

WRITTEN EVIDENCE SUBMITTED BY:

USER VOICE

SERVICE USER VIEWS ON PRISON HEALTHCARE

**FOR THE HEALTH AND SOCIAL CARE COMMITTEE'S
PRISON HEALTHCARE INQUIRY.**

MAY 2018

EXECUTIVE SUMMARY.

User Voice facilitates on-going, peer-led engagement with prisoner patients to gather their views and opinions on healthcare services across prisons in Kent, Surrey, and Sussex within a patient public voice project with NHS England. This report contains a summary of service users' experiences and insights in regard to the effectiveness of prisons and prison healthcare services in meeting the physical and mental health, and social care needs of prisoners. Evidence shared within this report has been collected within the recent six month period between October 2017 and March 2018.

From over 2,700 completed peer-led surveys and questionnaires in 12 different prisons, with prisoner patients across the male and female estate, with foreign nationals and youth offenders, service users have said there are -

- Multiple needs for healthcare in custody:
 - 99.6% need at least one type of healthcare service.
- Difficulties in accessing healthcare services:
 - 72.0% had difficulty accessing at least one type of healthcare service.
- Poor service quality in healthcare:
 - 53.9% rated at least one type of healthcare as poor.

In six months alone, 38 service user led proposals - highlighting healthcare issues, needs, and implementable solutions to improve services - have been put forward and accepted by key decision makers, namely senior prison and prison healthcare staff.

Healthcare issues most frequently addressed through proposals by prisoner patients to improve services pertained to –

- General practitioners (21.1%);
- Mental health services (18.4%);
- Dentists (15.8%).

Solutions most frequently suggested by prisoner patients involved –

- Reducing waiting times and revising appointment systems (59.5%);
- Shifting attitudes of healthcare providers (9.6%);
- Increasing access to and availability of prescribed medication (9.2%).

Through User Voice Health Councils, prisoner patients are now involved at all stages of the procurement cycle. Further representation of prison healthcare service users at NHS strategic and regional boards as well as local meetings is also on-going.

User Voice Health Councils are evidenced as an effective means to improve the identification of prisoners' healthcare needs and to improve the provision of healthcare services within the secure estate. By putting the service user at the heart of change, real impact has been achieved.

INTRODUCTION.

ABOUT USER VOICE.

User Voice is an ex-offender led charity founded in 2009. We are experts at gaining honest, authentic insight into the lives and views of the most marginalised and vulnerable people in and around the Criminal Justice System (CJS). User Voice is uniquely able to do this because all our delivery work is led by ex-offenders and we understand that people with convictions want to talk to those who have 'walked in their shoes' and experienced similar life events. User Voice's core belief is that rehabilitation only happens when everyone in the CJS shares responsibility for transforming the 'us vs. them' division into real collaboration. Our role is to improve rehabilitation through collaboration. From almost ten years of service user engagement for services within the CJS, projects undertaken by User Voice have positive impacts at both the system and individual level, including improved services in terms of effectiveness and accessibility, and the promotion of active citizenship with marginalised people becoming contributing members of society.

USER VOICE HEALTH COUNCILS.

Health Councils are based on User Voice's Council Model which runs in prisons and probation areas across the country, providing a mechanism for service users to be heard in an organised, democratic, sustained, and replicable way. This themed Council enables prisoners to be trained and supported as Health Council Members to consult prisoner patients on their experiences of health services from which they develop proposals that are put forward to healthcare providers, commissioners and prison staff at local prison Health Council Meetings.

In addition to the Council itself, User Voice assist NHS England to implement peer commissioning activities across the healthcare service procurement cycle.

SERVICE USER EXPERIENCES & INSIGHTS.

User Voice currently facilitates Health Councils across 12 prisons in Kent, Surrey, and Sussex, with additional Health Councils for the Vulnerable Prisoner wings in three prisons, totalling 15 Health Councils. The secure estates include those for males and females; for foreign nationals; and youth offenders.

For the six month period up to March 2018, the following data have been collected:

- 979 perception surveys have been collected from the prison population to measure prisoner patient experiences of accessing and being provided with healthcare services;
- 1,738 questionnaires have been collected as a means to canvas the prison community on their most pressing healthcare issues, and their suggested solutions to healthcare provision.

