

USER VOICE

ONLY OFFENDERS CAN STOP RE-OFFENDING

Physical Health of People in Prison

Service Users' Experiences Concerning Their Physical Health Needs in Prison in relation to Clinical Guidelines

User Voice was commissioned by the National Guideline Centre, Royal College of Physicians (RCP) to carry out research concerning the physical health of prisoners. 45 prisoners were spoken to and five prisons were accessed in order to run focus groups with long term prisoners, short term prisoners, female prisoners, prisoners with experience of substance misuse, older prisoners and prisoners with disabilities. The RCP were interested in gaining an insight into the experiences of these specific groups of prisoners and their involvement in health services in prison, in particular, concerning their physical health needs relating to improving health care services, continuity of care and including post release prescriptions.

ABOUT USER VOICE

User Voice believes the fundamental issue that causes the stubbornly high rates of re-offending and all the other associated problems is the 'us vs. them' culture.

Society feels frustrated with those who re-offend repeating cycles of behaviour and not engaging with rehabilitation services. Yet people with convictions feel marginalised by society, with rehabilitation services which are often inaccessible and unhelpful and a system that doesn't value their input.

Whatever the truth, we won't reduce crime unless we deal with this division. User Voice's core belief is that rehabilitation only happens when everyone in the criminal justice system shares responsibility for transforming the 'us vs. them' division into real collaboration.

Our role is to improve rehabilitation through collaboration.

At User Voice we know that the criminal justice system needs to be improved. It is not delivering what it can deliver. We are optimistic that change is possible and we know that we have the experience and insight to contribute to making it better. We know that rehabilitation is possible and people with convictions can turn their lives into an active force for good in society. Rehabilitation is the goal of all our work, a process which goes deeper than reducing offending, although that is an outcome.

User Voice builds the structures that enable productive collaboration between service users and service providers. We are able to do this because our work is led and delivered by ex-offenders. This gives us the special ability to gain the trust of, access to, and insight from people within the criminal justice system.

The entrenched exclusion of some of the people we work with can be a huge obstacle to service providers. The involvement of ex-offenders has many benefits, not least of which is the power of a narrative of success; working with ex-offenders can be a powerful way of motivating people who often have little self-belief that they can overcome the barriers they face. User Voice understands that offenders want to talk to people who have 'walked in their shoes' and experienced similar life events.

METHODOLOGY.

User Voice employs a multi stage engagement strategy which is based on introduction, natural conversation around shared experiences, mutual respect and honesty. This enables us to engage with those that are the most marginalised and hard to reach individuals and allows us to enable them to explore and share their experiences and their stories.

Only at the point that an individual is comfortable and feels safe enough to share their experiences the interviewer will start and record the focus group. Focus groups are always semi-structured in order to allow a more conversational tone to permeate the interaction and also designed in such a way as to be generative and positive. It is one of core principles that partaking in a focus group should not be an avenue to further trauma but instead an opportunity to explicate to another concerned person, who understands, your experience and perspective.

INTRODUCTION.

User Voice was appointed by the National Guideline Centre (NGC), Royal College of Physicians (RCP) to carry-out peer-led research by collecting the views of current serving prisoners. This was done in order to help the NGC understand and learn from prisoners experiences prior to the final guidelines being published on the draft recommendations of the National Institute of Health and Care Excellence (NICE) guidelines for physical health of people in prison. Above all, the RCP were enthusiastic to hear from serving prisoners and gain understanding about their experiences relating to the physical health needs of prisoners in respect of health care services, improving health and well-being, continuity of care and administration and storage of medication including post release medications plans.

User Voice accessed 5 prisons across England, speaking with 45 prisoners in total. Specific groups of prisoners at the core of the research were identified as the following; Older and prisoners with disabilities ($n=11$), long term prisoners ($n=8$), short term prisoners ($n=6$), female prisoners ($n=8$) and prisoners with history of substance misuse ($n=11$).

It is worth noting here that one of the prisons unexpectedly did not permit User Voice to take a Dictaphone in to the prison in order for focus groups to be recorded. Therefore, this resulted in older prisoners and prisoners with disabilities focus groups to go ahead without

an audio recording, however notes were taken. Findings are outlined in the section below in the following order.

Findings: Health Care Services

Initial Health Assessment

It was identified over the course of the focus groups that 76% of all participants had a completed an initial health assessment on arrival into prison. This was carried out in order to identify any health issues including alcohol or substance misuse, with 5% of service-users stating that they were offered a short health check. This included blood pressure checks, substance misuse and a brief mental health questionnaire instead of the initial health assessment. It is worth noting here that through the focus groups, it was not apparent the differences between the initial health assessment and the short health check.

“I know when I came in obviously they sat down and they asked me questions about any medical issues that I had and I told them but a lot of it was gotten from the system” (Female)

“On your first day, as soon as you arrive at reception, they get one of the nurses to come down and go into a room one by one” (Long term)

“It's part of the induction period when you actually go to reception. Ask if you smoke, ask if you drink and stuff like that so yeah you do get asked the relevant questions” (Long term)

“They asked me how much heroin that you use. How often. How long you've been doing it for. Was we scripted or on any medication, when we came in. How it felt at the time, been to prison before, general things like that” (Short term)

“When I came in the first place they take you is healthcare, which is really good. So erm when they took us there obviously the nurse will ask you if you have any medications or in possession of, do you need any medication. You didn't get the medication straight away I think, think we got it later. The only delay was with like dietary issues, because they have to contact the kitchen and the kitchen have to wait for that email which was delayed for me personally, I don't know about other people but all in all the healthcare's alright here”(Female)

“We saw a nurse and got asked if we had any immediate concerns but she just asked that, and that was it. Maybe a couple of days later I think” (Substance misuse)

“I was looking at getting treatment for alcohol withdrawal because I was clucking from alcohol and I got that straight away. , I spoke to the nurse and they gave me a dose straight away, it was o.k. Straight from the assessment ” (Short term)

“Standard, Just a quick overbrief I suppose yeah. It was quick, just a few questions and done really” (Substance misuse)

“They just got through the general questionnaire with everyone as they come in, the same questions that your GP would ask, Do you smoke? How many a day, have you got diabetes, epilepsy... When did you last weigh yourself, are you on any medication at this time? How you getting here, was you ill or... travel and that” (Long term)

However, it might be worth highlighting that all serving prisoners who took part in the focus groups have had different experiences, so there were mixed opinions when asked if they felt health assessments were beneficial. Several prisoners felt that that the questions asked were too scripted and were of no practical use at all.

“The whole process, in a way, is not beneficial because it’s fake. Down reception it’s all nice, ah how are you, do you need this, do you need that, what you’ve got wrong with you. And after that it’s like rah rah rah rah rah. It’s all fake” (Long term)

*“It was just scripted questions, so they’re the same f***** things, they’re used to hearing, the same answers. Yeah, no, yeah” (Short term)*

“If you don't put down a health problem or whatever it is obviously they can't follow it up. So I guess you're given options and choices by the questions that you ask. For example, the question that asks like, who's your GP? Do you have any health history and stuff like...depends on the details that you go into because for someone like myself first time in prison, only been in prison 3 months you know it's up to me if I have any issues and I give them my GP information and they make contact. They ask you basically try to get consent from you to get your medical history. Someone like myself chose not to because I don't feel as I've got any, well I don't have any underlying issues medically and stuff so for me, I could probably say that the healthcare for me personally works here the way it's set up. But it's accessible, I find

it's accessible. But it just depends on how you approach it and the information that you give" (Female)

One prisoner in particular felt that staff appeared to carry out a tick box exercise and continued to ask questions that were not relevant to the individual, as demonstrated in the quote below relating to social support on the outside.

"It was, to do with, you know, relationships, family and that. Abusive relationships, you know, there was aone of the first questions was did I have support from outside the family. Then it carried on to you know, traumatic events with family, things like that. Seemed a bit pointless, considering, you know, I said in the first place, that it was a good supportive family, you know. Other than that all of them seemed relevant, other than that" (Short term)

Another participant felt that due to his previous experience of the prison healthcare there was no point in answering the questions asked, as he believed that staff did not demonstrate care towards him and his health needs. This was collaborated by a statement from another service-user that there was a lack of interest in prison healthcare from healthcare staff.

"She is pretty good, at what she does, the assessment, asks you questions, If they ask you a question and you tell them the answers, it's like, do they believe what you are saying? You know, with the overall outcome, afterwards and that, so I wasn't volunteering too much. Basically, I told them that I had a drink problem, and was on Diazepam, but they wasn't interested in that at all" (Short term)

"I think they tend not to want to, like you were saying, if you've got certain conditions they don't seem to want to delve into it to see if it's true, they just kinda say well, we'll assess you, but they never do" (Substance misuse)

Similar views were given by most of the other service users across all the male focus groups who felt that the health assessment was too quick to be realistically effective but expressed relief that it was not too time –consuming.

"She came down, went in the room, boom, it was done, really quick" (Long term)

"I swear I was only in there for about 7 mins, how can they do what they are supposed to do in 10 mins" (Short term)

“It was kind of forced on me, but it was really quick much quicker than I thought it would be” (Short term)

“I was really tired and couldn’t be bothered just wanted to get in my cell. I was glad that it was really quick” (Substance misuse)

Nevertheless, not all of the participants shared this view. One prisoner in particular, felt it reassuring to have someone to talk to and experience the feeling of being listened to which he considered to be a calming influence as he had a negative experience prior to prison. This was echoed by other service users from the same focus group, it was perceived by them that the health assessment was a way for relationships to be built between staff and prisoners.

“Yeah, I did, from a personal perspective. I thought that I was at ease and they made me feel a lot better, ‘cause if you can imagine yourself, you know, that you come in here, you, like you said, you’ve just come out the Police Station, two days with nothing. So psychologically, you’re pretty up in the air, you’re unbalanced, you know, your unhinged aren’t you. Agitation, bouts of anger, stress, emotionally, well, you, you know, talking to someone and then listen, even if it’s listening” (Short term)

“Yeah, you know, things that are direct and ask you about your family, puts you at ease and that. It does give you a sense of, you know, wellbeing, ‘cause you get to know the person a bit better and it does help a great deal, you know, so, yeah it did help me” (Short term)

“Yeah, I spoke [nurse] when I first got in. The first person I spoke to in days who, seemed, to understand what I was going through and would get me the treatment for alcohol withdrawal, which they did so yeah” (Short term)

This was reiterated by several other service users across the focus groups who felt that the health assessment was thorough and provided an opportunity for the prisoners to have a say in what they felt would be beneficial to them in the way of health care.

