Oral Health Needs Assessment of the Prison Population in Wales: Executive Summary and Recommendations

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Purpose and Summary of Document:
This document reports on the findings of an oral health needs assessment, conducted in 2013, which focussed on the prison population of Wales. It provides a summary of the findings and a list of recommendations to improve prisoners' oral health and the delivery of prison dental services.

This summary is supported by a technical document.

Work Plan reference:
Oral Health Improvement and Service Planning
Oral Health Needs Assessment of the Prison Population in Wales: Executive Summary and Recommendations

Background

Currently, there are five prisons in Wales, all housing adult males, with a total capacity of approximately 3,300. In order to maintain a continual programme of improvement to health care in prison, health needs assessments (HNAs), as required by the HMP Inspectorate, are regularly undertaken. Public Health Wales is currently following a five year programme of thematic HNAs for prisons in Wales, and the theme for 2013/14 is oral health.

Aim and Objectives

Aim: To undertake an assessment of the oral health needs of the prison population in Wales to inform the future planning and development of prison dental services.

Objectives:

- Access information on the oral health status of prisoners
- Review the current provision of dental services
- Seek to determine the main factors that affect prisoners’ oral health
- Make recommendations to improve prisoners’ oral health and the future delivery of prison dental services

Findings

Oral health status

Prisoners rate their general health as considerably worse than men in the wider Welsh population. Similarly, 26% \( (n=33^1) \) of prisoners surveyed at HMP/YOI Parc and HMP Cardiff felt their dental health was good compared to 73% of Welsh participants in the Adult Dental Health Survey (ADHS) 2009 (Chenery & Treasure, 2011). At HMP/YOI Parc, prevalence of reported current dental pain was 28% \( (n=20) \), compared to 8% in the ADHS. Forty-seven percent \( (n=34) \) of prisoners surveyed reported experiencing bad

\(^1\) (n=numerator) for all data; limitations in the representativeness and comparability of the prisoner sample are described in the technical document.
toothache during their current stay in prison (average length 15 months) compared to 24% of Welsh participants in the ADHS reporting feeling pain in the previous 12 months (Chenery & Treasure, 2011).

Ninety-four percent (n=120) of prisoners surveyed at HMP/YOI Parc and HMP Cardiff reported having some natural teeth. This figure reflects the relatively young average age of prisoners, and is comparable with the wider population.

Of prisoners screened for dental treatment need at HMP Prescoed, 80% (n=39) were deemed to require treatment and 35% (n=17) were found to have at least one tooth that required extraction. This mirrors findings from HMP Cardiff, which showed that extractions are carried out in 35% of treatment courses. In comparison, the ADHS 2009 reported prevalence of at least one tooth with unrestorable caries was less than 10% amongst adults of similar age (Steele et al, 2011). Advanced periodontal disease appeared to be more prevalent amongst the screened prisoners at HMP Prescoed than the wider population.

Frequencies of treatment types provided at HMP Cardiff (April 2012- March 2013) are indicative of much higher rates of dental decay and infection, and higher treatment need amongst the prison population compared to the wider population.

**Provision of prison dental services**

There are different dental providers for each prison, with differing types of contractual arrangement, variation in activity reporting methods and use of IT that collectively make comparison between prisons difficult. Varied use of the computer system and the lack of secure email hinder the sharing of information within and between prisons. The small size of the workforce has implications for service continuity during leave and there are limited training opportunities for development of the future prison dental workforce.

Findings show that approximately 50% of prisoners in Wales attend the prison dental service at least once during a stay in prison. Problems with appointments are commonly reported, particularly waiting times, cancellations, or the unavailability of guards to accompany prisoners.

There is inconsistency in asking new entrants if they wish to be placed on the dental waiting list, and informing them of dental services and how to make an application. Triage systems using self-reporting mechanisms are open to manipulation and limited in their ability to prioritise patients. Normative need approaches to triage are likely to be more effective.
While the level of urgent treatment need amongst prisoners seems higher than the wider population, there is poorer access to urgent dental care. Care pathways for urgent treatment provision are unclear and inconsistent, whilst waiting times for dental treatment vary over time and between prisons, from between one and three months.

