

SSC 5 Elective: Healthcare Provision for a Prison Population and Primary Care in the Community.

What are the major healthcare problems presented by the female prison population and how does this differ to problems presented to a community based General Practitioner?

Patients in prison have the right to the same standard of care as patients in the community. Therefore, the General Practitioners (GPs) at HMP Holloway still needed to diagnose, monitor and educate patients about the prevalent chronic conditions of hypertension, diabetes and asthma. Chronic condition management is especially important for those patients serving longer sentences.

On a more acute scale, dermatological complaints were often presented. Patients in prison can be bullied about their appearance and would often ask for creams. The nurses and GPs also had to deal with wound care from self-inflicted lesions such as burns and cuts. GPs also had to prescribe for a lot of minor ailments as patients in prison can't simply buy paracetamol or over the counter drugs from the pharmacy.

In the community I have experienced poly-pharmacy as a problem in the elderly population whereas, in prison, the patients were coming in with prescriptions for multiple addictive substances including Clonazepam, Tramadol and Zopiclone. I learnt how patients in prison would use a diagnosis of epilepsy to obtain Clonazepam and inflict injury on themselves to be prescribed painkillers including pre-gabalin. Medications also posed the problem of trading amongst prisoners so the GPs and pharmacy were reluctant to prescribe addictive medications. Cut down on Zopiclone. Many of the patients were on methadone maintenance or detoxification programmes as substance misuse is much higher than in the general community. Some of the GPs I spoke to were completing a substance misuse qualification as it is an integral part of working in the prison.

Due to patients having experienced sexual assaults, drug misuse and some coming from high risk ethnic populations, Human Immunodeficiency Virus and hepatitis C were often diagnosed after screening in the Women's Health Clinic. This posed the problem of stigma from other prisoners if a patient's diagnosis was revealed. However, prison appeared to be a positive environment to initiate hepatitis C treatment as patients were keen to receive it and then an integrated service from primary care, sexual health and a support group were available for monitoring and administering the course.

How is healthcare provided to patients in prison? What difficulties/barriers does this pose compared to how it is provided for the general population?

The Wellbeing Clinic is funded by the NHS through Central and North West Thames Trust, who have a contract to provide healthcare at HMP Holloway. The clinic has 6 General Practitioners who work on a part time basis. Other staff include a receptionist, healthcare assistants, nurses, physiotherapists, optician, dentist and chiropractor. However, the clinic does not financially work towards the Quality and Outcomes Framework. Although this would be a good measure of quality of care a possible barrier is the constant turnover of patients preventing follow-up and making control of long-term conditions difficult.

Ladies apply for appointments on forms that are available on their landings and tick who they would like to see and the reason. A list of names is produced and appointments for the following day are allocated on a first come first served basis. There is the possibility of making an emergency

The psychiatrists lead the decision towards a diagnosis of anti-social personality disorder. This is characterised by impulsive, irresponsible behaviour, negative emotions and a disregard for others (NICE. Antisocial personality disorder, treatment, management and prevention. 2009. Available at <http://www.nice.org.uk/nicemedia/live/11765/42993/42993.pdf>). Unfortunately anti-social personality disorder leads a lot of the women into a revolving life between crime and prison.

What have I learnt about a career in general practice?

The application process to general practice training begins mid-way through the second foundation year with two written exams and a communication skills based OSCE. It is a national programme and applicants are allocated a deanery depending on their choice and scoring from the application process. The training is comprised of three years, ST1-ST3, with the final year spent solely at a practice and a final exam. Once fully qualified as a general practitioner, you can take a salaried job, locum or become a partner of a practice.

I learnt more about how you can tailor a career in general practice to incorporate special interests or develop an educational role. I also experienced how general practice is delivered in different settings, such as the prison. Other possibilities include occupational medicine, police doctor and ship's doctor. The way primary care is delivered has recently become a great responsibility of GPs, with the formation of clinical commissioning groups and therefore this has opened up another area of specialty to take part in managing budgets, contracts and services for the local population.

Most of all the experience confirmed for me how much I enjoyed the variety of medicine that presents in General practice and the challenge of thinking on your feet.