**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)
 |  |  |  |