

Health Equity Audit - HMP & YOI Bronzefield

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 & YOI Bronzefield. 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 & YOI Bronzefield
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 & YOI Bronzefield
Age	Relevant in HMP & YOI Bronzefield
Religion and belief	Relevant in HMP & YOI Bronzefield
Disability	Relevant in HMP & YOI Bronzefield
Sexual orientation	Relevant in HMP & YOI Bronzefield
Marriage or civil partnership	No evidence that it is relevant in HMP & YOI Bronzefield. Whilst contact with partners, family and friends is important, legal status does not impact.
Pregnancy and maternity	Pregnancy and maternity is relevant in HMP & YOI Bronzefield There is a mother and baby unit. In addition, many residents will be mothers who are separated from their children.
Literacy	Relevant in HMP & YOI Bronzefield
'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 & YOI Bronzefield
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)

The most recent HMIP full inspection found that:

The promotion of equality was appropriately prioritised and outcomes and perceptions among protected groups were consistent.²

3 Methodology

Under normal circumstances 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.³

Residents have spent many 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 plan⁴](#) aims to reduce health inequalities including those 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 HMP & YOIs Bronzefield, Eastwood Park and Foston Hall⁵ described both the impact of covid-19 on healthcare provision and also approaches that were in place to target women with particular needs. The following are quotes from the report that are directly relevant to HMP & YOI Bronzefield:

Health care staff shortages, exacerbated by the pandemic, had initially been challenging. This situation had improved as staff gradually returned to work and some new ways of working to support the prisoners' health had been implemented at all sites.

² HMIP (2019) [Report on an unannounced inspection of HMP & YOI Bronzefield by HM Chief Inspector of Prisons](#). [accessed 18.12.20]

³ [Public Health England \(2020\) Disparities in the Risk and Outcomes of COVID-19](#)(accessed 9.12.2020)

⁴ DH (2019) [The NHS long-term plan](#) (accessed 14.12.2020)

⁵ HMIP (2020) [Report on short scrutiny visits to Prisons holding women by HM Chief Inspector of Prisons](#) (accessed 16.12.2020)

All sites had identified medically vulnerable women, in line with shielding guidance, and given advice about isolating with varying levels of uptake at different sites. Bronzefield had established a shielding unit. These prisoners were all seen or contacted regularly by health care staff.

At all prisons, effective triage and pre-planned telephone consultations ensured women were being seen by the nurse or GP when necessary.

Some primary care clinics such as wound care, blood borne virus testing and some sexual health screenings were still operating on a risk-assessed basis. Hospital consultations were still taking place following prioritisation by external specialists and were also being facilitated over the phone.

Most allied health professionals' clinics were curtailed in line with the community, although plans were in place for some services to return. At all prisons we visited, prisoners had access to emergency dental treatment.

At all three prisons, pregnant prisoners continued to receive regular midwifery support and attend their scans. The prisoners we spoke to were complimentary about the antenatal care and support they had received. The health visitor was visiting weekly which was valued by the prisoners.

Staff were still coming in to deliver social care to women who needed it, but the provision had been reduced and health care staff were covering any deficits in social care arising during this time.

Although the range of mental health services was diminished due to the pandemic, health care staff at all prisons continued to support prisoners on their caseload via telephone. Some face-to-face consultations were also still available for vulnerable women with individual members of the team, including the psychiatrist.

The mental health team believe that since the onset of the pandemic a greater proportion of new receptions have been arriving with complex mental health problems. They reiterated anecdotal comments we have heard elsewhere about this type of issue being an impact of community mental health teams reducing direct and face to face support since the start of the covid-19 pandemic.

