NICE National Institute for Health and Care Excellence

NICE Pathways

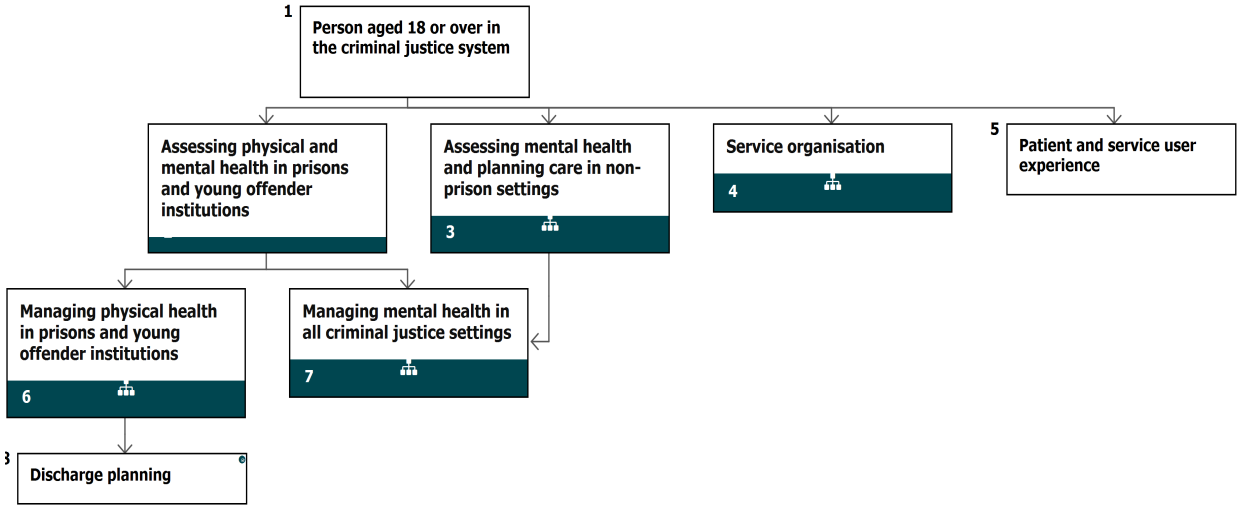
Health of people in the criminal justice system overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see:

http://pathways.nice.org.uk/pathways/health-of-people-in-the-criminal-justice-system
Pathway last updated: 06 September 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over in the criminal justice system

Use this guidance with any NICE guidance on specific mental health problems. Take into account:

- the nature and severity of any mental health problem
- the presence of a learning disability or any acquired cognitive impairment (also see what NICE says on assessing mental health problems in people with learning disabilities)
- other communication difficulties (for example, language, literacy, information processing or sensory deficit)
- the nature of any coexisting mental health problems (including substance misuse)
- limitations on prescribing and administering medicine (for example, in-possession medicine) or the timing of the delivery of interventions in certain settings (for example, prison)
- the development of trust in an environment where health and care staff may be held in suspicion
- any cultural and ethnic differences in beliefs about mental health problems
- any differences in presentation of mental health problems
- the setting in which the assessment or treatment takes place.

2 Assessing physical and mental health in prisons and young offender institutions

See Health of people in the criminal justice system / Assessing physical and mental health of people in prisons and young offender institutions

3 Assessing mental health and planning care in non-prison settings

See Health of people in the criminal justice system / Assessing mental health and planning care in non-prison settings in the criminal justice system

4 Service organisation

See Health of people in the criminal justice system / Service organisation for managing physical and mental health problems in the criminal justice system

5 Patient and service user experience

Use these recommendations with NICE's recommendations on:

- patient experience
- service user experience

to improve the experience of care.

