HEALTHCARE

WELCOME

Understanding and improving the quality of primary care for people in prison: a mixed methods study

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9th RCGP SEG Health and Justice Summit 20th October 2022



Why Qual-P











HEALTHCARE

Understanding and improving the quality of primary care for people in prison: a mixed methods study

To explore gaps and variations in the quality of primary care for people in prison and identify quality improvement interventions to promote high quality prison care



Core team

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Qual-P Objectives



1: Identify quality indicators based on national guidance which can be assessed using routinely collected data

30 indicators identified from 371 candidates



2: Explore perceived barriers to and enablers of adherence to our indicators

43 interviews with prison healthcare staff & prison leavers



3: Apply the quality indicators in assessing the provision of primary care in prisons

13 prisons served by Spectrum over 2017-20, including up to 25,811 people in prison



4: Integrate findings from 1-3, select priorities for improvement, and identify quality improvement strategies that can be monitored by our indicators

Series of workshops

WP 3 Methods



Operationalise quality indictor definitions – extract from Spectrum

Sample of each indicator, reviewed by Team

		Number	Number done	Number	Number achieve
		Eligible	elsewhere	declined	QI (%)
	Atrial fibrillation stroke risk				
	Atrial fibrillation treatment				
	Blood pressure control in patients aged 79 years or under				
Cardiovascular Disease	Blood pressure control in patients aged 80 years or over				
	CHD treatment				
	Heart failure 1 treatment				
	Heart failure 2 treatments				
	Myocardial infarction secondary prevention				
	Stroke treatment				
	Accept opt out DBST				
	Hepatitis B vaccination				
	Influenza immunisation				
	Asthma review				
	Blood pressure control in diabetes				
Dishetes Anthony 9 Failes on Con-	Diabetes glycaemic control frailty				
Diabetes, Asthma & Epilepsy Care	Diabetes glycaemic control				
	Processes of care for diabetes				
	Treated epilepsy seizure free				
	Antipsychotic monitoring M2				
	Dementia records various				
Mental health	Mental state exam				
	Polypharmacy				
Prison specific	Consent to transfer medical records				
	Medicine reconciliation				
	Opioid and gabapentinoid prescribing				
	Abdominal aortic aneurysm (AAA) screening				
	Breast cancer screening				
Screening	Cervical screening aged 25-49				
	Cervical screening aged 50-64				
	NHS health checks				

WP 3 Methods



Operationalise quality indictor definitions – extract from Spectrum

Sample of each indicator, reviewed by Team



Descriptive analysis

By Prison, Prison category, Sentence Status, Gender, Age and Length of Stay

Summaries of Indicators - as at 16/04/2021

Indicator	Number and percentage of new receptions accepting the DBST						
ID1	Domain: Infectious disease					Community achievement	
			Eligible ¹	Satisfy ²	Elsewhere ³	Achieve ⁴	2019/20 (%): NA
	Variable	Population	(% popin)	(% eligible)	(% eligible)	(% eligible)	
Year							
	2017/18	21,677	13,072 (60.3)	81 (0.6)	64 (0.5)	145 (1.1)	
	2018/19	22,099	12,401 (56.1)	3,436 (27.7)	337 (2.7)	3,773 (30.4)	
	2019/20	25,811	12,606 (48.8)	4,711 (37.4)	942 (7.5)	5,653 (44.8)	

Descriptive analysis

- By Prison, Prison category, Sentence Status, Gender, Age and Length of Stay
- Reviewed/sense check by team and queries raised with Stephen

WP 3 Methods



Operationalise quality indictor definitions – extract from Spectrum

Sample of each indicator, reviewed by Team



Descriptive analysis

By Prison, Prison category, Sentence Status, Gender, Age and Length of Stay



Model of indicators

By Prison, (Prison category), Sentence Status, Gender, Age and Length of Stay

Summaries of Indicators - as at 30/04/2021										
Indicator	Number and percentage of new receptions accepting the DBST									
ID1	Domain: Infectious disease									
		Univar	iate	Multivariable						
		Odds Ratio (OR) of		Probability of			(95% CI) of			
	Variable	achieving indicator	(95% CI) of OR	OR	(95% CI)	achieving indicator	probability			
Year										
	2017/18 (comparator)	1.0	-	1.0	-	0.01	(0.01, 0.01)			
	2018/19	38.99	(32.95, 46.12)	59.44	(50.05, 70.59)	0.30	(0.3, 0.31)			
	2019/20	72.48	(61.31, 85.69)	146.32	(122.93, 174.17)	0.46	(0.45, 0.47)			

