South West Prisons Healthcare: Report from Service User Consultations

by Revolving Doors Agency

Contents

Introduction

The following report is based on focus groups and one-to-one interviews with prisoners, and former prisoners, of HMP Exeter, HMP Dartmoor and HMP Channings Wood. Interviews were conducted between 9th and 16th May in prison and community settings.

Demographic information

In total we spoke to 35 men (24 serving prisoners and 11 former prisoners). Ages ranged from 21 years old to 76 years old, and included people on a range of sentence lengths.

Methodology

A focus group thematic matrix was developed in advance (see Appendix 1), based on the commissioner's information needs and Revolving Doors' understanding of issues relating to healthcare in prisons. Open ended questions were purposefully developed to allow prisoners' concerns and feedback to be self-generated, with follow up questions to elicit further detail when needed. Discussion

points and quotes were noted during the session. Quotes were checked back for accuracy. The community focus group was recorded with notes and quotes taken from the recording.

We undertook focus groups in HMP Channing Wood and HMP Dartmoor with existing prisoner healthcare forums or representatives. At HMP Exeter we undertook one-to-one interviews with prisoners in the healthcare department.

All focus groups and interviews were conducted by Revolving Doors Agency's Head of Involvement, Paula Harriott, a former prisoner. Our methodology is based on the use of people with lived experience to elicit more honest responses. This model can lead to more reliable data and helps ensure the focus is on what matters to people with lived experience.

Where appropriate we have included some general observations by the interviewer, but this is clearly stated as Revolving Doors' staff opinion, rather than patient views.

It is important to note at the outset of this report that we spoke to different types of groups in the prisons. In HMP Exeter we accessed patients for one-to-one interviews in the healthcare department before or after appointments, whereas in HMP Dartmoor and HMP Channings Wood, we spoke to focus group consisting of patient representatives or patient forums which were likely to have significantly more knowledge. This is reflected in the findings. However, many of the findings relating to differences in the prisons were corroborated by the community focus group participants – many of whom had spent time in several of the prisons and could offer their views on varying provision.

Report structure

We outline suggested questions for bidders in relation to Patient and Public Involvement and suggested questions for bidders to be evaluated by community groups of recent patients.

We then go onto summarise the key findings and recommendations across all three prisons and the community consultations with a focus on supporting the recommissioning of healthcare services. This is followed by individual findings from each prison and the community focus group.

1. Suggested Questions for Bidders relating to Patient Involvement and for bidders to be evaluated by community groups/recent patients

(NB: these are based on text provided by the Commissioner in black with *Revolving Doors additions in blue italics*)

Please detail your approach to Patient Involvement, including:

- How you will involve patients in the design, development and delivery of services [1]
- What processes you will put in place to receive and respond to patient feedback *taking into account the differing environments in each prison*[2]
- What processes your organisation would implement for ensuring learning from prisoner/detainee feedback and continued development of services from this feedback[3]

Please detail how you will provide a positive patient experience, outlining how this will be measured and responded to. This should include:

- how you will identify, care for and support prisoners with a Learning Disability, *autism or Asperger's Syndrome OR*
- *your understanding of the diversity of prisoners' needs and how you will provide equal access through identification, care and support*
- respect for dignity and privacy
- how you will encourage patients to take responsibility for managing their own health *and to engage appropriately with health services in custody and on release*
- *how you will provide a culture of well-being within healthcare*

Please outline how you will develop peer led approaches to health and well being in your service.

Suggested questions for bidders to be evaluated by community groups/recent patients (Revolving Doors' suggestions):

1. *Tell us how you will place patients at the heart of your approach?*
2. *Explain to us your understanding of the challenges in delivering healthcare in prison settings*

[1] As a standard we would expect proposals for a patient forum, including with circulated minutes and an action log. As good practice, we would expect more innovative proposals including peers (co)leading this patient forum, and exploring other representative structures that reflect issues relating to each prison environment.
[2] We would expect proposals to include plans to communicate all the feedback mechanisms and to consider how under-represented groups will be able to participate. We would expect a nuanced understanding of how different prison environments, regimes and "types" of prisoners impact on patient participant mechanisms (for example, high levels of remand prisoners, separated regimes) and how to achieve good PPI in all these contexts. Bidders should demonstrate an appreciation that the prisons will present different challenges in terms of good PPI and have suggestions as to overcome each type of challenge.
[3] This should include how learning is to be shared but also how it is to be fed back to patients.

