Access to Healthcare and Screening:

Families' experiences and perspectives

Q4 24-25 Listening Report

6th April 2025

Photo credit: Andy Aitchison

About this report

Pact's quarterly Listening Reports give families a public voice. These reports share what families have told Pact about their experiences of supporting their loved one with health needs in London prisons in the previous three months. They reflect what families have said to us and are written in partnership with our team of family representatives.

We follow a process to make sure we represent families' experiences faithfully and with integrity, without spreading misinformation or causing unnecessary alarm. When an alarm does need to be raised about something families have told us, Pact and NHS London do this immediately through our safeguarding channels. We work collaboratively (rather than in a wholly independent way) with a view to improving outcomes wherever we can. You can find more information about how we work on our webpage.

Families' comments are not, as standard, subject to independent verification where they relate to reported actions or inactions of third parties. There is a process in place to ensure that clinically serious cases that are raised by family members are escalated, corroborated and reviewed where possible.

In almost all cases, we have limited the issues raised in the report to those that are in the direct remit of healthcare providers and NHS London. However, on occasion, broader issues have been included. Whilst we appreciate these are not in the direct control of healthcare providers, these have been included to provide broader context about what families are telling us about the health of their loved-ones.

All names have been changed. Case studies are reconstructed from notes.

Our Listening Activities

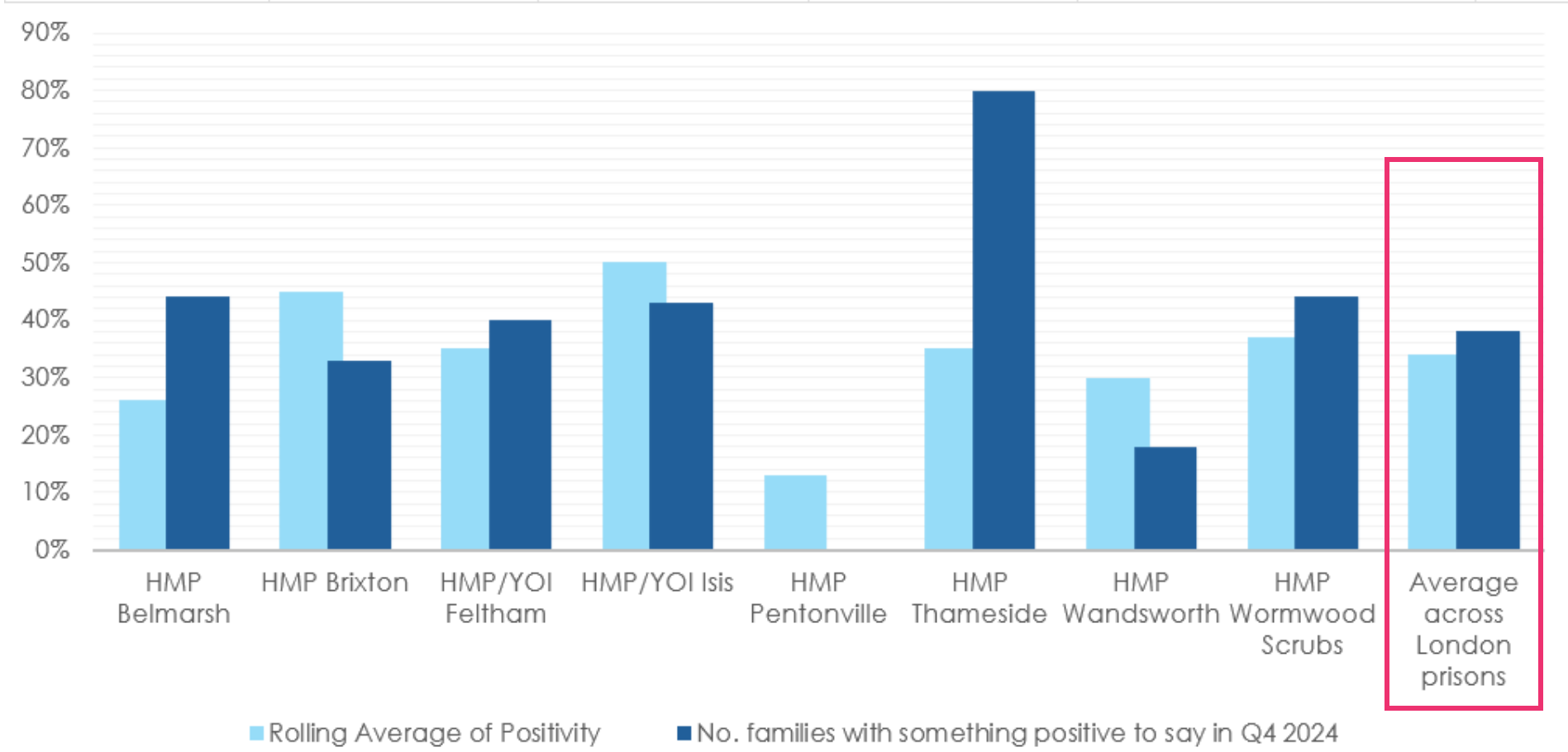
Each quarter, we listen through many different channels of communication so families and carers can share their experiences in a way that works for them.

