

Annex 1:

WHO HEALTH IN PRISONS AWARD 2005 APPLICATION FORM.

BACKGROUND INFORMATION

Title of your piece of work:

Coordination protocols between penitentiary health services and hospitals of reference (HIV and HCV infection)

Name of country:

Spain

Name of prison :

Centro Penitenciario Fontcalent (Alicante)

Brief description of the prison and prisoners (maximum 200 words):

Foncalent Penitentiary Centre has been a preventive centre since the year 2002, when a new penitentiary centre was opened in the province of Alicante. Today 32% of the inmates have been in this prison for less than three months, another 27.5% have been here for six to twelve months, and only 12% have been in this prison for more than a year.

With regard to their stay in prison, 30% have been in prison for more than a year in their life, 32.5% one to three years, and 37.5% have been in prison for more than three years

The penitentiary population in March 2005 was of 880 inmates (88 women and 790 men) coming from 55 different countries. The majority of them are of Spanish origin (48.9%), 10.8% are Moroccan, 6.5% are from Algeria, 7% are from Romania, 1.7% are German or British, and 1.4% are French, Lithuanian or Russian.

With regard to the prevalence of diseases, in the year 2001 there was a prevalence of infection of 19% for HIV and of 35% for VHC. Today, the former has considerably decreased (10 to 11%) and the latter has decreased only slightly (32%) due to several considerations (the increase of foreign population as they pass to a preventive centre, decrease of the IDU penitentiary population, etc.)

Alicante Penitentiary Centre has a health team of one doctor deputy manager, seven doctors, seven nurses and three clinical assistants; the team was made up in March 2005.

Basic health care is carried out in the penitentiary centre, and special health care is provided by the National Health Service through the hospitals of reference.

Until the year 1999 the hospital of reference was exclusively San Juan Hospital, where the admissions, operations and external *surgery times* (visits to hospital doctors) took place. The latter were carried out every fifteen days (for example, there was a limit of five external surgery times in internal medicine- infectious- every two weeks) In the year 1999/2000 Alicante General Hospital became the hospital of reference for emergencies, admissions, and operations, and San Juan Hospital continued being the hospital of reference for external surgery, except for infectious surgery, which was taken by Alicante General Hospital.

Please indicate the category (you may choose only one) for your application, by typing an X in the box against the correct category

Category 1: an example of best practice regarding *health care services provided to prisoners*. This category includes any aspect of the clinical care provided to prisoners by doctors, nurses or other healthcare professionals.

Category 2: an example of best practice regarding any of the following, or a combination of the following: *prevention, health education or health promotion services provided to prisoners*. For example, members of staff (not necessarily medically trained staff) working within the prison might provide the service, or it may involve peer education i.e. using specially trained prisoners.

Category 3: An example of best practice, which demonstrates *effective co-operation between a prison and the outside community, in the area of health improvement*. This category includes any aspect of improving the health and well being of prisoners.

Note: please attach supporting photographs electronically to this application if you wish. They may be used in any subsequent publication of the awards.

PURPOSE OF THE WORK

1. What is the **aim** or **general objective** of your initiative or piece of work (in just one sentence please)?

To carry out coordination protocols between penitentiary health services and the hospitals of reference, agreed by consensus among the hospital specialists and the prison doctors, and with the purpose of improving the attention of patients infected with Human Immunodeficiency Virus (HIV) and HCV **in two main aspects such as the following of patients, and the establishment of the treatment** and its control whenever it may be necessary

2. **What are the main characteristics of the target group(s)?**

- Is it targeted at all prisoners, or a particular group or groups? E.g a particular age group.
- Are others being targeted e.g. such staff involvement or involvement of families
- What is the coverage of the work i.e. how many persons are being reached

These protocols were first created at a local level in Alicante, and later, with the help of the Spanish Society of Penitentiary Health (SESP) (Sociedad Española de Sanidad Penitenciaria) created a document of consensus among prison doctors and hospital specialists that would allow it to be implemented in the rest of Spanish prisons.

