

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Physical health of people in Prison

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The following groups were identified for special consideration within the Scope: people with disabilities (learning, physical), women, older prisoners, long-term prisoners, and substance misusers.

These subgroups were highlighted within the question protocols and any findings were reported as part of subgroup analysis in the systematic reviews conducted.

The GDG made recommendations that specifically address the needs of the groups identified for special consideration in the following areas:

1. What health assessments for both physical and mental health should be conducted on reception into prison and any subsequent assessments that should be offered. These include:
 - Identification of communication needs or difficulties, learning or physical disabilities, women who are or may be pregnant.
 - Establishing if people need help to live independently and/or require special equipment or aids.
 - Providing equivalent health checks as those offered in the community, including people over 40 years of age to be offered NHS health checks and women to be offered breast and cervical screening

The group also made a research recommendation on when subsequent health

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assessments should be undertaken for people serving long-term sentences. Currently, once a person has undertaken the reception assessment no further comprehensive health assessments are undertaken. No evidence was identified for this question and evidence in this area would help inform future recommendations on when additional health checks may be required to prevent potential health deterioration and quickly identify any new health-related conditions.

2. Medication management

A recommendation has been made on the identification of people who may need extra support in managing their medication such as people with learning disabilities, older people or those serving long sentences.

The GDG identified those groups who may need additional support in managing their medication including people with learning disabilities, substance misuse, older people and those serving longer sentences and recommended carrying out a medicines review for such groups

3. Communication and co-ordination between health professionals

Recommendations have been made for health and prison staff to share information about people who have complex needs, such as people with learning disabilities. This should be achieved through holding multidisciplinary meetings and ensuring information is clear documented in both prison and patient record systems.

The health needs of older people in prison was addressed through focussing particularly on the management of chronic conditions that would be more prevalent within this population and that of prisoners serving long sentences whose health is recognised to deteriorate faster than that of the general population. The GDG made recommendations to manage people's health according to published NICE guidance which cover a range of chronic conditions commonly seen within a prison population. The GDG agreed that more frequent monitoring should be considered for these groups.

4. Continuity of care

People serving short prison sentences may be disadvantaged on release from prison to the community because often the person leaves without a pre-release plan having been conducted and therefore no information is provided on their on-going healthcare needs and/or medication they require. The GDG made a recommendation for those serving sentences of less than one month to have their pre-release plan completed during the second stage of assessment on arriving into

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prison.

Recommendations have been made for liaison with other agencies such as social services or substance misuse services to address the health and social care needs of people with substance misuse, learning or physical disabilities, and older people.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Throughout the guideline the GDG discussed and addressed the equity of health care services and treatments available to prisoners with that offered by the NHS to the general population. The GDG noted that current NICE guidance is equally applicable to people in prison and should be implemented and followed within the prison estate.

As an example, sexual health and preventing transmission of infectious diseases was considered by the GDG. The prevalence of infectious diseases such as HIV and hepatitis within prisons is high. The GDG noted that current prison policy is to provide condoms on request, but in the community condoms are provided freely and discretely to high risk populations. The GDG agreed prisoners should be treated with equivalence and therefore made a recommendation for condoms and dental dams to be made freely available in prison to improve access to a health service in a non-discriminatory way.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

The GDG's consideration of equality issues are described in detail within the Linking Evidence To Recommendations section of each chapter.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the GDG have discussed the needs of the groups identified for special consideration for each review conducted and have made separate recommendations where applicable.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the GDG have considered where people with disabilities may be disadvantaged, and have addressed this within the recommendations.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

No

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