Listening activities 29th October 2024 – 29th January 2025	No. engaged	Notes
Family Team Members take an active part in shaping the service, including through our active Signal group.	10	Family Team Members (FTMs) consulted throughout the quarter.
Families and carer community members who share experiences on an ad-hoc basis.	11	Members of our wider community.
Semi-structured interviews at Visiting Centres.	101	Interviews at all visiting centres. 12 visits in total.
People share their experiences in a safe space with others in similar situations at **family forums**.	21	Coffee mornings in November and January & PPG Regional Family Forum
Families and carers **send an email to our functional mailbox**.	10	8 unsolicited emails, 2 emails responding to our messages.
Families and carers **book 1:1 online video calls or request phone calls** with the team.	15	Bookings initiated by families.
Family and carers have representation at **'Listen to Families' team meetings**.	28	Family Team Member attendance at monthly online meetings.
Family Team Members participate in **ad hoc projects**.	38	Includes December workshop, Bereaved Families project and Regional Family Forum.
Family Team Members contribute to the **drafting of quarterly Listening Report**.	10	Online meeting to review draft.
Total engagements for quarter	**244**	
Mailing list	186	Plus 7 where our emails bounce back.

Prevalence of positive comments: Variations by prison

In the last three months, out of the families we interviewed who had experience with prison healthcare, **37%** had something positive to say about their experience. This is slightly higher than the average across all our data so far (**34%**).

The label 'Something positive to say' includes both 'wholly positive' experiences and those who had 'something positive' to say (at least one positive element to their experience). Experiences categorised as 'something positive' are not necessarily 'positive on balance'.



The data represents subjective experiences and is not an overall assessment of prison healthcare quality. Differences in positivity scores are likely affected by the scheduling of wing visits, as well as a range of other factors. Please see the appendix for further data and methodological notes.

