

Physical health of people in prisons

Consultation on draft quality standard – deadline for comments 5pm on 11 April 2017 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	<p>Prison Reform Trust</p> <p>15 Northburgh Street, London, EC1V 0JR</p>
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<p>None</p>
Name of commentator person completing form:	<p>Jenny Talbot / Ryan Harman</p>

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Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		[Answer Yes or No]	
Type		[office use only]	
Comment number	Section	Statement number	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.			
Example 1	Statement 1 (measure)		This statement may be hard to measure because...
1	Statement 1	1	We support measures which address the continuity problems some people have with medication on arrival at prison. It should be clear that medicines reconciliation should occur with appropriate urgency, given the target for a second-stage health assessment is within 7 days as this could be too long in some cases.
2	Statement 4 (Question 5)	4	This statement rightly identifies a range of prisoners likely to have complex health and social care needs (page 17). Prisoners with autism should be added to this list. The statement should focus on the specific subpopulation of people with learning disabilities, many of whom will also have mental and physical health conditions. A cross reference to prisoners with assessed social care needs should be made, including both eligible and non-eligible social care needs.
3	Statement 4	4	This statement could also refer to subpopulations in which an increased likelihood of deterioration of physical and mental health needs would benefit from regular contact from healthcare services, such as older people in prison and all persons detained in segregation units.
4	Statement 5	5	We strongly support this statement and practice. Cases where this does not happen can have disastrous consequences for individual rehabilitation, leading to deterioration of wellbeing as well as being a potential trigger for a quick return to prison. Consideration should always be given to where and when a person will next be able to get medication prescribed – in some areas it can be difficult to get a GP appointment for a matter of weeks.
5			
6			

Insert extra rows as needed

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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 section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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 comment forms that 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 and quality standards that we have produced on topics related to this quality standard 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 from registered stakeholders and respondents 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.