



Practice Plus Group



Providing NHS services

Quality Account Health in Justice 2020-2021



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Introduction

Practice Plus Group is responsible for healthcare services supporting around 30,000 prisoners in 47 English establishments. Our patients live in inherently challenging environments, their health needs are complex, and their outcomes have traditionally been poor. Our teams are passionate about helping the prison population. Every day they demonstrate exceptional commitment, ensuring that prisoners' support and treatment is equivalent to that of patients in the wider community.

This Quality Account is our first annual report to our stakeholders in the health and justice systems, and to the public, on the quality of services we provide within prisons and other secure establishments. It sets out not only the challenges which these services face, but also the achievements and the innovations that underpin our work. It demonstrates the performance of prison healthcare during 2020-21 through measures which can, in many instances, be directly compared to the performance of primary care services in the wider community.

It also sets out our priorities for quality improvement over the coming year.

In developing this first Quality Account we have both drawn on and shared information and first-hand experience across the organisation as part of a sustained focus on improvement and inclusion.

Our approach to quality

Our values

Across Practice Plus Group we share core values which are at the heart of every service we deliver and which inform the way in which we run every service. In 2020 we undertook an organisation-wide consultation to review and refine our values, making sure they are not just relevant but have also been shaped by all of the team providing and supporting patient care.

- We treat patients and each other as we would like to be treated
- We act with integrity
- We embrace diversity
- We strive to do things differently

Our vision

In each one of our services our vision is the same – to deliver 'Access to Excellence'

We know this vision is particularly important in our Health in Justice services. We believe that every prisoner, and anyone within any other secure establishment, is fundamentally entitled to be able to access the highest possible standard of healthcare. Prison healthcare rightly undergoes extensive scrutiny to ensure that services are equivalent to those generally available in the community. At Practice Plus Group we are determined that all our services, regardless of the setting, are able to become equivalent to the very best services of their type.

Map of services



South

London

1. HMP Brixton
2. HMP/YOI Wormwood Scrubs
3. HMP/YOI Pentonville

Thames Valley and South Central

4. HMP Isle of Wight
5. HMP Ford
6. HMP Lewes
7. HMP Winchester
8. HMP Huntercombe
9. HMP YOI Aylesbury
10. HMP Bullingdon
11. HMP Grendon/Springhill
12. Gatwick IRC

East of England

13. HMP The Mount
14. HMP Hollesley Bay
15. HMP YOI Warren Hill
16. HMP Highpoint
17. HMP Wayland
18. HMP Bure

Devon & Dorset

19. HMP Dartmoor
20. HMP Channings Wood
21. HMP YOI Exeter
22. HMP The Verne
23. HMP YOI Portland
24. HMP Guys Marsh

North

West Midlands

25. HMP Long Lartin
26. HMP Hewell
27. HMP Featherstone
28. HMP Oakwood
29. HMP YOI Brinsford
30. HMP YOI Swinfen Hall
31. HMP Stafford
32. HMP YOI Drake Hall
33. HMP Dovegate
34. HMP YOI Werrington

East Midlands

35. HMP Sudbury
36. HMP Foston Hall
37. HMP Five Wells
38. HMP Stocken
39. HMP Whatton

Yorkshire

40. HMP YOI Doncaster
41. HMP Lindholme
42. HMP YOI Moorland
43. HMP YOI Hatfield
44. HMP New Hall
45. HMP Wakefield
46. HMP Leeds
47. HMP Wealstun
48. HMP/YOI Askham Grange

[practiceplusgroup.com](https://www.practiceplusgroup.com)

Our approach to quality

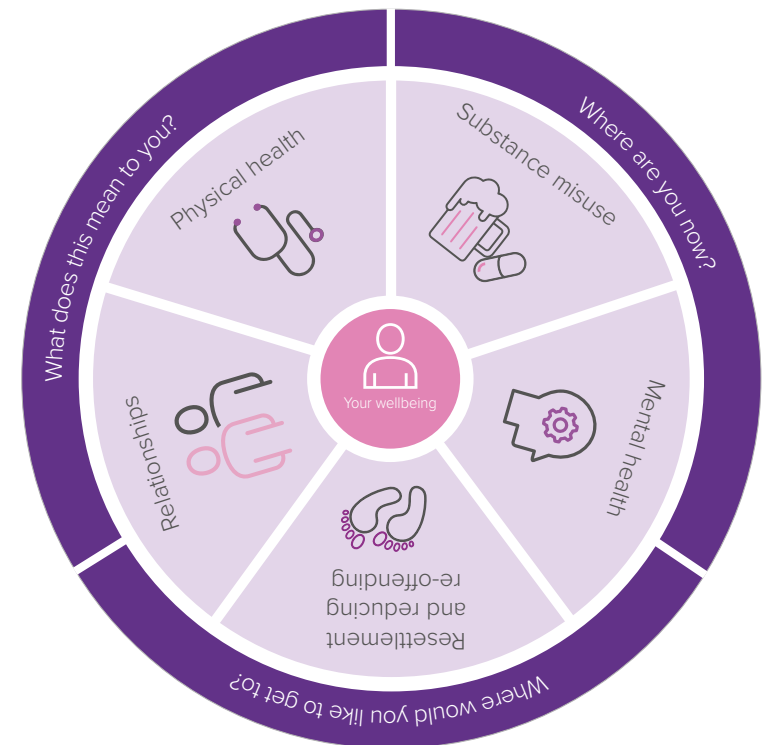
Our Wellbeing approach

We provide person-centred care which is focused on the particular needs of people in secure environments. The factors impacting health and wellbeing in prisons are complex and a disease-led model is increasingly insufficient. Underpinning everything we do is a holistic approach which draws upon five key elements: physical health, mental health, substance misuse, relationship and resettlement and re-offending.

We co-ordinate care so that primary care, substance misuse and mental health teams work together. We involve patients in their own recovery, helping every individual to self-manage their wellbeing and any long-term conditions and to take responsibility for remaining healthy in prison and subsequently in the community.

Our Wellbeing Wheel supports patients to assess their needs across the five key areas and to create a wellbeing plan to help them understand how to live healthily and access healthcare services when they are needed.

- We look at all aspects of a person's life
- We involve the patient in their recovery
- We use an integrated, multi-disciplinary approach
- We look at life beyond prison
- We know that medication is only part of the solution



Statement on quality from the Chief Executive

I am really pleased to share the first Quality Account for our Health in Justice services. This is a new initiative which represents an important step towards greater transparency and a demonstrable commitment to improvement within prison healthcare in England.

Practice Plus Group is responsible for the care of around 30,000 people in prisons and other secure establishments in England. Each of those people, regardless of the circumstances which saw them enter the prison system, deserves access to excellence in their healthcare. The Vision, and the Values, which run through our wider organisation, apply every bit as much to these patients as to anyone in the community.

We evaluate our performance against key measures and targets in the same way as we do for other primary care services. This publication demonstrates that commitment, breaking down performance by region and by type of establishment to give a clear overview of the present state of the healthcare we provide within the Justice system.

We currently provide, including in some cases through subcontracted specialist organisations, full primary healthcare and GP services, together with specialist mental health services, dentistry, occupational therapy, physiotherapy, podiatry, optometry and substance misuse services in 47 English prisons.

This year has, of course, been unlike any year in our memories or in our experience of providing healthcare.

COVID-19

The potential of the pandemic to have a devastating impact within prisons and other secure establishments was clear from the outset. Our response was structured, responsive and successfully rolled out consistently across nearly all the establishments we support.

Guidance – we quickly adapted community advice into prison specific policy and protocols, each peer reviewed by a senior clinical team.

Cohorting – our approach supported Her Majesty's Prison and Probation Service (HMPPS) cohorting strategy by delivering care and medicines separately and safely to those in 'positive isolation' after testing positive, those vulnerable patients required to shield and those new arrivals at risk of introducing new cases to the establishment.

Maintaining services – we worked closely with NHS England and Improvement (NHSE/I), Public Health England (PHE) and the Royal College of General Practitioners (RCGP), adopting and adapting what primary care guidance existed in the community to support our teams in prioritising clinical activity in the various stages of essential prison lockdown. We collaborated with HMPPS and commissioners to continue health services safely within changed prison regimes and protocols.

Communications – we created patient specific leaflets to provide information on staying safe, what to do if experiencing symptoms, and on vaccinations in ways which directly addressed the prison population, and which provided tailored information for those groups, including BAME prisoners at elevated risk from COVID.

Vaccination – as well as rolling out vaccination rapidly within our own establishments, we worked at local system level to provide vaccinations in other prisons.

Where prisoners tested positive for COVID-19 we worked closely with colleagues in Public Health England to apply outbreak management protocols in the prison environment.

Our bespoke structured risk assessment policy enabled us to clinically stratify patient cohorts, quickly identifying those at risk of deterioration, adjusting monitoring and observations while in prison and managing transfers to appropriate hospital settings.

The prison healthcare challenge

COVID-19 entered a prison system already facing major, well documented, challenges. The prevalence and complexity of mental health conditions within the prison population arise both from pre-offending risk factors and from the realities of prison sentences and environments. Self-harm and substance abuse are responses to as well as causes of deteriorating mental health.

The ageing profile of the prison population increases the need to manage long term conditions and provide end-of-life care effectively and compassionately. In prison, access to healthcare must necessarily be managed alongside security considerations. Screening, observations and reviews are vital, but pressured, processes.

Nonetheless, healthcare teams in prisons have a unique opportunity and obligation to play a positive role in the wider Justice system by delivering good care, meeting community standards but also tailoring practice and integrating specialisms in a way which recognises and meets the distinct needs of the prison population. Practice Plus Group works to a suite of bespoke policies and protocols to deliver prison specific healthcare; our Governance metrics constantly monitor quality of care.



