

# Prisoner Experience of Healthcare Services at HMP Hewell

February 2020



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## 1. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners to improve services.

## 2. WHY WE UNDERTOOK THIS WORK

In November 2018 the Parliamentary Select Committee on Health & Social Care, identified that:

- Many prisons are unsafe, with incidences of violence and self-harm at a record high
- Prisons, as a result of staff shortages and overcrowding, are limiting prisoners' access to healthcare and their ability to lead healthy lives

The Committee recommends that the Government's programme of prison reform, and the way it talks about its plans for reform, should place greater emphasis on health, wellbeing, care and recovery, recognising the poor health of people in prison and the trauma many people in prison have experienced in their lives.

Subsequently, in June 2019, HM Inspectorate of Prisons raised specific healthcare concerns at HMP Hewell and recommended:

*The prison's co-commissioning agreements with its health partners should jointly assess and monitor prisoner health needs and progress against agreed actions to ensure the best health outcomes for prisoners.*

Against this background HWW were keen to engage with prisoners at HMP Hewell to gather their experiences of health services.

HMP Hewell is a multiple security category men's prison and holds prisoners on remand (including potential Category A), sentenced and vulnerable Prisoners. It is purpose built modern accommodation (2008). Operational Capacity of ~1000.

Healthcare services are commissioned by NHS England and provided by Care UK. The Governor of HMP Hewell has overall responsibility for the health and wellbeing of prisoners and Worcestershire County Council has responsibility for the social care needs of prisoners in Worcestershire.

## 3. WHAT WE DID

In November 2018 we held a focus group at HMP Hewell which was attended by 5 prisoners trained as Healthcare Champions. Focus group feedback can be found in Appendix 1.

In July 2019 HWW were invited by Care UK to attend a training session at HMP Hewell on Patient Engagement within prisons. The session provided an overview of Care UK's Patient Engagement Quality Standards Framework and confirmed the establishment of Patient Participation Group's within all prisons would be required by December 2019.

In November 2019 we revisited the prison and held a second focus group with 12 Healthcare Champions who shared their experiences.

#### 4. WHO WE SPOKE TO

There were a variable number of prisoners in attendance (between 8 and 12 at any one time) as some arrived later due to a previous meeting and some had to leave early. All prisoners who attended the focus group were Healthcare Champions.

Healthcare Champions (HCC) are trusted prisoners who have passed a security check, most of them are 'blue band' which means that they don't have to be escorted by Officers. They receive training and are required to pass an exam. The role is unpaid, and they mainly have other roles within the prison which enables them to earn. The majority of prisoners who volunteer to be HCC's have other wellbeing roles such as Listeners who are the Samaritan trained mental health workers and 'Insiders' who have a role settling new prisoners into the establishment. The role of an HCC includes the following tasks:

- Helping prisoners with well-being questionnaires if required
- Signposting to services
- Helping with prisoner induction check lists to ensure that new prisoners are aware of services available and how to access them
- Provision of health information to other prisoners
- Delivery of healthcare appointment slips to prisoners

#### 5. FOCUS GROUP FINDINGS

The questions asked were informed partially from the work carried out by Engaging Communities Staffordshire for Care UK earlier in 2019 and also from the focus group carried out by HWW in November 2018. The questions were principally around Healthcare services rather than social care though HWW understands that social care is provided within HMP Hewell but at the moment only to prisoners who are in the inpatient unit.

##### 5.1 Reception Screening and Induction processes in relation to health needs

Participants believed the reception processes work well. HCC's help with reception duties and all prisoners are seen by medical staff. NHS England has funded an additional reception nurse for 12 months to accommodate the increased demand on reception screening.

New prisoners stay on the induction wing initially and are supported by HCC's and Insiders who help to ensure the induction check lists are completed, and prisoners are aware of what services are available and how to access them. This includes dentists, physiotherapists, podiatrists and opticians.

