

An Audit into Adherence to NHS England Guidelines for Transfer of Prisoners Under the Mental Health Act from HMP Bullingdon

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BACKGROUND

- In 2021, NHS England issued guidance for the transfer of adult prisoners under the MHA.
- The guidelines suggest two targets: target 1, a 14-day target from identifying the need for referral to the receiving team's decision, and target 2, a 14-day target from the decision to admission. The total process should take 28 days or less.
- There has been further national interest in this process, reflected in the draft Mental Health Bill's recommendation that this be made a statutory time-limit and the publication of "The Long Wait" report by His Majesty's Inspectorate of Prisons.

AIMS & OBJECTIVES:

To assess local adherence to NHS England's 2021 guidance for the transfer of adult prisoners under the Mental Health Act (MHA) 1983 from HMP Bullingdon; a remand prison serving Oxfordshire and Berkshire with an operational capacity of over 1000 prisoners. The Prison Mental Health Service is provided by Oxford Health NHS Foundation Trust.

METHODS

This audit included all prisoners transferred from HMP Bullingdon to hospital under the MHA between June 2022 and June 2023 (cycle 1; n=23), and between July 2023 to January 2024 (cycle 2; n=9). Local clinical records were screened to assess compliance with NHS England's guidelines at each stage of the gatekeeping process.

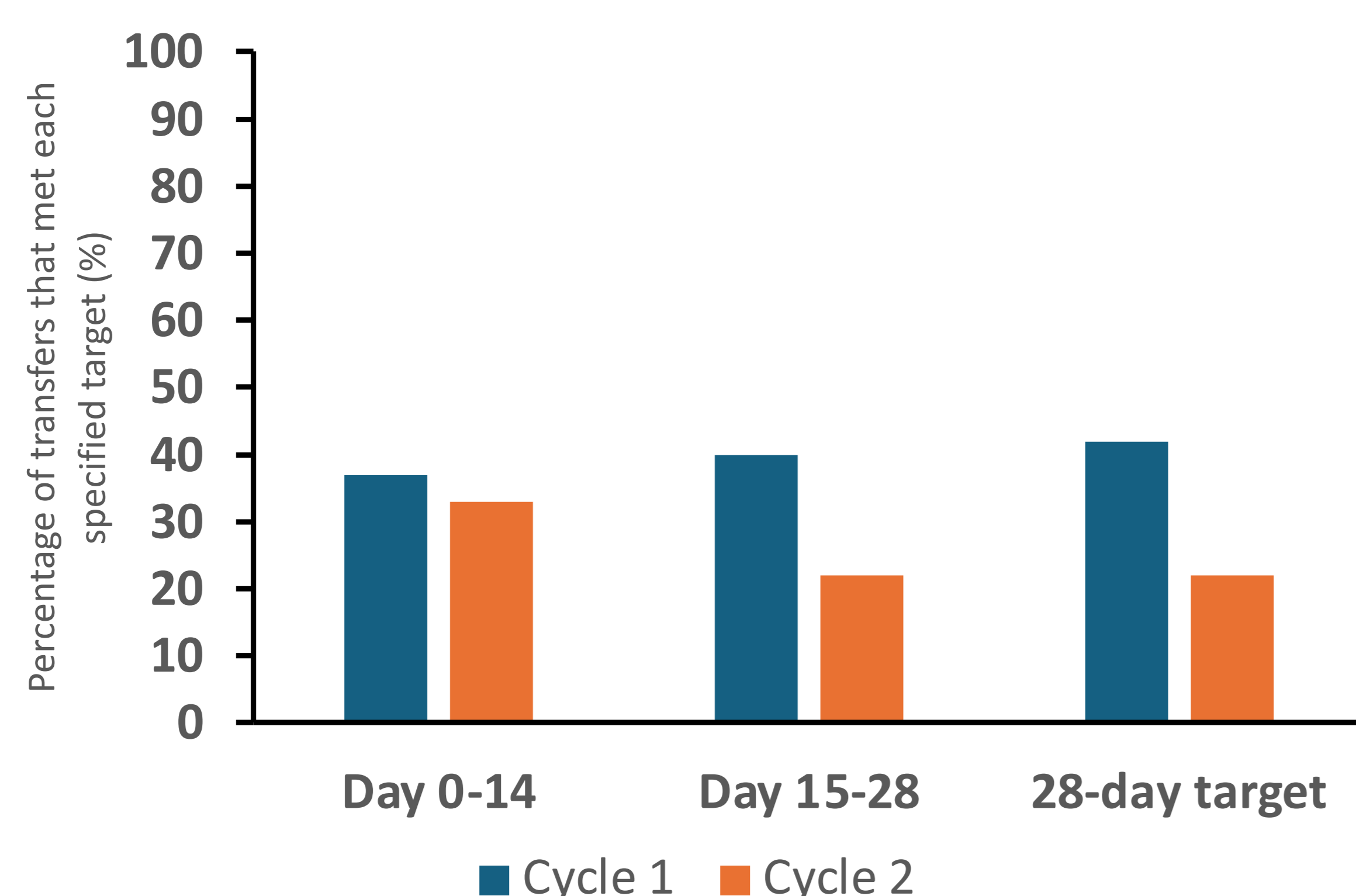


FIGURE 1: Percentage of patient transfers which took place within the recommended time.

RESULTS

- In cycle 1, 42% of referrals met the overall 28-day target. Further analysis showed that 37% of referrals met target 1, and 40% met target 2 (Figure 1).
- Delays were more common for prisoners who were referred from outside of their catchment area and to PICUs compared to secure services (Table 1).
- The findings were presented locally to the clinical governance committee and a database created of referral processes to out of area Provider Collaboratives.
- In cycle 2, only 22% of referrals met the 28-day target, with 33% meeting target 1, and 22% meeting target 2 (Figure 1).
- Most referrals in cycle 2 were to out of area secure units or to PICUs rather than local referrals to secure services within the same Trust (Table 1).

TABLE 1: Subgroup analysis of the percentage of patient transfers which took place within the recommended time based on whether they were referred locally or out of area and to secure services or psychiatric intensive care units (PICU). (n=) refers to the total sample size for that subgroup.

Table 2	Overall 28-day compliance (%)		Target One (Day 0-14; %)		Target Two (Day 15-28; %)	
	1 st Cycle	2 nd Cycle	1 st Cycle	2 nd Cycle	1 st Cycle	2 nd Cycle
All Prisoners	42 (n=23)	22 (n=9)	37	33	40	22
Local Secure Referrals	57 (n=8)	100 (n=2)	57	100	43	100
Local PICU Referrals	60 (n=6)	0 (n=3)	60	100	60	0
Out of Area Secure Referrals	0 (n=5)	0 (n=2)	0	0	20	0
Out of Area PICU Referrals	33 (n=4)	33 (n=2)	0	0	33	33

CONCLUSIONS:

There were numerous reasons for delayed transfers to hospital, including delays in gatekeeping assessments being arranged by the receiving unit, delays in receiving a decision on admission (which included any disagreements on the appropriate level of security) and lack of bed availability. Future efforts should focus on enhancing collaboration between Provider Collaboratives to streamline out of area referrals and between local PICUs and secure services.

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CONFLICT OF INTEREST: We declare no conflict of interest