Title: Two recent reports find that healthcare in prisons is poor: so how can it be improved?

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The global prison population numbers around 11.5 million people, (1) and as most prisoners are released, over 30 million people move between communities and prisons each year. (2) Prisoners experience a disproportionate burden of ill health, including high levels of long-term physical and mental illness, blood-borne virus infections and substance misuse. (3) Healthcare delivery is difficult in overcrowded, often outdated prison estates facing security, staffing, and funding challenges. (4) Prisoners experience variations in healthcare quality, (5) delays to assessment and treatment, (6) stigma and discrimination, (7) and poorer health outcomes, including excess mortality. (8) Health inequalities, including social exclusion, often persist whether people in contact with the justice system are living in custody or the community. (9) The principle of equivalence, that prison healthcare "should be of the same scope and quality" as services in the community, is well established (2) but remains aspirational.

Two organisations which review standards of care recently published hard hitting reports on healthcare in prisons in England and Wales. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) review of 'natural' and 'non-natural' deaths (cause accidental or unknown) (10) identified that 22.2% of deaths examined were avoidable and many were premature; the median age for 'natural' death in prisoners was 67.5 years versus 86.7 years in the general population. 'Natural' deaths may have been prevented by earlier identification of clinical deterioration, and 'non-natural' by addressing availability of illicit drugs in prisons. The report recommends improvements across six priority areas: healthcare assessment and monitoring, recognition of deterioration, transfer to hospital, cardiopulmonary resuscitation training, end of life care, and learning from clinical reviews.

The Independent Monitoring Boards (IMB) described inhumane conditions and treatment delays for men with mental illness, (11) with segregation units being used as 'holding bays' because of a lack of capacity in prison healthcare units and secure hospitals. Inappropriate, prolonged segregation; over 800 days in one instance, resulted in deteriorating health and behaviour. The IMB calls for an increased numbers of secure hospital beds, reinstatement of the proposed Mental Health Bill to accelerate transfers to hospital, and improved community mental health provision. Core to both reports is the issue of staffing; NCEPOD's primary recommendation is to provide enough, proficient prison healthcare staff, (10) the IMB describe how low staffing undermines care quality. (11)

Poorer health outcomes within prison are associated with how prison healthcare is organised, resourced, and staffed. (12) Though expertise, commitment and teamwork between prison officers and healthcare staff is recognised, (13) enduring issues surrounding recruitment, retention, and attrition of the combined workforce since 2010, partly through austerity, has led to destabilisation of prison regimes and healthcare. (14) Vacancies across prison healthcare are at an all-time high. (15) Chronic understaffing was a dominant organisational influence on quality of and access to healthcare in prisons in the North of England. (12) Combined with dependence on locum staff this can lead to reactive, crisis-led healthcare provision. (12) A lack of prison officers directly affects healthcare as staff are unable to escort prisoners to appointments, both within prisons and for emergency or routine hospital attendance. In 2017-18 40% of hospital outpatient appointments for prisoners in England and Wales were missed. (16)

Prison healthcare careers are often considered unappealing due to negative preconceptions, (17) a demanding, sometimes discriminatory environment (18) and an atypical career structure. There is no mandated training for prison healthcare. National Health Service (NHS) prison healthcare in England and Wales varies by site, and is delivered by competing NHS, private and third sector providers. The terms offered by some providers (including pension provision, sick pay, and holiday pay) compare

unfavourably with clinical careers in the wider NHS. Internationally there is limited published evidence on the impact of prison healthcare delivery governance on health outcomes. (19) Enhancing conditions for prison healthcare staff could improve prison healthcare. For example, promoting recruitment and retention through parity of terms across the NHS, enhancing patient and staff safety by increasing prison officer staffing, providing consistent training and development opportunities for healthcare staff, and developing a diverse, representative workforce through changes to NHS and prison culture. (20)

Both reports highlight serious shortcomings in the closed prison healthcare system where people largely depend upon a depleted body of healthcare professionals and prison staff to ensure their safety. The findings are of national and international salience, augmenting existing reports and guidance (15,21) and amplifying longstanding concerns that the UK government is in breach of duty of care towards prisoners. (22) Prison healthcare is in chronic crisis and bringing much needed change will require coordinated, evidence-informed action across sectors. For example, improving information sharing and addressing health inequalities via 'population health management' (23), and reducing the prison population, through changes to sentencing within existing guidelines, to divert resources from building more prisons to invest in prison healthcare. (24) Obstacles to change include political and societal indifference to prison healthcare, and failures in understanding the relationship between unmet health needs and reoffending. (25) High-quality contact with prison healthcare services provides a crucial opportunity to confront these needs and improve outcomes. A combined focus on prison health care staffing would drive additional gains.

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