Population

- Prisoner health is generally poor and there is a high demand for health services.
- There are high numbers of individuals reporting multiple health conditions.
- Prisoners have a lower socio-economic status than in other communities.
- Many report a history of juvenile institutional care and family incarceration.
- There are higher levels of mental health problems than other communities.
- There are higher levels of illicit drug use and harmful alcohol use than other communities.

BBVs in the Custodial Setting:

- Current custodial population in NSW is approximately 10,500 - 11,000 individuals.
- 32% are Hepatitis C (HCV) antibody positive* (est n=3,360 -3,520).
- An estimated 75% will have chronic HCV with the potential to develop Advanced Liver Disease (ALD) or Hepatocellular Carcinoma (HCC) (est n=2,520-2,640).
- 1.8% have chronic hepatitis B* also with the potential to develop ALD or HCC (est n=189-198).

These figures indicate that there is the potential for high numbers of patients to develop ALD or HCC.

*2009 Inmate Health Survey (n=996)

Challenges to service delivery:

- Length of stay is usually short (less than 6 months)
- Frequent movements around the state often without notice
- Limited access by patients to health centres
- Limited access by health centre staff to patients

Plan for improvement:

- Develop a model of care which will enable all clinical staff to acquire the skills and knowledge to provide clinical care and support for patients with chronic hepatitis and/or ALD.
- It is envisaged that this model of care will bring about a change in clinical practice to facilitate and support the Primary Health Nurses' role in the care and management of patients with ALD.

Identified issues:

- Within the organisation it is recognised that there are insufficient PSHN positions to provide an adequate and comprehensive clinical service to these patients with complex health care needs.
- PSHNs do not have the capacity to provide timely care and monitoring for the large numbers of patients with chronic hepatitis and with the potential to develop ALD.
- There is resistance and reluctance from Primary Health Nurses to incorporate liver disease in their area of responsibility due largely to lack of knowledge or expertise, and their own existing workload.
- Given the unique patient population and custodial environment all clinical staff require an improved level of understanding and awareness about recognising the deteriorating patient specifically those with chronic hepatitis and ALD.

Proposed Model of Care for ALD:

Stage 1:
- Seek approval from the Executive to undertake a change in clinical practice

Stage 2:
- Identify and engage stakeholders from all Network streams and disciplines

Stage 3:
- Develop the model of care, training package, protocols and monitoring tools

Stage 4:
- Implement the model of care – conduct training and provide support to Primary Health Care Nurses

Stage 5:
- Evaluate the clinical outcomes for patients with or at risk of developing ALD