

Oral healthcare in prisons and secure settings in England

February 2012



Dentists and dental teams involved in the treatment of prisoners and those in secure settings must be supported to provide the levels of care needed by their populations.

What is the problem?

Providing dental services in a prison environment presents dentists with many unique challenges, including concerns about threats to personal security, inability to move freely, and the requirements to deliver modern dental services in an environment that, in many cases, requires modernisation. Much of what is taken for granted in high street practices may be difficult to implement, while on the other hand practitioners find themselves bound by an additional prison rule book. Ensuring compliance with HTM 01-05 and other clinical guidelines in a prison environment with its strict security procedures, for example, represents an unusual, and not insignificant, challenge.

Secure settings are prisons, young offenders' institutes and secure psychiatric hospitals.

Why is it a problem?

Prisoner profile

Prisons are running at high capacity, with the prison population continuing to rise. Population in custody figures for February 2011 (England and Wales) showed there were 84,469 people in custody at the beginning of February and by the end of February there were 85,206, an increase of 737 (HM Prison Service Feb 2011). The picture in Scotland is similar according to the Auditor General for Scotland where "prisoner numbers in Scotland have increased significantly since 2000/01, with the highest ever number of 7,700 recorded in April 2008. The number of prisoners is projected to increase by almost 20 per cent by 2016/17" (Audit Scotland 2008:05).



Many prisoners suffer from mental health issues or learning difficulties, a higher proportion than the general population (Department of Health 2003:06). The prison population is a high needs yet vulnerable group with complex oral health needs which can be complicated by drug and alcohol addiction and dependence problems. In 2007, the World Health Organization reported that "prisoners with substance misuse problems are likely to report toothache very soon after entering prison, as any opiate drugs they took suppressed the toothache" (2007:148). In supporting prisoners through drug and alcohol rehabilitation programmes, the dental team is well placed to be part of the multi-disciplinary healthcare team.

An ageing population

The already complex needs of the prison population are exacerbated as prisoners enter old age. The prison environment has a significant impact on prisoners' general health, meaning that prisoners may be 10-15 years older physiologically than those of the same age outside prison. In addition, older prisoners suffer accelerated biological ageing, which has severe implications on oral as well as general health (National Association of Prison Dentistry UK 2010:1). "People over 60 are now the fastest-growing age group in the prison system in England and Wales.

In the last ten years, the number of sentenced prisoners over 60 has grown by almost 250 per cent" (Hayes & Shaw 2011:38). Heath and Iqbal report that "it is recognised that the prison population is generally from marginalised communities that have poor access to primary healthcare" (2007:42). This combination, of the ageing prisoner and poor access to healthcare in earlier life brings additional challenges to an already stretched prison healthcare system.

I recently met a woman in Holloway who had assaulted a member of staff and it turned out she had done it deliberately to prolong her stay as she was mid-way through dental treatment and it was the first time she had been to a dentist."

Crook 2009:31

Prison facilities and the provision of services

The prison environment often presents additional barriers to the delivery of appropriate and effective care to an already high-need population. The prison population often present with high needs, as emergency and urgent cases, and access or following through with care as a prisoner isn't always easy. The high turnover of prisoners in some institutions, particularly in remand or short-stay institutions, where short sentences or frequent transfers between facilities mean courses

