

## **NHS LANARKSHIRE**

### **PLAN FOR IMPLEMENTATION OF THE NATIONAL PROGRAMME OF PRISONER HEALTHCARE WITHIN NHS LANARKSHIRE**

#### **1. Purpose**

To detail the scope, timescales, stakeholders and the implementation plans for the transfer of "prisoner healthcare" from the Scottish Prison Service (SPS) to NHS Scotland (and hence individual Health Boards).

#### **2. Background**

Following a Feasibility Study undertaken in 2007, Ministers approved the transfer of responsibility for prisoner healthcare from the SPS to the NHS.

A National Programme Board for Prisoners' Healthcare was established in early 2009 and is responsible for overseeing and steering the preparatory work to achieve such a transfer. This National Board has representation from NHS Boards, Trade Unions and SPS.

The National Programme Board will define the service models of for medical input, pharmacy, nursing, optometry and dental services and from this, identify the detail of the underpinning legislative changes necessary.

There are five main workstreams in the National Programme Board as follows:-

- Models of care
- Finance
- HR
- Throughcare
- Governance

#### **3. Legislation and Timetable**

The amendment for the transfer of responsibility for primary healthcare in prisons has been introduced at Stage 2 of the Criminal Justice and Licensing Bill. It is anticipated that this issue will be scrutinised by the Justice Committee towards the end of April 2010. The Bill is due to go through Stage 3 in Parliament by mid June 2010, which would allow for Royal Assent by mid July 2010. Implementation of the transfer following successful legislative change is anticipated to be in October 2011. There may be a need to transfer the management of medical services earlier, by April 2011, if the current

MEDACS contract cannot be extended from its current expiry date of March 2011.

## **4. Aims and Objectives for NHSL**

### **4.1 Aim**

To establish a Lanarkshire Implementation Group to implement the National Programme for Prisoner Healthcare within NHSL and in partnership with HMP Shotts in line with the timescales identified and in full compliance with current legislation.

### **4.2 Objectives**

The Lanarkshire Implementation Group (LIG) will be charged with designing an implementation plan which will facilitate the smooth transfer of the management of health care services currently provided by the Scottish Prison Service in HMP Shotts to NHS Lanarkshire; and to design plans to facilitate effective throughcare for prisoners.

The main objectives for the LIG will be to:

- Identify, prioritise and make recommendations on key work streams to ensure smooth transition of Prisoner Healthcare
- Ascertain anticipated funding to transfer from recurring and non recurring sources
- Undertake a risk assessment on key functions and activities
- Detail existing service provision to HMP Shotts and resources currently available
- Undertake an options appraisal to determine the service delivery model and workforce required to deliver healthcare to HMP Shotts
- Link with NHS Lothian to agree the service model for repatriating Lanarkshire residents on release from HMP Addiwell
- To develop an appropriate communication and engagement plan
- Identify implementation plans
- Create local memorandum of understanding/partnership agreement
- Identify information sharing protocols
- Create and maintain risks and issues logs
- Complete monthly highlight reports for the National Programme

The National Programme Board have developed a number of principles underpinning the transfer and these are attached at Appendix 1.

## 5. Key Assumptions

The future service requires to provide enhanced, specialist Primary Care – nurse led health services to a challenging population.

The service is currently provided by a combination of salaried professional nurses and contracted GP, dental and ophthalmic services, with further input from a range of other Allied Health Professionals. The current service structures are attached at Appendix 2.

The transfer of healthcare will require negotiations with all staff groups, and careful consideration as to how the model will be supported and delivered in Lanarkshire, with its associated partners.

Current assumptions are that salaried healthcare staff will transfer to NHSL, and other service provision will be determined by the LIG following an options appraisal process.

In terms of IT, the National Team are currently looking at a replacement for their current system (GPASS) and again this will be influenced by individual Board decisions around their own GP IT replacement programme which are currently underway.

## 6. Benefits and Aspirations:

There are a number of areas where early progress could be made to assist with the smooth transfer of care and enhance current services such as:

- Establishing strong links with the Criminal Justice Authority and Local Authority Throughcare Teams to include health assessments in documentation
- Providing access to MINTS training for SPS nurses
- Providing access to NHSL's intranet to SPS Healthcare staff
- Linking HMP Shotts into the current Data Sharing Partnership arrangements
- Populating other Board LIGs to strengthen Throughcare – i.e. Lothian (Addiewell) and Forth Valley (Cornton Vale and Polmont).
- Providing better access to Dental Services
- Confirming continuation and development of BBV services
- Enhanced addiction and substance misuse services to ensure standardised best practice
- Work with SPS on design and fabric of new health centre within HMP Shotts
- Improved access to a range of services not currently delivered in Shotts e.g. Psychological Support (mental health), advocacy services, pharmacological clinics for health promotion, telemedicine

