provide a satisfactory service, but they can also be a result of other factors. For example:

- A prisoner with a drug or alcohol addiction problem and with drug-seeking behaviours may describe healthcare services in a negative way if they are not prescribed particular drugs that they want (but which are not medically indicated).
- Some prisoners see healthcare as a separate entity from the prison, however some see it as part of "the system" that took away their liberty, so anger directed at 'the system' can also include anger at healthcare services / staff.
- The relatively high number of individuals with personality disorders in prisons is also challenging. A personality disorder is about how the individual relates to the world around them, including their social, occupational and personal relationships. For example an individual with a personality

disorder may be particularly inflexible, vulnerable, irrational or have limited and fragile coping mechanisms which may impact on their relationship with healthcare service..

- The lack of control over every day things and the reliance on others for even simple things is problematic. For example in the community if you have a headache you can walk to the nearest supermarket or shop and buy some paracetemol - you can't do that in a prison. Consequently relatively minor health issues can be magnified in a prison setting and cause a considerable amount of stress, even aggression in a way that would not necessarily happen 'on the outside'.

In other words - prisoners can sometimes be a tough audience and it can sometimes be hard to get good reviews!

There are also a number of practical issues that impact on delivery of healthcare services in a large overcrowded prison such as HMPW:

1. There is a '*natural occurring tension*' between the need to maintain security and safety and provision of healthcare services that prison and healthcare staff must constantly negotiate. Healthcare services must fit in with the prison regime and so services are delivered in locations and times that are not determined by the healthcare service itself. This 'natural occurring tension' is not avoidable, it is something that naturally occurs and has to be "managed / negotiated" with good partnership working as the prison needs to be a safe and secure for prisoners and prisoners need to receive healthcare.

2. Prison officer staffing levels (prisoners are taken to healthcare appointments by prison officers). Note: prison officer staffing levels at HMPW are increasing which is welcome news.

3. Vacancy rates for healthcare positions – there is a national shortage of registered nurses.

4. It is recognised that at HMPW we have the worst physical healthcare facilities in London with an insufficient number of clinic rooms that are fit for purpose. Clinic rooms are scattered across the large prison site in multiple locations making it difficult for prison staff to get so many prisoners to different locations at the same time.

5. As long as a prisoner is deemed to have capacity, they can refuse healthcare treatment. This means that some prisoners refuse to engage with healthcare services despite significant risks to themselves. They can of course change their mind at any time.

2.0 Equivalent services

The issue of the ethos of 'equivalent' healthcare that Healthwatch mentions (page 16) focuses on service provision, the national focus for prison healthcare has been on having equal access to healthcare services whilst someone is in prison – essentially replicating what is in the community in a prison. However there are wider issues at play. As Healthwatch point out, prisoners have poorer health outcomes than the general UK population. There is now a national recognition of the limitations of the 'equivalency of care' concept. It is being reviewed in light of the recognition of the need to address the health inequalities of the individuals who make up the prison population. In other words to move the focus from attempting to replicate community healthcare services in a prison, to providing services in whatever form is required to keep prisoners safe and address health inequalities. In some cases this may mean similar services to those provided in the community, in other cases it may mean additional or different services. Current examples of 'different' services provided at HMPW that you would not have in the community are:

Reception Screening Clinics, Secondary Screening Clinics and the dedicated 24 hour / 7 day a week emergency nurse response.

3.0 Healthcare Services

The Offender Healthcare Service provides 24 hour /7 day a week healthcare services to 1600 prisoners at HMPW.

The following are a few facts and figures of some of the activity of the Healthcare Service.

- Over 4000 individual prescriptions are processed per month
- Around 480-530 men undergo a healthcare reception screening every month
- Around 77% of new arrivals undergo a secondary screening assessment in their first week
- Over 2100 individual healthcare clinic appointments are scheduled per month HMPW (excl. reception and secondary screening).
- Over 400 blood tests for identifying Blood Borne Viruses (hepatitis / HIV) are undertaken per month.
- Over 300 tests for Chlamydia and gonorrhoea screening are undertaken per month.
- Dependent on the clinic and its location, the number of DNA's for clinics varies enormously, from 6% to 73%.
- On average the overall DNA is around 31% for all clinics (excluding reception and secondary screening).

