MEDICAL CARE AT HMP LANCASTER CASTLE

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INTRODUCTION

The King Street Practice has looked after the health needs of the prisoners in the castle since 1981. It is a Category C, medium security prison.

PRISON POPULATION

The prison population over the years has reduced from 280 to about 218, largely because of a reduction in the numbers of prisoners contained in dormitories. All prisoners have been sentenced and none is on remand, which means that the movement of prisoners is much less than at Lancaster Farms where men are going to and from courts every day. Most of the men are in their early 20's and we have noted that by the age of 25, many begin to recognise that the disruption of their own lives, as well as their family, because of what are often frequent jail sentences, is just not worth it. All types of crime are represented, from murderers serving life sentences, to relatively minor offences which carry sentences of only a few days. I prefer not to know the crime so that my treatment is not influenced.

Our statistics for 1994 showed only 554 new admissions, a figure which has been fairly constant over the years. New Home Office policy, however, means that our present turnover is much higher, as keeping sentenced men in police cells has been abolished as far as possible in order to keep costs down. Thus, very short term prisoners are received at Preston Prison and transferred as quickly as possible to prisons such as Lancaster, often for sentences of between a few days and a few weeks. The costs this entails are still cheaper than staying in a police cell. So far this year (to the end of September), we have had 544 new receptions – a 37% increase on last year.

AIMS OF CARE

There has been much change in the medical care of prisoners since 1981, following the efficiency scrutiny of prison medical services in 1990. It was felt there should be much more emphasis on GP care, rather than fulltime doctors, and that as well as treating ill health, there should be more emphasis on health promotion and prevention of illness among both prisoners and staff. More nurses were to be employed, in preference to prison officers who had attended nursing courses.

As a result of the scrutiny, a joint working party between the Home Office and the Department of Health was set up to examine in detail the major reforms in prison health care. The publication which resulted was "Contracting for the Prison Health Services" in August 1991.

The main conclusions were:-

- i There should be a better healthcare service at an affordable cost.
- ii As far as custody allows, prisoners should have the same range and quality of healthcare services as are available to the community at large.
- iii There should be scope for making more use of GP's to provide primary care equivalent to services they provide in the community.
- iv To do this, and to attract more high quality GP's, work and conditions in establishments needed to be more compatible with professional practice elsewhere.
- v Contracts were needed for GP's, specifying services required and any conditions relating to experience and training.
- vi More civilian nurses should be employed, and training and qualifications of hospital officers should be enhanced.

It is significant that the above followed on from the imposition of the new contract for GP's in 1990.

CARE WITHIN THE CASTLE

Despite healthcare recommendations, there are no civilian nursing staff and there are indeed no fulltime staff. At one time, the hospital officers were on call throughout the 24 hour period, but financial constraints have now stopped this. At that time, hospital staff used to attend three month intensive training courses at HM Prison Parkhurst or Wormwood Scrubs, but it was mainly theory and the practical side was learned from other staff at the prison to which they were posted. In recent years the courses, which no longer run, were extended to six months, but now the present policy appears to be either to recruit NHS trained staff or to offer NHS placement to obtain nursing qualifications.

The two hospital officers are disciplinary trained and both, after several years, wished to transfer to nursing. At weekends, in addition to medical duties, our hospital officers also have to help the disciplinary staff on the wings.

Medical cover is provided by one GP doing a sick parade from 8.30 am to 9.30 am, when up to 20 men are seen. All out-of-hours cover is provided by the partners in King Street practice.

Hospital referrals are undertaken to all specialities. Some consultants prefer to see the men on a domiciliary basis, partly from convenience, and partly to avoid the necessity for a handcuffed man to visit Outpatients. Some men may be permitted to visit the hospital on their own at the governor's discretion. Routine psychiatric opinions are dealt with by a senior medical officer from Preston prison.

Emergency admissions are dealt with exactly as in general practice, with the exception of psychiatric referrals, when the patient is transferred to Garth prison, near Leyland, which has a hospital wing fully staffed for 24 hours. In practice, very few men are referred as a routine for psychiatric opinion, and even fewer on an emergency basis. Drug problems, insomnia and the vast majority of psychiatric problems are dealt with at primary care level.

