



Nacro>
Justice ExChange

The Better Futures Project
Briefing 3: Physical Health in Prison

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About the Nacro Justice ExChange

The Nacro Justice ExChange is a network of people who have been in contact with the criminal justice system and received support from Nacro with their resettlement journey, including people who are currently in prison or have previously served a prison sentence.

We share the same goal: Using our experiences to inform those in power of what the issues are, and to influence the development of criminal justice policy to ensure that it works better for society, communities, families, victims and the individuals caught up in the system.

We propose practical solutions based on lived experience of the system.



About the Better Futures Project Briefing: Physical Health in Prison

This is the third in a series of briefings that examine the practical steps that can be taken to support people in contact with the criminal justice system to create better futures. The series includes practical and cost-effective steps which aim to ensure that prisons better prepare people for release, and provide them with the skills, training, and support they need to thrive and create better lives on the outside.

Summary

In March 2024, the Justice ExChange published their second briefing 'Mental Health in Prison' which set out the issues they, and people they knew, had faced in relation to their mental health whilst in prison. While working on that briefing, it became clear that the group also faced considerable challenges with their physical health during a prison sentence, particularly the difficulties that many people face in getting treatment for physical health problems.

People in prison are generally in poorer health compared to the general population.¹ In fact, His Majesty's Prison and Probation Service (HMPPS) has adopted the age of 50 as the start of 'old age' in the prison population, based on evidence that the health-related needs of people in prison are brought forward by around 10 years, relative to people in the general population.² Healthcare in prison is based on the principle of 'equivalence' meaning that people in prison should have access to services or treatment that are at least consistent with those available to the wider community. Specific commissioning arrangements have been put in place to provide healthcare to people in prison. However, as is set out in further detail in this briefing, both existing evidence and new survey findings for our report show that there are still significant problems with access to care, and people in prison are often not getting the level of care to meet their needs or as they would receive in the community. In addition, these challenges are exacerbated by problems within prisons themselves, such as staff shortages, overcrowding, lack of purposeful activity and poor diet.

The issues of prisoner healthcare are not new, but in publishing this report including the direct experiences of people who have been through the prison system, we hope to bring these concerns to the forefront of thinking, and engage in collaborative discussions about solutions.

In order to explore the issues with physical healthcare in prison, we carried out a survey of people who have been released from prison and have received support from Nacro with their resettlement journey. We asked people to complete the survey if they had been released from prison in the last five years, although it is important to acknowledge that their survey responses may relate to more historic experiences. 101 people completed the survey between May and October 2024.

¹ House of Commons Health and Social Care Committee <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

² <https://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/justice-committee/ageing-prison-population/written/106110.html>

Nacro Physical Healthcare Survey key findings:

Two in five (40%) waited for **a month or longer for a GP appointment**, and a further one in 13 (7%) said they never got an appointment.

More than one in three (38%) waited longer than **three months for a dentist appointment**, with a further one in four (24%) saying they never got an appointment.

Over a third of people (35%) who needed to see an **optician** said they **never got an appointment**.

Almost half of people (45%) had appointments at a **hospital outside prison** during their sentence. Of those, a third (34%) were **not able to attend** the appointment.

More than four in 10 (43%) said they **did not get the treatment they needed** from the medical professionals they saw.

Six out of 10 (60%) said they had a **longer period of pain and discomfort** because they did not get the treatment they needed, and almost one in eight (12%) said that because they did not get the treatment they needed, they were then **not able to work** when they were released from prison.

Seven out of 10 people (70%) said they were aware of people **not getting medical help** while they were in prison. Three quarters of people (75%) said they were aware of people not able to get the medication they needed while in prison and more than six out of 10 (65%) said that they saw people **using other people's medication**. More than six in 10 (64%) said that they knew people who **used illegal substances** because they couldn't get the medication they needed.

One third of people (34%) were aware of people who had resorted to doing dentistry on themselves or others because they were **unable to see a dentist**.

Supporting the physical health of people in contact with the criminal justice system is an important step to reducing reoffending and ensuring people can rebuild their lives and contribute to their communities when they are released. We must ensure that prisons do not have a negative impact on people's physical health, either because of a poor prison environment or a lack of treatment and support when it is needed.

This briefing follows the Justice ExChange's previous briefing on mental health in prison. It is clear that mental health, physical health, substance misuse issues and support are inextricably linked, and we urge all policymakers to take a fully integrated approach to health.

This briefing examines:

- the physical health of people in prison, and how this is generally worse than people in the community;
- the impact of imprisonment on physical health, including the impact of overcrowding and unsanitary conditions, lack of purposeful activity and poor quality diets;
- the problems and barriers to accessing healthcare services, including difficulties in accessing treatment and lengthy waiting lists, missed appointments, issues with medication, feeling ‘unseen’, and issues on transfer between prisons and on release.

Summary of our main recommendations

We set out recommendations at the end of this report which we believe will help people in the justice system get the support they need with their health. These are grouped as follows:

- **Tackling the overuse of imprisonment:** Policies that aim to reduce overcrowding and reduce our reliance on imprisonment by providing community alternatives must form part of the solution.
- **Limiting the impact on physical health:** We set out recommendations that we believe will help to tackle the fundamentally unhealthy environment of prisons.
- **Overcoming the barriers to accessing healthcare services:** We set out recommendations to address the issues that prevent people from getting the treatment and support they need.

The quotes used throughout this briefing come from people with lived experience of the justice system who have been supported by Nacro.



Physical health and the prison population

People in prison are generally in poorer health compared to the general population.³ In fact, HMPPS has adopted the age of 50 as the start of ‘old age’ in the prison population, based on evidence that the health-related needs of people in prison are brought forward by around 10 years, relative to people in the general population.⁴

People in prison have higher rates of infectious diseases while having poorer vaccine coverage.⁵ The prevalence of HIV, hepatitis C and tuberculosis is substantially higher among the prison population, and people in prison are more likely to have long-term conditions such as respiratory disease or diabetes,⁶ and cardiovascular disease.⁷ People in prison also have higher rates of substance misuse issues, including alcohol and tobacco.⁸

People in contact with the criminal justice system are also more likely to have experienced mental ill health and are more likely to have experienced homelessness or unstable housing.

