



Pulmonary rehabilitation in prisons

A guide to setting up and delivering
a pulmonary rehabilitation programme
in prisons

Improving lives

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Setting up pulmonary rehabilitation in a prison

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This booklet is for healthcare colleagues with an interest in respiratory care who would like to help improve the lives of prisoners living with a chronic lung condition.

It will help you through the process of knowing who to involve, what you will need and gives lots of practical tips from enrolling patients through to discharge.

Once you have decided to deliver a pulmonary rehabilitation (PR) programme there are many challenges ahead. However, we have successfully delivered PR in a prison, and our vision is to encourage and support others who would like to do the same.

Pulmonary rehabilitation

Pulmonary rehabilitation is a multi-disciplinary programme of care that helps improve the wellbeing of people who have chronic breathing problems. It consists of physical training, disease education, nutritional, psychological and behavioural treatments. It improves health related quality of life, functional exercise capacity and gives patients the knowledge and skills to manage their disease more effectively.

Our programme demonstrated that reductions in appointments with the healthcare team and out-of-hours visits to secondary care were a direct result of running PR in the prison.

PART 1

Get to know your stakeholders and engage with them from the outset

Stakeholders are:

Local pulmonary rehabilitation team

They will provide the expertise to help screen and assess the patients and help with all the practical issues needed for running classes.

The Governor

They will decide whether you are able to run the course. Provide them with the evidence on how this will improve quality of life and be of economic benefit. The governor will authorise the staff time and resources for the programme.

The GP

They will be clinically responsible for the patient. Invite them to contribute to the educational component, and ensure they are on board with local pharmacological guidelines for Chronic Obstructive Pulmonary Disease (COPD) management.

The fitness instructors

They will help you run the classes, find the studio/gym space, provide hands on support, set up the gym, provide access to volunteers within the gym.

The prison officers

They will need to know about the course, the timings and allow movements for prisoners to attend the classes.

Prisoner work places

Keep employers informed that the prisoners will need time off, as this will affect their productivity, prisoner records and pay.

The prisoners

Starting the screening programme with spirometry testing allows for the introduction of the PR class and an invitation to be assessed for suitability to join the class.

Your manager

They will need to support you - give you time and the resources to start clinics and run the PR class. Agree who will cover you when you are allocating time to setting up and running PR.



The administrator

They will help with printing, photocopying and designing your exercise sheets.

Health care professionals

They will support you from the education perspective, and with management of the more complex patient who may need further input from:

- **GPs**

They have a specialist interest. At the clinic stage of assessing the patients you may need to discuss complex patients, request medication changes and order further investigations.

- **Dietitians**

They contribute at the education sessions and support patients as identified by Malnutrition Universal Screening Tool (MUST) screening.

- **Mental health nurses**

They contribute at the education sessions and support patients identified with depression/anxiety or any other concerns at the time of assessment.

- **Smoking cessation advisors**

They contribute to the education sessions and support those wanting to quit smoking.

- **Pharmacists**

They contribute at the education sessions and with medication reviews for patients.

Front gate

Staff need to be informed about the extra flow of visitors attending the classes including outside speakers. All visits should be recorded in the visitors book.

Communications team

They can promote and raise awareness of the importance of PR in staff newsletters.

Local universities

They can help with data analysis and publication.

Press liaison officer within the prison

They should be notified of the service in case of outside interest from the public.

Drug companies

Contact your regional respiratory reps who will be a vital link to support you with spirometry training and the provision of placebo inhalers.

Catering staff

They will be able to print menus and need to be made aware of the dietary requirements prior to starting PR (i.e those with a low and high BMI). The governor will need to authorise this.

Local oxygen supplier

They will be supplying any patients identified as needing supplementary oxygen: those on long term oxygen therapy (LTOT), or those demonstrating significant exertional hypoxia. Your local community respiratory team can help you with this.

Disability officer

They will be able to organise buggies, help with activities of daily living (ADL's) and a buddy on the wing to help patients with their individual needs.



Getting started



If you are new to COPD/PR, find out if there are any courses you can attend. Or visit your local PR service and start engaging with them ASAP. It may be a good idea to take the fitness instructors who will be delivering the programme along too.

Meet with the GPs and discuss who will lead on patient care when screening.

Agree to screen all smokers over the age of 35. Liaise with the smoking cessation advisor for this information.

Find out how many of the existing patients have a diagnosis of COPD or asthma. Invite them to attend a diagnostic clinic. Are they on the correct register for QOF? Are they appropriate for further assessment?

Get trained up in hand held or desk top spirometry. Who will train you? Agree funding.