“It was quite thorough and you know, I felt better, you know what they said they were going to do during my sentence, you know, at the time I thought it was good” (Short term)

“I do remember them briefly asking me if I wanted to speak to someone and basically you just got a referral and the people came to see you in 2-3 days basically, so they

would have let you get your initial induction, your prison induction out of the way and then you'd start getting the filter of the people from different groups and whatever coming to see you" (Substance misuse)

"I think they flagged up that my blood pressure was a bit high and then followed it up and then it was alright, yeah it was alright" (Substance misuse)

"It did go into depth about certain things though, didn't it? Like your mental health, stuff like that. Do you know what I mean? Anyway, what do you need support around while you're here" (Short term)

More positively, the female focus group confirmed this process also provided health care with the opportunity to gain insight into their mental health and determine their risk of self-harming.

"I have a history of self harm from the other prison that I came from and I was asked how I was feeling, what my mental state was. That if I needed extra support that I could go to staff in the building. I went come back to them. So I find around mental health and around the self-harm they were very good"

However, it was identified by one long term prisoner that there was a current waiting list in relation to accessing mental health services within the prison which they believed could have a detrimental impact on prisoner's mental health.

"I went down and they said "Oh what can we do for you", I said "I don't know, I got this slip through and I've gotta see you", they said "you were referred 7 weeks ago" so I said "so why's it taken you 7 weeks to come and see me now?". If they just do their job, we're laughing, but they don't. They keep us waiting and waiting and waiting... and as I said, there's going to be dead bodies before, I mean if I was mentally unstable and I had slipped, and gone downhill dramatically it's me that's gotta do another 5, 6, 7 years behind the door 'cause I've resorted to violence yeah? I've asked for the help but it's these that are taking months to deal with it. Trouble is, how many more dead bodies" (Long term)

Nonetheless, it was perceived by the women, the health assessment also provided them with an opportunity to have a say as to what help and support they felt would benefit them whilst in prison.

“Well for me, it was...what I was offered, I asked straight away for counselling because I came from 9 months of therapy so that was the first thing that I asked after I spoke about my mental health and that was literally set up within 2-3 weeks”

It is worth noting here a further 8% of older prisoners with disabilities agreed to having a full medical when first in prison, however it is was not established how long ago this occurred.

Across all five prisons, 76% of all service users who completed an initial health assessment stated that it had been carried out by a registered nurse, 14% confirmed their health assessment had been carried out by a GP, and 15% of prisoners believed their assessment had been completed by a health-care assistant.

“In reception when you come in, they talk to you and you see a nurse and they talk to you” (Substance misuse)

“Everyone does, at reception, yeah they ask if you’re a smoker as well so they do put that down and they do ask about drugs, well they did me” (Long term)

“I mean looking at it from another point of perspective, when I came in, they were pretty good, I saw the doctor, errrm, I saw the nurse, no I saw two doctors and one nurse. Errrm and in all honesty they were pretty good about everything, you know, err, because I hadn’t had any sort of drugs in the police station, they didn’t give me anything, but as soon as I came here they tried to get one to me as soon as possible. But, obviously they had to check everything beforehand, you know, so they were pretty good about that. Yeah, they done a good job in that respect, from my perspective they were pretty decent and you know, they weren’t just trying to flog me off with anything, you know” (Short term)

However, it was identified by several prisoners from the short focus group that arrival time to the prison was fundamental when it came to being offered a full health assessment.

“I didn’t really want to moan and that but when I came here and I saw the nurse, I saw the nurse because I had a skin condition with the washing powder, and cause I come late and that yeah, it was like they didn’t really wanna give me my bedding and that, because if I used the other stuff obviously it inflames my skin and that innit, so I had problems with that when I came, I don’t think they were really too bothered about whether I had my own bedding or not, so I was a bit upset about that”

“But we were late innit and the staff in reception wanna go home so they don’t wanna go through your bags innit, to look through your stuff innit”

“Yeah, because they want to get you through quick and go home”

Follow-Up Assessments

In relation to receiving a follow up assessment, 41% of service-users confirmed they had been offered a follow-up, with 17% of the total of participants stating that they had to request the follow-up.

“Yeah, I was given a letter saying that, you know, from the initial that I’d have a follow up” (Short term)

“I’ve went and asked them for a follow up thing after I’ve had my assessment, but I’ve been sick I’ll just go and see them in health care” (Substance misuse)

“The wing that we’re on is for substance misuse, so they may have been keeping an eye on us, cause they see us each morning as it is, to get the medicine and that, so it may be, cause they see us every day, even though I was asked an amount of questions that didn’t seem relevant, but they may be relevant, to them. Write in their notebooks, he seemed O.K” (Short term)

However, service-users did not specify during the focus groups as to how long after the initial health check they received the follow-up assessment nor discussed what the follow-up entailed. Furthermore, it had been identified that even when certain conditions had been picked up in the initial assessment, some service users still were required to wait a considerable amount of time before they received a follow-up.

“I had high BP, not dangerously high but high where it needed monitored and all the rest of it because I was waiting on them quite literally to call me up so they could give me a follow up assessment and all the rest of it but that didn’t happen for about 3 months” (Substance misuse)

“In my assessment they said that they’d start me on some treatment, but you know, within...but it literally took me two months of badgering her, you know” (Short term)

Nonetheless, it was raised in several focus groups that they understood one of the main reasons for not being offered a follow-up was due to staff being busy or limited staff capacity.

“If they can see you’re all right, and they’ve got 200 people coming in tomorrow they’re not seeing you again. They’re seeing the 200 people, then there’s another 300 people coming in the next day, another 100 coming in the next day after that, you know what I’m saying. What, they’re really gonna come see you next week? No, come on!” (Substance misuse)

“I don’t think I did have a second assessment, they’re gonna see all the new people, then yours gets put to the back of the queue, not unless you’ve got a diagnosed problem and you need to see a doctor” (Substance misuse)

“Yeah there was no follow-up, I don’t think they do follow-ups, never heard of anyone having follow ups in any jail, unless you’ve got an ailment and you have to see them.” (Substance misuse)

“I didn’t know that we were supposed to get seen a second time. No one didn’t know about the follow-up, been 25 years in total in jail and didn’t know this, don’t see how they can do that with all those that come in here” (Long term)

“I got a slip for it, I went down there and they were too busy, problem with this place is that it’ll take dead bodies before they do anything” (Long term)

Accessing GP Services

Healthcare within the female prison was considered very accessible; appointments were being made with the GP as and when required. This in turn allowed the women to feel that requesting a follow-up assessment was not required as they knew that they could request an appointment at any time if they had any concerns or issues.

“It depends what you mean by follow up assessment because the impression that I get, the healthcare’s there if and when you need it and each time so far, if I need it and I go I do get the help you know. Me personally, the thing is, I go there and I express and I make an appointment to go and see a doctor. I have been able to see the doctor in my short 3 weeks and I’ve been actually, I haven’t had any issues. It’s accessible”

“I go over and see the nurse, they might do blood pressure say no you need to see them, and then the GP’s come in Monday, Wednesday and Friday so they’ll book you

in at the next available slot. But if you go in on Monday, the chances are that if you've got a problem you'll see them that afternoon”.

This allowed for the women to have a sense of empowerment and autonomy in taking control of their health needs. This in turn encouraged the women to take an active role in their life style and health.

“I think that's a point to make to the health care that you know if you do send an email, follow it up. Because we can't speak for ourselves, we're represented by the officers and by the healthcare staff and therefore if my needs are not being met and authorisation has been sent from healthcare it should be followed up”

“Going to healthcare here is like going to a doctor's surgery on the outside. That's how I see it. It's a different part, it's a building outside and you go in and it's just like a surgery”

“They're quite happy for you to go in when they're open if you want to go and jump on the scales see how you're doing. I have to have my blood pressure taken sometimes 2-3 times a week so, you know they're there, its fine. They just do it and note it down”.

Likewise, several of the long term group praised healthcare in carrying out routine testing successfully when requested by the prisoners. This allowed for them to feel that their health needs were being met.

“Hep B Hep C, I asked for those and had no problem getting them”

“Cause my blood pressure was a bit high the day I came here, I did ask them to do it again, so the next day they did it again, there was no issues”

However, unfortunately other focus groups did not share this opinion with several stating that there were unable to have access to a GP when requested and had to wait until a certain time before they were able to get an appointment. In particular, older and disabled prisoners stated that they were unable to see a GP unless it was an emergency and hospitalization was needed. Furthermore, both groups also conveyed their frustration at having lengthy wait to have access to a nurse and even longer period if further action.

“On more than occasion throughout my sentence I can remember popping down to see the GP and I’ve gone over a week before I’ve seen him if it’s not life threatening as far as they’re concerned you can wait” (Substance misuse)

“That has happened with me, I’ve been up there and seen them when I had an abscess last year and I’ve seen the doctor straight away but there’s other times when you go up there when you miss the thing in the morning, special sick in the morning, and cos you can’t say you’re gonna be sick at 8am in the morning, something might happen at 1pm and then sometimes there drama to get down and see them innit” (Substance misuse)

“It’s very restrictive here because healthcare don’t want to let people just come up and see them, it’s not like an open door policy, if you’re sick you can come and see them, no! They’ve got times and if you miss the times that is it, it’s tough” (Substance misuse)

“Listen I nearly collapsed and there was no doctor to see me, had to wait a few days for an appointment” (Short term)

“Probably only one doctor or two, for the whole population of us as a prison, haven’t got enough time, you know, I think that’s why it takes so long” (Short term)

“Took a while, I’ve been here two weeks now. I’ve been two weeks and like, it’s just got sorted” (Short term)

“Between seven days to two weeks, you know, and that’s just to get a response. Doesn’t mean you’ll be added to the list, unless, you know, like your heads falling off” (Short term)

Moreover, the whole method of requesting to see a GP was deemed a difficult process by participants in the focus groups, who believed it was the length of time a prisoner would have to wait to see a GP that was at the root of the problem.

“After half past four on a Friday afternoon, there is no healthcare till half past 8 on Monday morning, if we needed a nurse, we’d have to bring them from the hospital. They’ll send the fastest ones, the paramedic, to the prison, depending on what the issue is” (Long term)

“When I need the G.P. well every time, I Need to change my dosage, cause I’m on depressants and that, I asked to see the doctor and that, and yes get put down and I’m still waiting two weeks later” (Short term)

*“No, hard as f*** to try and see doctor” (Short term)*

Prisoners expressed concern that initially you were assessed by a nurse before an appointment was made for the GP, which could result in not appointment being arranged if the nurse did not warrant it.

