# Physical health of people in prisons

# NICE quality standard

## Draft for consultation

April 2017

**This quality standard covers** assessing, diagnosing and managing physical health problems of adults aged 18 years and older in prisons or young offender institutes. It describes high-quality care in priority areas for improvement. It does not cover:

- people in immigration removal centres
- people in police custody
- NHS care provided for prisoners outside the prison service (for example in an acute hospital)
- end of life care
- dental management, other than self-care.

**It is for** commissioners, service providers, health, public health and social care practitioners, and the public.

This is the draft quality standard for consultation (from 11 April to 9 May 2017). The final quality standard is expected to publish in September 2017.

## Quality statements

Statement 1 People entering prison have a medicines reconciliation carried out before their second-stage health assessment.

Statement 2 People entering prison have a second-stage health assessment within 7 days.

Statement 3 People entering prison are offered blood-borne virus testing and assessment for risk of sexually transmitted infections.

Statement 4 People in prison who have complex health and social care needs have a lead care coordinator.

Statement 5 People being transferred or discharged from prison are given a minimum of 7 days' prescribed medicines or an FP10 prescription.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services) which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing physical health services to people in prisons include:

- Vaccine uptake in under 19s quality standard 145 (2017)
- Tuberculosis quality standard 141 (2017)
- Smoking: harm reduction quality standard 92 (2015)
- Hepatitis B quality standard 65 (2014)
- Smoking: supporting people to stop quality standard 43 (2013)
- Drug use disorders in adults quality standard 23 (2012)
- Alcohol-use disorders: diagnosis and management quality standard 11 (2011)
- HIV testing (in development)
- Mental health of adults in contact with the criminal justice system (in development)

A full list of NICE quality standards is available from the quality standards topic library.

## Questions for consultation

### *Questions about the quality standard*

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

### *Questions about the individual quality statements*

**Question 4** For draft quality statement 3: For purposes of quality improvement, should measurement of performance against this statement focus on the second-stage health assessment? Please give reasons for your answer.

**Question 5** For draft quality statement 4: Should this statement focus on a specific subpopulation of people in prison who have complex health and social care needs? If so, what should this population be?

### *Local practice case studies*

**Question 6** Do you have an example from practice of implementing the NICE guideline that underpins this quality standard? If so, please submit your example to the NICE local practice case studies on the NICE website. Examples of using NICE quality standards can also be submitted.

# Quality statement 1: Medicines reconciliation

## *Quality statement*

People entering prison have a medicines reconciliation carried out before their second-stage health assessment.

## *Rationale*

Medicines reconciliation helps ensure that people continue to receive the medicines they need and reduces the risk of harm caused by delayed or inappropriate medication. This is particularly important for people who are receiving critical medicines such as antiretrovirals or medicines for mental health conditions, for whom timeliness of administration is crucial to prevent harm from missed or delayed doses.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that people entering prison have a medicines reconciliation carried out before their second-stage health assessment.

***Data source:*** Local data collection including healthcare records.

### Process

Proportion of prison admissions where a medicines reconciliation is carried out before the second-stage health assessment.

Numerator – the number in the denominator where a medicines reconciliation was carried out before the second-stage health assessment.

Denominator – the number of prison admissions where a second-stage health assessment took place.

***Data source:*** Local data collection including healthcare records.

### Outcome

a) Adverse medication events in prison.

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on medication errors.

b) Unplanned hospital admissions of people in prison because of adverse medication events.

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on escorts and bedwatches for urgent care.

## *What the quality statement means for different audiences*

**Service providers** (providers of healthcare in prisons) ensure that systems are in place for a medicines reconciliation to be carried out before the second-stage health assessment so that the outcome of the medicines reconciliation can be acted on at the assessment.

**Healthcare professionals** (GPs and nurses in prisons) carry out a medicines reconciliation before the second-stage health assessment so that they can act on the outcome at the assessment to ensure that the person is receiving the appropriate medicines. This can include checking that the person is taking the correct medicines, and ensuring that they have not had an adverse reaction to medicines they are taking and have no relevant known allergies.

**Commissioners** (NHS England) ensure that they commission prison healthcare services that carry out a medicines reconciliation before the second-stage health assessment.

**People in prison** have an accurate list of the medicines they should be taking prepared by their healthcare professional before they have their second health assessment in prison. This means their healthcare professional can make sure they are receiving the medicines they need while they are in prison.

