Surrey NHS
Primary Care Trust

HEALTH NEEDS ASSESSMENT

HMP BRONZEFIELD

March 2007

ACKNOWLEDGEMENTS

Many thanks to the prisoners and staff of HMP Bronzefield for participating in this study.

Many thanks to Emma Goodwin, Head of Healthcare, HMP Bronzefield, for all her help and support with this study and her patience and willingness to track down any information requested.

Dr Celia Shohet, Public Health Specialist Trainee, Greater Peterborough Primary Care Partnership, “Health Needs Assessment HMP Peterborough” September 2006 - Many thanks for format, information and use of chapter on Effectiveness and Cost Effectiveness.

Dr Tom Porter, Specialist Registrar (LAT) in Public Health SE & SW Oxfordshire Primary Care Trusts - Many thanks for use of questionnaires, helpful advice and sharing of methodology.

Dr Kevin Solomons, Chief Pharmacist, Surrey PCT - Many thanks for preview audit on pharmacy service and analysis of Pharmacy Audit.

Dr Jackie Sowerbutts, Dental Advisor, *Modernising Prison Dental Services in Surrey*, May 2006 – thanks for sharing paper on dental assessments in Surrey prisons.

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EXECUTIVE SUMMARY

INTRODUCTION

This study focuses on identifying the health needs of prisoners in HMP Bronzefield. HMP Bronzefield is a new private prison and this is the first Health Needs Assessment (HNA) that has been undertaken. The aim of the assessment was to identify areas where the health of the women could be improved and produce recommendations to inform an action plan.

METHODS

A baseline assessment of health care services was undertaken. The following approaches to health needs assessment were adopted within the study:
• normative (practice was compared to national guidelines and 'best practice')
• epidemiological (common illnesses or hindrances to wellbeing were identified)
• comparative (facilities and practice were compared with similar institutions)
• corporate (the opinions of key 'stakeholders' such as staff and prisoners were sought)

Methods included one-on-one interviews, focus groups, audits, questionnaires, literature reviewing and seeking expert advice.

RECOMMENDATIONS

Screening

- **Health Assessment**

  Ensure that every prisoner is offered and encouraged to take-up a general health assessment in the first week following reception.

- **Patient Information Leaflet**

  The patient information leaflet should be revised and piloted to ensure that it meets prisoner's needs for information about all healthcare services and visiting professionals.

Primary Care

- **Disease Registers and Clinics**

  The new computer systems and the health assessment clinic should be used to ensure that nurse led specialist clinics are held for all people with Diabetes, Coronary Vascular Disease, Asthma or Epilepsy.

  Clinics should be delivered to the standards outlined in the National service Frameworks or equivalent where available and audited against the Quality and Outcomes Framework for General Practice.

- **Well Woman**

  The recently introduced clinics should be audited.
  The audit should include coverage of the clinic, screening undertaken and treatment offered, specifically for cervical cytology, chlamydia, gonorrhoea, syphilis, Hepatitis B and HIV infection.

Mental Health

- Increase qualified mental health nursing capacity in healthcare
- Review configuration of inpatient facility
- Develop a dedicated resource, either as extra psychology or qualified mental health nursing capacity, as an addition in the Alpha team or the primary care team, to provide "stepped care" (NICE, 2004), for the treatment of anxiety and depression.
- Further training opportunities need to be provided for Prison Officer on mental health skills and knowledge. A session on mental health should be included in the staff induction.
- Ensure the full implementation of the ACCT self harm management policy and ensure staff receive the required training and support.
- Develop a wider range of counselling services to meet the needs identified.
- Increase the opportunities for education, personal development and regular exercise.
- Increase interventions to assist women to make plans for their release and to develop self care skills.

Alcohol Services

- Provide a comprehensive service for prisoners with hazardous drinking, particularly for those prisoners whose drinking is not associated with substance misuse.

Communicable Disease

- **Blood Borne Virus Clinic**

  Consider the introduction of blood borne virus clinics to provide the counselling and health education advice necessary to ensure that affected individuals understand the health consequences, treatment options and lifestyle changes required.

- **Hepatitis B**

  All prisoners should be offered immunisation for Hepatitis B unless they have been vaccinated previously. HMP Bronzefield should participate in the national Hepatitis B vaccination surveillance scheme for Prisons.

- **Hepatitis C**

  All prisoners within a high-risk group should be screened for Hepatitis C and prisoners with a positive result referred to specialist services.

- **Tuberculosis**

  All prisoners should be screened for TB using a health questionnaire on each entry to the prison system.

Pharmacy

- **Pharmacy Service**

The Pharmacy service should be provided in line with the national strategy particularly the integration of pharmacy services into the overall delivery of healthcare services e.g. medicine management clinics and support for patient self-management.

Use of PGDs should be reviewed and audited.

- **Medicine times**

Review times that medicines are dispensed and ensure that night-time medication is not administered to women earlier than 9pm

Health Promotion

- **Smoking Cessation**
  - The provision of a smoking cessation services should be facilitated as soon as possible.

- **Nutrition**

  - Offer a range of wholegrain breakfast cereals e.g. Weetabix, Shredded Wheat, Puffed Wheat
  - Continue use a mix of white and wholemeal flour in baking
  - Provision of 5 portions of fruit and vegetables per day by offering an extra portion at either breakfast or dinner
  - Oily fish (for this purpose does not include tinned tuna) should be included in the menu once per week
  - Offer a lower sugar 'sweet' at dinner e.g. fresh fruit, tinned fruit in natural juice, low sugar/low fat yoghurt
  - Ensure menu coding for 'healthy options' is accurate and all 'healthy option' menu choices are coded
  - Discontinue labelling menu choices as 'ethnic'
  - Prisoners requiring Halal and vegetarian diets should also be able to access healthy option choices

- **Physical activity**

  - Establishing a system to monitor user uptake (both staff and prisoners) and satisfaction may help future programming of physical education.
  - To increase usage of the facilities and sessions by non-exercisers specific introductory classes may be required. This may include exercise on referral or remedial classes.
  - A pilot remedial physical activity scheme in line with the NAO (2006) report and guidelines within PSO 4250 (2005).
  - A formative assessment with both prison staff and prisoners would to identify an appropriate programme of health walks and weight management scheme.
  - Barriers within HMP Bronzefield to the implementation of the programmes and initiatives discussed include budget restraints and redeployment of staff to other areas within the Prison. If the prison is to continue to offer a wide range of physical activity programmes and expand these to meet the recommendations within this study these issues will need to be resolved.

- **Sexual Health**

Education and support for prisoners should be available pre-release to minimise risks to their sexual health, this should include the provision of contraception for prisoners going out on licensed leave or on discharge.

The Chlamydia screening programme should be available for prisoners aged 24 years and under.

- **Development of Health Promotion**

The vision and structure to take forward the future development of health promotion, including oral health promotion should be agreed.

Child and Maternal Health

- Prescribing services by health visitor are on hold because of issues regarding audit.
- GP service on the Mother and Baby Unit should be considered as a matter of urgency
- Suggested joint nurse and GP 8 week check clinic
- Establishment of guidelines for appropriate sharing of information
- Address concerns regarding limited range of natural food for baby and concerns regarding salt content
- An audit pain control during labour at ASPH
- Provision of training for ASPH staff on prisoner health needs and appropriate care and support.

Dental Services

- Access to dental services should be improved by prioritising access.

Other services

- The need for physiotherapy, occupational health and therapy services to be assessed.

1. INTRODUCTION

This study focuses on identifying the health needs of prisoners in HMP Bronzefield. Surrey PCT Public Health Directorate was asked to undertaken a Healthcare Needs Assessment by the PCT Commissioner responsible for prison services. HMP Bronzefield is a new private prison and this is the first Health Needs Assessment (HNA) that has been undertaken. This report serves as a starting point for future service developments.

1.1 Context

The aim of prison health care is to give prisoners access to the same quality and range of health care services as the general public receives from the National Health Service in the community. The principle of equivalence was endorsed within the report 'The Future of Organisation of Prison Health Care' published by the Joint Health / Prison Service Working party in March 1999.[1]

A number of strategies have been published jointly by the Department of Health and HM Prison Service which provide more detail regarding the organisation and standards for Prison Healthcare. These have been referenced within this report.

1.2 Health Needs Assessment

The Joint Health / Prison Service Working Party[2] recommended that Health Authorities and prison governors should work together to identify the health needs of prisoners in their area. Subsequently it has been established that these should be reviewed annually, from which the Local Prison Health Delivery Plans are to be developed.

The aims of the health needs assessment are to[3]:

- Provide information in order to plan, negotiate and change services for the better and to improve health in other ways
- To build a picture of current services – a baseline

There are five objectives of a health care needs assessment[4]:

- **Planning**: The central objective used to help decide services required; for how many people; the effectiveness of these services; the expected benefits and at what cost.
- **Intelligence**: Information gathering to determine the existing baseline; the population it serves and the population's health needs.
- **Equity**: Improving the allocation of resources between and within different groups.
- **Target efficiency**: Having assessed needs, measuring whether or not resources have been appropriately directed.
- **Involvement of stakeholders**: Carrying out a HNA can stimulate the involvement and ownership of the various players in the process.

A prison Healthcare Needs Assessment will determine prisoners' ability to benefit from healthcare.

The need for health must be distinguished from both the supply and demand for health care. In general terms, need is what people might benefit from, demand is what people might wish to use, and supply is what is actually provided[5]. Current service provision and demand are rarely markers for need.

Whilst assessing need is the primary focus of a health needs assessment, in reality consideration must also be given to ensuring that demand for and supply of health care is appropriate. This can be achieved by reducing demand where it is deemed to be inappropriate e.g. increasing potential for self-care or stimulating demand where relevant e.g. access to Hepatitis B vaccinations or coping with demand more efficiently e.g. revised methods for provision of medication. In addition altering supply of health care may require changes in resource or re-organisation of existing supply e.g. through skill-mix changes.

There are three main methods of HNA[6]:

1. **Corporate approach** – Stakeholders or others with a special knowledge are canvassed to determine their views on what is needed. This includes obtaining the views of prisoners, prison and healthcare staff.

2. **Comparative approach –** Services are compared with these services of other providers e.g. community services or those within other prisons.

3. **Epidemiological approach** – The main approach where health care needs are determined by considering three components:

    - Incidence and prevalence of a problem
    - Effectiveness and cost effectiveness of services
    - Services available to deal with the problem

1.3 Female Prison Estate[7]

There are 17 women's prisons in England. These are categorised as closed, open or semi-open. Female young offenders are held in dedicated young offender units, and there are currently 5 purpose built female juvenile units. There are 7 mother and baby units and one prison serves as an intermediate custody centre.

The last ten years or so have seen a dramatic rise in the numbers of women in prison from an average of 1,560 in 1993 to around 4,248 in January 2006. An all time high of 4,672 was reached in May 2004. Despite this rise in numbers, female prisoners represent a very small amount of the total prison population (about 5.6% of a total of 75,030 in England and Wales).

Life in prison for women follows similar procedures to those for male prisoners. There are, however, a number of important differences in women's offending behaviour and their needs whilst in prison. These are explained in more detail below.

Characteristics of the female prison population

Offences: Women tend to commit less crime and their offences are generally less serious. In 2004, 36% of sentenced women had committed drugs offences; 17% were convicted of violence against the person; with theft & handling, robbery.

Foreign Nationals: Just over 19% of the women in prison are foreign nationals compared to about 12% in the male estate.

Ethnic Minorities: 30% of the female estate is from ethnic minorities in comparison to around 24% of the male estate.

Drugs: Women tend to have a different type of drug use from men, with higher levels of hard drug use.

Family: Women are normally the primary carers for elderly relatives and children. Around 55% of women in prison have a child under 16, 33% of female prisoners have a child under 5 and 20% are lone parents.

Distance from home: Due to the relatively small number of women's prisons, and their geographical location, women tend to serve their sentences further from their homes than male prisoners. This can place additional pressure on important links with family.

Mental health: Up to 80% of women in prison have diagnosable mental health problems, with 66% having symptoms of neurotic disorders (anxiety, poor sleeping). The comparable figure in the community is less than 20%.

Experience of abuse: Up to 50% of women in prison report having experienced physical, emotional or sexual abuse.

Self-inflicted deaths: Annual numbers of self-inflicted deaths are not easy to predict. Figures show there have been more female deaths than expected given the proportion of the prison population; however recent figures show a decline. There were 4 female deaths in custody in 2005 and 3 in 2006. This is the lowest number since 1998.

Self-injury: The incidence of self-injury amongst women in prison is statistically high, given that they make up roughly 6% of the prison population. Since 2003, approximately 30% of female prisoners self-injured each year (compared to 6% of males). These prisoners make up roughly one quarter of all prisoners who self-injure and contributed approximately half of all incidents. These proportions are higher for young offenders.

Security: Women generally present much lower risks than men. Women's prisons do not experience as many serious incidents, although the rate of adjudications is higher.

Resettlement: Whilst for men the first priority is getting employment, for women accommodation normally ranks higher.

Women prisoners' health: The specialist medical services provided for the women are the same as those that you would expect outside prison, including breast and cervical screening, family planning and sexual health services. Unfortunately, prisoners have often neglected their health whilst in the community and there is a high demand for the services. There is also high demand for drug and mental health services.

Pregnant women: Every woman who is known to be pregnant will be consistently medically assessed and monitored, as in the community. She may be located in a particular area of the prison dedicated to pregnant women, if the prison in question has such a facility and it is thought necessary for the well being of the mother-to-be and the unborn child. Support will be provided according to individual need. Medical care is given by the local NHS maternity services and mothers give birth in a hospital with the appropriate facilities, local to the prison.

Mother and Baby Units: Currently 7 Mother and Baby Units. New Hall and Holloway prisons keep babies with their mothers up to the age of 9 months. Bronzefield, Peterborough, Styal, Eastwood Park and Askham Grange accommodate babies with

their mothers up to the age of 18 months. Askham Grange is the only open prison with a Mother and Baby Unit. Each application for admission is assessed on an individual basis by a multi-disciplinary-team, whose focus will be the best interests of the child. Every women's prison has an appointed Mother and Baby Liaison Officer, who offers help and advice to applicants.

Children visiting prisons: Children are allowed to visit their mothers in prison in the same way as other visitors. In some instances, prisoners are allowed extended, more relaxed visits with their children or can get permission to visit their children where they are living.

1.4 Description of prison

HMP Bronzefield is a local, closed prison for women run by Kalyx under a 25 year contact.

Kalyx designs, builds, finances and manages prisons, young offender institutions, immigration detention and removal centres, and probation service approved premises in the UK, all under contracts with Home Office departments. Kalyx currently operates HMP Forest Bank at Salford, HMP Bronzefield at Ashford, Middlesex, HMP Peterborough and Harmondsworth Immigration Removal Centre near Heathrow. A pilot project for male ex-offenders in the Bristol area has already begun and a female unit will open in 2007.

HMP Bronzefield is the first purpose built prison for women since the construction of HMP Holloway in the early 1980s. It is also the first women's prison in the private sector. The prison opened on June 17 2004 and is located in Ashford, Middlesex.

Table 1.1 Type of prison

Data	Results
Category of prison	Local Prison
Status	Closed
Sex of prisoners	Female
Operational capacity of prison	450

The operational capacity of the prison is 450 places. The prison consists of three house blocks, healthcare facilities, Mother and Baby Unit and a help and direction unit.

Table 1.2 Description of prison wings

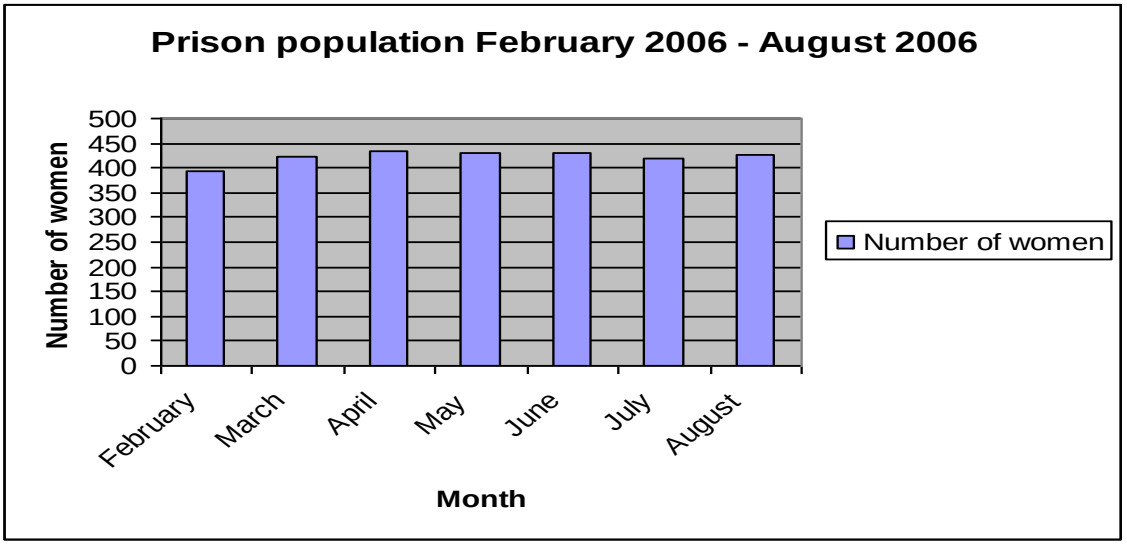
Wing	Description	Capacity
House block 1	New reception and Detox beds	137
House block 2	Sentenced	136
House block 3	Remand	137
Healthcare Centre		18
Mother and Baby Unit		12
Help and Direction Unit		10

The accommodation also provides a visitors centre, a gymnasium and sports field, garden areas, kitchen, and facilities for the observation of religious worship. There are also a range of facilities to accommodate work, educational activities and programmes.

