

Approved Premises A West Midlands Regional Review on Healthcare

Introduction:

HMIP Thematic Inspection of Approved Premises made a number of recommendations for improving healthcare services for residents in Approved Premises. Offender Health (within the Department of Health) and the Approved Premises Team (within NOMS) have been working together in relation to the implementation of these recommendations. A significant element of this work is to learn about the healthcare services that are currently being provided to residents in Approved Premises, both by staff and by health professionals (e.g. GPs and community psychiatric nurses etc) and any problems that are being experienced.

A questionnaire based on the current provision of healthcare services to residents was sent to Probation Managers of the 13 Approved Premises across the West Midlands region. This report represents the findings from the returns, along with a summary of the responses. The information provided will enable us to improve health provision and share good practice across the region - and it will endeavour to make life easier for Approved Premises' staff and managers.

The Department of Health are undertaking a full analysis of the responses from all regions in England and will publish a report in the future. This document provides an interim, regional analysis of the questionnaire responses.

For more information visit: www.westmidlands.csip.org.uk/community

Executive Summary:

Across the board the majority of Approved Premises pay for primary care services, which range between £1,130 - £5,500 per annum. Commonalities across the Region were that dentistry treatment was very variable and accessing an NHS dentist proved to be problematic. Access to out-of-hours services was particularly patchy. Returns suggested that there is not an integrated approach between Prisons, GPs and Approved Premises when obtaining health information.

Warwickshire

Augustus House, Leamington Spa has 19 beds available. This is an average of 7 admissions per month, and 7 discharges per month.

McIntyre House, Nuneaton has 18 beds available. This is an average of 10 admissions per month, and 10 discharges per month.

Primary Care

Both Augustus and McIntyre House pay for primary care services. McIntyre House's contract between the Approved Premises and GP Practice is £1,130/annum 2008 and Augustus House is £3,780/annum 2008.

In relation to additional services, Augustus House does not provide specific surgeries at the Approved Premise but residents are referred to specialist clinics run at the practice as appropriate e.g. diabetes and asthma clinics run by the practice nurse. Home visits have been requested but GPs are very reluctant to provide this facility. Problems have been encountered when a person is unable/too ill to attend the GP practice, which is approximately 1-1.5 miles walk from the Approved Premise. Staff would have no option but to call an ambulance if there was an urgent medical need.

GP Registration

All residents are registered on a permanent basis however this will depend on the anticipated length of stay. Coventry PCT is requesting that patients are initially registered on a temporary basis however the GP practice is resisting this pressure. Approved Premises staff aim to phone the surgery direct to arrange a first appointment usually within 24 hours of admission. The appointment is usually arranged with a healthcare assistant/nurse who will then refer the patient on for an appointment with the GP, if required.

At Augustus House, this initial appointment includes a new patient medical and health screen. The named GP can also provide emergency prescribed medication for residents where appropriate, but with improved access to rapid prescribing services through CDT this is now a very rare occurrence. Moreover, the GP practice provides a prescription delivery facility for all residents.

Likewise at McIntyre House the initial appointment includes a new patient medical. Residents are given urine sample bottles to take to this first appointment (as provided by the GP), the only exception to this arrangement is where - in exceptional circumstances an Approved Premises resident has previously been excluded from the GP practice. They have one current case that is seen by the GP practice at the local hospital. All residents have immediate access to a GP.

Management may allow a resident to remain registered with their own local GP if there are ongoing health issues/outstanding hospital treatment referrals in the pipeline, or mental health issues where a change of GP could disrupt/delay access to treatment.

Dentistry

Residents at Augustus House often struggle to access a dentist locally who is able to offer NHS dental facilities to new patients. Emergency appointments can sometimes be difficult to obtain and in some cases residents have had to travel to Coventry to receive appropriate treatment. Locally there is no designated AP dentist and residents are advised to contact NHS helps line number for advice on dentists accepting NHS patients.

