NHS Surrey

A HEALTH NEEDS ASSESSMENT FOR

HMP SEND

2009/10

CONTENTS

EXECUTIVE SUMMARY

Background

The NHS Surrey Public Health Directorate is undertaking a rolling programme of needs assessments and refreshes across the five Surrey prisons to inform the commissioning process. The health needs assessment is also a key component of several of the Prison Health and Performance Quality Indicators that are being collected on an annual basis by the Department of Health and the Ministry of Justice.

Needs assessments were carried out at HMP Send in 2004 and 2006. It is recommended that a needs assessment or refresh is undertaken every 12 months. Given the changes that have taken place since 2006, a full health needs assessment was undertaken.

HMP Send

HMP Send is a closed female training prison with accommodation for up to 281 prisoners, including a resettlement unit, a substance misuse unit (RAPt) and a therapeutic community. In September 2009, the majority of the prisoners were under 40 years of age (68%) with the largest population in the 20-30 age group. The prison had a higher BME population (34%) than the national average, and 13% were foreign nationals. 52% had been in prison more than 6 months and 89% has received a sentence of more than 12 months.

Methods

The Health Needs Assessment was carried out between August 2009- January 2010 and information was collected through four main methods:

1. Information on services, service activity and staffing at HMP Send was available from the healthcare manager and external service providers.

2. Health needs assessments from two other prisons (HMP Drake Hall and HMP/YOI Foston Hall) were available from their primary care trusts which were used for comparison. These prisons were selected as most similar to HMP Send by the steering group.

3. Stakeholder views were collected from healthcare staff, prison staff, external providers and prisoners through questionnaires, focus groups and interviews. Over 45% of prisoners participated in the needs assessment.

4. An audit was carried out of the reception screening forms in the Inmate Medical Record (IMR) for all women entering the prison between August and October 2009. Data for 60 prisoners were included, which represents approximately 22% of the population.

Areas of recommendation

Reception

Improving the reception screening process is key to a number of recommendations. The right questions need to be asked and all relevant information recorded to ensure the prisoners enter the right care pathways. This was particularly relevant for chronic disease management and eligibility for vaccinations.

Chronic diseases and medication

It was clear that chronic disease registers were not maintained for most chronic diseases; this needs to be improved and regularly audited. Epidemiological data revealed that active case finding should be put in place for hypertension, and the inclusion criteria on the chronic disease registers for heart disease and diabetes should be reviewed. Pharmacy data revealed that Orlistat prescribing (for obesity) and monitoring was not in line with NICE guidance, and an urgent review is needed of prescribing of this medication.

Communicable diseases

Active case finding and testing should be put in place for Hepatitis B and C as numbers in the prison were lower than expected. All prisoners should be offered the Hepatitis B vaccination and measures should be taken to improve the uptake to 80%.

Mental health

Mental health diagnoses and medications should be linked on the reception screening to ensure medications are monitored and patients are referred to the right services. More self-help materials should be available to prisoners to improve mental health and well-being and there should be better communication of the services available.

Learning disabilities

At present there is no screening tool in use for identifying those prisoners with learning disabilities and specifically commissioned services are not in place. This is an area of need which should be prioritised.

Health Improvement

A multi-disciplinary Health Promotion Action Group needs to be set up to drive forward the health promotion agenda at HMP Send and to ensure joint working is undertaken with prisoners involvement. Given that around 75% of women in the prison smoke, a review of the smoking cessation service should take place to ensure that the services offered are in line with NICE guidance and meet the needs of the women. The prisoners should be supported to make healthy choices through more information on the food available to them including the canteen list, and they should be able to feedback on the catering provided. All eligible prisoners should be offered cervical, breast, bowel and diabetic retinopathy screening.

Drugs and Alcohol

Further integration is needed between the RAPt programme and healthcare within the prison to ensure an equitable service is provided by healthcare. The reception screening should be adapted to identify prisoners at risk of communicable diseases and those eligible for vaccination programmes. The use of AUDIT for alcohol use should be continued and monitored, and the provision of services should be in line with the Surrey Prison Alcohol Strategy.

Dental Health

Waiting times for both urgent and routine appointments were being breached; improvements should be performance managed. The oral health products available to buy through the canteen list cost at least twice as in the community, therefore the provision of cheaper products should be investigated.

Stakeholder Views

Findings from the stakeholder consultation have raised serious concerns about all healthcare provision within HMP Send. NHS Surrey should performance manage providers of healthcare to improve stakeholder satisfaction through the recommendations given. Further training should be made available to all staff in the prison on the health needs of prisoners and the roles and responsibilities of all staff around health should be communicated. A formal consultation process needs to be put in place to consult with prisoners on services changes and to seek their feedback.

1. INTRODUCTION

1.1 BACKGROUND

The NHS Surrey Public Health Directorate is undertaking a rolling programme of needs assessments and refreshes across the five Surrey prisons to inform the commissioning process. The health needs assessment is also a key component of several of the Prison Health and Performance Quality Indicators that are being collected on an annual basis by the Department of Health and the Ministry of Justice.

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1.2 HEALTH NEEDS ASSESSMENT

Health needs assessments are carried out so commissioners can make plans for healthcare based on a sound understanding of current service provision and patient needs. This reflects the World Class Commissioning competencies, particularly those on commissioning services to optimise health gains and reduce health inequalities (competency 2) and undertaking needs assessments (competency 5)[1]. This HNA has been carried out using the Birmingham Toolkit[2] model for health needs assessments in prison.

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 the supply of health care may require changes in resource or re-organisation of existing supply e.g. through skill-mix changes.

Further information on health needs assessments is available in Appendix A.

1.3 STRUCTURE OF THIS PAPER

This document describes the prison, the methods for the health needs assessment and the results (service description, comparison with similar prisons, corporate- stakeholder views and epidemiological description of disease burden). Recommendations are included throughout and in full in Appendix C. Reference is also made to the Prison Health Performance and Quality Indicators (PHPQI) where relevant- the results for 2010 are included in Appendix D.

2. PRISON DESCRIPTION

HMP Send is a closed female training prison which opened in 1962 and is built on the site of a former isolation hospital. The prison was completely rebuilt by 1999, with further expansion in 2008 with the opening of an additional 64 bed unit. HMP Send is one of three female prisons in Surrey. As HMP Send has no in-patient facilities there are some medical restrictions for reception, for example no-one actively detoxing or with complex medical conditions i.e. terminal cancer.

2.1 DESCRIPTION OF RESIDENTIAL UNITS

A wing	Therapeutic community	Capacity- 40	Single cell with integral sanitation and individual showers
B &C wings	Normal accommodation (C= reception wing)	Capacity- 77	Single cell with integral sanitation and individual showers
D wing	RAPt Unit	Capacity- 20	Double rooms and communal showers
E & F wings	Resettlement Unit	Capacity- 80	Single cell with integral sanitation and individual showers
J wing	Normal accommodation (mainly for lifers)	Capacity- 64	Single cell with integral sanitation and individual showers

2.2 DEMOGRAPHIC PROFILE AND TURNOVER

The June 2009 Ministry of Justice Statistics Bulletin (most recent available) states that the in use Certified Normal Accommodation at HMP Send is 281 (this includes accommodation available for immediate use, excluding damaged cells and cells affected by building works or staff shortages). There is a relatively low churn of prisoners with 89% having received a sentence of more than 12 months.

For September 2008- September 2009 the total number of receptions was 352 and the number of discharges was 220. As this prison does not provide a 'local' function (where a person is detained before trial or shortly after conviction), prisoners are only transferred in from other prisons.

PHPQI 1.13 Equality and Human Rights states that needs assessments must include the six strands of diversity- age, gender, sexual orientation, disability, race and religion. Data related to these strands is highlighted below. Gender is addressed throughout this document as the needs of women specifically are addressed in line with the Gender Equality Duty[3].

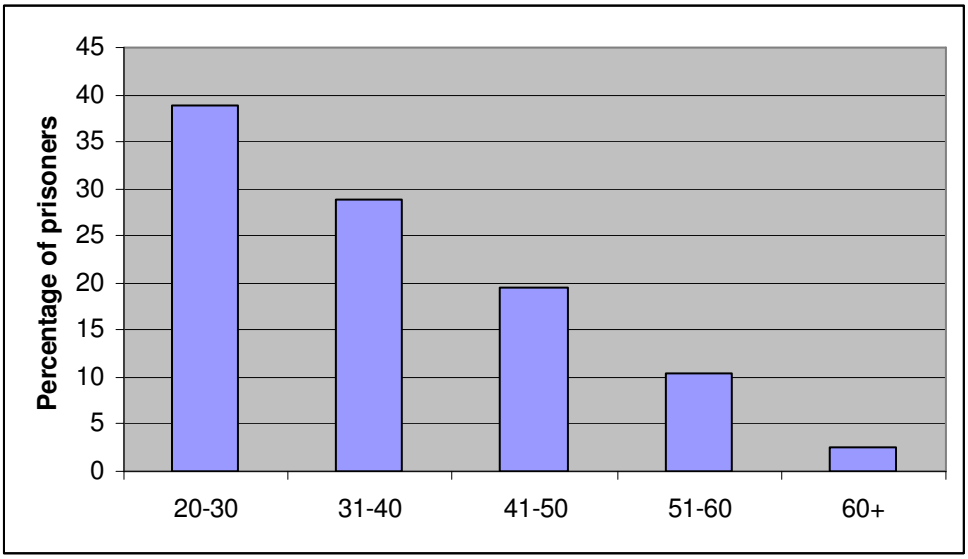
Category	**Data source**	**Results**
Foreign nationals	*C-NOMIS*	13% foreign nationals Largest populations Jamaican and Irish
	Reception audit	95% of prisoners gave English as their first language
Religion	*Reception audit*	52% no religion stated 38% Christian; 5% Muslim; 5% Sikh
Children of women at HMP Send	*Reception audit*	58% had children 45% had children under 18 Combined total of more than 60 children 56% of sets of children being cared for by mother's parent/s
Marital status	*Reception audit*	47% single 33% partner 5% married
Sexuality	*Diversity Liaison Officer*	14 women (/281, 5%) identified themselves as lesbian or bi-sexual
Receptions by transferring prison	*Reception audit*	80% from prisons in the South East 40% from HMP Bronzefield (Surrey) 27% from HMP Holloway (London)
Length of stay in prison	*Reception audit*	52% more than 6 months 12% less than 3 weeks
Location prisoners discharged to	*Reception audit*	43% South East (not London) 17% London; 11% Wales; 5% Surrey 5% deported; 5% no fixed abode to return to

Type of sentence	*C-NOMIS*	12% less than 12 months 3% Above 12 months- less than 4 years 57% 4 years or more excluding indeterminate sentences 28% Indeterminate sentences (Lifers and PPO)

Age

A snapshot of ages taken on the 3rd September 2009 indicated that the majority of the prisoners were under 40 (68%, 190/281) with the largest proportion in the 20-30 age group. Only 2% (7/281) of the population were over 60.

Figure 1 HMP Send prisoners by age (03/09/09)



Source: C-Nomis

Ethnicity

A recent report by Race for Justice[44] states that black and minority ethnic (BME) groups account for 26% of the prison population (28% of female prisoners) although they constitute only 9% of the overall population of England and Wales. It also indicates that the over representation of BME groups in prison increases year on year.

HMP Send has a higher BME population than the national average (34%). On the date the ethnicity snap shot was taken (16/09/09), the majority of prisoners were White British (66%, 184), followed by Black Caribbean (9%, 24) and White Other (6%, 17).

Disability

The prevalence of disability in England is estimated at 18%, increasing with age. If these figures were applied to the population of HMP Send there would be 50 inmates with a degree of disability.

Information held on the 'Diversity' database (from the Disability Officer) showed that on the 3rd September 2009, 114 prisoners (prevalence 42%) had some kind of disability and these were listed as below. The data on disability is voluntary and represents those who are willing to be recorded on the prison database.

Disability as listed	**Number (%) of prisoners in HMP Send (n=281)**
Mental illness	35 (13%)
Visual impairment	20 (7%)
Hearing difficulties	12 (4%)
Dyslexia	10 (4%)
Reduced mobility	10 (4%)
Learning difficulties	7 (3%)
Reduced physical capacity	6 (2%)
Speech impairment	3 (1%)
Progressive condition	2 (1%)
Severe disfigurement	1 (0.3%)
Other	8 (3%)
Refused to disclose	3 (1%)

Source: Prison Diversity Database

Recommendations

- The prison should seek to reduce the percentage of prisoners with 'no fixed abode' on discharge.
- All healthcare providers should identify those at increased risk of NFA on discharge and actively lobby the prison on their behalf to secure accommodation.
- The prison should use clear definitions of 'learning difficulties' and 'learning disabilities' when classifying prisoners on the Diversity Database (link to section *7.6.3 Learning Disabilities*).

2.3 PRISON INSPECTIONS

The last announced inspection of HMP Send by Her Majesty's Chief Inspector of Prisons (HMIP) was in February 2006. For healthcare, HMIP noted that 'Healthcare services at Send were continually developing, and a high level of clinical expertise was available to prisoners… Primary and secondary mental health services were evolving, but there was a need for greater specialist psychiatric support.' However a follow-up unannounced inspection in August 2008 notes that 'Healthcare services were under strain due to problems recruiting permanent nursing staff… which led to problems such as a lack of continuity of care and unfamiliarity with healthcare procedures.'

The Ministry of Justice publishes quarterly performance ratings for prisons based on a combination of the Prison Performance Assessment Tool (PPAT) and the public prison weighted scorecard. The Quarter 1 (09/10) rating for HMP Send was 4 (exceptional performance), which was an improvement in performance on the last quarter.

3. METHODS

The Health Needs Assessment was carried out by the Public Health Team at NHS Surrey between August 2009- January 2010. Data was collected from a number of sources as outlined below. A Steering Group was formed to guide the process and the membership of this group is detailed in Appendix B.

3.1 HEALTH SERVICES

Information was requested from the Healthcare Manager on the services and staffing available at HMP Send.