Prison population

The average daily population of the prison is 431. Figure 1.1 below shows the average prison population over the period February 2006 to August 2006.

Figure 1.1 Prison population over the period February 2006 to August 2006



Source: HMP Bronzefield

The prison population consists of remand prisons whose length of stay is unpredictable to convicted prisoners, sentenced to any of the full range of custodial sentences available to the courts.

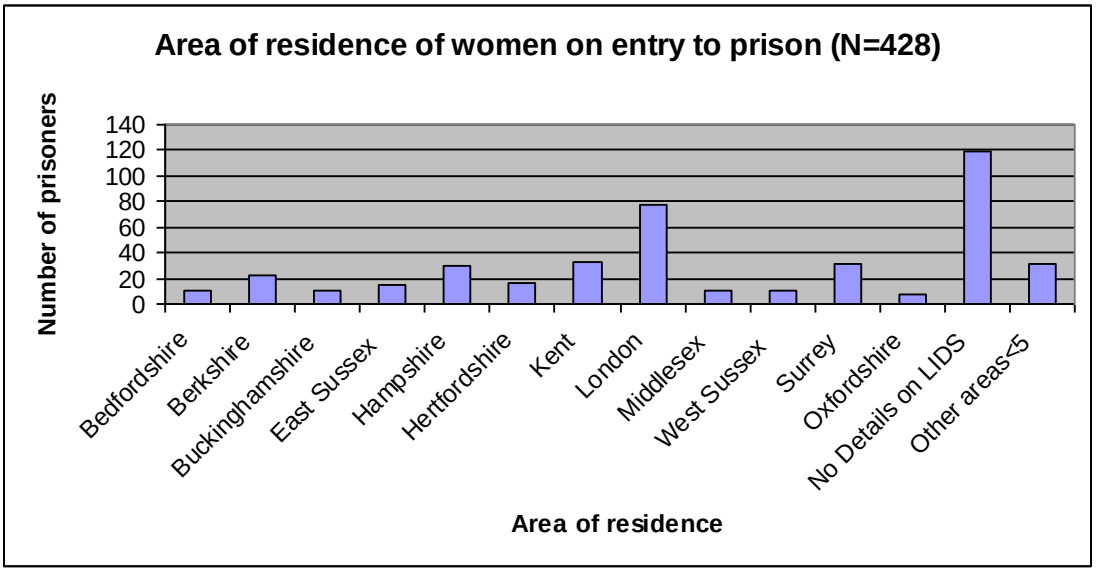
Figure 1.2 shows the number of prisoners (n=183) who have been sentenced and the length of their sentence as at August 31 2006.

Figure 1.2 Number of prisoners who have been sentenced by length of sentence

Source: HMP Bronzefield

Figure 1.3 shows the area of residence of women on their entry to prison. The majority of women were resident in the South East, South West and East Midlands before entering HMP Bronzefield.

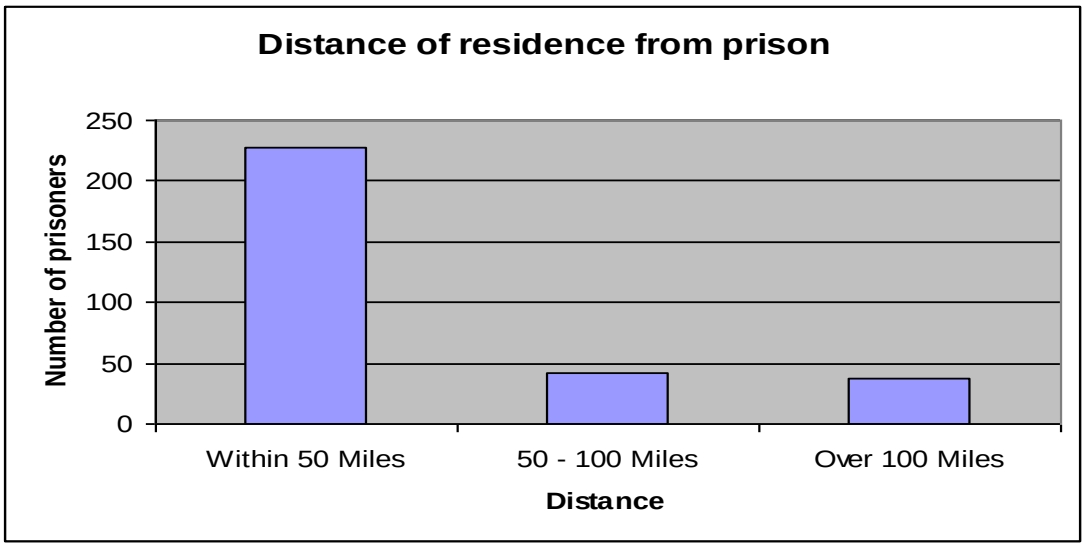
Figure 1.3 Area of residence of women on their entry to prison



Source: HMP Bronzefield

Figure 1.4 shows the distance of HMP Bronzefield from the stated area of residence at time of entry to HMP Bronzefield.

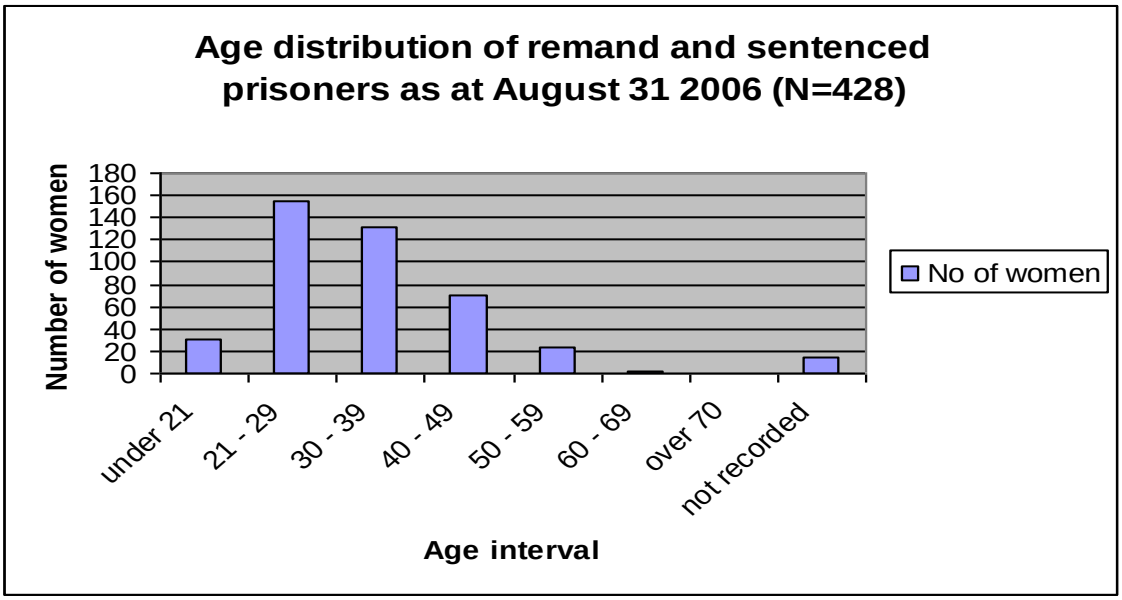
Figure 1.4 Distance of HMP Bronzefield from the stated area of residence at time of entry to HMP Bronzefield



Source: HMP Bronzefield

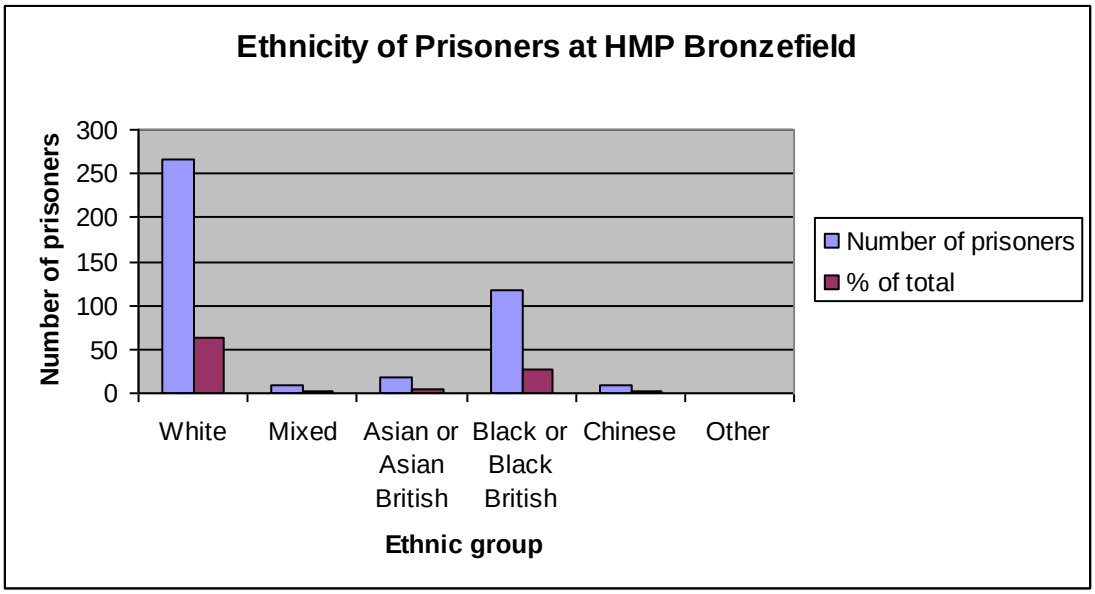
The age distribution of the prisoners is shown in Figure 1.5. The peak age groups are women aged 21 – 29 years and 30 – 39 years.

Figure 1.5 Age distribution of remand and sentenced prisoners as at August 31 2006



Source: HMP Bronzefield

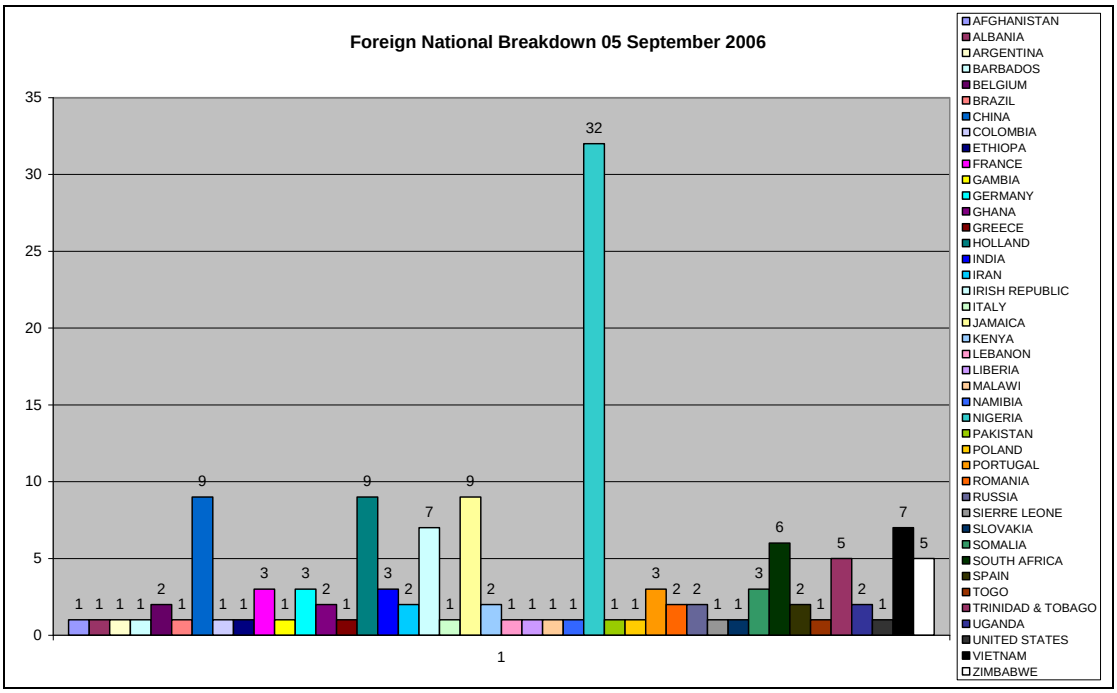
Figure 1.6 Ethnicity of Prisoners at HMP Bronzefield



Source: HMP Bronzefield

The average monthly population of foreign nationals in HMP Bronzefield over the period November 2005 to September was 136.

Figure 1.7 Breakdowns of foreign nationals as at September 2006

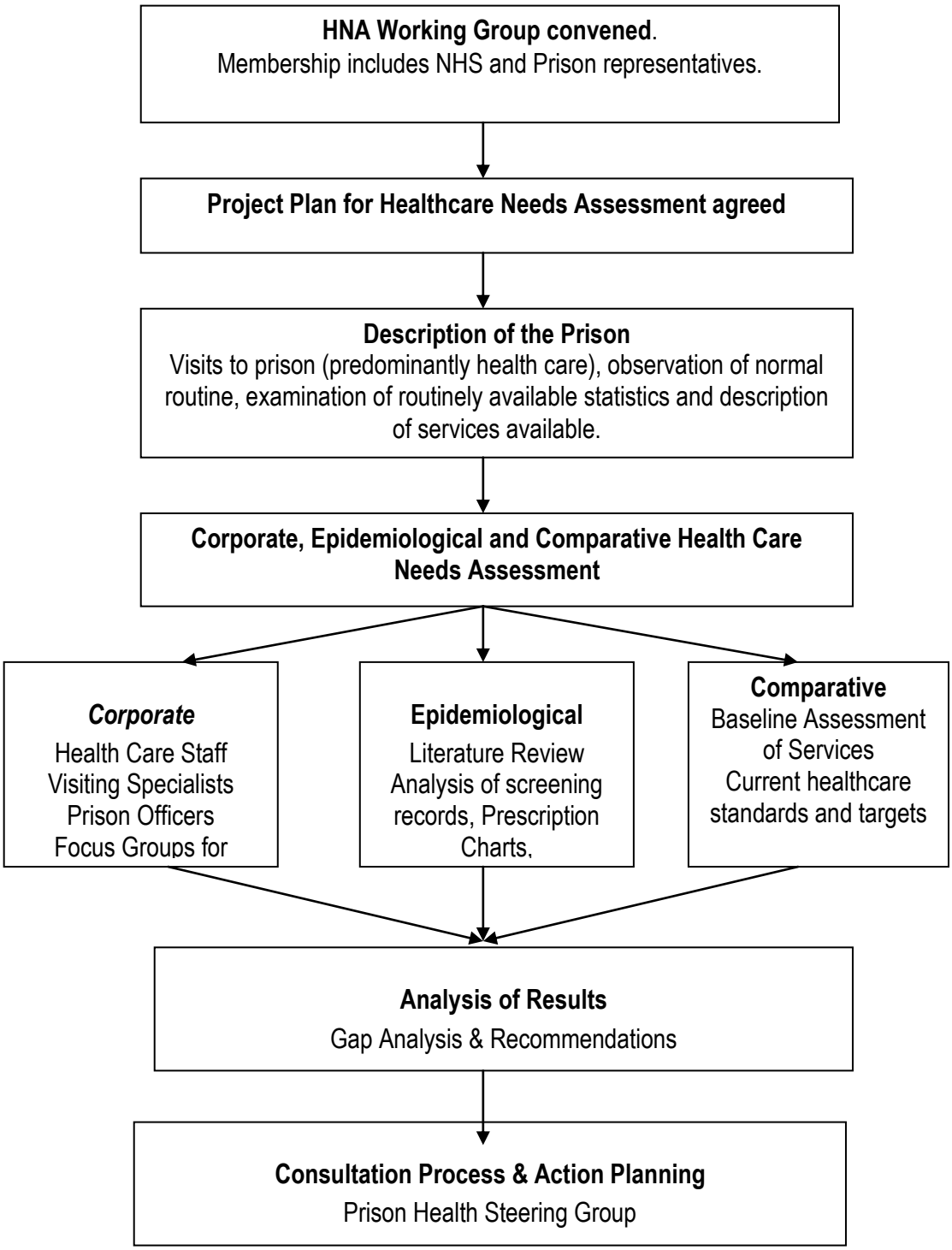


Source: HMP Bronzefield

2. METHODS

The health needs assessment was conducted using the 'Toolkit for health care needs assessment in prisons' developed by the University of Birmingham[8]. The actual process followed at HMP Bronzefield is shown below.

Figure 2.1 Flowchart for health needs assessment process in HMP Bronzefield



Source: Modified from Toolkit for health care needs assessment in prisons

The Prison Health Steering Group is responsible for the strategic development of healthcare services for the Prison. It commissioned and was responsible for overseeing the development of the Health Needs Assessment. In addition a project group, chaired by the Deputy Director of Public Health, was formed to guide the development of the HNA between September – January 2007. **Appendix A** details the membership of both groups.

The baseline assessment was completed through:

- a series of meetings with key informants such as the Head of Healthcare, healthcare staff and senior prison staff.
- members of the HNA working group providing further detail at and between set meetings.
- an audit of reception screening questionnaires
- an audit of prescription charts.

Information was also gained from:

- *A Review of Prescribing and Medicines Management at HMP Bronzefield*, Dr Kevin Solomons, June 2005
- *Modernising Prison Dental Services in Surrey* Dr Jackie Sowerbutts, May 2006
- MQPL Survey Research carried out at HMP Bronzefield between August and September 2006.