The Offender Healthcare Service provides a range of services at HMPW including the following:

- Reception screening clinics
- Secondary Screening clinics
- Nurse clinics
- GP clinics
- Advanced Nurse Practitioner Clinic
- Phlebotomy clinic
- Wound clinics
- Substance Misuse clinics
- Substance Misuse Consultant clinics
- Mental Health Clinics
- Older Person's Mental health clinic
- Visiting dementia nurse
- Sexual health clinic
- Podiatry clinic
- Optician clinic
- Dental clinic

- Learning Disability Nurse (part of Mental health team)
- Primary care mental health team
- Mental health team for severe and enduring mental illness
- 6x bedded medical unit
- 12 bed mental health unit
- AAA screening
- Diabetic retinopathy Screening
- Bowel screening programme
- TB screening x-ray programme
- Blood Borne Virus testing programme
- Hepatitis B vaccination programme
- Chlamydia and Gonorrhoea screening programme
- Seasonal Flu vaccination programme
- Medication administration / Pharmacy Services
- 24 hour / 7 day a week nurse led emergency response nurse

We hope in the near future to offer health-checks for prisoners 55 years +, and increase the range of vaccinations we offer.

4.0 PALS (Concerns) & Complaints

Page 21 "…The PALS concerns for different health areas / professions varied considerably over this period with the only noticeable trend being a substantial increase in the number of concerns about GP's……."

The latest data for the period April 2018 – August 2018 shows that our complaint levels remain between 15 and 25 per month. However we have seen a trend in PALS (concerns) over the 5 month period showing a reduction in the number of PALS

- Apr 2018 : 84
- May 2018 : 50
- Jun 2018 : 18
- Jul 2018 : 29
- Aug 2018 : 17

We cannot be sure of the exact reasons for this welcome decline and whether or not it will be sustained. This will become apparent over the next few months. However, we are hoping that this downward trend will continue and that it is a result of the implementation of new initiatives to improve services. Initiatives such as the 'virtual ward' which allows for improved coordination and monitoring of prisoners with health needs on the wings.

We recognise that we need to improve our response timings for PALS. When there are high numbers of PALS this can be very resource intensive and we have been focussing on trying to 'stop the cycle' and addressing the underlying causes of complaints / concerns in order to reduce the need for prisoners to raise concerns via the complaints / PALS system.

Complaints and PALS are reviewed at a monthly clinical governance meeting and are one useful way of obtaining a prisoner perspective of healthcare services which can then be used to inform service improvements. Other methods are:

- Forums – a group of prisoners meets with the Head of Healthcare to feedback.

- Yearly Survey
- Healthcare has a senior management representative at the prison led 'Prisoner Council Meeting'. (Each wing has a prisoner representative who attends the meeting and who raises issues on behalf of prisoners on their wing).
- Healthcare representatives (this programme requires further development)

5.0 Collaborative working

Page 25 "…Limited evidence of collaborative working…."

Page 25: "…That the provision of health and social care often seen as very separate from the prison regime……."

Page 34: "…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 DNA's…"

I think there has been a lack of understanding and exploration of how the prison and healthcare work together and I do not believe that the above comments represent what occurs at HMPW.

The work of the prison and the healthcare service are interdependent and there is a considerable amount of collaborative working. The collaborative working with social services is less developed but there is an on-going work-stream to improve this.

The Governing Governor created the temporary 'Healthcare Governor' post to support the Offender Healthcare Service with such issues as getting prisoners to appointments. The reality is that there is frequent (e.g. often daily) contact between healthcare services and the healthcare governor, and the healthcare governor actually has their office located in the healthcare area.
We have seen improvements in attendance rates to Secondary Screening clinics and dental clinics. We anticipate seeing further improvements in attendance when more prison officers start at HMPW between now and the end of the year.

In addition:

- Healthcare has a senior nurse manager who holds a radio (call sign Hotel 7) who 'runs' the shift and is in regular contact during the day with the Duty Governor / wing staff as required.

- Sometimes when there is a particular complex case, a multi-disciplinary meeting is called and healthcare and prison staff attend to problem solve and action plan – as I put the finishing touches to this paper I have just returned from such a meeting where a GP, psychiatrist, duty Governor, healthcare managers and a member from probation all met to discuss a particularly complex case on the medical unit.

- There is a monthly Local Delivery Board where senior healthcare and managers from other partners working the prison meet and prison managers meet in order to problem solve current issues (Social Services have recently begun attending this meeting).

- Although a civilian and part of the NHS rather than the prison service, I am part of the Prison Senior Management Team, and attend all meetings and away days and provide the healthcare perspective to the wider prison strategy.

- There is a prison 'morning meeting' every morning Mon-Fri which reports on the events of the previous 24 hours, at least two representatives from healthcare (one from primary care and one from mental health) attend this meeting every morning.

