Study of Comparative Heath Service Experience Between Prisons and Communities

Report of Findings from Prisoners Focus Groups Held in HMP Barlinnie and HMP Greenock October/November 2011

1. Introduction

In line with the national transfer of prisoner health care from the Scottish Prison Service to the National Health Service, NHS Greater Glasgow and Clyde gained responsibility for the health care delivery within HMP Barlinnie and HMP Greenock on 1st November 2011. HMP Low Moss will become operational in 2012 to add a third setting for health care delivered by NHS Greater Glasgow and Clyde. The transfer presents a significant opportunity for change in design, delivery and management of health care services in these prison establishments in order to address the health and social care needs of offenders. This in turn will lead to benefits to local communities once prisoners are released.

This potential change should be informed by NHS Greater Glasgow and Clyde's commitment, as laid out in the Tackling Inequalities Policy and other core local and national NHS drivers, to deliver services in a way that tackle discrimination, narrow the health gap and address marginalisation. In addition, planning for health care in prisons should adopt the corporately approved 10 Goals for an inequality sensitive health service and demonstrate progress against each goal.

There is a wealth of evidence to show offenders and ex-offenders are at increased risk of poorer health outcomes, stemming from experience of prison as well as post-liberation. In addition, the majority of Scotland's prison population come from areas of multiple deprivation and will have experienced significant barriers to health care before commencing a prison sentence. This is borne out by the comparatively significant numbers of offenders with mental health and addiction issues, literacy issues, experiences of childhood physical and sexual abuse and experiences of institutionalised care.

To inform the development of an inequalities sensitive NHS-led prison health care service, it was agreed to gather patient perspectives of health care provision from prisoner groups serving sentences or on remand in HMP Barlinnie and HMP Greenock. The work was designed to compare and contrast

the prisoner's experience of health care services in the community and in prison and identify learning opportunities and possible gaps in current prison-based service design and delivery.

This report details the outcomes of this work and provides recommendations for consideration.

2. **Methodology**

Two members of the Corporate Inequalities Team (CIT) with experience of working in prisons developed a structured questionnaire for prisoner focus groups. The questionnaire was designed using the PPVote interactive presentation programme; software that allows participants to respond to set questions using wireless key pads, recording percentage of 'votes' cast for each answer. This was considered important for work in prison settings as it combines anonymity with full participation opportunities and gives instantaneous 'voting' feedback to groups to promote trust and transparency.

Feedback 'spikes' or trends were noted on flip chart paper and discussed with the group in further detail to better understand the rationale behind the answers provided.

Unfortunately, technical difficulties with data retrieval from the PPVote system meant the first four Barlinnie focus group outcomes used data recorded on flip charts which was recorded simultaneously during each session in the event of any IT difficulties arising.

The CIT team worked with SPS staff to agree dates and access to prisoner groups as follows:

- **HMP Barlinnie**

Remand – 24th October
Passmen – 24th October
Protected 25th October
Letham Hal 25th October
Black and Minority Ethnic Group – 26th October

- **HMP Greenock**

Long term - 7th November
Remand and short term – 7th November
Female – 15th November

Each session lasted between 1-1½ hours with group sizes ranging between 6 – 14 prisoners.

The questions asked via PPVote are available in this report (Appendix 1).

3.1 Delivery Experience

All registered prisoner groups attended, though group sizes were smaller than expected. HMP Greenock groups were considerably smaller than anticipated, particularly the women's group, where 6 from a planned 15-20 attended. NHS Staff in HMP Greenock suggested low female numbers may be attributed to prisoners not being willing to lose productivity bonuses incurred through time away from work places[1].

All prisoner groups responded well to the format of the focus groups, with full participation in the PPVote exercises. Participation in the second exercise was also positive, with the majority of participants willing to contribute to discussions arising from the PPVote outcomes. Consistent themes emerged through both exercises and participants were keen to receive reports of the focus group outcomes.