6 Managing physical health in prisons and young offender institutions

See Health of people in the criminal justice system / Managing the physical health of people in prisons and young offender institutions

7 Managing mental health in all criminal justice settings

See Health of people in the criminal justice system / Managing the mental health of people in the criminal justice system

8 Discharge planning

Ensure continuity of care between custodial settings (including court), the receiving prison or during escort periods by, for example:

- providing access to relevant information from the patient record
- providing any medicines (including controlled drugs) (see below)
- issuing an FP10 prescription.

Carry out a pre-release health assessment for people with complex needs. This should be led by primary healthcare and involve multidisciplinary team members and the person. It should take place at least 1 month before the date the person is expected to be released.

Include the following in the care summary and post-release action plan for all people:

- any significant health events that affected the person while they were in prison, for example:
  - new diagnoses
  - hospital admissions

  - instances of self-harm
- any health or social care provided in prison
- details of any ongoing health and social care needs, including:
  - medicines they are taking (see below)
  - mental health or substance misuse
- future health and social care appointments, including appointments with:
  - secondary and tertiary care
  - mental health services
  - substance misuse and recovery services
  - social services.

Give the person a copy of the care summary and post-release plan.

Help people who are being released from prison to find and register with a community GP if they were not previously registered with one.

Before the person is released, liaise with services that will be providing care and support to them after they leave prison. This should include (as needed):

- primary care
- secondary and tertiary specialist services (for example HIV, TB, oncology)
- mental health or learning disability services
- substance misuse services
- National Probation Service
- community rehabilitation company (CRC)
- social services
- family or carers
- external agencies such as home care.

Managing medicines on release or transfer from prison

Hold a one-to-one discussion with the person to agree a plan for how they will take their medicine after their release from prison. This should include education about taking prescribed medicines. See also examples of critical medicines [See page 7].

Consider carrying out a medicines review for people who are assessed as needing extra support to manage their medicines on release or transfer from prison. For example:

- people with TB, HIV, diabetes, substance misuse or mental health problems
- people with neurodevelopmental disorders or learning disabilities
- people receiving end of life care
- older people
- people serving long-term sentences.

When a person is discharged or transferred from prison give them a minimum of 7 days' prescribed medicines or an FP10 prescription, based on a risk assessment.

Set up a process to ensure that people being discharged or transferred at short notice from prison are given a supply of their medicines or are given an FP10 prescription.

For recommendations on care for people moving from prison to another care settings, see what NICE says on communication during transfer of care.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

5. Medicines on transfer or discharge

Examples of critical medicines where timeliness of administration is crucial to prevent harm from missed and delayed doses

This table contains examples only and should be used in conjunction with clinical judgement. It is important to assess each person on an individual basis.

Area	Medicines
Cardiovascular system	Anticoagulants
	Nitrates
Respiratory system	Adrenoceptor agonists
	Antimuscarinic bronchodilators
	Adrenaline for allergic emergencies
Central nervous system	Anti-epileptic drugs
	Drugs used in psychoses and related disorders
	Drugs used in parkinsonism and related disorders
	Drugs used to treat substance misuse
Infections	As clinically indicated, such as anti-infectives or anti-retrovirals
Endocrine system	Corticosteroids

	Drugs used in diabetes
Obstetrics, gynaecology and urinary tract disorders	Emergency contraceptives
Malignant disease and immunosuppression	Drugs affecting the immune response
	Sex hormones and hormone antagonists in malignant disease – depot preparations
Nutrition and blood	Parenteral vitamins B and C
Eye	Corticosteroids and other anti-inflammatory preparations
	Local anaesthetics
	Mydriatics and cycloplegics
	Glaucoma treatment
Based on UKMi NPSA Rapid Response Report: Reducing harm from omitted and delayed medicines in hospital. Revised January 2016.	

