PRISON SCREENING IN CM DESP

NEC
NEC Care

AUTHORS

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INTRODUCTION

In 2017 Central Mersey DESP received a mobile camera and van, enabling us to start screening in prisons for the first time.

AIM OF AUDIT

We have decided to review the data from our prison clinics starting in 2017 through to the present day, looking at levels of DR found, attendance rates and what happens to DS patients.

METHODOLOGY

We have 2 prisons within the programme that we visit quarterly to run screening clinics. Prior to each visit, healthcare admin send a full list of their current diabetic patients for us to validate and see who is due for screening or have moved out of area (MOA).

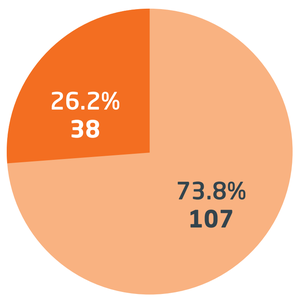
Thorn Cross CAT D = An open prison for males 21+. For those who can be reasonably trusted not to escape and pose no known threat to the public. Men can be released on temporary license to work in the community and/or have home leave. Holds approximately 400 prisoners.

Risley CAT C = A closed prison for adult males. These men cannot be trusted in open prison conditions and are likely to escape but pose low risk to the public. Holds approximately 1000 prisoners.

FINDINGS & RESULTS

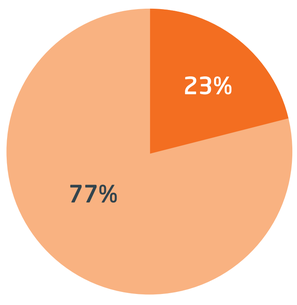
Uptake Rates

Thorn Cross Update 73.8%



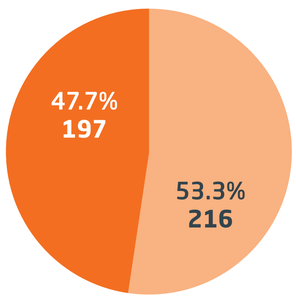
From June 2017 July 2024
Closed Appointments

General Population Update 77%



Average from June 2017 July 2024
Closed Appointments after 2021

Risley Update 52.3%



From June 2017 July 2024
Closed Appointments

From speaking to the Healthcare teams at both prisons we have the following reasons why the uptakes rates are lower than the general population.

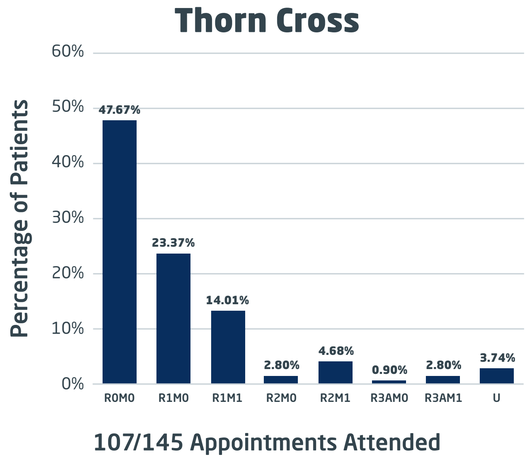
Thorn Cross we have noted that most patients who DNA their screening appointment had been on work release in the community on that day. There are also a smaller number who refused to attend.

With Risley we have a much higher number of patients who DNA due to refusing to attend or refusing to leave their cells. We have also had occasions that we have visited for clinic and prisoners have been unable to be moved to the healthcare block or have had to be moved back early due to security incidents within the prison, meaning our clinics had to end early. At Risley, prisoners are only moved between wings at given points of the day, whereas at Thorn Cross they can be moved at any time.

During Covid, both prisons had Covid Bubbles for inmates, so if one of that group had tested positive for Covid, the rest of the bubble could not be moved to attend appointments.