It was noted that some groups were unaware of the purpose of the focus groups with two male prisoner groups expecting a Wellman clinic session. Prisoner reflection suggested that larger numbers might have attended had there been greater awareness of the purpose of the session through improved promotion.

4. Focus Group Outcomes – quantitative analysis

PPVote results from all groups suggested prisoners were keen to see significant improvement in the way health care is delivered to them. All groups were keen to discuss issues in relation to this and outlined hopes for improvements. The exception to this was the women's group in HMP Greenock, who rated health care provision relatively positively. The women thought this might be related to their family roles but also perceived women as being better equipped with the necessary skills to engage with health care services.

The results of the PPVote session are presented below (table 1) as a combination of returns for men in HMP Barlinnie and HMP Greenock. The

[1] Clarification needs to be sought as to whether this condition of employment also applies to time away for medical appointments.

variance in responses per prison or group was minimal, allowing combined totals to be used with a high degree of accuracy.

A separate table is shown for female prisoners in HMP Greenock (table 2).

A more complete breakdown of answers is included in this report as Appendix 2.

The total number of prisoners taking part are as follows;

HMP Barlinnie - 54
HMP Greenock – 19 (male)
HMP Greenock – 6 (female)

There is variance in the numbers responding to each question as voting was not mandatory and prisoners could opt not to answer specific questions.
Percentages are given of the total of those who did vote.

Table 1 showing percentage votes for PPVote questions
Total of 73 male prisoners (HMP Barlinnie & HMP Greenock)

	Very easy/ Very Good/ Very often	**Easy/ Good /often**	**Ok/ sometimes**	**Hard /Poor/ Seldom**	**Very Hard/ Very Poor/ Never**	**Total**
How easy it is to use health services in the community?	19 (27%)	21 (30%)	24 (34%)	4 (6%)	2 (3%)	**70 100%**
How easy is it to use health services in prison?	2 (3%)	0 (0%)	6 (8.5%)	19 (27%)	43 (61.5%)	**70 100%**
How would you describe your experiences of using health services in the community?	24 (34%)	25 (36%)	15 (21%)	4 (6%)	2 (3%)	**70 100%**
How would you describe your experience of using health services in prison?	0 (0%)	1 (1.5%)	5 (7%)	24 (33.5%)	42 (58%)	**72 100%**
How easy is it to stay healthy when you are not in prison?	14 (19%)	32 (44%)	16 (22%)	4 (5.5%)	7 (9.5%)	**73 100%**
How easy is it to stay healthy when you are in prison?	5 (7%)	4 (6%)	17 (25%)	20 (29%)	23 (33%)	**69 100%**
Whole person treatment outside	33 (45%)	32 (44%)	1 (1.5%)	7 (9.5%)	0 (0%)	**73 100%**
Whole person treatment inside	0 (0%)	2 (3%)	1 (1.5%)	24 (32.5%)	46 (63%)	**73 100%**
Communication Outside	21 (29%)	40 (55.5%)	1 (1.5%)	7 (10%)	3 (4%)	**72 100%**
Communication in prison	1 (1.5%)	3 (4%)	4 5.5%)	17 (23%)	48 (66%)	**73 100%**
How often are you asked to feed back on prison health care services	0 (0%)	0 (0%)	1 (1.5%)	21 (29%)	50 (69.5%)	**72 100%**

Table 2 showing numbers voting
HMP Greenock Responses (female) from PPVote Questions

	Very easy/ Very Good	Easy/ Good	Ok	Hard/Poor	Very Hard/Very Poor	Total
How easy it is to use health services in the community?	0	0	5	1	0	**6**
How easy is it to use health services in prison?	2	0	2	1	1	**6**
How would you describe your experiences of using health services in the community?	1	1	4	0	0	**6**
How would you describe your experience of using health services in prison?	0	2	2	2	0	**6**
How easy is it to stay healthy when you are not in prison?	1	2	1	1	1	**6**
How easy is it to stay healthy when you are in prison?	1	2	0	1	2	**6**
How often are you asked for feedback on health care received in prison?	0	0	1	2	3	**6**
Whole person treatment outside	2	1	0	2	1	**6**
Whole person treatment inside	0	5	0	0	1	**6**
Communication Outside	1	4	0	1	0	**6**
Communication in prison	2	2	0	2	0	**6**

With the exception of the female prisoner group, the PPVote returns show areas where prisoners hope to see significant improvement in operational health arrangements. Prison health services were viewed as being difficult to use and most returns indicated perceived issues relating to the quality of services available.

