INQUIRY INTO HEALTHCARE IN PRISONS
BY THE HEALTH AND SPORT COMMITTEE

Introduction

Positive Prison? Positive Futures is a Scottish voluntary organisation that seeks the recognition of people with convictions as citizens. Our social objectives are a fairer society and safer communities. We contribute to the improvement of Scotland’s justice system to reduce the harms caused by offending and to bring about changes in public opinion to support the integration of people who are, or have been, subject to punishment.

Within Scotland we are a unique organisation in that our origins, agenda and ongoing work are peer led by people with lived experience of the Scottish justice system. We engage with people subject to punishment in custody and the community to represent their experiences and ambitions to the Scottish Government, Parliament, local authorities, statutory services and third sector organisations. In addition we engage with academic research, national and local conferences and projects all with a view to promoting and enabling the right of people with convictions to be recognised as citizens.

We welcome this opportunity to respond to the Inquiry into Healthcare in Prisons by the Health and Sport Committee of the Scottish Parliament and are pleased to submit our views as below.

VIEWS

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

- The lack of capacity within healthcare service provision within Scottish prisons to meet the needs of the diverse and overcrowded prison communities. Waiting times for access to appointments with doctors are significantly longer (reportedly 30 days on average) than in the wider community.

- Lack of consistency of prisoner access to clinical, specialist and other staff in prison health centres. Prison staff are not always available to escort prisoners for clinical appointments.

- The aging demographic of the prison population and related increasing physical and mental health needs.

- Increasing use of neuro psychoactive substances inside prisons and consequent effects of challenging behaviours.
- Lack of continuity of healthcare provision from community into custody.
- Lack of continuity of healthcare provision from custody back to community.
- Limited or slow access to medical records between community and custody.
- Limited access to counselling and non-pharmaceutical treatments for people with poor mental health.
- Inconsistent communication with prisoners on matters relating to changes to or cessation of medication.
- Limited support for prisoners with learning differences.

2 How well do you consider that these pressures have been responded to?

Insufficiently! Although many of these pressures have been recognised for some time there is little evidence of any significant improvements taking place across the prison estate. It should be noted, though, that in general terms the people who provide the healthcare within Scottish prisons are doing their best under very difficult circumstances outwith their immediate control.

3 To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?

- Given the poor general health and wellbeing of the majority of the prison population and their above average level of poor mental health issues and addictions there is little evidence of health inequalities being addressed at a sufficient level within Scottish prisons. The health inequalities inside prisons could be better addressed if the population of the Scottish prison system was significantly smaller without any reduction, and possibly even an increase, in the level of healthcare provision within each prison.

- On admission to prison all prisoners should receive a health check and a plan agreed for treatment and support for the duration of each sentence. This process should include consultation with family members and healthcare specialists.

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

- The healthcare provision within Scottish prisons, particularly for people on short sentences, is not well placed to facilitate durable improvements in the wellbeing of prisoners. The current lack of continuity of the provision of healthcare from community into custody and then through release results in fragmented provision of healthcare leading to much reduced chances of improved health outcomes, especially in terms of poor mental health.

- The waiting times for appointments are too long.

- Lack of availability of SPS staff to escort prisoners to healthcare appointments.
5 Can you identify potential improvements to current services?

- Linking the provision of healthcare within prisons to the healthcare provided in the destination community of people on release could be of significant benefit. This linking up could also be facilitated to good effect for those coming into custody.

- A planned and urgent reduction in prisoner waiting times for appointments to bring them into line with what might be regarded as acceptable levels within the wider community.

- A significant reduction in the convicted and remand prison population without a *pro rata* reduction in the provision of prison healthcare would bring about some improvements.

- The recognition by the SPS of the urgent need to prioritise access for prisoners to healthcare and appointments by ensuring that sufficient prison staff are available to escort prisoners to their appointments.

- Greater use of video conference facilities to enable ‘remote’ consultations between clinical specialists (such as psychiatrists or psychologists) and prisoners.

- The introduction of effective peer led healthcare interventions within the prison population.

- The introduction of free telephone access for prisoners to NHS24 or a variation thereof.

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

- The increasing needs of the aging demographic of the prison population.

- Ongoing misuse of illegal substances within prisons.

- Public objection and related political aversion to the provision of community quality healthcare in prisons.

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