



# National survey of hepatitis C services in prisons in England

**July 2012**

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<b>Contact Details</b>	Dr Eamonn O'Moore Offender Health Wellington House Waterloo Road London SE1 8UG	
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## July 2012

Prepared by:

### **Authors and lead contributors**

**Cathie Railton (nee Gillies)**, HPA, PIP Team Scientist

**Dr Autilia Newton**, HPA, Consultant in Communicable Disease Control and Chair HPS Prison Network

**Dr Éamonn O'Moore**, Offender Health, Department of Health, Consultant in Communicable Disease Control & Health Protection

**Professor Martin Lombard**, Department of Health, National Clinical Director for Liver Disease

### **Other contributors**

**Dr Mary Piper**, Offender Health, Department of Health, Senior Public Health Consultant

**Kate Lees**, Offender Health, Public Health Specialty Registrar

**Jayne Taylor**, Offender Health, Public Health Specialty Registrar

**Acronyms used**

BBV	Blood borne viruses
DBST	Dried blood spot test
DH	Department of Health
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HPA	Health Protection Agency
HPS	Health Protection Services
HPU	Health Protection Unit
IDU	Injecting drug user
IRC	Immigration Removal Centre
NOMS	National Offender Management Service
OH	Offender Health
PCR	Polymerase chain reaction
PCT	Primary Care Trust
PHE	Public Health England
PIP	Prison Infection Prevention Team
PHW	Public Health Wales
YOI	Young Offenders Institution

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# Foreword

This is the first dedicated survey of hepatitis C services in prisons in England. The survey aim was to collect basic information on what type of services are provided in prisons for the diagnosis, treatment and follow-up of prisoners infected by hepatitis C. There are some positive indications emerging from the survey, the most important one being that hepatitis C diagnostic services are now being offered in all prisons except one. This is an area where it is possible to measure progress as the percentage of prisons offering testing for hepatitis C has increased when compared to data collected from a previous generic survey carried out in 2007 which showed only two thirds of prisons testing<sup>1</sup>. Treatment for chronic hepatitis C infection is available to prisoners in most prisons in England. The care models available vary between in-reach service and out-reach based services.

The merits of each individual model deserve more in depth exploration and the information acquired through the survey will provide pointers towards areas which need further discussion.

Although there is much to do to achieve best practice, as adequate hepatitis C services are not available and accessible to all prisoners in England, there is evidence that several prisons have efficient services and others are working towards these too. Identifying models of good practice could inform commissioners and service providers.

The key messages are that diagnosing and treating chronic hepatitis C in prison is a worthwhile thing to do because we can access normally 'hard-to-reach' individuals and that there can be 'wider than prisons benefits'. This is probably the most important and positive point which can be inferred from the information provided by this survey.



Chair, HPA HPS Prison Network

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<sup>1</sup> Report findings from national survey of HPUs services for and engagement with local prisons, HPA PIP Team, 2007

# Key points

- 128 prisons were invited to provide information on hepatitis C services and 110 responded (86%).
- The survey found that the overwhelming majority of prisons (109/110, 99%) use venous blood sampling for testing but 10% (11/110) also provide dried blood spot testing.
- Only 40% (44/110) of blood samples are routinely tested for PCR if they have a positive antibody test result.
- 82/110 prisons (74%) of those surveyed have a written care pathway in place to describe what happens to prisoners who test positive for hepatitis C infection.
- The service model for treatment varies considerably across England:
  - 45/110 prisons (41%) referring prisoners to outpatient hospital appointments;
  - 59/110 prisons (54%) have an in-reach service provided by the local hospital;
  - 22/110 (20%) of prisons provide treatment in-house overseen by a prison doctor (although it is not clear if this means that a prison doctor simply oversees treatment prescribed and/or provided elsewhere or whether they have a more directive role in the care of their patients).
- The vast majority of prisons 95/110 (86%) do provide follow up for prisoners being discharged into the community but there is no specification on how this may be delivered.
- Data on the number of prisoners completing treatment successfully is not available.



# Best Practice Guidance

1. The results of this survey details useful information for policy makers, commissioners and service providers on models of good practice for provision of diagnosis, treatment and care of people living with hepatitis C infection in prisons in England.
2. It is important that prisons have a clear and accessible pathway in place for hepatitis C testing, treatment and care based on evidence of effectiveness, efficiency and cost-effectiveness. The pathway should be designed to meet the challenges of both the prison environment and continuity of care in the community.
3. As a matter of good practice prisons should offer proactive and targeted diagnostic testing for hepatitis C.
4. Laboratories should ensure that all blood samples that test positive for hepatitis C antibody should be routinely tested for PCR as the first step in accessing a care pathway in prison.
5. Provision of care to prisoners can be augmented by the use of a 'medical hold' so that care can be delivered in a single institution. However, if prisoners need to be moved around the estate or into the community, prisons should work with NHS partners to ensure their care-plan follows them to allow effective and accessible continuity of care with minimal interruption.
6. Sharing of experiences, knowledge and models of care can be supported through partnership working between prisons and NHS commissioners and care providers via clinical and/or commissioning networks.
7. A national database of hospital providers with the responsibility for treating prisoners in terms of hepatitis B and C will be developed. This database will be circulated nationally to hospitals and prisons to assist with referrals that need to be made when a prisoner moves to another institution or is released into the community.

# 1. Introduction

In partnership with Offender Health and the Department of Health's National Liver Disease Strategy Team, the HPA's Prison Infection Prevention Team carried out a survey of hepatitis C services in prisons in England between September and November 2011.

There are 135 prisons and young offender institutions (YOI) in England and Wales, including four Immigration Removal Centres (IRCs) run by HM Prison Service (a further 6 IRCs are run by the UK Border Agency). The standing prison population in England was 82,046 in 2010-11<sup>2</sup> with an estimated over 115,000 people entering prison each year.

A high percentage of individuals in prison are drug users which makes them at risk of contracting hepatitis C, hepatitis B and HIV infection. Research from the Ministry of Justice (Stewart, 2008)<sup>3</sup> was carried out amongst a sample of 1,457 newly sentenced adult prisoners from 49 prisons in England and Wales. The study found that 80% of them had used an illicit drug during their lives and 40% of the sample aged 21 years and over (1437/1453) showed that they had injected a drug during the four-week period prior to custody. Prison can be an ideal setting for identifying and treating people traditionally regarded as 'hard-to-reach'.

## 1.1 Objectives

The objectives of the survey were as follows:

- To map existing provision for prisoners in England in relation to hepatitis C testing and treatment.
- To develop a national database of services providing hepatitis C treatment for prisoners.
- To use the survey to develop a national hepatitis C prison network to enable good practice to be shared across England & help develop a model for the diagnosis and treatment of Hepatitis C in prison.

## 1.2 Survey methodology

The survey consisted of a questionnaire that was circulated by Offender Health to all Prison Governors and Heads of Healthcare in England. IRCs and Welsh prisons are not included in the survey results.

Prisons were asked to complete the questionnaire and return it to the Prison Infection Prevention Team (PIP). Following this, where prisons had not responded HPUs were asked to liaise with their local establishments to ensure that as many prisons as possible completed the survey.

The questionnaire consisted of a set of seven questions (see **Appendix 2: National Survey of Hepatitis C Services in Prisons Questionnaire**) with

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<sup>2</sup> Prison Performance digest 2010-11, National Offender Management Service, July 2011

<sup>3</sup> The problems and needs of newly sentenced prisoners: results from a national survey, Stewart, 2008 (<http://www.justice.gov.uk/publications/docs/research-problems-needs-prisoners.pdf>)

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five just requiring a 'yes / no' answer and the remaining two requiring information on number of referrals to specialist services and number treated. Prisons were also invited to add any further comments on the questionnaire which some did.

This report presents the summarised results from the questionnaire.

## 2. Partnership structure

### 2.1 HPA

Commissioned by Offender Health, PIP was established in 2002 at the Health Protection Agency to monitor hepatitis B vaccination programme uptake in prisons in England and Wales and distribute results to a national audience. The original mandate evolved and the team has been involved with a range of initiatives to improve the prevention and control of communicable disease in prisons. Their purpose is to provide a national surveillance for the monitoring of infectious diseases in prisons. This work is carried out in close collaboration with Offender Health at the Department of Health, Public Health Wales, the Health Protection Services Regional Prison Network and Health Protection Units.

