

## **Prison Reform Trust response to the Health and Social Care Committee inquiry into Prison Healthcare – May 2018**

The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform. The Prison Reform Trust provides the secretariat to the All Party Parliamentary Penal Affairs Group and has an advice and information service for people in prison.

The Prison Reform Trust's main objectives are:

- reducing unnecessary imprisonment and promoting community solutions to crime
- improving treatment and conditions for prisoners and their families.

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### **Executive summary**

The Prison Reform Trust welcomes the opportunity to submit evidence to the Health and Social Care Select Committee inquiry on prison healthcare. Our response is founded on the important principle established in prison policy and practice that people in prison ought to receive that same standard of healthcare in prison that they would otherwise receive in the community. It is based on the evidence we receive from prisoners through our advice and information service, which provides information about prison rules, prison service instructions, life in prison and gives advice to people about how they can make requests for things they need or challenge unfair treatment. We receive approximately 6500 enquires from people in prison each year, both in writing and through our freephone information line. We have deliberately anonymised accounts and avoided naming individual prisons in our evidence.

Health and social care are among the most common categories of enquiry that we receive. In 2017 we received 934 enquiries related to health and social care. The following figures show how many times we gave information or advice regarding these health-related sub categories. Please note that individual contacts can include more than one subject of enquiry.

Mental health issues	192
Access to medical staff	173
Health complaints process	171
Medication	120
Social care needs	81
Disability	80
Problems with hospital appointments	40
Requesting physical health diagnosis	25
Requesting mental health diagnosis	18
Transfer to psychiatric unit	14
Access to dentist	11
Access to optician	8
Private healthcare	1

Inevitably these categories do not capture the details enquiries we receive so we have summarised common themes below, which capture the experiences that people in prison report to us.

### **Basic access to healthcare**

A common factor in the concerns that people raise is basic access to services. People often report real difficulty in getting an appointment with healthcare services to discuss a concern that they have. There are a number of barriers to an individual successfully requesting and attending an appointment, and healthcare services themselves are not directly in control of all of these.

Requests for appointments made using prison service applications or verbally to prison staff depend on the reliability of the system or staff in question. Applications going missing, or staff not passing on messages are commonplace experiences – people report making multiple requests without any response and are often uncertain if the message is getting through at all.

Once healthcare does get the request and an appointment has been allocated this information must then get back to both the prisoner and the staff who will be required to unlock and facilitate attendance. It is clear that these systems do not always operate effectively, resulting in frustrated people stranded on their wing whilst they should be attending a long-awaited appointment. Prison often face regime difficulties, for example due to staff shortages, which mean movements get cancelled and people are unable to attend.

Healthcare services cannot always determine whether a missed appointment was the responsibility of the individual or a result of prison factors. Missed appointments are therefore not necessarily rebooked, forcing the individual to start the process again by making a fresh request.

In some places healthcare services have developed effective systems to tackle these problems - for example employing healthcare reps or other peer roles to monitor appointment requests and allocations, and to follow up and rebook missed appointments.

In any case, it is important that healthcare services regularly seek feedback from service users to try to identify barriers which they may be unaware of, so that these can be raised and resolved with the prison. Where barriers identified are outside of their direct control, as above, healthcare staff must be empowered to remind the prison of its role and responsibility in granting people access to healthcare services.

### **Access to support for mental health needs**

Access to mental health support is a regular concern for users of our service and is the most common health care related enquiry that we receive.

We particularly hear from people with mental health problems such as depression and anxiety who feel they are not able to access the support they need – for example, not being able to see a mental health professional easily enough or having no access to talking therapies. This experience is echoed by the Prison and Probation Ombudsman’s 2016 report in *Prisoner Mental Health* which found that nearly one in five of those diagnosed with a mental health problem received no care from a mental health professional in prison.

Given the prevalence of mental health needs in prison, it is hardly surprising that stretched services are forced to prioritise support for those with the highest and most complex needs – for example psychotic illnesses like schizophrenia – leaving those considered to have lower level needs with minimum specialist support. Lack of support increases the chance that those individuals will deteriorate until they do become a priority, putting further pressure on services. Sadly, we often hear from family members who have helplessly watched a rapid deterioration in the mental wellbeing of a loved one since their arrival in prison. Without sufficient support, people are more likely to turn to other coping mechanisms such as self-harm or self-medicate using recreational and unprescribed drugs.

