Category 3: an example of best practice which demonstrates effective cooperation between a prison and the outside community in the area of health improvement. This category includes any aspect of improving the health and wellbeing of prisoners.

Name of country: England
Name of prison: HMP Moorland Closed

Title of your piece of work: A QUEST FOR 'BEST PRACTICE' in PRISON SEXUAL HEALTH/GENITO-URINARY MEDICINE. (Updated)

Brief description of the prison and prisoners
HMP Moorland Closed houses approximately 770 male prisoners. Half are young prisoners 18-21 years and the rest adults. This is a training prison but also accepts high security young offenders. The accommodation comprises of 180 double cells and 434 single cells over 5 houseblocks.

RECEPTION CRITERIA FOR YOUNG OFFENDERS:
All sentences up to and including life sentenced Young Offenders / no juveniles (under 18 years) / no rule 45 (prisoners requesting protection from others) / no deports or prisoners awaiting further charges. Prisoners at risk of escape ('E' list) are accepted on approval only. At least 6 months left to serve.

RECEPTION CRITERIA FOR ADULT PRISONERS:
Must be category 'C'. All sentences except life sentenced prisoners. No further charges or current / previous sexual crimes against males under the age of 21 yrs. At least 6 months left to serve.

REGIME:
Offending behaviour groups include Enhanced Thinking Skills Courses, Welfare to Work and Job Clubs. There is also a Listener Scheme for those prisoners who may be at risk of self harm or suicide. Community projects are also an option. There is a full range of workshops/educational facilities available to all prisoners. Numeracy / literacy and IT skills are encouraged as are all life and work skills.

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ABSTRACT AND LEARNING POINTS
This work has confirmed the very high prevalence of STI's in the prison population. The importance of the Public Health/STI control and epidemiological aspects of this work are reinforced by the Health Protection Agency (HPA) publication: A Complex Picture - HIV and other Sexually Transmitted Infections in the United Kingdom 2006. Here concern is recorded regarding "HIV and STI's among those at high risk". The HPA states: "the effectiveness of other behavioural modification and intervention strategies needs to be evaluated in the UK setting. These include group and peer based programmes in a range of settings, targeting those at high risk of acquiring or transmitting HIV and other STI's". Despite this awareness, no reference to the high risk population in prisons is identified in this publication. Those specifically identified groups requiring targeted intervention are:-
1. Men who have sex with men
2. Black and minority ethnic populations
3. Pregnant women
4. Young people
5. Injecting drug users

Although all these high risk groups are represented in prison populations, their STI/HIV intervention needs are not specifically identified. (Ref: HIV and Sexually transmitted Infections Department Health Protection Agency November 2006. ISBN: 0 901144 85 1)

Custodial Institutions with a high turnover of young adults may provide a reservoir of Chlamydia/STI infection disseminating back to the public and affecting both teenagers and adult communities. These linked outbreaks may take several years to resolve and contain.

Both point source outbreaks and linked clusters of HIV and Hepatitis C must also be anticipated.

Main learning points
1. To appreciate the breadth, complexity and highly specialised nature of male genital tract disease in the prison population.
2. To recognise the opportunity to arrest the onward spread of potentially disabling or even fatal STI's from the prison population to the general population and vice versa.
3. To recognise the implications of delay in diagnosis and/or delay/interruption of clinical management in STI/HIV in the prison population with regard to the individual prognosis and wider public health implications for epidemics of STI/HIV in the non-prison population.
4. To demonstrate awareness and understanding of the role of asymptomatic diagnosis (case finding) and contact tracing in controlling and/or containing epidemics of sexually transmitted infections and preventing irreversible complications.
5. The experience of this Institution identifies that there are important infectious disease/public health issues in the prison population in the UK, which inevitably have impact on the infectious disease/public health experience of the general (non-prison) population.
6. It would appear self evident that in countries with hyper-endemic HIV prevalence and very limited service infra structure for diagnosis and containment of STI's, then the importance of the issues addressed above may be expected to be of even greater relevance in epidemic control.

7. The high risk nature of prison populations in all countries is suggested to be a particularly appropriate concern of the WHO HIPP as STI's by their nature are constantly changing and evolving global epidemics of profound importance to issues of Epidemiology, Public Health and Healthcare Economics.

8. Finally, in terms of global HIV and STI control, it is suggested that no programme is likely to be comprehensive or indeed successful without fastidious attention to disease identification, management and control in the prisons of every nation.