The number of sessions provided per week is dependent on the capacity of the prisons, roughly equating to one session per 150-250 prisoners. Treatment provision is limited by high fail-to-attend rates and frequent prisoner transfer/short length of sentences.

Issues with security clearance for the dental team at HMP Cardiff can hinder service delivery, whilst at HMP Swansea, the dental surgery equipment needs urgent replacement.

Generally, prisoners did not rate the prison dental services highly. Formal complaints received from prisoners were reported to be mostly regarding waiting times. The number of complaints was similar across prisons.

**Factors affecting prisoners’ oral health**

Lifestyle factors that can be barriers to good oral health are prevalent amongst the prison population. Approximately 80% of prisoners surveyed at HMP/YOI Parc and HMP Cardiff are repeat offenders, with almost 50% having been in prison three or more times before. Prisoners report much poorer dental attendance (prior to incarceration) than the wider Welsh population. Secondary sources of data highlight that amongst prisoners there is high prevalence of previous drug and alcohol abuse, and prescribed methadone use.

All the prisoners surveyed for this HNA considered their dental health to be important. When asked what could be done to improve prisoners’ dental health, prisoners felt that increasing access to dental services/more dentists would have the greatest beneficial effect, and 55% (n=69) felt that the inability to access the dentist as often as they needed was a barrier to having a healthy mouth.

Smoking was considered the greatest barrier to having a healthy mouth in prison, reported by 63% (n=79) of prisoners. Prevalence of smoking in prisons is reported to be as high as 80% (Tomlinson & Heathcote-Elliott, 2008).

Approximately a third of prisoners felt that their diet was detrimental to oral health. Foodstuffs bought in prison are mostly of low nutritional value and
high sugar content. There may be either a lack of knowledge, disinterest in or lack of healthier options, or price factors driving purchasing behaviour.

Over 70% (n=87) of prisoners surveyed reported brushing their teeth twice or more a day, and very few felt that they lacked the knowledge to look after their mouths. However, a large proportion of prisoners may be without basic toiletries such as toothbrushes for a period of time when first entering prison. Prisoners often buy oral hygiene items in addition to those provided, particularly whitening toothpaste, but purchases of mouthwash and floss are low.

Sixty-five percent (n=81) of prisoners surveyed felt that provision of oral health education within prisons was a good idea. However, some understood that behaviour change is a complex issue, and voiced negative views about the potential lack of interest or effect. Prisoners felt that oral health information would be best provided by leaflets, whilst some mentioned group discussions. Communication and cultural barriers need to be overcome in the presentation of information.

There appears to be a lack of current oral health promotion activities, but involvement of the Abertawe Bro Morgannwg University Health Board Designed to Smile team with HMP Swansea and HMP/YOI Parc highlighted areas of integration with other health promotion services, and working with families of prisoners.
Recommendations

**Recommendation 1** - A steering group should be established to oversee the implementation of these recommendations, with representation from all prisons. It is important that a core component of the group’s terms of reference is the monitoring and evaluation of progress.

**Improving Oral Health**

**Recommendation 2** - Oral health should be integrated into health promotion strategies using a common-risk factor approach. There should be representation by dental professionals in the development of strategies, which should include:

i. All new entrants to be provided with appropriate dental toiletries that must include fluoride-containing toothpaste and a quality toothbrush.

ii. Sugar-free prescribing whenever possible.

iii. Support for smoking cessation, including the national drive to ban smoking in prisons, greater provision of smoking cessation programmes, and nicotine replacement therapy.

iv. Healthy food policies with a greater choice of healthy foods/snacks, and efforts to ensure healthier choices are cheaper and appealing.

v. Collaboration of health promotion activities, including group discussion settings.

**Recommendation 3** - Oral health promotion leaflets and posters which provide information aimed specifically at prisoners (in terms of age profile, literacy levels, cultural differences, and motivations towards dental health) should be developed as a part of an overall oral health promotion strategy.

**Recommendation 4** - The potential of health promotion activities in the visits area should be explored and seen as an opportunity to access families which are often a hard-to-reach group for dental practice-based health promotion.

**Recommendation 5** - There should be provision of training opportunities within prisons for postgraduate dentists, in order to encourage dentists into this niche of care. This is particularly important as the size of the prison population in Wales increases.

