WHO HEALTH IN PRISONS PROJECT (WHO HIPP)
BEST PRACTICE AWARDS 2011
APPLICATION FORM

Before filling in the form please visit the web site of the Collaborating Centre of the Health in Prisons Project (which is hosted by the University of Central Lancashire) at the following web address, where you will find useful background information on the award and further information for completing the form: http://www.uclan.ac.uk/schools/school_of_health/research_projects/hspd/wcc.php

When completed please return the form electronically to your WHO Health in Prisons Project National Counterpart for consideration. The decision to forward applications to the International Judging Panel rests with your National Counterpart. If you have any questions when completing this form, please email them to paul.hayton@dh.gsi.gov.uk.

DEADLINE: The deadline to return your application forms to your national counterpart is Friday the 27th May at 5pm.

Please indicate the category (you may choose only one) for your application, by typing an X in the box against the correct category

- Category 1: an example of best practice regarding health care services provided to prisoners. This category includes any aspect of the clinical care provided to prisoners by doctors, nurses or other healthcare professionals.

- Category 2: an example of best practice regarding any of the following, or a combination of the following: prevention, health education or health promotion services provided to prisoners. For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education i.e. using specially trained prisoners.

- Category 3: an example of best practice which demonstrates effective co-operation between a prison and the outside community, in the area of health improvement. This category includes any aspect of improving the health and well being of prisoners.

Contact details of the person in the prison managing the application:
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BACKGROUND INFORMATION

Title of your piece of work: Healthcare Representatives

Name of country: England, United Kingdom

Name of prison: HMP High Down

Brief description of the prison and prisoners (no more than 200 words):

HMP High Down is a Category B male local prison, serving the Crown Courts of Guildford and Croydon and the surrounding Magistrates Courts. The prison can hold 1103 Categories B and C prisoners, sentenced and on remand, over six houseblocks, a separation and reintegration unit and a healthcare inpatients facility. Additionally the prison houses an integrated drug treatment service and a vulnerable persons unit. Thus High Down holds a diverse population including large numbers of foreign nationals and young offenders. We have a turbulent population with a vast turnover, with some prisoners staying less than a week.

A large number of prisoners coming in to High Down have mental health problems, legal and illegal drug use problems and/or physical and learning disabilities. This can often be compounded by a low level of literacy and numeracy skills. All of the above only diversifies the array of health issues that are dealt with on a day to day basis.

PURPOSE OF THE WORK

1. What is the aim or general objective of your initiative or piece of work (in just one sentence please)?

Our aim was to employ and train prisoner healthcare representatives to raise awareness and increase access and uptake of services in order to detect, treat and/or prevent disease with a view to improving public health; pertaining to Hepatitis B (Hep B), Hepatitis C (Hep C), HIV, Chlamydia and Tuberculosis (TB).

2. What are the main characteristics of the target group(s)?
   - Is it targeted at all prisoners, or a particular group or groups? E.g. a particular age group or particular demographic.
   - Are others being targeted by the project? E.g. staff involvement or involvement of families.
   - What is the coverage of the work? E.g. how many persons are being reached?

All prisoners within HMP High Down are considered to be the target group. However, others are targeted by the initiative as a key aim is to reach herd immunity for Hepatitis B, which by default will protect all staff, unvaccinated prisoners and the wider community i.e. partners, family and friends.

Furthermore, as we are aiming to make all screening the “norm”, we are increasing the possibility of diagnosing infections including Hep C, Hep B, HIV, Chlamydia and TB early. This can prevent further spread of infection and provide useful opportunities to promote health. Again, this protects staff, other prisoners and those in contact with the prison population.
3. Why this initiative is important?
• What is/are the health need/s you are addressing?
• Has there been any form of needs assessment undertaken?
• Were you drawing upon any evidence or research to inform the piece of work? If yes please briefly refer to it here.

With this initiative we are addressing the following health needs:
• Hepatitis B awareness, vaccination, screening and harm minimisation.
• Hepatitis C, HIV and Chlamydia awareness, screening, progressing to treatment and/or appropriate referrals.
• Tuberculosis awareness and screening if deemed necessary.
• Resolution of prisoner complaints and queries where possible.
• Unresolved and reoccurring complaints forwarded to the Patient Advice and Liaison Service (PALS).
• Identification of vulnerable and/or deteriorating prisoners (mental health or physical health).

It was highlighted whilst collating Key Performance Indicators (KPI’s) that we could improve in many areas related to public health. We had trialled various methods to increase the uptake of Hepatitis B vaccination and Chlamydia screening. Due to our turbulent population and the current allocated staff levels, it appeared unlikely that we would be able to achieve a higher level of activity. As the success of other prisoner representative schemes (Listeners, CARAT etc) were noted, we piloted a scheme for a healthcare representative to aid Hep B vaccination and Chlamydia screening. Once in place its progress was monitored through audits, one of which is attached (Appendix 1). From the results of this audit, the service was adapted accordingly.