ANNEX
EXAMPLES OF PRISONER FEEDBACK
"Good one Miss. Thanks"
"Thanks Miss - I'd been worried for over a year"
"Can you really catch chlamydia in your throat?"
"-but how did I get them in my eyelashes?" (pubic lice)
"I didn't know Hepatitis C could be passed on by sex ---"
"God, I'm shocked - no one told me I would need treatment for life - thanks for explaining it all to me."

PURPOSE OF THE WORK

What is the aim or general objective of your initiative or piece of work?
The aim was to develop and maintain personalised holistic Genito-urinary Sexually Transmitted Infections (STI) /Human Immuno-Deficiency Virus (HIV)/Aquired Immune Deficiency Syndrome(AIDS) care. This was achieved by providing a high quality, integrated specialist service for a vulnerable high risk clientele at particular risk of genital tract infection (via factors such as multiple partners, Intravenous Drug Use (IVDU), tattooing, learning difficulties and mental health morbidity).

What are the main characteristics of the target group(s)?
The target group is comprised of young adult male prisoners with multiple increased risk of STI via chaotic lifestyle and risk-taking behaviour. Other prisoners became targeted as the clinic clientele rapidly became the most powerful advocates for the service. This advocacy is supported by continuing nursing input. Other prison healthcare staff have become involved and are now experienced in contributing to service delivery.
Current resources allow up to 18 patients to be seen per weekly clinic. The major clinical component of the work involves screening/diagnosis/management for/of STI's in both symptomatic and asytmomatic patients. All other aspects of male genital tract morbidity have benifited from this specialist facility.

Why is this work important?
This initiative is important because of the very high STI morbidity in prisoners(demonstrated) and the frequency with which infectious genital tract disease remains undetected and asymptomatic in a prison population (demonstrated). In
addition to the risk of individual disease dissemination/complication, patients with asymptomatic undiagnosed unmanaged disease (and on occasion symptomatic) act as a reservoir for further dissemination of STI's into the civilian population on discharge from custody. This work has confirmed the very high prevalence of STI's in the prison population.

The work addresses the most common infectious diseases of the young adult population in the UK within a recognised high risk male sub-group. By providing an in-house Genito-Urinary Medicine (GUM) service we contain the spread of serious sexually transmitted diseases within the wider population, thus preventing the well documented female complications including ectopic pregnancy, pelvic inflammatory disease, tubal infertility and often unnecessary surgery. This service cares for both the health needs of these prisoners and through this process contributes to the Public Health of the Nation and facilitates the control of epidemics.

The initial clinical work was developed as a result of collection of epidemiological data and reference to referral patterns to the local District General Hospital G U Medicine department from other prisons. This year a further evaluation of prison STI morbidity was undertaken. The service development was based on pilot studies, evaluation of STI morbidity and prevalence within the prison clinic. The initial epidemiological data was presented at the UK annual British Association of Sexual Health and HIV Conference Oxford 2004:- a collaborative Genito-urinary Medicine service (GUM) in Custodial Health Care Lalik J, Woodland A, Moss TR.

Further epidemiological evaluation identified infectious anterior urethritis in approximately two thirds of new patients and demonstrated that some 60% of patients with proven sexually transmitted anterior urethritis were asymptomatic i.e. would not have been diagnosed without screening.

**ECONOMICAL BENEFIT?**

**What did you set out to achieve, and how successful were you?**

The aspiration was to achieve the specialist health care philosophy identified in section 1 (above). It was necessary to achieve insight and understanding of the prevalence and epidemiology of STI's the in male prison population and to identify, develop and provide a specialist service to manage this morbidity. This had to be appropriate, acceptable, available and personalised to the needs and expectations of this vulnerable client group.

Particular emphasis has been placed on continuity of service provision. An interrupted service delivery only undermines client confidence and leads to failure of STI control programmes.

**OBJECTIVES :**

To provide a comprehensive GU service for all prisoners.

To treat clients as individuals and encourage/promote awareness of a healthier lifestyle in a friendly, safe environment by ensuring patient care and clinical practice is responsive to the changing needs of the clientele.

It is necessary for all staff to be exceptionally motivated to fulfil these needs and to contribute to maintenance of the highest possible standards.