2.1 Epidemiological health needs Assessment

Audit of Reception Screening Records

Every prisoner has a paper based 'inmate medical record' (IMR) consisting of reception screening questionnaire and any further medical notes. The analysis of reception screening questionnaires was conducted to gain insight into the health of prisoners and to help estimate prevalence of certain illnesses.

A random sample of approximately 19% (81/431) of reception screening questionnaires was examined between 4 – 18 September 2006. The IMRs are stored alphabetically for all the current prisoners and contained healthcare information for all of a prisoner's sentences. The prison GP may request (with the prisoner's permission) a copy of the medical notes from their GP in the community. A reception screening interview should be conducted for all new prisoners regardless of their penal history. If a prisoner had been transferred from another prison, and a reception screen was not conducted on entry to HMP Bronzefield, the most recent screen was used in the audit.

Appendix B contains the data collection format and results of the analysis of the reception screening questionnaire audit.

Audit of Prescription Charts

During the period 21 - 24 August a brief review was conducted of a random sample of 12 % (51/431) centrally held prescription charts available in HMP Bronzefield on those dates. Prescription charts were categorised into Blocks 1, 2 and 3. 1 in 8 prescription charts were examined and the drugs were recorded on the audit tool. The PCT Chief Pharmacist divided drugs into 13 therapeutic classes.

2.2 Corporate Needs Assessment

Prisoners are a particularly vulnerable group within society and have limited opportunity to express their needs and concerns. The Healthcare Needs Assessment Steering Group wanted to provide an opportunity for all women prisoners and staff at HMP Bronzefield to contribute to the prison Healthcare Needs Assessment.

Focus Groups

The main purpose of focus group research is to draw upon respondents' attitudes, feelings, beliefs, experiences and reactions in a way which would not be feasible using other methods e.g. questionnaire surveys[9]. Prisoner Focus Groups were identified as an important method as they are an extremely effective way to obtain a wide range of views on an issue[10]. Focus groups are also helpful in instrument development such as surveys. A focus group also has the ability to explore the language and subtle nuances that are common to the stakeholders so that they can be incorporated into the other research instruments.[11] There was also concern that a questionnaire based method on its own may be limited as it is estimated that 48% of the prison population have a reading ability at or below level 1.[12] The focus groups provided an opportunity to pilot the questions used in the prisoner questionnaire. Generally there are limitations to running focus groups, which include the difficulty in obtaining a representative sample of prisoners. Focus groups may discourage certain people from participating, for example those who are not very articulate or confident.

The focus groups were arranged through the prison service. A leaflet was circulated to every women prisoner to invite participation. The leaflet outlined the purpose of the focus group, emphasising confidentiality, and that focus groups would be run by NHS staff (**Appendix C**). The prison service selected prisoners at random from those who volunteered to participate. Some prisoners were excluded on grounds of security.

Up to 8 participants were invited to attend each group in order to make the groups of a manageable size. A focus group was selected from each house block – House Blocks 1, 2 and 3. A fourth focus group was held in the Help and Direction Unit and a fifth focus group was held in the Mother and Baby Unit.

The five groups were held on 24th and 25th October 2006. The number of women who volunteered to participate or who declined to participate is unknown. However, feedback from prison staff was that women were keen to be involved.

The focus group questionnaire was adapted from a questionnaire developed and used by Dr Tom Porter in *A Healthcare Needs Assessment at Huntercombe Young Offenders' Institution, March – May 2005.* Several questionnaires and focus group tools were reviewed and the HNA Steering group felt that the style and contact of the Huntercombe Questionnaire was most appropriate for HMP Bronzefield.

The groups were co-facilitated by a Public Health Specialist and a Health Promotion Specialist with a background in mental health nursing. One facilitator led the discussion, sought clarification when required and checked whether the views expressed were common to all members of the group. The other facilitator recorded the discussion on a flipchart; it was not possible to tape record the conversation as tape recording equipment is prohibited within the prison. The same schedule of questions (**Appendix C**) was used for each group. Focus group discussion may discourage some people from trusting others with sensitive or personal information.[13] In HMP Bronzefield, however, the members of the groups appeared very willing to

share their experiences and views; in addition they clearly stated when their experience differed from other members of the group. At the end of each session the facilitators checked to ensure that all main points were recorded.

The data was analysed by quantifying how many groups had expressed each theme. These were recorded in the common framework used for the questions. If views were expressed that represented the opinion of only one group member they were not recorded.

Although focus groups can explore hypotheses they are limited in terms of their ability to generalise findings to the whole prison population, mainly because of the small numbers of people participating and the likelihood that the participants will not be a representative sample.

Prisoner Survey

Due to concerns regarding the limitations of focus group expressed above, all women prisoners were sent a questionnaire, amended from the focus group questionnaires to provided greater clarity and reduce any repetition.

In total 100 / 450 questionnaires (Average Daily Population was 431) were returned – approximately 23%. In general, response rates tend to be low within prison populations. The questionnaires were entered onto an Excel spreadsheet and a random sample of 10 questionnaires was checked by the Health Promotion Specialist undertaking the analysis. Not all questions were completed by all the women therefore the number of responses to individual questions was indicated. The qualitative questions were analysed thematically using an inductive coding frame. Those with four or more responses were reported with the most typical comment.

Summary of the Women's Views from Focus group and Questionnaires

Women's views from focus groups and questionnaires were reviewed and synthesised to draw together the results of the women's focus groups and questionnaire. These five key issues were identified and presented in order of priority (Appendix D).

Healthcare Staff Survey

A Prison Healthcare staff was completed as part of the Corporate HNA. The survey was adapted from questionnaires developed and used in *A Healthcare Needs Assessment at Huntercombe Young Offenders' Institution, March – May 2005* and *Health Needs Assessment HMP Peterborough September 2006.* The survey aimed to obtain healthcare staff views regarding the current provision of prison healthcare, priorities for development, factors which may improve prisoners' health generally and whether they had any training needs relating to prisoners health.

9 out of 22 staff returned questionnaires, indicating a response rate of 41%. The questionnaires were entered onto an Excel spreadsheet. Not all questions were completed by all members of staff therefore the numbers of responses to individual questions were indicated. The qualitative questions were analysed thematically using an inductive coding frame. Those with three or more responses were reported.

Prison Officer Survey

A Prison Officer Survey was completed as part of the Corporate HNA. The survey was adapted from questionnaires developed and used in *A Healthcare Needs*

Assessment at Huntercombe Young Offenders' Institution, March – May 2005 and *Health Needs Assessment HMP Peterborough September 2006.* The survey aimed to obtain Prison Officers views regarding the current provision of prison healthcare, priorities for development, factors which may improve prisoners' health generally and whether they had any training needs relating to prisoners health. **Appendix E** contains the survey instrument.

The survey was initially distributed to 250 prison staff, but only 17 were returned. This may have been because of another survey that was being undertaken within the prison at the same time. The Prison Health Steering Group asked for a second targeted circulation to 176 staff with direct patient contact. This took place in February 2007 and the results are currently being analyzed. In total 50/176 questionnaire have been retuned equating to a response rate of 28%.

The low response rate may indicate that Prison Officers do not see healthcare as impacting upon their role and therefore do not hold strong views about its provision. However the response rate is consistent with other postal surveys conducted at the prison, e.g., Peterborough HNA has a response rate of 22% (13/60).

Interviews with key stakeholders

A number of informal interviews took place with key members of staff such as the catering manager, the gym manager and programme leads to collate a full picture of the range of services in place at HMP Bronzefield. The information gained was supplemented with reviews of national guidance and best practice and used to inform the recommendations within this report.
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2.3 Comparative Health Needs Assessment

Identification of appropriate comparators

Thee main comparators were identified through discussion with prison authorities, public health colleagues and literature searching: HMP Holloway, HMP Peterborough and HMP Styal.

HMP Holloway

HMP Holloway was originally constructed by the City of London and opened in 1852 as a mixed prison, became all female circa 1902. The prison was completely rebuilt between 1971-1985 on the same site. It has an operational capacity of 478. Although the population at HMP Bronzefield is comparable to HMP Holloway, healthcare provision differs significantly due to historical funding arrangements, for example, HMP Holloway has approximately 90 nursing staff. For this reason, HMP Holloway is not referred to as an appropriate comparator.

HMP Peterborough

HMP Peterborough is a category B local prison also run by Kalyx under a 25 year contract. It is currently the country's only dual-purpose prison, housing both male and female prisoners, and opened on 28 March 2005. It takes male and female remand prisoners from the age of 18 upwards and sentenced prisoners aged 21 years or older. As a local prison, the majority of prisoners are either convicted and serving a short term of imprisonment or are remand prisoners, therefore turnover is very high.

The prison achieved its normal capacity of 840 as of January 31st 2006. The Prisons normal accommodation level offers 840 places but it has an operational capacity of 1020 places. The prison can house between 480 – 624 male prisoners and 360 – 396 female prisoners, including a 12-bed, 13-cot mother and baby unit for babies up to the age of 18 months.

The HNA steering group decided that HMP Peterborough was an appropriate comparison because it was also private and populations were similar. The local PCT was contacted for a copy of recent healthcare needs assessments and a recent healthcare needs assessment from September 2006 was available to inform this report.

HMP Styal

HMP Styal is situated in Cheshire and opened as a women's prison in 1962 when female prisoners from Strangeways were transferred in. Styal has an operational capacity of 469 and accepts adult female prisoners and, in some cases, young offenders. There are facilities for mothers with babies up to age 18 months. Remand prisoners are received direct from the courts.

The HNA steering group decided that HMP Styal was an appropriate comparison population. The local PCT was contacted for a copy of recent healthcare needs assessments and a 2002 mental health needs assessment on the population of HMP Styal was available to inform this report.

3. BASELINE ASSESSMENT

3.1 Introduction

There are very real challenges to providing healthcare within a prison setting where the highest priorities are maintaining order, control and discipline[14]. These include:

- Security considerations minimising the opportunities for self-care, healthcare teams' access to prisoners and the implementation of services considered best practice in the community e.g. needle exchange schemes
- Some prisoners attempting to obtain medication they do not require and consequently creating suspicion amongst healthcare staff towards all prisoners

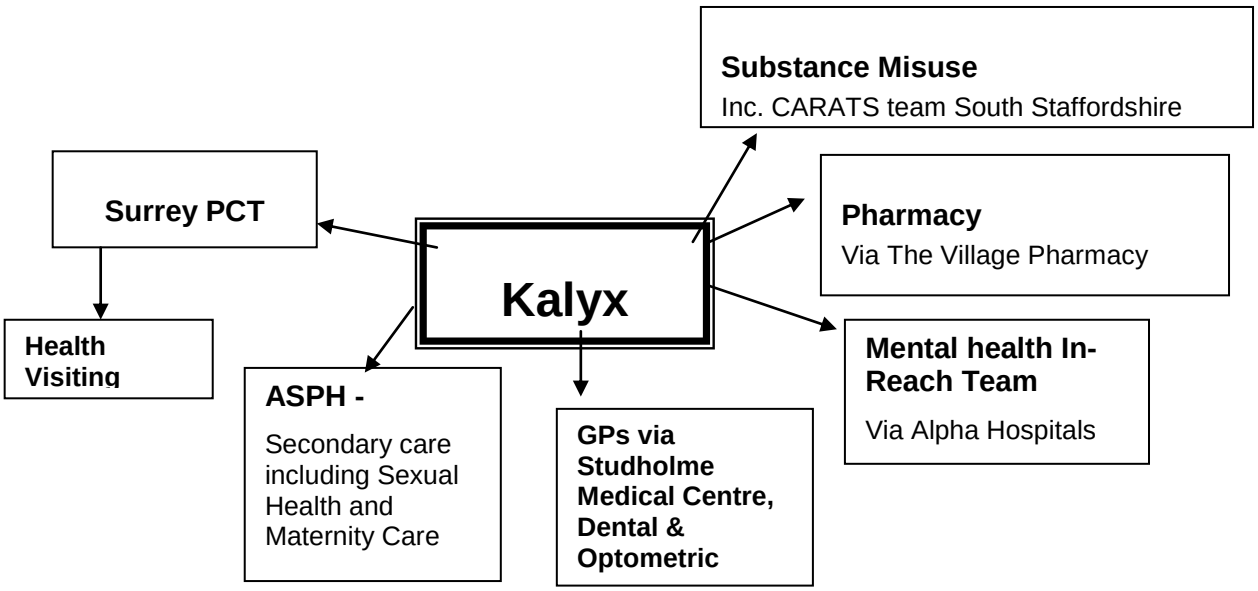
Healthcare within HMP Bronzefield comprises of 24-hour nursing cover with in-patient facilities, a Type 3 Health Care Centre. The nature and quality of healthcare within the prison is specified via the Local Operating Procedure and will be enshrined within a Service Level Agreement between Surrey PCT and Kalyx.

The aim of the service is to:

- To provide integrated healthcare in partnership with the NHS in which Prisoners have access to health services on a level equivalent to the local community.

As the operator, Kalyx undertakes to provide all the services which contribute to the decent treatment of prisoners in its care. The prison is contracted to provide primary care services for prisoners and to facilitate the provision of secondary and tertiary services as clinically indicated. The current contractual arrangements for the provision of healthcare at HMP Bronzefield are shown in Figure 3.1

Figure 3.1 Healthcare Provision Contractual Arrangements

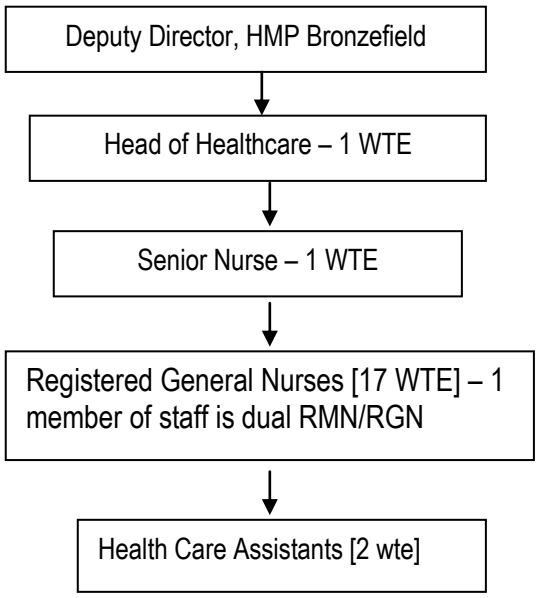


Key: Surrey PCT – Surrey primary Care Trust
ASPH – Ashford St Peters Hospitals NHS Trust
Kalyx – Prison Service
CARATs – Counselling, Assessment, Referral, Advice and Throughcare Scheme, South Staffordshire NHS Trust
Alpha Hospitals – medium secure private provider based in Woking – April 2006.

The Head of Healthcare has been in post since January 2006.

The organisational structure for healthcare is shown in figure 3.2

Figure 3.2 Healthcare Organisational Structure



There are 13 WTE prison officers providing cover to the In-patient Unit, the Mother and Baby Unit and the Health and Direction Unit.

3.2 Funding

Table 3.1 Healthcare Expenditure at HMP Bronzefield, 01/03/06 – 28/02/07

Area of Expenditure	**Spend (£)**
Personnel Costs - Staffing	1, 090,180
GP	39, 697
Medical Contract	208, 937
Medical External – Psychological Services	1, 182
Pharmacy (inc prescriptions)	205, 025
Bank Staff - Nursing	54, 957
Agency Staff	93,439
Dental	36, 837
Optician	27, 080
Miscellaneous	17, 977
TOTAL	**1, 775, 311**

Source: Head of Healthcare

3.3 Physical Environment

The Health Centre has the following facilities:

- Administrative and record storage areas
- 2 Consulting Rooms
- 2 Treatment Rooms
- Pharmacy Storage Area / Medicines Administration Room
- Dental Suite
- In-patient facilities providing 24 hour care with 18 primary care beds.

3.4 Staffing

The service is built on the principle of the *Nurse First Approach* which ensures that patients receive the care that they need from the most appropriate health care professional. Whilst this is now seen as best practice,[15] traditionally prison healthcare centered around contact with a doctor. For that reason, both prisoners and prison staff accustomed doctor- centred healthcare may need time to get used to this approach.

There are 21 whole time equivalent staff on the healthcare team. The skills and experience within the team include:

- 1 Senior nurse manager
- 1 Dual qualified RGN / RMN
- 16 RGNs
- 2 Health care assistants

The specialist skill mix of these staff is as follows:

- 1 specialist training in HIV
- 1 minor injury trained
- 2 specialist training in Asthma
- specialist training in Well-woman and cervical smear taking

3.5 Prison Health Care Services

3.5.1 Reception Screening

All new prisoners under go a reception health screen which focuses primarily on issues relating to physical and mental health problems, substance use and the risk of suicide or self harm. The assessment is usually undertaken by a qualified nurse and referrals are made for those with immediate healthcare needs e.g. substance abuse.

There is a dedicated room for reception screening which provides a confidential environment. If the prisoner has been transferred from another prison, their IMR should be available. However for new receptions, details of Past Medical History (including medication) are obtained from the prisoner and may need to be validated by their GP or other healthcare professional before treatment is continued. This can lead to delays in care.

The nurse allocates each new reception to appropriate accommodations based on the assessment, e.g., First night induction unit, bed in Healthcare Centre, Detox bed, etc.