In addition, people in prison have often experienced trauma and adverse childhood experiences. Personal histories including trauma, exclusion from school, poverty, substance and/or alcohol misuse, difficult family relationships and/or experience of the care system, unemployment, or homelessness are common.⁹ All of these things can contribute to physical health issues and create challenges for people to engage with healthcare both in the community and in prison.¹⁰

Some groups of people are more likely to have physical health problems in prison, including:

Older people

The number of older people in prison has grown substantially in recent years, with almost four times as many people in prison aged 60 and over than there were in 2002.¹¹ At the end of June 2024, there were 87,726 people in prison. 15,497 of those were over 50 years old and 1,943 were aged over 70.¹² The ageing prison population is in part due to a shift towards longer custodial sentences and an increase in the prosecution of sexual offences, including historic offences, as well as an ageing of the general population.¹³

3 House of Commons Health and Social Care Committee <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

4 <https://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/justice-committee/ageing-prison-population/written/106110.html>

5 <https://www.ecdc.europa.eu/sites/default/files/documents/Systematic-review-on-communicable-diseases-in-prison-settings-final-report.pdf>

6 Wright et al (2021) Long-term Condition Management for Prisoners: exploring prevalence and compliance with national monitoring processes

7 <https://evidence.nihr.ac.uk/alert/male-prisoners-develop-unhealthy-hearts-at-younger-ages-than-people-on-the-outside/>

8 https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/07/6.4472_HMI-Prisons_AR-2017-18_Content_A4_Final_WEB.pdf

9 Durcan, Dr G, (2021) Centre For Mental Health, The future of prison mental health care in England: A national consultation and review

10 <https://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/justice-committee/ageing-prison-population/written/106342.html>

11 <https://prisonreformtrust.org.uk/wp-content/uploads/2024/02/Winter-2024-factfile.pdf>

12 <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-january-to-march-2024> Prison population data tool: 30 June 2024

13 https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

It is estimated that as many as 85% of the current older population in prison in England and Wales have some sort of major health condition.¹⁴ Older people in prison are more likely than younger people to experience physical and mental health problems as well as disabilities,¹⁵ and meeting the needs of older people with mobility difficulties and those who require end-of-life care in a prison setting can be challenging. The average age of death of people dying in prison is 56, compared with 81 in the general population.¹⁶

“So called, ‘natural cause’ deaths (as defined by the Ministry of Justice) are the leading cause of mortality in prisons and are commonly attributed to the ageing prison population. However, Inquest’s casework and monitoring show that these non self-inflicted deaths often reflect serious lapses in healthcare and therefore, applying the term ‘natural’ is extremely problematic.”

Deaths in Prison: A national scandal – Inquest, 2020¹⁷

Women

Women in prison tend to have higher levels of health and social care needs than men in prison, and than women in the general population. Many have experienced trauma¹⁸ with more than 50% of women in prison reporting having suffered domestic violence and experienced emotional, physical or sexual abuse during childhood.¹⁹ Women are therefore at high risk of having experienced a traumatic brain injury and, in one study, 64% of women reported a history that indicated brain injury, and 96% of those reported a history which suggested a traumatic brain injury, with the majority of those injuries being as a result of domestic violence.²⁰

Women serving long sentences can have concerns about long-term health issues going untreated, lack of adequate healthcare (particularly reproductive health services) and poor understanding of gender-specific health by prison officers.²¹

“Short-termers may have health problems, but they know they’re going home – they can get help when they get out. We are stuck and left to deal with it by ourselves.”

Woman in prison quoted in Invisible Women: Understanding women’s experiences of long-term imprisonment: Briefing 2: Hope, health, and staff-prisoner relationships²²

14 https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

15 <https://committees.parliament.uk/publications/2149/documents/19996/default/>

16 House of Commons Health and Social Care Committee <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

17 <https://www.inquest.org.uk/Handlers/Download.ashx?IDMF=bb400a0b-3f79-44be-81b2-281def0b924b>

18 <https://www.england.nhs.uk/long-read/a-review-of-health-and-social-care-in-womens-prisons/#:~:text=Women%20in%20prison%20have%20disproportionately,many%20are%20living%20with%20trauma.>

19 <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/prison-health/written/86225.html>

20 <https://barrowcadbury.org.uk/wp-content/uploads/2023/11/Making-the-Link-Female-Offending-and-Brain-Injury-low-resolution.pdf>

21 https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/Invisible_women_hope_-health_relationships.pdf

22 https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/Invisible_women_hope_-health_relationships.pdf

It is estimated that approximately 600 pregnant women are sent to prison each year and approximately 100 babies are born to women in prison each year.²³ Pregnant women in prison face challenges in accessing hospital care, for example in 2017/18, 22% of pregnant women in prison missed midwifery appointments and 30% missed obstetric appointments.²⁴

Women in prison are more likely to experience preterm labour than women in the general population and babies born premature have a higher mortality rate than those born full-term and an increased risk of disability.²⁵

We welcome the amendment to sentencing guidelines introduced in April 2024 which created a new dedicated mitigating factor of pregnancy, childbirth and post-natal care to be considered in sentencing decisions.²⁶ This is an important step, but we must go further to ensure that pregnant women are no longer sent to prison and that no more children are born behind bars. We also welcome the announcement in September 2024 of the establishment of a Women’s Justice Board which will have the ultimate ambition of having fewer women’s prisons.²⁷ Community-based alternatives are more effective than imprisonment in addressing the drivers of women’s offending which are primarily unmet mental health needs, experience of trauma and abuse, or poverty.²⁸

People living chaotic lives

It could be argued that for people living especially chaotic lives, a prison sentence can help support better physical health. Regular meals, a structured day, and potentially reduced access to alcohol, tobacco and illicit substances may all support better physical health. And for some people, for example those who were street homeless before prison, time in prison may allow for better access to healthcare services than in the community. However, there is also evidence that the healthcare issues of people with chaotic lives continue and often escalate in prison due to a lack of adequate treatment and support and the disruption to treatment caused by short sentences, and some people develop healthcare issues while in prison because of the prison environment and poor conditions.²⁹

23 https://hubble-live-assets.s3.amazonaws.com/birth-companions/attachment/file/190/Pregnancy_and_childbirth_in_English_prisons.pdf

24 <https://www.nuffieldtrust.org.uk/research/locked-out-prisoners-use-of-hospital-care>

25 https://www.nuffieldtrust.org.uk/sites/default/files/2022-07/1658157477_inequality-on-the-inside-web.pdf

26 <https://www.sentencingcouncil.org.uk/news/item/sentencing-pregnant-women-and-new-mothers/>

27 <https://www.gov.uk/government/news/extra-support-for-women-through-the-criminal-justice-system-announced>

28 <https://assets.publishing.service.gov.uk/media/5b3349c4e5274a55d7a54abe/female-offender-strategy.pdf>

29 <https://www.crisis.org.uk/media/249021/healthnow-report.pdf>

Healthcare in prison

From April 2013, responsibility for commissioning all healthcare services for people in prison in England, including drug and alcohol services but excluding emergency and out-of-hours services, rests with NHS England. In Wales, Local Health Boards commission healthcare services in public sector prisons, including clinical drug treatment services.³⁰

In light of the higher level of need of people in prison, dedicated arrangements for prison healthcare are welcome but this report highlights that more must be done to ensure that people in prison get the care and treatment that they need.

