

# Tackling Blood Borne Viruses in Prisons – an evaluation

## Introduction

The National AIDS Trust developed *Tackling Blood Borne Viruses in Prisons – a framework for best practice* in partnership with an Expert Working Group. The framework has produced to ensure all prisons had clear information on how to ensure best practice around prevention, testing, treatment and care. In April 2007 the National AIDS Trust (NAT) sent copies of its new framework of best practice for tackling blood borne viruses (BBVs) to all prisons in the UK, as well as to people in the NHS and voluntary organisations involved in prison health. In January 2008 NAT carried out an evaluation of the framework to see whether it was useful and how it was being implemented. The evaluation was designed to assess the value of the framework in practice and highlight opportunities for improving the framework to ensure it provided the best advice possible to prisons.

## Methodology

Evaluation forms were sent to the 132 English and Welsh prisons, 33 Scottish Prisons, 90 Primary Care Trust Commissioners and 16 other organisations, a total of 271 recipients<sup>1</sup>. NAT received 42 responses, giving an overall response rate of 15 per cent, although there was significant variation by nation (see table below). In addition there were a further 10 responses from prisons where new healthcare staff had joined who had not seen the framework and who requested a copy. These highlight how changes in personnel affect the ability of prisons to implement the framework. Options for continuing to promote the framework are highlighted in the recommendations section of this evaluation summary.

Prison location	Number of responses	Response rate
England & Wales	33	25%
Scotland	2	6%
Northern Ireland	0	0

Of those responding, 35 were prisons, with the majority being English prisons as well one Welsh and two Scottish prisons. They covered a range of prison types, from those with just 100 inmates to those with over 1,000, local prisons to high security prisons, young offender institutes, and male and female prisons. This range of responses is valuable as it illustrates how the framework is being used in a range of prison settings.

The low response rate from Scotland could be a result of the different operating framework in Scotland where the Scottish Prison Service is more advanced on harm reduction matters. The lack of responses from Northern Ireland is disappointing but not unsurprising given the low rates of HIV and hepatitis in the country.

In addition five responses were received from Commissioners, one from a voluntary organisation and one from a trade union. The low response rate from non-prison

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<sup>1</sup> Evaluation forms for England and Wales were sent to both the Governor and the Head of Healthcare to improve the response rate but only one form was expected to be returned for each prison.

staff highlights the need for further promotion of the framework to these groups. Commissioners in particular are a key audience to be reached.

### Evaluation findings

The questionnaire asked respondents to evaluate the framework for:

- Ease of use
- Clarity of language,
- Accuracy of information,
- Usefulness of best practice examples,
- And usefulness of additional sources of information.<sup>2</sup>

The table below displays the results for each question.

	Poor	Fair	Average	Good	Excellent
<b>Ease of use</b>	2 5%	0	6 15%	24 62%	7 18%
<b>Clarity of language</b>	0	0	5 13%	25 66%	8 21%
<b>Accuracy of information</b>	0	1 3%	5 14%	24 67%	6 17%
<b>Usefulness of best practice examples</b>	0	0	12 31%	20 51%	7 18%
<b>Usefulness of case studies</b>	0	1 3%	10 26%	22 56%	6 15%

As the table demonstrates, the responses for **ease of use** were overwhelmingly positive, with 80 per cent rating it good or excellent. Two respondents rated it poor, one of these disliked the loose leaf format and the other requested a more concise format for the appendix on basic information around the viruses.

The framework received its highest rating for **clarity of language** with 87 per cent considering it good or excellent.

Ratings for **accuracy of information** were also positive, with 84 per cent rating it as good or excellent. Only six of the 36 respondents answering this question gave a rating below good and none rated it as poor.

**Usefulness of case studies** was rated good or excellent by 69 per cent of respondents, while 31 per cent thought they were average. This suggests room for improvement when the framework is updated, perhaps giving more detail on how prisons implemented improved services. This is supported by one respondent's comment that the framework should include insights on overcoming the many challenges facing healthcare delivery.

Finally, on **usefulness of sources of further information** 71 per cent rated the framework as good or excellent. While 29 per cent considered it average or fair. No comments were received on how these sources could be improved.

