



Healthcare in HMP Leeds

A snapshot of people's experience of healthcare provision in prison.

September 2017

About Us

Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds.

Summary

Introduction

HMP Leeds invited Healthwatch Leeds (HWL) to find out what works well and what can be improved with the healthcare in Armley prison, following the implementation of a new contract with healthcare service provider Care UK.

HWL worked collaboratively with Care UK and talked to 23 prisoners about their experiences.

This report gives a snapshot of people's experiences of healthcare services in prison and their views about what could be improved.

Key Findings

What worked well

- The majority of the prisoners we spoke to were happy overall with the prison's healthcare service. They were satisfied with the way they were treated and spoke highly of healthcare staff.
- We received very positive feedback regarding the healthcare representatives (HCRs). They are clearly a valuable asset to both the healthcare team and prisoners at HMP Leeds.
- The content of the information for prisoners was considered good and useful by those who had received them.

Areas that could be improved

- The provision of information about healthcare services appears to be inconsistent.
- The majority of prisoners highlighted the appointments system as the one area they would like to improve.

- Many prisoners suggested that HCRs could play a greater role in supporting the healthcare team.
- Lack of experienced prison officers and adequate staffing on prison wing was felt to be a key factor in many of the negative issues highlighted by prisoners.
- Some prisoners felt the nurses administering medication were under supported by prison officers.
- There was a general mistrust of, and lack of respect for, Prison Officers. Many prisoners also felt they hindered the work of the healthcare team. Prisoners said that there was nobody to tell if they were being bullied/intimidated to give away their medication.

Key recommendations

We have made recommendations on areas of development highlighted above.

- healthcare information provision;
- communication between the prison officers and prisoners;
- appointment system;
- drop in sessions;
- staff support and ways of maximising HCRs and the benefits they bring to the healthcare service.
- Reception process

For details of the recommendations, please refer to page 16 of the report.

Background

HMP Leeds is a large Victorian local (Category B) male prison. It is located in Armley, just outside Leeds city centre. It has a maximum operational capacity of 1212. A third of the prisoners at HMP Leeds are on remand and a significant proportion of prisoners are released back into the community each year.

Prisoners at HMP Leeds are much more likely to be smokers, have alcohol problems or be intravenous drug users than members of the general population.¹

A new contract for healthcare provision in HMP Leeds was issued in April 2016 by NHS England (commissioners of the service) to Care UK.

HMP Leeds holds an 18 bed specialist social care unit. It delivers support and care for adults with physical disabilities, learning difficulties and long-term conditions. For patients who do not require admission to this unit, health and social care intervention can be delivered wing-based where appropriate. The head of the healthcare service told us that his team is responsible for meeting every prisoner's healthcare needs. There are a high proportion of prisoners that take medicines and/or receive medical intervention every day.

More information about the social care unit can be found in Appendix 1.

Healthcare representatives (HCRs) have been reintroduced since February 2017. They are prisoners who are trained to support prisoners' access to the healthcare service. There is a Prison Information Desk (PID) in each wing managed by the PID workers (they are prisoners themselves) which provides information about the operational arrangements within prison and different support services, e.g visiting information, phone ID's, health appointment slips and Samaritans.

Both Care UK and Healthwatch Leeds are keen to find out what works well and what can be improved in healthcare in order to meet the needs of the prison population in Leeds.

Why we did it

One of our 2017/2018 priorities was men's voice and experience of healthcare services, particularly those not always heard. In addition, we have received several enquiries to our information, advice and signposting line regarding problems in accessing medication and/or appropriate care in prison.

We have received support from the senior staff team of HMP Leeds, which has enabled HWL to engage with prisoners in a meaningful way.

Both the prison healthcare service and Healthwatch Leeds share the same goal of finding out from the prisoners about their experience of healthcare and identifying what can be done better in prison.

What we did

We spoke to 23 prisoners in a combination of focus groups and individual interviews. Eight of these prisoners were staying in the Social Care unit and the other 15 were from the wings. Not all of the prisoners answered all of our questions.

Our discussions with prisoners focused on four key themes:

1. Information about health services and the prison health team
2. Accessing the health team and health services
3. Health Care Representatives
4. Treatment - both the medical treatment prisoners receive and how they felt treated as a person.

We asked all prisoners:

- Name one thing you think is good about the prison health care service
- Name one area of the service you would improve if you could.

Please see [Appendix 2](#) for the full methodology we applied to the project.