- Prisoners who require community in-reach (occupational therapy etc) may be able to access this as per individuals who require this support in the community
- Improved communication with Primary/Secondary Care NHS Lanarkshire mainstream services
- HMP Shotts can input to local HEAT targets (could also be a risk)
- Improved standard of training and robust clinical governance of Medical Staff
- Access to a greater pool of training for Health Care staff
- Improvements to integrated care pathways from prison to community
- Increased pool of staff in Lanarkshire who may wish to work in a secure environment
- Potential to consider staff/skills exchange and secondments into or out of the prison environment

## **7. Risks and Issues**

A risks and issues log has been developed and will be maintained as part of the project (see Appendix 4). Below are a number of risks and issues which have already been identified:

- Lack of integrated IT provision between prison and community will have a detrimental effect on effective sharing of information
- Retention and recruitment issues as we move nearer to the transfer of staff date to NHS may cause instability
- Lack of consistency in the role of health care staff in prisons (Nursing and Administrative roles) and outdated job descriptions may cause difficulty when evaluating against Agenda for Change criteria
- Risk to staff motivation levels, resulting in poorer performance/standard of care
- Securing legislative changes may take longer than anticipated and may hold up project delivery dates
- Transfer of financial resource does not happen at the same time as staff or services
- Managing prisoner expectations through the transfer period may cause period of instability within HMP Shotts
- Lack of progression in instigating new health care initiatives (financial implications) in SPS as transfer becomes imminent
- Standard and range of service to prisoners reduces post transfer as money for health care is no longer ring fenced
- Not meeting expectations of prisoners in terms of how services may be configured or resourced in future (e.g. waiting lists, access to services such as GP)
- Changes to prescribing regime/other services (potential for discontentment/operational stability)
- Costs to NHS Lanarkshire to delivery model of care are higher than anticipated

## 8. Stakeholder Involvement

There will be a wide range of stakeholders involved in the project which will include the following, either on the LIG or the sub-groups.

This will include staff in:

- Scottish Prison Service
- National Programme Team
- Allied Health Professionals
- Out of Hours Service
- Mental Health Services
- Forensic Services
- Addictions Services
- General Practitioners and LMC
- Nursing
- Pharmacy
- Dental
- Optometry
- Public Health
- MAPPA
- PSSD
- eHealth
- Social Services
- Trade Unions (RCN and POA)
- Criminal Justice Authority
- Acute Hospitals (A&E and Laboratories)
- Communications
- Patient Services

## 9. Project Structure

The Project will be sponsored by the South Lanarkshire Community Health Partnership and monitored by the Lanarkshire Implementation Group which will meet on a monthly basis.

The LIG will be jointly chaired by the Executive Lead for NHS Lanarkshire (Alan Lawrie) and the Head of Offender Outcomes, HMP Shotts (Karen Norrie).

There will be 4 main workstreams of the LIG:-

### Model of Care

Divided into 3 sub-groups - Medical – Dr Gregor Smith, NHSL

Nursing – Karen Robertson, NHSL

Other clinical services – Alistair MacKintosh, NHSL

- Identify the services that will continue to be provided in the same manner as currently (e.g. various contracted services)
- Identify what services NHS will need to provide (e.g. out of hours services)
- Identify options for NHS service provision

#### Throughcare – Liz Coates, NLC

- Work is still being undertaken at a national level, however the Local Implementation Group will start to consider what throughcare arrangements are in place currently, ensure all stakeholders are fully engaged, and begin identifying any gaps in provision or areas of concern

#### Finance – Fiona Porter, NHSL

- Scottish Government Health Finance and NHS Directors of Finance still require to discuss the allocation of finances and information will be shared locally when available

#### Human Resources – Ruth Hibbert, NHSL

- The majority of work is still being undertaken at a national level; however HR Managers are engaged with the Local Implementation Group and Prison HR Managers and Healthcare Staff.

A draft outline of how NHSL intends to approach the transfer is required by the National Programme Board in June 2010, with a formal Implementation Plan in place by October 2010.

The LIG will agree on a plan for governance as appropriate.

### **10. Project Resources**

Project Management and Project Support will be provided from within the South Lanarkshire CHP and therefore there are no additional project costs required at this time.