Please note: For accurate diagnosis of respiratory disease, spirometry needs to be quality assured as recommended by the BTS. For spirometry to be quality assured it needs to be:

Undertaken or supported by a skilled practitioner, registered by a recognised organisation, eg Association for Respiratory Technology and Physiology (ARTP), and by practitioners who see a sufficient number of patients to maintain competency

The equipment needs to be regularly maintained, calibrated and cleaned to recommended standards

The results need to be interpreted by a skilled clinician to ensure accurate diagnosis and clinical management plans established.

The local PR team



Providing PR within the prison is not as daunting as it may seem. You will become very familiar with the prison setting and what you need to do to get on with your job really quickly.

Top tips for external visitors:

Get familiar with what you will need when you enter the prison, and what you are not allowed to take in:

What you will need:

- photo ID
- equipment such as blood pressure (BP) manometers, pulse oximeters, stethoscope.

Be prepared to hand over at the front desk:

- mobile phones, lap tops, memory sticks, DVDs, Dictaphones.

Get to know:

Your lead nurse

You will be spending a lot of time together teaching the nuts and bolts of PR, and developing their competencies.

The healthcare managers

Your lead nurse will need your support when it comes to asking for resources/equipment.

The prison layout

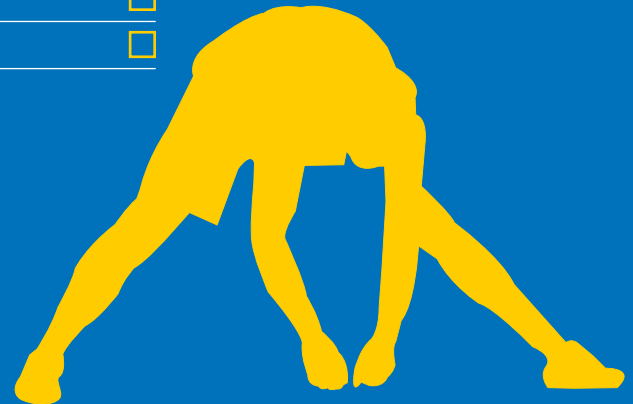
So you don't get lost!

The fitness instructors

They are going to be your right hand men and women.

The gym/studio- key points

- Where is the alarm bell?
- What equipment do you have access to?
- How will you lay out the gym?
- Do you have access to a separate room for the education sessions?
- Where are the socket points for teas and coffees and the music system?
- Do you have access to a TV/Youtube so you can play a short film on 'the importance of pulmonary rehabilitation'?
- Do you have two tables? (One for paperwork, the other for refreshments)
- Do you have enough chairs?
- Where will all the equipment be stored?



Visiting healthcare professionals



Learn your dos and don'ts in a prison setting. If you are not familiar with the rules, learn them from your lead nurse.

Do not:

give any personal details about you or where you normally work

promise anything you are not sure about until you are familiar with the prison workings

reveal any future appointments the patients may have outside the prison

promise anything to patients you are unsure you can follow through

take a set of keys unless you have been specifically trained to do so

let unknown prisoners into healthcare if you are not authorised to do so.

Do:

have a hands-off approach

familiarise yourself with the emergency procedures including alarm bell location

stay close by your nurse and follow their lead

report any concerns you have with a patient's mental health - they may have an Assessment, Care and Custody Teamwork (ACCT) or need one created prior to starting PR.

Equipment



- What do the healthcare team need to provide buy/have petty cash for?
- What can the gym provide?
- Radio to contact staff and in case of an emergency (ICE)
- Spirometer and calibration kit
- Clipboards and pens
- Cones and stopwatches
- Paperwork- spare questionnaires, assessment packs
- Music system
- Exercise equipment- steps, ankle weights, hand weights, gym balls
- MRC and BORG scores
- BLF PR leaflets to hand out at assessment
- BMI score cards with MUST guidance
- BP manometers x 2
- Pulse oximeters x 2
- Stethoscope
- Emergency first aid kit for cuts/scrapes
- Resus bag & AED
- Tea, coffee, mugs, sugar, kettle, milk.

Assessment clinics



- Is there a room you can use for a portion of the day?

- Fit this around the prisoner movements so they are able to leave their cells. The lead nurse will be able to advise you on this and book the room

- Inform the patients and prison guards of their appointments
Ensure they know they may have to wait

- Do you have access to all patient information on the electronic notes system?

- Do you have all the appropriate equipment to hand?

- Do you have a corridor to perform the 6MWT?

- Is the GP available for any questions? Be prepared that some patients may need antibiotics and/or steroids at the time of assessment

- Do you know the emergency procedure for unforeseen events?

- Your patients may need further investigations such as a chest x-ray or a sputum culture and sensitivity. Please ensure you are familiar with the processes involved to organise this.

Do you have secure storage for all the paperwork/assessment?

Do you have access to the mental health care team for patients who are suicidal? Get to know the procedures involved

Check whether your patient can read or write. Make sure you have the time and resources to support them with paperwork if they can't

Do you have any non-English speaking patients? Find out if you have access to an interpreter and for how many sessions

Document all results within notes and/or on the electronic system including QOF data

Have you leaflets to hand (e.g. BLF leaflets on COPD) which can provide patients with written information if they are newly diagnosed or have concerns?



