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Older prisoner Health and Social Care Assessment and Plan (OHSCAP)

Submission date
25/10/2013

Recruitment status
No longer recruiting

Registration date
25/10/2013

Overall study status
Completed

Last Edited
14/02/2018

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Older prisoners (those aged 50 and over) are the fastest growing subgroup in English prisons. Between 2000 and 2010, the number of older prisoners grew by a striking 128%. In the last three years, the proportion of prisoners aged 50 and over has increased, whereas the proportion of all other age groups in prison has remained the same or reduced. Older prisoners have more complex health problems than younger prisoners and than those of the same age living in the community. Around 85% of older prisoners suffer from one or more chronic illness. The most commonly reported health conditions amongst older prisoners are cardiovascular diseases, arthritis and/or back problems, respiratory diseases, endocrine disorders and sensory deficits. Furthermore, it is estimated that more than half of older prisoners have a psychiatric diagnosis, most frequently depressive illness, often inadequately treated. Older prisoners also have unmet social needs. It is estimated that on average, older prisoners cost between three and eight times as much to care for in prison as their younger counterparts. There is currently no national strategy for older prisoners; consequently their care is not well planned. The NHS is now responsible for prison-based healthcare services. Healthcare for prisoners must be equivalent, in terms of quality and range, to services provided in the community. However, this is frequently not the case for older prisoners. Prisons are generally designed for younger people and often do not fully meet older prisoners' needs. For example, only 19% of prisons undertake specific needs assessments for older prisoners and there has been no published research to date evaluating the effectiveness of the assessments currently in use. In a previous study, we supported a group of older prisoners, healthcare and prison staff in a prison in England to design and implement the Older prisoner Health and Social Care Assessment and Plan (OHSCAP). The Older Prisoner Lead (a prison officer) carries out the assessments with the older prisoner seven to ten days after prison entry. The OHSCAP includes a series of questions around relationships, activities, mobility, emotional wellbeing, physical wellbeing and release planning. Questions are asked in such a way as to give older people time and opportunity to fully talk about the issues they face. Following this discussion, a care plan is drawn up, detailing any referrals and special arrangements to be made. The OHSCAP has been piloted with 24 older prisoners at a prison in England and its content and format were received positively by prisoners and prison staff. The OHSCAP resulted in more efficient multi-agency working and older prisoners valued the opportunity to discuss anxieties which they felt they would have otherwise not shared with staff. The previous research was a small-scale study; the proposed research will be a full-scale

study to examine wider outcomes for older prisoners and the quality of the delivery of the OHSCAP, including an evaluation of the costs and possible savings use of the OSHCAP would create. The aims of the study are:
1) To train prison staff to deliver OHSCAP
2) To implement OHSCAP in four prisons in England
3) To evaluate the effectiveness of OHSCAP in improving i) the meeting of older male prisoners' health and social care needs (primary outcome) ii) health-related quality of life and iii) depression iv) functional health and wellbeing and activities of daily living
4) To assess the quality of care plans produced through the OHSCAP
5) To explore the experiences of older prisoners receiving the OHSCAP, and staff involved in conducting the OHSCAP
6) To evaluate the cost-effectiveness of the OHSCAP, compared to treatment as usual

Who can participate?
Male adults aged 50 or over entering a prison participating in the study and who are likely to remain in prison for a minimum of 3 months.

What does the study involve?
Part 1 of the proposed study will involve training the Older Prisoner Leads at each prison to deliver the OHSCAP. In part 2 of the study, prisoners will be randomly allocated to receive either OHSCAP or treatment as usual. We will assess how well prisoners' health and social needs are met before they receive the OHSCAP or treatment as usual, and three months after they have received the intervention. We will then establish whether the OHSCAP results in increased met health and social needs, health-related quality of life, depression and functional health and wellbeing and activities of daily living compared to the control group. Part 3 consists of an audit of the care plans produced through OHSCAP to determine the processes involved and the quality of the care planning and health service delivery. This will help to improve staff training on the use of the tool. Part 4 involves interviews with older prisoners who have received the intervention to understand the facilitators and barriers involved. Interviews will also be held with staff involved in the intervention to gain an understanding of the processes involved. Part 5 will evaluate the cost-effectiveness of the OHSCAP as compared to treatment as usual.