A dentist attends one day a week and is available for emergencies, and an optician visits once a fortnight. There are also visits by the Samaritans and by Alcoholics Anonymous. Several staff, including some of the disciplinary staff, are trained for HIV counselling. Problems relating to the prisoner's home are dealt with by the Probation Service. Genito-urinary medicine is dealt with by the local consultant, David Coker, who visits as required. Chiropody problems are dealt with by the hospital staff, which eases the budget. One of the staff, a Senior Hospital Officer, is also a fully qualified chiropodist.

There is no prison hospital ward as such: we make use of one cell, which contains two beds, and men who are ill and unable to work are placed here. The low occupancy reflects the fact that when looking for a way to stay off work, "going sick" is not seen as an option very often. Most men prefer to continue working.

TRAINING AND EDUCATION COURSES

Lancaster is a training prison and provides a surprisingly large mix of courses run by different departments.

Probation Department:	Drug Awareness Alcohol Awareness Narcotics Anonymous Anger Control Temporary Release Social Skills Alcoholics Anonymous
Physical Education Department:	Anatomy and Physiology Weight Lifting Community Sports Course Referees Course
Education Department:	Art Course Bookbinding Computers Catering Painting and Decorating Electric Wiring Welding

DUTIES OF THE MEDICAL OFFICER

Apart from the morning sick parade and emergency sick cover during the rest of the 24 hour period, the doctor tries to implement health promotion. This is virtually impossible, partly due to the time available to see prisoners, and partly because of the very rapid turnover of prisoners. We have responsibility for inspecting the kitchens and food, the standard, variety and quality of which is extremely good; a recent Sunday lunch consisted of soup and a freshly baked bread bun, followed by spicy chicken, chips and whole sweetcorn with steamed pudding for dessert. Three full meals are served daily, as well as an evening supper.

All new admissions are examined by the doctor and their medical history, operations, significant accidents, drug abuse, possible risk of HIV infection and risk of suicide are noted.

We have an excellent working relationship with the governor and staff, and problems on both sides are usually sorted out without too much difficulty. This was extremely well illustrated in 1994, when there was a small outbreak of Hepatitis B in the castle, and rapid liaison between the governor and staff, GP's and the local consultants (Dr Telford and Dr Gent in Lancaster and Dr Morgan-Capner in Preston), and with the Public Health Laboratory Service in Colindale, North London, resulted in the outbreak being contained. Most of the prisoners were checked for Hepatitis B antibodies and many elected to have Hepatitis B vaccination.

All men who are confined to a cell for disciplinary reasons are also seen by the doctor, partly because medical causes may be relevant, but mainly as a throwback to the days of bread and water punishment.

MEDICAL CONDITIONS TREATED

1. PSYCHIATRIC PROBLEMS

These are much the commonest and may be related to -

a. **The Family**

There is often an incredible sub-culture of disowned offspring, sharing of women, multiple children to different women and "Dear John" letters, where the man is told, often in basic Anglo-Saxon, that he is no longer required by his lady, and multiple illness problems in the family outside, which are often seen as a problem by the prisoner.

The difficulty is that the men are behind bars and have to rely on the doctor and Probation Service. A recent innovation is the telephone in prison, which can be seen as a curse or a blessing.

b. **The Crime**

This is often alcohol or drug related. Some men genuinely want help and may obtain this through the courses listed earlier. Sex crimes may cause the man to seek cellular confinement on his own ("Rule 43") in order to protect himself from injury by fellow prisoners.

c. **Personality**

Low thresholds of reaction to any form of provocation often lead to injuries, many quite severe, and to disciplinary procedures. I have noted this many times, and it must often play a part in the reason for the jail sentence in the first place. It is not uncommon for attempts to sort out the medical problem being met with a stream of abuse, which we usually allow to go over our heads, and occasionally the man will simply go out, only to return another day to apologise. It suggests to me that sometimes they cannot cope with being helped, probably because it has never happened before.

d. **Insomnia**

This has been a problem since we started this work. We have adopted a policy that no hypnotic drugs are provided, which is clearly advertised in the prison. So far, this is quite successful and reduces the morning sick parade considerably. There is no doubt that sleeping pills have a high black market value and men are often bullied to get drugs for others. Analgesics also have a value because of their "buzz" and we have to clamp down from time to time on the issue of drugs when things are appearing to get out of hand. To some extent, it is a game for prisoners, trying it on with various stories in order to obtain drugs.