Finding a dentist for a resident is deemed to be satisfactory at McIntyre House. Residents are referred to Camphill Dental Practice who are able to offer NHS dental facilities to new patients. Emergency appointments can sometimes be difficult to obtain.

Out of Hours

During out of hours staff/residents can phone the practice direct; this number will refer the patient to contact a 'New Doc' number and access as appropriate an emergency appointment with a doctor at the local George Elliot Hospital. This facility is now known as UC 24 and is

provided from 6.30pm – 8am weekdays and weekends 24 hours. Home visits can be requested within practice hours.

Augustus and McIntyre House consider the following as areas for success:

- 1) Direct access to DIP worker and fast access to relevant Tier services for rapid Prescribing and relapse prevention work etc
- 2) Good referral route/system in place for fast access to Forensic CPN - this facilitates a good access to initial assessments and where appropriate other mental health resources
- 3) Prescription delivery service provided through GP is helpful in the safe management of prescribed meds

Augustus and McIntyre House consider the following as key problems:

- 1) In a climate of decreasing budgets, there is increasing pressure on AP's and WPA not to fund things that should be paid for by the partners. However if grant payment stops to nominated GP's, it is anticipated the potential loss of one nominated practice and immediate access to a doctor/medical assessment as is currently provided. This would mean residents attending a range of different surgeries and ensuring that residents are provided with a prescription delivery service problematic
- 2) Staff would be motivated to attend training on the issues outlined above with a view to delivering health awareness sessions but again reduced budgets and an increasingly 'high need and high risk' resident group mean that staff are already under huge workload pressures at times
- 3) Access to psychological services/assessments - there is currently a 6 month delay
- 4) Problems where there is a previous history of drug/alcohol misuse issues may mean that residents have a dual diagnosis and this may restrict access to generic mental health services. In addition there have been concerns about delayed access to face to face support from the crisis team in urgent situations - this is often because mental health are aware that this is a residential provision with 24/7 staff support and this can escalate staff concerns
- 5) Fast access to other mental health resources, e.g. day centre provision, anger management workshops, increasing self esteem workshops etc would be very helpful

Further findings

- Warwickshire Probation contribute funding to the area-wide 'mentally disordered offender scheme' this funding allows Approved Premises staff to access support, assessments from the local forensic CPN. Workload priorities mean that the level of CPN input is limited within the Approved Premises; there have been several recent examples of pro-active engagement by this CPN and local mental health services with particular residents.
- Experience ongoing problems with prisons when obtaining health information and includes difficulties accessing ACCT Plan information where there are known self-harm issues. A proforma fax is sent direct to the prison prior to admission requesting that any relevant info is faxed direct to the GP practice but this rarely happens.
- Likewise with McIntyre House, a protocol is in place for managing elderly and infirm residents. Joint Needs Assessment and care planning with local health and social care providers can be undertaken if required and it involves direct liaison with SSD regarding agreeing a care plan prior to admission and clarifying funding etc. If needs are identified post placement Approved Premises staff will make relevant referrals to SSD for an Occupational Health assessment/care plan.
- Warwickshire Probation has run several 'skilled for health' taster sessions at McIntyre House. Subject to funding approval it is hoped that the full programme will be run in both Approved Premises. This is part of the national programme that sets out to combine skills development with health improvement.

West Mercia

Braley House has 18 beds available. This is an average of 4 admissions per month, and 4 discharges per month.

GP Registration

All residents are required to be registered with a GP, all of which are on a permanent basis. To register a resident with a GP, the Approved Premise will telephone the local NHS, who will allocate the resident to one of a half-dozen practices.

Dentistry

Braley House generally have problems finding a dentist for residents, most local practices only accept private patients. There is an emergency dental access centre in Worcester, which is used by the residents as and when necessary.

Out of Hours

There is an out of hours GP clinic at the local hospital.