The returns indicate prisoners perceived significant communication issues in relation to health care together with challenges in treating people as individuals and understanding some of the other factors that may be contributing to poor health.

Returns indicate prisoners do not feel involved or engaged in the way health services are designed and delivered.

5. Focus Group Outcomes – qualitative analysis

The qualitative analysis is based on the discussions that followed the PPVote session, building on key themes emerging from the instantaneous results delivered by the PPVote programme.

The discussions are presented first as an overall themed analysis of common issues. Any differences noted between the groups are described after this.

5.1 Common Issues

The open discussion generated a detailed dialogue with the prisoners; they highlighted what they perceived as deficits in current service provision with examples and expressed areas where improvements could be made. The themes are as follows:

- Improved information
- Differential treatment
- Lack of individualised treatment
- Quality of service
- Issues pertaining to protected characteristics

These are described in detail below.

5.1.1 Lack of information. The prisoners described a requirement to receive more information about what to expect from the health service generally and specifically relating to their treatment.

'They change your medication and you get no explanation.'

Many prisoners gave examples of putting in an appointment 'slip' and getting no confirmation for up to 6 weeks. Many described receiving no explanation as to why this was the case.

'They can go missing if it's not a good day for the nurses.'

Similarly the patient complaints system (CP) was not considered to be effective or transparent.

'You put in a CP and all you get is, "thanks for raising the issue."'

Specifically in relation to medication, more than one group described an area where prisoners are given medication whilst queuing around a central collection point, with no opportunity to raise issues with health service staff. This was at odds with the women prisoners' experience where they had a one-to-one interaction in a separate area when collecting medication.

Prisoners explained mediation is provided in clear plastic bags, with no patient information leaflet. Concerns were raised that medication may have changed in relation to dose or type with no explanation.

'You get tablets in a clear bag. No instructions on the bottle, just name and jail number. The tablets are not seen as genuine.'

In relation to the theme of lack of information many male, white prisoners said they had trouble understanding some doctors due to their accents and when prompted said they felt unable to ask for clarification on medical advice given.

5.1.2 Differential treatment. This related to treatment perceived to be lesser or different to either the general health service received in the community or to other prison health services.

There were two key areas mentioned by all groups frequently. These were examples relating to medication and access to the dentist.

‘You get a sleeper rather than a range of medication.’

‘You don’t get the same medication inside as outside.’

One patient described being given a painkiller prescription on release from an acute hospital stay following treatment for significant internal injuries. The prescription was removed on entering the prison and replaced with ibuprofen.

Having painkillers reduced from stronger to weaker on entering the prison system was a commonly described experience across all groups. Prisoners discussed understanding that painkillers were open to abuse and had some ‘currency’ in the prison, however they asked why, if it was a supervised drug, they couldn’t receive them.

‘It’s Paracetamol for everything, a broken leg, cracked ribs…..’

‘We have to live in pain.’

In addition to the actual medication prescribed, how the medication is dispensed was commented upon.

‘I have a mental health problem and I get my supervised meds at 5, that’s me asleep then cos they make you tired. I should get it later.’

There were several examples where patients described being in pain from broken teeth or general dental decay and not getting access to a dentist. There was also a perception that remand prisoners were not entitled to dental care. The prisoners believed that access to a dental hygienist was available in other prisons.

Another area where it was felt there was a difference in treatment was in relation to out of hours care provision.