Nationally there are 9 Health Protection Regions in England and all but one has several HPUs within it.

**Table 1: HPA regions and HPUs**

HPA Region	HPUs
East of England	Cambridgeshire & Peterborough
	Norfolk
	Suffolk
	Essex
East Midlands	East Midlands South
	East Midlands North
London	North East Central
	North West
	South West
	South East
North East	North East
North West	Chester & Merseyside
	Cumbria & Lancashire
	Greater Manchester
South East	Thames Valley
	Kent
	Surrey & Sussex
	Hampshire & Isle of Wight
South West	South West North
	South West Peninsula
	Dorset & Somerset
West Midlands	West Midlands North
	West Midlands West
	West Midlands East

Yorkshire & the Humber

North Yorkshire & the Humber

South Yorkshire

West Yorkshire

The HPA have an identified prison lead in each HPU who is responsible for overseeing work in relation to communicable diseases with prisons in their patch. Some HPUs have up to eight prisons in their area whilst others have only one. The prison leads played a pivotal role in gathering information for the survey as they already had established relationships with their local prisons and were therefore able to collate the information required for this exercise.

### 2.2 Offender Health, Department of Health

The Offender Health Division of the DH is responsible for leading on development and delivery of a cross government Health and Criminal Justice Programme. The programme's common aim is improving health and social care outcomes for adults and children in contact with the criminal justice system, focusing on early intervention, liaison and diversion.

Offender Health commissions the PIPT and they work closely together to monitor and respond to infectious diseases in prisons. As well as the day-to-day surveillance of infectious diseases in prisons, Offender Health and PIP work together on a number of initiatives to help improve the healthcare of prisoners in relation to communicable diseases.

### 2.3 National Liver Disease Strategy Team, Department of Health

The Department of Health began developing England's first National Liver Disease Strategy in 2010 in response to the rising incidence and burden of liver disease. The Office for National Statistics<sup>4</sup> state that the most common causes of death are circulatory, cancer, respiratory and stroke but liver is fifth most common and is the only one that is rising.

Several contributory causes to the rising burden of liver disease have been identified and in the context of this report, hepatitis C is a significant element.

Hepatitis C is preventable but is also potentially curable in those who have already acquired the disease. The challenge lies in identifying those individuals because liver disease progresses silently over many years and most people at risk will not know that they have hepatitis C unless they are tested. Previous surveys have indicated that a relatively high proportion of the prison population have hepatitis C and it is for this reason principally that, as part of the national liver strategy there will be a focus on testing and treatment in prisons.

<sup>4</sup> [http://www.ons.gov.uk/ons/dcp171778\\_239518.pdf](http://www.ons.gov.uk/ons/dcp171778_239518.pdf)

## 3. Governance

### 3.1 The Health Protection (Notification) Regulations 2010 (Regulation 2)

The Health Protection (Notification) Regulations 2010 oblige registered medical practitioners to notify the proper officer (usually the Consultant in Communicable Disease Control – CCDC) of the relevant local authority if a patient they are attending is believed to have a disease listed in Schedule 1. This includes **acute** infectious hepatitis. Laboratories (the corporate body that operates the laboratory or the director of the laboratory if there is not a corporate body) is obliged to report to the HPA causative agents of infectious disease listed in Schedule 2. HPUs are therefore notified of all cases of hepatitis C, both acute and chronic, wherever the patient is tested, including prisons.

### 3.2 Prison Health Performance Quality Indicators, 2011

In 2007, Offender Health (OH) issued a set of Prison Health Performance Indicators (PHPIs) to guide Strategic Health Authorities (SHAs), Primary Care Trusts (PCTs) and prisons in judging their own performance in delivering healthcare services to prisoners. In 2009, in line with measures being developed in the wider NHS, Offender Health redeveloped the PHPIs to become broader indicators of the quality of healthcare in prisons, as well as the performance of other contributing health and prison services. These are now referred to as Prison Health Performance & Quality Indicators (PHPQIs). This development has enabled commissioners to assess how appropriately the needs of prisoners are met, how well commissioned services map to health priorities identified through health needs assessment, and how stakeholders, especially prisoners, value these services.

Prisons are asked to measure themselves on PHPQIs using national definitions. Two of the Quality Health Indicators relate to hepatitis and are detailed below.

### 3.3 Hepatitis B Vaccination of Prisoners

Green Indicator:

Hepatitis B quarterly reporting confirms that the prison achieves Hepatitis B vaccine coverage of 80% or more for all new prisoners received into the establishment in the three months prior to the reference date.

- The prison has a written immunisation policy which states that all new prisoners are advised about Hepatitis B infection, assessed for need for vaccine (either no good evidence of previous infection or completed vaccination course elsewhere) and then offered vaccine on a 0,7,21 day regimen beginning at, or close to, the time of reception.
-

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- The prison provides robust quarterly surveillance data from which vaccine coverage can be calculated

Amber Indicator:

Hepatitis B vaccine coverage of between 50% and 80% for all eligible prisoners received into the establishment in the three months prior to the reference date.

Red Indicator:

The prison does not provide robust quarterly surveillance data from which vaccine coverage can be calculated or the prison is achieving hepatitis B vaccine coverage of less than 50% for all new eligible prisoners received into the establishment in the three months prior to the reference date.

## Hepatitis C

Green Indicator:

The following are all evidenced:

- Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Access to information on harm minimisation, provided through both healthcare and education programmes.
- All those at risk are offered confidential screening for hepatitis C: the numbers of tests performed should be recorded.

Suggested Supporting Evidence:

- A written Hepatitis C policy which includes health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Data on the numbers of tests offered and tests performed should be recorded on a monthly basis and submitted as part of quarterly Hep B/C returns to the SHA.

Amber Indicator:

Two of the following are evidenced:

- Hepatitis C policy agreed by the PCT/Prison Partnership Board, including as a minimum, health promotion, criteria for offering testing and a care pathway with clear criteria for referral to specialist treatment where this is indicated.
- Access to information on harm minimisation, provided through both healthcare and education programmes

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- All those at risk are offered confidential screening for Hepatitis C: the numbers of tests performed should be recorded.

Red Indicator:

One or none of the above are evidenced:

Prisons are asked to submit information on PHPQIs each quarter to NHS South West who is commissioned by Offender Health to collate this data nationally.



## 4. Findings from national survey

The 128 prisons in England were invited to complete the survey of which 110 responded (86%). The survey found that the overwhelming majority of prisons (109/110, 99%) use venous blood sampling for testing but 10% (11/110) also provide dried blood spot testing. Only 40% (44/110) of blood samples are routinely tested for PCR if they have a positive antibody test result.

82/110 prisons (74%) of those surveyed have a written pathway in place to describe what happens following a positive hepatitis C result. Having a pathway in place is a requirement of the PHPQIs and some of those that do not currently have a pathway are in the process of developing one.

In terms of the service model for treatment, this varies considerably across England with 45/110 prisons (41%) referring prisoners to outpatient hospital appointments; 59/110 prisons (54%) have an in reach service provided by the local hospital and 22/110 (20%) of prisons providing treatment in house overseen by the prison doctor ((although it is not clear if this means that a prison doctor simply oversees treatment prescribed and/or provided elsewhere or whether they have a more directive role in the care of their patients).

The vast majority of prisons 95/110 (86%) do provide follow up for prisoners being discharged into the community; however this may simply involve giving a letter to the prisoner to give to their GP on release.