Braley House consider the following as areas for success:

- 1) Following difficulties, Braley House have recently improved liaison with the community mental health team, and this is now working much better. Residents with mental health needs are seen by a specialist social worker from the CMHT, who also attends a team meeting approximately quarterly

Braley House consider the following as key problems:

- 1) With so many GPs involved, information is not routinely exchanged and it is difficult to ensure that consistent service is maintained, e.g. some will give residents their prescriptions even when they have been asked to use the home delivery service
- 2) Different GPs act differently. If a resident doesn't like what the GP says (e.g. if told he is fit for work when he does not want to come off incapacity benefit) he will keep changing GP until he gets one that gives the result he wants
- 3) Out-of-hours emergency services have in the past not been sympathetic to hostel residents. On one occasion, albeit several years ago, an unqualified member of staff was handed Valium suppositories and told to administer them if necessary to a violent, disturbed resident. On another occasion a resident who had attempted suicide on a number of occasions over several days was taken to hospital only to be sent back again after being told she was "a bit down". She had to be recalled to prison because we could not manage her

Further findings

- Sometimes health information is difficult to obtain from the prison e.g. information on prescribed medication is not passed on. This is dealt with on a case-by-case basis. Direct telephone contact with prison healthcare units is usually the easiest way to obtain information.
- For those residents who are older, or those with disabilities, they have a ground floor flat which has been adapted for wheelchair users. Liaison with adult services is on a case-by-case basis, as required.

West Midlands

Bilston House has 15 beds available. This is an average of 6 admissions per month, and 6 discharges per month.

Primary Care

Bilston House pays for primary care services; their contract between the Approved Premises and GP Practice £50.33 per resident seen.

GP Registration

All residents are required to be registered with a GP, all of which are on a Permanent basis. When a resident arrives they contact the GPs surgery and arrange an initial appointment.

Dentistry

On the odd occasion it has proven difficult to find a dentist that takes new NHS patients. Other associated issues relate to making a disclosure to dental surgeries about specific risks posed by offenders looking to register, as they don't feature in MAPPA discussions. In terms of registration Bilston House have tried different practices until they have found one that is accepting new NHS patients.

Out of Hours

The generic out of hour's service for Wolverhampton is available, when the GP practice is closed.

Bilston House consider the following as areas for success:

- 1) Being able to get residents registered at the GP. There is deemed to be no priority service and they are just allocated appointments along with all other patients

Bilston House consider the following as key problems:

- 1) Getting information from prisons / previous GPs
- 2) Reluctance of CMT in Wolverhampton to become involved with residents at Bilston. In one instance an offender was referred and Wolverhampton CMT attended meetings regarding his MH support prior to his arrival. However when he arrived they totally backed out of his treatment package.

Further findings

- In terms of meeting the specific needs of older residents or those with disabilities, Bilston House have a room equipped with a vibrating alarm connected to the fire alarm, which goes under the pillow for residents with a hearing impairment.

Crowley House has 20 beds available. This is an average of 7 admissions per month, and 4-6 discharges per month.

Primary Care

Crowley House pays for primary care services; their contract between the Approved Premises and GP Practice is £4,000 (approximate annual value).

GP Registration

All residents are required to be registered with a GP, all of which are on a Temporary basis. The process takes 5 minutes at the surgery, to complete a registration form.

Liaison work with the GP practice is normally very good, with medication provided on day of arrival, delivered by the pharmacy. Regular review meetings take place with GPs and practice staff to ensure systems reflect priority needs of residents. Surgery staff are generally and informally responsive to their needs/requests for help/advice.

Out of Hours

During out of hours, services are accessed through GP answer phone number. Residents are generally referred to the local A&E department or ambulance when appropriate.