Bringing change

Innovation is supporting improved access, through telemedicine, remote prescribing and biometric medicine lockers. At the same time, we've been able, despite COVID-19, to deliver real preventative intervention – notably supporting the elimination of Hepatitis-C across multiple prisons. We work with the prison population, and with prisoners' families and advocates, to improve engagement and wellbeing, to make sure that the voices of prisoners and their relatives are heard by their healthcare teams and contribute to treatment and support.

Underpinning all these examples is a recognition that demonstrating equivalence between healthcare in prisons and in the community is not sufficient. The prison population, with inherently higher risk factors, is best served by accelerating some of the changes which are only starting to be widely adopted in the community – a real integration between specialist and general primary care teams to widen access, address presentations before crisis is reached and prevent deterioration, and a recognition that wider environmental factors directly impact on health in ways beyond the intended and proportionate impact of prison sentences on wellbeing.

Showing improvement

Our health and wellbeing ethos is now part of more and more prisons in England. We collect and analyse a wide range of indicators to demonstrate quality and drive improvement in areas particularly important to the prison and population, and to understand how effectively we are managing chronic conditions, preventing illness and supporting public health priorities in prisons.

Despite the pressures of COVID-19 over the past year we have continued to improve already high levels of reception screening and medicine reconciliation across our establishments.

Priorities

This Quality Account sets out five specific priorities for improvement across our services. Over the next year we will:

- Reduce and prevent overdoses in prison
- Better prepare patients to return to the community
- Improve ambulance transfers to and from prisons
- Ensure specialist mental health services serve all prisoners
- Drive up levels of formal clinical supervision

These priorities align to the five lines of enquiry set by the Care Quality Commission – safe, caring, responsive, effective, well-led – and represent a balanced approach to sustained improvement.

I hope that the commitment to transparency represented by this report makes a meaningful contribution to the wider justice and health systems. As a result of the pandemic not all the data we would wish to publish has been available this year – collection and reporting of many core indicators, as well as audit activity has been suspended for much of the year as services have prioritised essential activity and the system's COVID-19 response. Commissioners have taken a pragmatic approach in terms of their own decisions to temporarily halt reporting against indicators.

Nonetheless, a significant amount of reporting has continued and, in most cases, allows a year-on-year comparison to be made. We will continue to develop this Quality Account in future years, to give an ever more detailed picture of how our healthcare teams support England's prison population. To the best of my knowledge, the information in this report is accurate.

Jim Easton
Managing Director




Our improvement priorities

Safe – Priority – Reduce and prevent overdoses in prison

What are we trying to improve?

To increase patient safety and clinical effectiveness when overdoses occur through multi-disciplinary development of specific guidance which takes account of the complexity and inter-relationship of patient safety, compliance, mental capacity and advocacy, and security requirements.

What will success look like?

- Patient safety incidents linked to overdoses and overdose management will reduce.
- Healthcare teams will have an increased level of confidence in the safe management of overdose incidents.
- Learning, including flow charts to support complex clinical decision making and specific audit tools from a pilot across the prisons we support in Devon and Dorset, will be rolled out nationally.

How will we monitor progress?

- The effectiveness of risk assessments for in-possession medications, taking account of the impact of self-harming behaviours, trading and diversion and associated violence, will be audited to ensure consistent review when a significant change of circumstances occurs.
- Incidents will be re-audited to evaluate progress against baseline levels in every establishment.
- Qualitative insights will be gained into levels of staff confidence and patients' confidence that they will receive safe and appropriate treatment.

Caring – Priority – Better prepare patients to return to the community

What are we improving?

To strengthen our approach to discharge planning, through-the-gate care, and links with community service providers and better prepare patients for release and resettlement into their communities.

What does success look like?

- Discharge planning will effectively prepare patients for release and resettlement.
- Improved outcomes for patients post-release, including through improved take-home medication to help prevent overdoses.
- Inclusion of a Custodial Discharge Co-ordinator role into our prisons where we have identified this role is needed.
- More patients will leave custody with a registered GP and with initial appointments made with community services, including substance misuse, mental health and social care providers.

How will we measure progress?

- Feedback from patients and key stakeholders.
- Number of patients who leave with a registered GP and substance misuse follow up appointment.
- Number of patients who leave with sufficient discharge medication measures.
- Through core indicators including HJIPS discharge and medication measures.
- Monitoring take-up of patients who engage with discharge coordination initiatives including pre-release Nalaxone training.

Responsive – Priority – Improve ambulance transfers to and from prisons

What are we trying to improve?

- When an ambulance is called to attend a patient in prison, that the ambulance is called as a clinically appropriate, timely response
- The accuracy of clinical information provided to the ambulance service so that they can allocate an ambulance correctly (e.g. ambulance crew, category, timeframe of response)
- The way clinical information is updated to the ambulance service as required so that the ambulance service can amend their response to the scene (e.g. if resuscitation is in progress)

What will success look like?

- Liaison with the ambulance service in at least two pilot regions (the prisons we support in Devon and Dorset, and in West Midlands prisons in partnership with the West Midlands Ambulance Service (WMAS)) to create processes for prison, healthcare and ambulance to arrange appropriate responses
- Debrief and review meetings will take place with these ambulance services to review cases
- Debriefs will take place with any ambulance service where there has been difficulty with ambulance attendance and/or transfer of prisoners

How will we monitor progress?

Completion of policies and protocols in two pilot areas; ensuring that debrief meetings have taken place; sharing learning at Practice Plus Group quality meetings.

Effective – Priority – Ensure specialist mental health services serve all prisoners

What are we trying to improve?

To ensure that all prisoners, including those whose presentations may not meet the current threshold for secondary specialist in-house mental health, can be assessed and supported.

What will success look like?

- An integrated and inclusive service 'Stepped Care' model will be designed and implemented, bringing together specialist psychiatrists, psychologists and primary care colleagues
- A shift from a large caseload of people being 'checked on' to dynamic case management focused on crisis intervention and structured longer-term talking therapy delivered by a structured and consistent programme

How will we monitor progress?

- We will introduce the 'Making Sense' programme of structured psychological therapies in a pilot establishment
- The 'Making Sense' programme will collect data to monitor the number of patients, their attendance and completion of the programme to evaluate outcomes
- Feedback from patients and stakeholders
- Use pilot prison information to improve the Making Sense programme and inform roll out

Well-led – Priority – Drive up levels of formal clinical supervision

What are we improving?

- We are improving the provision of and engagement with regular, facilitated, formal clinical supervision for our nurses
- This can lead to improved retention of staff, better team working and reduction in reports of workplace stress

What does success look like?

- Adequate numbers of trained clinical supervisors in all Practice Plus Group sites in order to deliver regular supervision sessions in all our prisons
- Regular engagement from Practice Plus Group nurses in formal, documented clinical supervision
- Time for nurses to attend supervision and participate in clinical team meetings to develop a more reflective learning culture

How will we measure progress?

- Regular monitoring of practitioner engagement in formal clinical supervision through audit of frequency of sessions and duration of attendance
- Regular monitoring of uptake of clinical supervisor training
- Feedback from supervisors, supervisees and stakeholders



Our audit programme

All establishments undertake a structured cycle of audits across the year.

This includes Practice Plus Group's PROTECT audit tool. This was developed specifically in response to the recurring themes identified through our own Serious Incident reporting and investigations and through learning from coroners' conclusions and Prison and Probation Ombudsman (PPO) reports when deaths occur in custody.

PROTECT helps us to ensure that key actions are continually embedded into everyday routines, and that practices and processes are up to date and robust in each of our establishments.

PROTECT audits seven key themes:

Patient screening

Record keeping

Ongoing medication

Taking ACCTion

Emergency response

Continuity of information

Tackle abnormalities

All Practice Plus Group prison healthcare teams review the trends emerging from audits and action planning to better understand recurring themes and priorities, ensuring that continuous improvement is appropriately focused.

The Practice Plus Group approach to thematic audits has been shared with the PPO, with NHSE/I and with the early adopter group for the PSIRF.

Audit activity during 2020-2021 was disrupted by the COVID-19 pandemic. This Quality Account publishes our audit schedule for the year, indicating months where audits were necessarily suspended. The PROTECT audits are due to resume in all the Practice Plus Group prisons in September 2021; the timing may depend on the coronavirus pandemic as this may cause reprioritisation based on clinical workload at the time.



		Jun-20	Jul-20	Aug-20	Sep-20		Oct-20	Nov-20	Bi-Annual Compliance	Jun-20
		Record Keeping	Emergency Response	Ongoing Medication	Continuity of Information	Tackle Abnormalities	Patient Screening	Take ACCTion		Learning Lessons
CAT A	Long Lartin	100%	100%	99%	85%	83%	85%	97%	93%	100%
	Wakefield	83%	90%	100%	97%	88%	93%	100%	93%	100%
Overall CAT A Average		92%	95%	100%	91%	86%	89%	99%	93%	100%
REMAND	Bullingtondon	100%	98%	100%	92%	99%	93%	84%	95%	100%
	Doncaster	100%	90%	97%	100%	96%	89.5%	91%	95%	100%
	Dovegate	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Exeter	100%	82%	97%	93%	73%	94%	83%	89%	83%
	Hewell	67%	85%	96%	99%	98%	91%	100%	91%	100%
	Leeds	100%	100%	100%	100%	91%	94%	93%	97%	100%
	Lewes	25%	91%	95%	88%	73%	83%	89%	78%	100%
	Pentonville	100%	100%	100%	78%	100%	100%	100%	97%	100%
	Winchester							0%	0%	
	Wormwood Scrubs	33%	100%	91%	87%	75%	87%	64%	77%	80%
	Overall Remand Average		81%	94%	97%	93%	89%	92%	80%	90%