5 Health Equity in HMP & YOI Bronzefield

5a Equity with the community

A consistent key aim of current government focus and policy is to reduce health inequalities.⁶

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-offending⁷

⁶ Marmot Review (2010) [Fair Society, Healthy Lives](#). Strategic Review of Health Inequalities in England post 2010. (accessed 9.12.2020)

⁷ NHS England (2016) [Strategic Direction for Health Services in the Justice System: 2016-2020](#). (accessed 9.12.2020)

This sits within a wider duty to address health inequalities that is detailed in NHS England guidance.⁸

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.*⁹

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.*¹⁰

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

DRAFT

⁸ NHS England (2015) [Guidance for NHS commissioners on equality and health inequalities legal duties](#). (accessed 9.12.2020)

⁹ DH and HMPS (2001) [Changing the Outlook: A Strategy for Developing and Modernising Mental Health Services in Prisons](#). (accessed 9.12.2020)

¹⁰ NOMS, DH and HMPS (2007) [Prison Health Performance Indicators](#). Gateway Reference 8921. (accessed 9.12.2020)

	Equivalence with Community	Comments on Equity in HMP & YO1 Bronzefield (who might not have equitable access, what are barriers)	Recommendations
Access to all healthcare	<p>Application is largely in writing.</p> <p>Whilst there is 24 hour per day healthcare (including inpatient facilities), most provision is concentrated in core hours, seven days per week.</p>	<p>Applications are primarily via 'the pod'; a number of residents complained that this is not easy to use and can only process one request at a time. A proportion of residents will have poor literacy. HMIP reports identified residents with limited use of English.¹¹ During the pandemic there has been an increased focus on nurse triage. A number of residents observed that those in receipt of regular medication can speak with a nurse, whilst those who are not miss this opportunity and have to make a formal request.</p> <p>Interviewees noted OOH arrangements are due to change; these impact all residents equally.</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. SystemOne data indicated a wait of 2 days, but data was incomplete.	Triage ensures efficient use of GP resources. Retain.
Access to dentistry, podiatry, physiotherapy and optician services	Both in the community and in secure settings, these types of services have all been severely disrupted by the pandemic	<p>In the context of comparator prisons, a lower than average proportion of respondents to our survey reported knowing how to access dental services.</p> <p>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>	<p>Explore opportunities for additional clinics once the current restrictions are lifted.</p> <p>See Recommendation Six in the HSCNA, describing the need for a recovery plan post covid-19.</p>

¹¹ HMIP (2020) [Report on short scrutiny visits to Prisons holding women by HM Chief Inspector of Prisons](#) (accessed 16.12.2020). States 15 residents spoke little or no English, they received support from an ESOL (English for speakers of other languages) tutor and were visited daily by a peer worker.

Access to Substance Misuse Treatment	The same range of substance misuse treatment services is available as would be found in the community.	<p>In the context of comparator prisons, an average proportion of respondents to our survey reported knowing how to access substance misuse services.</p> <p>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.</p>	See Recommendation Twenty four 'Expand the range of fellowship support for residents'.
Access to Mental Health Support		In the context of comparator prisons, an average proportion of respondents to our survey reported knowing how to access mental health services.	

The HSCNA notes there are multidisciplinary complex case meetings which aim to identify and support residents who may otherwise be struggling. As noted the mental health team believe the proportion of residents with complex needs is increasing. Those with the greatest needs can be referred to the inpatient unit.

