



# Public Health Wales Response to the Health, Social Care and Sport Committee inquiry into provision of health and social care in the adult prison estate

Public Health Wales welcomes the opportunity to respond to the Health, Social Care and Sport Committee inquiry into provision of health and social care in the adult prison estate.

This response features contributions from our Health Protection division, National Safeguarding Team, Diabetic Eye Screening Wales (DESW) and Wales Abdominal Aortic Aneurysm Screening Programme (WAAASP). Background context regarding these services is [available via our website](#) should it be required.

## 1 Response to the specific areas of inquiry

### 1.1 Section 1: The effectiveness of current arrangements for the planning of health services for prisoners in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

- 1.1.1 Oversight for local delivery of prison health services is held by the Health Boards, there is currently no structure for national oversight.
- 1.1.2 Lack of a national oversight means there is often no clear process for obtaining national agreement on prison health related matters. Each prison health service has different policies and pathways for issues such as prescribing, screening, and substance misuse. This means patients will receive a different service depending on where they are located.
- 1.1.3 Those in prison move frequently between prisons. A structure to provide national oversight would support health service planning based on the needs of individuals as they move across the prison estate in Wales,

rather than focusing only on their immediate needs at one site. We recognise that local models of delivery will still be needed.

- 1.1.4 Due to the lack of national oversight, it is unclear how health recommendations from prison inspections or ombudsman's reports are considered beyond the individual prison, as many of these lessons could be shared across sites.
- 1.1.5 Public Health Wales is in full support of the Welsh Government's plans to establish national oversight for prison health and would support its swift implementation.
- 1.1.6 Demographic data on the prison population and future projections for the population published by the Ministry of Justice are rarely disaggregated to a Welsh level. Requests for basic Welsh population data from Her Majesty's Prison and Probation Service to support health service planning are underway although the process is often lengthy.
- 1.1.7 Disaggregation of Welsh level data within all published Ministry of Justice and Her Majesty's Prison and Probation Service reports would help local understanding of the needs of the prison population in Wales.

## **1.2 Section 2: The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons**

- 1.2.1 The evidence is clear about the increased complex health and social care needs of those residing in prisons, compared to the general community<sup>1</sup><sup>2</sup>.
- 1.2.2 The prison setting provides an opportunity to address complex health issues and contribute towards reducing inequalities. However, community services also have a key role in supporting the needs of vulnerable individuals before and after prison. Prison (or imprisonment) should not be solely relied upon to address multiple and complex needs which often stem from the community.
- 1.2.3 The numbers of men held in prisons in Wales has increased over the last decade. Recent figures on prison overcrowding demonstrate that three

<sup>1</sup> <http://www.revolving-doors.org.uk/file/2049/download?token=4WZPsE8I>

<sup>2</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0005/249188/Prisons-and-Health.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf?ua=1)

Welsh prisons (HMP Swansea, HMP Usk/Prescoed, and HMP Cardiff) are within the top twenty prisons in England and Wales in terms of prison population relative to certified normal accommodation<sup>3</sup>. This creates increased demand on prison health services.

1.2.4 The rapid movement of men between prisons and between prison and community often with very short or no notice has implications for the ability to provide seamless continuity of care for all areas of healthcare. This could be vastly improved if prisons health services could be supported to:

- Have access to NHS numbers for those held in prison;
- Have access to SystemOne outside of the prison setting, particularly for secondary care teams providing specialist care and GPs providing out-of-ours cover;
- Improve communication between justice and health services on release dates and release plans for men held.

1.2.5 In some areas, the health needs of those in prison are met very well, in other areas we do not think prison healthcare services are able to meet the needs of those detained. The following items are presented to demonstrate this:

### **Blood borne viruses (BBVs)**

1.2.6 Prisons are globally recognised as high-risk settings for communicable disease and should be offering routine screening, treatment, and vaccination<sup>4</sup>.

1.2.7 Prisons in Wales excel in the routine delivery of hepatitis B vaccinations, providing protection to a high-risk population in Wales. In 2013-2017, the number of vaccine doses administered monthly in Welsh prisons averaged as 326. Coverage of the full vaccine course increased from 29% of prison admissions in 2013 to 40% in 2017. Coverage across all prisons in Wales

<sup>3</sup> <https://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>

<sup>4</sup> <https://ecdc.europa.eu/sites/portal/files/documents/Active-case-finding-communicable-diseases-in-prisons.pdf>

decreased in the second half of 2017 in line with the global hepatitis B vaccine shortage<sup>5</sup>

- 1.2.8 Prisons are a crucial setting to contribute towards the elimination of hepatitis C virus (HCV) in Wales<sup>6</sup>. Since 2010 BBV, testing has become a routine part of prison health provision. In November 2016, Welsh Government issued a formal policy move to opt-out testing for BBVs for all those on admission to prison. All prisons in Wales offer BBV screening although levels of delivery remain varied.

