

Breaking into prison - re-establishing a palliative care service for imprisoned people

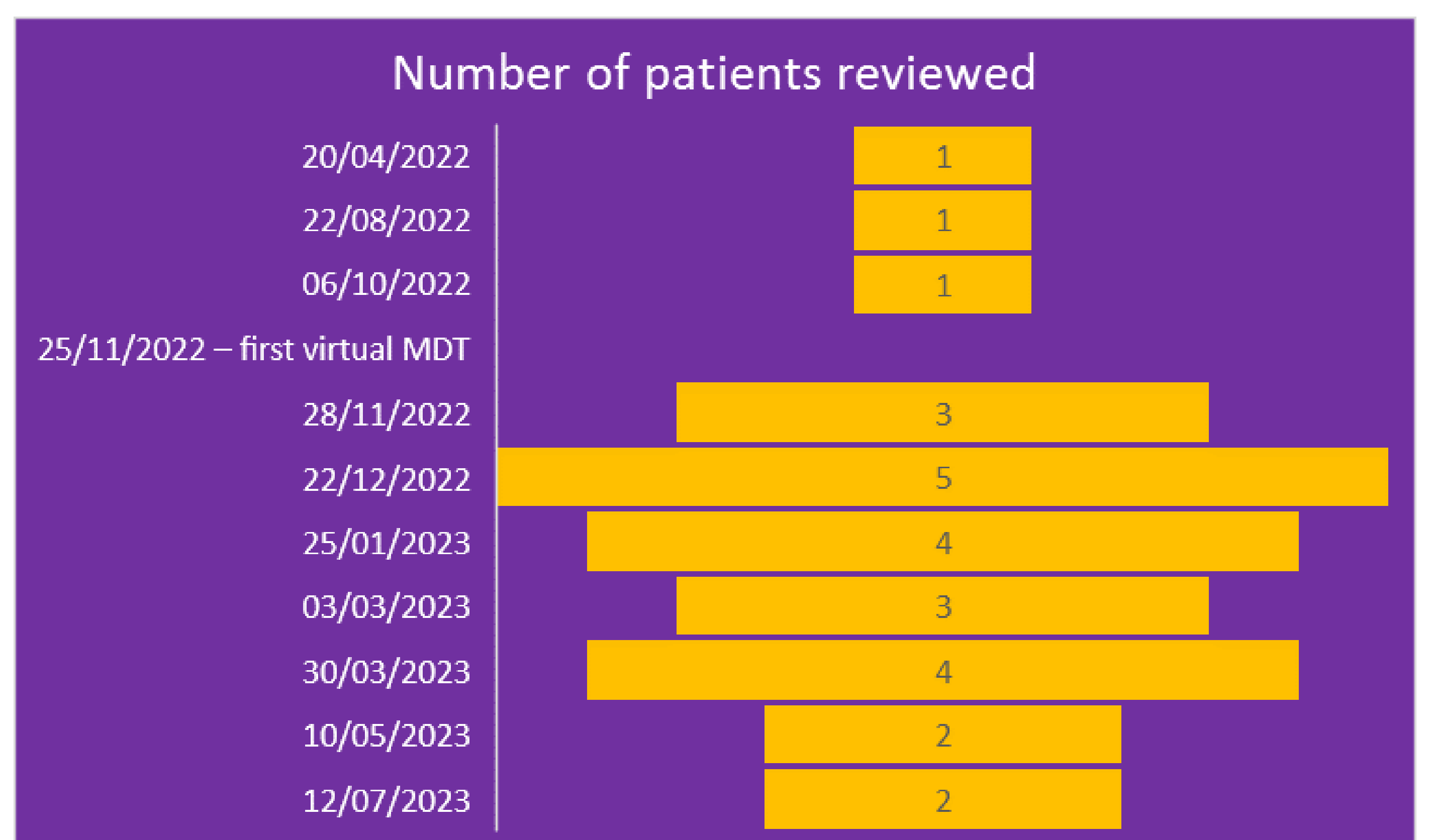
Background: The UK prison population is growing older and sicker with deaths from natural causes increasing by 77% in the last 10 years (1). Those in prison are identified as at risk of experiencing poorer end of life care (2). Our hospice catchment area includes a prison accommodating 1200 men.

Aims: This service evaluation aimed to develop the Hospice input to the local prison, improving communication and support for prison healthcare staff. Whilst patients were referred historically, expertise was held by a sole clinician who subsequently left the team.



Results: From July 2021-March 2022 no referrals received. Since patient referred April 2022, to July 2023, a consultant and specialist paramedic practitioner were assigned to lead the service and attendance at a virtual weekly MDT established. In total, 7 patients have been supported with average age of 61yrs (n=47-75) and diagnoses of cancer (n=5), CVA (n=1) and end stage renal failure (n=1). 10 prison visits with 26 face to face encounters, and 18 MDTs attended. Hospice input has involved symptom control, explanation of test results and treatment, advance care planning, applications for compassionate release and bereavement support. 7/10 visits performed jointly. Hospice policy written to allow knowledge gained to be held and shared by the wider team. Outcome: 1 patient transferred to another prison, 1 released and 3 have died (all in acute hospitals).

Method: Data was analysed for all patients referred from July 2021 to July 2023. Attendance at a weekly virtual prison MDT commenced in November 2022 to improve communication.



Conclusions: Commitment to the virtual MDT strengthened communication and relationships with prison healthcare staff and improved care for patients. Designating two clinicians to lead the service ensured continuity and momentum to successfully re-establish the service, whilst policy writing and joint visits across the team has allowed the growth of knowledge and expertise within our organisation.

References 1. Hospice UK. 2021, *Dying behind bars: How can we better support people in prison at the end of life?* 2. CQC, 2016. *A different ending—addressing inequalities in end of life*

Naomi
Collins

Consultant in
Palliative Medicine



Heather
Syddall

Specialist
Practitioner in
Palliative Care



Kirstie
Sheehan

Primary Care Lead
HMP High Down