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 & YOI Bronzefield are more ethnically diverse than the average for the female prison estate. Seventy two percent are White. Fifteen percent are described as Black, 7% as Mixed and 6% Asian; all are greater than 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.¹²</p> <table border="1"> <thead> <tr> <th>Question</th> <th>BAME</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>30%</td> <td>17%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>70%</td> <td>53%</td> </tr> <tr> <td>It is very/ quite easy to see a dentist</td> <td>22%</td> <td>9%</td> </tr> <tr> <td>It is very/ quite easy to see a mental health worker</td> <td>36%</td> <td>14%</td> </tr> <tr> <td>For those who have mental health problems: Have you been helped with your mental health problems in this prison?</td> <td>33%</td> <td>43%</td> </tr> <tr> <td>Do you think the overall quality of the health services here is very / quite good?</td> <td>41%</td> <td>35%</td> </tr> </tbody> </table> <p>Twenty one percent of the population are foreign nationals; this is higher than the average across the entire prison estate (male and female). The HMIP survey found the following differences:</p> <table border="1"> <thead> <tr> <th></th> <th>Foreign National</th> <th>British</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>6%</td> <td>23%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>35%</td> <td>59%</td> </tr> <tr> <td>It is very/ quite easy to see a dentist</td> <td>12%</td> <td>13%</td> </tr> <tr> <td>It is very/ quite easy to see a mental health worker</td> <td>6%</td> <td>21%</td> </tr> <tr> <td>For those who have mental health problems: Have you been helped with your mental health problems in this prison?</td> <td>25%</td> <td>42%</td> </tr> <tr> <td>Do you think the overall quality of the health services here is very / quite good?</td> <td>27%</td> <td>37%</td> </tr> </tbody> </table>	Question	BAME	White	It is very/ quite easy to see a doctor	30%	17%	It is very/ quite easy to see a nurse	70%	53%	It is very/ quite easy to see a dentist	22%	9%	It is very/ quite easy to see a mental health worker	36%	14%	For those who have mental health problems: Have you been helped with your mental health problems in this prison?	33%	43%	Do you think the overall quality of the health services here is very / quite good?	41%	35%		Foreign National	British	It is very/ quite easy to see a doctor	6%	23%	It is very/ quite easy to see a nurse	35%	59%	It is very/ quite easy to see a dentist	12%	13%	It is very/ quite easy to see a mental health worker	6%	21%	For those who have mental health problems: Have you been helped with your mental health problems in this prison?	25%	42%	Do you think the overall quality of the health services here is very / quite good?	27%	37%
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2. Gender reassignment	<p>The equalities team reported that in HMP & YOI Bronzefield in October 2020, there were no transgender residents. In the 2018 HMIP survey, three respondents stated they identified as transgender or transsexual. The HMIP 2019/20 Annual Report showed 2% of female residents nationally identifying as transgender.¹³</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	The HSCNA states:																																										

¹² HMIP (2019) [Report on an unannounced inspection of HMP & YOI Bronzefield by HM Chief Inspector of Prisons](#). [Accessed 18.12.20]

¹³ HMIP (2020) [HMIP Annual Report 2019-20](#). Page 155 (accessed December 2020)

