Adherence to NICE Glaucoma Guidance for Prison Inmates in North West England

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Introduction

The number of prisoners aged 60 or over in England and Wales has increased by **82% in the last decade and by 243% since 2002**.[1] NICE guidance 2016 (NG57) advises that prisoners receive the same standard of healthcare as those in society.[2] There is a lack of published literature investigating glaucoma management in prison populations despite the challenges involved.

Aim

The aim of this study is to evaluate the adherence to NICE guidelines for inmates referred to the glaucoma service at a tertiary hospital (CDH) in the North West of England.

Methods

This is a retrospective cohort study of incarcerated patients seen in the glaucoma service between October 2016 to Jan 2021. The study did not require ethical approval. Data collected include time between referral and first hospital visit, tests performed by the referring clinician, clinical data (physical examination, ancillary testing) from all new and follow up visits, intervention/treatment provided, patient compliance to treatment and follow-up durations. All this data was compared to the glaucoma NICE guidelines (NG81),[3] including recommendations on testing, case finding/referral, diagnosis, standard practice for all assessments, reassessments, treatment, organization of care and providing information.

Prisoner demographics

18 males

Ages: 35-82 years (mean 59.97 years)

14/18 inmates were white British; ethnicity was not recorded for the remaining four. Prison inmates came from 4 different prisons located between 3 to 17 miles of the Royal Preston Hospital – HMP Wymott, Garth, Kirkham and Preston. The time interval between referral to HES and the first hospital visit ranged 15-344 days.

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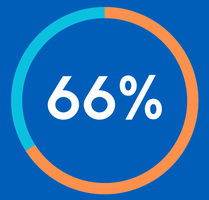
6 out of 18 patients (33.3%) were lost to follow-up. Of these, 4 patients (66%) had moderate to advanced disease.

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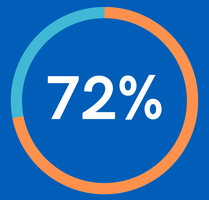
Prisoners who had visual fields, optic nerve evaluation or other NICE recommended testing at the time of referral to the HES.



Patients commenced/continued on glaucoma medications



Patients to whom drop technique was explained to

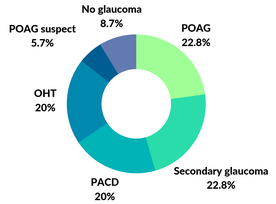


Patients with confirmed compliance to medication

This study highlighted several deviations from NICE guidelines in glaucoma care for prisoners.

- Contrary to NICE guidance, prison optometrists did not perform standardised testing prior to HES referrals.
- High rate of loss to follow up in inmates compared to the general population.
- Time interval between referral to the HES and the first appointment to the clinic was not in keeping with the national 18-week referral pathway.
- Lack of continuity of care due to restrictions on communication of medical records between different prisons and clinics.

Glaucoma profiling



The distribution seen is not representative of the general population due to the limited sample size of this study. Of patients with POAG, 6 eyes (16.6%) had advanced disease at presentation, 2 eyes (5.5%) had moderate glaucoma while the rest had mild disease.

Surgical outcomes

- 6 eyes of 3 patients listed for YAG PI had it within the recommended 2 weeks. 3 eyes of 2 inmates had glaucoma surgery during the study period. Surgical outcomes were good and patients attended all post op appointments.
- Another 2 patients with suboptimal IOP were counselled for glaucoma surgery. Of these, 1 opted to have to have his care transferred locally as he was being moved to another prison. The second inmate was transferred to another prison and was taken off our surgical waiting list. There was **no further correspondence** regarding their ongoing care on our records.
- One inmate listed for cataract surgery for PACD was **lost to follow up**.

First referral appointment



Patients referred that were already registered with sight impairment.



Patients discharged after no evidence of glaucoma was found.



Patients already known to have glaucoma when referred.

All patients referred to the glaucoma clinic had all NICE recommended examinations performed directly or at a later date.

Discussion

Rehabilitation of the prisoner to integrate them into society is only possible if the healthcare needs of the prisoners are met. Similar audits should be conducted to collect data that can be used to implement new regulations aligning referrals from prisons to the HES with NICE guidelines and minimizing loss to follow-up for prisoners. Other key challenges in eye-care provision for prisoners include:

- **Personal factors**[4] (difficulty engaging with healthcare professionals)
- **Staff factors**[5] (managing difficult behaviour)
- **Organisational factors**[6] (lack of information sharing between different criminal justice services)
- **Lack of access to equipment in prisons** (VF, GAT, slit lamp etc.)

References

1. House of Commons Justice Committee. (2020). Aging prison population (HC304, 2019-21). London: HM Stationery Office
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5. Lennox C, Mason J, McDonnell S, Shaw J, Senior J. Information sharing between the National Health Service and criminal justice system in the United Kingdom. J Forensic Nurs. 2012 Sep;8(3):131-7.