



HMP & YOI BEDFORD HEALTH NEEDS ASSESSMENT 2009

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Abbreviations used

CARATs	Counselling, Advice, Referral, Assessment and Through care for prisoners identified as having a drug/alcohol problem
CBT	Cognitive Behaviour Therapy
CNSSM	Clinical Nurse Specialist Substance Misuse
CPD	Continuing Professional Development
ERPHO	Eastern Region Public Health Observatory
GUM	Genito-Urinary Medicine
HCA	Health Care Assistant
HNA	Health Needs Assessment
HMP	Her Majesty's Prison
HPA	Health Protection Agency
IDTS	Integrated Drug Treatment Services
MO	Medical Officer (General Practitioner)
ONS	Office of National Statistics
PCT	Primary Care Trust
PGD	Patient Group Directives
PHLS	Public Health Laboratory Service
TB	Tuberculosis
WTE	Whole Time Equivalent (1.0 is 37.5 hours/full time)

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1. Executive Summary

1.1 Introduction

The aim of this Health Needs Assessment (HNA) is to ensure the provision of appropriate and effective health care at HMP Bedford, by focusing on the identification of the health needs of prisoners. It is an annual refresh of the previous HNA, in line with good practice, and as required by National Key Performance Indicators (KPI).

The prison population is an identified vulnerable 'community', with specific needs related to poorer physical, mental and social health than the general public. In prison there are likely to be higher prevalence rates of a number of conditions, including those associated with offending, such as substance misuse.

1.2 Methodology

This HNA was conducted by Public Health at NHS Bedfordshire, with input on existing services from Healthcare. The process of undertaking the HNA included an analysis of various medical records, a review of clinical activity and services. The author undertook a literature review for an overview of the issues faced by this population, available national prevalence data and evidence of effectiveness of interventions.

It also included consultation with key stakeholders within HMP Bedford, both from staff and prisoners.

1.3 Conclusions and Key Findings

Healthcare services within the prison are well established and operate under challenging circumstances. Healthcare has faced recruitment and retention issues. Related to this has been a high use of clinical agency staff, which has had implications on the delivery and continuity of services. These issues have been identified since this HNA was started, and their resolution will be relevant context to implementation of any recommendations herein.

Changing leadership and uncertainty related to the proposed transfer of provider of Prison Healthcare have not been ideal backgrounds for the delivery of effective health care services. Changes imposed on the Prison have significantly changed the nature of the population and have further implications for the future. There has been an increase in the throughput of prisoners, a reduction in the average age of the population and an increased focus on prisoners with a disability.

There is an ongoing need for better management of information systems. This will provide a more robust evidence base for the future service development, based upon sound data, linked to clear and identified outcomes.

Partnership working between HMP Bedford and NHS Bedfordshire is strong and positive but there are areas where understanding of roles and responsibilities can be further developed, for example, relating to health information provision, the Health Champions programme and having an effective system for prisoners to be involved in service development.

A number of gaps between services and the needs of the prison population have been identified through this HNA. These form the basis of the key priorities below and the recommendations in Section 8 of this HNA.

Several of the individual recommendations involve actions by more than one organisation in the partnership and a clear action plan will be produced for taking them forward.

Priorities for health service provision should focus on, but not be limited to the following 5 key themes, referring to the *Recommendations* section for further detail:

Communicable Disease

- Ensure that a range of interventions, at a number of levels, are available to address infectious disease, including Hepatitis B and HIV.
- Provide opportunities for prisoners to receive appropriate vaccinations.

Mental Health & Well-being

- Review mental health service provision, specifically in relation to interventions for common mental health problems for prisoners.

Lifestyle and Behaviour

- Increase and strengthen opportunities for prisoners to access services and information which promote healthy lifestyles, to reduce smoking prevalence, reduce alcohol related harm, improve diet and increase physical activity.

Healthcare

- Ensure continuity and capacity of Healthcare workforce to deliver on key priorities and with a focus on improved health outcomes.

On-going Needs Assessment and Data Collection

- Ensure more accurate recording of the prevalence of key health issues within the prison, to quantify need, for example, long term conditions
- Facilitate greater recognition of key specific groups, for example older prisoners, in the prison, and identification of the issues that they face, in order to provide services appropriate to meet their specific needs.

2. Abstract

Health Needs Assessment (HNA) is a systematic method of identifying the health needs and inequalities within HMP Bedford. In order to do this it will:

- Refresh the most recent previous HNA, undertaken during 2008.
- To describe HMP Bedford and its population
- To assess the health and health needs of prisoners at HMP Bedford
- To describe the healthcare service
- To identify gaps and make recommendations to support HMP Bedford in meeting the health needs of its population.

The health of the population is also examined focusing on chronic illness, infectious diseases, mental health and substance misuse, both in relation to alcohol and illegal rugs.

For the first time this HNA looks specifically at these issues:

- Oral Health
- Food & Nutrition
- Physical Activity and Exercise
- Learning Difficulties
- Black & Ethnic Minorities
- Young Adult Offenders
- Older People
- Veterans
- Health Champions

In the past there have been separate, specific HNAs in relation to mental health and IDTS. However this HNA contains an update on the recommendations from the last Mental Health Needs Assessment. Furthermore it is important to acknowledge that mental health is a crucial aspect of health need within the Prison, and as such, links should exist between mental health and other health issues.

Further recommendations on a range of issues are included, looking at best practice and suggestions from the National Key Performance Indicators.

Some of the recommendations relate to new findings, although there are a number that have previously been identified through the HNA and where no progress appears to have been made, but where the recommendations are still relevant and would improve the health of the prison population.

Qualitative evidence was sought through stakeholder and prisoner questionnaires and focus groups. Some of the recommendations made, based on the findings of the HNA, incorporate the views of stakeholders and prisoners and anecdotal evidence of practice in other prisons.

3. Introduction

Her Majesty's Chief Inspector of Prisons' discussion paper *Patient or Prisoner?* (1996) recommended that prisoners should have access to: 'the same quality and range of healthcare services as the general public receives from the National Health Service.'

The Prison Service had historically been responsible for healthcare for prisoners. *Patient or Prisoner?* Recommended that the NHS should assume responsibility for healthcare in prisons so that equity of service provision and continuity of care could be assured.

A joint NHS Executive and Prison Service working group produced a report, *The future organisation of prison healthcare* (1999) which recommended that:

- the Prison Service and NHS should enter into formal partnerships (Subsequently all responsibility for all prison health services transfer to the Department of Health from 1 April 2003)
- prisons and health authorities should jointly assess the health needs of prisoners

In April 2000, the Home Office's Directorate of Healthcare which had previously advised on prison health was replaced by joint Prison Service and NHS organisations. The Prison Health Policy Unit (PHPU) was established to provide a strategic lead for healthcare development. The Prison Health Task Force (PHTF) was established to work alongside the PHPU, supporting prisons, for example, in conducting HNAs and implementing service changes (2000).

HNA uses various methods to investigate a defined population's ability to benefit from health related interventions. Stephens and Raftery (1994) describe three main approaches to HNA:

- Corporate: Consulting key informants to ascertain their opinion on necessary interventions
- Comparative: Comparing the health indices of and services provided for comparable populations
- Epidemiological: Considering the incidence and prevalence of health problems, and the availability and effectiveness of healthcare interventions to address the problems.

This HNA is a valuable tool for informing future service delivery and development, identifying the priorities that will help improve the health of the prison population.

4. Aims and Objectives

Ultimately the aim of this HNA is to ensure the provision of appropriate and effective health care for prisoners at HMP Bedford.

To meet this aim, the main objective is to:

- To make recommendations to improve the health and well being and quality of care for prisoners at HMP Bedford

In order to achieve this it will:

- Review and refresh the most recent previous HNA, undertaken during 2008
- Describe HMP Bedford and its population
- Assess the health and health needs of prisoners at HMP Bedford
- Describe the healthcare service

5. Methodology

The framework and content of previous HNAs for HMP Bedford were used as a starting point for this 2009 HNA, and were then systematically updated, with new categories and data added as relevant and available. A range of methods were used in order to complete this HNA. Routinely collected data was obtained on a number of indicators especially those concerning the demographics of the population. Previously there has been difficulty in running searches on System One, the healthcare information computer system in use since

April 2007, in order to obtain information. This was largely as a consequence of training needs, which have been responded to. In the future there should be no significant issues extracting data. Nevertheless the issue of ongoing System One training is acknowledged in the recommendations.

Primary qualitative data was collected from 2 different questionnaires. Copies of the first, a written questionnaire, were sent out to stakeholders, which included all healthcare staff, senior prison officers and those who are members of the Prison Partnership Board. The questionnaire was further adapted from the HMP Peterborough HNA, and can be found in Appendix 1.

In order to obtain the views of prisoners, a second questionnaire was developed, again based on those used in the HMP Peterborough HNA and can be found in Appendix 2. However, rather than being completed directly by the individual respondents, this second questionnaire was either used as the basis of informal, short interviews with prisoners, talking to one prisoner at a time for approximately five to ten minutes, or as a self completion questionnaire.

This flexible approach was used primarily in recognition of literacy being a significant barrier for prisoners completing written questionnaires. It has been estimated that 60% of the prison population had a reading ability equivalent to or less than that of a five year old child. The average reading age of the British population is stated to be about 9 years. (Basic Skills Agency, 2005). Barriers to reading and literacy are relevant to both white British prisoners and the significant number coming from a range of ethnic backgrounds who may not have English as a first language.

6. Context

6.1 National Context: The Prison Population

In the UK most prisoners are young males. In 2000, 95% of prisoners in England and Wales were male, and more than 80% of sentenced prisoners were younger than 39 years old. People from ethnic minority groups are over-represented among prisoners compared with the general population. About 17% of all prisoners are on remand, 82% of prisoners are sentenced and 1% are non-criminal prisoners, usually detained pending immigration procedures or for civil offences. (ONS 2000)

The prison population experience poorer health than the general population and may report more illness. Prisoners are not typical of the general population with regards to their health needs, having a disproportionately higher incidence of mental health and drug misuse compared to the general population. There are higher levels of social exclusion in the prison population than in the general population: prisoners are thirteen times more likely to have been taken into care as a child. They are also thirteen times more likely to have been unemployed. Prisoners have lower rates of literacy and numeracy. There are also significantly higher rates of Hepatitis C and HIV in the prison population than in the general population (ERPHO), linked to a higher prevalence of injecting drug use.