What are the possible benefits and risks of participating?
Taking part may help to meet your health and social care needs. Findings from the research may help improve services for future older prisoners. For all participants there is the risk that you may become distressed during the interview as we will talk about your health and social care needs. If you are upset you can talk to the researcher, a listener, a member of prison staff or a member of healthcare staff. If you feel you require further support they will be able to tell you about other possible sources of help or advice.

Where is the study run from?
The proposed study will involve implementing the OHSCAP at four prisons in England. One of these prisons holds prisoners who are likely to be transferred to other prisons; one is a training prison holding prisoners with medium to long prison sentences; one of the prisons is a high secure prison that holds prisoners that are likely to have long sentences and one prison holds prisoners on a variety of short-term, medium-term and long-term sentences.

When is the study starting and how long is it expected to run for?
The study started in November 2013 and will run until October 2016.

Who is funding the study?
National Institute for Health Research (NIHR), UK

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
15169

Study information

Scientific Title
The effectiveness of the Older prisoner Health and Social Care Assessment and Plan (OHSCAP): a randomised controlled trial

Acronym
OHSCAP

Study objectives
Older prisoners have more complex health problems than younger prisoners and than those of the same age living in the community. There is currently no national strategy for older prisoners; consequently their care is not well planned. In a previous study, we supported a group of older prisoners, healthcare and prison staff in a prison in England to design and implement the Older prisoner Health and Social Care Assessment and Plan (OHSCAP). The Older Prisoner Lead (a prison officer) carries out the assessments with the older prisoner 7-10 days after prison entry. The OHSCAP includes a series of questions around relationships, activities, mobility, emotional wellbeing, physical wellbeing and release planning. Following this discussion, a care plan is drawn up. The OHSCAP has been piloted with 24 older prisoners and its content and format were received positively by prisoners and prison staff. The proposed research will be a full-scale randomised controlled trial to examine wider outcomes for older prisoners and the quality of the delivery of the OHSCAP, including an evaluation of the costs and possible savings use of the OSHCAP would create. The proposed study will involve implementing the OHSCAP at four prisons in England. Part 1 of the proposed study will involve training the Older Prisoner Leads to

deliver the OHSCAP. Part 2 is a randomised controlled trial. We will assess how well prisoners' health and social needs are met before they receive the OHSCAP or treatment as usual, and three months after they have received the intervention. We will then establish whether the OHSCAP results in increased met health and social needs compared to the control group. Part 3 consists of an audit of the care plans produced through OHSCAP. Part 4 involves interviews with older prisoners and staff. Part 5 will evaluate the cost-effectiveness of the OHSCAP as compared to treatment as usual.

Ethics approval required
Old ethics approval format

Ethics approval(s)
REC for Wales, 18/06/2013, 13/WA/0108

Primary study design
Interventional

Study design
Randomised; Interventional and Observational; Design type: Qualitative

Study type(s)
Screening

Health condition(s) or problem(s) studied
Topic: Primary Care Research Network for England; Subtopic: Not Assigned; Disease: All Diseases

Interventions
Intervention: The OHSCAP was developed and implemented as part of a previous study funded by the National Institute for Health Research (NIHR) Service Delivery and Organisation (SDO) programme. An Action Learning Group (including prisoners, NHS staff and prison staff) at HMP Leeds developed the OHSCAP.

The OHSCAP is a structured approach for better identifying and managing the health and social care needs of older prisoners. The previous study showed that the OHSCAP was acceptable to prisoners and staff; could be integrated into current prison/healthcare processes; assisted effective multi-agency working; provided an opportunity for prisoners to raise their concerns that would have otherwise gone unreported; and could be successfully conducted by a prison officer.

The OHSCAP is paper based and information collected is uploaded onto existing prison, health and offender manager computer programmes. The first page of the OHSCAP includes instructions for completion and background information. A table for collecting basic demographic information including name, age, date of birth and National Offender Management Service (NOMS) number is also included. The OHSCAP consists of an assessment, a care plan and reviews of these.

The assessment includes a series of open questions to facilitate discussion and is divided into three key parts; namely social, well-being and discharge planning. The social assessment includes open questions around relationships, activities and mobility. The well-being assessment includes exploratory questions around emotional well-being, physical well-being, and medications and treatment. A section for other concerns is also incorporated. The final section of the assessment

includes open questions around discharge planning. A series of trigger open questions are included for each of these sections. A place for signatures of those conducting the assessment and the prisoner is also incorporated.