## *Source guidance*

Physical health of people in prison (2016) NICE guideline NG57, recommendation 1.1.8.

## *Definitions of terms used in this quality statement*

### Medicines reconciliation

The process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. [NICE's guideline on physical health of people in prison]

### Second-stage health assessment

A health assessment carried out within 7 days of a person's first-stage assessment which takes place upon entry into prison. This assessment includes, as a minimum;

- reviewing the actions and outcomes from the first-stage health assessment
- asking the person about:
  - any previous misuse of alcohol, use of drugs or improper use of prescription medicine
  - if they have ever had a head injury or lost consciousness, and if so:
    - how many times this has happened
    - whether they have ever been unconscious for more than 20 minutes
    - whether they have any problems with their memory or concentration
  - smoking history
  - the date of their last sexual health screen
  - any history of serious illness in their family (for example, heart disease, diabetes, epilepsy, cancer or chronic conditions)
  - their expected release date (if less than 1 month a pre-release health assessment should be planned)
  - whether they have ever had a screening test (for example, a cervical screening test or mammogram)
  - whether they have, or have had, any gynaecological problems
- measuring and recording the person's height, weight, pulse, blood pressure and temperature, and carrying out a urinalysis.

[Adapted from NICE's guideline on physical health of people in prison, recommendation 1.1.13]

# Quality statement 2: Second-stage health assessment

## *Quality statement*

People entering prison have a second-stage health assessment within 7 days.

## *Rationale*

Carrying out a second-stage health assessment within 7 days of entering prison means people's health problems can be explored in more detail than during the initial health assessment and they can receive the necessary treatment and support. During the assessment appropriate testing can be discussed and if the person is due to undergo any routine health screening this can be arranged. People can be provided with information and support on improving and maintaining their health, for example on diet, exercise, sexual health and stopping smoking. In addition, for people with multimorbidities or long-term conditions, this is an opportunity to discuss their conditions and ensure that the correct care and treatment are provided.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that people have a second-stage health assessment within 7 days of entering prison.

***Data source:*** Local data collection including healthcare records and audits.

### Process

Proportion of prison admissions where a second-stage health assessment takes place within 7 days.

Numerator – the number in the denominator where a second-stage health assessment takes place within 7 days.

Denominator – the number of prison admissions which last for more than 7 days.

***Data source:*** Local data collection including healthcare records and audits.

**Outcome**

a) Screening rates in prison (for example retinal screening, breast, cervical and bowel cancer screening).

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on the uptake of cancer and non-cancer screening.

b) Diagnosis of chronic diseases (for example hypertension, diabetes and chronic obstructive pulmonary disease).

***Data source:*** Local data collection including healthcare records.

## *What the quality statement means for different audiences*

**Service providers** (providers of healthcare in prisons) ensure that systems are in place for people to have a second-stage health assessment within 7 days of entering prison, including people who are transferred between prisons.

**Healthcare professionals** (GPs and nurses in prisons) ensure that they carry out a second-stage health assessment within 7 days of people entering prison. During this assessment they can offer or refer people for treatment and support for identified health problems and identify any screening that is due. They can also provide information and support to maintain and improve health, including where people can obtain additional information.

**Commissioners** (NHS England) ensure that prison healthcare services provide people with a second-stage health assessment within 7 days of entering prison, including people who are transferred between prisons.

**People in prison** have a second health assessment within 7 days of going into prison. At this assessment they can discuss their existing health conditions and have tests for other conditions they might have. They can also find out about ways to improve their health, for example through diet, exercise and stopping smoking, and where they can get extra information about staying healthy.

## *Source guidance*

Physical health of people in prison (2016) NICE guideline NG57, recommendation 1.1.13.

## *Definitions of terms used in this quality statement*

**Second-stage health assessment**

A health assessment carried out within 7 days of a person's first-stage assessment (which takes place upon entry into prison). This assessment includes, as a minimum:

- reviewing the actions and outcomes from the first-stage health assessment
- asking the person about:
  - any previous misuse of alcohol, use of drugs or improper use of prescription medicine
  - if they have ever had a head injury or lost consciousness, and if so:
    - how many times this has happened
    - whether they have ever been unconscious for more than 20 minutes
    - whether they have any problems with their memory or concentration
  - smoking history
  - the date of their last sexual health screen
  - any history of serious illness in their family (for example, heart disease, diabetes, epilepsy, cancer or chronic conditions)
  - their expected release date (if less than 1 month a pre-release health assessment should be planned)
  - whether they have ever had a screening test (for example, a cervical screening test or mammogram)
  - whether they have, or have had, any gynaecological problems
- measuring and recording the person's height, weight, pulse, blood pressure and temperature, and carrying out a urinalysis.