The Health of Prisoners – the national context

- 90% of all prisoners have a [at least one] diagnosable mental health problem, substance misuse problem or both
- 80% of prisoners smoke compared with 32% of adults in private households
- Approximately 0.3% of male prisoners and 1.2% of females are HIV positive
- 24% of prisoners have injected drugs, of these 20% are infected with Hepatitis B and 30% with Hepatitis C.
- Around 2% of remand prisoners attempt suicide in any given week

There are groups of people in prison who face particular health related needs. These include foreign nationals, minority ethnic groups, elderly people, military veterans, young people and people with mental health problems and/or learning difficulties.

Table 1: Health Needs of Prisoners by Type

TYPE OF PRISONER	HEALTH/MEDICAL NEEDS
Vulnerable prisoners	<ul style="list-style-type: none"> • They represent an 'older' overall prison population with more physical health problems. • They cover a wide range of different categories of prisoner, with resulting custodial problems, and barriers to accessing services. • A high majority present with poor coping skills creating an increased risk of self-harm.
Remand prisoners	<ul style="list-style-type: none"> • As a more transitory group of prisoners they have less opportunity to access health promotion opportunities • They have a higher prevalence of some kinds of mental health problems.* • They will have greater problems with 'continuity' of health care.
Sentenced prisoners	<ul style="list-style-type: none"> • They are a more stable population and therefore offer better opportunities for health promotion. • They may offer better opportunities for withdrawal from substance misuse (smoking, drugs, alcohol).
Segregated prisoners	<ul style="list-style-type: none"> • Because of their isolation they need more regular assessment for mental health problems. • Custodial issues are more likely to interfere with care issues.

* More than three quarters of male remand prisoners suffer from a personality disorder, and over 25% of men on remand have attempted suicide at some stage in their life (Office for National Statistics, 1998)

6.2 Local Context

6.2.1 HMP Bedford: Description of the Prison

HMP Bedford is a category B male local prison serving Luton Crown Court, St Albans Crown Court and magistrates' courts in Bedfordshire and Hertfordshire. It is a Victorian built prison close to Bedford town centre, currently undergoing some further refurbishment. The Prison has been on the current site since 1801, was enlarged in 1849 and a new Gate lodge, Health Care Centre and residential wing added in the early 1990's.

As a change from the last HNA, HMP Bedford now takes prisoners from 18 years old, rather than over 21. The diversity and complexity of the population has further increased because it now serves the Herts. Courts, with the possibility that prisoners coming through that route may have a disability.

6.2.2 Demographic Profile: The prison population.

Table 2: Prison Population 2009

Type of Prison	Category B local / YO1
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Number of receptions (1 January 2009 – 31 December 2009)	2974 (Data from Healthcare) This equates to an average of 56 per week.
Certified normal allocation Total operative capacity	506
On Remand (no trial date set)	31
Awaiting Trial (date set)	100
Sentenced	325 (as of 20 January 2010)
Length of stay*	There is a wide range of lengths of stay, from 1 night to over a year The mean length of stay was just over 74 days
Age of prisoners	Average age of prisoners is 25-35 yrs Age range is 18-82 yrs

* Specific data for average length of stay for *on remand*, *awaiting trial* and *sentenced* prisoners not available due to recent changes in data collection system.

Approximately a quarter of sentenced prisoners were held in HMP Bedford for less than 1 month with approaching two thirds of all prisoners held in custody for less than 3 months. This reflects a very high churn rate of prisoners that will have an impact on the type of health interventions available to prisoners, i.e. it is not always possible to offer the same programmes that are available in the community, as they may be too long term.

Table 3: Country of Origin of Prisoners at HMP Bedford, 1 Jan to 31 Dec, 2009

Country of Origin of Prisoners 2009	Number	% of Prisoners 2009	
United Kingdom	2338	78.63	78.63
Poland	74	2.50	21.37
Pakistan	55	1.84	
Ireland	40	1.33	
Nigeria	36	1.21	
Jamaica	34	1.16	
Bangladesh	28	0.94	
India	24	0.79	
Romania	22	0.74	
Lithuania	21	0.71	
Zimbabwe	16	0.53	
Algeria	16	0.53	
Somalia	12	0.40	
Sri Lanka	10	0.34	
China	9	0.31	
Vietnam	7	0.23	
Latvia	7	0.23	
Ethiopia	6	0.20	
Germany	5	0.18	
Angola	2	0.07	
Any other	212	7.13	
Total	2974	100	100

The ethnic profiles for the prison are presented above in Table 4 and show that Black and Minority Ethnic (BME) prisoners comprised 40% of the prison population.

Table 4: Ethnic Profiles for HMP Bedford 2009

Classification	%
White	60%
Black	18%
Asian	10%
Mixed	7%
Other	5%
Total	100%

Source HMCIP, 2009

7. Findings

7.1 Healthcare

The PCT took over responsibility for commissioning of healthcare for prisoners within Bedford Prison from the 1 April 2005. Healthcare is currently commissioned by NHS Bedfordshire and provided by Bedfordshire Community Health Services, which is the 'arms length' provider of NHS Bedfordshire.

7.1.1 Healthcare Staff

The Healthcare Service provides 24hr, level 3 inpatient care. This incorporates a primary care service provided by nurses, prison doctor and GPs, dentist and opticians. Other health services are provided by pharmacists and mental health practitioners.

7.1.1.1 Staffing Structure

Figure 1 shows the updated establishment. Although there was skills mix review undertaken in August 2007, there is currently an exercise taking place to look at the need for further development of the staff team, and within that process there will be opportunity for this Health Needs Assessment to inform any changes. During the HNA process it became apparent that staff absence and vacancies, along with the resulting lack of capacity and continuity were significantly impacting on key priorities and health outcomes, for example, the delivery of Stop Smoking Clinics and the Hepatitis B vaccination programme.

Figure 1: Healthcare Staff/Organisational Structure (updated as of 14 July 2010)

GMS	WTE	IDTS	WTE	Doctors	Sessions
Nurses Band 7	x 1	Nurses Band 7		Lux	x 9 x 6 Clinical IDTS x 9
Band 6	x 3	Band 6		Butcher	x 3.5 x 2.5 Clinical x 0.5 IDTS x 1GMS/IDTS
Band 5	x 14.86	Band 5		Croft	x 9 x 6.5 Clinical x 5.5 GMS x 1GMS/IDTS
Band2	x 3	Pharmacy Tec		Struthers	x 4 Clinical x 2 IDTS x 1 GMS x 1GMS/IDTS
Admin Band 2	x 1	Pharmacy Tec		Rota all Drs	x 1.5 x 0.5 GMS x 1GMS/IDTS
Pharmacist	x 1	Data Admin Band 4		Agency Saturday & Sunday	x 1GMS/IDTS x 3 Telephone
Pharmacy Tec	x 1	Admin Band 3		Bedoc	9pm – 8am, Mon - Sun
Total Staffing	24.86 WTE WTE Nurses x 22.86		13 WTE WTE Nurses x 9		24.5 Clinical Sessions a week
Nurse Manager Band 8a	x 1				
Total WTE Nursing	31.86				

7.1.1.2 Staff Training/CPD:

Opportunities exist for training and CPD. In summary, that currently exists includes:

- Induction Pack for new staff introduced in May 2007.
- Mandatory Training schedule.
- Staff access standard Prison and PCT training.

7.1.1.3 Occupational Health

Staff access NHS Bedfordshire occupational health services (based at Bedford Hospital) and are all offered a complete range of vaccinations, including Hepatitis B.

7.1.2 Physical Resources

Table 5: Available Facilities

Facilities		Comments
Consulting rooms		
For individual consultations	4 dedicated doctor consulting rooms through out the establishment	3 of these have been recently refurbished
	One Nurse interview room located in reception	Awaiting refurbishment.
For group consultations	No group room available although the waiting room can be used	
Pharmacy	Open Mon to Thurs 9-5pm, Fri 9- 7:30 pm	
Dental/Optical Suite	Used by the dentist one day per week and by the optician one morning per week	Both of the services are to be under review
In-patient beds	14 In patient beds - 9 single accommodation - 1 x 4 patient multi-cell - 1 gated cell (high risk)	The area on D wing has been recently refurbished
Medication Administration Areas	2 dedicated areas situated on the Main wings and D wing used on a daily basis	

Table 6: Available Information and Technology

Information and Technology	
Is the system computerised?	Yes: since 1 April 2006
What system?	System One
Have training needs been identified?	All staff including Pharmacy staff and C.P.Ns are able to access and use System One. Further training is underway to enable effective data extraction.
What mechanisms have been established for transfer of health information to the community or other prisons (as appropriate) when a prisoner is discharged?	Selected details communicated to GP (if known). Prisoner has to pay for a copy of the record under Access To Records Act 1990
Does the Prison have an electronic data	PNomis is the prison computer system that holds

system?	inmate details. It can be accessed by both Healthcare and Pharmacy Staff as well as C.P.N.s
Are there any other systems?	Methasoft is the new computerised iris recognition system that is used to facilitate the administration of methadone and is used by the I.D.T.S Team.

7. 2 Service Provision

7. 2. 1 First Night Reception Screen

All new receptions are assessed by a nurse on entering custody, including basic physical, mental health and vaccination history. All prisoners are offered the opportunity to see a doctor and one is on site until 9pm on a Tuesday, Wednesday, Thursday and Friday. Prisoners that come in on a Monday and Thursday evening are seen the next morning in the clinic.

Secondary screening should now be being performed on new prisoners who have not requested to see a doctor. This is a brief questionnaire that is usually completed for each prisoner by the nurse the day following reception and has questions on disabilities, smoking, Chlamydia, Hepatitis C, HIV, Tuberculosis and testicular examination. It gives options for available information and also included is a mental health assessment based on the Hospital Anxiety and Depression (HAD) Scale.

Table 7: Screening

Initial Medical Check	
Is there a written policy statement on this?	Yes
Who performs this?	Nurse
Is a mental state examination part of this check?	Yes
Is an assessment made of all new prisoners' suicide risk?	Yes
How long does the medical check take on average?	20- 25 Minutes dependant on History
Where does it occur?	Reception Nurse Interview room

7.2.2 Primary Care

Clinics are held on a Monday morning, Tuesday, Wednesday, Thursday afternoons and Fridays. The medical model is currently being reviewed which may result in a provision change.

Triage has been taking place throughout 2009. Generally, all prisoners who put in an application form to see the Doctor are seen by the triage nurse first. A Medication in Possession Policy has now been completed and agreed by the PCT and the Prison. The practical details of the policy are now being worked through and it is planned to come into operation during 2010.

7.2.2.1 Clinics

A programme of clinics is provided with the intention to address asthma, diabetes, phlebotomy, Hepatitis B vaccinations, other blood borne viruses and seasonal influenza. Smoking cessation group and individual sessions are scheduled on a weekly basis, if the trained staff are available.