Furthermore reps were asked to fill in paperwork (Appendix 2) for nurses to both monitor work and track patients around the prison. This is essential, as prisoners move prisons and within the prison so rapidly they can sometimes miss opportunities to access these services.

Evidence was drawn from works by all of the following: Department of Health, Health Protection Agency, World Health Organization, British Association for Sexual Health and HIV (BASHH) and prison indicators on the need for these services to be offered. Department of Health (DH) (2006) Immunisation against infectious disease – ‘The Green Book’. (3rd edn.) TSO, London.


4. What did you set out to achieve, and how successful were you? Please list your specific objectives in order of importance, and any indicators used to help you measure progress. (NOTE any evaluation should refer back to these objectives and indicators, indicating progress towards meeting them.)

• Our main priority was to both raise Hepatitis B awareness and vaccination uptake. We managed to achieve this by improving from a red indicator (low uptake) to amber (reasonably good) in a three month period. Whilst recognising some room for improvement, this does show that our initiative is providing results. (Appendix 3).
• Equally important was to increase Chlamydia awareness and screening. From 13 Chlamydia screenings on under 25s in April 2010 our figures progressively rose to 83 in November after the commencement of the programme (Appendix 4). Due to increasing demand we have also arranged screening for over 25s.
• Our objective of raising Hepatitis C awareness and screening has also been met. Over a six month period from the commencement of Healthcare reps on each Houseblock our screening increased from 9 tests done in October 2010 to 46 in April 2011. This was also mirrored in the number of patients being recorded as declining Hep C screening. Over the same 6 month period the figure rose from 13 refusals to 115 (Appendix 5).
• In addition reps distribute movement slips, assemble patients for appointments and medication and clean the treatment room leaving the nurses more time to initiate clinical activity and deal with the additional demands for the services created by the reps.
• Patient Advice and Liaison (NHS Surrey) are extremely pleased with progress and changes in service, having heard prisoners’ perspective on care.
• Vulnerable prisoners are also being signposted to healthcare more effectively, which has enabled nursing staff to resolve many issues which could otherwise have gone undetected.

5. Who was involved, and what was the time frame?
Please describe:
• Those involved in the delivery of the initiative. Give names, job titles and the employer of key people involved.
• Any prisoner involvement in the planning or delivery of the work.
• The time frame: When did the work commence? What did you do and when? Is there a finish date known yet?

Hayley Peek - Lead nurse primary care/communicable disease lead - Surrey Community Health
Kristian Lane - Staff nurse - Surrey Community Health
Kati Scullion - Staff nurse - Surrey Community Health
Fortnightly meetings with reps ensured constant active involvement in the planning and improvement of the scheme.
Work began in February 2010 with one rep based on Houseblock 3 and diversified to the current number of eight in September 2010.
The work is still ongoing as is warranted by the health needs of prisoners and the high turnover.
6. **Was there an evaluation?** If yes please detail findings (no more than 300 words).

You may want to consider:

- Formative or **process evaluation**, concerning the quality and acceptability of your **programme's implementation** with the target group.
- Summative evaluation: what were the **outcomes and impacts** in relation to your Specific Objectives and indicators as listed above.

We have conducted a number of audits to monitor improvements in the success of our screening and vaccination programmes (Appendices 1-5). Healthcare and prison staff have all endorsed this innovative initiative and provided positive feedback and continued support. Furthermore, all staff are actively engaged in providing ideas for improving the service. Additionally, prisoners are keen to access and utilise the services, which suggests the programme is accepted.

The outcomes of our objectives were largely successful. We managed to increase figures for Hepatitis B vaccinations, Chlamydia screening, Hepatitis C screening and HIV screening (Appendices 2-6). In numerical terms these areas showed steady improvement although, as we continue to set ourselves higher targets, we will need continuous improvement.

Our targets for this initiative were to increase numerically uptake of the aforementioned screening and vaccination services offered. Now we have met this target we can look to further our progress by attaining the government targets set for Hepatitis B vaccination, Chlamydia and Hepatitis C.

Furthermore, we aimed to raise awareness of the issues with Tuberculosis and vulnerable prisoners, but this is difficult to measure. However, we have had positive feedback from our local TB service, and had success in isolating cases of TB and minimising spread of infection.