[Adapted from NICE's guideline on physical health of people in prison, recommendation 1.1.13]

### *Equality and diversity considerations*

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health services. Information should be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and should be culturally appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible information standard.

# Quality statement 3: Blood-borne viruses and sexually transmitted infections

## *Quality statement*

People entering prison are offered blood-borne virus testing and assessment for risk of sexually transmitted infections.

## *Rationale*

There are higher rates of blood-borne viruses and sexually transmitted infections in the prison population. Offering blood-borne virus testing when people enter prison means that if they do have a blood-borne virus they can receive support and treatment. In addition, if they have an underlying cause for their condition, such as injecting drug use, they can also receive support for this. Assessing a person's risk of sexually transmitted infections, based on their sexual history, means they can receive the necessary testing and be supported through any necessary treatment.

## *Quality measures*

### Structure

a) Evidence of local arrangements to ensure that people entering prison are offered blood-borne virus testing.

***Data source:*** Local data collection including health records. The NHS England health and justice indicators of performance contain data on the uptake of hepatitis B and C screening, and HIV testing.

b) Evidence of local arrangements that people entering prison are assessed for the risk of sexually transmitted infections.

***Data source:*** Local data collection including health records.

### Process

a) Proportion of people entering prison who are offered blood-borne virus testing.

Numerator –the number in the denominator who are offered blood-borne virus testing.

Denominator – the number of people entering prison.

***Data source:*** Local data collection including health records. The NHS England health and justice indicators of performance contain data on the uptake of hepatitis B and C screening, and HIV testing.

b) Proportion of people entering prison who are assessed for the risk of sexually transmitted infections.

Numerator –the number in the denominator who are assessed for the risk of sexually transmitted infections.

Denominator – the number of people entering prison.

***Data source:*** Local data collection including health records.

Note: For measurement purposes, service providers and commissioners may wish to focus on people in prison with specific needs, such as people with alcohol or drug dependency. They may also consider focusing on particular equality and diversity characteristics such as age, gender reassignment, disability or sexual orientation.

**Outcome**

a) Diagnosis and treatment of blood-borne viruses in prisons.

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on people diagnosed with hepatitis B or C being referred to a specialised service and receiving treatment within 18 weeks. They also contain data on the number of people who are HIV positive who are seen by secondary care within 2 weeks.

b) Diagnosis and treatment of sexually transmitted infections in prisons.

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on the uptake of chlamydia screening.

## *What the quality statement means for different audiences*

**Service providers** (providers of healthcare in prisons) ensure that systems are in place for people entering prison to have blood-borne virus testing and assessment for the risk of sexually transmitted infections.

**Healthcare professionals** (GPs, nurses and healthcare assistants in prisons) offer people entering prison blood-borne virus testing and assess them for the risk of sexually transmitted infections based on their sexual history.

**Commissioners** (NHS England) ensure that prison healthcare services have systems in place for people entering prison to be offered blood-borne virus testing and assessment for the risk of sexually transmitted infections at the second-stage health assessment.

**People entering prison** are offered tests for HIV, hepatitis B and hepatitis C. They will also be assessed for the risk of sexually transmitted infections such as chlamydia or gonorrhoea, based on the information they give about their sexual history. If, after testing, they are diagnosed with one of these viruses or infections they can be offered support and discuss treatment.

## *Source guidance*

Physical health of people in prison (2016) NICE guideline NG57, recommendations 1.1.23, 1.1.24 and 1.1.29.

## *Definitions of terms used in this quality statement*

### Blood-borne virus testing

These are blood tests to identify whether a person has a blood-borne virus. The most common examples of blood-borne viruses are HIV, hepatitis B and viral haemorrhagic fevers. [Physical health of people in prison (2016) NICE guideline NG57, full guideline and expert opinion]

**Assessment for the risk of sexually transmitted infections**

This is done by using the person's sexual history and can be carried out at the second-stage health assessment. [Adapted from NICE's guideline on the physical health of people in prison, recommendation 1.1.29 and expert opinion]

**Sexually transmitted infections (STIs)**

Infections that are acquired through sexual contact, including chlamydia, genital warts, genital herpes, gonorrhoea and syphilis. [Physical health of people in prison (2016) NICE guideline NG57, full guideline and expert opinion]

## *Equality and diversity considerations*

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible information standard.

