

MEDICAL PRACTICE AT THE LANCASTER FARMS INSTITUTE

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Doctors at the Owen Road practice in Lancaster have been contracted to provide medical services at Lancaster Farms Young Offenders Institute (LFYOI), a new prison which is regarded as a model for a number of similar establishments throughout the country. The practice doctors, in a type of work far removed from the normal field of general practice, support the prison policy of preventing future offences by sympathetic handling of medical problems and the management of drug abuse, as this report shows.



The way in, the way out

INTRODUCTION

Lancaster Farms Young Offenders Institute is a new prison which opened in March 1993. It is situated close to Lancaster Moor Hospital on the eastern edge of the city and is classed as a medium security prison.

The prison holds a maximum of 372 male prisoners aged from 17 to 21. The catchment area is Cumbria, Lancashire and Merseyside. At any time two-thirds are being held on remand, awaiting their court hearing or sentence. The remainder have been sentenced, having committed a variety of crimes ranging from non-payment of fines to murder. The majority, however, are imprisoned for theft, burglary and assault charges.

Work is presently underway to build a further accommodation block for another 120 prisoners and this is due to be completed in 1996.

APPROACH TO HEALTH

The prison policy aims to prevent further offences through the education and training of the detainees. This involves altering offending behaviour by encouraging the prisoners to develop greater personal responsibility and by increasing self-esteem. Education and skill training are available and an

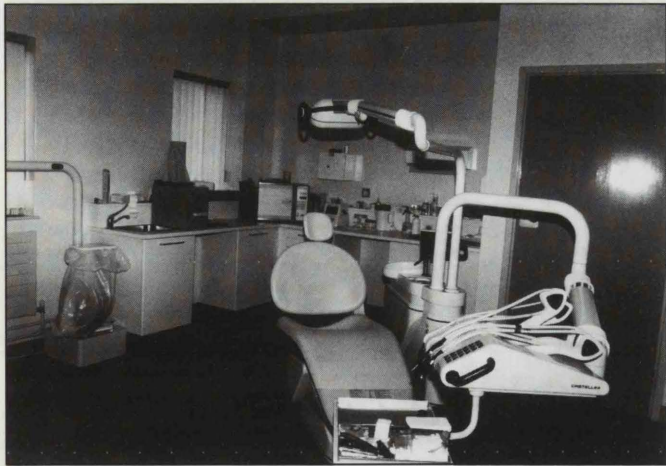
awareness of healthier lifestyles is encouraged. Promoting health and healthier lifestyles is a major part of the function of Lancaster Farms. The vast majority of the inmates have had little contact with the health service prior to their custodial sentence and many have no general practitioner. They have usually lived in poor accommodation and many have lived rough. Dentition is usually appalling, diet has often been poor. Most have indulged in unsafe sex and taken drugs, alcohol and solvents. Education has usually been neglected and illiteracy rates are high.

The staff try to remedy this by running a number of courses. Attendance is voluntary but actively encouraged, and about 50% of the prison population is involved in education at any time. The courses available include:

- Vocational Training Workshop in Catering (NVQ validated)
- Vocational Training Workshop in Industrial Cleaning (NVQ validated)
- Child Care/Parenting Skills
- Family and Community Studies
- Cookery
- Physical
- Education
- Healthy Eating
- Safe Environment
- Health Care
- Psychology
- Anti Drugs Abuse Strategy
- Check it Out (safe sex)



Within the prison grounds



The treatment room

HEALTH STAFFING

The prison is staffed by 16 full time and 2 part time nurses. All hold nursing qualifications, mainly in mental health. The majority had not worked in the prison service before coming to Lancaster Farms.

The prison has a ten-bedded ward for the care and observation of prisoners. In the same building is a fully equipped medical centre with consulting rooms, a treatment room, dispensary, dental treatment room and a fully equipped X-ray area. Medical staffing is provided from a number of different sources. This is unique in the prison service. Normally a Prison Medical Officer would provide all the medical services required, but at Lancaster Farms the Nursing Manager, Peter Ellis, contracts with a number of different providers. At Lancaster Farms the general practice aspects are covered by the Owen Road practice with Dr Kingston being the lead GP. The practice provides a daily sick parade from 08.30-10.15, and is responsible for all out of hours cover.

A psychiatric specialist is responsible for managing drug dependence, insomnia and psychiatric assessments. This service is supplied by Lancaster Priority Services Trust on a sessional basis.

Additional needs are met by the provision of a consultant in genito-urinary medicine (Dr Coker) and a visiting specialist in forensic psychiatry. The prison also employs a dental surgeon.

Other healthcare professionals include a radiographer, counsellor, optician and health promotion officer.

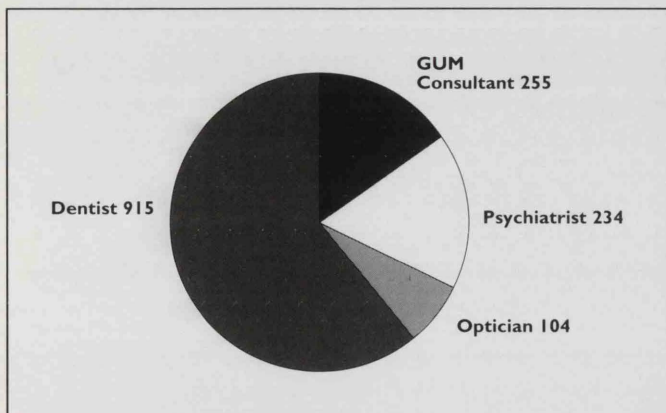


Fig. 1 - Specialist attendances in 1994

MEDICAL ASPECTS OF HEALTH

Although the prison population is usually around 350 there are 7042 discharges and 7146 receptions in a year (1994 figures). This discrepancy is due to the large numbers being transported to court and other establishments in the North West. In 1994, 1905 new prisoners were admitted to Lancaster Farms.