7. Please provide us with an **abstract** of your project. Tell us in your own words about your piece of work or initiative and why it is important (no more than 500 words):

It was noted that prisoner representatives often have a way of relaying information to prisoners that is individual and this increased uptake of services. On this principle it was decided that outpatients would pilot the use of a prisoner rep on the induction houseblock (houseblock 3). The aim was to assist nurses with relaying information pertaining to Hepatitis B and Chlamydia screening with a view to increasing uptake of services.

This was a great success and not only increased uptake of both services, but also ensured inmates were able to make informed decisions about their health. Furthermore, nurses utilised their time more effectively as the prisoner rep created lists of prisoners to be vaccinated or screened and were able to liaise with officers to ensure prisoners were unlocked to attend the treatment room, rather than nurses continually chasing patients. During the trial an audit was conducted on vaccination and screening of prisoners (Appendix 1). This highlighted the success of the pilot, and emphasised that other areas needed further improvement. Additionally it was noted that many prisoners are under extreme stress in the first few days in prison and may not perceive healthcare as a priority.
Therefore a healthcare representative was recruited for five of the Houseblocks. (Houseblock 6 was excluded initially at the request of discipline staff due to concerns over security implications).

The role has evolved significantly since the trial. All reps are trained to deliver information on Hepatitis B vaccination, Hepatitis C screening and Chlamydia screening and refer to the nurse. They have undergone self-harm training, enabling them to refer anyone of concern to the houseblock nurses. Representatives also double as a PALS liaison, which presently has helped resolve many issues pertaining to healthcare which previously we had not realised existed.

Below is a list of all tasks expected of healthcare reps:

Reception healthcare rep –
- Discuss healthcare and services on admission.
- Explain Hep B vaccination and benefits, availability of Chlamydia and Hepatitis C screening.
- Advise on practical daily routine of healthcare.

Houseblock healthcare rep –
- Distribute medication lists for officers and appointment slips to patients.
- Assemble patients for nurse triage.
- Clean house block treatment rooms.
- Act as PALS representative.
- Check new prisoners on house block - whether they require Hepatitis B vaccinations, Chlamydia screening, Hepatitis C screening, pass information to nurse.
- Health promotion.
- Answer questions relating to healthcare - ask nurse if unsure of answer.

Houseblock 2 B spur rep –
- As above for main duties but on the Vulnerable Prisoners Unit.

Houseblock 3 rep –
- As above for duties of houseblock healthcare rep.
- Attend induction
- Reiterate information about Hepatitis B vaccination - record whether patients are already immunised, decline or require vaccination.
- Record whether they require Chlamydia screening and/or Hep C testing.
- Pass information to nurse to be recorded.

Due to prisoner movement being restricted healthcare can be affected. Healthcare reps ensure that urgent issues are relayed to nurses who can prioritise their care.
8. Finally, what are the most important specific learning points from your piece of work that you would like to share with others working with prisoners? What can others learn from your project? (no more than 500 words)

The single biggest learning point is that prisoner’s perspective can improve healthcare. Although the initiative was created and developed largely by nursing staff, it would not have been possible without the hard work and complementary insights of the prisoners who do the work.

Other key learning points are as follows:
- Utilising reps improves productivity and minimises resource wastage - i.e prisoners chasing patients for appointments/meds frees nurses’ time.
- Dissemination of information in a relevant manner aids and facilitates uptake of services. Prisoners tend to respond better to healthcare issues when they are discussed on their level by people they can relate to.
- Vulnerable groups would occasionally go unnoticed by the nursing staff. The introduction of healthcare reps on the spurs allowed for this target group to have their healthcare needs brought to the nurses’ attention.
- The initiative has helped to reduce barriers between nursing staff and prisoners, allowing for a better working relationship and increase in uptake of the services provided.
- Prisoners can give insight to the real needs and problems with accessing services and help to discover reasonable solutions. The reps are not only for the benefit of Healthcare staff; they act as advocates for the prisoners, ensuring their grievances are put across to the necessary staff members.
- In a similar vein, the Healthcare reps act as a mediator between staff and prisoners allowing for better working environments for all.
- The reps also aid in signposting patients to relevant services. A patient may not know whom to talk to, or perhaps be anxious about addressing concerns with a female member of staff. Healthcare reps can assist in pointing them in the right direction and discuss with appropriate members of the nursing team.
- Finally the healthcare reps work hard every day demonstrating health promotion. They have all commenced on the Smoking Cessation course, been screened for Hep C, Chlamydia and HIV, and had all of their Hep B vaccinations, so they are leading by example. Furthermore they talk with prisoners about the above topics and can encourage them to follow their example. In this way they have become an essential asset to the healthcare team within the prison.

Note: please attach supporting photographs electronically to this application if you wish. They may be used in any subsequent publication of the awards. If you do not wish for these photographs to be shared beyond the Judging Panel, please put a X in this box.

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