



Northamptonshire Healthcare  
NHS Foundation Trust

*Sue Ryder*

# Palliative Care in a secure setting without 24 hour healthcare.

A joint working project between HMP Littlehey  
and St John's Hospice, Moggerhanger.

Maria O'Neil. Specialist Palliative Care Nurse,  
BA (Hons) Palliative Care, Queen's Nurse.

Dr Annelise Matthews. FRCP, MSc, Mb ChB  
Consultant in Palliative Medicine.



**HMP Littlehey**



**St John's Hospice,  
Moggerhanger**

## HMP LITTLEHEY

- ❖ Cat C prison, approximately 1220 prisoners and mainly sex offenders.
- ❖ 34.2% over 50yrs of age
- ❖ 6.6% over 70yrs of age
- ❖ No 24 hour inpatient healthcare
- ❖ On average have 3 – 5 active palliative care patients
- ❖ Total of 9 cancer related deaths in the past 2 years.

## Role of the Palliative Care Specialist Nurse

- ❖ Introduced the identification of palliative care prisoners using Supportive and Palliative Care Indicators (SPICT). Surprise question.
- ❖ Advising the medical team on symptom control.
- ❖ Link between prison, hospital and hospice.
- ❖ Communicating well with the patients in order to establish excellent symptom control.
- ❖ Advanced care planning. Eg. Preferred place of care and death.
- ❖ Created the cancer support group.

Continued.....

- ❖ Co-ordinating bi-monthly Palliative Care MDT meetings along side Dr Annelise Matthews.
- ❖ Have created an End of Life Register specifically for those in a secure environment and review regularly.
- ❖ Established seminars on different aspects of palliative care for all Healthcare staff.
- ❖ Meet with prison Governor regularly nursing the transfer to hospice is as smooth as possible.

# Crayfish Support Group



- ❖ A custodial social support group for those directly or non directly affected by cancer.
- ❖ A monthly meeting that gives peer support as well as establishing an openness quality, having already signed and agreed the confidentiality compact.

## Role of Specialist Palliative Care Consultant

- ❖ Visits prison, reviews patients and adjusts medications for symptom control as required and at monthly MDT
- ❖ Provides telephone advice to medical staff
- ❖ Can follow whole patient journey – also reviews prisoners at hospital.
- ❖ Provides teaching at seminars
- ❖ Admits patients to hospice as required for symptom control/End of Life Care.

## Overcoming Challenges

- ❖ No 24 hour healthcare
  - ❖ Advance care planning
  - ❖ Recognizing palliative care patients on arrival to prison and keeping register
  - ❖ Close liaison with hospice
- ❖ Commissioning of healthcare
  - ❖ Hospice needs to have funding to admit prisoners
- ❖ Lack of familiarity of hospital and hospice with prison life
  - ❖ Link role of consultant
  - ❖ Joint working agreement at hospice with prison
- ❖ Working in prison environment with palliative care medication e.g. controlled drugs
  - ❖ Individualizing care and pain relief for each prisoner, changing mind sets





Northamptonshire Healthcare  
NHS Foundation Trust

*Sue Ryder*

Continuous communication between Healthcare, Hospice and Prison provides the best End of Life Care possible for our patients.





Northamptonshire Healthcare  
NHS Foundation Trust

*Sue Ryder*

# Thank you for listening

## Any Questions?