2. Key recommendations From Our consultation

There were some over-arching themes of relevance to healthcare provision across all three prisons, corroborated by the community consultation with former prisoners. Our recommendations based on these themes are:

1. Greater use could be made of peers and/or health trainers in the promotion of the healthcare department's 'offer' to patients, and in supporting increased health and well-being. Bidders could be asked to outline their intentions for the use of peers and how they would support and train peers to be effective.

2. Stronger emphasis should be placed on clearly communicated induction procedures (beyond health screening) in particular around the various services available to patients. Bidders could be asked the process and resources they would use to ensure all prisoners have a clear understanding of the full healthcare offer, and as a minimum, develop an induction leaflet as already in use in HMP Dartmoor.

3. There should be a focus on developing resources to support prisoners to better manage their own healthcare. Bidders ought to be asked their intentions around patient leadership and patient self-care development strategies.

4. Procedures for re-ordering medication should be clearly communicated to patients in both verbal and written form in all prisons; and the protocol for this should be reviewed in all prisons to ensure patients do not experience delays in accessing their medication, ensuring sufficient staffing resources are available in both the pharmacy and healthcare to sign prescriptions in a timely manner.

5. Staff attitudes, the time available for patients and consistency of staff are of overwhelming importance to patients in prison. Recruitment of staff with a thorough prison induction and ongoing support of healthcare staff is of crucial importance for the service in order to minimise disruption and avoid overuse of bank staff. This was of particular importance in prisons where the environment was more stressful and there was high 'churn' of prisoners. It is worth considering whether approaches to staff retention should form part of your tender evaluation process given the centrality of this to patient experience. In terms of time with the healthcare practitioner, we cannot say whether this is comparable to community services i.e.: whether there is parity of service and experience; however, given this was raised repeatedly, demand and throughput metrics might be usefully examined. (Likewise understanding whether escort related cancellations leads to non parity with community settings might be important.)

6. Both HMP Exeter and HMP Channings Wood were reported to have very good smoking cessation work, which was valued by patients. However, more could be done across all the prisons to increase general health and wellbeing. Suggestions varied but included support for 'coping' in a stressful prison environment, drop in support for low level mental health issues, and more information and support for healthy eating and exercise.

7. Clearer information for patients on out-of-prison hospital appointments and why this process can take a long time. Consideration could be given to whether more minor procedures can be delivered within the prison.

8. Bidders should evidence some thought as to how they will respond to the environmental, population and regime challenges *specific to each prison*. For example, although a much greater challenge in HMP Exeter than the other two prisons, greater emphasis should be placed here in establishing and maintaining an active patient forum (or other methods of involvement) that can support ongoing healthcare improvements and provide information to fellow patients. It should be noted that in Exeter we spoke to patients in the healthcare department rather than a forum. We feel that this sample may have more diverse opinions than a forum and may be less invested in the 'status quo' - however their knowledge of healthcare may be more limited.

3. HMP Exeter Findings

An interviewer spent 12th May in the prison healthcare department and held individual conversations with 12 prisoners. Prisoners were approached as they were waiting for their appointment or on exit. Of the 12 men interviewed, eight identified as White British, two as Asian, and two from the Traveller community. Ages ranged from 22 to 70 years old.

The observation of the interviewer was that healthcare staff were polite and respectful to prisoners. However, the healthcare department was extremely busy with a constant queue of prisoners seeking healthcare. The physical space was extremely limited for healthcare; the waiting room was dirty and in a state of disrepair with broken chairs. This gave the impression of a stretched service.

Themes from interviews

A lack of information and confusion amongst prisoners about healthcare

The overall response of prisoners was that the service in Exeter was poor. Only two of 12 said that the current healthcare provision was meeting their needs, and 12/12 said that it was worse than their care in the community; *"I wouldn't recommend it to anyone"*.