Crowley House consider the following as areas for success:

- 1) Consensus that the GP could do more. However, the GP approach to prescribing and liaison to ensure safety of medication is very good indeed. Access to local mental health team is rather better now, although problematic potentially for out of area Crowley residents. The GP service is ready to listen and act on any given suggestions. Generally co-operative and responsive
- 2) Birmingham does provide a range of specialist health services because it is a large City. Crowley residents therefore access to those as and when
- 3) Use of the gym and swimming services are not maximised, although Crowley pays for the initial leisure card fee. Plan to raise with GP the usefulness of prescribing gym sessions for patients who would benefit
- 4) Provision of mental health services has been awful in the past. Without a prison based CPN, Crowley House feel they would not be able to provide locally for Crowley residents

Crowley House consider the following as key problems:

- 1) Access to GP appointments is restricted mainly to mornings
- 2) GP appointments can only be made at 08:30 on the day required

- 3) Women in need of specialist referrals frequently have their treatment disrupted because of moves. A joined up way of transferring relevant paperwork between hospitals would be an advantage
- 4) Geography determines the quality of service
- 5) Some teams will say that we need a forensic service to meet our resident mental health service needs. We feel this would only be the case where a mental illness was the trigger for serious offending behaviour
- 6) Where this service is not accessed locally, it is very difficult to access medication reviews – the GP requires before changing any medication

Further findings

- When trying to obtain health information from prisons, ACCT documents are rarely shared, although telephone conversations may reveal risks of self-harm/suicide. When Healthcare are contacted, they are likely to fax over medication lists, which are then passed to the GP.
- In the past have experienced great difficulty linking up with colleagues in housing and social services in order to plan appropriately for one of the older (not very well) residents.
- Not very accessible for women with mobility difficulties and certainly presents problems where they want to speak with Social Care colleagues about children.
- Sports activities and power walking takes place in the grounds, some people use the leisure card. There is an onsite drug worker who is able to cover sexual health and harm minimisation.

Elliott House, Birmingham has 20 beds available.

Primary Care

Elliott House pays for primary care services; their contract between the Approved Premises and GP Practice is £3,250 (approximate annual value).

Additional services are provided, such as flu jabs and Hepatitis 'C' Jabs. Moreover the diabetic nurse has attended Team meetings for briefing on diabetes.

GP Registration

Residents are registered by the GP practice on a permanent basis; on arrival they complete a GP registration form, which is taken to the GPs surgery.

Further findings

- For older residents or for those with disabilities they have a dedicated room and they would work with the local GP re: any other special needs.
- When requesting health information from prisons, they have encountered problems obtaining medical notes / ACCT documents. It is not automatic that the prisons send these documents out, therefore they have to chase prisons up - which can be extremely time consuming.

Stonnall Road has 12 beds. This is an average of 6 admissions per month, and 6 discharges per month.

Primary Care

Stonnall Road pays for primary care services; their contract between the Approved Premises and GP Practice is £2,620 (approximate annual value).

GP Registration

Residents are registered by the GP practice on a permanent basis; on arrival they contact the GPs surgery to arrange an initial appointment.

Dentistry

It has proven difficult to find a dentist that takes new NHS patients. Other associated issues relate to making a disclosure to dental surgeries about specific risks posed by offenders looking to register, as they don't feature in MAPPA discussions. In terms of registration Stonnall Road have tried different practices until they have found one that is accepting new NHS patients.

Out of Hours

There is a system in the Walsall Borough called WALDOC, which provides out of hours service.

Stonnall Road consider the following as areas for success:

- 1) Being able to get residents registered at the GP. We don't get a priority service though and they are just allocated appointments along with all other patients
- 2) The Walsall district has a contract with the CMT which we are able to benefit from being located in the Walsall borough

Stonnall Road consider the following as key problems:

- 1) Getting information from prisons / previous GPs
- 2) Being able to benefit from the Walsall Probation district arrangement. If this were to end we would struggle to accommodate residents with mental health conditions.

Further findings

- In terms of meeting the specific needs of older residents or those with disabilities, Stonnall Road have a room equipped with a vibrating alarm connected to the fire alarm, which goes under the pillow for residents with a hearing impairment.

Sycamore Lodge has 32 beds available. This is an average of 4 admissions per month, and 4 discharges per month.

