

1.18.1 South Prisons

The South GPOOH Service is expected to provide out of hours support to the Staffordshire prisons, please provide details of how you will meet the requirements of the service specification to the prisons?

(Maximum Word Count 2000)

Words used = 1359 (excluding the graphic allowed in the clarification questions)

1.18.1.1-Roles involved

a)-The Gables Offender Healthcare

On Vocare's existing contract for GP-OOH in Staffordshire, we have subcontracted the prison element to a specialist provider, The Gables Offender Healthcare.

The Gables has been successfully delivering services in the prison Estate for over 10 years. In Staffordshire prisons, many of the clinicians also provide in-hours clinical activity and others have experience in police custody healthcare. The Gables has very strong working relationships with the in-hours providers of physical and mental health services and the substance misuse services provider. Strength of the relationships is evidenced by the agreement between The Gables and Practice Plus Groups for the GP-OOH clinician to have access to and use its prison SystmOne clinical record system, including remote clinical access.

For these reasons, and the exemplary relationship Vocare has with The Gables, we have chosen to retain it as our specialist provider for the South Lot contract.

b)-Area Operational Director and Gables Account Lead

The Gables Account Lead will report to the Area Operational Director as the point of contract accountability for the GP-OOH contract.

In addition to regular operational touchpoints, these two roles will have a formal schedule of meetings to review performance and look at services planning and continuous improvement.

1.18.1.2-Prisons involved

From having been delivering services into the 8 Establishments, we are familiar with both the prison custody regimes and the health profiles of the types of prison. Staffordshire prisons cover most of the types of prison in England ranging from women to young offenders, remand populations and the vulnerable prisoner population of sex offenders in HMP Stafford. The prisons also vary in the extent of their onsite healthcare facilities with HMP Dovegate, for example, having inpatient beds. These prisons also include the sizeable HMP Oakwood with over 2000 prisoners and contain both public and private sector providers (G4S and Serco).

Variations in presentation between the prisons include HMPYOI Swinfen Hall calling for assistance with overdose, burns and prescriptions, whereas HMP Featherstone include many dental issues. The older population in HMP Stafford is probably one of our more frequent users as nearly 50% are over 50 (and prison is known to prematurely age people) and around 35% consider they have a disability. Issues around end-of-life and conditions such as dementia and various long-term conditions are more likely.

We provide a GP clinic on Sundays between 1030-1230 in HMPYOI Brinsford which provides good continuity of care as the GP also there during the week. We also have GP to attend all 8 prisons to complete Segregation (HMPPS)/Care & Separation Unit (private providers) rounds on bank holidays.

Aspects of prison that will also affect our service delivery, include the prevalence of self harm and levels of undiagnosed learning disability and issues such as dual diagnosis. All team members will be aware of the importance of maximising parity of care to the community and that prison rules, especially regarding security are imperative. We will use MECC principles to promote the importance of health promotion including self-checking.

We are expecting that we will be providing more prison visits on the new contract as the specification has changed to include more minor injuries. Our model has been designed to meet this specification.

1.18.1.3-Relationships

a)-Interface with in-hours healthcare providers

Although many of the prisons have different providers for mental-health services and substance misuse (e.g. Midland Partnership NHS Trust at HMP Featherstone), the GP-OOH service will primarily interact with and through the main provider Practice Group Plus. During mobilisation, we will work with Practice Plus Group to recommence joint induction and training packages. An important factor will be training in aspect such as completion of paperwork associated with Segregation/CSU, use of force or restraint and use of areas such as First Night Centres. Training will also include reference to Health and Justice Indicators of Performance (HJIPs), a set of performance metrics co-designed by PHE, NHS England and HMPPS informed by SystmOne.

