

**Gloucestershire Primary Care Trust
GUIDE & PALS (Patient Advice and Liaison Service)**

**Report of the Pilot of PALS in Prison at Gloucester Prison
October 2007-June 2008**

Introduction.

In April 2005 The Primary Care Trust took over the provision of healthcare to the prison population of Gloucester Prison. In the summer of 2007, planning meetings for the provision of PALS in the Prison recommenced having been suspended the previous year due to workforce issues.

Process

In setting up the pilot of PALS in Gloucester Prison the following were put in place:

- Standard Operating Procedures
- Referral Forms
- Consent Forms (Appendix 1, 2, 3)

During the term of the pilot:

- two consultation meetings were held
- presentations to the Prison Governor, Healthcare staff and Prison Officers were made
- two review meetings held

PALS and ICAS (Independent Complaints Advocacy Service) worked closely throughout the pilot, jointly presenting and attending meetings and designing posters and leaflets specifically for the prison population. (Attached)

In the setting up of the pilot it was agreed that PALS referral forms would be placed on the prison wings for prisoners to access. PALS and ICAS posters and leaflets were also displayed throughout the prison.

PALS had agreed to do face-to-face contacts on receipt of the referral forms; as during the planning phase discussions, the telephone did not seem to be a suitable method for initial contact with the PALS team. However, as the pilot commenced and developed the prisoners accessed PALS by writing directly to the service or by telephoning direct.

At the first review meeting it was suggested to change the colour of the referral form and ensure they were visible and accessible on the prison blocks. Despite this happening it did not change the method of contact to PALS.

Progress

In the seven month period of the pilot there were 14 contacts to the PALS service.

Themes

- Requests to highlight medical/physical concerns to the prison healthcare staff, as the prisoners' perception was that they were not taking their condition seriously.
- Concerns re reduction in medication or detoxification programme, particularly for people with substance misuse problems
- Requests for medical hold e.g. remain at Gloucester until medical condition appropriately addressed

The following are two scenarios to illustrate examples of contacts to PALS.

Scenario

Issue: Prisoner transferred from another prison; was on waiting list for operation at local hospital. Concerned as hospital wrote to say he had been removed from waiting list as he missed appointment. Wanted hospital to hold his appointment until he returned.

Action: With consent, PALS contacted the Prison Healthcare Manager to request that the other hospital be contacted to ensure the prisoner would be kept on the waiting list as it was possible they would transfer back. The Manager agreed to action this.

Outcome: PALS communicated by letter to the prisoner to inform him about the action taken. Invited to contact the service again if concern continues.

Scenario

Issue: Prisoner on detoxification process was concerned as the programme was moving too rapidly and he did not feel well. He said he had discussed it with the doctor who had agreed to slow down the process, but the prisoner felt that the doctor's instructions were not being followed. He also wished to change the detoxification medication.

Action: With consent, PALS contacted the Healthcare Drug Treatment Service (IDTS) to communicate the prisoner's concerns. They agreed to check the doctor's records and to discuss the programme with the prisoner. They also confirmed that they would check his symptoms and offer support if he was not feeling well.

Outcome: PALS wrote to the prisoner to inform him re action taken and to contact us again if he continued to be concerned. There was no further contact from the prisoner.

Other issues

A further issue which arose during the seven months of the pilot was the tendency of some prisoners to contact PALS, ICAS and the Complaints service to raise the same concerns. Initially all three services were commencing action to address the concerns but as the pilot progressed it was possible to ensure by mutual communication that the appropriate service followed through the concern and the prisoner had a reply.

Feedback from Prisoners

“I am contacting your service because one of the guys in here said you had been helpful to him in a similar situation”

“The IMB recommended I contact you as you have been helpful to others”

Outcome of review of pilot phase

At the final review meeting on 5th of June 2008 it was agreed to continue to provide the PALS service to Gloucester Prison. The main source of referral to ICAS and PALS would be through the complaint referral system as that seemed to be the only referral form that prisoners used. The prisoners could also continue to write or telephone the PALS and ICAS services. Legal visits would be possible by PALS and ICAS if indicated or requested.

