Care versus custody: nursing in the Prison Service

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About 83,000 men and women reside in Her Majesty’s Prison Service.¹ The provision of healthcare services behind bars for these prisoners is not for the faint-hearted, but is uniquely rewarding and a specialty in its own right.

In 2003, disillusioned by the NHS and seeking a new challenge, I joined Her Majesty’s Prison Service. Daunted by the sheer look of the prison, but also excited at the prospect, I kept an open mind and accepted the job offer at HMP Stafford despite family resistance.

This intriguing new world required signing the Official Secrets Act, security training, being trusted with a set of keys (a key compromise can cost hundreds of thousands of pounds), radio training and learning a whole new language.

HMP STAFFORD

Stafford has had a prison since the 12th century. Parts of the building date back to 1794. Apart from during 1916–1940 it has been in continuous use. The governor is Mr Pete Small. HMP Stafford has 740 adult, male prisoners of all ages. It has a security category of C, which is interpreted as ‘prisoners who cannot be placed in open conditions but who do not have the ability, resources or the will to make an escape attempt’.²

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Their sentences range from a few months to several years.

When I joined, the healthcare team was made up of registered nurses and prison officers who had been specially trained to work in the healthcare environment. These experienced officers undertook nursing duties, administered medication and were only accountable to the governor of the prison, not a registered nursing body. In the same year, prison healthcare became the responsibility of local primary care trusts (PCTs). This partnership aimed to ‘give prisoners access to the same quality and range of health services as the general public’.3

With Agenda for Change, my role developed into a clinical band 6 with a specialist interest in diabetes and care of the older prisoner. My background in acute and emergency nursing proved beneficial to working in this unpredictable environment.

Our team now comprises a healthcare manager and deputy (who is also a prison officer), eight registered general and mental health nurses (RGNs and RMNs) and two healthcare assistants. Generic roles mean that general nurses are required to deal frequently with mental health issues and, conversely, mental health nurses are expected to manage general duties.

**LIFE BEHIND BARS**

Prisons are self-contained communities, with a transient, problematic population. There is a high demand for healthcare services, especially mental health and dental. Other services include primary care, optician, podiatry, genitourinary and smoking cessation. Many services still need to be commissioned, such as those from diabetes specialist nurses, dietitians and occupational therapists.

Prisoners are from varying ethnic and social backgrounds. They are reluctant residents, but while in custody many are motivated to improve their health. Many have abused drugs and alcohol and there is a high rate of mental illness and long-term conditions. RMNs provide a primary mental health service and RGNs run nurse-led clinics such as diabetes, asthma, vaccinations, and a specific health and social care assessment for older prisoners. This service has close links with Social Services to provide continuity of care after release if necessary.

Healthcare at Stafford is available from 7.45am to 8.15pm, Monday to Thursday, and 8.00am to 5.00pm on Fridays and at weekends. The evening duty is covered by one nurse.

**Primary care**

Primary care is delivered in much the same way as in the community. New prisoners are regularly transferred in, just as a new patient registers with a community practice. A consortium of GPs provides four hours of cover each morning, with an on-call service until 6.00pm and an out-of-hours service, as in the community. Prisoners wishing to see a doctor or nurse apply using the application process (everything works by applications in prison) and are triaged accordingly.

Each wing of Stafford prison has a treatment room and an allocated nurse who is responsible for the management of healthcare and medicines administration for the prisoners on that wing. On average a wing holds 150 prisoners. Prisoners can attend the medical hatch (Figure 1) for advice and urgent matters. Medication is dispensed three times a day for prisoners who are unable to keep medication in their possession. Where possible, prisoners are encouraged to manage their own medication, except for drugs such as opiates and benzodiazepine, which are very sought after among the prison population. Prisoners often trade medication, even after it has been concealed in their mouth.

**Emergency care**

Emergencies are dealt with in the same way as in the community, and help is often sought from the emergency services. Trying to deal with a cardiac arrest in a small cell or attending to a prisoner who evidently needs help but is behaving violently requires nurses to learn new skills. Nurses have the authority to send prisoners to an outside hospital when necessary. This can be difficult as some prisoners may try to escape or get to an outside hospital for...
opiate analgesia and/or illegal drugs. Therefore use of mobile phones is prohibited.

Secondary care
Referral to secondary care is made by the GP. Appointments are arranged, but dates are not disclosed to the prisoners for security reasons. The prisoners are escorted to hospital and remain in the care of the Prison Service throughout. For healthcare professionals this poses a confidentiality issue, but risk to the public and external NHS staff has to be safeguarded. While in the prison setting confidentiality is protected. It is every member of staff’s duty to ensure that all staff and prisoners and the environment are safe and secure.

Prisoners have the right to refuse care and treatment, just as they would in the community. The Mental Capacity Act is an essential tool, especially in cases of food refusal.

DISCIPLINE VERSUS HEALTHCARE CONFLICTS
Prison nursing is often complex. Working for one organisation (ie the PCT) within another organisation (ie the Prison Service) can cause conflicts, especially where resources are concerned. We are expected to abide by all the Prison Service rules and work within the service regime. A nurse is also part of the daily first-response team.

Planned or unplanned use of force requires the attendance of a nurse. Here the nurse’s role is to monitor and provide clinical advice where necessary. They are responsible for the safety of the prisoner throughout the restraint and post-incident observation.

Prisons are run on rules and when prisoners disobey them they are placed on report and adjudications are held in front of the governor. At times it is necessary for nurses to place prisoners on report; this conflict of discipline versus care is complex and requires nurses to conduct themselves in a professional, mature and confident manner.

An independent adjudicator (ie judge) deals with more serious charges and can award extra days to a prisoner’s sentence. I have had to attend an adjudication, present evidence and face questioning by the prisoner’s solicitor. Nurse training cannot prepare you for such events.

Specialist training
South Staffordshire PCT is training nurses in prison-specific advanced conflict resolution, which has similarities with the control and restraint techniques used by prison officers for personal protection and control of the individual. Prisoners can be unpredictable, but assessing changes in behaviour, being assertive and removing yourself or the prisoner from the situation usually keeps things under control. We administer medication through a gate, and always carry a radio with an alarm. Wall alarms are in every room and prison staff are alerted when voices are raised. There is a fast response from an identified team when any alarm is raised. I feel safer in a prison environment than in A&E on a Saturday night!

Needs of prisoners
Prison nurses have to care for prisoners in an environment that is not medically based and who have a wide variety of needs, including illness, physical trauma (mainly as a result of fighting), disability, age-related health issues (elderly prisoners), mental health needs (including those who use self-harm as a coping mechanism) and learning disability.

At times it can be traumatic. For example I have nursed a prisoner who undertook a food refusal until he died. Fortunately such situations are rare.

We need to be acutely aware of our environment and any situations that may impact significantly on a prisoner’s health, such as court appearances, sentencing, police production, a bad family visit, telephone call or letter, death of a relative or another prisoner. It is every member of staff’s responsibility to take appropriate action to ensure the safety of each prisoner. This is done using a multidisciplinary approach. Sometimes immediate action is needed. Anxiety, depression and self-harm are commonplace, especially at certain times of the year, particularly Christmas.