Research summary February 2020

Locked out? Prisoners' use of hospital care

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About the report

Using a novel approach involving the linking of data on prisoners' residences to their use of NHS hospital services, this research provides new insights into prisoners' use of secondary health care.

This summary provides an overview of the key findings and implications of the study. The full report can be accessed at www.nuffieldtrust.org.uk/locked-out

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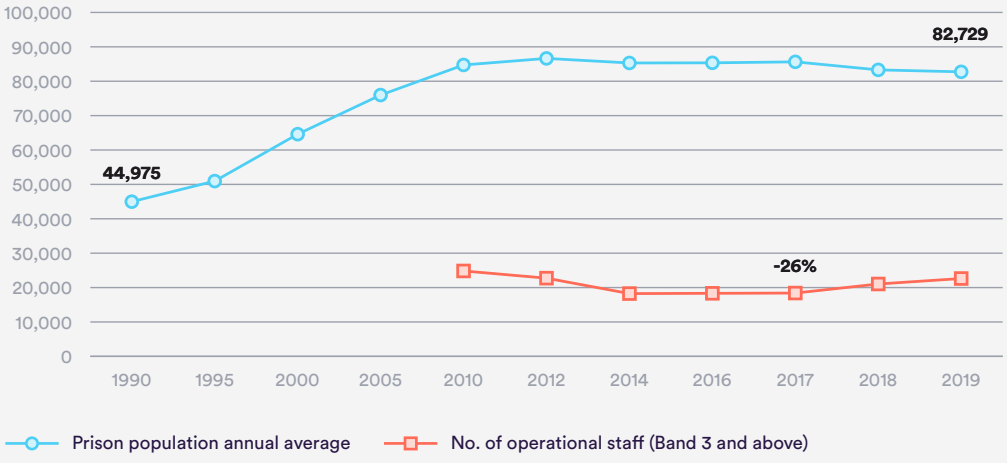
Introduction

There were, on average, 83,000 people in prison in England and Wales at any one time last year, yet relatively little is known about prisoners' physical health care needs; how and why they access hospital services; and whether their physical health needs are being adequately met. In order to shed light on these issues for the first time, this research analyses data from one year (2017/18), using a novel method to identify over 110,000 patient hospital records for prisoners in England.

Background

The prison population of England and Wales is just a small part of the total population, but we have a higher prison population rate than many other European countries, including Germany, France and Spain (Institute for Criminal Policy Research, 2019). The prison population has increased to current levels from just under 45,000 in 1990 (House of Commons Library, 2017), while the number of prison staff fell by more than a quarter between 2010 and 2017 (Prison Reform Trust, 2018).

Figure 1.1: Prison population, 1990–2019, and operational staffing levels, 2010–19



Note: Horizontal axis intervals vary in order to present most recent key data clearly.
Source: Ministry of Justice (2018, 2019a, 2019b) and prison population monthly bulletins for the 2019 average (Ministry of Justice, 2019c).

The historical increase in the size of the prison population means that, in practical terms, there are more people in prison than the system was built to hold, and this pressure is further exacerbated by the loss of experienced staff. Two-thirds of prisons in England and Wales – 81 out of 120 – were overcrowded in 2017/18 (Prison Reform Trust, 2018). Overcrowding in prisons has knock-on implications for the conditions people experience and the ability of the prison (and health) services to operate.

Commissioning prison health care

The commissioning, delivery and oversight of health services in prisons is complex and involves a number of national bodies. The NHS took over commissioning of health care in the secure estate from the Prison Medical Service in 2006. Today, commissioning of health care services in prisons and other secure facilities in England is the responsibility of NHS England Health and Justice (NHS England, no date), which operates via 10 health and justice teams based across four regions.

Emergency care and ambulance services are commissioned by the clinical commissioning group in which the prison is located, and public health services are commissioned by Public Health England. The Ministry of Justice directly contracts health services in five private sector prisons (HM Government, 2018). Health care within prisons is delivered by both NHS providers and independent operators, such as Care UK.

Prisoners' use of health services

Alongside the operational challenges facing the prison system, the prison population itself has distinct needs. Prisoners often have significant mental health needs as well as more complex physical health care needs compared to the general population, in part due to personal circumstances and experience: a significant percentage of prisoners have experienced abuse, been taken into care, and experienced unemployment and homelessness prior to prison (Prison Reform Trust, 2018).

Despite the high level of underlying health care need in the prisoner population, we know relatively little about what health care services prisoners use for their physical health, and for what reasons. There is a commonly stated assertion that the quality of prison health care has improved since the NHS took over responsibility for commissioning of care from the Prison

Medical Service in 2006 (Ginn, 2012; Leaman and others, 2017), but it is also acknowledged that there is a lack of reliable data about prisoner health (Public Health England, 2016). Data on how prisoners use health care services is vital context for determining what good quality health care provision for prisoners should actually look like.