Prisoners are given a new patient leaflet providing a very brief summary of services provided. All prisoners attend an induction and receive a *Rough Guide to Bronzefield.*

A further assessment is carried out by a doctor within 24 hours of arrival.

3.5.2 Primary Care

Studholme Medical Centre, Ashford, provides GP services to the prison population. Two GP Clinics are held each week day. Each clinic consists to 10 patient slots. The morning GP clinic is for new patient screening. The afternoon clinic is a general practice clinic.

A GP also attends the prison on Saturday morning and Sunday morning to undertake reception screening.

Other specialist clinics held within healthcare include:

1 Nurse led Asthma clinic per week
1 Pharmacist led Diabetes Clinic per week
2 Nurse led Well Woman Clinics per week
1 Optician clinic is held per week

Primary care consultation rates are higher in prisons than in the general population[16] which is illustrated in table 3.2

Table 3.2 Consultation Rates for the general prison population compared with the community

Type of Consultation	Number of Consultations per Year	
	Female Prisoners	**Female Community**
Doctor	14	4.3
Nurse	59	0.3

Source: Marshall T, Simpson S, Stevens A. Use of Health Services by prison inmates: comparison with the community. Journal of Epidemiology and Community Health 2001; 55: 364-365

The most likely reasons for the high demand are the greater levels of morbidity (e.g. substance misuse), the limited ability for patients to self-care, and the demands created by the penal system, e.g., assessments required for courts.

In July 2006, 273 prisoners were seen by GPs at a general surgery clinic and 198 prisoners saw a GP for a new reception screen. In total, 298 prisoners attended an appointment with a nurse. 28 prisoners saw an optician. In general, numbers of cancelled appointments / failures to attend were: GP – 11%, Nurse – 16%, Optician - 22%.

There is a waiting list for all healthcare appointments – an average of 6 per day for the GP, 2 per day for the nurse and twenty per day for the optician.

The most common reasons to present to the healthcare service was low mood/mental health issue. The most common reasons to present to healthcare as an emergency patient were for self-harm or acute abdominal pain.

Currently, HMP Bronzefield does not provide a secondary health screen (similar to new patient assessment undertaken when a person joins a new GP Practice in the community). This is because the Healthcare teams are unable to provide the service within existing resources

There is a separate on-call out of hours service, this is provided by Thames Doc.

There is currently no electronic patient record system within the prison. The introduction of EMIS is planned for the future. It is hoped that this will facilitate better audit and reduce clinician workload.

3.5.3 Mental Health In-Reach Team

a. Alpha In-Reach

Alpha Hospitals deliver the mental health in-reach service to HMP Bronzefield.

The team's main remit is for people with a history of severe and enduring mental illness. Alpha does see women with common mental health problems such as anxiety and depression if necessary. The role of the team is to provide an accessible, multidisciplinary, rapid assessment service. Assessments are then supported by care plans. The nursing team's first priority is women with a known psychiatric history and the second priority is women who present with self harm, psychosis and depression and anxiety.

The Alpha team is available Monday to Friday 9 –5pm. There is no weekend provision. Alpha Hospitals provide management and clinical supervision to the team.

The team comprises:

- 1 Session (1/2 day) Consultant
- 1 Session Specialist Registrar (Forensic)
- 1 WTE RMN
- 0.5 WTE RMN Team Leader
- 1 Secretary/Administrator

Table 3.3 Alpha In Reach Team Activity

	April 06	May 06	June 06	July 06	Oct 06	Nov 06	Dec 06	Feb 07
Referrals	**37**	**34**	**26**	**21**	**41**	**32**	**19**	**22**
Accepted for assessment	33	29	20	19	39	32	18	22
Assessed	**21**	**23**	**18**	**12**	**29**	**23**	**10**	**12**
Unable to assess	5	3	2	3	7	4	2	5
Pending	7	3	0	4	3	5	6	5
Caseload	**23**	**27**	**38**	**35**	**56**	**56**	**51**	**56**

Referral to the service is generally via the G.P. or other services such as the CARAT team. Where mental health issues are also identified at reception, the woman will see the G.P. the next day for assessment.

b. Psychological Therapy

The Alpha team can refer woman to counselling via referral to their team psychologist, however, there is often a significant wait for this service.

A new Specialist Registrar in the team is planning to set up a psycho-educational group for women with anxiety and depression at HMP Bronzefield and there are plans to provide Computerised Cognitive Behavioural Therapy via the *Beating the Blues* package.

c. Other mental health support

A Listeners Scheme is in operation at HMP Bronzefield. Prisoners, trained by Samaritans, listen in confidence to other prisoners in need of emotional support.

Counselling for substance misuse problems is available and accessible at Bronzefield, however, it has been difficult to establish what other counselling services are available.

A significant number of prisoners self-harm, and processes are in place to address self harm.

3.5.4 Substance Misuse Services

The clinical substance misuse service is provided via the healthcare team. The following staff from the core healthcare team deliver this service - 1 x WTE Team leader and 3 WTE RGNs. The clinical element is symptom management supporting the 3 GPwSI Clinical Sessions per week.

Substance misuse services are commissioned from South Staffordshire NHS Trust. The Counselling, Assessment, Referral, Advice and Throughcare Scheme (CARATS) deliver substance Misuse Services in conjunction with healthcare. Up to 80% of prisoners are referred for detox.

There are two GP with Special Interest (GPwSI) undertaking detox clinics (3 sessions per week). This is provided via an external contractor.

Prisoners requiring specialist intervention are identified at reception but referrals are accepted from either staff or prisoners themselves. Interventions include medication-based detoxification programmes and individual or group sessions.

CARATS team sees prisoners with both hazardous drinking and a substance misuse problem. However prisoners with hazardous drinking only cannot be seen by CARATS (although they can attend the weekly sessions run by Alcoholics Anonymous (AA)). There is no alternative provision for those not wishing to undertake the 12 step programme provided by AA.

In July 2006, 79 prisoners entered HMP Bronzefield and started drug/alcohol detox. A total of 116 prisoners attended an appointment with a Detox GP. The number of DNA was 18% (21/116).

The audit of reception screens identified that 65% (53/81) of women had a history of drug use on reception. The following usage of drugs was recorded:

- 44% (25/57) Benzodiazepine use
- 53% (31/58)Crack/Cocaine
- 48% (27/56) Heroin
- 43% (25/58)Methadone
- 26% (20/78) drinking above recommended limits.
- 18% (15/81) were recorded as injecting drug users

3.5.5 Health Protection / Communicable Disease

HMP Bronzefield has in place a policy for Infection Control.

The number of notifications for Hepatitis B is increasing in England and Wales. The national prevalence of Hepatitis B is 12% in female prisoners[17] but is likely to be higher than this given that the number of notifications overall has increased by 58% in England and Wales since 1997 when the study used to estimate prevalence was undertaken.

HMP Bronzefield does not participate in the Hepatitis B vaccination surveillance scheme for Prisons and there is no Hepatitis B immunisation programme within Bronzefield, however, the prison does attempt to continue vaccination schedules that have been started prior to a prisoner arriving at Bronzefield. The audit of receptions screens showed that only 6% (5/81) of prisoners had their Hepatitis B status recorded by verbal question at reception screen.

The number of laboratory reports for Hepatitis C in England and Wales has increased dramatically over recent years. The national prevalence of Hepatitis C is estimated to be 11% in female prisoners[18] and this is likely to be an underestimate given that rates have increased significantly since 1997. Only 7% (6/81) of prisoners had the Hepatitis C status recorded by verbal question at reception screen.

HIV is another important disease within the prison population. Only 9% (7/81) of women had their HIV status recorded by verbal question at reception screen and of these 4% were positive.

95% (77/81) of women had their TB status recorded by verbal question at reception screen and 2% of these were positive. This may indicate greater awareness of TB as an issue by the prison service.

There are no systematic screening programmes in place at HMP Bronzefield. Women can make an appointment for a cervical smear; GP may ask at reception screen and offer if appropriate; occasionally a letter from a GP in the community will be forwarded to the prison. The situation for breast screening is similar. Prisoners who are very long term (e.g. life sentence) will be offered screening in line with community services.

3.5.6 Maternal and Child Health

a. Mother and Baby Unit

All women are offered a pregnancy test on arrival at HMP Bronzefield. The audit of 81 Reception Screening Records identified 11 (14%) women as pregnant at reception.

Services within the Mother and Baby Unit should be delivered to the standards within the National Service Framework for Maternity Services.[19]

The midwifery input to the mother and baby unit is via Ashford and St Peters NHS Hospitals Trust. Care is provided by the midwife and health visitor within the prison. Women will only leave the prison for scans and for delivery unless they need to be seen by the Consultant Obstetrician. Plans are in place to have a scanner within HMP Bronzefield and for the Consultant Obstetrician to attend Bronzefield for clinics.

Many women are serving relatively short sentences, so although they may have an antenatal booking appointment at the prison, they will be either released or transferred before delivery. Delivery of maternity services within the prison environment is complex. The midwife has a significant role in liaising with maternity and social services where the mother is normally resident.

Decisions regarding the placement of the baby within the mother and baby unit are taken by an Independent Board.

Table 3.4 Number of Babies Born to Women in Custody at HMP Bronzefield

Year	Number of Babies Born
2004	3
2005	22
2006	26
2007 (01.01.07 – 15.03.07)	3

b. Health Visiting Services

The Health Visitor provides a range of services including a weekly morning child health clinic, one-to-one support, delivery of the child health promotion (surveillance) programme, childhood immunisations and prescribing for minor ailments. The Health Visitor may also participate in admission boards and social services case conferences.

Babies are registered with Studholme Medical Centre. A key issue of concern is that mother and babies have to go across into the main prison to access the GP. This causes issues for the unit in terms of providing an escort and can result in missed appointments. There is currently a 1 week wait for a baby to see a GP, which is another issue of concern.

The health visitor proves a targeted Antenatal programme for women who are expected to deliver and stay with their baby at HMP Bronzefield.

The health visitor reported that communication and liaison with prison services is excellent and child protection issues are managed well by prison services. Key areas for development include:

- Prescribing services by health visitor – these are on hold because of issues regarding audit
- GP service on the Mother and Baby Unit
- Suggested joint nurse and GP 8 week check clinic
- TB screening for mothers
- Development of protocol to define the ‘fine line’ between confidentiality and appropriate sharing of information
- Limited range of natural food for baby, and concerns regarding salt content

c. Pharmacy Services

The pharmacy service to the Prison is currently provided by the Village Pharmacy. A pharmacy technician attends each week day. The pharmacy technician sees 1 or 2 people per day for face to face consultations. A pharmacist attends one day per week and provides 1 consultation session to prisoners.

In June 1995 a review of prescribing and medicines management at HMP Bronzefield was undertaken by Dr Kevin Solomons. The aim of the review was to explore issues that had arisen in relation to the use of medicines. The review covered:

- Prescribing, Supply and Administration of Medicines
- Pharmacy Services

A total of 29 recommendations were made to improve practice. No information was available on implementation of recommendations.

There is currently no electronic clinical system in place within the prison to support prescribing

No Patient Group Directives (PGDs) are currently in operation within the prison. The use of PGDs is currently being reviewed.

However prisoners can have in-possession medication, a process whereby both the prisoner and their medication are risk-assessed to determine whether they are safe to have a week or months supply of medication and self-administer as they would in the community. Over-the-counter medications (e.g. analgesics) are only available from nursing staff at morning and afternoon medication times for those prisoners who are not allowed to hold drugs in their possession.

3.5.7 Health Promotion

Health is influenced by many factors, one of which is access to healthcare; others include housing, education and employment. Therefore this section describes Health Promotion Activities and those services which impact upon the wider determinants of health.

The strategy for health promotion within prisons was set out in 2002[20] and advocates a whole prison approach that includes:

- Health education and disease prevention
- Policies and practices which promote health throughout the prison, involving a wide variety of staff as well as prisoners
- An environment and infrastructure which are generally supportive of health, including the wider determinants of health, underpinned by the concept of decency in prisons

The existing services, policies and practices include:

a. Smoking Cessation

Only 9% (7/81) prisoners had their smoking status recorded at reception.

NHS Surrey Stop Smoking Service has worked with HMP Bronzefield to develop a Smoking Policy and to train staff to support prisoners to stop smoking. A staff stop smoking group has also been run by the Service.

Future service provision, including the cost of nicotine replacement therapy is subject to available funding.

b. Nutrition

The majority of a prisoner's nutrition is provided via the Prison Catering Service. Catering Provision is governed by Prison Service Order 5000, issued in May 1999 and currently being updated nationally. Menus indicate healthy options (although the basis for the decisions about which foods are regarded as healthy is not always clear) and the service works hard to ensure that the saturated fat content of dishes is reduced when possible. The menu does not provide 5 portions of fruit and vegetables a day. Prisoners are able to supplement their diet by purchasing food from the prison canteen on a weekly basis.

c. Physical Activity

Current PE provision includes the use of gym facilities in addition to exercise classes – Yoga and Pilates. Information was collated on the delivery of vocational gym courses, allocated time for induction to new inmates and staff usage. A summary of key points from a questionnaire completed by the Gym Manager and a review of the evidence base and national guidance are outlined below:

- Response to the questionnaire suggests that all prisoners have the opportunity to access at least one hour of PE a week and that a good mix of prisoners uses the facilities. Although, used predominantly by regular exercisers, there is capacity for new prisoners to access the sessions. Specific introductory classes may be required to increase usage of the facilities and sessions by non-exercisers. This may include exercise on referral or remedial classes as discussed below.

- The PE programme currently offered does not specifically support programmes that address offending behaviour within the prison. Neither is remedial or referral based exercise available to those prisoners who may benefit. As part of the NAO (2006) report and guidelines within PSO 4250 (2005) remedial physical activity should be offered. Interest in establishing such a program has been indicated by the Gym Manager in trialing a pilot scheme.

- Interest in establishing a programme of health walks and weight management scheme was also expressed. A formative assessment with both prison staff and prisoners would indicate which of these may be most appropriate to pilot.

- In line with current guidance HMP Bronzefield offers vocational physical activity training to prisoners with advice given as to possible local employment opportunities upon resettlement. Trained prisoners are unable to assist in the running of activities. Shadowing of gym staff may complement the vocational programme offered while increasing capacity with the gym.

- The PE programme currently caters for prison staff offering sessions during lunchtime and early evening. The sessions are currently under used by staff and a staff promotion scheme may improve uptake.

- Targets around the provision and uptake of the physical education programme within HMP Bronzefield are focused on numbers completing the vocational qualification offered. Routine evaluation including data collation of those attending the sessions offered would aid future programming and enable the gym staff to ensure that a good representation of the prison population is accessing the facilities and classes offered.

- Barriers within HMP Bronzefield to the implementation of the programmes and initiatives discussed include budget restraints and redeployment of staff to other areas within the Prison.

3.5.8 Secondary Care

Secondary Care is provided by Ashford St Peters NHS Hospitals Trust. Although as much outpatient and inpatient care as possible is provided within the prison, there are occasions when prisoners need to attend secondary care on either an inpatient or outpatient basis.

In April 2005 - March 2006, 639 outside hospital / clinic appointments took place. In addition, there were 234 attendances to the Accident and Emergency Department and 59 in-patient stays (which includes maternity admissions maternities).

The top fifteen reasons for attendances at ASPH are as follows:

1. Antenatal
2. A & E
3. Medical Imaging (excluding ultra sound)
4. Ultrasound
5. GUM clinic
6. Breast Clinic
7. Labour Ward
8. Pain clinics
9. Fracture Clinic
10. Marie Stope
11. Gynae clinic
12. ENT
13. Neurology
14. Day surgery
15. Diabetic clinic

a. Dental Services

The dental service consists two sessions per week. Appointments are arranged at the prisoner's request and currently there is no triage system to allocate appointments according to dental need. No performance or clinical audit data is was accessed. The dental team is not routinely involved in healthcare meetings or training. A total of 62 prisoners saw the dentist in July 2006. There were a total of 26% (16/62) non attendees. There is a significant waiting list for dental services – an average of 51 prisoners per day is waiting to see a dentist.

b. Continuity of Care upon Discharge

All prisoners should be provided with information about how to access healthcare in the community upon discharge. Any outstanding issues relating to the wider determinants of health e.g. housing and employment are identified at this point.

The PSO covering continuity of care includes the duty to convey information, with the prisoners consent, to their GP and / or other responsible community agency on discharge. The task of ensuring that treatment programmes are continued upon discharge is a challenge.

The prison also has a duty to supply medication, appropriate to clinical need, to ensure supply until a GP prescription can be obtained. Prisoners need to make contact with a G.P. urgently upon release to ensure continuity of medication.

A pre-release clinic is held for automatic releases. All prisoners are provided with details of NHS Direct and information of how to access healthcare on discharge.

4. Epidemiological Needs Assessment

4.1 Protocol

An adapted version of the protocol for completing an epidemiological needs assessment developed by Stevens et al[21] 14 has been used for the epidemiological needs assessment. The adapted protocol is comprised of the following sections:

- Statement of the Problem
- Prevalence and Incidence
- Effectiveness and cost-effectiveness of services

The other elements of the protocol such as the baseline assessment, are covered elsewhere within the Health Needs Assessment.

4.2 Statement of the Problem

The incidence and prevalence of health problems experienced by the prison population are considerably higher than in the comparative cohort within the general population. They experience poorer levels of physical and mental health, including significantly higher levels of substance misuse, communicable disease and sexual health problems.

