

RECOMMENDATIONS

These recommendations have been formed by a consensus exercise involving all those listed in the acknowledgements. The recommendations have been independently edited by medical editors experienced in developing recommendations for healthcare audiences to act on.

The recommendations highlight areas that are suitable for regular local clinical audit and quality improvement initiatives by those providing care to this group of patients. Quality Improvement tools are provided with this report to support this. The findings should also be considered alongside reports from the Care Quality Commission (CQC) and HM Inspector of Prisons (HMIP).

Suggested target audiences to action recommendations are listed in italics		Key points (see each chapter)
HEALTHCARE STAFFING		
1	<p>Provide enough appropriately skilled prison healthcare staff to:</p> <ol style="list-style-type: none"> a. Undertaken healthcare assessments at the times they are needed, to include late receptions. b. Ensure that initial healthcare assessments identify all healthcare needs. c. Support the continuity of clinical care for the management of long-term conditions and ensure long-term conditions are given equal priority to acute care. d. Provide prompt acute care as needed. e. Ensure robust handovers are undertaken between staff on a day-to-day basis and if a transfer to hospital is needed. <p><i>Primary target audiences: Ministry of Justice, Department of Health and Social Care, NHS England, NHS Wales, HMPPS</i> <i>Supported by: Prison governors, CQC, HMIP</i></p>	<p>3.6 - 3.7 5.1 - 5.6 6.1 - 6.5 7.5</p>
ACUTE DETERIORATION, CLINICAL OBSERVATIONS, AND TRANSFER TO HOSPITAL		
2	<p>After any clinical interaction for an acute episode, outline a plan for regular monitoring of clinical observations, the duration for this monitoring tailored to the patient's needs, including the use of NEWS2 (National Early Warning Score 2) scoring and a protocol for escalation of care, should the patient deteriorate.</p> <p><i>Primary target audience: Prison healthcare staff</i> <i>Supported by: Prison governors</i></p>	<p>3.6 - 3.7 6.8 - 6.11 9.1 9.5</p>
3	<p>Ensure appropriate clinical cover is in place both day and night, including protocols for the escalation to senior clinicians, if not on site, in the event of significant deterioration or a medical emergency.</p> <p><i>Primary target audience: Prison healthcare staff</i> <i>Supported by: NHS England, NHS Wales, HMPPS, CQC, HMIP</i></p>	<p>6.8 - 6.11 9.1 - 9.2 11.5</p>
4	<p>Minimise last minute delays in the emergency transfer of a patient to hospital by:</p> <ol style="list-style-type: none"> a. Agreeing in advance a standard process applicable to most transfer needs. b. Adapting standard process for prisoners with special restrictions/conditions in place. c. Ensuring collaboration between healthcare and operational staff in prisons. <p><i>Primary target audiences: Prison healthcare leads, prison governors</i> <i>Supported by: Medical directors, NHSE England, NHS Wales, HMPPS, CQC, HMIP</i></p>	<p>7.1 - 7.6</p>