There have been 38 solution focussed proposals to address current issues with healthcare provision, which have been put forward in 22 Council Meetings, with all of the proposals accepted for implementation by key decision makers in the prisons over the six month period.

DEMOGRAPHICS.

The demographics of the prisoner patients who have provided insights in this report are as follows:

Figure 1. Service user demographics.

Category	Detail	Result
Gender	Male	80.1%
	Female	19.8%
	Other	0.1%
Ethnicity	Asian	9.9%
	Black	17.8%
	Dual Heritage	9.7%
	White	59.0%
	Other	3.6%
Age	Average	36.5
	Range	18 - 89

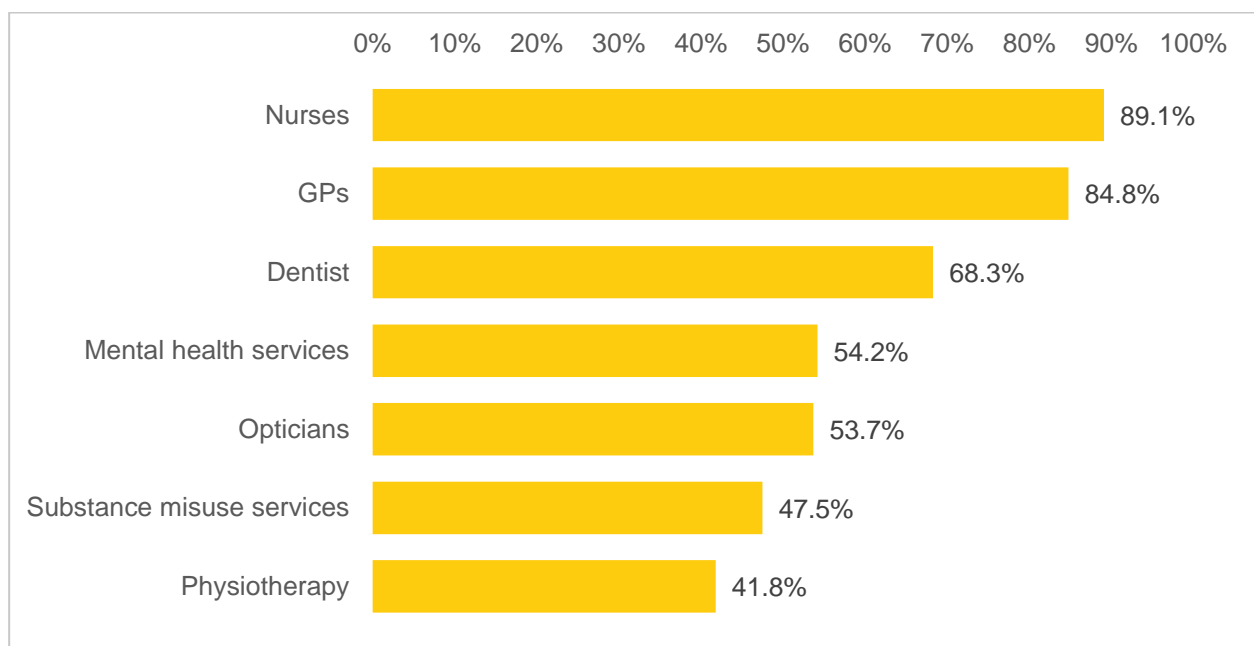
PRISONER PATIENTS' EXPERIENCES OF HEALTHCARE SERVICES.

Over the past six months in prisons across Kent, Surrey, and Sussex, perceptions surveys have been conducted to gauge prisoners' opinions on the ease of accessing healthcare services and their views on the quality of those services. In total 979 surveys have been completed.

HEALTHCARE NEEDS.

Almost all prisoners (99.6%) had received at least one type of healthcare service whilst in prison. The majority needed services from nurses (89.1%) and from general practitioners (84.8%).

