



# Best Practice Guidance: Providing Cancer Care for Prisoners in Wessex



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## Introduction

People currently serving a prison sentence form a marginalised group with complex health and social care needs and limited access to mainstream health services. This document has been created to promote shared learning and act as a tool for providing effective and equitable cancer care and support to prisoners. Whilst guidance is aimed specifically at cancer clinical nurse specialists, many of the practices are applicable and transferable to other health and social care environments.

The information contained is based on learnings from the Right by You Wessex service<sup>1</sup> in supporting prisoners at The Verne prison, Portland. The Verne is a category C male prison for people convicted of a sexual offence, and houses approximately 600 inmates.<sup>2</sup> As of April 2025, the Right by You service has provided personalised cancer care and support to 18 prisoners since its inception in November 2021.

## Background

### Ageing UK Prison Population

As of March 2024, the UK prison population was approximately 97,700.<sup>3</sup> The majority of prisoners are male (96%), and the proportion of inmates aged over 50 is increasing (10% in 2011, to 21% in 2024).<sup>3</sup>

### Prison Healthcare Services

There is variation between prisons in terms of the healthcare services that are available and how they are delivered, most are predominantly nurse-led.<sup>4</sup> Only category A & B prisons have 24-hour healthcare services, although these are predominantly to address transfers in. Category C & D prisons do not have overnight healthcare cover.

### Cancer and Prisoners

Nationally, cancer is the second cause of death for prison inmates.<sup>5</sup> Delayed access to care means cancer may be more advanced by the time treatment is underway, leading to longer and more complex treatments.<sup>4</sup> In addition, prisoners are 28% less likely than the general population to undergo curative intent treatment, in particular surgical intervention.<sup>6</sup> Second only to kidney disease, cancer is the most common reason for hospital admission among prisoners.<sup>4</sup>

## Local Context

### Dorset

There are three category C prisons in Dorset, two on Portland (HMP Portland and HMP The Verne). HMP Portland is a young offender institution for men aged  $\geq 18$  years.<sup>7</sup> The third, Guy's Marsh, a training and resettlement prison, is in Shaftesbury, North Dorset.<sup>8</sup>

### Hampshire and Isle of Wight

HMP Winchester is a category B men's prison and young offender institution in central Winchester.<sup>9</sup> HMP Isle of Wight is a high security category B men's prison set across two sites (Albany and Parkhurst). It predominantly holds men convicted of sexual offences.<sup>10</sup>

## Issues / Challenges

### Prisoner Health

- Prisoners are more likely to engage in high-risk behaviours such as smoking.<sup>5</sup>
- High levels of learning difficulties and poor literacy.<sup>5</sup>
- High prevalence of mental illness, multi-morbidity and frailty.<sup>5</sup>
- High levels of neurodiversity including ADHD, autism, brain injury and learning disability.<sup>11</sup>

### Prison Healthcare Provision

- There is limited availability of healthcare appointments. To access these, prisoners need to put in an application, which poses challenges relating to literacy.
- Prison healthcare teams experience difficulties in distinguishing genuine health concerns from malingering or malicious behaviour (e.g., access to drugs).
- Prisoners often experience issues with trust relating to healthcare professionals

### Issues Affecting Cancer Management in Prison

- With no overnight healthcare in category C & D prisons and generally limited healthcare access there is often an inability to proactively manage cancer. Whilst the prison healthcare team manage medical emergencies during operational hours, there is a reliance on prison staff to manage emergencies out-of-hours. This can result in serious but avoidable complications and means prisoners are often over-represented in their use of emergency services.<sup>4</sup>
- Community and voluntary services are inaccessible for prisoners

### Medication

- As standard, medication is dispensed by the prison healthcare team.
- Not all medication can be held in possession or taken at prescribed times.<sup>4</sup>
- Individual risk assessment is undertaken to decide whether prisoners can be in possession of PRN medications (with variation from daily to 28-day supply).
- Controlled drugs cannot be held in possession except for Oramorph.
- Oramorph daily dose bottles are expensive and highly sought after by other inmates, potentially putting the patient at risk.

