

Health Equity Audit - HMP Downview

1 Definition

Data obtained as part of the HSCNA process in each of the five Surrey prisons all contributes to the overall understanding of health equity. For simplicity, this document supplements the HSCNA and summarises the findings explicitly relevant to health equity.

The difference between equality and equity must be emphasised. Although both promote fairness, equality achieves this through treating everyone the same regardless of need, while equity achieves this through treating people differently dependent on need. However, this different treatment may be the key to reaching equality.¹

2 Scope

The scope was to consider any equity issues which may affect access to prison healthcare services.

The Equality Act 2010 details nine 'protected characteristics'. Prisons are a unique environment; the table below details these characteristics and notes which apply in HMP Downview. The table then goes on to note other characteristics which the HSCNA process identified could place residents at a disadvantage.

Characteristic	Comment
Race	Relevant in HMP Downview
Sex	This is a prison for female prisoners, though some may identify differently. This issue is picked up under gender reassignment below.
Gender reassignment	Relevant in HMP Downview
Age	Relevant in HMP Downview
Religion and belief	Relevant in HMP Downview
Disability	Relevant in HMP Downview
Sexual orientation	Relevant in HMP Downview
Marriage or civil partnership	No evidence that it is relevant in HMP Downview. Whilst contact with partners, family and friends is important, legal status does not impact.
Pregnancy and maternity	Pregnancy is relevant in HMP Downview. There is no mother and baby unit. Many residents will be mothers who are separated from their children.
Literacy	Relevant in HMP Downview
'Complex needs'	This is a collective term used to describe a mixed cohort, who for various reasons struggle to cope and without specific attention could be overlooked. Relevant in HMP Downview
Those with current health needs	Some residents have few if any health needs. Others have many - be they physical, mental, related to addictions or social care. Frequent users will be most impacted by any issues.

¹ Definition from [Social Change UK](#) (Accessed 14.12.2020)

3 Methodology

Under normal circumstance most of the information for this briefing would be obtained in patient focus groups, alongside conversations with a range of stakeholders including residents and officers, and observation whilst visiting the establishment. As a consequence of covid-19 the entire project was conducted remotely. We were able to obtain input from residents via a survey, but this did not identify any specific issues of equity. Whilst the overall return rates were good, the number from say older residents or those identifying as having a disability were not enough to inform a statistically significant difference. A review of the free text answers did not lead to any conclusive findings.

This briefing, therefore, largely draws on structured interviews from the HSCNA process and data alongside information gleaned from HMIP reports

4 COVID-19

The full HSCNA was written during the second wave of the covid-19 pandemic. It is beyond the scope of this document to comment specifically on how the pandemic has affected access to and delivery of healthcare (please refer to the HSCNA), however, it is noted:

Coronavirus (covid-19) has not only replicated existing health inequalities, but in some cases has increased them, through its disproportionate impact on certain population groups.²

Residents have spent up to 23¼ hours per day locked in their cells. A wide range of healthcare and allied services have been restricted due to the impact of covid-19 measures. The restrictions will not have impacted all residents equally.

By its very nature healthcare in prison environment presents a challenge in terms of service delivery. [The NHS long-term plan](#)³ aims to reduce health inequalities which includes that provided within the secure estate. Prison healthcare is based on the principle of equity with community health as far as is practicable.

HMIP Short Scrutiny visit to HMPs Downview and Send reported:

The Downview health care provider had experienced significant staffing shortfalls, although this had recently improved. An effective triage system was in place in both prisons with prisoners able to access a nurse or GP as necessary. Although the range of mental health services had reduced since 23 March, health care staff at both prisons continued to support those on their caseload with welfare checks and some face-to-face consultations for vulnerable prisoners. At Send and Downview pregnant women received care from the local midwifery service. Medicines management and administration was generally appropriate, except that the length of time between medicines administration at Downview was not in line with therapeutic prescribing

Both prisons offered effective prioritisation of health applications and women were seen by a nurse or GP when necessary. ...At Downview access to health care was more restricted, which meant that prisoners faced delays in accessing health care professionals and health interventions.

Although the range of mental health services was diminished due to the pandemic, health care staff at both prisons continued to support prisoners on their caseload with welfare checks.