What we found

When the prisoners were asked their overall feeling about the health service in HMP Leeds, 16 out of 20 people who answered the question said they were happy with the service, only one person was unhappy and three people felt somewhere in between.

We have set out what we found question by question below. Prisoners' comments for each theme can be found in [Appendix 3](#).

1. Information about health services and the prison health team

1.1 What information have you been given about the health team and the services available? Was it useful - did it tell you what you need to know?

The provision of information about healthcare services for people arriving at HMP Leeds appears to be inconsistent.

Seven out of eight prisoners from the Social Care Unit had received healthcare information but of the five prisoners who came to the focus group from the wings, just one said he had been given a healthcare handbook.

Where prisoners had received information, all agreed it was good and told them what they needed to know about the services available.

One prisoner from the Social Care Unit said he was very happy with the information available about mental health services.

One prisoner said he was illiterate so any written material was useless to him and that information can be given verbally face-to-face for those inmates who cannot read. Another prisoner agreed to this as “not everyone can understand leaflets”.

1.2 Do you know where or how you can get information about health services when you need them?

All prisoners (13) who answered this question said they knew they could obtain information about health services from the Health Care Representatives (HCRs) or staff in charge.

1.3 In what form would you like to receive information about the health team? What other information would be useful?

There was general agreement that as well as information taking the form of an induction handbook or booklet, there can be verbal information sharing for those who cannot or struggle to read.

It was suggested that HCRs could be available to talk to people as they arrived at HMP Leeds, in the same way that representatives from the Samaritans are available.

One prisoner said it would be useful to know when the optician and dentist were in the prison.

2. Accessing the health team and health services

2.1 How easy do you think it is to make an appointment?

5=being very easy and 1=being very difficult

Score	1	2	3	4	5	Total responses
Responses	4	3	1	2	3	13

Most prisoners felt that, although there is a lot of paperwork involved, it was relatively easy to make an application for an appointment to see a GP or other health professional such as an optician or dentist.

However, almost every prisoner went on to voice an issue with the follow-up aspect of the appointments procedure, including those who had rated it as 'very easy'.

Issues highlighted included:

- Long waiting times
- Failure to receive a reply slip giving details of the appointment
- Problems with physically getting to an appointment which requires being escorted by the prison officer
- Cancellations

"It can take six weeks-plus to get an appointment. You have to jump through hoops."

“I had three cancellations before I got to see the GP.”

The main reason prisoners gave for these problems was communication. Barriers to attending appointments are explored further in 2.4.

2.2. How do you feel about the time you have to wait between requesting a routine GP/optician/dental appointment and getting one?

5= very short and 1= very long

Score	1	2	3	4	5	Total response
Responses	4	2	3	3		12

Most of the prisoners said the delay in getting an appointment after requesting one was too long.

The prisoners who gave the lowest score all felt the triage system was ‘hit and miss’ and perceived their ailment to have been more serious than the triage assessment.

Two prisoners believed people with drug issues were given priority over clean prisoners, for example a severe ear infection went untreated for days.

“It wasn’t self-inflicted. If he’d smoked ‘Spice’ he’d be sorted.”

Those who scored the waiting times more highly were on the Social Care Unit of HMP Leeds. Whilst they said there were long waiting times, particularly to see a dentist or optician, they acknowledged that the issue was a lack of adequate medical staff to deal with the volume of prisoners. They were happy that they could be seen by a senior nurse instead of a GP.

2.2 How do you feel about the time you have to wait between requesting an urgent appointment and getting one?

5= very short and 1= very long

Score	1	2	3	4	5	Total response
Responses	3					3

Only three people gave a score on this question and delays were cited as the reason for the low score. One prisoner said he waited six weeks to get a dental appointment for a broken tooth which was cutting into his tongue and cheek.

Another example given was that a prisoner who needed an emergency X-ray had to wait for several days before getting it.

2.4 What makes it difficult to attend appointments?

The reasons given for barriers to attending appointments were:

- Prisoners not being informed by Prison Officers about appointments
- Insufficient staff to accompany prisoners to appointments
- An incident in the prison causing a lockdown
- An appointment not being rebooked if, for example, a lockdown had caused cancellation
- Prisoners were at work and unaware that they had an appointment
- A prisoner's name was on the list of appointments in the hands of a Prison Officer who was located on a different floor
- Prison Officers don't always unlock prisoners to allow them to attend
- The lift was out of order, so inmates with mobility problems could not access the Social Care Unit.

Many of these barriers are the result of poor communication - between the healthcare administration system and prisoners and between the prison officers and prisoners.