“You fill in an application form to see the triage nurse. The triage nurse will then put you in front of the doctor. But if she thinks, in her zero medical experience that there’s nothing wrong with that then she’s not putting you in front of a doctor to get the cream you need ‘cause you don’t need it” (Long term).

“I think what they do and how they view the majority of people that go up to healthcare, it’s that your trying skive, your trying to get off work, or like you’re looking for drugs from them or something like that and they deal with you in that way. It’s like I said before, if you’re not actually on deaths door in their eyes then it can wait and it’s not urgent. They don’t assess you properly, they form their own opinion without even a consultation or even examining you and try to influence the doctor on whether you should be seen now or be treated” (Substance misuse).

Some prisoners found the process of requesting to see a GP challenging, they were taking it upon themselves to self- diagnose and self-medicate.

“Sit down and wait or order some painkillers on the canteen. That’s what I’ve been told” (Short term)

“You are better off getting what you need from the canteen cause you could be waiting for ever on getting an appointment” (Short term).

Justifiably, the female focus group praised the health care in the prison for providing female GPs demonstrating that their health needs and beliefs play an important role in prison healthcare.

“2 of them are female; there is another GP who comes very infrequently. When I first came here and I had cardiac problems they actually took me out to the surgery that runs this practice because she’s a cardiac specialist, but she doesn’t come here very often”

“There's about 2 females that seem to rotate it most of the time, which is good because obviously with people's religion...you know I'm Muslim, I wouldn't want to go to a male GP to discuss if I want to talk about something private I wouldn't talk to a male GP I always ask for a female GP”.

“I think here they are quite understanding because they said to me you're going to need to have a follow up and see the doctor and I said well is it a male or a female because I refuse to see a male because I was assaulted in [prison] by a male doctor and they was quite happy for me to put that down on my notes and say I will only see a female doctor, I won't see anybody else”

Specific Health Checks

There was much discussion around this topic across all focus groups, with the main type of health care need being identified as blood pressure monitoring, diabetes checks and vaccinations. Older prisoners also spoke positively regarding health checks available for older men and agreed that checks such as prostate, diabetes and hypertension were routinely carried out. The disability focus group were slightly more negative towards specific health checks for them and stated there was no support available for mobility issues such as accessing toilets or wheelchairs. It was also identified that within this particular prison, ramps had only just been introduced. As previously mentioned earlier in the report, the long term focus group also discussed health checks available at the Well Man clinic.

“To be honest, from my personal perspective, you know they're quite good in that area, I was offered everything. I was offered my Hep jabs, tests, they done the tests, you know, blood pressure and [staff member] were really good in here you know. So, that they did all that with me. So they, yeah, I got offered everything that was available basically, I'd like to say no, but they did” (Short term)

“They took blood pressure every time I went to see the doctor or nurse” (Short term)

“Yeah I got offered them, like blood pressure, did it once, 'cause my arms are so big it didn't fit, went away and got a bigger one for me and she done it and it was alright” (Long term)

For the women, being treated and respected as patients made them feel like part of a community, which in turn encouraged them to seek advice when required. Particularly when it came to health checks specifically for women such as mammograms and smear tests. The women had to provide information in their initial health assessment in order for these routine tests to be arranged and carried out.

“I also think you're treated as patients, you're not treated as residents or prisoners”

“Obviously because there's only like 100 patients, they get to know you. Particularly if you have to go there quite frequently for things, so you know it's all on first name terms and it's very friendly and they do listen to you”

“For mammograms people got notifications, I guess based on age, to go out and have them done. They had them done at the hospital; I don't think there was anybody particularly missed”

“And pertaining to the smear test, it also depends on what information you're given. Because I was asked when was the last time I had a smear test? So it's every 3 years isn't it so it'll work with that and if you're honest with the opinion, well the information that you give then they can work out when your next smear test and I'm assuming once you give the correct date and if you're due one, they will actually book the appointment for you”

In both the older and prisoners with disabilities it had been identified that healthcare carried out specific health checks for diabetes, hypertension and chronic obstructive pulmonary disease (COPD), however both groups stated that they did not always get access to their six monthly reviews at the correct times.

Sexual Health

Sexual Health Questionnaire

Due to the nature of the topic, all focus groups were asked to complete anonymously a sexual health questionnaire relating to accessing sexual health protection and sexual health information. All of the women completed the form stating that protection was readily accessible as were leaflets discussing sexual health and all were available from healthcare.

Likewise, the majority of the men also completed the questionnaires; however it was only the long term focus group who confirmed they too were able to access protection and leaflets from healthcare. Out of the prisoners who completed the questionnaires from the other focus groups, none had accessed this service nor requested any sexual health information.

Well-Being and Improving Health

Health Promotion

During the course of the focus groups, there was some discussion around health promotion in order to gather service-user's views on how health was promoted. Older and disabled prisoners stated health promotion information was available but it was never acted on and never facilitated any exercise classes. However, one focus group with long term offenders praised the work of the prison, which was currently in the process of running a Well Man campaign offering various health checks specifically for men.

"Well man clinic, they used to do it down the gym, you go down there and you have your BMI, your heart and all stuff like that done"

"They've got a thing going at the moment about cancer, they're broadcasting cancer everywhere"

"Prostate cancer, bowel cancer, they've got leaflets about it"

"Yeah, there's leaflets and there's posters on the wall down in healthcare. There's quite a few leaflets about the cancer thing, prostate cancer and other parts of cancer that you can get. It's like a big thing they're throwing out at the moment"

One focus group participant identified himself as being part of the Induction Team, stated that within the team they have orderlies, whose role it is to inform new prisoners about health promotion and inform them of health checks available as part of the Well Man programme. This also included ensuring that posters were visible advertising the health checks; however, several prisoners acknowledged that the posters served no purpose at all unless the individual was motivated to access this service.

"Yes, I'll answer that right. As part of the induction team as I said before, we have orderlies that come towards the end of the induction to speak to the inductions/inductees and one of the orderlies that comes that turns up right is an orderly who is part of healthy promotions team right, in others words right, you can get a referral from him and he'll book at appointment for you and you go down and

User Voice: Physical health of people in prison

they'll take your blood pressure, check your cholesterol and stuff like that and then advise you on any dietary things that could improve your diet and stuff like that. So that is in place here" (Long term)

*"Yeah there's posters up, like there's posters here, there's posters up for stuff".
(Long term)*

"Yeah, but it don't mean nothing. You can have as many posters as you like; it's false advertising, that's what it is". (Long term)

"There's stuff in the prison promoting all the things yeah but it's down to you whether you go and read it or look for it to see it cos you walk past it every day you know what I mean so" (Long term)

Furthermore, the long term prisoner focus group offered suggestions as to what they felt would be beneficial for them in terms of health promotion in order to help motivate them into a healthier lifestyle, including catering for all prisoners and their needs.

"Somebody turning up and speaking to you. Healthcare actually coming out and walking around and doing this, what you're doing here, that what we need to happen".

"Yeah that's right. What happens to a person who can't read and write, they might be too embarrassed to say they can't read or write?"

Healthy Eating and Exercise

The older prisoner focus group confirmed that they were offered very little in the way of exercise and spend most of their day in their cells. Similarly, prisoners with disabilities also stated that exercise options were mediocre, in particular for prisoners with poor mobility. In addition, both groups expressed concern over the lack of healthy eating options available on the menus. Nonetheless, healthy eating and weight loss was a topic of interest, particularly in the women's focus group where the women felt that prison healthcare played an active role in ensuring the women have their dietary needs take into consideration when required.

"I spoke to healthcare when I came about a weight loss programme and they was quite happy to help with doing a referral for me to go to the gym which means that I would get extra gym sessions during the week, which I think was quite helpful and then obviously from there you'll get healthy eating plans and what not through the gym"

“Healthcare has done their bit by sending an email saying this person has been diagnosed blah blah blah, this is what she can't eat”

Conversely, several women had mixed thoughts concerning the varied diet offered by the prison which included healthy options, thus allowing the individual to make the final decision. This was considered to be an advantage of being in open prison rather than a closed prison, yet one service-user denied healthcare held any influence over the type of food served and in fact believed healthcare should have more involvement.

“If you feel that the food you are getting is not helping with your weight or you're losing weight or whatever it is you're trying to do with yourself. If you go and speak to healthcare or even to the chefs directly, and say I'm trying to lose a little bit of weight. I've been doing this and this, I'm going to the gym, I'm doing that. Is it ok for me to have a salad and a boiled egg at lunchtime? Is it ok for me to have this and that at dinner? I know it's out of the menu but could you kind of fit me in? They will do that, and you would never ever get that in closed conditions”

“I'm going to disagree with you all actually because I think the food here is much healthier and it's up to you as a person, whether you're in prison or you're outside, it's up to you what goes on your plate and there's healthy options within the menu. The kitchen has asked within the last few weeks to really try and do some more healthy meals”

“Healthcare needs to get involved in our diets because the food that we eat here, I think it's...this is my personal opinion, I'm not speaking about anyone else. I think the food, is filled up with so much carbs”.

Within all the male focus groups, it seems that not as much consideration was given to healthy eating and diet. However, one prisoner stated that it was the role of fellow prisoners to offer support to prisoners on healthy eating and exercise not healthcare. One particular prisoner from the short term focus group stated also that healthcare do not deliver any leaflets advertising healthy eating unless an official visit is taking place.

“This is the inmates that do this again tell us about exercise and that, nothing to do with healthcare” (Substance misuse)

“We didn’t see any leaflets about healthy eating and exercise nothing like that, until the inspectors came. They came in December and healthcare quietly put up all these leaflets” (Short term)

Smoking Cessation

Another pertinent topic across all focus groups was regarding smoking cessation. It was highlighted by participants in one particular focus group that it was down to the individual to purchase smoking cessation aides which can be expensive and difficult to maintain.