All prisons have some healthcare services on-site and some also have dedicated healthcare wings where people can go to receive care and treatment. People in prison should have access to core healthcare provision wherever they are, as set out below. How this is delivered varies from prison to prison and there is a wide variation in the services across the prison estate.³¹

Healthcare in prison is based on the principle of ‘equivalence’. This means that people in prison should have access to services or treatment that are at least consistent with those available to the wider community.³² However, we know that equivalent care is often not available, and this can be the case for both physical and mental health concerns.

The Royal College of General Practitioners’ position paper on care in secure settings highlights that the focus should be on ensuring equitable health outcomes for people in prison. In practice, this may mean providing a higher intensity or different range of services than might be needed in the general population.³³

The healthcare services available are:

- **Primary care:** People in prison should have access to primary care, as well as services such as dentistry, podiatry and ophthalmology. Most prisons offer GP appointments within the prison, and must have a system in place so people in prison can consult a GP where this is not the case.
- **Secondary care:** People in prison also have access to secondary care (i.e., care provided by medical specialists, who in general do not have the first contact with the patient).
- **Social care:** Under the Care Act 2014³⁴ and the Social Services and Well-Being (Wales) Act 2014³⁵ local authorities are responsible for providing social care services to people in prison living within their area. Social care services should provide the necessary support to individuals who are unable to care for themselves partially or fully, to the extent that it impacts on their wellbeing.
- **End-of-life care:** People in prison who have a terminal illness may receive end-of-life care in prison or in hospital under bed watch. They may also be eligible to apply for early release on compassionate grounds.³⁶

30 [https://www.gov.uk/guidance/healthcare-for-offenders#:~:text=and%20the%20community-,Healthcare%20in%20prisons%20in%20England,services\)%20rests%20with%20NHS%20England.](https://www.gov.uk/guidance/healthcare-for-offenders#:~:text=and%20the%20community-,Healthcare%20in%20prisons%20in%20England,services)%20rests%20with%20NHS%20England.)

31 <https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/04/Prison-mental-health-services-in-England-2023-1.pdf>

32 https://assets.publishing.service.gov.uk/media/5d9dd37fed915d354bdf91d4/NPHB_Equivalence_of_Care_principle.pdf

33 <https://www.rcgp.org.uk/representing-you/policy-areas/care-in-secure-environments>

34 <https://www.legislation.gov.uk/ukpga/2014/23/contents>

35 <https://www.legislation.gov.uk/anaw/2014/4/contents>

36 <https://assets.publishing.service.gov.uk/media/64f097effdc5d1000d284921/early-release-compassionate-grounds-pf.pdf>

- **Public health:** People in prison are entitled to access all appropriate screening programmes for their age, sex and other risk factors, as well as the NHS Health Check programme. Public health programmes in prison aim to “reduce health inequalities, support people in living healthier lives, and ensure the continuity of care in the community”.³⁷ People in prisons should also be offered advice on diet, exercise, and sexual health³⁸ and offered vaccinations such as the flu vaccine.

“There have been regular health promotion initiatives at Foston Hall, including menopause awareness (with a goodie bag for prisoners), diabetes awareness, breast care awareness and hepatitis awareness.”

Independent Monitoring Board Annual Report HMP/YOI Foston Hall
December 2022–November 2023

- **Substance misuse services:** Roughly a third of people in prison (34%) say they have a problem with alcohol when they arrive in prison.³⁹ It is estimated that around half of people in prison are struggling with substance misuse issues⁴⁰ and just over a third of the prison population are in prison for a drugs-related crime. Of these, 40% have been convicted of a specific drugs offence (such as trafficking), while 60% are serving sentences for crimes related to drug addiction, such as theft.⁴¹ Substance misuse services are therefore an important part of healthcare within prisons.
- **Mental health services:** All prisons provide mental health services and some have dedicated healthcare wings where people can go to receive care and treatment. What is available in each prison depends on the characteristics of the prison itself and there is a wide variation in the services available across the prison estate.⁴²

NHS England’s Health and Justice Framework for Integration sets out three core objectives.

1. To improve the health and wellbeing of people in prison and reduce health inequalities
2. To reduce reoffending and support rehabilitation by addressing health-related drivers of offending behaviour
3. To support access to, and continuity of, care through the prison estate, pre-custody and post-custody into community

It also sets out 12 commitments which includes “Putting the patient voice at the centre of everything we do” and “Improving the health and wellbeing of people in custody”. Each of these commitments set out specific programmes of work in these areas.

37 <https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.29-Secure-Detained-Settings-Eng.pdf>

38 <https://www.nice.org.uk/guidance/ng57>

39 <https://resolution.nhs.uk/wp-content/uploads/2024/03/NHSR-Perspectives-on-delivering-health-in-the-prison-and-justice-system-Slide-deck.pdf>

40 <https://www.gov.uk/government/news/addiction-crackdown-sees-huge-rise-in-prisoners-getting-clean#:~:text=Figures%20show%20around%20half%20of,up%20and%20down%20the%20country.>

41 <https://assets.publishing.service.gov.uk/media/5f02e08ce90e075c5128f311/2SummaryPhaseOne+foreword200219.pdf>

42 <https://www.centreformentalhealth.org.uk/wp-content/uploads/2023/04/Prison-mental-health-services-in-England-2023-1.pdf>

Why does the health of people in prison matter?

“The health of people in prison is a public health issue. Prisons could be an opportunity to address serious health inequalities which are part of the cycle of disadvantage faced by people in prison. No one is sentenced to worsened health but that, largely as a result of overstretched staff, overcrowding and poor facilities, is too often the outcome. Prison health and care services should be delivering standards of care, and health outcomes, for prisoners that are at least equivalent to that of the general population.”

House of Commons: Health and Social Care Committee: Prison Health November 2018⁴³

The overwhelming majority of people in prison will be released at some point, returning to the wider community. Given that many people in prison come from disadvantaged and underserved communities, tackling their needs brings a ‘community dividend’ by having a positive impact on their families and friends, as well as their wider communities.⁴⁴ Prison healthcare is therefore a vital opportunity to address existing healthcare needs that may have gone unmet in the community.⁴⁵

We know from our own experience that people who leave prison with the foundations in place to turn their lives around are less likely to reoffend. These include a stable home, connections to family and the local community, a job, and good health support for both physical and mental health.⁴⁶

In addition to the physical and emotional cost to the people who receive inadequate healthcare, it is also important to consider the financial cost to the taxpayer via the NHS in terms of clinical negligence claims made by those who have received inadequate care.



43 <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

44 Public Health England (2015) Public Health England Health and Justice Report 2014: No health without justice, no justice without health. London: Public Health England.

45 House of Commons Health and Social Care Committee <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

46 https://assets.publishing.service.gov.uk/media/62e1abd2e90e071434354430/East-Midlands_HMPPS_Reducing-Reoffending-plan.pdf

Clinical negligence claims made by people in prison

In the **five years** from 2019/20 to 2023/24, there have been **187** claims for compensation concluded against the NHS in relation to clinical negligence claims in respect of medical treatment received by people in prison.