3.2 COMPARATIVE

- Health Needs Assessments from comparator prisons

Given the small number of female prisons in the UK, it was not possible to find an exact match for HMP Send. Two were selected as comparators HMP Drake Hall and HMP/YOI Foston Hall.

Three prisons were suggested as being marginally comparable by the Governor; HMP Drake Hall, HMP Morton Hall and HMP/YOI Foston Hall. Health needs assessments were available for HMP Drake Hall and HMP/YOI Foston Hall; HMP Morton Hall was only re-categorised from a semi-open to a closed women's prison in March 2009, therefore HMIP reports were not available and a needs assessment was being carried out due to be completed in June 2010. HMP Downview would also have been a suitable comparator, but a health needs assessment was not available.

3.3 CORPORATE (STAKEHOLDER VIEWS)

3.3.1 Prisoners

- Focus groups and questionnaires

Three standard focus groups were carried out as well as a series of interviews. A questionnaire was developed and distributed to the prisoners.

3.3.2 Healthcare staff/GPs

- Questionnaires and interviews

Healthcare staff and GPs were given the opportunity to participate through either a questionnaire or an interview.

3.3.3 Prison officers

- Questionnaires and interviews

Questionnaires were disseminated to officers by a member of the Public Health team on a staff health information day and by a Senior Officer. Some officers also participated in mini interviews and discussions.

3.4 DISEASE HEADINGS

3.4.1 Epidemiological

- Reception audit

An audit was carried out on the 30th October and 6th November of the reception screening forms in the Inmate Medical Record (IMR) for all women entering the prison between August and October 2009. 72 women entered the prison in this period and 69 were new receptions. Of these seven women had already left the prison, so their records were not available and two reception screening forms were not in the IMR. Nine IMR's could not be located, so limited information was gained by looking at their medical record on the computer system EMIS. In total data for 60 prisoners were included, which represents approximately 22% of the population.

- Summary of data from chronic disease register
- Referrals to secondary care
- Disability register
- Prescribing data
- C-Nomis
- Data from the GUM service
- Data from the Surrey Chlamydia Screening Service

4. RESULTS- HEALTH SERVICE DESCRIPTION AND ACTIVITY

NHS Surrey commissions Surrey Community Health (SCH) to provide the majority of general healthcare within the prison. SCH has prioritised mental health, substance misuse and communicable diseases in its Provider Service Plan 2007-09. Services for mental health have been commissioned from Surrey and Borders Partnership NHS Foundation Trust since 2005. GP services are commissioned from Shere Surgery and out of hours cover is provided by ThamesDoc. GUM services are commissioned from Ashford & St Peter's NHS Trust.

4.1 STRUCTURE

4.1.1 Healthcare staff

The Independent Monitoring Board have highlighted the shortage of permanent staff as an issue in their three previous reports spanning back to 2006[4]. Before September 2009 four of fifteen staff were permanent, making 73% (11/15) agency staff.

From the end of September 2009, the staff structure at HMP Send has had the following staff, of which the Healthcare Manager, three nurses and one admin assistant were new permanent staff:

- Band 7 Healthcare Manager
- 4 x Band 6 nurses (including one Primary Mental Health Nurse)
- 9 x Band 5 nurses
- 1x Healthcare Assistant
- 2x Administrative and Clerical Assistants

In October-December 2009 there were three Band 5 agency staff and the rest were permanent staff, making 18% (3/17) agency staff. Plans are in place to replace these agency staff with permanent staff.

4.1.2 Healthcare facilities

From August/September 2009 healthcare began operating a wing-based service, where a nurse is based on each wing. All services were provided centrally at the main healthcare block previous to this.

<table>
<tr><td>Main healthcare building</td><td colspan="2">Admin office, two mental health consultation rooms, dental room and two triage rooms (one serves as the emergency room)</td></tr>
<tr><td>A wing</td><td>Therapeutic community</td><td rowspan="2">Small room for consultation and dispensing medications, opposite officers room and central to the three wings.</td></tr>
<tr><td>B &C wings</td><td>Normal accommodation

(C= reception wing)</td></tr>
<tr><td>D wing</td><td>RAPt Unit</td><td>Very small room, with no computer and limited clinical facilities.</td></tr>
<tr><td>E & F wings</td><td>Resettlement Unit</td><td>Small room available, but needs to be equipped with clinical facilities. Patients go to J wing for medications and treatments.</td></tr>
<tr><td>J wing</td><td>Normal accommodation (mainly for lifers)</td><td>Purpose built facilities, one consultation room, a medication hatch and a store room.</td></tr>
</table>

4.1.3 Opening times for healthcare

Healthcare staff are available on site:

Monday- Friday: 7.30am-6.30pm

Saturday-Sunday: 8am-5.30pm

4.2 PROCESS

4.2.1 New arrivals

All new arrivals are screened using the standard reception screening. This document covers:

- Demographic
- Past medical history

- Health measurements (weight, blood pressure etc)
- Immunisation history
- Current treatments
- Gynaecological/ obstetric history
- Problems with communication
- Social history (including substance misuse)
- Psychiatric history

This document is then summarised onto the computer system EMIS. During the reception audit a number of problems were identified with the reception screening, and these relate to a number of sections in this document: hepatitis B (7.3.1), sexual health (7.3.4), substance misuse (7.7.1), alcohol (7.7.4) and screening (7.8.4). Further to this the screening documents were often not fully completed and not signed by the admitting nurse.

- The screening process is key in identifying vulnerable and at risk prisoners and/or those with acute/chronic illness. It is therefore crucial that the screening process is comprehensively delivered. Surrey Community Health should regularly audit reception screenings to make sure 100% of the form is completed, and monitor the findings through their clinical governance meeting.

4.2.2 Accessing healthcare

To access healthcare a prisoner must first fill in an application form which is dropped in a wing healthcare box. This box is opened by the wing nurses in the morning and afternoon, and prisoners are then invited for triage (general or dental). The query is either then dealt with by a nurse or they are given an appointment with the doctor.

4.2.3 Out of Hours/Emergencies

ThamesDoc provide an out of hours service from 6.30pm to 7.30am and at weekends, which includes dental issues. Problems were reported with the time taken to respond to queries. If the issue is not resolved prisoners will go to A&E. This then has cost implications for bed watches and escorts.

4.2.4 Prisoner transfer/ release

When a prisoner is transferred to another prison their EMIS record is printed out and put into their Inmate Medical Record. If they are transferred to an Immigration Removal Centre a written summary of their notes is sent with them.

When a prisoner is released they are provided with three days of medication and a list of GPs and dentists in Surrey. National numbers are also given to assist the prisoners in finding a GP or dentist in their area. A discharge summary letter is faxed to their GP, or a printout is provided to the prisoner.

4.2.5 Complaints and queries (inc. PALS)

Joint recommendations from the Healthcare Commission and HM Inspectorate of prisons stated that primary care trusts should regularly seek and record prisoners' feedback and complaints in order to improve their management systems[16]. This will also fulfil their statutory duty under Section 11 of the Health and Social Care Act (2001) which states that patients and the public should be involved in service planning, operation and change[5]. The Health and Social Care Act 2003 provides for the Secretary of State to make regulations to handle and consider complaints about the NHS. These formal procedures should ensure that patients feel involved in their care and are encouraged to comment[6].

Patient Advice and Liaison Service (PALS)

A phased roll out of a patient advice and liaison service in all Surrey prisons began in January 2008 with the launch of PALS at HMP Send. The service is managed by one of NHS Surrey's Public Engagement Managers who leads on PALS and Engagement for all prisons in Surrey. The service model was developed following extensive discussions with healthcare staff, prisoners, Chaplaincy team, Independent Monitoring Board members, Governors and staff.

A prisoner orderly was recruited to fulfil the role as internal link within the prison to provide liaison and on the spot assistance and support to women wishing to access the service. This is a paid role, with wages paid for by the prison at the highest rate, and management support is provided to the orderly by the Public Engagement Manager.

The success of the model at HMP Send is to be highlighted in the Department of Health's Best Practice Guide to PALS in Prisons to be published imminently.

Since April 2009 (first two quarters) there have been 138 cases overall, of which 33 were complex cases dealt with by the Public Engagement Manager and 105 cases were dealt with by the PALS Orderly. In all cases the aim is to get speedy resolution for the offender and to hopefully reduce formal complaints if possible. The main issues raised were communication and attitude, waiting times for appointments with GPs and especially the dentist, and delays in getting results or repeat medications.

The ethnicity profile of those complaining was representative of the population of HMP Send. However the age profile was slightly different, indicating that those using the PALS service were generally older. This could reflect an increase in health care usage with aging or an issue with younger women accessing the service.

Recommendations from PALS included better communication with prisoners highlighting that a regular newsletter and the television could be useful in communicating information, and consultation with prisoners on any planned service changes.

4.3 SERVICE PROVISION

4.3.1 Nurse-led clinics

The table below details the clinics that are provided within the prison by internal Surrey Community Health staff. Chronic disease management is provided through primary care.

Clinic	**Frequency**
Nurse triage	6x a week
Dental triage	Weekly
Phlebotomy	Weekly
Hepatitis B vaccination clinic	Weekly
Women's health	Weekly

4.3.2 Pharmacy

The supply of all medicines is provided by a separately commissioned organisation, Direct Pharmacy. A clinical pharmacy and medicines management service is provided by staff from HMP High Down- as of September 2009, there was no fixed timetable or structure of how this service was provided.

Pharmacy staff provide an asthma clinic and a stop smoking clinic once a week.

In the HMIP 2008 unannounced inspection of HMP Send, it was highlighted that a review was needed of the pharmacy service 'to establish clear responsibilities for its professional and supply aspects to enable appropriate lines of communication between all parties.'

- Surrey Community Health should put in place a fixed structure or timetable for the clinical and medicines management service provided by HMP High Down.

4.3.3 GP Services

A GP service is provided by Shere Surgery on the timetable below. Following concerns about prescription charts Wednesday morning was allocated as a paperwork day with blood tests, referrals and drug charts being reviewed. All prisoners are seen on the wings and two emergency slots are built into each clinic.

Monday	Wednesday	Thursday	Friday
8.30- 12 Wings A/B/C	8.30- 12 (paperwork)	8.30- 10.30 Wing B or emergency appointments	8.30- 12 Wings E/F/J

4.3.4 Dentistry

For further oral health information see section 7.5

A report on dentistry in Surrey prisons completed in August 2009 indicated that there are 8-10 dental requests a week. One dental sessions of 7 hours is provided a week by the dentist. An oral health promotion plan has been produced for the Surrey prisons, and oral health education sessions have been carried out with the smoking cessation staff. The waiting times from this report are in the table below. Dental waiting times was raised as a concern in the 2008/9 IMB report[4].

Type of treatment needed	**Recommended maximum wait**	**Wait reported in Dentistry Report**
Emergency	-	Less than 24 hours
Urgent	24 hours	1-2 weeks
Routine	6 weeks	10 weeks

- NHS Surrey should performance manage waiting times for dental appointments to ensure waits are reduced.

4.3.5 Substance Misuse/ CARATS

The current resources (in staffing terms) allocated to substance misuse treatment are:

- 2 CARAT Drugs Workers
- 2 Drug Strategy Officers (these are effectively CARAT workers, although also responsible for all the compact-based testing)
- 1 substance misuse medical session per week (from a GPwSI)
- 1 full-time Admin for CARATs.

CARATs (Counselling, Assessment, Referral, Advice and Through care services)is in place in all establishments and provides a range of interventions, including:

- initial assessment following referral
- advice to prisoners with substance misuse problems
- liaison with health care both in prison and in the community
- care plan assessments
- drawing up a care plan for the prisoner
- one-to-one counselling and group work services
- assessment for intensive treatment programmes in prison
- through are linking with community drug treatment services
- ensuring, where required, prisoners are offered post release support for up to a maximum of 8 weeks.

As of September 2009, there were 142 prisoners on the caseload at HMP Send which is approximately 50% of the total population.

4.3.6 RAPt

HMP Send hosts a well establish, nationally recognised RAPt programme. The programme is delivered by a dedicated team of therapists and support workers on a dedicated wing supported by a prison officer at all times. In January 2010 there were seventeen women participating in the RAPt programme. The RAPt wing has ten double occupancy ensuite rooms, group rooms and counselling rooms.

Prisoners can apply to the RAPt programme from across the prison service. Prisoners can also be sent to the programme as a drug treatment order forming part of their sentence. Whilst the healthcare facility at HMP Send offers a substitute prescribing facility, RAPt offers an abstinence based approach to the treatment and rehabilitation of substance misuse through the twelve step approach. Prisoners living on the RAPt wing were required to participate in the full-time structured therapy programme that included group work, counselling and cognitive behaviour therapy.

RAPt participants are perceived as vulnerable whilst undergoing therapy and are discouraged from having contact with prisoners in other parts of the prison to avoid high risk situations. Healthcare needs are met through the main health care facility at HMP Send. Whilst there was an allocated healthcare room on the wing this was not used as it was impractical due to the size and facilities.

RAPt prisoners have an hour a week in the gym incorporated in their programme and during this time the gym is closed to prisoners from other parts of the prison. Outside of these times, if prisoners wanted to use the gym they are required by RAPt to go in groups of three. RAPt also has a structured aftercare facilities in the prison and the community.

During 2008-9 fifty-six prisoners participated in the RAPT programme at HMP Send. Of these, 80% had a history of both drug and alcohol misuse. The other 20% had a history of one substance misuse. Thirty-nine women completed the programme and the remaining seventeen women choose to leave.

4.3.7 IDTS

In September 2009 a report was commissioned by NHS Surrey to look at the implementation of IDTS at HMP Send as part of the 4th wave of IDTS national funding. Recommendations from this report included agreeing a working definition for maintenance, using a detailed screening for alcohol such as AUDIT and considering provision for unmet alcohol need.

The current working figure for treatment planning is 60 prisoners maintained at any one time, loosely based on what safe and effective treatment is feasible within the funding available, based on the experience of other similar prisons.