0% means that nothing was submitted

TRAINING	Brixton	100%	96%	100%	93%	90%	84%	94%	94%	100%
	Bure	100%	100%	100%	100%	100%	100%	96%	99%	100%
	Channings Wood	100%	80%	96%	100%	95%	84%	95%	93%	100%
	Dartmoor	100%	94%	96%	92%	94%	90%	96%	95%	100%
	Featherstone	83%	100%	90%	99%	90%	96%	92%	93%	100%
	Grendon	100%	90%	100%	72%	100%	0%	95%	80%	100%
	Guys Marsh	50%	100%	97%	87%	100%	89%	90%	88%	100%
	Highpoint	100%	100%	100%	100%	96%	100%	97%	99%	100%
	Huntercombe	67%	67%	86%	88%	43%	81%	98%	76%	100%
	Isle of Wight	83%	100%	94%	94%	88%	87%	98%	92%	100%
	Lindholme	100%	91%	93%	91%	96%	94%	99%	95%	100%
	Moorland	83%	100%	96%	94%	97%	95%	98%	95%	100%
	Oakwood	67%	100%	92%	91%	93%	94%	94%	90%	100%
	Stafford	100%	80%	94%	100%	98%	87%	99%	94%	100%
	Stocken	83%	100%	96%	98%	93%	97%	99%	95%	100%
	The Mount									
	The Verne	100%	100%	100%	100%	67%	96%	100%	95%	100%
	Warren Hill	100%	100%	100%	100%	100%	100%	88%	98%	100%
	Wayland	100%	91%	99%	100%	93%	84%	97%	95%	100%
	Wealstun	100%	90%	99%	100%	92%	92%	100%	96%	100%
Whatton		100%	88%	0%	100%	88%	51%	71%		
Overall Training Average		90%	94%	96%	95%	91%	87%	96%	93%	100%

Audit Schedule April 2020 to March 2021 - Health in Justice

Key:

Safeguarding Assurance Framework tool to be sent in to the Audits inbox copying in the National Lead Nurse and Deputy National Lead Nurse on a quarterly basis (at the end of each quarter)

IPC audit

Clinical Audit

COVID-19 related audits

Compliance Audit

PROTECT (rolling 6 month programme)

Norfolk & Suffolk & The Mount ONLY audits

		Jun-20	Jul-20	Aug-20	Sep-20		Oct-20	Nov-20	Bi-Annual Compliance	Jun-20
		Record Keeping	Emergency Response	Ongoing Medication	Continuity of Information	Tackle Abnormalities	Patient Screening	Take ACCTion		Learning Lessons
OPEN	Ford		0%	0%	0%	0%	58%	95%	26%	
	Hatfield	100%	90%	100%	100%	95%	98%	100%	97%	100%
	Hollesley Bay	100%	100%	100%	100%	100%	84%	100%	100%	100%
	Springhill	100%	90%	92%	100%	100%	82%	95%	96%	100%
	Sudbury	100%	100%	0%	100%	100%	100%	100%	80%	100%
Overall Open Average		100%	95%	73%	100%	99%	91%	99%	93%	100%
YOI	Aylesbury	100%	90%	93%	88%	97%	99%	91%	94%	100%
	Brinsford	83%	100%	100%	97%	100%	100%	97%	96%	100%
	Portland	100%	80%	100%	100%	89%	77%	75%	94%	100%
	Swinfen Hall	100%	100%	100%	95%	96%	97%	99%	98%	100%
	Werrington	100%	100%	96%	100%	95%	95%	98%	98%	100%
Overall YOI Average		97%	94%	98%	96%	95%	94%	92%	96%	100%
FEMALE	Askham Grange	67%	100%	100%	0%	0%	79%	100%	53%	100%
	Drake Hall	100%	98%	96%	100%	100%	98%	100%	99%	100%
	Foston Hall	100%	90%	100%	99%	95%	90%	100%	97%	100%
	New Hall	83%	90%	94%	0%	0%	93%	94%	53%	100%
Overall Female Average		88%	94%	97%	50%	49%	90%	99%	76%	100%
Overall HiJ Average		90%	92%	93%	87%	86%	89%	92%	89%	99%

0% means that nothing was submitted

Audit Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Deadline Date →	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		

Audit Topic	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Monthly Information Governance and Security												
IG incident within the month?												
PROTECT - Patient Screening	*											
Referral Audit	*											
Tuberculosis Management	*											

Audit Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Deadline Date →	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		

Audit Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Deadline Date →	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		

Audit Topic	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
PROTECT - Take ACCTion		*										
HR Records, PCRs and 121s		*										
Inpatient Unit Audit		*										
Medicines Management - Stock Control		*										
IPC Standard Precautions		*										
PROTECT - Record Keeping												
PROTECT - Learning Lessons												
Safeguarding Assurance Framework												
PROTECT - Emergency Response												
Patient Engagement												
IPC Governance and Management												
PROTECT - Ongoing Medication												
Medicines Management - Administration												
BBV Audit												
Aseptic Technique												
PROTECT - Continuity of Information												
PROTECT - Tackle Abnormalities												
Safeguarding Assurance Framework												
Information Governance and Security												

Audit Topic	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Long-Term Conditions (Norfolk & Suffolk & The Mount ONLY) (spreadsheet)												
CPA Audit (Norfolk & Suffolk & The Mount ONLY) (spreadsheet)												
PROTECT - Patient Screening (spreadsheet)												
COVID-19 Safe Workplace Inspection (iAuditor)												
Medicines Management - Errors & Incidents (iAuditor)												
Inpatient Unit Audit (iAuditor)												
Cleaning and Decontamination (iAuditor)												
PROTECT - Take ACCTion (spreadsheet)												
HR Records, PCRs and 121s (iAuditor)												
Medicines Management - Controlled Drugs (iAuditor)												
Hand Hygiene (iAuditor)												
PROTECT - Record Keeping (spreadsheet)												
PROTECT - Learning Lessons (spreadsheet)												
Safeguarding Compliance Audit (iAuditor) - Send Safeguarding Assurance Framework tool to Audits inbox												
IPC Observation Validation Audit (iAuditor)												

Audit Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Deadline Date →	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		

Audit Month	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Deadline Date →	27th Apr	27th May	27th Jun	27th Jul	27th Aug	27th Sep	27th Oct	27th Nov	27th Dec	27th Jan	27th Feb	27th Mar
Quarter	Quarter 3			Quarter 4			Quarter 1			Quarter 2		

Audit Topic	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Long Term Conditions (Norfolk & Suffolk & The Mount ONLY) (spreadsheet)												
CPA Audit (Norfolk & Suffolk & The Mount ONLY) (spreadsheet)												
PROTECT - Emergency Response (spreadsheet)										*		
COVID-19 Safe Workplace Inspection Re-Audit (iAuditor)												
Patient Engagement Re-Audit (iAuditor)										*		
Sharps Handling & Disposal (iAuditor)												
PROTECT - Ongoing Medication (spreadsheet)											*	
Medicines Management - Responsibilities and Prescribing patterns (iAuditor)											*	
NICE Clinical Audit (spreadsheet)											*	
Outbreak Management (iAuditor)												
PROTECT - Continuity of Information (spreadsheet)												*
PROTECT - Tackle Abnormalities (spreadsheet)												*
PGD Audit - Pharmacy Led (spreadsheet/iAuditor awaiting confirmation)												*
Information Governance and Security (iAuditor)												*

Audit Topic	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Safeguarding Compliance Audit (iAuditor) end Safeguarding Assurance Framework tool to Audits inbox												*
IPC 07 - Invasive Devices - Venepuncture (iAuditor)												

* Audit Suspended due to COVID-19



Our research partnerships

Practice Plus Group both supports and participates in research with external organisations and institutions to enable an evidence and experience-based approach to improving outcomes for the prison population.

Prospect (Cognitive Behavioural Suicide Prevention study) funded by the National Institute for Health Research (NIHR) with the University of Manchester (Amanda Parry and Tim Kirkpatrick) and HMP Wealstun.

Understanding the scale and nature of avoidable harm in prison healthcare (Phases 2 and 3: Case note review and qualitative interviews) – NIHR-funded study with University of Manchester/Caroline Stevenson with HMPs Leeds, Wakefield, Hewell, Dovegate, Oakwood, Drake Hall, Moorland, Wormwood Scrubs and Doncaster, commenced March 2021.

Correctional facility study re recruitment and retention – MBA study at University of South Wales, GP at HMP Pentonville, recently completed and shared with services and HR.

Care and support for people with social care needs on release from prison (Strand 2) – South West prisons are participating in a University of Manchester NIHR-funded study to aid local authorities meet their statutory requirements – with regard to the social care needs of people in custody – including the requirements to identify, assess and meet each individual’s needs, to ensure continuity of care and to put in place appropriate care and support packages.

Investigation into aftercare for those returned to prison from secure psychiatric services – NIHR- funded study with the University of Manchester.

Faculty of Forensic and Legal Medicine (FFLM)

The multi-disciplinary team is essential to the safe provision of care in the highly complex field of secure medicine.

Until now, each group of clinicians has worked within a professional silo: the Royal College of Nursing has a Nursing in Justice and Forensic Health Care Forum, the Specialist Pharmacy Service hosts the Secure Environments Pharmacy Group, and the Royal College of General Practitioners hosts the Secure Environments Group. However, none of these groups is genuinely multi-professional.

Practice Plus Group clinicians have led in the process of forming a “Secure Settings” arm of the Faculty of Forensic and Legal Medicine (FFLM) of the Royal College of Physicians. The FFLM currently comprises forensic pathologists, forensic medical examiners, medicolegal doctors and dentists and medically qualified coroners.

The faculty already produces a vast array of guidance, including the so-called “Blue Book” which provides guidance on the management of drug and alcohol problems in police custody. It is anticipated that, from 1 August 2021, multi-disciplinary clinicians from secure settings such as prisons, immigration removal centres and secure children’s homes will be able to join the FFLM to share best practice and develop national guidelines for improving the care and safety of patients in secure settings.

This is the first umbrella group to be truly accessible to all registrant members of the clinical team in secure settings.