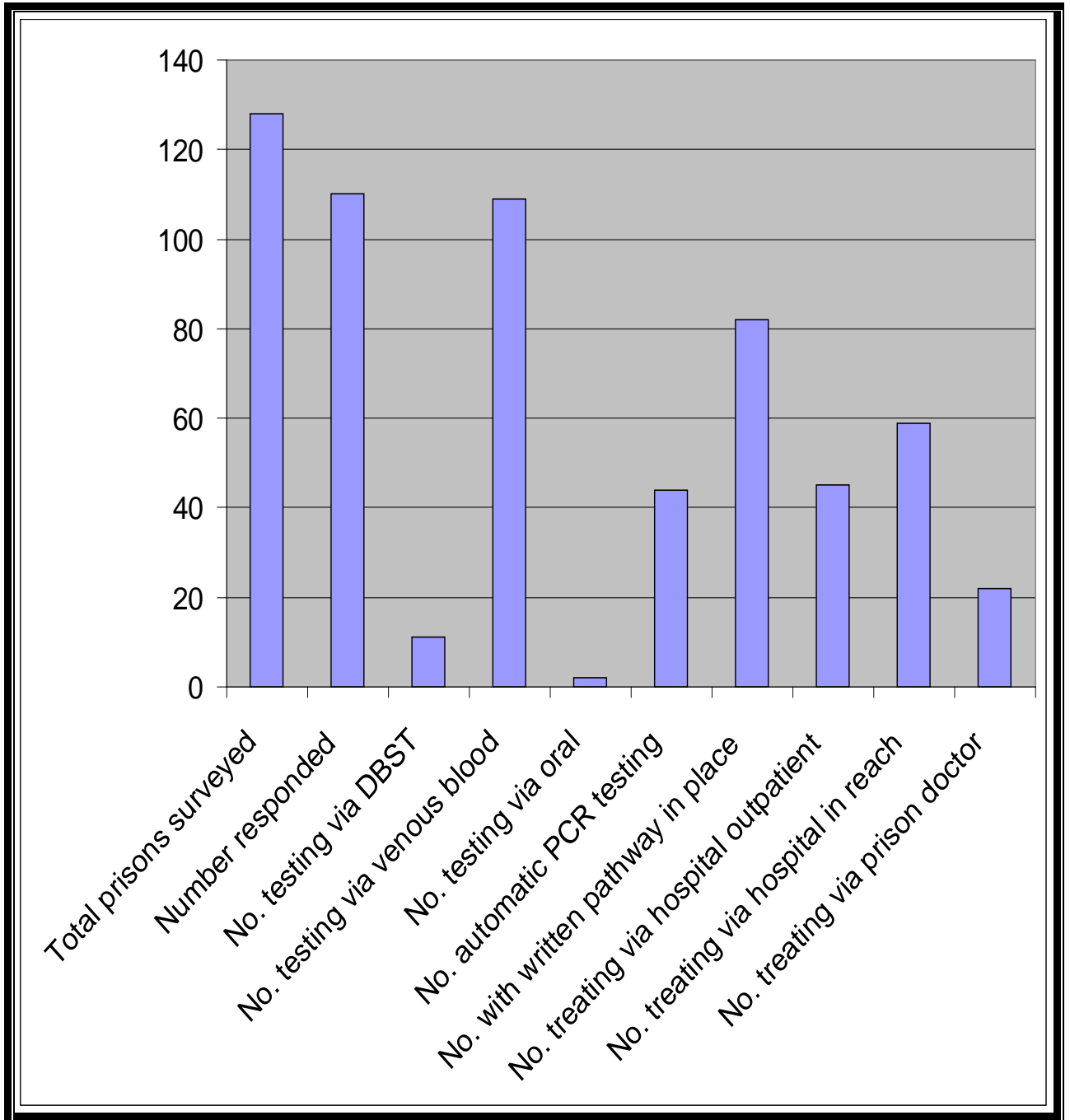
It is difficult to provide accurate figures for the percentage of prisoners being assessed for / commencing treatment without an accurate figure for how many are hepatitis C positive and this data is not readily available.

A snapshot of testing activity has been provided for each prison. This information was not requested as part of the survey but has been provided using data from NHS South West.

**Table 2: National hepatitis C survey responses**

<b>Total prisons surveyed</b>	<b>128</b>	
Number responded	110	86%
No. testing via DBST	11	10%
No. testing via venous blood	109	99%
No. testing via oral	2	2%
No. automatic PCR testing	44	40%
No. with written pathway in place	82	74%
No. treating via hospital outpatient	45	41%
No. treating via hospital in reach	59	54%
No. treating via prison doctor	22	20%

Table 3: National hepatitis C survey responses



**Table 4: Regional breakdown of hepatitis C survey**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners started treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	DBS	Venous	Oral	Lab. tests for PCR on antibody +ve samples	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison by prison doctor (yes)	If prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
East of England / 14	9	5	0	9	1	4	3	6	43 referred 4 D/K	18 treated 3 D/K	5	4	0	7	7
East Midlands / 15	8	7	0	8	0	3	6	7	65 referred 4 D/K	20 treated 4 D/K	2 3 / 8 responding prisons did not answer this question	4	2	3	3
London / 9	8	1	0	8	0	4	3	2	16 referred 5 D/K	5 treated 5 D/K	6	2	0	6	8
North East / 8	5	3	1	5	0	0	5	4 1 did not respond	54 referred	31 treated	1 1 / 5 did not respond	3	0	5	5
North West / 16	16	0	2	15	1	5	10	11	275 referred 7 D/K	78 treated 5 D/K	8	10	4	14	13
South East / 25	23	2	3	23	0	6	17	15	161 referred 8 D/K	52 treated 5 D/K	14	11	4	23	21
South West / 14	14	0	2	14	0	9	5	14	118 referred 8 D/K	28 treated 8 D/K	2	9	6	14	13

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West Midlands / 12	12	0	0	12	0	2	10	9	33 referred 3 D/K	12 treated 3 D/K	5	7	2	10	11
Yorkshire and the Humber / 15	15	0	3	15	0	11	4	14	234 referred 1 D/K	37 treated 3 D/K	2	9	5	14	14
<b>Total number of prisons surveyed: 128</b>	<b>110 / 86%</b>	<b>18/110 (14%)</b>	<b>11/110 (10%)</b>	<b>109/110 (99%)</b>	<b>2/110 (2%)</b>	<b>44/110 (40%)</b>	<b>63/110 (57%)</b>	<b>82/110 (74%)</b>	<b>999 referred</b>	<b>281 treated</b>	<b>45/110 (41%)</b>	<b>59/110 (54%)</b>	<b>23/110 (21%)</b>	<b>96/110 (87%)</b>	<b>95/110 (86%)</b>
									40/110 (36%) D/K	36/110 (33%) D/K	4/110 prisons did not respond (4%)				
<b>Calculations based on the 110 prisons that responded</b>															

# 5. Regional and prison category findings\*

(\*Prisons highlighted in red did not respond to the survey request)

## 5.1 East of England

Out of the 14 prisons in the East of England 9 responded. Whilst all prisons carry out venous testing, interestingly HMP Mount also tests via oral mouth swab. This is only one of two prisons nationally doing that.

44% (4/9) of prisons access automatic PCR testing from laboratories on antibody positive results. This service is available in Essex and in prisons in Norfolk and Suffolk (however not all prisons reported in these two areas). Most of the treatment is provided through hospital outpatient, however 44% of the prisons surveyed provided a hospital in reach service for hepatitis C treatment.

**Table 5: East of England region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assistance in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
East of England / 14	9 (64%)	5 (35%)	0/9 (0%)	9/9 (100%)	1/9 (11%)	4/9 (44%)	3/9 (33%)	6/9 (67%)	43 referred 4 D/K	18 treated 3 D/K	5/9 (55%)	4/9 (44%)	0/9 (0%)	7/9 (78%)	7/9 (78%)

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Table 6: Prison breakdown of East of England region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions) (Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Lab. automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>EAST OF ENGLAND</b>																
<b>CAMBRIDGESHIRE &amp; PETERBOROUGH</b>																
Peterborough	Not available	Not available	No	Yes	No	No	Yes	No	24	7	No	Yes	No	Yes	Yes	Consultation made to discuss process for referrals to treatment. Flow diagram is going to be produced. Prisoners not moved if on treatment.
Littlehey	328	4%	No	Yes	No	No	Yes	Yes	D/K	2	Yes	No	No	Yes	Yes	
Whitemoor	Not available	Not available	No	Yes	No	No	Yes	Yes	2	2	Yes	No	No	Yes	Yes	
<b>NORFOLK</b>																
Norwich	721	0%														
Bure	Not available	Not available														
Wayland	Not available	Not available	No	Yes	No	Yes	No	No	D/K	D/K	No	Yes	No	Yes	Yes	Prison does not have access to data.

