Health and Sport Committee - Prison Healthcare Inquiry

Evidence submitted by David Strang, HM Chief Inspector of Prisons for Scotland

1. Introduction

I warmly welcome the Health and Sport Committee’s inquiry into the provision of healthcare for people in prison, following the publication of the RCNS report “Five Years On”. For many people in prison, healthcare is a significant feature of prison life. We know that prisoners are likely to have poorer health than the general population and to have higher rates of mental ill-health, addictions and long term conditions. It is good to focus on this group of patients in Scotland, too often forgotten or marginalised. Many have poor health before they are sentenced to a term of imprisonment; this can be exacerbated by a period of incarceration. Often, imprisonment is detrimental to a person’s mental well-being. Providing healthcare in a prison can be a demanding and complex task for healthcare staff and prison staff.

2. HM Inspectorate of Prisons for Scotland (HMIPS)

As HM Chief Inspector of Prisons for Scotland, I am responsible for the inspection and monitoring of the fifteen prisons in Scotland and I have a duty to report on the conditions in prison and the treatment of prisoners. HMIPS is a member of the UK National Preventive Mechanism, the organisation responsible for the oversight and scrutiny of places of detention, set up to fulfil the UK’s responsibility as a signatory to the UN Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The principle of regular scrutiny and public reporting is to prevent ill-treatment and to encourage improvements in the conditions in prison and the treatment of prisoners.

HMIPS conducts prison inspections jointly with other inspection bodies including Healthcare Improvement Scotland - who provide professional advice on the provision of healthcare in prisons. One of the ten standards we use to inspect prisons is Health and Well-being. We have found a range in the quality of the provision of healthcare, with grading for this standard from satisfactory to poor. In general we have found a good range of services, particularly preventive services, but with inconsistent delivery across the country.

In addition to inspections, monitoring of prisons is provided by 130 volunteer Independent Prison Monitors (IPMs), members of local communities attached to prisons, who are required to visit every prison every week. They monitor the conditions in prison and the treatment of prisoners and they respond to prisoner requests.

Healthcare is the single issue that is raised most frequently by prisoners in their requests to IPMs.
3. **An opportunity to tackle health inequalities**

Given the poor health of many people in prison, I believe that prisons should be well placed to contribute to tackling health inequalities in Scotland. Serving a sentence in prison gives a short window of opportunity to improve the health of the prisoner and to identify prisoners with long-term conditions — such as diabetes, obesity, heart disease and cancer. HMIPS has found some excellent examples of health promotion, such as diet, exercise, health education, addictions, tackling underlying health conditions, smoking cessation, and preventive practices. I have seen good examples of health promotion not only with people in prison, but with their families too, with events for children and partners, covering such subjects as oral health and diet. The families of people in prison can often benefit from such interventions.

When someone leaves prison at the end of their sentence, it can often be a challenge for them to register immediately with a GP. This can be a particular problem if they do not have settled accommodation or if their behaviour previously has led to their exclusion from particular surgeries. Throughcare support is necessary to ensure that people leaving prison are supported to ensure that they are able to access the healthcare in the community which they require.

4. **Good relationships are crucial to effective healthcare**

The delivery of good healthcare in prison requires a partnership approach by both the Scottish Prison Service or private prison providers, and the NHS. Where relationships are positive and constructive, we see prisoners receiving a good experience of healthcare as a result. However, the following operational issues emerge where there is not good joint working:

- The attendance of prisoners at medical appointments. Too often, prisoners are not taken to the medical centre on time - or at all - for their appointments. This results in the waste of valuable healthcare resources.

- Such failures to ensure that prisoners attend their appointment can be caused by staff shortages, operational events in the prison, restricted prison regimes or lack of communication.

- Similarly, we are aware of instances where prisoners have missed hospital appointments because the prisoner escorting contractor has not taken the patient to the hospital.