Requesting site	Individuals attending, per year			
	2015	2016	2017	Total
H.M. PRISON BERWYN	0	0	264	264
H.M. PRISON CARDIFF	238	885	1290	2413
H.M. PRISON PARC BRIDGEND	398	857	1463	2718
H.M. PRISON PRESCOED	98	114	196	408
H.M. PRISON SWANSEA	0	4	162	166
H.M. PRISON USK	71	255	71	397
<b>Total</b>	<b>805</b>	<b>2115</b>	<b>3446</b>	<b>6366</b>

\*excluding attendances where patients were not tested for HCV antibody, HBV or HIV Ag/Ab

**Table 1 - Number of individuals attending BBV services in each prison in Wales, 2015-2017**

- 1.2.9 Table 1 shows the number of individuals attending BBV services in each prison in Wales 2015-2017. The table demonstrates an increase in the number of men testing since November 2016 when opt-out screening was introduced. Mean prevalence of hepatitis C antibody was 10% in 2015, 7% in 2016 and 10% in 2017.
- 1.2.10 Despite good progress, implementation of opt-out testing across prisons remains variable and many men appear to be untested. The setting of a staggered target for BBV screening in prisons is being considered. As yet, prisons in Wales have increased testing rates without any additional direct

<sup>5</sup> Perrett S, Cottrell S & Shankar A (2019) Hepatitis B vaccine coverage in short and long stay prisons in Wales, UK, 2013-2017 and the impact of the global vaccine shortage. Accepted for publication in Vaccine.

<sup>6</sup> <https://gweddill.gov.wales/docs/dhss/publications/171016whc048en.pdf>

resource. Adequate resourcing of prisons to support continued increase in prison testing needs to be considered.

- 1.2.11 The ability to further increase opt-out testing is affected by prison health staffing levels, technological barriers to the sharing of clinical records between prison and community and reliance on custodial services to provide patient escorts to clinics and supervision during clinics.
- 1.2.12 The rapid movement of men in and out of prison, particularly in local remand prisons in Wales, results in men often having moved on before receiving blood results or before they are able to see a specialist team. This creates an administration burden in terms of forwarding and receiving clinical records at the same speed of the patient's movements between services.
- 1.2.13 All prisons in Wales offer treatment for BBVs. Specialist nurses run clinics within each prison to see those testing HCV positive. Portable scanners used within prisons mean that in the majority of cases, individuals can transition from testing to treatment without the need to leave the prison.
- 1.2.14 Treatment completion for HCV is again challenged by the movement of men across the estate, often with very short or no notice. In several instances, medications have not followed the patient. Interruptions to treatment for hepatitis C (and other conditions) are concerning especially where implications for drug resistance exist.

## **Tuberculosis**

- 1.2.15 In 2018, Public Health Wales supported a pilot of IGRA screening for latent tuberculosis infection (LTBI) at HMP Cardiff, in line with NICE guidance on TB<sup>7</sup>.
- 1.2.16 Just under 600 men were screened within an 8-week period. LTBI positivity was found to be 7.1%<sup>8</sup>. This was higher than expected given Wales is considered a low prevalence country for TB, but demonstrates those in prison in Wales remain a high-risk group for TB.
- 1.2.17 One case of active TB was identified via X-ray, the patient was asymptomatic. This demonstrates the value of using chest X-ray within the prison setting to case find for active TB, as recommended by NICE. With the exception of HMP Berwyn, prisons in Wales are not equipped to

<sup>7</sup> <https://www.nice.org.uk/guidance/ng33>

<sup>8</sup> <https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdy219/5273169>

provide X-ray services within the prison. Whilst HMP Berwyn has, X-ray facilities they are not currently used to routinely screen for TB.