- Key prison senior managers are provided with weekly activity data by the Offender Healthcare Service (OHS) on clinic DNA (Did Not Attend) rates in order to inform their drive to improve access to healthcare services.

- Healthcare clinicians are a key component of the weekly prison led violence reduction meetings.

- There are a variety of regular prison led meetings that have healthcare management and input.

It is by no means a perfect collaborative working relationship and not all problems can be solved immediately. However there is significant evidence to support the premise that the relationship is an effective one, something which doesn't appear to be understood or represented accurately in the Enter and View report.

6.0 Smoking cessation

Page 22 "…Smoking cessation was being offered and there were plans for supporting prisoners in the transition to a non-smoking prison…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…"

The transition to non-smoking was led by the prison with healthcare heavily involved in the planning and implementation. Prisoners have good access to 'vapes' which are provided by the prison. In addition NRT is provided by healthcare services - the monthly of provision of NRT has tripled since the introduction of non-smoking.

7.0 DNA (Did Not Attend) rates & waiting times

" Page 34 "…All reports on the prison healthcare service, including the 2018 inspectorate have mentioned long waiting times for some healthcare services and high DNA rates….."

DNA rates and waiting times are two of our biggest challenges.

DNA rates are a problem which impacts adversely on clinic waiting times. The reasons for a patient not attending clinic appointments can include (but is not limited to):

- The prisoner chose not to attend.
- The prisoner prioritises (understandably) to attend a legal visit /family visit (at the moment there is no electronic solution in the prison that prevents the potential for scheduling clashes)
- The prisoner is not unlocked by prison officers and taken to the appointment
- A healthcare clinic has to be cancelled due to insufficient staff (this tends to be some of the nursing clinics due to insufficient registered nurses – though we have seen an increase in successful recruitment of registered nurses in the last year).

The Healthcare Governor is working closely with wing staff to improve attendance rates. We have seen improvements in attendance for Secondary Screening Clinics and dental clinics, but it is a work in progress.

We recently implemented electronic booking for requests for Medical Application Forms (a request to be seen a member of the healthcare team), this will improve general efficiency of the appointments process as well as make it easier to audit and monitor.

Building for a new healthcare centre is scheduled to start in 2019 and should be completed in 2020. The new healthcare centre is likely to have a very positive impact on both attendance rates and waiting times as the majority of clinic rooms will be sited in one building making it much easier to deploy prison officers to facilitate attendance.

9.0 Prisoners with dementia / cognitive impairments / severe mental health issues

Page 34 / 35 ***"….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….."***

Where someone is perceived by another prisoner to have a learning disability / mental health problem / cognitive impairment, it doesn't necessarily mean they are not receiving the necessary healthcare services or their needs were not being met. However no names were provided to the Healthcare Service which would have enabled us to follow up any individuals where a concern has been expressed.

It is recommended that in any future Healthwatch visits that consideration be given to asking prisoners to provide names of any individuals they are concerned about so we can follow up and check they are receiving the necessary healthcare services and other services.

As well as consultant mental health clinics, since May 2014 we have introduced an Older Person's Mental Health clinic and a neuro-developmental clinic. We have also introduced a learning disability nursing post (2017) and recently (2018) a dementia nurse started visiting fortnightly.

Work has been undertaken between primary are nursing and the dementia nursing to developing a screening tool for dementia which will be included in a health-check programme for prisoners 55+ which we aim to implement over the next six months.

There are no national guidelines for numbers of mental health beds in prisons. However it is generally recognised that HMP Wandsworth has a very low number of mental health beds for the size of the prison. This does mean that there is a very high threshold for admission to the inpatient unit which is a significant challenge for both healthcare and the wider prison.

10.0 Prisoner healthcare reps

Page 23 "….There was a lack of clarity on the remit of the Healthcare Reps role and training and development of the role…."

The healthcare reps are valued but we recognise that we have struggled to find the staffing capacity to adequately support this work-stream in a more robust way and make most effective use of them. We hope in the near future we can give this work-stream the time it both needs and deserves in order to make the necessary improvements.

11.0 Prisoners for whose first language was not English (page 20)

All of our clinic rooms have dual handsets and a telephone interpreting service is used as required during clinic appointments. We currently have a leaflet explaining the services available in English and the six most common languages used in HMPW (these six languages were identified by the Prison Equalities Team who have access to the prison demographic data).

Our thanks to the Healthwatch Team for providing us with this opportunity to respond to their 'Enter and View' paper, and we look forward to working with them again in the near future as they assist us in our drive to develop and improve services.