# Physical health of people in prison

NICE National Institute for Health and Care Excellence

**Consultation on draft guideline – deadline for comments** 17:00 on 27/06/16 **email:** PhysicalHealthInPrisons@nice.org.uk

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| | Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.<br><br>We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment.<br><br>We would like to hear your views on these questions:<br>1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.<br>2. Would implementation of any of the draft recommendations have significant cost implications?<br>3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)<br>4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed]<br><br>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting. |
| **Organisation name – Stakeholder or respondent** (if you are responding as an individual rather than a registered stakeholder please leave blank): | Prison Reform Trust |
| **Disclosure**<br>Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry. | [**Insert disclosure here**] |
| **Name of commentator person completing form:** | Ryan Harman |

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| **Type** | [office use only] | | | |
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| **Comment number** | **Document** (**full** version, **short** version or the **appendices**) | **Page number** Or **'general'** for comments on the whole document | **Line number** Or **'general'** for comments on the whole document | **Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table. |
| 1 | Short | 4 | 16 -17 | When assessing alcohol and drug use, it is *misuse* that is the problem and the particular focus of a first stage assessment. This point might be better described as 'substance misuse'. |
| 2 | Short | 4 | 13-19 | This list should include 'any disability that might affect a person's ability to cope in prison'. For example, needs such as learning disability and autism are not clearly accounted for and these should certainly be a focus of the first stage assessment. |
| 3 | Short | 5 | 1 | This guideline should be separated so it clearly acknowledges and separates communication needs that may be a result of a cognitive impairment with those that arise out of foreign language difficulties. Sensory impairment such as deafness should also be separately referenced. Also see comment 6 on this. |
| 4 | Short | 5 | 4 (Table 1) | There are regular references in the 'Actions' section of the table to GPs being present in reception. As far as we aware GPs are not constantly present in reception in many prisons and likely to be unable to cover this aspect of the delivery. If this is the case these actions will need to be rethought to account for this. |
| 5 | Short | 5 | 4 (Table 1, section 2.3) | Is it necessary to recount any head injury a person has ever had as oppose to those in recent medical history or those that still have effect them? This stage of the assessment is supposed to be focussing on urgent needs. |
| 6 | Short | 6 | 4 (Table 1, section 2.4) | With reference to comment 3, awareness of learning disability and neurodevelopmental disorders should be gained right at the start of the assessment as it informs how the initial questions are asked and understood. Beginning the assessment without an understanding of these needs may result in that information being of little worth. |
| 7 | Short | 7 | 4 (Table 1, section 2.8) | When assessing independent living needs it would be useful to ask if the person had any help when they were in the community such as from a carer or social worker. |
| 8 | Short | 7 | 4 (Table 1, section 2.8) | Under actions, an explicit reference should be made to ensuring referrals are made (whether by health care or prison staff) to social services for an assessment under the Care Act, taking into account instructions in PSI 03/2016 Adult Social |

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| 9 | Short | 7 | 4 (Table 1, section 2.9) | We are uncertain if this is necessary during the first stage assessment, if there is to be a second stage assessment within 7 days |
| 10 | Short | 7 - 8 | 4 (Table 1, section 3.1 – 3.4) | There is a need for clearer distinction between non-prescribed drugs and prescription drugs that were not prescribed for that person/that dose. |
| 11 | Short | 8 | 4 (Table 1, section 3.2) | Cannabis should be added to this list. |
| 12 | Short | 8 | 4 (Table 1, section 4.1) | It should be sufficient here to refer to the prison mental health team rather than specifying the in-reach team. It is also unnecessary to qualify actions with 'if they have received care for mental health problems' - the question already assumes they have and there should be consideration anyway for those presenting with mental health needs who were not receiving support they needed prior to custody. |
| 13 | Short | 9 | 4 (Table 1, section 5.1) | Under actions, we prefer the wording '*immediate* mental health assessment rather than *'urgent'.* Urgent is more subjective and in a busy environment could still result in inappropriate delay. |
| 14 | Short | 9 | 2 | This section should include an action to share information with prison staff that is relevant to their immediate care and wellbeing – for example if they have learning difficulties or need immediate social care referral and/or reasonable adjustments. Although communication is covered in a later section it is important to reinforce this as without this communication with prison staff the information gathered from these assessment will not influence the treatment they receive on the wings. |
| 15 | Short | 10 | 10 | We welcome the idea of a second stage health assessment for every person in prison. This allows for the first stage assessment to focus on the immediate needs and safeguarding of the individual, and ensures that needs and actions identified are followed up on. It is also a chance to ensure things like continuity of appointments and medication are maintained following arrival in custody. |
| 16 | Short | 10 | General | The second stage assessment should include one of the validated learning disability screening tools in the second stage healthcare assessment at the very least. NHS England guidance on healthcare for people with learning disabilities in prison, 'Equal Access, Equal Care' would be a valuable reference for this. |
| 17 | Short | 10-12 | General | It is standard practice for people with learning disabilities in the community to receive annual health checks. We suggest this is acknowledged and included under the second stage assessment section of the guidelines. |
| 18 | Short | 11 | 1-8 | Reinforcing the need to liaise with prison staff where needed would be beneficial here (e.g. about concerns relating to self harm/suicide, learning disabilities, autism, etc) |
| 19 | Short | 11 | 9 | Reference to 'mental health problems' here should be qualified |