“Well they offer the canteen the e-cigs to buy you don’t get them off of them. Yeah patches too, everything. They’re not giving you wages to buy these things but you gotta buy them innit” (Substance misuse)

“It’s a total rip off, it says on there something like 3-400 puffs, and they’re saying you can buy 10 of them a week now, before you was only allowed 2, now you can 10 a week which is thirty flipping quid” (Long term)

“They brought in e-cigarettes in, for £4 or something or £5 something, for you to buy it off the canteen sheet. You have to buy the cartridges as well” (Substance misuse)

“Those e cigarettes, but they’re a total rip up, they only last one night” (Long term)

“The e-cigarettes there not refillable, you gotta buy them every week” (Substance misuse)

“They work out about £4 right for a box and each cigarette; you get 5 in a box, allegedly your supposed to get 300 puffs from each cigarette” (Substance misuse)

It was also stated that there was some uncertainty surrounding the smoking ban in prisons with one particular service-user stating that he felt confident the smoking ban would not be implemented. In addition, another prisoner expressed concern that a smoking ban could result in an illicit trade in tobacco and more physical injuries within prisons, putting an increased pressure on prison healthcare providers.

“It’s not going to happen, that’s folded, the smoking ban ain’t coming in, that’s done only in private prisons are they gonna pursue it” (Substance misuse)

“You’ll never give up smoking, you know, smoking here unless you know, it’s your decision, I don’t see what right in a civilised country, they have got, you know. They

take away your right to vote. Anyway I don't see why they can force us, like, you know. They say it effects the younger generation and people like that" (Short term)

"All its going to do is turn tobacco into another form of commodity, that people will go and pay £100 for half ounce, you know, it's gonna be a thing like Heroin, you know, more stabbings and beatings over roll-ups, instead of, you know illegal drugs" (Short term)

The female focus group spoke positively regarding the support they received from healthcare relating to smoking cessation through engaging in groups and clinics, the women stated that this was indeed beneficial. It is not known whether it was from this one particular prison or in female prison estate in general.

"I've been there on the table that shows you what your lungs are like, the stuff in your lungs if you smoke and there's a few leaflets there on the table but I suppose again it's different in lots of other respects because people here are only allowed to smoke outside and before late lockups so before 11 o'clock at night and midnight on weekends so it's slightly different"

"They do a stop smoking thing. I only know from other people that they will give you tablets and things if you want, patches and things and you see a nurse quite regularly"

"They do have a smoking clinic which runs on Tuesdays, I think it's at 10:30am on Tuesdays but there's no specific stop smoking drive in place, there's nothing"

However, one particular female prisoner expressed her concern that enforcing a smoking ban would increase conflict within the prison due to lack of freedom for the women and felt that healthcare should play more of a lead role in encouraging and motivating the women to looking after themselves more and taking a key stance in their healthcare.

"I think though, that's not good really for people that are in prison because our situations, our situation being in prison, everything's magnified. We're in an environment where we have different stresses and as much as it's like that in real life but you have your freedom when you're outside so I think if there's more encouragement and more initiative done by healthcare it will help people stop smoking. For example [prison] have a smoking cessation programme which has incentives that come with it, so I think that would be something to look at in this environment. As much as the onus is on us to look after ourselves and our health"

Moreover, there was shared consensus across all focus groups that prison was a stressful environment; smoking was identified as a way to help prisoners stay relaxed, despite knowing it can be detrimental to their health. Similarly, the older prisoner focus group agreed they had no intention of stopping due to the length of time they smoked, participants felt it would have a negative effect on their health if they were to stop now.

“Nah, it’s a stressful environment aint it, do you know what I mean, if I don’t have a smoke, I get anxious or stressed and like I can’t sleep, don’t want to go through all that. From my personal perspective we all get pretty het up that we have got to stop smoking, you know. I smoke but it’s not doing me any favours, you know if you think about it logically you spend your time in prison like you said there is nothing up about health. So you are not getting the proper health benefits, you’re not doing anything, so really you are increasing your smoking habits, so you are getting un-healthier and un-healthier, people are actually dying through cancer in prison and I smoke and enjoy it, but it’s not doing me any favours. You see what I mean but that’s my own personal perspective, so get the vapes in, but they haven’t even been tested over a long period of time, anyway. It’s a very tricky thing cos a lot of people enjoy smoking like I do, you know what I mean. I try and look at it in the real sense that it’s caused me great harm, you know. I am not getting any exercise and you’re not doing anything to compensate, you’ve got gym, errrr but let’s be honest you don’t get it every day” (Short term)

“I have smoked for 40 years, if I were to stop now it would probably kill me so I have no intention of stopping” (Older)

Monitoring Chronic Conditions

When asked their opinion on the performance of prison healthcare in monitoring chronic conditions such as diabetes and hypertension, the women were in consensus that healthcare were extremely effective in this area.

“Yeah also if you come in and you’re diabetic they ask you if you’ve had a retinopathy, an eye scan and when you tell them when it is and they’ll they will book one for 12 months from that date which works so that you go out to get that done as well”

“I’m on medication for high blood pressure you put a repeat prescription in in the post box here and they collect it and then you go and collect your medication at healthcare and at any time I want my blood pressure checked I can just go there at any time and they’ll check my blood pressure for me”.

One particular prisoner serving a long term sentence, prison healthcare including the monitoring of his condition had been a negative experience, in which he felt his health needs and health checks were not being met, thus he felt his health was being put at risk.

“I’ve got sickle cell, during the time I’ve been in jail, I’ve been in 28 months, I’ve had like 6 attacks, I’ve had so many attacks in such a short space of time. My cell, I’ve deteriorated since I last came here. I said to them, “can I go and see my old consultant, ‘cause I aint seen her for 2 years”. They said no. I said “I know my own body, I know I’m gonna be going into a crisis” but they said “no”. I go into a crisis in my cell, I have to phone the ambulance, I was taken to the hospital. That’s when all this crazy stuff was starting. Basically they aint gonna want me to liaise with my own consultant in London so my consultant could tell them what I need. I’ve had to get someone, who goes out to work, to bring a letter to my mum, to give it to my consultant so the consultant can contact this jail to tell them I need to be checked over, you need to check this this this and this. Before that, they didn’t want to know nothing”.

This opinion and experience was shared with other prisoners across male focus groups, who all felt their conditions were not being monitored routinely and felt it could be detrimental to their health.

“I’m supposed to be on a care-plan, I’m on a care-plan. They’re supposed to test my bloods, my obs, every 10 – 12 weeks. I haven’t been tested since the last time I went to hospital last year” (Long term)

“I give up, I’ve been waiting 7 months to see a surgeon about my hip. And it’s been 7 months and I haven’t seen a surgeon” (Substance misuse)

“I’ve got ongoing problems with my cholesterol, meant to see a doctor every 6 – 8 weeks, I come here and I’ve still not been checked” (Short term)

“I can’t even have a walking stick can I? They’re trying to tell me I need a specialist physiotherapist to measure me up for it. I said “just give me one of your hospital

ones” and they said “no, we need a specialist to make one for you and we don’t have a specialist working here so you can’t have one” (Older)

“I’ve got asthma, so I have check-up’s once a month with the nurse but I haven’t had one here and I have been here 7 months” (Long term)

“I had been told I had high blood pressure but nothing was ever done, then I had an episode. One day I got up and for the whole day I felt really light headed and there is a guy who is next door to me who also suffers from high BP and he said to me that your symptoms are that your blood pressure is probably going right through the roof now. So I eventually did get to healthcare a couple of days later and the nurse did my blood pressure and it was particularly high and she referred me to the doctor for the following week and within 3 or 4 days I saw the doctor and when the doctor saw me and look at my previous notes and said you have consistently been given high readings you should have been on medication a long time ago. So I could have quite easily had a stroke so I probably wouldn’t have been here had that episode not happened to give me warning that something was wrong. The doctor said that you should have been on medication a long time ago so that just shows you the duty of care is absolutely zero” (Long term)

“I have yeah high BP, and the treatment I receive is shabby, I could have had a stroke recently right cause I was undiagnosed when I first come to this prison” (Long term).

Continuity of Healthcare

Communication and Coordination

The prisoners involved in the focus groups strongly agreed that communication and coordination have a fundamental role to play when it comes to delivering primary and secondary healthcare in prisons. It was identified by the substance misuse group that all of the support and care given in relation to substance/alcohol misuse relied heavily on the communication between healthcare, probation and other drug/alcohol misuse agencies.

“Only through RAPTS and CARATS, healthcare talk to them”

“Unless it’s been highlighted with you and him innit in healthcare, and they say you need to have this, it’s not something that’s done automatically or anything like that”

“Yeah, that’s when they speak to you about CARATS. You apply for it or your probation asks you to do it because your index offence is to do with drugs”.

“Yeah not healthcare, healthcare never ask anything about drugs like that or alcohol, I mean they ask you and then sometimes they point you towards rapt and carats”.

“Healthcare will see you yeah, and then someone else will see you to do with drugs, that’s what I remember. So it could be one of these guys here or a drug member of staff that might see you on at the same time. When you go through this thing, obviously healthcare do the induction initially so I’ll see them and might see them then. It’s nothing to do with healthcare, to do with any drug related issue that I ever had”

“I think more times than not, my experience even from the jail I’ve just come from is that names come up as induction names and then we as orderlies would go to see them and then say [the main induction orderly] would say these are the people doing such and such, if you have any issues you would speak to them blah blah blah and then obviously if they had any issues as orderlies, whatever orderlies we are, we’d go and speak to them and then you’d be sort of referred by a prisoner and then you might see a member of staff. Obviously in this situation you would see a member of staff because once we give a referral it goes straight to [worker] and then [he] obviously distributes it that way, do you know what I mean”

Furthermore, the use of induction teams made up of peers were seen to be particularly useful in assisting with communication in terms of help and support for substance misuse reaching the wider audience and more vulnerable prisoners. This raised awareness amongst prisoners, in particular new arrivals, of the type of help and support was available to them.

“it’s each of us that make people who might need to engage with CARATS and RAPT know about the service cos in my role in the prison, the first thing, port-of-call when someone comes to the prison, right, they have an induction, I’m part of the induction team so I will highlight to the new inductions that there is CARATS and RAPT orderlies/workers that will be coming to see them and if they need to engage with them they can speak to them and obviously get whatever help that they need like you said, it’s not healthcare or anyone else, it’s us and making yourself visible by the t-shirts and there always around the prison being pro-active”

However, it was felt by several prisoners in the focus group, that since the so-called 'legal high' epidemic, (known within prisons as spice or mamba), healthcare has been forced to take a more prominent stance in the delivery of care for substance misuse.

