NICE National Institute for Health and Care Excellence

NICE quality standard

Physical health of people in prisons

Quality standard

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Contents

This standard is based on NG57.

This standard should be read in conjunction with QS145, QS141, QS120, QS92, QS65, QS43, QS23, QS11, QS157, QS163 and QS178.

Quality statements

Statement 1 People entering or transferring between prisons have a medicines reconciliation carried out before their second-stage health assessment.

Statement 2 People entering or transferring between prisons have a second-stage health assessment within 7 days.

Statement 3 People entering or transferring between prisons are tested for blood-borne viruses and assessed 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.

Quality statement 1: Medicines reconciliation

Quality statement

People entering or transferring between prisons 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 done within 7 days of arrival in a prison to ensure parity with primary care in the community, as outlined in the NICE guideline on medicines optimisation. This is particularly important for people who receive regular medication for long-term conditions.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that an accurate list of a person's current medicines is obtained from the person's GP, other healthcare professionals and, where appropriate, the transferring prison healthcare team.

Data source: Local data collection including local data sharing agreements and prison transfer protocols.

b) Evidence of local arrangements to ensure that a list of the medicines currently being taken by a person is obtained from them.

Data source: Local data collection including first-stage health assessment documentation.

c) Evidence of local arrangements to ensure that medicines reconciliation is carried out before the second-stage health assessment.

Data source: Local data collection including medicines pathways.

Process

Proportion of second-stage health assessments for people entering or transferring between prisons where medicines reconciliation has already been carried out.

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

Denominator – the number of second-stage health assessments for people entering or transferring between prisons.

Data source: The NHS England health and justice indicators of performance include data on medicines reconciliation being completed within 72 hours of entering prison.

Outcome

a) Number of adverse medication events in prison.

Data source: Local data collection including healthcare records (SystmOne).

b) Number of 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 include 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. This includes having arrangements in place with GPs, other healthcare providers and prisons to share medicines information to ensure they can collate an accurate list of the medicines a person should be receiving.

Healthcare professionals (GPs, pharmacists, pharmacy technicians and nurses in prisons) carry out a medicines reconciliation before the second-stage health assessment and act on the outcome to ensure that the person is receiving the correct medicines. This can include checking that the person is taking the 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 their contracts and monitoring arrangements include the requirement for prison healthcare services to carry out a medicines reconciliation before the second-stage health assessment. They should also include the requirement for integrated working between prisons, GPs and other healthcare providers.

People in prison have an accurate list of their medicines prepared for them before they have their second health assessment in prison. This means their healthcare professional can make sure they get the medicines they need while they are in prison.

Source guidance

Physical health of people in prison. NICE guideline NG57 (2016), 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 or transferring between prisons have a second-stage health assessment within 7 days.

Rationale

Carrying out a second-stage health assessment within 7 days of entering a 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. 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

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that prison healthcare services are available to carry out a second-stage health assessment within 7 days of people entering or transferring between prisons.

Data source: Local data collection including assessment protocols and audits.

Process

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

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

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

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

Outcome

a) Uptake rates of national screening programmes 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 include data on the uptake of cancer and non-cancer screening.

b) Number of deaths in prisons.

Data source: Local data collection. The Ministry of Justice safety in custody statistics include data on deaths in prisons.

c) Number of people in prison engaging with healthcare services.

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. This should include having staff available to carry out the assessments within this period, having a medicines reconciliation

completed before the assessment takes place and, if appropriate, having already obtained relevant medical records or information.

Healthcare professionals (such as GPs, nurses and mental health and substance misuse practitioners in prisons) ensure that they carry out a second-stage health assessment within 7 days for people entering prison, including people who are transferred between prisons. 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 contracts with prison healthcare services include providing people with a second-stage health assessment within 7 days of entering prison, including people who are transferred between prisons. This can be monitored through contract management.

People going into prison or moving to a new prison have a second health assessment within 7 days of arriving at the 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. NICE guideline NG57 (2016), 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 be 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.

Mental health should be considered during the assessment and support and treatment should be provided to people with mental health problems.

The clinical needs of older people in prison, particularly the possibility of chronic illness or deterioration of health, should be considered during the assessment.

The clinical needs of people in prison who are undergoing or have undergone gender re-assignment, particularly medicines continuity and specialist support, should be considered during the assessment.

