



Pioneer Scheme Day-release programme

Wednesday 17th January 2018

Horselethill Road, Glasgow

Prisoner health

With Dr Nora Murray-Cavanagh, Deep End GP, Training Program Director, former Prison GP

Background

Prisoner health is now provided by the NHS since November 2011 in all but 3 prisons in Scotland (2 in Lothian and 1 in Kilmarnock). By changing from locums working in a private prison to NHS service there has been improvements to prisoners with GP continuity and obligation to social care support. For GPs working in the service there is better opportunity for service development and the protection of a salaried post.

GPs in prisons undergo Personal Protection Training via workshops for de-escalation and breaking holds. They are also taught about 'conditioning' – prisoners using verbal or psychological leverage, one of the reasons why women are unable to work in the prisons when pregnant.

Patient Journey

Within the police cells medical care is provided by police surgeons.

'First night in the cells' clinic:

- Assessment when first detained by GP and often a nurse.
- Should have summaries from the last GP surgery but can be dependent on the timing of the clinic and release of the summaries from practices varies.
- Gathering of relevant past medical histories, writing of Kardexes, suicide risk assessment

- Onward referral for xrays if physical trauma. This requires risk stratification and worked in to the staffing levels etc
- Clinic runs on prison schedule so strict timings to keep to, cannot run over and if the allotted time is up then the prisoners are removed from the clinic without being seen at that time.
- Patients in confinement are examined in plain view for safety of the staff

Whilst in prison

- Detox from benzodiazepines and alcohol immediately
- Mini clinics for general health. Prisoners are a younger patient group with multimorbidity, increased chance of ACEs, literacy levels can be low.
- Symptomatic relief policies introduced recently
- NRT
- Substance misuse teams involved
- If life expectancy thought to be less than 12 weeks then can be granted compassionate release
- Dental care/physiotherapy
- Forensic psychiatry input

Women in prison

There are fewer women in prison but their psychological profile is very different – higher incidence of personality disorders and increased incidence of sexual abuse. Their rehabilitation needs are better met when local to their family/social support. HMP Cornton Vale in Stirling has closed and women relocated to more local sites, such as female wings in pre-existing prisons.

Discharge checklist

Medications are reviewed prior to release and Kardexes should have an expected discharge date on them. Also in preparation for liberation they discuss housing, benefits and a social work assessment. This can be particularly difficult if the prisoner has no fixed address. In general discussion we talked through the varying quality and quantity of information available to primary care on release of prisoners. Our colleagues at Hunter street have a great admin team that are able to gather the discharge information.

Resilience

Round table discussion about the varying tactics to address resilience in the workforce. Dr Murray-Cavanagh discussed how in their practice they use survey monkey for a monthly 'pat on the back' award where staff anonymously nominate a staff member that deserves a 'pat on the back' that month – an example of maintaining/improving morale within the team.

Further reading

RA Bressan (2017) Hope is a therapeutic tool; <http://www.bmj.com/content/359/bmj.i5469>