Model of indicators

- > Multi-level logistic regression of achievement of QI univariate and multivariable
- > Odds Ratios and Probability of Achievement
- > By Prison, (Prison category), Sentence Status, Gender, Age and Length of Stay













Summary of Quality Indicators

Highlights from analysis of adherence to indicators

Selected on basis of one or more of: most scope for overall improvement across all prisons; highest variations between prisons; or evidence of inequalities by personal characteristics

Kate McLintock

KEY TO INFOGRAPHIC

Indicator description



Variation between men and women



Variation by age



Variation by ethnicity



Variation between prisons



Variation by security category



Variation by length of stay

Number of people eligible

eligible

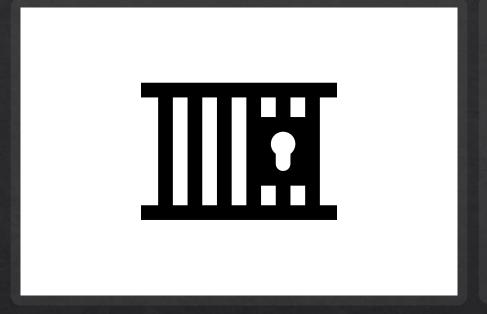


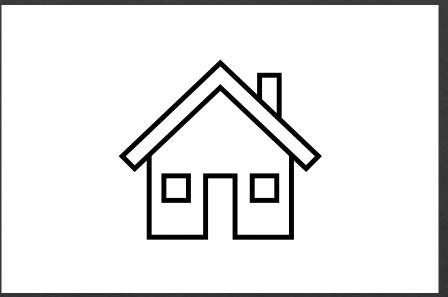
Achievement in prison

achievement



Achievement in the community





Examples of scope for improvement



The percentage of people with coronary heart disease, stroke or transient ischemic attack, diabetes and/or chronic obstructive pulmonary disease who have had 'flu vaccination in the preceding 1 August and 31 March

1,752

eligible



44.9%

achievement

1

no difference



no difference



less likely:
Black/Black
British,
Chinese/Other



70%



18-fold variation



more likely: A/B

less likely: B, D, YOI & Closed



less likely: shorter stay



The percentage of people on the **diabetes** register, (a) who have had a blood pressure reading recorded in the last 12 months, and (b) in whom the last **blood pressure** reading (measured in the preceding 12 months) is 140/80 mmHg or less



eligible





no difference



more likely: 20-39, 80-89 years



less likely: Asian/ Asian British



achievement



68%



3-fold variation



more likely: A/B, C, D, Closed





The percentage of people on the asthma register, who have had an **asthma review** in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions



eligible



3.1%

achievement



67.14%



no difference



more likely: 50-79 years



more likely:
Asian/Asian
British,
Chinese/Other



11-fold variation



more likely: A/B

less likely: all other categories



less likely: shorter stay more likely: longer stay



The percentage of people with a coded diagnosis of epilepsy and who have been prescribed drug treatment for epilepsy, (a) who have had an **epilepsy annual review** in the past 12 months, (b) been coded as **seizure free** in the last 12 months

