

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SCOPE

1 Guideline title

Physical health of people in prison: assessment, diagnosis and management of physical health problems in people in prison

1.1 Short title

Physical health of people in prison

2 The remit

NHS England has asked NICE to produce a guideline on 'assessment, diagnosis, and management of physical health problems of people in prison'.

3 Need for the guideline

3.1 Epidemiology

- a) Prison is a special setting for provision of healthcare. Prisoners have the same healthcare rights including healthcare and treatment as anyone outside of prison.
- b) Health and justice services are interdependent and work together to deliver a system which is safe, legal and decent and which delivers both health and re-offending outcomes for the person.
- c) There were 140 prisons in England and Wales in 2011, of which 11 prisons are privately run. Their primary purpose is to detain people proven or suspected of committing a criminal offence. The prison population has increased in recent years in England and Wales and

was reported to be 84,431 in March 2013. Around 140,000 people move through the prison system each year.

- d) From 1 April 2013, NHS England became responsible for commissioning **all** health services (with the exception of some emergency care, ambulance services, out of hours and 111 services) for people in prisons in England. This expanded the range of healthcare services for people in prison.
- e) The prison population is much younger than the general population with most prisoners aged between 21 and 49 years. Although the majority of prisoners are young, mostly in their 20s or 30s, they have significant health needs caused by a combination of accumulated social and economic disadvantage, undiagnosed chronic health conditions and previous poor access and uptake of mainstream community health services. There are a small but growing number of older prisoners who have high levels of need.

3.2 *Current practice*

- a) Offenders are drawn from a population with significantly raised risk of developing a range of chronic conditions. There are national programmes to identify people at risk for some of these conditions, and these could be applied in prison. Social exclusion and disadvantage is common in the offender population and access to healthcare and screening services while living in the community tends to be poor.
- b) Healthcare provided in prisons currently varies significantly between prisons in breadth, quality, methods of delivery and accessibility. This guideline will seek to set out clear standards which should be met in all prisons and will investigate how healthcare may best be delivered in such settings.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from NHS England. Where NICE guidelines already exist and are relevant for prison health these will be incorporated.

The areas that will be addressed by the guideline are described in the following sections.

This guideline is being developed in parallel to a further clinical guideline on Mental health of people in prisons.

4.1 *Population*

4.1.1 **Groups that will be covered**

Group	Rationale
<p>Adults (18 and older) in prisons or young offender institutions:</p> <p>a) adults in prison</p> <p>b) young adults aged 18–21 in young offender institutions.</p>	<p>The majority of people in prisons are aged over 18. Young adults represent a significant part of the prison population.</p>
<p>Special consideration will be given to:</p> <ul style="list-style-type: none"> • people with disabilities (including physical disabilities, learning disabilities and borderline learning disabilities) • women, especially pregnant women and the mothers of babies in prison • people over 55 • long-term prisoners (>4 years) • short-term prisoners (<12 months) • people with a history of substance misuse. 	<p>The patterns of clinical care differ in these groups, therefore their healthcare needs may be assessed and managed differently.</p> <p>People with disabilities need their health and care needs reviewed regularly. They can encounter worse health outcomes.</p> <p>Although women are a minority in the prison population, they have a different range of healthcare needs. Prison healthcare staff play a role in the clinical care of women during pregnancy and after delivery (this role is shared with community midwives and health visitors).</p> <p>Older people make up 12% of the prison population, and people aged 55-60 and over are now the fastest growing age group in prison. Older prisoners have different healthcare needs. Stakeholders have suggested that the effects of longer term imprisonment may worsen poor physical health.</p> <p>Short-term prisoners are more likely to have 'chaotic' lives (for example homelessness, unemployment, substance abuse) before they enter prison compared with the other prisoners. They have a higher level of unmet health and social care needs. Despite this they can experience disruption to diagnosis, treatment or follow-up because of inadequate handover to primary healthcare on release or transfer. Long-term healthcare programmes may be less effective for those only expected to be in prison for a short period where the focus should be on continuity of treatment back into</p>

	<p>the community.</p> <p>Special consideration is needed when managing physical conditions for those with a history of substance misuse, and in particular the administration of medication for this group.</p>
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4.1.2 Groups that will not be covered

Group	Rationale
Children and young people (aged under 18 years)	The healthcare needs of the under 18 age group need separate guidance.
Babies of mothers in prisons	This guideline will be focused on prisoner health.
People in Immigration Removal Centres	Currently outside of the remit of the commission from NHS England.
People in police custody	Those in police custody are not in prison and are therefore outside the remit of the commission from NHS England.

