Telemedicine Services for HMP Wandsworth

Provided by Airedale NHS Foundation Trust & Involve Collaboration Solutions Ltd
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Airedale NHS Foundation Trust – Who are we?

Airedale Hospital was opened in 1970 by Prince Charles and is an award winning hospital providing acute, elective and specialist care. As of the 1st June 2010 we became a Foundation Trust. We provide high quality, personalised healthcare for a population of over 200,000 people from a widespread area covering 500 square miles within Yorkshire and Lancashire - stretching as far as the Yorkshire Dales and the National Park in North Yorkshire, reaching areas of North Bradford and Guiseley in West Yorkshire and extending into Colne and Pendle in the East of Lancashire. We also are the main provider of UK Secondary Care to the prisons via Tele-health.

- We employ 2219 staff and have 380 committed volunteers
- In a year we treat 25,000 inpatients, 22,000 day cases and 104,000 out-patient appointments.
- Our Accident and Emergency Department sees and treats over 50,000 patients every year
- Around 2600 babies are born each year at the hospital

For 2008/2009, the Trust sustained its GOOD Quality of Financial Management rating and increased the Quality of Services rating to EXCELLENT as part of the Care Quality Commission’s Annual Health Check ratings. In 2009 the Trust also attained NHSLA Level 2 and was categorised Small Trust of the Year by Dr Foster in the annual hospital league tables and were made a Foundation Trust on the 1st June 2010. We provide services from our main hospital site and at other locations across the community and to 23 prisons in the UK using a telemedicine link. We also provide Tele-consultation services to nursing and care homes, GP Health Hubs and directly to patients own home.

The 2008 Learning and Skills Council, Large Employer of the Year for Yorkshire.

The Dr Foster Small Hospital of the Year for two out of the last three years

A second wave Health Foundation, Safer Patient Initiative site with now the lowest Hospital Standardised Mortality Rate (HSMR) outside of London, and 15 months and counting since our last ventilator acquired pneumonia (VAP).

The Airedale Lean Health Care Academy has inspired hundreds of staff across the region to learn about and employ LEAN techniques.

In recognition of our track record of innovation we are the Yorkshire and the Humber NHS Enterprise Hub.
We are ambitious about the future. We believe we can make a distinctive and compelling case for a range of services based on a hospital serving different health populations no longer bound by geography. Airedale NHS Foundation Trust has been explicit about our intentions around telemedicine in our Integrated Business Plan and have agreed our expansion into prisons is a key part of our vision within our Telemedicine strategy.

We are serious about safety, strong governance and assurance. We believe there is a clear link between achieving safer health care and strong finances. Unsafe care is expensive care. We will use everything we have learnt as an organisation from our involvement in the Safer Patient Initiative and from our Lean Healthcare Academy to design better care for our patients. In a competitive environment we will:

- Look critically at what our peers do and emulate or surpass best practice
- We will work in partnership with our Commissioners and innovate to enable their goals to be achieved
- We will develop a distinctive service offer that patients will respond to
- We encourage all our staff to participate fully in this exciting challenge
- We are committed to investing in leadership at every level and place a particular emphasis on growing and developing clinical leaders
How does the service work and who are your service partners?

Airedale NHS Foundation Trust has developed capabilities in an emerging field of health care delivery: Telemedicine. Our work in this area has over the last three years established the Trust as the dominant provider of remote prison health care, delivered in partnership with commissioners across England. We now have contracts with prisons up and down England with a growing pipeline and an expanding service proposition with both private and public providers of prison services. These are all commissioner contracts for NHS care, provided in prison settings. We work in conjunction with local trusts and support the care received both within the prison healthcare and locally. Here are a selection of Prisons that are supported by Airedale NHS Foundation Trust:

1. HMP Manchester (Cat A - high security)
2. HMP Full Sutton (Cat A - high security)
3. HMP Frankland (Cat A - high security)
4. HMPYOI New Hall (female)
5. HMP The Verne (Cat B/C - male)
6. HMP Preston (Cat B/C - male)
7. HMP Garth (Cat B/C - male)
8. HMP Wymott (Cat B/C - male)
9. HMP Lowdham Grange (Cat B - male)
10. Rampton Secure Hospital
11. HMP Isle of Wight (HMP Albany, Camphill and Parkhurst)
12. HMP Wakefield
13. HMP Hulme Moor

Great interest has been now shown from many trusts and we are now deploying the technology used for telemedicine at scale, to reduce cost, improve quality, and increase the reach of our services. We believe that a scale deployment of services such as these will transform the economics of prison healthcare, while raising quality, improving access to care will also reduce the cost of bed watch and escort costs and allow funds to be redeployed into improving care or facilities within the prison.