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SUFFOLK																
Blundeston	Not available	Not available	No	Yes	No	Yes	No	Yes	13	4	No	Yes	No	Yes	Yes	Treatment supported by healthcare.
Highpoint / Edmunds Hill	Not available	Not available														
Hollesley Bay	Not available	Not available														
HMYOI Warren Hill	Not available	Not available														
BEDFORDSHIRE & HERTFORDSHIRE																
Bedford	Not available	Not available	No	Yes	No	No	No	Yes	D/K	D/K	Yes	No	No	No	No	Local prison has high turnover.
The Mount	Not available	Not available	No	Yes	Yes	No	No	Yes	D/K	D/K	Yes	No	No	No	No	Long stay training prison.
ESSEX																
Chelmsford	Not available	Not available	No	Yes	No	Yes	No	No	3	2 - the third prisoner was transferred and unclear if commenced on treatment	Yes	No	No	Yes	Yes	All hep C testing is done by the GUM consultant. Prison HC staff have little input. Information on this form is mostly from GUM consultant.
Bullwood Hall	Not available	Not available	No	Yes	No	Yes	No	Yes	1	1	No	Yes	No	Yes	Yes	

## 5.2 East Midlands

Only 8 out of the 15 prisons in the East Midlands responded to the survey. Of these all test using venous blood sampling only but only 3 out of the 8 prisons access automatic laboratory testing for PCR. 3 out of the 8 prisons did not respond to how treatment is provided for prisoners; however 4 of the prisons provide a hospital in reach service via the local hospital. 2 prisons reported as the prison doctor providing treatment; however it is unclear whether this means that the prison doctor is responsible for the treatment or just assists the consultant who oversees the treatment regime. Only 3 out of the 8 prisons report that they provide follow up for prisoners for those leaving prison who are hepatitis C positive.

Data is not available for all prisons; however where they have reported on testing activity the proportion of new receptions receiving a test is very low. Nottingham report only testing 7% (103/1466) of new receptions in the first quarter of 2011-12, while Gartree report testing 50% (26/52), (however numbers are relatively small in comparison though).

**Table 7: East Midlands region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assistance in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Lab. automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
East Midlands / 15	8 (53%)	7 (47%)	0/8 (0%)	8/8 (53%)	0/8 (0%)	3/8 (37%)	6/8 (75%)	7/8 (87%)	65 referred 4 D/K	20 treated 4 D/K	2/8 (25%) 3 / 8 responding prisons did not answer this question	4/8 (50%)	2/8 (25%)	3/8 (37%)	3/8 (37%)



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Table 8: Prison breakdown of East Midlands region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions) (Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>EAST MIDLANDS</b>																
<b>EAST MIDLANDS SOUTH</b>																
Gartree	52	50%														
Rye Hill – private	Not available	Not available														
HMYOI Onley	314	0%														
Wellingborough	Not available	Not available	No	Yes	No	Yes	No	Yes	26	12		Yes		Yes	Yes	A successful service run by prison primary care nurse and in reach hep C nurse specialist from Kettering General Hospital.
Leicester	442	4%	No	Yes	No	Yes	No	Yes	12	1	Yes	Yes	No	Yes	Yes	
HMYOI Glen Parva	Not available	Not available														
Stocken	370	0%														

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EAST MIDLANDS NORTH																
Sudbury	191	1%														
Foston Hall	Not available	Not available	No	Yes	No	No	Yes	Yes	24	6	No	Yes	No	Yes	Yes	
Nottingham	1466	7%	No	Yes	No	No	Yes	Yes	D/K	D/K						
Whatton	Not available	Not available	No	Yes	No	No	Yes	Yes	D/K	D/K						
Ranby	Not available	Not available	No	Yes	No	No	Yes	Yes	3	1	No	No	Yes	No	Prisoners are often not long term and therefore do come forward for treatment and wait for their next prison to refer them.	
Lowdham Grange - private	Not available	Not available	No	Yes	No	No	Yes	Yes	D/K	D/K						
North Sea Camp	234	0%														
Lincoln	495	0%	No	Yes	No	Yes	Yes	No	D/K	D/K	Yes	Yes	Yes	No	No	

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### 5.3 London

The majority of London prisons completed the survey. All prisons reported to only testing through venous blood sampling. Half of the prisons responding have access to automatic laboratory testing for PCR. The majority of prisoners have to access hepatitis C treatment via hospital outpatient only which can limit access. However, out of the 2 prisons that provide hospital in reach, one of these (HMP Belmarsh) conducts appointments via video link which also cuts down on costs (such as escorts and health specialist time)

Data is not available to assess what proportion of prisoners are being given a test on arrival.

**Table 9: London region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
London / 9	8 (89%)	1 (11%)	0/8 (0%)	8/8 (100%)	0/8 (0%)	4/8 (50%)	3/8 (37%)	2/8 (25%)	16 referred 5 D/K	5 treated 5 D/K	6/8 (75%)	2/8 (25%)	0/8 (0%)	6/8 (75%)	8/8 (100%)

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Table 10: Prison breakdown of London region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>LONDON</b>																
<b>NORTH EAST CENTRAL</b>																
Pentonville	Not available	Not available	No	Yes	No	Yes	No	No	D/K	D/K	Yes	No	No	Yes	Yes	
Holloway	Not available	Not available	No	Yes	No	Yes	No	Yes	10	5	Yes	No	No	Yes	Yes	Follow up is only sometimes provided.
<b>NORTH WEST</b>																
Wormwood Scrubs	Not available	Not available	No	Yes	No	No	No	No	6	0	No	No	No	No	Yes	GUM service tests for hep C. All GP's and specialists state there is nowhere to refer these prisoners.

HMYOI Feltham	Not available	Not available	No	Yes	No	No	Yes	No	0	0	Yes	No	No	Yes	Yes	No clear pathway in place at present and have not had any young people who have tested positive. If an individual tested positive referral would be made to either West Middlesex or Ashford & St. Peters Hospital. Upon discharge prison would communicate their ongoing treatment need to the GP.
<b>SOUTH WEST</b>																
Wandsworth	Not available	Not available	No	Yes	No	No	Yes	No	D/K	D/K	Yes	Yes	No	No	Yes	Data only available Nov – Dec.
Latchmere House	Not available	Not available														
<b>SOUTH EAST</b>																
Brixton	Not available	Not available	No	Yes	No	No	Yes	Yes	D/K	D/K	Yes	No	No	Yes	Yes	
YOI Isis	Not available	Not available	No	Yes	No	Yes	No	No	D/K	D/K	Yes	No	No	Yes	Yes	
HMP Belmarsh	945	0%	No	Yes	No	Yes	No	No	D/K	D/K	No	Yes	No	Yes	Yes	Treatment appointments via video link.

### 5.4 North East

5 out of the 8 prisons responded to the survey. Out of these responders all of them indicated that no samples taken to test for hepatitis C are automatically tested for PCR. The prison that only provides treatment on an outpatient basis (HMP Kirklevington Grange) is an open prison and prisoners are seen in the weekly hospital clinics as required. All responding prisons report providing follow up when prisoners are transferred to another prison or are released into the community.

**Table 11: North East region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
North East / 8	5 (62%)	3 (28%)	1/5 (20%)	5/5 (100%)	0/5 (0%)	0/5 (0%)	5/5 (100%)	4/5 (80%) 1 did not respond	54 referred	31 treated	1/5 (20%) 1 / 5 did not respond	3/5 (60%)	0/5 (0%)	5/5 (100%)	5/5 (100%)

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Table 12: Prison breakdown of North East region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Lab. automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>NORTH EAST</b>																
Durham	833	3%	Yes	Yes	No	No	Yes	Yes	20	10	No	Yes	No	Yes	Yes	
Frankland	92	33%														
Low Newton	237	22%														
HMYOI Deerbolt	207	15%														
Acklington	230	1%	No	Yes	No	No	Yes	Yes	9	9	No	Yes	No	Yes	Yes	
Castington	196	0%	No	Yes	No	No	Yes	Yes	0	0	No	Yes	No	Yes	Yes	
Holme House	867	2%	No	Yes	No	No	Yes		25	12				Yes	Yes	
Kirklevington Grange	77	25%	No	Yes	No	No	Yes	Yes	0	0	Yes	No	No	Yes	Yes	

### 5.5 North West

All 16 prisons in the North West responded to the survey. The Greater Manchester area has a hepatitis C strategy in place which has resulted in various developments being made in this area, for example the introduction of DBST at HMP Manchester and access to treatment on a in reach basis and effective follow up in all 4 prisons. HMP Lancaster Farms however reported not offering testing or other interventions for hepatitis C. In the Best Practice Award for 2011, HMP Forest Bank was highly commended by WHO for the project “Hepatitis C in Prisons.” One of the purposes of the primary care team within the establishment is to provide testing to all prisoners. Increasing demands led to the prison developing a dedicated hepatitis C team. The team organises treatment, discussion and peer support to prisoners infected with hepatitis B and hepatitis C.