All interviewees said that they had not been told about other healthcare services available to them and prisoners felt that the induction procedures were unclear. Most prisoners said that they found out information about healthcare through word of mouth.

The interviewer noted that there were no leaflets that explained the general healthcare offer in the healthcare department. There was a leaflet about a patient forum but on inquiry the listed contact person had left some years ago.

Importance of staff 'soft skills' and high turnover of staff

When asked about what kind of healthcare staff prisoners require, people mentioned care and time, and people who understood the stress they are under in prison.

"People who've got time for you"

Prisoners appreciated that healthcare staff were under incredible stress and mentioned this without prompting. However, they also wished to see the same person more regularly.

> *"I've been here for two months and every time I see the doctor it's a different person"*
>
> *"You can't keep up with the number of nurses I see"*
>
> *"Always seeing a different person"*
>
> *"Having very limited time"*

Our understanding from speaking to staff is that the healthcare provider uses a high number of bank staff and struggles with retention, which impacts on patient care.

Delays in accessing medication on repeat prescription

Several patients mentioned delays or breaks in their medicine. People reported filling in their application for medication but then experienced delays in the process of doctor sign-off and time taken for prescription to be processed. (NB this was a theme in all of the prisons and was corroborated in the community focus group.)

There was also confusion about why medicines had been changed (we do not know if medicine had been changed to simply a different trade name but the patient was confused).

No specialist mental health (MH) care at weekends

When asked about services that people would like but are not currently available, a small number of patients mentioned lack of access to MH support at weekends. In addition, one patient said there was no talking therapy or at least that he was unaware of this.

> *"On wings it gets really tense over the weekends but if you want to see a mental health nurse you're told to wait 'till Monday"*

> *"This is not a get well place; move out quickly if you can"*

Positive feedback for the smoking cessation clinic and triage for pain relief

There was significant praise for the smoking cessation clinics. Patients felt nurses were doing lots of work on this and there was a strong commitment of healthcare staff, in for example providing smoking cessation packs. People noted positively that they could turn up for extra support, and that drop in was possible.

There was also positive feedback for drop in at the medicines hatch for triage e.g. to receive aspirin. It was well known you could go to the hatch and receive immediate help for pain relief for example. This service was welcome and should be maintained.

At the community focus group there was also praise for smoking cessation work and the medicine hatch.

A lack of information on a patient forum, representation or feedback procedures

Prisoners were unaware of any active and regular prisoner forum (this is not to say this does not exist, however the 12 people we spoke to were unaware of it). One patient mentioned a patient engagement survey, but noted that this was led by the healthcare provider rather than an independent body or individual. Positively, eight out of 12 would want to participate in giving their views to improve healthcare.

No patient we spoke to was aware of how they could provide feedback or make a complaint about their healthcare provision.

Other issues

Other issues raised included:

- Numbers of older people and concern from other prisoners about how to help them or whether they were receiving adequate care: *"lots of older people on the wings and we don't know how to help them"*. One participant also raised issues of access and mobility for older offenders.
- Problems with New Psychoactive Substances (NPS) and particularly spice. People said there were lots of posters with information about spice in the prisons, but it was having a significant impact on other prisoners (not using the drug) who had concerns on how to deal with it.
- Changes in prescribed medication was raised; as prison doctors prescribed different medicines from community GPs and participants were confused as to why this was the case

4. HMP Dartmoor Findings

We held a focus group on 16th May from 2-4.30pm in Dartmoor prison. This was a focus group consisting of healthcare reps from the wings and buddies supporting other prisoners with palliative care. The focus group participants form part of the patient forum, and therefore were a knowledgeable group in regards to the healthcare offer and service. The participants were eight men between the ages of 30 and 76.

The observation of the interviewer was that the patient forum is well established, had a clear relationship with the healthcare manager, and positively, minutes were available for review. There was an extremely good and detailed leaflet, outlining in clear language the offer of the healthcare department which we see as an example of very good practice (see Appendix 2). There appeared to be a strong culture of wellbeing, and the healthcare department was clean, tidy and welcoming.