Provision of Telemedicine Service

Objectives
The aim is to provide high quality consultant-led care to prisoners, while keeping them within the Prison facility. This will minimise the security risks while responding to prisoners’ health needs. This service will be available to all prisoners (at the discretion of the Prison Health & Security Teams) and will be delivered according to the prisoner’s health need.

Accountability
The clinician leading the consultation shall be accountable to the Medical Director and Chief Executive of Airedale NHS Foundation Trust. Subject to the Conditions of Service, the Medical Director:
- has overall responsibility for the Services, including contemporaneous record completion of all Clinical documentation at each location
- is responsible for performance management of the telemedicine service
- will use reasonable endeavours to ensure that the prisoner details are safeguarded within Airedale NHS Foundation Trust at all times
- will co-ordinate clinical audits
- will use reasonable endeavours to ensure that clinicians are appropriately qualified and undergo CPD and their GMC accreditation is up to date

Quality Standards
The reviewing doctors shall:
- use their GMC number to identify the clinician carrying out the consultations for the Prison and complete appropriate returns for the Trust and the Prison;
- manage the number of prisoners seen per session in consultation with Prison Healthcare staff;
- abide by guidance of their professional self-regulatory body the General Medical Council;
- maintain Continuous Professional Development including participation in Peer review and audit;

Facilities and Equipment
The Prison shall provide a room equipped with approved videoconferencing equipment and other clinical materials as agreed jointly with Airedale NHS Foundation Trust clinical staff. All equipment shall conform to Health and Safety regulations and nationally accepted standards. The Prison shall be responsible for the maintenance and upkeep of such equipment. The Hospital shall provide a dedicated Telemedicine Suite in the Hospital’s premises and in case of a number of consultations being needed concurrently Airedale NHS Foundation Trust will make a telemedicine suite available for emergencies.

Performance
For emergency cases Airedale NHS Foundation Trust will comply with Department of Health standards, which requires that 98% of patients have their initial treatment completed within 4 hours. Patients seen via Telemedicine will be prioritised on the basis of clinical need, taking account of all patients being assessed and treated by the Trust at that time. Specialist second opinions are arranged at a mutually convenient time, normally within a few days, dependant on consultant availability and internal prison issues. Training sessions will also be arranged at mutually convenient times. The referral form must be completed in all cases, and Airedale NHS Foundation Trust cannot carry out a consultation without receiving one.

Account Manager and Meetings
Each customer institution shall have an Account Manager who shall act as a single point of contact for all service related issues. The Account Manager shall meet each client at least once every 6 months (more frequently if required or in start-up phase) and in addition to reviewing the Services the Account Manager will also discuss developments in the Services that the customers would like to see. Airedale NHS Foundation Trust will work in partnership with all customers to develop a service that maximises benefit to the customer. The Account Manager shall arrange regular review meetings between clinicians and prison healthcare team, check that accurate records
Introduction & Training of Prison Healthcare Staff
The Account Manager shall formally introduce Airedale NHS Foundation Trust A&E consultants and clinicians to the Prison Health Team and allow them the chance to work alongside each other at Airedale to build up a rapport that will be useful when they are working together in partnership over the Telemedicine link.

The Account Manager will arrange for appropriate days' training of prison staff in the use of Telemedicine equipment and conducting a Telemedicine consultation, including demonstration consultations in the weeks running up to starting to use the Services. One additional day's training per quarter will be made available to ensure new staff are enabled to use the service, or for any refresher training required. Any additional training that will be required above allocated training days will be charged at £750 per day. A range of refresher training will be completed annually as applicable.