‘If you miss your prescription on a Friday you get nothing till Monday.’

Some prisoners explained that the medication they required may be out of stock and this would not become apparent until the time of dispensing, leading to extended periods without continuation of medication.

Some of the groups described limited access to other specific services.

‘Smoking cessation is not allowed in shorter sentences.’

‘You can’t get a second opinion like you can outside.’

‘It takes 5 days to get your blood results back.’

‘LTC get seen, so folk write that down to get an appointment.’

‘It says on the form (referral slip) there may be a 3-month waiting list for this service. Can they do that?’

Some prisoners described a perceived deficit in getting a nurse led service.

‘The doctors don’t prescribe unless the nurses tell them.’

‘They are in charge.’

5.1.3 Lack of individualised treatment. The majority of the experience described here was in relation to lack of person-centred and sensitive care. The treatment was seen as standard for all prisoners irrespective of individual need. Most of this related to medication.

‘It’s a blanket policy, no flexibility, no compassion.’

‘It’s not an individual service. There was a problem then they removed Tramadol from everyone.’

‘If one prisoner abuses it, then we all get punished.’

‘One guy takes seizures; the medication said it can cause seizures if you get them anyway. The guy told them, but they gave it to him anyway. He took a fit.’

The women did not have this experience; they felt that their needs as a whole person were taken into account.

‘I think its cause they ask us about the wider family and children stuff anyway. So we talk about more stuff than the men.’

5.1.4 Quality of service. The question related to quality generated a wide range of issues and was the biggest area with perceived gaps in provision. There were two areas however, male prisoners described more positively, the nursing staff generally and by all men (with the exception of the Chinese group), the Well Man Clinics. Prisoners felt the Wellman clinics gave more time and

opportunities to chat through health issues that could be gained through routine health appointments.

The women described the service more positively than any other group, responding to all questions positively as well as negatively unlike any other group who mostly in the negative. The women did say that the medical services were led by a male doctor and that they hadn't been given the choice of seeing a female doctor.

Food. The prisoners felt that this was a key issue with regard to 'staying healthy in prison.' Despite the fact it is not a health service delivery issue they still wanted to discuss its impact on their health.

'There are no healthy options.'

'Can't get five portions of fruit n veg a day.'

'The fruit is mouldy.'

'You only get sandwiches at the weekend.'

'I get around 4 pieces of fruit and veg a day'

The women generally thought it was easier to access a healthy diet, though many attributed this to working in the pantry area, where food was more accessible.

Access to services. This covered a range of issues about the quality of the service which aren't about differential treatments described above.

'The ratio of prison officers to health staff is wrong, that's why we wait so long.'

'There's a restricted physio appointment, you only get 5 minutes.'

'Slip system, there's no copies. It should be electronic.'

'The prison officers control our access to health services.'

'I was prescribed amoxicillin with no examination.'

'You get a 30 second consultation.'

Continuity of service. Many prisoners described two distinct service pathways; their health service experience outside (and associated medication regime), and the health care experience in prison. The two were seen as distinct with many suggesting they were disjointed.

‘Should be liaison with SPS and health service outside.’

‘Barlinnie won’t start you on Methadone cos it’s not a holding jail.’

Another issue raised by more than one group was continuity of methadone prescribing,

‘You go in on a Methadone prescription and you get 80ml one week and 40ml the next. That’s not right. They don’t do that outside.’

Many prisoners expressed similar anxiety regarding medication reduction, citing experiences in the community that differed significantly.

Issue pertaining to protected characteristics*.* There were some issues that were raised which suggested those with legally protected characteristics were at risk of receiving differential treatment outcomes. These examples related to the following protected characteristics:

- *Race*. This centred on access to spoken language interpreters. The experience of those whose first language wasn’t English suggested interpreters were not routinely used in health appointments. The risk of miscommunication or misdiagnosis lies with the health service in this instance and poses a legislative risk for the NHS.