The target groups were:

1. Patients infected with HIV, who are about 13% of the penitentiary population.
2. Patients infected with HCV, who are about 38-45% of the penitentiary population.

The penitentiary population infected with these two infections keep similar characteristics in the whole country (users of drugs via intravenous, young people, low social strata, family support, but lack of social support...etc.), which enables the protocols to be of global application.

The number of people affected, taking into account that the Spanish penitentiary population consists of more than 60.000 people is about 8.000 people infected with HIV, and more than 24.000 infected with HCV, with about 7.500 coinfecting with both viruses. But there is another important figure: more than 10.000 people infected with HIV are brought into the Spanish prisons every year.

3. Why this initiative is important? Please indicate in the box

- what is the health need you are addressing? Has there been any form of needs assessment undertaken?
- Were you drawing upon any evidence or research to inform the piece of work? If yes please briefly refer to it here.

The lack of coordination between the prison health services and the hospitals of reference has been a common problem addressed by the health and penitentiary professionals, and which has affected Foncalent P.C. among others. This lack of coordination is shown mainly in the repetition of tests, information not shared, limited selection of patients who have to be transferred to hospital external surgery, and in many centres there is great difficulty for patients to be taken to hospitals, which causes that patients with these diseases were not eventually treated when they needed it.

This situation led in the year 1999 (with the change of hospital of reference for hospitalizations, and when the UEI (Infectious Diseases Unit) of the Alicante General Hospital, (AGH) directed by Dr. Joaquín Portilla, became our unit of reference for the control of the patients infected with HIV) to the beginning of the first protocol between Foncalent Penitentiary Centre (Alicante) and the UEI of the A.G.H. for the control and treatment of the infection with HIV, and later, in the year 2001 another protocol of coordination was established for the control of the infection with HCV.

In the year 2002 the Program of Quality Service in Prisons (Programa de Calidad asistencial en Prisiones) CAPRI (available at: <http://www.sesp.es/sesp/capri/index.html>) was published, whose purpose was to identify quality problems in medical assistance to people confined to prison. Among the quality problems detected we have to mention as most meaningful: the lack of coordination with the hospital of reference, the absence of joint protocols between hospitals and prisons, and the difficulty to transfer patients to hospitals from some penitentiary centres. All this involved an inadequate health attention to patients infected with HIV and with HCV.

The verification through CAPRI that the problem was global and the effectiveness of the protocol carried out at local level in Alicante between the

General Hospital and the penitentiary centre, led us to try to reach a consensus on a Protocol which was good as a model for all the penitentiary centres in Spain, focusing on HIV/HCV

4. What did you set out to achieve, and how successful were you ? Please list your specific objectives in order of importance, and any indicators used to help you measure progress. (NOTE any evaluation should refer back to these objectives and indicators, indicating progress towards meeting them)

Main Objective.

- To improve medical attention of patients infected with HIV and/or HCV which are in prison.

Secondary Objective:

- To increase the number of patients who can be properly treated of these diseases. Previous to these protocols in Alicante no patients were treated for chronic infections with HCV, and the number of HIV patients treated was smaller than the number of those who really needed it.
- To decrease the number of transfers from prisons to hospitals during the diagnostic and therapeutic process of these patients. The objective was on the one hand, to decrease to 50% the number of outings to hospital visiting hours of infectious diseases, and on the other hand, to reduce the waiting list of inmates that are waiting for hospital visiting hours was longer than three months, to less than one month.

INDICATORS:

- Annual percentage of HIV patients treated
- Number of UEI external visiting hours (HIV patients)
- Number of liver biopsies performed
- Number of HCV patients treated

WHO WAS INVOLVED / WHAT WAS THE TIME FRAME?

5. Please describe:

- Those involved in delivery of the initiative? Give names, job titles and the employer of key people involved
- Any prisoner involvement in the planning or delivery of the work
- The time frame : When did the work commence? What did you do and when. Is there a finish date known yet?