This has cost:

Compensation paid	£5,989,716
NHS costs incurred	£1,805,238
Claimant’s legal costs paid	£6,249,468
Total	£14,044,422

In 82 of the claims the ‘primary cause’ of injury is recorded as ‘fail/delay treatment’ (and £2,400,444 compensation was paid for these claims).

18 claims relate to ‘medication errors’ with compensation of £157,567 paid.

13 claims are recorded as ‘fail/delay referring to hospital’ (£486,512 compensation) and a further 13 were ‘failure/delay diagnosis’ (£345,736 compensation).⁴⁷

What does existing research tell us?

Despite the dedicated contracting arrangements for healthcare in prisons, research has shown that there are significant problems accessing healthcare in prisons. The problems in prison healthcare are not new and there has been evidence demonstrating the failings and need for improvements over the years. Indeed, a 2018 House of Commons Health & Social Care Select committee report⁴⁸ described many experiences and challenges which still exist today, and are echoed in some of our findings. These included people struggling to have health concerns acted upon in a timely way; problems getting medication; and struggling to see a dentist, GP or optician. The Select Committee report also noted the issue of missed appointments in prisons and describes the negative impact of the prison environment and challenges of the prison regime, highlighting the high levels of self-harm and violence within prisons.

In October 2021, The Nuffield Trust looked specifically at the ability of people in prison to access hospital services and found that they were still facing severe challenges, which increased the risk they would be more seriously ill by the time they were seen.⁴⁹ They found that in 2019/20, people missed 42% of outpatient appointments, and the percentage of missed appointments where no advanced warning was given (18%) was three times higher than in the general population (6%).

47 <https://resolution.nhs.uk/information-requests/Request#6706>

48 <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

49 https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1634637809_nuffield-trust-prisoner-health-2021-final.pdf

In 2020, the charity Inquest identified and analysed files relating to 61 inquests and found five main areas of concern: mental health, healthcare, communication, emergency responses and drugs.⁵⁰ With regard to healthcare, they found there were wide ranging failures to provide basic medical care and the standard of care was inadequate and not in line with standard provision in the community. They found that inquests regularly reveal failures to assess, monitor and review existing health conditions (for example, asthma and diabetes) and that staff shortages, and a reliance on bank or agency staff who may lack relevant training, is a common problem. With regard to emergency responses, they found delays in calling for emergency services, alongside poor and inadequate training of staff in first aid skills to identify medical emergencies. Additionally, they found failures in administering basic resuscitation procedures were regularly identified and faulty cell bells, or failure to respond to bells, is also a common problem.

The impact of imprisonment on physical health

The poorer health of people in prison is often exacerbated by the impact of imprisonment itself and the problems within prisons.

Overcrowding and unsanitary conditions

The physical environment of prison is often oppressive, noisy and overcrowded, lacking privacy and dignity. In many prisons, for example, two people share a cramped cell that was designed for one person, with an inadequately screened toilet in the cell and no privacy. Older, Victorian prisons are often amongst the poorest physical environments, but maintenance issues across the estate means that even newer prisons often have poor living environments and cramped conditions.⁵¹ Poorly maintained and older prisons also often present issues for older people or those with mobility issues.⁵²

At the most recent inspection of HMP Wandsworth in April 2024, inspectors found “dirty cells, with heavy graffiti, broken windows, damaged flooring, missing furniture and blocked toilets. Poorly maintained sinks leaked into the cells below”. They also found rodent faeces and urine across residential units, and some outdoor areas strewn with litter.⁵³

Overcrowded and dirty prisons, particularly those that are short-staffed, can significantly impact people’s ability to access healthcare services and to lead healthy lives. People in prison often spend the vast majority of their time in their cells, limiting their opportunity to be physically active or access fresh air, and their access to healthcare, inside and outside prison, is often restricted.

Violence and self-harm

Levels of violence and self-harm in prisons are often used as indicators of levels of mental health need, but there are also physical consequences of violence and self-harm. In the quarter from January to March 2024, the number of incidents of self-harm recorded rose by 8% to 19,418 and the number of assaults increased by 4% to 7,367.⁵⁴

Rates of violence and self-harm in prison also have wider implications for access to hospital services. When someone must attend hospital as a result of sustaining an injury, this may result in another person’s hospital appointment being cancelled as the number of officers available to escort people outside the prison are limited.⁵⁵

Lack of purposeful activity/access to fresh air

HM Inspectorate of Prisons (HMIP) noted in their annual report for 2022/23 that their surveys of people in prison showed that only 16% reported being unlocked for the recommended minimum of 10 hours per day. A third of people detained in local prisons and almost 40% of people held in young adult prisons report spending less than two hours out of their cell per day.⁵⁶

Access to time out of cell is particularly poor at the weekend. HMIP carried out unannounced day-long visits over the weekend to 11 adult prisons in England and Wales in early 2023 and “found an impoverished regime operating in most prisons at weekends”. In 10 of the 11 prisons, most people were out of their cells for a maximum of 2.5 hours a day. In the worst cases, they received only 45 minutes to an hour unlocked each day, and, in one prison, were not unlocked at all for one of the two days except to collect their meals.⁵⁷

We know that almost 50% of people in prison are not in work or education.⁵⁸ For many people who are in work or education this is only part time, and the working day is often disrupted. In our experience, inactivity during time in prison is part of the reason why people in prison are often in poorer health than the general population.

“When prisoners spend long periods locked in their cells they become frustrated with staff and each other, they are bored and have more time to use illicit substances, and many can suffer deteriorating physical and mental health.”

HM Inspectorate of Prisons, ‘Life in prison: Living conditions’ October 2017⁵⁹

50 <https://www.inquest.org.uk/Handlers/Download.ashx?IDMF=bb400a0b-3f79-44be-81b2-281def0b924b>

51 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/13/2022/11/22-10-04-IMB-National-21-22-Annual-Report-FINAL-version.pdf>

52 https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/consultation-responses-and-submissions/care--support/justice_committee_ageing_prison_population_inquiry_submission_october2019.pdf

53 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/07/Wandsworth-web-2024.pdf>

54 <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2024/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-june-2024-assaults-and-self-harm-to-march-2024>

55 https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1634637809_nuffield-trust-prisoner-health-2021-final.pdf

56 <https://assets.publishing.service.gov.uk/media/64a43d244dd8b3000c7fa479/hmip-annual-report-2022-23.pdf>

57 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/02/Weekends-in-prison-web-2023.pdf>

58 <https://www.gov.uk/government/statistics/prison-performance-ratings-2022-to-2023> Supplementary Tables, Table 2

59 <https://www.justiceinspectors.gov.uk/hmiprison/wp-content/uploads/sites/4/2017/10/Findings-paper-Living-conditions-FINAL-.pdf>

The importance of physical activity

There is evidence that regular physical activity can help to prevent or manage many common chronic conditions and diseases such as:

- > some cancers
- > obesity
- > type 2 diabetes
- > cardiovascular diseases (CVD) including coronary heart disease and stroke
- > hypertension
- > osteoarthritis and lower back pain
- > mental health conditions including depression and anxiety
- > dementia
- > chronic obstructive pulmonary disease (COPD) and asthma
- > musculoskeletal (MSK) conditions

“Physical activity is as good or better than treatment with drugs for many conditions, such as type 2 diabetes and lower back pain, and has a much lower risk of any harm.”