“Let me tell you something, this is it, since spice has come along, that’s where healthcare I think, has got more involved but they don’t really do much. I think it’s only the spice epidemic issues that’s been going on for the last couple of years where I’ve seen healthcare take active sort of roles in helping people but that’s cause they’re getting caught from being on a spice attack. But I’ve never known health care to have anything to do with drug related incidents or anything apart from when I’ve seen this spice misuse” (Substance misuse)

“Healthcare won’t get involved unless you’ve had an episode, that’s the only reason they’ll get involved, and then only then wanna do is put you on basic” (Substance misuse)

Similarly, with the women if support was required in relation to substance or alcohol misuse, then it would be provided by substance misuse services. In order for the women to access this service, a referral was required to be made by healthcare which according to the women was a simple and speedy process with good results.

“We had key workers up at the RAPTS I myself do peer mentoring and there's 4 other peer mentors, you can get help from healthcare, they do the referrals to RAPT, normally doesn't take too long either”

“I think here it doesn't matter what stage of recovery you're in. I'm in a different stage to maybe someone that maybe come in last week and they might have only been off of methadone 4 months but I think everybody for whatever stage they're at is offered that support from RAPT and healthcare. It's whether they're willing to take it”

Furthermore, several participants from the substance misuse focus group expressed concerns about how they feel that healthcare falsely presume that when prisoners suffer from any type of illness it is all spice related. It was also identified that prisoners felt it almost impossible to receive healthcare when required due to this assumption.

“Around that time there was a lot of spice related attacks flying around and that so it was just automatically assumed that actual illness were spice related so yeah healthcare just assumed it was all spice related”

*“People have died in here man you know and it’s not a joke, people are getting f***** in here man, infections and that and it’s not all related to spice”*

*“That’s what happened to [prisoner] same s*** like, they thought it was spice related, he’s got irritable bowel syndrome he had it for years but proper bad like but he was like crying and screaming man for about 2 weeks constantly , he went to healthcare and they said there was nothing wrong with him, the guy was s***** blood you know what I mean and when you are s***** blood then there is something wrong with you, officers were like no there is nothing wrong with him and keep taking him back to his cell and he keeps waking up screaming and everyone is getting so mad but he is ill you know what I’m saying. I think the last straw was [bunged up] he couldn’t move, he was all arched and that, they all thought it was spice related, he did smoke it but he was s***** blood that was the cause of it, spice doesn’t do that to you it makes you go all the time, it doesn’t make you cry and keep you up at night. People had to help in the shower and help him upstairs and that, about 2 weeks this was going on for, he was proper bunged up, then all this s*** came out of him and they took him to another jail to look after him. I actually took him down to healthcare and they did nothing, actually took him there, took all the way there and said listen what’s going on, they would just say there is nothing wrong with him, but obviously there is something wrong with him. I would leave him there and go back on to the wing, 5 mins later he was back on the wing. They just thought it was spice related so did nothing”.*

Due to this assumption of spice related illnesses, several prisoners also felt strongly that there were inequalities between prison health care and the health care provided in the community. What’s more, prisoners felt that when they requested analgesia from healthcare it was assumed the reason for their request was to have access to drugs rather than them actually being ill.

“I want the same treatment in here as the outside, that’s what I want cause at the moment its non-existent. Personally I try not to use healthcare, I would rather suffer my illnesses than go to healthcare cause they don’t do nothing anyway, I want the same duty of care in here as I would get outside” (Substance misuse)

“I would like to have them be impartial and look at cases on an individual level as a person and not treat everyone the same. If I need painkillers then it’s because I am in pain not because I am a junkie and want to get high. They tend to assume that we are all the same so look at cases individually. A person shouldn’t be in their cell at

night and be in pain just cause a doctor can come and see you. On the outside, you might still not be able to see a doctor but you can get pain relief, that's not even available here" (Substance misuse)

Healthcare Appointments and Security Issues

Concerns were raised during the focus groups relating to healthcare appointments outside of prisons. During discussions with the long term focus group, it was pointed out that there was some difficulty in gaining specific information relating to their appointments due to security issues. Prisoners were informed directly of appointments, however they were unable to contact the hospital if they were delayed, which they felt slight frustration towards.

"They can't tell you about appointments in closed conditions as it's a security issue. But they can get me in and out of the bus. That's the only benefit now is that I can do it, when it gets to a week, 10 days beforehand, I can go to them "have you got escort covered?, who's taking me, what time do I need to be at reception" I ask about a week in advance so they know about it. I get my prearranged hospital appointments sent to my cell so I know when I'm going to hospital so I can ask these questions a week beforehand. It's silly that you have to set things up yourself to get these things done".

"I got to the hospital and a few people in this room will have an SPO as well, RORs, hospital appointments. You get a letter, and we have the same conversation about this, and we're not prisoners to them but we're looked at like normal people. We get a letter and it's been inked off with the number, the email, everything is blacked off so we can't actually physically phone up the hospital and say I'm running late, or can I book an appointment. We could do it all ourselves but they actually purposefully get a black pen and mark out the name and the number. And I don't understand how that can actually be done when I've got a letter from my doctor saying that I've got an appointment and it's regarding my care"

"We're in a D Cat, so were going to hospital by ourselves. And they black it out so I can't call and say I'm gonna be 10 mins late is that alright, or to get directions and I'm not from this area"

"I've seen the doctor here and the nurse about my hernia, they sent me outside out for a scan. The person said it was a minor hernia we're gonna send you out for a consultation and then minor operation, I went there two days ago, I've had to go back

there with Mr (name given), I had to go back with an officer cause of what they were trying to do to me in the first place. I was like "listen, I'm in pain, I was in tears last night. If I was in a C Cat I'd have pressed my buzzer" But because we're in a D cat and there's no bell in my cell, I could not get out of my bed, out of my cell door and through to the wing door. I go to healthcare, I said to them, "listen, I need to go to hospital, I'm in pain, I thought I was being stabbed, it was wicked." They said to me, "put in an app, and you can see the triage nurse". I said "hold on, I've seen your triage nurse and doctor and you've sent me out for a scan for it, so don't ... you're pulling me back to start again, why?" It's worse, it's got worse, so shouldn't you be sending me out to the outside hospital to let them see me again? No, I've had to put in another app. That's why I've said I'm not putting in another app, I'm home soon, I can deal with it then"

However, the female focus group were more positive about their experience in accessing healthcare outside of prison and felt that they were given more responsibility in the way of arranging appointments.

"If you're receiving treatment on the outside and they receive communications from the doctor that you're seeing, they will give you the letter, a copy of the letter. Well they scan it onto their system so if you've got the letter"

"I go out the physio every week and I make my own appointment at the physio and it's up to me when I have that appointment and I make that appointment and I bring the appointment slip back here and I take it to healthcare and they register it and send me a copy of it and that's it"

Moreover, some concerns were raised about accessing treatment outside of the prison due to security issues, which left several women in pain and in despair.

"When I came in here yes and the nurse, the admin actually, one of them that was on the computer that books you, she says to me oh until you sit at the board and I said listen to me, I aint going to sit at the board anytime soon because I knew that. I said I'm in pain, I have infection, then she, then every day I had to go and cry there"

"She told me have you sat, and I said I am not going to sit the board yeah and when I first sat my first sentence plan board I brought it up to my probation and I told my probation I need to go dentist and that's when I got my appointment"

In addition, it was also found with the long term group that their access temporary leave was also affected by healthcare appointments. Appointments were given priority over temporary leave, which was either cut short or cancelled. Prisoners felt it was unfair if they were on temporary leave and failed to attend the appointment then they would be removed from lengthy waiting list.

“We’re being told that if you’re going to ROR, 5 days home leave, it’s in Newcastle Monday to Friday, but you have a doctor’s appointment on the Wednesday. They want you to cancel your ROR, you’ve got to make your way back from Newcastle on the Wednesday for this doctor’s appointment, cause if you don’t make it down then they take your levels off you” (Long term)

“Yeah, home leave on a Thursday, you’re supposed to leave at half 8 on the Thursday, he’s got a doctor’s appointment at half 2 in Kent, and he lives in North London. So he’s had to leave the jail at half 8, stay in Kent, have his appointment at half 2, then get to his house for like 4 or 5. But you’ve stole a whole day off him because you couldn’t rebook his appointment knowing he’s going home on that day. And if he didn’t make the appointment, then he’d either get kicked off the waiting list or if they told him he wasn’t going then they wouldn’t have let him out for his home leave. You can’t win” (Long term)

Continuity of Care and Treatment When Transferring between Prisons

There were mixed opinions across all focus groups in relation to transferring from prison to prison in relation to treatment. It was stated within one focus group that the prison at times would change treatments upon arrival to the prison.

“I have trouble with asthma and with my creams and things like that, continuity is a joke in this jail it has stopped, sometimes happens in other jails but in this one it has stopped” (Substance misuse)

“Ok in my experience you might have seen a doctor and they confirm that you have been diagnosed right and given a certain treatment and soon as you come to this jail here, the doctor or the nurse suddenly start questioning why you are receiving the treatment, this happened to (name given) and it has happened to me -Why you on this medication’, ‘We don’t do this here’, ‘We only do this here” (Substance misuse)

“If you do get this then you need to apply for it this way. I used to get my shower gel (oiletum) but then it was stopped and not given to me. I have always had it given to me but not here it was stopped but they do it cause I have seen it in someone’s cell so how come they can have it and I can’t” (Substance misuse)

“When you go to a new establishment they tend to say forget what that is, we will do our version of it” (Substance misuse)

There was also some concern from another group about the impact these changes can have on physical and mental health of prisoners when these changes occur.

“In [prison] whatever medication you are on they take it off you so you are coming off it and I am talking seriously a geezer in a wheelchair they took him off his mental health tablets, this was serious took him off it just like that” (Long term)

“Well what happens is they don’t take you off it straight away but when you go for a repeat prescription or a follow-up they will look at why you are on it and stuff, so they sort of like disrupt your treatment kind of thing” (Long term)

“It’s the same thing with my shoulder when I was in [prison] I went to [hospital] and I went to I think 3 different hospitals got 3 different diagnoses, kept on getting messed around and when I came here they went and gave me a completely different diagnostic but then within 3 or 4 months I had surgery and everything was fine but it was again the immediate after care, tending the wound was good but it was all the pills and stuff do you know what I mean, that was all forgotten about you know what I mean. Whereas the jail I have just come from now, as soon as I went there, like since I have been in this jail I have never had an epi-pen for my nut allergy but as soon as I went to [prison] it was like here you go have everything and pen was there any other problems, its say here you are boom boom here you go, you know what I mean. So the level of care there was good you know what I mean whereas I think I here in my experience, initially it can be good but again they can mess you about because they can say that we believe that you are only on this medication because you want to get high which is unfair because you have to treat each case individually but here I feel that kind of treat everyone the same” (Long term)

Another group stated that it was taken for granted that prisoners did not follow instructions correctly when taking methadone prior to prison thus resulting on them being placed on a much lower dose when first arriving in prison. Therefore, it was perceived that their needs were not adequately taken into consideration which at times leaves them under medicated.