Table 8: Infectious Diseases

INFECTIOUS DISEASES	
Is there an infection control policy?	Yes, infection control policy was put together in conjunction with the lead nurse for infection control within the PCT.
Is there an immunisations and vaccinations policy?	Yes, has had an Equality Impact Assessment undertaken on it and has recently been ratified by the Board.
Is there an outbreak policy?	Outbreak policy will be within the Communicable disease control policy, currently awaiting ratification, linking in with Beds and Herts. HPU and head of Emergency Planning.
Where do Healthcare Staff get advice/information on infectious disease control?	Lead Nurse for Infection Control within the P.C.T., Microbiologist at Bedford Hospital and the H.P.A.
What prevention measures exist?	Chlamydia screening is offered to all 18-24yr olds as per the National Programme and is available to those over 24yrs if thought to be at risk through a contact. Screening for Hepatitis C and H.I.V is available to all prisoners at their request. Disinfection tablets are now available on all the wings. Condoms are not at present available to prisoners; however discussions are underway regarding this matter, with the intention to have them available in the near future. Healthcare and CARATs team give information to injecting drug users
Needle exchange or alternative?	None currently in operation.

7.2.2.2. Immunisations and Vaccinations

In the period 1 January to 31 December 2009 prisoners in HMP Bedford were only offered Hepatitis B, seasonal Influenza and more recently swine flu - in response to the pandemic - vaccinations, through the clinics, as described above. However, anecdotal evidence suggests that other prisons in the region offer at least Hepatitis A, Meningitis C and MMR, but currently these are not available in Bedford.

Good practice suggests that, as well as Hepatitis B, provision should be made to offer MMR, Meningitis C, and Pneumococcal vaccinations. Some of these are especially relevant given the increasing number of younger adults coming into the prison.

The draft *NHS Bedfordshire Policy on Communicable & Infectious Disease Prevention and Control, HMP Bedford*, as well as covering the above diseases, also suggests that

vaccinations and updates for Polio, Diphtheria and Tetanus are offered to prisoners. This draft Policy documents the process for assessing and identifying need for these specific vaccinations, appropriate to age/context.

The above policy suggests that on arrival prisoners should have a screening interview. However, it acknowledges that, as prisoners may be transferred from other units at any time of the night, and at short notice, this may not always be possible.

However, whatever time of the day or night, the healthcare staff should make an enquiry about any symptoms a prisoner may have which indicate an infectious risk to others. Immunisation checks should form part of the routine health screening undertaken when prisoners are accepted into the prison.

This should include a check that relevant vaccinations are up to date:

Where no history of vaccination exists, or if is not clear/known, staff should follow a set algorithm, available at:

www.hpa.org.uk/infection/topics_az/vaccination/algorithm_2006_Sept1.pdf)

There is no reliable national data related to the prevalence of communicable disease in prison, beyond HIV, Hepatitis B and C and there are similar limitations relating to specific information in HMP Bedford.

7.2.3 Health Improvement

There is significant health improvement and health promotion activity taking place in the Prison, involving staff from the Prison, Public Health at NHS Bedfordshire and a range of providers. This activity is monitored through the ongoing and developing Health Improvement/Health Promotion Action Plan and updated quarterly. The latest version is included in this HNA as Appendix 5.

7.2.4 Review of Admissions to Healthcare Centre

Admissions come from reception or the wings. In addition, HMP Bedford provides in-patient beds for Littlehey Prison and the Mount Prison as they do not have an inpatient facility. This is through a cluster agreement.

Between 1 January 2009 and 31 December 2009 there were 16 mental health transfers, as indicated in Table 9.

Table 9: Healthcare Admissions - numbers of prisoners transferred by section, 2009

Section	Numbers
48	3
47	9
38	1
37	3
35	0

Table 10 identifies the reasons for admission to Inpatient Unit from 1 January 2009 until the 31 December 2009; with 176 admissions in total.

The top five reasons for admission were: mental health observations; prisoners on an ACCT document; physical health observations; lack of single cells, and; and drug detoxification.

Compared to data obtained in the previous Health Needs Assessment conducted in 2008 the percentage of those admitted because they are on an ACCT document has remained fairly constant. However, the admission number of 176 compared to the recorded number in the Health Needs Assessment of 2007/8 of 470 appears dramatically reduced. The latest figure has been confirmed as correct, so any disparity between the two appears to indicate that there may have been inaccuracies with the earlier one.

Table 10: Reason for Admission to Inpatient Unit 2009

Reason For Admission		Number of admissions
Mental Health	Mental Health Observations	29 (16%)
	ACCT (self harm/suicide watch)	33 (18%)
	First time in prison	2
	Aspergers Syndrome	1
	All Mental Health	65 (37%)
Drug & Alcohol Related	Drug Detoxification	9 (5%)
	Alcohol Detoxification	3
	All Drug and Alcohol Related	12 (7%)
Physical Health	Physical Observations	51 (30%)
	Epilepsy/ Seizure	10
	Chicken pox	1
	Food Refusal	4
	Overdose	9
	Mobility Problems	2
	Suspected TB	2
	All Physical Health	79 (45%)
Other	Security (usually due to sentence)	3
	Not coping – Rule 45 (prisoners sign up to for own protection)	4
	Not recorded	3
	Lack of single cells	10
	All Other	20 (11%)
TOTAL		176

7.2.5 Specialist Care

Table 11: Specialist Care

Speciality	Description of service	Frequency and length	Referral route	Comments
Mental health in-reach team	CPNs employed by Beds and Luton Community Trust	4.48 WTE nurses 0.9 WTE officer	Waiting list on System 1 or paper referral	
Consultant Psychiatrist	Assessment and Management	Arranged dependent on need usually Tuesday and Thursday	Via by MH inreach team after assessment	
Psychologist	Assessment and Management	0.3 WTE	Via by MH Team	

Speciality	Description of service	Frequency and length	Referral route	Comments
Dentist Dental Nurse	Emergency treatment	2 sessions (6 hours) once a week (wed)	Self referral Triage system started	695 prisoners received treatment in 2009 331 prisoners triaged 46 prisoners on the waiting list as of 18/1/10
Optician	Assessment and management	1 x 1 hour session per week	Self referral	92 prisoners seen in 2009 11 prisoners on the waiting list as of 18/1/10
Genito-Urinary Medicine	Assessment and management	1 session every 3 weeks	Arranged by the prison doctor after assessment	
(Physio)	Gymnasium: Remedial gym sessions	As required	Via GP	

7.2.5.a Optician Service

This is currently supplied by a visiting ophthalmic medical practitioner with a dispensing optician from an optical outlet in central Bedford. Prisoners make a request to see the clinician and then if they need spectacles they are selected and made up by the dispensing optician who is responsible for fitting the finished appliances and for their maintenance.

Currently one session of one hour per week is provided to prisoners for the purpose of eye and eyesight examinations. This service continues to remain under review. A service review was conducted in September 2008 by the Optometric Advisor for NHS Bedfordshire, which is still relevant (Appendix 2).

7.2.6 Counselling

Previously, the voluntary organisation Relate offered a one day relationship workshop for prisoners and their partners prior to release, via the visitor centre. Four prisoners and their partners were able to attend these workshops, via self-referral, each month. However, this training no longer runs due to funding issues.

7.2.7 Referrals to the NHS

The number of referrals to secondary care made by the Doctor between 1st Jan and 31st Dec 2009 came to 155 in total. This number includes appointments made for prisoners while in another prison; if transfers from other prisons have outstanding hospital appointments these will be honoured. Table 3 provides a breakdown of reasons for outpatient referral.

Table 12: Referrals to the NHS 2009

Department	Number
X-Ray	38
Outpatients	28
Orthopaedic	21
Gum clinic	8
General surgery	7
Fracture	6

Oral max	6
A&E	4
E.N.T.	4
Eye clinic	4
MRI scan	4
Physiotherapy	4
Ultrasound	4
Dental access	3
Day care	2
Haematology	2
Mental Health	2
Plastic surgery	2
Cardiology	1
Endoscopy	1
Flow test	1
Hepatology	1
HIV clinic	1
Neurology	1
Total	155

7.3 The Health of the Population

7.3.1 Chronic Illnesses

Expected numbers have been calculated using the most recent available national research and can be compared to the actual numbers diagnosed, see Table 13. This indicates the point prevalence, the number of prisoners with disease at a specified date, as of the January 2010.

Prevalence indicates the burden of disease and therefore the implications on healthcare services. As is evident in Table 13 there are differences between the expected number and actual numbers for all conditions except Epilepsy. With Asthma and Diabetes it may be that prisoners at HMP Bedford have lower risk factors or, perhaps more likely, are being undiagnosed. Conversely numbers of prisoners with Ischaemic Heart Disease appear to be higher than would be expected.

It must be noted that difference in the case definitions of these conditions will affect reporting.

Table 13: Prevalence of Chronic Illness

Condition	National Prevalence in Prisoners (Marshall et al 2000)	Expected number in HMP Bedford	Actual number in HMP Bedford Point Prevalence
Asthma	14%	63	46
Diabetes Type 1	0.4%	2	2 4

Type 2	2.6%	12	
Ischaemic Heart Disease	0.7%	3	10
Epilepsy	0.8%	4	6

7.3.2 Long Term Conditions

There appears to be little information routinely collected and available relating to the prevalence of long term conditions (LTC), the interventions available to address LTC through the clinics, the number of prisoners being treated, and the treatment being received.

7.3.2 Mental Health

7.3.3.1 Context

The previous general Prison HNA (produced October 2008) did not specifically include Mental Health as a substantive section. Instead, it referred readers to a separate Mental Health Needs Assessment (January 2008)

Throughout this HNA there is some reference to Mental Health, but as a refresh, reflecting the content and structure of previous versions, this document does not include up to date detailed Mental Health data.

However, it is clear that Mental Health has significant impact on and links with other health issues, and as such, it is often not helpful to have 2 separate assessment documents for general and mental health needs. In future the assessment of needs should be combined.

7.3.3.2 The Mental Health of the Population

Those with mental health problems make up a larger proportion of the prison population than they would of any other group in the community. What is more, prison can exacerbate mental health problems. This in turn has a long term impact on the individual concerned and the community when they are released.

Those who end up in prison have complex and long standing mental health needs, often linked to substance misuse, and ranging from acute psychosis, through personality disorder, to high levels of anxiety and depression. Some prisoners also, or alternatively, have learning disabilities. And these needs are themselves only part of a more complex picture of multiple disadvantage and social exclusion, which may fall through the net of community health, social care, housing and drug agencies.

