Healthcare in Prisons

National Prisoner Healthcare Network (NPHN)

• Introduction

The National Prisoner Healthcare Network is a collaboration of key stakeholders, principally the National Health Service, the Scottish Prison Service and other agencies and bodies who are collectively driving improvements in prisoner healthcare.

The inception of the Network was the point at which responsibility for prisoner healthcare transferred from the Scottish Prison Service to NHS Boards in November 2011. The driver for that transfer being the need to ensure prisoners received healthcare equivalent to those of the wider community in Scotland.

The Network is led by an Advisory Board that is accountable to the NHS Chief Executives. The membership of which is drawn from NHS Boards, Scottish Prison Service, local authorities, third sector organisations and Scottish Government. The role of the Advisory Board and associated groups and workstreams, in part, is to meet Scottish Government’s goal of reducing health inequalities. The aim being that by improving the health outcomes of those in prisons and by ensuring better healthcare support for prisoners after their liberation there will be an impact on the health and well being of the wider community.

Specifically the aim and purpose of the Network and its Advisory Board is to achieve better health outcomes by performing the following;

• Advising NHS, SPS, Scottish Government and other associated bodies on Prisoner Healthcare
• Collaborating with justice and health agencies and third sector
• Influencing and responding to Government Policy
• Commissioning and directing workstreams in relation to offender health
• Providing expert advice and opinion as required
• Improving outcomes in prisoner healthcare
• Providing leadership
• Improving throughcare

The aims and objectives of the Network and its Advisory Board are specified in a workplan that is supported by professional leads who guide and facilitate workstreams and standing groups and an administrative office which is based in Delta House in Glasgow.

It is worth noting that the Administrative office of the Network equates to one administrator position reporting to two professional Advisors (Nursing and
Pharmacy) which consequently limits the volume of activity that can be achieved by the Network. In addition the position of Chair, held previously by the NHS Director, Health and Justice, is current unfilled after her retirement earlier in the year. This position is under consideration by Scottish Government colleagues.

- **Request for information on key recommendations from the National Prisoner Healthcare Network workplan**

The Health and Sport Committee at the formal session on the Prisoner Healthcare Review on 28 March 2017 sought to establish recommendations and outcomes from a number of the key workstreams of the Network. This paper shows those recommendations that have been successfully implemented and highlights others that remain. The reasons for some of the recommendations not being implemented as yet range from fiscal constraints to the need for national approval. Where this information is known the reasons have been specified.

In addition to the information requested an indication of the key issues and challenges that will be faced within Prisoner Healthcare going forward has also been provided.

- **National Prisoner Healthcare Network Workplan**

The workplan was developed in collaboration by those groups and bodies who are members of the Network and was derived from discussion around the most important aspects of healthcare for those in prison. Workstreams were established, again with representation from the membership of the Network. Also included in the membership of workstreams were individuals from across Scotland with expertise in the particular subject matter. These workstreams reported findings and gave recommendations to the Advisory Board. The Advisory Board then disseminated the final reports and recommendations to individual NHS Boards for them to consider and implement where necessary and where appropriate. The Advisory Board does not have any authority to enforce the recommendations or their implementation.

Examples of completed workstreams include:

1. **Mental Health Report (published 2014)**

   Mental Health is a significant matter for prisoner healthcare as a proportionately higher number of prisoners, than in the population in Scotland in general, experience mental health problems.

   1.1 The workstream made a number of recommendations that are now embedded across Boards in Scotland:
• Mental Health Implementation Group established.
• Request made to Scottish Government to develop workforce tool.
• Engagement with NHS Education for Scotland in posting learning material on Prison Portal.

1.2 Recommendations that remain outstanding;

• An updated national assessment of the mental health needs of prisoners has not been implemented as yet due to the financial implications of securing researcher/s to establish and analyse the data.

2. Substance Misuse Report (published 2016)

Again this is a significant matter for prisoner healthcare and is supported by a number of staff in each of the establishments who have knowledge and expertise in addiction services. A workstream developed recommendations for NHS Boards and SPS in the management of substance misuse in the context of the prison environment. This report was premised on the knowledge that prison can provide an opportunity, through education, to support prisoners to address their addiction habits prior to their release.