4.3 Prevalence

Data regarding the incidence and prevalence of disease specific to prisoners was obtained from The Toolkit for HNA in Prisons[22] as a baseline. When more recent national prevalence data was used, this was referenced. The overall prevalence of disease has been applied to the demographics of the prison population for August 2006. Age-specific prevalence is available for a number of conditions and would give a more accurate estimate of prevalence. However the prison information department does not provide age quintiles, therefore overall prevalence was used. This will provide a less accurate estimate of prevalence because the prison population is younger than the general population.

4.3.1 Physical Health

Table 4.1 Prevalence of physical health problems

Health Problem	*Female Prisoners*	
	Overall Prevalence	Expected Number
Asthma		
Diagnosed	14%	**60**
Treated	6%	**25**
Diabetes[23] diagnosed		
Type 1	0.4%	**2**
Type 2	2.6%	**11**
Coronary Heart Disease[24]		
Angina	4%	**17**
Heart Failure (45 yr +)	2.7%	**11**
Smokers wanting to give up (80% prisoners smoke)	34%	**146**
Epilepsy[25] and on treatment	1%	**4**
Speech & Language Problems based on male young offenders	11%	**47**

4.3.2 Mental Health

Table 4.2 Prevalence of mental health problems

Mental Disorder	**Prevalence %**		**Number Expected in Bronzefield**
	Remand	Sentenced	
Personality Disorder	50% - probably more in remand prisoners		216 +
Functional psychoses (in last year)	14% - probably more in remand prisoners		60 +
Common neurotic symptoms			
Sleep disorders	81%	62%	349 - 267
Somatic Symptoms	40%	30%	172 - 129
Neurotic Disorder (in the past week)			
Post traumatic stress disorder	6%	5%	26 - 22
Mixed anxiety and depression	36%	31%	155 - 134
Generalised anxiety disorder	11%	11%	47
Depressive episode	21%	15%	91 - 65
Phobias	18%	11%	78 - 47
Obsessive Compulsive Disorder	12%	7%	52 - 30
Panic Disorder	5%	4%	22 - 17
Any neurotic disorder	76%	63%	328 - 272

Self Harm Prevalence					
Self Harm and Attempted Suicide	**Prevalence %**		**Number Expected in Bronzefield**	**Bronzefield Data (NB: This data includes BOTH attempted suicide and self harm)**	
	Remand	Sentenced		**Average** over 3 months Dec 06 to Feb 07	**Range** over 3 months Dec 06 to Feb 07
Suicidal attempts (past week)	2%	1%	9 - 4	Included in figure below	Included in figure below
Non-suicidal self-harm	9%	10%	39 - 43	29	26 - 31

4.3.3 Communicable Disease

The prevalence of sexually transmitted infections (STI) varies significantly depending on the setting in which measurements are taken e.g. Genito-Urinary Medicine (GUM) clinics record higher rates than the population attending General Practice. There are very few studies undertaken in prison settings, however the main driver of prevalence is likely to be age, however without quintile data it is not possible to calculate the expected prevalence for the majority of STIs.

Prevalence data specific for the prison population has been used for HIV, Hepatitis B & C.

Table 4.3 Prevalence of communicable disease

Health Problem	*Female Prisoners*	
	Overall Prevalence	Expected Number
Hepatitis B	12%	**52**
Hepatitis C	11%	**47**
HIV	1.2%	**5**
TB	1.2 per 10,000	**0.3**

4.3.4 Substance Misuse

Table 4.4 Prevalence of Substance Misuse

Health Problem	*Female Prisoners*[26]		
In 12 months prior to prison	Prevalence Remand	Prevalence Sentenced	Expected Number
Alcohol Misuse : AUDIT score>8 (hazardous drinking)	36%	39%	**155 - 168**
AUDIT score>32 (severe problem)	8%	4%	**34 - 17**
Cannabis	56%		**241**
Heroin	44%		**190**
Crack Cocaine	43%		**185**
Methadone	22%		**95**
Tranquillisers	32%		**138**
Amphetamines	54%		**233**
Ever injected drugs	31%		**134**

4.3.5 Dental Health

Table 4.5 Prevalence of Dental Decay

Health Problem	*Female Prisoners*	
	Overall Prevalence	Expected Number
Decayed or unsound teeth	92%	396
Mean DMFT per prisoner[27]	17.7 teeth	

DMFT – Decayed, Missing or Filled Teeth

4.3.6 *Maternal and Child Health*

Table 4.6 Prevalence of women prisoners with dependent children

Age of children	*% sentenced women prisoners with dependent children*	*Expected Number*
0-4 years	34%	146
5- 10 years	40%	172
11 – 18 years	26%	112
Number of children		
1	23%	99
2	22%	95
3 or more	21%	90
Total	**66%**	**284**

4.4 Effectiveness and Cost-Effectiveness of Services

4.4.1 Reception Screening

Prison Service Order (PSO) 3050 for the Continuity of Healthcare for Prisoners issued in February 2006[28] contains mandatory guidance that all newly received prisoners must have a new health screen (F2169) before their first night in prison. In the following week following first reception every prisoner must be offered a general health assessment which is equivalent to a primary care assessment when newly registering with a general practice.

4.4.2 Primary Care

Developing and Modernising Primary Care in Prisons[29] outlined the framework for the development of primary care within prisons. The standards of care provided should be equivalent to those for the general population, namely the National Service Frameworks for Diabetes, Coronary Heart Disease & Long Term Conditions, Clinical Guidelines issued by the National Institute for Health and Clinical Excellence and the Quality and Outcomes Framework for General Practice. It is not appropriate to

outline all of the standards within this document however where gaps exist between the standards and current provision these are included within section 6.4.

4.4.3 Mental Health

A strategy for Developing and Modernising Mental Health Services in Prisons[30] set out the vision for a mental health service in prisons expected by the end of 2006. Any gaps have been identified in section 6.8 on mental health.

4.4.4 Substance Misuse

The National Institute for Health and Clinical Excellence (NICE) expect to issue guidance in July 2007 for drug misuse – opiate detoxification of drug misusers in the community and prison settings and for drug misuse – psychosocial management of drug misusers in the community and prison settings.

In the absence of definitive NICE guidance, there is some controversy regarding the most appropriate approaches to use. The Home Office Research Study (July 2003)[31] included key findings from the literature on the effectiveness of drug treatment in prison. The study findings showed that whilst it was not possible to determine a universally effective treatment approach, effective treatment requires several critical elements, including the following:

- A complete and ongoing assessment of the client
- A comprehensive range of services, including pharmacological treatment, if necessary; counselling, either individual or group; in either structured or unstructured settings; and HIV-risk reduction education.
- A continuum of treatment interventions;
- Case management and monitoring to engage clients in an appropriate intensity of services; and
- Provision and integration of continuing social supports

There is a lack of research and policy regarding effective services for prisoners with alcohol abuse. However the Home Office has stated its intention to ensure that offenders receive better access to alcohol interventions, especially where their offending is linked to alcohol.[32]

4.4.5 Sexual Health

Recommended standards for sexual health services were produced by the Medical Foundation for AIDS and Sexual Health on behalf of the Department of Health in 2005.[33]There are a number of key evidence based interventions which are particularly pertinent to sexual health services within prisons. These include the provision of:

- High quality sexual history taking and risk assessment which will enable people to receive appropriately targeted advice and information on the prevention of STIs and HIV.
- Comprehensive and appropriate assessment of prisoners' sexual health needs including STI and HIV risks and need for screening (including cervical cytology).
- Education and support to minimise the risk of transmission or further acquisition of infection, or of negative psychosocial outcomes associated with STIs.
- Shared decision-making between professionals and individual service users which can result in better health outcomes.

4.4.6 Communicable Disease

The focus and evidence for the majority of communicable disease interventions with the prison population is directed towards screening, immunisation and treatment. However as with the treatment of communicable disease in any setting, action for the primary and secondary prevention of disease including appropriate contact tracing, must be part of an effective service.

a. Tuberculosis

NICE has issued guidance on the clinical diagnosis and management of tuberculosis, and measures for its prevention and control in March 2006.[34] This included recommendations for prisons, which are set out below.

- Healthcare workers providing care for prisoners should be aware of the signs and symptoms of active TB. TB services should also ensure that awareness of these signs and symptoms is promoted among prisoners and prison staff.
- Prisoners should be screened for TB by a health questionnaire on each entry to the prison system. For those with signs and symptoms of active TB, a chest X-ray, and three sputum samples taken in 24 hours for TB microscopy.
- All prisoners receiving treatment for active or latent TB should receive Directly Observed Therapy
- Prison medical services should have liaison and handover arrangements to ensure continuity of care before any prisoner on TB treatment is transferred between prisons.
- If a prisoner is being treated for active or latent TB, the prison medical services should draw up a contingency plan, as early as possible for early discharge.

b. Hepatitis B

Immunisation against Hepatitis B is recommended for all sentenced prisoners and all new inmates entering prison[35] Statistical Modeling has shown that if 50% of prison receptions were vaccinated from 2006 onwards, the estimated number of acute hepatitis B in the injecting drug user population may be reduced by almost 80% by 2016.[36]

c. Hepatitis C

Hepatitis C virus infection is a global health problem that leads to significant morbidity and mortality from complications of end stage liver disease.[37] As Hepatitis C infection is usually sub clinical and there are no reliable predictive factors for chronic infection, screening is recommended for a number of high risk groups including:

- History of injecting drug use
- HIV infection
- Current sexual partners of people infected with hepatitis C virus
- Conditions with high seroprevalence of hepatitis C virus infection.

Further to a positive test for Hepatitis C, prisoners should be referred to specialist services for further investigations and treatment.

4.4.7 Pharmacy Services

A *Pharmacy Service for Prisoners*[38] in June 2003 set out a way forward in the development of more patient focused primary care based pharmacy services to

prisoners based on identified needs and the support and promotion of self-care. The document/white paper set out 30 recommendations regarding pharmacy services including the recommendation that medicines in use should normally be held in the possession of prisoners unless there are clearly indicated individual factors why this should not be the case.

Specifically in terms of pharmacy services it stated that the key essentials are:

- A more patient-focused pharmacy service, based on identified patient needs
- A pharmacy service that is more accessible to the patient, and which enables direct contact between patients and pharmacy staff
- A pharmacy service which supports self-care and patient self-management
- A more efficient service delivery system, in particular in the supply of delivery medicines
- A service that utilises the full range of skills and expertise of pharmacy staff
- Integration of pharmacy services into the overall delivery of health care services e.g. pharmacists running minor ailment and general medication advice clinics

4.4.8 Health Promotion

Health Promoting Prisons: A shared Approach[39] set out the main components of a whole prison approach to health promotion and was enshrined within the *Prison Service Order 3200* which identified mandatory actions.

There are relatively few effectiveness studies which look specifically at health promotion interventions within the prison setting. The Department of Health has recently published a qualitative study looking at Stop Smoking Support within Prisons.[40] The study was undertaken in the North West Region amongst 16 prisons with a sample size and mix of prisons which should allow the findings to be generalised to other prison populations. Relatively high quit rates, 41% at four weeks (range 8- 64%) were achieved using both group and enhanced one-to-one support methods although no analysis was undertaken to look at the effect of the type of service delivered and the quit rate.

The study concluded that important factors affecting outcome included staff commitment and experience, time allocation and organisational support. Provision of Nicotine Replacement Therapy, which doubles the chances of successful quitting, was also considered to be a crucial element of the service

The new *Prison Service Instruction on Smoke* free prisons is now out and will introduce stricter controls on smoking in both publicly and privately provided prisons. This PSI will require all prisons to have a new smoking policy implemented and active by 1st April 2007.

4.4.9 Dental Health

In April 2003, the *Strategy for Modernising Dental Services for Prisoners in England*[41] was published jointly between the Department of Health and the Prison Service and issued as a Prison Service Order. This document focuses on improving the quality of dental care provided in prisons while raising awareness of the need for good oral health. It encourages prisons to identify operational issues and resources needed to meet dental needs, with a view to promoting the commissioning of cost-effective

services. Each prison is expected to have a robust, costed dental action plan to direct this modernisation.

The Department of Health recommends that all prison dental services should provide treatment according to patient need, be prevention focused, be equivalent to the service provided by the NHS and make full use of the dental team. However a number of key challenges faced by the prison dental services have been identified. These include long waiting times for treatment, wide variations in service quality, a lack of management audit, limited prevention and relative inefficiency of the prison system.

Reforming prison dental services in England. A guide to good practice (2005)[42] builds on the national strategy and highlights areas of good practice. This report suggests a number of key good practice points that all prisons should aim to implement. These encompass oral health needs assessment, oral health promotion, improving access to treatment and improving quality of care.

In November 2005, the Department of Health published *Choosing Better Oral Health. An Oral Health Plan for England*. This document integrates oral health into the broader public health agenda. The Oral Health Plan identifies prison populations as an at risk group who are likely to have diets high in sugar, poor oral hygiene levels and much higher levels of tooth decay than the general population. It suggests that at risk groups should be targeted in order to reduce oral health inequalities. The objective of this strategy is to focus dental services on preventive care and to promote oral health and general health.

5. CORPORATE NEEDS ASSESSMENT

5.1 Prisoner focus group

The protocol for the focus group and questions asked are contained in **Appendix C**. The key themes that were observed are described below.

Activity
- Work and education is only for sentenced prisoners.
- Limited library stock – mainly fiction
- Access to GCSE, A Levels, Open University
- Limited range of educational opportunities – particularly on HDU.
- Some gym classes take place whilst people are at work
- Suggestion of prisoner to prisoner language lessons

Gym access
Variable to poor. Gym is for people doing gym courses. Not full hour / have to remind staff/ must ask. Times clashing with work. Gym follows dinner – timings not considered. Limited classes. HDU members had poorest access.

Mental health
- A view that there are high levels of mental health issues amongst prisoners and some very unwell people who are not getting adequate support from trained staff.
- No mechanisms to sort out issues on the outside
- Lack of control to address problems on outside causes stress and distress
- See medication theme

Long term healthcare and support
Strong perception that prison and healthcare systems are not geared to meet the needs of longer term prisoners. For example, a well structured educational programme is lacking. Dental care is very limited - based on pain control – dental treatment is deferred.

Medication
- Perception that there is not access to the same medication as in the community.
- Lack of nurse prescribing – one patient reported having to access GP to get paracetamol.
- Methadone is prescribed too early in the day – everyone is on one dose per day – consider split dose.
- Night medication is given at 5.30 pm at weekend and 6.30 pm during the week. This means patients may wake early / be in discomfort early.
- Night officer is not able to give any medication.

Access to health care
- Night officer is unable to open cells at night. Prisoners reported that “you need to be bleeding to get assistance”.
- Lack of routine health care – screening, immunisations, physiotherapy and follow ups.

Lack of Awareness
Two people mentioned that staff may be “naïve” about recognising bullying. (see detailed notes)

5.2 Analysis of Mother & Baby (M&B) Unit Focus Group

Key themes:

Diet

- Diet not healthy or varied enough: overall, the women reported that their diet was 'not healthy or varied enough', e.g., "same food, no change. White stodgy. Soggy vegetables. Mix of lasagne and potatoes".
- Access to fresh fruit and vegetables: there was limited access to fresh salad and fruit was not available through the prison canteen facility.
- Access to vitamins: vitamins available on the canteen cost 99p and were not perceived as being of good quality. Participants reported that folic acid was not available for pregnant women and removed of canteen menu without explanation.
- Impact of diet on health: participants felt that a diet that was not healthy or varied enough was impacting on their health, e.g., they were putting on weight, getting spots, and their hair was less glossy and healthy.
- Special days food is good: excellent salads, ethnic foods, etc

Breast feeding

- Women were concerned that they were not producing enough milk, and had to stop exclusively breast feeding their babies earlier than they would have liked.
- There was concern that their diet may be impacting on their ability to produce milk.

Babies' food

- Women felt they had adequate information on healthy food, but cannot use this information because of lack of access to fresh food and preparation facilities.
- The women have cooking facilities but are not allowed to use them. This is frustrating as many would like to prepare food for their babies themselves in they had access to the facilities and fresh foods.
- Access to 'Calpol' is limited. It is only allowed from only three months of age and if the baby has a temperature; other products are not available, e.g., 'Snufflebabe'

Exercise

- Women are able to attend the gym for one hour on a Friday each week.
- They would like access to more choice or variety rather than just gym, for example Pilates / Yoga.
- Mothers and babies are unable to attend House Block sports activities such as sports day.

Healthcare

- Women were aware of the processes for accessing health care.
- There were concerns regarding access to self medication, e.g., ibuprofen, particularly at night and at weekends
- Medication was taken from women on arrival and this often changed without explanation.
- There was perceived variation in the attitudes of GPs towards the women, some GP were noted as being 'very good' or more concerned and supportive.
- GPs do not attend the Mother and Baby Unit
- There is a waiting time of up to one week for a baby to see a doctor.
- There was some concern regarding the perceived skill and experience of GPs and nurses – "more nurses and Doctors and better qualified ones".
- There are long weights for health services, e.g., Optician and dentists.
- Women reported that if they are sick at night there is no support.

Antenatal care

- Women reported that there was no antennal care or that on the House Block antenatal care is difficult and limited.
- Women reported that bleeding during pregnancy was not responded to as an emergency and that women were left to miscarry
- Scans and antenatal appointments were not within the same time frame as in the community, e.g., 12 week scan, 20 week scan. One woman reported not receiving a first scan until she was six months pregnant.
- The complaints procedure was not well understood.

Post natal care

- Women reported that there was no six week Mother & Baby check.
- The health visitor did not always attend each week.
- Nurses did not have knowledge of childhood immunisation schedule
- No continuity of medication from hospital to prison.