Public Health England Guidance: Health matters: physical activity – prevention and management of long-term conditions: January 2020⁶⁰

Poor quality diet

The HMIP annual report for 2022/23 states that in their surveys of people in prison, only 41% of people said that the quality of the food was good.⁶¹ In 2023, The IMB at HMP Oakwood carried out a food survey which showed that 94% said the overall food quality was bad or very bad and 68% said they did not have enough to eat at mealtimes (with a further 27% feeling they had enough some of the time).⁶² For the financial year 2023/24, prisons were allocated £2.70 per person per day to provide three meals a day comprising a breakfast pack, one cold meal and one hot meal.⁶³

60 <https://www.gov.uk/government/publications/health-matters-physical-activity/health-matters-physical-activity-prevention-and-management-of-long-term-conditions#health-benefits-of-physical-activity>

61 <https://assets.publishing.service.gov.uk/media/64a43d244dd8b3000c7fa479/hmip-annual-report-2022-23.pdf>

62 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/13/2024/08/Oakwood-IMB-2023-2024-annual-report.pdf>

63 <https://insidetime.org/newsround/tuck-in-food-budget-up-25/#:~:text=Food%20budget%20up%2025%25,-Inside%20Time%20Reports&text=The%20budget%20for%20prisoners%20daily,day%20to%20spend%20on%20meals.>

We are often told that there is not enough fresh fruit and vegetables and that meals often contain too much fat, carbohydrate, salt and food that is heavily processed. We are also told that people do not always have enough to eat from the meals provided by the prison, and so they buy additional food from the prison canteen if they can afford to do so (often at higher prices than available in the community).⁶⁴

We know that a poor diet can impact physical health and is one of the biggest preventable risk factors to ill-health, contributing to lower life expectancy and earlier onset of ill-health.⁶⁵ According to the NHS, “nine of the top fifteen risk factors for morbidity, including high body mass index (BMI), high blood pressure, cardiac disease, diabetes and malnutrition, are associated with poor diet”.⁶⁶

Barriers to accessing healthcare services

Continuity of care on arrival in prison and information sharing

On arrival at prison and with their consent, a person’s medical records should be transferred from the community to the prison to ensure continuity of care. Historically, transferring records between prison and the community has been challenging. The GP2GP system is a transfer system which allows a prison to become an individual’s temporary GP during their time in custody. This means that as they register the patient, they gain access to all of their community records, and subsequently when they leave, they should be able to re-register them with a community GP who will be able to receive their full patient record inclusive of treatment in custody.

In reality, people often arrive at prison without the medication they need for pre-existing conditions and we often hear of delays in people then receiving this medication. Breaks in medication can be challenging for people when they first come to prison, particularly medication such as anti-depressants or medication for pain relief.

We know that it can also be difficult for people to continue to access the medical treatment and hospital care that they were receiving while in the community once they go to prison, and prison can act as a block to continuity of treatment.

Case Study: Frank’s Story

When I was recalled to prison, I had a blood clot in my leg and I already had an appointment arranged to see a specialist at my local hospital. When I arrived in the prison reception, I told staff about the appointment but was told there was “no way” that I would be taken out of prison for the appointment. And that’s what happened, the appointment was missed as I wasn’t taken to hospital. I was really worried about the blood clot because I knew that it was potentially life-threatening, but I didn’t get a hospital appointment until I was released.

64 <https://www.foodmatters.org/wp-content/uploads/2024/01/Food-Matters-in-Prisons-report-FINAL-January-24.pdf>

65 <https://researchbriefings.files.parliament.uk/documents/POST-PN-0686/POST-PN-0686.pdf>

66 <https://www.england.nhs.uk/ahp/greener-ahp-hub/specific-areas-for-consideration/food-and-nutrition/#:~:text=Globally%2C%20nine%20of%20the%20top,are%20associated%20with%20poor%20diet.>

“When you first come into prison all medication is taken from you. For some with mental health issues, that can trigger them into a worse place and condition, and often meds are changed which affects people. Some women I have seen who have been physically unwell and severely so, are told to “man up” and given a paracetamol.”

Nacro survey response, 2024

Waiting lists

People in prison have the same rights in terms of NHS care as people in the community. This includes the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer people a range of suitable alternative providers if this is not possible. These include, for example, the right to:

- Start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions,
- Be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

People in prison are also included in a number of pledges on waiting times, such as a maximum four hour wait in A&E from arrival to admission, transfer or discharge.

While there are no target waiting times for access to other medical professionals, such as a GP or optician, the principle of equivalence means that waiting times should not be longer than in the community.

At Nacro, we often hear of lengthy waiting lists to see a range of medical professionals, including GPs, dentists and opticians. Long waiting lists are a particular issue for people serving short prison sentences as they can reach the end of their prison term before they reach the top of the waiting list. Long waiting lists can also mean that health problems deteriorate and that, as well as resulting in additional suffering, it also potentially costs more in treatment costs and poorer health outcomes for the person requiring treatment.

We know that the length of time that people have to wait to access medical care is not only confined to prisons, and people in the community can often face lengthy waiting times. However, as of May 2023, NHS Digital data showed that more than half of all appointments (52%) in England took place within 48 hours of being booked – either on the same day or the following day.⁶⁷ This shows a substantial disparity with the results of our survey, where two in five people (40%) said they waited for a month or longer for a GP appointment, and a further one in 13 (7%) saying they never got an appointment.

At HMP Peterborough (men), HMIP noted in January 2024 that the average waiting time for a routine dental appointment was 17 weeks, and for those in pain, seven weeks.⁶⁸

Nacro’s service users also confirmed these delays in our new survey:

- More than one in three (38%) said they waited longer than three months for a dentist appointment, with a further one in four (24%) saying they never got an appointment.
- One in three people who needed to see an optician said they never got an appointment.

67 <https://www.nuffieldtrust.org.uk/news-item/how-long-are-patients-waiting-for-a-gp-appointment-in-england>

68 <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2024/04/Peterborough-Men-web-2024.pdf>

“After more than six months, I was told after countless applications that I was the 22nd on the list to be seen. Maybe six weeks later, I asked where I was on the list only to be told that I wasn’t even on the list.”