### **11. Project Plan**

An outline Project Plan is attached at Appendix 3

## PRINCIPLES UNDERPINNING THE TRANSFER

1. Prisoners receive the range and quality of health care to no less a standard than that which they currently receive.
2. In transferring the responsibility for this provision to the NHS, prisoners will receive a range of NHS services equivalent to similar high needs groups in the community.
3. Prisoners' health care will comply with laws, standards, regulations and rules, including mental health, pharmacy and medicines, legislation, and will preserve and strengthen the human rights of patients in custody at all times.
4. The aims of Prison Services and Health Services are closely aligned – that is, the means of achieving a reduction in re-offending, and an increase in employability of offenders, are the same as those that reduce health inequalities and deliver good quality health care.
5. There shall be parity of status of patients, whether in prison or the community.
6. There shall be parity of status of health professionals, whether they work in prison or the community.
7. Prison Services and Health Services will reach:
  - a) Partnership Agreements/Memoranda of Understanding at national level, to define and assign responsibilities, and ensure oversight;
  - b) Service plans jointly agreed by senior NHS Managers and the Prison Governor-in-Charge; and
  - c) Partnership working between health care staff and operational prison staff as this is key to the success of quality health care for prisoners.
8. The resource envelope for prison services should substantially be the same as that directed to health care at present. Any subsequent change would follow an assessment of need for the prisoner-patient population overall, and the agreement of the Governor, with the designated senior NHS Manager.
9. Governance of health care will require the collection of information that will account effectively for service performance and contribute to decision-making on an informed basis. Information should be in a format that meets the requirements of both internal (local NHS Board and SPS across prisons) and external governance (HM Chief Inspector of Prisons, NHS

Quality Improvement Scotland, other statutory regulators and international bodies).

10. Prison Services and NHS Boards will be committed to the sustained support of health care staff who work in prisons through their terms and conditions of employment, appropriate programmes of training, learning and development in matters distinct to prisoners' health needs and health care in secure settings.

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## NATIONAL SERVICE STRUCTURE

### 1. Directly Employed Services

- Prison based healthcare staff
- Management and Administration

### 2. National Contracted Services

- Doctors – MEDACS (Expires March 2011 – subject to review)
- Pharmacists and Pharmacy – Lloyds (Expires March 2013)
- Enhanced Addictions Casework – Phoenix Futures (Expires end July 2011 – subject to review)
- Nursing Agency – HALO (Expires November 2010 – subject to review)
- Portions of ancillary service contracts (various)

Contract periods and extensions for pharmacy and addiction casework will allow Health Boards additional time to organise the relevant services.

### 3. Locally Contracted Services

- Forensic Psychiatry
- Dentistry
- Optometry
- Allied Health Professionals

(Expiry dates – various)

### 4. Other

- Voluntary Sector Providers

(Expiry dates – various)

## HMP SHOTTS SERVICE STRUCTURE

## NON-SPS HEALTHCARE SERVICES

SERVICE	PROVIDER	CONTRACT/SLA/OTHER	FREQUENCY/ATTENDANCE
GP SERVICES	MEDACS	NATIONAL CONTRACT/LOCAL SLA	MON-SAT (AM) THURSDAY & FRI (PM)
PHARMACY	LLOYDS	NATIONAL CONTRACT/LOCAL SLA	DELIVERIES 6 DAYS, PHARMACIST VISITS WEEKLY (1/2 DAY)
BBV SERVICES	NHS LANARKSHIRE		
CONSULTANT CLINIC	(NHS) MONKLANDS HOSPITAL	SLA (IN DEVELOPMENT)	MONTHLY
NURSE SPECIALIST	(NHS) MONKLANDS HOSPITAL	AS ABOVE	WEEKLY (1/2 DAY)
PSYCHIATRY	NHS LANARKSHIRE	CONTRACT	TWICE WEEKLY (TWO ½ DAY SESSIONS)
PHYSIOTHERAPY	M McGLAUGHLAN	SESSIONAL	FORTNIGHTLY (1/2 DAY)
CHIROPODY	S GUY	SESSIONAL	FORTNIGHTLY (1/2 DAY)
OPTICAL SERVICES	M LIPSEY	SESSIONAL	WEEKLY (2 HOURS)
DENTAL SERVICES	WEYMOUTH DENTAL AGENCY	SESSIONAL	WEEKLY (FULL DAY)
LABORATORY SERVICES & SPECIMEN UPLIFT	NHS LANARKSHIRE, WISHAW GENERAL HOSPITAL	SLA	ANALYSIS AS REQUIRED, UPLIFT MON-FRI
ORAL HEALTH PROMOTION OFFICER	NHS LANARKSHIRE	CONTRACT	FULL TIME
DOMICILLARY CONSULTANT CLINICS (ENT & UROLOGY)	NHS LANARKSHIRE	SPORADIC	AS REQUIRED
ENHANCED ADDICTIONS CASEWORK SERVICES	PHOENIX FUTURES	CONTRACT	STAFF IN POST, TEAM MANAGER, CASEWORKER AND PART TIME ADMINISTRATOR

## SPS HEALTHCARE STAFF

- 1 Health Care Manager
- 2 WTE Clinical Managers (3 staff)
- 2 Mental Health Nurses
- 3 Addictions Nurses
- 8 Primary Care Nurses
- 1 Administrator
- 1 part time Pharmacy Assistant
- 2 Health Care Assistants.