Q4 Inequalities Spotlight: Access to healthcare and screening

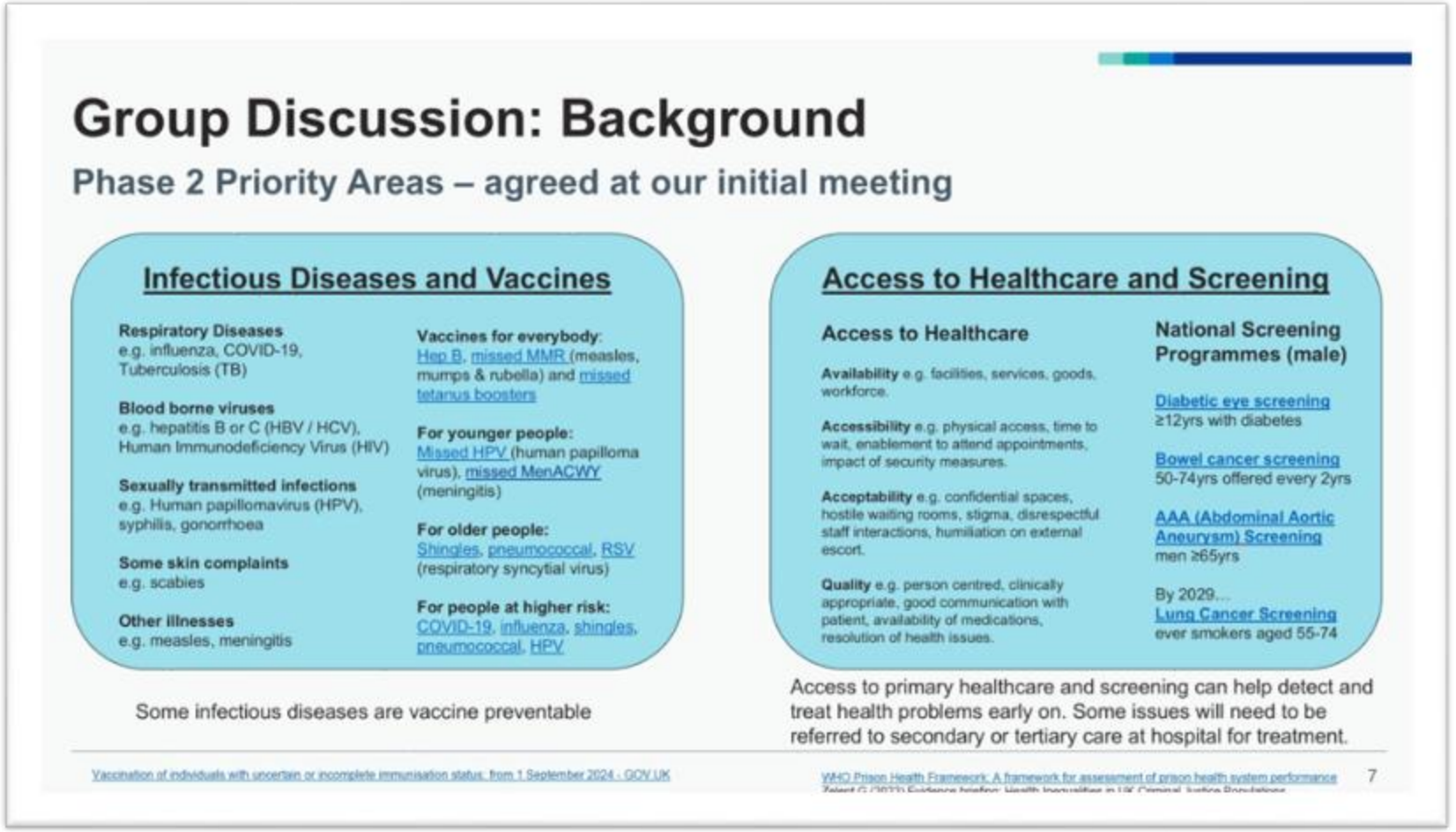
This quarter's Listening Report is focused on "Access to healthcare and screening".

We have chosen this theme to align with the Inequalities Phase 2 Priority Area for NHS London, as agreed by IERG (see slide on right). This work explores the inequalities in health outcomes between people in prison and the general population.

Access to Healthcare is defined by WHO as having four pillars:

1. Availability
2. Accessibility
3. Acceptability
4. Quality.

We used the four pillars to analyse this quarter's dataset.



Access to health care: A range of experiences

Families report a wide range of experiences when accessing healthcare. Their experiences correspond to the four pillars in a range of ways and run on a full spectrum from negative to positive.

"He didn't get what he needed when he needed it. Now he's dealing with the outcome."
AVAILABILITY

"He needed mental health support, but they just keep drugging him up instead of assessing him."
ACCESSIBILITY

"When he was sick, he went to the nurse, got medication and recovered."
ACCESSIBILITY

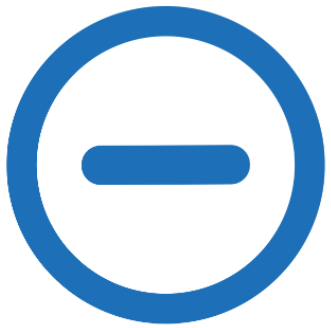
"He says the healthcare here is better than outside."
QUALITY

"Prison staff mocked him, calling him a 'mummy's boy' for asking for help."
ACCEPTABILITY