Our analysis

Using a novel approach involving the linking of data on prisoners' residences to their use of NHS hospital services, this research provides new insights into prisoners' use of secondary health services. The work covers inpatient, outpatient, and accident and emergency care; the reasons for use; and how access to care compares to the general population. We also looked specifically at health care use by women prisoners and people over the age of 50.

Our research captures just under 12,000 inpatient admissions by prisoners in 2017/18 and around 18,000 A&E attendances. We also looked at the 83,000 outpatient appointments scheduled for prisoners.

What did we find?

Our findings on prisoners' use of hospital services provide new insights into how much (or how little) prisoners are using hospital services; the kinds of health problems and conditions that result in prisoners attending or being admitted to hospital; and possible lapses of care within prisons.

Prisoners use hospital services far less and miss more hospital appointments than the general population

- Prisoners had 24% fewer inpatient admissions and outpatient attendances than the equivalent age and sex demographic in the wider population, and 45% fewer attendances at accident and emergency departments.

- 40% of outpatient appointments for prisoners were not attended (32,987 appointments) – double the proportion of non-attended appointments in the general population.

- Over three-quarters of missed appointments were cancelled in advance or recorded as people simply not turning up on the day.

- 2% of all outpatient consultations were carried out by telephone/video in 2017/18 – compared to around 3% for the general population.

- 22% of pregnant prisoners missed midwife appointments and 30% of pregnant prisoners missed obstetric appointments in 2017/18, compared to 14% of midwifery appointments and 17% of obstetric appointments missed in the general population.

- There is a noticeable drop in emergency admissions to hospital from the prison population in December. This is something that is not seen in the general population.

Prisoners have particular health needs related to violence, drug use and self-harm

- Injury and poisoning were the most common reason for prisoners being admitted to hospital, accounting for 18% of cases (2,169 admissions) compared to 6% of all admissions in the general population (aged 15+).

- There were 508 hospital admissions as a result of head injuries, including fracture of skull and facial bones, intracranial injuries and open scalp wounds.

- There were also 415 A&E attendances by prisoners in 2017/18 as a result of head injuries.

- Psychoactive substance use was recorded in more than 25% of all inpatient admissions by prisoners in 2017/18.

Hospital data reveals potential lapses of care within prisons for certain groups of prisoners

- Six prisoners gave birth either in prison or on their way to hospital, representing more than one in 10 of all women who gave birth during their prison stay.

- There were 51 hospital admissions by 39 prisoners with diabetes as a result of diabetic ketoacidosis (DKA), an avoidable and potentially life-threatening complication of diabetes caused by lack of insulin.

What explains these findings?

There are a number of possible explanations for the gap between the use of hospital services by prisoners and those in the general population. It may be that not all use of hospital services by prisoners can be captured using the approach applied (identifying prisoners based on postcode), or it could simply reflect that a proportion of prisoners' health care needs are being met within the prison itself.

All else being equal, lower utilisation of hospital care ought to imply a lower level of need, or patients' needs being met outside of hospital. But our research suggests this is not the case with prisoners, which raises serious questions about the level of unmet health care need in the prison population.

The literature reviewed for this study and the views and experiences of experts consulted during the course of the project suggest that a significant part of this gap may be explained by prisoners having poorer access to services, with the limited supply and availability of escorts – the prison staff who take prisoners to and from hospital – being a key factor. This backs up a recent Public Health England study of prisoners' access to dental services, highlighting escort problems as a major reason for failed dental appointments (Public Health England, 2019).

Although staffing levels are now starting to rise, given that frontline prison staff levels reduced by 26% between 2010 and 2017, it is likely that there has been a knock-on effect on the availability of health escorts, as well as the ability of staff to assist in the management and organisation of appointments.

The fall in emergency hospital use during December is a further clue that staffing may be part of the explanation. While hospital data alone does not tell us why fewer prisoners attend hospital in an emergency during December (and some caution should be exercised in concluding too much from a single year of data), it does suggest that something different is happening during that month which is changing how secondary care services are used.

If staffing levels are reduced over the Christmas holiday period, this may mean fewer officers are available to escort prisoners to hospital. If, in fact, the drop reflects a reduction in emergencies in December, it is important to understand the reasons why, to see whether the approach could be replicated across the year to bring about a similar reduction in emergency admissions.

Why does this matter?

While part of the purpose of prison is to deny people their freedom, the punishment of being in prison should not extend to a diminished right to health care (UNODC and others, 2013).

Prisoners have the same rights to health care as those not in prison. Recent work, determining that 'equivalence' of care in a prison context means prisoners receiving health care that meets their needs in the same way as would be the case in the community, reinforces this (Royal College of General Practitioners, 2018; Royal College of Midwives, 2019; HM Government and NHS, 2019). This approach is also reflected in the founding principles of the NHS, being free at the point of use and available to all.

