BDA Scotland response to the Health and Sport Committee Inquiry into Healthcare in Prisons

The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK.

BDA Scotland produced a detailed paper in response to the draft Scottish Government ‘Oral Health Improvement and Dental Services in Scottish Prisons-Guidance for NHS Boards, July 2015’ in which it raised a number of issues including the proposal that prisoners on remand or sentenced to less than 12 months can only access emergency treatment with no access to routine dental care; the need for more robust planning assumptions on throughput and productivity per session; the number of sessions required per week per number of prisoners, and the need for investment in a national IT system which enables continuity of care as prisoners are transferred between prisons.

The Scottish Parliament Health and Sport Committee has invited the BDA to provide their views and input on the Inquiry into Healthcare in Prisons and has provided the BDA with six questions for the BDA to consider. The BDA’s response to these questions is set out below:

1. What do you consider are the current pressures on health and social care provision in prisons?

   1.1 Initial Assessment
   BDA Scotland suggests that prisoners should be offered an initial assessment of oral health by a dentist at induction to prison and all prisoners should receive an oral health pack containing a toothbrush and fluoride toothpaste as standard issue.

   1.2 Access to services
   BDA Scotland’s view is that prisoners on remand or sentenced to less than 12 months should have access to routine treatment in addition to the current provision of emergency services. The level of care to the prison population should be similar to that which is available to the general population. Under current arrangements, access is significantly restricted and might be construed as a breach of prisoner’s human rights.

   1.3 Planning Assumptions on patient throughput
   The Scottish Government’s ‘Oral Health Improvement and Dental Services in Scottish Prisons-Guidance for NHS Boards, July 2015’ set out a planning assumption based on one session per week per 250 prisoners. BDA Scotland’s view is that it is fundamentally flawed and requires a much greater level of resource to meet the needs of the prison population. It is likely to lead to a serious shortage of sessions in prison thereby extending waiting lists for prisoners and impacting on their overall oral health status as a direct result of being in prison. A more reasonable planning assumption based on actual clinical need, requires to be defined.

Currently, many prisons have long waiting lists for prisoners to be seen by a dentist. HMP Kilmarnock in Ayrshire informed the BDA that, in March 2013, the waiting time for routine treatment was in excess of eight months. At that time, HMP Kilmarnock had only 5 sessions of dentist time per week to meet the needs of a population of 577 prisoners. This example demonstrates the need to increase dentist sessions in prisons in Scotland.
BDA Scotland has expressed concern that in calculating the number of sessions per prison throughput indicators or guidance within the guidance document is required to determine the number of patients that should be seen in a three hour session. In most other elements of capacity planning in healthcare, clinical consultations and treatments for both new and return patients are defined or alternatively a time allocation is made based on an agreed time per procedure. From discussions with general dental practitioners in Scotland who had previously provided sessions to local prisons, the average throughput per three hour session was 12 patients based on 15 minutes per patient. BDA Scotland would suggest that clear throughput indicators per session should be defined in order to ensure there is sufficient capacity in the system to meet the needs of its prisoner population.

1.3 Waiting times for treatment
BDA Scotland’s view is that a ten week waiting time for a dental examination is unreasonable. BDA Scotland recommends that a prisoner should have access to an examination by a dentist within 4 -6 weeks of receiving a request from the prisoner. The transient nature of the prison population contributes to long waiting times for treatment or delays within a longer term treatment plan. Of the prison dentists from the five prisons which responded to the request for information from BDA Scotland, all without exception, described waiting list pressures which the current service provision could not meet. The difficulties were attributed in part to the need for more sessions than those currently provided, while some prisons reported as few as 6 patients being seen per three hour session. In addition some prison dentists reported that patients attending as part of a longer term treatment plan are continually postponed to accommodate a patient requiring urgent or emergency treatment. All of these factors contribute to long waiting times in Scottish prisons.

1.4 Referral of patients between Prisons
There is no formal referral system between prisons, and due to the high number of prison transfers, laboratory work might not necessarily follow the patient. In addition, repeat radiographs are carried out unnecessarily and this impacts on continuity of care and incurs additional costs. The lack of an integrated Patient Information System, means patients already undergoing treatment have to self-refer after transfer and this results in considerable delays due to existing waiting lists pressures at the receiving prison.