Quality Plan

Vision

To provide high quality, clinically effective and efficient healthcare which empowers people in secure settings to take their health seriously; improving their health outcomes.

Strategic Priorities

Implement the wellbeing approach

Invest in our colleagues to enhance skills and improve retention

Demonstrate and improve quality across all sites

Improve efficiency and quality through innovation and technology

Reduce self-harm and prevent suicide

Projects

The Wellbeing Approach

- Provide holistic care using our devised Wellbeing Wheel.
- Empower patients to self-manage their health.
- Integrate our care using wellbeing plans and MPCCC.
- Better prepare patients to return to the community.

Workforce Development

- Work with university provider to deliver bespoke education and training for our teams.
- Suicide and self-harm training for all staff.
- TRiM: Implementing a programme to support all exposed to trauma.
- Drive up levels of formal clinical supervision.

Improving Quality

- Delivery of clinical strategies.
- Developing pathways.
- Ensuring bespoke LOPs and SOPs are in place.
- Using data to continuously monitor our services.
- Ensure specialist mental health services serve all prisoners
- Improve ambulance transfers to and from prisons.

Innovation

- Telemedicine:
- Implement across all sites and develop new services for this.
 - Socrates app: Develop and implement smart phone app to support healthcare of people on release from prison or detention.
 - Introduce and support new roles, e.g. Paramedic.

Suicide Prevention

- Improve information flow and implement P.R.O.T.E.C.T to safeguard patients at risk.
- Keep P.R.O.T.E.C.T message in the forefront to ensure risks are minimised and the earliest successful identification of those at greatest risk.
- Ensure ongoing learning from deaths in custody where we can improve our services.
- Reduce and preventing overdoses in prison.

Engage with service users at every step to ensure our services meet their standards

Regulation and compliance

Healthcare services in English prisons and other secure establishments are registered with and inspected by the Care Quality Commission (CQC) but are not rated in the same way as other health and social care settings. CQC findings usually form part of the wider inspection reports published by Her Majesty's Inspectorate of Prisons (HMIP).

While inspection ratings are not published, the CQC can impose a Requirement Notice on any service where it believes an individual regulation may have been breached or where improvement is needed.

44 of the 47 establishments we support had no Requirement Notices in place on 31 March 2021.

The three establishments with Notices in place were:

HMP Wormwood Scrubs:

Regulation 12 – Safe care and treatment

HMP Stafford:

Regulation 12 – Safe care and treatment

Regulation 17 – Good governance

Regulation 18 – Staffing

HMP The Verne:

Regulation 17 – Good governance

Three Requirement Notices were lifted in the year to 31 March 2021:

HMYOI Moorland Requirement Notice lifted:

Regulation 12 – Safe care and treatment

HMP Highpoint South Requirement Notice lifted:

Regulation 17 – Good governance

HMP YOI Doncaster Requirement Notice lifted:

Regulation 12 – Safe care and treatment

Inspections undertaken between April 2020 and March 2021:

HMYOI Moorland

CQC carried out a desk-based review in July 2020 following which an existing Requirement Notice (Regulation 12 – safe care and treatment) was lifted following a programme of improvements

HMP Highpoint South

CQC carried out a desk-based review in August 2020 following which an existing Requirement Notice (Regulation 12 – safe care and treatment) was lifted following a programme of improvements. A subsequent Requirement Notice (Regulation 17 – good governance) was lifted in October 2020

HMYOI Doncaster

CQC carried out a desk-based review in September 2020 following which an existing Requirement Notice (Regulation 12 – safe care and treatment) was lifted following a programme of improvements

HMP Exeter

CQC carried out an announced focused inspection in February 2021 (published after the end of March 2021)

HMP Stafford

On 4 March 2021 CQC carried out an announced focused inspection in March 2021 (published after the end of March 2021) following which two Requirement Notices (Regulation 17 – good governance; Regulation 18 – staffing) were issued. An existing Requirement Notice (Regulation 12 – safe care and treatment) still stands.

Recognition by inspectors and Independent Monitoring Boards

Shielding prisoners and buddies told us that they were well supported, that they were seen each day by healthcare and that their healthcare needs were being met.

HMP Dartmoor – HMIP 22 and 29–30 September 2020

Healthcare arrangements in preparation for release were good and liaison and communications with community services were effective. Training to administer naloxone and its provision on release were positive initiatives.

HMP Drake Hall – HMIP – 20 May 2020

In our survey patients at Dovegate were more satisfied with healthcare than those at comparator prisons.

HMP Dovegate – HMIP – 13 February 2020

We observed a skilled and dedicated workforce striving to deliver good care and interacting positively with patients.

HMP Portland – HMIP – 16 January 2020

There were strong and effective healthcare governance systems, and patient satisfaction with health services was high. Healthcare professionals had direct telephone access to hospital consultants, who gave immediate and specialist advice, enabling more accurate and efficient care.

HMP Hatfield – HMIP – 9 January 2020

Healthcare was effective. Despite staff shortages, the well managed department continued to deliver essential services. Waiting lists were short for most clinics and external hospital appointments had continued to be facilitated throughout the pandemic.

HMP Huntercombe – HMIP – 19 January 2020

It was notable that, even during the pandemic, health and social care arrangements had improved, with recommendations under consideration and the completion of improvements required by the health regulator, the Care Quality Commission.

HMP Hewell – HMIP – 15 September 2020

We observed a skilled and dedicated workforce striving to deliver good care and interacting positively with patients.

HMP Portland – HMIP – 16 January 2020

Many prisoners we spoke to were satisfied with the standard of healthcare that they received, particularly from nursing staff and the GP. In our survey, 82% and 73% of respondents, respectively, said that the quality of services from nursing staff and the doctor was good.

HMP The Verne- HMIP – 3 June 2020

Attendance at the gym was low. However, PE provision was well matched to the needs of the population and the team now worked well with the healthcare department to meet the needs of prisoners with medical problems.

There were good links between the veterans' group and the healthcare department, and two prisoners had been diagnosed with post-traumatic stress disorder while at the establishment.

HMP Stafford – HMIP – 12 May 2020

A conscientious, caring and skilled staff group continued to deliver a good standard of child-focused healthcare.

Prison and healthcare staff conducted in-depth, private interviews with children on arrival and with those who had returned from court with a change of status, such as being sentenced. These interviews were also recorded on the various IT systems staff and healthcare used. A copy of relevant safety information required on the first night was printed immediately and made available to the staff responsible for first night care.

HMP Werrington – HMIP – 30 April 2020

The outpatient department continues to provide a good service, with many positive comments from prisoners.

HMP Brinsford - IMB - December 2020

The Board feels that healthcare and the prison responded well and worked effectively together to manage the COVID-19 pandemic and reduce the risks of contracting and transmitting the virus.

HMP Exeter – IMB – May 2021

There were continuing significant improvements in safer custody procedures and practices. Good collaboration between safer custody, healthcare and Forward Trust, which offers programmes on drug rehabilitation and wellbeing, meant that a large number of men benefited from individual attention and from a general reduction in the level of violence.

HMP Brixton – IMB – December 2020

Faced with the challenges of COVID-19 and the restrictions in which they had to operate, the healthcare providers have worked extremely hard to ensure the delivery of priority services. These have included medication management, welfare checks for prisoners in isolation, mental health services for those most in need, attendance at reviews of prisoners at risk of self-harm, and midwifery.

HMP Foston Hall – IMB – March 2021

125 Friends and Family Surveys were completed in the month of December 2019, which gave a 92% satisfaction score rating.

HMP Oakwood – IMB – August 2020

There are a number of healthcare awareness programmes. These include bowel cancer, diabetes and prostate cancer. Prisoners can ask for guest speakers on a particular subject to appear at one of the healthcare forums.

HMP Hollesley Bay – IMB – September 2020

The health provision during 2020 has been excellent, with healthcare staff working closely with management to ensure prisoners and staff were working in a safe environment. Feedback from prisoner representatives spoke positively about the role of healthcare.

The IMB is often asked about the standard of healthcare within the prison. Our response is invariably that the standard, including waiting times, is at least as good as that in the outside community.

HMP Isle of Wight – IMB – June 2021

A Dementia Nurse Specialist had been appointed and was making significant inroads into screening the relevant population for dementia.

HMP Stafford – IMB – August 2020

Medicines management: Healthcare staff have achieved excellent results in reducing the number of monthly prescriptions of abusable gabapentinoids by 64%.

HMP Lindhome – IMB – June 2020

Reception screening is run efficiently by nurse screening and referral to doctors and, where appropriate, to the drug treatment wing. Point-of-care testing for blood-borne viruses has been introduced. Samples no longer have to be sent away and results are available in 15 minutes.

HMP Pentonville – IMB – September 2020

We were very impressed by the contributions from all health and mental health staff to weekly multi-disciplinary meetings (MDMs) to discuss a prisoner on food refusal. That the prisoner was eventually willing to resume eating after a long period of being only a few steps from death is a tribute to all staff concerned, whether health professionals, officers, wing managers or governors.

HMP Stocken – IMB – November 2020

Prisoners have said that the healthcare provision is better than in many other prisons and, as one prisoner commented, 'better than in the community outside'.

Healthcare forums are held monthly, and are attended by prisoner representatives and chaired by the wellbeing practitioner. A Board member who attended one of these meetings commented on how good humoured and positive the meeting was.

HMP Warren Hill – IMB – January 2021



Learning from deaths and serious incidents

All deaths of people in custody (whether taking place within the prison establishment or in an external healthcare setting) have a full case review undertaken to determine if any aspects of care could have been improved.

This is part of Practice Plus Group's wider governance approach to serious incident investigation, reporting and learning, as well as forming part of our participation in an external system-wide process of scrutiny and review, including full co-operation with NHS England's clinical reviewers, the PPO's reviewers, CQC and with Coroners' courts.