St Peters Experiences

- Women reported variations in experiences, some women had good experiences and some had negative reports. There was reference to a day birth being a better experience than a night on when wards were "short staffed".
- Women reported that members of staff asked inappropriate questions about their offending history.
- Staff tended to speak over the women to officers and give notes to the officer.
- Women reported variations in use of restrains in the hospital.
- Some women expressed concern that they were not getting the same service as other women, for example, no pain relief, particularly epidurals because they were left too late or longer than other women.
- Some worm through they were fast tracked for caesarean sections
- Some women expressed dissatisfaction and concern that officers were present during procedures.

Access to counselling

- Women reported that there was no access to Post Natal counselling and that the Edinburgh Post Natal Questionnaire is not routinely undertaken.

Leaving prison

- Women reported that there planning for leaving prison is not addressed and there was no contact with probation.

Care for baby when mother is ill

- Women expressed concern about arrangements for care of their baby when they are ill and unable to care for their child. In these cases the baby is sent to foster carers.

5.3 Prisoner Questionnaires

A copy of the questionnaire is available in **Appendix F**.

Methodology

The questionnaires were entered onto an Excel spreadsheet and a random sample of 10 questionnaires was checked by the person undertaking the analysis. Not all questions were completed by all the women therefore the number of responses to individual questions is indicated. The qualitative questions were analysed thematically using an inductive coding frame. Those with four or more responses are reported with the most typical comment (original spellings used).

1. What does being healthy mean to the women?

84 women completed this question. Most women talked about a number of issues that for them meant being healthy. In order of frequency the number of issues arose:

Eating well and having a balanced diet (36)
"Eating healthy foods, ie veg and fruit."
Being able to exercise regularly (29)
"Being able to walk and do some work in the gym to strengthen my back neck shoulders legs and knees"
Being emotionally well and happy (19)
"Feeling happy mentally and physically well and in peak condition"
Not being physically ill (13)
"Free from minor ailment like sneezing, headache, pain etc".
Off drugs (8)
"Clean off drugs for life"
Sleep (7)
"Eating healthy, sleeping properly, getting a good exercise."
Being on the right medication (6)
"Being mentally/psychologically healthy given the correct medication on time"
Access to fresh air (4)
"Having the correct diet, supplements, fresh air and exercise."
Being able to socialise (4)
"Being drug-free, active, healthy diet, fresh air, social interaction with staff and peers, setting goals, not being isolated from supportive friends/family."

2. Are people generally healthy in Bronzefield?

Women were asked to rate themselves between 1 (very unhealthy) and 10 (very healthy). The mean score was 5.16 (N=88) and the mode score was 5 (34/88).

3. Do the women think they are healthy?

The women were asked if they thought they were healthy. The mean score was 5.59 (N=91) and the mode score was 5 (18/91).

4. What could be done at Bronzefield to help people be more healthy?

82 women completed this question. Most women talked about a number of issues that would help them to be healthy. In order of frequency the number of issues arose:

Provide better food/choice of food: more fruit and vegetables (45)
"They cook better, more variety. More fresh vegetable and fruit".
Improve health care (22) of which 9 wanted better access and 5 wanted more time/better standard of care.
"Improve healthcare! It's terrible, eg waiting times, medicine available. I suffer with stress headaches and I'm lucky if I get 2 paracetamol!"

Greater access to exercise/physical activities (18)
"A daily regime of exercise like rounders or step aerobics thing for women"

Fresh air
"More fresh air…"

Greater access to health education
"More advice on how to stay healthy, better food, as a lot of prisoners suffer from diarrhoea because of the food."

5. The women were asked from the following lists what services were available from Bronzefield.

Table 5.1: Services that the women believe are available				
	Yes	***No***	***Sometimes***	***Don't Know***
A. Immunisations/vaccinations (N=83)	*35% (29)*	*27% (22)*	*1%(1)*	*37%(31)*
B. Regular exercise (N= 90)	*65%(58)*	*23% (21)*	*10% (9)*	*2% (2)*
C. Fresh fruit and vegetables (N= 93)	74% (69)	18% (17)	8% (7)	0
D. Counselling (N=89)	64% (57)	24% (21)	0	12% (11)
E. Friend to talk to (N=88)	75% (66)	19% (17)	1% (1)	5% (4)
F. Advice on being healthy (N=88)	27% (24)	56% (49)	0	17% (15)
G. Advice on safe sex and contraception (N=85)	20% (17)	56% (48)	0	24% (20)
H. Educational courses (N=91)	79% (72)	16% (14)	4% (4)	1% (1)

6. How Bronzefield doctor and nurses compare with outside health care?

86 women completed this question. 87% (75) thought that the care was better outside.

Comments:

Have to wait too long for an appointment/difficult process to book an appointment (20)

"If you develop a migraine having to see a nurse for permission to see a doctor leaves too big a delay. Injured my leg and could not walk. I was told a doctor would visit me. A week later my leg was better. I never saw a doctor. Lies don't help human beings".

Not happy with care received from the doctor/nurse (17)

" Impossible to get to see, so many barriers aimed at discouraging inmates. Even in emergency, one would be assessed by ? Prison officers first. If not in their good book, one is passed. The doctor talk at patients, don't listen, treats everyone like scums. Never give medication as previously prescribed by outside GP. All they need do is confirm on-going medication with own GP first. When forced to give medication they prescribe a cheap alternative which escalates the illness."

Problems with detox regime (5)

"There is more care for you outside, when you are detoxing. They wean you the proper way so there is no fits, discomforts etc. Because at the end of the day, an addiction is a disease"

Inappropriate treatment given (4)

"It takes too long to get seen by a GP/optician and dentist. (Average 2 months). Also you have to be referred by the nurse first who gives you paracetamol for everything. Eg I was given 2 paracetamol for an eye infection."

7. How the women rated the health care at Bronzefield

The women were asked to rate the healthcare at Bronzefield from 0 being bad to 10 being good. The mean score was 4.9 (76/371). The mode score was 5 (17/76).

What was good about healthcare?

14 women described how good the healthcare staff was

"Doctors and nurses were helpful and explained everything".

What was bad about healthcare?

68 women filled in this question. The key comments were:

Having to wait too long for an appointment/appointment rushed (23) and health care staff unhelpful (5)

"Treatment comes very late. Nurses are nonchalant. Doctors don't care. It takes 3-4 weeks to see a nurse/doctor after one has filled an application form and submitted it".

10 women thought they were given inappropriate treatment

"Not getting subutex instead of meth which I haven't used for years and is very difficult to come off."

8. Problems at Bronzefield

The women were asked if any of the following were problems at Bronzefield:

Table 5.2: what women perceived as problems at Bronzefield

	Yes	***No***	***Sometimes***	***Don't Know***
A. Bullying (N= 71)	66% (47)	30% (21)	1% (1)	3% (2)
B. Activities (N= 73)	55% (40)	43% (31)	1% (1)	1% (1)
C. Drugs (N=75)	66% (49)	29% (22)	1% (1)	4% (3)
D. Visiting hours (N=66)	35% (23)	59% (39)	2% (1)	4% (3)
E. Exercise (N=70)	50% (35)	46% (32)	4% (3)	0
F. Something else (N=36)	58% (21)	42% (15)	0	0
G. Smoking (N= 66)	48% (32)	50% (33)	0	2% (1)
H. Depression (N=88)	81% (71)	14% (12)	(4%) 4	1% (1)

	Yes	No	Sometimes	Don't Know
I. Being a mother (N=55)	58% (32)	35% (19)	2% (1)	5% (3)
J. Privacy (N=71)	68% (48)	32% (23)	0	0
K. Food (N=76)	74% (56)	25% (19)	1% (1)	0
L. Nothing (N=15)	13% (2)	87% (13)	0	0

9. Something else:

35 women answered this question however one dominant theme emerged which was around food (10)

"They need to change the menu from time to time and give us fresh vegetables rather than frozen".

10. The women thought the following would be useful at Bronzefield

Table 5.3: what women perceived as being useful at Bronzefield				
A. More doctors/nurses (N=81)	99% (80)	1% (1)	0	0
B. Information on self care (N=65)	97% (63)	3% (2)	0	0
C. More contact with family/friends (N=84)	96% (81)	4% (3)	0	0
D. Counselling for sexual and physical abuse (N=69)	88% (61)	9% (6)	0	3% (2)
E. Information and advice on being a mother (N=55)	73% (40)	20% (11)	2% (1)	5% (3)
F. Information and advice on managing money (N=58)	78% (45)	21% (12)	0	1% (1)
F. Planning for going home (N=79)	97% (77)	3% (2)	0	0

	Yes	No	Sometimes	Don't Know
G. More exercise (N=71)	90% (64)	8% (6)	0	2% (1)
H. Help to stop smoking (N=72)	86% (62)	14% (10)	0	0
I. More education centres (N=77)	95% (73)	5% (4)	0	0
J. Counselling on dealing with anger (N=74)	95% (70)	5% (4)	0	0
K. Help with feeling low/depressed (N=84)	98% (82)	1% (1)	0	1% (1)
L. Contraception advice (N=57)	79% (45)	19% (11)	0	2% (1)

No common theme emerged in the other category.

11. Any other comments

Despite over fifty women completing the other comments only one common theme emerged which was about the length of time the women spent trying to access medical care/a doctor (7 women).

"When one is ill, one has to apply for a form to apply to see the nurse which takes about 10-15 days or more. Then the nurse in turn takes another week or two to get an appointment with the doctor, who when you finally get to see is in a hurry to discuss your complaints and put you on paracetamol or ibruprofen. The red tape and bureaucracy leaves the patient worse. Please try to expedite the process to see the doctors. Also let the doctors realise whether we are here on remand/sentenced, we have bodies just like people on the outside and treat us like patients and not convicts that are condemned to death".

5.4 Healthcare Staff Questionnaire

Methodology
The questionnaires were entered onto an Excel spreadsheet. Not all questions were completed by all members of staff therefore the number of responses to individual questions are indicated. The qualitative questions were analysed thematically using an inductive coding frame. Those with three or more responses are reported.

1. What do you think Bronzefield does particularly well from a health care point of view?

All nine members of staff completed this question. One theme emerged from six staff members. This was that the staff provided a *"good level of general care".*

2. What do you think Bronzefield could do better?

In order of priority:

Tobacco control and stop smoking services	7/9
Mental health services	7/9
Substance misuse services	5/9
Health Promotion	4/9
Discharge planning	4/9
GUM services	3/9
Maternity services	3/9
Quicker access to health care services	2/9
Reception screening	1/9
Mother and baby services	1/9
Other: computer systems	1/9

3. Do you have any concerns over the health of the women at Bronzefield?

This question was completed by 7 staff however no common theme emerged.

4. Do you have any suggestions for the ways the health of the Women could be improved?

This question was completed by 5 staff. Again no common theme emerged.

5. Do the women get the same quality of care at Bronzefield as if they were at home or went to their GP.

5 staff said yes, three no.

6. How well resourced do you feel health service in Bronzefield are?

Out of the eight staff that completed this question 5 thought the health service was well resourced whereas 3 described it as being poor.

7. Are staffing levels adequate to provide a functional and safe service?

Four staff thought staffing levels were adequate and four did not.

8. Are there gaps in staffing or skills within the Health Care Team?

Five identified gaps whereas four thought there were no gaps. No common gaps identified.

9. Are the following adequate to run a reasonable health service at Bronzefield?

Yes adequate:

Equipment	6/9
Buildings	7/9
Environment	9/9

10. Are any of these a particular problem?

Listed in priority

ISSUE	RANGE	TOTAL SCORE
Drug abuse	3 to 10	74
Mental health	5 to 9	67
Literacy	3 to 9	54
Foreign language difficulties	4 to 7	52
Learning disabilities	3 to 8	49
Bullying	3 to 8	47
Alcohol	2 to 10	47
Being overweight	0 to 10	47
STI/sexual health	2 to 7	45
Exposure to tobacco smoke	0 to 10	45
Maternal health needs	0 to 8	44
Being underweight	0 to 5	25
Accidents	1 to 8	25
Baby health care needs	0 to 7	22

11. Do you think any of the following would be useful at Bronzefield?

ISSUE	RANGE	TOTAL SCORE
Better planning for leaving prison	0 to 10	59
Education opportunities	0 to 10	51
Creative arts	0 to 10	50
Self care advice/information	0 to 9	49
More exercise for women	0 to 10	46
Better food	0 to 10	46
More contact with family/friends	0 to 8	42

12. Do you think any of the following counselling services would be useful at Bronzefield?

SERVICE	RANGE	TOTAL SCORE
Drug and alcohol	0 to 10	70
Sexual abuse	0 to 10	62
Dealing with anger	0 to 10	61
Pregnancy	0 to 10	60
Physical abuse	0 to 10	59
Motherhood	0 to 10	52
Post natal depression	0 to 10	49

13. Do you have any training needs

Infection control	7/9
Recognising people with mental health problems	6/9
Substance misuse	5/9
Anger management	5/9
Health promotion	5/9
Self harm	5/9
Smoking cessation	1/9

No other common training needs were identified.

14. Any other comments

Only one member of staff completed this section and therefore no theme was identified.

5.5 Prison Officer Questionnaire

Methodology
The questionnaires were entered onto an Excel spreadsheet. Not all questions were completed by all members of staff, therefore, the number of responses to individual questions are indicated. The qualitative questions were analysed thematically using an inductive coding frame. Those with four or more responses are reported.

In total 50 staff replied to the questionnaire (through the second mail out).

1. What do you think Bronzefield does particularly well from a health care point of view?

Forty four members of staff completed this question. Three themes emerged:

Nothing	9/44
Caring/professional staff	8/44
Reception screening	7/44

2. What do you think Bronzefield could do better?

In order of priority:

Quicker access to health care services	34/43
Tobacco control and stop smoking services	23/43
Mental health services	23/43
Substance misuse services	21/43
GUM services	18/43
Discharge planning	17/43
Health Promotion	17/43
Maternity services	15/43
Reception screening	14/43
Mother and baby services	10/43

Other: dentist	4/42

3. Do you have any concerns over the health of the women at Bronzefield?

This question was completed by 37 staff. Three themes emerged.

Having to wait too long for an appointment	11/37
Mental health issues	7/37
Lack of access to a dentist	6/37

4. Do you have any suggestions for the ways the health of the Women could be improved?

This question was completed by 38 staff. Three themes emerged

Better food/advice on nutrition	6/38
More doctors/nurses	4/38
More opportunities for physical activity	4/38

4a. Do women have a clear idea of how to access healthcare services?

32 yes, 13 no

4b. Does the process for accessing health care services eg GP dentist, optician work well?

19 yes, 27 no

5. Do women feel that they can talk to staff about personal issues in confidence?

20 yes, 13 no

6. Are there enough health care staff at Bronzefield Prison?

7 yes, 40 no

8. Are any of these a particular problem?

Staff were asked to if any of the issues listed in the box below were a particular problem and to rate the problem on a scale of 1 to 10. (1= not a problem to 10= major problem). All the scores were added together. The higher the score the greater the priority that staff placed on the particular problem. In the table below, mental health and drugs were considered by staff to be particular problems.

ISSUE	TOTAL SCORE
Drug abuse	351
Mental health	374
Literacy	258
Foreign language difficulties	289
Learning disabilities	271
Bullying	230
Alcohol	236
Being overweight	209
STI/sexual health	220
Exposure to tobacco smoke	235
Maternal health needs	188
Being underweight	194
Accidents	152
Baby health care needs	146

8. Do you think any of the following would be useful at Bronzefield?

Staff were asked to rate which of the following interventions or services would be most useful at Bronzefield (1= not useful to 10= very useful). All the scores were added together. The higher the score the greater the priority that staff placed on the particular intervention or service. In the table below, more exercise and better planning for leaving prison were considered by staff to be of most use.

ISSUE	TOTAL SCORE
Better planning for leaving prison	356
Education opportunities	338
Creative arts	294
Self care advice/information	300
More exercise for women	358
Better food	346
More contact with family/friends	292

9. Do you think any of the following counselling services would be useful at Bronzefield?

Staff were asked to rate which of the following counselling services would be most useful at Bronzefield (1= not useful to 10= very useful). All the scores were added together. The higher the score the greater the priority that staff placed on the particular service. In the table below, dealing with anger, drugs and alcohol and sexual abuse were considered by staff to be of most use.

SERVICE	TOTAL SCORE
Drug and alcohol	415
Sexual abuse	412
Dealing with anger	418
Pregnancy	337
Physical abuse	406
Motherhood	330
Post natal depression	312

Q10 Have you received any awareness / training sessions on health care? For example:

Infectious Diseases
Yes 13, no 33

Recognising people with mental health problems
Yes 13, no 33

Substance Misuse

Yes 20, No25

11. Is there any other training course related to health that you think would help you to improve women's health?

No common theme emerged.

12 Any other comments

No common theme emerged.

6. DISCUSSION

The discussion focuses primarily on the gaps between the evidence base for effective services, the health needs of prisoners and the baseline assessment of existing services.

However it is important to acknowledge that healthcare services within HMP Bronzefield are relatively new and provide a good service in many areas.

6.1 Access to health care

There are significant issues regarding access to healthcare. The length of time was the most area of concern that both women and staff expressed about healthcare. A large number of women gave detailed narrative accounts of the "bureaucratic" process how they had to wait for treatment. The women described having to wait up to three weeks to have a doctor's appointment and even longer for the dentist/optician. This was also an issue noted by healthcare workers and a cause of concern.