Range of Services Available
Telemedicine equipment is installed in multiple locations at the hospital for the provision of remotely delivered healthcare and to ensure rapid access to our clinical teams across our range of specialities. Airedale NHS Foundation Trust are able to provide specialist consultants in the following fields:

- Breast Care (males only)
- Cardiology
- Chemical pathology
- Clinical haematology
- Colorectal surgery
- Diabetic medicine
- Ear, Nose and Throat
- Endocrinology
- Gastroenterology
- General medicine
- General surgery
- Geriatric medicine
- Gynaecology
- Maxillo-Facial surgery
- Medical oncology
- Nephrology
- Ophthalmology
- Orthodontics
- Paediatric surgery
- Paediatrics
- Plastics
- Rehabilitation
- Rheumatology
- Thoracic medicine
- Trauma and orthopaedics
Airedale NHS Foundation Trust

- Urology
- Vascular surgery

Other additional services:
- Dietetics
- Lymphoedema Services
- Physiotherapy
- Tissue Viability

As well as the main clinical specialities we are now providing more allied professional services. The initial range of services includes but is not limited to physiotherapy, dietetics and tissue viability nurses.

Facts:
- The majority of episodes involve the use of two escorting officers at any one time – this rises to three for a high security prison.
- The majority of escort episodes are completed within four hours. The majority of bed watch episodes are completed within four days.
- Prisons with 24-hour health care cover are subject to a significantly higher proportion of escort and bed watch episodes outside of office hours.
- The average cost per escort episode (including mental health transfers) is £410 but this can rise substantially depending on the prisoner and location of transfer site.
- The average cost per bed watch episode is £3,731

The main benefits seen are:
- improve offender health and reduce health inequalities
- increase the range and scope of care delivery
- reduce the cost of service delivery
- improve access to specialist opinions
- support the in house nursing and medical team
- reduce risks and disruption to the wider community
- drive up the quality of the service provided

Training and Education
In addition to the assessments and care that is provided by Airedale NHS Foundation Trust to the prisoners within a prison the Hospital also offers both training and education. This will be provided in three forms:

- “Initial training” - this includes both technical and clinical training.
- “Exchange” - opportunities for prison healthcare staff to work in an NHS Hospital and deal with a wider range of cases, alongside more highly trained and experienced staff.
- “Prison casts” – lectures that can be delivered using Telemedicine by experienced consultants from Airedale to a number of prisons and their Healthcare teams simultaneously. Given the sorts of health problems commonly found in prisons this might usefully include lectures on the on-going management of various Chronic Diseases within the prison environment.
Security

Airedale NHS Foundation Trust has worked extremely hard to ensure that the Services meet all the security requirements of the Home Office. All senior clinicians who will provide telemedicine consultations have been approved by the Home Office and have been CRB checked.

All senior clinicians at Airedale NHS Foundation Trust who carry out consultations via the Telemedicine equipment have been inducted to the prisons healthcare requirements and have received security awareness training. This means they are aware of the necessary precautions that need to be taken with prisons and related security and prescribing issues. For example, Airedale NHS Foundation Trust will not discuss the outcome of the consultation in front of the prisoner – Airedale NHS Foundation Trust will wait until they have left the room at the end and discuss the next steps with the Healthcare team (taking into account the Prison’s security concerns) after the prisoner has left.

What our customers and clinicians say?
To date we have had no adverse incidents and have in many ways improved the governance and security in the UK. All of our customers have renewed their contracts and to date no contracts have been terminated.

Gareth Sands, Contract Director HMP Lowdham Grange

“Using telemedicine provides a safe, secure, decent and cost-effective way of managing many of the healthcare issues and needs of offenders who are held in a prison setting. Access to different clinical pathways is enhanced whilst the operational impact and cost of transporting prisoners to outside hospital is greatly reduced. The gains are numerous and, whilst telemedicine does not completely take away from the more traditional management of offender’s medical needs, it presents a whole range of different options and opportunities in improved service delivery.”

Dr Richard Pope, Director of Innovation, Research and Development at Yorkshire and Humber Strategic Health Authority:

‘this approach has the potential to enable radically different clinical pathways for prisoner. This changes to patient pathways will allow us to reduce substantially the cost of delivering the persons care which simultaneously improving access to their clinical professionals’
Partner Organisation – Involve Collaboration Solutions Ltd

Involve Collaboration Solutions (Previously Martin Dawes Solutions) have been working in partnership with Airedale NHS Foundation Trust for the past 6 years on prison healthcare projects and over this time have built up an excellent knowledge of the technology required and how this should be best used in a prison environment. We have been working with the Ministry of justice for over 10 years and currently have installed over 2500 video conferencing systems into prisons and courts up and down the country.

Involve will provide you with a full pre-installation survey for the proposed rooms, to ensure that the solution priced is suitable (All our costs are subject to survey).