"His epilepsy meds weren't given, even though missing them could cause a fit."
QUALITY

"His eczema cream was given, and now he's fine."
QUALITY

"He gets regular check-ups for his heart and hasn't missed one."
AVAILABILITY



"They said he'd get help, but nobody turned up.'"
AVAILABILITY

"They don't listen. He asks for help and they say someone will come, but they don't."
ACCESSIBILITY

"They took him to the hospital to get his skin cancer check-up."
ACCESSIBILITY

"His heart condition is being monitored and he's being taken to all his appointments."
QUALITY

"He lost his specialist boots in transfer, and now he's left struggling."
ACCESSIBIITY

"After his tooth extraction he was in agony but was too scared to ask for pain relief"
ACCEPTABILITY

"He's waiting for an operation, but they say he needs more evidence, even though it exists."
QUALITY

"The doctor actually came in to see him, which wasn't what he was expecting."
ACCEPTABILITY

"He was able to see a doctor for his high blood pressure, which surprised him."
AVAILABILITY

Access to Healthcare: Applying the WHO assessment indicators (slide 1)

WHO have assessment indicators for each of the four pillars. We used these to frame a set of questions for analysing the data.

Pillar	WHO Assessment Indicators	WHO aligned questions used to analyse data
1) Availability	• The availability of essential medications and treatments (e.g., medication supply chains, delays in receiving prescriptions). • The provision of primary healthcare services within the prison (e.g., access to general practitioners, nurses, and dental care). • The presence of specialized services (e.g., mental health, substance use support, chronic disease management). • Staffing levels and healthcare workforce adequacy (e.g., whether prisons have enough doctors, nurses, and psychiatrists). • Preventive healthcare measures (e.g., vaccinations, health screenings, and infection control).	• Does healthcare exist, and is it a possibility? • Is the infrastructure in place to support healthcare delivery? • Is medication available when prescribed? • Are healthcare professionals present in the prison to provide care? • Are specialist services (e.g., dental, optometry, physiotherapy) available within the prison or via external referrals? • Are emergency healthcare services available in cases of urgent need? • Is there a reliable system in place to ensure prescribed medication is in stock? • Are prisoners able to access routine check-ups and ongoing care for chronic conditions?
2) Accessibility	• Timeliness of care (e.g., delays in appointments, referrals, and follow-ups). • Physical access to healthcare services (e.g., prisoners being escorted to medical facilities or denied movement). • Systemic and administrative barriers (e.g., bureaucratic delays in processing medical records, refusal to acknowledge pre-existing conditions). • Impact of security measures on healthcare access (e.g., lockdowns preventing medical visits, shortages of prison officers affecting escort availability). • Access to specialist services (e.g., referrals to hospitals, surgeries, mental health professionals, and rehabilitation).	• Can prisoners get the healthcare they need? • Are there operational, security, or procedural barriers preventing access to healthcare? • Is medication given on time and as prescribed? • How long do prisoners have to wait for a medical appointment? • Can prisoners attend scheduled appointments, or are they dependent on officers escorting them? • Do delays in being escorted to medical services affect prisoners' ability to receive care? • Are prisoners with disabilities able to access appropriate medical support? • Are mental health services accessible without excessive wait times? • Are prisoners receiving timely follow-ups for previous medical issues?

Access to Healthcare: Applying the WHO assessment indicators (slide 2)