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 or transferring between prisons are tested for blood-borne viruses and assessed for risk of sexually transmitted infections.

Rationale

There are higher rates of blood-borne viruses and sexually transmitted infections in the prison population. Carrying out blood-borne virus testing when people enter or transfer between prisons, in line with Public Health England's blood-borne virus opt-out policy, means that if they do have a blood-borne virus they can receive support and treatment. In addition, they can also receive support for any underlying causes such as intravenous drug use. Assessing a person's risk of sexually transmitted infections, based on their sexual history, means they can receive necessary testing and treatment.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to test for blood-borne viruses when people enter or are transferred between prisons.

Data source: Local data collection including blood-borne virus testing protocols. The NHS England health and justice indicators of performance include data on the uptake of hepatitis B and C screening, and HIV testing.

b) Evidence of local arrangements to ensure that people entering or transferring between

prisons are assessed for the risk of sexually transmitted infections.

Data source: Local data collection including sexual health policies.

Process

a) Proportion of second-stage health assessments for people entering or transferring between prisons where testing for blood-borne viruses takes place or has already been completed.

Numerator – the number in the denominator where testing for blood-borne viruses take place or has already been completed.

Denominator – the number of second-stage health assessments for people entering or transferring between prisons.

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

b) Proportion of second-stage health assessments for people entering or transferring between prisons where assessment for the risk of sexually transmitted infections takes place or has already been completed.

Numerator – the number in the denominator where assessment for the risk of sexually transmitted infections takes place or has already been completed.

Denominator – the number of second-stage health assessments for people entering or transferring between prisons.

Data source: Local data collection including health records.

Outcome

a) The number of people diagnosed and treated for blood-borne viruses in prisons.

Data source: Local data collection including healthcare records. The NHS England health and justice indicators of performance include data on people diagnosed with hepatitis B or

C being referred to a specialised service and receiving treatment within 18 weeks. They also include data on the number of people who are HIV positive who are seen by secondary care within 2 weeks.

b) The number of people diagnosed and treated for sexually transmitted infections in prisons.

Data source: Local data collection including healthcare records. The NHS England health and justice indicators of performance include 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 and transferring between prisons to have blood-borne virus testing in line with Public Health England's blood-borne virus opt-out policy and assessment for the risk of sexually transmitted infections at the second-stage health assessment. If people in prison are diagnosed with a blood-borne virus or sexually transmitted infection, they should ensure that systems are in place to provide treatment and support, including specialist referral.

Healthcare professionals (GPs, nurses and healthcare assistants in prisons) test people entering and transferring between prisons for blood-borne viruses and assess them for the risk of sexually transmitted infections based on their sexual history. They encourage people to discuss their possible risk factors and make them feel comfortable to do so.

Commissioners (NHS England) ensure that prison healthcare services have systems in place for people entering and transferring between prisons to have blood-borne virus testing in line with Public Health England's blood-borne virus opt-out policy and assessment for the risk of sexually transmitted infections at the second-stage health assessment. Specialist treatment and support services should be available to people in prison who are diagnosed with a blood-borne virus or sexually transmitted infection.

People going into prison or moving to a new prison have tests for HIV, hepatitis B and hepatitis C within 7 days of arriving at the prison. They also have their risk of sexually transmitted infections such as chlamydia or gonorrhoea assessed, 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 specialist referral, treatment and support.

Source guidance

Physical health of people in prison. NICE guideline NG57 (2016), 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 hepatitis C. [NICE's guideline on physical health of people in prison, 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 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. [NICE's guideline on physical health of people in prison, 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.

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

Having a lead care coordinator in place for people in prison who are receiving care from different teams means that they can receive joined-up care. The lead care coordinator 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 in prison receive help and support to manage their health and social care needs. In addition, people in prison can receive help to reduce avoidable exacerbations of their physical and mental health conditions, reducing the risk of unplanned hospital admissions.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

Evidence of local arrangements to ensure that a lead care coordinator is available for people in prison who are being cared for by different prison teams.

Data source: Local data collection including job descriptions.

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.

Outcome

a) Number of unplanned hospital admissions of people in prison.

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

b) Number of care plans jointly developed and shared on transfer between prisons or release from prison.