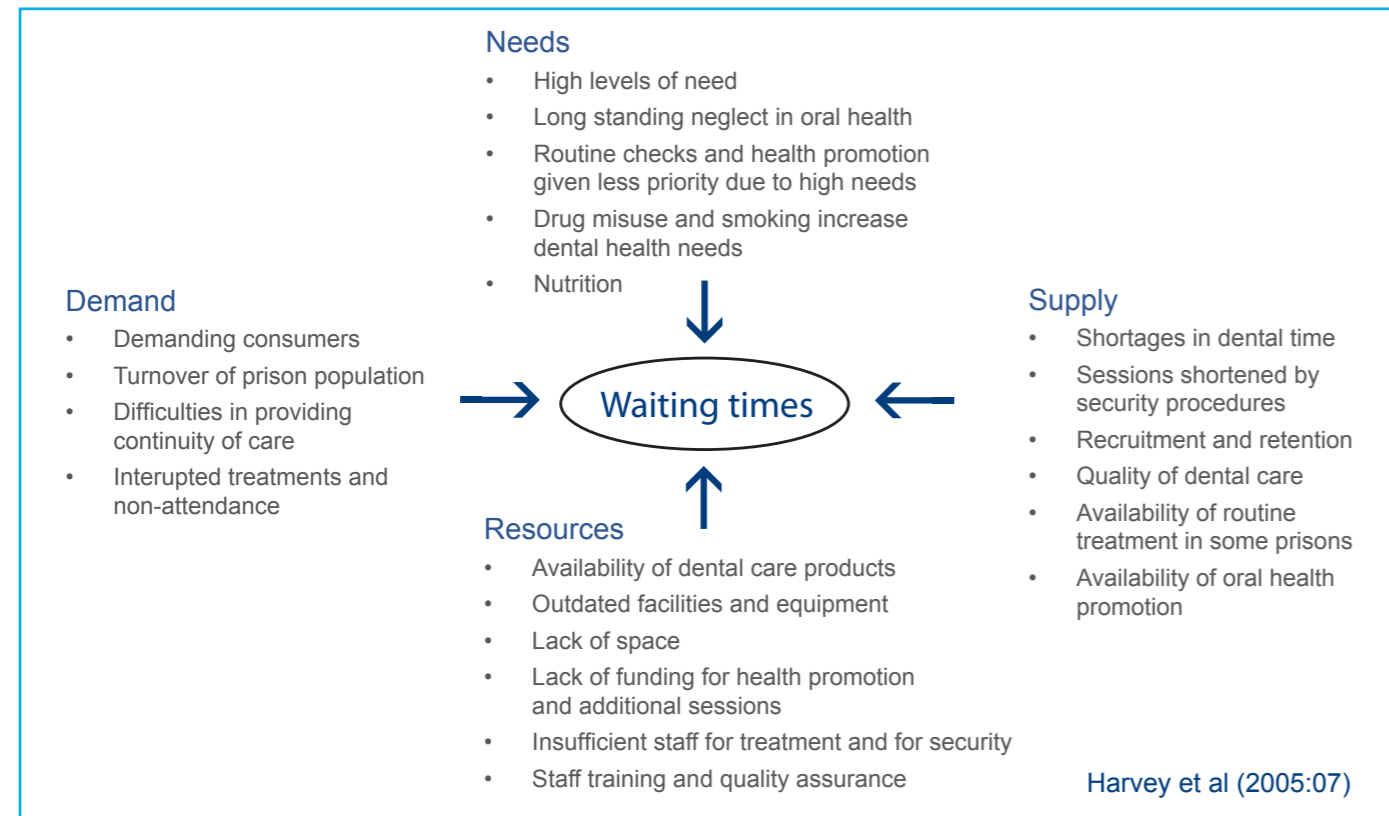
While treating this particular population provides many interesting challenges, the problems of providing efficient healthcare within the many restrictions imposed by the prison system can make it a frustrating experience."

Dr J Husband 2010

of treatment can go unfinished. When prisoners are transferred between facilities, this has implications for the oral and general health of the patient, the workload of the receiving dentist at the next institution and the additional cost to the NHS of commencing a new course of treatment where dental records are not transferred with the patient. On 12 April 2011, the Department of Health in England issued a press release about the improvements in prison health as a result of a national IT system in prisons and young offenders' institutes. The project aims to improve continuity of care for prisoners moving between prisons because of the installation of a new system containing up to date medical information, thus liberating clinicians to concentrate on patient care. We hope that advancements in IT will mean improved transfer of dental patient records, providing that the new

technology can be integrated into existing IT systems and includes dental health records.

The transient nature of the prison population hampers continuing dental care as well as providing a constant supply of new high needs patients. Given these issues, the challenge of providing effective dental care to prisoners is highlighted in the model shown by Harvey et al (2005:07).