Themes from focus groups

Clear and effective involvement in healthcare induction by peers

Focus group members indicated that the induction process was peer-led and was of good quality. Participants were clear about what services were provided and how to access them, and felt that their fellow patients were also able to engage well with healthcare.

We include as an appendix the Dartmoor Healthcare Patient Information leaflet as an example of good practice which should provide a model for all the prisons within this healthcare contract. The information is clear, thorough and well-presented with an outline of all the services available within healthcare including, for example, sexual health and blood borne virus clinic, podiatrist, and dental health.

Clearly understood procedures for providing feedback

Focus group participants clearly understood the procedures for complaints and compliments. It should, however, be noted that these particular focus group participants would be expected to the best informed of these procedures given their roles as patient reps/buddies. The system described to us was transparent and accessible. Participants said that the healthcare manager was visible, well known and accessible to the patient forum. The enclosed leaflet (Appendix 2) outlines a clear suggestions, comments and complaints procedure.

Accessible staff but patients would still like to have more consistency of doctors

The staff were described as helpful and accessible. Participants did still indicate that they would like to see more of the same healthcare professionals.

> *"I still see different doctors though"*
>
> *"I don't feel I have long enough with the doctor"*

Given the distinct needs of this group, it is understandable that prisoners want to build relationships with doctors and value speaking to someone they know, and to someone who understands the stresses and strains of prison life.

Delays in accessing medication on repeat prescription

As in other prisons, people mentioned difficulties and delays in the process of reordering medication. Repeat medication need to be ordered five days before end of prescription, but there were often waiting times and gaps. It was unclear why this was the case but it was clearly of significant concern to patients.

Concerns or delays about transfer of medical records

People raised the issue of transfer of medical records and that these did not always arrive at the prison.

> *"I've been here seven months and the doctor still hasn't got my records - how can he know me if he doesn't know what's happened in my past?"*

Good mental healthcare with some improvement suggested for low level mental health issues

There was praise for the in-reach mental health service. In the community focus group one patient described the service as *"the best psychiatric treatment I've ever had"*.

Some focus group participants suggested there could be more to support people with 'low level' mental health support needs, for example a drop-in counselling session for people feeling low or anxious that could focus on developing coping strategies.

It was also noted that there could be focus on people with post-traumatic stress disorder (PTSD), namely identifying and assessing this and providing support.

Other issues raised:

- Good practice of use of Macmillan nurses for people with life limiting illnesses. This was highly praised.
- There was an appetite for more training for patients: *"It would be great if healthcare ran first aid training"*
- Podiatry: it was noted that there are large numbers of elderly patients in the prison, and that in particular they find it difficult to cut their own nails. Elderly patients were worried about frequency of podiatry care and whether podiatry included toenail cutting, and there were concerns about diabetes and links to podiatry.
- The use of spice in the prison was identified as a big problem and people felt this *"takes up nurses' time away from healthcare"*.

5. HMP Channings Wood Findings

We held a focus group on 13th May from 10am-12pm. This was a focus group with four members of an existing patient forum between the ages of 30-60 years old. Three participants identified themselves as White British and one participant as African-Caribbean.

The observation of the interviewer was that there was an active and clearly organised patient forum, with reps across wings and a clear methodology for the collection of patient feedback. The healthcare manager was well known to the prisoners. There was a healthcare orderly (a paid prisoner) who helps delivers appointments and supports with administration. He was also a good source of information for other prisoners.

Themes from focus group

Effective patient engagement, but with more potential for peer-led interventions

Participants described good examples of patient engagement affecting delivery of healthcare. For example, medicines used to be distributed in plastic bags, but this had now changed to paper bags for privacy; patients felt this was evidence of their impact.

Participants felt there could be greater use of peers in promoting and delivering wider healthcare interventions: *"I was a health trainer at a previous prison, it was really good but I don't get to use my skills here".*

Healthcare induction process could be improved

Linked to the previous theme, it was raised that healthcare could improve their induction procedures: *"People would make better use if it was explained".*

Our observation was that there appeared to be no induction leaflet for healthcare and that this could be modeled on Dartmoor's example. We also noted that peers could be used to support the induction of new patients to healthcare department.