The list of participants in the document of national consensus was:

Two general coordinators

Pablo Saiz de la Hoya. MD C. P. Fontcalent (Alicante)

Enrique Ortega, MD Head of the Infectious diseases Unit of the General Hospital of Valencia

14 experts that check the document and reach a consensus on the recommendations.

6 Experts proposed by the SESP (Spanish Society of Penitentiary Health)

8 Experts proposed by GESIDA (the Group of Study on AIDS of The Spanish Society of Infectious Diseases and Clinic Microbiology).

GROUP OF EXPERTS PROPOSED BY THE SESP

- Carlos Alía. MD Servicios Médicos C. P. Navalcarnero, (Madrid).
- Julio G^a-Guerrero. MD Jefe Servicios Médicos C. P. Castellón.
- José de Juan. MD Servicios Médicos C. P. de Córdoba.
- Andrés Marco. MD Servicios Médicos C. P. Barcelona hombres.
- Vicente Martín. MD Servicios Médicos C. P. Mansilla (León).
- Santiago Moreno. MD Jefe del Servicio de Microbiología y Enfermedades Infecciosas. Hospital Ramón y Cajal. Madrid

GROUP OF EXPERTS PROPOSED BY THE GESIDA

- Víctor Asensi. MD Hospital General de Oviedo (Asturias).
- Miquel J. Aranda. MD Hospital de Tarrasa (Barcelona).
- Juan González-García. MD Hospital La Paz (Madrid).
- José Maria Kindelán. MD Hospital Universitario Reina Sofía (Córdoba).
- Carlos Martín. MD Hospital Nuestra Señora de la Montaña (Cáceres).
- Joaquín Portilla. MD Hospital General Universitario (Alicante).
- Vicente Soriano. MD Instituto Carlos III (Madrid).
- Mercè Roget. MD Hospital de Tarrassa (Barcelona).

It is endorsed by three scientific societies, SESP (Spanish Society of Penitentiary Health) GESIDA (Group of studies on AIDS of the Spanish Society of Infectious Diseases and Clinic

Microbiology) and the SEISIDA (Interdisciplinary Spanish Society on AIDS)

At the beginning of the year 2004, the developers of this Project, based on the experience which we had had in Alicante Penitentiary Centre, considered that, in the first place, a draft of each protocol should be carried out (for patients infected with HIV and/or HCV) by the two coordinators, and once carried out, a group of experts that worked in the prisons and hospitals of reference, - professionals that had an important career experience and were distributed around all the country- revised, criticised and made suggestions to it, which was

what happened during the first term. Once the suggestions by the experts had been added, a final meeting was celebrated to reach a consensus on the most controversial aspects and create a final document.

The document was presented officially at the V Congress of Penitentiary Health held in Alicante in the year 2004.

EVALUATION

6. Was there an evaluation?

If yes please detail findings in not more than 300 words. You may want to consider:

- **Formative or process evaluation, concerning the quality and acceptability of your programme's implementation with the target group**

- Summative evaluation: what were the **outcomes and impacts** in relation to your Specific Objectives and indicators listed above

The protocols were officially presented at the Alicante Congress. From that moment, it is available to the prisons so that they may adapt them to their particular conditions and put into practice.

With regard to their implementation in Foncalent Penitentiary Centre, one in the year 1999, and the other in the year 2001, the following has been achieved:

1. Reduction of more than 50% in the number of patients transferred to the UEI (Infectious Diseases Unit) for their treatment/control of HIV (table 1). We want to emphasize the drop of the number of hospital visiting hours after implementing the HIV protocol, and the slight increase that was observed due to the beginning of the HCV protocol
2. Increase of the HIV patients treated in spite of the fact that nowadays, and since the year 2001/2002 there has been a recommendation to treat patients later. Today all the patients that need the treatment and accept it, receive it. Today 55% of patients HIV (+) in our prison are being treated. Of the remaining 45% only 6% satisfy the criteria to begin treatment.
3. Performing of 81 liver biopsies from July 2001. Previous to the establishment of the protocols none had been performed to evaluate the treatment of hepatitis C. the number of biopsies drops from the year 2003 because when we became a centre for preventive inmates, the candidate population decreased.
4. 38 patients treated for chronic hepatitis C from September 2001. Never before had a treatment for hepatitis C been established previous to the introduction of the protocols.

