

Jayne McKeown

Patient prisoners Care in custody

Health care at Buckley Hall prison has been used by the Chief Inspector of Prisons as an example of good practice, understanding and openness, particularly in hepatitis C treatment

I like many people had an 'out of sight, out of mind' attitude to prisoners and certainly did not relate to their needs and the needs of their families. I look back and realise how ignorant I was before working in a prison health unit.

After more than 20 years of nursing in the NHS I was not considering a career in prison work until a friend suggested I join the nurse bank at my local prison – HMP Buckley Hall. Buckley Hall was a 'privatised' prison run by Group 4 Securitas, with healthcare supplied by Forensic Medical Services Ltd (FMS Ltd).

As I stepped through the gates the atmosphere was not what I had expected. I felt welcome and, most important of all, comfortable in the environment. After meeting staff and prisoners I was curious why I had not previously considered any aspect of prisoners' lives from a humanistic perspective.

I subsequently applied for the post of Healthcare Manager with FMS Ltd.

It was not hard for me to adapt to the security aspects of the job. It is probably easier for a nurse to learn security issues than for a prison officer to learn the complexities of healthcare. Most of what I was taught about security was pure common sense and logic.

Flexible attitude

My time at Buckley Hall has been the most refreshing experience of my professional life. Group 4 management had a flexible attitude, which reflects well with all the staff. There was an enthusiasm and interest in the prison that I found unique. New ideas are always given a hearing, whether they come from prisoners or staff, and there is a strong team approach and support network in place.

Buckley Hall is a relatively new institution, set up only six years ago. Being private and new meant the Prison Director was able to break out of unproductive practices, which have become established in the old government run prisons.

For instance at Buckley Hall prisoners and staff referred to each other by their first names, which maintains individual identity and reduces institutional atmosphere – discipline has not collapsed. This simple change would be almost impossible in older prisons.

When you already have this type of environment it provides a foundation for opportunity and the inspiration for development.

Healthcare

Healthcare at Buckley Hall is provided by myself as manager of a team of six



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Inspector speaks

Extract from HM Chief Inspector of Prisons', Sir David Ramsbotham, speech at Mainliners' Hepatitis C conference November 1999.

'The line I have always taken on my inspections is that prisons have got to be healthy. There are four aspects to being what I consider a healthy prison.

'a) The weakest prisoner must be safe, because the chances are that it is probably right to say that so is every other prisoner. Part of this safety is that people must feel able to talk about their concerns, and one of the things I find as I travel around the country is that many prisoners do not feel that it is safe to talk.

'b) The second thing is that every prisoner must be treated with respect as a fellow human being. It is not up to staff to treat them as subordinates or be judgmental.

'c) Thirdly, every prisoner should be encouraged in whatever way to improve themselves and given every opportunity to do so. Those with educational, or work skills needs should have an opportunity available for them to take these up and be encouraged into it. I feel the same with hepatitis C. Those prisoners who test positive should have facilities available to them and be encouraged to do something about it with medical staff.

'd) They must be encouraged to maintain contact with their families and to prepare for release, and in a wider sense to keep a connection to the community they will go back to. If you are found to have hep C in prison you are not going to stop having it on release, and the service you receive should be broadly consistent with services in the community.

'It concerns me that there is no policy and no consistency about [HCV] treatment of prisoners. Instructions have gone out from the Health Care Directorate about the availability of disinfectants but action is all very patchy and reliant on a good governor, a good healthcare staff and good prison staff all acting sensibly.'

*Transcribed by
Robert James at Mainliners*

qualified nurses, two part-time doctors, one part-time dentist and several sub-contracted specialists.

Buckley Hall's healthcare unit works along similar lines to a GP surgery in the community, with a doctor's surgery each evening (by appointment), specialist nurse-led clinics during the day (asthma, diabetes, well man and so on), a minimum of three dental surgeries a week, and visiting specialists (chiropodist, physiotherapist, psychiatrist, optician, and other consultants).

The nursing staff provide minor trauma care, health promotion services, mental health support, drug detox advice, and individual counselling.

There are no prison officers in healthcare, although we are provided with any support we require. This may be one of the reasons that health issues are treated so differently in this prison. Prisoners are treated in a non-judgemental way and nursing staff

rarely enquire about their conviction offence. The philosophy is to allow the individual to disclose this himself if it is appropriate for his health needs.

Confidentiality is very high in the priorities of healthcare staff and the prisoners tend to reward this approach with respect. It is made clear to each prisoner under what ethical and security circumstance healthcare staff would break confidentiality. A contract of care is established.

Trust holds the key to much of the work carried out in the healthcare unit. For many prisoners it is the first time that they have been given the chance to establish trust since conviction, and often before. Healthcare treatment, including treatment of drug-use problems, is not a discipline issue.

Therapeutic groups

A member of nursing staff also attends group meetings and case conferences as part of the prison throughcare strategy. Throughcare involves a multi-disciplinary approach to prisoner care involving many sub-groups and departments within the prison and outside agencies.

Currently a number of groups are organised, including:

- anti-bullying
- suicide and self harm
- employment difficulties
- drug strategy
- housing aid and advice
- health and safety
- prisoners and their families
- race relations
- partnerships

Many departments and individuals are involved with these groups, including: the chaplaincy, gym, education, programmes, facilities, workshops, residential units, catering, healthcare, induction, security, operations, and administration. All levels of management are involved including middle, senior, the director and the Home Office controller.