<sup>2</sup> The rating was on a scale from 1 to 5, with 1 being poor and 5 excellent.

The framework was praised for its achievable goals, comprehensiveness, and easiness to understand. One respondent stated, "I thought the framework was comprehensive and easy to understand. I like the way it was presented". Another respondent commented that "as a guidance, this document is highly valuable and an excellent resource."

### **Improving the framework**

Respondents made a number of suggestions for improving the framework and addressing gaps. These suggestions were:

- A greater emphasis on educating all prison staff, as often it was seen as solely a healthcare responsibility. One respondent commented, "If it starts with prison staff when people come in to prison, they access the service and get the info before it is too late".
- Paying more attention to the role of Infectious Disease consultants in BBV care in Scotland.
- More specific information for Young Offender Institutes that takes account of their unique needs, including the low literacy levels of those in their care.
- More explicit consideration of prisoners on remand and short stay sentences.
- An explicit distinction between the role of PCTs who commission prison health and the roles and responsibilities of the PCTs in areas where prisoners are released to. This would aid resettlement and enable greater continuity of care.
- Including information on offenders facing deportation and how to plan an effective discharge package.<sup>3</sup> For example, information on establishing robust networks in other countries to allow continuity of care.
- Including a checklist for prisons transferring inmates on HIV treatment.
- Including a best practice guide for commissioners.
- Including information on the role of psychological/counselling expertise in supporting prisoners.

### **Putting the framework into practice**

The responses gave a wealth of information around how prisons have put the framework into practice. The responses show a real commitment from health care staff to tackle blood-borne viruses and provide good care. This is an excellent basis on which to continue to promote the framework. The good work covered prisons of all sizes and categories. Examples included:

- Attending community appointments with prisoners to promote continuity of care.
- Offering one-to-one input from THT for men diagnosed with HIV.
- Producing a care flow chart for hepatitis C, starting with the offering of education and testing and leading through to treatment. Similar charts for HIV and hepatitis B are now being developed.

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<sup>3</sup> NAT is currently producing guidance for Immigration Removal Centres on meeting the needs of refused asylum seekers and detainees. The basic principles will be applicable to offenders who are facing deportation. It is recommended that prisons receive copies of the guidance as well as removal centres.

- Giving prisoners access to HIV/sexual health line via the pin phone system.
- One Commissioner is using the framework to help develop their commissioning guidance for sexual health services in prisons.
- One voluntary sector organisation was using the framework to work with prisons to improve BBV care. The framework enabled them to secure funding and prison support for their work. They are now beginning a comprehensive training programme for all prison staff, including those in admin, engineers, and chaplaincy. They are also exploring the idea of training Peer Educators once staff have been trained.<sup>4</sup>

Many respondents were also working on introducing recommendations from the framework. Examples of processes they are planning to introduce include:

- Developing a training package to raise awareness that will incorporate issues around stigma and discrimination.
- Introducing accelerated immunisation programme.
- Introducing more clinics to improve vaccination and screening.
- Training nurses to provide an in-house service for sexual health with strong links with secondary sexual health.
- Developing a new drug service with a strong focus on harm minimisation.
- Implementing recommendations on timing around testing, access to care, etc.
- Developing a reference card for staff with identifying action to take in event of potential/actual exposure to BBV.
- Maintaining a small supply of the most common HIV treatments for those offenders who may have arrived without an appropriate supply.
- Improving the uptake of Hepatitis B vaccinations.
- Establishing an ongoing GUM in-reach service.
- Introducing a reception screen for Chlamydia.<sup>5</sup>

### **Challenges with implementing the framework**

Respondents highlighted difficulties in implementing the framework due to competing priorities and Governor commitment. Given the difficulties facing prisons at this time, particularly with overcrowding, it is not unexpected that prioritisation may be an issue.

One respondent from England noted the difficulty of introducing condoms due to resistance from the Governor, despite Offender Health guidance on the issue. This contrasts with another prison where details of condom access were printed on the reverse of healthcare appointment slips. Clearly there is still more to be done around educating Governors on their responsibility to ensure condoms are provided in England.