1.2.18 Of the 40 men who were positive for LTBI, only one third completed treatment. Treatment outcomes were negatively impacted by:

- The movement of men across the prison estate (the majority of those completing treatment had remained in the same prison for the duration of treatment);
- The capacity of specialist secondary care TB/respiratory teams to go into prisons to see patients or run clinics;
- Difficulty in locating patients in the community after release.

1.2.19 The pilot demonstrated prisons in Wales remain high-risk settings for TB however, they do not currently have capacity to deliver mass screening or follow up on the number of positive results generated.

## Sexual Health

1.2.20 The Review of sexual health services in Wales<sup>9</sup> identified that provision of sexual health services in Wales was variable across the prison estate and was not comparable to services offered in the general community.

1.2.21 Prison populations were found to be disadvantaged through lack of service provision. Two recommendations were made specifically for prisons:

- To address the sexual health of the prison population and address the inequity between the prison sexual health services and between prisons and outside community;
- To increase capacity in prisons through the provision of more drop in clinics.

1.2.22 Public Health Wales have employed a nurse on secondment to scope current service provision for sexual health in each prison in Wales and suggest ways forward.

1.2.23 Currently each prison in Wales has different arrangements for providing sexual health services to men in prison. The review has found that all prisons in Wales have waiting lists for patients to be seen by sexual health services. The NICE quality standards for sexual health state that anyone

---

9

<http://www.wales.nhs.uk/sitesplus/documents/888/A%20Review%20of%20Sexual%20Health%20in%20Wales%20-%20Final%20Report.pdf>

who requests a sexual health appointment should be seen within 48 hours<sup>10</sup>, patients in prison will typically wait longer than this.

- 1.2.24 Work is being carried out to adapt current methods being used in the community to improve access to testing for sexually transmitted infections in the prison environment, for instance self-testing.

### **Substance Misuse**

- 1.2.25 Those in prison are more likely to have used drugs compared with the general population, and they are more likely to have engaged in risky forms of drug use, such as injecting. Although some prisoners do stop or reduce their use of drugs on prison entry, others initiate drug use or engage in more damaging behaviours when they are incarcerated.<sup>11 12</sup>
- 1.2.26 WEDINOS is a Welsh Government funded, Public Health Wales managed, substance testing and harm reduction project. Since November 2013, WEDINOS has been receiving and analysing samples of non-attributable and non-forensic / evidential finds from Her Majesty's Prisons within Wales to evidence trends in substance use and inform services within the prison setting.
- 1.2.27 Comparisons between Welsh prisons show distinct differences in the substance samples submitted to WEDINOS:
- In the Category B prisons the majority of substances identified were medications,
  - In Category B/C prisons there is a high submission of substances controlled by the Misuse of Drugs Act 1971 alongside medications used for opioid substitution therapy i.e. buprenorphine.
  - Within Category D a more diverse range of substances were identified, including medications, substances controlled by the Misuse of Drugs Act and the Psychoactive Substances Act 2016.
  - Synthetic Cannabinoid Receptor Agonists (SCRAs) and Image and Performance Enhancing Drugs were identified in all of the prisons.<sup>13</sup>

Public Health Wales reports on a monthly basis to Her Majesty's Prison and Probation service (HMPPS), describing the results of analysis,

<sup>10</sup> <https://www.nice.org.uk/guidance/qs178/documents/draft-quality-standard>

<sup>11</sup> EMCCDA (2012) Prisons and drugs in Europe: the problem and responses; [http://www.emccda.europa.eu/system/files/publications/747/TDSI12002ENC\\_399981.pdf](http://www.emccda.europa.eu/system/files/publications/747/TDSI12002ENC_399981.pdf)

<sup>12</sup> Lukasiewicz, M. et al. (2007). Prevalence and factors associated with alcohol and drug-related disorders in prison: A French national study. Substance Abuse Treatment, Prevention, and Policy, 2, Article ID 1

<sup>13</sup> Personal correspondence with WEDINOS project, 8th May 2019

highlighting the most commonly identified substances, trend related data. This is accompanied by relevant and pragmatic information, specific to those substances identified.