The solution here must be two-fold. It is clear that services are in real need of an increase in resources to provide adequate support for the level of mental health need in prison. But we should also be questioning those with high and complex needs should be in custody in the first place. Liaison and diversion services should be available in police stations and courts and should be used effectively to prevent unnecessary imprisonment of vulnerable people with mental health needs or learning disabilities. We welcome the government’s commitment to a full national roll out of liaison and diversion services and hope the committee will use the opportunity of the inquiry to press ministers on progress in implementing this commitment. Its delivery would ensure appropriate support for vulnerable defendants throughout the criminal justice process. By diverting those who would otherwise be incarcerated into treatment and care in the community, it should also ease the pressure on prison based mental health provision and enable them to deliver a more effective service to people in prison.

### **Access to Dentists and Opticians**

A comparatively small but consistent number of people contact us about the difficulty in accessing dental care or an optician whilst in custody. We have heard from people who have struggled for months to obtain appointments with these services despite reporting urgent concerns. Some of the barriers to these specialist services are likely

to be due to the general barriers discussed above, but it is clear that these experiences are significantly worse than you might expect in the community.

### **Access to and continuity of medication**

We are aware of occasional problems regarding continuity of medication once someone arrives at prison and have heard from people some days into their sentence who have not yet received the medication they were receiving in the community. One man we spoke to was received by the prison late Friday afternoon and spent the first five days in custody in considerable pain before he was finally given the painkillers he had been prescribed in the community. The implications are particularly concerning when considering preventative medication for conditions such as epilepsy. We understand from conversation with healthcare staff that delays can be caused by a lack of response from community based GPs. If this problem is widespread then a wider piece of work is needed to raise awareness to community health services of their responsibilities and the serious impact of slow responses. However, in circumstances in which it does occur prison based healthcare staff should still ensure the response is chased and received as quickly as possible.

### **Responses to urgent and emergency health concerns**

A concern that has been raised by older prisoners during our visits to prisons, as well as through our advice service, is about poor responses to urgent and emergency health issues. This is another area in which the barriers appear to exist in the interaction between prison service and healthcare services.

For example, we have spoken to people experiencing chest pains or who believe they have suffered a minor stroke, who have been unable to get a timely response from their cell bell to request help. This is particularly the case during periods of low staffing such as during night state. When an officer does attend they may have difficulty convincing them that their health need is urgent or might be told there is no one from healthcare available to see them. Even where there are healthcare staff available, responses can be poor. We advocated for one case in which the healthcare professional conducted their check without opening the cell door and therefore missed the signs that the individual had indeed suffered a stroke – this was not identified until he insisted on seeing a doctor the following day upon which he was quickly rushed to hospital.

Where prisons have in-cell telephony we are sometimes contacted by people at the time of the concern. In these cases we will make contact with healthcare or a duty governor at the prison who will usually ensure that the person is seen urgently. Although we are glad to be able to help people in this way, it should not be necessary for an individual to call an external agency to have an urgent health issue attended to by someone in the prison.

When emergency services are needed there can be unreasonable delays in them accessing the prison. We have had reports of ambulance being held at the gate for up to thirty minutes despite attending for a serious medical emergency.

It is worth mentioning that psychoactive substances are reported by many prisoners as impacting the flexibility and responsiveness of healthcare services, as services are regularly diverted to deal with urgent medical issues related to this. Similar reports indicate that their health concerns have been taken less seriously by staff

who have incorrectly assumed the symptoms are those of drug use rather than a separate medical problem.

### **Communication, data protection and safeguarding**

It is apparent from our contact with staff that that communication between prison service staff and healthcare staff can be challenging due to data protection complications. In particular we have become aware of this when concerned about someone's wellbeing – when raising safeguarding concerns with prison safer custody teams, there are occasions when they have been provided limited information from healthcare about health conditions which affect the person's vulnerability.

We also have serious concerns about the handling of information from third parties such as charitable services and families. We have experiences of healthcare staff refusing to speak with us to allow us to share an urgent concern about a person's wellbeing. On one particularly alarming occasion, we attempted to inform healthcare about a call from someone who suspected he was having a heart attack, only for them to refuse the call and suggest we write to them instead. Family members have similar challenges, and we have seen cases in which healthcare services failed to pursue concerns that family members have shared with them, to the detriment of the person's wellbeing.

Confidentiality is an important principle in healthcare, and staff in all services can be understandably nervous about sharing information inappropriately. However, healthcare staff must be given clear guidelines about when it is appropriate and lawful to share information in the interests of the individual.

### **Early identification of social care needs**

We welcome the provisions of the Care Act 2016 which established a statutory framework for the provision of social care in prisons. However, we have ongoing concerns about how effective the implementation of Care Act responsibilities has been in relation to prisons, particularly those that require prison and healthcare staff to identify and refer people with possible social care needs to the local authority for assessment. The last available analysis we are aware of, a stocktake completed by ADASS in October 2016, suggested inconsistent levels of activity from comparable establishments. We have since had contact with people for whom referrals did not take place when we would have expected them to. We suggest that the Committee requests information from the Ministry of Justice about the number of referrals and assessments completed per prison/local authority and how many of those were assessed as having eligible care and support needs in order to gain an up to date understanding of current delivery.