2. **PHYSICAL PROBLEMS**

a. **Acute Injuries**

Despite the confines of the castle, many of the men take part in football and volleyball in the castle yard and in the gym. This results in many injuries to the finger, wrists and ankles. In addition, fights take place, sometimes with quite horrific injuries to the body, depending on the instruments used. It is quite impossible for disciplinary staff to observe all the prisoners all of the time. Self-inflicted injuries also occur occasionally, but only twice has this proved fatal during the last 15 years.

Depending on the severity of the injury, the men are transferred to the A&E Department at the Royal Lancaster Infirmary either immediately by prison staff or later by the doctor.

b. **Long Term Effects of Injuries**

There is a great air of bravado among the men. They wear their scars from knife fights, shotgun injuries, bayonet wounds, fist injuries and beatings with pride. Many young men turn up with resultant arthritis in upper and lower limb joints, with face and nose deformities causing problems with breathing and sensation, and with nerve and tendon injuries, particularly to the upper limbs, not to mention foreign bodies, notably bullets and shotgun pellets.

c. **Chest Disease**

Despite youth, many have chronic bronchitis, which they often prefer not to treat. Certainly, a lot are asthmatic, but many and probably most, are smokers. They are again fairly indifferent to treatment. It is also interesting to speculate on how efficiently infections in childhood were treated.

d. **Ear Infections**

There is quite a lot of chronic ear disease and evidence of previous mastoid operations. Again one wonders how efficiently childhood infections were treated.

e. **Skin Disease**

Psoriasis is much more common than in the community and presumably is stress-related. Acne is also very common.

f. **Chronic Gut Problems**

These are sometimes alcohol-related, but we refer a significant number for endoscopy who are found to have gastritis, ulcers and helicobacter.

g. **Genito-Urinary Disease**

These are not common and those who ask for HIV and Hepatitis B testing are often anxious that they will be all right before having sexual relations again with wives and girlfriends.

h. **"Trying it on"**

There are those who try to avoid work of one sort or another, and as with requests for pain killers, it is something of a game trying to keep one step ahead of the patient. One young man did successfully mimic appendicitis and then managed to abscond from the hospital.

i. **Drugs**

Because we have no remand prisoners, the problem of drug dependency should not arise, but it is recognised that illicit drugs get into the prison. There is no doubt that

drug abuse in general has become more of a problem in the last year or two. We are already being sent men who have only recently come off the streets to their reception prison, where they may have a detoxification course, consisting of Diazepam 5 mg bd and Nitrazepam 10 mg at night, together with Co-Dydramol 2 tablets, 4 times daily for one week. They are then transferred to Lancaster still suffering problems with, typically, cramps, sweats and insomnia. There is a great temptation for prisoners to use illicit drugs obtained from the wings, but hopefully this will be curtailed with the introduction of compulsory random testing, along with a tightening of security within the prison. It is not uncommon for us to see men requesting further detoxification courses because of drugs obtained illegally. We will try to help, but the man has to go voluntarily to isolation cells for a week while he is treated and a lot are unwilling to do this.

Another problem is that many of the addicts who come to prison, are multiple drug abusers using mixtures such as smack, heroin and Tamazepam, and these people should ideally be treated in a prison hospital with fulltime nursing and medical staff. We make the best of an impossible situation. Our time for counselling is strictly limited.

- j. **Management of Physical Problems at Hospital:** Happily, we are now able to manage most of our physical problems while the man is in prison, providing he has a long enough sentence. We receive full support from all the hospital departments. In earlier years, senior prison medical staff would often veto medical treatments as “non-urgent”, but our only problem now is if the governor is not able to provide escorts, which does not happen often. We send a lot of people to A&E with injuries and I make no apologies for this because of medico-legal implications. The men are always extremely well informed and have no hesitation either in using Legal Aid or calling in their Member of Parliament or members of the House of Lords. Up to a few years ago, some patients were dealt with surgically either at Liverpool or Parkhurst prisons, but this was never a satisfactory arrangement.

STATISTICS

During morning sick parade, the two hospital officers (and often only one), may see up to a third of the prison population and yet they still manage to sort out the people who need to see the doctor. They have also developed sufficient skills to know when to send people straight to A&E and when to call in the doctor, and as a practice, we have great admiration for their expertise.