### *Equipment*

- There are often gaps in equipment provision, due to reluctance of companies to supply prisons (as delivery takes much longer due to security).
- There are space limitations for specialised equipment like profiling beds.
- The prison environment is not facilitative to mobility issues.
- Prisoners can be reluctant to move into prison hospital wings for specialist pain relief or equipment provisions due to isolation from their support group of inmates.

### **Issues Affecting Cancer Management in Secondary Care**

#### *Attending hospital appointments*

- All secondary care appointments (e.g., for follow-up, cancer treatment) are arranged through the prison healthcare team. Miscommunication between prison & hospital teams can lead to delays in commencing treatment.
- At least two prison officers are required to physically escort a prisoner to and from hospital appointments.<sup>4</sup>
- Availability of officer escorts is limited. Despite allocation and escorts given utmost priority, with short notice they may be required elsewhere in the prison. As such, prisoners are twice as likely to not attend hospital outpatient appointments (40% non-attendance rate, the value of which equates to approximately £2 million for the NHS annually).<sup>4,5</sup>
- For certain cancers, management at tertiary centres or out-of-area is logistically difficult and requires extensive escort planning. In some cases, it may necessitate a prison transfer, which can disrupt a prisoner's support network.
- Patients will have limited time to prepare for appointments or treatment, as they are not informed ahead of time, with restrictions in place for security.

#### *Receiving Cancer Care in Hospital*

- Prisoners will be always handcuffed to an officer(s):
  - Individuals are never seen alone, so no opportunity for confidential conversations.
  - Officers can contact the prison governor for permission to remove handcuffs, however public safety is a priority.
- Patients have restricted time for ad-hoc follow-up conversations or tests due to scheduled return to prison.
- Inpatient stays require 24-hour officer coverage.

#### *Follow-up Cancer Care*

- All prisoner communications must be pre-planned (e.g. visits booked in advance) or made via prison staff
- Telephone calls require approval and timings are not guaranteed, thus there is limited opportunity for follow-up conversations.
- There is a lack of suitable environments for confidential therapeutic conversations in prison, and prisoners have restricted time away from cells.

### Family Communication & Support

- Family members are not allowed to attend hospital appointments.
- There are restrictions on information provided to family members (e.g., knowledge of dates for treatment) due to potential risk of attempted escape or unapproved visitors.
- Governor approval is required for non-prison healthcare professionals to contact family members. There may be restrictions on what can be discussed.
- Some prisoners may try to get you to contact those who they are restricted from contacting.

### Prison Release

- The transition from prison back to the community is a fundamental time to ensure continuity of care, particularly for those individuals with ongoing health needs.<sup>5</sup>
- Planning for release begins approximately 3 months in advance.
- Destinations for release can vary (e.g., approved premises, home, no fixed address), exclusion zones may apply, and prisoners may move out of area.
- Health and offending are often interrelated. Addressing health needs can reduce reoffending and have a positive impact on the overall health.<sup>5</sup>

### Recommendations

- Engagement with prison healthcare teams is essential for effective cancer care delivery.
- A joint care plan should be created:
  - To be held by the patient, prison officers and prison healthcare team.
  - That accounts for literacy levels.
  - That includes a validity date (to avoid abuse of document).
  - That includes information and explanations regarding:
    - ✓ Management of side effects from treatment (as prisoners may not be able to self-care or hold medications)
    - ✓ What to do out-of-hours in a crisis (including acute oncology risks and escalation processes)
    - ✓ Who holds medications (will vary by prisoner risk assessment)
- Ensure a 24-hour acute oncology number is available to all prison staff.
- It is useful for the prison healthcare staff to know if an intimate examination of the patient is likely.

### Resources

- The Verne contact details  
Email: [oxl-tr.admin.hmptheverne@nhs.net](mailto:oxl-tr.admin.hmptheverne@nhs.net)  
Telephone: 01305 825023

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