² [Public Health England \(2020\) Disparities in the Risk and Outcomes of COVID-19](#) (accessed 9.12.2020)

³ DH (2019) [The NHS long-term plan](#) (accessed 14.12.2020)

Some face-to-face consultations for vulnerable prisoners with individual members of the team were sustained, including the psychiatrist.⁴

5 Health Equity in HMP Downview

5a Equity with the community

A consistent key aim of current government focus and policy is to reduce health inequalities.⁵

In 2016, NHS England set out three aims directly relating to equity:

- narrow the gap between those in criminal justice and detained settings and the rest of the population in terms of health and care outcomes, through improved support from all health and social care
- reduce the number of people who are detained as a result of untreated health problems, and so support reductions in offending
- ensure continuity of care post release, and so support reductions in re-offending.⁶

This sits within a wider duty to address health inequalities that is detailed in NHS England guidance.⁷

The aim of 'equivalence' between community and prison healthcare was established in 2001.

Prisoners should have access to the same range and quality of services appropriate to their needs as are available to the general population through the NHS.⁸

In 2008, prison health performance indicators were developed to measure the quality of prison health services and to help meet the objective of giving prisoners *the same range and quality of healthcare as the public receives from the NHS.*⁹

The following table considers access to healthcare in the prison in the context of access from within the wider community.

⁴ HMIP (2020) [Report on short scrutiny visits to Prisons holding women by HM Chief Inspector of Prisons](#) (accessed 14.12.2020)

⁵ Marmot Review (2010) [Fair Society, Healthy Lives](#). Strategic Review of Health Inequalities in England post 2010. (accessed 9.12.2020)

⁶ NHS England (2016) [Strategic Direction for Health Services in the Justice System: 2016-2020](#). (accessed 9.12.2020)

⁷ NHS England (2015) [Guidance for NHS commissioners on equality and health inequalities legal duties](#). (accessed 9.12.2020)

⁸ DH and HMPS (2001) [Changing the Outlook: A Strategy for Developing and Modernising Mental Health Services in Prisons](#). (accessed 9.12.2020)

⁹ NOMS, DH and HMPS (2007) [Prison Health Performance Indicators](#). Gateway Reference 8921. (accessed 9.12.2020)

	Equivalence with Community	Comments on Equity in HMP Downview (who might not have equitable access, what are barriers)	Recommendations
Access to all healthcare	<p>Application is largely in writing.</p> <p>Healthcare provision is in core hours, seven days per week.</p> <p>Since the start of the pandemic all visits to healthcare have to be escorted and there is limited capacity.</p>	<p>Applications are primarily in writing, though officers can also refer a resident to healthcare. A proportion of residents will have poor literacy.</p> <p>Interviewees raised concerns about OOH access, but these impact all residents equally.</p> <p>Whilst this negatively impacts all residents, there is no evidence of particular disadvantage for any one group.</p>	Use the full range of patient feedback to confirm that patients are able to make applications and attend appointments.
Access to GP	GP appointments are available within the same, or a faster timescale than is typically seen in the community	Access to the GPs is via nurse triage.	Triage ensures efficient use of GP resources. Retain.
Access to dentistry, podiatry and optician services	Both in the community and in secure settings, these types of services have all been severely disrupted by the pandemic	As a consequence of the pandemic there are long (and growing) waiting lists for these services. It appears that all residents requiring these services are equally disadvantaged.	<p>Explore opportunities for additional clinics once the current restrictions are lifted.</p> <p>See Recommendation Nine in the HSCNA, 'review and enhance the dental resource'</p>
Access to Substance Misuse Treatment	The same range of substance misuse treatment services are available as would be found in the community.	Group work and fellowship meetings are suspended due to the pandemic. In the community patients can access mutual aid/group support via the 'phone and video call.	See Recommendation Twenty four 'Expand the range of fellowship support for residents'.
Access to Mental Health Support		<p>A high proportion of respondents to our survey reported knowing how to access mental health services.</p> <p>Normally, self-referrals need to make written paper applications or internal emails to the mental health team, disadvantaging those with poor literacy.</p>	

The HSCNA notes there are multidisciplinary complex case meetings which aim to identify and support residents who may otherwise be struggling.

