

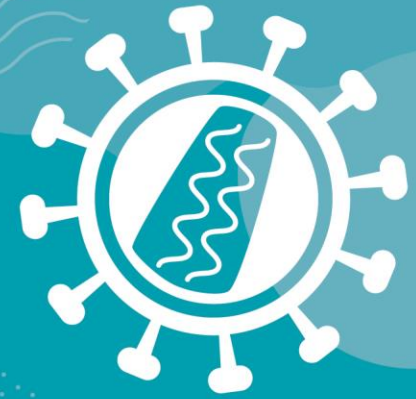


# A review of Sexual Health and Blood Borne Virus care provided to inmates at reception into UK prisons and secure facilities

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## Conflict of Interest

In relation to this presentation, I declare that I have no conflict of interest

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# Sexual healthcare in UK secure facilities

- Prisons
- Young offenders institutes (YOI)
- Secure hospitals
- Immigration removal centre (IRC)
- Higher prevalence of high risk behaviours
- Increased need for health services
- No standards or guidelines

## Equivalence

# Aims

- Services available
- Equivalence
- Areas for further support

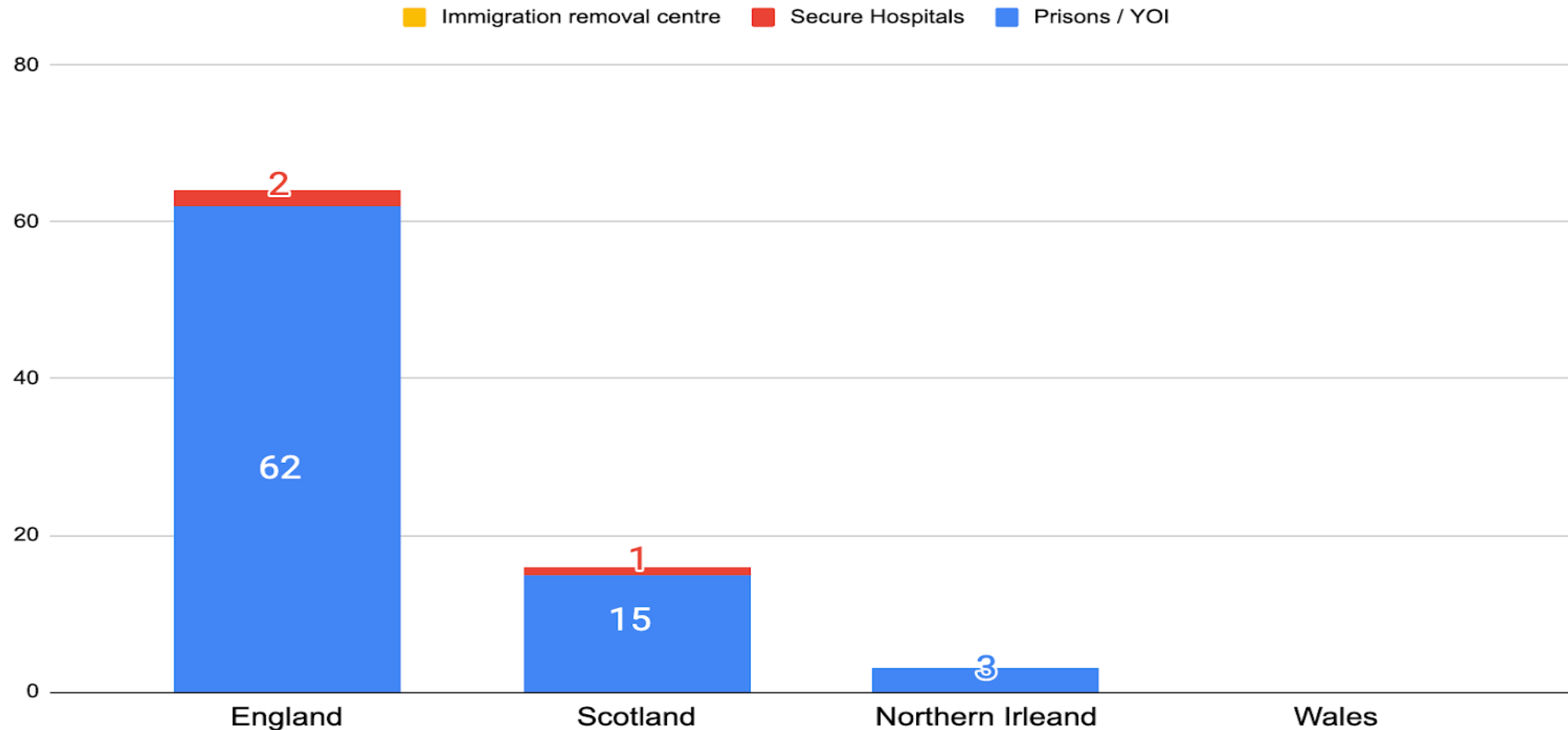
# Research Method

- Cross sectional Study
  - Total facilities 150 in UK
- Questionnaire devised
  - Based on BASHH(2011)/NICE(2017) priorities and recommendations
  - Care received at admission of each inmate into the secure facility
  - Healthcare leads or lead nurses contacted via email or phone
- Results compared to the NHS standards seen in the general population
  - 'available to everyone, regardless of sex, age, ethnic origin and sexual orientation'

