A delivery plan for the provision of seamless liver health care in Welsh prisons

To support delivery of the Welsh Government’s Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015
Title
A delivery plan for the provision of seamless liver health care in Welsh prisons

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Abbreviations
BBV – Blood Borne Virus
CARAT – Counselling, Assessment, Referral, Advice and Throughcare
CNS – Clinical Nurse Specialist
CPD – Continuing Professional Development
GUM – Genito-Urinary Medicine
IPP – Imprisonment for Public Protection
JASP – Juvenile Awareness Staff Programme
NOMS – National Offender Management Service
PASRO – Prisoners Addressing Substance Related Offending
PHPQI – Prison Health Performance and Quality Indicators
POELT – Prison Officers Entry Level Training
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1.0 Introduction

This delivery plan is designed to support Welsh prisons in tackling liver disease – promoting awareness of liver health, improving diagnosis of liver disease and offering the opportunity for treatment. This document has been developed as a result of the Welsh Government’s ‘Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015’, primarily aiming to diagnose, treat and raise awareness of blood borne viruses (namely hepatitis B, hepatitis C and HIV). The action plan contains recommendations for a range of agencies particularly the National Offender Management Service (NOMS). The need to tackle liver disease goes hand in hand with the Welsh Government’s ‘All Wales Obesity Pathway’ and the ‘Substance Misuse Strategy for Wales 2008-2018’

To support the prison service to improve liver health for prisoners, this delivery plan outlines the core elements required to provide seamless care within the prisons, and between prison and community. It is dependent on the multi-disciplinary team which “needs to engage a wide variety of professions, many of which may not currently see improving health as part of their role” (All Wales Obesity Pathway, 2010, p3). This document outlines the provision that can be expected by service users.

This document defines individual roles and responsibilities for service delivery and provides recommendations for:

- The core elements needed for seamless service delivery
- A need specific service provision
- An inter-agency approach
- Improving access to services
- Measuring performance

For the purposes of this document the term liver disease is used to cover damage to the liver caused through obesity, alcohol and blood borne viruses (BBVs), all of which, if not prevented or treated may cause significant long term ill health potentially leading to liver cancer, liver failure and death.

It is well known that rates of BBVs and of problematic alcohol use amongst prison inmates are far higher than amongst the wider community. New initiatives and improved communication are required to improve liver health care within prisons and to ensure the care provided is seamless. Raising awareness through a multidisciplinary approach aims to reduce the inequalities in health for those behind bars.
2.0 **Aims of the delivery plan:**

1. Reduce the stigma of liver disease, particularly BBVs, across the Welsh prison estate.
2. Reduce the pool of undiagnosed infection within the prisons.
3. Improve the provision of treatment and support services for those concerned about, or diagnosed with a BBV infection or other chronic liver disease.

These aims are underpinned by the aims of the ‘Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015’ to improve education, diagnosis, treatment and support around liver health issues. Service provision must also follow the recommendations in the ‘All Wales Obesity Pathway’ and the ‘Substance Misuse Strategy for Wales 2008-2018’

All liver health provision should be seamless, following the patient from community to prison, prison to community and between prisons. Patient care should not be compromised by prisoner movements across the prison estate.

Any actions established within the prisons to improve liver health must deliver positive health outcomes and where possible be measurable. The expected outcomes and indicators are listed below:

2.1 **Outcomes and Indicators:**

**Outcome 1:** To raise awareness of liver disease and the effects of obesity and alcohol, and promote health in these areas.

- To follow all recommendations within Welsh Government policies including the ‘All Wales Obesity Pathway’ and the ‘Substance Misuse Strategy for Wales 2008-2018’
- To ensure every individual coming into the prison is provided with information to promote liver health in relation to diet and alcohol
- To ensure existing programmes tackling obesity and alcohol include liver health awareness.