b)-Prison custody teams

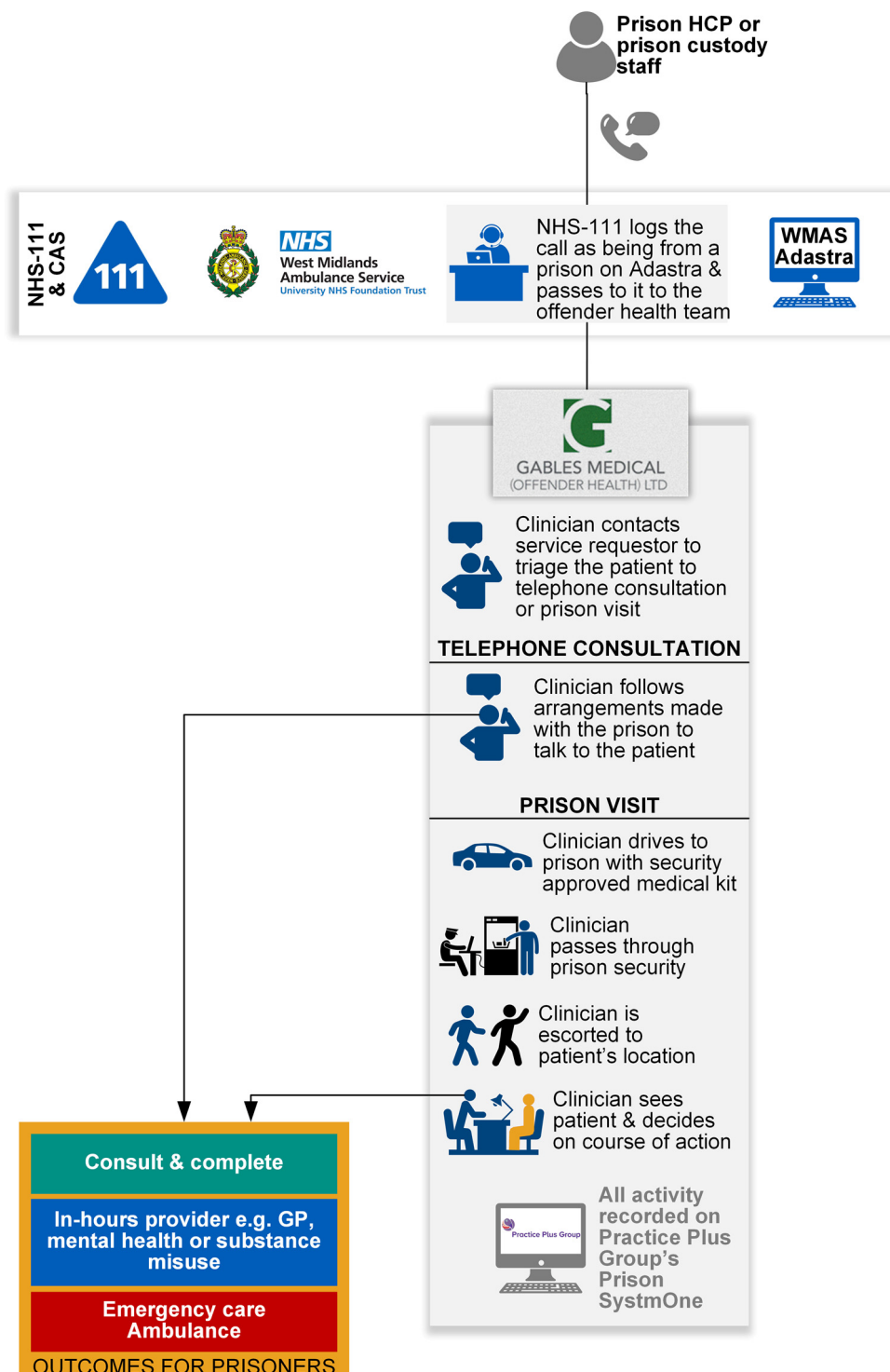
Our clinicians will interact with custody staff on arrival and departure, clearing security and as escorts to where the patient is, unless on-site HCPs can provide escorts. As our clinicians have not been prison cleared, they are never left alone with a patient. A chaperone is always present from prison healthcare or discipline staff. Vocare and the Gables will jointly prepare a guide to the GP-OOH service for use by prison staff, in-hours healthcare providers and Duty Governors. Our patient-engagement strategy will include interaction with prisoners to develop material for the prison population on the service, highlighting our provision of equity of care and confidentiality.