Challenges to delivering care

Dentists and dental teams working in secure settings are committed to providing this important service but are often not appropriately supported to deliver the care needed by their patients. The NAPDUK guide to working in prisons suggests that “sometimes prison dentists and can face difficult dilemmas when existing prison regimes and safe clinical practice do not coincide and their ethical obligations as regulated professionals meant that they may have to challenge traditional prison practices” (NAPDUK 2010:i). It is important the increased regulation does not impinge on patient care particularly for the vulnerable patients found in prison and secure settings. It is also important that to ensure this, practitioners in such environments receive adequate support to enable the high standards of infection control and clinically safe environments are retained but in a manner suitable to the prison environment.

BDA survey results

In 2010, the BDA embarked on a project across the UK to gather evidence from prison dentists regarding the challenges of working in the prison environment. On average, over half of those surveyed had worked in prison dentistry for between six and 15 years, showing a dedication to treating these vulnerable members of society (BDA 2010:12). The survey results highlighted that 64 per cent of respondents said they would like to receive more training particularly around security or clinical training on patients with substance abuse issues. The clear message from the survey was that the delivery of dentistry within the prison structure was in many ways different to high street dentistry and care was not as easily deliverable in secure settings where infrastructure was sometimes built pre 1900, and where security (for obvious reasons) was inflexible.

What is the solution?

The BDA makes these recommendations to:

- Ministry of Justice
 - Department of Health
 - NHS Commissioning Board
 - Prison authorities
 - Dental Care Providers
 - Postgraduate Deans
1. **The Department of Health and the NHS Commissioning Board should ensure that prison dental healthcare services are suitably commissioned and/or contracted to ensure appropriate dental care for all.**
 2. **The Ministry of Justice, the Department of Health, the NHS Commissioning Board, Prison authorities and dental care providers should make clear the NHS offer and provide assistance to dentists if clinical decisions are not understood or agreed with by the patient.**
 3. **The NHS Commissioning Board and the Department of Health should put in place an agreement on the appropriate waiting time for initial examination, ongoing routine care and access to emergency provision with an outline for measuring these times.**
 4. **The Department of Health and the NHS Commissioning Board should develop an appropriate system for the transfer of patient oral health history in a timely manner when the patient is moved to ensure continuing care to be available to prisoners. The Department of Health recently committed to improving the transfer of medical records between secure settings, and the same commitment must be made for dentistry.**
 5. **The NHS Commissioning Board should establish a baseline of existing practices to ensure they are fit for purpose and appropriate resources should be allocated to correct deficiencies.**
 6. **The Ministry of Justice and the NHS Commissioning Board should ensure that the dental team is fully integrated into the prison health team and ensure open channels of communication.**
 7. **The NHS Commissioning Board, the Prison authorities and dental care providers should ensure that all dentists and dental care professionals new to the prison environment should receive a full induction to prison security protocol and given an immediate induction plan. Training on the following should form a mandatory part of the induction process:**
 - a. *general security*
 - b. *personal protection*
 - c. *situation de-escalation*
 - d. *handling difficult prisoners*
 - e. *understanding the criminal justice system*

8. The NHS Commissioning Board and dental care providers should *make all clinicians new to prison dentistry aware of the National Association of Prison Dentistry UK handbook, Dentistry in Prisons, which gives comprehensive advice from peers.*
9. Postgraduate Dental Deans should *make available more prison-specific clinical trainings courses on issues including*
 - a. *drug misuse and the impact on oral health*
 - b. *alcohol misuse and the impact on oral health*
 - c. *dealing with alcoholism*
 - d. *management of failed/failing dentition*
 - e. *medical emergencies in the prison environment*
 - f. *dealing with complex drug therapy*
 - g. *treatment planning for the transient population*
10. The NHS Commissioning Board should *ensure that NHS contracts should be awarded in such a way that they attract superannuation.*

How do decision-makers implement the solutions?

Dentists and dental care professionals working in prisons, young offenders' institutes and secure psychiatric hospitals should be supported to deliver the high quality care they want and need to give their patients. In England and Wales and recently in Scotland, prison dentists are accountable to two organisations: the NHS and the prison authorities causing confusion for prison dentists in England and Wales about where responsibility for an issue may lay and the dentist being "stuck in the middle" (BDA survey 2010:9).

The recommendations we make offer a way forward to ensure that practitioners providing care to patients in secure settings are supported to deliver appropriate care.

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