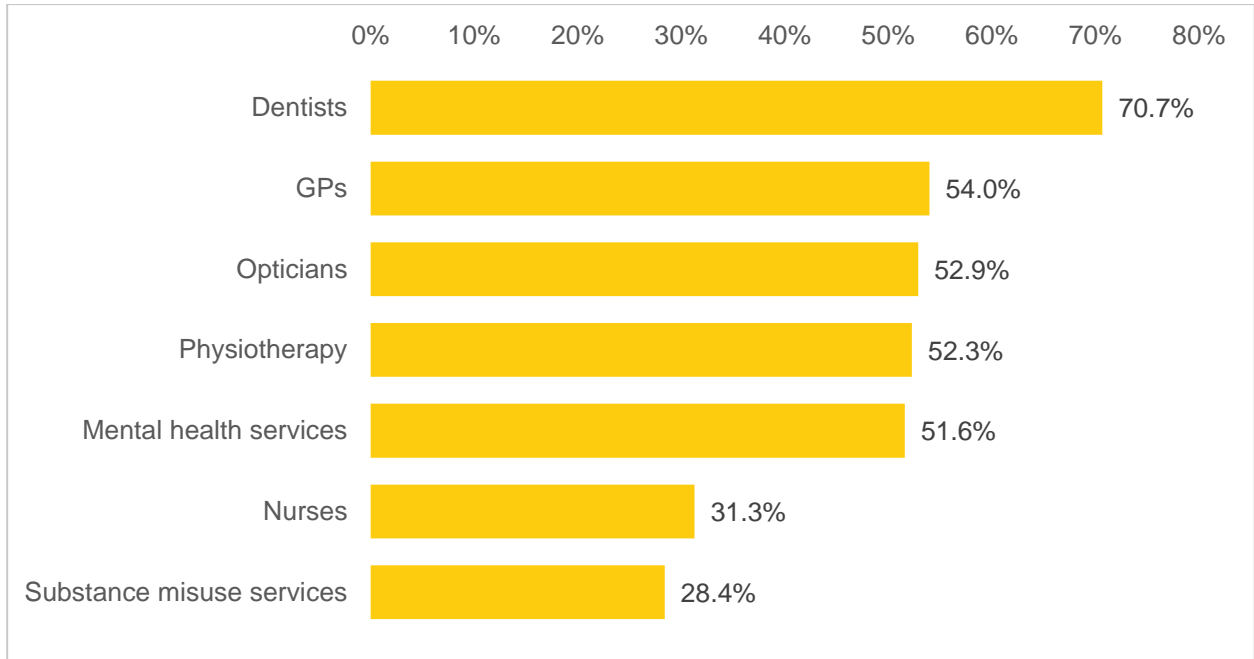
Figure 2. Services users needing healthcare services.



ACCESS TO HEALTHCARE.

Almost three quarters of the prisoners (72.0%) stated it was 'difficult' or 'very difficult' to access any type of healthcare. Dentists were found to be the most difficult to access by 70.7% of prisoners who needed the service.

Figure 3. Service users finding access to services difficult.



The main reasons given by prisoner patients for access difficulties was due to long waiting lists and ineffective appointment systems as exemplified by the responses:

“Been on the waiting list for the dentist for 6 months.”

“I had to wait 4 months for a doctors appointment and had 7 appointments cancelled.”