# Result characteristics

- 83/150 (55%) of facilities responded
  - 13/17 female prisons

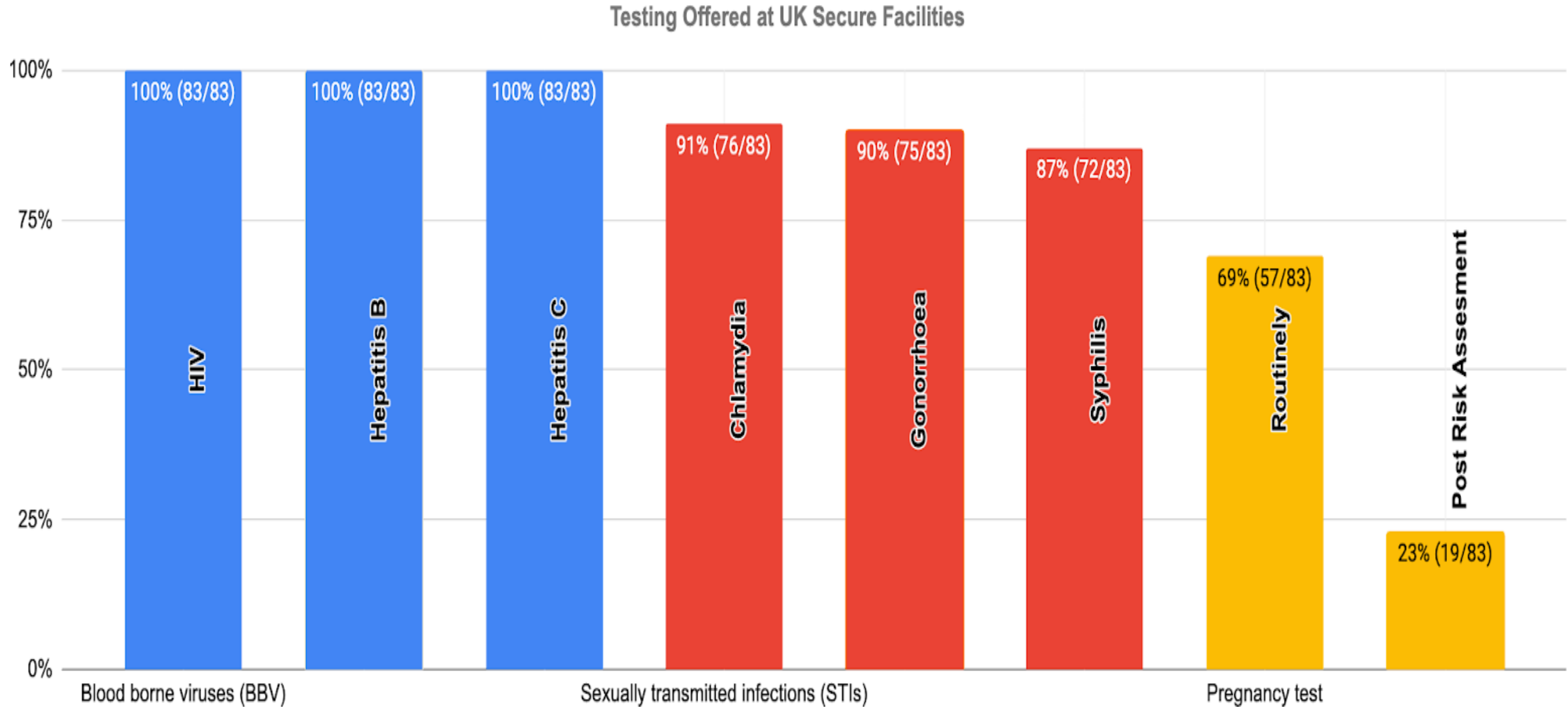
## Responses from Secure Facilities in the UK



