

Specialist Care Unit (Midlands Prisons) Referral

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The overall aims of the Specialist care Unit (SCU) Service are:

- Improved Quality of care for patients (Quality=Safety, Experience, Efficiency)
- Hospital avoidance
- Prolonged independence for patients
- Reablement
- Short term therapy
- Assessment

This service is designed to meet the health needs of the target population and given the needs of the population, many will also require Social Care.

The service consists of two elements, outreach support and eight beds in Stafford Prison, two of which may be for patients who require longer term care, the remaining six will be for assessment/reablement

TEMPLATE PURPOSE: To ensure full completion of mandatory referral information to aid a swift response to referrals

SCU (Midlands Prisons) Referral Criteria

- Target population from male prisons in Staffordshire & Worcestershire and, HMP's Birmingham and Stoke Heath
- Defined clinical need requiring health input
- Must be Healthcare referral

Bed Based Service (Referral criteria/admissions/review and Discharge)

- Sex offender (sentenced) with at least 6 weeks remaining on sentence.
- Category C
- Anticipate patients will be over the age of 50 but this will be at the discretion of the ECU MDT.

Outreach Service (Referral criteria/admissions/review and Discharge)

- Any patient with clinical need that could benefit from service residing in any of the 12 eligible Prisons.

QUICK GLANCE VIEWS:

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SCU Referral Details

Enhanced Care Unit (Midlands Prisons) Referral

Specialist Care Unit (Midlands Prisons) Referral: 23 Sep 2020 13:35 by PAG

Referral

*Reason for referral Reuired Bed Based service

*(Anticipated) Outcome Anticipated outcomes recorded here

- 1.
- 2.
- 3.

*Location of Prisoner Hospital (X79rO)

*Location within hospital premises Hospital Name: Stafford Hospital

Ward: Ward 1

Contact Details: 01785 785785

Hospital admission note (reason) Acutely Unwell

*Referrer detail - Use Preset & complete all fields Name: J Timmiss

Position HOH

Email JTimmis@careuk.com

Contact number: 01785 785785

Consent, Capacity & Security

*Does the patient have capacity? Lacks capacity to give consent (Mental Capacity Act 2005) (XaPpE)

*Does the patient have an advocate? No (Y0428)

Has an advocacy referral been made? Referral to independent mental capacity advocacy service (XaY6I)

Date of Referral to independent mental capacity advocacy service 22 Sep 2020

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ICU Criteria & Template Purpose Referral Details Assessor & Consent Holistic Information Holistic Information cntd Mental Health & Self Harm

Assessor and Consent Details

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Record any relevant information using the additional option (pencil icon)

SCU Assessor Details

*Date of (Other specified) assessment

*Seen by (assessment) p...

*Location of Prisoner

Patient not prisoner

*Location within hospital

Key Contributors Details

Other person - source of information

Name

Profession

Email

Other person - source of information

Name

Profession

Email

Other person - source of information

Name

Profession

Email

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SCU Leaflet

*Has the patient received SCU leaflet...

DNACPR Status

DNACPR Status

Date of Resuscitation discussed with patient

Advance Decision

Advance Decision

Date of Review of end of life advance care plan

Local Safeguarding Point of Contact Details:

Prison: name and contact details

Healthcare: name and contact details

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[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

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SCU Criteria & Template Purpose Referral Details Assessor & Consent Holistic Information **Holistic Information contd** Mental Health & Self Harm


Holistic Assessment


Well Being rather than Holistic


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Please review all Scored Assessments and update the values if they have changed

Complete the following assessments and add scores below

 Barthel Index

 Waterlow Assessment/Prevention ...

 MUST (page 1)

 Falls Risk Assessment Tool Scor...

*Modified Barthel index of activities of daily living

2

*Waterlow pressure sore risk score

34

*Malnutrition universal screening tool score

5

*Falls risk assessment tool

4

Wound care

O/E - communication

Consider for below i.e. Any specific dietary requirements, considerations in use of particular medicines and procedures (e.g. Jehovah's witness do not accept blood transfusion or blood products, e.g. Porcine-based drugs would be forbidden in both Jewish and Muslim communities, bovine-based drugs or cattle-derived cartilage transplants would have implications for Hindus). Referral to appropriate HMP faith Chaplain in residing prison or HMP Stafford, if being considered for referral for bed based service.

Assessment of philosophical, cultural, and spiritual beliefs and values

*Identified (Assessment of nursing) needs

Identified health needs: assessed and contributed by healthcare professional and patient

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Holistic Assessment (continued)

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Record any relevant

*Actions to meet (Assessment) Identified needs

Actions to meet identified needs through assessment which has been discussed with healthcare professional and patient

- ▶  Ibuprofen 20... 400
- ▶  Ibuprofen 20... 200
- ▶  Paracetamol ...500mg
- ▶  Paracetamol ...500mg
- ▶  Ibuprofen 20... 200mg
- ▶  Ibuprofen 20... 200mg
- ▶  Ibuprofen 20... 200mg
- ▶  Paracetamol ...500mg

All on admission medication recorded during the current

Sensitivity & Allergy Summary

13 Feb 2020 PHENOXYMETHYL PENICILLIN

Please enter below Current Medication if not shown above and Medication Possession Status including possession intervals

Current medication

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Mental Health & Self Harm

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Record any relevant information using the additional option (pencil icon)

- 03 Oct 2019 Referral to GP (8H62.)
- 03 Oct 2019 Referral to mental health team (XaIPw)
- 21 Jan 2020 Opioid drug dependence NOS (E24...
- 21 Jan 2020 Benzodiazepine dependence (X00Rv)
- 21 Jan 2020 Misuse of prescription only drugs (E25...
- 21 Jan 2020 Alcohol abuse (Xa1yZ)

CMHS Assessment

The NCTS - CMHS-M Assessment template has no

The NCTS - CMHS-W Assessment template has no

*Is patient under care of the Mental Health ...