### **Follow up work after appointments**

People often complain that they are forced to chase for follow up actions after appointments. For example, people have informed us that the GP recommended an urgent visit to hospital, or they expected to receive results of a test which they were expecting many weeks ago. A lack of follow up can quickly undermine people's confidence in a service as well as creating unnecessary anxiety and frustration.

## **External appointments**

We often hear about the difficulty of obtaining external appointments for specialist treatment or consultation. We are mindful that some delays may be comparable to people's experience in the community, but people regularly report difficulty and delay in having an external medical appointment arranged for them.

This can be aggravated by prison restrictions and procedures. Attending external appointments requires arranging of transport and escort staff. It is not uncommon for appointments to be cancelled last minute due to a lack of one of these resources, causing great frustration to the individual and creating further delays whilst appointments, transport and staff are rearranged. People have reported experiencing this again and again over a period of months, all the while their health is deteriorating. In some cases, a person may find themselves unexpectedly transferred after having been through.

A further frustration for external appointments is the short notice that people are often given about upcoming appointment. Security concerns mean that people are often only made aware the evening before or on the day of the appointment. This creates uncertainty and frustration for those worried about their health.

The difficulty in getting external appointments is particularly highlighted when it interrupts continuity of treatment. In we dealt with a case in which an individual had been receiving regular treatment and support to recover from a serious accident. Despite these appointments already being booked and within reasonable distance from the prison, he was not supported to attend these, and his family reported a visible deterioration of his health during this period. Where treatment like this is ongoing there must be clear practice guidelines as well as the resources to ensure it continues as it would if they had remained in the community.

## **Continuity of care into the community**

At the other end of a sentence, we are concerned that services consistently fail to communicate adequately with local GPs to ensure medical care post release. In our 2016 report *Social Care or Systematic Neglect* which looked into the resettlement of older people in prison, thirteen of 14 people interviewed said there had been no referral made to a local GP surgery for their release. This clearly undermines continuity of support and places an unnecessary additional barrier on those crucial and challenging few days after release. Confirming GP registration and referring those without should be standard practice in all prisons.

## **Healthcare service and treatment in prison**

Healthcare services play a vital role in mediating treatment in prison. They have an important responsibility to assess the physical, emotional and mental well being of the those in segregation to determine whether there are any apparent clinical reasons to advise against its continuation. Prisoners who call us from segregation sometimes inform us that this has not taken place as regularly as it should have done.

Following use of force incidents, an appropriately qualified member of healthcare should examine them within 24 hours and make a record of any injuries sustained. They should also be involved when injuries are sustained in other incidents in the

prison. We receive reports of delays and difficulties accessing a member of healthcare when injuries have been sustained following such incidents.

Healthcare services can also make recommendations to the prison about other provision in the interests of individual health needs. For example, they might recommend that the prison replaces a mattress to help someone with severe back problems, that a person has particular dietary requirements to manage a health condition or that someone would benefit from a single cell to help them cope. Healthcare can also advise prison staff on things such as when prescribed medication may show up in a Mandatory Drug Test, or if mental health problems may be a factor in negative behaviour.

These recommendations are especially important because individuals have much less control over the management of their health problems than they would in the community. However, we hear reports of these recommendations being ignored by prison staff with little justification. Healthcare services must be supported and empowered to pursue and challenge these decisions with the Governor where they believe it is having a negative impact on an individual's health.

### **Equality of provision**

Commissioning and delivery of health and social care services should be aware of differing needs associated with protected characteristics to make sure that provisions adhere to equality legislation. For example, older people and people with disabilities are likely to have a greater need for health and social care support whilst they are in custody. The level of provision in individual prisons should take account of the level of need based on the population profile.

Health services should also take into account the differing treatment needs that people might have related to protected characteristics. For example, we have been made aware of difficulty that some BAME prisoners have in obtaining treatment for dermatological conditions which they have been prescribed in the community.

### **Healthcare complaints process**

Part of our role involves explaining the avenues available to people who believe they have been treated unfairly whilst in prison. It is apparent from our work that people are often unaware that healthcare services in prison have a separate complaints procedure. We give detailed advice on this process, including how to escalate the complaint to NHS England and the Parliamentary and Health Service Ombudsman. An effective and well publicised complaints system is essential in identifying systematic problems with service delivery so that improvements can be made. Information about how to make a complaint should be readily available to improve service user's awareness of this avenue.