

2022 Guideline surveillance questionnaire

2022 surveillance of Physical health of people in prison (NICE NG57)

Does this guideline need to be updated?

We are checking whether the guideline on [Physical health of people in prison](#) needs to be updated. This is called a surveillance review.

The surveillance review process usually consists of (figure 1, page 4):

- Input from key patient or service user groups and other stakeholders (this questionnaire).
- Feedback from topic experts.
- Literature searches to identify new evidence (new scientific studies, policy documents, reports, etc).
- Assessment of new evidence identified against current recommendations.
- Deciding whether or not to update sections of the guideline, or the whole guideline.
 - A consultation on the decision may be held with stakeholders.
- Publication of a report (called a surveillance report) containing the decision and a summary of the evidence used to reach the decision.

Thank-you for participating in this process by agreeing to complete this questionnaire. Your responses will help us to identify the main issues relevant to the guideline.

Further details about the surveillance review process are available in chapter 13 of [Developing NICE guidelines: the manual](#).

Overall need to update the guideline

Q-01 Do you think that recommendations in the guideline need to be updated?

Yes

In brief, please provide any further details

PRT is not a health charity and as such we are not qualified to provide a clinical view on the impact of the guideline. However, we are able to provide an indication of the broad context within which the guideline will be operating.

That context in prisons has changed dramatically. Most obviously, the response to the pandemic in prisons has had as yet unmeasured impacts on both the physical and mental health of prisoners due to very prolonged and extreme isolation. Those impacts continue in many prisons because of the impact of staffing shortages and continued overcrowding. The guidelines need to take account both of that legacy of ill-health and of the way in which the prison service is designing future prison regimes. There is an opportunity for guidelines to strengthen an ambition for a way of life in prison which promotes well-being and personal development, but also a very serious risk that prisons in reality are not offering the sort of opportunities on which delivery of guidelines depends.

The context is also altered by the continuing shift in the characteristics of the prison population. In particular, the growth of the older population and the drastic increase in very long and indeterminate sentences affects the challenges which these guidelines should address. Those changes impact in obvious ways on the nature and incidence of physical ill-health, including the growing need for end of life care, but also more subtly in the erosion of hope and purpose which they can cause for prisoners of all ages.

Q-02 Are there specific areas of this guideline that you think need to be updated?

Yes

The areas included in the guideline are:

- [1.1 Assessing health](#)
- [1.2 Communication and coordination](#)
- [1.3 Promoting health and wellbeing](#)
- [1.4 Managing medicines](#)
- [1.5 Monitoring chronic conditions](#)
- [1.6 Managing deteriorating health and health emergencies](#)
- [1.7 Continuity of healthcare](#)
- [Terms used in this guideline](#)

When thinking about which areas of the guideline that you think should be updated please consider why this is the case. Please also consider in your answer any recommendations which you believe have a negative impact on health and wellbeing or service provision and your reason for the concern.

For example, due to specific changes in practice, needs and opinions of people using services and their families, or new research.

If you answered 'yes', please provide details.

Specific areas of the guideline you feel should be the main focus of this review:

1. Assessing health
2. Promoting health and well-being
3. Managing deteriorating health and health emergencies

Reasons for your choice of specific areas for the main focus of this review:

1. Assessment will need to take into account lessons from the pandemic. But assessment for disability remains particularly poor and prevents prisons from meeting their obligations under equalities legislation
2. The growth in sentence length and indeterminacy poses different challenges for the promotion of well-being in particular. Life in prison cannot be focussed on rehabilitation and release for people for whom that prospect is either too far way to be meaningful or may never arise at all.
3. There is an obvious need to review the management of emergencies in the light of lessons from the pandemic, but also in the long-lasting difficulty of getting prisoners to appointments outside prisons. The opportunities provided by new technology for remote assessment and treatment should be considered.

Other factors influencing the need to update the guideline

Q-03 Do you have any information about the implementation of the guideline in practice?

Yes

For example:

- Which recommendations have had the biggest positive impact in this area?
- Are you aware of key recommendations which are not being implemented in practice?
- What are the barriers stopping implementation?
- Are services being commissioned as described in the guideline?

If you answered 'yes', please provide details.

We are not able to offer a view on the relative impact of current guidelines. Our work with prisoners underlines both the exceptional impact of the pandemic and the continuing impact of prison staff shortages in preventing a way of life in prison that promotes good physical and mental health. In particular, prisoners have described to us the effects of spending the majority of every day for many months in enforced idleness with no access to the open air or to human company. Those effects have included weight gain and loss of fitness alongside the many mental health harms inflicted. Poor diet remains a frequent source of complaint from prisoners looking to maintain good physical health.

Q-04 Are you aware of any issues for specific groups of patients or people using services?