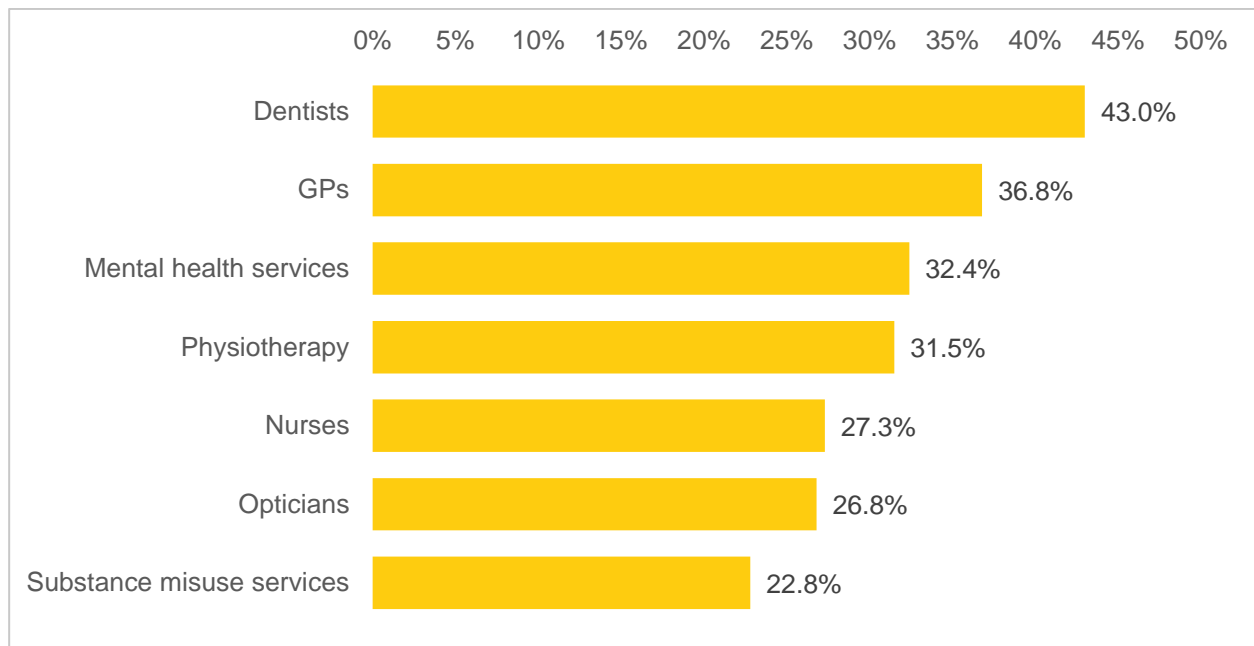
“Appointments difficult. Appointment slip comes after the appointment.”



QUALITY OF HEALTHCARE SERVICES.

More than half the prisoners (53.9%) provided negative feedback on the quality of healthcare across any one of the types of services. Dentists were found to offer the lowest quality of service, with almost half the prisoners (43.0%) who accessed dentistry services stating the quality was 'poor' or 'very poor'.

Figure 4. Service users finding the quality of services poor.



Complaints about healthcare services focussed on unresolved health issues; the disrespectful attitude of healthcare providers; and unavailable prescribed medication as mentioned in the service users' responses:

"Your left feeling second class and often poor diagnosis if given leaving the health issues getting worse."

"The nurses...are not helpful at all and got bad attitude and they act unprofessional towards the prisoners."

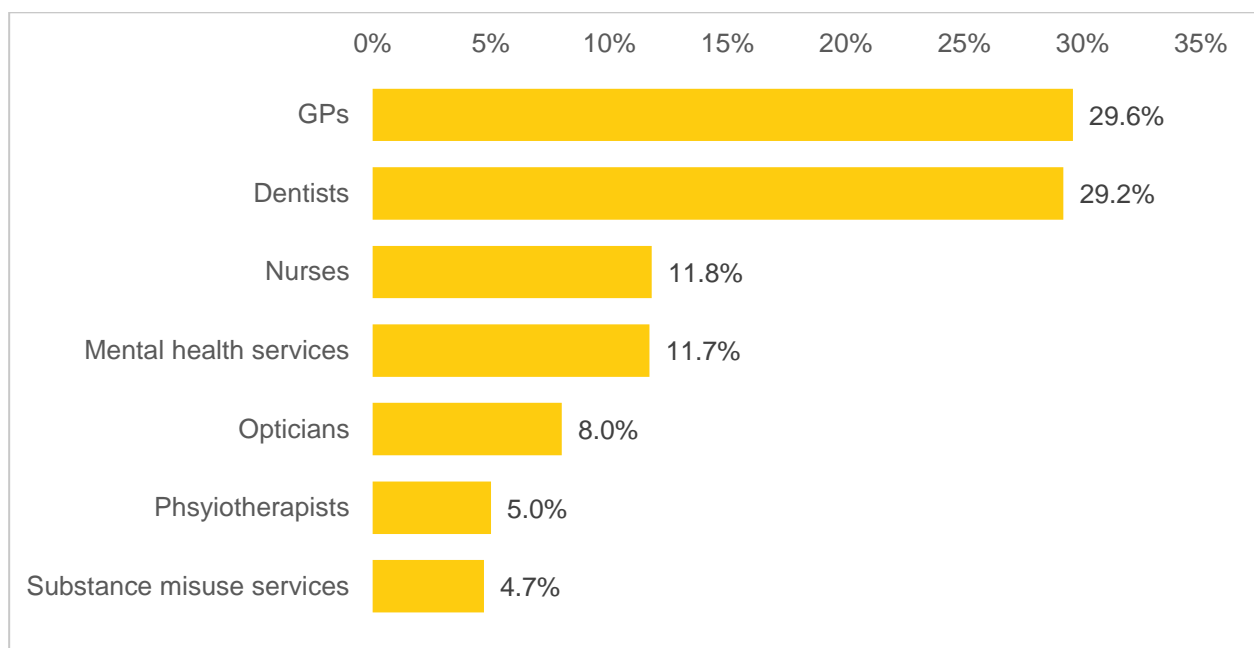
"Some doctors can be very rude and not interested. Sometimes prescribed medication but when I go to collect it, the nurses say I have not been prescribed it."

