

Screened from view.

Inequalities in screening programme uptake among female prisoners

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“It’s so important to understand the context of the lives of these women outside of prison. The severity of their homelessness, their life stability. Committing crimes just to come back into prison, to access healthcare. These are an incredibly vulnerable population”

*Member of HMP Low Newton
Healthcare team*

Background – what did we know?



- Screening uptake in prisons is lower than in the community population
- The reasons for this are poorly understood
- Health inequalities – 11th decile....
- Cervical screening is at Low Newton, Breast screening is at the Queen Elizabeth Hospital (QE)

Low Newton Female Prison

- Only female estate within the North-East
- Situated in County Durham
- Houses adult female prisoners and young offenders aged 18+
- Closed prison and holds remand and sentenced female prisoners from across England
- ₃ Capacity of 336 prisoners.

Methods – What did we do?



- Steering Group
- Quantitative - data from HMPPS and Spectrum CIC
- Qualitative - Interviewed 43 women and staff at Low Newton, plus 25 written questionnaires and a focus group with the breast screening programme staff at the Queen Elizabeth Hospital Gateshead

Breast Screening

29 eligible

21/29 attended = **72%**

0 positive results

Gateshead BSP sits around **75%** Coverage

Results - Quantitative



Cervical Screening

248 eligible

159/248 = **64%**

Coverage 25-49 = **72.1%**

Coverage 50-64 = **75.8%**

89/248 “declined”

23/159 positive result

12/159 no result recorded on the prison healthcare system

“Better” (? Easier) access to healthcare in prison

“They (healthcare staff) do a fantastic job. I get better healthcare in prison than outside. I have a chaotic lifestyle and its easier for me to access inside. You get a full MOT whilst you’re in, it’s a good thing.”

“I’m making the most of the access in here. I’m trying to sort my life out. I want to be sorted for my son”

Relationships are the key to building trust. This extends beyond Low Newton into the QE hospital

“I got talking to a nice nurse who knew me, and she explained what would happen. She made me feel very at ease and relaxed. I trusted her”

“We go straight in and out. They meet us in the car park, and we go through the back door. The staff are polite and caring and really put the women at ease. They have a really good attitude to our women.”

Competing Demands

“There are competing demands. So, if they have a hairdressing appointment, they’ve waited ages for, or they’re meant to be at work they won’t go. If they don’t work, they don’t get paid so it’s a problem.”

“Often women don’t want to leave the wing because its association, or their unlocked, or at work. They are much more likely to go to an appointment if its during locked in time”

Women being on their period when called for screening

“I’ve been called twice in here but both appointments were booked when I was on my period. I really want to go but I’ve got no say when.”

“My first time called was while in prison. I didn’t know what it was for just healthcare. It was only when I got in the room I realised and I was on my period”

Fear, shame, embarrassment, previous bad experiences alongside positive experiences and peer support impact whether a woman attends her screening appointment

“It’s an embarrassing and shameful test. I’ve had a very chaotic lifestyle with drink issues and paranoid schizophrenia. Healthcare in prison is better as you’re noticed more”

“I’ve had it while in prison, but I had a bad experience. It was very uncomfortable taking off my bra and a loss of dignity. I was uncomfortable in the waiting room. It’s embarrassing being stared at all the time. It’s not very nice I didn’t like being handcuffed. Handcuffs is the biggest thing. It’s not a no to the test, it’s a no to the handcuffs”

“Patients are scared and embarrassed”

Physical space and the clinical environment.

“The women don’t like to be held in the waiting room. It’s a locked room, its busy and its noisy and they’re often in there with people they don’t like”

“The women find the holding area problematic. There is an officer in the vicinity but there is “crime on crime” animosity (a so-called hierarchy of crimes within the prison

“The holding area is problematic. It uncomfortable. It’s scary. It doesn’t feel like a caring environment”

“Our areas are scruffy. The paint is chipped, the seats are scratched. It smells awful. It’s not fit for purpose”

Incentives for the prisoners

“We had previous incentives with free knickers or a hot chocolate to come for screening tests, but this was considered a bribe by a previous security manager, so it was discontinued”

Our Recommendations



- Local
- Regional
- National

HMP Low Newton

- Education and managing expectation of healthcare upon release
- Use of peer groups to share experiences of screening
- Review evidence regarding incentive to improve uptake
- Consider removing male escorts in line with NHSBSP and utilising small pool of regular escorts

Spectrum CIC

- Change the way “declined” appts are recorded
- Consider recording the reason for “declined” appts at system level
- Design a way for women to indicate dates of regular period
- Inclusion of FH of breast cancer in reception screening form
- Give healthcare staff specific and designated time for health promotion

Regional

- Share work with relevant groups
- Aim to scale up and expand across all female estates
- Continue quality assurance of services commissioned

National

- Share at Section 7A public health meeting
- Raise issue of women “getting better healthcare” in prison at the highest levels of influence
- Review accessibility of data at systems level

Thank you



- Any Questions?

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