Nacro Survey response, 2024

Missed appointments

We are often told that the practicalities of being able to attend healthcare appointments is the biggest barrier to accessing treatment. We often hear of people missing appointments to see medical professionals within the prison environment because they are not unlocked to attend because of staff shortages or issues within the prison, or were not aware of their appointment. People also miss appointments because they have to choose between a medical appointment and other things such as visits from family or attending work, and people often do not get paid if they miss work for medical appointments.

Our recent survey found that:

- Four in 10 people (40%) said they had experienced problems in getting to an appointment within the prison.
- More than four in ten people (43%) said they did not get the treatment they needed from the medical professionals that they saw.

“Healthcare changing appointments and messing me about. Clashed with other appointments in the prison for which I would be penalised.”

“Not unlocked sometimes.”

“Takes forever to get an appointment as it can be booked in but then you’re waiting forever.”

“Not getting unlocked for the appointment or not being on the movement slip for unlock.”

“Roll checks, staff shortages”

Nacro Survey response, 2024

“The reduced number of health appointments created by high staff vacancy rates was exacerbated by a dearth of prison officers and continued restrictions to time out of cell, which reduced prisoner access to appointments both within and outside the prison.”

HMIP annual report 2022/23⁶⁹

People need to attend hospital appointments outside prison for a variety of reasons where the prison is unable to carry out the necessary consultation or treatment within the prison. People might therefore visit hospital for an appointment with a specialist,

69 <https://assets.publishing.service.gov.uk/media/64a43d244dd8b3000c7fa479/hmip-annual-report-2022-23.pdf>

for x-rays or specialist treatment such as dialysis. When attending an appointment, people are accompanied by at least two prison officers and are usually handcuffed or restrained using a longer ‘escort chain’. Where someone needs to stay in hospital, they will be accompanied by two officers on bed watch.⁷⁰ We know that staff shortages can mean that the staff needed to escort people to appointments at hospital are not always available and so people miss vital appointments at significant cost to the NHS. We often hear that people feel ashamed and embarrassed when attending hospital appointments.

“We identified some very poor outcomes in healthcare. Medicine administration and supply arrangements were inadequate, and patients missed or faced delays in receiving some important medicines. Internal and external clinical appointments were cancelled too frequently; this meant care and treatment could be hampered, leading to clinical risk and complication.”

HMIP inspection report, HMP Rochester, 2024⁷¹

“Ashamed, exposed, embarrassed, on display, humiliated, vulnerable.”

“Like all the other people were looking at me.”

“Like an animal put on display.”

“Was awkward. Families looking at me in the waiting area like I was scum.”

“Degraded and dehumanized.”

“Embarrassing. I woke up handcuffed to the bed. I had a seizure.”

Nacro survey responses, 2024

We know that there are long-standing issues with attendance at hospital appointments. In 2019/20, people in prison missed 42% of scheduled hospital outpatient appointments.⁷² The reasons for non-attendance include patient cancellations, healthcare provider cancellations or where no prior warning was given. The percentage of missed appointments where no advanced warning was given (18%) was three times higher than in the general population (6%).⁷³

70 <https://assets.publishing.service.gov.uk/media/64c7d8d75c2e6f000de8d7e7/prevention-escape-external-escorts.pdf>

71 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/19/2024/11/Rochester-web-2024.pdf>

72 https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1634637809_nuffield-trust-prisoner-health-2021-final.pdf

73 https://www.nuffieldtrust.org.uk/sites/default/files/2021-10/1634637809_nuffield-trust-prisoner-health-2021-final.pdf

Our recent survey also highlighted that:

- Almost half (43%) had appointments at a hospital outside prison during their time in prison. Of those, one in three (34%) were not able to attend the appointment, and some missed more than one appointment.

As a welcome consequence of the COVID-19 pandemic, new legislation was introduced to permit the use of 4G-enabled tablets for telemedicine within secure environments. There were initial delays in implementing this technology, but all prisons in England now have telemedicine capability, which means that people can have online consultations with medical professionals who are based outside the prison.⁷⁴

“I was told I would never be taken to outside hospital, and to go to my GP on release.”

“Cardiac appointments – sometimes I have been taken to hospital, sometimes I have missed appointments due to lack of prison staff for escorts. MRI scans (spinal), CT scans (cardiac).”

“I had a fracture clinic appointment but it was rearranged several times due to staffing issues.”

“I missed a lot of appointments for CT scans for my head that they didn’t take me to.”

Nacro survey responses, 2024

“External appointments, some urgent and serious, have been missed through no fault of the prisoners, often due to the non-availability of prison staff. The prison has now allocated an operational support grade staff member to drive men to hospital appointments when needed. Some outside hospital appointments were missed because there were not enough staff escorts available or, on other occasions, because taxi services were unreliable.”

IMB Annual Report for HMP Birmingham for July 2022-June 2023⁷⁵

The impact on people of not getting access to treatment when they need it can be significant. From our survey, we know over half of people (60%) who had difficulty accessing appropriate treatment then had longer periods of pain and discomfort, with almost one in four (22%) saying they were left with a long term health condition. One in eight (12%) said that they were unable to work when released from prison as a result. We also regularly hear that this fuels the trade in both illegal and prescription medication in prison, and some reported taking drastic action, such as pulling out their own teeth because they were unable to get the appointments that they needed.

74 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7377725/>

75 <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/13/2023/10/Birmingham-IMB-2022-2023-annual-report.pdf>

The impact of not getting required treatment

The people we surveyed who had difficulty in getting the treatment they needed reported the following consequences:

- 60% said they had a longer period of pain and discomfort
- 22% said they were left with a long-term injury or illness
- 13% said they weren't able to work when in prison
- 12% said they weren't able to work when released from prison
- 29% said it caused mental health issues or exacerbated pre-existing issues
- 24% said that the medical treatment they then needed was more complex and difficult than it should have been

The people we surveyed also said they had witnessed the following things in prison:

- People who were injured or unwell that were not given medical help (70%)
- People who weren't able to get the medication they needed (75%)
- People using other people's medication (65%)
- People using illegal substances because they couldn't get legitimate medication (64%)
- People doing dentistry on themselves or others (34%)

“On lots of occasions I saw people going untreated for illness and injury, lots of swapping meds and self-medication going on, too many to list individually.”

“People were using other people's medication as they could not get a script. Prisoners were always using other people's medication. Prisoners always using illegal substances because they couldn't get a script.”

“I was getting a bad toothache so I decided to pull out my own problem teeth.”

Nacro survey responses, 2024

Case study: Ian's Story

When I was in prison I fell and injured my leg while playing football. It was really painful and I thought I'd broken a bone, but staff did not take me seriously and I had to crawl off the pitch while the game continued. I waited in the rain for an hour until a wheelchair was found and I was then taken to the healthcare centre in the prison. I told staff that I thought I needed an x-ray, but staff were really dismissive, and I was basically told that I had another ankle, and I should just use that.