In addition to the moral imperative to provide high-quality health care, there are practical reasons why we should be concerned with prisoner health.

At a simple level, cancelled or non-attended outpatient appointments are a missed opportunity for the NHS. Our research found that the value of non-attended appointments by prisoners in 2017/18 where no advanced warning was given equated to around £2 million for the NHS.

In addition, poorer access to hospital care for prisoners is likely to mean that certain diseases like cancer may be more advanced by the time treatment is underway, leading to longer and more complex treatments, greater suffering and higher costs. Likewise, a failure to proactively manage long-term conditions such as diabetes can result in serious but avoidable complications (e.g. amputations), which carry high costs for the NHS and significant impact on the individual.

Furthermore, many prisoners enter the system with established complex needs that have not previously been diagnosed or recognised and that might play a role in their offending behaviour. Prison, therefore, offers an opportunity to identify issues and conditions, and appropriate early intervention has the potential to break a cycle of reoffending (NHS England, 2016).

Finally, non-attended appointments are a missed opportunity to allocate appointments to other people in need, both in prison and those outside of prison.

What should be done about this?

This analysis points to two key areas where more focused policy attention could result in improvements to prisoner health: improving prisoners' access to hospital care and making better use of hospital data. Our recommendations are targeted at policymakers in the five public authorities involved in the National Partnership Agreement for Prison Healthcare – the Ministry of Justice, Her Majesty's Prison and Probation Service, Public Health England, the Department of Health and Social Care, and NHS England – as well as prisons, health care providers, commissioners, and the research community.

Improving prisoners' access to hospital care

1 Provide greater transparency over prison escort numbers and review the supply of prison escorts

Ensuring that enough escorts are available to transfer prisoners to hospital is an essential element of improving prisoners' access to health care. Yet our research points to real difficulties for prisons and health care services working together to coordinate and escort prisoners to hospital appointments.

Although individual prisons record data on the number of escort and bedwatches that occur for reporting purposes, there is no publicly available data on the numbers of escorts nationally or, crucially, how escort numbers relate to prisoners' health care needs.

This lack of data makes it impossible to fully understand how the high level of missed hospital appointments among the prison population could be better managed. We therefore suggest that NHS England works with partners across the criminal justice system to publish escort and bedwatch data at a national level, including the number of escorts each prison is set, and how many are achieved.

2 Increase access to outpatient services via telemedicine consultations

The low level of telephone or video outpatient appointments in the prison population (2%) highlights a clear area where access to hospital care could be improved.

A greater number of telemedicine appointments in prison could improve access to outpatient care in line with the NHS Long Term Plan (2019), which aims to reduce the number of face-to-face outpatient appointments over the next five years.

In addition, it could reduce the costs to the NHS of escorting prisoners – although it should be noted that access to appointments within prisons can also be affected by escort availability.

Making better use of hospital data

Hospital data is an untapped resource that can be used to learn more about the health and health care use of prisoners, as well as challenges to health care delivery. The ability to interrogate hospital data and identify health service use by specific groups, such as women prisoners, is also important for gaining an understanding of the needs of a diverse population and planning for future health care provision.

1 Collect, collate and publish regular data on prisoners' health care use and how it compares to the general population

The approach used in this research to identify prisoners' anonymised health records in hospital data based on their postcode could be applied on a regular basis to report on prisoners' use of hospital services and provide a basis for monitoring changes in use and the impact of policy and practice changes.

By publishing this report and its appendices detailing the particular approach used, we hope that the methods can be applied more widely to establish a regular look at prisoners' use of secondary health care. The postcode approach is not without its limitations – hospital data cannot tell us directly about prisoners' use of health services inside prison, for example, which forms the majority of their contact with health care services. But we believe it gives us the best insight yet into how prisoners are using NHS hospital services and is likely to improve over time given the roll out of the Personal Demographics Service (PDS) across the prison estate.

2 Identify and monitor avoidable health outcomes for prisoners

Hospital data has the potential to inform our understanding of the challenges of health care delivery in prison and the difficulties of managing a long-term health condition in prison. For instance, we know that there are fewer

opportunities for self-care in prison, and therefore determining avoidable health outcomes (such as diabetic ketoacidosis) and using hospital data as a monitoring tool could be a catalyst for considering new approaches to managing people's conditions.

3 Collect and publish data on pregnant women in prisons

Our analysis of women's use of hospital services in relation to pregnancy and delivery care needs highlights that there is a small group of women for whom health outcomes are unclear, as they do not give birth during the time they are in prison.

Data needs to be collected within prisons on the numbers of women who are pregnant or in the post-natal period. Hospital data can then be used to inform understanding of health outcomes for women and their babies.