1.4 Efficiency of the system
BDA Scotland suggests that the transfer of prisoners to the health centre within the prison should be carried out in a more timely manner to improve the efficiency of the system. This, in turn, would lead to more prisoners being seen by the dentist and receiving treatment at each session. Integrated working between the Scottish Prison Service (SPS) staff and prison dentists would greatly improve the situation.

1.5 IT Systems
BDA Scotland suggests there is a need for investment in a national IT system to transfer dental information between prisons similar to the information system already established for general medical records. Dental records need to be linked to a national integrated IT system in order to allow dentists to access patients’ notes, create some level of continuity of care, prevent duplication of lab work and radiographs, and reduce the overall time taken to complete the patients’ treatment plan.

2. How well do you consider that these pressures have been responded to?
Since responding to the draft Scottish Government ‘Oral Health Improvement and Dental Services in Scottish Prisons-Guidance for NHS Boards’, members of the BDA have been informed by Public Dental Service dentists working in prisons that waiting lists have increased and the general oral health of the prison population in Scotland is not improving and that more funding and resources are required.

3. To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?
BDA Scotland believes that health inequalities within the prison healthcare system could be addressed in part by oral health education, educating prisoners on diet, reduction in sugar intake and the important correlation between improving oral appearance and improving the health of the prisoner as part of the rehabilitation process.

4. What are the current barriers to using the prison healthcare system/improve the health outcomes of the prison population?

- BDA Scotland would highlight that due to SPS operational reasons, the transfer of prisoners to the health centre is not being carried out in a timely and efficient manner, therefore time within dental sessions is lost.
- BDA Scotland would again stress the need for a national integrated IT system to improve efficiency in the prison system and give some continuity of care.
- BDA Scotland suggests increasing the use of Dental Care Professionals in prisons as part of the dentist led team.
- BDA Scotland also suggests that visits from hygienists and dental therapists would make a contribution to improving the oral health of prisoners.

5. Can you identify potential improvements to current services?

- Promoting oral self-care including the availability of oral health packs.
- Carrying out dental check-ups on admission to prison irrespective of whether prisoners are on remand or sentenced to less than 12 months in prison.
- Providing a treatment plan or preventative plan depending on the state of oral health or oral hygiene. If the prisoner is suffering from periodontal disease (gum disease), they should be seen by a dental hygienist/dental therapist to help them work on their oral hygiene. It patients are on the treatment plan, an assessment needs to be made to take in account those patients who are in pain with toothache/abscesses which are being masked by their consumption of methadone and other opiates. These patients will require urgent treatment.
- Routine, on-going treatment will be required to improve oral function and to promote better oral appearance.
- More time is required for prison dental appointments. Evidence indicates that due to high use of tobacco, drugs and alcohol together with a poor diet which is high in sugar and poor oral hygiene, oral disease is endemic. More focus is needed in relation to addressing periodontal disease with good dietary advice, better oral hygiene and encouraging patients to make healthy choices.

6. What do you think the main pressures will be in the next 15 years?

- Access to routine treatment should be available to prisoners on remand or sentenced to less than 12 months in addition to the current provision of emergency services.
- Prisoners should have access to a dental examination by a dentist within 4-6 weeks of receiving a request from the prisoner.
- More robust planning assumptions on throughput and productivity per session is required based on actual clinical need.
- Improve prison systems to allow integrated working between prison dentists and SPS staff.
- The change in prisoner demographics will result in more patients having complex co-morbidities and this will impact on their dental and medical care.
- With on-going cuts to Public Dental Service (PDS) budgets, there is a potential risk that there may not be enough adequately trained PDS dentists to deliver dental care in prisons. All PDS dentists who work within prisons have to undertake prison induction training which takes one week and also have to attend for regular training updates.
- If SPS staff numbers are reduced, this could potentially result in clinics being cancelled or a very slow throughput of patients.
- Securing funding to invest in a national IT system which links all Scottish prisons and will provide a better service to prisoners and reduce treatment costs.

February 2017