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Delivering primary care in prison: the need to improve health information

Sudy Anaraki MD MSc MFPHM
Specialist Registrar in Public Health Medicine, Buckinghamshire and Milton Keynes Health Protection Team, Aylesbury, UK

Emma Plugge MRCGP MFPHM
Clinical Lecturer, Department of Public Health and Primary Care, University of Oxford, Oxford, UK

Alison Hill BSc MB ChB FFPHM FRCP
Consultant in Public Health Medicine, Programme Director, South East Public Health Observatory, Oxford, UK

ABSTRACT

Background Electronic patient records and access to electronic information resources are the cornerstones of delivery of modern primary care, and they will be necessary to deliver effective evidence-based patient care, provide needs-driven health care, assist research and improve quality of services. However, prison health needs assessments carried out in the South East region suggested that modern information technology was lacking in prison primary care. This is despite the fact that the principle of 'equivalence of care' has been guiding the recent prison healthcare reforms in response to concerns about quality of prison healthcare services.

Methods We visited all four male adult prisons in the Thames Valley area and conducted one-to-one semi-structured interviews with healthcare staff to investigate the information available to them, the quality and uses of the data, and their current information systems. We also ran a workshop with prison healthcare managers and other healthcare staff from prisons in the Thames Valley area.

Results Primary care staff in prisons record almost all clinical data on paper and do not have access to electronic clinical records nor to the internet. The main perceived barriers to implementing health information technology in prisons were concerns about potential breaches of security and discipline in prisons, anxiety about data security and a culture that gives low priority to health in prisons.

Conclusions To provide 'equivalence of care' for prisoners, primary care trusts need to implement full electronic clinical records in prisons and ensure staff have access to resources on the internet.

Keywords: health information technology, inequalities, prisons

Introduction

Equivalent health care for prisoners

The aim of prison healthcare services is to 'give prisoners access to the same quality and range of healthcare services as the general public receive from the National Health Service'.[1] This principle of 'equivalence of care' has been guiding the recent prison healthcare reforms in response to concerns about quality of prison healthcare services. Currently, prisons are responsible for the provision of primary care services to their inmates whilst the National Health Service (NHS) provides secondary and tertiary care. However, by April 2006 the responsibility for delivery and commissioning of all health care will be transferred from Her Majesty's Prison Service to the NHS and primary care trusts (PCTs).

Providing high-quality primary health care to prisoners has proved challenging for a number of reasons, most notably because of the high rates of illness within the prison population. Both male and female prisoners have high rates of mental illness, and

are more likely to abuse drugs or alcohol than the general population.[2] They are more likely to suffer from many infections – hepatitis B, hepatitis C and a number of sexually transmitted diseases.[3] Thus, although prisoners are a small population, they have high health needs. Prisons and PCTs have been working together to try to address these needs by carrying out health needs assessments and developing prison health improvement plans (HImPs). One key finding of a review of these in the South East region was that many prison healthcare staff felt that they did not have the information technology (IT) resources to support their clinical or epidemiological work.[4]

Health information and quality of health care

Health information is an important element of healthcare services. Accurate and timely information and reliable and secure ways of sharing information are needed to support healthcare staff in their clinical practice and to improve the quality and efficiency of the care they provide. The information strategy for the NHS, *Information for Health*, was published in September 1998.[5] *Building the Information Core: implementing the NHS plan*, published in January 2001, provided an update. The IT requirements mentioned in this report include electronic records, both within organisations and between them.[6]

The evidence suggests that electronic medical records are likely to enhance clinical performance and patient outcomes in some areas of health care, including preventive measures and drug dosing, and have potential for further improvement in other areas such as decision support systems for diagnosis and for the management of chronic diseases.[7–10] Many of the advantages, such as legibility and systems' ability to run queries, analyse data and provide epidemiological information, are self-evident and appreciated by those who use these systems.[11] Sharing of information and electronic transfer of data between healthcare organisations is one of the areas in which clinicians are keen to see improvement.[12]

Prison health information in the South East region

In 2002, the South East Public Health Observatory and the regional Prison Health Task Force jointly commissioned a project to identify available local information for provision of prison health services in the region, and compare these with available sources of information in primary care in the community.

Methods

We visited all four male adult prisons in the Thames Valley area and interviewed healthcare staff. We also ran a workshop with prison healthcare managers and other healthcare staff from prisons in the Thames Valley, Hampshire and Isle of Wight areas.