Once the survey is complete and agreed an Involve Prince2 qualified project manager will provide a Project Initiation Document to detail our deliverables to you, the client. The Project Managers are also senior Audio-Visual consultants, who will ensure your overall solution is ‘fit for purpose’

All the Involve engineers are Security Cleared to work in a secure environment.

All of the service contracts will be managed and co-ordinated via Involve’s Video and Telephone service support desk based in Weymouth.

The helpdesk will also provide video and telephone support Monday-Friday 8:00-7:00pm but can be extended to a 24/7 support service if the contract requires this.
1. Funding

Our experience to date is that all public contracts have been funded by the local prisons commissioners and all private sector contracts have been funded by the prison due to their contractual basis. Clearly the latter is more complex and Airedale NHS Foundation Trust will work with you to attract commissioner funding if applicable and not conflict with the nature of the agreed contract. The commissioners currently provide the budget for the provision of both primary and secondary care. Our normal protocols are to arrange a joint working group between all parties including:

- Airedale NHS Foundation Trust
- Commissioner / Area Teams (ATs)
- Prison Management Team
- Prison Healthcare Team
- Local NHS Trust
- Preferred technology provider

These meetings allow us to understand the main health challenges and the drivers and desires around improved healthcare. It is also useful for us to build local health care provider relationships and to understand the prison better. To support the provision of healthcare it is useful for us to understand the healthcare facility on site and to get to know the medical healthcare team on site and the clinical resource levels. The more open the prison is with data and health needs of the population you serve the more we can support. All data provided can be ammonised and will be treated in the strictest confidence.

2. Airedale NHS Foundation Trust Service Costs

Airedale NHS Foundation Trust charges an annual fee for the service of £6’000 per prison to include all training and support costs. Included within this cost are 10 days training of HMP staff in procedures and protocols for Telemedicine and associated management and reporting and scheduling costs.

Each consultation is charged at £150 each. with a minimum of 300 consultations per annum. We will require a three year contract and this is subject to NHS Standards Terms and Conditions.

3. Equipment Costs and Preferred Supplier

Video Conferencing Codec

For Video Conferencing purposes we recommend a Cisco High Definition codec. The unit comprises of a Video Codec (suitable for rack mounting) a high-definition camera and desktop microphone. When the equipment is in use only the camera element will be visible to the user.
The mobile Tele-cart system that we that we supply to most healthcare suites within the prisons comprises of the following hardware:

Cisco C20: The H323/SIP based hardware video conferencing unit is normally located within the Healthcare unit of the prison and will be installed within a purpose built, fully hygienic mobile cart. The system fully supports AES 128 encryption, far end camera control, dual streaming for data presentations, H460 firewall traversal, FEC error correction to mask packet loss on IP networks, address books and presence. The C20 codec also comprises of a 4x Zoom camera which will be suitable for the close contact consultations. Audio is provided via a desktop performance microphone secured to the cart.

For ease of use, the system will be provided with a Cisco touch panel. The touch panel controls all functionality of the video conferencing unit. Other hardware components included in the solution are listed below:

- Parity Medical mobile cart solution with universal power Supply (UPS) with 4-6 hours battery life.
- 26” Full High Definition LCD Screen with infection control hood and clear shatter proof safety screen.

The overall video conferencing solution requires video infrastructure products to navigate traffic through Firewalls, to allow calls across the N3 network between the prison site and Airedale (we will work closely with your internal IT team with regards to N3 network admissions etc.) This video infrastructure (network & hardware) has been provided and is fully managed by Involve and is hosted from Airedale NHS Foundation Trust which is also the Regional Telehealth Programme site. The equipment is sited across two existing fully resilient data centres. Connectivity is consistent with Connecting for Heath and NHS Governance guidelines are fully established on site at Airedale.

This platform provides a centralised fully managed, call control platform. The infrastructure products are, as noted above, contained within two data centres with a dedicated N3 network link for full disaster recovery.

Using Cisco Expressway technology, the solution is able to securely route calls though a secure gateway across N3, without opening any inbound ports on the firewall.
General Exam Camera (Connects to the MDS Telecart)

AMD are a major supplier of healthcare peripheral tools which can connect to various video conferencing platforms. The AMD 2500 or General Examination Camera has been a major diagnosis tool for the HMP Telemedicine projects to date.