Does the patient have a history of either self-harm or suicide?

*Please select any th...

- ☐ Prisoner has not tried to harm themselves (in ...
- ☐ Prisoner has tried to harm themselves (in priso...
- ☐ Prisoner has not tried to harm themselves (out...
- ☐ Prisoner has tried to harm themselves (outside...
- ☐ H/O: attempted suicide (146A.)

Self inflicted injury (further details)

(Patients) General mental state

(Presentation &) Mood observations

Is an urgent referral to mental health needed?

(INSERT LINK TO REFERRAL)

Does an ACCT Need to be opened?

(INSERT LINK TO ACCT template)

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Assessor & Consent | Holistic Information | Holistic Information cntd | Mental Health & Self Harm | Substance Misuse | COVID | Family/Significant Oth...

Substance Misuse

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Record any relevant information using the additional option (pencil icon)

21 Jan 2020 Misuse of prescription only drugs (E25...

COWS

Using both sets of codes - check date for latest res

1234 567 Clinical opiate withdrawal s...No nume...

1234 567 Opiate withdrawal Custody...No nume...

CIWA-B

1234 567 Benzodiazepine withdrawal...No nume...

1234 567 CIWA-B (Clncl Institute Wit... No nume...

Drug Urine Screen

Check dates of test for the latest result

Referral

*Is patient under care of the Substance Mi...

Does the patient have a history of substance misuse?

*Please select any th...

- ☐ Patient has previously used drugs (Y2479)
- ☐ Patient has not previously used drugs (Y09fb)
- ☐ History of alcohol abuse (Y20aa)
- ☐ Misused drugs in past (Ub0ms)
- ☐ Declined to give substance misuse history (Xa...

Is the patient on Opiate Replacement ...

Date of (next) Review (of care plan)

Please detail any concerns or issues

Does a referral need to be made to substance misuse services?

(INSERT LINK TO REFERRAL)

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Assessor & Consent | Holistic Information | Holistic Information contd | Mental Health & Self Harm | Substance Misuse | COVID | Family/Significant Oth...

COVID

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Record any relevant information using the additional option (pencil icon)

10 Sep 2020 Low risk category for developing c... QOF

Confirmed Diagnosis

COVID Positive Test Results

10 Sep 2020 SARS-CoV-2 (severe acute respir... QOF

COVID Negative Test Results

Suspected & Exposure to Coronavirus

Is patient currently displaying symptoms of ...
☐ Yes (Y0427)
☐ No (Y0428)

Current COVID Risk Category

Please use preset below to enter relevant COVIDcategory

*Assessment using coronavirus disease 19 severity scale (procedure)

If the patient has been recently tested for COVID and the details are not shown in the view on the left, please complete them below

Swab 

Test 

Results 

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COVID Vaccinations:

Have they had their Covid-19 Vaccine? No/Yes

Date 1st vaccine

Date 2nd vaccine

Consent

Holistic Information

Holistic Information contd.

Mental Health & Self Harm

Substance Misuse

COVID

Family/Significant Other/Engagement

Record any

Does patient receive visitors?

☐ Yes (Y0427)

☐ No (Y0428)

Please record town/city details for any regular visitors

Household, family and support network details

Does the patient have contact with a support network via telephone/post/video link?

YES/NO

If no to the above; does the patient have any other significant support network within the prison establishment:

- Prison carer/wing carer
- Peer
- Friend on the wing
- Chaplaincy
- Official Prison Visitor

Would they like a Family leaflet?

☐ Yes (Y0427)

☐ No (Y0428)

Would admission to SCU impact ...

☐ Yes (Y0427)

☐ No (Y0428)

Other note (reason)

✓ New Word letter with 'SCU Assessment - Information Sharing' template

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Mental Health & Self Harm Substance Misuse COVID Family/Significant Other/Engagement **Outcomes & Recommendations** Publication Notes

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Outcomes & Recommendations

Other note (patient comment)

Recommendations

- ☐ Inpatient stay NOS (8HNZ.)
- ☐ Outreach (Y071c)
- ☐ Referral to nurse complex case manager (XaRCC)
- ☐ Discharge from service (XaAI4)

Referrer Signed

Date.....

Recommendations have been discussed with the patient:-

(TICK BOX) patient consents to the out-reach service if appropriate

(TICK BOX) patient consents to the bed based service if appropriate

All patients that are assessed will receive a letter explaining the outcome decision. A copy will also be sent to the healthcare team. If the patient hasn't received a letter within 28 days please contact the SCU team.

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Publication Notes:

Created primarily intended to be used within a secure environment Healthcare setting

Created by: Jeff Parker, Nichola Smith, Leisa Stephenson & Pam Gainey (PPG - Midlands HIJ)

Version History

Version	November 2020
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