Preparation for the first session



-
- Have all the letters been sent to the patients, prison wing, employers and central detail/activities to inform them of session days and times?
-
- Visiting staff - check the front gate knows who are coming
-
- If the lead nurse or physiotherapist is absent, can cover be provided to avoid cancellation of the class?
-
- Radio the wings to remind them on the day of the class
You may need to do this every session to allow movements
-
- Do you have a register of all the patients who are attending?
-
- Do the patients know where to go?
-
- Do the patients know what to wear?
-
- Have the employers been reminded that the patients are not attending?
-
- Make sure you know which wings the patients are on and ensure that contact has been made on the day to remind them to send the patients to the class
-
- Are there any patients attending on a buggy/walker
- are you able to store them safely?
-

-
- Make sure the patients know to bring a mug, their blue inhaler, a bottle of water and a GTN spray if prescribed
 - Has the gym/studio been made available to you for all the sessions?
 - Who is setting up the gym? Give them a written floor plan
 - Make sure the fitness instructors arrive in plenty of time
 - Ensure everyone is happy with their roles in the class
 - Make sure all the equipment is available
 - Have you collected all the data you need from patients before they start?
 - Do you have access to a volunteer?
Will they clear up as well as set up?
 - Can they make the teas and coffees?
 - Who will supply and store the tea/coffee etc?
Do you have access to petty cash?
 - If the session is cancelled due to eg roll check, try to rearrange.
-



Educational sessions



Have you agreed who is going to deliver the following sessions?

This will depend on your collective skills as a team as to what you can deliver and who you will pull in to help. Timetable them in:

- | | |
|--|--------------------------|
| What is COPD? | <input type="checkbox"/> |
| The importance of exercise | <input type="checkbox"/> |
| Good nutrition | <input type="checkbox"/> |
| Breathlessness management | <input type="checkbox"/> |
| Sputum clearance | <input type="checkbox"/> |
| Depression and anxiety | <input type="checkbox"/> |
| Oxygen and NIV - who needs it? | <input type="checkbox"/> |
| Inhalers and other respiratory medications | <input type="checkbox"/> |
| Smoking cessation and lung disease | <input type="checkbox"/> |
| How to deal with chest infections. | <input type="checkbox"/> |

Risk assessment



In addition to the risk assessment, to ensure the safety of patients please ensure that your safety is prioritised

Checklist should include:

do you have a personal alarm, a radio and a whistle?

How many officers to patient ratio is required (if any in addition to the FIs) for your group?

What hand held equipment are you giving access to the patients - is this a risk to the staff/other patients?

Consider the crimes the patients have committed prior to starting, are there any issues with them being with other people?

Are the patients safe to be in a group setting?

Where is the nearest alarm bell?

PART 9

Patient selection

Along with the usual inclusion and exclusion criteria*, also consider:

Check prisoners release dates - are they there for the whole duration of the course?

Check whether a group setting is a safe situation for them

Check if they have an ACCT to identify those at risk of suicide or self-harm - is the timing right for the patient?

Can you place the patient on medical hold without any issues?

* Inclusion criteria - diagnosis of a chronic respiratory disease where the patient is becoming more symptomatic, with an MRC score of 3-5.

Exclusion criteria - unable to walk, unstable angina or any recent cardiac event.

PART 10

During the programme

Ensure you collect activity data - attendance, UTAs with reason and DNAs with reason

Keep all paperwork up to date - if there is an event, e.g. a death, the ombudsman will need access to all records.



On completion of the programme

-
- Celebrate!**
-
- Ensure discharge letters are given to the GP and the patient
-
- Ensure discharge letters are scanned on the notes for onward HMP or if released
-
- Have you agreed access to gym or ongoing maintenance classes to help maintain fitness levels for patients?
-
- Do patients need their card status changed to allow them access to the gym? The GP will need to authorise
-
- Can you verbally hand over the patients' care to the next prison?
-
- Can you add spirometry to secondary screening to capture all those entering the prison?
-
- Ensure the patient, GP and prison staff are aware of the self management /action plans that are in place, alongside the need for rescue packs of antibiotics +/- steroids to help improve the management of future exacerbations
-
- Feedback your results to the appropriate stakeholders
-
- Consider ongoing training/support for the fitness instructors on how to exercise patients with chronic lung disease
-
- Share your news with us!**
-

Resouces

Please visit oxleas.nhs.uk/pr-prisons to download the following:

[Invitation letter to patients \(see page 12\)](#)

[Letter to staff invited to deliver education sessions \(see page 14\)](#)

[My action plan \(see page 17\)](#)

[Completion certificate \(see page 17\)](#)

[COPD Patient Information Pack.](#)

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