The total number of inmates reporting sick in 1994 was 18,564, averaging 51 daily for the two sick parades dealt with by the hospital officers. The doctor will see up to 20 in each sick parade, but more importantly, is seeing each man approximately 12 times per year, as against the general practice statistic of three consultations per patient per year. Consultations doubled between 1985 and 1991.

Seventy new patients were sent to Outpatients and the total, including returns, was 376. Nineteen were admitted to hospital, usually in Lancaster, but occasionally in Preston. Only 12 were admitted to our own hospital cell beds.

It can be seen from comparing the two pie charts, that the referrals for psychiatry and for genito-urinary medicine show very gross differences between the two prisons.

There were only three incidents of self harm at the castle but 59 were reported at the farms, the higher figure reflecting newly remanded men and also perhaps their youth.

RECENT ADVANCES

The most important step forward in the prison has been the introduction of integral sanitation to most of the cells, thus avoiding the need for “slopping out”, and this has been a tremendous achievement considering the nature of the structure.

The dormitories have presented a different problem. Most men do not like to be in a room with many others, subjected to noise from TV, radio and talking far into the night. As a result, the numbers of prisoners in the larger dormitories has been reduced from 12 to 6, which has lead to much better conditions, for them.

We have also recently had the prison surgery redesigned as can be seen from the photographs. We have used the old facilities, but taken out a number of walls. The main advantage has been a formal waiting room for both medical and dental patients and this has avoided men hanging around the surgery door, as used to happen in the past. Our conditions, however, are still somewhat cramped.

CONCLUSION

Reading the report on Lancaster Farms in the September 1995 issue of this journal, one cannot help feeling envious of the facilities on offer to the prisoners and the medical and nursing staff, and more particularly, the amount of help

Picture 5 –

available from the different healthcare professionals. In addition, the entire complex has been purpose built.

I do not share the optimism for management of drug abuse, as it is impossible to follow up the men when they have left prison and by definition, the young offenders eventually reach an adult prison, such as Lancaster, where we know our drug problems have increased. In addition, they may stop drugs in prison and intend to stay off them when they return to their homes, but they will be going back to their own neighbourhoods where friends and pushers will be only too quick to reintroduce drugs to them. Many of the castle inmates say they will start again when they are released. I believe that most of them will only stop drugs when they are ready to stop, as happened with one young man who used to be a frequent injector and told us that he stopped “forever” when he saw the coffin of his best friend lowered into the ground after he had died from a drug overdose.

I would like the men to have better access to health promotion, in particular regarding chest and smoking problems, and I think more help in dealing with their problems at home while they are in prison is needed.

I note that Lancaster Farms is being used as a model for a number of establishments throughout the country, both for its success with young offenders, and for its policy of contracting local services.

It is not unreasonable to say that we at Lancaster Castle use local services for the healthcare of the men and achieve standards as high as anyone in the community can expect.

In addition, it is worth reprinting part of the conclusion of Judge Stephen Tumin following a short inspection of the prison on 14 and 15 June 1994.

“The Prison Service has long been conscious of the serious

limitations of Lancaster as a modern prison and as recently as two years ago had plans to close it. It was only the rise in the general prison population which caused these to be postponed. It is easy to understand their misgivings as Lancaster is unable to fulfil several parts of the Service’s statement of purpose. In particular, conditions in the dormitories of G Wing were deplorable; there was hardly any space for association inside the prison; and there was insufficient space for purposeful work and constructive activities for the 247 prisoners who were held on the day we arrived. That Lancaster continued to function was a triumph of improvisation. Staff readily accepted that the only way that this overcrowded prison could operate was to establish sound relationships with inmates and make best use of the poor living and working environment which both groups shared. Inmates too seemed to have accepted these limitations and appeared to improvise their own routine.

The culture of the establishment, as expressed by the attitudes of staff and relationships between staff and inmates and staff and managers, was impressive. The Governor and his colleagues are to be congratulated for recognising the need for a structured regime and programmes to meet the needs of problem Category C inmates.”

For all the difficulties surrounding the care of prisoners, it is still a largely enjoyable challenge even after all these years. Despite our basic facilities, we can take pride in the fact that the men are being cared for as well as our own patients.

Picture 6 –