The need for effective mental health services in prison were confirmed by Lord Bradley (DH, 2009);

“The range of conditions and illnesses that fall into the ‘mental health problems’ category [for prisoners] is broad, representing a similar range of mental health problems to that suffered by people living in the community. It therefore requires a similar range of services to treat them effectively, although evidence suggests that prisons are currently struggling to do this.”

Around 70% of sentenced prisoners suffer two or more mental health problems (Singleton et al 1998) and 20% of male prisoners have previously experienced a psychiatric acute admission to hospital (Prison Reform Trust 2007). Remand prisoners are also more likely to have several such problems (Singleton et al 1998). Rates of suicide and self-harm are also high. Local remand prisons have greatest number of suicide deaths (Crighton 2003).

In 1999 HM Inspectorate of Prisons undertook a thematic review. Regimes within local prisons seemed to suffer more than in training prisons. They were more likely to have their routine interrupted, and less likely to be free from bullying (27% local prisons compared to 50% of training prisons). Induction was thought less likely to equip prisoners to seek assistance with problems (56% of local prisons felt equipped compared to 80% of training prisons). Finally, staff prisoner relations were judged to be of quality where prisoners could approach staff to discuss their problems in only 69% of local prisons compared to 81% of training prisons.

Table 14 shows the prevalence of mental health problems in prisons and the expected prevalence in HMP Bedford together with the prevalence in the general population as a comparator. It is evident that all conditions together with drug and alcohol dependency are significantly higher than the general population.

Table 14: Prevalence of Mental Health Conditions

Condition	National Prevalence in Prisoners (Marshall et al 2000)	Expected number in HMP Bedford	Prevalence in general pop (working age)
Depression (episode in the last week)	12.5%	57	2.7% ¹
Psychosis	8.5%	39	0.4% ²
Schizophrenia	1.5%	7	0.8% ¹
Deliberate self harm	6%	27	0.4% ⁴
Personality disorder	50% – 78% ²	227 – 354	3.4 – 5.4% ²
Neurotic disorder	40% – 76% ²	182 – 345	17.3% ²
Currently using illegal drugs	43%	196	4.2% ²
Alcohol dependency	19% – 30% ²	86 – 137	8.1% ²
Learning Difficulty/Disability	<10% ²	< 45	2% ³

Source: ¹Singleton et al 1998 (data is not directly comparable but likely to be indicative of prevalence in the general population), ²Singleton et al 1998; ³Loucks 2007, ⁴NHS Centre for Reviews and Dissemination 1998

7.3.4 Infectious disease

In any close-knit community where there is potential overcrowding there is the risk of common infectious diseases such as the common cold, seasonal and other strains of influenza and meningitis spreading more easily. There is also an increased the risk of outbreaks of gastrointestinal disease and scabies.

Of greater concern is the risk of more serious, blood borne infectious diseases, linked to risky sexual practices or injecting drug usage. Chronic, potentially life threatening, conditions such as Hepatitis B and C and HIV/AIDS are more prevalent among the prison population. This is largely because certain groups with a higher than average burden of infectious disease, such as some ethnic minority populations, rough sleepers and those dependent on alcohol are disproportionately more common in prisons than in the general community (NEPHO, 2005)

In Table 15 the expected numbers have been calculated using the most recent available national prevalence statistics compared to the actual number in HMP Bedford, based on a point prevalence undertaken on 20 January 2010.

Table 15: Prevalence of Infectious Disease

Condition	National Prevalence in Prisoners (Weild et al, 2000)	Expected number in HMP Bedford	Actual number recorded in HMP Bedford
Hepatitis B	8%	40	0
Hepatitis C	7%	35	7
HIV	0.4%	2	1

Healthcare staff reported that a Hep C screen and HIV test with pre and post test counselling is offered to all prisoners. However, take up rate is not at the expected level, and practice needs to be measured and submitted through the appropriate reporting channels to demonstrate that effective screening and treatment are taking place.

7.3.4.1 Hep B vaccination

From April 2003, all prisons receiving prisoners from court and all juvenile, young offender and female establishments were required to deliver a Hepatitis B vaccination programme. There is a requirement to send data on numbers of vaccinations to the Health Protection Agency (HPA). In order to reach 'green' on the prison health performance indicators all new receptions to prison, where there is no evidence of previous vaccination, should be offered Hep B vaccine so that providers reach an uptake rate of >80%.

There has been a significant improvement since the last HNA with 885 Hepatitis B vaccinations being administered in 2009. This figure represents 29.8% of the 2974 of the 2009 HMP Bedford prisoner population. Whilst it is acknowledged that there is no evidence of previous vaccination, or otherwise, for these prisoners, and this is not a precise measure of performance against the >80% target, it is indicative that the >80% target is still some way from being achieved. However this vaccination is now offered, and it should be actively encouraged for all prisoners in reception so that accurate the uptake can be reported each month to the Prison Infection Prevention Team at the HPA.

Good practice suggest that there should be a multi-level approach to addressing infectious disease, specifically HIV, Hepatitis B and Hepatitis C. These are indicated in the recommendations later in this HNA.

7.3.5 Alcohol

Whilst closely linked to the use of other substances, misuse of alcohol remains a significant, and still often overlooked, issue for many prisoners. In a significant number of cases it is a contributory factor in their incarceration, and is a causal link to violent crime. Addressing the harm caused by alcohol will not only directly improve the health of prisoners, but it will also have a positive impact on their chances of staying out of the criminal justice system on release.

Exact figures on the numbers of prisoners with alcohol problems are difficult to gauge. A recent review of international studies on the prevalence of substance misuse in the prison population showed estimates of alcohol misuse/dependence among male prisoners to vary, with as many as 30% in this country having a severe drinking problem.

140 prisoners in HMP Bedford received alcohol treatment programmes in 2009. This figure compares with 193 who started alcohol detoxification in 2007/08, as identified in the previous HNA. There was no explanation why there was this reduction of 27.5%, although it would be surprising if the need had reduced by this amount.

Often, prisoners misusing alcohol also have mental health problems, and young adult offenders, particularly, do not recognise that they have a drinking problem, and so there is an opportunity to provide access to appropriate information in this regard.

7.3.6 Smoking

National data on prevalence suggests that 80% of prisoners smoke (Marshall et al 2000) This would equate to in the region of 364 prisoners at any one point in time in HMP Bedford. In the last 12 months considerable work has taken place in establishing stop smoking clinics and training staff in order to deliver stop smoking programmes. Currently 2 nurses are trained to level 3 standard. Individual and group sessions are scheduled to be held on a weekly basis. In all of 2009 44 prisoners were seen. This figure is lower than expected, and it appears that capacity issues may have had a negative effect on the number and regularity of clinics. Since April 2009 only 6 prisoners have been supported to quit smoking (a quit being recorded as someone who has stopped smoking for a period of 4 weeks).

Nevertheless, it is crucial to monitor the performance of this service, as a significant proportion of prisoners (33% of those who took part in the health questionnaire for this HNA) have recently expressed a desire to stop smoking. A review of the service offered in the prison will take place with Public Health and the new service lead.

Lost to follow up numbers in Bedford are quite high (9 since April 2009), consistent with the high churn rate in the Prison. There does not appear to be a simple strategy as a counter measure for this. A further 3 prisoners have 'not quit.'

Good practice in prisons tends to emphasise the success of group work and the importance of Nicotine Replacement Therapy being available.

7.3.7 Oral Health

Oral health in England has improved enormously over the last thirty years, largely as a result of the introduction of fluoride toothpaste and improvements in care provided by dentists. However inequalities in oral health still exist and oral health needs of prisoners are particularly high. More worrying is that their needs generally do not appear to be met during their time in prison, with little improvement in the oral health status of those in prison for less than two years (Department of Health, 2003).

Research has identified that the amount of untreated dental disease amongst all prisoners is approximately four times greater than the level found in the general population coming from similar social backgrounds (Department of Health, 2003). Fewer prisoners have visited the dentist in the previous 12 months than the general population. Over 60% of prisoners, when asked, say that they only have a check up when in pain compared with 42% of the adult social class IV and V population in England.

Many of the factors contributing to poor oral show increased prevalence or severity in prisons, including alcohol consumption, poor nutrition, mental health problems and substance abuse. As identified earlier in this HNA, 80% per cent of prisoners smoke tobacco. The link between smoking and periodontal disease is well documented. The composition of prison populations is also demographically skewed, and is an important determinant of oral health needs: they are overwhelmingly (approximately 95 per cent) male

and contain disproportionately high numbers of people from ethnic minorities, poorer backgrounds and groups with lower literacy rates (BDA, 2009).

There are approximately 100 prisoners currently on methadone in HMP Bedford. Methadone use has a strong direct causal link with the development of severe caries, with many users requiring large numbers of extractions, fillings and dentures to render them dentally fit.

The current recommended good practice within prisons is that every prisoner who requests it should have a full course of dental treatment. With only 2 sessions per week and a population in HMP Bedford of over 500 prisoners it is impossible to meet this requirement. A triage system is in place where a dentist goes on the wings approximately once every 4-6 weeks to examine all prisoners on the waiting list, which is usually in the region of 50 prisoners. Prisoners are prioritised according to pain. Courses of treatment can only be offered to those with more than 6 months to release. To manage demand with the current available capacity, prisoners on remand and with less than 6 months to release are offered emergency treatment only.

Given the need to provide escorts for prisoners accessing the service, between 12 and 15 patients are seen in the 2 weekly (i.e. 1 day) sessions. There is a high need for prevention in the form of Oral Health Promotion but, with the time restrictions, the oral health team feel that this is impossible.

A Dental Reference Officer inspection of March 2009 suggested that further sessions would enable the dental team to extend the service on offer.

7.3.8 Food & Nutrition

On the whole, food offered to prisoners is in line with the governments recommendations on healthy eating (Balance of Good Health, Food Standards Agency, 2001). Prisoners are offered a variety of foods, different dietary requirements are catered for and there is a variety of choice such that prisoners who wished to eat vegetarian one day, halal the next, and a standard diet the next could do so. At least one meal option labelled as healthy is offered at lunch and in the evening.

Expenditure on food is determined by each prison governor who sets the budget in terms of a daily food allowance per prisoner. In 2004-05, the Prison Service spent 94 million on catering, the largest components of which were food (43 million) and catering staff (32 million). The average daily food cost per person in prisons in 2004/05 was £1.87. At HMP Bedford the figure is currently £2.10 per day.