6.2 Satisfaction with healthcare

The women from the focus groups felt that, in general, health care was better outside than in the prison. This supports the results of the questionnaire which found that 87% (75/86) thought it was better outside.

Despite the high level of dissatisfaction with health care, this was not universal. Some women describe the staff as being helpful whereas other describe them as being uncaring and referred them to being "officer like"

The issues of dissatisfaction need to be unpacked and address however a key area of concern was that a number of women perceived that they were not receiving the appropriate treatment for them.

6.3 Screening

The new PSO 3050[43] requires that all newly received prisoners have an initial assessment and are offered a subsequent general health assessment. This represents both a challenge and a real opportunity to improve the identification of health problems and provide more pro-active care. Consequently this will provide significant improvements in prisoner's physical, mental and dental health. HMP Bronzefield currently does not provide a general health assessment.

6.4 Primary Care

Primary Care is key in delivering care for chronic diseases (or long term conditions) where clinical intervention can offer some control of the condition but not a cure.

The lack of a clinical information system impacts on the provision of healthcare and reduces the efficiency with which services are delivered. It is crucial that accurate disease registers are maintained which include call and re-call functions to enable the provision of structured care.

6.5 Asthma

There are estimated to be approximately 14% (approximately 60 prisoners at HMP Bronzefield) of the prison population with diagnosed asthma. The audit of reception screens identified 34% (20/58) with asthma. The guidelines issued by The British Thoracic Society[44] should be implemented and they recommend regular structured review with a health professional that has particular expertise in asthma management.

6.6 Diabetes

The prison population at HMP Bronzefield is relatively young and therefore the prevalence of diabetes is likely to be low. Prisoners with Type 1 diabetes should be known to healthcare on entry to the prison and should be under the care of a specialist diabetes team. Prisoners with uncomplicated Type 2 diabetes should be seen by a Nurse who has expertise in managing diabetes in a primary care setting. A dedicated diabetes clinic with a call /re-call system should be available, together with referral to specialist services such as retinal screening. A Diabetes Clinic is currently delivered by the pharmacist.

The Audit of reception screens identified 3% (2/76) patients with diabetes, in line with estimates from the Birmingham Toolkit.

6.7 Epilepsy

Approximately 1% (4 prisoners) of prisoners at HMP Bronzefield will have epilepsy. The audit of reception screens identified 12% (8/67) patients with epilepsy. Epilepsy service should be in line with NICE recommendations.

6.8 Mental Health

There is a high rate of mental health need in Bronzefield. Mental health issues, particularly depression, were reported by women, along with drugs, to be the major health problem in Bronzefield. In common with other female prisons, the number of incidents of self-harm is high and the number of incidents involving ligatures is a concern.

There are an insufficient number of qualified mental health nurses to meet the significant and complex needs of the population.

There are concerns from the women regarding the inpatient healthcare unit combining treatment for people with physical health problems and acute mental health problems.

There is a need to provide more services and interventions for women with depression and anxiety.

There is a lack of clarity about access to counselling services, and a need to develop a wider range of counselling provision on issues that are particularly significant for this population e.g. rape and sexual abuse, anger management, depression.

There is concern regarding the administration of night-time sleeping medication for women in the House Blocks.

There is a need to develop interventions and programme to improve the mental well-being of the women in Bronzefield. The women and healthcare staff have identified a number of potential areas that could be developed that would contribute to this e.g. more education and exercise, better preparation for release, more information on self care.

There is a need to provide more training and development opportunities for Prison Officers on mental health knowledge and skills.

6.9 Alcohol Misuse

There are a number of treatment options for alcohol misuse e.g. brief interventions, behavioural change and cognitive behavioural therapy. Currently the only treatment option for prisoners with a history of hazardous drinking unassociated with substance misuse is the 12 step programme provided by Alcoholics Anonymous.

6.10 Sexual Health

Two Well woman Clinics are provided each week and should provide high quality sexual health services.

6.11 Communicable Disease

A Hepatitis B Immunisation programme should be in place and HMP Bronzefield should join the national Hepatitis B vaccination surveillance scheme for Prisons.

The national prevalence of Hepatitis C is estimated to be 11% in female prisoners. Only 6/81 prisoners had the Hepatitis C status recorded at Reception Screen.

HIV is another important disease within the prison population. Only 7/81 women had their HIV status recorded at Reception Screen and of these 4% were positive.

However, 77/81 women had their TB status recorded at Reception Screen and 2% of these were positive. Recent NICE guidance for the management of TB recommended that all prisoners should be screened for TB using a health questionnaire at each entry to prison.

6.12 Pharmacy Services

A clinical pharmacy service (as opposed to simply supplying medication) in prisons can bring significant benefits as demonstrated in prisons such as HMP Littlehey and HMP Wayland. These have included improved access to medicines management and opportunities for self-care e.g. repeat dispensing / in-possession medication and medication reviews.

The provision of pharmacy consultation clinics with direct contact between prisoners and pharmacy staff is very positive.

The lack of PDG within the prison and nurse prescribers is an issue of concern.

6.13 Health Promotion

- **Smoking Cessation**

The analysis of reception screens identified that the smoking status of prisoners was only recorded in 9% (7/81) of cases. Identification of prisoners who want to give up does not appear to be systematic but may improve with the introduction of health assessment clinics. The high prevalence of smokers wanting to quit set against the lack of a smoking cessation service is a significant gap in service.

The new Prison Service Instruction (09\2007) on Smoke free prisons is now out and will introduce stricter controls on smoking in both publicly and privately provided prisons. This PSI will require all prisons to have a new smoking policy implemented and active by 2nd April 2007. Area Managers must sign the arrangement for each establishment and be satisfied that appropriate consultation with staff, trade unions, staff associations and prisoners has taken place in each case. Broadly the regulations will require all indoor areas to be smoke free, with the exception of cells occupied solely by smokers aged 18 and over, and for arrangements to be in place to minimise the dangers of passive smoking.

- **Nutrition**

One aspect that dominated the women's responses was the importance placed on eating a balanced diet (which contained fruit and vegetables).

This was the top finding around being healthy and what could be done to help the women be healthier.

The women valued the special/cultural day food. The women suggested a number of ways that women could be encouraged to eat a balanced diet. These included better choice of food including more fruit and vegetables. Specifically, fresh vegetables (as most was perceived as being frozen). This shows a lack of knowledge of nutrition – there is no evidence that frozen vegetables have a lower nutrient content than fresh indeed studies have shown that both vitamin C and folate levels deteriorate when 'fresh' vegetables are kept for several days and may then be lower than frozen.

The average BMI of the prison population was 21.7 (n=67). Approximately 16.4 % had a BMI below average and 16.4% had a BMI above average. Prison menus do not enable prisoner to choose up to 5 portions of fruit and vegetables each day,

- **Physical activity**

The women described the access to the Gym/exercise as variable. Suggested improvement included other activities including aerobics classes.

Establishing a system to monitor user uptake (both staff and prisoners) and satisfaction may help future programming of physical education.

- **Dental Services**

There is a high prevalence of dental disease within the prison population which is double the rate found in the general population. Improvements could be made to expand the service and to expand the remit beyond reactive treatment. There is concern regarding the long waiting time for this service an average of 51 prisoners per day.

- **Continuity of Care**

The analysis of reception screens identified that that 29% of prisoners were not registered with a GP. It is essential that all prisoners know how and where they can register with a GP prior to their release.

7. RECOMMENDATIONS

The recommendations have arisen from the identified gaps between existing provision and the needs identified through the epidemiological, comparative and corporate needs assessment. They have not been prioritised or costed as this will form part of the action planning process led by the Prison Health Steering Group.

7.1 Screening

Health Assessment

Ensure that every prisoner is offered and encouraged to take-up a general health assessment in the first week following reception. As there is no standardised tool, the tool adopted should be piloted initially and must act as an opportunity for:

- Gathering further medical information such as blood pressure, smoking status, body mass index, dental health, past medical history including sexual health and risk factors for blood borne viruses, in addition to relevant family history.
- Specifically the recommended screening questions for TB and Dental Health should be included. If the uptake of health assessments declines below current uptake (approximately 95%) these questions should be added to the reception screening tool.
- Health Education and Promotion.
- Providing information about services available.

The uptake of the health assessment should be monitored.

Patient Information Leaflet

The patient information leaflet should be revised and piloted to ensure that it meets prisoner's needs for information about all healthcare services and visiting professionals. It should include:

- How to access services and likely waiting times
- Services available and those most likely to benefit
- Opportunities for self-care
- Prisoners responsibilities when accessing services

7.2 Primary Care

Disease Registers and Clinics

The new computer systems and the health assessment clinic should be used to ensure that nurse led specialist clinics are held for all people with Diabetes, Coronary Vascular Disease, Asthma or Epilepsy. Clinics should be delivered to the standards outlined in the National service Frameworks or equivalent where available and audited against the Quality and Outcomes Framework for General Practice.

Well Woman

The recently introduced clinics should be audited. The audit should include coverage of the clinic, screening undertaken and treatment offered, specifically for cervical cytology, chlamydia, gonorrhoea, syphilis, Hepatitis B and HIV infection.

7.3 Mental Health

- Increase qualified mental health nursing capacity in healthcare
- Review configuration of inpatient facility
- Develop a dedicated resource, either as extra psychology or qualified mental health nursing capacity, as an addition in the Alpha team or the primary care team, to provide "stepped care" (NICE, 2004), for the treatment of anxiety and depression.
- Ensure that night-time medication is not administered to women earlier than 9pm
- Further training opportunities need to be provided for Prison Officer on mental health skills and knowledge. A session on mental health should be included in the staff induction.
- Ensure the full implementation of the ACCT self harm management policy and ensure staff receive the required training and support.
- Develop a wider range of counselling services to meet the needs identified.
- Increase the opportunities for education, personal development and regular exercise.
- Increase interventions to assist women to make plans for their release and to develop self care skills.

7.4 Alcohol Services

Provide a comprehensive service for prisoners with hazardous drinking, particularly for those prisoners whose drinking is not associated with substance misuse.

7.5 Communicable Disease

- **Blood Borne Virus Clinic**

  Consider the introduction of blood borne virus clinics to provide the counselling and health education advice necessary to ensure that affected individuals understand the health consequences, treatment options and lifestyle changes required.

- **Hepatitis B**

  All prisoners should be offered immunisation for Hepatitis B unless they have been vaccinated previously. If their stay in prison is likely to be short they should be given the shortened vaccine course and clear guidance about subsequent doses after their release. HMP Bronzefield should participate in the national Hepatitis B vaccination surveillance scheme for Prisons.

- **Hepatitis C**

  All prisoners within a high-risk group should be screened for Hepatitis C and prisoners with a positive result referred to specialist services.

- **Tuberculosis**

  All prisoners should be screened for TB using a health questionnaire on each entry to the prison system. This could form part of the reception screen or alternatively the general health assessment, assuming that uptake and coverage of the assessment is high.

7.6 Pharmacy

Pharmacy Service

The Pharmacy service should be provided in line with the national strategy[45] particularly the integration of pharmacy services into the overall delivery of healthcare services e.g. medicine management clinics and support for patient self-management.

Use of PGDs should be reviewed and audited.

Medicine times

Review times that medicines are dispensed and ensure that night-time medication is not administered to women earlier than 9pm

7.7 Health Promotion

Smoking Cessation

The provision of a smoking cessation services should be facilitated as soon as possible.

Nutrition

- Offer a range of wholegrain breakfast cereals e.g. Weetabix, Shredded Wheat, Puffed Wheat
- Continue use a mix of white and wholemeal flour in baking
- Provision of 5 portions of fruit and vegetables per day by offering an extra portion at either breakfast or dinner
- Oily fish (for this purpose does not include tinned tuna) should be included in the menu once per week
- Offer a lower sugar 'sweet' at dinner e.g. fresh fruit, tinned fruit in natural juice, low sugar/low fat yoghurt
- Ensure menu coding for 'healthy options' is accurate and all 'healthy option' menu choices are coded
- Discontinue labelling menu choices as 'ethnic'
- Prisoners requiring Halal and vegetarian diets should also be able to access healthy option choices

Physical activity

- Establishing a system to monitor user uptake (both staff and prisoners) and satisfaction may help future programming of physical education.
- To increase usage of the facilities and sessions by non-exercisers specific introductory classes may be required. This may include exercise on referral or remedial classes.
- A pilot remedial physical activity scheme in line with the NAO (2006) report and guidelines within PSO 4250 (2005).

- A formative assessment with both prison staff and prisoners would to identify an appropriate programme of health walks and weight management scheme.
- Barriers within HMP Bronzefield to the implementation of the programmes and initiatives discussed include budget restraints and redeployment of staff to other areas within the Prison. If the prison is to continue to offer a wide range of physical activity programmes and expand these to meet the recommendations within this study these issues will need to be resolved.

Sexual Health

Education and support for prisoners should be available pre-release to minimise risks to their sexual health, this should include the provision of contraception for prisoners going out on licensed leave or on discharge.

The Chlamydia screening programme should be available for prisoners aged 24 years and under.

Development of Health Promotion

The vision and structure to take forward the future development of health promotion, including oral health promotion should be agreed.

7.8 Child and Maternal Health

- Prescribing services by health visitor are on hold because of issues regarding audit.
- GP service on the Mother and Baby Unit should be considered as a matter of urgency
- Suggested joint nurse and GP 8 week check clinic
- Establishment of guidelines for appropriate sharing of information
- Address concerns regarding limited range of natural food for baby and concerns regarding salt content
- An audit pain control during labour at ASPH
- Provision of training for ASPH staff on prisoner health needs and appropriate care and support.

7.9 Dental Services

- Access to dental services should be improved by prioritising access.

7.10 Other services

- The need for physiotherapy, occupational health and therapy services to be assessed.

APPENDIX A

1. BRONZEFIELD PRISON HEALTH NEEDS ASSESSMENT PROJECT GROUP MEMBERSHIP

Anna Raleigh	Associate Director of Public Health, Surrey PCT (North West)
Michael Baker	Health Promotion Manager, West Surrey
Julie Nelson	Health Promotion Specialist Coronary Heart Disease/Nutrition Surrey PCT, West Surrey
Harriet Murrell	Health Promotion Specialist Coronary Heart Disease/Physical Activity, West Surrey
Debbie O'Connell	Health Visitor, Public Health Surrey PCT
Andrea Knock	Health Visitor Manager, Surrey PCT
Susan Meyers	Corporate Head of Healthcare, UKDS
Maureen Hatch	Planning Manager, Surrey PCT
Nerys Edmonds	Health Promotion Specialist, Mental Health, West Surrey
Nicola Lang	Specialist Registrar Public Health, Surrey PCT
Sylvie Yeo	Mental Health Planning Manager, Surrey PCT
Emma Goodwin	Head of Healthcare, HMP Bronzefield
Jillian Pritchard	Consultant GUM, Ashford & St Peters Hospital
Hilary Nailard	Health Visitor, Surrey PCT
Lisa Andrews	Health Promotion Specialist, Weight Management, West Surrey

BRONZEFIELD PRISON STEERING GROUP MEMBERSHIP

Anna Raleigh	Associate Director of Public Health, Surrey PCT (North West)
Janine McDowell	Governor, HMP Bronzefield
Kay Mackay	Director of Strategic Planning & Service Innovation, Surrey PCT
Emma Goodwin	Head of Healthcare, HPM Bronzefield
Des Quinn	Hospital Director, Out of Hospitals
Ian Hutchinson	Clinical Services Director, Out of Hospitals
Cynthia Dwyer	Head of Community and Continuing Care, Surrey PCT
Kevin Solomons	Chief Pharmacist, Surrey PCT
Jillian Pritchard	Consultant GUM, Ashford & St Peters Hospital
Cathie Squire	Head of Children's Services, Surrey PCT
Eileen Nolan	Associate Director, Maternity Services, Ashford & St Peter's Hospital
Sylvie Yeo	Mental Health Planning Manager, Surrey PCT
Elly Bittleston	Specialist Nurse, Ashford & St Peter's Hospital
Maureen Hatch	Planning Manager, Surrey PCT
Louise Gallagher	Healthcare Assistant, HMP Bronzefield
Sara McMullen	Team Leader, Weybridge Walk in Centre
Berta Morris	CHD, Ashford & St Peter's Hospital
Chris Robjohn	Health Visitor, Surrey PCT
Susan Meyers	Corporate Head of Healthcare, UKDS
Trevor Short	? UKDS
Joel Barrington	Contracts Manager, Ashford & St Peter's Hospital
Marie Winsall	Business Unit Service Manager, Ashford & St Peter's Hospital

APPENDIX B

RECEPTION SCREENING AUDIT

Methods: During the period 4 – 18 September eighty one inmate medical records (IMRs) taken at random from the current trainees were reviewed. One in 5.

Information was recorded by hand onto questionnaires and then entered and analysed on an excel spread sheet. IMRs were frequently incomplete and subsequent analysis of the results may be limited.

Analysis included standardising the data (e.g., converting all heights and weights to metric), performing calculations (e.g. body mass index), estimating prevalence rates for certain behaviours and conditions at Bronzefield. Where data was incomplete "0" was entered, and these results were excluded from the analysis.