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 in prison with complex health and social care needs to have a lead care coordinator to manage their care. This will include liaison with the multidisciplinary team to coordinate care and ensure it is provided as needed while the person is in prison, during transfers and when the person is leaving prison.

Healthcare professionals (such as GPs and nurses in prisons) ensure that people in prison 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 identify lead care coordinators for people with complex health and social care needs.

People in prison who are cared for by different teams (for example a GP, social worker, mental health team or substance misuse team) have a lead care coordinator who is responsible for their care. They will know who their lead coordinator is. The lead care coordinator will work with everyone involved in their care to make sure they receive the care and support they need while they are in prison, being transferred or leaving prison.

Source guidance

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

Definitions of terms used in this quality statement

Complex health and social care needs

People in prison being cared for by multiple teams in and beyond the prison system (for example primary care, mental health, substance misuse or social care) on an ongoing basis. This could be for a number of reasons, for example a learning or physical disability with substance misuse, mental health or vulnerability issues. [Expert opinion]

Lead care coordinator

This is a named professional who is responsible for managing a person's care when they are in prison, during transfers and when they are leaving prison. They liaise with other healthcare staff involved in the person's care (for example, ensuring follow-up on diagnostic tests) and ensure relevant information is shared between primary and secondary care teams, and other social care, probation and community service providers if necessary. [NICE's guideline on physical health of people in prison, 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: mental health problems, 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 in prison with complex health and social care needs can work with their lead care coordinator to plan their care, with access to an advocate if needed.

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 people between prisons with a minimum of 7 days' prescribed medicines (excluding opioid substitution therapy, which is available from stock at all prisons) ensures that they have an adequate supply of medicines until they can get more at the prison they are transferred to. Discharging people from prison with a minimum of 7 days' prescribed medicines or an FP10 prescription to obtain medicines from a community pharmacy ensures that they have an adequate supply of medicines until they can get the next prescription after their release.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured and can be adapted and used flexibly.

Structure

a) Evidence of local arrangements to ensure that a minimum of 7 days' prescribed medicines is transferred with the property of people moving to another prison.

Data source: Local data collection including medication protocols and working agreements with other prisons.

b) Evidence of local arrangements to ensure that, based on a risk assessment, a minimum

of 7 days' prescribed medicines or an FP10 prescription is provided to people leaving prison.

Data source: Local data collection including medication protocols and risk assessments.

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 where the person is currently receiving prescribed medicines.

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

b) Proportion of prison discharges where a minimum of 7 days' prescribed medicines or an FP10 prescription are provided.

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

Denominator – the number of discharges from prison where the person is receiving prescribed medicines.

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

Outcome

a) Rates of medication continuity when people are transferred between prisons.

Data source: Local data collection including healthcare records.

b) Rates of medication continuity when people are discharged from prison.

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. This should include ensuring that there is a process for people to receive a supply of their medicines or an FP10 prescription if they are transferred or discharged from prison at short notice.

Healthcare professionals (GPs, nurses, lead care coordinators 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, or if neither should be provided because there is a risk of harm if medicines are supplied before a clinical assessment has been done.

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. This can be monitored through contract management.

People who are leaving prison or moving to a new 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 a temporary supply from a community pharmacy free of charge. After this they will be able to get their medicines by seeing a doctor, either in the new prison or in the community if they have left prison.

Source guidance

Physical health of people in prison. NICE guideline NG57 (2016), 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 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, or they are likely to have difficulty getting their medicines, for example if they are part of a traveller community, their lead care coordinator, if applicable, and the multidisciplinary team should work together to ensure continued access to medication. This support may be available from the homelessness multidisciplinary team (for more information see NICE's guideline on integrated health and social care for people experiencing homelessness, recommendation 1.3.4).

If people need specialist medicines or critical medications, for example antiretrovirals, mental health medications or hormone treatment, or if they have substance misuse problems, their lead care coordinator and the multidisciplinary team should work together to ensure continued access to medication.

Update information

Minor changes since publication

March 2022: The equality and diversity considerations section for statement 5 was updated in line with NICE's guideline on integrated health and social care for people experiencing homelessness.

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.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

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.

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 guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Royal College of Nursing (RCN)
- Royal College of General Practitioners (RCGP)
- Public Health England
- Prison Governors Association
- Revolving Doors Agency
- Royal Pharmaceutical Society