**Recommendation 6** - There should be regular national surveying of the oral health status of prisoners, improved knowledge sharing, and support for research into oral health initiatives within prisons.
The Provision of Dental Services

Recommendation 7 - A national model specification for prison dental services should be developed for Wales, framing minimum standards but allowing flexibility to reflect local conditions.

This will better structure commissioning and monitoring of contracts and better facilitate service development. The national model specification should ensure that:

i. services are designed to meet equivalent non prison-based NHS GDS services, and to reduce the prevalence of dental disease amongst prisoners to match national levels.
ii. oral health promotion and disease prevention is a priority.
iii. prisoners have timely access to dental care, through waiting time standards set for emergency treatment, urgent care, routine treatment and review.
iv. the capacity of dental services better match the needs of the prison population and are reassessed with any restructuring e.g. short term prisoners may require more emergency care and stabilisation of oral health, whilst longer term prisoners may require continuing care and appropriate complex treatment.
v. specific arrangements for treatment involving laboratory work aim to minimise non-completion of cases.
vi. access to specialist dental services is timely and appropriate.

Recommendation 8 - A description of available dental services should be transparent and accessible to prisoners. Information about services should be provided to all new entrants, including what can be provided and the waiting times expected.

Recommendation 9 - Within each prison, there should be review of the accessibility of emergency equipment and drugs held within the dental surgeries, in conjunction with review of training arrangements for dealing with a medical emergency during dental treatment.

Recommendation 10 - All prison dental services should have a service continuity plan with arrangements for annual leave, study leave, sickness and other unforeseen circumstances. Local health boards and providers should review this within current arrangements and include in future service specifications.

Recommendation 11 - Developments to increase the prison population (such as at HMP/YOI Parc and Wrexham) need to consider dental services within the earliest planning stages.
**Recommendation 12** - Dental services should be included in overall prison governance frameworks, with greater integration of dental teams into the wider prison healthcare networks to avoid isolation and encourage collaboration. National dental audits should be introduced.

**Improving Care Pathways**

**Recommendation 13** – The journey of patients through prison dental services needs to be improved. This can be achieved through:

i. an increase in the number of secondary health screens completed in order to give all new entrants the opportunity to join the dental waiting list.

ii. read codes for referral to dentist being used universally by prison staff in order to better manage waiting lists and provide up-to-date and comparable information of service activity.

iii. greater consistency in the system of referral of patients from medical teams.

iv. continual review of triage systems used within each prison through discussion between prison staff and dental teams about how improvements could be made.

v. protocols on how staff should manage urgent dental problems when dental teams are not in attendance, including a care pathway for out-of-hours provision.

vi. policies for dealing with failed appointments that aim to improve attendance rates and can be audited.

vii. efforts to encourage continuity of dental care for prisoners when they leave prison e.g. advice sheets about accessing dental services provided on release.

**Dental Surgery Estate and Environment**

**Recommendation 14** – It is important that prison dental services are included within the statutory regulatory framework as applied to other dental services in Wales.

**Recommendation 15** - Policies for ensuring regular servicing, repair and replacement of dental equipment should be developed and agreed as a priority.

**Recommendation 15 (a)** - The dental surgery in HMP Swansea needs urgent renovation with investment of new equipment.
Recommendation 16 - Issues regarding security clearance for the dental team at HMP Cardiff need to be resolved in order to maximise the treatment times available for patients.

Information Technology and Data

Recommendation 17 – Inefficiencies in the use of IT and of data collection and management need to be addressed. This can be achieved through:

i. recognition that high quality and standardised dental data collected by all prisons would be greatly beneficial to commissioning, delivering and monitoring dental services.
ii. all dental staff contracted through the NHS having access to secure NHS email. This will allow confidential transfer of information (particularly important for HMP Prescoed, where prisoners are seen at a dental practice outside the prison) and may improve communication between prisons about laboratory work that could be transferred.
iii. dental clinical read-codes in SystmOne should be reviewed with removal of unnecessary or duplicated codes, to make the process of using the codes easier for dental teams and more consistent across prisons.
iv. investigating methods to improve transfer of dental clinical information with prisoners between prisons. This could be through SystmOne, and may reduce current inefficiencies where treatment involving laboratory work is unfinished.

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References