A recent study found that although prisoners were offered meals that contained recommended quantities of most vitamins and minerals, there were some notable exceptions which could affect prisoners' health. Average levels of salt, for example, were far above the government's recommended levels up to 93 per cent more in the case of the adult male standard meals, mainly due to the use of processed and pre-prepared dishes and high consumption of bread. Dietary fibre, which could be provided by fresh fruit and vegetables and wholegrain products, such as bread and cereals was low. The amount of energy (calories) provided by some meals over the day exceeded the governments recommendations.

Prisoners are provided with meals which rely heavily on convenience foods, such as pies and burgers and tinned food and frozen vegetables with little use made of seasonal produce. The researchers also found that although prisoners were offered the opportunity to eat healthily many did not choose to do so and they considered that prisoners did not

understand what constituted a healthy balanced diet. Prisoners were provided with little information about healthy eating apart from when they first entered prison. Some meals with a high salt content and salads with a high fat content were incorrectly labelled as healthy. Whilst all menus are checked by nutritionists to meet minimum standards in HMP Bedford, so that healthy food is available, it appears that there is not always appropriate information available to fully enable prisoners to be able to make or understand healthy choices.

7.3.9 Physical Activity and Exercise

Most prisoners have the opportunity to exercise regularly but participation in organised physical education at some prisons is low.

Physical activity is as important as food in maintaining and improving prisoners' health. According to Prison Rules, adult prisoners should have the opportunity to exercise for a minimum of at least one hour a week and young offenders for a minimum of two hours a week. In addition, all prisoners are given time in the open air each day, which they can use to exercise if they so choose. Prisons also offer programmes of organised physical education activities. Prisoners do not have to attend physical education activities but are encouraged to do so.

Prisoners are given the opportunity to exercise according to Prison Rules, but there are wide variations ranging from 11% to 87% of prisoners nationally. Low take up rates are affected by:

- the range of activities and facilities available (many older prisons have gyms with restricted capacity and no outside sports pitches);
- whether prisoners are given equality of access to activities (vulnerable prisoners, for example, do not always have the same level of access as others);
- limitations on the availability of staff (especially at evenings and weekends when prisoners who work or attend education classes during the week could exercise), and;
- the emphasis given to some activities at some prisons, such as weightlifting and personal fitness, which perhaps diverts attention from activities which might attract wider participation.

In HMP Bedford, prisoners can access the gym, or alternatively racquet sports (i.e. badminton) for 1 hour per day, and attendance rates are currently at over 50%. Prisoners who are over 45 or overweight can have extra "remedial" sessions, making potential gym attendance available 7 days a week.

All prisoners also have opportunity to get 'fresh air' on the 'astro turf' surface, for 1 hour per day, where they can play football or do individual exercise. A new exercise yard is due to be constructed which will increase exercise opportunities.

Some prisoners choose "cell exercise regimes" where they do simple exercises using the everyday items available, e.g. lifting beds as weights.

The cost of physical education instructors varies disproportionately between prisons. The Prison Service spends some £29 million on physical education instructors. But the ratios of prisoners to physical education staff range from approximately 30:1 to over 150:1 and there are wide variations in cost. It appears that prisons do not have up to date good practice guidance on standard ratios of staff to prisoners and there have been difficulties in establishing baselines for physical education provision. Some prisons have deficiencies in the provision of other activities, such as education and workshops, and if they incur higher levels of expenditure on physical education they might be covering for regime deficiencies

elsewhere. Reducing physical education provision in these prisons would only impoverish regimes further.

Many prisons prefer to employ officers as fully trained instructors because of their leadership skills and the assistance they can provide in controlling aggressive behaviour. However, cost effectiveness should be a consideration as to whether officers should be employed as instructors.

7.3.10 Learning Disability and Learning Difficulty

Most national research uses a strict definition of learning disability based on IQ measures of 70 or below, or focuses on conditions such as dyslexia with relatively limited reference to other learning difficulties.

Nearly 6,000 children and adults in prison in the UK have an IQ of less than 70, yet there is no routine screening of people for learning difficulties in prison.

A recent literature (Prison Reform Trust, 2008) review shows that:

- Somewhere between 20-30% of prisoners have learning disabilities or difficulties that interfere with their ability to cope within the criminal justice system, and;
- this group of prisoners:
 - are at risk of re-offending because of unidentified needs and consequent lack of support or services
 - are unlikely to benefit from programmes designed to address offending behaviour
 - are targeted by other prisoners when in custody

Further than this, criminal justice staff will often not know which people have learning disabilities or difficulties – theirs is largely a ‘hidden disability’ with few obvious visual or behavioural clues.

The underlying assumption of is often that, because of their impairments, people with learning disabilities, and to a lesser extent those with learning difficulties, will be made vulnerable by a criminal justice system that neither recognizes nor supports their needs, so creating particular difficulties with regard to peoples ability to understand and to participate fully in the process to which they are subject. The potential for wrongful conviction and non-compliance with disability discrimination and human rights legislation has far reaching consequences should this assumption be proved.

In HMP Bedford ‘educational screening’ is undertaken with all prisoners, by the Head of Learning, to establish whether prisoners have identifiable conditions, such as dyslexia or dyspraxia.

7.3.11 Black & Ethnic Minorities

People from Black and Minority Ethnic (BME) groups are over-represented among prisoners compared with the general population. According to June 2006 statistics, 26% of the UK prison population is from a BME group, compared with less than 10% of the national population. The links between BME groups and health inequalities are well documented and the disadvantage in health and access to healthcare experienced by ethnic minorities are primarily due to is related to deprivation. This partly explains the increased proportion of BME prisoners in UK prisons, but, whilst incarcerated, prisoners from BME groups face more significant barriers to improved health and health care services, including, for example accessing drugs services, as follows:

- Issues around stigma
- Issues around confidentiality

- Issues around staffing
- Inadequate diversity training
- The dual roles of prison officers who are also drug workers
- Issues around privacy
- Issues around aftercare support

Access to services is particularly an issue for BME prisoners, with the following barriers often being present:

- Whilst there are some examples of good practice, on the whole, little consideration has been given to the specific needs of Black and Minority Ethnic prisoners in the development and delivery of health services in prisons.
- The ethnicity of prisoners is not consistently monitored by health services in prisons.
- Few current or planned services target Black and Minority Ethnic prisoners.
- Training on diversity and cultural competence is inadequate.
- In many prisons there is a lack of strategic lead on diversity.

The 2009 data, which shows that 40% of its prisoners were non-white, indicates that the above issues are certainly relevant at HMP Bedford, and, initially, work on identifying whether there was equity of access to services provided would be helpful in determining future strategies.

7.3.12 Young Adult Offenders

HMP Bedford has been taking young adult offenders, i.e. males aged over 18 and below 21 years, since November 2009.

Whilst there is significant research and information relating to young offenders, under 18, there is very little national research focusing on this very specific 18-20 population.

However, as it is estimated that 90% of young people in prison have mental health problems (Prison Reform Trust 2006) there is some indication that Mental Health will be a significant issue for this group.

Patterns and typology of drug use may differ from older prisoners, which may have consequences for the IDTS, and this age group is recorded to be amongst the highest in terms of binge drinking, with implications for health improvement programmes and effective interventions to be focused on these areas.

One caveat is that the proportion of young adult offenders in HMP Bedford will be restricted to such a small percentage (approximately 6%) of the prison population, so any trends within this group will relate to a small minority of 30 prisoners, but indications are that this may well increase in the near future.

7.3.13 Older People

Current DH guidance, *A pathway to care for older offenders: A toolkit for good practice* was informed by 2 important documents; HM Inspectorate of Prisons, *No problems – old and quiet: Older prisoners in England and Wales* (2004) and the National Service Framework for Older People (2001). This says, “The NHS and Prison Service are working in partnership to ensure that prisoners have access to the same range and level of health services as the general public. At any point in time 700 people in prison are aged over 60. They have a wide range of health and social care needs, both while in prison and on release. Over 1,000 people aged over 60 leave prison every year. It is important that there is a good liaison between prison healthcare staff and their colleagues in health and social care organisations

in the community to ensure that prisoners who are being released are assessed for and receive services which meet their continuing health and social care needs”.

It goes on to characterise older people as ‘Old & Quiet’, explained as follows, “In general, older prisoners pose no control problems for staff. But, because of that, prisoners’ own problems, particularly as they grow older and less able bodied, can easily be neglected.”

As of January 2010 there were 11 prisoners over the age of 55yrs in Bedford Prison.

Despite this small number of older people in Bedford, good practice suggests a number of actions in order to acknowledge, identify and address any significant health issues. This includes having appropriate systems in place which specifically take the health needs of older prisoners into consideration, and highlight issues for action.

7.3.14 Veterans

Research published by National Association of Probation Officers last year found that 8,500 ex-military personnel, or veterans, were in custody at any one time in the UK, following conviction of a criminal offence. This represents almost exactly 10% of the total UK prison population (Napo, 2009). Although further analysis is not possible due to a lack of age profile data, this appears to be disproportionate to the number of non-elderly veterans in the general population.

Misuse of alcohol or drugs was a major issue in over half the cases and approaching 50% were suffering from diagnosed or undiagnosed post traumatic stress disorder or depression.

The principal offence was one of violence, particularly in a domestic setting. There was a predominance in the use of substantial amounts of alcohol when offences occurred.

Few were actually identified as veterans either at the point of arrest, the commission of their pre-sentence reports or on reception into prison.

In 2009 HMP Bedford did not identify veterans or offer services specifically for them. However a new computer system, P NOMIS, has recently gone live containing a field within the Offender Personal Details menu called "Military Records". Currently this is not a mandatory field and is not routinely completed, although the facility is available.

7.3.15 Health Champions

Health Champions are the first stage of development in HMP Bedford as part of the national Health Trainer programme. Prisoners are trained as Health Champions to become a ‘bridge’ between services and those who may have barriers to accessing services. They may provide signposting, advocacy or information. Within HMP Bedford this programme started in 2009 with the Gym Staff co-ordinating the process. Royal Society of Public Health’s Level 2 “Understanding Health Improvement” has been undertaken by both gym staff and prisoners.

After the initial phase, staff turnover, internal changes and other issues, have meant that there has been a lull in the delivery of the programme. There were initially 6 Health Champions who undertook the training, but with minimal client interaction to date.

A Gym Instructor has been assigned to take a lead with this programme in the Prison Service and further Level 2 sessions have now been set to take place early in 2010 to increase capacity.

Focus areas will include vulnerable prisoners, i.e. sex offenders, prisoners with mental health problems, to reflect high areas of need. There have been some problems currently getting enough prisoners from this section onto the course, as they can't integrate with main prisoners.