2.5 What do you think could be done to make the process better?

Prisoners suggested the following actions:

- Improving communication to enable prisoners to attend their health appointment
- Display a sheet on the wing noticeboard listing prisoners who have health appointments (no need to state what the appointment for) in line with the system for visitor lists
- Healthcare staff, not guards, should accompany prisoners to appointments
- Provide a confidential box on every wing where prisoners can post their applications for health appointments. (We later found out the confidential boxes were provided but had been vandalised and not yet been replaced.)

The Head of Health Care service explained he wanted to introduce a system where prisoners receive an Incentive Earned Privilege (IEP) warning if they do not attend an appointment to clarify the reason for a missed appointment. This would necessitate the Prison Officer having to give a reason for the missed appointment.

Three prisoners said they did not trust the system. “Nine times out of ten it’s not the prisoner’s fault.” “Prison Officers will lie to protect the wing.”

3. Health Care Representatives (HCRs)

3.1 Do you know what a HCR/Prisoner Information Desk (PID) does?

The majority of the prisoners (17) we spoke to are aware of the role played by HCRs and the PID and could identify them easily by their purple shirts.

HCRs who took part in focus groups appeared well informed and highly respected by fellow inmates.

However, those on B wing said there was currently nobody in post as the previous HCR had been released. There was no HCR on F Wing. (The Head of Healthcare immediately took steps to recruit a new HCR from within the focus groups).

3.2 How well do they work? What would improve the way they work?

There was an overwhelmingly positive response to HCRs and the support they give.

“If it wasn’t for them, we would be at a loss.”

One HCR had identified a gap in healthcare provision for people suffering Post Traumatic Stress Disorder and is now involved in the work to provide support.

Two HCRs said that while they worked well, the system for returning appointment reply slips to prisoners was inefficient and there were often delays getting the reply slips. (We later found out that the reply slip was given to the prisoner directly rather than being distributed via the HCRs.)

Prisoners suggested the following improvements:

- Have a poster on wings with a name and photo of the HCR
- HCRs should introduce themselves to new arrivals on the wing and give them the information they need
- Improve the efficiency of returning appointment reply slips

4. Treatment you receive and how you are treated

4.1 How do you feel about the medical treatment you’ve received? What made it a good or bad experience? What could be done to make it better?

5= very good and 1=very bad

Score	1	2	3	4	5	Total responses
Responses			1	1	9	11

Healthcare staff at HMP Leeds are generally held in very high regard by prisoners.

“You can’t fault the healthcare team.”

Two prisoners thought the nurse administering medication needed some support as she covered two wings at the same time.

Concerns were raised about Prison Officers not unlocking prisoners - both when they were ill at night and to attend medical drop-ins etc.

One prisoner shared that he was once ill with diarrhoea and had to see to himself until the morning because Prison Officers will only unlock for emergencies. Several prisoners mentioned worries about what would happen if they fell ill overnight.

A prisoner using methadone said the queues to receive it were huge.

Another said 'first nighters' could wait five hours to be seen and there was too much form filling about medications.

One prisoner said there was a need for greater awareness of Novel Psychiatric Substance (NPS) and the problems it causes.

"It's a problem in prisons but there is no group to raise awareness or offer support to lads who genuinely want help."

The problem of prisoners not taking medication or giving them away was considered to be a result of currency, trading and bullying. There was nobody to tell if you were being bullied.

Prisoners suggested the following improvements:

- The drop-in Nurse triage on Mondays should be done wing by wing, not all together.
- A 'confidential box' on wings could be used to report bullying.
- HCRs could be trained to raise awareness about NPS and a support group established for those seeking support.

4.2 How do you feel about the way you are treated by prison nursing staff? Do you get enough time with a health professional? Are you confident you can discuss issues with prison health professionals?

Prisoners were very satisfied with prison nursing staff and spoke highly of them. They were confident discussing any issues with them.

There was general agreement that prisoners got enough time with health professionals in the Social Care unit but not on the wing. This is

due to the high numbers of patients needing to be seen on the wing.

There was a broad understanding of the staffing challenges faced by healthcare staff.

“1,200 needy prisoners. They all need something. It’s not an easy job.”

5. Individual opinions about the prison healthcare service

5.1 Name one good thing about the prison healthcare system

Each prisoner was invited to respond to this question individually.

Eight prisoners specified the healthcare team.

“They do a remarkable job.”

“The staff are brilliant.”

“Committed to the work.”