- 1.2.28 In 2009, Substance Misuse Treatment Framework<sup>14</sup> was published by Welsh Government detailing best practice guidance in relation to the treatment of offenders with substance misuse problems across Wales. The guidance details practice in relation to; community settings, prisons, and resettlement. However, updated guidance would better reflect changes in service structures, drug markets, and current best practice evidence base.
- 1.2.29 In Wales, strategic direction, commissioning and work programme for substance misuse is determined by Substance Misuse Area Planning Boards (APBs) situated within each of the seven Health Boards. APBs work across partner agencies to ensure that all substance misuse services form part of an integrated care pathway and holistic provision of service, based upon the needs of the local populations and informed by national guidance. Representation of prison health on each of the seven APBs would support continuity of care between prison and community settings for those who use substances. Currently, equitable representation of prison health services across all APBs is unclear.
- 1.2.30 In Wales a range of case management systems designed to coincide with local delivery models operate within substance misuse services. Currently no single system exists between community substance misuse and prison health services.
- 1.2.31 Active screening of individuals who use substances is an essential component in achieving WHO elimination targets of hepatitis C in Wales<sup>15</sup>. Currently in Wales diagnostic Blood Borne Virus screening is available from within all substance misuse services. In 2016, Welsh Government Substance Misuse Delivery Plan (2016-18)<sup>16</sup> outlined the introduction of opt-out testing for BBVs, and HBV vaccination for all those in contact with community, open-access and criminal justice substance misuse services. To support ongoing activity a national Key Performance Indicator was

---

<sup>14</sup> Welsh Government (2009). Substance Misuse Treatment Framework: Guidance on best practice for the treatment of offenders with substance misuse problems. <https://gov.wales/sites/default/files/publications/2019-02/treatment-of-offenders.pdf>

<sup>15</sup> Public Health England, Health Protection Scotland, Public Health Wales, and Public Health Agency Northern Ireland. Shooting Up: Infections among people who inject drugs in the UK, 2016. London: Public Health England, November 2017

<sup>16</sup> Welsh Government (2016), Substance Misuse Delivery Plan 2016 - 2018. <http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/dplan/?lang=en>



introduced in April 2019, outlining all clients in contact with all substance misuse services are routinely tested on at least an annual basis.

- 1.2.32 Following release from prison, individuals who use drugs are at increased risk of fatal and non-fatal drug poisoning. As such prisons continue to be a crucial setting for the provision of harm reduction and overdose prevention interventions to those at risk of substance use upon release. For example, Take Home Naloxone programmes established within Welsh prisons continue to support increases in coverage of training and supply of kits to individuals at risk of opioid poisoning Wales wide<sup>17</sup>. However, rapid movement of men between prison and community remains an obstacle to ensuring equitable and consistent delivery of such interventions.
- 1.2.33 In June 2014 Welsh Government published guidance outlining the framework and procedures in relation to the review of fatal and non-fatal drug poisonings occurring outwith of prison environment in Wales<sup>18</sup>. The guidance details all stages for effective review including: initiation, multidisciplinary working and data collection, and the identification, implementation and dissemination of recommendations and lessons learned to Welsh Government led National Implementation Board for Drug Poisoning Prevention (NIBDPP). Whilst majority prisons in Wales participate in review panels within respective Health Board regions, participation outwith of these boundaries remain inconsistent.
- 1.2.34 Robust mechanisms exist for the investigation of fatal drug poisonings that occur within the prison estate (Prison and Probation Ombudsman for England and Wales)<sup>19</sup> processes surrounding the review of non-fatal drug poisonings remain unclear.

## **WAAASP**

- 1.2.35 WAAASP are currently screening in Berwyn HMP, Parc HMP, Usk and Prescoed HMP. The plan is to attend on a quarterly basis if there are sufficient men that require screening. WAAASP do not attend Cardiff and Swansea HMP due to the understanding that men in these prisons are on

---

<sup>17</sup> Public Health Wales (2018). Harm Reduction Database Wales: Take Home Naloxone. <http://www.wales.nhs.uk/sitesplus/documents/888/Naloxone%20HRD%20report%202017-18.pdf>

<sup>18</sup> Welsh Government. (2014) Guidance for undertaking fatal and non-fatal drug poisoning reviews in Wales. Available at: <http://gov.wales/docs/dhss/publications/140701substanceen.pdf>

<sup>19</sup> Prison and Probation Ombudsman for England and Wales. Fatal Incidents reports. <https://www.ppo.gov.uk/document/fii-report/>

remand or short sentences. There is a risk that some men will miss their opportunity for screening.

- 1.2.36 WAAASP is reliant on effective communication from prison health care staff as to the number of men eligible for AAA screening. However, WAAASP contact the prisons regularly to request updates for any men aged 65 or over.