	<p><i>At an October 2020 snapshot, 11% of women at HMP&YOI Bronzefield 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 all answers were more positive for those over 25 years:</p> <table border="1" data-bbox="451 412 1394 797"> <thead> <tr> <th></th> <th>Aged 25 and under</th> <th>Aged over 25</th> </tr> </thead> <tbody> <tr> <td>It is very/ quite easy to see a doctor</td> <td>17%</td> <td>21%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>56%</td> <td>58%</td> </tr> <tr> <td>It is very/ quite easy to see a dentist</td> <td>0%</td> <td>14%</td> </tr> <tr> <td>It is very/ quite easy to see a mental health worker</td> <td>22%</td> <td>20%</td> </tr> <tr> <td>For those who have mental health problems: Have you been helped with your mental health problems in this prison?</td> <td>14%</td> <td>46%</td> </tr> <tr> <td>Do you think the overall quality of the health services here is very / quite good?</td> <td>25%</td> <td>38%</td> </tr> </tbody> </table>		Aged 25 and under	Aged over 25	It is very/ quite easy to see a doctor	17%	21%	It is very/ quite easy to see a nurse	56%	58%	It is very/ quite easy to see a dentist	0%	14%	It is very/ quite easy to see a mental health worker	22%	20%	For those who have mental health problems: Have you been helped with your mental health problems in this prison?	14%	46%	Do you think the overall quality of the health services here is very / quite good?	25%	38%
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4. Religion and belief	<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</p> <table border="1" data-bbox="451 1016 1394 1370"> <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>20%</td> <td>20%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>60%</td> <td>27%</td> </tr> <tr> <td>It is very/ quite easy to see a dentist</td> <td>7%</td> <td>14%</td> </tr> <tr> <td>It is very/ quite easy to see a mental health worker</td> <td>27%</td> <td>19%</td> </tr> <tr> <td>For those who have mental health problems: Have you been helped with your mental health problems in this prison?</td> <td>27%</td> <td>43%</td> </tr> <tr> <td>Do you think the overall quality of the health services here is very / quite good?</td> <td>29%</td> <td>37%</td> </tr> </tbody> </table>		Muslim	Non-Muslim	It is very/ quite easy to see a doctor	20%	20%	It is very/ quite easy to see a nurse	60%	27%	It is very/ quite easy to see a dentist	7%	14%	It is very/ quite easy to see a mental health worker	27%	19%	For those who have mental health problems: Have you been helped with your mental health problems in this prison?	27%	43%	Do you think the overall quality of the health services here is very / quite good?	29%	37%
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5. Disability	<p>In common with many other prison HSCNA we found the definitions and recording of disability to be inconsistent. A very high proportion of women were described as having a disability in both the HMIP survey (48%) and the equalities team data (43%). This contrasted with SystemOne which described 17%. The conclusion is that there is not consistency of definition between departments and that without this it is not possible to target information and responses to respond to needs.</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.</p> <table border="1" data-bbox="451 1778 1394 2074"> <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>25%</td> <td>18%</td> </tr> <tr> <td>It is very/ quite easy to see a nurse</td> <td>54%</td> <td>61%</td> </tr> <tr> <td>It is very/ quite easy to see a dentist</td> <td>11%</td> <td>15%</td> </tr> <tr> <td>It is very/ quite easy to see a mental health worker</td> <td>20%</td> <td>19%</td> </tr> <tr> <td>Have you been helped with your mental health problems in this prison?</td> <td>39%</td> <td>43%</td> </tr> </tbody> </table>	Question	Have a disability	Do not have a disability	It is very/ quite easy to see a doctor	25%	18%	It is very/ quite easy to see a nurse	54%	61%	It is very/ quite easy to see a dentist	11%	15%	It is very/ quite easy to see a mental health worker	20%	19%	Have you been helped with your mental health problems in this prison?	39%	43%			
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	The 'buddy scheme' via which peers help each other is largely suspended due to the pandemic. It was not clear how residents are able to access at present the sort of help this scheme normally offers (carrying meals, cleaning etc).		
6. Sexual orientation	HMIP describe 18% as gay or bisexual, Equalities have quite a lot of missing data, but also indicate lower figures. The rates are broadly 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.		
	Question	Gay/bisexual /other	Heterosexual
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Pregnancy and maternity	HMP Bronzefield has 24-hour healthcare and a mother and baby unit for up to 12 mothers and 13 babies. This is a regional resource, so also serves HMPs Downview and Send.		
	The HSCNA notes that the unit benefits from a visiting midwifery service and that mothers have full access to healthcare whilst their babies are registered with a local GP service.		
	HMIP described care as equivalent to the community. ¹⁴		
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'	HMIP states that ' <i>complex cases were managed well</i> ' and went on to cite examples of good practice ¹⁵ The HSCNA and related documents describe a range of forum designed to ensure care including complex case MDT meetings.		
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. Sodexo did not supply any data on home areas. It is understood that the majority of residents originate from London and the South East; the prison serves the whole of England, so some residents are many miles from their home. The HMIP Short Scrutiny report describes how suspension of visits during the pandemic was especially detrimental for the emotional wellbeing of women who could not see their children.¹⁶

¹⁴ HMIP (2019) [Report on an unannounced inspection of HMP & YOI Bronzefield by HM Chief Inspector of Prisons](#). [Accessed 18.12.20]

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