Chester and Merseyside have developed work around hepatitis C, for example at HMP Kennett a new hospital in reach service for offenders who are hepatitis C positive was introduced in October 2011. This involves hospital staff visiting the prison every 2 weeks to provide treatment and support for prisoners. Furthermore testing for hepatitis C is now offered to the wider prison population with a fully traceable audit trail of those who has been offered / refused or accepted testing. HMP Liverpool also implemented a new in reach service from the local hospital in November 2011 providing more accessible treatment for prisoners.

**Table 13: North West region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
North West / 16	16 (100%)	0 (0%)	2/16 (12%)	15/16 (94%)	1/16 (6%)	5/16 (31%)	10/16 (63%)	11/16 (69%)	275 referred 7 D/K	78 treated 5 D/K	8/16 (50%)	10/16 (62%)	4/16 (25%)	14/16 (87%)	13/16 (81%)



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Table 14: Prison breakdown of North West region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Lab. automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community ?	
<b>NORTH WEST</b>																
<b>CHESTER AND MERSEYSIDE</b>																
Styal	460	22%	No	Yes	No	No	Yes	Yes	116	20	No	Yes	No	Yes	Yes	Hep C specialist nurse delivers weekly clinics and monthly drop-in support in partnership with Pennine Acute Hospitals NHS Trust.
Risley	307	0%	No	Yes	No	Yes	No	Yes	8	2	No	Yes	No	Yes	Yes	
HMYOI Thorn Cross	152	0%	No	Yes	No	Yes	No	Yes	1	0	Yes	No	No	Yes	Yes	As Risley and Thorn Cross come under the same community trust their guidelines are the same but the places of treatment are different.
Liverpool	904	0%	No	Yes	No	No	Yes	Yes	D/K	4	Yes	No	Yes	Yes	Yes	New prison in reach service commenced in November 2011.
Altcourse - private	1084	1%	No	Yes	No	No	Yes	No	D/K	D/K	No	Yes	No	Yes	No	Work in progress to establish pathway with Royal Liverpool Hospital.

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Kennet	151	0%	No	Yes	No	No	Yes	No	D/K	D/K	Yes	No	Yes	No	No	From October 2011 a new prison / hospital service for offenders who are hepatitis C positive was introduced.
<b>CUMBRIA AND LANCASHIRE</b>																
Haverigg	257	2%	No	Yes	Yes	No	Yes	No	D/K	D/K	Yes	No	Yes	Yes	Yes	
HMYOI Lancaster Farms	300	0%	No	No	No	No	No	No	D/K	D/K	No	No	No	No	No	
Kirkham	219	36%	No	Yes	No	Yes	No	Yes	10	3	Yes	Yes	No	Yes	Yes	
Garth	143	6%	No	Yes	No	No	Yes	No	D/K	3	Yes	Yes	No	Yes	Yes	
Preston	950	1%	No	Yes	No	Yes	No	Yes	34	2	Yes	No	Yes	Yes	Yes	
Wymott	286	0%	Yes	Yes	No	No	Yes	Yes	D/K	D/K	Yes	Yes	No	Yes	Yes	
<b>GREATER MANCHESTER</b>																
Manchester	1096	8%	Yes	Yes	No	Yes	No	Yes	41	9	No	Yes	No	Yes	Yes	Hep C specialist nurse delivers weekly support in partnership with Pennine Acute Hospitals NHS Trust.
HMYOI Hindley	299	2%	No	Yes	No	No	Yes	Yes	2	0	No	Yes	No	Yes	Yes	
Buckley Hall	216	25%	No	Yes	No	No	Yes	Yes	16	7	No	Yes	No	Yes	Yes	Hep C specialist nurse delivers weekly support in partnership with Pennine Acute Hospitals NHS Trust.
Forest Bank - private	951	8%	No	Yes	No	No	Yes	Yes	47	28	No	Yes	No	Yes	Yes	Hep C specialist nurse delivers weekly support in partnership with Pennine Acute Hospitals NHS Trust.

### 5.6 South East

23 out of the 25 prisons in the South East region responded to the survey. 3 of the prisons surveyed provide DBST in addition to venous blood sampling but this hasn't always resulted in a greater number of prisoners being tested for hepatitis C with HMP Highdown only testing 1% of new receptions in quarter 1 of 2011-12 whereas HMP Lewes managed to test 48% of their new receptions. The majority of prisons do not access automatic PCR laboratory testing on antibody positive hepatitis C blood samples and the HMYOI Cookham Wood representative reported never having tested a young offender for hepatitis C. 9 out of the 23 prisons responding (39%) only provide treatment on a hospital outpatient basis, however 100% of prisons stated that they provide follow up when prisoners are being moved to another prison.

**Table 15: South East region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
South East / 25	23 (92%)	2 (8%)	3/23 (13%)	23/23 (100%)	0/23 (0%)	6/23 (26%)	17/23 (74%)	15/23 (65%)	161 referred 8 D/K	52 treated 5 D/K	14/23 (61%)	11/23 (48%)	4/23 (17%)	23/23 (100%)	21/23 (91%)

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Table 16: Prison breakdown of South East region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions) (Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Lab. automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>SOUTH EAST</b>																
<b>THAMES VALLEY</b>																
HMYOI Reading	411	2%	No	Yes	No	Yes	No	No	D/K	D/K	Yes	No	Yes	Yes	Yes	
Huntercombe	88	1%	No	Yes	No	No	Yes	Yes	D/K	D/K	Yes	Yes	No	Yes	Yes	Patients cared for by GU service in reach and not moved whilst on treatment.
Bullingdon	840	5%														
Woodhill	276	4%	No	Yes	No	No	Yes	Yes	D/K	D/K	Yes	No	No	Yes	Yes	
Springhill / Grendon	108	1%	No	Yes	No	No	Yes		D/K	D/K	Yes	No	No	Yes	Yes	
HMYOI Aylesbury YOI	53	0%	No	Yes	No	No	Yes	No	0	0	Yes	No	Yes	Yes	Yes	
<b>KENT</b>																
HMYOI Rochester	333	6%	No	Yes	No	No	Yes	Yes	2	1	Yes	No	No	Yes	Yes	
Swaleside	138	0%	No	Yes	No	No	Yes	Yes	D/K	4	No	Yes	No	Yes	Yes	
Stanford Hill	142	90%	No	Yes	No	No	Yes	Yes	3	3	Yes	No	No	Yes	Yes	
Maidstone	94	0%	No	Yes	No	No	Yes	Yes	2	2	No	Yes	No	Yes	Yes	

