Recognising the challenges of preventing and managing pressure ulcers in offender health: is it time to reignite the conversation?

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In my role as a Lecturer I have the pleasure of teaching on a range of courses across the School of Medicine at Cardiff University, one of which is the Masters in Ageing, Health and Disease. I teach on wound healing and ageing as well as pressure ulcers (PU). The programme attracts a range of health professionals including doctors, nurses, physiotherapists and occupational therapists. One of the students, who works as a prison occupational therapist, asked what more they could be doing about the increasing number of PUs they are encountering in their older male population. The student recounted the current challenges due to the COVID-19 pandemic, specifically because the men are restricted to their cells for 23 hours a day, prison cells are small, which limits an individual's physical activity and the dimensions of prison beds do not fit the sizes of pressure redistributing mattresses. They have been able to provide mattress overlays that have helped to some extent but they feel they could be doing more.

According to the World Health Organization (WHO, 2021) rates of communicable diseases and prevalence of mental health problems, including substance abuse disorders in prison are high. The frequency of non-communicable diseases is also on the rise and overcrowding and poor hygiene are also relatively common (WHO, 2021). According to data published by the Ministry of Justice in the UK the total number of prisoners in England and Wales (as of July 2020) was just under 83,000, of those 13,764 were 50+ (Statista, 2021). The charity Age UK discussed that the 50+ age group is the fastest growing population in prisons and in recognition of this undertook a review of health and social care to determine if it was currently meeting the needs of individuals (Age UK, 2019). Their recommendations highlighted a number of areas including; recognising the diversity of the older individuals and the provision of the same basic health and social care as non-prisoners. Healthcare services within prisons in England and Wales are the responsibility of NHS professionals that usually include pharmacists, nurses and GPs (Cook, 2011).

Guidelines for the prevention of PUs developed by the NHS Midlands and East (2012) included prisons as a setting where screening for PUs should be undertaken. The current National Institute for Health and Care Excellence (NICE) Quality Standard (QS89) for PUs applies to all settings (NICE, 2015). Although prisons are not mentioned specifically, there would be an expectation that the standards would apply to this environment. A search of the existing literature identified one article that focussed on the provision of tissue viability services across 12 offender institutions representing different categories of prisons (Bussey, 2016). In relation to pressure ulcers specifically, Bussey reported introducing the screening aspect of the PURPOSE T (Pressure Ulcer Risk Primary Or Secondary Evaluation Tool) for risk assessment (Coleman et al, 2014). Those deemed to be at risk then underwent full screening using the Braden Scale (Bergstrom et al, 1987). The author also commenced the use of the SSKIN (Surface, Skin Inspection, Keep Moving, Incontinence/Moisture, Nutrition) bundle (NHS Midlands and East, 2012) with care plans being mandatory for individuals scoring 16 or below and reassessment according to clinical need. These approaches represent best clinical practice.

With regards to the provision of equipment within prisons, Bussey (2016) discussed that under The Care Act (HM Government, 2014) the local authority should provide equipment required for social care whereas the National Partnership Agreement requires that NHS England provides equipment for healthcare (National Offender Management Service, Public Health England and NHS England, 2013) which can present challenges accessing appropriate equipment. An additional challenge is finding suitable mattresses for a standard prison bed as it is just over 75cm (or 2ft

6") wide. Little seems to have been published on this topic since Bussey's paper five years ago.

Given the rising older population in prisons coupled with the current challenges imposed by both the pandemic and the provision of healthcare in prisons is it now time for a wider conversation of the prevention and management of PUs in offender health? This could provide those health professionals working in offender institutions with an opportunity to discuss the extent of the problem of PUs in prisons as well as exploring specific requirements in the offender population and how these might be addressed.

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