Support will be provided through the Central Health Trainer Co-ordinator in Public Health at NHS Bedfordshire and Gym Staff suggested that incentives be provided for prisoners to operate as Health Champions.

7.4 Summary of Stakeholder Views

Stakeholder questionnaires (see Appendix 3) were distributed to members of The Prison Partnership Board, Members of Healthcare staff and also senior prison staff at HMP Bedford.

Completed questionnaires were received from 14 individuals involved in the delivery of healthcare at HMP Bedford. Also included in these findings were the results from 4 semi structured interviews, based on the questionnaires, with other key staff based in the prison.

The following is a summary of the findings.

When asked about their perceptions of major health problems for prisoners, the highest rate of respondents, 71.4%, indicated that "substance misuse" (drug and alcohol addiction) and "detox" from these substances were a problem. There was a perception that drug taking was prevalent and suggestions included "more testing." Second highest was "mental health" with 42.9% responding that this was problematic for prisoners, followed by "dental" (21.4%) then "diabetes" and "sexual health" (both 14.3%).

Looking at healthcare issues for prisoners, the most popular response, coming from 42.9% of respondents, was prisoners not being able to access healthcare when they need it. The second most popular response was availability of dentistry services (28.6%). Equal third, with 14.3% were; "medication" and optician waiting list.

"Clinics" (28.6%) and "Detox" (21.4%) were the most popular perceptions of what currently works well. "Reception" was also mentioned by more than one respondent.

In terms of what need improvement, the most popular response, on 28.6% of the questionnaires, was related to the perceived need for increased dental services. 21.4% of responses indicated a perception that there needs to be an improvement in "staffing."

When asked about opportunities for self care, the highest percentage of responses (42.8%) indicated the need for education and/or skills for prisoners. Related to this, 21.4% of respondents suggested "health promotion" would be a good idea. "Better communication" and more dentistry were all mentioned twice.

When asked about priorities for further developing services there were 5 areas which received multiple responses. They were "value staff/more staff" (8), "staff education/training" (5), "Dentist" (3), "Chiropody/Podiatry" (3) and "Physio" (2) services.

7.5 Summary of Prisoner Views

During December 2009 and January 2010, 24 prisoners, chosen at random, accessing a variety of services in the Prison participated in giving their views using the attached questionnaire (see Appendix 4). The questionnaire was intended to be used either for self

completion, or in case of literacy problems, as the foundation for a structured informal interview. As it was, a majority of the 24 questionnaires submitted were completed by prisoners, with few prisoners requesting that their answers were recorded for them.

Question 1 - On seeing healthcare staff in reception were you able to tell them about any health problems and were your immediate health needs met? If not, why not?

75% of prisoners expressed satisfaction that their immediate health problems were met in reception. Positive comments included “gracious, helpful, considerate”, and “very good”.

5 (21%) prisoners were not satisfied and gave different reasons, for example, “She didn’t know what I was saying”, “[it was] too busy” and “had to wait for methadone & diazepam.”

Question 2 - How does the service you have within the prison compare to those within the community and/or other prisons?

29.2% of prisoners felt the health care service compares well to those within the community and/or other prisons. One comment was “Doctor listens/advises/reassures.”

This compared to 41.7% who thought it worse. Explanations included “...too long for a doctors appointment”, “Not much trust doc/patient”, “Doctors...don’t have a clue what they are doing”.

16.7% thought it the same and 12.4% expressed no view.

Question 3 - Were there any gaps in your healthcare e.g. Medication when you arrived. Do you have any suggestions about how this could be improved?

50% of respondents said that there were no gaps. Of the 33.3% that did indicate gaps, only 2 prisoners identified a similar issue, when stating that provision should be “quicker”

Question 4 - What could help you to be healthier when in prison and when you leave e.g. Smoking cessation, parenting skills, knowing more about STIs and BBV

33.3% of respondents (or 8 in total) specifically stated that stopping smoking would help them be healthier. This was the only issue mentioned on more than 1 questionnaire.

Question 5.- Do you think you health has improved/ stayed the same/ worsened since you have been in prison and why?

5 prisoners (20.8%) said their health had improved. 2 prisoners said that this was because they had stayed off drugs, 1 said he was now eating properly and getting exercise. A fourth said that the “Dr listens and advises.”

10 prisoners (41.7%) said their health had worsened. 3 of these responses were due to perceived incorrect doses/medication

9 prisoners (37.5%) said their health had stayed the same.

Question 6 - Do you get the support you need for good mental health? If not what would you want?

Although 10 prisoners (41.7%) said that they did not get the support they needed, only 6 suggested what they might need. 4 of these responses were related to having an appropriate opportunity to talk to staff about their issues.

8 prisoners (33.3%) said that they did get the necessary support, although one of these added the caveat "...but it took a long time to see someone."
6 responses were blank.

Question 7 - What would you most want to change/improve within healthcare?

The most popular response was "Nothing" with 5 (20.8%) responses

Issues around access to medication were raised on 3 (12.5%) responses

3 (12.5%) questionnaires highlighted barriers to accessing services, including "[Need] quicker access" and "Not enough officers to enable regular access to healthcare." A further 2 prisoners (8.4%) identified a need for more stop smoking services.

Question 8. What would make the biggest difference to your health within the prison?

The most popular response (16.6%) was better food/vitamins

More exercise opportunities was mentioned 3 times (12.5%).

3 prisoners felt "Nothing" would make the biggest difference.

The only other multiple responses were more understanding staff and quicker access to/shorter waiting for services, both mentioned on 2 (8.3%) questionnaires.

8. Recommendations

The recommendations were identified in relation to gaps in current provision. They are based on best practice, including from other prisons, and as suggested by the National KPIs.

Most of the recommendations were based on, and relate to, new findings, incorporating, where relevant, the views of stakeholders and prisoners collected during the writing of this HNA. However, there were also a number of recommendations identified, through the previous HNA, where no progress appears to have been made, but where the recommendations are still relevant and where implementation would improve the health of the prison population.

The following list comprises those recommendations which should be viewed as being the current and immediate priorities for improving the health of prisoners at HMP Bedford, referenced to the related current Prison Health Performance and Quality Indicators.

8.1 Mental Health

KPI 1.25

- i. Provision of counselling for those suffering from common mental health problems and not defined as severe and enduring mental illness.

8.2 Infectious Disease, including Hepatitis B

KPI 1.32, 1.33, 1.34, 3.1 & 3.2

- i. Ensure a comprehensive approach to address infectious disease, working on a number of levels, focusing on:
 - *Health Promotion Programmes:*
The provision of appropriate information such as DVDs, Music CDs, new leaflets, and use of relevant media through the information screens, in order to raise awareness of conditions, mitigation of risk and availability of interventions;
 - *Rapid identification of 'at risk' prisoners:*
The use of a reception screening tool, self-identification by prisoners;
 - *Early testing and access to treatment:*
Increased vaccination for Hepatitis B, using designated capacity to undertake this role, in order to exceed the 80% target;
 - *Harm minimisation:*
The provision of condoms for use by prisoners.
- ii. Given the significant reduction in the average age of prison population, provide opportunities for prisoners to receive vaccinations for MMR and Meningitis where necessary, as identified through process recommended in the Policy on Communicable & Infectious Disease Prevention and Control.

8.3 Alcohol

KPI 1.20

- i. With the increasing numbers of young prisoners, review and maintain staff awareness and ability to recognise alcohol problems and problem use, and provide skills through evidence-based training, e.g. Identification & Brief Advice.
- ii. Monitor and evaluate the success of existing pilot projects with a view to wider implementation and facilitate provision of continuous support for prisoners transferred from HMP Bedford.

8.4 Stop Smoking

KPI 1.35

- i. To meet existing quitter target of 40, ensure staff capacity at appropriately trained level, to deliver regular clinics, as a priority, to meet the apparent demand for the service, either through increased training for Healthcare or through direct Stop Smoking Team delivery.

8.5 Oral Health

KPI 1.18

- i. Provide a further 2 sessions per week, as recommended by the Dental Reference Officer in his inspection in March 2009 to enable the dental team to extend the service in the following ways:
 - a. Offer full courses of dental treatment to a greater number of prisoners.
 - b. Treat patients in pain more promptly.
 - c. Provide Oral Health advice to supplement the other health care programmes already in existence, for example pilot and evaluate an oral health advice leaflet which has recently been produced
 - d. Ensure provision of a systematic opportunity for oral cancer screening for all prisoners

KPI 1.31

8.6 Learning Disability

- i. Improve identification of learning difficulties and hidden disabilities - monitor national progress on the development/pilots of screening tool and implement the use of a tool when available.
- ii. Identify workforce needs implications, possible staff training, including appropriate use and understanding of terminology, raised awareness and implement action as determined.

KPI 1.23b

8.7 Older people

- i. Older prisoner health and welfare specific assessments should be commenced following their 55th birthday, or sooner if age-related conditions are diagnosed – see Appendix 5 for a draft version of the Assessment Tool, adapted from DH guidance - also to include a MH element, and to be reassessed by Healthcare after 6 months.
- ii. Implement care plans from these assessments.

KPI 1.35

8.8 Health Champions

- i. Ensure support from NHS Bedfordshire Health Trainer Co-ordinator for the Health Champions/Health Trainers Programme in the Prison to provide:
 - a. updated information on related health improvement services
 - b. training and data entry for monitoring and evaluation of activity and outcomes.

KPI 1.35

8.9 Health Improvement/Health Promotion

- i. Ensure the ongoing provision of health information in accessible formats to support Health Improvement/Promotion programmes, for example, for the development of specific campaigns material or media, particularly via existing media:
 - a. promotional boards and
 - b. information screens.

KPI 1.14

8.10 Stakeholder and Prisoner Involvement

- i. Ensure the development of improved patient involvement in services, using existing staffing and resources, in line with national Patient Advice and Liaison Services toolkit and good practice guidance (DH, 2009b), and the review of the LINKs project at the HMP The Mount (Appendix 6) starting with:
 - a. Establish a user involvement task group, with representatives from partner organisations, including Bedfordshire LINKs, NHS Bedfordshire (PALS and ICAS) to develop understanding of aims, roles and responsibilities in progressing this initiative. Initially the Prison to lead on establishing this group, with a view to Healthcare taking on leadership/monitor effectiveness once established.

8.11 Optician Service

- i. Following the 2008 review of the optician service within the Prison, the report (see Appendix 1) recommended the following:
- Appropriate equipment to be installed as a matter of urgency.
 - An increase in the number of sessions available for eye and eyesight examinations.
 - One session a month with a visiting ophthalmologist.
 - A study into the most appropriate clinician to carry out the eye examinations.
 - Appropriate staff training to categorise prisoners requests correctly.
 - Remuneration for the service needs to be reviewed.
 - Investigation of the contractual and funding arrangements for the visiting dispensing optician.