“Staff treat me well.”

Six praised the service as a whole.

“Slow, but overall happy.”

“No complaints.”

“I can’t fault it.”

Two highlighted the *“much improved”* dental service.

One highlighted medications. *“You do get your meds.”*

5.2 Name just one area you would improve if you could

These were suggested both individually and by consensus:

Eight prisoners spoke of the appointments system, with one specifying optician appointments.

Three prisoners said their experience would be improved by knowing who the HCRs are and three said access to HCRs could be improved.

One prisoner wanted to improve prescription services.

One prisoner wanted to reduce long queues to get medicine.

One prisoner wanted to establish an NPS awareness and support group.

Some prisoners highlighted poor cleanliness in cells and prisoners requiring care being put to bed as early as 5.30pm as areas for improvement. Whilst not strictly health related these issues might have an impact in terms of mental health and wellbeing.

Our messages / recommendations

The prisoners Healthwatch Leeds spoke to were very positive about the HMP Leeds healthcare team and the services they provide.

Where issues or concerns were raised, in the main there was some acknowledgement of the underlying challenges involved: for example, the prison's high turnover of inmates, the high volume of people requiring medical attention and the significant number of new and relatively inexperienced Prison Officers.

Our recommendations also take these challenges into account by helping HMP Leeds consider low or no cost improvements which could be introduced with minimal impact on staff workloads.

HCRs have provided an important bridge of communication between the healthcare team, Prison Officers and prisoners. HCRs could play a vital role in supporting any new or revised procedures. All HCRs who took part in the focus groups expressed a strong willingness to assist

the healthcare team and support fellow inmates in any way they could.

Our recommendations are set out in detail below to help HMP to further develop areas identified in the report.

Recommendations

Areas identified for improvement	Recommendations
<u>Healthcare information provision</u> It has been highlighted the prisoners have difficulties in remembering information on arrival at prison and there is a need to provide information in different format on an ongoing basis.	Assessing the possibility of HCRs routinely introducing themselves to new inmates on their wing to talk to them about prison healthcare services and give them a handbook where appropriate. This would ensure all new arrivals to HMP Leeds were well informed about services from the outset (including non-written information where appropriate).
<u>Appointment system</u> Main difficulties for attending appointments: • Poor coordination of appointment lists • Insufficient prison officers to accompany prisoners • Failure by prison officers to unlock prisoners from cells • Prisoners can wait a few days to obtain and attend emergency X-ray appointments	• Reviewing the current system for distributing reply slips so prisoners are informed in good time that an appointment has been booked, and when. • Reviewing accountability between wing staff and call staff to ensure prisoners to attend appointments. • Considering the feasibility of putting a list of health appointments on the PID board, which would provide clarification for all concerned. • Considering the feasibility of rebooking appointments when prisoners have failed to attend due to circumstances beyond their control. • All emergency appointments to be dealt with immediately when possible

Areas identified for improvement	Recommendations
<u>Healthcare Representatives</u> Lots of suggestions from the prisoners were made for HCRs to play a greater role in supporting the healthcare team.	• Consider displaying the name and photo of the HCR in each wing. • Formalising a system so all new arrivals are seen by the HCRs and given written and/or verbal information about healthcare service. • Investigating possibilities for training HCRs to play a greater role, e.g. providing information, supporting communication around appointments and raising awareness of health issues.
<u>Treatment the prisoners received</u> Prisoners have nobody to report to in confidence about bullying around being forced to divert medication.	Consider putting a ‘confidential box’ on wings that could be used to report bullying.
<u>Healthcare team</u> Prisoners reported that nurses administering medication need more support from prison officers	Training to be made available to prison officers on the treatment hatch for dealing with challenging behaviour/identifying diversion of medication, so disruption can be managed during the drop-in nurse triage session.
<u>Reception process</u> Prisoners don’t always get to see healthcare team on the first night if they arrive late.	Reviewing the reception process so the prisoners can be assessed by the health team on the first night.

Service Provider Response

We welcome any opportunity to explore issues and search for solutions to improve our patients experience. We were delighted to invite Healthwatch Leeds to HMP Leeds for the very first time. Most patients were happy to talk to an external organisation and were genuinely pleased with the opportunity. I am pleased with their view that healthcare staff are caring and will do the best job they can under difficult circumstances. I believe it was a huge learning experience for the Healthwatch team who had not visited a prison before. The issues and challenges were a surprise at times and the great effort it takes to deliver quality services became very clear. An opportunity to spend time exploring experiences and patient suggestions is our ongoing commitment and we will continue to value feedback and strive for continuous improvement.