2.1 The workstream made a number of recommendations that are now embedded across Boards in Scotland.

• All prisoners should be effectively engaged in a range of purposeful activity which strengthens recovery and reduces reoffending.
• Those who test positive for drug misuse, and are in withdrawal, should receive a prescribed protocol for safe management of withdrawal symptoms until confirmation of provision of a community-based opiate substitution treatment can be obtained or assessment for initiation of treatment can occur.
• Arrangements should be made to ensure that details of healthcare delivered in police custody suites can be accessed by prison-based healthcare staff, by a suitable IT linkage, to inform continuity of care.
• Those screening positive or who claim to have a drug misuse problem should have their urine tested for the presence of drugs.
• Those who are in alcohol withdrawal should receive a prescribed protocol for safe management of withdrawal symptoms.
• All prisoners coming into custody from the community should be screened for tobacco use.

2.2 Recommendations that remain outstanding are;
• Data should be captured and shared where appropriate to baseline, measure and benchmark access, uptake, engagement, success and sustained recovery to inform local and national planning. The Outcome and Performance Indicators Workstream of the NPHN will specify the data to be captured.
• This is interlinked with the need for the development of robust and effective Clinical IT.
• Prison smoking cessation services should be equitable with community smoking cessation services (quality, access and choice). This would require funding and capacity to provide services equitable to those in the community.

3. Throughcare

This workstream was a close collaboration of bodies and groups who provide support to prisoners at the point of their release to enable them to return to the community successfully. This work included consideration of the ongoing healthcare support required for example through General Practitioners and offered guidance to NHS Boards to ensure prisoners were registered and had access to healthcare immediately on release. This is particularly important for those who are dealing with addiction habits. The aim of this workstream and the recommendations made by it were to support reduction in reoffending after release.

3.1 The workstream made a number of recommendations that are now embedded across Boards in Scotland.

• All Prison Healthcare Teams should ensure patients CHI number is used as the default unique health identifier.
• The Throughcare Officer role is recognised as good practice and should be shared.
• Improving the GP registration process for prisoners transferring back to a community.
• NHS Boards to encourage Protected Learning Time for GPs.
• Third sector organisations, and mentors should be engaged in community reintegration planning.
• NHS Boards and Scottish Prison Service to ensure that the health throughcare pathway is integrated with the Offender Case Management System.
• NHS Boards to consider Prison Healthcare Teams having access to the Key Information Summary (KIS)
• Prisoners are supplied with a minimum quantity of their medication on liberation that will ensure continuity of care until such times as a further prescription can be obtained from their community GP.

3.2 Recommendations that remain outstanding:
NPHN and the Centre for Youth and Criminal Justice continue developing a throughcare map for prisoners under the age of 18.

NPHN and SPS to review Placement of Prisoner policy.

4. Brain Injury

The National Prisoner Healthcare Network report on Brain Injury and Offending was published in July 2016. The report contains a series of recommendations on how best to support these individuals with an emphasis on developing a greater understanding of the service need (not simply the numbers with head injury), and to establish reliable systems that identify those in need of services. Thereafter importance would then shift towards education for staff and interventions for prisoners.

Implementation of these recommendations is at a very early stage and closely associated with liaison between NPHN, SPS and other agencies including Police Scotland, for example in relation to data capture and systems.

There is also a recognised need for further evidence in relation to the use of screening tools, estimating service need, understanding head injury in female prisoners and developing education about head injury for prisoners.

Efforts are currently being made to secure funding of £60k to secure a part time research worker for 18 months to undertake this essential activity. Thereafter the findings of this research will be shared with a view to further recommendations being implemented.

Status of current workstreams:

5. Workforce

There is no recognised national workforce tool that enables service providers to establish workforce complements within a prison environment. A workstream was established to consider workforce issues and has recognised the challenge for the NHS in Scotland of there being appropriate numbers of trained and experienced healthcare professionals to meet the needs of the prisoner population.

Updated progress from the workstream is that it has secured engagement with Scottish Government workforce leads and work has commenced to scope and establish a nationally recognised workforce model for prisoner healthcare.

6. Clinical IT
This workstream is attempting to address the challenges of existing IT systems. It is widely acknowledged that the currently IT system is not fit for purpose and requires significant investment to ensure it supports the delivery of care applied in the prison environment.

7. Performance Indicators

As a result of the Clinical IT system for prisons being unable to perform a number of essential functions there is limited capacity at the present time to extract reliable health outcome and performance data. The lack of access to reliable information has a significant impact on our ability to undertake effective governance measures including:

- audit and assurance, including progress against key network recommendations,
- Health status of prisoner population,
- service provision gaps,
- identifying what our priorities are,

This has been a common issue raised in the course of the discussions and submissions with the Health & Sport Committee.

The aim of this workstream is to begin to establish a core set of health performance indicators and to address the means through which this can be gathered to enable effective monitoring and assurance to be implemented.