IDTS is due to go live in March 2010 with three allocated staff expected, subject to agreement on staff profiling.

4.3.8 Mental Health

As of September 2009 the following were part of the Mental Health In-reach Team provided by Surrey and Borders Partnership NHS Foundation Trust based at the prison:

- Service Manager (0.2 WTE, 1 day a week)
- Mental Health Nurse (1 WTE, 5 days a week)
- Mental Health Social Worker (0.4 WTE, 2 days a week)
- Primary Care Mental Health Nurse (0.4 WTE, 2 days a week- included in nursing staff above, funded by Surrey Community Health but based in the MHIR team)
- Administrative Support (2-4 hours a week)
- Support Time and Recovery Workers (1.4 WTE, two prisoners employed 4 days a week)

The following staff are employed to work at the prison on a sessional basis:

- Consultant Psychiatrist (0.1 WTE, 0.5 days a week)
- Specialist Registrar in Psychiatry (0.1 WTE, 0.5 days a week)
- Counselling (1 paid day, 4 volunteer sessions)
- Psychotherapy (2 paid days)
- Movement psychotherapy (1 paid day)
- Clinical psychology (1 day per month)

Samaritans Listeners are also available at HMP Send. They are prisoners trained and supported by Samaritans, using their same guidelines, to listen in complete confidence to

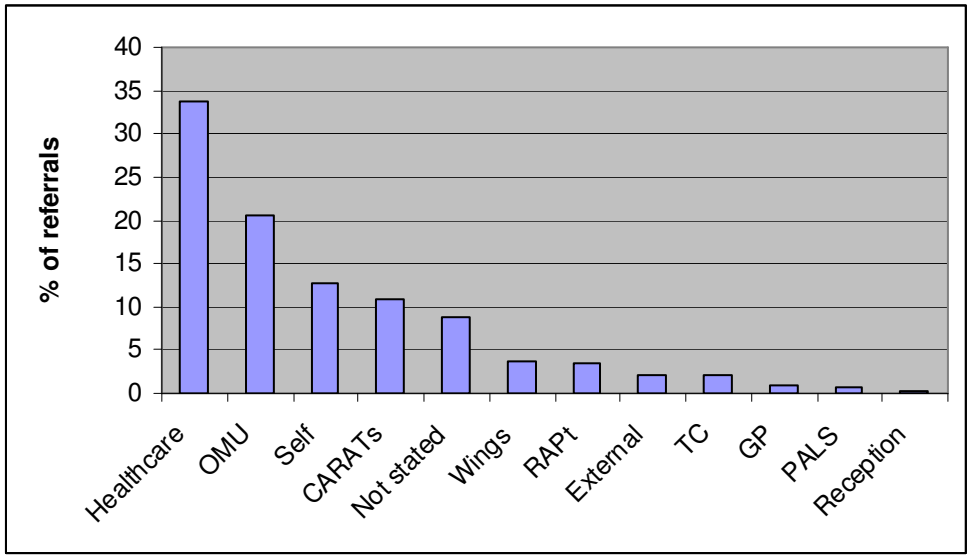
their fellow prisoners who may be experiencing feelings of distress or despair, including those which may lead to suicide.

Service data from Mental Health In-Reach

The time period for the following data was unspecified. 322 referrals were made during this time, of which 302 (94%) were accepted.

The majority of referrals were made by healthcare (34%, 109), followed by the Offender Management Unit (21%, 66) and self-referrals (13%, 41).

Figure 3 Sources of referrals



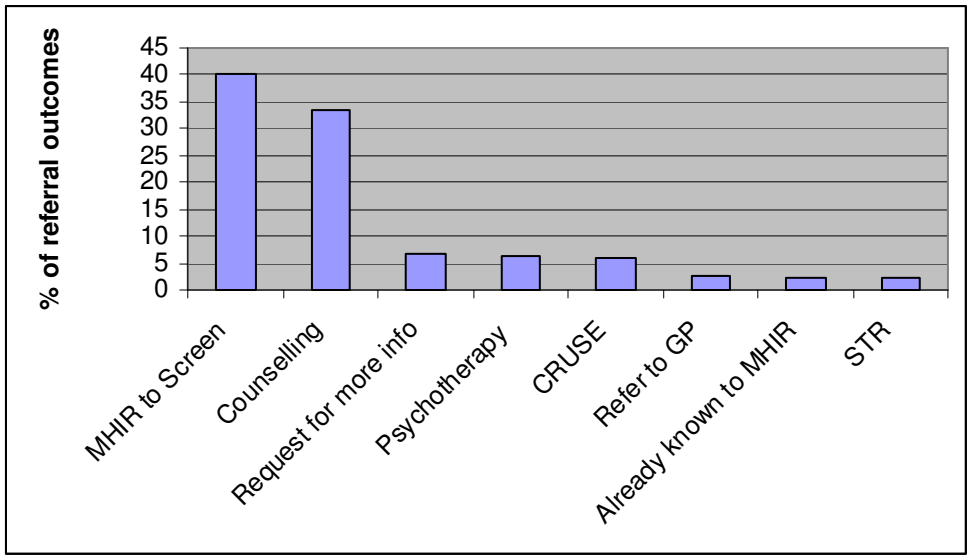
Source: Mental Health In-reach Report

The most commonly cited reasons for referral were deliberate self-harm or a history of (20%, 63), followed by serious mental illness (9%, 29), bereavement counselling (8%, 26) and hearing voices (8%, 21).

Of those referred to the Mental Health In-reach Team for deliberate self-harm, 52% (33) had a history of self-harm, 21% (13) had attempted self-harm in prison and 27% (17) were having current thoughts of self-harm. Of those referred because of bereavement 60% (26) requested bereavement counselling and 40% (17) were referred to Cruse.

Of those whose referral was accepted, 40% (118) were screened by MHIR and 33% (98) were referred to counselling. Two were referred to the Support Time Recovery Worker.

Figure 4 Referral outcomes



Source: Mental Health In-reach Report

- All healthcare providers should ensure that the Primary Care Mental Health Nurse is available to support the Improving Access to Psychological Therapies provider in implementing a service at HMP Send.

4.3.9 Therapeutic Community

The democratic therapeutic community (TC) in HMP Send has capacity for 40 prisoners and its aim is to provide prisoners with a supportive environment where they live and work together to explore and change problem behaviours relating to their offending. It is the only democratic therapeutic community in the female estate, and prisoners are expected to stay on the TC for a minimum of 18 months.

In their 2008/9 report[4] the IMB highlighted the low number of prisoners taking part in the TC as an area of concern, listing the main constraint as a shortage of therapists and dedicated prison officers. In September 2009, 18 women were resident on the programme.

A joint working protocol was being developed between TC, healthcare and mental health in-reach to look at communication between the different services and joint working processes and procedures.

- All healthcare providers and the TC should develop and agree a joint working protocol between all parties to ensure quality and continuity of care for those prisoners on the TC.

4.3.10 External Provision

The table below details the services that are provided at HMP Send by external providers who hold clinics within the prison.

Clinic	**Frequency**	**Supplied by**
Physiotherapy	Weekly	Royal Surrey County Hospital
Optician	Monthly	Service commissioned for Surrey prisons
Hepatitis C	Monthly	Royal Surrey County Hospital
Podiatry	6 weekly	Surrey Community Health
GUM	6 weekly	St Peters Hospital
Ultrasound	6 weekly	Service commissioned for Surrey prisons

Between the 21st September and the 30th October 2009, 46 external health appointments were attended. 80% (37) of these appointments were at the Royal Surrey County Hospital in Guildford. The appointments were in many different departments but the most common were maxillofacial (6 appointments), fracture clinic (4), breast clinic (3) and short stay surgery (3).

4.4 IMPLEMENTATION OF SYSTMONE IT SYSTEM

In March 2010 the prison IT system, SystmOne is expected to go live in HMP Send. This will replace EMIS and aims to reduce the need for paper records. A number of the recommendations in this report, particularly those related to reception screening and data recording, will be affected by the implementation of SystmOne and the prison health delivery plan will take account of this.

5. RESULTS- COMPARATIVE

HMP Drake Hall is a closed female prison with a capacity of 315. Data was available from the full Health Needs Assessment from 2007[7] and the 2008 refresh[8], and from the 2007 HMIP inspection report[9].

HMP/YOI Foston Hall is a closed female prison with a capacity of 283. Data was available from a 2007 Health Needs Assessment[10], and a 2009 HMIP inspection report[11].

Comparator	HMP Send	HMP Drake Hall	HMP/YOI Foston Hall
Certified Normal Accommodation	281	315	283
Type of prison	Closed Training - Sentenced (141) - Resettlement (80) - Addictive treatment (20) - Therapeutic community (40)	Closed - Resettlement Specialist function for foreign nationals	Closed - Sentenced (186) - Remand (80) - Juveniles(17)
Foreign nationals	13%	30%	7%
Staffing levels	17 WTE	Info not available	21 WTE staff
Inpatient care	No	No	No
GP	TOTAL= 8.5 hours Mon/Thurs/Fri 8.30- 12 (2 sessions) 8.30- 10 (1 session)	TOTAL= 12.5 hours Monday-Friday 10-12.30	TOTAL= 19.5 hours Monday-Friday 8.30-12 (3 sessions) 8.30-1 (2 sessions)
Dentist	1x 7 hour session a week	1x 3 hour session a week	2x 3 hour sessions a week

Examples of good practice	Prison orderly working with PALS manager to provide an internal link between prisoners and the PALS manager.	Two health trainers who cover a whole day a week. Referrals are made to and from the health trainer service from the gym and the smoking cessation service.	Prison using the 'walking the way to prison health' model to encourage physical activity. Prisoners who have witnessed serious self harm are seen by wing staff and Listeners.
Suggested areas for improvement	See main recommendations.	No GUM service. Gaps in alcohol provision. Needs of foreign national women need to be considered.	Improvement of Hepatitis B vaccination uptake. No primary mental health care provision – all from MH in-reach.

6. RESULTS- CORPORATE (STAKEHOLDER VIEWS)

6.1 PRISONERS

Over 45% (128) of prisoners at HMP Send participated in the corporate needs assessment, with 26% (73) completing questionnaires and a further 19% (55) participating in focus groups (either through attending or sharing their views with a representative that attended the focus group) or individual interviews. This is a good response rate, increasing the weight which should be given to the findings. The standard focus groups were facilitated by the PALS representative and a member of the Public Health team at NHS Surrey. The prisoner Patient Advice and Liaison Service (PALS) representative encouraged prisoners to participate and also provided a summary of the health concerns, feedback on health care and prisoner led health initiatives at HMP Send. This was collected from her experience within the role.

Summary of participation:

- 14 prisoners took part in standard focus groups.
- The therapeutic community sent one of its members to advocate for them who had gathered the views of 20 prisoners, therefore an interview format was used.
- 6 women individually spoke to the facilitator at the hairdressers.
- 15 prisoners took part in a focus group on the RAPT wing.

TOPIC	***RESULTS***
Health Services	• The average rating of healthcare at HMP Send was 3/10. • Many negative experiences of healthcare, attributed to changes in management and staff. • However, recent healthcare manager making positive changes. • 62% of prisoners were not happy with the treatment they had received for their health problems • 84% of prisoners felt healthcare was better outside prison • 70% of prisoners felt healthcare was better in other prisons
Healthcare staff	• Healthcare appointments are rushed. • Prisoners did not feel that healthcare staff believe what they say about their health/symptoms, and felt they were just given paracetamol instead of having their concern investigated. • Communication between prisoners and healthcare staff poor, with some healthcare staff viewed as unapproachable, rude, hostile and patronising. • Lack of empathy and understanding from staff.

	• 60% of prisoners did not feel cared for by healthcare staff • 51% of prisoners felt healthcare staff did not explain things clearly to them
Relationships with prison staff	• Relationship between healthcare staff and prison staff was very poor. • Officers often called healthcare on behalf of prisoners and healthcare did not respond positively. • Relationship between officers and inmates very positive. Officers approachable, friendly and caring. • Prisoners would go to an officer first with a concern.
Processes	• The average rating of 'ease of access to healthcare' was 3/10. • Reception screening very thorough and good. However healthcare concerns discussed at reception screening were not always followed up. • Anxiety at waiting over a month for test results, healthcare staff don't listen to concerns. • Some issues with laboratory not receiving blood tests. • Healthcare do not visit sick prisoners in their cell so the *"rest in cell"* decision left to prison officer. • Healthcare had no access medical history prior to prison, so have to 'prove' past ongoing health complaints.
Appointments	• Can wait two weeks after initial triage to see a GP. • Healthcare appointments were not communicated well, with missed appointments due to no appointment slip. • Doctor will not address more than one complaint at a time so need to put in another application to see the doctor.
Pharmacy/ Medication	• Hard to manage symptoms of colds and flus as no access to cough mixtures, lozenges or pain relief. • Repeat medications do not always arrive on time, meaning women go without medication. • Evening medications given too early, especially those with a sedative effect which affect sleep patterns.
Privacy and confidentiality	• On the main block, lack of privacy at the medication hatch and have to bend down to speak to healthcare staff through the hatch. • Although 66% of prisoners felt privacy and confidentiality were respected in consultations, only 29% felt the same about the hatch.
Equality and Diversity	• Concerns that some prisoners not getting the same care because of a language barrier. • Between 38-49% of prisoners felt that they were treated with respect by healthcare staff no matter what their demographics (i.e. age, race, religion, disability, sexual orientation).