“On the out, you, well, I was on a much higher dose of methadone, when I come in, and they said, “nah, sorry, you can only have twenty mil, thirty mil the next day, forty mil” and you go up. I had methadone bottles on me, both empty, saying how much dosage I was on and they said, “nah, sorry, because you weren’t supervised, when you had your meth, we have to assume that you haven’t been taking your meth properly”. So, basically, straight away, they assume that you’re not taking your medication properly, as it is. So what’s the point in being put unsupervised, if they’re gonna say that to you anyway, and they think you don’t do it and then I spent the first few days, really uncomfortable” (Short term)

Accessing Emergency Care

In terms of needing to access emergency care, the women who participated in the focus group agreed that this was accessible and depending on the type of urgency, an assessment would take place and the appropriate action taken.

“It depends on the urgency and the need, and what you would do is go to the orderly officer who would then assess, well within their limits, assess your need and you’d be sent out to an A&E department if need be”

This level of care was perceived to be the same across the board, including emergency dental care, for which the women agreed this was service was also accessible and quick. In addition, one particular female prisoner stated that during an emergency which required a hospital admission, service-users are now allowed to have someone accompany them as it is recognised it can be a frightening experience being admitted to hospital and not having a family member with them. Thus at this particular prison, the women are now permitted to have a listener or a first aider accompany them in order to offer extra support.

“A friend of mine been suffering with toothache and she’s waiting to see the dentist and that evening the orderly officer was on and so my friend went to see her and said she was really in pain and she said ok so within half an hour a taxi arrived to take her to an emergency appointment at a dentist. So that’s how quick it was yeah”

“I’ve also done it going blue lighted out in an ambulance as well and that was, just went to the centre office, somebody insisted I went, I went and they called the ambulance and they came and did all their ECG’s and everything here and the went off in an ambulance and a first aider came with me but they have changed the

system now slightly so it can be somebody else to support you, it can be a first aider or a listener if you want somebody to go with you. Because it's not really, if you're going in an ambulance you don't really need a first aiders help but you might want somebody to support"

However, this opinion was not shared across the board with several long term prisoners feeling accessing emergency care was in fact a difficult process which could potentially be detrimental to their health.

"I was having a crisis; I know when I'm having a crisis at least 24 hours before. I've gone to the office, I've said "listen I need to go to the hospital, I know it's coming", they phoned 1-0, is it 1-0-1? for me to speak to the doctor. He's saying "are you bleeding?". I said "listen, I weren't hit by a car, I've got sickle cell, I know what I need, check your protocols. You shouldn't be asking me more than 2 questions before you're sending me an ambulance". I'm on the phone to them for half an hour telling them I've got sickle cell. I had to put down the phone, scream in the office, shout, before they called an ambulance. Otherwise I wouldn't have gone anywhere. They just said "you don't need to go out, you're gonna speak to 1-0-1 or 1-1-1" and because they're asking all these questions, and I'm saying "no no no no" the officers are saying "you don't need to go out". But with sickle cell you can't ask me anything, its pain relief or nothing. That's the kind of shit you have to deal with when there's no healthcare. And even if there is healthcare, I have to basically beg them if I'm not crying to get to the hospital" (Long term)

"My consultant, he's called healthcare and spoken to the governor, and said "send him down to me, I'll have him for 2 days and then I'll send him back" There's no issue, I don't mind. They, healthcare, wouldn't release me. The governor was happy to release me to my consultant for two days. Healthcare said "no, he's under our jurisdiction, he's going to our consultant in Kent" (Long term)

Likewise, the same focus group voiced concern regarding receiving emergency or planned treatment whilst waiting on a Special Purpose Licence (SPL). Participants stated that their security level was required to be checked prior to being allowed to leave the prison for any type of treatment. This resulted in prisoners waiting for long periods of time before accessing the correct treatment.

“There maybe someone who actually needs to see a doctor. If your levels need to be done, but they don’t look at it as an urgent thing, but in his case or in someone’s case, it’s actually urgent. If you’re in closed conditions, you’ll go out straight away, you’ll get handcuffed and brought, but their excuse is ‘we aint got the staff’”

“We had a lifers meeting 3 months ago, and I’ve got hernias, the same as him and I said, I’ve got hernias and I need the operation done, but I’m being told by healthcare that I can’t have the op done till I’m at a certain level. Deputy Governor went yeah that’s correct. And I said “nah that’s not correct, I’m to go out ASAP”. She said to me “mind out what you say”. Those were her exact words”.

“With our hernias’, no, we can’t go unless we’ve reached a certain level, we’ve got an SPL and we can go on special measures. Unless you get an SPL licence, you can’t go out”

“At all. And my condition... with I’m in crisis, and I’m not dealt with in a certain amount of time, I’m dead. I’m dead. The first time I went to hospital from here, they had me in my cell for 46 minutes waiting for an ambulance. It don’t take that long. A member of staff told me that they didn’t call the ambulance for an hour and 10 minutes of me being in pain in my cell. I could have died and that’s because I didn’t have any levels”.

“I told her. They checked my record. Pending for my outside hospital but I cannot go out until I get my levels”

“Just want to back to that thing about licences and risk levels. I’ve been here 5 months now, I’m IPP and I’ve not even sat a risk board yet, it was meant to be done 2 months ago. But shit happens. I went down to healthcare with my shoulder out of its socket and they said “it’s not a drop in centre”. I sat in front of the triage, they said I needed a doctor but there isn’t a doctor here so they put me in front of the nurse. She said “your shoulders bolloxed, how did you do that?” I said it was from trying my move my cupboard when I was cleaning my cell, she said ‘oh no you can’t move your furniture in your cell, the prison aren’t going to be happy with you having to go out now”. So now I’ve dislocated my shoulder and I’ve gone up the hospital and it took one member of staff to stick me in the van and that was it. A couple of hours later I was back”.

“I was promised keyhole surgery in 2012, but I’ve got a 7 inch scar right down the back of my shoulder blades. That aint keyhole surgery. With levels it doesn’t matter, I can’t go unescorted until I’m a level 2”.

Equally, one particular female felt that her required treatment was not being provided quickly enough because of her security levels.

“I understand it’s an open prison and obviously we have everything in the closed prison inside but while here you have to go outside for treatment and all that, I get it, but what if somebodies in really pain, they need to go, they need to be checked ASAP like I go, I came here November, my first ever appointment with the dentist and I’ve been telling them that I have infection, I have infection, was not till 29th February and that’s because I personally gone there to moan moan moan, which I do anyway. But I get it because it’s open prison and they have to check peoples risk before they go there and they have to sit down, the board blah blah blah but surely they can be escorted, which they have been in the past. People have been escorted if it’s emergency”

Medication

Changes in medications between Prisons

There was agreement within the long term focus group that there was no continuity in prescriptions when moving between prisons in particular analgesics. Likewise, the prisoner with disabilities focus group also revealed that when they have transferred from another prison, all of them experienced difficulties in obtaining their medications. Several long term prisoners found that they were unable to continue with a certain medication due to either cost or the treatment being a controlled drug.

“She asked me about my meds and I said “yeah, tramadol” and she said “you won’t be having that here” – so I was like “what am I gonna be having then?” and she was like “I dunno, but it won’t be that, but that’s what I need”

“They said that about my tramadol. They said that if I come back from hospital and I still need it then I have to go over the road. But what’s funny is that there’s people

here who are on methadone and they get their methadone every day. But I'm not allowed to have tramadol for my own health".

"I know what you're saying 'cause I used to take them for my back as I've got 4 trapped nerves. When I came here they said no so it was the same thing. But they give people co-codomol and that's a controlled thing"

"I think the simple fact is, they are quite expensive but you see the problems they have brought to the jails"

The long term focus group concurred on the fact that some of their analgesia required to be substituted for an alternative due to being in that particular establishment and the protocols and guidelines implemented for that particular medication.

"I had to change from Tramadol to Dihydrocodeine, otherwise I'd never get to come to a D Cat. I was told that. I'd never get here while on tramadol"

"I was told if I wanted to stay here I couldn't stay on tramadol but had to have gabapentin"

"Yes, but only because they took my tramadol off me last time I came here so I'm on the same medication this jail put me on last time I came here. I was on tramadol when I came here, for my shoulder, we can't have tramadol in here, cos we can't monitor it, so they put me on gabapentin and I've been on that ever since so yes I have kept the same medication, but they have changed it. It was every month I'd pick up the gabapentin up and now it's every week. I've been here 5 months and they still won't put me back on monthly medication"

"I was stopped from having my tablets when I came here. I don't know the name, sorry. I'd been here 2 months, then they stopped"

"Came here with cream and tablets but I was refused it here. If you need tramadol, you better be going across the road"

The female focus group were more positive in relation to the continuity of medication and stated that upon arrival to the prison they were permitted to keep hold of and continue with their medication.

"I came with a lot of meds for my indigestive system and because they didn't have them in stock here they did allow me to keep what I had in my possession and then they explained to me how I could go about getting more medication when it was

finished but they were quite helpful with allowing me to keep what I had coming from [prison]

“I came from closed conditions to here and my medical file came with me and all my, I had all my medication in possession anyway. I kept that and also there was extra medication to see me over period so I had more than enough medication and I was able to keep it all”.

“I came with it in possession, all of it and actually the care was 100% better when I got here so, and everything's transferred from computer to computer anyway”

“I had an experience where my medication had to be changed because it was a controlled drug and obviously because I here we keep our medication in possession they weren't able to prescribe it to me as per there policies so that's fine because you go with their regime wherever you go. So that's my experience, whereas my medication had to change”

Yet, some of the women stated that at times they were prescribed medication that was more cost effective in comparison to what they have previously been prescribed in other prisons or in the community. This was echoed amongst other focus groups in relation to medications being changed without consultation simply because they were not cost effective.