Pillar	WHO Assessment Indicators	WHO aligned questions used to analyse data
3) Acceptability	• **The attitude of healthcare staff towards prisoners** (e.g., dismissiveness, stigma, and reluctance to provide care). • **The dignity and respect with which healthcare is delivered** (e.g., whether prisoners feel listened to and treated fairly). • **The cultural appropriateness of care** (e.g., language barriers, religious considerations, or gender-sensitive healthcare). • **Prisoner trust in healthcare services** (e.g., fear of seeking care due to potential repercussions from staff or other inmates). • **Consent and confidentiality** (e.g., whether prisoners have control over their medical decisions and privacy is respected).	• Do prisoners feel safe and respected when accessing healthcare? • Are healthcare interactions conducted with dignity and privacy? • Do prisoners feel that healthcare staff take their concerns seriously? • Are prisoners able to provide informed consent about their treatment options? • Are mental health needs addressed with adequate care beyond just medication? • Do prisoners feel coerced into treatment they do not fully understand? • Are complaints about healthcare taken seriously and investigated? • Are there stigmas attached to seeking mental health or other medical care? • Are facilities, waiting areas, and interactions with medical staff conducive to encouraging prisoners to seek care?
4) Quality	• **The clinical effectiveness of treatments** (e.g., overmedication, incorrect prescriptions, and lack of holistic treatment approaches). • **Continuity of care during prison transfers or release** (e.g., whether medical records and treatments follow individuals through transitions). • **Monitoring and follow-up of medical conditions** (e.g., whether chronic conditions like diabetes, hypertension, and mental health disorders are properly managed). • **Hygiene, nutrition, and environmental health** (e.g., whether prison conditions impact health, such as lack of heating, sanitation, or nutritious food). • **Emergency medical response standards** (e.g., whether life-threatening situations are handled efficiently and whether emergency care is readily available).	• Is the healthcare provided clinically appropriate and effective in improving patient health? • Are medications given correctly, treatment plans followed through, and is there continuity in care? • Do prisoners feel that their health conditions are being managed properly? • Is pain relief provided adequately when needed? • Are prisoners given proper follow-ups and referrals when necessary? • Are medical records maintained accurately and transferred when prisoners move between facilities? • Is mental healthcare reviewed regularly to ensure the right support is provided? • Are diet and hygiene standards sufficient to support prisoner health? • Are chronic conditions being monitored appropriately to prevent deterioration?

1) Availability: Key themes

57 family and carers we interviewed this quarter had experiences to share (out of 101 interviews in total). The next four slides describe issues that came up from their interviews, organised under the four pillars.

With regards to pillar 1, Availability, many families reported positive experiences of their loved ones receiving care and that the services they required were available. However, some concerns were also raised:

Theme	Direct mentions	Inferred occurrences	Total*	Issues arising
Medication availability and consistency	N=9	N=8	**30% (N=17)**	Families in several prisons reported inconsistent access to medications, including for chronic illnesses, mental health, and pain relief. Some individuals describe receiving only partial prescriptions, while others described waiting extended periods for repeat prescriptions.
Mental health services availability	N=5	N=4	**16% (N=9)**	Families report mental health services existing but being inconsistently delivered. Some individuals report being referred to support but never seen, while others report being given medication instead of therapy. There were mentions of suicidal individuals receiving no intervention.
Access to Specialist Care (Hospitals, Dental, Eye Care)	N=5	N=3	**14% (N=8)**	Specialist care (hospital referrals, dental care, and eye care) was mentioned in most prisons, but delays in hospital appointments, specialist follow-ups, and dental treatments were reportedly common. Some report being referred but waiting months without treatment.

* This represents the total percentage of interviews that either directly mentioned or inferred this issue. Families often raise several issues in one interview.

2) Accessibility: Key themes

On pillar 2, Accessibility, many families described how their loved one had been supported to access care and did not report encountering barriers. However, some concerns were also raised:

Theme	Direct mentions	Inferred occurrences	Total	Issues arising
Delays in Medical Appointments & Treatments	N=7	N=6	**23%** **N=13**	Families from across all prisons raised the issue of delays in accessing healthcare. Families described how long waiting lists (some exceeding six weeks) discouraged their loved ones from seeking help.
Security & Escort Issues Preventing Access	N=4	N=3	**12%** **N=7**	Families reported some cases where prisoners missed medical appointments due to staffing shortages, security lockdowns, or lack of enablement.
Bureaucratic Barriers (Medical Records, Early Release, Equipment Access)	N=4	N=3	**12%** **N=7**	Families reported delays in transferring medical records, difficulty obtaining personal medical history, and bureaucratic obstacles prevented timely healthcare. There were reports of early-release applications on medical grounds being blocked despite existing evidence.