Practice Plus Group has developed a new approach to patient safety incidents and deaths in custody, which has not only streamlined processes but has also improved the quality of clinical discussion and learning. This can then be disseminated in a number of ways, including safety huddles, audits and journal clubs. This aligns with the NHSE/I PSIRF which is due to be launched widely by NHSE/I in 2022. Our Internal Learning Review (ILR) process has been shared with, and positively endorsed by, NHSE/I as Practice Plus Group is 'an early adopter' for PSIRF. Practice Plus Group is the only secure environments healthcare provider to be chosen to pilot the PRSIRF approach.

Our improvement plan:

What are we improving?

Our analysis and learning from deaths in custody to enable us to effectively identify and embed lessons learned and thereby contribute to improved patient safety and reduction in avoidable deaths. It is an opportunity to focus on healthcare and patient wellbeing for those with complex medical conditions and those who received palliative care.

What does success look like?

An understanding of the common themes that arise from death in custody investigations across all healthcare teams.

Each death in custody results in a Practice Plus Group ILR, which includes

clinicians and operational staff involved in the patient's care. The ILR reports produced will have meaningful recommendations that impact and improve upon patient safety, patient experience and clinical effectiveness across our prisons.

Absolute organisational commitment across all our prison healthcare teams to embedding lessons learned and transferring learning to practice.

How will we measure progress?

Ensure actions arising from reviews of deaths are completed in a timely manner.

Quarterly and annual lessons learned bulletins.

Timetable of innovative lessons learned activities will be in place for all regions.

A comprehensive and flexible reporting system will be developed that enables extrapolation of meaningful data to support learning for patient safety.

Practice Plus Group Purple Alerts to highlight urgent and important changes disseminated to all relevant sites with timely return of confirmation of the actions the sites have undertaken.

Prevention of Future Deaths Reports

Coroners are able to issue Prevention of Future Deaths Reports (PFDs, Regulation 28 Reports) to organisations, including healthcare providers, when in the coroner's opinion action needs to be taken to reduce future risks.

During this period, coroners heard fewer inquests than normal due to government restrictions enacted for the coronavirus pandemic.

Practice Plus Group did not receive any PFDs during the period April 2020-March 2021. However, we recognise that many inquests which would in usual circumstances have taken place in this period will now occur in the current year.

Reporting against core indicators

Quality and Outcomes Framework (QOF)

NHS QOF indicators are a key way to monitor care quality achievement rates and disease prevalence across primary care in the community.

The indicators cover:

- Management of the most common chronic conditions in the population.
- Management of major public health concerns.
- Provision of preventative services such as screening or blood pressure checks.

This Quality Account publishes QOF indicators as they relate to the primary care provision in the English prisons we support.

Compliance with the framework, alongside the specific indicators relating to healthcare in the Justice system (HJIPS, for which collation and reporting has been interrupted during 2020-2021 because of the pandemic) and our thematically-based audit programme PROTECT, ensures we understand both the extent to which primary care in prison is equivalent to that in the community and appropriate for the particular needs of the prison population.

Collection and reporting of HJIPPs had now resumed and key indicators will be published in subsequent Health in Justice Quality Accounts.

During the pandemic, access to patients in prisons was limited to a degree as, along with primary care in the community, clinicians were asked to prioritise urgent care needs over long-term condition monitoring and prevention. This was to prevent unnecessary consultations and risk for patients, staff and to enable HMPPS to best manage prisoner movements.

QOF compliance

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	90.4	89.7	(0.7)	↓
East Midlands	85.2	84.8	(0.4)	↓
East of England	91.2	86.4	(4.8)	↓
London	89.8	85.3	(4.5)	↓
South Central	82.2	90.0	7.8	↑
South West	89.3	82.9	(6.4)	↓
Thames Valley	94.0	94.3	0.3	↑
West Midlands	91.8	93.3	1.5	↑
Yorkshire	90.2	93.7	3.5	↑
CAT A	93.3	88.1	(5.2)	↓
Female	86.6	95.5	8.9	↑
Open	89.2	88.6	(0.6)	↓
Remand	91.5	92.4	0.9	↑
Training	88.1	86.5	(1.6)	↓
YOI	95.6	95.2	(0.4)	↓

Explanatory note: QOF data:

March 2020

- HMP YOI Feltham is included in the figures for the London Region

March 2021

- HMP YOI Feltham is excluded in the figures for the London Region as contract ended
- HMP The Mount is included in the figures for the East of England Region
- HMP Winchester is included in the figures for the South Central Region

In September each year, the updates of QOF Business Rules (published in April of each year) are implemented On SystemOne – this translates into an overall drop in QOF compliance for all sites. This year there were significant changes to the asthma and COPD indicators for which sites are still trying to improve.

Cervical screening

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	98.2	98.8	0.6	↑
East Midlands	96.9	99.6	2.7	↑
East of England				
London				
South Central				
South West				
Thames Valley				
West Midlands	99.3	99.5	0.2	↑
Yorkshire	98.4	97.3	(1.1)	↓
CAT A				
Female	98.2	98.8	0.6	↑
Open				
Remand				
Training				
YOI				

Asthma

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	88.7	73.0	(15.7)	↓
East Midlands	88.8	50.9	(37.9)	↓
East of England	89.9	61.6	(28.3)	↓
London	88.8	49.8	(39.0)	↓
South Central	84.1	80.1	(4.0)	↓
South West	81.4	60.7	(20.7)	↓
Thames Valley	90.1	80.9	(9.2)	↓
West Midlands	89.2	84.8	(4.4)	↓
Yorkshire	93.1	85.6	(7.5)	↓
CAT A	93.6	100.0	6.4	↑
Female	85.5	78.1	(7.4)	↓
Open	88.2	69.9	(18.3)	↓
Remand	87.1	74.2	(12.9)	↓
Training	87.8	65.1	(22.7)	↓
YOI	96.5	92.0	(4.5)	↓

Blood pressure

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	99.9	100.0	0.1	↑
East Midlands	99.9	100.0	0.1	↑
East of England	100.0	99.9	(0.1)	↓
London	99.2	100.0	0.8	↑
South Central	99.6	100.0	0.4	↑
South West	100.0	100.0	0.0	-
Thames Valley	100.0	100.0	0.0	-
West Midlands	99.8	100.0	0.2	↑
Yorkshire	100.0	100.0	0.0	-
CAT A	99.9	99.9	0.0	-
Female	100.0	100.0	0.0	-
Open	100.0	100.0	0.0	-
Remand	99.5	100.0	0.5	↑
Training	100.0	100.0	0.0	-
YOI	100.0	100.0	0.0	-

Cancer

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	71.7	89.4	17.7	↑
East Midlands	100.0	100.0	0.0	-
East of England	100.0	100.0	0.0	-
London	75.0	100.0	25.0	↑
South Central	37.5	100.0	62.5	↑
South West	70.0	85.2	15.2	↑
Thames Valley				
West Midlands	75.0	100.0	25.0	↑
Yorkshire	64.6	0.0	(64.6)	↓
CAT A	87.5	100.0	12.5	↑
Female	66.7	100.0	33.4	↑
Open				
Remand	62.5	75.0	12.5	↑
Training	77.5	93.4	15.9	↑
YOI				

Atrial fibrillation

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	90.5	92.7	2.2	↑
East Midlands	85.7	86.1	0.5	↑
East of England	100.0	88.2	(11.8)	↓
London	100.0	100.0	0	-
South Central	58.3	87.5	29.2	↑
South West	88.8	83.9	(4.9)	↓
Thames Valley	100.0	100.0	0	-
West Midlands	90.0	100.0	10.0	↑
Yorkshire	96.2	97.3	1.1	↑
CAT A	97.2	96.9	(0.3)	↓
Female				
Open	93.8	83.3	(10.4)	↓
Remand	82.4	100.0	17.6	↑
Training	93.7	89.5	(4.1)	↓
YOI				

COPD

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	76.7	64.8	(11.9)	↓
East Midlands	71.3	70.8	(0.5)	↓
East of England	75.8	67.4	(8.4)	↓
London	76.6	67.4	(9.2)	↓
South Central	62.6	73.7	11.0	↑
South West	71.6	65.4	(6.2)	↓
Thames Valley	80.6	59.0	(21.6)	↓
West Midlands	74.0	51.1	(22.9)	↓
Yorkshire	88.2	75.9	(12.3)	↓
CAT A	96.1	79.3	(16.7)	↓
Female	77.1	72.7	(4.4)	↓
Open	71.9	72.5	0.6	↑
Remand	80.6	70.2	(10.4)	↓
Training	74.0	70.7	(3.3)	↓
YOI	88.2	10.0	(78.2)	↓

Dementia

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	64.5	83.2	18.7	↑
East Midlands	0.0	25.0	25.0	↑
East of England	95.2	100.0	4.8	↑
London	0.0	100.0	100.0	↑
South Central	83.3	80.0	(3.3)	↓
South West	77.5	52.5	(25.0)	↓
Thames Valley	100.0	100.0	0.0	-
West Midlands	93.8	100.0	6.3	↑
Yorkshire	33.3	100.0	66.7	↑
CAT A				
Female				
Open				
Remand	80.0	100.0	20.0	↑
Training	63.6	76.3	12.7	↑
YOI				

Depression

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	63.8	72.5	8.7	↑
East Midlands	53.7	50.5	(3.2)	↓
East of England	44.1	60.4	16.3	↑
London	68.3	31.0	(37.4)	↓
South Central	28.5	79.2	50.7	↑
South West	66.4	68.1	1.7	↑
Thames Valley	59.2	66.7	7.5	↑
West Midlands	73.5	85.3	11.3	↑
Yorkshire	81.7	90.7	9.0	↑
CAT A	90.0	100.0	10.0	↑
Female	54.5	83.3	28.9	↑
Open	38.5	75.0	36.5	↑
Remand	67.5	76.8	9.3	↑
Training	67.5	61.7	11.8	↑
YOI	81.7	90.7	9.0	↑

