

Understanding and improving the quality of primary care for people in prison: a mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research, or similar, and contains language which may offend some readers.

Published November 2024

DOI: 10.3310/GRFV4068

Plain language summary

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Health and Social Care Delivery Research 2024; Vol. 12: No. 46

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Plain language summary

People in prison often have health that is worse than people who live in the community. We do not know much about the quality of prison health care (how good it is). We also do not know much about what happens when people in prison go to see their doctor or nurse for common conditions, like asthma or diabetes. We need to understand how the quality of prison health care can be made better. This is the purpose of this study.

Between 2019 and 2022, we worked with people who had knowledge about prison health care, and they helped us focus on what was most important about clinical aspects of the quality of prison health care. We looked at 25,000 prison medical records to see if there were patterns in the data (the medical records were anonymous, so we did not know who was who). There were big differences between prisons. People who were in prison with a long sentence had better-quality health care than those with a short sentence.

We talked with 21 people who had been in prison and 22 prison healthcare staff who told us that quality could be influenced by many different things. They told us that one of the biggest issues was not enough healthcare staff in each prison. We took a closer look at mental health and found that health care was sometimes better for people with mental illness and sometimes worse. Mental distress was considered part of prison life by many people.

Overall, we found that there is a large amount of difference in the quality of prison health care. This is probably related to how health care is organised in local areas and prisons.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

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Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

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This article

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number 17/05/26. The contractual start date was in August 2019. The draft manuscript began editorial review in August 2022 and was accepted for publication in June 2023. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

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