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Ipswich NHS Trust prison in-reach

An example of treatment in-reach into prisons

Key points:

- Ipswich NHS Trust established a treatment 'in-reach' service in four local prisons in August 2015.
- Hepatitis C prevalence is particularly high among the prison population, but testing and treatment rates remain low.
- The service has established clear pathways into treatment, with patients supported by the clinical nurse specialist (CNS) and prison nurse during treatment.
- As a result of the in-reach service, 11 prisoners were treated for hepatitis C in 2016; 10 patients have been treated in the first four months of 2017; six more started treatment in May and June, and two are awaiting assessment.

Overview

In August 2015, Ipswich NHS Trust launched an in-reach treatment service in four prisons, seeking to increase the number of inmates receiving treatment for hepatitis C. The total inmate population across the four prisons (HMP Highpoint, HMP Hollesley Bay, HMP Warren Hill and HMP Chelmsford) is approximately 2,755.

Despite a number of challenges, clear pathways have been established for engaging patients into treatment, which has resulted in a substantial increase in the number of prisoners being treated for the virus.

Why the in-reach service was established

Hepatitis C prevalence is particularly high among the prison population. A 2013 Department of Health audit of hepatitis C services in English prisons found a prevalence rate of 19% in HMP Hull and 14% in HMP Manchester. A 2012 study from Scotland estimated hepatitis C prevalence among prisoners to be almost 20%. This compares with a rate of 0.5% - 1% among the general population.

Despite the phased implementation of opt-out testing for hepatitis C in prisons, beginning in 2013, just 11.5% of prisoners were tested for the virus in 2015-16. Those who have been diagnosed often do not receive treatment while still in prison and can often be lost to follow-up after being released.

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How the in-reach service works

The clinical nurse specialist (CNS) hosts a clinic in the healthcare department of the prison, which is notified in advance to prisoners. Prison staff are also made aware of clinic appointments, to ensure that inmates attend.

Prisoners who test positive for hepatitis C are assessed by the CNS, taking into account factors such as their medical and social history and Fibroscore score. Before being initiated on to treatment, other considerations taken into account include: the length of the prisoners' remaining sentence; recent/significant mental health issues; whether they have a registered address (if treatment will be ongoing after release); and whether they are registered with a GP (if treatment will be ongoing after release).

Following assessment, the patient's details are then taken to the Operational Delivery Network (ODN) multi-disciplinary team (MDT), who assess whether they are suitable for treatment in prison. Those not considered suitable for treatment (for example, if they are due for imminent release from prison) will be monitored, vaccinated against hepatitis A and B and provided with their assessment results, including Fibroscore score and blood tests, so they can present these to their community GP for onward referral to the local viral hepatitis specialist services.

Those who are deemed suitable for treatment are seen by a consultant, depending on their clinical need, and then initiated onto treatment, following their in-house ultrasound scan and blood test. Support is available to all patients undergoing treatment from the prison BBV link nurse and the Registered and Mental Health nursing teams, and they are kept under close review by the CNS. At each prison, the CNS runs a viral hepatitis clinic every other week and, occasionally, weekly, depending upon demand and clinical need.

Challenges

There were a number of challenges to overcome in establishing the service. These included gaining access to prison IT and security systems; tracking the results of blood tests (with samples occasionally going missing); tracking patients who have been released; gaining access to treatment for patients; gaining access to phlebotomy slots; sourcing an in-reach ultrasound service; accessing staff resources; keeping patients motivated while awaiting treatment and engaged while on treatment; and medication delivery problems.

Such challenges were overcome through continuous collaboration and communication between the CNS and relevant healthcare colleagues. At the busiest prison, the CNS attends a regular meeting of all key stakeholders: prison management, the GP, the nurse lead, the Integrated Drug Treatment System (IDTS), pharmacy staff and the mental health team. Aside from meetings, instant messaging systems are also utilised to address any other problems that occur, enabling the CNS and prison colleagues to be responsive to one another's needs.

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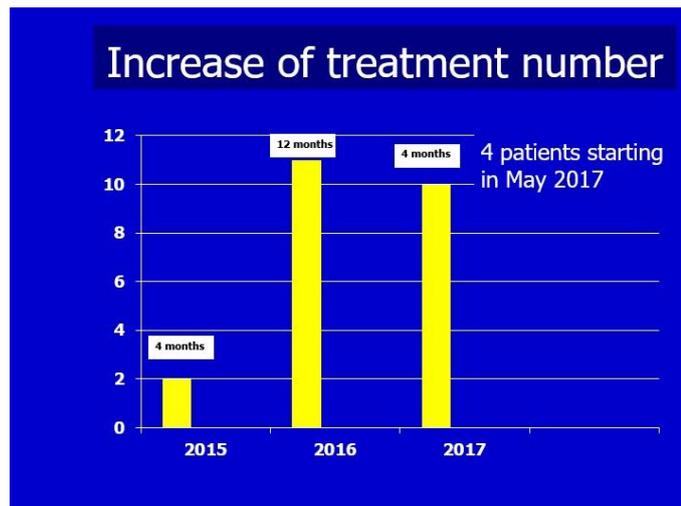
Outcomes

Patient knowledge

Patients are now more aware of the service and the benefits of treatment. Effective messaging from the BBV nurse, CNS and the wider nursing team about the low side-effects and high cure-rates has helped to increase awareness among patients of the benefits of the new treatments.

Access to treatment

Inmates are now receiving quicker access to treatment as a result of the prison in-reach work. 11 prisoners were treated for hepatitis C by Ipswich NHS Trust in 2016. 10 patients have already been treated in the first four months of 2017, six more started treatment in May and June, and two are awaiting assessment. 28% of all patients with hepatitis C have been treated for the virus.



Future aims

As the programme continues, it is intended that prison staff will take on more ownership of the service, with the prison healthcare team taking on more of the day-to-day running of the service – for example, taking on responsibility for reviewing patients and setting up routine blood monitoring. Plans to establish peer support groups for patients are also being considered.

The local NHS England commissioner has included a provision in the Co-Commissioning Agreement to increase the number of inmates being tested for BBVs and the number receiving treatment.

Plans are being formulated with one of the prisons to commence dried blood spot (DBS) testing and re-testing and it is hoped that this system will be rolled out across all four of the prisons. Currently, inmates are often only offered a BBV test upon entry into prison, missing the chance to diagnose those who refused a test or who subsequently contract hepatitis C during their sentence. It is hoped that the introduction of DBS testing will improve uptake by making testing easier for both inmates and healthcare professionals.

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