The camera (pictured) is light weight and is supplied with two different zoom lenses. It has a video feed which can be shown locally or remotely via the video conference. This is the first analogue camera to combine power zoom, auto focus, freeze frame capture, and electronic image polarization in one diagnostic device. This multi-purpose camera has wide applications in primary care, emergency medicine/trauma care, dermatology, ophthalmology and wound care.
### Products and services overview

<table>
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<tr>
<th>Quantity</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Telecart solution to include: Mobile cart with internal power supply (4-6 hrs battery life) Cisco SX20 VC codec with 4 x Zoom camera, 26&quot; HD viewing screen with secure hood and AMD medical grade general examination camera with 50x zoom</td>
<td>£12'031</td>
<td>£24'062</td>
</tr>
<tr>
<td>2</td>
<td>Annual subscription cost to the MDS N3 Health platform</td>
<td>£1,080.00</td>
<td>£2,160.00</td>
</tr>
<tr>
<td>2</td>
<td>Annual warranty and SLA cover on all hardware items</td>
<td>£1,450.00</td>
<td>£2,900.00</td>
</tr>
<tr>
<td>1</td>
<td>Mobile Laptop solution to include Laptop, HD Camera, Microphone, 12 months licence fee to N3 infrastructure platform and 12 months support.</td>
<td>£1,500.00</td>
<td>£1,500.00</td>
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**Delivery, Installation, Cabling & Consumables**: £1,475.00

**All Prices are exclusive of VAT at the current rate.**

**Pricing is valid for 30 days from receipt of proposal.**
What is the IM&T Governance and Assurance Frameworks?

Airedale NHS Foundation Trust has in place appropriate governance and security for the IM&T Systems to safeguard patient information. Our IM&T Systems and processes comply with statutory obligations for the management and operation of IM&T within the NHS, including, but not exclusively:

- Common law duty of confidence;
- Data Protection Act 1998;
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Computer Misuse Act 1990; and

We understand our statutory obligation to protect patient identifiable data against potential breach of confidence. We meet all national standards and follow appropriate NHS good practice guidelines for information governance and security, including, but not exclusively:

- NHS Confidentiality Code of Practice;
- Registration under ISO/IEC 17799-2005 and ISO 27001-2005 or other appropriate information security standards;
- Use of the Caldicott principles and guidelines;
- Appointment of a Caldicott Guardian;
- Policies on security and confidentiality of patient information;
- Achievement of the data accreditation requirements of the IM&T Directly Enhanced Service;
- Clinical governance in line with the NHS Information Governance Toolkit; and
- Risk and incident management system.

To ensure the quality and safety of patient care, the IM&T Systems also support:

- Management of all clinical services including ordering and receipt of pathology, radiology and other diagnostic procedure results and reports;
- Prescribing and where appropriate dispensing;
- Maintenance of individual electronic Patient health records;
- Inter-communication or integration between clinical and administrative systems for use of patient demographics;
- Access to knowledge bases for healthcare, such as Map of Medicine, at the point of patient contact;
- Access to research papers, reviews, guidelines and protocols.
• Telemedicine Case Study: HMP Full Sutton

HMP Full Sutton is located near York, holding 600 offenders within the High Security Estate. Many are Category A high profile prisoners posing significant risk to others. The Healthcare Centre team provides a range of services in line with the Reducing Reoffending pathway.

Offender healthcare should be equivalent to that of the NHS, providing prisoners with the same range of service access and quality available in the community. Many offenders have spent long periods in custody, are generally in poor state of health and have not had appropriate access to medical and nursing services throughout their life. One of our key objectives is to therefore deliver better care and to reduce some of the health inequalities.

A definition of telemedicine is the delivery of medicine remotely or from a distance. It enables real time medical consultations to take place between people in separate locations through the use of high end video conferencing equipment.

The Project
The aim of the project was for HMP Full Sutton and Airedale NHS Foundation Trust to work in partnership to assess the potential benefits of introducing new technology-Telemedicine - into Offender Healthcare. It was hoped that this would:

- improve the range and scope of care delivery
- improve access to specialist opinions
- ensure objectivity of interventions
- support the in house nursing and medical team
- identify inefficiencies and reduce costs associated with inefficiency
- reduce risks and disruption to the wider community
- drive up the quality of the healthcare service provided

HMP Full Sutton’s Health Care Service provides a full range of primary care, secondary and mental health services to its offenders embracing the ‘healthy prisons’ agenda and mainstreaming it into prisoners’ daily life.