Table: Results from reception screening questionnaire audit

Analysis	**Result**
Age	Mean: 31 years Range: 18 - 54
Average BMI	21.7 (n=67)
Prisoners with low BMI	16.4% (11/67)
Prisoners with high BMI (>25)	16.4% (11/67)
Remand	71% (54/76)
Ever been in prison before	59% (45/76)
Registered with a GP	71% (53/75)
Homeless in the past year	34% (25/74)
Taking one or more regular medicines on reception	49 women were on 1 or more 7 were on not meds 25 were not completed
Asthma	34% (20/58)
Diabetes	3% (2/76)
Chest pain	21% (10/47)
Epilepsy	12% (8/67)
Sickle cell	5% (4/72)
Smoking status recorded	9% (7/81)
HIV Status recorded	9% (7/81) (4% HIV positive)
Hep B Status recorded	5/81
Hep C status	6/81
TB Status recorded	77/81 (2% of women have TB)
Substance misuse	65% (38/58)
Benzodiazepine use	44% (25/57)
Crack/Cocaine	53% (31/58)
Heroin	48% (27/56)
Methadone	43% (25/58)
Amphetamine	20% (10/51)
Alcohol	26% (20/78) – above recommended amounts 26% (20/78) - social/occasional or yes 47% (37/78) – do not drink alcohol
IUD	15 IDUs 36 do not inject 30 U
Referral to psychiatry	Unable to analyse

Analysis	Result
Sleep disorders	1 out of 6 entries
Received treatment from a Psychiatrist outside of prison	33% (17/52)
Stayed in a psychiatric hospital	23% (12/51)
Psychiatric Nurse or care worker in the community	9% (4/44)
Ever had medication for a psychiatric problem	48% (24/50)
Depression	74% (17/23)
PTSD	1
Ever tried to harm yourself in prison	17% (12/72)
Ever tried to harm yourself outside of prison	27% (20/74)
F20 52 SH open Y/N/0	36% (4/11)
Referral to Psychiatry	Unable to analyse
Refer substance Misuse	17 referrals
Dental referral	8 referrals
Special needs/ Disability	1 recorded
Currently pregnant	11 currently pregnant

APPENDIX C

FOCUS GROUP

Introduction

Who are we?
This discussion is with Anna Raleigh and Nerys Edmonds, Public Health Directorate, Surrey PCT. We are from Surrey Primary Care Trust and not a part of the prison service. The PCT is responsible for improving the health of local people and providing health services, e.g., GPs, health visitors, etc.

AIMS
We are looking at how we can help women at Bronzefield be healthier and also what you think of the health services you get while you are here. The information you share with us will be used to develop an action plan to improve services.

- If there is anything, big or small, you think we should know about, tell us. We need your views!

Names and one piece of health advice you know about

Ground rules: 1 hour session. Please can we agree to let everyone have a chance to speak; agree to listen to each other; agree to respecting each others views.

- This discussion is anonymous
- All information provided is confidential
  Exceptions may be made if a child protection, security or self-harm issue is raised
- You can refuse to answer any questions you wish
- You can ask any questions you wish

This discussion is anonymous

All information provided is confidential
Exceptions may be made if a child protection, security or self-harm issue is raised

You can refuse to answer any questions you wish

You can ask any questions you wish

We are looking at how we can help women at Bronzefield be healthier and what you think of the health services you get while you are here.

If there is anything, big or small, you think we should know about, tell us. We need your views!

Date: 24 October 2006 Time: One hour

This discussion is with Anna Raleigh and Nerys Edmonds, Public Health Directorate, Surrey PCT

Do you agree to take part?

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

1. What does 'being healthy' mean to you?

2. Are people generally healthy in Bronzefield?

3. What things are important for good health?

4. What sort of things do you think keep people healthy in prison?

5. If you were giving advice to someone who had never been in prison before about how to stay well, what would you say?

6. If you had a problem with your health, who would you go to first?

Wing officer	☐	Teacher	☐
Mate/friend	☐	Healthcare nurse	☐
Doctor	☐	Mental health	☐
Casework	☐	Family	☐
Someone else	☐	No-one	☐

7. Are the following important in keeping people healthy? Yes / No.

- Jabs/immunisations
- Exercise
- Good/healthy food
- Nurses/Doctors/Dentists
- Friend to talk to
- Advice on being healthy
- Advice on Safe sex
- Good buildings & environment

8. How do you get to see the doctor at Bronzefield? How long does it take?

What about other services such as the dentist or optician?

9. Have you been to Healthcare at Bronzefield? What did you think of it?

What was good?

What was bad?

10. Have you ever been to a GP or practice nurse outside Bronzefield?

How did it compare?

Can you see a counsellor while you are at Bronzefield?

11. Are any of these a problem in Bronzefield?

Bullying

Sexually transmitted infections

Drugs

Depression/low mood

Alcohol

Visiting hours

Access to exercise

Privacy

Food

12. Do you think any of the following would be useful at Bronzefield?

More doctors/nurses	☐	More exercise	☐
Information on self care	☐	A ban on smoking	☐
More contact with family/friends	☐		

13. What single thing would help make you be more healthy in prison?

Anything else?

Any other comments?

APPENDIX D

SUMMARY OF WOMEN'S VIEWS ON FOCUS GROUPS AND QUESTIONNAIRES

1. What does 'being healthy' mean to you?

Broad understanding of health demonstrated by all groups.
Eating well and exercising were mentioned by consistently
Access to health care was raised, e.g., screening and access to the right medication
Keeping active and mentally stimulated

2. Are people generally healthy in Bronzefield?
People come in healthy but health deteriorate whilst inside.
People with problems/special needs are missed in with others – distressful for others and people with problems.
Skin problems were mentioned by several
Gaining weight was mentioned as an issue
Stress about 'things' outside that the prisoners cannot address

3. If you were giving advice to someone who had never been in prison before about how to stay well, what would you say?

Go to gym
Go to work
Make friends
Keep busy
Talk to listeners
Write letters/diary
Stay out of trouble

4. If you had a problem with your health, who would you go to first?

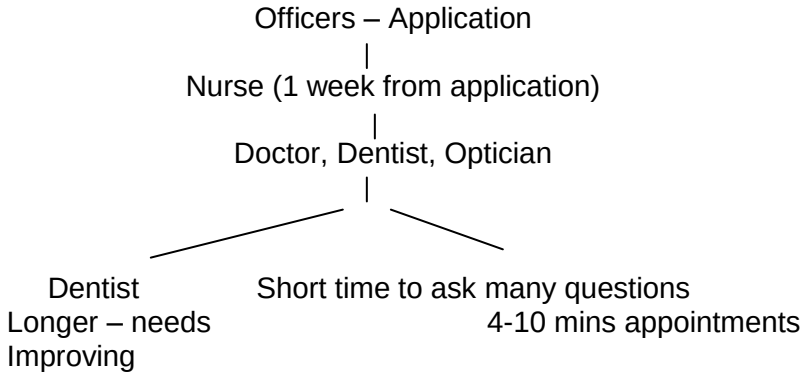
Application to healthcare

Are the following important in keeping people healthy? Yes / No.

- Jabs/immunisations
- Exercise
- Good/healthy food
- Nurses/Doctors/Dentists
- Friend to talk to

- Advice on being healthy
- Advice on Safe sex
- Good buildings & environment

5. How do you get to see the doctor at Bronzefield?



- People were familiar with process and answers were consistent from all four groups.
- Nurse triage was frustrating
- Up to three weeks wait for doctor
- Up to one month for dentist and no significant treatment available, e.g. crowns, bridges
- Optician – over one month
- Physiotherapy not available / provided following referral from secondary care

6. Have you been to Healthcare at Bronzefield? What did you think of it?

All focus groups expressed dissatisfaction and concern with healthcare. There was concern regarding other prisoners on healthcare and well as concern for themselves.

- Predominantly staffed by officers
- Communication was poor – service appeared unstructured and disorganised
- Existing treatments discontinued on arrival at prison
- Access to water / drink from sink
- Dirty
- Screaming and distressed prisoners
- Prisoners locked into cell
- Mainly for people with mental health problems
- People with physical health issues are not comfortable to go there

Positives

- Went two years ago and it was good
- Was there in January and it was OK

7. Have you ever been to a GP or practice nurse outside Bronzefield?

- Concerns regarding approach of GP – 'treats you like and officer', 'Not respected', 'don't listen', 'feel uncomfortable', 'degraded', 'very stressful'.
- Confidentiality – people are asked questions in a public area
- Access not available to treatments or medication received outside
- Access to screening opportunities

8. How did it compare?

- In general, healthcare outside prison was seen as better.
- Access to the 'right' medication was seen as better
- Outside there is more access to tests and follow ups and reminders

9. Can you see a counsellor while you are at Bronzefield?

Variable response. Overall, it was reported that there was good access to counselling for drug problems. For other types of counselling it was not so clear. Inconsistencies in reports of how to access counselling and types of counselling available, e.g., some thought you needed to be / would automatically referred by doctors. Other through you had to apply for it yourself.

10. Are any of these a problem in Bronzefield?

Bullying – was an issue, but overall people felt there were processes in place to address it.

Sexually transmitted infections – no / not known

Drugs – variable response – from yes, to noticeable but not a problems,

Depression/low mood – Big issue and concern within prison

Alcohol - no

Visiting hours – generally OK

Access to exercise – variable to poor. Gym is for people doing gym courses. Not full hour / have to remind staff/ must ask. Times clashing with work. Gym follows dinner – timings not considered. Limited classes. HDU members had poorest access.
Privacy – Generally OK. Hatch looking on to toilet.

Food – Access to salad box – only for vegans. Meat not thoroughly cooked. Veg over cooked / soft. Not a variety of fruit – only 1 piece per day. Special/cultural day food was praised.

11. Do you think any of the following would be useful at Bronzefield?

More doctors/nurses	Yes	More exercise	Yes
Information on self care	Yes	A ban on smoking	NO
More contact with family/friends	Adequate		

12. What single thing would help make you be more healthy in prison?

Anything else?

When attending ASPH officers are present when you are examined and sit in on confidential discussions.

Themes

Activity
- Work and education is only for sentenced prisoners.
- Limited library stock – mainly fiction
- Access to GCSE, A Levels, Open University
- Limited range of educational opportunities – particularly on HDU.
- Some gym classes take place whilst people are at work
- Suggestion of prisoner to prisoner language lessons

Gym access
Variable to poor. Gym is for people doing gym courses. Not full hour / have to remind staff/ must ask. Times clashing with work. Gym follows dinner – timings not considered. Limited classes. HDU members had poorest access.

Mental health
- A view that there are high levels of mental health issues amongst prisoners and some very unwell people who are not getting adequate support from trained staff.
- No mechanisms to sort out issues on the outside
- Lack of control to address problems on outside causes stress and distress
- See medication theme

Long term healthcare and support
Strong perception that prison and healthcare systems are not geared to meet the needs of longer term prisoners. Example well structured educational programme.
Dental care is very limited - based on pain control – dental treatment is deferred.

Medication
Perception that there is not access to the same medication as there they were on outside.
Lack of nurse prescribing – one patient reported having to access GP to get paracetamol.
Methadone is prescribed too early in the day – everyone is on one dose per day – consider split dose.
Night medication is given at 5.30 at weekend and 6.30 during the week. This means patients may wake early / be in discomfort early.
Night officer is not able to give any medication.

Access to health care
Night officer is unable to open cells at night. Prisoners reported that you need to be bleeding to get assistance.
Lack of routine health care – screening, immunisations, physiotherapy and follow ups.

Naivety
Two people mentioned that staff may be naïve about recognising bullying. (see separate notes)

APPENDIX E

General staff questionnaire
HMP Bronzefield

CONFIDENTIAL

If found, please return to Public Health Dept, Surrey PCT.
North Surrey PCT, Bournewood House, Guildford Road, Chertsey, Surrey KT16 0QA

1. What do you think Bronzefield does particularly well from a health care point of view?

   a)

……

   b)

……

   c)

……

   d)

……

2. What do you think Bronzefield could do better? You may want to consider:

   Quicker access to healthcare services ☐ e.g.
……

   Reception Screening e.g.
……

   Substance misuse services e.g.
……

   Health Promotion e.g.
……

   Mental Health Services e.g.
……

   Maternity services e.g.
……

   Discharge planning e.g.
……

   Mother and baby services ☐ e.g.
……

   Tobacco control & stop smoking support services ☐ e.g.
……

   GUM services ☐ e.g.
……

   Other ☐ e.g.
……

3. Do you have any concerns over the health of the women at Bronzefield? If yes, please list below.

   a)

   b)

   c)

   d)

4. Do you have any suggestions for ways the health of Women could be improved?

   a)

……

   b)

……

   c)

……

   d)

……

   a) Do Women have a clear idea of how to access healthcare services?

   Y ☐ N ☐

   ……

   ……

   b) Does the process for accessing healthcare services (e.g., GP, dentist, optician) work well?

   Y ☐ N ☐

   ……

   ……

5. Do Women feel they can talk to any staff about personal issues in confidence?

   ……

   ……

6. Are there enough healthcare staff at Bronzefield?

   Y ☐ N ☐

   ……

   ……

7. Are any of these a particular problem? Please rate on a scale of 1 to 10. (1= not a problem to 10= major problem):

Description	Number Rating	Description	Number Rating	Description	Number Rating	Description	Num Rati
Bullying?		Accidents?		Drug abuse?		Mental health?	
Alcohol?		Literacy - reading and writing?		Foreign language difficulties		Learning Disabilities?	
STIs/sexual health?		Maternal Health Needs?		Baby Health Care Needs?		Exposure to tobacco smoke?	
Being overweigh/obese		Being underweight/ malnourished:		Other example: …….		Other example: ……	

8. Do you think any of the following would be useful at Bronzefield? Please rate how useful you think the following will be on a scale of 1 (not useful – 10 = very useful):

Description	Number Rating	Description	Number Rating	Description	Number Rating	Description	Num Rati
More contact with family/friends?		More exercise for Women?		Better food?		Self Care Advice/In-formation	
Education Opportunity?		Creative Arts?		Better planning for leaving prison?		Other: ……	

9. Do you think any of the following counselling services would be useful at Bronzefield? Please rate how useful you think the following will be on a scale of 1 (not useful – 10 = very useful):

Description	**Number Rating**	**Description**	**Number Rating**	**Description**	**Number Rating**	**Description**	**Num Rati**
Sexual Abuse		Physical Abuse		Motherhood		Dealing with Anger	
Pregnancy		Post Natel Depression		Drug / Alcohol			

Anything else?

……

10. Have you received any awareness/training sessions on health care? For example:

Infectious Diseases Recognising people with Mental Health Problems Substance Misuse

Y □ N □ Y □ N □ Y □ N □

Any other awareness / training sessions:

……

……

11. Is there any training course related to health that you think would help you to improved women's health?

……
……

12. Any other comments?

……

……

Thank you.

APPENDIX F

PRISONER QUESTIONNAIRE

Surrey NHS
Primary Care Trust

Making life better at Bronzefield

Your views count!

We are looking at how we can help women at Bronzefield be healthier and also what you think of the health services you get while you are here. The information you share with us will be used to develop an action plan to improve services.

We are from Surrey Primary Care Trust (PCT) and not a part of the prison service. The PCT is responsible for improving the health of local people and providing health services, e.g., GPs, health visitors, etc.

If there is anything, big or small, you think we should know about, tell us!

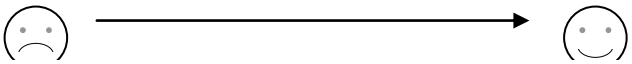
We need your views!

CONFIDENTIAL
If found, please return to Public Health Dept, Surrey PCT .
North Surrey PCT, Bournewood House, Guildford Road, Chertsey, Surrey Kt16 0QA

What does 'being healthy' mean to you?

Are people generally healthy in Bronzefield? Please rate on a scale of 1 to 10.

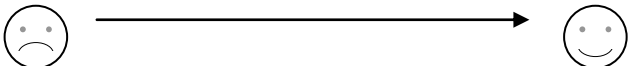
Rating Number



Very unhealthy 1 — Very healthy 10

Do you think you are healthy? Please rate on a scale of 1 to 10.

Rating Number



Very unhealthy 1 — Very healthy 10

What could be done at Bronzefield to help people be more healthy?

Are the following available at Bronzefield?

	Yes / No
Immunisations / Vaccinations	
Regular exercise	
Fresh fruit and vegetables	
Counselling	
Friend to talk to	
Advice on being healthy	
Advice on safe sex and contraception	
Educational courses	

Have you ever been to a doctor or nurse outside Bronzefield? Yes / No

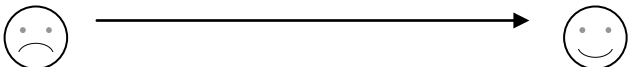
How did it compare with a doctor or nurse in Bronzefield? Please tick (√)

Better outside ☐ Better here ☐

Please comment

Have you been to Healthcare at Bronzefield? Yes / No

What did you think of it? Please rate on a scale of 1 to 10.
Rating Number



Bad 0 Good 10

☐

What was good?

What was bad?

Are any of these a problem in Bronzefield? Yes / No

Bullying	☐	Smoking	☐
Activities	☐	Depression	☐
Drugs	☐	Being a mother	☐
Visiting hours	☐	Privacy	☐
Exercise	☐	Food	☐
Something else	☐	Nothing	☐

Please comment:

Do you think any of the following would be useful at Bronzefield?

More doctors/nurses		More exercise	
Information on self care		Help to stop smoking	
More contact with family/friends		More education opportunities	
Counselling for sexual and physical abuse		Counselling on dealing with anger?	
Information and advice on being a mother		Help with feeling low /depressed	
Information and advice on managing money		Contraception advice	
Planning for going home		Other?	

Any other comments?

THE END. THANK YOU FOR YOUR HELP!

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