Some people who are at risk of sexually transmitted infections based on their sexual history may be vulnerable for example, because of abuse, or drug or alcohol dependency. Healthcare professionals should discuss the risk of sexually transmitted infections sensitively and in a supportive, non-judgemental way.

## *Question for consultation*

For purposes of quality improvement, should measurement of performance against this statement focus on the second-stage health assessment? Please give reasons for your answer.

# Quality statement 4: Lead care coordinator

## *Quality statement*

People in prison who have complex health and social care needs have a lead care coordinator.

## *Rationale*

A lead care coordinator who manages a person's care, particularly when they have complex health and social care needs, can ensure good communication within the multidisciplinary team which can include health, social care and custodial teams. By working with the multidisciplinary team the lead care coordinator can help to ensure that people receive help and support to manage their health and social care needs. In addition, they can receive help to reduce avoidable exacerbations of health conditions, reducing the risk of unplanned hospital admissions.

## *Quality measures*

### Structure

Evidence of local arrangements to ensure that people in prison who have complex health and social care needs have a lead care coordinator.

***Data source:*** Local data collection including healthcare records and audits.

### Process

Proportion of people in prison who have complex health and social care needs who have a lead care coordinator.

Numerator – the number in the denominator who have a lead care coordinator.

Denominator – the number of people in prison with complex health and social care needs.

***Data source:*** Local data collection and audits.

Note: For measurement purposes, service providers and commissioners may wish to focus on prisoners with specific needs such as those with alcohol or drug

dependency. They may also consider focusing on particular equality and diversity characteristics such as age, gender reassignment, disability or sexual orientation.

**Outcome**

Unplanned hospital admissions of people in prison.

***Data source:*** Local data collection including healthcare records. The NHS England health and justice indicators of performance contain data on escorts and bedwatches for urgent care.

## *What the quality statement means for different audiences*

**Service providers** (providers of healthcare in prisons) ensure that systems are in place for people in prison with complex health and social care needs to have a lead care coordinator.

**Healthcare professionals** (GPs and nurses in prisons) ensure that people with complex health and social care needs have a lead care coordinator. The person should know who their lead care coordinator is and this should also be communicated to the prison staff. The lead care coordinator will liaise with the multidisciplinary team to ensure that care is coordinated and provided as needed while the person is in prison, during transfers and when the person is leaving prison.

**Commissioners** (NHS England) ensure that they commission prison healthcare services that provide lead care coordinators for people with complex health and social care needs.

**People in prison** who have a number of health and social care needs have a lead care coordinator who is responsible for their care. They will know who their lead coordinator is. The lead care coordinator makes sure that all of the person's health and social care needs are met while they are in prison, being transferred or leaving prison.

## *Source guidance*

Physical health of people in prison (2016) NICE guideline NG57, recommendation 1.2.3.

## *Definitions of terms used in this quality statement*

### Complex health and social care needs

There are many complex health and social care needs which are relevant to the prison population. These include, but are not limited to:

- long-term mental and physical health conditions
- blood-borne viruses and sexually transmitted infections
- substance misuse
- learning disabilities
- physical disabilities.

[Expert opinion]

### Lead care coordinator

This is a named professional who is responsible for managing a person's healthcare in prison, liaising with other healthcare staff involved in the person's care (for example, ensuring follow-up on diagnostic tests) and making sure relevant information is shared between primary and secondary care teams, and other social care and probation providers if necessary. [Physical health of people in prison (2016) NICE guideline NG57, full guideline and expert opinion]

## *Equality and diversity considerations*

Barriers to communication can hinder people's understanding of how they can be involved in their care, particularly if they have complex health and social care needs. These barriers could include: learning or cognitive difficulties; physical, sight, speech or hearing difficulties; or difficulties with reading, understanding or speaking English. Adjustments should be made to ensure that all people with complex health and social care needs in prison can work with their lead care coordinator to plan their care.

## *Question for consultation*

Should this statement focus on a specific subpopulation of people in prison who have complex health and social care needs? If so, what should this population be?