  Only one of the men said that he had had a health appointment with an interpreter present. Incidents where an interpreter had not been booked included a self-harming issue and a period where a patient had been confined in an observation cell.

  ‘They can’t ask to find out what’s wrong, just look at you because there’s no interpreter there.’

  ‘I had the wrong medication, but there is no interpreter to discuss the wrong medication.’

This is also true for cases where access to the health service is dependent upon a written 'slip' system. Those with no English, literacy issues or cognitive impairment cannot access this service independently and are reliant on others to record sometimes sensitive information. Those whose first language is not English cannot use the slip system to make an appointment. Their strategy to get an appointment was to either verbalise the word 'doctor' to a prison officer or to ask a bilingual Chinese prisoner to fill in a slip on their behalf.

The prisoners whose first language was not English could not access posters advertising in-house services such as 'smoking cessation.' No members of the Chinese group were aware of this service.

The right to free NHS treatment for those who are 'failed asylum seekers but are in this country through no fault of their own' would include those held in prison. It is a clinical decision as to what range of health care services each individual should access, e.g. continuing care already initiated, ensuring any illness does not deteriorate to be life threatening or emergency treatment.

- *Sex.* There appeared to be a distinct difference in the experience of female prisoners compared to their male counterparts. The female's experience was generally more positive on all aspects in comparison to male prisoners. The female prisoners speculated that the difference was because women are asked more routinely about themselves and their lives – receiving a more holistic service than men. They attributed this to their mothering / family role. They also speculated that the male dominated / macho culture of the prison affects the men and not them.

  The apparent gender difference in health delivery is an area that should be given further thought and investigation. Both male and female prisoners commented on the 'macho' values a prison environment can promote and how this can impact negatively on health. Any evidenced difference in terms of quality and scope of service based on sex is a legislative risk for the NHS.

- *Disability*. This related to two main areas, literacy and comprehension of the written word and physical access / mobility issues.

  'If prisoners can't write then they get another prisoner to help them.'

‘Nothing is a private in here.’

Those with a cognitive impairment may be unable to access the health service unaided. This is a legislative risk for the NHS.

Those with literacy issues are covered by the NHSGGC Equality Scheme as it can be associated with social class and is recognised as a further risk factor of marginalisation. Those with literacy issues are covered by the NHSGGC Accessible Information Policy.

There was some discussion with the prisoners about mobility issues.

‘They threaten to move you from the LGF (Lower Ground Floor) if you don’t behave; even if you can’t walk.’

This is not an issue for health services if it relates to a long standing impairment but should be considered by the SPS. If however it relates to a medical condition under current treatment by the NHS service then this could incur legislative risk.

5.2 ‘What would you change?’

The prisoners were informed of the process of feeding in to the LIG to inform service delivery for the transferred Health Service. All groups were asked a common final question, ‘If you could tell the LIG group one thing that you would change either that you’ve mentioned already or not, what would it be?’

These are the un-themed responses from all the groups (duplicates removed).

‘Stop categorising us the same, we’re not all abusing tablets.’
‘Doctors should stop prioritising security over our health.’
‘They should use their initiative more.’
‘Change the food.’
‘Examine us more thoroughly.’
‘Liaise with our GP outside.’
‘Continuity of care.’
‘Treat us the same when we need to be, be fair.’
‘We need a better standard of care.’
‘Case histories not taken into account.’
‘Check case notes and type of care offered before.’
‘Someone should shadow the service from the health service.’

‘We need more mental health services.’
‘Treat us like individuals.’
‘We need a quicker service.’
‘We need to know how to use the service when we first come in.’
‘Treat us as you’d like to be treated.’
‘We get medication too early when it’s a sleeper.’
‘Change the staff.’
‘We need more access to the dentist.’
‘Chinese people should be kept together; we get bullied because we are Chinese.’