**Outcome 2:** To prevent transmission of BBVs within prisons and amongst those who continue to be at risk after release

- To ensure every individual taken into custody in Wales is provided with information on the transmission risks of BBVs
- To ensure every individual is offered the opportunity of obtaining further information from healthcare staff and testing if required
- To ensure every prisoner who has not previously been fully vaccinated against hepatitis B is able to receive vaccinations according to the accelerated schedule

**Outcome 3:** To diagnose infection in all prisoners who have the virus in their blood

- To ensure all prisoners with any history of transmission risks undergo a full pre-test discussion followed by the opportunity of BBV testing
- To ensure all clinical staff are trained in BBV care and service provision
- To involve the skills of other relevant professionals within the prison such as CARAT workers to provide information and support to prisoners regarding BBVs
**Outcome 4: To treat those with active infection and where possible eradicate the virus from their blood thus effecting a cure**

- To ensure care pathways are in place to guide the referral of all prisoners diagnosed with active infection
- To ensure prison healthcare staff have knowledge of and maintain regular communication with their local community gastroenterology/infectious disease specialist team
- To ensure all prisoners diagnosed with a BBV are able to see a specialist team within one month of receiving a diagnosis (or 48 hours of receiving a confirmed HIV positive diagnosis)
- To ensure prisoners with active infection are offered treatment according to the same standards as any individual within the community
- To maintain communication on diagnosis and treatment with community GPs (providing prisoner has given consent)
- To ensure prisoners receiving treatment are monitored by prison healthcare staff according to the advice of the community specialist team

**Outcome 5: To reduce inequalities in health for those who are imprisoned**

- To ensure all health promotion strategies produced by the Welsh Government are implemented (adapted if necessary) within Welsh prisons
- To ensure all those imprisoned in Wales are able to benefit from new and existing Welsh health initiatives in the same way as any individual in the community
- To bridge any inequalities in health for BBVs, alcohol and obesity between prison and community services
3.0 Providing the core elements for seamless liver health care delivery

Education, support services, inter-agency links, resource availability and governance arrangements form the backbone of service delivery and must be established and monitored for as long as the service is provided.

The following aspects should be in place before service delivery can commence:

1. Prison healthcare staff should be appropriately trained with knowledge and awareness of liver health and BBVs.
2. Additional support services for prisoners such as listeners, chaplaincy and other prison staff should be on hand. All of these staff should receive training in awareness of BBV issues.
3. Effective inter-agency links within the prison and between prison and community services should be in place.
4. Arrangements should exist to ensure accessible, age appropriate services for prisoners.
5. Arrangements for appropriate leadership and governance must be made.

Table 1 outlines what is needed to set-up each of the core elements, who is responsible for the set-up, the timescale for implementation and plans for ongoing monitoring.
### Table 1 - The core elements needed for seamless liver health services in Welsh prisons

<table>
<thead>
<tr>
<th>What is needed?</th>
<th>Accessible support services for prisoners</th>
<th>Effective inter-agency relationships</th>
<th>Mechanisms for accessing information and testing</th>
<th>Leadership and governance arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Training for healthcare staff on the effects of alcohol, obesity and BBVs on the liver - Training for healthcare staff to deliver pre/post test discussion for BBV testing - Training in dried blood spot and venepuncture - Training in general BBV/liver health awareness</td>
<td>- Listeners and prison chaplaincy to be aware of BBV/liver health issues and on hand for prisoner support - All prison staff to have a basic awareness of liver health including BBV issues</td>
<td>- Referral pathways to community specialists - Regular communication between community specialist team and prison healthcare staff</td>
<td>- Information leaflets for all prisoners - Delivery mechanism for ensuring information reaches every prisoner</td>
<td>- Local leadership and governance arrangements for: - prison healthcare staff - other prison staff - overall prison performance</td>
</tr>
<tr>
<td>Who is responsible for set-up/delivery?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Public Health Wales BBV nurse to deliver initial training to healthcare staff - Healthcare staff to then roll-out training 'in-house' within ongoing support from Public Health Wales</td>
<td>- Public Health Wales to deliver regular training on each listener course - Public Health Wales to develop on-line training programme to be used by all prison staff</td>
<td>- Public Health Wales to write referral pathways in consultation with each prison healthcare - Links with each community healthcare team to be made during healthcare staff training - Prison managers to organise improved communication in house</td>
<td>- Public Health Wales in consultation with prison 'task and finish' group to explore methods of raising awareness - Public Health Wales and prison art departments to design all literature - Prison management to oversee implementation of delivery when finalised</td>
<td>- Prison Governor to oversee overall prison performance - Healthcare managers to monitor locally</td>
</tr>
<tr>
<td>Anticipated timescale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 2 nurses in each prison to be fully trained by August 2011 - General training to other staff over 2012</td>
<td>- Listener training in place and ongoing - Online training programme to be launched and rolled out from May 2012</td>
<td>- Referral pathways between prison and community in place since April 2011 - Active communication to be ongoing</td>
<td>- Information leaflets and delivery plan to be in place by April 2012</td>
<td>- Ongoing</td>
</tr>
<tr>
<td>Ongoing review/evidence monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- CPD to demonstrate competence - Training updates to be provided by Public Health Wales - Ongoing review by local governance arrangements</td>
<td>- Electronic records to be kept of all staff having completed on-line training - All new prison recruits to complete on-line training as part of induction course</td>
<td>- Changes to referral pathway to be made by healthcare management/Public Health Wales - Ongoing communication review by local governance arrangements</td>
<td>- Monitoring procedure to be discussed and agreed by task and finish group</td>
<td>- Monitoring as part of prison inspections and performance indicators - Feedback to Welsh Government through Public Health Wales/Welsh Government programme boards</td>
</tr>
</tbody>
</table>
4.0 Need specific service provision: excelling in healthcare delivery