1.18.1.4-Policies and procedures

We would follow HMPPS policy (PSOs/PSIs) around visiting professionals and have ready access to information regarding what can and cannot be taken inside a prison (e.g. smart watches). Training will include personal safety techniques and awareness of the potential for bribery and exploitation, include the consequences of smuggling contraband, as well as safeguarding and PREVENT training.

1.18.1.5-Service delivery model and patient flow

Figure 1 shows the flow into, through and out of the GP-OOH service for the prisons. All calls will be received by the WMAS NHS-111 service and logged on Adastra as coming from the prison address, not capturing personal information



(that is only held on the Practice Plus Group's prison SystemOne).

Figure 1: Service-delivery model

a)-Accessing the service

WMAS will pass the initial history/presenting complaint to the on-call GP (with experience in prison and telephone triage work) to respond with an initial call back and triage the case with the prison HCP or prison staff. This call back is usually with clinician in charge of the patient's care in the healthcare department or via an intermediary member of prison staff as prisoners are usually in their cells.

Options following triage are:

- Telephone call back from a clinician for advice/treatment. The type of clinician will depend on the presenting complaint.
- Prison visit – again, the type of clinician will vary e.g. palliative care versus wound closure.
- Emergency ambulance – this is rare and only for life-threatening conditions.

To ensure we meet the response timeframe, we give the on-call GP a 10-minute response time after which they call passes to the second-line on-call GP in OOH service. We also have a third-line escalation that passes to a GP working within the GP OOH queue. This arrangement creates a safety net and provides equitable access.

All triage information will be captured in SystmOne (via remote access provided by Practice Plus Group). Historically we receive about 20-25 patients a month and there are no particular demand patterns.

b)-Clinical activity

b.1)-Provision of telephone advice/guidance/treatment

The majority of calls will result in telephone consultation in which we can e.g.:

- Provide prescribing support and medication advice to healthcare staff.
- Enhanced decision making to support healthcare staff.
- Escalation to emergency care.
- Allocation of home visits

Most prisons have telemedicine systems that can be used for video consultations and we use such facilities wherever practicable to improve outcomes. This functionality will be based on presenting conditions.

Prescribing will be done on SystmOne and use the formulary at the prison. The SystmOne access enables the clinician to see the patient's healthcare file.

b.2)-Site visits

Where the triaging GP determines that a visit is required, the healthcare/prison staff will be made aware and will be given an estimated time of arrival and the clinician's name (they will bring proof of identity). The triage GP will log the case on the WMAS Adastra so we can log the arrival time at the gate before entering the Establishment.

We will use specific kit for prison visits that reflect the security restrictions and do not present e.g. ligature risks and risk of being weaponised. The kit will include all relevant equipment for patient assessment, wound care (e.g. gluing) and phlebotomy but in reduced quantities to minimise risk and ensure security checks can be completed promptly to avoid delays to patient care. SLAs with Practice Plus Group will cover use of some equipment.

The medication will be taken from the prison formulary and dispensed within the prison. The clinician will be aware of the prison formulary and aspects such as in-possession medication and that medication has a prison 'value'. If an alternative is not available within the prison, the clinician can get medication delivered. Medicine usage will be strictly monitored with full adherence to prison formulary.

All clinical activity will be recorded in SystmOne ready for the in-hours team.

c)-Service outcomes

Outcome from prison contacts are:

- Consult and complete (by telephone, telemedicine or in person).
- Follow-up appointment with an in-hours provider.
- Ambulance to ED.

At any point during a telephone consultation, the clinician could escalate to a visit or an ambulance and visits could also escalate. We will take all normal measures within prisons to avoid transfer to ED unless clinically required e.g. testing blood to confirm if an overdose has been taken.