

End of Life Care in Dartmoor Prison

Martin Thomas

St Luke's Community Nurse Specialist

Team Lead

Changing Prisons

- Average age of death in prisons 61 years old and almost a third of prisoners did not have a palliative care plan to support them with terminal illness. (Prison and Probation Ombudsman Report on End of Life Care, 2013)
- People 60 years and over fastest growing group in prisons. Over 140% increase in sentenced prisoners aged 60 and over in last 10 years.
- 54% of current prison population have multiple co-morbidities. (Prison Reform Trust, 2015)

HMP Dartmoor - Background

- Historical situation at HMP Dartmoor:
 - 630 prisoners; aging demographic; high level of chronic diseases; small number of referrals.
- Lack of understanding and low expectations around end of life (EOL) care.
- Service generally moved prisoners when unwell with few options and choices.

What Changed?

- Papers: “The route to success in end of life care – achieving quality in prisons and for prisoners”, (2014) and “Prison and Probation Ombudsman Report on End of Life Care”, (2013)
- Working with the Prison Healthcare Team – keen to change.
- Won bid for Burdett Grant in 2015 to support a project aimed at improving access to and increasing choice in end of life care in HMP Dartmoor.

Project Aims

- Increase the number of prisoners having contact with end of life (EOL) services.
- Identify preferences and provide greater choice for prisoners facing EOL.
- Provide increased EOL services within prison setting.
- Ensure that care is patient-centred and integrated.

Partners and Actions

- Partnership working
 - Project group made up of partners from Mustard Tree - Living With and Beyond Cancer Project, HMP Dartmoor Healthcare Team, HMP Dartmoor Management
- Making the changes
 - Regular Meetings and Clinics.
 - Supporting staff and providing training.
 - Working with existing care and support structures of prison.
 - Taking part in prison involvement sessions.

Challenges of Providing EOL Care

- Security always a priority.
- Culture of Justice and Punishment.
- Victorian prison wings – F Wing.
- Limited healthcare provision – “Lockdown”.
- Drug culture – access to pain killers when needed.

Achievements

- 7 fold increase in the number of prisoners referred
- Monthly End of Life Clinics.
- Advance Care Planning – dialogue and choice.
- Multidisciplinary care of complex cases.
- Problems overcome quickly – drug cupboard.
- Prisoner supported to die at HMP Dartmoor.
- Increased confidence of prison team.

Changing Culture

- “Compassionate prison”
 - Buddy System- Prisoners support each other doing practical things for less able prisoners like changing sheets, cleaning, getting around
 - Listeners- Prisoners are trained to be listeners to support other prisoners
 - F Wing- Wing for prisoners who require care
 - ACP and Choices
 - Multi disciplinary EOL meetings
 - Confidence and “can do” attitudes.

Key learning points

- Partnership working and shared vision.
- Look for opportunities in existing support structures.
- It is possible to provide EOL care in a general prison.
- Potential savings.
- Increased focus on prisoner wishes and choice changes prison culture.

Plans for the Future

- Build on the work done in HMP Dartmoor
- Spreading the Word
 - Conference and Regional meeting
 - Publishing article
 - Burdett Nursing Award Shortlisting (Maybe winners!)
- Replicating in other general prison settings.
- Explore the potential savings – could be key driver for taking the project forward.