Liver healthcare should be available to all prisoners in Wales. Services should, as per the aims of this delivery plan, improve education, diagnosis and treatment for those with or at risk of liver disease. Information on liver health, vaccination for hepatitis B and testing for any BBV should be available and easily accessible for all prisoners.

Each prison in Wales holds a unique group of prisoners. Services should be targeted towards those being held, taking into account age and length of time in custody. Literature should be tailored for these specific groups. Discussion of health care issues must take into account the understanding, maturity and emotional concerns of the individual.

Target groups have been divided into:

- Young Persons (YPs)
- Adults and Young Adults (YAs) remanded or sentenced to less than 6 months
- Adults and YAs remanded or sentenced to more than 6 months
- Adults and YAs sentenced to 2 years or more (including life sentences and IPPs)

All prisoners regardless of age or time in custody should be offered information on BBVs and be offered at least their first hepatitis B vaccine.

Table 2 provides an outline of services that should be available for each of the above target groups. In this table adults and YAs have been grouped together however consideration must be given to the differences in these groups.
<table>
<thead>
<tr>
<th></th>
<th>YPs</th>
<th>Adults and YAs remanded or sentenced &lt;6 months</th>
<th>Adults and YAs sentenced &gt;6 months</th>
<th>Adults and YAs sentenced &gt; 2 years including lifers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B vaccination</strong></td>
<td>100% of those eligible to receive first hepatitis B vaccine and the course continued where possible</td>
<td>100% of those eligible to receive first hepatitis B vaccine 95% given second or further courses of hepatitis B vaccine according to PHPQIs</td>
<td>100% of those eligible to receive course of 3 hepatitis B vaccines and booster vaccine where appropriate</td>
<td>100% to receive course of 3 hepatitis B vaccines and booster after one year</td>
</tr>
<tr>
<td><strong>BBV education and testing</strong></td>
<td>100% to receive education and leaflets on BBV risks</td>
<td>100% to receive education and leaflets on BBV risks</td>
<td>100% to receive education and leaflets on BBV risks</td>
<td>100% to receive education and leaflets on BBV risks</td>
</tr>
<tr>
<td></td>
<td>100% to receive pre-test discussion prior to BBV testing</td>
<td>100% to receive pre-test discussion prior to BBV testing</td>
<td>100% to receive pre-test discussion prior to BBV testing</td>
<td>100% to receive pre-test discussion prior to BBV testing</td>
</tr>
<tr>
<td></td>
<td>BBV testing to be carried out with those prisoners deemed appropriate</td>
<td>BBV testing to be carried out with all prisoners with risk factors/requesting testing</td>
<td>BBV testing to be carried out with all prisoners with risk factors/requesting testing</td>
<td>BBV testing to be carried out with all prisoners with risk factors/requesting testing, Testing to be offered annually if risk factors remain</td>
</tr>
<tr>
<td><strong>Obesity and alcohol issues</strong></td>
<td>100% to receive information on diet and alcohol</td>
<td>100% to receive information on diet and alcohol</td>
<td>100% to receive information on diet and alcohol</td>
<td>100% to receive information on diet and alcohol</td>
</tr>
<tr>
<td></td>
<td>Substance misuse support offered as per prison protocol</td>
<td>Substance misuse support offered as per prison protocol</td>
<td>Substance misuse support offered as per prison protocol</td>
<td>Substance misuse support offered as per prison protocol</td>
</tr>
</tbody>
</table>
5.0 An interagency approach: roles and responsibilities for service delivery

