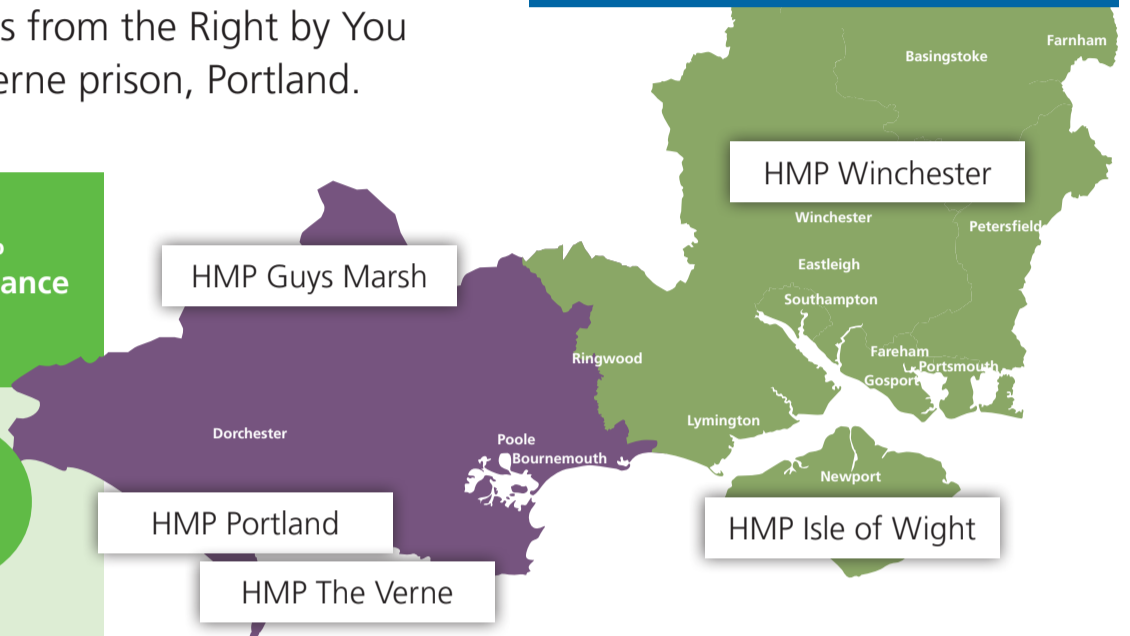





Best Practice Guidance: Providing Cancer Care for Prisoners in Wessex

Prisoners are a vulnerable group with complex health and social care needs.


The document offers practical advice for delivering equitable cancer care and support to prisoners. It is based on learnings from the Right by You Wessex service in supporting prisoners at The Verne prison, Portland.

There are 5 male prisons in Wessex
Three Category C prisons in Dorset
Two Category B prisons in Hampshire




<p>21% of UK prisoners are aged 50+</p>	<p>Prisoners are 28% less likely to have curative intent cancer treatment</p>	<p>Prisoners have a 40% non-attendance rate</p>
 <p>UK prisons house ~97,700 people (96% male); There is variation between prisons in terms of the healthcare services that are available and how they are delivered</p>	 <p>Cancer is the second leading cause of death in prisons; delayed diagnosis and limited treatment access are common. Cancer is the second most common reason for hospital admission among prisoners</p>	 <p>Prisoners are twice as likely to not attend hospital outpatient appointments, the value of which equates to approximately £2 million for the NHS annually</p>

Prisoners are more likely to engage in high-risk behaviours such as smoking. They are also more likely to live with mental illness, learning difficulties, poor literacy, multimorbidity and frailty.



Prisoners have limited access to healthcare appointments and often experience issues with trusting healthcare professionals. Staff have difficulties in distinguishing genuine health concerns from malingering or malicious behaviour (e.g., access to drugs).



Issues, Challenges and Recommendations

- It is a challenge to proactively manage cancer, with a reliance on prison staff to manage medical emergencies out-of-hours.
- As standard, medication is dispensed by the prison healthcare team. Not all medication can be held in possession or taken at prescribed times.
- There are often gaps in equipment provision and limited space for specialised equipment. The environment is not facilitative to mobility issues or confidential therapeutic conversations.
- Community and voluntary services are inaccessible, and family support is limited.
- The transition from prison back to the community can pose challenges to continuity of care, as prisoners may move out of area.


- Miscommunication between prison & hospital teams can lead to delays in treatment as pre-planning is required.
- At least two prison officers are required to escort a prisoner to and from hospital appointments.
- Patients have limited time to prepare for appointments or treatment, as they are not informed ahead of time, with restrictions in place for security.
- Prison officer escort and handcuffing limits privacy.
- Restricted options for unplanned follow-up conversations or tests due to scheduled prison return.
- Tertiary care access is logistically difficult.

Cancer Management in Prison



Cancer Management in Secondary Care



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- ### Recommendations
- ✓ Engage with prison healthcare teams for effective cancer care delivery.
 - ✓ Create a joint care plan to be held by the patient, prison officers and prison healthcare team, explaining the need for urgent assessment of the patient if they have side effects from treatment. This should account for literacy levels.
 - ✓ Ensure a 24-hour acute oncology number is available to all prison staff.

- ✓ Inform prison healthcare staff if an intimate examination of the patient is likely.
- ✓ Document what to do in crisis, including acute oncology risks and escalation processes, who holds medications (will vary by prisoner risk assessment) and a validity date (to avoid abuse of document)

For more information and to access our full document.