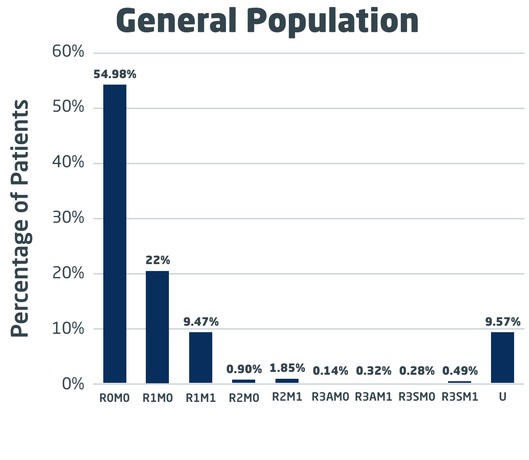
RETINOPATHY GRADES FOUND THROUGH SCREENING

Thorn Cross

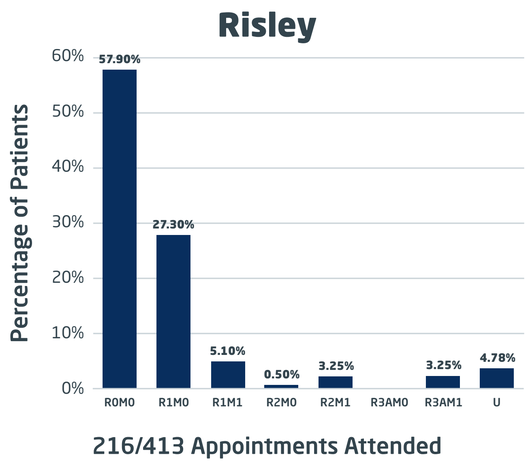


107/145 Appointments Attended

General Population



Risley



216/413 Appointments Attended

OUTCOMES

We are aware that individuals in the prison system face many health inequalities in their lifetime.

DES overall uptake for the two prisons was 57.9%, being considerably lower at Risley at 52.3% compared to Thorn Cross at 73.8%. The number requiring urgent HES referral was similar for both prisons. However, the rates of non-proliferative DR were higher at Thorn Cross prison.

Looking at levels of routine referable DR found this was slighter higher in the prison population, 12.7% to 12.2% in the general population. Their risk of developing STDR was higher, 3.41% than for the general population 0.46%.

Thorn Cross

6 (6.4%) patients required an urgent referral to HES, all were seen within 6 weeks, 2 required some laser treatment. 4 of these have been marked as out of area now, 1 is still under HES care and 1 has been discharged back to our service for cancelling and/or DNA'ing four or more appointments.

4 (4.3%) patients required a routine HES referral, all were seen within 10 weeks. 1 of these patients has been marked as out of are and 3 are still under care of the hospital service.

11 (11.8%) patient required 3/12 DS monitoring.

7 (7.5%) patients required 6/12 DS monitoring.

4 (4.3%) SLB- 1 patient was screened and then MOA, 1 patient MOA before SLB screening and 2 patients are still awaiting screening in a SLB clinic.

Risley

6 (12.9%) of these patients were referred urgently to HES. Of these patients, 1 is known to have received laser treatment. 1 patient attended 1st appointment then DNA HES then later MOA. 1 patient remains under the Hospital Eye Service for routine monitoring and the other 4 have been marked as MOA but had continued to attend HES appointments until then.

9 (19.4%) patients required a routine HES referral. 6 DNA HES then MOA. 3 continued under care of HES till MOA.

4 (8.6%) patients required 3/12 DS monitoring.

4 (8.6%) patients required 6/12 DS monitoring.

2 (4.3%) SLB - 1 has attended escorted to community SLB clinic.

A known health inequality in the prison population is the average life expectancy. The average male life expectancy in the UK is 78.6 years compared to 56 years for a male prisoner. While conducting this audit we found 11 HMP patients had screened were deceased. Only one of these had reached 78 years old. The mean age at death was 61.4 years and of these the youngest was 24 years old.

SUMMARY

The uptake for the two prison populations was 57.9%, and much lower at Risley at 52.3% compared to Thorn Cross at 73.8%. The risk for the prison population of developing STDR was higher at 3.41% than seen in the general population at 0.46%. The need for routine referral to HES was also slightly higher in the prison population at 12.7% compared to 12.2% for the general population.

CONCLUSION

Our findings highlight the importance of conducting DES in prisons with 6 patients in each of the two prisons requiring urgent referral to HES with the overall rates of STDR essentially similar at 3 to 4%. especially at Risley prison. Several patients both at Thorn Cross and Risley prisons also required ongoing HES surveillance and referred for either SLB or DS monitoring. Regular DES will now continue quarterly, and attempts will be made to improve the uptake rates, in particular at Risley prison.