During the visits we conducted one-to-one semi-structured interviews with the healthcare managers, medical officers, general practitioners (GPs), nurses and healthcare officers to investigate the information available to them, the quality and uses of the data and their current information systems. Notes were taken and the relevant information was collected on a pro forma. We designed the pro forma after consultations with a number of experts in the field of health information and prison health.

The workshop for healthcare staff in prisons in the Thames Valley, Hampshire and Isle of Wight areas involved small-group discussions with feedback. Representatives from each establishment also completed a questionnaire. The aim was to gather their views on the purposes of health information to determine whether their existing prison information system could achieve these purposes, and to explore possible ways of improving prison health information.

Results

We were allowed access to all four male prisons in the Thames Valley area, and no member of staff declined to be interviewed. Representatives from seven out of the ten prison healthcare centres in the Thames Valley, Hampshire and Isle of Wight areas attended the workshop.

Clinical information on individuals

Prisoner medical records are kept on paper files known as inmate medical records or IMRs. None of the prisons we visited had computerised primary care information systems. Medical records consist of handwritten notes that are sometimes barely legible. In some cases, such as patients with multiple pathology or chronic conditions, these paper records could consist of several large volumes. The files include all clinical information, including GP notes, psychological and other referral reports, test results, prescriptions and drug administration charts. Retrieving relevant and accurate information on individual inmates during consultations could be difficult, time consuming or, in certain cases, even impossible.

Epidemiological data

As all medical records are on paper, prisons cannot easily analyse recorded data to produce health statistics, provide information at the population level, support audit, assess health needs, or for efficient planning and management of services. Prevalence of physical and mental health problems in prisons needed for the prison health needs assessments were mainly estimated, based on figures from the national surveys. No accurate data for the current population were available.

Access to online medical resources

Prison healthcare staff do not have access to email or the internet and are not able to use electronic medical resources such as the National electronic Library for Health, electronic journals, web-based clinical guidelines or medical search engines.[13]

Views of prison healthcare staff and managers

Prison healthcare staff and managers who attended the workshop agreed that reliable and usable health information is needed for the clinical care of individual patients, improving the health of the prison population and non-clinical purposes such as management and development. They believed that computerised health information systems similar to those used in general practice are needed in prisons to improve the quality of prison healthcare services. The main perceived barriers to implementing health information technology in prisons were concerns about potential breaches of security and discipline in prisons, anxiety about data security and a culture that gives low priority to health in prisons. They believed more debate and education could raise the profile of health services in prisons, and that prisons should be provided with appropriate investment to implement clinical systems and to provide training for the staff.

Discussion

Those providing primary care services to prisoners in the South East region do not have access to computers and modern health information technology. This finding is supported by a review of a number of health needs assessments in prisons in the South East region, which showed a paucity of easily accessible local epidemiological data in prisons.[4] Prisons in other parts of the country experience similar problems.[14–17]

Access to information is essential for development and improvement in health services. Inequity in access to the internet, and the digital divide between higher- and lower-income countries, concerned the World Health Organization (WHO) enough to consider improving access to information as an international priority.[18] Yet in a developed country such as the United Kingdom (UK), clinicians caring for prisoners still do not have access to the internet or computerised health information systems, while their patients usually have higher than average physical and mental health needs. Previous studies have highlighted the inequalities in health that exist between prisoners and the general population. In this study, we identified inequalities in access to the necessary information technology faced by clinicians attempting to address inequalities in health and provision of health care.

Lack of electronic clinical systems in prison primary care centres is a major impediment to provision of modern health care for prisoners. Health information technology can improve quality of patient care and has been used in primary care in the community for many years. By 2006, PCTs will be responsible for providing primary care in prisons, and during the current transitional period they need to support prison healthcare staff in gaining access to the same facilities and equipment, particularly IT infrastructure, that other general practices have. Computerisation, together with clarity over the reasons for recording clinical data, should help generate valuable data – data that can be used for health improvement and tackling inequalities. PCTs might see their future responsibility for prison health care as a real opportunity to tackle inequalities in their area. Ensuring that IT provision within the prison healthcare centre is equivalent to their other practices would be an appropriate and effective starting point.

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CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Dr Sudy Anaraki
Buckinghamshire and Milton Keynes Health Protection Team
Verney House
Gatehouse Road
Aylesbury HP19 8ET
UK
Tel: +44 (0)1296 318679
Fax: +44 (0)1296 310104
Email: sudyga@yahoo.co.uk

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