

## SUBMISSION FROM HOWARD LEAGUE SCOTLAND: HEALTHCARE IN PRISONS

We welcome the opportunity to respond to the Committee's call for evidence on the issue of healthcare in prisons. Others will no doubt respond specifically to the six questions posed by the inquiry. However, the main issue that we wish to highlight is the lack of substantive data on (1) prisoners' own experiences of and attitudes to the healthcare services delivered within prisons and (2) health outcomes in prisons generally.

### Prisoners' views and experience of healthcare in prison

#### *HM Inspectorate of Prisons*

In his most recent annual report<sup>1</sup>, HM Chief Inspector of Prisons David Strang highlighted healthcare as one of four key issues where *"more attention is required to improve the conditions and treatment of prisoners"*. He noted that *"many prisoners complain about the level of healthcare provision in their prison"*, as well as the challenge of caring for an ageing prison population.

#### *Independent Prison Monitors*

Independent Prison Monitors (IPMs), who replaced Visiting Committees in August 2015, make regular visits to all Scottish prisons and receive requests for help and support from prisoners. Healthcare was cited as an issue of concern in 11 of the 15 most recent quarterly reports<sup>2</sup> of the Independent Prisons Monitors (published in December 2016, and relating to monitoring visits during the period July-September 2016).

Prison	Comment
HMP Grampian	"this is the main issue for prisoners requesting to see an IPM"
HMP Shotts	"a number of issues have been raised with IPMs about the quality of and access to healthcare services"
HMP Perth	"this [healthcare] is a common issue raised with IPMs"
HMP Low Moss	"this is one of the most prominent issues raised with IPMs"
HMP Kilmarnock	"healthcare continues to be a key concern for prisoners who speak to IPMs"
HMP Inverness	"IPMs dealt with a number of requests from prisoners relating to dispensation of medication"
HMP Greenock	"health is the most prominent topic raised by prisoners"
HMP Edinburgh	"this issue is raised with IPMs on a regular basis...42% of requests to see an IPM were either directly relating to health concerns or included health related matters"
HMP Barlinnie	"many prisoner requests relate to healthcare"
HMP Addiewell	"this [healthcare] is the issue raised most frequently with IPMs"
HMP Polmont	"since the transfer of women from Cornton Vale, IPMs have received an increased number of concerns about access to health services"

In the reports, there were specific references to prisoners' concerns about the prescription and dispensation of medication, excessive waiting times for appointments and clinical decisions. The HMP Polmont report noted that *"healthcare has emerged as an issue across all prisons in Scotland, with prisoners raising concerns about the services they receive"*.

### *The Scottish Prison Service (SPS) Prisoner Survey*

<sup>1</sup> <https://www.prisonsscotland.gov.uk/publications/hm-chief-inspector-prisons-scotland-annual-report-2015-2016>

<sup>2</sup> [https://www.prisonsscotland.gov.uk/publications?tid\\_1=30](https://www.prisonsscotland.gov.uk/publications?tid_1=30)

The SPS conducts a Prisoner Survey every two years. Respondents are asked to indicate the length of time they have waited to see various healthcare professionals. For example, in the 2015 Prisoner Survey, 25% of respondents had waited 10 days or longer to see a doctor and 61% had waited 10 days or longer to see a dentist.

The Prisoner Surveys conducted in 2013<sup>3</sup> and 2015<sup>4</sup> each included the question “How would you rate the quality of healthcare in general in your prison?”

Rating (%)	2013	2015
Very good	6	7
Good	19	20
Okay	36	32
Poor	24	22
Very poor	16	19

The percentage of respondents rating the quality of healthcare as either ‘poor’ or ‘very poor’ was 40% in 2013 and 41% in 2015. ***If NHS patients in the community were reporting consistent dissatisfaction levels of 40%, there would be justifiable cause for concern.***

(The 2011 Prisoner Survey, which was carried out shortly before responsibility for delivery of healthcare in prisons was transferred to NHS boards, did not include a question regarding the quality of healthcare in prisons.)

#### **Data on health outcomes in prison**

Aside from the very limited data on prisoners’ self-reported satisfaction levels with healthcare delivered inside prisons, there is also a dearth of data on health outcomes in prison. This was a point raised in the RCN’s report<sup>5</sup> ‘Five Years On’:

*“The review found that it is not possible to evidence the impact that the transfer has made on tackling health inequalities and addressing the health care needs of people in prison. This is because there are still some gaps in our understanding of people’s health needs and a lack of national reporting and quality outcomes data for prison health care.” (p.5)*

Giving evidence to the Justice Committee in August 2014<sup>6</sup>, the Chief Executive of the Scottish Prison Service Colin McConnell was asked about how well the transfer of responsibility for healthcare to the NHS had been going:

*“As with any big transition, there were difficulties in the early stages. Two and a half years on, we—and, I think, our NHS colleagues—would regard the measure as a success...it would be wrong of me to say that it works in every single case, because it does not. However, in the vast majority of cases, the shift to the NHS has been very positive. It is an improving situation.”*

*Colin McConnell (cols. 4776 & 4777)*

However, he was challenged by a member of the Justice Committee to substantiate this claim:

<sup>3</sup> <http://www.sps.gov.uk/Corporate/PrisonerSurvey2013MainBulletin.aspx>

<sup>4</sup> <http://www.sps.gov.uk/Corporate/Publications/Publication-4565.aspx>

<sup>5</sup> <https://www.rcn.org.uk/scotland/our-work/influencing-on-your-behalf/health-care-in-prisons>

<sup>6</sup> <http://www.parliament.scot/parliamentarybusiness/report.aspx?r=9435&mode=pdf>

*“On that issue, are the outcomes being measured? You sound very positive, but without any data to show that there has been improvement—even a fall in reoffending or a reduction in the criminal population—it is difficult to say whether the shift has been successful. Do you monitor the outcomes?”*

*Margaret Mitchell MSP (col. 4777)*

*“I can give you my views, as someone who runs the Prison Service. From what I see and experience on a day-to-day basis in the operation of prisons and the relationship with our key partners—the NHS being a key partner—my view is that things have improved and are continuing to improve. In the past, we have perhaps been unable to produce evidence of that because we have been so focused on input measures and processes. Part of the journey that we are on now, not just as a service but in partnership with our delivery partners, is to recognise that we need to develop outcome measures and storytelling —effectively telling the story of life improvement.”*

*Colin McConnell (col. 4777)*

Individual studies or inspections can offer a snapshot of how effective prison healthcare services are, but only regularly collected data employing consistent measures can offer a dynamic picture that will indicate whether health outcomes are improving or deteriorating over time. Without this data, it is very difficult to see how appropriate action can be taken either by the NHS or the SPS to improve healthcare services for prisoners.

Howard League Scotland  
28 February 2017