Successful set up of haemodialysis within the prison environment

Background: Management of patients with end stage kidney disease within the prison setting is complex. In particular transfer from the prison environment to a haemodialysis unit for regular treatment is challenging for both prison services and the NHS. Depending on the number of officers required to escort, this can mean that up to three officers are out of the prison with one patient for their entire shift, three days a week. Prisons often have a small allocation of officers for external visits and this high utilisation has consequences for other prisoners requiring external trips for medical care. In addition, regular visits to a known area pose significant security risks for the prison service. Moreover, for the prisoner himself, being placed in restraints for outside visits lacks dignity. For other patients on the dialysis unit, the presence of prison officers and prisoners can be intimidating and timing of attendance may be subject to external factors making scheduling difficult. In a large urban dialysis programme, it is common for us to be providing dialysis for at least one prisoner. We therefore sought to work with the prison service at HMP Birmingham to develop an in house service.

Methodology: Discussions were held with prison medical services and NHS England prison health care commissioners facilitating a contractual arrangement for provision of dialysis within the healthcare centre at HMP Birmingham. This includes arrangements for machines and water, provision of consumable, nursing care, medical review and governance. Other issues to consider were: recruiting experienced dialysis nurses from the current pool who would be willing to work within the prison, nurse training on the prison environment and regulations including possible ‘grooming’ by the prisoner, and facilitation of methods to allow necessary consumables to be brought in to the prison on an ad hoc basis. In addition, processes needed to be put in place to allow efficient transfer by escort of nursing staff and prisoner to dialysis setting within the prison in a timely manner.

Results: Dialysis commenced within the prison environment for a known patient of the local renal service in November 2017. This is located in an adapted clinical space within the healthcare centre, provided by an experienced dialysis nurse with a prison officer present. The patient remains under the care of his original consultant who answers all queries and visits for reviews. For the prison service this has significantly reduced the need for external escorts for this patient and removed a marked security risk, as well as being far more dignified for the prisoner, allowing him to partake in work and rehabilitation programmes. It has also allowed health advocacy for the patient and increased awareness for staff around renal disease. Discussion around increasing efficiency to allow a member of staff to treat more than one patient is ongoing, as is ensuring as much collaboration between different prison sites as possible to facilitate placement of a patient in the best place for both medical and rehabilitation care.

Conclusions: Dialysis within the prison environment is possible and beneficial for the prisoner and prison service. It does however require careful discussion and collaborative working between all parties to ensure successful partnership.