It was also agreed to submit quarterly reports to the dedicated Prison link to Healthcare/ Head of Drug Strategy and Healthcare Management and to review the services input to the prison bi-annually.

Appendix 1
Gloucestershire Community Patient Advice and Liaison Service
Standard Operating Procedure

Purpose

The purpose of this standard operating procedure is to identify the process for providing a PALS response to contacts to the service for prisoners from Gloucester Prison. The PALS response will be provided within the boundaries of the security requirements of the prison service, the current resources of Gloucestershire Community PALS and the requirement to ensure safe working practices for the PALS Team.

General Information

PALS staff need to be fully conversant with information regarding prison procedures and routines and how these will impact on the way prisoners access the PALS service, and the way the PALS Team is able to respond to these contacts.

- Gloucester Prison is a local, male, adult remand and young offender remand prison. It houses Class B & C prisoners
- At present there are 3 blocks A B & C
- Blocks A & B prisoners are kept in their cells to eat
- They have toilets and a TV
- This block feels more open to staff and visitors, it is possible to be seen anywhere in the block, physically feels more open.
- Block C is an old building and one cannot be seen in all areas, staff feel more vulnerable here
- In this building prisoners have a dining out facility
- They also have a TV in their cells.
- There is a medical dispensing room in each block
- Prisoners queue up for medication, some may be taken into the medical room for injections.
- There is a Health Centre, with 11 beds but variable occupancy and a qualified member of staff and 2 HCA's in the morning and one HCA in the evening. The prisoners are locked in their cells in the health centre and there is always a qualified member of staff on call should the need arise.
- 80% of new receptions into Gloucester Prison misuse substances, including alcohol, prior to custody.
- There has been a reduction in self harm and suicide recently

In general (there can be variation) a prisoner's daily routine is as follows:

- Cells unlocked at 07.45hrs
- Work duties start at 08.30hrs
- Lunch period starts at 11.45-12.30
- Locked 12.30-13.30
- Unlock and Work duties recommence at 01.30-13.45
- Work duties finish at 16.30
- Meals 16.30-17.30
- Locked 17.30-18.00
- Association time 18.00-20.15
- Cells locked at 20.15

On admission to the prison the prisoner comes in a van through the yard into the reception room.

- Clothes are taken and recorded
- Prisoners are given a bag with clothes, blanket and basics
- They are also given a primary health assessment, assessed for disabilities and referred to other relevant agencies if appropriate
- They are risk assessed for cell sharing

As these prisoners may move very quickly from this prison, this will have an impact on the way PALS can work with the prisoners

On arrival at Gloucester Prison, a prisoner is able to identify a number of telephone numbers e.g. family members or Solicitor etc. The prisoner will be allocated a PIN number for the phone and the chosen numbers will be programmed into the phone. Prisoners have access to the phones during unlock times of the day.

The prisoner gets enough money put on the phone for one call initially, they then need to put money on the phone.

All telephone calls made by prisoners are recorded, all incoming mail is opened. Prisoners are made aware of this on induction. ICAS may be an agreed number on the phone.

Healthcare provision

There is a Healthcare Centre Tel.no: 01452 453097 within the prison, led by Head of Healthcare, Matron/Manager Marieanne Bubb-McGhee, a Primary Care Manager and Mental Health Team, In Reach teams, Substance Misuse Teams, GP, Dental, Ophthalmology services and Special clinics

A prisoner makes an application in writing to see Healthcare, if it is in the box by 09.30am they will be seen that day.