8.12 Clear Data Sets

- i. Health care and/or prison need to develop accurate data collection and retrieval systems, and train all staff in their use, to inform local prevalence of health problems in prison population, use of services (where being delivered) and to help identify key targets for prisoner health:
- Identify prevalence of mental illness, numbers referred to and receiving treatment;
 - Identify prevalence of long term conditions, numbers referred to and receiving treatment;
 - Identify prevalence of alcohol misuse;
 - Identify prevalence of infectious disease including, Hepatitis B and HIV;
 - Identify smoking prevalence, numbers offered quit services and numbers quit;
 - Identify levels of service use by ethnic minority prisoners, in order to begin to establish appropriateness of services and identify potential barriers to use.
 - Ensure completion of the *Military Records* field within Offender Personal Details menu of PNomis data system to determine the number of veterans within HMP Bedford and enable the identification of any specific health needs.

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Introduction

NHS Bedfordshire is responsible for providing optometric services for prisoners whilst they are resident at Bedford Prison. Provision of eye and eyesight examinations has always been one of the poor relations within the prison environment and therefore an inspection of the service was long overdue.

The Service

This is currently supplied by a visiting ophthalmic medical practitioner with a dispensing optician from an optical outlet in central Bedford. Prisoners make a request to see the clinician and then if they need spectacles they are selected and made up by the dispensing optician who is responsible for fitting the finished appliances and for their maintenance.

Currently one session of one hour per week is provided to prisoners for the purpose of eye and eyesight examinations. There is currently a waiting list of over thirty prisoners requesting an examination and this list is getting longer. The system by which prisoners are escorted to the health centre causes a large time waste and on the day of my visit it was some twenty minutes in to the one hour slot allocated before the first prisoner arrived for his test. This means that on average only two or three prisoners will be seen on any one session.

The equipment is sited in a shared room with the dental facility. This equipment is dated and not suited for the purpose of modern testing. Some of the most basic equipment required for sight testing is absent meaning that prisoners can at best get a very rudimentary examination which is not adequate and would not be remotely acceptable outside the prison. The lack of equipment means that prisoners are frequently referred to the eye clinic at Bedford Hospital for further tests, many of which could be performed within the health centre at the prison. This results in a major waste of resources both financial and in manpower terms. The financial loss is twofold in that there is a cost for transporting the prisoner and then there is a tariff clinic charge for seeing the patient at Bedford Hospital. Looking at a list of referrals to the eye clinic at the hospital since January 2007 there is a potential for at least 80% to have been retained in the prison.

Prisoners request an appointment to see the optician when they feel they have a problem. This can be anything from a problem with their eyesight to a broken spectacle frame. This means that on occasions an appointment slot with the optician is not appropriately filled as the prisoner really only needed to see the dispensing optician.

Those prisoners requiring spectacles have these dispensed by a visiting dispensing optician from a corporate situated in the centre of town. It is not clear how this contract was awarded and how much this arrangement costs the PCT. This should be further investigated.

With the lack of time allocated for sight testing, the gross lack of suitable equipment, the poor booking system and the, possibly necessary, restraints on getting prisoners to the health centre on time, I have to conclude that this service is not fit for purpose by a long way. The service needs to be modernised in the very near future.

Recommendations:

- 1) Appropriate equipment to be installed as a matter of urgency.
- 2 An increase in the number of sessions available for eye and eyesight examinations
- 3 One session a month with a visiting ophthalmologist
- 4 A study into the most appropriate clinician to carry out the eye examinations
- 5 Appropriate staff training to categorise prisoners requests correctly
- 6 Remuneration for the service needs to be reviewed
- 7 Investigation of the contractual and funding arrangements for the visiting dispensing optician

Conclusions

Currently the eye testing facilities are not fit for purpose at the prison and there has to be a question asked within the Human Rights agenda as to whether the service currently on offer is failing prisoners. Due to the lack of equipment prisoners are transferred to the eye clinic at great expense for matters that could be dealt with in house. The use of fundus photography and modern visual field equipment would enable data to be transferred to the eye clinic for analysis rather than the prisoner. With a higher level of equipment it would be possible to have ophthalmology led sessions within the prison setting thus eradicating the need for transfer to the hospital.

This service is very outdated and in urgent need of modernisation and review. History shows that a very large sum of money is being wasted currently and by modernising the service the level of care can be increased markedly whilst introducing good cost savings. The outlay on new equipment should soon be recouped by the reduction in very expensive referrals to the eye clinic.

I would strongly recommend rapid action be taken to remedy the current situation.

Simon Browning, Optometric Adviser NHS Bedfordshire, September 2008

Additional new equipment required to service the new Prison Eye Clinic

Slit Lamp Bio Microscope
Goldmann Tonometer Head
Non Contact Tonometer
Visual Field Analyser
Fundus Camera
Modern Trial Frame
Up to date near vision analysis book
Sight Testing Chair

Appendix 2: Stakeholder Questionnaire

HMP Bedford Health Needs Assessment (HNA) 2009

Stakeholder Questionnaire

A HNA is currently being undertaken for HMP Bedford. This will look at current healthcare service provision and the health of the prison population. It will make recommendations on how services can meet the needs of the prisoners, to improve their health. The results of HNA can be used to inform decision-making and plan resource allocation.

Your views are important. This short questionnaire has been put together in order to let us know what you think. **All results will be anonymous.** If you have any questions or comments please contact Martin Westerby on 01234 316717 or martin.westerby@bedfordshire.nhs.uk

Please write as much as you need to in the spaces provided. You can expand the text boxes or use the back of this page if you need more space.

<p>1. What do you think are the major health problems for prisoners?</p> <p>.....</p> <p>.....</p>
<p>2. What do you think are the major healthcare issues for prisoners?</p> <p>.....</p> <p>.....</p>
<p>3. What aspects of current healthcare services do you think work well?</p> <p>.....</p> <p>.....</p>
<p>4. What aspects of current healthcare services do you think need improvement and why?</p> <p>.....</p> <p>.....</p>
<p>5. What opportunities can increase prisoners' ability to self-care?</p> <p>.....</p> <p>.....</p>
<p>6. What are your suggestions to improve healthcare services?</p> <p>.....</p> <p>.....</p>
<p>7. What do you think should be the priorities for further developing healthcare services in the prison?</p> <p>1.....2.....3.....</p>
<p>8. Which department and organisation do you work in?</p>

Thank you. Please return this questionnaire **by 31 December 2009** to:
Martin Westerby, NHS Bedfordshire, FREEPOST NAT 16245, Bedford, MK40 2BR or
martin.westerby@bedfordshire.nhs.uk

Appendix 3

Prisoner Questionnaire/Interview Schedule

Brief introductions: Interviewer to say who you are and where you are from. Explain:

What is a HNA – what hope to get from input – not a tick box, but might not be able to deliver everything

What we don't want – details of own health, criticisms of individuals

Confidentiality – all views will be anonymised

Questions:

1. On seeing healthcare staff in reception were you able to tell them about any health problems and were your immediate health needs met? If not why?

2. How does the service you have within the prison compare to those within the community and/or other prisons?

3. Were there any gaps in your healthcare e.g. Medication when you arrived. Do you have any suggestions about how this could be improved?

4. What could help you to be healthier when in prison and when you leave e.g. Smoking cessation, parenting skills, knowing more about STIs and BBV

5. Do you think your health has improved/ stayed the same/ worsened since you have been in prison and why?

6. Do you get the support you need for good mental health? If not what would you want?

7. What would you most want to change/ improve within healthcare?

8. What would make the biggest difference to your health within the prison?

Appendix 4: Common Prison Health and Welfare Assessment Tool Proforma

To be undertaken on a six-monthly basis, or more frequently if required.

Which activities are difficult for you and which ones you can manage? Please score on a scale of 1 to 5 (1 = unable to carry out the activities at all, 5 = able to fully carry out activity with no assistance).

Question	Last Score	Current	Additional Comments
Can you hear clearly?			
Can you see clearly?			
Do you have problems remembering things?			
Do you read?			
Do you get on well with other people?			
Do you need help overnight?			
Can you walk indoors, without aids?			
Can you walk outdoors, without aids?			
Can you get up/downstairs indoors?			
Can you use outdoor steps/stairs?			
Do you use a wheelchair indoors?			
Do you use a wheelchair outdoors?			
Can you get on and off the toilet unaided?			
Can you get in and out of bed?			
Can you get in and out of a chair?			
Can you get washed?			
Can you get in and out of the bath?			
Can you use an over-bath shower?			
Can you use a walk-in shower?			
Can you get dressed without help?			
Can you keep your room clean?			
Can you change your own bedding?			
Can you prepare meals?			
Can you manage to eat and drink?			
Have you had any falls recently. If so, how many, and how often?			
Can you access normal prison facilities (e.g. education, workshop, canteen)?			
Are there any other activities with which you have difficulty?			

Adapted from: Department of Health (2007)

Appendix 5: Health Improvement/Health Promotion Action Plan

(version 02/02/10)

Prison Health Promotion/Improvement Action Plan

Updated 2 February 2010

KPI Number 1.31 Current overall rating **Green**

Compiled by Martin Westerby, Public Health

Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
a. Mental Health Promotion and Well being	James Mullins	Promotion of understanding of mental illness and enable prisoners to recognise signs of relapse in order to aid recovery	Cognitive behavioural therapy. 1:1 CBT using 'Beating the blues' computer package.	Provide 1 course per month	Green	All courses run if prison officer available to supervise. Also dependent on room availability and prisoner movements/transfers There is currently an officer available 4.5 days a week, but this time is reduced if capacity is needed to cover other staff.
			Nurse undertaking training in CBT	Waiting list maximum of 4 weeks per prisoner		
	James Mullins		8 week course, outcomes measured using 'Becks scale'	75% of prisoners completing to give positive evaluation of course		
	James Mullins		Indian head massage. Course delivered by qualified professional	Provide 1 course per month	Green	
			5 week course. Outcomes measured by service user survey	75% of prisoners completing to give positive evaluation of course		

