Scottish Parliament Health and Sport Committee
Inquiry into healthcare in prisons
March 2017

Background

As part of a programme of research on prisoner health, currently being conducted at The University of Edinburgh, I was invited in November 2016 to work with Professor Alex McMahon (Executive Nurse Director, Nursing, Midwifery and AHP's, Executive Lead REAS and Prison Healthcare, NHS Lothian), Dr Juliet MacArthur (Chief Nurse Research & Development, NHS Lothian, Lecturer Clinical Academic Research, University of Edinburgh) and Tracey McKigen (General Manager, Royal Edinburgh and Associated Services, NHS Lothian), to explore the opportunity/prospect/option of a nurse led model with advanced Nurse practitioners within the prison setting in NHS Lothian. During our discussions we agreed that there was a need to understand better the health of the prison population in order to provide some baseline data, from which any recommendations could be made in relation to health care delivery and models of delivery.

Health Needs Assessment (HNA) is identified by the Health Development Agency (now National Institute for Health and Clinical Excellence [NICE]) as “a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities” (pg 3) Data gathered is used to plan services, address health inequalities, target service planning and resource allocation [1]. A Health Needs Assessment of Prison Health in Scotland was last conducted in 2007 [2]. A review of Health Care Needs of Prisoners in relation to Throughcare was published in 2014 [3].

In partnership with Professor McMahon, Dr MacArthur and their team, we have begun to undertake an exploratory Health Needs assessment at HMP Edinburgh (December 2016 – present). The purpose was to scope out and ascertain if it was possible to identify prisoner health priorities from existing data drawn from the current VISION system. The health needs assessment covered the period 1st January and 31st December 2016 and involved all male prisoners entering HMP Edinburgh (379) and all female prisoners transferred to HMP Edinburgh (48). This focused specifically on 3 specific elements:

i) Profile the prisoner population at HMP Edinburgh
ii) Gather reliable data to inform the profiling
iii) Identify and assess health conditions and determinant factors
I will provide a brief overview of our experiences of undertaking this small piece of work as they align to the questions asked by the Committee.

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

We know that a significant majority of the prison population has complex health needs that present at various stages and at different levels of severity. Prisoners are more likely to suffer from physical and mental ill health, alcohol and drug addiction, learning disability as well as a range of social care and justice issues. In addition, specific prisoner sub-populations e.g. women, remand, young offenders, older people and minority ethnic groups prisoner, have distinct health needs in comparison to the prison population as a whole. Together with the increase in New Psychoactive Substances (NPS) and chronic health conditions it is clear that understanding the health and social care needs in prisons in order to respond is essential. From the work undertaken for example, we know that there is a clear difference in the number of women reporting mental well-being illness and drug use behaviour in comparison to men. This has implications for the delivery of effective and appropriate prisoner health care [4].

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

If we use the example of mental well-being described above we can see that mental well-being disorders are being reported by both male and female prisoners on admission/transfer in to prison in NHS Lothian. This data is self-reported by the prisoner and entered on the IT system (Vision) by NHS staff. The system allows free text entry, where additional information regarding the nature, extent and impact of these associated mental well-being disorders can be recorded. However, it is not possible to run reports on the free text entry data. This makes it very challenging to gather the level of data to inform the profiling of the prisoner population whilst understanding their true needs and responding to them in an effective and responsive way. For example from the data we have drawn on from Vision, there was a high proportion of both males and females reporting as having ‘other physical health problems’ – however to identify the nature of these health problems, we would need to look at individual records and free text data to find out further information and details.

The free text data can be gathered but would require additional resources and be time and cost intensive.

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

A response to this is outside the scope of the work that we have been conducting.
• What are the current barriers to using the prison healthcare system/ improve the health outcomes of the prison population?

The current IT system operates in isolation from external health care facilities i.e. GP practices. The current Vision system in the prison holds data only for the individuals’ time in prison. If they have been in prison before and come back in the original Vision record is used. From anecdotal evidence, a low number of prisoners know who their GP is. Where a GP is known, they are asked to send a medical summary with the prisoner history, however this is only if they are on medications so it is not for all admissions and a medical summary is not always received.

• Can you identify potential improvements to current services?

From the experiences of undertaking this piece of work, which attempted to provide a profile of the prisoner population at HMP Edinburgh, through the gathering of reliable data in order to identify and assess health conditions and determinant factors, the ability to have IT systems that support data capture and reporting would facilitate a robust understanding of health need and in turn resource planning and allocation.

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

A response to this is outside the scope of the work that we have been conducting.

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References