For the sick parade the doctors are supported by the nurses who screen the prisoners initially and redirect them to the other support agencies when necessary. In addition to the usual ailments affecting this age group we have to provide advice on a wide range of bureaucratic topics. These include advising whether prisoners are fit to have single cells, whether they are fit for cellular confinement, special dietary advice and whether they need remedial physical education. The doctors carry out a daily visit to the segregation and care facility in the detention wing where individual prisoners can be locked up under careful supervision.

Prisoners can be a difficult group to deal with due to their imprisonment. They may be disruptive, angry, abusive and manipulative. An analysis of the medical workload for 1994 follows:

Prisoners attending sick parade	7146
Average daily sick	29
Admissions to inpatient beds	448
Transfers to other establishments for psychiatric assessment	3
Number attending NHS outpatient departments	85
Number attempting suicide	59
Number of deaths	0

DRUG ABUSE

Many of the prisoners have taken drugs prior to their detention. At reception, during the initial health assessment they are asked about previous drug taking. Many are multiple drug users. The most commonly used drug is cannabis. It would be naive to think that drugs are not brought into the prison. This occurs especially during admission, visiting and court attendance, but nevertheless the amount of circulating drugs does not seem to be at the levels of other prisons. Regular random searches are made at intervals in the accommodation blocks.

As general practitioners we have to be aware of the addictive nature of many of the prescribed drugs, which can be used as currency within the prison. We operate a strict policy of not prescribing benzodiazepines and also attempt to



Within the prison grounds

limit the supply and prescription of analgesics. The issue of asthma medication also has to be controlled as not only are the containers frequently used as home-made devices for inhaling cannabis, but Salbutamol is used to get a short-lived 'high'.

Since our involvement at the prison the number of prisoners requesting sleeping tablets or other drugs has gradually fallen off. This has been in response to rigorous enforcement of protocols by all the doctors, backed up by the nursing staff. This policy has not always proved popular with individual prisoners.

In the 12-month period October 1993 - September 1994 the following audit was performed:

Total number of new prisoners	1905
Number of prisoners admitting to drug use ..	1103 (57.9%)
Number of drugs used	2001
Number of smokers	1615 (84.8%)

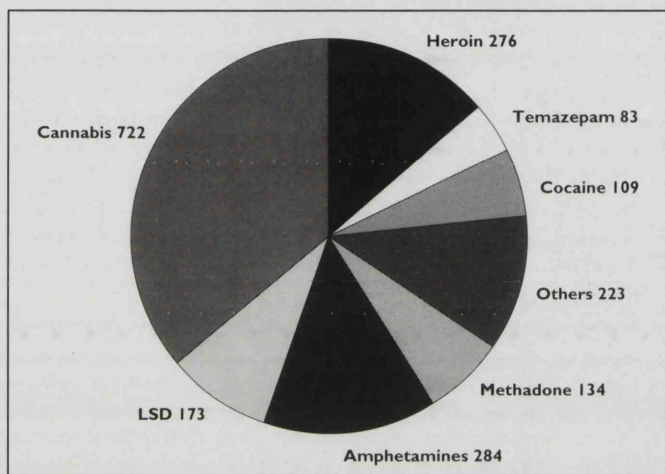


Fig. 2 - Known drug abuse figures 1994

From the information supplied by the prisoners on admission most of those prisoners admitting to taking drugs are multi drug users.

Alcohol intake appears to be a smaller problem in this age group. Only 142 (7.5%) acknowledged that they had an alcohol problem.

CONCLUSION

Prison medicine is a contrast to our usual work as general practitioners and for us it is a stimulating change. Presentation of illness has to be viewed sympathetically, but often whilst being aware of hidden agendas.

The management of drug dependency is an increasing part of our job as general practitioners, and is a particularly rewarding area of work at the prison, because we feel we can achieve more with these patients, due to the excellent support we have from our nursing colleagues, and the fact that as the patients are confined, they cannot avoid follow-up.

Lancaster Farms is increasingly seen within Her Majesty's Prison Service as a model prison. A recent visit by the Inspector of Prisons resulted in a very complimentary report. This has only been achieved by hard work from the staff in all departments, and the excellent facilities.

The healthcare staff are keen to become involved in further protocols for the management of specific conditions. We hope to set up our own asthma clinic in the near future, with a member of the nursing staff being encouraged to sit for the Diploma in Asthma Care awarded by the National Asthma Training Centre. We would also like to get more involved in occupational health for the staff, which is at present rather neglected.

Lancaster Farms is being used as the model for a number of establishments throughout the country, both for its success with dealing with young offenders and for its policy of contracting local services. For the doctors of the Owen Road practice, this has been a challenge to normal conceptions of health care, and we look forward to the future and to the extension of the prison with some degree of satisfaction.