*“Sometimes the doctor wants to give you something and they'll be like whispering to him and then the doctor will say nah, I'm going to give you something different”
(Female)*

“I haven't got my eye stuff, I use to have a specialist outside give me stuff for my eyes, there telling me to go and see the doctor about it cause they don't know why I'm getting this stuff, it's expensive and that from the outside hospital and I'm saying it's the doctor your sending me too, he's an eye specialist to make that decision whether I can still get it, they're saying no, I'm saying well I don't need to see him then and because of that I don't get my eye stuff” (Female)

“It's the same with the e45 cream I ordered. I've had my eczema from when I was young, I get e45, aqua's cream and other things and I get the shower gel and because it's so expensive they don't wanna give it to you. So now I go without that and the one's that they do have I've got to buy from the canteen myself. Say I've got

no money, then your gonna make me go with my skin condition and go, do you know what I'm saying?" (Short term)

"I think waiting 3-4 months down the road is normal man, its standard! Putting people on medication and just keep it going and maybe one day after months, they will call them up and start talking about taking them off the medication that they have been on for god knows how many months without any review you know what I mean, just cause it's cheaper to change". (Substance misuse)

Repeat Prescriptions

The women mostly spoke positively about accessing repeat prescriptions, although it was perceived healthcare would at certain times substitute some medication for another, as previously mentioned in the above section. However, this did not always happen. Most of the time, if the pharmacy had no stock of a specific medication they would not offer a replacement to the women leaving them without medication. More importantly, here the women also stated that the time of arrival into the prison played a key role in accessing medication, if they arrived after a specific time, they would not be given their medication until the next time healthcare were on shift.

"I think for me it was the availability of a specific kind of medication for me. The prison service pharmacies didn't stock it, couldn't get it from the manufacturers. Therefore I had to put in a governors app to request for a prescription to be done for me to bring it from outside but I don't know if that's something that really should be done. I think there should be alternatives if for example I can't take Ibuprofen there should be a substitute for it rather than say no sorry we can't do it, either you do without it or you find your own way of getting it. It doesn't work, because I'm not out in the community where I can look for other means to get my medication or where I have different pharmacies to go to look for it".

"It was for my skin, it's a panoxyl gel and they've told me that the manufacturers or the suppliers can't provide it and there's no alternative. The alternative they offered me was something that I came off from because of the reactions I had, so therefore I'm stuck. I can't do anything and they're saying well, literally oh well".

However, there was praise from some of the women on the speed of ordering and receiving repeat prescriptions.

"I've noticed as well, because I've got a skin condition, I needed some cream you know for my skin and it was quick. The turn-around time in getting your prescription is so quick, it's unbelievable. In a closed prison it takes over a week to actually get it"

"I think here they put the scripts in and they go into Rochester and that's where the pharmacy is and that's where they dispense from and that's just for basic generic...the cheapest form of medication that you require but if you need anything out of the ordinary, they have to get it outside and that's where they start having problems"

"I came on a Tuesday so there wasn't any issues and I signed a consent and they got in contact with my doctor and my records were here within 48 hours. And the hold up with 48 hours was because of my doctor, it wasn't...because they knew that they were things that they needed to see. The only issue here is if people come in on a Friday afternoon or come in late in the afternoon because then healthcare have gone home, that's when they won't get their meds"

"My medication I've also got a blood testing kit, erm I've got GTN sprays. Sprays you put under your tongue to make your heart carry on going basically. But yes high blood pressure so all sorts of medication".

Medication Reviews

Both the older and disability groups expressed concern about their medications not being reviewed on a regular basis. However, medication reviews were deemed more positively amongst the short term and substance misuse focus groups, in particular as several of them were prescribed methadone in which tighter monitoring was required.

"I've had two reviews in six months, so that is ok".

"I mean mine was reviewed, err a couple of days after, you know, coz I'm on Methadone, so when I came in they, it was err a ten mil, and then twenty mil, and then umm thirty, and so on do you know until everything out. I was followed up in that respect"

"Nah, coz I was on a script on the out, so they knew what dosage to put me up on with the Methadone and with my other medication, yeah they just put me up to what I was stabilised on and they just left me basically, yeah so..."

“You usually start to hear about it when they are looking to change it, if they want to put you on something but don’t want you to mix it with something else that you are taking” (Substance misuse)

Nonetheless, several participants stated that they have not yet received a medication review and have therefore continued with their current medication without the correct levels of monitoring.

“You know, it is reviewed but, not very regularly, I can change, you know, in three months, you know”

“I’ve been here six months, you do get reviewed quite thorough, but, but I think it should be a lot more often, you know what I’m saying”.

“Still waiting for reviews mate .Put a request in, I asked to see the doctor and nurse and that, still waiting, been two, three weeks”.

“Well I’ve been waiting for a long time, to have err, a review to come off my anti-depressants, which weren’t working as well, and then, first they increased the dose of the anti-depressant I was on, they asked me to go on a higher dose, before they prescribed a new one, and that took, like months literally. It’s, it’s pretty, pretty much a waste of time”

Secure Storage and Administration of Medications

This was identified as an issue in several focus groups as they stated that there was nowhere secure to store their medication within cells. In particular, the disability focus group had access to lockers, however they were not secure which could potentially result in it being stolen and then they would not get any replacement.

*“Yes, it’s just on my table no, nowhere secure, if it gets stolen then I got nothing”
(Short term)*

“Have a bedside locker to keep some in but the key don’t work well and it’s not of great construction” (Older)

“It’s open innit, so it’s all open, there’s no real hiding spaces in there”. (Substance misuse)

“No, I’ve been asking for a locker in my cell and I don’t have one” (Short term)

“I’ve got a locker but it don’t lock, someone else’s got nicked” (Disability)

Likewise, it was stated if there was no storage space then prisoners relied on prison staff to administer medications, and this was not always at correct times.

“You pick it up, there is some people who have to on certain meds every day , 2 or 3 times and other meds they are in your possession and you just keep them in your cell” (Short term)

“No, I go and pick it up, my anti-depressants monthly and my pain killers weekly” (Long term)

“No, I can answer that for you, medication is not handed out as prescribed , there is 2 calls for medication, one in the morning and one in the evening oh wait ok there is 3 calls, oh the 3^d one you in your time then not their time so it would be 4 hours apart would it be. So it would be every 4 hours I suppose” (Short term)

“630pm is the latest one, but if you were on something like a painkiller you might get one before (inaudible), if it was serious pain then they might give you one to man up with but don’t think they would give you anything in the night “(Long term)

“Some people have you give it to them and if you give them cause for concern like they do a meds check and it’s less than you’re supposed to have then you know what I mean, then you can get put on to where you have to go up and get it. But there are specific painkillers that they won’t let you have in your possession though” (Substance misuse)

“If you got to take it at night, this is what I’m saying like a sleeping tablet then they would give it to you about 630pm and you are going to take it at 9pm you know what I’m saying. There should be something where you get it at the time you are supposed to take it” (Substance misuse)

“Our medication is handed out at set times” (Older)

However, other prisoners in the long term focus group agreed that in relation to controlled drugs, healthcare maintain possession of this and administer at prescribed times. Although, it was stated at times, the correct protocol was not always followed by staff.

“Because it’s all controlled meds, no one should be able to have it in an open prison”

“I’m on DF118s – that’s a controlled drug, so I can’t keep it”.

“There’s guys here on meth? But they’re allowed their meth and I’m not allowed my tramadol. They need the meth to stay drug free and I need the tramadol to be pain free, I never get my tramadol on time, just when they feel like it”

“A -Wing staff were issuing me Tramadol in my hand, they’re not supposed to be issuing me my meds”

Post Release Plans

In addition, in terms of release care plans involving medications, the short term focus group were fretful about leaving prison without the correct medications and were hopeful that a release care plan would be implemented.

“I didn’t want to be leaving, be worse off than when I came in, but, you know, you don’t have that choice, you know, because I came in unscripted it had to be the methadone”.

“I’ve already got a G.P. anyway, I’ve seen...is it DART, saw DART the first couple of days I was in here, and that’s about it. I dunno when they see you, nearer your release”.

“Well I was meant to get out, I was meant to get out on the Wednesday and DART came and saw me, DARTs really good, I think, they came and saw me, they’d arranged everything, umm with people near where I was moving to, G.P. umm, so DART, you know, were really good....but obviously I didn’t get out, I’m still in here”

“No, I don’t think I’ve been, I’ve been told about Pavilions, or something, umm I don’t know what’s gonna happen, personally to me when I get out, cause I don’t know where I’m gonna move yet, I’ve got a choice of two or three different places, so it’s all a bit blurry at the moment. All I do know is I’ve gotta get my first appointment at probation out the way, that’s it”

Conversely, the long term group specified that the health care had not played an active part in their release care plan and had taken it upon themselves to put plans in place for their release.

“I’m out in 7 weeks. I have 4 issues that are ongoing now. I am waiting till I go home till I deal with them, I have a doctor, consultant, everything, the whole nine yards. I was told, when I went to the outside consultant who spoke to my own consultant, my

consultant told my consultant down here to book an appointment for 2 weeks before my release. I wouldn't trust them I here to sort anything"

"As soon as I'm released from here, I can go to my doctor and they'll give me my tramadol. And I'll be in possession and in control, not them."

*"I've sorted out mine already, all my after care, prison haven't done it cause they are S***".*

However, again the female group were much more positive towards the role of healthcare in implementing release care plans and felt that it was effective and catered for on an individual level.

"They see you and make sure you have enough medication to last you for two weeks when you go out, It's at your exit interview".

"You know they go down on their last day and as I say it seems to be that people say they just weighed us and you know we've got two weeks medication which actually sounds good but in the real world is not necessarily enough you know. If you're returning back to your home, going back to where you came from then maybe you haven't been in here very long so you can just get an appointment with your GP again, get back on his books...it might not be as easy as that"

"You might be going somewhere different or you might have been in long enough that you not really registered with your GP anymore and things so I don't think there's much support around that"

"I believe that healthcare just see you the day before to fit you for release and that's it."

"I know also RAPT do, they have a transition worker that will take you from here to where you're going. They'll make sure if you're, if you can't find a GP or you're relocating they'll come with you to help you do all those things so you don't feel like you're on your own"

In the older and disability focus groups, several participants stated that they were due to be released soon but as of yet had not been involved in any discussions regarding registering with GP contacting Social Services.

Summary

The prisoners who participated in focus groups provided feedback on their experiences and involvement in healthcare services in prison; predominantly their physical needs relating to their health assessment on entering prison, well-being and improving health, continuity of healthcare and administration and review of medications, including post prison prescriptions plans. In addition, key findings from focus groups broadly supported some of the recommendations developed by the National Guideline Centre and Royal College of Physicians.