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East Sutton Park	Not available	Not available														
HMYOI Cookham Wood	129	0%	No	Yes	No			Yes	0	0	Yes	No	No	Yes	Yes	
Canterbury	Not available	Not available	No	Yes	No	Yes	No	Yes	2	0	Yes	No	No	Yes	Yes	Most offenders deported therefore individuals provided with copy of medical notes to take with them.
Blantyre House	Not available	Not available	No	Yes	No	Yes	Yes	No	D/K	0	Yes		No	Yes	Yes	Semi-open prison so all offenders are able to attend out patient facilities.
Elmley & YOI	821	0%	No	Yes	No	Yes	No	Yes	71	9	No	Yes	No	Yes		
<b>SUSSEX / SURREY</b>																
Lewes	617	48%	Yes	Yes	No	No	Yes	Yes	21	12	No	Yes	No	Yes	Yes	
Bronze field - private	Not available	Not available	No	Yes	No	No	Yes	No	D/K	D/K	Yes	No	No	Yes	Yes	
Highdown	1204	1%	Yes	Yes	No	No	Yes	Yes	D/K	3	No	Yes	No	Yes	Yes	
Ford	338	0%	No	Yes	No	No	Yes	No	Apx 6	Apx. 2	Yes	Yes	No	Yes	Yes	Follow PCT GP policy for referrals.
Downview	89	16%	Yes	Yes	No	No	Yes	Yes	12	1	No	Yes	No	Yes	Yes	
Coldingley	111	45%	No	Yes	No	No	Yes	Yes	11	4	No	Yes	No	Yes	Yes	
Send	57	4%	No	Yes	No	No	Yes	Yes	4	2	No	Yes	No	Yes	Yes	
<b>HAMPSHIRE &amp; ISLE OF WIGHT</b>																
Winchester	1065	0%	No	Yes	No	Yes	No	No	7	7	Yes	No	No	Yes	Yes	Developing written pathway.
Kingston	Not available	Not available	No	Yes	No	Yes	No	No	0	0	Yes	No	Yes	Yes		
IOW	349	9%	No	Yes	No	No	Yes	Yes	20	2	No	Yes	Yes	Yes	Yes	Service is mostly nurse led. Prison also received 3 prisoners last year who has already started treatment.

### 5.7 South West

All 14 prisons responded to the survey in the South West region. Again, the introduction of DBST in addition to venous blood sampling does not necessary result in more prisoners being tested with 43% of new receptions being tested at HMP Eastwood Park but only 4% at HMP Bristol. HMP Dartmoor has introduced a dedicated hepatitis C testing nurse with the aim of increasing testing coverage. 9 out of the 14 prisons access automatic laboratory PCR testing for positive antibody samples and the majority of prisons (64%) offer an in reach treatment service from the local hospital.

**Table 17: South West region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
South West / 14	14 (100%)	0 (0%)	2/14 (14%)	14/14 (100%)	0/14 (0%)	9/14 (64)	5/14 (36%)	14/14 (100%)	118 referred	28 treated	2/14 (14%)	9/14 (64%)	6/14 (43%)	14/14 (100%)	13/14 (93%)
									8 D/K	8 D/K					

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Table 18: Prison breakdown of South West region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>SOUTH WEST</b>																
<b>SOUTH WEST - NORTH (AVON, GLOUCESTER &amp; WILTSHIRE)</b>																
Leyhill	195	28%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	Yes	No	Yes	Yes	
HMYOI Ashfield - private	229	0%	No	Yes	No	No	Yes	Yes	0	0		Yes	Yes	Yes	Yes	
Eastwood Park	456	43%	Yes	Yes	No	Yes	No	Yes	45	6	No	Yes	No	Yes	Yes	
Bristol	716	4%	Yes	Yes	No	Yes	No	Yes	D/K	D/K	Yes	Yes	No	Yes	Yes	Service is nurse led.
Gloucester	342	26%	No	Yes	No	Yes	No	Yes	15	8	No	Yes	No	Yes	Yes	
Erlestoke	119	13%	No	Yes	No	No	Yes	Yes	20	6	Yes	Yes	No	Yes	Yes	
<b>SOUTH WEST PENINSULA (Devon)</b>																
Dartmoor	203	14%	No	Yes	No	No	Yes	Yes	18	3	No	Yes	No	Yes	Yes	The service is nurse led.
Channings Wood	259	1%	No	Yes	No	No	Yes	Yes	20	5	No	Yes	No	Yes	Yes	
Exeter	742	15%	No	Yes	No	No	Yes	Yes	D/K	D/K	No	Yes	No	Yes	Yes	

DORSET & SOMERSET																
Dorchester	395	2%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	No	Yes	Yes	Yes	Second PCR taken as requested. Ongoing community referral done by hep nurse. All medications are sent to the prison and the healthcare staff administer interferon.
Guys Marsh	219	9%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	No	Yes	Yes	Yes	Ongoing community referral done by hep nurse. All medications are sent to the prison and the healthcare staff administer interferon.
HMYOI Portland	275	56%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	No	Yes	Yes	Yes	Second PCR taken as requested. Ongoing community referral done by hep nurse. All medications are sent to the prison and the healthcare staff administer interferon.
The Verne	161	6%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	No	Yes	Yes	Yes	As above.
Shepton Mallet	18	0%	No	Yes	No	Yes	No	Yes	D/K	D/K	No	No	Yes	Yes	No	RUH send medication which is administered from health care.



### 5.8 West Midlands

All 12 prisons responded to the survey. The prisons only provide venous blood sampling for testing and only 2 out of the 12 prisons (17%) access automatic PCR testing for antibody positive samples. 11 out of the 12 prisons (92%) reported providing follow up for prisoners being released into the community, however concerns were raised about how effective this is with prisoners only often being given a letter for their GP and this may not always be received by the practice.

**Table 19: West Midlands region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
West Midlands / 12	12 (100%)	0 (0%)	0/12 (0%)	12/12 (100%)	0/12 (0%)	2/12 (17%)	10/12 (83%)	9/12 (75%)	33 referred 3 D/K	12 treated 3 D/K	5/12 (42%)	7/12 (58%)	2/12 (17%)	10/12 (84%)	11/12 (92%)

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Table 20: Prison breakdown of West Midlands region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>WEST MIDLANDS</b>																
<b>WEST MIDLANDS NORTH</b>																
HMYOI Swinfen Hall	94	14%	No	Yes	No	No	Yes	Yes	0	0	No	Yes	No	Yes	Yes	Referred to GP if moved to community, but some concern that they may not be appropriately followed up after this.
Featherstone	134	36%	No	Yes	No	No	Yes	Yes	3	0	No	Yes	No	Yes	Yes	As above.
Shrewsbury	129	20%	No	Yes	No	No	Yes	Yes	18	6	No	Yes	No	Yes	Yes	Prisoners would usually be kept on medical hold whilst undertaking treatment (i.e. not transferred).
HMYOI Brinsford	427	2%	No	Yes	No	No	Yes	Yes	0	0	No	Yes	No	Yes	Yes	Referred to GP if moved to community, but some concern that they may not be appropriately followed up after this.

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Stafford	248	1%	No	Yes	No	No	Yes	Yes	5	0	No	Yes	No	Yes	Yes	As above.
HMYOI Werrington	89	0%	No	Yes	No	No	Yes	No	0	0	Yes	No	No	Yes	Yes	No written hepatitis C pathway as such, but BASHH guidelines are followed. If prisoners are moving to another prison - most have SystemOne databases, and therefore all medical records are transferred over that way. If being released into the community, discharge letters would be written.
HMYOI Stoke Heath	110	19%	No	Yes	No	No	Yes	Yes	0	0	No	Yes	No	Yes	Yes	Prisoners would usually be kept on medical hold whilst undertaking treatment (i.e. not transferred).
Dovegate - private	188	0%	No	Yes	No	No	Yes	No	D/K	D/K	Yes	No	No	No	No	
Drake Hall	92	22%	No	Yes	No	No	Yes	Yes	3	2	Yes	No	No	No	Yes	Inform receiving establishment of treatment/interventions before transfer.

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WEST MIDLANDS WEST																
Hewell	1275	0%	No	Yes	No	No	Yes	Yes	D/K	D/K	Yes	No	No	Yes	Yes	
Long Lartin	64	0%	No	Yes	No	Yes	No	Yes	4	4	No	Yes	Yes	Yes	Yes	The nurses trained in BBV in the prison oversee the day to day provision of treatment. GPs prescribe the medication. The overall management of the patients is led by the consultant and the nurse specialist from the Acute Trust. A member of this team visit the establishment monthly and they can be contacted by phone when required.
WEST MIDLANDS EAST																
Birmingham - private	1655	0%	No	Yes	No	Yes	No	No	D/K	D/K	Yes	No	Yes	Yes	Yes	

### 5.9 Yorkshire & the Humber

All 15 prisons across Yorkshire and the Humber region responded to the survey. The majority of prisons (11) access automatic PCR laboratory testing for positive antibody results and all but one establishment have a written pathway in place to describe what should happen following a positive result. All but 2 prisons have access to treatment provision within the prison, however out of the 2 prisons which don't offer this 1 is an open prison therefore prisoners are accepted to access hospital as an outpatient and the other has recently changed its status from a YOI to an adult prison. The Humber prisons have a well established in reach service in place with the local hospital consultant and nurses providing regular sessions there. HMP Leeds has recently introduced treatment in house by the prison doctor as part of a multi disciplinary approach with the local hospital. This has proven extremely successful in increasing numbers being treated.