6. Recommendations

The recommendations are based on the analysis of the prisoner focus group outcomes:

1. A prisoner communication strategy should be in place to explain the transfer of the services from SPS the NHSGGC. This should include clarity on the quality, treatment regimes, waiting times, complaints system and patient pathways and the restrictions caused by security.

2. Implement a public involvement model based on the Scottish Health Council Participation Standards.

3. Implement the Accessible Information Policy, including establishing an AIP Lead for the prison health service.

4. Adopt NHSGGC in house Interpreting Service for the health service.

5. Establish electronic case note sharing.

6. Investigate the potential for a community pharmacy model.

7. Explore potential for a staged mental health intervention covering mild to moderate as well as severe and enduring.

8. Training of prison health service staff on the Equality Act, including NHSGGC EQIA process, the NHSGGC Equality Scheme 2010 – 13, the Accessible Information Policy, the Interpreting Service and the Tackling Inequalities Policy.

9. Develop an EQIA strategy in line with the rest of NHSGGC.

10. Develop a feedback poster to inform those who participated in the Focus Groups of the outcomes of this piece of involvement.

APPENDIX 1

2: How easy is it to use the health service when you are not in prison? **3: How easy is it to use the prison health service?** **4: How would you describe your experience of using health services when your not in prison?** **5: How would you describe your experience of using the prison health services?** **6: How easy is it to stay healthy when you are not in prison?** **7: How easy is it to stay healthy when you are in prison?** **8: How often are you asked for feedback on the prison health service?** **10: In the health service, outside prison, how likely are you to have treatment like this?** **11: In the prison health service how likely are you to have treatment like this?** **13: In the health service, outside prison, how likely are you to have treatment like this?** **14: In the prison health service how likely are you to have treatment like this?**

Q10 & 11 relate to a case study highlighting person-centred care, where the presenting symptom is considered within the wider context of the person's life with appropriate sensitive inquiry.

Q13 & 14 relate to a case study highlighting the requirement to communicate effectively with patients in a way that best suits their needs (large print, plain English etc.).

Appendix 2

Complete PPVote Answers per Prisoner Group
HMP Barlinnie Prisoner Responses (male) from PPVote Questions

	Very easy/ Very Good/ Very often	Easy/ Good /often	Ok/ sometimes	Hard /Poor/ seldom	Very Hard/ Very Poor/ Never	Total
How easy it is to use health services in the community?	12	16	19	3	2	**52**
How easy is it to use health services in prison?	2	0	2	14	35	**53**
How would you describe your experiences of using health services in the community?	18	18	11	3	2	**52**
How would you describe your experience of using health services in prison?	0	1	5	16	32	**54**
How easy is it to stay healthy when you are not in prison?	5	28	15	1	5	**54**
How easy is it to stay healthy when you are in prison?	2	2	11	15	20	**50**
Whole person treatment outside	24	24	0	6	0	**54**
Whole person treatment inside	0	1	0	18	35	**54**
Communication Outside	16	26	1	7	3	**53**
Communication in prison	1	1	2	11	39	**54**
How often are you asked to feed back on prison health care services	0	0	1	17	35	**53**

HMP Greenock Responses (Male) from PPVote Questions

	Very easy/ Very Good	Easy/ Good	Ok	Hard/Poor	Very Hard/Very Poor	Total
How easy it is to use health services in the community?	7	5	5	1	0	**18**
How easy is it to use health services in prison?	0	0	4	5	8	**17**
How would you describe your experiences of using health services in the community?	6	7	4	1	0	**18**
How would you describe your experience of using health services in prison?	0	0	0	9	10	**19**
How easy is it to stay healthy when you are not in prison?	9	4	1	3	2	**19**
How easy is it to stay healthy when you are in prison?	3	2	6	5	3	**19**
How often are you asked for feedback on health care received?	0	0	0	4	15	**19**
Whole person treatment outside	9	8	1	1	0	**19**
Whole person treatment inside	0	1	1	6	11	**19**
Communication Outside	5	14	0	0	0	**19**
Communication in prison	0	2	2	6	9	**19**