August 2020

Roll out of telemedicine consultations with individuals in the secure and detained estate – briefing note for NHS Trusts and Foundation Trusts

- As part of the COVID-19 response, the NHS England and NHS Improvement (NHSE/I) Health and Justice Team have supported the rapid rollout of an approved video consultation platform and critical hardware across 135 secure sites. This includes prisons, immigration removal centres (IRCs), and the entire children and young people secure estate (CYPSE) in England. The list of 135 sites are included in Annex 1.

- Although many NHS trusts and foundation trusts have deployed and adopted video consultation solutions as part of their COVID-19 response, secure settings are restricted to using digital solutions approved by Her Majesty's Prison and Probation Service (HMPPS).

- Two video consultation platforms are currently approved by HMPPS for use in secure settings, Visionable and Involve. While we are aware many trusts are using Attend Anywhere, AccuRx and other similar video platforms these are not currently permitted for use in secure settings.

- The NHSE/I Health and Justice team have purchased 2,000 Visionable licences for these secure sites to deliver video consultations for a two-year period. The licence period is 8 June 2020 – 2 June 2022.

- It is anticipated that secure settings will be ready to deliver video consultations with NHS trusts and foundation trusts by the start of September 2020.

What do NHS trusts and foundation trusts need to do?

- Healthcare teams in secure settings across England are very keen to link with their local trusts to develop a process to enable video consultations to take place. In many cases, prison/IRC/CYPSE healthcare staff do not know who best to contact in the trust to start these conversations. Trusts are therefore encouraged to contact their local prison(s), IRC(s)s or CYPSE setting to discuss operational arrangements for undertaking video consultations.

- If you do not know the contact details of your local prison(s)/IRC(s)/CYPSE healthcare team please contact the NHSE/I Health and Justice Team at

NHS England and NHS Improvement

england.healthandjustice@nhs.net. The Health and Justice Team will put you in touch with a relevant local contact. If you link with several secure settings in your area the team may be able to facilitate a group forum to discuss video consultations simultaneously with multiple providers.

How will telemedicine consultations work with my local prison(s)/IRC(s)/CYPSE?

- Trusts do not need to purchase any new software and do not require Visionable accounts.

- As the Visionable licences will sit with the secure and detained estate, the secure site will email the appointment URL invitation to the trust clinician's email address, allowing the trust clinician to join the video consultation as a 'guest'. In this way the activity at the prison/IRC/CYPSE end remains digitally auditable.

- To access prison/IRC/CYPSE appointments the clinician will be required to follow the steps below:
    o Click on the appointment URL received from the secure site
    o Choose 'open in web browser' (using Google Chrome only)
    o Enter name
    o Click 'join'. The clinician will then see a video screen of their own image until joined in the call by another user, at which point their image will be visible. The patient's chaperone may request the clinician shows ID to verify they are the clinician expected in the appointment.

- Multiple clinicians will be able to access a patient's video consultation if multidisciplinary input is required.
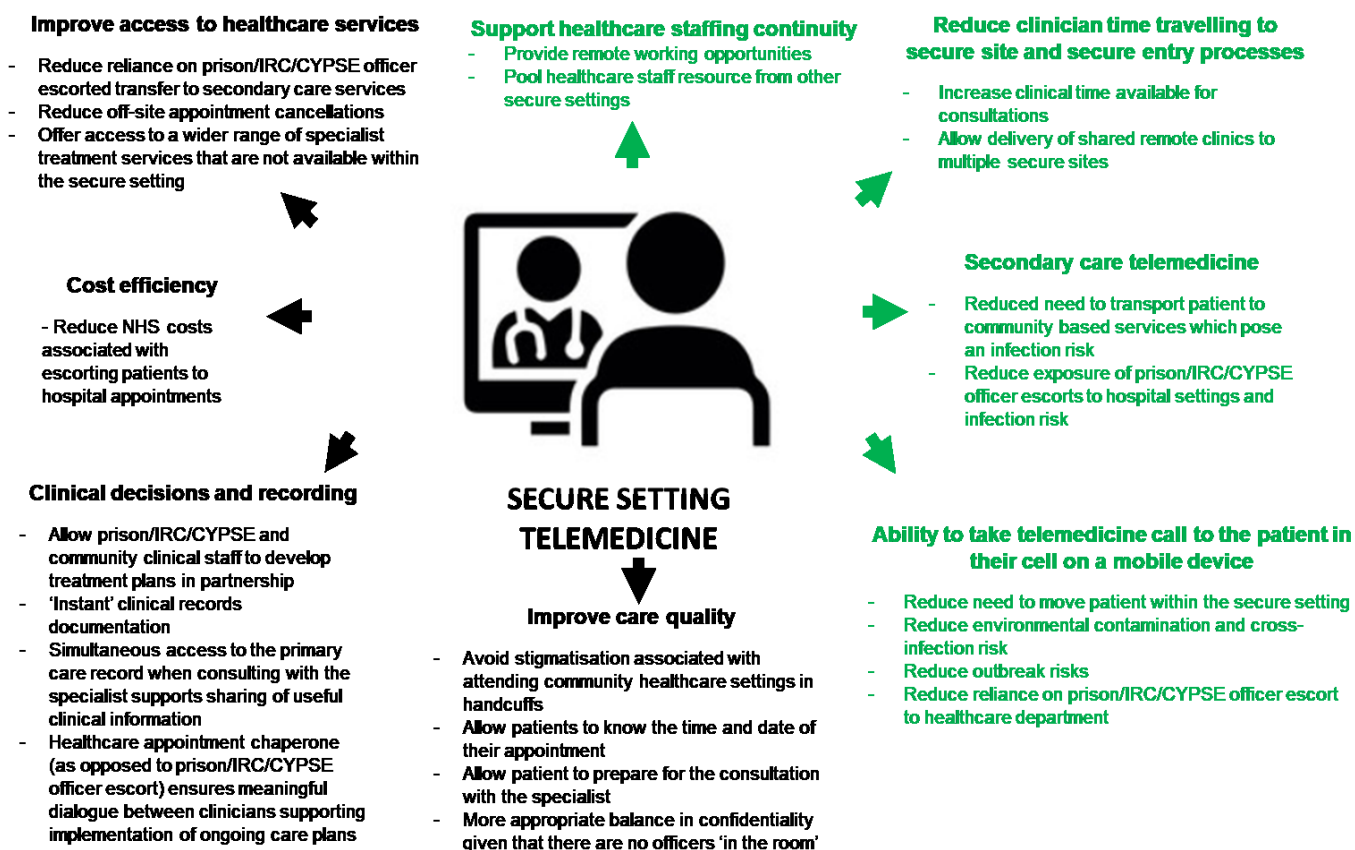
Why can't we use the video consultation platform/s our trust is currently using?