**Table 21: Yorkshire & the Humber region survey results**

Region / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
Yorkshire and the Humber / 15	15 (100%)	0 (0%)	3/15 (20%)	15/15 (100%)	0/15 (0%)	11/15 (73%)	4/15 (27%)	14/15 (93%)	234 referred 1 D/K	37 treated 3 D/K	2/15 (13%)	9/15 (60%)	4/15 (27%)	14/15 (93%)	14/15 (93%)

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Table 22: Prison breakdown of Yorkshire & the Humber region survey results

Prison	Snapshot of throughput / receptions (Source: Quarter 1 2011-12 data, NHS South West)	Snapshot of current testing activity (% of new receptions)(Source: Quarter 1 2011-12 data, NHS South West)	Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010	No. prisoners commenced treatment in 2010	Treatment model			Follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?		Comments
			Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	Further sample taken to test for PCR				Hospital outpatient	In reach service in by the hospital	In prison by prison doctor	If the prisoner is moving to another prison	If the prisoner is being released into the community?	
<b>YORKSHIRE &amp; HUMBER</b>																
<b>NORTH YORKSHIRE &amp; HUMBER</b>																
Askham Grange	Not available	Not available	No	Yes	No	No	Yes	Yes	2	0	Yes	No	No	Yes	Yes	
HMP & YOI Northallerton	149	7%	No	Yes	No	No	Yes	Yes	3	2	Yes	No	No	Yes	Yes	
Everthorpe	334	3%	No	Yes	No	Yes	No	Yes	27	4	No	Yes	No	Yes	Yes	
Hull	1009	8%	No	Yes	No	Yes	No	Yes	37	9	No	Yes	No	Yes	Yes	
Wolds - private	Not available	Not available	No	Yes	No	Yes	No	Yes	1	3	No	Yes	No	Yes	Yes	
Full Sutton	41	29%	No	Yes	No	No	Yes	Yes	8	3	No	Yes	No	Yes	Yes	Prisoners on treatment won't be transferred to another prison if the receiving one doesn't provide hep C treatment.
<b>WEST YORKSHIRE</b>																
Leeds	1183	5%	Yes	Yes	No	Yes	No	Yes	41	10	No	No	Yes	Yes	Yes	
New Hall - (Wakefield)	312	4%	No	Yes	No	Yes		Yes	Apx. 60	4		Yes		Yes	Yes	
Wakefield	47	17%	No	Yes	No	No	Yes	No	D/K	0	No	No	Yes	No	No	Referred by receiving establishment to nearest unit.
Wealstun	257	1%	Yes	Yes	No	Yes	No	Yes	10	2	No	No	Yes	Yes	Yes	
HMYOI Wetherby	242	0%	Yes	Yes	No	Yes	No	Yes	0	0	No	No	Yes	Yes	Yes	

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SOUTH YORKSHIRE																
Doncaster - private	1104	0%	No	Yes	No	Yes	No	Yes	12 (Jan-Sept 2011)	D/K	No	Yes	No	Yes	Yes	All prisoners have to access one outpatient appt. for a liver ultrasound.
HMP & YOI Moorland closed	190	11%	No	Yes	No	Yes	No	Yes	9 (Jan-Sept 2011)	D/K	No	Yes	No	Yes	Yes	
Moorland open (Hatfield)	115	0%	No	Yes	No	Yes	No	Yes	0	0	No	Yes	No	Yes	Yes	
HMP Lindholme	366	3%	No	Yes	No	Yes	No	Yes	24 (Jan-Sept 2011)	D/K	No	Yes	No	Yes	Yes	

### 5.10 Prison category

Analysis of the survey responses has also looked at prisons based on category; these are listed at the end of this report as an appendix. Not surprisingly, due to the age range of individuals in YOIs, not many young prisoners appear to be referred or treated for hepatitis C and only 33% (6/18) of establishments have a specialist in reach service provided by the local hospital in comparison to 54% (59/110) overall. Most new infections of hepatitis C are acquired via injecting drug use, which often begins in late adolescence and early adulthood<sup>5</sup> so it is not surprising that numbers being referred and treated for hepatitis C in YOIs is relatively low.

Comparisons with privately run prisons do not show any major differences in service provision with 33% (3/9) automatically testing for PCR compared to 40% (44/110) overall and 55% (5/9) of private prisons providing a specialist in reach treatment service compared to 54% (59/110) overall. In terms of comparisons between male and female local prisons, there are some differences such as specialist in reach provision with 78% (7/9) female prisons having access to this compared to only 48% (13/27) of male prisons; however it should be noted that there are three times as many male local prisons than female in England.

<sup>5</sup> Hepatitis C in the UK, 2011 Report, HPA

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Table 23: Prison category survey results

Prison category / total number of prisons surveyed	Prisons		Which mode of testing is used in the prison for hepatitis C			What happens following an antibody positive result?		Written pathway in place to describe what happens following a positive result?	No. prisoners referred for specialist assessment in 2010?	No. prisoners commenced treatment in 2010?	Treatment model			Does the prison provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?	
	Number responded	Number not responded	Dried blood spot test	Venous blood	Oral	Laboratory automatically tests for PCR	A further sample is taken to test for PCR				Through hospital outpatient (yes)	An in reach service in prison by the hospital (yes)	In prison overseen by prison doctor (yes)	If the prisoner is moving to another prison (yes)	If the prisoner is being released into the community? (yes)
Male local / 30	27/30 (90%)	3/30 (10%)	5/27 (18%)	27/27 (100%)	0/27 (0%)	13/27 (48%)	13/27 (48%)	17/27 (63%)	318 referred / 13D/K	96 treated / 12 D/K	13/27 (48%)	13/27 (48%)	5/27 (18%)	22/27 (81%)	23/27 (85%)
Female local / 10	9/10 (90%)	1/10 (10%)	2/9 (22%)	9/9 (100%)	0/9 (0%)	3/9 (33%)	6/9 (66%)	8/9 (89%)	298	53	2/9 (22%)	7/9 (78%)	0/9 (0%)	8/9 (89%)	9/9 (100%)
Male A / 4	4/4 (100%)	0/4 (0%)	1/4 (25%)	4/4 (100%)	0/4 (0%)	2/4 (50%)	2/4 (50%)	3/4 (75%)	53 / 1 D/K	16	0/4 (0%)	3/4 (75%)	2/4 (50%)	3/4 (75%)	3/4 (75%)
Male B / 3	2/3 (66%)	1/3 (33%)	0/2 (0%)	2/2 (100%)	0/2 (0%)	0/2 (0%)	2/2 (100%)	1/2 (50%)	2D/K	7	1/2 (50%)	2/2 (100%)	0/2 (0%)	2/2 (100%)	2/2 (100%)
Male C / 43	40/43 (93%)	3/43 (7%)	2/40 (5%)	40/40 (100%)	2/40 (5%)	15/40 (37%)	24/40 (60%)	34/40 (85%)	268 / 14 D/K	74 / 14 D/K	14/40 (35%)	22/40 (55%)	9/40 (22%)	35/40 (87%)	33/40 (82%)
Male D / 8	5/8 (62%)	3/8 (38%)	0/5 (0%)	5/5 (100%)	0/5 (0%)	3/5 (60%)	2/5 (40%)	4/5 (80%)	19 / 1 D/K	8 / 1 D/K	3/5 (60%)	4/5 (80%)	0/5 (0%)	5/5 (100%)	5/5 (100%)
Female open / 2	1/2 (50%)	1/2 (50%)	0/1 (0%)	1/1 (100%)	0/1 (0%)	0/1 (0%)	1/1 (100%)	1/1 (100%)	2	0	1/1 (100%)	0/1 (0%)	0/1 (0%)	1/1 (100%)	1/1 (100%)
YOIs / 22	18/22(82%)	4/22 (18%)	1/18 (5%)	17/18 (94%)	0/10 (0%)	7/18 (5%)	9/18 (50%)	12/18 (67%)	88 / 4 D/K	12 / 5 D/K	9/18 (50%)	6/18 (33%)	4/18 (22%)	17/18 (94%)	16/18 (89%)
Private / 10	9/10 (90%)	1/10 (10%)	0/9 (0%)	9/9 (100%)	0/9 (0%)	3/9 (33%)	6/9 (66%)	5/9 (55%)	60 / 5 D/K	31 (5 D/K	3/9 (33%)	5/9 (55%)	2/9 (22%)	7/9 (77%)	6/9 (66%)



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## 6. Conclusion and next steps

The national survey of hepatitis C services in prisons has proved to be a worthwhile exercise. Previously there has been limited understanding of hepatitis C services for prisons nationally. A survey carried out in 2007 through local HPUs across England indicated that 66% of prisons were offering testing for Hepatitis C against the 86% revealed by the current survey. The results of this survey provide a useful basis for the development of future work.

