

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Physical health of people in prisons

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

1. TOPIC ENGAGEMENT STAGE

1.1 Have any potential equality issues been identified during this stage of the development process? How have they been addressed?

NICE guideline NG57 ([physical health of people in prison](#)) noted that the average literacy age in the prison population is 11 and the average IQ is 85 so this group should be provided with healthcare information which they can understand easily, to reduce inequalities in access to care. The guideline also gave special consideration to the following groups:

- people with disabilities (including physical disabilities, learning disabilities and borderline learning disabilities)
- women, especially pregnant women and the mothers of babies in prison
- people over 50
- long-term prisoners (>4 years)
- short-term prisoners (<12 months)
- people with a history of substance misuse.

This will be considered during the quality standard development.

1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

This quality standard will cover adults aged 18 years and over in a young offender institution or prison setting. Children and young people aged 17 and under in young offender institutions will not be covered as this age group have particular healthcare needs which differ to adults. People in immigration removal centres and police custody will not be covered as these are not prison settings.

Completed by lead technical analyst: Eileen Taylor

Date: 29.11.2016

Approved by NICE quality assurance lead: Nick Baillie

Date 29.11.2016

2. PRE-CONSULTATION STAGE

2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The QSAC noted that literacy and other communication barriers may affect people in prison. Statements 2, 3 and 5 therefore address this by noting that people should be provided with information that they can easily read and understand themselves, or with support, so they can communicate effectively with health services. Information should be in a format that suits their needs and preferences. It should be accessible to people who do not speak or read English, and it should be culturally appropriate. People should have access to an interpreter or advocate if needed. In addition, for people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's [Accessible Information Standard](#).

Statement 4 notes that barriers to communication can hinder people's understanding of how they can be involved in their care, particularly where people have complex health and social care needs. These barriers could include: learning or cognitive difficulties; physical, sight, speech or hearing difficulties; or difficulties with reading, understanding or speaking English. It states that adjustments should be made to ensure all people with complex health and social care needs in prison can work with their lead care coordinator on plans for the management of their condition(s).

Statement 5 also notes that if people are being released from prison into homelessness or temporary accommodation, their lead care coordinator and the multi-disciplinary team should work together to ensure access to medication.

2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

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

No.

2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

2.5 Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 2.1, 2.2 or 2.3, or otherwise fulfil NICE's obligation to advance equality?

No.

Completed by lead technical analyst: Eileen Taylor

Date 16.02.2017

Approved by NICE quality assurance lead: Nick Baillie

Date 03.04.2017

Post-consultation stage

3. Final quality standard

3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted that older people's clinical needs should be considered. Statement 2 notes that the clinical needs of older people in prison and people undergoing or who have undergone gender reassignment should be considered during the second stage health assessment. It also notes that mental health problems should be considered. The QSAC noted the importance of advocacy for people in prison. Statements 2, 3 and 5 included advocacy and this has been added to statement 4.

The QSAC noted people from the traveller community may have difficulty obtaining medication following release from prison. It also noted that people with substance misuse issues and groups receiving critical medication, including transgender people receiving hormone treatment, need continued access following release from prison. Statement 5 notes that the multidisciplinary team should work to ensure continued access to medication.

3.2 If the quality statements have changed after the consultation stage, are there any that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

None of the quality statements make it more difficult for services to be accessed.

3.3 If the quality statements have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No.

3.4 If the quality statements have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 and 3.3, or otherwise fulfil NICE's obligations to advance equality?

No.

Completed by lead technical analyst: Eileen Taylor

Date: 08.06.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 24.07.2017

4. After Guidance Executive amendments – if applicable

4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments identified.

Completed by lead technical analyst: Eileen Taylor

Date: 01.08.2017

Approved by NICE quality assurance lead: Nick Baillie

Date: 01.08.2017