Good working relationships are necessary at a strategic level between the governor/director and the health board, at an operational level between the health centre staff and the operational staff in the prison, and between the health care team and the wider NHS board. The provision of good healthcare needs to be seen as a joint venture, where there is clarity about responsibilities and a shared sense of leadership.
5.  Respect and confidentiality for patients in prison

Both inspection and monitoring have found that from the prisoner’s perspective, the way that they experience healthcare services is often poor. This might be in spite of the correct clinical decision being made. Prisoners may not be informed about what decision has been made, nor how long they might expect to wait for an appointment or for treatment. Poor communication about healthcare adds to levels of anxiety, frustration and worry for prisoners, who are dependent on members of staff to keep them informed.

During several prison inspections, we found that confidentiality of patients’ condition and treatment was not always maintained. We found that a lack of privacy, particularly in relation to the dispensing of medication, can lead to bullying by other prisoners. There is always a risk that particular medicines become “currency” within the prison.

I fully recognise the difficulties which exist in providing healthcare in a custodial environment and the inevitable tensions which exist between treating each patient as an individual and the need for operational safety and security. It is therefore even more important that patients feel that they are treated with respect and dignity and that their health concerns are taken seriously.

Prisoners have told us of how they have felt degraded by their attendance at hospital appointments under escort, when they have had to wear handcuffs and a connecting chain to the escorting member of staff.

6.  Variation in levels of service

One major concern relating to the provision of healthcare services is the variations and inconsistencies across the nine health boards providing services in prisons in Scotland. Whilst there are good examples of innovative practices (such as the provision of Occupational Therapy), there are significant variations in access to specialist services, often leading to lengthy waiting times for treatment – if it is available at all.

Prescribing practice is not consistent across Scotland, which is particularly marked when a patient transfers from one prison to another, or from prison to the community on release. Where there is a blanket approach to prescribing particular medications, this does not mirror a patient-centred approach which would be expected in the community.

It is encouraging to note initiatives being progressed in some health board areas, such as innovative health promotion policies and the introduction of Advanced Nurse Practitioners.

7.  Mental health and addictions

Many people in prison have complex needs in relation to mental health problems and addictions support. There are some excellent examples of multi-disciplinary mental health teams delivering positive outcomes for some very vulnerable patients. The
provision of Naloxone training and supply for people leaving prison is another example of good preventive practice.

It is a frustration that people with mental ill-health are kept in prison, when a hospital setting would be more appropriate, but is not available on account of a shortage of psychiatric beds in the community. There are some examples where prisoners with learning disabilities, previous brain injury, or other conditions are appropriately assessed and treated, but this is not consistently available across Scotland.

8. **Continuity of staffing**

In some prisons there are high sickness levels and frequent turnover of staff. This can lead to a lack of continuity of care for patients.

On occasions mental health and addictions staff are diverted from their mainstream work with patients and used for general medication management for other prisoners.

9. **Future pressures**

The increasing numbers of older prisoners in Scotland will continue to add pressures on those with responsibility for the delivery of healthcare in prisons. Life expectancy is increasing, sentences for serious crimes are lengthening and more people are being convicted of historic offences. Prisons will have to provide for people with increased levels of dementia, reduced mobility, and increasingly palliative and end of life care needs. Some prisoners will choose to die in prison, particularly when they have no friends or family in the community. Strategic decisions need to be made about the future provision of accommodation for older prisoners. The current response of adapting cells, for example by widening doors for wheel chairs, is very expensive and unlikely to be able to meet the demand.

The provision of health and social care for everyday tasks, such as washing, dressing and eating will increasingly be required for older prisoners. There needs to be greater clarity about who is responsible for the provision of such services and who will pay.

10. **Conclusion**

I have no doubt that attending to the health needs of people in prison provides an effective means of tackling health inequality in Scotland. In a world of competing demands, this patient group is not often at the top of the public’s priority lists. I also believe that providing appropriate health and social care in prison will support the successful reintegration of people leaving prison, contributing to a further reduction in offending and leading to a safer Scotland.