



PROGRAMME OF RESEARCH ON PATIENT AND CARER-CENTRED SERVICES - CONTINUITY OF CARE FOR OFFENDERS

RESEARCH BRIEFING (REF: PCC190)

1 Introduction

The SDO Programme wishes to commission one empirical study on continuity of care in respect of health care for offenders in England and Wales. Health care delivery in prisons is an area of increasing international concern (WHO 1999), as prison populations spiral (NOMS 2006; Home Office 2001) and the prevalence of health problems within prisons increase (Her Majesty's Prison Service 2001). The prison service in the UK has historically provided its own healthcare facilities, employing its own doctors and nurses. This has led to a system in which prisoners have had variable access to health care services (Brecht et al 1996), less than optimal care (DH 1999) and one in which health professionals have felt isolated and held lower status than their NHS counterparts (Her Majesty's Inspectorate for Prisons for England and Wales 1996). The Government committed itself to counteract these inequalities in the report 'Changing the Outlook' (DH and HMPS 2001). The aim of this report was to improve the organisation and delivery of health care services for prisoners using the principle of equivalence of care which would give offenders 'access to the same quality and range of health care services that the general public receives from the NHS' (DH & HMPS 2001). As a result, from April 2006, health services for offenders have been commissioned by the local NHS and delivered in partnership with the prison service and the National Offenders Management Service (NOMS).

The improvement of offenders' health care services has nevertheless posed a significant challenge as prisons are overcrowded and lack skilled health care staff. In addition, the focus within the prison system is not necessarily on the health of offenders as it can conflict with the divergent ideologies of social exclusion and 'the need for security and discipline' (Reeder 1991). Health problems amongst offenders are reported to be considerable and problems of particular importance are consistently reported as being mental health, substance abuse and communicable diseases (NOMS 2006; The Sainsbury Centre for Mental Health 2006; Watson et al 2004). In many cases prevalence of these conditions is far greater than in the general population: for example 90% of prisoners have a mental health problem and 70% have two or more (Prison Reform Trust 2005); 80% of prisoners smoke (Her Majesty's Prison Service/Department of Health 2001) and the prevalence of sexually transmitted

diseases is 20 times greater than in the general population (Potts 2000). With regard to service delivery, the evidence is that particular attention needs to be focused on effective partnerships, with, for example, secondary services and specialist services (Watson 2004; Malloch 2000); continuity of care both between prisons and between prison and the community on release (The Sainsbury Centre 2006; Watson 2004); older prisoners (Fazel et al 2001); and health promotion (DH 2001; Carager et al 2000; Smith 2003).

2 Continuity of care for offenders

Continuity of health care in prisons is challenged by the very nature of a system in which a high turnover of offenders are moved with little notice between prison wings and from prison to prison. There are certain characteristics of the offender population which compound the problem: for example, poor concordance with treatment planning and problematic lifestyles (Williamson 2006). There are also particular service delivery challenges within prisons including difficulty in planning care pathways in the context of unexpected transfers between prisons; poor communication and collaborative working between care teams, with many teams working independently of each other; and poor protocols for collecting health care information (Sainsbury Centre for Mental Health 2006).

Continuity of care between prison and the community has also been reported to be a huge challenge in London (Sainsbury Centre for Mental Health 2006), particularly for those with mental health problems (Williamson 2006). Disputes over catchment areas and thus agency responsibility are common (Sainsbury Centre for Mental Health 2006), particularly as many offenders are of no fixed abode on entry to prison and at least 50% were not previously registered with a GP (Social Exclusion Unit 2002). The National Service Framework for Mental Health (DH 1999) requires that individuals should have their mental health needs identified and assessed and referral to further specialist assessments be made if required. The screening procedures in prisons have been reported to be ineffective and health needs not necessarily identified (Parsons et al 2001). Work is being done to develop appropriate and validated assessment tools and protocols (Birmingham and Mullee 2005; Cors et al 2003).

Some of these issues about continuity of health care for offenders have been addressed in a recent Prison Service Order (3050, HM Prison Service 2006). This order provides best practice guidelines to be followed in all prisons and on release with regard to assessment at vulnerable points in the system i.e. reception, transfer and release; and, with regard to information management and communication systems, to ensure a smooth and appropriate flow of confidential information regarding the assessment of offenders.

It is essential to establish if the recent changes have helped overcome the previous problems in the service and helped to address some of the considerable concerns with health service delivery to offenders.