Rules regarding the reporting of small numbers, while protecting people's confidentiality, should not be used to avoid learning from poor outcomes or poor-quality care. It is important to advocate for women in prison by placing the burden of responsibility on a delegated authority to keep a record of significant outcomes that reveal problems with care provision in prison.

For example, births taking place inside prison before a woman can be taken to hospital are theoretically possible, but should be a 'never' event. Independent review of such cases, in a similar manner to review of deaths in custody, would be one way to make sure any recurring issues can be identified and changes can be made to the care of pregnant women in prison.

Conclusion

Our analysis has provided insight into how the prison population uses hospital services in comparison to the general population. Importantly, it has also raised questions about access to health care services and whether prisoners' needs are being met adequately. Furthermore, it has highlighted gaps in knowledge and understanding about the health care needs and service use of this population.

Reduced access to health care is not in the interest of prisoners – nor is it in the interest of the NHS, the criminal justice system or the taxpayer. With the prison population set to rise at the same time as the NHS faces unprecedented staffing and operational pressures, we hope this research will provide a useful basis on which to assess how we are meeting prisoners' physical health care needs and what we might need to do to improve.

References

Ginn S (2012) 'The challenge of providing prison healthcare', *BMJ* 345, 26–8.

HM Government (2018) *National Partnership Agreement for Prison Healthcare in England: 2018–2021*. HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/697130/moj-national-health-partnership-2018-2021.pdf.

HM Government and NHS (2019) *National Prison Healthcare Board Principle of Equivalence of Care for Prison Healthcare in England*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/837882/NPHB_Equivalence_of_Care_principle.pdf

House of Commons Library (2017) *Prisons Statistics, England and Wales*. Briefing Paper CBP 8161. House of Commons Library. https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8161#fullreport. Accessed 3 January 2020.

Institute for Criminal Policy Research (2019) *World Prison Population List*, ed. Warmsley R, 12th edition. www.prisonstudies.org/sites/default/files/resources/downloads/wppl_12.pdf. Accessed 14 October 2019.

Leaman J, Richards AA, Emslie L and O'Moore EJ (2017) 'Improving health in prisons – from evidence to policy to implementation – experiences from the UK', *International Journal of Prisoner Health* 13(3–4), 139–67. https://doi.org/10.1108/IJPH-09-2016-0056. Accessed 3 January 2020.

Ministry of Justice (2018). 'HM Prison and Probation Service workforce quarterly: September 2018'. www.gov.uk/government/statistics/hm-prison-and-probation-service-workforce-quarterly-september-2018. Accessed 22 January 2020.

Ministry of Justice (2019a). 'HM Prison and Probation Service workforce quarterly: September 2019'. www.gov.uk/government/statistics/hm-prison-and-probation-service-workforce-quarterly-september-2019. Accessed 20 February 2020.

Ministry of Justice (2019b) 'Annual Prison Population: 2019. www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2019. Accessed 22 January 2020.

Ministry of Justice (2019c) 'Prison population figures: 2019'. www.gov.uk/government/statistics/prison-population-figures-2019. Accessed 20 February 2020.

NHS England (no date) 'Health and justice', www.england.nhs.uk/commissioning/health-just. Accessed 8 January 2020.

NHS England (2016) Strategic direction for health services in the justice system: 2016–2020. www.england.nhs.uk/wp-content/uploads/2016/10/hlth-justice-directions-v11.pdf.

NHS (2019) *The NHS Long Term Plan*. NHS. www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf.

Prison Reform Trust (2018) *Bromley Briefings Prison Factfile: Autumn 2018*. Prison Reform Trust. www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Autumn%202018%20Factfile.pdf.

Public Health England (2016) *Rapid Review of Evidence of the Impact on Health Outcomes of NHS Commissioned Health Services for People in Secure and Detained Settings to Inform Future Health Interventions and Prioritisation in England*. Public Health England.

Public Health England (2019) *Survey of prison dental services England, Wales and Northern Ireland 2017 to 2018*. Public Health England.

Royal College of General Practitioners (2018) 'Prison health is public health – RCGP launches new position statement on care in secure environments'. Press release, 18 July. www.rcgp.org.uk/about-us/news/2018/july/prison-health-is-public-health.aspx. Accessed 3 January 2020.

Royal College of Midwives (2019) *Position Statement: Perinatal women in the criminal justice system*. Royal College of Midwives. www.rcm.org.uk/media/3640/perinatal-women-in-the-criminal-justice-system_7.pdf.

UNODC (United Nations Office on Drugs and Crime), World Health Organization and Regional Office for Europe (2013) *Good Governance for Prison Health in the 21st Century: A policy brief on the organization of prison health*. World Health Organization. www.who.int/hiv/pub/prisons/prison_health/en. Accessed 3 January 2020.

A full list of references for this research can be found in the full report at www.nuffieldtrust.org.uk/locked-out

Nuffield Trust is an independent health charity. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.

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