“Motivation made it possible to turn prison healthcare around”

Working as a prison nurse, you can make a difference to both service delivery and practice. This requires autonomous practitioners willing to challenge inequality and make change.

The key to working in a prison is to remember you chose to work there, and prisoners are already serving their punishment so should be treated as any patient. Access to healthcare is a basic human right and prisoners are entitled to the same healthcare as people outside. However, prison healthcare is fraught with inequality, with both acute and long-term conditions diagnosed and managed inadequately.

Chronic obstructive pulmonary disease is a common long-term condition impairs quality of life, and is particularly prevalent in the prison population. Pulmonary rehabilitation improves understanding of the disease, physical fitness and lifestyle practices by offering services such as smoking cessation and counselling – but is not generally available in prisons.

Last year, I decided to address this inequality in our service by setting up a pulmonary rehabilitation service at HMP Maidstone. Helen Jefford, a specialist respiratory physiotherapist from Greenwich Community Respiratory Team, helped me to establish the service and mentored me to be able to supervise the class alone. We were fortunate to have a great team of fitness instructors from the prison gym, support from Oxleas NHS and assistance with data analysis from Canterbury Christ Church University.

This programme, the first of its kind in the UK, was a success, improving prisoners’ quality of life and reducing emergency admissions, which impose significant costs. Our team won the 2013 Nursing Times Award for respiratory nursing. I was honoured to meet Prince Charles at a reception held for finalists and thrilled to be personally mentioned in his article for Nursing Times.

We plan to disseminate this work at conferences and promote change in attitudes and practices in prison healthcare. Healthcare equality must be pursued, not only for COPD but also for other long-term conditions. We have some way to go, but the interest we have received confirms the need for better prison healthcare is recognised.

If resources were available, I would improve prison healthcare by introducing education classes, employing specialist nurses for each long-term condition and improving professional understanding of it with talks at universities, with the aim of improving recruitment to prisons.

Change in national policy will be essential in financially supporting nurses to ensure up-to-date skills and to guarantee improved services, but we must not underestimate the impact that is possible from a motivated healthcare practitioner.

Nina Turner is respiratory nurse specialist, Maidstone and Tunbridge Wells Trust, and can be contacted on nina.turner@nhs.net

The deadline for entering the Nursing Times Awards 2014 has just been extended to 16 May. Go to ntawards.co.uk

One of the joys of nursing is getting to know patients so you can help and support them in the best way possible. We see this as a good thing, but it can have its downside for patients.

This week, we feature a study that explored how long-stay residents with learning disabilities felt about being looked after by student nurses (page 23). On the whole, the residents were positive. They had been informed their carers were students and understood they were passing through. However, the research did reveal this group, and I imagine this is replicable in long-stay care in general, felt reluctant to form relationships with the students because they knew that one day they would move on.

This is an important finding and all nurses, not just students on placement, need to bear this in mind and be sensitive to it.

Kathryn Godfrey is practice and learning editor of Nursing Times. kathryn.godfrey@emap.com Twitter @GodfreyKathryn. Don’t miss the practice blog, go to nursingtimes.net/practiceblog