The philosophy of the service was to build on a model of continuous improvement to ensure the health and social care of prisoners is given a high priority and reflects the diverse needs of the prison population. At the same time highly skilled nurses, practitioners and nurse prescribers began to take the lead in the continuous modernisation of the services.

One obstacle to progress had been the issue of staff working in isolation from the wider NHS community leaving the team and offender potentially vulnerable from lack of second opinions in the areas of acute care, emergency situations and sometimes also long term conditions. Prior to the introduction of Telemedicine this resulted in offenders often being sent out to the local acute Trust Accident and Emergency department, with significant impact (both financial and physical) on security and the Prison resources.

The remote geographic location of the prison and the stringent security measures required to enter the prison also impacted upon the time taken in emergency situations for paramedics to treat the patient and relieve the nursing team. This also impacts on
the feelings of staff isolation in critical care situations. Due to the risks to the public and escorting teams taking a prisoner to hospital, prison health staff has been placed in a difficult position when it comes to deciding how to deal with emergencies or trauma and even routine assessments which potentially require specialist medical advice.

Telemedicine provides both the offender and the on site medical staff with rapid access to high quality intervention, specialist advice and the facility to treat the patient in conditions of decency without being escorted to the acute hospital in prison clothing, handcuffs and escorted by officers and sometimes armed police.

**Telemedicine in Practice**

In order to undertake a Telemedicine consultation, telephone contact is made from the prison to the Trust to arrange the time for video consultation whether this be acute or planned. Response times following request for urgent consultation are extremely rapid. Senior medical staff at the Trust, are able to communicate over the video link with the offender and healthcare team; standard clinical investigations (x-ray, ECG, near patient test results) can be viewed over this high quality link.

Diagnostic and care plan details are discussed using the link and where necessary advice regarding emergency treatment can be delivered to the healthcare team staff. The patient record can be made available through systm1 if available and/or as instructed for high profile prisoners all records and information can be anonymised. Appropriate and agreed security measures are in place prior to and during any consultation and all prescribing protocols are agreed. Follow up consultation can be undertaken as required.

**Benefits**

Telemedicine has enabled the prison medical team to receive prompt advice from skilled A&E consultants in acute medical situations. This has been extremely beneficial to the prison, often removing the need for offenders to be taken out of prison, which incurs large costs and potential security risks to prison staff and the public. It offers nursing staff support and advice in managing individuals, confirms the nursing diagnosis or gives a differential diagnosis based on the ‘expert assessment’ within a remote video based consultation. Treatment can be planned in the form of an agreed care pathway or via prescription of medication which is out of the range of the nurses’ ability to issue under Patient Group Directives (PGDs).

The support to the prison GP ranges from providing a range of specialist advice from hospital consultants to assistance with making a diagnosis, monitoring the patient’s condition using secondary care expertise, providing remote treatment advice to monitor and support the patient’s condition without the unnecessary disruption of transferring prisoners to hospital under prison and police escort. We have been able to show a 60% success rate in avoidance of the patient leaving the prison.

Additional benefits have been around increasing staff confidence, empowering nurses and providing the assurances/governance arrangements to minimise the chance of medico legal claims in respect of equivalence of healthcare within custodial services. The feedback of user satisfaction from patients has been very positive and favourable as compared to that of the previous model of care.
Overall, the Telemedicine service has greatly reduced the health inequalities for offenders held at Full Sutton, enabling them to access high quality, cost effective treatments by using modern consultation technology. It has reduced inappropriate admissions and reduced the length of stay for those patients requiring inpatient intervention.
Demonstration of consultation via Telemedicine at Airedale NHS Foundation Trust showing magnification by medical examination camera.
Telemedicine Prison Care Pathway

Process for making an emergency Telemedicine call to Airedale NHS Foundation Trust