Yes

For example, inequalities in relation to age, disability (including learning disability and mental health), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, as outlined in the [Equality Act 2010](#), as well as

inequalities arising from socioeconomic factors and from the circumstances of certain population groups, such as looked after children and homeless people.

If you answered 'yes, please provide details.

As already noted, prisoners serving very long and indeterminate sentences deserve special attention. For example, women serving these sentences have raised with us the absence of support for those going through the menopause. But we would also urge a focus on the identification of prisoners with disabilities, and the impact on health and well-being of race and ethnicity in particular. Many prisoners have several protected characteristics and systemic understanding of this area remains poor.

Q-05 Any other comments?

Yes

We would particularly urge that a review involve prisoners both in terms of understanding their experience and in asking for their insight and ideas on how well-being could be better promoted and delivered. We are aware that patient engagement now plays a much more prominent role in the health sector – in prisons that movement is still in its infancy but our experience is that prisoners respond enthusiastically to opportunities to become involved in both strategic and local reform.

Figure 1. Guideline lifetime and surveillance review process

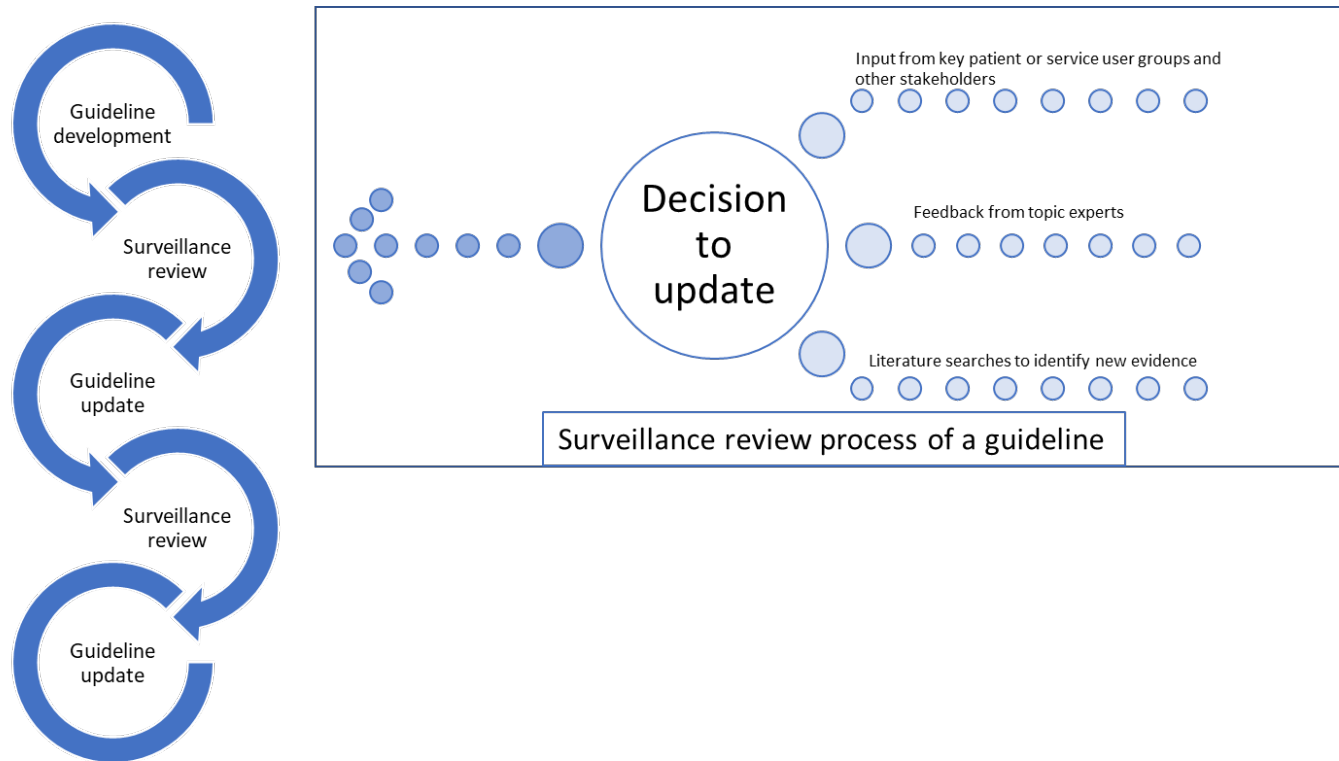


Figure 1 shows the lifetime of a guideline (left) and the surveillance review process (right). The lifetime of a guideline includes two main steps : 1) the surveillance review and 2) the guideline update. The aim of the surveillance review process is to decide if a guideline needs to be updated.