Overall health	• Most prisoners rated their own health as better than other prisoners. • Overall health of the women at HMP Send poor, including emotional/mental health.
Oral health and dental services	• Lifestyles, drug use and neglect resulted in poorer oral health, and greater need for dental services. Felt provision does not reflect this. • Long waiting times for appointments including 'emergency' appointments. • Lack of pain relief or antibiotics after seeing the dentist, prisoners then reported having to put in another application for pain relief. • Would like more check ups and felt oral health promotion in the past was patronising and a poor substitute for check ups. • Dental products on the canteen list are too expensive. • 46% of prisoners rated 'ease of access' to dental care as very difficult. • 23% of prisoners reported experiencing dental pain in the last 24 hours
Mental health	• Many women witnessed fellow prisoners self harming and attempting to end their lives. • Mental health of prisoners is poor, due to issues before coming to prison. • Some unaware of services available such as in-reach team and peer support. • Some prisoners not happy with Listeners, as not comfortable talking to a fellow prisoner. • Support available in the Therapeutic Community was viewed very positively. • 52% of prisoners didn't feel that HMP Send was good at helping people when they feel low • 56% of prisoners would know where to go for help if they felt low
Health promotion	• Although motivation to change behaviour was high, felt that poor emotional health was a barrier. • Happy with health promotion activities, and recent cervical screening campaign well received. Due to popularity, not enough appointments. • Only 41% of prisoners felt they could get information and advice on how to stay healthy
Screening	• 66% of women within screening age range had been invited for cervical screening. • 50% of women within screening age range had been invited for breast screening.

Diet/Exercise	• Difficult to get a balanced diet at HMP Send. • Food lacks nutrients, and high fat and carbohydrate content. • Weight management major issue, with many reporting weight increased since moving to HMP Send, due to diet. • Happy with gym, support and advice from gym staff very good. • Some taking vitamins or would like to, but very expensive. • 70% of prisoners did not feel that the food was good for them
RAPt prisoners	• Felt 'forgotten' by healthcare. Did not know any of the healthcare staff and felt they were not kept informed or consulted about healthcare issues. • Lack of opportunity for exercise
One change to improve health?	• For healthcare staff to respect them and value them as people. • Attitudes of healthcare staff towards prisoners. • For appointments not to be rushed. • Better communication between healthcare and prison staff. • Pain medication available on the wings. • More mental health promotion for those not currently accessing services. • More privacy and confidentiality at the hatch in the main block.
Most beneficial health improvement?	• Opportunity to have a healthier diet (89% of prisoners) • Information on how to stay healthy (70% of prisoners) • Support planning for when I go home (66% of prisoners)

6.2 HEALTHCARE STAFF/ GPS

Healthcare staff at HMP Send were encouraged to participate in the corporate health needs assessment through questionnaires and interviews. In total, three staff were interviewed with views from a further four staff obtained via questionnaires. The GPs at HMP Send were also given the opportunity to participate, and were given the same questions. The results have been merged below.

TOPIC	***RESULTS***
Staffing	• There have been many changes in the healthcare team, and some of these could have been facilitated better. • Period without management structure was very negative, and better interim measures should have been put into place. • More healthcare staff would improve provision. • Recruitment and retention needed to be strengthened and better communication from HR would help this.

	• The nurse led healthcare service has been very short staffed and this has put pressure on the GP time. • Role of primary care mental health nurse unclear.
Training and development	• Three of the four questionnaire respondents did not have a personal development plan. • Staff felt they needed more training on sexual health, mental health, triage and first on scene.
Communication with prison officers	• Some felt officers did not understand the role of healthcare or the application system. • Should be a priority for health and prison staff to work together.
Pharmacy/medication	• System for ordering medication time consuming. • Would like better pharmacy facility • Nurse prescriber in healthcare would make access to medication more effective
Diet	• Increase in prisoners with high cholesterol and weight management issues, and increase in requests for special diets
Processes	• Paper based systems time consuming and a barrier to standardised care. • Test results regularly delayed or missing, need electronic links to the lab to ensure timely results.

6.3 PRISON OFFICERS

Questionnaires were disseminated to officers by a member of the Public Health team on a staff health information day and by a Senior Officer. Twelve completed questionnaires were returned. Six officers also participated in mini interviews and discussions.

TOPIC	***RESULTS***
Healthcare staff	• Felt healthcare staff were rude to prisoners and prison staff. • Healthcare staff dismissed concerns of prison officers and don't work with them. • Healthcare staff always rushed when seeing prisoners. • Poor relationships between healthcare staff and prisoners. • 55% felt healthcare could communicate with prison staff better.
Health of prisoners	• Self-harm a big issue at HMP Send. • Obesity and weight management main health concern for women, feeling they put on weight at HMP Send.
Health promotion	• Healthcare are treatment rather than prevention focussed. • Prisoners deliver successful health promotion activities

	without any healthcare input. • Recent cervical smear campaign good, but demand outweighed supply. • More physical activity would help mental and physical health.
Access to services	• 83% do not believe access to dentist worked well. • 67% do not believe access to the GP worked well.
Training for officers	• 58% of officers did not believe they received any training to support the health of prisoners. • 67% of staff were not aware of any joint training with healthcare, and all felt they would benefit from joint training. • 25% felt they would benefit from first aid training.

Recommendations

Findings from the stakeholders questionnaires and focus groups have raised serious concerns about all healthcare provision within HMP Send. NHS Surrey should performance manage providers of healthcare to improve stakeholder satisfaction and address the following:

- All healthcare providers should put processes in place to formally consult with prisoners on a regular basis, particularly on significant service developments.
- All healthcare providers should keep prisoners informed of changes in services to increase trust in services and manage service demand.
- Surrey Community Health should ensure that regular staff are present on each wing to build relationships with prison staff and prisoners.
- Surrey Community Health should ensure that recruitment and retention of prison healthcare staff is an area of priority for HR to ensure prompt recruiting to vacancies.
- Surrey Community Health and the prison should ensure the roles and responsibilities of all staff around the health of prisoners are clearly outlined, and joint training should be arranged to re-enforce this.
- Surrey Community Health and the prison should arrange additional staff training on the specific health needs of prisoners for both healthcare and prison staff, which should involve prisoners themselves.
- Surrey Community Health should ensure that any actions noted on the reception screening are clearly documented and followed up.

- Surrey Community Health and the prison should review the communication of appointments to reduce DNAs and waiting times, as well as prisoner frustration.
- Surrey Community Health should review the processes in place to ensure repeat prescriptions arrive on time.
- Surrey Community Health should investigate implementing a nurse prescriber role to improve access to medication.
- Surrey Community Health should review the times of evening medication to ensure sedative drugs are not given too early.
- Surrey Community Health should ensure that levels of privacy and confidentiality at the hatch are improved.
- Surrey Community Health should review the provision of pain relief and antibiotics following dental visits.
- Surrey Community Health should improve communication with prisoners around dental waiting times and expectation of services available.
- All health providers and the prison should review the processes around supporting women who witness self-harm by others, and review the provision available.
- Surrey and Borders Partnership NHS Foundation Trust should improve communication of mental health service provision.
- Surrey Community Health and Surrey and Borders Partnership NHS Foundation Trust should review the provision of primary care mental health services and self-help materials available to prisoners.
- The prison and Surrey Community Health should undertake consultation with prisoners to find out what support for going home would be most helpful.
- Surrey Community Health should work proactively with the RAPt staff and prisoners to build relationships and ensure that a equitable service is provided.
- Surrey Community Health and RAPt should develop and put in place a communication agreement to ensure a joined up service is provided for prisoners.
- The prison and RAPt should arrange for prisoners on RAPt to have more opportunities for physical activity.

7 RESULTS- DISEASE HEADINGS

7.1 BURDEN OF DISEASE

	Expected					Actual			
Disease	**Source**	**Age stratified data available**	**Age groups with data available**	**Overall prevalence**	**Expected number of prisoners at HMP Send**	**Chronic Disease Register**	**Reception audit**	**Pharmacy data**	**Actual number of prisoners at HMP Send (range)**
Treated asthma	BTK	Yes	16-45+	6.0%	16	4.3%	22.9%	15.0%	12-64
COPD	UK data[12]	Yes	16-74	0.8%	3	1.7%	1.6%	-	4
Epilepsy	BTK	Yes	16-64	-	2	1.0%	3.3%	3.2%	3-9
Diabetes	BTK	Yes	16-64+	0.8%	3	1.4%	0.0%	-	0-4
Hypertension	UK data[13]	Yes	16-75+	28.0%	41	3.6%	1.6%	-	4-10
Ischaemic heart disease	BTK	Yes	16-64	1.0%	2	-	-	-	Unknown
Pregnancy	BTK	No	N/A	3.0%	8	-	-	-	3 *
Hepatitis B	BTK	No	N/A	12.0%	34	-	0.0%	-	0
Hepatitis C	BTK	No	N/A	11.0%	31	0.0%	3.0%	-	0-8
HIV	BTK	No	N/A	1.2%	3	0.4%	1.6%	-	1-4

BTK= Birmingham Toolkit[14] *Data based on population of 281 women at HMP Send* ** = Data for 2009 from Healthcare Manager*

The table above uses data either from a large group of prisoners (Birmingham Toolkit) or from the general population (UK data) to estimate how many people we would expect to have certain medical conditions at HMP Send. Most of the data is age stratified which means we know the differences in prevalence for each age group and can apply those numbers to the age profile at HMP Send to get a more accurate prevalence estimate. All the data sources used have separate female data on each condition.

7.2 PHYSICAL HEALTH

7.2.1 Asthma

The reception audit data revealed 23.3% (14/60) of women self-reporting to have asthma and 15% (9/60) were currently using inhalers. Prescribing data revealed similar prevalence rates to the reception audit with 15% (42/281) of the population being on medication for asthma. The chronic disease register (CDR) for asthma only had twelve (12/281) patients on it in September and October of 2009. Therefore the CDR did not match the prescribing figures, and the prescribing figures were much larger than we would expect for this population.

The use of an inhaler does not automatically infer a diagnosis of asthma. Some asthmatics may not use an inhaler and there may be other conditions for which these medications are also prescribed e.g. Chronic Obstructive Pulmonary Disease (COPD). Some inmates may seek inhalers as bronchodilators can be used to augment the 'high' of some inhaled illicit drugs and metered dose inhaler devices can also be used for concealment of other drugs.

- Surrey Community Health should ensure a regular prescribing review of asthma medication takes place to reduce the risk of potential illicit use.
- All patients on asthma medication should be on the CDR and this should be regularly audited by Surrey Community Health.

7.2.2 Chronic obstructive pulmonary disease

In the reception audit one (1/60) person mentioned COPD, and five (5/281) people were on the CDR for COPD in September and October 2009. This is roughly the number you would expect in this group based on national female prevalence data; prison prevalence data is not available.

All those prisoners who mentioned asthma or COPD were smokers. Smoking can increase the symptoms of asthma and reduce the effectiveness of medications, and can also lead to the development of COPD. For further information on smoking cessation and recommendations see section 7.8.1.

- Surrey Community Health should ensure that Stop Smoking support is targeted to those with asthma and COPD.

7.2.3 Epilepsy

Two prisoners in the reception audit reported a diagnosis of epilepsy, indicating a prevalence rate of 3.3% (2/60). Prescribing data indicated that nine (9/281) prisoners were taking anti-epileptic drugs. Based on the assumptions that most people with a formal diagnosis of

epilepsy are prescribed anti-epileptic medication and that they are very rarely used in other conditions it was inferred that the prevalence of epilepsy was similar to the reception audit data. The CDR for epilepsy only had three (3/281) people on it. Prison data indicates that you would expect 2 prisoners with epilepsy at HMP Send, so actual figures are therefore higher than expected.

- All those on medications for epilepsy should be on the CDR and this should be audited by Surrey Community Health.
- Surrey Community Health should ensure that all patients have regular reviews of epilepsy medications and have access to specialist services in line with NSF Long-term conditions.

7.2.4 Diabetes

Although no prisoners in the reception audit mentioned diabetes, the CDR for diabetes noted four people indicating a prevalence of 1.4% (4/281) for the prison. Pharmacy data noted one patient being treated for diabetes. These data sources did not distinguish between type 1 and type 2 diabetes. This number of people is similar to the expected number of prisoners with diabetes based on prison data.

Patients at HMP Send are managed by the GPs, one of whom has an interest in diabetes and the availability of a specialist Diabetes Nurse to visit HMP Send is being investigated.

- Surrey Community Health should ensure that the CDR separates patients with type 1 and type 2 diabetes and that appropriate care pathways and targeted health promotion are interventions in place.

7.2.5 Heart disease and hypertension

In the reception audit one person said they were being treated for hypertension and one additional person had a high blood pressure reading. There were 10 people on the CDR for hypertension indicating a prevalence of 3.6% (10/281). There are no prison data for hypertension, but community data indicates that you would expect around 41 patients with hypertension in HMP Send. Pharmacy data indicated that 31 patients were being treated for coronary heart disease/vascular conditions indicating a prevalence of 11% (31/281). There was no further data available on heart disease.

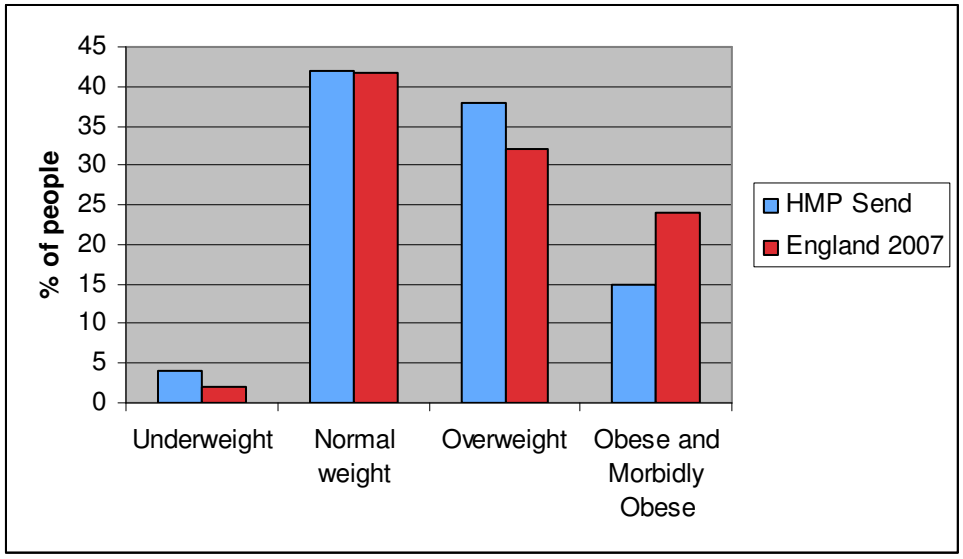
- Surrey Community Health should review the inclusion criteria for this CDR to consider inclusion of those with CHD and other vascular conditions.