The integrated GU prison service was based on interdisciplinary team work. There was a combination of experienced Prison Nurse with GU/STI expertise plus
GU/STI/HIV Specialist Clinician. This allows 'prison specific GU skills' to be utilised to the full advantage of clinical care.

To achieve cost effective, personalised, holistic care within the prison environment. Improvement and modernisation is delivered by committed leadership.

To gain tangible benefits for patients: our prisoners rapidly demonstrated the service was indeed acceptable, appropriate and also appreciated. Other benefits: removal of pre-existing degradation/humiliation. Ultimate combination of high quality, cost effective care. Demonstration of both patient and professional satisfaction "Respected by patients, Valued by staff".

The multidisciplinary team providing this service is both tightly integrated and deeply committed, combining expert aspects of custodial nursing and applying scientific clinical standards previously defined in the civilian population.

To achieve integrated Sexual Health Education: messages and advice around safer sex have to be delivered sensitively and in a way that individual patients can understand. It is not just the prisoners that this service is striving to help - STI's have an impact on partners and communities as well as individuals. This service provides an opportunity to help whole families and populations. The service philosophy includes a powerful commitment to utilising every client contact as a health education opportunity. This ranges from safer sex discussion through to partner care.

To address issues of Contact Tracing and Health Advising. The lead GU Specialist Nurse has developed a Health Advisory Role including networking throughout the UK GU service in order that Health Advisors in all geographical locations in the UK can be involved in the diagnosis and management of our prisoners' partners.

WHO WAS INVOLVED / WHAT WAS THE TIME FRAME?
The clinical leadership was provided by Nurse Alison Woodland (AW), Prison Nurse and Specialist GU Nurse HMP Moorland Closed. Dr T R Moss (TRM), Clinical Director and Consultant Physician GU Medicine/AIDS, Doncaster & Bassetlaw NHS Foundation Trust. Clinical service support was received by Dr J Lalik, Staff Grade Physician GU Medicine/AIDS (now Associate Specialist GU Medicine/AIDS). Organisational and professional encouragement and support was provided by Mr A Brown previous Healthcare Manager HMP Moorland Closed and subsequently Mrs Jacqui Tilley, the Governing Governor HMP Moorland Closed.

There has been no individual prisoner involvement in planning or delivery of the work but many of the patients have provided valuable insight and have completed feedback evaluation of service provision allowing further modification and development.

The initial concept was developed by Nurse Alison Woodland in 1995. A major period of service design and development proposals took place between 2000 and 2002. Specialist Nurse Education began with an STI training package at Sheffield University. This was followed by secondment to the GU/AIDS Directorate at
Doncaster Royal Infirmary, a busy acute District General Hospital Group serving a population of 500,000 people. A wide clinical experience was gained with emphasis on a one to one teaching from Senior Clinical Staff. Learning included all aspects of genital tract disease presentation in men and women. Experience and understanding of Epidemiology, Public Health and Contact Tracing/Case finding was achieved for incorporation into the developing Prison GU Clinic. Many Regional and National/International Conferences were attended including meetings of the British Association for Sexual Health and HIV and the British HIV Association. This addresses the academic component of continuing professional development. Clinical training continues in my own Prison Clinic on a routine basis and when the Senior Consultant is in attendance.

The integrated service delivery/specialist prison GU service clinic commenced in 2002 and has been subject to continuous evaluation and continuous quality improvement. The work completed included all aspects of academic service design, location and equipment identification and procurement. Pilot clinics were established. Interdisciplinary meetings were arranged to ensure a collaborative and supportive approach from all related healthcare professionals. The evolution and refinement of this clinical service continues and it is necessary that this is commensurate with the changing global epidemiology of HIV and STI's.

**EVALUATION**

It is believed that sound planning and implementation was based on careful assessment of morbidity and epidemiology in the target population. Evidence of outcomes and further evaluation is addressed by a continuing audit process, epidemiological statistical collection and analysis. There is repeated presentation of work in progress to Regional and National Specialist Professional Groups and by extensive peer review.

Every three months the GU/HIV Clinical Director from DBH NHS Trust undertakes a comprehensive prison GU clinic. This addresses specific nurse concerns regarding complex case management and regularly addresses issues of Clinical Governance. A recent report prepared for and presented to the Prison Health Care Commissioning Group confirmed that objectives 1-6 (section 4) can be achieved and have now been met. (Unpublished Data TRM/AW September 2006).