



FoNS Improvement Insights

The Establishment of the Heathfield Healthcare Centre in HMP Wandsworth

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Project background

Prisoners were excluded from the United Kingdom's (UK) promise of free healthcare for all until the NHS took over budgetary control, policy development and provision of healthcare within prisons under a formal partnership between the NHS and HM Prison Service in 2006. Prior to the project, healthcare provision in HMP Wandsworth involved nurses operating 'treatment' sessions that largely revolved around the administration of medicines to prisoners. Such a task orientated model of care left little time for a holistic approach to patient management, including opportunistic health interventions and the management of patients with long term conditions. More recently, there has been an increasing concern about the quality and continuity of healthcare that prisoners receive, which in many cases is not equivalent to the healthcare that the rest of the population receives.

Aim and objectives of the project

The aim of the project was to develop a service within primary care at HMP Wandsworth which improved the provision of healthcare for prisoners and brought the standard of care into line with that available in the community. To achieve this aim the objectives of the project were to:

- Describe and analyse current service provision and identify gaps
- Gain the views of service users i.e. prisoners with regard to the provision of healthcare services
- Seek engagement from all nursing staff and the wider multi-disciplinary team such as GPs, prison staff, prison managers and healthcare administration
- Scope an identified new service and develop a comprehensive action plan for its delivery

Key activities and outcomes from the project

The project was divided into two phases and a number of practice development methods were used. Phase 1 focused on 'Where are we now?' This included informal observations, completion of the Context Assessment Index (CAI) (n=14:49), a stakeholder survey (n=97), staff focus groups (n=7) and finally an audit and analysis of prisoner complaints and responses from the prisoner survey (n=71).

A key project theme identified was the delay for prisoners in being able to access either a GP or nurse for routine health issues

although emergency situations were reported as being dealt with quickly and appropriately. Of particular note was that complaints from prisoners regarding healthcare provision were high compared to complaints about other prison services and provisions. This led to much time being spent by healthcare staff investigating and responding to these.

Following data collection and a major prison reorganisation there was a change of direction in Phase 2 from running a simple 'well man' clinic towards the development of an 'on the day' service that would include both health promotion and also long term conditions management. The philosophy of the new service was to be in line with that of a 'walk-in centre' design and a clinical stakeholders group agreed that it should be named the Heathfield Healthcare Centre (HHC).

One of the primary criteria to be able to nurse in the new centre was having a background or experience in accident and emergency or primary care. To enable this a scoping exercise of the current nursing staff qualifications and experience was carried out and training needs analysis completed. This identified only a small number of nursing staff with the appropriate primary care/accident and emergency nursing backgrounds for working autonomously in the new healthcare centre. To enable the progression of clinical assessment/triage skills, an in-house learning and development programme was designed and delivered for a number of nurses.

The nurse-led HHC is now open, seeing an average of 40 prisoners per day and appointment waiting times have been significantly reduced. A comprehensive evaluation is planned for October 2012 to assess prisoner and staff satisfaction, audit clinical presentations and outcomes, and measure the extent to which this new service has improved patient care.

Implications for practice:

- Skilled project facilitation improved communication and relationships between staff and the senior healthcare management team
- Adopting a broader remit to multi-disciplinary team working than the project team initially envisaged was key to the project's success
- Engagement with and the data collected from staff and prisoners provided strong evidence to support and inform the development of the new service
- An increased response to the CAI may have been achieved if a sealable envelope had been included for its return to the project team

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=26951>

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