- Surrey Community Health should ensure that active case finding takes place for those at risk of hypertension through healthcare staff and health promotion events.

7.2.6 Obesity

The reception audit data indicated that 53% (28) of prisoners were overweight or obese. All but one prisoner was in the Obesity I category (BMI 30-34.9). The graph below shows rates that are similar to the national average. Although the figures are small there may be a higher proportion of those underweight. No prisoners were on the CDR for obesity, however the data indicated that there should be approx 40 patients who are obese on the list.

Figure 2 Percentage of overweight and obese prisoners in HMP Send and England



Source: Reception audit and Health Survey for England 2007

Prescribing Data

A review of the prescribing of the anti-obesity drug Orlistat over the last 12 months (December 2008- November 2009) was carried out, and 23 prisoners that were still at HMP Send were identified as being on the medication. The NICE Guidance on Obesity contains recommendations on pharmacological interventions for obesity, and prescribing guidelines for the prison are based on these. However the review revealed that the guidelines were not being consistently adhered to.

Guideline	Number (%) of cases where this was implemented
Lifestyle advice given before drug treatment is commenced	19 (83%)
Patient assessed to see if they have lost 5% of body weight before drugs are prescribed	1 (4%)
Patient regularly monitored (e.g. regular weight taken) after starting drug treatment	7 (30%)
Patient stopped treatment due to either inadequate weight loss or non-attendance of gym.	6 (26%)

- Surrey Community Health should ensure that the CDR for obesity is kept up to date and that appropriate care pathways and targeted health promotion interventions are in place.
- Surrey Community Health should ensure that those patients with an underweight BMI are followed up appropriately.
- Surrey Community Health should undertake an urgent review on the prescribing of Orlistat to ensure that it is in line with NICE guidance.
- Surrey Community Health should ensure that communication takes place with prisoners on the changes in the prescribing of Orlistat in the prison, to manage the expectations of the prisoners.

7.2.7 Pregnancy

There was one pregnant women in HMP Send in December 2009, and three in total for 2009. There is a link nurse who deals with all antenatal needs, liaising with community midwives to come into the prison for appointments and St Peters Hospital for external appointments. Patients are transferred to Holloway when approaching their due date. One other woman in the reception audit reported a recent termination of pregnancy, and one reported having given birth in the last 6 weeks.

- All healthcare providers should ensure that the care provided for women up to a year after birth is in line with the NICE clinical guidelines on 'Antenatal and Postnatal Mental Health'.

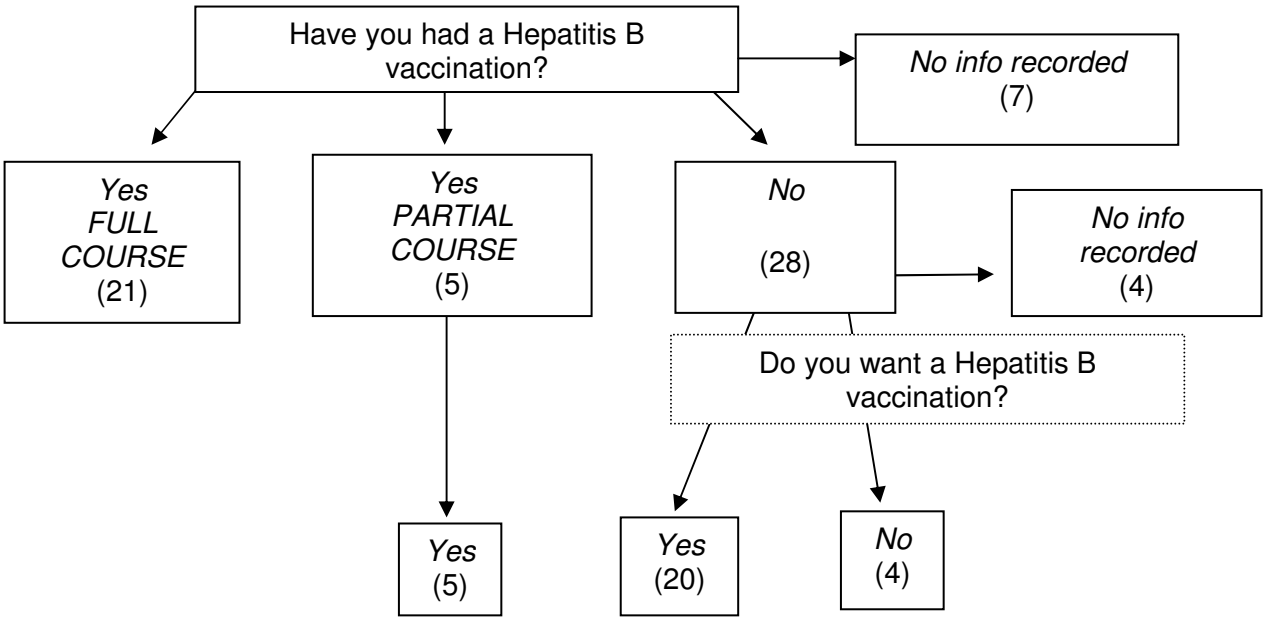
7.3 INFECTIOUS DISEASES

7.3.1 Hepatitis B

No prisoners within the reception audit mentioned a diagnosis of Hepatitis B. Prison data indicates the prevalence is around 12%, therefore the potential number of prisoners infected with Hepatitis B could be up to 34.

All consenting prisoners entering prison, who have not already received at least three Hepatitis B vaccine doses (HBV), should complete a 0, 7 and 21 day HBV course within one month of their arrival [15]. The cost and clinical effectiveness of Hepatitis B vaccination has been proven and prisons are monitored quarterly on their coverage by the Health Protection Agency (HPA). Prisoners are at higher risk of contracting Hepatitis B due to their 'high risk' behaviours both inside and outside prison (e.g. tattooing, intravenous drug use).

Prisoners are asked in the reception screening if they have had a Hepatitis B vaccination and if they would like to have one. The answers to this question are in the chart below, with the number of prisoners in brackets.



Source: Reception audit

This data indicates that most prisoners who haven't had the vaccine would like to (71%). 35% had already had a full course of the vaccine. In 18% of cases the full information about Hepatitis B was not recorded on the reception screening paperwork. A weekly Hepatitis B vaccination clinic is run from the main healthcare building.

Quarterly reporting on vaccination figures to the HPA is required and is carried out by the admin team. The data provided to the HPA for July-September 2009 is in the table below for HMP Send.

Total receptions	No. (%) of prisoners declining vaccination	No. (%) already vaccinated	No. vaccinated within one month	% vaccine coverage	% vaccine uptake
NR	4 (NR)	2 (NR)	7	NR	NR

NR= Figures not reported to the HPA Source: HPA

The table below shows the history of vaccine uptake as reported to the HPA from October 2008- September 2009. Only two periods were reported and these indicated very low uptake rates. Until April 2009 the data was submitted monthly, and from this point it was submitted quarterly.

Vaccine uptake is RAG rated; <50% RED, 50-80% AMBER, >80% GREEN.

Time period	% vaccine uptake	RAG rating
July- September 2009	NR	RED
April- June 2009	8%	RED
April 2009	NR	RED
March 2009	NR	RED
February 2009	NR	RED
January 2009	6%	RED
December 2008	NR	RED
November 2008	NR	RED
October 2008	NR	RED

NR= Figures not reported to the HPA Source: HPA

Based on the average of 30 receptions per month:

- Vaccinating approx. 15 prisoners/ month would achieve AMBER 50-80%
- Vaccinating approx. 24 prisoners/ month would achieve GREEN >80%

- Surrey Community Health should ensure that all prisoners at risk for hepatitis B are offered testing, active case finding takes place and clear pathways are in place for testing and treatment.
- NHS Surrey should performance manage Surrey Community Health against the HPA targets for Hepatitis B vaccination.
- Surrey Community Health should put in place robust procedures to ensure that all prisoners are offered their first hepatitis B vaccination within one month of arrival at the prison, and then receive subsequent doses and booster dose.
- Surrey Community Health should put in place procedures to ensure accurate and timely reporting of hepatitis B vaccination data to the Health Protection Agency.
- Surrey Community Health should improve the reception screening to increase the collection of data on previous hepatitis B vaccination, and audit whether this is completed.

7.3.2 Hepatitis C

Within the reception screening prisoners are asked if they have ever been tested for Hepatitis C and what the result was (see table below). 28.3% (17/60) of reception screenings had no information recorded for this. Three people reported being Hepatitis C positive, indicating a prevalence of 5% (3/60), but no patients were listed on the CDR. GUM data did not show any diagnoses of Hepatitis C.

Hepatitis C questions	**Number of prisoners/60 (%)**
Never been tested	30 (50%)
Tested- negative	7 (12%)
Tested- positive	3 (5%)
Tested- no result noted	4 (7%)

Source: Reception audit

National prison data shows a prevalence of 11% indicating that you would expect up to 30 prisoners to have Hepatitis C at HMP Send. PHPQI 1.34 indicates that there should be a Hepatitis C policy which is not in place.

- Surrey Community Health should ensure that all prisoners at risk for hepatitis C are offered testing, active case finding takes place and clear pathways are in place for testing and treatment.
- Surrey Community Health should improve the reception screening to increase the collection of data on previous hepatitis C testing, and audit whether this is completed.
- Surrey Community Health should develop a Hepatitis C policy including health promotion, criteria for offering testing and a care pathway with clear referral to specialist treatment where this is indicated.

7.3.3 HIV

Within the reception screening prisoners are asked if they have ever been tested for HIV and what the result was. 20% (12) of reception screenings had no information recorded for this.

HIV questions	**Number of prisoners /60 (%)**
Never been tested	29 (48%)
Tested- negative	15 (25%)
Tested- positive	1 (1.6%)
Tested- no result noted	4 (7%)

Source: Reception audit

One person reported being HIV positive, indicating a prevalence of 1.6%, and one patient was listed on the CDR. In 2009, 2 patients were diagnosed with HIV through the GUM service. National prison data shows a prevalence of 1.2% indicating that you would expect up to 3 prisoners to have HIV at HMP Send.

- Surrey Community Health should improve the reception screening to increase the collection of data on previous HIV testing, and audit whether this is completed.

7.3.4 Sexually transmitted infections (inc. Chlamydia)

Data from the GUM service for 2009 revealed there was a total of 93 attendances at the GUM clinic. The largest proportion of patients were aged 21-24 (33%, 31) and the numbers generally decreased with age. The most common diagnoses were bacterial vaginosis (12 patients), herpes (9 patients) and genital warts (6 patients).

Data from the Surrey Chlamydia Screening Programme showed that from April to October 2009, 44 screening tests were carried out, ranging from 0-24 a month. It would be expected that around 88 tests would be carried out per year for new receptions based on the population profile, averaging 7-8 per month. However, assuming a completely untested population, 70 additional tests could be carried out. This would make the potential total for 2010, up to 158 tests; the target for 2010 is set at 100 tests.

- Surrey Community Health should ensure that Chlamydia testing is offered to all prisoners under 25 and on a yearly basis for those who are sexually active.
- NHS Surrey should performance manage Surrey Community Health against the Chlamydia testing targets.

7.3.5 Tuberculosis

Prisoners are at increased risk of TB for a variety of reasons. These include pre-imprisonment socioeconomic factors such as homelessness, lower socioeconomic status and higher unemployment, co-morbidities such as HIV, poor nutrition and drug and alcohol use. In addition, environmental conditions in prisons may facilitate transmission of TB infection, such as overcrowding, poor hygiene and inadequate ventilation.

There is a clinical lead for communicable diseases who liaises with the Health Protection Agency (HPA), Surrey Community Health and the TB Nurse Specialist for advice as necessary.

There are no specific questions relating to TB or possible symptoms (recent sudden weight loss, night sweats or fever) on the reception screening. In the general question on medical history TB was not mentioned in the period of the reception audit.

- Surrey Community Health should ensure the reception screening includes questions on possible symptoms of TB.
- Surrey Community Health should ensure screening for TB is proactive, and that pathways are in place for reporting and treatment.
- The prison and all healthcare providers should train all staff to recognise signs and symptoms of TB.

7.3.6 Vaccinations

The following vaccines should be offered to appropriate prisoners following clinical history and review of medical records:

Vaccine	**Potentially eligible groups**	**Number of prisoners potentially eligible**
Hepatitis B	All prisoners	~50% of prisoners entering the jail (~180 a year)
Diphtheria, tetanus, polio	All prisoners	-
Meningitis C	Prisoners under 25 years old	Max ~90 per year
MMR (measles, mumps and rubella)	Prisoners under 25 years old	Max ~90 per year
Influenza	Prisoners over 65 years old and those with chronic conditions	~45 prisoners per year
Pneumococcal	Prisoners over 65 years old and those with chronic conditions	~45 prisoners + new prisoners
Hepatitis A	Intravenous drug users	~120 prisoners

- Surrey Community Health should ensure vaccinations are proactively offered to eligible prisoners in line with the Vaccination Guidelines for prisons.
- Surrey Community Health should review the reception screening to ensure that the appropriate questions are asked to assess eligibility for vaccinations.

7.4 PHARMACY AUDIT

Overall 62% (37) of prisoners in the reception audit stated that they were on medication. Of these, 19% (7) were on just mental health medication, 35% (13) on medication for physical health problems and 46% (17) were on medication for both. The prescribing over the two months listed is largely similar with pain relief and medication for mental health issues dominating the list.