# Research findings

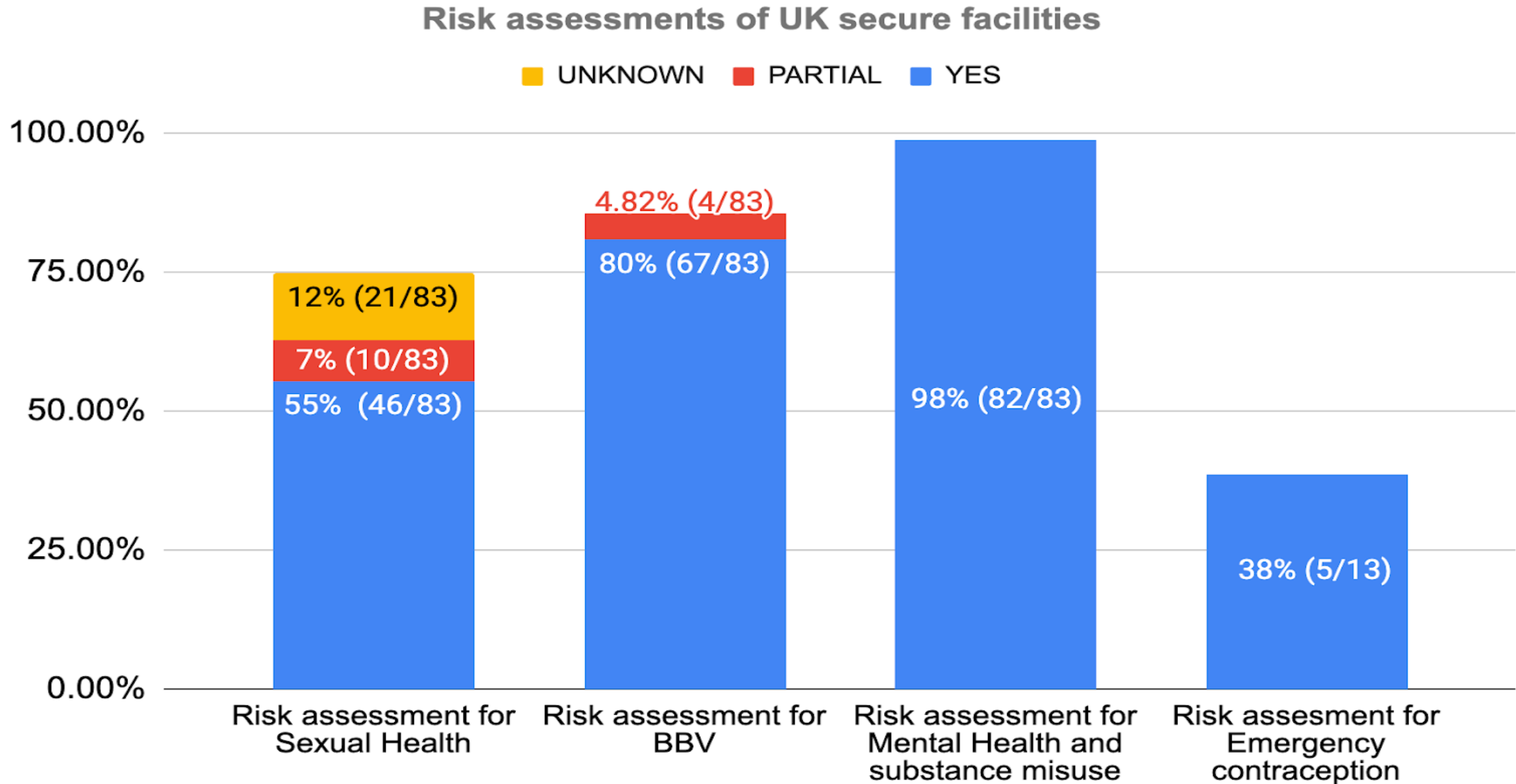
- All inmates advised that sexual health services were available within the facility
- 94% of facilities have access to specialist sexual health service
  - 62% have on site access at least once monthly
- 45% reviewed by a sexual health specialist if further assessment was required

- Range of testing offered at secure facilities





- Range of risk assessments offered at secure facilities



# Limitations

- Lack of response
  - Difficulty contacting appropriate members of staff at the secure facilities
  - Facilities in Wales and IRCs had no responses
- Lack of comprehensive knowledge by staff
  - 'Don't know' answered
- Covid-19 pandemic

# Key Messages

- **Equivalent** screening for blood borne viruses and sexual infections, identification of high risk individuals and reproductive health for female admissions were **not equivalent**
- **Variation** seen in services offered dependant on facility
- Further research required into sexual healthcare throughout internment to identify further areas of **collaboration** and **improvement**
- Devise and implement **set of standards** to elevate and homogenise care

# Acknowledgements and thanks

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- Healthcare staff at UK secure facilities