The care plan consists of a matrix with five columns. These are:
1. Issue raised from assessment
2. Aim of the proposed action
3. Action (included by whom and when)
4. Date to be reviewed and rationale
5. Status of action

The review section includes space for a date and details of the reviewer. It also takes the form of a matrix and includes the following columns:
1. Progress since last review
2. Action planned
3. Next review with rationale

The assessment is conducted approximately one to three weeks after an older prisoner enters prison. This was based on discussion in the Action Learning Group around the wealth of information that is both asked for and provided to older prisoners immediately after they arrive in prison and how they are suffering from entry shock and would find it difficult to cope with a further assessment during the initial entry period. In addition, it was felt that older prisoners require a period to settle into the prison in order to be able to identify their needs effectively. The Older Prisoner Lead accesses the prison's computer system C-NOMIS on a daily basis to identify any prisoners aged 50 or over newly received from court into the prison, whose known release date (convicted prisoners) or likely release date (un-convicted), is at least three months after prison entry. The Older Prisoner Lead conducts the assessment one-to-one with the older prisoner. The care plan is completed in conjunction with the older prisoner and they are provided with a copy of their OHSCAP. In addition, a summary of the OHSCAP is entered onto the prison computerised information system (C-NOMIS) and a copy of the OHSCAP is scanned onto the prison computerised clinical records (System-one) and probation computer records (Offender Assessment System, [OASys]). The Older Prisoner Lead conducts reviews as considered necessary and develops further action plans. Reviews of care plans involve ensuring actions have been completed and pursuing these as necessary.

The Older Prisoner Leads, who are prison officers or professionals in a similar role at each of the prisons, will deliver the intervention. An action learning group comprising prisoners, NHS staff and prison staff decided that the Older Prisoner Lead was the most appropriate person to conduct the OHSCAP. Findings from the previous study illustrate that prisoners are happy to discuss their health and social care issues with prison officers. The Older Prisoner Lead will have specialised training before conducting the OHSCAP.

Treatment as usual (TAU): Treatment as usual includes the standard non-age-specific health assessment carried out at prison entry (Grubin et al., 2002). This is not conducted by the individuals who will deliver the OHSCAP. Further assessment and intervention follow local procedures at each establishment. Identification of health and social needs and care planning is generally ad hoc and inadequate (Shaw et al., 2009).

Follow Up Length: 3 months

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
The mean number of unmet health and social care needs at three months as measured by The Camberwell Assessment of Need Short Forensic Version (CANFOR-S) (Thomas et al., 2003).

Measured at baseline and three months after prison entry.

Key secondary outcome(s)
1. Functional health and wellbeing and activities of daily living as measured by The Bristol Activities of Daily Living Scale (Bucks, Ashworth, Wilcock, & Siegfried, 1996)
2. Depression as measured by The Geriatric Depression Scale Short form (GDS-15) (Sheikh & Yesavage, 1986)
3. Appropriate health and service usage as measured by the Secure Facilities Service Use Schedule (SF-SUS) (Barrett & Byford, 2007)
4. Health-related quality of life as measured by The EQ-5D (Herdman et al., 2011). The visual analogue scale (VAS) aspect of this tool will be excluded.
5. The extent to which specific health and social care needs have been met as measured by the bespoke OHSCAP tool designed by the research team.

Measured at baseline and three months after prison entry.

Completion date
30/11/2016

Eligibility

Key inclusion criteria
1. Male aged 50 or over
2. Be entering HMP Leeds, HMP Altcourse, HMP Manchester, HMP Liverpool or HMP Wakefield
3. Have a known release date (convicted) or likely release date (unconvicted) of at least three months after their prison entry date

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
Male

Key exclusion criteria

1. Those who do not have the capacity to consent
2. Those considered by prison or healthcare staff not safe to interview alone due to their current risk assessment

Date of first enrolment
01/11/2013

Date of final enrolment
30/11/2016

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Manchester
Manchester
United Kingdom
M13 9PL

Sponsor information

Organisation
University of Manchester (UK)

ROR
https://ror.org/027m9bs27

Funder(s)

Funder type
Government

Funder Name
Health Services & Delivery Research Programme (HS&DR); Grant Codes: 12/5001/21

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/12/2017		Yes	No
HRA research summary			28/06/2023	No	No