Heart failure

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	91.5	84.8	(6.7)	↓
East Midlands	92.5	88.9	(3.6)	↓
East of England	72.0	82.9	10.9	↑
London	91.7	55.6	(36.1)	↓
South Central	90.7	90.0	(0.7)	↓
South West	87.7	80.2	(7.5)	↓
Thames Valley	100.0	100.0	0.0	-
West Midlands	96.7	89.6	(7.1)	↓
Yorkshire	100.0	89.0	(11.0)	↓
CAT A	100.0	100.0	0.0	-
Female	100.0	100.0	0.0	-
Open	87.5	96.3	8.8	↑
Remand	96.9	89.2	(7.7)	↓
Training	87.4	75.5	(11.9)	↓
YOI	100.0	100.0	0.0	-

Mental health

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	90.6	91.6	1.0	↑
East Midlands	82.9	84.0	1.2	↑
East of England	93.1	95.4	2.3	↑
London	91.2	89.5	(1.7)	↓
South Central	68.1	90.1	22.0	↓
South West	93.6	91.2	(2.5)	↓
Thames Valley	98.2	92.4	(5.8)	↓
West Midlands	90.4	91.9	1.6	↑
Yorkshire	93.2	93.1	(0.1)	↓
CAT A	89.5	73.1	(16.5)	↓
Female	89.5	94.3	4.8	↑
Open	86.5	93.7	7.2	↑
Remand	89.2	93.6	4.4	↑
Training	91.1	90.3	(0.8)	↓
YOI	98.2	97.0	(1.2)	↓

Diabetes

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	81.5	82.6	1.1	↑
East Midlands	75.7	80.4	4.7	↑
East of England	86.7	77.3	(9.4)	↓
London	86.5	84.0	(2.6)	↓
South Central	71.3	79.8	8.5	↑
South West	79.8	76.5	(3.3)	↓
Thames Valley	88.2	90.9	2.7	↑
West Midlands	76.6	82.0	5.4	↑
Yorkshire	84.0	87.7	3.7	↑
CAT A	83.3	74.5	(8.8)	↓
Female	76.7	92.6	15.9	↑
Open	79.8	77.7	(2.1)	↓
Remand	85.4	87.5	2.1	↑
Training	78.2	77.9	(0.3)	↓
YOI	95.4	94.6	(0.8)	↓

Hypertension

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	83.8	81.5	(2.3)	↓
East Midlands	81.0	78.2	(2.8)	↓
East of England	86.7	71.1	(15.6)	↓
London	84.1	82.3	(1.8)	↓
South Central	83.1	93.1	10.8	↑
South West	85.5	83.3	(2.2)	↓
Thames Valley	90.3	86.8	(3.4)	↓
West Midlands	75.4	73.2	(2.2)	↓
Yorkshire	86.5	88.9	2.4	↑
CAT A	76.9	73.1	(3.8)	↓
Female	90.4	92.8	2.5	↑
Open	84.1	83.2	(0.9)	↓
Remand	88.2	88.8	0.6	↑
Training	80.8	79.3	(1.5)	↓
YOI	86.5	60.6	(25.9)	↓

Rheumatoid arthritis

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	82.9	85.9	3.0	↑
East Midlands	75.0	100.0	25.0	↑
East of England	85.0	87.5	2.5	↑
London				
South Central	50.0	50.0	0.0	↑
South West	93.3	83.3	(10.0)	↓
Thames Valley	100.0	100.0	0.0	-
West Midlands	76.8	94.4	17.7	↑
Yorkshire	87.5	80.9	(6.6)	↓
CAT A	100.0	100.0	0.0	-
Female	100.0	100.0	0.0	-
Open	70.0	100.0	30.0	↑
Remand	75.0	83.3	8.3	↑
Training	84.0	78.6	(5.4)	↓
YOI				

Coronary heart disease:

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	92.3	92.1	(0.2)	↓
East Midlands	91.3	93.0	1.7	↑
East of England	90.1	92.3	2.2	↑
London	91.7	97.0	5.2	↑
South Central	87.6	92.2	4.6	↑
South West	94.9	89.1	(5.8)	↓
Thames Valley	95.7	86.0	(9.7)	↓
West Midlands	90.0	95.8	5.8	↑
Yorkshire	94.3	91.2	(3.1)	↓
CAT A	96.0	89.0	(7.0)	↓
Female	87.8	100.0	12.2	↑
Open	91.8	85.4	(6.4)	↓
Remand	93.4	94.1	0.6	↑
Training	92.1	90.7	(1.3)	↓
YOI	100.0	100.0	0.0	-

Stroke / TIA

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	92.2	94.3	2.1	↑
East Midlands	97.0	85.1	(11.9)	↓
East of England	83.5	91.7	8.2	↑
London	84.5	100.0	15.5	↑
South Central	92.4	98.7	6.3	↑
South West	94.6	93.4	(1.2)	↓
Thames Valley	93.8	94.4	0.7	↑
West Midlands	91.5	96.1	4.6	↑
Yorkshire	96.1	95.2	(1.0)	↓
CAT A	89.6	91.4	1.8	↑
Female	100.0	88.9	(11.1)	↓
Open	96.4	96.7	0.2	↑
Remand	93.2	93.7	0.5	↑
Training	89.0	94.6	5.6	↑
YOI	100.0	100.0	0.0	-

All Practice Plus Group services	95.2%
East Midlands	88.2
East of England	100.0
London	100.0
South Central	80.0
South West	100.0
Thames Valley	100.0
West Midlands	77.6
Yorkshire	99.2
CAT A	100.0
Female	100.0
Open	n/a
Remand	92.9
Training	98.0
YOI	100.0

Smoking

	March 2020	March 2021	Change	Trend
All applicable Practice Plus Group services for which data is available	98.0	97.1	(0.9)	↓
East Midlands	96.1	91.9	(4.2)	↓
East of England	97.9	95.8	(2.1)	↓
London	96.8	93.7	(3.1)	↓
South Central	96.7	97.4	0.6	↑
South West	98.0	93.3	(4.8)	↓
Thames Valley	99.5	99.4	(0.1)	↓
West Midlands	97.8	99.9	2.2	↑
Yorkshire	99.1	99.7	0.5	↑
CAT A	96.1	100.0	3.9	↑
Female	98.2	99.1	0.9	↑
Open	98.7	96.1	(2.6)	↓
Remand	97.5	98.4	0.9	↑
Training	98.0	95.9	(2.0)	↓
YOI	99.3	98.1	(1.1)	↓

Mental health referrals

This Quality Account publishes performance in referring patients promptly to mental health for both urgent and routine mental healthcare.

More than 95% of patients for whom an urgent referral was made were seen by a specialist mental health clinician within 48 hours.

% of urgent referrals seen within 48 hours, March 2021

Data source – Practice Plus Group Health in Justice Day 6 Dashboard

% of routine referrals seen within five days

Data source – Practice Plus Group Health in Justice Day 6 Dashboard

All Practice Plus Group services	74.7
East Midlands	72.8
East of England	67.6
London	48.3
South Central	67.4
South West	95.4
Thames Valley	22.7
West Midlands	79.2
Yorkshire	94.0
CAT A	50.9
Female	98.9
Open	73.8
Remand	69.3
Training	74.9
YOI	99.3

Pharmacy and medicines

Wherever possible Practice Plus Group provides an in-house dispensing pharmacy service as an integrated part of our prison healthcare teams. Currently 14 of the prisons we support incorporate this model. This will rise to 26 sites (including a number supported by a multi-site hub) by the beginning of 2022.

In-house pharmacy services materially improve patient safety within prisons by allowing seamless, integrated care delivery across clinical and pharmacy teams which ensures timely and accurate dispensing. Full integration into the team means our pharmacists are able to play a full part in crucial multi-disciplinary meetings.

We have uniquely adapted community pharmacy protocols to meet the distinct needs of the prison environment and population. Our integrated pharmacy model is part of a wider, safety-driven approach to medicine management, which includes a full audit programme to ensure robust governance and effective and safe dispensing.

This Quality Account publishes performance in medicine reconciliation and management across all 47 English prisons where we provide healthcare.

Within 72 hours

Data source – Practice Plus Group Health in Justice Prescribing Q1 Dashboard

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	84.4	94.3	9.4	↑
East Midlands	78.8	96.0	17.3	↑
East of England	88.1	92.3	4.2	↑
London	91.9	94.4	2.5	↑
South Central	96.6	96.7	0.2	↑
South West	68.7	77.9	9.2	↑
Thames Valley	87.5	97.8	10.3	↑
West Midlands	90.0	97.4	7.4	↑
Yorkshire	81.0	95.2	14.2	↑
CAT A	95.1	100.0	4.9	↑
Female	75.1	98.4	23.3	↑
Open	91.7	94.5	2.9	↑
Remand	84.8	92.8	8.0	↑
Training	84.4	95.4	11.0	↑
YOI	91.3	98.4	7.0	↑

Arrivals on medication

Data source – Practice Plus Group Health in Justice Prescribing Q1 Dashboard

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	86.2	97.4	11.2	↑
East Midlands	87.0	98.6	11.6	↑
East of England	95.5	97.7	2.3	↑
London	93.8	97.8	4.0	↑
South Central	24.1	96.1	72.1	↑
South West	80.3	93.5	13.2	↑
Thames Valley	95.5	99.6	4.1	↑
West Midlands	94.1	98.1	4.1	↑
Yorkshire	84.0	97.3	13.2	↑
CAT A	100.0	78.7	(21.3)	↓
Female	82.8	99.3	16.6	↑
Open	93.6	99.1	5.5	↑
Remand	81.4	97.5	16.0	↑
Training	90.6	97.6	7.1	↑
YOI	93.4	97.8	4.4	↑