13 prisons, or over a third of all prisons responding, stated that they had not implemented any guidance from the framework and were not intending to do so in the next 12 months.<sup>6</sup> The most common reason for this was that the prisons already

<sup>4</sup> This response came from outside the UK prison system and demonstrates how the core principles of the framework are applicable across systems.

<sup>5</sup> This final example is particularly interesting as it may well be a result of the target set in the National Chlamydia Screening Programme and if so demonstrates how national health targets can be a driver for prison health as PCTs recognise the health opportunities prisons offer.

<sup>6</sup> There was no evidence of a pattern amongst the types of prisons not implementing the guidance, they included prisons from different categories and sizes.

followed Offender Health guidance on the issue, with 61 per cent giving this reason. In addition three respondents noted that they already met the recommendations of the framework and therefore had not needed to implement anything new.<sup>7</sup>

Two respondents gave lack of funding as an issue, while three respondents identified blood borne viruses either not being a priority for the prison, or not being an issue in the prison. One stated that they would like to address staff training but it was not seen as a priority in their prison so they had not been able to do this yet. In one prison the healthcare system was being redeveloped and therefore they were not in a position to make changes at the present time.

Only one respondent stated that the framework's recommendations were not achievable in their prison, this respondent was from a remand prison seeing high through put of prisoners. While they believed that the framework was good, they felt that it needed to better address the unique challenges of tackling BBVs in remand prisons.

## **Recommendations**

The evaluation process has been helpful in endorsing the value of the framework and identifying the need for further development and promotion of the prisons framework. The first step should be to ensure the continuing promotion of the framework, as it has clearly been a useful document for those prisons that responded to the evaluation. Issues with staff turnover have been identified as a barrier to implementing the framework as new staff may be unaware of this guidance. It is therefore recommended that the following steps be taken to further promote the framework:

- **Work with Offender Health to identify opportunities to promote the framework through their contacts.** Inclusion of the framework on any lists of useful documents would assist with ensuring the framework could be found by new staff.
- **Continuing work with the Royal College of Nursing to promote the framework.**
- **Identify opportunities to promote the framework at prison conferences.**
- **Resend information about the framework to relevant Primary Care Trusts.**
- **Further promote the framework to voluntary organisations working in prisons, including drug services as well as HIV/sexual health services.**
- **Further engagement with prisons in Northern Ireland to promote the framework.**

In addition to promoting the framework, there is scope for updating of the framework in light of comments. Any update should be delayed until the Scottish Prison Service publishes new guidance on drug related harm reduction, as this will impact greatly on the Scottish content. As well as ensuring the content remains accurate, the update should also look at:

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<sup>7</sup> Two of these prisons were under the supervision of one of the advisors to the framework and already had the recommended systems in place. The third prison commented that the framework had proved useful for training new staff.

- **Providing more in-depth best practice examples, following a case study from the design of a service to implementation and how problems were overcome.**
- **Provide more information for NHS Commissioners on their role.**
- **Provide more information targeted at Young Offender Institutes.**
- **Review the information provided on remand and short-stay prisoners.**
- **Include information on psychological support.**
- **Provide more basic checklists that easily identify actions for prisons.**
- **Provide a shorter fact sheet on BBVs giving only the essential information for staff training.**
- **Provide more information on staff training.**

In addition to recommendations for the promotion and updating of the framework, there are also policy recommendations arising from the evaluation. Comments received on the priority of BBVs in prisons, lack of Governor support, and issues of non-healthcare staff taking responsibility all point to the need for the National AIDS Trust to continue campaigning on good prison care. Recommendations are that:

- **Offender Health communicates to all prison Governors the need to provide condoms to prisoners under current rules.**
- **Offender Health targets non-healthcare staff to ensure a whole prison approach to BBV care.**
- **All Prison Officers receive robust training on BBVs and the affects on prisoners, covering more than basic health and safety information.**
- **A new anonymous sero-survey of BBVs amongst prisoners is commissioned to ascertain current levels of infection.**
- **Funding is specifically allocated to fund BBV services in prison.**

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