## **DESW**

- 1.2.37 The routine nature of DESW screening and need to co-ordinate screening recall can create challenges in delivering for this patient cohort. In most prison sites, DESW can only provide an annual clinic on premises as provision would otherwise not be cost effective. All other patients (newly diagnosed through the year or with a recall due date different to the annual prison based clinic) must be screened in either standard local clinics, or wait until the on premise clinic, which will change their recall period. Should individuals transfer between Welsh prison sites, they may miss the annual clinic, which further impacts on their service access.

## **1.3 Section 3: What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours and issues relating to secondary, hospital based care for inmates**

- 1.3.1 Difficulties with retention of nursing staff in prisons in Wales are apparent. Public Health Wales have supported the development of BBV lead roles within the prisons; the service is affected when prison nursing staff leading on these areas move on.
- 1.3.2 Development of nursing roles is a key component to ensuring good access to health services in prisons as demonstrated by services such as BBV<sup>20</sup> The prison environment is an excellent setting to develop multiple skills

---

<sup>20</sup> <https://doi.org/10.1016/j.jhep.2019.01.012>

across health disciplines for adult, mental health and learning disability nurses.

- 1.3.3 Supporting career progression for nurses and doctors working in custodial environments will help with retention.
- 1.3.4 Prisons in Wales should consider approaches used by other countries such as introducing the role of nurse practitioners in prisons to improve access to and efficiency of prison health services<sup>21</sup>, this is also likely to improve retention of nursing staff, and it will support a pathway for career progression.
- 1.3.5 Consideration should be given to roles such as health care assistants, pharmacy technicians, and paramedics to improve the effectiveness and efficiency of health services in prisons. Use of these roles across prisons in Wales is greatly variable.
- 1.3.6 Access to external secondary care services for men in prison is reliant on the prisons ability to provide staff to escort to appointments. Prisons have a maximum number of escorts they can support per day; an emergency escort will often result in a cancellation of a routine appointment. This results in a delay to the patients care, a DNA for the secondary care service and an administrative resource to rearrange.
- 1.3.7 Where possible, many secondary care services will provide services within the prison to prevent the need for escorts, for instance BBV/hepatology and TB. Attendance at these clinics within the prison is equally reliant on prison staff being able to escort men across the prison to the clinic appointment.
- 1.3.8 From DESW's experience, the prison healthcare workforce has a high rate of turnover, which leads to repetition of engagement to arrange annual screening, and may have wider implications for prisoner healthcare provision.
- 1.3.9 From WAAASPs experience, the prison healthcare workforce has a high rate of turnover, which leads to repetition of engagement to arrange

---

<sup>21</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jocn.13935>

annual screening, and may have wider implications for prisoner healthcare provision.

- 1.3.10 We also believe that healthcare professionals and other prison staff need to be aware on how best to deal with safeguarding issues presented to them, and appropriate referral mechanisms.

#### **1.4 Section 4: How well prisons in Wales are meeting the complex health and social care needs of a growing population of older people in prison, and what potential improvements could be made to current services**

- 1.4.1 There is a lack of evidence of the needs of older people in prison in Wales and the impact of the prison environment on the aging process.
- 1.4.2 Public Health Wales has received internal funding (March 2019) for a research study titled "Establishing the cardiometabolic risk factors in the Welsh prison environment" that will consider risks linked to age and length of time served.
- 1.4.3 Prison populations in England and Wales of those over 60 and 70 years of age are predicted to rise until 2023 and beyond<sup>22</sup>. Projections from the Ministry of Justice are not disaggregated for Wales. Welsh data would support service planning locally.
- 1.4.4 This will affect WAAASP due to the eligible age related cohort.
- 1.4.5 It is felt that this section of the inquiry should also consider safeguarding needs alongside health and social needs.

#### **1.5 Section 5: If there are sufficient resources available to fund and deliver care in the Welsh prison estate. Specifically whether the baseline budget for prison**

---

<sup>22</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/735428/prison-population-projections-2018-2023.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735428/prison-population-projections-2018-2023.PDF)

## **healthcare across Local Health Boards needs to be reviewed**

- 1.5.1 Public Health Wales is unable to comment on the budgets available for prison healthcare services in Wales.
- 1.5.2 As per point 1.2.3, the prison population in Wales has increased over the last decade and resources are needed to meet the subsequent increase in health needs.
- 1.5.3 Improvements to BBV opt-out testing have been made without any additional resources to prison health services. Adequate resourcing of prisons to support continued increase in prison testing needs to be considered.
- 1.5.4 The LTBI pilot at HMP Cardiff was supported by funding from Welsh Government but demonstrated routine screening of new prison admissions for LTBI would not be sustainable within current healthcare provision.
- 1.5.5 It would be useful if screening is discussed with all prisoners on admission to prison, i.e. Bowel Screening, Diabetic Eye screening and AAA screening. This may require guidance from Screening Division, Public Health Wales to consider that the prison health care staff of prisoners with sentences lasting more than 6 months should inform the relevant screening programmes.