3) Acceptability: Key themes

On pillar 3, Acceptability, many families reported that their loved ones were accepting the treatment and care that was offered without any problems. However, some concerns were also raised:

Theme	Direct mentions	Inferred occurrences	Total	Issues arising
Dismissive or Unresponsive Healthcare	N=5	N=4	**16%** **N=9**	Families reported lack of follow ups by healthcare and prison staff, and described that their concerns were ignored or dismissed. In some cases, families reported that prisoners experiencing distress (mental health or pain) were discouraged from seeking help.
Stigma & Negative Attitudes from Staff	N=3	N=3	**11%** **N=6**	Some families reported that their loved ones were mocked or dismissed when seeking healthcare, including for mental health issues or pain management. In some cases, families described how their loved ones feared requesting help due to potential repercussions.

4) Quality: Key themes

On pillar 4, Quality, some families compared prison healthcare favourably with the community or described the standard of care as equivalent. However, some concerns were also raised:

Theme	Direct mentions	Inferred occurrences	Total	Issues arising
Inadequate Treatment & Overmedication	N=6	N=4	**18% (N=10)**	Families reported concerns about the quality of treatment, including incorrect medication doses, over-reliance on sedatives, and lack of holistic mental health care. Some families reported that their loved ones were given painkillers as a default treatment rather than thorough diagnosis.
Environmental & Public Health Risks (Hygiene, Cold, Poor Nutrition)	N=4	N=3	**12% (N=7)**	Families reported that poor prison conditions (cold cells, lack of hygiene, and limited access to nutritious food) were contributing to worsening health. Some families described how their loved ones relied on external financial support to buy food and personal items to maintain their well-being.
Continuity of Care Between Transfers	N=4	N=3	**12% (N=7)**	Some families described how their loved ones lost access to essential care when they were transferred between facilities, had their treatments disrupted, or struggled to re-establish medical support in their new location.

Escalations

Where appropriate and if families were willing to disclose identifying information, Pact escalated safeguarding issues as they arose. There were four escalations this quarter, and for each of which we received responses from prison healthcare teams. The escalations relate to the pillars as follows:

Date of escalation	Pillars involved	Response to escalation received (yes/no)
14/11/2025	Availability; accessibility	Y
26/11/2025	Quality; accessibility	Y
13/01/2025	Accessibility; quality	Y
15/01/2025	Accessibility	Y

Recommendations

- We recommend that NHS London integrate families' experiences regarding Access to Healthcare into forthcoming work under this Inequalities Priority Area.
- We recommend that family representatives are invited to join any working group that is established for this work, as and when this gets up and running.
- Interestingly, there was very little material in our data set regarding national screening programmes (eg. Screening for diabetes, bowel cancer, AAA or lung cancer). We presume this is because families are not aware of offers that are available in prison. We recommend that any posters or leaflets about screening programmes are displayed in the prison visit centres as well as on wings, so that families can signpost these opportunities to their loved ones.

Next steps

- Starting in Q1 25-26, we intend to shift into a new phase of listening activities that will be solutions focused. The primary research question will be: "what works?". We'll explore what families need, what they want and what's working, with a view to co-designing practical service offers that improve outcomes for families, staff and patients alike.

Acknowledgements and thanks

We are grateful to all the family members who shared perspectives with Pact and have entrusted us with their stories.

Whilst this report only reproduces a fraction of the experiences that families have shared, everything we've been told has added to the depth of our understanding. Some family experiences have been fed back in private (rather than publicly), and all data has been recorded, in line with GDPR, and contributes to the picture that *Listen to Families* is building.

On several occasions, listening to families led to immediate action to improve outcomes for families and people in custody. A big thank you to colleagues who responded to safeguarding incidents, and to the visits centre staff who facilitated our data collection.

Many thanks to NHS London and healthcare providers for reading drafts of this report.

We're grateful to NHS London for commissioning this pilot programme. Without their support, this Patient and Public Voice programme would not exist.

To hear more or to discuss this report, please contact:

Nick Mann
Director of Communiations and Engagement
Prison Advice and Care Trust (Pact)
nick.mann@prisonadvice.org.uk

Our general mailbox is listentofamilies@prisonadvice.org.uk

Further detail available on request:

If you would like to see more granular analysis or further data, please get in touch.