In general, it was felt that there was a good awareness of the Healthcare services available helped by the induction check list which includes information about:

- Healthcare services available
- How to get an appointment

- Referral processes
- Healthcare Champions

We asked participants what happens when health needs are identified, they confirmed prisoners see a doctor or nurse within 24 hours of arriving at the prison if they have an identified health need.

Feedback forms had been in operation for a month and were showing that 99% considered the reception/induction process to be satisfactory or better.

This is an improvement on feedback from the previous year (see App1) when capacity was stated as an issue. It seems the use of HCC's in the reception area has increased and all spoke positively about their involvement.

## 5.2 Access to health services

For the wider prison population participants reported there is a long wait for a Doctor's appointment and also a back log of people waiting to be seen. They told us that attending appointments can be difficult for prisoners for the following reasons:

- Availability of prison officers to escort prisoners
- If there is a 'freeze' on it prevents prisoner movement
- HCCs are now used coordinate and to deliver appointment slips which has improved the situation; however, the slips do not always reach the HCC's for them to deliver
- Some appointments are being made for the 1<sup>st</sup> Wednesday of each month which clashes with prison officer training when they are unable to escort prisoners off the wings
- Misuse of cell bell system often results in bells not being answered in a timely fashion which can result in missed appointments

For the HCC's themselves this is less of an issue as the majority have a good level of security clearance and allowed a reasonable amount of freedom to move around.

It was confirmed by Care UK that the bell system is being renovated, the new bells are loud and penetrating and do not stop until attended to. It is anticipated that prisoners will be less inclined to abuse the bell system and prison officers more incentivised to respond to them.

Participants were asked what happened in a health-related emergency situation. Feedback was generally positive about the emergency response time being good if the emergency happened during association/worktime. Paramedics are on site and can attend quickly. However, there was real concern about an emergency occurring when locked in cells, one participant stated:

***“If you have an emergency when you are locked in your cell then you are probably a gonner”***

This related to the issue that cell bells are often misused and therefore prison officer response times to them may be slow as evidenced by the incident in September 2018 when a prisoner set himself on fire and it took 16 minutes for a response to his cell bell.

HCC's reported some delays to ambulances accessing the prison; however, this seems to have improved on feedback received last year. Participants said a new radio system was due which would enable healthcare staff to communicate directly with the ambulance.

Point for consideration:

1. Appoint dedicated Health Care Officers to escort prisoners to appointments, a practice in operation at some prisons.
2. Timely response to cell bells. This may be helped by the implementation of sanctions around the misuse of cell bells and/or the renovated bell system.

### **5.3 Support for long term conditions**

Participants were asked how prisoners with long term conditions were supported e.g. diabetes, dementia, mental health etc.

It appears access to external appointments is always an issue due to the logistics and resource required for escorting prisoners off site. HCC's knew of cancer patients who had missed radiotherapy appointments due to this problem.

It was felt by participants that the prison's healthcare staff did everything possible to support those with long term conditions, but they were being let down by other prison services. For example: healthcare staff complete diabetic diet templates where required which are then passed to the kitchen for action, a similar exercise is followed for prisoners with allergies. We were told that this information is ignored 50% of the time.

Point for consideration:

1. Greater emphasis should be placed on the importance of prisoner healthcare by the whole system. This may be a training issue for prison staff and should be better recognised by contractors providing catering services.

### **5.4 Access to medication**

We asked the group how easy it was for prisoners to get their prescribed medication. Last year we heard how some prisoners were having to miss meals to queue for their medication at 'the hatch'. This issue still exists, and we were told by the prisoners that this was made worse by:

- Long waiting times for Doctor's appointments to obtain prescriptions
- The pharmacy (hatch) is staffed by Care UK, however, a high turnover of staff results in agency workers and the inevitable slowing of processes. Consequently, fewer prisoners are served in the allotted opening times leaving some without their required medication.
- A prison officer is always required to be present when medicines are being dispensed. This is not always achieved.
- Hatch opening times sometimes clash with mealtimes

Points for consideration:

1. Consideration should be given as to how access to medication could be made easier for prisoners including continuity of staff to speed up the process and increase dispensation of medication
2. Hatch opening times could be better coordinated with the prison timetable - and prison timetables upheld

## 5.5 Involvement in Healthcare

Participants were asked how involved they felt in their own healthcare. HCC's acknowledged they feel well involved due to their knowledge of who the relevant staff are to talk to and that they have a stronger voice. It was noted that the gym plays a pivotal role in a prisoner's route to healthcare, the HCC's make the most of this opportunity to engage with prisoners.

