



## THE HEALTH CARE NEEDS OF PEOPLE WITH CKD IN SCOTTISH PRISONS

[Kidney Care UK \(KCUK\)](#) are the UK's leading kidney patient support charity. We provide [practical](#), [financial](#) and [emotional](#) support for kidney patients and their families and campaign to improve patient services and support across the UK.

We ask the Justice Committee to urgently address the health care needs and experiences of people with [chronic kidney disease](#) (CKD) in the Scottish prison population.

### **Why the Justice Committee should urgently consider the health needs of people with CKD in the Scottish Prison Population**

- CKD costs the NHS in the region of £1.5 billion a year.
- There are currently around 3.5m people in the UK with CKD and an estimated 176,000, or more, people in Scotland who have been diagnosed with CKD for which there is no cure.
- 40-45,000 premature deaths occur annually in the UK due to CKD.
- Over 2,000 people in Scotland are currently on dialysis.
- The number of people with CKD will grow significantly in Scotland and in the Scottish prison population over the next decade due to the expected increase in key risk factors such as diabetes, high blood pressure and cardiovascular disease.
- Poverty and social deprivation are major risk markers for CKD as is ethnicity. Black, Asian and minority ethnic communities are five times more likely to develop CKD than other groups.

### **What must be addressed and would benefit from scrutiny by the Justice Committee**

- **The prevention of CKD and control of the progression of CKD are vital** -Diabetes and high blood pressure are two main risks for developing CKD. Regular screening, monitoring and control of these conditions among the Scottish prison population is vital to reduce the incidence of CKD and to detect CKD early so that it can be successfully managed. While diabetes and high blood pressure are leading causes of CKD, CKD can also lead to these conditions. More people with CKD die from cardiovascular disease than from end stage kidney failure. Therefore, there must be scrutiny of what is being done to promote early detection and treatment of CKD in the Scottish prison population.
- **Early detection of CKD is vital** - More needs to be done in Scottish prisons to ensure early detection of CKD, including annual testing of those prisoners in high-risk groups. Where progression of CKD can be slowed, or even halted, this will ensure there are fewer people in the prison population needing lifesaving dialysis which has a high personal, emotional, social, capacity limiting and financial cost.

- **Regular monitoring to identify and control the progression of CKD must be introduced** - Recent audits (in which KCUK played a part) found that only 54% of people with diabetes, at high risk of CKD, received the NICE recommended urine tests to detect early kidney problems and only 25% of people with CKD had the NICE recommended annual kidney test, to monitor the disease and identify those at risk of progression to kidney failure. Therefore, scrutiny is required not only of why this is not happening in the population as a whole, but why this is also not happening in the prison population.
- **Biopsychosocial support** – People with CKD often do not have access to the biopsychosocial support they require. Consistent and appropriate measures and strategies must be in place to address the urgent and vital need for biopsychosocial support for people with CKD across all prisons in Scotland. Physical activity, mental health support and social care all play a big part in a person’s likelihood to develop CKD complications and there is enormous variation in getting this support for prisoners.
- **Access to medication** – Prisoners with CKD must have regular and consistent access to the medications they require to manage and control their CKD.
- **Access to dental care** - People with kidney disease and those on dialysis are more likely to have periodontal disease and other oral health problems than the general population. It is important that those people with CKD within the Scottish prison population have regular access to dental health checks up.
- **Transport:** There is a vital need to ensure that there is consistent, reliable and appropriate transport in place to take prisoners with CKD to and from vital medical appointments. Prisoners with CKD who are on dialysis will be receiving in-centre dialysis on average three times a week. They cannot miss these appointments.
- **Diet:** Foods appropriate for people with CKD must be available in Scottish Prisons. Avoiding foods high in sodium, potassium, and phosphorus can prevent, or even delay, a range of health problems from CKD.
- **Living conditions** - people with CKD are more likely to feel the cold because of anaemia, and prone to infections. For example, they have a higher risk of hospitalisation and mortality than others, their living accommodation in prison should take this into consideration.

### Why the Justice Committee needs to act now to address CKD in the prison population in Scotland

- CKD is a leading cause of premature death, health inequality and financial burden upon the NHS. Addressing and monitoring measures to prevent, identify and successfully manage the progression of CKD in the Scottish prison population so that fewer people will experience end stage renal failure are not only vital to improve individual health and wellbeing, but also to reduce the huge financial costs it places on the NHS and the Scottish economy.

**Fiona Loud**

*Fiona Loud*

**Director of Policy**

[Fiona.loud@kidneycareuk.org](mailto:Fiona.loud@kidneycareuk.org)

**Judith Connell**

*Judith Connell*

**Policy Officer for Scotland**

[Judith.connell@kidneycareuk.org](mailto:Judith.connell@kidneycareuk.org)

**Kidney Care UK** 3 The Windmills, St Mary’s Close, Turk Street, Alton, GU34 1EF

T: 01420 541424 | F: 01420 89438 | [info@kidneycareuk.org](mailto:info@kidneycareuk.org) | [kidneycareuk.org](http://kidneycareuk.org)

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