Positively though, one in five prisoner patients (20.9%) rated the healthcare service as 'good' or 'very good'. The services with the highest proportions of positive experiences were nurses (51.6%); substance misuse services (49.2%); and opticians (44.2%).

PRISONER PATIENTS' ISSUES WITH HEALTHCARE SERVICES.

Through 1,738 questionnaires completed by prisoner patients recently, almost a third of the current issues identified with specific improvements were for services from general practitioners (29.6%) and dentists (29.2%).

Figure 5. Service users' main issues identified for improvements.



Similarly with the responses from perception surveys, reasons for raising the immediate issues pertained to access and quality.

"It takes weeks or months to see a doctor and when you do, the doctor will only treat you for only one thing, and if you have something else to ask about, the doctor will tell you to book another appointment."

"Trying to see a dentist is near enough impossible and when I did go for a check-up he missed the fact I needed fillings."

Waiting times and appointment systems were cited in more than half the responses (59.5%). Other frequent complaints were around the attitude of healthcare providers (9.6%); the accessibility of prescribed medication (9.2%); and specific situations when healthcare needs of the prisoner patients were not met (7.9%).

"I had been waiting 3 months for an appointment to find out I was put on the wrong list."

"They are rude. Never have the time for us. Attitudes need to change. We get to a point that we cannot talk to them or ask a question. If we do the reply is 'I don't have time' with an attitude."

"There are over 20 items on my repeat [prescription] and every month stuff is missing and takes around a week to rectify. Last month it took 2 weeks and this month 10 days."

"I sent in an application to request to see someone to help me with my anxiety and depression and I was turned away."

SERVICE USER SOLUTIONS FOR IMPROVING HEALTHCARE.

In the six months up to March 2018, 38 proposals for improvement were put forward at 22 Health Council Meetings, all of which were accepted by key decision makers for implementation in the prisons. The democratically identified issues with prison healthcare service provision through the Health Councils have often focussed on general practitioners (21.1%); mental health services (18.4%); and dentists (15.8%). Examples of proposals and implemented solutions to improve the services are:

Theme	Proposal	Outcome
General Practitioners	Improve access and quality of GP service for service users for whom English is not their first language.	<ul style="list-style-type: none"> • Introduction of an appointment slip system which enables service users to request a translation service.
Mental Health	More options for mental health support.	<ul style="list-style-type: none"> • Mental Health Champions trained and introduced. • Mental health peer groups organised by healthcare reps. • Introduction of wellbeing classes.
Dentists	A review of dentist services to reduce dentist waiting times and improve the overall service through longer sessions.	<ul style="list-style-type: none"> • Commissioner added extra dental session to reduce waiting list. • Reviewed current dental waiting list to arrange more availability.
Nurses	Reinvigoration of NHS' 6 Cs (Care, Compassion, Competence, Communication, Courage, and Commitment) with nurses to improve attitudes.	<ul style="list-style-type: none"> • Meeting held between nurses, healthcare leads, User Voice, and healthcare reps to discuss nurses' attitudes and encourage best practice with the 6 Cs.