Tabla 1.

Year	% of HIV patients in treatment	Number of HIV patients	Number of hospital visiting hours UEI	Number of liver biopsies	Number of HCV patients in treatment
1996	45%	200	93	0	0
1998	48%	200	90	0	0
Beginning of HIV Protocol					
1999	50%	180	No data	0	0
2000	54%	170	24	0	0
Beginning of HCV Protocol					
2001	50%	170	44	23	4
2002	53%	140	35	29	9
2003	60%	100	24	13	10
2004	55%	90	No data	13	10
March-2005	60%	80		3	3

This protocol has been implemented with local variations in more than five penitentiary centres dependent on the Subdirección General de II.PP. In a centre of convicts the efficiency of this protocol would be even greater.

ABSTRACT

7. NOW TELL US IN YOUR OWN WORDS ABOUT YOUR PIECE OF WORK or INITIATIVE AND WHY IT IS IMPORTANT in not more than 500 words:

Finally, what are the most important specific learning points from your piece of work you would like to share with others working with prisoners? 500 words max

The high number of people infected with the virus of hepatitis and HIV, and the characteristics of Spanish prisons (many of which are far from hospitals, and with difficulties to transfer patients to visiting hours) make a proper control of these diseases impossible, as well as the treatment of all those inmate patients who require it. These protocols, have as a basis the fact that the control of these diseases must be carried out by professionals with the adequate preparation and formation.

What we have achieved mainly is the implementation of a protocol of diagnosis and the monitoring of the treatment in order to achieve a higher efficiency and effectiveness and to decrease the number of times that a patient has to be transferred to a hospital from the moment the diagnosis begins until the end of the treatment, where appropriate

For this purpose different steps in the attention to these patients are carried out, so that later, and depending on factors such as the training of the doctors of each prison, the chances of transfers, and the agreement with the hospital of reference, the doctors of the prison adapt their performance to the agreed

step, trying to reach the highest number of steps in the penitentiary centres. For this reason, in these protocols it is also recommended:

1. The presence in the centres of a coordinator for the attention of patients.
2. That the professionals of the prison can receive appropriate training on these diseases in the hospitals of reference.
3. That the Penitentiary centres must be provided with the means to a fluent communication with the hospitals.
4. It is recommended that a consulting specialist visit inmates periodically in the prison itself .

The main significance that these protocols have had in the evaluation carried out in Alicante is:

- 1) To increase the number of patients to whom we offer the performance of tests prior to the establishment of the treatment (mainly liver biopsy) and to increase the number of patients to whom this treatment is established.
- 2) To improve the communication, interrelation, and collaboration with the corresponding hospital service.
- 3) To promote the publications, and investigations in this circle (a medical article in indexed magazine, and 4 communications to congresses during this period)
- 4) To reduce costs reducing the number of transfers, the number of repeated tests, increasing the efficiency notoriously.

All the above can be summarized in the fact that the attention of our patients has improved. Therefore we hope that this will also happen in other penitentiary centres once the protocols are implemented.

LEARNING POINTS

8. Finally, what are the most important specific learning points from your piece of work you would like to share with others working with prisoners? 500 words max

The performance of these protocols has meant an improvement in the attention to HIV patients, and a possibility to treat patients infected with HCV.

We consider that the implementation of these protocols must be transmitted to the rest of the Spanish prisons, which would improve the quality of the service administered to these patients. And for this purpose, the protocols of consensus were carried out under the protection of three scientific societies. These protocols are attached enclosed in pdf format.

We consider that even though the models of health assistance to inmates varies in the different countries of the world, a correct implementation of these protocols, with the necessary modifications to adapt to the health system, can be extremely useful in any prison around the world.

This protocol is available, and can be sent by mail in its printed version.