419

eligible

AR 1.2% SF 0.2%

achievement



SF 57.5%



too small



too small



too small



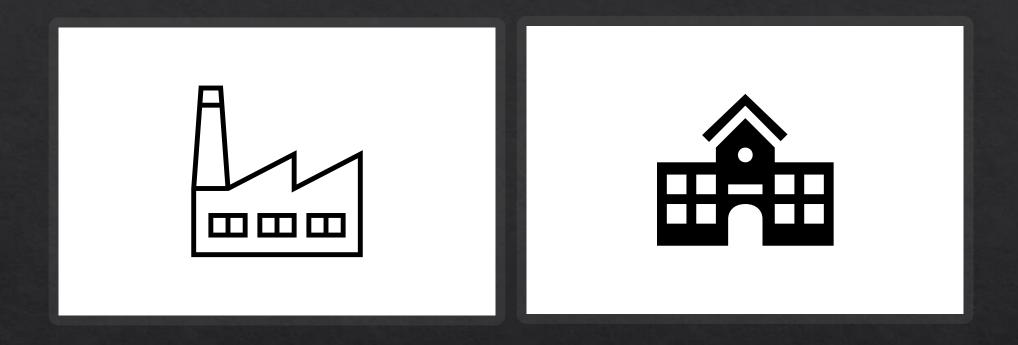
too small



too small



too small



Examples of variation across prisons



The percentage of people with a record of a **myocardial infarction** who are prescribed an **ACE-I, ARB, anti-platelet therapy, beta-blocker** or a **statin**



eligible



All 0% statin 70.3% ACE-I 42.1% achievement



statin 70.57%



more likely: men



less likely: 20-49 years



no difference



statin 74,000-fold ACE-I 13m-fold





less likely: shorter stay



The percentage of people

- (a) out of the whole prison population, prescribed
 - (i) any opioid
 - (ii) any strong opioid
 - (iii) benzodiazepines AND any opioid
- (b) with any mental health diagnosis, prescribed any opioid
- (c) out of the whole prison population with NO coded diagnosis of neuropathic pain, prescribed pregabalin or gabapentin

...during an 8-week period

Opioid prescribing



The percentage of people

- (a) out of the whole prison population, prescribed
 - (i) **any opioid** ...during an 8-week period

25,811

eligible



11.5%

achievement



12.8% (estimate)



no difference



less likely: ≤29 more likely: 40-49



less likely: Mixed, Asian/Asian British, Black/Black British, Chinese/Other



5-fold variation



less likely: A/B, B, D



less likely: shorter stay



The percentage of people

(a) out of the whole prison population, prescribed

(ii) **any strong opioid** ...during an 8-week period



eligible





no difference



less likely: ≤29

more likely: 40-59



less likely: Mixed, Asian/Asian British, Black/Black British, Chinese/Other



achievement



0.85%

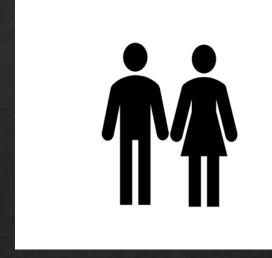


4-fold variation

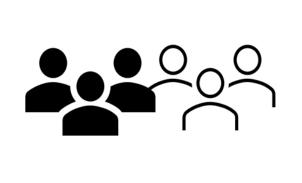


less likely: A/B, B, C, D









Examples of variations by personal characteristics



The percentage of **new receptions**who have been **asked for consent to transfer medical records** from their GP to the prison
healthcare service in the past 12 months



eligible





less likely: men



less likely: 50-69 years



less likely: Mixed, Asian/Asian British, Black/Black British, Chinese/Other



achievement



337-fold variation



more likely: YOI, Closed

less likely: A/B, B, D



less likely: shorter stay





The percentage of people **prescribed three or more psychotropic drugs** (antipsychotics, sedative antidepressants, hypnotics and anxiolytics, pregabalin or gabapentin, opioids) at the same time during an **8-week period**



eligible







no difference



less likely: 20-29



less likely: Asian/Asian British



≥3 12-fold

≥4 33-fold



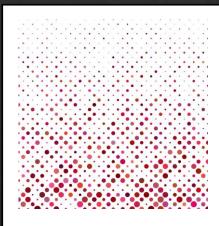
more likely: Closed

less likely: D



less likely: shorter stay





The percentage of **new receptions** who have had **dried blood spot testing** in the past twelve months

12,606

eligible



44.8%



achievement





no difference



no difference



no difference



169-fold variation



less likely: A/B, B

more likely: C, D, **YOI, Closed**



Summary

Variations across indicators, prisons and prisoner characteristics widespread, even after 'fair comparisons,' but not surprising

Straight comparisons between prison and community 'unfair'

Much scope for improvement – perhaps with emphasis on what can be realistically achieved















Q & A

Pip Hearty