COVID-19: Managing entry and release from prison

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Dr Caroline Watson
Lead General Practitioner, HMP Bedford, Northamptonshire Healthcare NHS Foundation Trust and RCGP Clinical Champion Healthcare in Secure Environments
COVID-19: Managing entry into prison

MEDICATION

- Continuity vs safety: unsupervised consumption, reduced medication review frequency
- Medicines reconciliation; information from GP surgeries; SCRA
- Prescribing: up to 28 day IP; 28 day x3 scripts OST once stable
- IP reviews post-ACCT closure: multi-disciplinary decision; individual risk assessment
COVID-19: Managing entry into prison

PATIENT INFORMATION

- FAQ and BBW
COVID-19: Managing entry into prison

RISK STRATIFICATION

- clinically vulnerable and extremely vulnerable
- TPP risk classification, Read codes
- Long term condition management

COHORT GROUPS

- RCU
- Shielding
- PIU
Dr Stephen Attard
Consultant Forensic Psychiatrist,
HMP Woodhill, Central and North West
London NHS Foundation Trust
Mental Health: Entry into prison

Screening & initial assessments on RCUs

Obtaining collateral information from pressured services
Mental Health: Management in prison

- Reduced access to patients
  - Group sessions/clinics stopped
  - Telephone/video reviews
  - IP medication

- Impact of pandemic on mental health
  - Restricted regimes
  - Impact on self-harm/self-inflicted death
  - Exacerbation of existing conditions

- Crisis management
Mental Health: Transfer and remission

1000 transfers & 300 remission per year

Current guidance:
- Continue normal process but delays expected
- Use digital tech where possible
Mental Health: Transfer & Remission

- **Referral**
  - Adequate MH staffing within prison
  - Contingency plans shared with hospitals

- **Assessment**
  - Digital tech

- **Transfer**
  - Emergency Coronavirus Act 2020
  - Distance between the referring prison and appropriate bed.
  - Permission for movement must be received from HMPPS COVID-19 Gold command.

- **Remission**
Mental Health: Release

- Communication with community services
- Using digital tech for assessment/meetings
- Additional pressure on community services
- Risk assess up to 28 day TTOs
Dr Jake Hard
Chair RCGP Secure Environments Group, Clinical Lead for HJIS and Medical Director for Prisons for CRG Medical Services
Dr Anna Hiley
GPwSi Substance Misuse and Offender Health CEO Inclusion Healthcare and SMMGP Representative
CV19- Community Primary Care and Substance Misuse Services

- Services are “Closed but Open” - Reduced contact with patients
  The challenge:
- Reliance on telephone or video consulting
- Aim to deliver “urgent and essential services only”
- Q is “What is essential?” 1:1’s? Group work? Assessments?

- Diagnosing Covid – essentially by phone, until now no testing available in community.
  The Challenge:
- Not missing other critical diagnosis
- Over presenting – secondary gain of unsupervised medication
- Under presenting – sms service users not recognising symptoms

- Delivering the “social distancing & self isolating” messages
  The challenge:
- Homeless populations “Everyone in“ = multi-occupancy hotels & hostels
- Achieving / encouraging social distancing in this “hypermobile” population
Cv19 Pre-release Planning for Substance Misuse

- Aim for stability and ensure access to ongoing Opiate Substitute Treatment (OST)
- Confirm address + telephone contact details AND pass these onto community teams
- OD advice and Naloxone is more important than ever – multi-occupancy communities, poor quality heroin & street methadone is readily available.
- Advice re CV19 infection transmissions in substance use context and recognising Covid infection symptoms.
- Advice on Social Distancing and when to isolate – remember they may not have been in the community since “lockdown” started” and may need help to catch up on what’s expected.
CV19 - On release

- Pre-release GP Registration is vital - with surgery buildings mostly “closed” it has been very hard for new patients to get registered.

- Communication remains the biggest challenge:
  - Communication with community teams – prior to release.
  - What’s changed – doses, medication rationalised?
  - New key diagnosis?
  - What TTO’s were given 7-28 days?

How?
- Discharge letters - emailed ahead of time to practices, phone calls for complex patients
  (Paper copies sent with the patient rarely arrive and posted ones are too late!)
- Letter to GP at “Meds Rec” or other critical changes – don’t wait for a discharge letter.
- Attach RCGP Fact sheets to support prescribing decisions.
  https://sld.spectrumhealth.org.uk/factsheets/
To join our distribution list for information of upcoming webinars & other initiatives:

Email PrisonNetwork@rcpsych.ac.uk

To view previous webinars, visit:

https://www.rcpsych.ac.uk/improving-care/ccqi/resources/ccqi-webinars

Knowledge Hub discussion platform:

https://www.khub.net/group/quality-network-for-prison-mental-health-services-discussion-forum