From analysis of the service user led proposals suggested, almost one half of the solutions (47.4%) incorporated peer involvement or support mechanisms, and over a quarter of proposals (26.3%) included improvements in awareness and communication for service users and/or service providers.

IMPACT OF HEALTH COUNCILS.

Health Councils have two main areas of impact evidenced through evaluative activities with service users; service providers; and other stakeholders. Firstly, the positive, personal changes realised by the prisoner patients directly involved with the Health Councils. Secondly, the impact of service user led proposals implemented within prisons bringing about improvements to healthcare systems and services.

PRISONER PATIENTS' PERSONAL DEVELOPMENT.

The most recurrent change for prisoners as Health Council Members is their increased confidence to take on tasks and responsibilities (93.0%). Health Council Members are also able to work with others better (90.7%) and have improved communication skills (88.4%). Most importantly in terms of rehabilitation, the majority of Health Council Members (86.0%) are working harder to change their life.

IMPROVING PRISON HEALTHCARE SYSTEMS & SERVICES.

All types of stakeholders have provided evidence on the importance and impact that Health Councils have in improving healthcare systems and services across the secure estate.

"It shows me that things can change when you put in the work, which is an experience in itself."

(Service user)

"The overall approach of looking for solutions rather than creating a laundry list is what people find most useful. Actually 9 times out of 10 the solutions are actually fairly quick wins, and easy to implement which is why I think the prisoners feel there is some faith there."

(Prison staff member)

"Good to hear the feedback from prisoners. It has helped to change healthcare policy."

(Healthcare service provider)

SERVICE USER INVOLVEMENT IN PROCUREMENTS.

Through the Health Councils, User Voice and NHS England have also enabled service users to be involved throughout the procurement cycle of healthcare services in the male and female secure estate across Kent, Surrey, and Sussex. Six procurements and one re-issue with service user involvement has included services for primary healthcare; substance misuse; mental health; and learning disabilities.

Service user involvement has consisted of conducting focus groups with users in each prison that is published alongside the specification; setting service user related questions for the tender; bidders' visits where commissioners have requested the service users meet potential bidders; evaluating bidder responses; and in the mobilisation of new services.

As a service user led organisation, User Voice have been able to successfully and meaningfully engage the prison population with procurement processes. A key benefit has been the ability to add service user insight to the commissioning of healthcare services via an independent body, and ensure the involvement goes beyond tokenism.

*"You're conducting a mini consensus meeting with the prisoners which is totally invaluable, which I can't do, and without your input then we wouldn't be able to do it...absolutely invaluable."
(Clinical Procurement Manager)*

*"It's obviously for the service users and for their benefit, and 100% we need their input into this process, and obviously it is absolutely crucial that we have that input from them, and this particular model enables us to do that."
(Senior Clinical Procurement Manager)*

The importance and benefits were also recognised by the service users involved.

*"1) Improve future services. 2) Improve future quality of care. 3) Give us [prisoners] more confidence to voice our concerns in future decision making."
(Service User from Procurement Focus Group)*

*"As the concerns come from the residents it's important that they as well as we choose an effective service provider."
(Service User from Procurement Focus Group)*

SERVICE USER REPRESENTATION.

As the Health Councils within the secure estates in Kent, Surrey, and Sussex have evolved, there have been an increasing number of examples of how the culture of service user involvement has begun to really take hold and change the environment and attitude within prison healthcare services.

From the contributions made by Health Council Members at the Health Council Meetings, these service users have since been invited to sit on the Drugs Strategy Board at one prison, whilst at another site Health Council Members will now be attending the quarterly Health Improvement Plan (HIP) meetings. Additionally, User Voice staff with lived experience of the Criminal Justice System have regularly attended the HMPPS Regional Smoke-Free Implementation Board meetings to ensure the voice of the service-user is heard by the key decision makers present from NHS and HMPPS.

“One of the most successful parts of the User Voice project for us, is it does what it says on the tin so prisoners feel they have a voice within the jail and it’s supported by an independent company.”
(Prison Staff Member)

In addition to this written evidence, User Voice would welcome the opportunity to arrange for recent service users of healthcare in prisons to submit oral evidence as part of the Health and Social Care Committee’s Inquiry.

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