Specific issues relating to the separate regime

The separate regime for vulnerable prisoners presented specific difficulties in providing healthcare in the prison. Participants said that although they would not be in the same space as other prisoners, they were visible and could be subject to verbal abuse. People said it caused stress and made them not want to access healthcare.

> *"The new provider needs to sort out how they're going to work with VPs"*

High numbers of elderly and very ill patients

Participants raised the issue that the proportion of elderly offenders puts pressure on system, and that several of their fellow prisoners had cancer and some were incontinent. People noted that there is social care twice per day but that people can be left for hours. Other prisoners feel stressed about this and not sure what to do.

We understand this is partly a social care responsibility, but it was felt that there could be more communication to all prisoners about healthcare's role and social care's role and some advice on what to do.

Participants also raised that there were no Macmillan nurses for people and that this would be welcome.

Positive feedback for the smoking cessation clinic and some suggested improvements for supporting general wellbeing

The support for smoking cessation was highly praised and viewed as *"very good"*.

In general, there was desire for more support with self-care and general health and wellbeing. Patients mentioned specifically that they would value a 'coping pack'. This could include information on issues such as: what to do if feeling anxious; how to keep yourself well; and how to eat well in prisons.

Good relationships with staff

Participants noted being able to build good relationships with nurses and that there was continuity of staff.

Hospital transfers

There were difficulties in accessing external hospital appointments and people did not understand why it can take so long. They noted lots of cancellations but felt more information was needed for patients. This should be in leaflet form so people can retain the information, *"people get told but they forget"*.

Other issues raised:

- As with other prisons, there were concerns about re-ordering of medication.
- People feel the medicine hatch did not protect confidentiality sufficiently.
- There is limited healthcare on the weekends.
- There are no support groups for people who have attempted suicide.
- Drug dependency is a significant issue.

6. Community Focus Group

The community consultation took the form of both one-to-one interviews and a focus group held on Tuesday 10th May in Exeter with a group of ex-prisoners. There were 11 participants – all of whom had recently served sentences in one or more of the South West prisons in this contract. Several had spent time in more than one of the prisons. Participants were drawn through a recruitment exercise involving mapping community organisations serving the ex-offender community.

The findings of the community consultation largely corroborated the findings in each individual prison.

Themes from focus group

Differences in patient experience across the three prisons

There was much greater satisfaction with the healthcare provided in HMP Dartmoor and HMP Channings Wood than in HMP Exeter.

The Exeter service was "*overwhelmed*" and "*slow to respond*". One person said "*I found it rubbish*". However, people said that the service in Exeter responded well to emergencies, just not to longer term healthcare issues: one person said they don't prioritise general check-ups. Those who had spent time in Dartmoor said it was "*alright*" and "*there's no hesitation; they're there".* One participant praised Dartmoor for its mental health provision and said it has been the best healthcare he had ever received.

It was acknowledged (unprompted) by the group that these were different prisons with different populations and that Exeter had specific healthcare challenges in being a remand prison.

One participant noted differences in approach to mental healthcare:

> *"At Exeter I felt like I couldn't get talk about it; when I went to Channings Wood, I said 'I'm feeling low' and she puts you on an ACCT* [Assessment, Care in Custody and Teamwork procedure]*. That just made me feel worse, 24 hour watch and I felt more anxious and other people on the wing get pissed off because the watches keep people awake"*

Staff attitudes and the healthcare department's culture were important to patients

People wanted staff that were accessible and had time for them. Asked about important characteristics, participants said staff who were "*warm and chatty*"; who provided a "*quick response*" and displayed consistency, "*you need to build a bond with them*". The need for stability in the staff team was of high importance to all participants. This corroborated findings in the prison focus groups.

Delays in accessing medication on repeat prescription; and lack of information regarding medicines

As in the prison-based focus groups, participants raised issues around ordering of medication. One participant described running out of insulin at HMP Channings Wood due to problems with ordering, and when he asked what he should do, he was advised not to eat.

