

## **Working in Sexual Health in HM Prison & YOI Styal Cheshire**

Working in a prison sexual health clinic, you would imagine you would have a captive audience but no, our non- attendees are as bad if not worse than any other sexual health clinic that runs an appointment system.

Perhaps the excuses are sometimes different!

- Video Link with Solicitor
- Visit
- Court appearance
- Work
- Didn't feel like coming today
- List not put up by Officer
- Lock-In
- Other appointments etc

Officers often don't think to ring and re-arrange appointments. However we keep trying new ways to encourage the women to keep appointments, where time permits we send appointments to the women themselves, especially if treatment is involved. This does give a slightly higher uptake. We book extra appointments and as a result on occasions when most people come, we have complaints that they have to wait and some won't wait even a few minutes.

For some years I had managed Family Planning in one of the Greater Manchester Primary Care Trusts (PCT) but had become disenchanted and decided to take retirement and just continue with my 6 contracted family planning hours in Manchester.

At about the same time a job was advertised in Eastern Cheshire for a Sexual Health Nurse who had both training and experience in Sexually Transmitted Infections (STIs) and Family Planning (FP) to work 6 hours per week at Styal Prison and Young Offenders Institute. It sounded a challenge! I had been a Domiciliary F.P. Nurse or Outreach Nurse for 30years and also Health Adviser in Genito Urinary Medicine (GUM) to cover maternity leave.

Styal Prison and Young Offenders Institute is the largest female prison in the UK. The operational capacity is 459 at any given time (1) and the annual turnover is about 3000. It is a closed, medium secure, training prison. The prison is situated in

Cheshire just 2miles from the Greater Manchester border and was originally built as a Cottage Orphanage. As a result, many of the women are housed in houses and the grounds are very pleasant. Ducks even roam the grounds.

Till March 2006 the GUM clinic was run by a Male Consultant employed by the prison service who was very casual about his record keeping, he visited for a couple of hours per week, one of the prison nurses officially worked about 9hrs per week doing GUM-related jobs, but often, if the rest of Health Care was short-staffed she was expected to forfeit GUM time for other Health Care Clinics. Later my hours increased to 12hrs and eventually the other nurse was taken from the normal off duty and now works full-time in our clinic. Recently a Health Care Assistant was appointed too.

In April 2006 GUM became a subsidiary of the PCT Sexual Health Clinic in Macclesfield, the doctor retired and the Consultant from Macclesfield, a lady, came to Styal for a morning each week. Transfer of the prison health care to the NHS means that the prisoners are able to access the same quality of sexual health care as the general public. We offer a one-stop sexual health Clinic. It was realised when reviewing our first year's work, that it wasn't good use of the Consultant's time visiting us every week. It was agreed that we could contact her by phone. For about a year she didn't come and we have phoned her few occasions. It worked well, but it was realised that she should visit each month to check on clinical governance and see any complex cases.

### **Patient Group Directions**

One of the problems at first was that there was no protocol in the prison service for Patient Group Directions. We were both trained to use PGDs but were unable to prescribed STI and FP drugs. This was most frustrating as being a GUM and FP Clinic confidentiality exists and we either had to discuss the prisoner with the GP on duty in order for the script to be written up or wait for the next visit from the Consultant. All this changed in July 2007 when the nurses at the prison were transferred to the NHS.

### **Waiting lists and attendance**

As we work as part of the Sexual Health Clinic at Macclesfield, we are expected to see any patient complaining of symptoms within 48hrs. This we usually managed. Many of the women just asked to come to a Well Woman Clinic but from the beginning we decided to complete full sexual health notes for all patients. As a result many women who just come for cytology decide to have a full screening. We don't to see a high prevalence of Chlamydia, Gonorrhoea, Trichomonas, HIV or Syphilis but have a great many positive Hepatitis C's.

## **Hepatitis C**

In 2006 Hep C Positive prisoners were often waiting many months to be seen at the local Manchester hospital and after some investigations they were transferred to the waiting list at Manchester Royal Infirmary or North Manchester General Hospital. This probably all took over 1yr before treatment began. We now have a very good relationship with North Manchester Hospital (NMGH) who accept referrals from us and have up to 10 prisoners receiving treatment at any one time. In 2008 this proved to be very expensive because of the frequent visits to the hospital. Taxis and security aren't cheap and NMGH is approx. 15miles away. If we were situated 2miles nearer Manchester, we would be able to use the newly appointed Hep C Nurse who works in the prisons in Greater Manchester. After discussions, the PCT pays for her services about once per fortnight, thus saving many thousands pounds per year. We run a clinic each week to see the patients on treatment to monitor their wellbeing, as many of them have various side effects whilst having the treatment. NMGH is very pleased with the number of prisoners completing the treatment. Now in 2010 the consultant from the hospital has started visiting the prison occasionally, which means even less visits to the hospital . The girls with a positive outlook are coping well with what is a gruelling treatment. Unfortunately some prisoners try to use it to get extra methadone etc

## **Cytology**

Many of the older prisoners have not had smears for years. We found that many had already had abnormal cells in the past but had not had their repeat smears. We have formed a good relationship with the local Manchester hospital for referring for colposcopy.

## **Hep B vacs**

Two /three years ago the Hep B vaccination clinic was often cancelled. We now have a clinic one day per week to give prisoners their vaccinations and have now started a new initiative visiting the First Night Centre at 8am 5 days per week to start the prisoner's course of Hep.B vacs.

## **Team Chlamydia**

We work in conjunction with Team Chlamydia. Until recently the team came in regularly and ran a 'Pee in the Pot' Day. After trying various ways they mainly came in to see the Younger Women who are housed in one house. We did try to screen women in the first night centre but unfortunately due to shortage of time and staff this wasn't possible until recently. Now in 2010 we have changed the way we divide our day, instead of running morning clinics in Health Care we spend the time at the first night centre. After the Hep B vacs, we now check cytology records and where possible take sexual histories, do blood tests and STI checks.

## **Family Planning**

When I started, Family Planning was more or less nonexistent. The outreach nurse from East Cheshire had run occasional clinics for prisoners but hadn't felt it a great success. Mainly prisoners had to make an appointment to see the GP, in order to sort anything out and most of the visiting GPs weren't Family Planning trained. We are now able to offer a good service including implant fitting and removal. IUD's can be fitted by arrangement with one of the GPs or the outreach Team from the PCT. We also offer all prisoners condoms as they leave the prison and details of where they can get more free contraception.

## **Prison Inspectors September 2008**

The Prison Inspector's report was very encouraging. (2)

*'The management of sexual health was extremely good, with a specialist nurse dedicated to provide full-time support to women.-----Another specialist nurse held three clinics to provide family planning advice and well woman clinics, including cervical smears. Both nurses worked from PCT genito-urinary patient group directions (PGDs). The team worked well, but lacked additional support to help with routine administration and some clinical care.*

*Work was ongoing with the PCT to introduce specialist hepatitis C nurse clinics, which would reduce the need for external medical appointments. Barrier protection while in prison was not available for security reasons, but healthcare had recently been allowed to provide women with condoms on release and all women requesting barrier protection were seen by the sexual health nurses.'*

Perhaps we are getting there slowly but surely!!

## **Ref**

(1) [http://www.hmprisonservice.gov.uk/adviceandsupport/prison\\_life/Female prisoners\]](http://www.hmprisonservice.gov.uk/adviceandsupport/prison_life/Female%20prisoners)

(2) p.53 Report on an announced inspection of **HMP Styal**  
1 – 5 September 2008 by HM Chief Inspector of Prisons, published 26.02.09

Vivienne M Redfern 2009

Updated June 2010