8. Physical Estate

This workstreams, which was led by the NHS Prison Board Leads, considered the suitability of the physical prison estate to manage the health needs of the prisoner population effectively. Further work is undoubtedly required to ensure actual physical settings, particularly in some of the older prison establishments, can assure equivalence. There is some recognition however that there have been significant achievements across the establishments in areas such as palliative care provision despite the challenges of the physical environment.

In addition the governance of matters such as infection control was considered by the workstream in an attempt to ensure that all parties understood and applied appropriate standards of cleanliness.

9. Clinical Strategy
The NHS National Clinical Strategy for Scotland has been considered by the NPHN and its pertinence to prisoner healthcare. A NPHN workstream is in place to produce a clinical strategy for prisoner healthcare to ensure that the recommendations of the national Strategy are being applied equally within a prisoner healthcare setting.

10. Safe and Effective use of medicines

There are a number of key workstreams looking at particular challenges around the safe and effective use of medicines within the prison environment for prisoners. Examples include the scope for self management of medicines and the implications of New (Novel) Psychoactive Substances (NPS) Recommendations were given to NHS Boards.

- Supplementary information for the Health & Sport Committee

In addition to the work undertaken to date there are ongoing pressures that will need to be addressed going forward to ensure that prisoner healthcare can be provided on an equivalent basis to that offered to the wider population. In addition there is a need to ensure that those providing healthcare, either to those in prison or after release, continue to be guided and supported.

Accountability and Leadership

- There is a very strong case to need to have in place a visible Scottish Government Policy Lead for prisoner healthcare following the departure of the NHS Director Health & Justice post, This will provide a steer to the Scottish Government, NHS Boards, the National Prisoner Healthcare Network, the Scottish Prison Service and all other parties currently engaged in collaborative working to maintain a joint focus and mutual commitment.
- There is a need to address matters of strong NHS Leadership that will support the required Governance for matters relating to prisoner healthcare that will ensure strengthened collaboration and cross agency working and relationships.
- There is a need for the work of the Network to be aligned to NHS Policy and Strategy to ensure equivalence is being assured.

Health Needs of Prisoner Population

- There is a lack of a detailed understanding of the health requirements of the prisoner population which could be addressed by undertaking a comprehensive health needs assessment. This would allow NHS Boards, SPS and other stakeholders involved in the delivery of health
and social care to the prisoner population to ensure services provided are aligned to the specific needs of the population.

Culture

- There is a need to acknowledge the challenges of providing healthcare within a custodial setting and the restrictions in movement that are inevitable given the environment and the “Prison Rules”. The need to access health services within the prison environment is reliant on efficient and collaborative working with SPS operational staff. Further work is undoubtedly required to ensure this relationship and access is developed and maintained and that it is fittingly resourced.

Finance

- The NPHN does not have an associated route to secure funding and this coupled with a lack of SG policy direction is often a reason that recommendations are not implemented.
- There are also ongoing fiscal challenges for all NHS Boards to meet the required cost saving targets and these apply equally in the context of the prisoner healthcare environment.

Demographics

- The age profile of the prisoner population reflects the demographic in Scotland generally which is that we have an increasing ageing group for whom we provide healthcare. Consequently the likelihood of prisoners having multiple and complex co-morbidities is increasing as is the likelihood of the need for palliative and end of life care.

Custodial Models

- The Ministry of Justice is continually reviewing the custodial model for Scotland in line with modern approaches to criminal justice. Healthcare provision will need to evolve in line with these developments such as to ensure provision remains equivalent when the community justice model is fully implemented.

Health Prevention

- Consideration must be given to the reasons for criminal behaviour and to address the circumstances faced by the prisoner population. The majority of prisoners in Scotland are drawn from the most deprived areas of the country where health inequalities are most prevalent. Prison can often be a source of healthcare and health education unavailable to them or not known by them and opportunities must be
seized to support them through health education to minimise further health challenges when they are released from prison.

Independent bodies

- There is a need to ensure that management of healthcare provision to prisoners involves independent bodies such as HMCIP who scrutinise and provide assurance against a set of healthcare standards developed by them.

Impact of Health and Social Reintegration

- Having access to a captive population of prisoners drawn from communities that experience the biggest social, economic and health inequalities presents an opportunity to address the inequalities agenda in what is traditionally an underserved population.
- While some inequalities, such as facilitating access to services, are addressed while in custody, the major determinates of health, social and economic inequalities experienced by this population need to be addressed further upstream than prisons and in collaboration with prisoner healthcare rather than led by it.

Conclusion

The Health & Sport Committee identified a number of key matters that have repressed the development of prisoner healthcare during their enquiry. This paper aims to assist the Committee by identifying a number of barriers and challenges that will impact on the future development and service provision for our prisoner population.