The HMPPS approval process for software typically takes over a year to complete. For software to be approved it must meet a range of requirements including the following:

- Must provide a complete digital audit trail of use, by individual staff member, to ensure misappropriation can be tracked in event of a breach (i.e. an unauthorised video call).

- To support auditability, every staff member in the secure and detained estate who chaperones a patient within a video consultation must have a unique, identifiable software login to ensure traceability in the event of misappropriation. Patients are not permitted to use the video consultation platform unsupervised and therefore will always be supervised by a healthcare chaperone who will log into the video consultation.

- Video consultations can only be made from the secure and detained estate to pre-approved contacts, preventing unauthorised users from joining the video consultation. Non-NHS email addresses need to be added by a central software administrator in the secure setting.

Benefits of telemedicine in secure settings

- Delivery of secondary care services to secure and detained estates via video consultation can improve access and quality of care for detained patients, as well as generating cost efficiencies.

- It can also bring numerous benefits to secure and detained healthcare teams, prison(s)/IRC(s)/CYPSE staff and trusts. For example, patient appointments are less likely to be cancelled or DNA and referral to treatment times are likely to reduce. This is true during both pandemic and non-pandemic contexts. Further benefits are highlighted below.

Improve access to healthcare services
- Reduce reliance on prison/IRC/CYPSE officer escorted transfer to secondary care services
- Reduce off-site appointment cancellations
- Offer access to a wider range of specialist treatment services that are not available within the secure setting

Cost efficiency
- Reduce NHS costs associated with escorting patients to hospital appointments

Clinical decisions and recording
- Allow prison/IRC/CYPSE and community clinical staff to develop treatment plans in partnership
- 'Instant' clinical records documentation
- Simultaneous access to the primary care record when consulting with the specialist supports sharing of useful clinical information
- Healthcare appointment chaperone (as opposed to prison/IRC/CYPSE officer escort) ensures meaningful dialogue between clinicians supporting implementation of ongoing care plans

Support healthcare staffing continuity
- Provide remote working opportunities
- Pool healthcare staff resource from other secure settings

SECURE SETTING TELEMEDICINE

Improve care quality
- Avoid stigmatisation associated with attending community healthcare settings in handcuffs
- Allow patients to know the time and date of their appointment
- Allow patient to prepare for the consultation with the specialist
- More appropriate balance in confidentiality given that there are no officers 'in the room'

Reduce clinician time travelling to secure site and secure entry processes
- Increase clinical time available for consultations
- Allow delivery of shared remote clinics to multiple secure sites

Secondary care telemedicine
- Reduced need to transport patient to community based services which pose an infection risk
- Reduce exposure of prison/IRC/CYPSE officer escorts to hospital settings and infection risk

Ability to take telemedicine call to the patient in their cell on a mobile device
- Reduce need to move patient within the secure setting
- Reduce environmental contamination and cross-infection risk
- Reduce outbreak risks
- Reduce reliance on prison/IRC/CYPSE officer escort to healthcare department

Additional information

- HMPPS has recently approved the use of 4G enabled tablets for telemedicine in secure settings. These tablets will also allow access to Systmone to support medication delivery to cells.