Glossary

ACCT

Assessment, Care in Custody and Teamwork: a prisoner-centred, flexible care-planning system which, when used effectively, can reduce risk, primarily of self-harm. The ACCT process is necessarily prescriptive and it is vital that all stages are followed in the timescales prescribed

acquired cognitive impairment

any cognitive impairment that develops after birth, including traumatic brain injury, stroke, and neurodegenerative disorders such as dementia

appropriate adults

responsible for protecting (or 'safeguarding') the rights and welfare of a child or 'mentally vulnerable' adult who is either detained by police or is interviewed under caution voluntarily – the role was created alongside the Police and Criminal Evidence Act (PACE) 1984

body map

a diagram of the body on which physical injuries can be recorded

carer

a person who provides unpaid support to someone who is ill, having trouble coping or who has disabilities

carers

provide unpaid support to someone who is ill, having trouble coping or who has disabilities

contingency management

a set of techniques that focus on the use of reinforcement to change certain specified behaviours. These may include promoting abstinence from drugs (for example, cocaine), reduction in drug misuse (for example, illicit drug use by people receiving methadone maintenance treatment), and improving adherence to interventions that can improve physical health outcomes

Correctional Mental Health Screen for men (CMHS-M) or women (CMHS-W)

a screening tool that measures acute mental health issues present in people in prison. Questions are answered in a yes-no format, and then rated on a Likert-scale from 1 (low risk or need) to 5 (high risk or need), depending on severity

diversion

the transfer of any prescription medicines from the individual person for whom they were prescribed to another person for misuse

FP10

a prescription form – people who are released from prison unexpectedly can take an FP10 to a community pharmacy to receive their medicines free of charge until they can arrange to see their GP or register with a new GP

grab bags

medical emergency bags containing equipment and medication for dealing with common medical emergencies – the equipment may include dressings, automated external defibrillator, and oxygen; it may also include medicine, for example for treating allergic reactions (anaphylaxis)

in-possession

medicine is said to be held in-possession if a person (usually in a prison or other secure setting) is responsible for holding and taking it themselves

jail craft

learned, knowledgeable work depending on experience and fine judgements in a prison setting – often learned by new staff working in prisons through shadowing and being mentored by experienced staff

liaison and diversion

a service that aims to identify people who have mental health problems who come into contact with the criminal justice system before they enter prison. They may be able to liaise and refer people they identify with mental health problems to local services or divert someone out of the criminal justice system, for example by arranging a Mental Health Act assessment. A liaison and diversion service may be in the form of a street triage service or they can be based in police custody suites or the court cells

medicines reconciliation

the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated (adapted from definition by the Institute for Healthcare Improvement)

Multi-Agency Public Protection Arrangements (MAPPA)

arrangements designed to protect the public, including previous victims of crime, from serious harm by sexual and violent offenders. They require the local criminal justice agencies and other bodies dealing with offenders to work together in partnership in dealing with these offenders

Multi-Agency Risk Assessment Conference (MARAC)

a monthly meeting where professionals across criminal justice agencies and other bodies dealing with offenders share information on high risk cases of domestic violence and abuse and put in place a risk management plan

multidisciplinary team

a group of professionals from different disciplines who each provide specific support to a person, working as a team – in prison settings, a multidisciplinary team may include physical and mental health professionals, prison staff, National Probation Service and/or community rehabilitation company (CRC) representatives, chaplains, and staff from other agencies, such as immigration services and social care staff

Offender Assessment System (OASys)

a risk and needs assessment tool that identifies and classifies offending related needs, such as a lack of accommodation, poor educational and employment skills, substance misuse, relationship problems, and problems with thinking and attitudes and the risk of harm offenders pose to themselves and others.

street drugs

substances taken for a non-medical purpose (for example, mood-altering, stimulant or sedative effects)

street triage

schemes involving mental health professionals providing on-the-spot support to police officers who are dealing with people with possible mental health problems

SystmOne

a clinical computer system used widely by healthcare professionals in the UK to manage electronic patient records; SystmOne is the standard system currently used in prisons in England and Wales

Sources

Mental health of adults in contact with the criminal justice system (2017) NICE guideline NG66

Physical health of people in prison (2016) NICE guideline NG57

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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