BASIC LIFE SUPPORT TRAINING		
5	<p>Establish a basic life support (BLS) training programme for prison operational staff with the aim of training all prison staff in cardiopulmonary resuscitation (CPR) and the use of automated external defibrillator (AED) devices. Provision of compression-only CPR could be a first step towards this goal. The location of AEDs should also be easily identifiable and accessible to staff in all parts of the prison.</p> <p><i>Primary target audience: Prison governors</i> <i>Supported by: Prison healthcare staff, HMPPS, CQC, HMIP</i></p>	6.12 - 6.13
DISCHARGE FROM HOSPITAL TO PRISON		
6	<p>Recognise the limitations of healthcare that can be provided in prison. When discharging someone from hospital include a discharge letter which states the clinical diagnosis, ongoing health, and social care needs, and follow-up plans.</p> <p><i>Primary target audience: Hospital clinicians who discharge patients</i> <i>Supported by: Hospital medical directors, NHSE England, NHS Wales</i></p>	7.5 - 7.6 10.4 - 10.5
END OF LIFE CARE PLANNING		
7	<p>Prison healthcare staff should receive training in end of life care planning to:</p> <ol style="list-style-type: none"> Identify patients approaching their end of life, including advanced non-malignant conditions. Co-create advance care plans with the patient and their family/carers, to include out of hours care, such as anticipatory medications. <p><i>Primary target audience: Prison healthcare staff</i> <i>Supported by: Prison governors, HMPPS</i></p>	8.1 - 8.8 8.10 - 8.11 9.5 11.9
8	<p>Prison healthcare staff and local palliative care services should work together to ensure that when needed, patients have access to clinical reviews, medications and transfer to a hospice if required.</p> <p><i>Primary target audience: Prison healthcare leads</i> <i>Supported by: Prison governors, HMPPS, local palliative care leads in hospital or the community, CQC, HMIP</i></p>	8.1 8.7 - 8.11
9	<p>Provide guidance, including the clinical information required, to support prison governors and healthcare staff in applications for compassionate release.</p> <p><i>Primary target audience: HMPPS, prison governors</i> <i>Supported by: NHS England and NHS Wales, CQC, HMIP</i></p>	8.8 - 8.11
IMPACT OF SUBSTANCE MISUSE ON LONG-TERM CONDITIONS AND MEDICATIONS		
10	<p>Identify the potential impact of substance misuse on long-term health conditions and adverse interactions with any medications the patient is taking or may be prescribed. Using point-of-care testing for substance misuse during health assessments may help facilitate this.</p> <p><i>Primary target audience: Prison healthcare leads</i> <i>Supported by: Prison governors, HMPPS</i></p>	3.1 3.3 - 3.4 5.2 - 5.5
NHS CLINICAL REVIEWS AND FATAL INCIDENT REPORTING		
11	<p>Ensure that all recommendations from the Prisons and Probation Ombudsman (PPO) fatal incident reports have clear, measurable outcomes with a timeframe for delivery.</p> <p><i>Primary target audience: Prisons and Probation Ombudsman (PPO)</i> <i>Supported by: NHS clinical reviewers</i></p>	10.7 - 10.9

12	<p>Ensure clinical reviewers with experience of the complex medical care provided in natural and other ‘non-natural’ deaths in prisons are included in processes of both clinical review and formulating recommendations.</p> <p><i>Primary target audience: NHS England and Health Inspectorate Wales</i> <i>Supported by: NHS clinical reviewers</i></p>	10.1 - 10.3 10.6 - 10.7
13	<p>Produce themed reviews on deaths within prisons. Identify local issues in individual prisons and general issues across the wider prison estate. Include all learning opportunities related to healthcare not just those directly related to the death. Use the clinical reviews, carried out as part of the Prisons and Probation Ombudsman (PPO) fatal incident report, to identify the themes.</p> <p><i>Primary target audiences: Prisons and Probation Ombudsman (PPO), NHS England, Health Inspectorate Wales</i> <i>Supported by: NHS clinical reviewers, prison healthcare staff, prison governors, HMPPS</i></p>	10.7
INFORMATION SYSTEMS AND DATA SHARING		
14	<p>Develop the information technology systems required for healthcare record-keeping in prisons, using feedback from those who use it for day-to-day delivery of healthcare to inform the developments.</p> <p><i>Primary target audiences: Commissioners, IT service providers, NHS England, NHS Wales</i> <i>Supported by: Prison governors, prison healthcare staff</i></p>	11.2 11.3
15	<p>Ensure prison healthcare and operational staff share information, to assist in the care of patients in the event of significant deterioration or a medical emergency.</p> <p><i>Primary target audience: Prison healthcare staff, prison governors</i> <i>Supported by: NHSE, HMPPS, CQC, HMIP</i></p>	11.4
FUTURE RESEARCH		
16	<p>Establish an ongoing programme of research to evaluate the healthcare needs of prisoners, to ensure prison healthcare services can provide safe and effective care.</p> <p><i>Primary target audiences: National Institute for Health Research, NHS England, Welsh Government</i> <i>Supported by: Prison healthcare staff, prison governors, HMPPS, CQC, HMIP</i></p>	All

The recommendations in this report support those previously made by other organisations, so for added value should be read alongside:

NICE: [NICE Guideline 57 - Physical health of people in prison](#)

NICE: [Quality standard 156 - Physical health of people in prison](#)

CQC/HMIP: [Prison Inspections](#)