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| | | | | and include learning disabilities, autism, ADHD, etc.<br><br>This screen should happen at the first stage assessment if there are any concerns raised or the health worker believes there is any possibility that a person has cognitive impairment. |
| 20 | Short | 12 | 1 | We would like 'easy-read' format to be specified in this point. |
| 21 | Short | 12 | 13 | We suggest phrasing this more actively such as 'tell the person' rather than 'offer the person'. Although this seems trivial, 'offering' advice is very passive and open to interpretation and could simply amount to having leaflets available. |
| 22 | Short | 12 | 21 | Details of what information has been shared with whom and for what reason should be included here |
| 23 | Short | 12 | 25 | Planning a health care review should take into account other needs– as mentioned elsewhere a person with learning disabilities should get a health check annually so this should be taken into account. |
| 24 | Short | 13 | 19 | We are not clear if there is a reason why this only specifies men? We suggest this is amended to include women and specifically sex-workers that are more likely to be at risk. |
| 25 | Short | 15 | 6 | An annual health check for people with learning disabilities as is the standard in the community should be included in this section. |
| 26 | Short | 15 | 19 | We suggest removing the phrase 'complex' from this tendency. There is a tendency to interpret this as meaning only the most extreme cases when in actual fact this action should apply to all needs generally. |
| 27 | Short | 15 | 20 | The sharing of information needs to be more active – information shared via the prison record system may not be immediately seen by staff responsible for care during their first nights. Some direct and verbal sharing of information should be encouraged. |
| 28 | Short | 15 | 23 - 29 | Autism should be added to this list |
| 29 | Short | 16 | 2 | As with comment 26 above, we suggest removing the word 'complex' |
| 30 | Short | 16 | 10 | Again, we suggest an emphasis on 'active' sharing of information and that prison staff should be included here. |
| 31 | Short | 16 | 17 | We would like accessible information such as 'easy-read' format to be included in this point. |
| 32 | Short | 16 | 25 | This section should include information about minimum rights to exercise and time in the open air whilst in the prison in accordance with the Prison Rules |
| 33 | Short | 17 | 19 | This section should include information on the drive to make prisons smoke free, and where the prison currently stands on this |
| 34 | Short | 18 | 22 | This section should include 'any change in social/legal status of the person' as this may change the risks involved. |
| 35 | Short | 19 | 9 | This point should also include those transferred *from* a segregation unit back onto normal accommodation. |
| 36 | Short | 20 | 1 | We strongly support the focus on monitoring for older people. Older people in prison are a growing population with associated health issues which need to be taken into account. Older people often report difficulty accessing health care and a fear for their wellbeing when unable to get urgent assistance for |

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| | | | | chronic health conditions. |
| 37 | Short | 20 | 4 - 30 | This is a major concern for people in prison with life threatening health conditions and reports of poor responses to emergencies. This has been repeatedly identified up by the Prisons and Probation Ombudsman (PPO). As well as having processes in place to ensure an appropriate response there should be regular reviews of these processes to ensure they are effective. |
| 38 | Short | 21 | 5 | There should be timelines to make sure medical records are transferred in a timely manner. People in prison often report delays to medication as a result of records not having been received from their GP in the community. |
| 39 | Short | 22 | 8 | This line should include eligible social care needs |
| 40 | Short | 22 | 13 | This list should include appointments with learning disability support services |
| 41 | Short | 22 | 22 | Suggest rephrase to '*Ensure* people who are being released from prison find and register with a community GP if they are not already registered with one'. People are often released without this support despite serious health issues and need for medication. This can be particularly problematic in areas where there is high demand and delays for GP appointments and can also delay access to health related benefits. |
| 42 | Short | 24 | 19 | We are uncertain what is meant by reference to 'people moving from one care setting to another'. Should this not be moving between a care setting and prison, either when arriving or leaving? |
| 43 | Short | 25 | 14 | Suggest rewording from 'experts' to 'appropriately experienced or qualified staff' |
| 44 | Short | General | General | At some point in the guidelines there should be reference to a clear process for prison staff to refer people they have concerns about. This process should be straightforward so as not to discourage referrals being made and the burden to justify the referral should not be on staff that are not medically trained. |
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Insert extra rows as needed

**Checklist for submitting comments**

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that

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have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.