I went to healthcare on four occasions over the next nine days before I was finally given an x-ray in the prison. It was then another two days before I was taken to hospital for a second x-ray when it was confirmed that I had a displaced fracture of the fibula. During all this time, I was only given paracetamol for the pain. The prison didn't give me any crutches, but luckily one of the prisoners who worked in the prison's recycling centre found some which he brought back to the wing for me.

I still have problems with my leg now, almost two years later because of the delay in getting the treatment I needed. I've always worked in manual labour, and so I haven't been able to work since being released.

Issues with medication

There are a number of issues that can arise with the provision of medication for people in prison. Prison healthcare teams will not always prescribe medications that people have been receiving in the community (because of the risk that they will be illegally 'traded' with other people in prison), and we are sometimes told that the alternative medications provided, particularly for pain relief, are insufficient to manage pain levels. It appears to vary from prison to prison as to which medications are permitted.

This can be particularly challenging for people who go in and out of prison on short sentences, as we are told that community GPs often re-issue medication when they are back in the community which starts the cycle again if they later return to prison.

“I see diabetics refused their insulin. I see one man denied his pain medication prescribed by his outside GP. I see a man requiring heart meds after a heart attack repeatedly messed around for weeks on end without meds. The list is endless in truth.”

Nacro survey responses, 2024

We also know that there can be issues with medication not being provided, or not being provided at the right time. The IMB at HMP Wandsworth noted that there were 88 recorded incidents from June 2022 to March 2023 (10 months) of critical medications not being administered.⁷⁶

⁷⁶ <https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/13/2023/10/Wandsworth-IMB-annual-report-2022-2023-.pdf>

“I have to take medication in the evenings that makes me drowsy. When I was in prison, I had to take it in front of the nurse at the meds hatch at about 3 or 4 o’clock and then go to work on the servery. I was always half asleep, it was quite dangerous really.”

Member of the Justice ExChange

“When I first started to get toothache, a prison officer told me that I had to order paracetamol on canteen [the prison ‘shop’], which meant I had to wait over a week for my next canteen delivery to have any pain relief. I was in a lot of pain, and couldn’t do anything about it.”

Member of the Justice ExChange

“They just don’t care about people like us. We’ve done something wrong to end up in prison and so they just don’t think we deserve anything.”

“Truthfully, the healthcare system in prison is a joke and I feel that it’s a constant battle as we’re viewed as using medications as currency, and I’m not saying it’s not to some prisoners, just not all.”

“I think the people throw away some applications because they can’t be bothered.”

Members of the Justice ExChange

Lack of agency/feeling ‘unseen’

The first commitment of the Health and Justice Framework for Integration 2022-25 is putting the patient voice at the centre of everything NHS England does. However, we are often told that people in prison feel that they do not feel they are taken seriously by staff and medical professionals, and they feel that their health concerns are minimised or dismissed. We are sometimes told that people feel they are unable to get the appointment that they need to discuss their medical condition with the right person.

Case study: James’ Story

I woke one morning to find that one side of my face had ‘dropped’. I was really worried as I thought that I was having a stroke. I knew that getting immediate treatment could be vital to ensure a good recovery and so I pressed my cell bell and asked to see a nurse urgently. No one came to see me for over 45 minutes during which time I was really worried and upset. When the nurse came she took my blood pressure and told me that she didn’t think I’d had a stroke – I then didn’t get any further information or advice until about a week later when I finally saw the GP.

Fortunately, it was then confirmed that I had not had a stroke, but an episode of Bell’s Palsy. Thankfully, I have now largely recovered from this, although I still have problems with eating and with blinking in one eye.

I was given blood pressure medication because of the Bell’s Palsy, but I did not have any further monitoring of my blood pressure during my time in prison and so I did not know if the medication was working. I have only been able to get this sorted out since my release and I was told by my GP that I had not been given the right amount of medication.

We also often hear from people in prison that they believe they don’t get the treatment they need or appointments within a reasonable time because the staff simply don’t care, often assuming that people are not genuinely unwell, or staff don’t believe that they deserve to be seen.

Transfers within the prison system

We are often told about issues with healthcare when people move to a new prison. This can include causing a break in someone’s treatment at a hospital in the community, or going to the bottom of a waiting list to see a medical professional such as an optician or dentist at the new prison. We also hear that transferring to a new prison can cause issues with medication, especially where there are differences in local practices in terms of which medications they will prescribe.⁷⁷

Transition to the community

We know that registering with a GP and accessing appropriate healthcare is one of the most important immediate activities for people leaving prison, alongside finding somewhere to live and setting up financial support. GP registration is the access point to wider NHS services and is particularly important due to the high level of health needs amongst people in prison. Yet as previous Nacro research has highlighted, despite NHS guidance, people continue to be unable to register with a GP when released from prison if they have no proof of ID or address.⁷⁸

There is much that can be done to ensure a smoother transition to health services in the community on release from prison. Arrangements should be in place to ensure that everyone is registered with a GP in the community before they are released from prison and linked in with community health services. However, we know that this doesn’t always happen in practice.

As mentioned previously, the GP2GP system should ensure that people are able to re-register on release with a community GP who will be able to receive their full patient record inclusive of treatment in custody.

77 <https://www.nice.org.uk/guidance/ng57/evidence/appendix-v-pdf-2672652639>

78 <https://www.nacro.org.uk/wp-content/uploads/2023/05/GP-Report-Turned-Away.pdf>

The solution

Improving the health of people in prison is essential to ensuring that when people return to their communities they have the best chance of creating positive futures. Prison offers a critical opportunity for tackling health inequality in a way that can deliver benefits to people in prison and places they return to.

In addition to providing the right treatment, screening and advice, we must ensure that prisons are not the cause of health problems, nor should they contribute to a deterioration in someone's pre-existing health issues, either because of a poor prison environment or difficulties accessing treatment and support.

In working to improve the system to ensure that people can access the treatment they need, specific attention should be paid to particularly vulnerable groups, including women, older people, people with chaotic lives, people from Black and other minoritised communities, and those serving long sentences.

Recommendations

We make the following recommendations to Government, the Ministry of Justice, HMPPS and NHS England. These have been developed in collaboration with members of Nacro's Justice ExChange, frontline staff, and policy team:

Our recommendations focus on: tackling the overuse of imprisonment; limiting the impact on physical health, and overcoming the barriers to accessing healthcare services.

1. Tackling the overuse of imprisonment

The challenge of providing a safer and healthier prison environment begins by managing the number of people going into prison. Fundamentally, prisons are not healthy environments, and so policies that aim to reduce overcrowding and provide alternatives to imprisonment must form part of a conversation on a Whole-of-Government approach to prison health and what it could be.