Top prescribing for September and November 2009

September 2009		*November 2009*	
Rank	Drug	Rank	Drug
1	Paracetamol	1	Paracetamol
2	Mirtazapine	2	Mirtazapine
3	Ibuprofen	3	Salbutamol
4	Simvastatin	4	Ibuprofen
5	Fluoxetine	5	Citalopram
6	Salbutamol	6	Simvastatin
7	Citalopram	7	Orlistat
8	Orlistat	8	Diclofenac
9	Olanzapine/Venlafaxine	9	Fluoxetine
10	Tramadol	10	Quetiapine

- Given the high prescribing rates for paracetamol pharmacy, Surrey Community Health and the prison should review the homely remedies protocol to minimise the amounts of paracetamol being prescribed by the GP.
- Given the number of pain medications on the top prescribing list, Surrey Community Health should investigate running a chronic pain clinic to review use of pain medications.
- The prison and Surrey Community Health should review the provision of paracetamol on the canteen list and consider introducing it, along with an education campaign around paracetamol use.

- Surrey Community Health should work with the HPAG to investigate running a 'self care' campaign in the prison highlighting how prisoners can manage their minor ailments and the resources available to support them to do this.

7.5 ORAL HEALTH

For provision of dentistry see section 4.3.4

Research shows that the amount of untreated dental disease amongst all prisoners is approximately four times greater that the level found in the general population coming from similar social backgrounds.[16] Poor oral health is linked to the abuse of opiates and other drugs. Prolonged abuse is often associated with self-neglect and the adoption of a diet which promotes tooth decay.

A report on dentistry in Surrey prisons completed in August 2009 recommended the provision of free toothbrushes and toothpaste, prescriptions of high fluoride toothpaste for those with high oral health needs and increase oral health promotion.

A review of oral health products on the canteen list revealed that these products can be very expensive compared to those available in supermarkets (see table below). A year's supply of dental products in prison would cost an average of £26 a year, compared to £14 at a local supermarket. PSO 5200 on Prison Retail indicates that 'The prices of products offered to prisoners will be comparable with high street prices and robustly evidenced'.

Product	**Canteen list price (cheapest)**	**Supermarket comparison prices**
Toothpaste	£1.69 for 50ml	17p-£1 for 100ml
Toothbrush	£1.11	5p-76p
Mouthwash	£1.02 for 500ml	50p for 500ml
Steradent tablets	£1.42 for 30	£1.20 for 30
Denture cream	£2.44 for 40ml	£1.20 for 40ml

Source: Canteen list and supermarket websites

HMP Acklington in the North East of England has developed a service locally where dental hygiene products are directly sold to offenders through the dental department. HMP Low Newton provides a toothbrush and toothpaste (1450 fluoride ppm) to prisoners on entry to the prison and high fluoride toothpaste is available on prescription.

- Recommendations from the dental report should be performance managed by NHS Surrey.

- Surrey Community Health and the prison should investigate the provision of cheaper dental hygiene products to prisoners through either the canteen list or directly from the dental department.

7.6 MENTAL HEALTH, SELF HARM AND SUICIDE, LEARNING DISABILITY

7.6.1 Mental Health

70% of women in prison suffer from two or more mental disorders, compared to 2% of the general population. (Social Exclusion Report) A research study based on female prisoners in the North West of England indicated that about half of them had a history of self-harm or suicide attempts.

Lord Bradley's review[17] of people with mental health problems and learning disabilities in the criminal justice system had 'improving mental health services across the offender pathway' as one of its key themes. Recommendations included improving reception screening for mental health problems, primary care mental health must include a range of non-health activities to support well-being and the role of mental health in-reach teams should be examined to explore how they can refocus on those with severe mental illness.

Reception audit and prescribing data

In the reception audit, 43% (26/60) of prisoners reported that they had a mental health problem, with 35% (9/26) of them reporting more than one condition. The table below details the issues reported.

Mental health issue	**% (no./60) of prisoners reporting issue at reception**
Depression	30% (18)
Anxiety	10% (6)
Personality Disorder	7% (4)
Hearing voices	4% (2)
Other	10% (6)

The table below details data from the reception audit and a pharmacy snapshot from December 2009. This table shows that the self-reported prevalence of medication use at reception is similar to the prescribing levels for the whole prison.

	Actual Prevalence	
Medication	**Reception audit n=60**	**Pharmacy data n=281**
Antidepressants	27% (16)	32% (91)
Antipsychotics	12% (7)	11% (31)
Other	17% (10)	-

However, there were discrepancies between medications prisoners stated to be on and mental health diagnoses given in the reception paperwork. For example six prisoners who were on mental health medications had no mention of the mental health problem in their reception screening (including two on anti-psychotics). As this could result in patients not being referred into the right services, mental health diagnoses and medications should be linked and clearly identified in the reception screening tool.

The reception audit also showed that 22% (13/60) of prisoners had a history of admission to a psychiatric unit for mental health issues.

- Surrey Community Health should ensure that mental health diagnoses and medications are linked on the reception screening so that all patients have their medication monitored, they are referred into the right services and the CDRs are kept up to date.

7.6.2 Self harm and suicide

The Safer Custody Report for the period of September 2008- August 2009 provided figures on self-harm. There were an average of 16 new ACCTs (Assessment, Care in Custody and Teamwork) per month (between 12-22) and there was an average of 6% of the population on ACCTs at any one time. There were 285 incidents of self-harm over one year, with between 6 and 17 women self-harming in any one month. Between 2 and 6 women being taken to hospital per month as a result. The majority of women self-harming and on ACCTs are White, which is representative of the population of HMP Send.

In the reception audit, 25% (15) of prisoners had a history of attempting suicide, 22% (13) had a history of self-harm and 8% (5) arrived at HMP Send with an open ACCT.

- The prison and all healthcare providers should ensure that the Safer Custody figures are monitored and any patterns investigated, and measures put into place for prevention.

7.6.3 Learning disabilities

Very little data is available on the prevalence of learning disabilities within the prison population. A study by the Prison Reform Trust -"No One Knows"[18] estimates that 20-30% of offenders have learning disabilities or learning difficulties that interfere with their ability to cope with the criminal justice system. It is estimated that 8% of the general population have learning disabilities or difficulties. There is no precise information on the prevalence of either condition in BME groups. Over half of prison staff believe that prisoners with LD are more likely to be bullied or victimised than other prisoners.

Prisoners with LD are not routinely identified prior to arriving in prison and may be unable to access routine prison information. In particular, their exclusion from offending behaviour programmes makes it less likely their offending will be addressed, more likely that they will return to prison repeatedly, delays their parole dates and affects their resettlement opportunities. This is potentially a violation of Articles 5 and 14 of the European Charter on Human Rights and falls under HMPS' responsibility under the Disability Equality Duty.

Four fifths of offenders with LD have problems reading prison information, three quarters had difficulties completing forms and two thirds had problems making themselves understood. Prisoners with LD are five times as likely to have been subject to control and restraint techniques and more than three times as likely to have spent time in segregation than prisoners without these problems.

Training for prisoner officers in how to recognise and manage prisoners with learning disabilities is being rolled out across the country. Establishments should have a local policy on the management of prisoners with disabilities and an identified Disability Liaison Officer. PSO 2855 gives guidance on the management of prisoners with disabilities. There is currently no lay screening tool to recognise LD for use by prison staff although a pilot tool is being researched.

PHPQI 1.31 Services for people with learning disabilities specifies that there should be:

- Access to learning disability services specifically commissioned for prisoners
- 100% of prisoners identified as having a learning disability have a health action plan and an annual health check
- Joint partnership working focussed on the needs of people with learning disabilities between healthcare, DLO and Education and Discipline staff.
- Evidence that specific programmes/regimes relevant to the needs of those with a learning disability are in place.

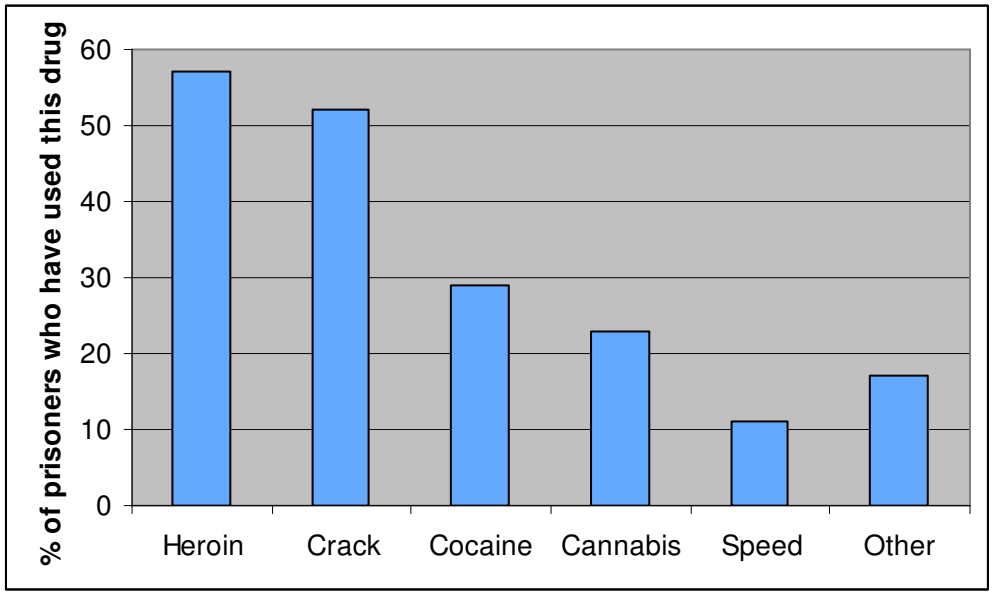
- The prison and all healthcare providers should ensure that prisoners with LD are proactively identified during reception and by healthcare, reception and prison staff.

- Surrey Community Health should ensure that prisoners with LD are included on a health register.
- The prison and all healthcare providers should ensure that the LD screening tool (once developed) is adopted and used in all areas of the prison.
- Surrey Community Health should ensure that health action plans are developed for all prisoners with LD with all information on key health issues presented in an Easyread format.
- NHS Surrey should review the commissioning of learning disabilities services in prisons.

7.7 SUBSTANCE MISUSE

Research has indicated that 65% of women coming into custody had used drugs in the previous year[19]. 58% (35) of prisoners in the reception audit had a history of drug use (similar to the national prevalence for female prisoners at 55%), and 60% (21) of these have used multiple drug types.

Figure 5 Percentage of prisoners with a history of each drug use



Source: Reception audit (check graph)

The graph above shows the percentage of prisoners who have used each drug. Given the drug types used, up to 43% (15) of those coming through reception in that time period could have a history of intravenous drug use and therefore be at higher risk of blood borne viruses

(see section 7.3) and should be prioritise for screening. Prisoners should be specifically asked about their history of intravenous drug use in the reception screening to assist with this process. Pharmacy figures for September 2009 showed that 14 patients were on treatment for substance misuse.

In the reception screening prisoners are asked about their history of drug use. Given that prisoners are arriving from another prison where they may have been using illicit drugs, it would be helpful to ask prisoners about their illicit drug use in the last week/month to ensure the correct advice and assistance is given.

- Surrey Community Health should adapt the reception screening to include questions on history of intravenous drug use specifically, and illicit drug use in the last week/month.

7.7.1 Alcohol

Research indicates that 36%-39% of women in prison had a history of increasing risk drinking compared to 15% of the general population, with 19% having serious drinking problems[20]. 35% (21) of those coming through reception said they had a history of alcohol misuse. Half of these prisoners also had a history of drug misuse.

Prisoners were identified in the Surrey Alcohol Strategy as a target group for action due to the likelihood of high prevalence rates of increasing risk and high risk drinking. The objectives of the strategy were to highlight the risks associated with alcohol and reduce the number of increasing risk drinkers Ensure appropriate services are available to identify, support and treat increasing risk, high risk and dependent drinkers.

Following work on the Prison Health Indicators it was recommended that AUDIT (Alcohol Use Disorder Identification Test) be used on reception for brief alcohol screening, this was implemented in December 2009. This will provide a consistent assessment of the level of need within the current population and will influence future service provision. There is no alcohol provision in Send although CARATs do what they can if someone has a history of substance misuse.

- Surrey Community Health should ensure continued implementation of AUDIT and monitor its use, and the provision of services in line with the Surrey Prison Alcohol Strategy.

7.7.2 Dual diagnosis

The issue of dual diagnosis (mental health problems combined with drug and/or alcohol problems) is a major challenge. One study showed that 75% of users of drug services and 85.5% of users of alcohol services experienced mental health problems. It also showed that 44% of mental health service users reported drug use and/or were assessed to have used alcohol at hazardous or harmful levels in the past year. The 2008 HMIP inspection repeated an earlier recommendation that a dual diagnosis service should be developed.

22 women reported in the reception audit that they had both a history of substance misuse (including alcohol misuse) and mental health problems, indicating a prevalence of 37%. Most women had a history of both drug and alcohol problems combined with mental health issues (20%, 12/60), however two women only reported alcohol and mental health issues. Four patients were referred for 'dual diagnosis' in the Mental Health In-reach report.

- Surrey and Borders Partnership NHS Foundation Trust should ensure that the management of dual diagnosis complies with national guidance, with integrated and staged interventions with a social support aspect that are matched to individual need provided. A long term perspective on the management of these conditions should be developed.

7.8 HEALTH IMPROVEMENT (INCLUDING HPAG)

In order to meet its responsibility that prisoners should have access to broadly equivalent services the NHS and the Prison Service should provide health education, prevention and promotion. Prison Service Order (PSO) 3200 [21] states that health promotion should be managed using a whole prison approach with a specific focus on mental health promotion, healthy lifestyles, nutrition, substance misuse and smoking. All prisoners should have access to disease prevention programmes and screening that mirrors national campaigns and meets NSF standards. This recommendation is mirrored in PHPQI 1.35 Health Promotion Action Group. PHPQI 1.23b Services for Older Adults recommends that the group should actively consider the requirements of older adults.

A Health Promotion Group is in operation at HMP Send led by the Head of Activities. The group meets every two months and consists of prison staff -healthcare are not currently involved. Although much health promotion work is carried out, this is ad hoc. In order to be in line with the Health Promotion Group in the PSO 3200 and the PHPQI, the group needs involve healthcare and have an action plan to cover the five areas mentioned above.