Applicants should familiarise themselves with the extensive programme of research on continuity of care which the SDO Programme has already commissioned. This concerns, *inter alia*, multi faceted definitions of the concept of continuity of care. Details can be found on the SDO website www.sdo.lshtm.ac.uk.

3 Current call for proposals

The SDO Programme is inviting research proposals for a three year study to address the following topic, in respect of England and Wales:

Following the recent organisational changes to health services for offenders, which affect both planning and delivery of services, what is the current situation concerning continuity of care for offenders during their contact with the criminal justice system (both in custody and in the community)? What are the current facilitators and barriers to improving continuity of care in the newly configured services?

Applicants should include consideration of the following issues:

1. What are the essential elements of continuity of care for offenders?
2. How effective have the prison services guidelines on continuity of care been in promoting continuity of care?
3. What models of service delivery are proving most effective in promoting continuity of care both during custody and on release? What are the resource implications of delivering such services?
4. Do the new arrangements for planning and delivering health services to offenders have the effect of disadvantaging any particular groups of offenders, such as ethnic minorities, young offenders or women (including issues concerning pregnancy, childbirth and post natal periods)?

4 Methods

Applicants should provide a full description of the study design they propose, together with the methods they would use to address each of the above issues. The study will require both quantitative *and* qualitative perspectives. Applicants should demonstrate that they have the capabilities to undertake both of these aspects and, where appropriate, integrate between them.

5 Outputs

The SDO Programme is interested in ensuring that all projects produce a variety of outputs of practical use to diverse stakeholders. Outputs from this project should include:

- an executive summary; a lay summary (this content may be published by the SDO Programme) and a full report detailing conclusions about each element of the study; identifying any critical factors in improving continuity of care for offenders and clearly identifying areas for further research and how these might be addressed (See 'Application process and schedule')

6 Application process and schedule

- The process of commissioning the study will be in **two stages** and applicants should submit **outline proposals** via the SDO electronic Commissioning and Appraisal System (eCAS).

- Applicants must submit proposals online via the SDO website:
www.sdo.lshtm.ac.uk/ecashome.html
Further guidance regarding online submission is available on the eCAS website using the help guidance on each page. If you are a first time applicant you will need to register with eCAS. All applicants are advised to familiarise themselves with eCAS before the deadline for proposals.
- To ensure the efficient and equitable answering of additional queries, all questions about this research call should be sent by e-mail only to Genevieve.Casey@LSHTM.ac.uk with the words 'Continuity of Care for Offenders' in the subject/header. Questions received by **Wednesday March 14 2007** will have generic answers posted on the SDO website (www.sdo.LSHTM.ac.uk) by **Wednesday March 21 2007**. No other correspondence about this research call can be entered into.
- **Outline proposals should be submitted by 1pm on Wednesday March 28 2007.** No late proposals will be considered. No paper-based submissions will be considered.
- Following submission of outline proposals successful applicants will be notified no later than the **late April 2007**. They will then be invited to submit full proposals by **mid June 2007**. The outcome of the review of full proposals will be notified by **late July 2007**. The project should take no longer than **3 years** to complete and start no later than **Autumn 2007**. **Please note that these dates are approximate and may be subject to change.**
- **Funding of up to £400,000 is available for one empirical study, which should take no longer than 3 years to complete and start by Autumn 2007.** Proposed costs of the project should not exceed the limits stated. NHS R&D Programmes are currently funding Higher Education Institutions (HEI) at a maximum of 80% of Full Economic Cost (except for equipment over £50,000 – 100%). For non-HEI institutions, NHS R&D may fund 100% of costs. However, the SDO Programme reserves the right to award a grant for less than this maximum where appropriate.
- The SDO Programme will look favourably on proposals that include an element of research capacity building.
- Applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build in an active program for disseminating their research findings in policy, practice and research contexts.
- Applicants should ensure that their proposal complies with the Research Governance Framework. Successful applicants will be required to provide proof of research ethics committee approval for their project, if this is required. Further guidance on requirements can be found on the SDO website <http://www.sdo.lshtm.ac.uk/proposalresources.html>
- Successful applicants will be expected to attend at least one meeting with the SDO Programme at their central London offices during the project lifetime and, as such, should ensure that travel costs are appropriately

costed within the proposal budget. We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

- The successful applicant(s) final report will consist of three components. NCCSDO will provide templates and guidance notes for:
 - a 500-word executive summary
 - a 5000-word summary (content for a publishable SDO research summary)
 - a main report (plus appendices) which should not exceed 80000 words.

7 References

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Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.