**Hepatitis B & C Service Provision at HMP Birmingham Questionnaire**

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| **Question:** | **Yes** | **No** | **Comments (if applicable)** |
| **1. POLICY** | | | |
| **1) Do you have a written policy in place regarding hepatitis B & C services for prisoners?**   * *If no, please provide a reason* |  |  |  |
| **2) Does the policy address the following?**   * *If no, please provide a reason* |  | | |
| * Education of prisoners re: hepatitis B & C |  |  |  |
| * The offering of hepatitis B Immunisation |  |  |  |
| * Screening algorithm for hepatitis B & C |  |  |  |
| * Criteria for testing |  |  |  |
| * Pre-test checklist for discussion of positive or negative results |  |  |  |
| * Post-test checklist for discussion of positive or negative results |  |  |  |
| * Guidelines on the management of positive or negative results |  |  |  |
| * Guidelines for referral for treatment |  |  |  |
| * Treatment Pathway for those who have been diagnosed |  |  |  |
| * Clinical Management Protocol |  |  |  |
| **2. INFORMATION PROVISION** | | | |
| **1) Do you provide information for prisoners who are being offered hepatitis B immunisation?**   * *If no, please provide a reason* |  |  |  |
| * What information is provided? |  | | |
| * How often is this information provided? |  | | |
| * What are the modes of information provision used? |  | | |
| * What methods are used to address language barriers and illiteracy? |  | | |
| * Do you have access to interpreters or a language line if required? |  |  |  |
| * Has a named individual/group been allocated to providing this information? (please specify) |  |  |  |
| **2) Do you provide information for prisoners who are being offered hepatitis B or C screening?**   * *If no, please provide a reason* |  |  |  |
| * What information is provided? |  | | |
| * How often is this information provided? |  | | |
| * What are the modes of information provision used? |  | | |
| * What methods are used to address language barriers and illiteracy? |  | | |
| * Do you have access to interpreters or a language line if required? |  |  |  |
| * Has a named individual/group been allocated to providing this information? (please specify) |  |  |  |
| **3) Do you provide information for prisoners who are being offered hepatitis B or C treatment?**   * *If no, please provide a reason* |  |  |  |
| * What information is provided? |  | | |
| * How often is this information provided? |  | | |
| * What are the modes of information provision used? |  | | |
| * What methods are used to address language barriers and illiteracy? |  | | |
| * Do you have access to interpreters or a language line if required? |  |  |  |
| * Has a named individual/group been allocated to providing this information? (please specify) |  |  |  |
| * Are links with secondary care in place as part of the treatment model? (please specify) |  |  |  |
| **4) Would you find it beneficial if you were provided with literature regarding hepatitis for patients and staff?** (please specify if necessary) |  |  |  |
| **5) Are your peer champions/recovery champions/health trainers currently involved in promoting the following?**   * *If no, please provide a reason* |  | | |
| * Immunisation for hepatitis B |  |  |  |
| * Testing for hepatitis B |  |  |  |
| * Testing for hepatitis C |  |  |  |
| * Motivation for health protection |  |  |  |
| **3. IMMUNISATION** | | | |
| **1) Do you have a system in which hepatitis B immunisation status is recorded?**   * *If no, please provide a reason* |  |  |  |
| * Within this system are you able to identify which prisoners have already been immunised? |  |  |  |
| * Within this system are you able to identify which prisoners are eligible for immunisation? |  |  |  |
| * Within this system are you able to identify which prisoners have previously refused immunisation? |  |  |  |
| * Do you have a list of prisoners awaiting immunisation? |  |  |  |
| * Do you have any plans for how to reduce waiting times for hepatitis B immunisation? (please specify) |  |  |  |
| **2) Who provides immunisations?** |  | | |
| * How often are they available? |  | | |
| * Do they have access to a list of prisoners awaiting immunisation? |  |  |  |
| * Do they have access to all necessary materials? (if not, please specify) |  |  |  |
| **4. TESTING** | | | |
| **1) Do you have a system in which hepatitis B and C screening status is recorded?**   * *If no, please provide a reason* |  |  |  |
| * Within this system are you able to identify which prisoners have already been tested? |  |  |  |
| * Within this system are you able to identify which prisoners are eligible for testing? |  |  |  |
| * Within this system are you able to identify which prisoners have previously refused testing? |  |  |  |
| * Do you have a list of prisoners awaiting testing? |  |  |  |
| * Do you have any plans for how to reduce waiting times for testing? (please specify) |  |  |  |
| * Do you have any techniques to increase interest in being tested? (please specify) |  |  |  |
| **2) Which of these methods of testing are available?**  *(please state reasons if certain tests are not used)* |  | | |
| * Blood test |  |  |  |
| * Dry spot blood test |  |  |  |
| * Oral fluid test |  |  |  |
| **3) Who provides testing?** |  | | |
| * How often are they available |  | | |
| * Do they have access to a list of prisoners awaiting testing? |  |  |  |
| * Do they have access to all necessary materials? (if not, please specify) |  |  |  |
| * Who do you routinely communicate the results to? |  | | |
| * If a prisoner is released before results are available, who do you forward the results to? |  | | |
| * If a prisoner tests positive, what further investigations (if any) are undertaken? |  | | |
| **5. STAFFING** | | | |
| 1. **Is the staffing model for the delivery of hepatitis services resourced?** |  |  |  |
| * Could you please describe the model and staff allocated to hepatitis B & C services? |  | | |
| 1. **What training is currently provided to staff regarding hepatitis and by whom?** |  | | |
| 1. **Are the current systems for training of healthcare staff adequate?** |  |  |  |
| * If not, what is lacking? |  | | |
| **4) Are the current systems for training of prison staff adequate?** |  |  |  |
| * If not, what is lacking? |  | | |
| **5) Are you able to run wing based clinics?**   * *If no, please provide a reason* |  |  |  |
| **6. REFERRALS** | | | |
| 1. **Are the following referral routes for vaccination and screening in place?**  * *If no, please provide a reason* |  | | |
| * Reception Screening |  |  |  |
| * Well man clinics |  |  |  |
| * Health checks including sexual health checks and GUM clinics |  |  |  |
| * Substance misuse services |  |  |  |
| * Self-referral |  |  |  |
| * GP |  |  |  |
| * Arrangements for continuous opportunistic offers |  |  |  |
| **2) Do you have routine arrangements for outside referral to hepatitis services on release?**   * *If no, please provide a reason* |  |  |  |
| * Where do you routinely refer patients to? |  | | |
| **3) Are prisoners given access to psychological support?** (please specify)   * *If no, please provide a reason* |  |  |  |
| **4) Is there a care plan in place for managing the treatment initiated in prison of people with hepatitis who are due to be transferred elsewhere?**   * *If no, please provide a reason* |  |  |  |
| * Is there a system whereby you are able to track this? |  |  |  |
| * How is this communicated to the establishment they are transferred to? |  | | |
| * Is there a named individual responsible for overseeing this? |  |  |  |
| **7. INTERVENTIONS** | | | |
| **1) Are disinfecting tablets available for cleaning of needles and other devices?**   * *If no, please provide a reason* |  |  |  |
| * How are prisoners informed of their availability? |  | | |
| * How are these accessed by prisoners? |  | | |
| * How are these funded? |  | | |
| * Are there any other interventions used? (please specify) |  |  |  |
| **2) Are any of the following interventions available to reduce the risk of hepatitis transmission by sexual means?**   * *If no, please provide a reason* |  | | |
| * Condoms? |  |  |  |
| * Lubricants? |  |  |  |
| * Dental dams? |  |  |  |
| * Others (please specify) |  |  |  |