<table>
<thead>
<tr>
<th>Patient Acquires</th>
<th>Allocation</th>
<th>Initial Assessment</th>
<th>Pre-consultation</th>
<th>Consultation</th>
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<tbody>
<tr>
<td>Specialties: Urology, Trauma &amp; Orthopaedics, ENT, Ophthalmology, Accident &amp; Emergency, General Medicine, Cardiology, Haematology, Respiratory Medicine</td>
<td>Intake Prison, Acquire Airedale EPR, transfer to system</td>
<td>Initiate consultation if mental health problem</td>
<td>HM Prison will introduce patient in this room and patient complete a security check on self</td>
<td>HM Prison will introduce patient in this room and commence a security check on self</td>
</tr>
<tr>
<td>Cardiology, Respiratory Medicine, Medical Oncology, Haematology, Rheumatology, Paediatrics</td>
<td>Airedale NHS Foundation Trust accommodates patient in this room and ensure relevant team engaged</td>
<td>Complete Vitals and if deemed appropriate, teleconsult</td>
<td>Airedale NHS Foundation Trust introduces patient in this room and commence teleconsultation</td>
<td>Airedale NHS Foundation Trust will now consult with patient and commence what will happen</td>
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<tr>
<td></td>
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<td>Vitals are used to complete a digital mental assessment</td>
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<td></td>
<td>Airedale NHS Foundation Trust will only consult the team and ensure relevant team engaged</td>
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<td></td>
<td></td>
<td>Airedale NHS Foundation Trust will consult with patient and commence what will happen</td>
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<td></td>
<td></td>
<td>Teleconsultation is conducted by Airedale NHS Foundation Trust and patient and relevant team engaged</td>
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<td></td>
<td></td>
<td>Teleconsultation is conducted by Airedale NHS Foundation Trust and relevant team engaged</td>
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<tr>
<td></td>
<td></td>
<td>EPR will be updated and relevant to prison</td>
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<tr>
<td>Role</td>
<td>Action</td>
<td></td>
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<tr>
<td>HM Prison</td>
<td>Complete CAS card with details of presenting condition and any observations, ready to fax through to Airedale (ANHST).</td>
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<tr>
<td>HM Prison</td>
<td>Telephone ANHST A&amp;E department on 01535 292281 and request a Telemedicine consultation.</td>
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<tr>
<td>ANHST Reception</td>
<td>Take details and ask HMP for call back number to confirm response time.</td>
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<tr>
<td>ANHST Reception</td>
<td>Advise doctor on Telemedicine duty and get call back time.</td>
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<tr>
<td>HM Prison</td>
<td>Fax CAS card through to the allocated Telemedicine room (or A&amp;E Reception as advised).</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ANHST Reception</td>
<td>Call HM Prison back with consultation time and location of consultation (eg Telemeds Room 2).</td>
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<tr>
<td>HM Prison</td>
<td>Ensure equipment is switched on with required staff in front of the camera, and connect to ANHST at the agreed time</td>
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<tr>
<td>ANHST Consultant</td>
<td>Collect keys for consultation room from A&amp;E reception and ensure CAS card has been faxed through.</td>
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<tr>
<td>ANHST Consultant</td>
<td>Be in Telemedicine consultation room with door locked, sign displayed and equipment switched on, ready for HM Prison to connect at agreed time.</td>
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<tr>
<td>HM Prison</td>
<td>Introduce all personnel in room; take control of camera at ANHST end and do a security ‘sweep’ of the room. Where appropriate, advise ANHST doctor of any relevant background information before bringing the patient into the room.</td>
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<tr>
<td>ANHST</td>
<td>Introduce all personnel in the room and state their reason for being there.</td>
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<tr>
<td>ANHST/HM Prison</td>
<td>Carry out consultation following Telemedicine protocols.</td>
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<tr>
<td>ANHST Consultant</td>
<td>Complete CAS card with notes, diagnosis any agreed follow up plan and details of prescription and fax back to HMP from within consultation room.</td>
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<tr>
<td>ANHST Consultant</td>
<td>File completed CAS card and notes in secure filing cabinet in Telemedicine consulting room.</td>
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</tbody>
</table>
The following protocols should be observed by all staff when carrying out a Telemedicine consultation with a prison:

- If you recognise the prisoner to be treated as someone who is personally known or related to you, you must end the consultation immediately;
- Introduce everybody in the room and state why they are there – most prisons will take control of our camera and do a ‘sweep’ of our room;
- Do not discuss anything with the prisoner other than the presenting condition and relevant medical history;
- When you have reached a point when you are ready to make a diagnosis and recommend treatment plan, advise the prison staff before proceeding;
- Never state in front of a prisoner that you recommend they go out to hospital at a future date;
- Observe the drugs list supplied by each prison that they would prefer not to be prescribed – most common are:
  - Opiates
  - Any codeine based drugs
  - Psychotropic drugs
  - Benzodiazepines
- Ensure that all paperwork is securely locked away following a consultation;
- Following the consultation, if you are contacted by either the prisoner or their solicitor directly, please do not respond, but refer the correspondence to the Telemedicine team.