**NHS LANARKSHIRE**  
**Transfer of Prisoner Healthcare**  
**Project Plan– Version 1 – May 2010**

**KEY**

Complete	
On Target	
Needs additional work to achieve within timeframe	
Causing concern/requires further action	

<b>Task Number</b>	<b>Task Description</b>	<b>Lead Officer(s)</b>	<b>Date to be completed by</b>	<b>Status</b>
1.	NHSL Lead Officers to meet with HMP Shotts Lead Officers to understand key services, contracts, upcoming challenges.	AL/JM/GS/KR/KN/JD	17 <sup>th</sup> March 2010	

2.	Set up Lanarkshire Implementation Group (LIG) to be jointly chaired by NHSL Lead (Alan Lawrie) and HMP Shotts Lead (Karen Norrie).  Agree programme of dates for the duration of the project.	AL/JM	16 <sup>th</sup> April 2010	
3.	Agree workstreams and lead officers	LIG	16 <sup>th</sup> April 2010	
4.	Project Manager to meet with Workstream Lead Officers to agree membership and key objectives	JM	7 <sup>th</sup> May 2010	
5.	Sign off the PID at LIG and CMT	AL/JM	31 <sup>st</sup> May 2010	
6.	Develop Risks and Issues Log	JM	7 <sup>th</sup> May 2010	
7.	Highlight Reports to be submitted to National Programme Board for Prisoner Healthcare (NPBPH) by 25 <sup>th</sup> of each month	JM	25 <sup>th</sup> of each month	

8.	Workstream Leads to set up meetings for June and submit membership and key challenges/objectives to LIG for approval	KR/GS/FP/RH/AM/LC	20 <sup>th</sup> May 2010	
9.	<p>Model of Care Workstream.</p> <p>This has been split into 3 sections:  Medical  Nursing  Other</p> <p>The 3 groups will identify the services that will continue to be provided in the same manner as currently (e.g. various contracted services). Identify what services NHS need to provide (e.g. Out of Hours services) and identify options for NHS Service Provision</p>	GS/KR/AM	Mid June 2010	
10.	<p>Human Resources Workstream</p> <p>The majority of this work is still being undertaken at a national level but work should commence in engaging with staff within HMP Shotts and staff side reps</p>	RH	Mid June 2010	

<b>11.</b>	Finance Workstream  Indicative information awaited from National Workstream to determine likely time frames	FP	TBA	
<b>12.</b>	Throughcare Workstream  This group will consider what throughcare arrangements are in place currently, ensure all stakeholders are fully engaged and begin identifying gaps in provision or areas of concern	LC	Mid June 2010	
<b>13.</b>	Develop Local Memorandum of Understanding/Partnership Agreement in line with the National Memorandum of Understanding to include dispute resolution process	JM/AL	30 <sup>th</sup> June 2010	
<b>14.</b>	Develop Communications Plan	Comms Department	30 <sup>th</sup> June 2010	
<b>15.</b>	Submit a draft outline to the NPBPH Programme Team showing how the LIG intends to approach the transfer	JM/AL	18 <sup>th</sup> June 2010	

<b>16.</b>	Further develop understanding of prison healthcare services, whilst supporting prison staff to develop their understanding of NHS services/structures	LIG	October 2010	
<b>17.</b>	Further develop plans using outputs from national workstreams	LIG	October 2010	
<b>18.</b>	Begin to develop services/staff as appropriate in preparation for transfer	LIG	October 2010	
<b>19.</b>	Consider issues of evaluation at a national and local level	LIG	October 2010	
<b>20.</b>	Formalise implementation plans, detailing how and when transfer will happen for submission to NPBPB Programme Team	LIG	29 <sup>th</sup> October 2010	
<b>21.</b>	Address HR packages i.e. terms and conditions, Job Evaluation and Pensions.	RH	January 2010 to April 2011	

22.	Commence implementation process	LIG	April 2011 to October 2011	
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