- The prison and all health providers should ensure a Health Promotion Action Group is set up in line with the PSO and PHPQIs with representation from all relevant parties, covering the five strands and older adults.

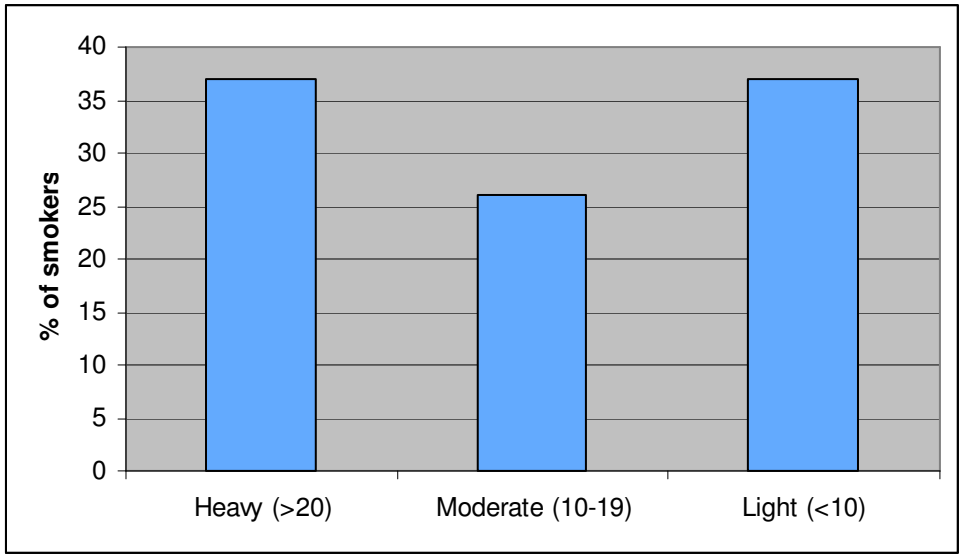
- The prison and all health providers should ensure that all health promotion activity goes through this group and that different departments work together so services are set up to deal with any increase in demand.

- The prison and all health providers should through the HPAG review the provision of information available on 'staying healthy' for women within the prison.

7.8.1 Smoking

Research indicates that up to 81% of female prisoners smoke. 73% (44) of the prisoners in the reception audit were smokers, with 2% (1) non-smokers and 25% (15) with the answer not recorded. This is compared to the national prevalence rate of 23% in the UK.

Figure 6 Percentages of prisoners who smoke to different levels



Source: Reception audit

There were equal numbers of heavy and light smokers in the reception audit (37%, 16) and 27% (11) were moderate smokers.

The Stop Smoking service for prisoners has been delivered by a Band 6 Pharmacy Technician in a weekly clinic on Mondays since April 2009. Four hours a week are dedicated to the service. One-to-one sessions are available and a variety of nicotine replacement therapy products are used (patches, inhalators, microtabs and lozenges). Holidays and sickness are covered by the provision of NRT in advance or by the nurses in healthcare. A limited amount of data was available for the service from the pharmacist indicating that 52 patients had gone through the service with a 60% quit rate at 4 weeks for the period of April-December 2009.

Paper data from the Stop Smoking Service for 2008 only covered June and July 2008. During this time period 34 prisoners went through the service, 4 were lost to follow up but the remaining 30 all were smoke free at 4 weeks indicating a 88% quit rate.

A search of the new Stop Smoking database containing data from 2009 listed 7 patients for HMP Send registering between April and June 2009. However four of these were male, indicating that they would have been staff, as a programme was running for staff at this time. It is impossible to know whether the three remaining cases are prisoners, but this is unlikely given that two were prescribed Champix and two were lost to follow up at four weeks.

- Surrey Community Health should form closer links with the Surrey Stop Smoking Team to ensure data from the prison feeds into targets, and the prison service is supported and developed appropriately.

- Surrey Community Health and the Surrey Stop Smoking Team should undertake a complete service review to ensure that the services provided are in line with NICE guidance.

- Surrey Community Health and the Surrey Stop Smoking Team should investigate provision of group support as well as one-to-one sessions.

- Surrey Community Health should ensure more healthcare staff are trained up to deliver different levels of stop smoking interventions.

- Surrey Community Health should ensure that the stop smoking service targets at risk patients such as those with asthma and COPD.

7.8.2 Gym and Physical Activity

Physical education and facilities should meet the requirements of the specialist education inspectorate's Common Inspection Framework and are separately inspected. Prisoners are expected to be encouraged and enabled to take part in recreational physical education (PE) in safe and decent surroundings.

All prisoners are assessed on reception and the appropriate fitness level recorded. Two individual exercise sessions are provided by the gym for Healthcare referrals, and separate sessions are available for Over 40's, the Therapeutic Community and RAPt. In October-December 2009, 12 prisoners were referred to the gym from healthcare via the weightbusters programme. Of those referred 75% (9) were White British.

SMART monitoring data from the prison was provided for a four month period (September-December 2009) and showed gym usage by ethnic group. Over those four months there were a total of 473 visits to the gym, an average of 118 a month. The usage by ethnic groups was broadly representative of the HMP Send population (as recorded on 16/09/09) although there were less prisoners of White British ethnicity (48% of gym usage, 66% of population), however in 13% of gym usage ethnicity was not recorded.

The gym staff at HMP Send are piloting (Jan – Apr 2010) a 12 week weight management course 'Motivate to Lose Weight' which focuses on changing lifestyle behaviours. Based on the latest research, each session combines both healthy eating information and physical activity that is relevant to the group. Throughout the course and upon completion the attendees are supported to lead a healthy lifestyle. Measurements are taken at key points and a report will be written upon completion of the pilot. Initially the group members were chosen as they are currently taking Orlistat. Continuous dialogue between Healthcare and

the gym staff takes place and any new patients wanting to take Orlistat must attend the 12 week course first.

- The prison should ensure that the Motivate to Lose Weight programme is evaluated, and if successful the programme should be made more widely available.

7.8.3 Healthy Eating

PSO 5000 (April 2008) gives clear instruction on food handling, food management and provision. The PSO states that 'an assortment will be offered with varying nutritional content, thereby promoting a balanced healthy diet by choice'. The PSO advises that healthy eating should not be assessed 'dish by dish' but over a period of time and that the opinions of kitchen staff and consumers should be regularly surveyed. The results of the surveys and suggestions should be used to review the menu. A suggestion box and a food comments book were also suggested as methods for obtaining feedback. For the financial year 2009-2010 the maximum catering benchmark has been set as £2.10 per prisoner per day[22]. The menus provided to prisoners have a 'healthy option' highlighted, but no nutritional information is currently available on the items on the canteen list.

- The prison should ensure that the catering department consider innovative ways of obtaining prisoner views on the menu and incorporating their feedback into menu planning.

- Through the HPAG, the prison should ensure that nutritional information is available for the products on the canteen list through a traffic light system, similar to food packaging in supermarkets.

7.8.4 Screening

Cervical

All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years. Approximately 82% (230/281) of the population at HMP Send would be eligible for screening. 71.4% (35/60) of eligible prisoners in the reception audit had had a cervical smear in the last two years. This figure is lower than the coverage of the eligible general population, which is 78.9%[23], but this may be expected given chaotic lifestyles in the community or being of no fixed abode. Half of the under 25s were offered screening, which is not in line with the national programme. A cervical screening clinic is run every Wednesday and women are given the opportunity to discuss their sexual health. Prisoners who require a colposcopy for further investigation are sent to the Royal Surrey County Hospital.

Breast

The NHS Breast Screening Programme provides free breast screening every three years for all women in the UK aged 50 and over. Around 12% (34/281) of the population in HMP Send are over 50. Women needing breast screening are referred to the Jarvis Centre in Guildford and are seen within two weeks if needed. Of the six women included in the reception audit, four had been for screening, one requested a mammogram and data was not collected for one. As of January 2010, 18 women are on the waiting list for regular mammograms.

Bowel Cancer

Bowel cancer screening is targeted at the 60-69 year old age band and this will involve approximately 5 prisoners. Screening is not currently taking place routinely at the prison.

Diabetic retinopathy

Retinopathy screening should be undertaken annually on all patients with diabetes aged over 12. Based on the chronic disease register information approximately 4 people would be eligible for this. At present some patients attend screening in community venues but this is ad hoc. No further data was available.

- Surrey Community Health should ensure that cervical screening is offered in line with the national programme, and that the reception screening is altered to ensure it is offered to the right age group.
- Surrey Community Health should ensure that routine breast screening is offered in line with the national programme, and that the reception screening should be altered to ensure it is offered to the right age group.
- Surrey Community Health should ensure that routine bowel cancer screening is offered in line with national programme.
- Surrey Community Health should ensure that routine diabetic retinopathy screening is offered in line with the national programme.

7.8.5 Family support

Children and families can play a significant role in supporting an offender to make and sustain changes which reduce re-offending, and represent Pathway 6 of the reducing re-offending pathways. As section 2.2 showed, 58% of the women in the reception audit had children and 45% had children under 18 years old. Given the strong association between parental imprisonment and adverse outcomes for children[24] providing support for families can promote positive outcomes for children who have a parent in prison. HMP Send offer a range of family visits and family days, and can facilitate overnight contact with children through 'release on temporary licence'.

APPENDICES

APPENDIX A- HEALTH NEEDS ASSESSMENTS

Definition of Health Needs Assessment

A prison health needs assessment (HNA) will determine prisoners' ability to benefit from healthcare. The need for health care 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. Current service provision and demand are rarely markers for need.

There are three main methods of HNA:

1. **Comparative approach**: Services are compared with those of other providers e.g. community services or those within other prisons.

2. **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 offenders, prison and healthcare staff.

3. **Epidemiological approach**: The main approach through which health care needs are determined by considering three components:
    - incidence and prevalence of a problem
    - effectiveness and cost effectiveness of services available to deal with the problem.

Aim

The aim of prison health care is to give offenders access to the same quality and range of health care services as the general public receives from the National Health Service in the community. Improving the quality of care will also help reduce health inequalities between this vulnerable group and the rest of the population.

The aims of the health needs assessment are to:

- 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 needs assessment:

- **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.

The health needs assessment was conducted using the 'Toolkit for health care needs assessment in prisons'[2] developed by the University of Birmingham.

APPENDIX B- STEERING GROUP MEMBERSHIP

- NHS Surrey Public Health Lead
- NHS Surrey Commissioning representative
- Head of Healthcare at HMP Send
- Healthcare staff representative from HMP Send
- Head of Prison Health, Surrey Community Health
- HMP Send representative
- External representative from Department of Health Southeast
- Representative from Surrey and Borders Partnership NHS Foundation Trust (SABP)
- Clinical Governance representative (virtual member), Surrey Community Health
- Patient Advice and Liaison Service (PALS) representative.

APPENDIX C- FULL LIST OF RECOMMENDATIONS

	Recommendations
Reception	• The screening process is key in identifying vulnerable and at risk prisoners and/or those with acute/chronic illness. It is therefore crucial that the screening process is comprehensively delivered. Surrey Community Health should regularly audit reception screenings to make sure 100% of the form is completed, and monitor the findings through their clinical governance meeting. • Surrey Community Health should ensure that any actions noted on the reception screening are clearly documented and followed up. • Surrey Community Health should improve the reception screening to increase the collection of data on previous hepatitis B vaccination, and audit whether this is completed. • Surrey Community Health should improve the reception screening to increase the collection of data on previous hepatitis C testing, and audit whether this is completed. • Surrey Community Health should improve the reception screening to increase the collection of data on previous HIV testing, and audit whether this is completed. • Surrey Community Health should ensure the reception screening includes questions on possible symptoms of TB. • Surrey Community Health should review the reception screening to ensure that the appropriate questions are asked to assess eligibility for vaccinations. • Surrey Community Health should adapt the reception screening to include questions on history of intravenous drug use specifically, and illicit drug use in the last week/month.

Chronic diseases and medication	• Surrey Community Health should ensure a regular prescribing review of asthma medication takes place to reduce the risk of potential illicit use. • All patients on asthma medication should be on the CDR and this should be regularly audited by Surrey Community Health. • All those on medications for epilepsy should be on the CDR and this should be audited by Surrey Community Health. • Surrey Community Health should ensure that all patients have regular reviews of epilepsy medications and have access to specialist services in line with NSF Long-term conditions. • Surrey Community Health should ensure that the CDR separates patients with type 1 and type 2 diabetes and that appropriate care pathways and targeted health promotion are interventions in place. • Surrey Community Health should review the inclusion criteria for this CDR to consider inclusion of those with CHD and other vascular conditions. • Surrey Community Health should ensure that active case finding takes place for those at risk of hypertension through healthcare staff and health promotion events. • Surrey Community Health should ensure that the CDR for obesity is kept up to date and that appropriate care pathways and targeted health promotion interventions are in place. • Surrey Community Health should ensure that those patients with an underweight BMI are followed up appropriately. • Surrey Community Health should undertake an urgent review on the prescribing of Orlistat to ensure that it is in line with NICE guidance. • Surrey Community Health should ensure that communication takes place with prisoners on the changes in the prescribing of Orlistat in the prison, to manage the expectations of the prisoners. • Surrey Community Health should put in place a fixed structure or timetable for the clinical and medicines management service provided by HMP High Down. • Surrey Community Health should review the processes in place to ensure repeat prescriptions arrive on time.

