



The Royal College of Pathologists

Pathology: the science behind the cure

Response from the Royal College of Pathologists to the Health and Sport Committee Inquiry into Healthcare in Prisons

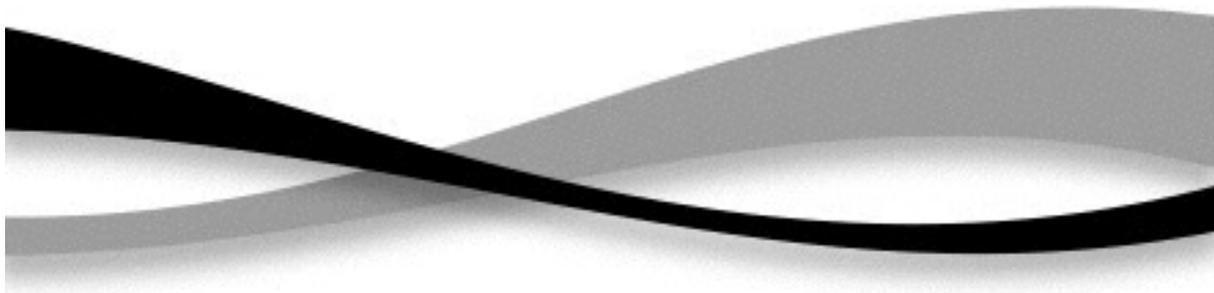
The Royal College of Pathologists' written submission

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1 About the Royal College of Pathologists

1.1 The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 20 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

1.2 The Royal College of Pathologists comments were made by members of the College Scotland Regional Council during the consultation which ran from 7th February 2017 until the 24th February 2017 and collated by Scotland Regional Council Chair, Dr Bernie Croal.

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2.1 The following response is mainly from the perspective of the NHS Scotland Laboratory Medicine Services. The health inequalities that exist within the prison population are well documented and this inequality is likely to extend to not only treatment options but also availability and timing of appropriate diagnostic testing, screening, diagnosis, maintenance and follow up.

2.2 There are of course significant health issues associated with poor mental health, drug abuse and violence and injury which continue to be a main focus both in the media and with regards to attempts to reduce inequalities in associated healthcare needs, however access to more basic provision associated with chronic health conditions such as heart disease, diabetes, obesity and cancer also need to retain some focus.

2.3 The availability of appropriate diagnostic tests, carried out at the right time and in the right patient group, is vital for the prison population. Some suggestions worthy of mention that could improve access and appropriateness are as follows:

2.3.1 Creation of a prison population series of diagnostic order sets that define the list of tests appropriate for particular circumstances or condition. This would also bring about consistency across the whole Scottish prison population.

2.3.2 Technology is advancing rapidly, meaning that point of care testing could be utilised more on-site within the prison service thereby allowing more rapid assessment and feedback to enable quicker management decisions.

2.3.3 Drugs of abuse testing. Considerable variation exists across the services leading to much confusion and, at times, inappropriate testing or incorrect interpretation/action. This is in relation to the use of point of care strip tests, laboratory screens and true confirmation level testing. All have their place but a single Scottish protocol or pathway for testing and monitoring would be of value.

2.3.4 The rise in “legal High” abuse within the prison population also highlights a problem given that availability of such testing is sparse. NHS Scotland laboratories need support and investment to provide such diagnostic testing for the prison population as well as the rest of the NHS in Scotland.

2.3.5 Future pressures are likely to centre on diabetes and obesity within the prison population and the challenge of ensuring adequate screening, follow up and ongoing monitoring. Once again, new advances in point of care management with remote review would be useful in this setting.

2.3.6 Overall, while investment is needed in diagnostic services to improve the provision of healthcare in this population, this investment would be worthwhile to enable better outcomes for the patients and better use of healthcare resource in general.