Liver health services and advice should quickly and efficiently reach the widest audience possible whilst remaining cost-effective.

An all inclusive approach to liver health is being promoted to reduce stigma, working towards making all areas of liver disease including BBVs a subject that is openly discussed and understood by all those working in a prison. For prisoners, offers of liver health information and BBV testing should become part of the normal prison routine.

To achieve this, liver health services require a multidisciplinary approach. All prison staff should undergo basic training in BBV awareness providing them with knowledge of BBVs within the prison environment and an awareness of transmission risks. All staff should be aware of which clinical staff can provide further advice and testing in order to direct concerned prisoners to the appropriate person(s) within their establishment.

Provision of liver health services should be cost effective. Delivery of liver health awareness, where appropriate, should be incorporated into pre-existing prison programmes. Such areas may include:

- CARATS – Incorporated into group programmes and offered by each CARAT worker to those prisoners on his/her caseload
- Juvenile work – Programmes run for YPs
- PASRO course (Prisoners Addressing Substance Related Offending)
- Induction – Services offered as part of the induction process
- Foreign Nationals/Immigration – information available in various languages as needed
- Gym – Incorporated into existing diet and exercise programmes

Liver health awareness training for staff should also be included in pre-existing training schemes such as:

- POELT (Prison Officer Entry Level Training) or G4S equivalent
- JASP (Juvenile Awareness Staff Programme)
- Prison listener training course
- Prison Awareness Training (Jailcraft)

The responsibilities of prison staff in promoting liver health and signposting prisoners for further information or testing is given in table 3. Table 4 explains how external community staff can support the promotion of liver health to those in, or leaving prison.
Table 3 - Responsibilities of prison staff in promoting liver health

<table>
<thead>
<tr>
<th>Healthcare Staff</th>
<th>CARATS</th>
<th>Prison Officers</th>
<th>Other prison staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide hepatitis B vaccination</td>
<td>To educate clients on BBV/liver health</td>
<td>Have an awareness of BBVs and their transmission risks</td>
<td>Have an awareness of BBVs and their transmission risks</td>
</tr>
<tr>
<td>Offer and provide BBV testing</td>
<td>Deliver liver health information to all new receptions</td>
<td>Be able to dispel myths about transmission when in conversation with prisoners</td>
<td>Know where to refer concerned prisoners</td>
</tr>
<tr>
<td>Make referrals for treatment</td>
<td>Take names for vaccination and testing clinics</td>
<td>Encourage full participation in screening/health promotion activities</td>
<td></td>
</tr>
<tr>
<td>Monitor treatment and liaise with community specialists and other prisons where relevant</td>
<td>Refer prisoners to clinical staff as appropriate</td>
<td>Know where/who to refer concerned prisoners</td>
<td></td>
</tr>
<tr>
<td>Ensure necessary follow up is arranged for after release</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BBV Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Liver Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide advice on diet/alcohol and implications on liver health</td>
<td>Provide information on impact of substance misuse on liver health</td>
<td>Have basic knowledge of liver health through online training package</td>
<td>Encourage healthy weight through diet and exercise in accordance with local strategies</td>
</tr>
<tr>
<td>Provide advice for those wishing to lose weight</td>
<td>Encourage reduced alcohol intake as part of substance misuse role</td>
<td></td>
<td>Offer advice through substance misuse/alcohol awareness programmes</td>
</tr>
<tr>
<td>Provide substance misuse care according to local prison protocol</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 - Supported service provision: roles of community services in providing liver care for prisoners

