NICE National Institute for Health and Care Excellence

Quality Standards Advisory Committee 1

Physical health of people in prisons – prioritisation meeting

Minutes of the meeting held on 2 February 2017 at the NICE offices in Manchester

Attendees	**Standing Quality Standards Advisory Committee (QSAC) members** Bee Wee (Chair), Gita Bhutani, Ivan Benett, Phillip Dick, Gavin Maxwell, Arnold Zermansky, Alyson Whitmarsh, Amanda De La Motte, Teresa Middleton, Ian Reekie, Sunil Gupta, Helen Bromley, Hugo Van Woerden, Hazel Trender, Steve Hajioff **Specialist committee members** Suzy Dymond-White, Sophie Strachan, Jane De Burgh, Denise Farmer, Jake Hard **NICE staff** Eileen Taylor (ET), Craig Grime (CG), Nick Baillie (NB)
Apologies	**Standing Quality Standards Advisory Committee (QSAC) members** Ian Reekie, Ian Manifold, Jane Worsley

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day (private session)	The Chair welcomed the attendees and the Quality Standards Advisory Committee (QSAC) members introduced themselves. The Chair informed the committee of the apologies and reviewed the agenda for the day.	
2. Committee business (public session)	**Declarations of interest** The Chair asked standing QSAC members to declare any interests that were either in addition to their previously submitted declaration or specific to the topic(s) under consideration at the meeting today. The	

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	Chair asked the specialist committee members to declare all interests. The following interests were declared: Specialist committee members Jane De Burgh • None. Suzy Dymond White • None. Denise Farmer • Denise is employed, as a salaried employee, by NHS England as the national pharmaceutical adviser for health and justice commissioning. As such Denise is responsible for delivering programmes of work involving the use of medicines in prisons across England and have published guidance and letters on this topic. Jake Hard • None. Sophie Strachan • Current lay member of: NHS England Clinical Reference group Health & Justice NHS England BBV Opt Out Policy task and finish group NHS England IRC Assurance group RSGP Secure Environments group	

Agenda item	Discussions and decisions	Actions
	• Trustee of The Sophia Forum www.sophiaforum.net • Senior caseworker for Positively UK • The Global Coalition on Women & AIDS advisory member • The Global Network of People Living with HIV advisory board member. **Minutes from the last meeting** The committee reviewed the minutes of the last meeting held on 5 January 2017 and confirmed them as an accurate record.	
3. QSAC updates	NB noted for the standing members that the NICE conference was being held in May. The QSAC meetings should remain in the diary until July but to note April has been cancelled. A half day meeting in June is being planned to introduce any new members.	
4 and 4.1 Topic overview and summary of engagement responses	ET presented the topic overview and a summary of responses received during engagement on the topic.	
4.2 Prioritisation of quality improvement areas	The Chair and ET led a discussion in which areas for quality improvement were prioritised. The QSAC considered the draft areas as outlined in the briefing paper prepared by the NICE team. The outcome of discussions is detailed below.	

Suggested quality improvement area	Prioritised (yes/no)	Rationale for prioritisation decision	If prioritised, which specific areas to be included?
Assessing health a) First and second stage health assessments b) Sexually transmitted	 Y Y	It was explained that the first stage assessment is primarily to assess immediate health-related needs and safety concerns when people first enter prison. The specialist committee members felt this is done consistently across prisons. The second is a more comprehensive assessment to examine wider	**Second health assessment to be carried out within 7 days.** **Medicines reconciliation taking place before the second stage health assessment.**

infections (STIs), HIV and Hepatitis B and C c) Health checks	 N	medical needs and enable management planning. The committee members agreed that whilst the content of the second stage assessment is not consistent across the prison system, the priority for improvement is completion within 7 days. Medicines reconciliation varies across prisons but this should be done prior to the second stage health assessment taking place to ensure people continue to receive their medication. Testing for STIs and blood-borne viruses (Hepatitis B, C and HIV) is not consistently undertaken and is a key priority as many people entering prison will be at high risk. Ensuring people in prison have equal access to the NHS Health check programme was not prioritised as current practice data was not worse than in general population. Some parts of standard health checks are covered under the first and second stage health assessments. Furthermore NHS England are currently examining further work to ensure a parity of care.	**STI risk assessment and BBV testing.**
Promoting health and wellbeing a) Health literacy b) Physical activity and nutrition c) Self management and service user involvement in services	 N N N	The committee felt health literacy was an important factor in supporting self-management in prison but this could be covered under equalities considerations. There was discussion around the type of food being served and the lack of options however the committee did not wish to prioritise this area as there was no specific identifiable action to include in a quality statement.	

Managing medication a) Prescribing b) Access to medicines and review	 N N	Provision of in-possession medication varies according to the prison and individual risk assessments. Consideration of whether medication should be provided to people in prison first relies on effective medicines reconciliation.	**Medicines reconciliation already prioritised.**
Release from prison a) Registration with a GP b) Continuity of medicines	 N Y	It was noted that there is currently no facility to pre-register with the GP before a person leaves prison. However there is an IT system in development (Health and Justice Information Service) that is intended to connect to the NHS spine, and will enable pre-release registration with a GP. There is a discharge process in place but it is currently paper based and there is no guarantee people leaving prison will provide their GP with the discharge summary. People should leave prison with 7 days of medication however if not registered with a GP there can be a risk of insufficient continuity. Furthermore, when people are transferred from prison they often do not have access to their medications.	**The provision of medication or an FP10 prescription when people are transferred from or leaving prison.**
Communication and coordination a) Lead care co-ordinator and MDT working b) Sharing of information	 Y N	The committee felt it was important to note communication between the different team, including prison staff, is necessary to ensure effective provision of health care. Those with complex health and social care needs benefit the most from having a lead care coordinator. Providing lead care coordinators for people with complex needs would address the greatest need for effective sharing of information.	**People in prison with complex health and social care needs having a lead care coordinator.** This will require a definition of people with complex health and social care needs.

Additional areas suggested	Committee rationale	Area progressed (Y/N)
Use of security restraints	The committee agreed not to take this area forward based on the information in the briefing paper.	**N**
Holistic care for people with HIV	The committee agreed not to take this area forward based on the information in the briefing paper.	**N**
Quality Outcomes Framework (QOF)	The committee agreed not to take this area forward based on the information in the briefing paper.	**N**
Rehabilitation	The committee agreed not to take this area forward based on the information in the briefing paper.	**N**
In-reach services	The committee agreed not to take this area forward based on the information in the briefing paper.	**N**

5. Resource impact	The committee considered the resource impact information presented for each of the quality improvement areas discussed and were satisfied that none of the areas prioritised for statement development would have a significant impact on resources.	
5.1 Overarching outcomes	The NICE team explained that the quality standard would describe overarching outcomes that could be improved by implementing a quality standard on physical health of people in prisons. It was agreed that the committee would contribute suggestions as the quality standard was developed.	
5.2 Equality and diversity	The NICE team explained that equality and diversity considerations should inform the development of the quality standard, and asked the committee to consider any relevant issues. It was agreed that the committee would contribute suggestions as the quality standard was developed. Initial suggestions included considerations that should be given to address inequality experienced by older people, people who are transgender, people with learning disabilities and people with mental health problems.	

6. Next steps and timescales (part 1 – open session)	The NICE team outlined what will happen following the meeting and key dates for the physical health of people in prisons quality standard.	

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7. Any other business (part 1 – open session)	No other business. **Date of next meeting for physical health of people in prisons: 1 June 2017** **Date of next QSAC1 meeting: 2 March 2017**	