

Briefing for the Criminal Justice Committee on Health Inequalities in Scottish Prisons

This briefing was prepared by Voluntary Health Scotland on behalf of the CPG on Health Inequalities.

February 2023

The CPG on Health Inequalities met on Tuesday 7 February to discuss the health inequalities experienced in Scottish Prisons. The meeting was chaired by Brian Whittle MSP, Co-Convenor of the CPG, and Audrey Nicoll MSP, convenor of the Criminal Justice Committee, was in attendance. The CPG on Health Inequalities has over 90 external organisations as members and that 71 people were in attendance at the meeting. We were joined by:

- Wendy Sinclair-Gieben, HM Chief Inspector of Prisons, Scotland
- David Logan, Outside Voices, Families Outside
- Toni Groundwater, Families Outside

At the meeting the group agreed to write to the Criminal Justice Committee highlighting the key issues discussed to inform the committee's Budget Scrutiny 2023-24 and elements of the Bail and Release from Custody (Scotland) Bill. This briefing provides a short summary of the key points raised and our asks of the committee as part of its ongoing work-programme.

Brief Summary of the meeting:

During the meeting Wendy Sinclair-Gieben and David Logan spoke about the barriers some people experience in accessing healthcare while in prison and the inconsistent provision across different health boards. Some of the key issues identified were:

- **Prison Demographics:** The change in demographic we have seen in recent years in the prison population. The population is increasingly older with all the health needs and conditions which come with an older population. However, the prison service is not always well enough equipped, resourced or trained to support people with long-term conditions, multi-morbidities or mental health issues. We heard during the meeting that the prison estate is also ill-equipped to support or even house prisoners with disabilities.
- **Staff Shortages:** We heard that staff shortages contribute to barriers in accessing healthcare in prison. Wendy explained mental health screening varies from prison to prison and sometimes staff shortages mean screening isn't necessarily carried out by a mental health practitioner. We also heard the wait time for a GP appointment can vary from one week in some prisons and 22 in others.
- **Preparing for Liberation:** Audrey Nicoll MSP highlighted the Criminal Justice Committee had investigated inconsistent prescribing practices and access to prescriptions on liberation. The CPG looks forward to hearing more about the committee's work on these areas. During our meeting we heard there are still issues when prisoners change GP between health boards where prescribing practices are often different. This can be especially problematic for prisoners who are recovering from drug and alcohol addiction if medication must be altered.

- **Patient Transport:** Insufficient and inconsistent access to patient transport is a clear and avoidable driver of health inequalities in Scottish Prisons. The CPG heard significant concerns about the lack of patient transport due to staff shortages and sometimes scheduling issues. We heard real life examples about how this can significantly impact the health outcomes of prisoners with long-term conditions if they are forced to miss an appointment due to a lack of service provision. For patients who regularly rely on patient transportation for check-ups or continuous care such as dialysis, this is a significant issue that needs urgently addressed.
- **Mental Health:** We heard there is a real gap in training for prison staff in supporting people with mental health issues in prison. Additionally, Wendy raised significant concerns about the use of place of safety orders to place people in prison when there isn't an in-patient bed available for them in the community.
- **Chronic Kidney Disease:** There were questions asked about what is being done to identify, address and manage chronic kidney disease in prisons. Concerns were raised about implications for patients when there is insufficient patient transport for dialysis. Additionally, it was highlighted that people with chronic kidney disease need access to a specific diet. We understand Kidney Care UK will write to the committee outlining these issues in more detail.
- **Data Gaps:** We heard multiple concerns about access to quality data on the prison population. Wendy explained the IT systems haven't kept up and information sharing is a real issue especially into communities and with families.
- **Family Involvement:** The CPG heard from David Logan, Outside Voices, who's son is in prison, about the significant barriers families face accessing information when trying to care for and advocate on behalf of their loved ones in prison. This causes families constant stress, worry and impacts their own mental health just trying to access information about their loved one's wellbeing.
- **Nutrition and health:** David noted there was no statutory quality to be met for food in prison, but he understands HMIPS was working on this. We hope the committee will keep up with the progress of this work. Ultimately, David felt the punishment for crime was supposed to be a loss of liberty, not loss of sleep, nutrition or healthcare. The multiple barriers in place for prisoners in accessing healthcare services is exacerbating health inequalities.

Our key asks for the committee to consider as part of its Budget Scrutiny and future work programme:

- Urgently call on the Scottish Government to undertake workforce capacity modelling on healthcare provision in prisons and look into why staff leave the service. We heard a staff needs assessment had not taken place since the NHS took over service provision in November 2011, so this is well overdue.
- To review the model of healthcare in prisons.
- Advocate to remove the punitive aspect of addiction in prisons and provide sufficient funding for recovery.
- Investigate the over-reliance from the NHS on the prison service to provide beds through place of safety orders.
- Advocate for investment in IT systems to improve data sharing in the Scottish Prison Service and with NHS and community stakeholders.

- Explore the suggestion from Scottish Families Affected by Alcohol and Drugs about introducing a presumption of informed consent for family involvement in prisoners' wellbeing, instead of the current "opt-in" system. To better allow for communications between the prison service, families and their loved ones.

More detailed information about the discussion during the meeting and the presentations are available here: <https://vhscotland.org.uk/cpg-health-inequalities-february-2023-meeting/>

We understand more member organisations from the CPG on Health Inequalities may write to the committee. Any briefings which are sent to Voluntary Health Scotland will also be [accessible on our website](#).

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