	James Mullins		Relaxation group Weekly course. Outcomes measured by service user survey	Provide 1 course per month 75% of prisoners completing to give positive evaluation of course	Green	
	James Mullins	To reduce and prevent self-harm for prisoners	Dialectical Behaviour Therapy being delivered by Psychologist focusing on prisoners on an ACT document Develop inclusion criteria for participants	Establish programme and run first course	Green	
	James Mullins	To provide support for prisoners who are in danger of committing suicide	To develop a programme of 1 to 1 sessions for prisoners who are identified as suicidal	Establish content of sessions Appropriate Identification of participants	Green	
	Safer Custody Team	To provide informal and accessible mental support to prisoners	Provision of a dedicated phone line to Samaritans	All prisoners to have access to phone line?	Green	
	Safer Custody Team		4 volunteer prisoners trained as 'Listeners'	All prisoners to have access to 'Listeners'	Green	
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment

b. Smoking Cessation	Ros O'Conner Tracey Benbow: Primary Care Manager, HMP Bedford.	To offer individualised, tailored smoking cessation programmes for prisoners.	To train, refresh and support prison staff at Level 3 standard.	To provide weekly group therapy and individual sessions facilitated by Level 3 trained Healthcare and Pharmacy staff.	Amber	At present there are only 2 level 3 trained Healthcare staff. Following recruitment in Feb/March 2010 further staff will be trained.
			Provide behavioural support in group or individual format for 6-7 weeks.	To achieve 40 four week quitters per year	Amber	Currently: 6 four week quitters 3 Not Quit 9 Lost to Follow-up High churn rate continues to significantly influence performance
			Provision of effective pharmacotherapy options.	Continued funding and availability of NRT	Green	
		To encourage and facilitate Prison Staff who want to quit smoking to access smoking cessation services.			See work-force Action Plan	
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment

c. Healthy Eating and Nutrition	Debbie Martin: Catering Manager, HMP Bedford. Tracey Benbow: Primary Care Manager, HMP Bedford.	To provide balanced and varied menu choices catering for religious needs.	Provide information, including leaflets and posters on all wings on nutrition.	Ensure all prisoners are aware of the easily identifiable healthy options available to them.	Green	
			Provide a 4 weekly menu cycle, approved by the Dieticians at Bedford Hospital, identifying the healthy food choices.	Ensure each 4 weekly cycle reaches appropriate standards	Green	
			Ensure there is no salt or fat added to the food and semi-skimmed milk issued to prisoners in line with PSO 5000 set by the Food Standards Agency.	Ensure continued compliance with PSO 50000	Green	
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
d. Healthy Lifestyles including Relationships	Judy Benns – Chlamydia screening NHS Bedfordshire Vicki Francis - Senior Health Improvement Specialist, NHS Bedfordshire	To improve the sexual health of prisoners through information, education and screening programmes.	Provide sexual health information	Make sexual health information available to prisoners and staff on all wings.	Amber	Information available. Accessibility to be checked – i.e. Reliance on literacy

			Provision of Chlamydia screening programmes for prisoners, targeting specifically those aged 18-24.	The annual target for Chlamydia screening at HMP Bedford is 500 per year.	Amber	To date circa 50 screens of prisoners 2009/10. A new Chlamydia screening initiative is now in place with numbers increasing.
	Tracey Benbow: Primary Care Manager, HMP Bedford.	To improve the sexual health of prisoners through the promotion of safe sexual practice	Provide condoms, lubricants and information leaflets to prisoners upon request.	All prisoners to be able to access condoms. Lubricants and information leaflets when required.	Red	Condoms not being issued as yet until agreement can be reached with security.
		To offer support and skills for prisoners to strengthen relationships after release	One day <i>Relate</i> workshop prior to release for prisoners and partners	Make available to all prisoners prior to release		Availability to be confirmed
			Family workshops?			Availability to be confirmed
			Parenting skills?			Availability to be confirmed
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
e. Drug and other substance misuse	Dr Parimelalagan	Support safe detox and maintenance for prisoners	Identify the need for participation in detox programmes, including alcohol	Screen 100% of prisoners to identify the need for referral to substance misuse programme	Green	

			Provide access to a variety of services for Prisoners to address drug and alcohol issues	Accessible information available to all prisoners all wings	Amber	Information is available on all wings, but accessibility is questionable e.g. reliance on literacy
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
Supplementary area relating to KPI 1.23b Older Adults	Tracey Benbow	To consider the requirements of older adults	Identification of issues relevant for older population, through screening tool	To offer information relating to all issues identified		Screening tool not yet in use
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
Supplementary area 1: Physical Activity	Gym staff	To give prisoners increased access to physical exercise appropriate to the restrictions imposed by being in prison	Prisoners are given the opportunity attend gym.	Gym attendance at a rate of 50% of the prison population	Green	In addition prisoners are entitled to 1 hour exercise per day, weather permitting
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
Supplementary area 2: Health Trainers	Aruna Sharma Health Trainer Co-Ordinator	To set up Level II Health Champions working with vulnerable groups within the prison	To set up a further Level II Public Health Improvement Course at HMP Bedford	Course set for 8 th and 15 th February 2010,	Green	Course dates have now been set and internal publicity is being reviewed.
			Recruitment for the Level II Course.	Focus on vulnerable prisoners.	Green	With a key focus, Staff members are looking at specific targets to recruit
			Begin regular contact with Gym Team to ensure support in programme delivery	Monthly meetings now scheduled for Mondays mid month with the Gym Team	Green	Health Co-Ordinator and Project Assistant to meet regularly to ensure support for the programme.

Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment					
Supplementary area 3: Campaigns and Information	Sarah Wetherell PHIR Manager, NHS Bedfordshire	To support the prison to access health information in a variety of sources	To provide information to the prison regarding membership of PHIR via Prison key contact (to be nominated)	To ensure that the prison is recognised as a drop by the NHS courier	Green						
							100% sign up to PHIR by key prison Healthcare staff	Amber	Some staff are registered. Staff need to register on the web		
							Prison Healthcare to nominate key contact to enhance the communication pathway between PHIR and the Prison	Amber			
							To support the National Public Health campaigns	To incorporate the Prison on the national campaign distribution as appropriate and supply access to relevant materials: No smoking day, World Aids Day.	Prison added to distribution schedule.	Green	
								To agree a programme with the prison key contact for possible campaigns over a 12 month period.	Key contact to be identified/ nominated.	Amber	Discussion required concerning topic areas and materials available
					Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
Supplementary area 4: Oral Health	Anne McDonald/Sue Jordan	To raise awareness or the importance of oral health and effective interventions	Effective provision of information	Distribute information to all prisoners via the piloting of a leaflet	Red	Funding for leaflet not available – looking at alternative options					

				Evaluation of information pilot		
		Improve the oral health of prisoners through effective treatment	Provide dental treatment for all prisoners	A six week waiting list from point of application to treatment	Red	
Work Area	Responsible	Objective	Activity	Target (incl. timescale)	RAG	Comment
Supplementary area 5: Prison Workforce Health	Ros O'Conner, NHS Bedfordshire Identify lead at HMP Bedford	Improve health and well being of prison staff	NHS Bedfordshire and HMP Bedford to negotiate and develop a health and well being plan for prison workforce	Agreed draft of health and well being plan for 2010/11	Amber	
	Janet Griffith, Project Manager, Healthy Steps to Employment (HSE), BCHS	Offer support to prison staff in danger of becoming workless through ill health	Provide a referral route for prison staff to the Healthy Steps to Employment programme	HSE to identify staff link with within the prison Up to date referral information to be provided 6 monthly by HSE	Red	Staff capacity levels and restrictive output criteria of funders may restrict activity

Background

There were no existing patient involvement mechanisms in the Mount, a Category C Prison, prior to this initiative starting in December 2007.

The prison drove the process from the start after receiving circular correspondence introducing the concept of LINKs. The central strand of the engagement was to set up a prison LINK group.

Getting Started

The Community Development Worker in the prison picked up the responsibility and co-ordinated activity to get partners together from inside the prison and from other local stakeholders. They also recruited prisoner representatives, including the development of an initial questionnaire looking at what prisoners wanted to change.

Once the project was initiated Patient Advice and Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS) became involved and integrated.

Timescales

To set the project up took over 6 months. Much of this time was spent trying to reach consensus between partners, clarifying aims, roles, responsibilities etc.

Partners

The group is chaired by the Prison Governor. Other partners include NHS West Herts (PALS, ICAS, and Patient Involvement), Herts CC, LINK, Mental Health, Prisoners and Healthcare (who did a lot of work with prisoner representatives).

Barriers

The major barrier was perceived to be the lack of continuity of patient representatives, often exacerbated by the 'sudden' transfer of prisoners.

Project Focus

The project appoints prison representatives to report on matters relating to the provision of health services. Feedback is received from prisoners, both in person and via letter boxes in Healthcare, about services delivered and how prisoners manage their health. Concerns have included:

- a lack of confidentiality in waiting rooms;
- limited support when prisoners were discharged – difficulties in registering with a GP on release;
- not knowing how to manage their long term conditions or keep themselves healthy; and
- no formal mechanism to raise issues/concerns (only through the prison complaints system). Both the ICAS and the PCT's PALS were not available within the prison.

This feedback is presented to prison staff by prisoner representatives. The prison healthcare professionals recognised that these issues could best be addressed through a partnership approach. Three prisoners then volunteered to be part of a cross-agency group working to address them.

The project partners have worked with prisoners and other partner agencies to address their issues about prison healthcare and to help reduce health inequalities.

Using existing resources – there has been no 'new' money - the group has developed into a Local Involvement Networks (LINKs) committee. Prisoners now feel that they are working in

partnership with healthcare staff in the prison and feel involved in development of the services.

Impact of project

The key to making this project successful is that the LINK group is led by prisoners.

Prisoner representatives provide a mechanism for dialogue about health care. This is both empowering to the individual representatives and the prison population as a whole. Key services introduced to the prison by the LINK group include:

- Patient Advice and Liaison Service (PALS): posters are on the LINKs notice board located on each wing, along with Offender Health forms which prisoners use to contact PALS. Inductions are held twice a week where the concept of PALS is introduced by LINK prisoner representatives to new prisoners; and
- Expert Patient Programme: Out of 768 prisoners within HMP The Mount, around 200 have a diagnosed long term health condition, such as chronic heart disease, diabetes, asthma, depression, hypertension and pain.

Although prisoners have direct access to healthcare to treat their condition, many are unaware how they can self-manage and lack the confidence to feel in control of their condition. In response to this, the first Expert Patient Programme within the prison was launched in February 2009, consistent with the approach that this Programme should be focused on specific communities.

Benefits for prisoners include increased confidence, energy and self-esteem, an improved relationship with healthcare professionals, prison staff and other inmates. Through the LINK programme prison representatives have been empowered to act as a voice for the prison population when talking about health issues. The programme also complements many of the offending behaviour programmes already working in the prison and helps to reduce demand on healthcare services.

Partnership Working

The project has been perceived as an example of good practice because each partner agency has taken responsibility for their own part of the process.