The survey notes that compared to similar prisons, residents in HMP Downview appear a little less likely to report knowing how to access Substance misuse, stop smoking and sexual health services. This may be a consequence of the current restrictions, meaning residents are out of their cells less, less able to see notices or talk with peers.

5b Equity with reference to protected characteristics and other factors

Characteristic	Comment																		
1. Race	<p>The HSCNA looks at ethnicity and nationality.</p> <p>The residents in HMP Downview are more ethnically diverse than the average for the female prison estate. 66% are White, 17% are described as Black, 10% as Mixed and 7% Asian; all are at least double the average rate.</p> <p>Whilst the low numbers meant the differences were not statistically significant, the HMIP survey found some differences between BAME and White respondents.¹⁰</p> <table border="1"> <thead> <tr> <th>Question</th> <th>BAME</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Do you consider yourself to have a disability</td> <td>9%</td> <td>27%</td> </tr> <tr> <td>It is very/ quite easy to see a doctor</td> <td>26%</td> <td>27%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>43%</td> <td>53%</td> </tr> <tr> <td>Are you currently taking medication?</td> <td>54%</td> <td>75%</td> </tr> <tr> <td>Do you feel you have any emotional well being/mental health issues?</td> <td>40%</td> <td>62%</td> </tr> </tbody> </table> <p>Fifteen percent of the population are foreign nationals; this is higher than the average across the entire prison estate (male and female). Interviewees said that there are plans to increase the proportion of residents who are foreign nationals. It was noted in interview that some foreign nationals do not have good English; whilst there are translation services, this will impact on their ability to access and engage with healthcare. The HMIP survey found the following differences.</p>	Question	BAME	White	Do you consider yourself to have a disability	9%	27%	It is very/ quite easy to see a doctor	26%	27%	It is very/ quite easy to see a nurse	43%	53%	Are you currently taking medication?	54%	75%	Do you feel you have any emotional well being/mental health issues?	40%	62%
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¹⁰ HMIP (2017) [Report on an unannounced inspection of HMP & YOI Downview by HM Chief Inspector of Prisons](#). [Accessed 07.12.20]

		Foreign National	British															
	It is very/ quite easy to see a doctor	10%	27%															
	It is very/ quite easy to see a nurse	39%	50%															
	Are you currently taking medication?	25%	77%															
	Do you feel you have any emotional well being/mental health issues?	25%	62%															
2. Gender reassignment	<p>The equalities team reported that in HMP Send in October 2020, there were fewer than five transgender residents. In the 2018 HMIP survey, no respondents stated they identified as transgender or transsexual. The HMIP 2019/20 Annual Report showed 2% of female residents nationally identifying as transgender.¹¹</p> <p>Staff raised concerns about both responding to health issues which are not generally associated with the patient's birth gender. Also about the integration of residents undergoing gender reassignment with the wider resident population. Any form of segregation is likely to impact equity of access to healthcare.</p> <p>Common to all prison settings, we have a concern about both continuity of specialist secondary care treatment and of medicines when prisoners are transferred whilst undergoing gender reassignment.</p>																	
3. Age	<p>The HSCNA states: <i>At an October 2020 snapshot, 27% of women at HMP Send were aged 50 and over compared to 15% nationally.</i> The age profile does not appear to have changed in recent years.</p> <p>The report found no equity issues affecting any specific age group. However, the HMIP survey found:</p> <table border="1"> <thead> <tr> <th></th> <th>Aged 50 and over</th> <th>Aged under 50</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>23%</td> <td>26%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Are you currently taking medication?</td> <td>88%</td> <td>66%</td> </tr> <tr> <td>Do you feel you have any emotional well being/mental health issues?</td> <td>59%</td> <td>55%</td> </tr> </tbody> </table>				Aged 50 and over	Aged under 50	It is very/ quite easy to see a doctor	23%	26%	It is very/ quite easy to see a nurse	50%	50%	Are you currently taking medication?	88%	66%	Do you feel you have any emotional well being/mental health issues?	59%	55%
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¹¹ HMIP (2020) [HMIP Annual Report 2019-20](#). Page 155 (accessed December 2020)