Participants identified that information about the medication prescribed and any potential side effects was only routinely available to those who had 'in possession' medication, and if this was dispensed on the daily medication rounds *"you are given the meds in a little plastic cup and you take it"*.

Improvements could be made in encouraging patient self-care and ability to cope in prison

Several participants mentioned the desire for more patient self-care and supporting health and well-being in prison, but that this was not routine or prioritized.

> *"'Healthy eating'- what's that?!"*
>
> *"The prison diet is high carbs…healthcare could educate prisoners and support them, but it is not very high up on the list"*

People mentioned the focus on emergency and crisis care as opposed to routine or preventative healthcare and supporting self-care.

> *"People should be able to get check-ups if you are worried"*
>
> *"I was diagnosed with diabetes but was never given advice as to how to look after myself post medication".*
>
> *"I was told when I went into prison try not to get ill"*

In a similar way, participants described mental healthcare support for serious mental illness as very good, but less support for 'low level' needs.

It was also noted by this group (again perhaps reflecting their experience now in the community) that healthcare providers should support prisoners to register with a new GP on release. This was felt to be very important.

It is Revolving Doors Agency view that contact with the criminal justice system, whilst not to be seen as a positive, does offer the opportunity to intervene in the long term health of people largely underserved by healthcare and predominantly from communities that suffer extreme health inequalities. (The prisoner population that is the exception is older sexual offenders). Supporting self management is one way health inequalities can be reduced both in the prisoner population and, through them, in the communities they come from. Therefore, you may wish to consider if a positive approach to health inequalities could be embedded in the tendering process (if not already, and reflecting the legal duty to have regard to health inequalities that NHS England has).

Information needed on how to help other prisoners when they are in an emergency, in particular experiencing epileptic fits

Participants said that epileptic fits were very common and asked for first aid training and awareness about what to do. It was noted that this could happen when sharing a cell, and although you could ring the bell, you still may be unsure of what to do. (A request for first aid training was also made in the HMP Dartmoor focus group.)

More could be done to communicate health information

Participants mentioned the need for more information about their right to view medical records and to check for accuracy. People also requested more information about how to complain.

Impact on prisoners of deaths in custody

Following deaths in custody many prisoners feel traumatised and there is not much support for those affected (i.e. other prisoners who are affected by grief). Healthcare providers need to understand end of life care, and the relationships prisoners have built with each other and the impact of terminal illness or death on fellow inmates.

Other issues raised:

- There was good access to opticians, but one patient described feeling rushed and not feeling that they had enough consultation. However, another participant said they received a good service lasting about 30 mins which they felt was very good.
- The healthcare service for elderly patients in Dartmoor is "*very good*".
- It is good to have access to NA and AA; and this is health related.
- On substance misuse, 'mamba attacks' were a serious problem. Also there was "*not much support*" and knowledge to deal with cocaine use and anxieties around detox
- Patients welcomed non-smoking environments and praised smoking cessation clinics
- Patients felt recovery should be seen as equally as important as medication
- Healthcare and social care don't always work together very well at Exeter
- "Hospital visits are difficult when you're shackled"

Appendix 1: Interview and focus group questions

NB: Questions were adapted for community focus group. All questions could be followed up to gain more detail or check for accuracy in understanding.

1. How do you feel about your healthcare in this prison?
2. Are you aware of wider services available to you in healthcare? If so, what are they?
    - *Prompts re types of services*
3. Do you think healthcare services in this prison are worse, the same or better than in the community? (equivalence of care)
    - *Prompts re how it is better or worse and examples of their experiences*
4. What are your relationships with healthcare staff like?
5. What sort of healthcare staff do people need in prison?
6. Are there any services you would want or need that are not currently available here?
7. Do you get support for your health and wellbeing or to feel well in yourself?
    - *Prompts re healthy eating, stress management, smoking.*
8. How would you want to be involved in supporting healthcare in this prison?
9. Do you know how to complain or provide feedback about your healthcare?
10. Are there any other issues you would like to raise with me?

Appendix 2: HMP Dartmoor Healthcare Patient Information

This leaflet is attached separately