	• Surrey Community Health should review the times of evening medication to ensure sedative drugs are not given too early. • Given the high prescribing rates for paracetamol pharmacy, Surrey Community Health and the prison should review the homely remedies protocol to minimise the amounts of paracetamol being prescribed by the GP. • Given the number of pain medications on the top prescribing list, Surrey Community Health should investigate running a chronic pain clinic to review use of pain medications. • The prison and Surrey Community Health should review the provision of paracetamol on the canteen list and consider introducing it, along with an education campaign around paracetamol use. • Surrey Community Health should investigate implementing a nurse prescriber role to improve access to medication.
Communicable diseases	• Surrey Community Health should ensure that all prisoners at risk for hepatitis B are offered testing, active case finding takes place and clear pathways are in place for testing and treatment. • NHS Surrey should performance manage Surrey Community Health against the HPA targets for Hepatitis B vaccination. • Surrey Community Health should put in place robust procedures to ensure that all prisoners are offered their first hepatitis B vaccination within one month of arrival at the prison, and then receive subsequent doses and booster dose. • Surrey Community Health should put in place procedures to ensure accurate and timely reporting of hepatitis B vaccination data to the Health Protection Agency. • Surrey Community Health should ensure that all prisoners at risk for hepatitis C are offered testing, active case finding takes place and clear pathways are in place for testing and treatment. • Surrey Community Health should develop a Hepatitis C policy including health promotion, criteria for offering testing and a care pathway with clear referral to specialist treatment where this is

	indicated. • Surrey Community Health should ensure that Chlamydia testing is offered to all prisoners under 25 and on a yearly basis for those who are sexually active. • NHS Surrey should performance manage Surrey Community Health against the Chlamydia testing targets. • Surrey Community Health should ensure screening for TB is proactive, and that pathways are in place for reporting and treatment. • The prison and all healthcare providers should train all staff to recognise signs and symptoms of TB. • Surrey Community Health should ensure vaccinations are proactively offered to eligible prisoners in line with the Vaccination Guidelines for prisons.
Mental Health	• Surrey and Borders Partnership NHS Foundation Trust should improve communication of mental health service provision. • Surrey Community Health and Surrey and Borders Partnership NHS Foundation Trust should review the provision of primary care mental health services and self-help materials available to prisoners. • All healthcare providers should ensure that the care provided for women up to a year after birth is in line with the NICE clinical guidelines on 'Antenatal and Postnatal Mental Health'. • Surrey Community Health should ensure that mental health diagnoses and medications are linked on the reception screening so that all patients have their medication monitored, they are referred into the right services and the CDRs are kept up to date. • The prison and all healthcare providers should ensure that the Safer Custody figures are monitored and any patterns investigated, and measures put into place for prevention. • All health providers and the prison should review the processes around supporting women who witness self-harm by others, and review the provision available.

	• All healthcare providers should ensure that the Primary Care Mental Health Nurse is available to support the Improving Access to Psychological Therapies provider in implementing a service at HMP Send.
Learning Disabilities	• The prison and all healthcare providers should ensure that prisoners with LD are proactively identified during reception and by healthcare, reception and prison staff. • The prison should use clear definitions of 'learning difficulties' and 'learning disabilities' when classifying prisoners on the Diversity Database (link to section 7.6.3 Learning Disabilities). • Surrey Community Health should ensure that prisoners with LD are included on a health register. • The prison and all healthcare providers should ensure that the LD screening tool (once developed) is adopted and used in all areas of the prison. • Surrey Community Health should ensure that health action plans are developed for all prisoners with LD with all information on key health issues presented in an Easyread format. • NHS Surrey should review the commissioning of learning disabilities services in prisons.
Health Improvement	• The prison and all health providers should ensure a Health Promotion Action Group is set up in line with the PSO and PHPQIs with representation from all relevant parties, covering the five strands and older adults. • The prison and all health providers should ensure that all health promotion activity goes through this group and that different departments work together so services are set up to deal with any increase in demand. • The prison and all health providers should through the HPAG review the provision of information available on 'staying healthy' for women within the prison.

- Surrey Community Health should work with the HPAG to investigate running a 'self care' campaign in the prison highlighting how prisoners can manage their minor ailments and the resources available to support them to do this.
- Surrey Community Health should form closer links with the Surrey Stop Smoking Team to ensure data from the prison feeds into targets, and the prison service is supported and developed appropriately.
- Surrey Community Health and the Surrey Stop Smoking Team should undertake a complete service review to ensure that the services provided are in line with NICE guidance.
- Surrey Community Health and the Surrey Stop Smoking Team should investigate provision of group support as well as one-to-one sessions.
- Surrey Community Health should ensure more healthcare staff are trained up to deliver different levels of stop smoking interventions.
- Surrey Community Health should ensure that Stop Smoking support is targeted to those with asthma and COPD.
- The prison should ensure that the Motivate to Lose Weight programme is evaluated, and if successful the programme should be made more widely available.
- The prison should ensure that the catering department consider innovative ways of obtaining prisoner views on the menu and incorporating their feedback into menu planning.
- Through the HPAG, the prison should ensure that nutritional information is available for the products on the canteen list through a traffic light system, similar to food packaging in supermarkets.
- Surrey Community Health should ensure that cervical screening is offered in line with the national programme, and that the reception screening is altered to ensure it is offered to the right age group.
- Surrey Community Health should ensure that routine breast screening is offered in line with the national programme, and that the reception screening should be altered to ensure it is offered to the right age group.
- Surrey Community Health should ensure that routine bowel cancer

	screening is offered in line with national programme. • Surrey Community Health should ensure that routine diabetic retinopathy screening is offered in line with the national programme.
Drugs and alcohol	• Surrey Community Health should ensure continued implementation of AUDIT and monitor its use, and the provision of services in line with the Surrey Prison Alcohol Strategy. • Surrey and Borders Partnership NHS Foundation Trust should ensure that the management of dual diagnosis complies with national guidance, with integrated and staged interventions with a social support aspect that are matched to individual need provided. A long term perspective on the management of these conditions should be developed.
Dental	• Recommendations from the dental report should be performance managed by NHS Surrey. • Surrey Community Health and the prison should investigate the provision of cheaper dental hygiene products to prisoners through either the canteen list or directly from the dental department. • NHS Surrey should performance manage waiting times for dental appointments to ensure waits are reduced. • Surrey Community Health should review the provision of pain relief and antibiotics following dental visits. • Surrey Community Health should improve communication with prisoners around dental waiting times and expectation of services available.
Communication	• All healthcare providers should put processes in place to formally consult with prisoners on a regular basis, particularly on significant service developments. • All healthcare providers should keep prisoners informed of changes in services to increase trust in services and manage service demand. • Surrey Community Health and the prison should review the

	communication of appointments to reduce DNAs and waiting times, as well as prisoner frustration. • The prison and Surrey Community Health should undertake consultation with prisoners to find out what support for going home would be most helpful. • Surrey Community Health should ensure that levels of privacy and confidentiality at the hatch are improved.
Staffing	• Surrey Community Health should ensure that regular staff are present on each wing to build relationships with prison staff and prisoners. • Surrey Community Health should ensure that recruitment and retention of prison healthcare staff is an area of priority for HR to ensure prompt recruiting to vacancies. • Surrey Community Health and the prison should ensure the roles and responsibilities of all staff around the health of prisoners are clearly outlined, and joint training should be arranged to re-enforce this. • Surrey Community Health and the prison should arrange additional staff training on the specific health needs of prisoners for both healthcare and prison staff, which should involve prisoners themselves.
Other	• The prison should seek to reduce the percentage of prisoners with 'no fixed abode' on discharge. • All healthcare providers should identify those at increased risk of NFA on discharge and actively lobby the prison on their behalf to secure accommodation. • The prison and RAPt should arrange for prisoners on RAPt to have more opportunities for physical activity. • Surrey Community Health should work proactively with the RAPt staff and prisoners to build relationships and ensure that a equitable service is provided. • Surrey Community Health and RAPt should develop and put in

	place a communication agreement to ensure a joined up service is provided for prisoners. • All healthcare providers and the TC should develop and agree a joint working protocol between all parties to ensure quality and continuity of care for those prisoners on the TC.

APPENDIX D- PRISON HEALTH PERFORMANCE AND QUALITY INDICATORS

HM PRISON SERVICE
Public Sector Prisons

Department of Health

Prison Health Performance and Quality Indicators 2010

NOMS National Offender Management Service
Working together to reduce re-offending

Queries to Derek O Toole 0207 972 4767

Ind.No	PRISON NAME (select from dropdown box in cell C1)	Send
1.1	Patient safety	Green
1.2	Healthcare environment	Green
1.3	Medicines management	Amber
1.4	Chronic disease and long term conditions care	Green
1.5	Continuity of case management	Green
1.6	Discharge planning	Green
1.7	Clinical governance	Green
1.8	Corporate governance	Green
1.9	Information governance	Green
1.10	Financial governance	Red
	Accepted Finance Plans based on PHDP and Prison Healthcare Budget	No
	Spend against budget is transparent and maintained within acceptable limits	Yes
	Prison and PCT processes are in place to review expenditure against plan	Yes
1.11	Workforce plan	Green
1.12	Personal development plans	Green
1.13	Equality and Human Rights	Amber
1.14	Service user involvement	Green
1.15	Health needs assessmewnt	Amber
1.16	Comprehensive range of services	Amber
1.17	Access and waiting times	Green
1.18	Prison dentistry	Amber
1.19	Substance Misuse Activities - IDTS	
1.20	Alcohol Screening, Intervention and Support	Amber
1.21	General health assessment	N/A
1.22	Secondary Health screen - Prison Transfers	Green
1.23a	Services for Children and Younger people (under 18s only)	N/A
1.23b	Services for Older Adults (not YOI Estate)	Amber
1.24	Services for Adult Women	Amber
1.25	Primary care mental health	Green
1.26	Suicide prevention	Amber
1.27	Care Programme Approach Audit	Green
1.28	Access to specialist mental health services	Green
1.29	Section 117	Green
1.30	Mental Health transfers	Green
1.31	Learning Disability	Red
1.32	Vaccination/immunisation policy	Green
1.33	Hepatitis B Vaccination of Prisoners	Red
1.34	Hepatitis C	Amber
1.35	Health Promotion Action Groups	Red
1.36	Sexual Health	Green
	Means of accessing condoms	Yes
	Access social/life skills modules on SRE education or similar	Yes
	Access to GUM clinic in prison	Yes
	Access to chlamydia screening programme	Yes
	Access to barrier protection and lubricants	Yes
1.37	Communicable disease control	Green
1.38	Exercise	Green
	TOTAL GREEN	22
	TOTAL AMBER	10
	TOTAL RED	4
	Total Indicator Replies (Should be 38 in total)	36
	WARNING - TOTAL INDICATOR REPLIES SHOULD BE 38- PLEASE CHECK THAT YOU HAVE ENTERED N/A CORRECTLY	

References and Further Information

[1] Department of Health. *World Class Commissioning.* http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204

[2] Marshall, T., Simpson, S. and Stevens, A. Health Care Needs Assessments in Prisons: A toolkit. (2001). *Journal of Public Health Medicine* 23:198-204.

[3] Gender Equality Duty. (2007). http://www.equalityhumanrights.com/advice-and-guidance/public-sector-duties/what-are-the-public-sector-duties/gender-equality-duty

[4] Independent Monitoring Board (2008/9). *HMP Send Annual Report.* http://www.imb.gov.uk

[5] HM Government. *Health and Social Care Act 2001*. Section 11. Public involvement and consultation.

[6] HM Government. *Health and Social Care (Community Health and Standards) Act 2003*. Chapter 9. Complaints.

[7] South Staffordshire Prison Health Partnership. (2007). *HMP Drake Hall Health Needs Assessment*.

[8] South Staffordshire Prison Health Partnership. (2008). *HMP Drake Hall Health Needs Assessment- Refresh.*

[9] Her Majesty's Inspectorate of Prisons. (2007). *Report on an announced inspection of HMP Drake Hall 3-7 September 2007*. http://www.justice.gov.uk/inspectorates/hmi-prisons

[10] Dewis, R. (2007). *Health Needs Assessment Foston Hall Prison*. Derbyshire County Primary Care Trust.

[11] Her Majesty's Inspectorate of Prisons. (2009). *Report on an announced inspection of HMP/YOI Foston Hall 28 September- 2 October 2009*. http://www.justice.gov.uk/inspectorates/hmi-prisons

[12] Public Health Intelligence Unit. *Model for Estimating the Prevalence of Chronic Obstructive Pulmonary Disease (COPD).* http://www.doncasterhealth.co.uk/PHIU/pdfs/QOF/COPDModel.pdf

[13] The Information Centre. (2006). *Health Survey for England.* http://www.ic.nhs.uk/webfiles/publications/HSE06/HSE%2006%20report%20VOL%201%20v2.pdf

[14] Marshal, T., Simpson, S. and Stevens, A. (2000). *Toolkit for healthcare needs assessment in prisons*. University of Birmingham.

[15] Gilbert, R.L., Costella, A., Piper, M. and Gill, O.N. (2004). Increasing Hep B vaccine coverage in England and Wales. *Communicable Diseases and Public Health, 7* (4), p306-11.

[16] Department of Health. (2003). *Strategy for Modernising Dental Services for Prisoners in England*. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005989

[17] Bradley, Rt Hon Lord. (2009). *Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_098694

[18] Prison Reform Trust (2008). *Prisoners' Voices: Experiences of the criminal justice system by prisoners with learning disabilities and learning difficulties.* http://www.prisonreformtrust.org.uk/uploads/documents/No%20One%20Knows%20report-2.pdf

[19] Prison Reform Trust. (2009). Bromley Briefings Prison Factfile November 2009.

[20] Office of National Statistics (1999). *Substance Misuse Among Prisoners*. London, Crown Copyright. http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=12963

[21] Her Majesty's Prison Service. (2003). *Prison Service Order 3200 Health Promotion*. 23rd October 2003. http://www.hmprisonservice.gov.uk/resourcecentre/psispsos/listpsos/index.asp?startrow=1

[22] Hansard. (2009). *House of Commons written answers 14 Sep 2009*. Col: 2144W. http://www.publications.parliament.uk/pa/cm200809/cmhansrd/cm090914/text/90914w0011.htm

[23] Cervical Screening Programme, England: 2008-2009. http://www.cancerscreening.nhs.uk/cervical

[24] Barnados. (2009). *Every night you cry: the realities of having a parent in prison.* http://www.barnardos.org.uk/everynightyoucry_briefing_final_double.pdf