Primary Care

Sycamore Lodge pays for primary care services; their contract between the Approved Premises and GP Practice is £1,375 per quarter.

GP Registration

Residents are registered by the GP on a permanent basis, and are registered on attendance.

Dentistry

A dentist is hard to come by in the area; they make use of the hospital in Birmingham.

Sycamore Lodge consider the following as areas for success:

- 1) Quick access to drug, alcohol services

Sycamore Lodge consider the following as key problems:

- 1) Not enough funding
- 2) No clear strategy of long-term goals

Staffordshire

Staitheford House has 13 beds available. This is an average of 4 admissions per month, and 4 discharges per month.

Primary Care

Staitheford House pays for primary care services; their contract between the Approved Premises and GP Practice is £3,000 per annum.

GP Registration

Residents are registered by the GP on a temporary basis; during the induction process the resident is assisted to complete a registration form (GMS1), which they then take into the nearby surgery.

Out of Hours

During out-of-hours, residents can use NHS direct and Mental Health Crisis Team, however, local mental health provision was recently reduced and this has to serve a much wider area.

Dentistry

Some problems have been encountered trying to find a dentist for a resident - most of the dental practices in the locality are private, and the sole emergency dentist is not very reliable. To resolve this problem residents are usually referred to the local A&E Unit.

Staitheford House consider the following as areas for success:

- 1) Through the Mentally Disordered Offenders Team they have excellent liaison with colleagues in the Mental Health services and easy access to the services of CPN
- 2) They have an excellent system for obtaining repeat prescriptions with both the GP's surgery and the local pharmacist

Staitheford House consider the following as key problems:

- 1) The building would require considerable work to adapt it to become DDA compliant
- 2) Out of hour's emergency response

Further findings

- When accessing health information from the prisons, a standard enquiry form is sent to the healthcare department, enabling clarification of the resident's medical regimen. It was noted that they have not encountered any difficulty with this process recently, but there have been problems in the past.
- For those older residents, or those with disabilities, the Approved Premises is not DDA compliant, and would not be suitable for anyone with mobility problems or unable to climb stairs.
- A full assessment of need is made at the induction stage, which would trigger any relevant referrals either at that point or at the point of move-on/departure.
- Smoking Cessation, Healthy Eating, Sexual Health, Exercise and Harm Minimisation are integral to the group work element of the Enhanced Regime, and will also be tackled within key work where significant issues are identified. Alcohol and drug testing is also done routinely where use is an identified risk factor or excessive use is suspected.

Wharflane House has 22 beds available. This is an average of 5 admissions per month, and 4 discharges per month.

Primary Care

Wharflane House pays for primary care services; their contract between the Approved Premises and GP Practice is £3,000 per annum.

GP Registration

Residents are registered by the GP on a temporary basis during the induction process; the resident is assisted to complete a registration form (GMS1), which they then take into the nearby surgery.

Dentistry

In the event of not finding a dentist residents are referred to a local Emergency Dental Practice.

Wharflane House consider the following as areas for success:

- 1) Through the Mentally Disordered Offenders Team they have excellent liaison with colleagues in the Mental Health services, and easy access to the services of a CPN
- 2) Excellent system in place for obtaining repeat prescriptions with both the GP's surgery and the local pharmacist

Wharflane House consider the following as a key problem:

- 1) Lack of drug/alcohol counselling provision

Further findings

- As with Staitheford House, when accessing health information from the prisons a standard enquiry form is sent to the healthcare department, enabling clarification of the Resident's medical regimen. It was noted that they have not encountered any difficulty with this process

- A full assessment of need is made at the induction stage, which would trigger any relevant referrals - either at that point or at the point of move-on/departure.
- Smoking Cessation, Healthy Eating, Sexual Health, Exercise and Harm Minimisation are integral to the group work element of the Enhanced Regime, and will also be tackled within key work where significant issues are identified. Alcohol and drug testing is also done routinely where use is an identified risk factor or excessive use is suspected.