- The Prisoner will be given an inmate medical record
- There is a GP from the Yorkleigh Surgery in attendance from 09.30 to 15.30 each week day. Urgent/essential work only at weekends. Doctors on 24hour call. If there is an emergency on the wing, the prisoner will be checked and a blue light call can be made.
- The Psychiatrist attends the prison once a week
- Dental clinics are on Wednesdays
- Ophthalmology attend if there are a number (10) of patients to see.
- Special Clinics are also run e.g. HIV; Smoking cessation; Tissue Viability; Hepatitis C; Secondary Screening

Concerns or complaints

Prisoners making complaints about Healthcare provision complete a Healthcare Form (sample attached). This is the initial local resolution stage. The Healthcare Manager will provide a verbal or written response to the prisoner's complaint.

If the prisoner is not satisfied with the response they can appeal (same form) This form may go to the PALS Team or the Complaints Manager of the PCT or 2gether NHS Foundation Trust.

Prisoners will have been given information re PALS, ICAS and Complaints on their induction to the prison.

Provision of PALS to prisoners in Gloucester prison

- Prisoners may contact PALS by telephone, it may be possible to obtain the full history and nature of the concern, explain what PALS may be able to do and gain consent from the client during the call. Communication back to the client will be in writing with their agreement or alternative contact may be agreed e.g. legal visit
- Prisoner may contact PALS in writing, if consent is contained within the letter PALS may act immediately. It may be necessary to write back to the prisoner to communicate what PALS can do and to obtain consent or it may be necessary to arrange a legal visit.
- Prior to the PALS Advisor visiting, the prison must be informed of the name of the member of staff attending
- PALS staff will be issued with Visitors passes each time they visit the prison.
- No mobile phones are allowed and a picture ID must be available when attending the prison

- Each visit (called a legal visit) will have a risk assessment, this will be discussed with the healthcare/prison staff before attending
- PALS staff will be accompanied by a member of the housekeeping or prison staff, probably an HCA/Prison Officer throughout the visit
- The accompanying healthcare/prison staff will remain outside the interview room when the prisoner is being seen by the PALS member of staff
- PALS will aim to attend a 'surgery' once a month, if necessary, to address the issues that the prisoners have highlighted on their PALS form 1 (sample)
- PALS staff may attend more often if the need is indicated especially if the prisoner may be moved imminently (resources permitting)

- Because of the nature of Gloucester Prison it will be important to obtain comprehensive consent during the first contact with the prisoner as frequent contact will not be possible. With consent the Prison can inform PALS of the prison moved to.(see sample consent form)
- If the prisoner does not give consent the PALS Advisor must inform them that they cannot proceed any further with their concern. Form to be signed.

- At the earliest opportunity the PALS member of staff must inform the prisoner that PALS is required to inform the prison of the name and prison number of each person who contacts them.
- The issue the prisoner wishes to raise will not be divulged.
- PALS is a confidential service however the limits of confidentiality need to be shared with the prisoner on first contact (policy attached)
- In the event that the PALS Advisor is told information by a prisoner that causes them to feel that breaching confidentiality is necessary, the Advisor must inform the prisoner that they have a duty of care to inform the relevant person/organisation of the information the prisoner has given. (Depending on risk assessment of the situation)

- Under the duty of care, the Advisor must inform the PALS Coordinator of the circumstances relating to the breach of confidentiality at the earliest opportunity and seek advice on further action. In the absence of the Coordinator the Advisor will contact the Head of Drug Strategy Madge Oxley or Matron/Manager of Prison Healthcare.

- Information relating to the issues raised will be communicated anonymously to the Trusts in the PALS quarterly reports thus highlighting gaps in services or issues with NHS care in prison.

Responsibilities and Accountability

The PALS Coordinator is responsible for:

Ensuring the Advisors are conversant with the Standard Operating Procedures of the prison

Ensure the quarterly anonymised statistical report is submitted in the agreed timescale and forwarded to relevant people e.g. Healthcare Manager, Head of Drug Strategy, Assistant Director for PPI for the Primary Care Trust and the Director of Nursing for the 2gether NHS Foundation Trust.