HCC's reiterated the issue of long waiting times for a Doctor's appointment and the added challenge for prisoners locked in their cell for either disciplinary or safety reasons.

- Mental health support was raised as a significant concern and an example given of a prisoner who had been waiting for 3 weeks to see a 'Listener' and started to self-harm to increase his chance of access. They said there was a spiral of self-harm due to mental health problems and suggested mental health is the root of the majority of prison issues

Point for consideration:

- The introduction of a dedicated mental health practitioner on every wing.

Participants were also asked if they knew how to make a complaint if they weren't happy with their healthcare experience at HMP Hewell. It was generally agreed by the group that prisoners both know how to complain and do so when necessary. They gave information about Care UK's complaints form which is freely available and included the induction process. A complaints box is on each wing and prisoners can also ask the HCC's for a form.

In addition, a member of the healthcare team runs regular 'concerns clinics' on the wings enabling prisoners to inform them of any concerns. This is particularly used on wings where prisoners have fewer movement rights. To date the majority of concerns, relate to access to appointments.

## 6. SUMMARY

Overall prisoners feel healthcare services are good when received. the issue is managing access to services when it conflicts with security and daily prison routines. The availability of staff and their capacity to escort prisoners to appointments was identified as another significant factor. There is also concern about the overall capacity of the healthcare services available taking into account the prison population and the general poor health of people in prison.

Prisoner feedback in November 2019 mirrored feedback in November 2018 where prisoners continue to acknowledge security and safety are of paramount importance within the prison, however, a need for higher regard for the health and wellbeing of prisoners was required.

### **Summary of Points for Consideration:**

#### **1. Access to health services:**

- Appoint dedicated Health Care Officers to escort prisoners to appointments, a practice in operation at some prisons.
- Timely response to cell bells. This may be helped by the implementation of sanctions around the misuse of cell bells and/or the renovated bell system.

Access to emergency healthcare provision when locked in cells was highlighted as a significant concern. The inconsistency of officer response to cell bells due to capacity and also inappropriate use of them by some prisoners, has culminated in the real potential for life threatening emergencies to develop as evidenced by the incident in September 2018 when a prisoner set himself on fire and it took 16 minutes for a response to his cell bell.

#### **2. Support for long term conditions:** Prisoners said healthcare staff provide good support to those with long term conditions, however, concern was expressed about dietary needs of diabetics and prisoners with allergies being often ignored by the kitchen staff.

- Greater emphasis should be placed on the importance of prisoner healthcare by the whole system. This may be a training issue for prison staff and should be better recognised by contractors providing catering services.

#### **3. Access to medication:** access to prescribed medication via the 'Hatch' seems to be an ongoing issue, whilst prisoners speak well of dispensing staff it seems the opening times and staff turnover impede access and efficiency.

- Consideration should be given as to how access to medication could be made easier for prisoners including continuity of staff to speed up the process and increase dispensation of medication
- Hatch opening times could be better coordinated with the prison timetable - and prison timetables upheld

#### **4. Prisoner involvement in their own healthcare** was deemed to be good by the HCC's due to their connections with staff and the role they occupy. Mental health support was raised as a significant concern and felt by prisoners to be a factor in the majority of prison issues.

- The introduction of a dedicated mental health practitioner on every wing.



## 7. APPENDIX

### Appendix 1

#### Prison Focus Group Report Dec 18