In-possession risk assessment compliance –

patients on active medication

Data source – Practice Plus Group Health in Justice Prescribing Q1 Dashboard

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	97.6	99.1	1.5	↑
East Midlands	92.2	98.9	6.6	↑
East of England	97.0	98.7	1.7	↑
London	95.8	95.1	(0.7)	↓
South Central	96.9	99.7	2.8	↑
South West	98.3	99.8	1.5	↑
Thames Valley	97.4	99.6	2.1	↑
West Midlands	99.1	99.4	0.3	↑
Yorkshire	98.9	99.6	0.7	↑
CAT A	99.4	99.6	0.1	↑
Female	97.4	99.3	1.9	↑
Open	97.8	99.8	2.0	↑
Remand	97.9	98.3	0.4	↑
Training	97.1	99.3	2.2	↑
YOI	99.3	99.5	0.2	↑

Medication on transfer/court

Data source – HJIPs A08K06

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	46.1	63.1	17.0	↑
East Midlands	51.6	68.5	16.8	↑
East of England	43.5	64.3	20.9	↑
London	29.0	41.3	12.3	↑
South Central	54.9	49.2	(5.7)	↓
South West	50.2	69.7	19.5	↑
Thames Valley	33.3	52.5	19.2	↑
West Midlands	50.3	65.1	14.8	↑
Yorkshire	50.8	65.9	15.1	↑
CAT A	41.2	63.3	22.2	↑
Female	48.1	72.4	24.3	↑
Open	56.1	62.8	6.7	↑
Remand	25.2	40.9	15.7	↑
Training	53.3	68.1	14.8	↑
YOI	39.4	67.6	28.2	↑

Medication on release

Data source – HJIPs A08K07

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	37.6	49.9	12.3	↑
East Midlands	40.8	48.5	7.7	↑
East of England	45.2	53.7	8.4	↑
London	19.0	20.5	1.5	↑
South Central	74.5	43.5	(31.2)	↓
South West	35.4	47.1	11.6	↑
Thames Valley	43.6	61.1	17.6	↑
West Midlands	42.0	55.1	13.1	↑
Yorkshire	42.1	53.8	11.7	↑
CAT A	17.3	25.4	8.1	↑
Female	49.4	74.6	25.2	↑
Open	39.1	41.8	2.6	↑
Remand	36.5	45.6	9.0	↑
Training	38.7	55.7	16.9	↑
YOI	31.1	52.3	21.3	↑

Reception screening

Reception screening is a key opportunity to identify existing conditions, medicine needs and risks of self-harm, and has been a principal focus for continuous improvement over time in our services, leading to a current position where 98% of patients receive their first screen on time.

Secondary screening, which gives clinical teams a more detailed picture of needs, is a key tool in care planning.

We use a risk factor checklist, supported by

training, to ensure the clinicians inquire about risk factors in appropriate depth and undertake a good quality conversation with all patients at risk of self-harm or suicidal behaviour.

Template completion is never an end in itself, but directly contributes to improved outcomes for vulnerable prisoners throughout the system, particularly in remand establishments.

Timely delivery of screening and prescribing means overcoming the challenges of late or unpredictable arrivals into a prison.

First reception screen compliance

Data source – HJIPs A18K08

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	97.3	98.0	0.7	↑
East Midlands	96.3	95.7	(0.6)	↓
East of England	97.7	98.3	0.6	↑
London	95.5	96.1	0.5	↑
South Central	99.4	98.0	(1.5)	↓
South West	97.9	98.1	0.2	↑
Thames Valley	97.7	98.2	0.5	↑
West Midlands	98.9	99.6	0.8	↑
Yorkshire	96.6	97.8	1.2	↑
CAT A	98.1	94.2	(3.9)	↓
Female	98.1	98.0	(0.1)	↓
Open	92.6	95.3	2.7	↑
Remand	97.9	98.3	0.4	↑
Training	96.4	97.6	1.2	↑
YOI	98.3	99.0	0.7	↑

Second screening compliance

Data source – HJIPs A18K09

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	89.9	92.0	2.2	↑
East Midlands	93.6	95.5	1.9	↑
East of England	87.4	97.8	10.5	↑
London	87.0	92.8	5.7	↑
South Central	99.2	74.1	(25.1)	↓
South West	71.5	70.9	(0.7)	↓
Thames Valley	91.7	96.1	4.4	↑
West Midlands	95.9	98.1	2.2	↑
Yorkshire	90.8	96.2	5.4	↑
CAT A	90.1	95.4	5.3	↑
Female	92.5	98.6	6.1	↑
Open	93.8	85.9	(7.8)	↓
Remand	91.1	92.0	0.9	↑
Training	86.2	92.3	6.1	↑
YOI	90.8	91.2	0.4	↑

Notable practice across prisons in England

COVID-19 vaccination and supporting BAME patients

Vaccination is a critical priority for the prison population. Practice Plus Group's programme has been built on structured engagement as well as clinical and operational planning, addressing the needs and possible concerns of different cohorts within the prison population.

The programme has successfully progressed with the national first dose take-up rate average hitting more than 95% across all ethnicities for the first nine priority groups, as defined by the Joint Committee for Vaccination and Immunisation (JCVI). We have worked with commissioners and prison regimes to ensure prompt use of vaccine supplies, given the complexity of arranging supplies in prisons.

Vaccine hesitancy was monitored across all patient groups and data was analysed so that trends could be understood. This information was used to consult with community leaders within the prison, along with gym staff, to enforce positive messaging for the BAME community.

Teams in each establishment liaised with our National Patient Engagement Lead and reviewed lived experience commentary to produce literature supporting BAME patients.

Healthcare leaders ensured vaccine administrators had up to date information to share with patients, liaising with Public Health Information to access materials specifically aimed at supporting BAME vaccine take-up.

Patients who missed vaccine appointments were also recalled to discuss hesitancy and offered further opportunities to have the jab.

First Dose - Cumulative	Cohort	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	
		2-4 cohorts	2-6 cohorts	2-6 cohorts	2-6 cohorts	2-8 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-10 cohorts	2-10 cohorts	2-10 cohorts	2-11 cohorts
First Dose - Cumulative - ALL SITES		11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	13-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun
Total number of eligible patients	All	2076	10148	10389	11324	12343	13508	13764	13999	14182	14375	14495	14841	15165	19266	19688	20141	27380	27791
Total number of offered patients		983	1479	3612	6079	7895	9563	11168	12027	12490	12790	12909	13181	13528	15318	16327	17410	18797	19485
Total number of vaccination given / received		903	1348	3242	5296	6706	8112	9331	9981	10342	10606	10680	10865	11138	12520	13207	13943	14959	15410
Total number of vaccinations refused		80	134	370	783	1189	1451	1837	2055	2148	2184	2229	2316	2390	2798	3120	3467	3838	4075
<i>Total number of patients vaccinated this week</i>		903	445	1894	2054	1410	1406	1219	650	361	264	74	185	273	1382	687	736	1016	451
<i>Total number still eligible (eligible minus vaccinated)</i>		1173	8800	7147	6028	5637	5396	4433	4018	3840	3769	3815	3976	4027	6746	6481	6198	12421	12381
<i>Total number still eligible (eligible minus vaccinated and refused)</i>		1093	8666	6777	5245	4448	3945	2596	1963	1692	1585	1586	1660	1637	3948	3361	2731	8583	8306
Offer uptake of eligibles %			47%	15%	35%	54%	64%	71%	81%	86%	88%	89%	89%	89%	89%	80%	83%	86%	69%
Vaccination uptake of offered %		92%	91%	90%	87%	85%	85%	84%	83%	83%	83%	83%	82%	82%	82%	81%	80%	80%	79%
Vaccination uptake of eligibles %		43%	13%	31%	47%	54%	60%	68%	71%	73%	74%	74%	73%	73%	65%	67%	69%	55%	55%
Vaccination refusal of offered %		8%	9%	10%	13%	15%	15%	16%	17%	17%	17%	17%	18%	18%	18%	19%	20%	20%	21%
Vaccination refusal of eligibles %		4%	1%	4%	7%	10%	11%	13%	15%	15%	15%	15%	16%	16%	15%	16%	17%	14%	15%

Second Dose - Cumulative	Cohort	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc	Totals inc			
		2-4 cohorts	2-6 cohorts	2-6 cohorts	2-6 cohorts	2-8 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-9 cohorts	2-10 cohorts	2-10 cohorts	2-10 cohorts	2-11 cohorts	2-11 cohorts	
Second Dose - Cumulative - ALL SITES		11-Feb	18-Feb	25-Feb	04-Mar	11-Mar	18-Mar	25-Mar	01-Apr	08-Apr	13-Apr	15-Apr	22-Apr	29-Apr	06-May	13-May	20-May	27-May	03-Jun		
Total number of eligible patients	All												457	1180	1576	3942	5986	11126	11615		
Total number of offered patients														230	634	1080	2482	4174	6833	8040	
Total number of vaccination given / received														224	618	1058	2415	4063	6605	7756	
Total number of vaccinations refused														6	18	25	73	125	256	285	
<i>Total number of patients vaccinated this week</i>															394	440	1357	1648	2542	1151	
<i>Total number still eligible (eligible minus vaccinated)</i>															233	562	518	1527	1923	4521	3859
<i>Total number still eligible (eligible minus vaccinated and refused)</i>															227	544	493	1454	1798	4265	3574
Offer uptake of eligibles %															50%	54%	69%	63%	70%	61%	69%
Vaccination uptake of offered %														97%	97%	98%	97%	97%	97%	96%	
Vaccination uptake of eligibles %														49%	52%	67%	61%	68%	59%	67%	
Vaccination refusal of offered %														3%	3%	2%	3%	3%	4%	4%	
Vaccination refusal of eligibles %														1%	2%	2%	2%	2%	2%	2%	

Multi-agency coordination on COVID-19 vaccination across all London prisons

Practice Plus Group has been appointed by NHSE as lead provider for the London Vaccination Programme to offer COVID-19 vaccination system wide to all those aged 18 and over in London prisons and Immigration Removal Centres.