Other organisations from outside the prison are also involved with the groups: probation, Turning Point, the Board of Visitors, Listeners, Relate, The Samaritans, Theatre in Prisons, Victim Support, the police, partners of prisoners, and outside employers.

This is by no means a complete list but it provides an insight to the multi-team approach taken at Buckley Hall.

Hepatitis C

Within the first few months of my employment at Buckley Hall it became apparent that I lacked knowledge in this very important area. I had worked in acute environments within the NHS but had very little knowledge of hepatitis C (HCV).

I soon learnt that HCV is a major problem for every prison. It is a cause of ill health to some of our patients but very little information was available about it.

At Buckley Hall two thirds of the prisoners have been convicted of drug-related crime, which is above average for a category C prison. Many of the drug users have injected drugs at some time, so have a high probability of having the disease. It has been predicted that 72 per cent of injecting drug users will have contracted HCV by the year 2002.

We decided that if we could build up our level of knowledge on HCV this could be passed on to the prisoners. We hoped that we could cascade information into the prison community and eventually to their families and friends outside.

Senior nurse Florence Nicholls has a specialist qualification in HIV and AIDS, which has proved invaluable.

Prison Chaplain, David Hurst, was first to recognise the need for a prisoners HCV support group – to provide information and advice to those who tested positive for HCV. Although pre- and post-test counselling was given to all prisoners in healthcare we were only providing minimal support.

When the Hep C support group started, the venture was at the bottom of a steep learning curve. There was no advice available on setting up this type of group so we learned as we progressed and had our share of ups and downs.

One of the first problems we encountered was how to advertise the group's existence without breaching patient confidentiality. We used posters and leaflets to advertise the availability of advice within the healthcare unit. We also personally invited any prisoner who had a positive test result to join the group.

Next we had to establish what the needs of this group were. Mostly the prisoners did this for themselves during group discussions, which is

how the group continues to operate today.

From the beginning it was clear that the real stars of the support group were the prisoners themselves. From little or no knowledge they studied the physiology and effects of the virus and were always hungry for more information. They play a very important part in educating other prisoners and providing support and advice to each other.

Together we are able to increase awareness of HCV throughout the prison using staff training, prisoner

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programmes and teaching sessions in the education department. The prison staff are now aware of HCV, how it is contracted, and the harm reduction measures required. Now it is common for a prison officer to advise a prisoner to see healthcare staff if they are concerned about the virus.

The social climate in the prison has changed. Two years ago not one prisoner at Buckley Hall was willing to disclose his HCV-positive status. Now we have prisoners who are not only willing to disclose their condition but who discuss and educate other prisoners openly, without fear of

discrimination or reprisal.

In April of 1999, the Northwest prison area manager (Ian Lockwood) awarded the healthcare department at Buckley Hall a plaque in recognition of the excellent standard of care provided. This was an honour for all of the staff and a reminder that our efforts were recognised outside the prison. One of the reasons for this award was the work on HCV.

Staff and prisoners were elated when the prison inspector, Sir David Ramsbotham, used Buckley Hall as an illustration of excellence of treatment at Mainliners Hep C conference last year.

More recently our work on HCV was recognised by The Butler Trust, which seeks to encourage effective care for prisoners. Florence Nicholls and I won a development award to aid and promote our work on HCV. We received the award from The Princess Royal at Buckingham Palace in March this year.

Although the Butler Trust award has been given to just two of us, it truly belongs to everyone who has enabled development of this work.

The approach to prison healthcare we have developed is only a beginning but it is a major step forward in establishing a humanitarian approach to prisoner care. This has only been achieved through the hard work and determination of the Buckley Hall staff and prisoners.

Hep C support

The aim of the Hep C+ support group is to provide a relaxed and confidential environment where those who have tested positive for HCV can discuss the issues that confront them during their period of treatment.

Support and advice is offered to those diagnosed HCV positive through weekly group sessions, which are treated as confidential by the support staff and other group members. The intention is to help relieve worries and stress by education of those who have tested positive.

Subjects include, but are not limited to, the following:

- informing HCV+ patients of the various treatment options currently available, the benefits and possible side effects – including what medical examinations to expect, case studies and personal experiences of both past

and present group members

- gathering new information on HCV and its implications, including new developments in medical and pharmaceutical research and new treatment options

- helping to understand the relationships between the anatomy, physiology and symptoms of HCV and the effects of positive mental attitude on the body organs and the immune system

- addressing health-awareness issues such as the ways diet, vitamin supplements, exercise, drug abuse and alcohol affect the way their bodies combat HCV

- discussing social issues surrounding HCV, including such things as prejudice, public awareness of the virus, and outside support groups
- teaching about prevention of infecting others with HCV through drugs and life-styles.

The Hep C programme should not be seen in isolation, it is only one of many group programmes at Buckley Hall. These groups contribute to the production of a culture in which health has become a major issue for a section of the general population notorious for not looking after their health – men, drug using men even more so.

Probably the best example of the way these groups have an influence outside the group members is the Re-Think programme. Re-Think and its follow up Re-think Action Programme (RAP) have generated a new group of prisoners for drug users to aspire to – openly reformed and supportive ex-users.

The Re-Think programme was written by Prisoner Custody Officer Steve Duckworth and designed with inmate Jimmy Hayes, with contributions from the members of the detox support group – prisoners and staff.

It is an intensive eight day group programme split into two four day sessions with a weekend break in between. The first four days involve information and accepting denial; after the weekend the second four days is cognitive training leading to a motivational boost.

Graduates of the Re-Think programme form members of the Re-think Action Project, which is actively involved with voluntary projects focussed on prison drug issues ■