It is the intention that the Department of Health's Liver Disease Strategy Team will go on to co-ordinate a network of professionals across the country to enable better sharing of good practice and development of services. This work will be supported by PIP and Offender Health in ensuring that ongoing data and information can be provided to inform how effectively the network can influence improvements for the testing and treatment of hepatitis C amongst prisoners in England.

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# References

- Department of Health's Guidelines for Health Protection Legislation (England) Guidance 2010)
- HPA, Hepatitis C in the UK, 2011 Report
- HPA national survey of HPU's services for and engagement with local prisons, HPA PIP Team, 2007
- Ministry of Justice, The problems and needs of newly sentenced prisoners: results from a national survey, Stewart, 2008
- Office for National Statistics, Deaths registered in England and Wales in 2010, by cause, October 2011
- Prison Health Performance and Quality Indicators 2011, Department of Health
- Prison Performance digest 2010-11, National Offender Management Service, July 2011
- Report of findings from national survey of HPU's services for engagement with local prisons, HPA, 2008
- The Health Protection (Notification) Regulations 2010

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# Appendices

## Appendix 1: Covering letter for questionnaire



Offender Health  
Department of Health  
Area 111  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG

September 5<sup>th</sup> 2011

To: Governing Governor

### **RE: National Survey of Hepatitis C Services in Prisons**

Please find enclosed a survey requesting information about hepatitis C care in your prison. We would be very grateful if you could forward this to your Head of Healthcare to complete. This collection has been approved by the Review of Central Returns Steering Committee - ROCR.

The survey aims to map hepatitis C care pathways in prisons, to identify examples of good practice, as well as gaps. The information collated will be used to create and maintain a register of services, and to develop a network of specialists to share good practice.

I would be grateful if your Head of Healthcare could complete the attached questionnaire, and return it **by Monday 19<sup>th</sup> September**, to [Cathie.Gillies@hpa.org.uk](mailto:Cathie.Gillies@hpa.org.uk), or by post to:

Cathie Gillies  
Prison Infection Prevention Scientist  
Health Protection Agency,

**July 2012**

North Yorkshire and Humber Health Protection Unit (HPU)

IT Centre

York Science Park

York

YO10 5DG

Please accept my apologies for the short turnaround for this work. I really appreciate your support in providing us with this information.

Best wishes

A handwritten signature in black ink, appearing to read 'Eamonn O'Moore', with a horizontal line above the first few letters.

**Dr. Éamonn O'Moore**

**Consultant in Public Health (Health Protection)**

Eamonn.O'Moore@dh.gsi.gov.uk

**Cc: Healthcare Manager**

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## Appendix 2: National Survey of Hepatitis C Services in Prisons Questionnaire



### NATIONAL SURVEY OF HEPATITIS C SERVICES IN PRISONS, SEPTEMBER 2011

The HPA Prison Infection Prevention Team, Offender Health and the Department of Health National Liver Strategy Team are working together to map existing provision regarding hepatitis C services in prisons across England. It is the intention from this work to create and maintain a register of services as well as develop a network of specialists to share good practice.

**Can you please complete the questionnaire for your prison and return it to [Cathie.Gillies@hpa.org.uk](mailto:Cathie.Gillies@hpa.org.uk), or to the address below by Thursday 22<sup>nd</sup> September 2011**

Cathie Gillies  
Prison Infection Protection (PIP) Team Scientist  
North Yorkshire and Humber Health Protection Unit (HPU)  
IT Centre  
York Science Park  
York  
YO10 5DG

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**Name of prison:**

**This data collection has been approved by the Review of Central Returns Steering Committee**

Reference number ROCR/11/2112VOLUME. Department of Health [Gateway Reference 16464](#)

The ROCR team are keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to ROCR using an online form

<http://www.ic.nhs.uk/webfiles/Services/ROCR/Data%20Collection%20Feedback%20Template.xls>

<b>Q1. Which mode of testing is used in the prison for hepatitis C?</b>	<b>Yes</b>	<b>No</b>
Dried blood spot test Venous blood Oral		
<b>Q2. What happens following an antibody positive result?</b>	<b>Yes</b>	<b>No</b>
Laboratory automatically tests for PCR A further sample is taken to test for PCR		
<b>Q3. Do you have a written pathway in place to describe what happens following a positive result?</b>	<b>Yes</b>	<b>No</b>
<b>Q4. How many prisoners did you refer for specialist assessment in 2010?</b>	<b>Number</b>	<b>Don't know</b>
<b>Q5. How many prisoners commenced treatment in 2010?</b>	<b>Number</b>	<b>Don't know</b>
<b>Q6. Where is treatment for hepatitis C mainly provided?</b>	<b>Yes</b>	<b>No</b>
Through hospital outpatient An 'in reach' service in prison by the hospital In prison overseen by prison doctor		
<b>Q7. Do you provide follow up (i.e. referral on to appropriate service) for those leaving the prison who are hepatitis C positive?</b>	<b>Yes</b>	<b>No</b>
If the prisoner is moving to another prison If the prisoner is being released into the community		

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Appendix 3: English prisons by category

Male (local)	Female (local)	Male (A)	Male (B)	Male (C)	Male (D)
Peterborough Whitemoor Norwich Bedford Chelmsford Leicester Nottingham Lincoln Durham Frankland Holme House Liverpool Preston Pentonville Wormwood Scrubs Wandsworth Belmarsh Bullingdon Woodhill Springhill / Grendon Elmley Lewes Highdown Winchester Bristol Gloucester Exeter Dorchester Hull Leeds	Peterborough Foston Hall Low Newton Styal Holloway Downview Send Eastwood Park Drake Hall New Hall	Manchester Long Lartin Full Sutton Wakefield	Gartree Garth Swaleside	Littlehey Bure Wayland Blundeston Highpoint / Edmunds Hill The Mount Bullwood Hall Wellingborough Stocken Whatton Ranby Acklington Castington Kirklevington Grange Risley Kennet Haverigg Wymott Buckley Hall Latchmere House Brixton Huntercombe Maidstone Canterbury Blantyre House Kingston Isle of Wight Erlestoke Dartmoor Channings Wood Guys Marsh The Verne Shepton Mallet Featherstone Shrewsbury Stafford Coldingley Everthorpe Wealstun Moorland closed Lindholme Northallerton	Hollesley Bay Sudbury North Sea Camp Kirkham Stanford Hill Ford Leyhill Moorland open

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				Hewell (includes B, C and D category males)	
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Private	YOI	Female (open)
YOI Ashfield	Warren Hill	East Sutton Park
Rye Hill	Onley	Askham Grange
Lowdham Grange	Glen Parva	
Altcourse	Deerbolt	
Forest Bank	Thorn Cross	
Bronzefield	Lancaster Farms	
Dovegate	Hindley	
Birmingham	Feltham	
Wolds	Isis	
Doncaster	Reading	
	Aylesbury	
	Rochester	
	Cookham Wood	
	Elmley	
	Portland	
	Swinfen Hall	
	Brinsford	
	Werrington	
	Stoke Heath	
	Northallerton	
	Wetherby	
	Moorland closed	