- **Short sentences:** Government should commit to ending short prison sentences of 12 months or less. Government must also ensure that a range of high-quality support options and community orders are available nationally. These should be delivered promptly to a high standard to ensure that people get the support that they need. We must also ensure that judicial knowledge of, and confidence in, community orders is built and maintained.
- **Women:** We welcome the Government's commitment to reducing the number of women in prison. It is important that imprisonment is reserved for only the most serious offences where this is required to protect the public.

2. Limiting the impact on physical health

We need to tackle the unhealthy environment provided to people in prison. We know that people in prison tend to already have worse health than the general population, and so making sure that the prison environment doesn't cause further harm to their health is vital to ensuring that people can live healthy lives on release to enable them to contribute to society and not being a financial burden on the NHS.

The NHS has committed to developing a whole prison approach to health and wellbeing, to support equitable access to care for all. This includes working with HMPPS to address restricted regimes, curbs on association and visiting to facilitate an environment which promotes health and wellbeing.⁷⁹

We recommend the following to support with this:

- **Time out of cell and purposeful activity:** People should be unlocked for at least the HMIP minimum of 10 hours each day. Time out of cell has an important role to play in supporting good physical and mental health, and prison regimes should be built around the wellbeing of people in prison.
- **Activities:** A wide range of activities in association time should be available, with enough facilities, or a rota system, to enable fair access. This should include a range of physical activity, including access to gym equipment.
- **Diet:** A review of the prison diet (and budgets) is particularly important in view of the cost of living crisis in order to ensure that prisons are adequately funded to provide a varied and healthy diet that caters to all dietary restrictions.
- **Healthy living:** There must be renewed efforts to ensure that people in prison have the tools available to them to make healthy living choices. This includes diet and exercise as well as to focus on harmful behaviour such as substance misuse.
- **Physical environment:** All future maintenance and development of the prison estate and the planning of prison regimes should consider the impact on people's physical and mental health, and ensure that the physical environment in prisons adequately takes account of the needs of people with disabilities and the growing older population.
- **Staff relationships:** It is important to ensure that relationships between staff and people in prison are built on mutual understanding and respect, and that the prison regime provides the protected time needed for prison officers to undertake the keyworker role, and that private spaces are available for prison officers and other staff to carry out one-to-one meetings with the people in their care. Creating an environment where relationships between staff and people in prison are based on mutual respect will help to ensure that people in prison have their healthcare needs taken seriously.

⁷⁹ <https://www.england.nhs.uk/long-read/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/#:~:text=and%20save%20lives.,Our%20programmes%20of%20work,which%20promotes%20health%20and%20wellbeing.>

3. Overcoming barriers to accessing healthcare services

- **A fully integrated approach to health:** Mental health, physical health and substance misuse issues and support are inextricably linked, and we urge all policymakers to take a fully integrated approach to the health needs of people in prison.
- **Ensuring equitable health outcomes:** We must ensure that everyone in prison has access to the treatment, screening and advice they need to support good physical health. The focus should be on ensuring equitable health outcomes for people in prison, which may mean providing more services than might be needed in the general population. People in prison must have easy access to information about the standards of treatment that they can expect, including waiting times, for all health services that they encounter in prison.
- **Inspection and monitoring:** Inspections of prisons are conducted by HMIP jointly with the Care Quality Commission (CQC). CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety, and publish what they find. We need to ensure that commissioners of services also engage proactively with the services to monitor and ensure that the required standards of care are being delivered. Where HMIP and CQC finds that standards are not met, there should be a requirement for clear improvement plans and additional emergency funding made available where appropriate.

There are a number of things that need to be in place in order to ensure that current resources are being best utilised, and that people are getting the treatment they need:

- **Provision of medication:** We recommend the establishment of a review into the provision of medication within prisons. This should include input from health providers both in prison and the community, HMPPS, the Ministry of Justice, the voluntary sector, and people with lived experience of the system. The remit of the review should include:
 - Medication review and provision on first arrival in prison or on transfer within the prison estate,
 - The timely provision of medication within the prison environment,
 - Management of medication that is considered 'tradeable' in prisons and their continued use in the community,
 - Standardising the availability of medication across the prison estate and between healthcare providers.
- **Prison regime:** Attendance at medical appointments must be prioritised within regime planning to minimise the number of appointments missed due to staff shortages or issues with the prison regime. There should be no loss of wages where work or education is missed to attend medical appointments.
- **Escorts:** Ensuring that enough staff are available to escort people to hospital is an essential element of improving access to healthcare for people in prison. Consideration should be given as to how the resource required for prison escorts can be centralised and/or ring-fenced in order to ensure that escorts are available, and that this does not impact on the delivery of the prison regime for the rest of the population within an establishment.
- **Increase access to outpatients via telemedicine consultations:** A greater number of telemedicine appointments in prison could improve access to outpatient care in line with the NHS's Long Term Plan (2019), which aims to reduce the number of face-to-face outpatient appointments over the next five years. In addition, it could reduce the costs to the NHS of escorting prisoners, although it should be noted that access to appointments within prisons can also be affected by staffing issues.

Conclusion

People who come into contact with the criminal justice system are often amongst the most vulnerable in our society. It is clear that mental health, physical health and substance misuse issues and support are inextricably linked, and we urge all policymakers to take a fully integrated approach to health.

A term of imprisonment can be a genuine opportunity to improve someone's physical and mental health, together with tackling substance misuse issues, and make a positive impact on their future. However, both existing evidence and new survey findings for this report show that there are still significant problems with access to care, and people in prison are often not getting the level of care to meet their needs or as they would receive in the community. In addition, these challenges are exacerbated by problems within prisons themselves, such as staff shortages, overcrowding, lack of purposeful activity and poor diet.

The health of people in prison must not be made worse by coming into contact with the justice system, and appropriate treatment and support should be provided. We hope by shining a spotlight on the direct experiences of people in prison, this report will reinvigorate action and focus in this area. This will help give people the best chance to create better lives for themselves on release. This is the right thing to do for individuals, their families and communities as a whole.



About Nacro

At Nacro we see people's future whatever the past. That's why our housing, education, justice and health and wellbeing services work alongside people to give them the support and skills they need to succeed. It's also why we fight for their voices to be heard and campaign together to create lasting change.

We deliver services across each part of the criminal justice system – from liaison and diversion services at police custody and court to prison resettlement services. We deliver the national Community Accommodation Service Tier 2 on behalf of the Ministry of Justice, housing prison leavers on Home Detention Curfew and those bailed from court in need of an address.

Nacro's campaigning work is built from the real-life experiences of the people we support and our frontline staff. From this, we use our research experience and our knowledge of what works to help shape our own services, and to inform policy and shape best practice. We work closely with Government, public and private sector partners to ensure that our knowledge and research creates change and has impact.

We work alongside the people we support to provide solutions to the barriers and challenges they face.

We are grateful to all members of the Justice ExChange for giving their time, energy and ideas to help focus our campaigning work.

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