Overall, **healthcare** in the female and long term prisons were deemed to be much more accessible and effective in comparison to the other focus groups allowing for appointments being offered when required. This provided the women with a sense of empowerment and long term prisoners with some positivity towards requesting GP appointments and routine tests. Unfortunately, the remainder of the groups were more negative, resulting in the short term group stating that it is quicker to purchase analgesia from the canteen than wait for an appointment with the GP.

In terms of receiving a **health assessment** on arrival into prison, the majority of prisoners (76%) confirmed that they had received this. However, prisoners with disabilities and older prisoners confirmed they had only been offered a short health assessment which included base-line checks and short mental health questions. Again for the majority of prisoners, this health assessment was conducted upon arrival to the prison where they were taken to healthcare, for some prisoners this provided them with an opportunity to address alcohol or substance misuse issues continue with treatment. Nevertheless, several prisoners from the short and long term focus groups felt that the assessments were ineffective due to the whole assessment feeling more like a tick box exercise instead of having a more person-centred approach. In addition, of this there was some agreement from the short-term and substance misuse groups who concurred that health staff did not really listen to what was being said. It was perceived by both groups, that healthcare simply wanted to complete the assessment as quickly as possible. Nonetheless, the short term group were more encouraging in relation to the health assessment and expressed it had been a positive and calming experience in comparison to previous experiences prior to prison, as for some prisoners it was the first time that they felt anyone had actually listened to them. It was also identified by the short term group that the health assessment facilitated relationships to be formed between staff and prisoners.

The female prisoners on the other hand were very positive in their experiences of the health care assessment and agreed that it provided the opportunity for those women to have a say in the care and support they required, including mental health. Unfortunately, though, the long term group stated that accessing mental health support was not always an easy process at times due to an extensive waiting list.

Once again, the majority of prisoners had their health assessment carried out by a registered nurse. However, in the short term group it had been identified that arrival time into the prison determined how thorough the health assessment was. If arriving in the evening, prisoners stated that only a brief baseline assessment was carried out, no medical history was taken which in turn could lead to problems for the prisoners suffering from ongoing conditions.

After an initial health assessment, prisoners can be offered a follow-up assessment, however currently it is not mandatory. In this case, less than half prisoners had been offered a follow-up with 17% of prisoners requesting one. However, it was not determined when the follow-up had been carried out after the initial health assessment. The reason for this according to substance misuse and long term groups was either low staff capacity or heavy workload.

In the way of **health promotion and well-being**, long term prisoners praised the work of the prison in the running of an effective well-man campaign offering various health checks for males. Additionally in this particular prison, they developed induction teams, which included prisoners as orderlies. Their role was to engage with new prisoners, display posters around the prison and inform prisoners of the various health checks available to them. This was considered to be effective by the prisoners, as the orderlies were able to book appointments for health checks to be done. However, not all prisoners were in favour of this and stated that if prisoners were not motivated then it was pointless. It was suggested by the focus group that actually having someone from healthcare being visible on the wings and promoting a healthy would be more beneficial in motivating prisoners.

Female prisoners were especially positive towards health promotion, **weight loss and healthy eating** and felt that prison was extremely active in ensuring dietary needs were catered for. Yet, it had been identified that healthcare could play more of an encouraging role, in particular over diet and type of food available. In comparison, the male focus groups showed very little interest in healthy eating and exercise. With the short term group stating that it was only during official visits that attention would be placed on health promotion and healthy eating. The disability focus group felt that more could be done in implementing activities rather than just displaying leaflets and posters.

There was much more interest from all male focus groups regarding healthcare and support for **smoking cessation**, however the substance misuse and long term focus groups felt strongly about the lack of support from healthcare relating to smoking cessation aides. It was deemed that these aides were expensive and it was agreed that healthcare should contribute or provide prisoners with the aides. Likewise, short term and substance misuse groups voiced concern over the imminent smoking ban in prisons and feared that it could result in more physical injuries because of tension, which places more pressure on healthcare providers. The older and disability focus groups were determined to continue smoking due to length of time they had smoked and stated they had no intention of stopping in the future. In contrast, females were more positive in the support received from healthcare, although again concern was expressed about the risk of increased conflict and all focus groups were in agreement that prisoners used smoking as a way of relaxing and reducing anxiety despite the negative impact smoking has on health.

Furthermore, there were some negative opinions regarding healthcare **monitoring chronic conditions** from the long term focus group due to health checks being omitted in which it was perceived at times health could be put at risk. This opinion was shared throughout the male focus group, who all felt that healthcare could improve on monitoring chronic conditions.

In relation to **sexual health**, the females and the long term focus groups confirmed that they had used the sexual health services, either accessing protection or sexual health leaflets. All of which had been deemed easily accessible. However, the remainder of the focus groups felt that perhaps there could be more information and leaflets available.

In terms of providing **support for substance misuse**, it was identified by the substance misuse group the support is provided primarily by third party agencies such as RAPTTS or CARATS, and healthcare do very little apart from the initial referral if it is not done by probation. However, peers are placed within the induction team in order to raise awareness which was considered to be a success. Worryingly, the group also raised concern about spice, stating that help is not always offered to prisoners due to healthcare assuming that illnesses are spice related. However, several of the participants in the substance misuse group and the female group confirmed that due to the so-called legal high epidemic, healthcare had been compelled to be more visible in delivering care and support for substance misuse. Several prisoners in the substance misuse group voiced concern that healthcare assumed that any type of illness was spice related; therefore it was perceived treatment was not always provided when required. Other prisoners felt strongly that

treatment offered in prison was not the same as what you would receive in the community and tried to avoid healthcare when possible.

Furthermore, the long term group raised concerns relating to **security issues and attending appointments** outside the prison due to them being able to attend appointments independently. However main areas of concern were if the prisoner was running late, all contact details are blanked out by the prison making it impossible for the prisoner to inform the hospital of their potential lateness. However, the female prisoners had more a positive experience and felt they had more responsibility in the way of making appointments. Nonetheless, there were a few female prisoners experiencing anxiety over security issues preventing them from accessing external healthcare.

Again, the long term prisoners were more affected by external healthcare appointments compared to other male groups and felt this was unfair. It was identified that if a prisoner was on temporary leave and had an appointment, the leave would be cancelled. If the prisoner failed to attend then they would be removed from the waiting list and would have to go through the referral process again.

In relation to **transferring between prisons**, the older prisoner group stated that they had all at some point experienced difficulty in obtaining their medication, at times went without. It was identified by the substance misuse group that treatment and care varied between prisons and more times than not, treatment would be changed without consulting the prisoner. The long term group felt that changing treatments could actually have a negative impact on the prisoner's health. Although short term prisoners on a methadone prescription stated that often healthcare would assume they had not complied with their prescription prior to prison and would automatically be placed on a lower dose, which in turn left the prisoners feeling anxious and uncomfortable.

The women were more positive regarding **emergency treatment** and stated that now the females are allowed to have either a listener or a first aider to accompany them and offer support whilst receiving urgent care. Conversely, the long term prisoners expressed that accessing urgent care was problematic and potentially damaging to their health due to having to wait on a Special Purpose Licence. They expressed that there needs to be a quicker process in checking security levels to prevent their health condition deteriorating.

In terms of **access to medication**, the long term group found that certain analgesia was not permitted in prison and needed to be substituted, reasons being either it was not cost effective or certain painkillers were deemed a controlled drug and not permitted within that

establishment. This was supported by the female group who also voiced certain analgesia was not allowed due to healthcare protocol. However, the females concluded that they were allowed to keep hold of their medication in their cells. Once more, the female group stated that healthcare in their prison was effective in reviewing medication and repeat prescriptions. Although this did not always happen, and at times the women went un-medicated due to the pharmacy not providing a substitute when waiting on delivery of medication. Again, the time of arrival into the prison was mentioned, as the women stated if they arrived in the evening they would at times not have access to medication until the next day. Nonetheless, overall the women praised the speediness of ordering and receiving prescriptions. Likewise, the short term and substance misuse groups were the most positive out of all the groups in relation to having their medication reviewed; this was thought to be due to the tight monitoring of being prescribed methadone.

Secure storage of medications was an issue for the majority of male groups and suggested that all cells should have secure lockers in place to allow for safe storage. It was also stated that medications were at risk of being taken by other prisoners due to the lack of secure storage space available. In addition, all the male focus groups were concerned that due to having no adequate secure storage for medications, the responsibility was handed over to prison staff to administer medications and the majority of the time were administered at different times as to what had been prescribed. Furthermore, the long term group stated that healthcare had possession of any controlled medications, however according to the focus group correct procedures were not always adhered to.

The female focus groups had the most positive experiences of **post release plans** from prison ensuring medications and support had been implemented prior to release. However, the short term group were extremely concerned that care plans and prescriptions would not be set up in time for them leaving prison and they were worried that they would be left un-medicated. Therefore short term prisoners identified the need for post-release care plans to be implemented to ensure the transition from custody back into the community is a smooth process and offers continuity of care. The long term group confirmed that they in fact had to take the initiative and make arrangements themselves as they did not trust healthcare to do it. Lastly, older and disabled prisoners due for release soon confirmed that they had not been involved in any post release plans.

Principles

Owing to the sensitivity of the study group, User Voice routinely applies a robust set of principles adopted from previous consultation projects with adult service users. These principles – set out below – complement our work and commitment to safeguarding and include making it clear to service users they can withdraw from the consultation at any point, without reason or recourse.

- **Ethics:** An ethical approach to all work is one of our defining traits. Integrity as well as the safety of those with whom we work is paramount in the design and implementation of our engagement and interviewing processes.
- **Participant Choice:** User Voice facilitators only engaged with service users who had chosen to participate in the consultation and they were supported to disclose what and how they disclosed. Informed consent is essential and as such we take pains to explain to all those with whom we engage the purpose and reasoning for the work we do. It is explained to participants that they can disengage from the consultation at any time, without reason or recourse.
- **User and peer-led:** service users volunteered to participate and all interviewers were ex-offenders trained in research and group facilitation.
- **Respect for the individual:** service users have a right to be heard and respected, and everything they said was considered as a valid and valuable form of evidence.
- **Equality of Opportunity:** we endeavoured to ensure that those from diverse or marginal communities were represented and heard.
- **Commitment to change:** we believe one of the key reasons for undertaking consultation is that the insights gained from the lived experiences of participants can be used to inform future service planning, implementation and evaluation.
- **Transparency and accountability:** being open, clear and accountable to all stakeholders (staff, service users and commissioners) created the ground for trust building and solution-focussed outcomes.
- **Confidentiality:** we assured those who chose to participate that they would not be personally identified in the report, unless they chose to be.

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