<p>4. Religion and belief</p>	<p>We stopped collecting data on religion and beliefs for our HSCNAs because we could find no evidence that these impacted health need. HMIP Survey described the following:</p> <table border="1" data-bbox="451 286 1393 638"> <thead> <tr> <th></th> <th>Muslim</th> <th>Non-Muslim</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>19%</td> <td>26%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>34%</td> <td>52%</td> </tr> <tr> <td>Are you currently taking medication?</td> <td>57%</td> <td>71%</td> </tr> <tr> <td>Do you feel you have any emotional well being/mental health issues?</td> <td>57%</td> <td>56%</td> </tr> </tbody> </table>		Muslim	Non-Muslim	It is very/ quite easy to see a doctor	19%	26%	It is very/ quite easy to see a nurse	34%	52%	Are you currently taking medication?	57%	71%	Do you feel you have any emotional well being/mental health issues?	57%	56%
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<p>5. Disability</p>	<p>In common with many other prison HSCNA we found the definitions and recording of disability to be very inconsistent. The conclusion is that the departments in the prison do not have a clear understand of the numbers of residents with disabilities, that there is no consistency between departments and that without this knowledge it is not possible to target information and responses to respond to needs.</p> <p>Interviewees expressed a concern that social care tended to focus on physical disability and not recognise other forms of disability. The fact that healthcare is not 24 hours will restrict the level of need that the prison can accommodate.</p> <p>Whilst the low numbers meant the differences were not statistically significant, the HMIP survey found some differences between respondents who said they did or did not have a disability.¹²</p> <table border="1" data-bbox="451 1137 1393 1489"> <thead> <tr> <th>Question</th> <th>Have a disability</th> <th>Do not have a disability</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>21%</td> <td>28%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>38%</td> <td>55%</td> </tr> <tr> <td>Are you currently taking medication?</td> <td>93%</td> <td>61%</td> </tr> <tr> <td>Do you feel you have any emotional well being/mental health issues?</td> <td>87%</td> <td>47%</td> </tr> </tbody> </table> <p>The ‘buddy scheme’ via which peers help each other is largely suspended due to the pandemic. Whilst it was noted the STR workers are picking up some of the demand, it was not clear how residents are able to access the sort of help this scheme offers at present (carrying meals, cleaning etc).</p>	Question	Have a disability	Do not have a disability	It is very/ quite easy to see a doctor	21%	28%	It is very/ quite easy to see a nurse	38%	55%	Are you currently taking medication?	93%	61%	Do you feel you have any emotional well being/mental health issues?	87%	47%
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¹² HMIP (2017) [Report on an unannounced inspection of HMP & YOI Downview by HM Chief Inspector of Prisons](#). [Accessed 07.12.20]

6. Sexual orientation	HMIP describe 21% as gay or bisexual, Equalities have quite a lot of missing data, but also indicate a similar figures. This is in line with the profile across the female estate.		
	Whilst the low numbers meant the differences were not statistically significant, the HMIP survey found some differences between respondents who said they were gay or bisexual as opposed to heterosexual. ¹³		
	Question	Gay/bisexual/other	Heterosexual
	It is very/ quite easy to see a doctor	28%	26%
	It is very/ quite easy to see a nurse	56%	49%
	Are you currently taking medication?	85%	65%
Do you feel you have any emotional well being/mental health issues?	92%	48%	
Pregnancy and maternity	If pregnancy became apparent at HMP Downview the residents would usually be transferred to HMP Bronzefield where there is 24-hour healthcare and a mother and baby unit. Any residents who are pregnant would be added to the weekly complex case MDT meeting. Residents would only remain in the prison up to 26 weeks - the point at which a pregnancy is classed as viable.		
Literacy	With less time out of cell during the pandemic, we are concerned that patients have fewer opportunities to have someone else read and write for them. Applications for healthcare are in writing as are self-referrals for social care.		
'Complex needs'	The HSCNA and related documents describe the residents of HMP Downview as having a weekly complex case MDT meeting.		
Those with current health needs	Some residents have few if any health needs. Others have many - be they physical, mental, related to addictions or social care. Frequent users will be most impacted by any issues.		

Maintaining links with family and friends is a key component for emotional wellbeing. Figure 8 in the HSCNA illustrates that whilst the majority of residents originate from the South East, the prison serves the whole of the England, so some residents are many miles from their home.

¹³ HMIP (2017) [Report on an unannounced inspection of HMP & YOI Downview by HM Chief Inspector of Prisons](#). [Accessed 07.12.20]