Provide anonymised information regarding specific contacts to support organisational learning

In the event that the PALS Coordinator is made aware of a serious concern regarding an issue identified via a PALS contact, the PALS Coordinator will seek advice from a range of senior staff within the Primary Care Trust or/and the 2gether Foundation Trust including:

- Directors of Nursing
- Clinical Governance staff
- Complaints Managers
- Prison Healthcare Centre Manager
- Head of Drug Strategy

The PALS Coordinator is accountable (for PALS services to Gloucester Prison) to the Director of Care for the PCT, John Ford

The PALS Advisor is accountable to the PALS Coordinator

The Head of Drug Strategy as the prison dedicated link to Prison Healthcare will be responsible for providing a designated link between the Gloucestershire PALS and Gloucester Prison in respect of all issues relating to prison security requirements and procedures, access by prisoners to PALS and PALS staff to prisoners.

Name: Head of Drug Strategy and prison dedicated link to Prison Healthcare: Madge Oxley

The Prison Health Centre Manager will be responsible for providing Gloucestershire PALS with advice and support to enable the service to be provided to the prison population in as equitable a way as possible to the way the service is provided to the general public

The Health Centre Manager is accountable to the PCT Line Manager: Lesley Dibben

Updated following end of Pilot August 08

M.Dignan

Appendix 2

Gloucestershire
Primary Care Trust

**PALS Form 1****Please read these notes first**

This form is for you to comment, raise a concern or compliment about your healthcare within HMP Gloucester. The Patient Advice and Liaison Service [PALS] focus on improving the service to NHS patients. The service aims to:

- **Advise and support patients, their families and carers regarding healthcare matters**
- **Provide information on NHS services**
- **Listen to your concerns, suggestions or queries**
- **Help sort out your problems quickly on your behalf**

Please be aware we are unable to share explicit information with family members or other advocates [including your solicitors] without your written consent, you can request a consent form at the same time as raising your concern.

We are only able to look into concerns about your healthcare any other concerns need to be raised on a Form PALS 1 form for confidential access complaints.

You can raise concerns about your healthcare via the confidential access system.

If you remain unhappy after PALS have replied to you - you can raise your concern under the NHS Complaints Procedure, PALS can provide you with all the options available to help you do this.

We are unable to get involved in any claims for compensation, if this is what you are looking for you need to ask your solicitor to write to the Chief Executive of the PCT.

WHEN YOU HAVE FILLED IN THIS FORM PLEASE PUT IT IN THE SICK APPLICATION BOX

Your details (use BLOCK CAPTIALS)

Surname	First name (s)
Prison number	Location

Have you spoken to anyone about your concerns?

If so, who did you speak to?

--

Your concern (please give as much information as possible especially dates)

--

What would you like to see done about your concern?

Any additional comments

I understand that in order for PALS to investigate/resolve my concerns they may need to speak to staff within Healthcare and this may include the need to read my medical records.

Signed _____ Date _____

This section is for official use only

DATIX Code:

Date entered on database:

Investigating Manager:

Date response sent:

Details of response:

**Appendix 3
Patient Advice and Liaison Service at Gloucester Prison**

CONSENT TO SHARING INFORMATION

I.....[surname and prison number] give my consent that:

..... [Name of PALS Representative]

- may have access to and share with appropriate others, any documentation relevant to the concern raised, that I choose to provide
- may communicate with relevant clinicians or staff in order to address my concern, having first agreed with me whom those people should be
- may pass details of my case to a relevant PALS in another area should I be discharged or move prison before my issue is resolved
- May pass details to ICAS if requested by prisoner

(Delete as appropriate)

Name

(Surname and prison number)

Address.....

(Prison)

Signature.....

Date.....

PALS Representative.....

PALS Representative Signature.....

PALS submit anonymous reports to the Trust Board quarterly to illustrate the issues being raised and to highlight themes and gaps in services.