- Full guidance for clinicians working from home will shortly be published by the RCGP Secure Environments Group (RCGP SEG).

- Core requirements of remote telephone and video consultations are outlined below:
  - Clinical consultations must remain confidential and no recordings should be made.

o Remote clinicians can provide care to secure settings when working from home, however they should take care to ensure there are in a neutral environment e.g. no family photographs visible.

o The patient will require a chaperone in all video consultations with the clinician. This should be a member of the healthcare team, unless an emergency means a prison/IRC/CYPSE staff member must attend.

o If an appointment URL is forwarded to another clinician to deliver/join the patient consultation, the trust should notify the secure estate healthcare team to confirm the invitation was forwarded legitimately and was not a security breach.

Further resources

For further information and guidance, please request access to the
Future NHS Collaboration Platform for telemedicine in secure settings

A five minute animation which explains what it's like to visit a hospital from prison, from the patient perspective: https://www.youtube.com/watch?v=_IDag_RFus8&feature=youtu.be

The journal article which informed the animation above and provides further detail on prisoners experiences of secondary care:
https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30160-7/fulltext

A commentary about the rollout of telemedicine in the secure and detained estate and its relation to digital equivalence: https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30164-3/fulltext

Further support

For further queries, information or support please contact england.healthandjustice@nhs.net

The NHSE/I Health and Justice Team can also provide further information on Visionable and associated operational documentation for use.

Annex 1

SCH = Secure Children's Home
IRC = Immigration Removal Centre
STC = Secure Training centre
YOI = Young Offenders Institution

List of secure sites:

Adel Beck SCH
Aldine House SCH
Atkinson SCH
Aycliffe SCH
HMP Aylesbury
Barton Moss SCH
HMP Brinsford
Clare Lodge SCH
Clayfields House SCH
Gatwick IRC Brook House
Gatwick IRC Tinsley House
Heathrow IRC Harmondsworth
Heathrow IRC Colnbrook
HMP Highpoint
HMP Wymott
HMP Altcourse
HMP Ashfield
HMP Askham Grange
HMP Bedford
HMP Belmarsh
HMP Birmingham
HMP Bristol
HMP Brixton
HMP Bronzefield
HMP Buckley Hall
HMP Bullingdon
HMP Bure
HMP Channings Wood
HMP Chelmsford
HMP Coldingley
HMP/YOI Cookham Wood
HMP Dartmoor
HMP Deerbolt
HMP Doncaster
HMP Dovegate
HMP Downview
HMP Durham
HMP East Sutton Park
HMP Eastwood Park
HMP Elmley

HMP Erlestoke
HMP Exeter
HMP Featherstone
HMP/YOI Feltham
HMP Ford
HMP Forest Bank
HMP Foston Hall
HMP Frankland
HMP Full Sutton
HMP Garth
HMP Gartree
HMP Grendon
HMP Guys Marsh
HMP Hatfield
HMP Haverigg
HMP Hewell
HMP High Down
HMP Hindley
HMP Hollesley Bay
HMP Holme House
HMP Hull
HMP Humber
HMP Huntercombe
HMP IOW
HMP Isis
HMP Kirkham
HMP Kirklevington Grange
HMP Lancaster Farms
HMP Leeds
HMP Leicester
HMP Lewes
HMP Leyhill
HMP Lincoln
HMP Lindholme
HMP Littlehey
HMP Liverpool
HMP Low Newton
HMP Lowdham Grange
HMP Maidstone
HMP Manchester
HMP Moorland
HMP Newhall
HMP Northumberland
HMP Norwich
HMP Nottingham
HMP Oakwood
HMP Onley
HMP Pentonville

HMP Peterborough (male)
HMP Peterborough (female)
HMP Portland
HMP Preston
HMP Ranby
HMP Risley
HMP Rochester
HMP Rye Hill
HMP Send
HMP Springhill
HMP Stafford
HMP Standford Hill
HMP Stocken
HMP Stoke Heath
HMP Styal
HMP Sudbury
HMP Swaleside
HMP Thameside
HMP The Mount
HMP The Verne
HMP Thorn Cross
HMP Wakefield
HMP Wandsworth
HMP Warren Hill
HMP Wayland
HMP Wealstun
HMP/YOI Wetherby
HMP Whatton
HMP Whitemoor
HMP Winchester
HMP Woodhill
HMP YOI Drake hall
HMP&YOI Swinfen Hall
Kyloe House SCH
Lansdowne SCH
Lincolnshire SCH
HMP Long Lartin
Manchester Short Term Holding Facility
Marydale SCH
Medway STC
Morton Hall IRC
Rainsbrook STC
Swanwick Lodge SCH
Vinney Green SCH
HMP/YOI Werrington
Wormwood Scrubs
Yarls Wood IRC