The project covers all 10 London establishments where healthcare is provided by Practice Plus Group and also those served by Oxleas NHS Foundation Trust and the Central and North West London NHS Foundation Trust. The three providers are working with NHS England and Public Health England, as well as HMPPS.

An additional 87 staff have been recruited and security screened to carry out the programme. As well as the selection and training process the individuals have received a bespoke in-depth induction on the practicalities of working in prisons.

This challenging recruitment and training exercise was only made possible with the cooperation of Practice Plus Group's recruitment teams, NHSE and the prison service, which helped to expedite DBS checks. This exciting, important, system-wide initiative has demonstrated collaboration at each step of the process.

Blood-borne viruses and the pledge to eliminate hepatitis C from prisons

Through our commitment to NHSE's Hepatitis C Virus (HCV) Elimination Programme, Practice Plus Group joined with the Hepatitis C Trust and Gilead Sciences with the aim to eliminate HCV in our prisons by 2025.

Our partnership builds on Practice Plus Group's knowledge and infrastructure, the trusts' peer network and patient understanding, and Gilead Sciences' disease expertise and relationships with NHS specialist services.

To achieve elimination at each prison, the project comprises two complementary streams:

- improving reception BBV screening pathways, aimed at all those passing through the reception process; and
- HCV Intensive Test and Treat (HITT) interventions, which see whole prison populations being offered testing over a week.

The strategy has been a remarkable success, despite a necessary pause in provision due to pressures of the coronavirus pandemic. Between May 2019 and February 2021, Practice Plus Group prison treatments for HCV accounted for 8% – or one in 13 – of all hepatitis C treatment starts in England. This marks a significant contribution to the elimination goal, and it has also set best practice pathways in place and led to a far greater understanding of the virus for many involved in the justice system.

Hepatitis C offer compliance:

Data source – Practice Plus Group Health in Justice / Gilead Hep C Dashboard

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	88.2	98.1	9.9	↑
East Midlands	97.2	98.2	1.0	↑
East of England	81.5	98.4	16.9	↑
London	76.9	95.1	18.2	↑
South Central	79.9	95.1	18.2	↑
South West	69.0	98.8	29.8	↑
Thames Valley	96.2	98.3	2.1	↑
West Midlands	95.6	99.4	3.8	↑
Yorkshire	94.6	99.4	4.8	↑
CAT A	93.9	100.0	6.1	↑
Female	94.6	98.6	4.0	↑
Open	97.7	98.8	1.1	↑
Remand	85.3	97.7	12.4	↑
Training	89.0	98.3	9.3	↑
YOI	98.0	100.0	2.0	↑

Hepatitis C testing uptake compliance:

Data source – Practice Plus Group Health in Justice / Gilead Hep C Dashboard

	March 2020	March 2021	Change	Trend
All Practice Plus Group services	57.3	80.9	23.6	↑
East Midlands	72.7	82.7	10.0	↑
East of England	42.0	82.6	40.6	↑
London	44.7	83	39.1	↑
South Central	63.2	35.5	(27.7)	↓
South West	56.8	84.1	27.3	↑
Thames Valley	57.1	82.1	25.0	↑
West Midlands	80.9	84.1	3.2	↑
Yorkshire	43.4	93.3	49.9	↑
CAT A	67.7	82.2	14.5	↑
Female	71.3	91.1	19.8	↑
Open	42.4	62.7	20.3	↑
Remand	56.6	83.5	26.9	↑
Training	53.0	75.4	22.4	↑
YOI	79.4	96.7	17.3	↑

Explanatory note – South Central uptake compliance

2020 data only includes the Isle of Wight. 2021 data includes the Isle of Wight, Winchester, Ford and Lewes, hence the reported change in compliance level.

End-of-life care

With an ageing prison population, palliative and end-of-life care will continue to be an important part of a healthcare team's work.

Throughout 2020-21 teams built on the work of the previous year that had seen Practice Plus Group colleagues win the Burdett Nursing Award and the HSJ Patient Safety Award for End-of-life Care.

Relationships have been further developed with hospices across the country, enabling care plans to be developed and expertise to be shared. Some patients choose to be transferred to hospices. For many others, Practice Plus Group's collaboration with hospices has allowed teams to offer terminally ill patients the opportunity to die, with dignity, in the prison that may have been their home for many years.

As well as working with external clinicians, Practice Plus Group teams work with HMPPS to allow relatives and even friends within the prison to be with a patient in their last days.

The primary care team leader at HMP Oakwood was the recipient of a 2020 Butler Trust Award for her work creating a dignified end-of-life pathway. Since then, Practice Plus Group has been consulted by the NHSE end-of-life improvement focus group and other prison providers.

In Practice Plus Group's HMP Stafford healthcare unit, a new two-bed palliative care suite has been created, as part of a rehabilitation in-patient ward, serving all 12 prisons within the West Midlands.

Biometric medical lockers

Practice Plus Group investment in medical lockers has saved time and reduced queuing and issues around social distancing while increasing patient independence. The lockers, produced by Traka, allow prisoners to securely collect their in-possession medications using biometric fingerprint technology.

Following a successful trial at HMP Dovegate, Practice Plus Group is currently introducing further lockers to be in a total of 15 prisons in 2021.

Patients have reported a greater sense of engagement with their healthcare since the lockers were introduced. This is important in developing a patient's knowledge and ethos around self-care, especially for those approaching release.

With fewer patients waiting at medication hatches, pressures and workload have also been lightened for custodial staff and safety improved.

The project saw joint working between Practice Plus Group, Serco, HMPPS, Unilink and Traka on the successful installation and adoption of the lockers.

Support and engagement in the prison system

Health champions

Health champions are serving prisoners, trained to promote wellbeing through physical health monitoring, peer information giving and encouragement. The project has seen the roles as well as training and pay standardised for those selected to become health champions, ensuring equality of service for patients and opportunity for the champions.

The scheme began in Practice Plus Group's 10 contracted prisons in the West Midlands. In November 2020 the pilot received a highly commended recognition at the Health Service Journal Patient Safety Awards.

In April 2021, a further six colleagues completed courses to deliver accredited health champion training. Currently, 15 sites are ready to train healthcare champions as soon as prison regime levels allow training to re-commence. Practice Plus Group has also passed the Royal Society of Public Health quality assurance process and is now officially a health champion training centre.

Patient engagement

To maintain levels of engagement and to keep patients informed, a new Practice Plus Group patient newsletter was devised in the first quarter of 2021, despite the pressures of the pandemic.

In January 2021 we produced a new Health in Justice health promotion calendar, highlighting national health awareness campaigns including World Health Day, Mental Health Awareness Week and Volunteers Week. These calendar events have been complemented by additional resources for patients as well as in-cell packs specific to each theme. The packs proved popular, with up to 66% of survey respondents voicing a preference for the packs to continue.

To ensure our strategies are working, in line with the national patient engagement strategy, a new patient engagement audit has been developed and implemented to ensure we can now track and monitor progress. As January's audits were paused, due to COVID-19, this is now scheduled to take place in July.

Veterans' welfare

Government statistics estimate that approximately 4% of those in custody or on community orders are ex-armed services personnel. But external estimates report that the proportion of veterans within the prison population ranges from 3.5% to 17%.

Veterans' mental health needs and lived experiences differ greatly from those of the general population, with the trauma experienced during deployment potentially leading to Post Traumatic Stress Disorder (PTSD). Injuries sustained in the line of duty may also require long-term healthcare planning different from other patients of a similar age.

A former NCO (Non-Commissioned Officer) in the Royal Army Medical Corps, now head of healthcare at HMP Wakefield, has worked with veterans in Practice Plus Group sites. A strategy will be rolled out to enable groups supporting each other, as they would have done within the armed forces, sharing their experiences within a group that understands.

Service development

Patient Safety Incident Response Framework (PSIRF) pilot

Practice Plus Group has taken the lead in a collaborative process with commissioners and NHSE/I nationally to create a wholly new process for the investigation of, and learning from, patient safety incidents.

The existing 2015 Serious Incident Framework has been the subject of multiple repeated recommendations, reflecting a systemic failure to embed learning.

Our healthcare teams have been able to turn the principles underpinning the new approach into tangible policies and procedures which we are now piloting in prisons in the Midlands – the only such pilot in England. This new PSIRF has the potential for application across the English prison estate.

The new process focuses on the quality of investigation and initial clinical reflection and theming recommendations relating to Practice Plus Groups' pre-agreed target areas, such as suicide and deliberate self-harm. Where a formal investigation (Patient Safety Incident Investigation) is triggered, the resulting report will be reviewed along with others grouped around similar themes and a whole system improvement plan will be developed.

Reading Magistrates' Courts

The year saw Practice Plus Group launch a national first: a year-long pilot to trial the benefits of having a Band 7 nurse based in magistrates' courts.

The pilot, which is available for detainees attending Reading Magistrates' Court hearings, was commissioned to provide continuity of care through the justice pathway, ensuring information is handed over and shared.

Previously, detainees arrived from prison, police custody or the community and would have no access to healthcare within the court, during what could potentially be a full day hearing. The Practice Plus Group nurse ensures that – as well as the sharing of information – care and medications are continued, ensuring that detainees are as well as possible and able to effectively participate in the hearing. For safety and continuity, Practice Plus Group nurses and doctors are able to use electronic medical records systems which allow access to the patient's existing NHS primary care records.

Those entering custody and identified as being at risk from suicide or self-harm are fully handed over to the receiving prison to ensure their healthcare needs are fully understood. Those not entering custody are referred into services such as Liaison & Diversion.

For those returning to home, the nurse can assist with referrals or signposting into community services.