## **1.6 Section 6: What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales**

- 1.6.1 Evidence is lacking about levels of ill-health in Welsh prisons and the degree to which the prison environment both protects and exposes health.
- 1.6.2 There are no national indicators or measures of health service provision in Welsh prisons making it difficult to compare outcomes.
- 1.6.3 Whilst models of delivery will always need to be tailored to local need, a national structure advising on minimum standards for prison health in

Wales would improve consistency across Wales and support sharing of good practice

- 1.6.4 Prison health services are reliant on the support of the custodial services to deliver all aspects of care. Prison staff shortages, overcrowding and prison lock-downs will have repercussions for the provision of care beyond the control of prison health teams.
- 1.6.5 From a WAAASP perspective, the primary barriers to support delivery consistent with eligible participants outside the prison population relate to communication and participant identification. It would be useful to improve on the following:
- All prisoners to have an NHS number
  - All prison health care staff to use secure method of transferring men's details, preferably secure file sharing
  - Timeliness of communication between prison healthcare staff & WAAASP. There is frequently a delay in getting the list of men that require screening, some prisons have sent the list the day before screening is scheduled, this is often too late because the clinic needs to be set up and a check of our IT systems to ensure the men have not been previously screened in the community.
- 1.6.6 From a diabetic eye screening perspective, the primary barriers to support delivery consistent with eligible participants outside the prison population relate to communication and participant identification.
- 1.6.7 As individual prisoners can move around the prison estate with little notice throughout their incarceration, to maintain an annual screening timetable it is important to maintain good communication between the prison healthcare teams and DESW to prevent individual patients from being disadvantaged. The development of a consistent and secure communication method with prison healthcare teams is part of the current DESW workplan, but this has historically been an issue. Additionally, the inconsistent communication has a potentially negative impact on newly diagnosed patients who require referral to DESW.
- 1.6.8 In our experience, prison healthcare services do not utilise NHS numbers and the identifier information provided for individuals frequently does not align with existing patients already within the DESW clinical system (e.g. different dates of birth, different name details). Because of the lack of

consistent unique identifier for prisoner patients, DESW cannot provide the same level of service as is possible for other recall patients.

- 1.6.9 Although DESW uses the same criteria to determine whether a referral is required at an individual screening event for all patients, unless an individual prisoner patient remains within the same prison for consecutive years, it is not possible to compare disease progression with previous screening outcomes as we do for all other returning patients.
- 1.6.10 This applies both when the prisoner patients were resident in Wales before their imprisonment, and if they transfer between Welsh prisons during their incarceration period. Additionally, if the individual remains in Wales after their release, and continues to participate in eye screening, the service cannot compare previous and current images to determine whether their disease has worsened over time. From a wider healthcare perspective, retinopathy disease progression can provide indicators as to the effectiveness of diabetic control and support individuals to maintain good health.

## **1.7 Section 7: Evidence on the female prison population and the issues facing those Welsh prisoners held in the secure estate in England**

- 1.7.1 Welsh women are imprisoned across the prison estate in England, with data from 2017 suggesting the majority are held at HMP Eastwood Park in Gloucestershire<sup>23</sup>.
- 1.7.2 Whilst in English prisons, health services are provided to Welsh men or women by English services.
- 1.7.3 Public Health Wales has experienced several challenges in the timeliness of TB care being provided to Welsh men and women whilst held in English prisons. In some instances specialist care has been delayed until their release back to Wales.
- 1.7.4 Safeguarding considerations should also be at the forefront of any further exploration of the issues facing female prisoners, and related to children and young people.

---

<sup>23</sup> [https://www.cardiff.ac.uk/\\_data/assets/pdf\\_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf](https://www.cardiff.ac.uk/_data/assets/pdf_file/0008/1195577/Imprisonment-in-Wales-A-Factfile.pdf)