Subject: NICE Clinical Guideline NG57 – Physical health of people in prison

For action by:
Chief Executive of HSC Board – for distribution to:
   All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care, HSC Board – for cascade to:
   Head of Pharmacy and Medicines Management
   Family Practitioner Services Leads – for cascade to relevant
   Family Practitioner groups
Chief Executive of Public Health Agency – for distribution to:
   Director of Public Health and Medical Director – for cascade
   to relevant staff
   Director of Nursing and AHPs – for cascade to relevant staff
Chief Executives of HSC Trusts – for distribution to:
   Medical Directors – for cascade to relevant staff
   Directors of Nursing – for cascade to relevant staff
   Heads of Pharmaceutical Services – for cascade to relevant
   staff
   Directors of Acute Services – for cascade to relevant staff
   HSC Clinical and Social Governance Leads
   Directors of Social Services – for cascade to relevant staff
   Directors of Finance – for cascade to relevant staff
   AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents: This guideline covers assessing, diagnosing and managing physical health problems of people in prison. It aims to improve health and wellbeing in the prison population by promoting more coordinated care and more effective approaches to prescribing, dispensing and supervising medicines.

Enquiries: Any enquiries about the content of this Circular should be addressed to:
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SGU-NICEGuidance@health-ni.gov.uk

Circular Reference: HSC (SQSD) (NICE NG57) 14/17
Date of Issue: 24 February 2017
Related documents:
HSC (SQSD) 3/13

Superseded documents
None

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Dear Colleagues

NICE Clinical Guideline NG57 - Physical health of people in prison
https://www.nice.org.uk/guidance/ng57

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning/ investment/ commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue/ risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
## Appendix 1

**Endorsed NICE guidance - Details from Departmental review**

| Reference Number | NICE Clinical Guideline – NG57  
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<td>Title</td>
<td>Physical health of people in prison</td>
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| Summary of guidance | This guideline covers assessing, diagnosing and managing physical health problems of people in prison. It aims to improve health and wellbeing in the prison population by promoting more coordinated care and more effective approaches to prescribing, dispensing and supervising medicines. It includes recommendations on:  
|                  | - assessing a person’s health when they come into prison  
|                  | - managing and supervising medicines  
|                  | - promoting health and wellbeing in prison  
|                  | - how to manage health emergencies and support people with rapidly deteriorating health |
| Related strategically relevant DoH/ HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.  

This guidance makes reference to FP10 Prescription Forms which are not used in Northern Ireland. The equivalent form here is a HS21. However the prison GP does not prescribe for prisoners leaving establishments, instead prison healthcare staff, where circumstances allow, supply medicines to carry them over until they access their own GP in the community.  

A discharge letter containing all relevant information in respect of the individual’s medicines should be forwarded to the GP at the earliest opportunity. |
With regard to vaccination / immunisation there are subtle differences between the Green Book and NICE guidance. However as previously advised, the Green Book provides the definitive policy on vaccination and immunisation in the UK, therefore the advice contained in it should be followed as stated.

This guidance makes reference to Public Health England’s *NHS health check programme*, which does not apply in Northern Ireland.

This guidance refers to some NICE Public Health Guidance which pre-dates the introduction of the DoH process for endorsing Public Health Guidelines. All Public Health Guidance endorsed by DoH can be found at: [https://www.health-ni.gov.uk/articles/nice-public-health-guidance](https://www.health-ni.gov.uk/articles/nice-public-health-guidance)

This guidance refers to NICE Medicines Practice Guidance which is not covered under the current service level agreement between the Department and NICE and therefore not endorsed by the Department.

This guidance makes reference to NICE Quality Standards which have not been endorsed by the Department.