<table>
<thead>
<tr>
<th>Community specialist gastro/infectious disease team</th>
<th>GPs</th>
<th>Community drug agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Provide follow up for all prisoners actively infected with BBVs</td>
<td>- Receive outline of any liver health issue for prisoners on release</td>
<td>- Communicate any history of previous liver disease/BBV testing to prison healthcare (where appropriate and consent given)</td>
</tr>
<tr>
<td>- Organise and supervise treatment for those in prison</td>
<td>- Follow up all necessary released prisoners within the community and make referrals to specialist care where appropriate</td>
<td>- Receive healthcare information on prisoners prior to release (where appropriate and consent given)</td>
</tr>
<tr>
<td>- Communicate all care with prison healthcare staff</td>
<td>- Communicate any relevant information to prison healthcare as appropriate</td>
<td>- Liaise with specialist teams according to local protocol</td>
</tr>
<tr>
<td>- Follow-up all prisoners on caseload after release or refer to different teams if prisoners are transferred to another area</td>
<td>- Complete hepatitis B vaccination schedule if not completed in prison</td>
<td>- Offer follow-up testing for those who continue to be at risk of liver disease after release according to local protocol</td>
</tr>
</tbody>
</table>
6.0 Improving access to services: care pathways from reception to release

Liver health information and testing should be available for all prisoners regardless of age, sentence or location. Liver health services must be available throughout the prisoner’s sentence. Those who may originally decline BBV testing should be able to reconsider and access further advice. Liver health should become a regular component of prison healthcare service delivery.

The issue of liver health should be raised during the reception and/or secondary healthscreen in order that all prisoners have the opportunity to access liver health services. Information should be given during these sessions to encourage the prisoner to undergo BBV testing or to consider it at a later date. Evidence suggests that the optimal time to engage prisoners into health initiatives is during the first 48 hours of being in prison. This principle should be followed in order for health care delivery to be most effective. ¹,²

Those wishing to delay testing should be able to self-refer to the healthcare team at any time of their prison sentence.

Figures 1 and 2 demonstrate routes that should be available for prisoners to access liver health advice.


All prisoners should be able to access liver health advice, including BBV testing. Information should be promoted repeatedly to ensure ample opportunity is given to access advice and consider coming forward for testing.
Figure 2 - Care pathway for BBV service provision for all prisoners from reception to release

1. Reception or transfer healthscreen
   - First night in prison
2. CARATS assessment
   - Within 48 hours of reception
3. Secondary healthscreen
   - Within 72 hours of reception
4. Nurse led BBV clinic
   - Within first month of imprisonment
5. GUM/sexual health services
6. Community specialist teams
   - See within 1 month of BBV diagnosis

Provide liver health information. Take referrals for those wanting BBV testing and HBV vaccination.

Provide in-depth information on liver health. Provide BBV testing, deliver results, monitor bloods of those on treatment.

See all BBV positive prisoners, initiate treatment where appropriate. Monitor treatment alongside prison nurses. Continue to monitor on release.
7.0 Monitoring performance and structures for ongoing review

Progress reports to Welsh Government

Data will be used to evaluate the recommendations for the National Offender Management Service (NOMS) as described within the ‘Blood Borne Viral Hepatitis Action Plan for Wales 2010-2015’. Progress from the prisons will be fed back to the quarterly action plan subgroups and subsequently reported to the Welsh Government through the biannual programme board. Data may also be used by the Welsh Government for future policy development.

Assessment through Prison Health Performance and Quality Indicators (PHPQIs)

The 2012 PHPQIs include targets for delivering BBV services. Prisons will be expected to run regular dedicated BBV clinics and demonstrate that care pathways, referral processes and throughcare arrangements are in place.

Targets are also in place to ensure maximum coverage of hepatitis B vaccination.

Monitoring performance by local management

Delivery of liver health information within existing programmes run by CARATS, gym, or education should be monitored locally by line managers. Information on these programmes will be requested biannually to be fed back to the Welsh Government programme board.

Monitoring performance within the community

The success of a liver health campaign within the prisons will be demonstrated by the number of referrals received by specialist community gastroenterology and infectious disease teams. Annual reports are sent from each Health Board to Welsh Government describing the number of people seen within specialist services that have been referred from the prisons.