4.2 *Setting*

- a) The guideline will cover NHS-commissioned care provided in prisons, young offender institutions and when people move from prison to another setting (such as another prison or a court).

4.3 *Management*

4.3.1 Key issues that will be covered

Promoting health and wellbeing in prison

Key clinical issues	Description and rationale for prioritising the topic
Approaches (including interventions and methods of delivery) to promote health and wellbeing in prisons	<p>Promoting health in prisons presents unique challenges. At the individual level, prison affects people's autonomy and their opportunities for self-care may be inhibited. Prisoners' education, literacy, cognitive ability and motivation may affect the effectiveness of interventions.</p> <p>However, prison also offers a unique opportunity for health promotion, health education and disease prevention to be addressed to, and accessed by, people who do not routinely access services.</p> <p>For prisoners who have led chaotic lifestyles before imprisonment, prison is sometimes an opportunity to adopt health-promoting behaviours.</p> <p>Health-promoting activities in prisons may cover the following topics:</p> <ul style="list-style-type: none"> • self-care, ability to purchase medication and self-medicate, in possession medication • exercise and access to exercise facilities • diet, weight management and food available in prison • smoking and smoke-free prisons • sexual health • education about health, including oral health • peer support and mentoring.

Early health needs assessment

Key clinical issues	Description and rationale for prioritising the topic
<p>What health assessment needs to be done at reception into prison?</p> <p>What subsequent health assessment needs to be done in prisons?</p>	<p>Prisoners receive a brief reception health assessment on arrival in prison. The content of this initial assessment needs to dovetail with subsequent health assessment, when the health needs of the new prisoner should be assessed and any existing medical problems recorded. Plans should be made for care and treatment in prison and for care to continue when the person leaves prison. This however currently varies considerably between prisons, and guidance is needed on what assessments are highest priority.</p>

Coordination and communication between healthcare professionals

Key clinical issues	Description and rationale for prioritising the topic
<p>Coordination, case management and communication between healthcare professionals involved in primary care, mental healthcare, substance misuse care and secondary care</p>	<p>Coordination of services between the different healthcare teams is often poor in prisons with the consequence that people with dual or multiple diagnoses are often not provided with an integrated health and mental care service. Delivering coordinated services in prisons by focusing on communication between agencies is an important area to improve health outcomes for prisoners and ensuring efficient access to the healthcare system and other social care.</p> <p>Prisoners may need care from several different teams or individuals for multiple related or unrelated health conditions.</p>

Use of medication

Key clinical issues	Description and rationale for prioritising the topic
<p>What are the most effective approaches regarding prescribing, dispensing and adherence to medicines in prisons to maximise adherence and good health outcomes and reduce inappropriate use?</p>	<p>The safe and timely management of medications within a prison environment presents several challenges.</p> <p>Some people in prison misuse prescribed medication. Many of these people will have a previous history of substance misuse. Medications may be traded within prisons, presenting a risk to the person misusing it and others who may acquire it. If a person misuses multiple medications the potential harm is increased person through the additional risk of drug interactions.</p> <p>Other issues in the management of medication in prisons include ensuring patients requiring regular medications continue to have access to them, including when the timing of medication is important, and considering when it is appropriate for patients to be in possession of medication.</p>

Urgent and emergency management in prison (including trauma and resuscitation care)

Key clinical issues	Description and rationale for prioritising the topic
How can deteriorating health be identified and acted upon in a timely manner (for example appropriate advice for the first person on scene (including prisoner officers) in emergency situations)?	<p>The Prisons and Probation Ombudsman (PPO) has reported on high incidence of coronary artery disease, stroke and cancer. Potential causes include:</p> <ul style="list-style-type: none"> • poor monitoring of chronic conditions (including asthma, diabetes and epilepsy) • delays in responding to rapid deterioration in health and summoning emergency services. <p>The PPO has also reported on a number of significant issues in the management of emergency situations in prison. These include:</p> <ul style="list-style-type: none"> • Delays in entering cells and absence of emergency first aid trained staff at the scene • Urgent physical management of prisoners who self-harm, particularly those who regularly cut themselves. • Lack of access to emergency equipment. • Delays in healthcare staff reaching the scene. • Delays in calling an ambulance. • Delays in paramedics reaching the scene.

Continuity of healthcare on admission to prison, transfer, or on release to the community

Key clinical issues	Description and rationale for prioritising the topic
What are the most effective systems, including management of patient records, to ensure continuity of healthcare of people moving from one prison to another, or between prison and the community or hospital?	<p>The continuity of treatment and recovery support is central to good treatment outcomes and avoiding resources being wasted.</p> <p>GP medical records do not transfer to the prison primary healthcare service on entry to prison.</p>

4.3.2 Issues that will not be covered

Key clinical issues/populations	Description and rationale for not prioritising the topic
Mental health of prisoners.	A NICE guideline on the mental health of prisoners is being developed.
NHS care provided for prisoners outside the prison service (such as acute hospitals).	Outside NICE's remit from NHS England. Prisoners receiving NHS care in hospitals would be treated according to their health needs, in line with existing NICE guidance, as for all patients.
Cultural and spiritual needs of the prisoner and their families and carers.	This should be driven by local protocols and respect cultural customs.
End of life care.	A NICE guideline on care of the dying adult, which will be applicable to people in prison, is being developed.

4.4 *Main outcomes*

- a) Adoption of health-promoting behaviours.
- b) Uptake of screening programmes.
- c) Morbidity.
- d) Mortality.
- e) Health-related quality of life

4.5 *Review questions*

Review questions guide a systematic review of the literature. They address only the key issues covered in the scope, and usually relate to interventions, diagnosis, prognosis, service delivery or patient experience. Please note that these review questions are draft versions and will be finalised with the Guideline Development Group.

- a) What are the most effective interventions to promote health, wellbeing and self-care in prison?

- b) What are the most effective methods of delivering health promotion/education packages to promote health, wellbeing and self-care in prison?
- c) What health assessment should be undertaken at reception into prison to ensure the person's safety and immediate health needs?
- d) What should be included in any subsequent health assessment and are there any key time points during the prisoner's sentence when they should they be undertaken?
- e) What are the most effective strategies to coordinate services between different healthcare teams to manage prisoners with dual or multiple diagnoses?
- f) What are the most effective interventions to promote communication between agencies to improve access to health and social care services and improve health outcomes?
- g) What are the most effective approaches to prescribing and dispensing medicines in prisons to maximise adherence, improve health outcomes and reduce inappropriate use?
- h) What is the most effective method of monitoring people in prison with chronic conditions to identify and manage deteriorating health?
- i) What are the most effective systems/protocols for managing rapid deterioration in health and accessing emergency services in a prison setting?
- j) What are the most effective systems to ensure continuity of healthcare of people moving from one prison to another, or between prison and the community or hospital?

4.6 *Economic aspects*

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative

interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY). The costs considered will usually be from an NHS and personal social services (PSS) perspective, but prison service costs will be considered. Further detail on the methods can be found in [The guidelines manual](#).

4.7 Status

4.7.1 Scope

This is the consultation draft of the scope. The consultation dates are 1 to 29 October 2014.

4.7.2 Timing

The development of the guideline recommendations will begin in December 2014.

5 Related NICE guidance

5.1 Published guidance

- [HIV testing](#) NICE local government briefing 21 (2014)
- [Managing overweight and obesity in adults: lifestyle weight management services](#) NICE public health guideline 53 (2014)
- [Lipid modification for the prevention of cardiovascular disease](#) NICE clinical guideline 181 (2014)
- [Behaviour change: individual approaches](#) NICE public health guideline 49 (2014)
- [Myocardial infarction: secondary prevention](#) NICE clinical guideline 172 (2013)
- [Hepatitis B \(chronic\)](#) NICE clinical guideline 165 (2013)
- [Falls](#) NICE clinical guideline 161 (2013)
- [Tobacco: harm-reduction approaches to smoking](#) NICE public health guidance 45 (2013)

- [Patient experience in adult NHS services](#) NICE clinical guideline 138 (2012)
- [Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection](#) NICE public health guideline 43 (2012)
- [Preventing type 2 diabetes: risk identification and interventions for individuals at high risk](#) NICE public health guidance 38 (2012)
- [Identifying and managing tuberculosis among hard-to-reach groups](#). NICE public health guidance 37 (2012)
- [Preventing type 2 diabetes: population and community-level interventions](#) NICE public health guidance 35 (2011)
- [Increasing the uptake of HIV testing among men who have sex with men](#) NICE public health guidance 34 (2011)
- [Increasing the uptake of HIV testing among black Africans in England](#) NICE public health guideline 33 (2011)
- [Hypertension](#) NICE clinical guideline 127 (2011)
- [Management of stable angina](#) NICE clinical guideline 126 (2011)
- [Tuberculosis](#) NICE clinical guideline 117 (2011)
- [Pregnancy and complex social factors](#) NICE clinical guideline 110 (2010)
- [Chronic heart failure](#) NICE clinical guideline 108 (2010)
- [Hypertension in pregnancy](#) NICE clinical guideline 107 (2010)
- [Chronic obstructive pulmonary disease](#) NICE clinical guideline 101 (2010)
- [Alcohol-use disorders: alcohol-related physical complications](#) NICE clinical guideline 100 (2010)
- [Chest pain of recent onset](#) NICE clinical guideline 95 (2010)
- [Weight management before, during and after pregnancy](#) NICE public health guidance 27 (2010)
- [Quitting smoking in pregnancy and following childbirth](#) NICE public health guidance 26 (2010)
- [Unstable angina and non-ST-segment-elevation myocardial infarction](#) NICE clinical guideline 94 (2010)
- [Type 2 diabetes](#) NICE clinical guideline 87 (2009)
- [Stroke and transient ischaemic attack](#) NICE clinical guideline 68 (2008)
- [Diabetes in pregnancy](#) NICE clinical guideline 63 (2008)

- [Antenatal care](#) NICE clinical guideline 62 (2008)
- [Preventing the uptake of smoking by children and young people](#) NICE public health guidance 14 (2008)
- [Maternal and child nutrition](#) NICE public health guidance 11 (2008)
- [Intrapartum care](#) NICE clinical guideline 55 (2007)
- [Drug misuse – opioid detoxification](#) NICE clinical guideline 52 (2007)
- [Drug misuse – psychosocial interventions](#) NICE clinical guideline 51 (2007)
- [Antenatal and postnatal mental health](#) NICE clinical guideline 45 (2007)
- [Behaviour change: the principles for effective interventions](#) NICE public health guidance 6 (2007)
- [Interventions to reduce substance misuse among vulnerable young people](#) NICE public health guidance 4 (2007)
- [Prevention of sexually transmitted infections and under 18 conceptions](#) NICE public health guidance 3 (2007)
- [Obesity](#) NICE clinical guideline 43 (2006)
- [Postnatal care](#) NICE clinical guideline 37 (2006)
- [Brief interventions and referral for smoking cessation](#) NICE public health guidance 1 (2006)
- [Type 1 diabetes](#) NICE clinical guideline 15 (2004)

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE clinical guideline. Publication expected March 2015.
- Disability, dementia and frailty in later life: mid-life approaches to prevention. Publication expected February 2015.
- Challenging behaviour and learning disabilities. NICE clinical guideline. Publication expected May 2015.
- Care of the dying adult. NICE clinical guideline. Publication expected October 2015.

- Major trauma, NICE clinical guideline. Publication expected April 2016.
- Sexually harmful behaviour among young people, NICE public health guideline. Publication expected August 2016.
- Multimorbidities: clinical assessment and management, NICE clinical guideline. Publication expected September 2016.
- Mental health of people in prison NICE clinical guideline. Publication expected November 2016.
- Acute medical emergencies, NICE clinical guideline. Publication date to be confirmed.
- Intrapartum care for high risk women. NICE clinical guideline. Publication date to be confirmed.

6 Further information

Information on the guideline development process is provided in the following documents, available from the NICE website:

- [How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS](#)
- [The guidelines manual](#).

Information on the progress of the guideline will also be available from the [NICE website](#).