Next Steps

The report will be shared with the Head of Healthcare at HMP Leeds. We will agree with him the next steps to be taken in response to our recommendations and work with him to ensure any agreed actions are followed through and implemented.

The report will also be distributed to prisoners via the HCRs.

As with all our publications, we will also upload the report to the Healthwatch Leeds website and share them with Healthwatch England, the commissioner for the prison service and the Care Quality Commission.

Thank you

This report has been written by Tatum Yip, Community Project Worker at Healthwatch Leeds, in collaboration with Alison Garford.

We would like to thank Denise Wall, Helen Dannatt, Alison Garford, David Sgorbati and Stuart Morrison who helped with different aspects of the project.

Our gratitude goes out to the Head of Healthcare and his team who have provided assistance and support throughout the planning and delivery of this project.

Last but not least, a big thank you to the prisoners who attended the focus group and interviews-your views have helped to make the report possible.

References

Information of HMP and its prison population has been taken from the Dynamic Healthcare Needs Assessment of HMP 2017.

Appendix 1 Background of Social Care at HMP Leeds

HMP Leeds holds an 18 bed specialist social care/re - enabling environment that delivers support & care for adults with physical disabilities, learning difficulties and long term conditions. For patients who do not require admitting to this unit, social care intervention can be delivered wing based where appropriate.

In order for patients to receive social care input each patient identified by the prison or nursing team will have a full health needs assessment completed by a senior member of the nursing team in conjunction with an external social work team. This assessment allows for nursing staff & local authorities to establish if the patient is eligible for support, and identify what this support may be in order to tailor individual patient need. This may include assistance with personal cares & activities of daily living, specialist equipment that will aid independent & increase the patient's wellbeing during their stay in a custodial environment.

The social Care team work alongside local authorities in conjunction with The Care Act 2016 in order to provide high quality multidisciplinary care to patients eligible for social care input equivalent to that in the community.

This information has been provided by Nicola Betts - Primary Care Nurse, Social Care, HMP Leeds

Appendix 2 What we did - our methodology

We planned five focus groups to take place at the prison's healthcare unit in September 2017. However, only three went ahead and thirteen people in total came to the groups. The cancellation of the two scheduled focus groups was due to unforeseen reasons, i.e. prison lockdown, lack of officers to escort prisoners to the focus group, communication problems between the prison officers and healthcare team and prisoners' refusal to attend the focus group.

We also spoke to 10 individuals in the waiting areas of the healthcare unit before or after they had attended their medical appointments. However the questions used had to be condensed to

- What would improve the way HCRs work?
- Name one thing is good about the prison health service.
- Name just one area you would improve if you could.

All prisoners were given an opportunity to express their opinion anonymously about their overall feeling for the healthcare in prison on the following slip.

		

Score cards of 1 to 5 were used by prisoners to indicate their level of satisfaction during the focus group, with 1 being bad and 5 being excellent.

Appendix 3 Prisoner quotes

1. Information about health services/health team

“Get enough info. Very happy with mental health service and the information available.”

“I had received a handbook and it provided the information I needed to know.”

“Healthcare Reps could be available to talk to people and provide information to prisoners on their arrival at HMP Leeds”

“Can’t read so (leaflet is) useless. Verbal and face-to-face info would be better.”

“It would be good to know when the optician and dentist are in the building.”

2. Appointments

“If you apply to see a GP you get a nurse.”

“There’s a lot of paperwork to fill in to request an appointment”

“Optician appointment is difficult to get (waiting list 2 months)”

“Been in prison for 3 weeks, first time managed to see the doctor. Medication not right, I am very unhappy.”

“Took 18 days to see the GP here.”

“They (prison officer) don’t listen to you and when you do get one [appointment] the reply slip might only come through the day before.”

“Prison officers who might have a list don’t always unlock prisoners to allow them to attend.”

“The problem is the follow-up. More staff needed.”

“A sheet listing applications for appointments should be put on the noticeboard, like the system used for the visitor list.”

3. Health Care Representatives

“Does a fine job.”

“Eyes and ears of the world.”

“(Need to) offer support for lads who genuinely want help”

4. Treatment the prisoners receive and the healthcare team

“I am worried ‘what if’ during the night” (what if officers don’t respond to calls when I am ill)

“She’s rushed off her feet.”

“They really listen and go beyond to help us.”

“There are about 12 nurses. They can’t be there immediately.”