

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 of 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 119 public and private 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 range of commissioned services included secondary mental health services, secondary physical health services and some public health services previously commissioned by primary care trusts.
- 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 adults in contact with the criminal justice system.

4.1 Population

4.1.1 Groups that will be covered

- a) Adults (18 and older) in prisons or young offender institutions:
- adults in prison
 - young people aged 18–21 in young offender institutions.
- b) Special consideration will be given to:
- 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 50
 - long-term prisoners (>4 years)
 - short-term prisoners (<12 months)
 - people with a history of substance misuse.

4.1.2 Groups that will not be covered

- a) Children and young people (aged under 18 years)

- b) Babies of mothers in prisons
- c) People in Immigration Removal Centres
- d) People in police custody

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

- a) Improving health and wellbeing in prison
 - Approaches (including interventions and methods of delivery) to improve health and wellbeing in prisons
- b) Health needs assessment
 - Health needs assessment at reception into prison
 - Subsequent health needs assessment in prisons
- c) Coordination and communication between healthcare professionals
 - Coordination, case management and communication between healthcare professionals involved in primary care, mental healthcare, substance misuse care and secondary care
- d) Use of medication
 - Identification of the most effective approaches regarding prescribing, dispensing and adherence to medicines in prisons to maximise adherence and good health outcomes and reduce inappropriate use

- e) Urgent and emergency management in prison (including trauma and resuscitation care)
 - Timely identification and management of health deterioration
 - Management of emergency situations in prisons (for example, appropriate advice for the first person on scene (including prisoner officers) in emergency situations)

- f) Continuity of healthcare on admission to prison, transfer, or on release to the community
 - Identification of 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

4.3.2 Issues that will not be covered

- a) Mental health of prisoners.
- b) NHS care provided for prisoners outside the prison service (such as acute hospitals).
- c) Cultural and spiritual needs of the prisoner and their families and carers.
- d) End of life care.
- e) Dental management, with the exception of self-care.

4.4 *Main outcomes*

- a) Adoption of health-improving 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 assessment tools to determine the health improvement needs of prisoners?
- b) What are the most effective methods of delivery of health improvement activities in prison?
- c) What information, support and mentoring do prisoners require to improve health and wellbeing?
- d) What are the most effective interventions that can be implemented to improve health and wellbeing? A review of existing NICE guidance will be undertaken. New reviews will not be conducted where relevant existing guidance is in place.
- e) What health assessment needs to be done at reception into prison?
- f) What subsequent health assessment needs to be done in prisons?
- g) When should subsequent health assessment be done in prisons?
- h) What are the most effective strategies for coordination, case management and communication between healthcare professionals involved in primary care, mental healthcare, substance misuse care and secondary care?
- i) What are the most effective interventions to maximise adherence to prescribed drugs?

- j) What are the most effective interventions to minimise inappropriate use of prescribed drugs?
- k) How should chronic conditions be monitored in prison?
- l) How should emergency situations be managed in prison (including first person on the scene)?
- m) What are the most effective systems or policies, including management of patient records, to ensure continuity of healthcare of people moving from:
 - community to prison?
 - prison to prison?
 - prison to hospital?
 - hospital to prison?
 - prison to community?

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 National Offender Management Service costs will be considered where relevant. Further detail on the methods can be found in [The guidelines manual](#).

4.7 *Status*

4.7.1 *Scope*

This is the final version of the scope.

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):

- Disability, dementia and frailty in later life: mid-life approaches to prevention. Publication expected February 2015.
- Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE clinical guideline. Publication expected March 2015.
- Antimicrobial stewardship. NICE clinical guideline. Publication expected May 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.
- Oral health promotion approaches for dental teams. NICE public health 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.
- Dual diagnosis. NICE clinical guideline. Publication expected September 2016.
- Mental health of adults in contact with the criminal justice system, NICE clinical guideline. Publication expected November 2016.
- Regaining independence (reablement), NICE social care guideline. Publication expected July 2017.

- 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](#).