# Quality statement 5: Medicines on transfer or discharge

## *Quality statement*

People being transferred or discharged from prison are given a minimum of 7 days' prescribed medicines or an FP10 prescription.

## *Rationale*

Continuation of medication is important to maximise benefits and reduce the risk of harm. Transferring or discharging people from prison with a minimum of 7 days' prescribed medicines or an FP10 prescription to obtain medicines from a pharmacy ensures that people have an adequate supply of medicines until they can get more from a GP, either at the prison they are transferred to or outside of prison.

## *Quality measures*

### Structure

a) Evidence of local arrangements to ensure that people being transferred between prison settings receive a minimum of 7 days' prescribed medicines.

***Data source:*** Local data collection including healthcare records and audits.

b) Evidence of local arrangements to ensure that people being discharged from prison receive a minimum of 7 days' prescribed medicines or an FP10 prescription.

***Data source:*** Local data collection including healthcare records and audits.

### Process

a) Proportion of transfers between prison settings where a minimum of 7 days' prescribed medicines is provided.

Numerator – the number in the denominator where a minimum of 7 days' prescribed medicines is provided.

Denominator – the number of transfers between prison settings.

***Data source:*** Local data collection including healthcare records and audits. The NHS England health and justice indicators of performance contain data on the number of people transferred who are received into prison with 7 days' medication.

b) Proportion of people being discharged from prison who receive a minimum of 7 days' prescribed medicines or an FP10 prescription.

Numerator – the number in the denominator who receive a minimum of 7 days' prescribed medicines or an FP10 prescription.

Denominator – the number of people being discharged from prison.

***Data source:*** Local data collection including healthcare records and audits. The NHS England health and justice indicators of performance contain data on the number of people discharged from prison who are supplied with 7 days' medication or an FP10 prescription.

**Outcome**

Continuity of medication.

***Data source:*** Local data collection including healthcare records.

## *What the quality statement means for different audiences*

**Service providers** (providers of healthcare in prisons) ensure that systems are in place, including risk assessment, for people to receive a minimum of 7 days' prescribed medicines or an FP10 prescription when they are transferred or discharged from prison.

**Healthcare professionals** (GPs, nurses and pharmacists in prisons) ensure that when people are being discharged or transferred from prison they are given a minimum of 7 days' prescribed medicines or an FP10 prescription. A risk assessment should be carried out to establish whether medicines or an FP10 prescription should be provided.

**Commissioners** (NHS England) ensure that they commission prison healthcare services that discharge or transfer people from prison with a minimum of 7 days' prescribed medicines or an FP10 prescription, based on a risk assessment.

**People who are being transferred or leaving prison** are given a 7-day supply of any prescribed medicines they are taking, or, if leaving the prison, a prescription so that they can collect their medicines from a pharmacy free of charge. This means they can carry on taking the medicines they need when they are transferred or leave prison. After this they will be able to receive their medication by seeing another doctor either in another prison or in the community.

## *Source guidance*

Physical health of people in prison (2016) NICE guideline NG57, recommendation 1.7.14.

## *Definitions of terms used in this quality statement*

**FP10 prescription**

A prescription form. People who are released from prison unexpectedly can take an FP10 to a community pharmacy to receive their medicines free of charge until they can arrange to see their GP or register with a new GP. [NICE's guideline on the physical health of people in prison]

## *Equality and diversity considerations*

People should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health services. Information should be in a format that suits their needs and preferences. It should accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed.

For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible information standard.

If people are being released from prison into homelessness or temporary accommodation, their lead care coordinator and the multidisciplinary team should work together to ensure access to medication.

# About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Information about how NICE quality standards are developed is available from the NICE website.

See quality standard advisory committees on the website for details of standing committee 1 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the quality standard's webpage.

This quality standard has been incorporated into the NICE pathway on the health of people in the criminal justice system.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## *Improving outcomes*

This quality standard is expected to contribute to improvements in the following outcomes:

- mortality rates of people who are or have been in prison

- morbidity rates of people who are or have been in prison
- continuity of care for people entering and leaving prison
- health equality for people who are or have been in prison.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- Adult social care outcomes framework 2015–16
- NHS outcomes framework 2016–17
- Public health outcomes framework for England, 2016–19.

### *Resource impact*

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the NICE guideline on physical health of people in prison to help estimate local costs.

### *Diversity, equality and language*

During the development of this quality standard, equality issues were considered and equality assessments are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: