NHS Lothian

Facilities

1. What prison healthcare facilities are you responsible for?
   
   HMP Edinburgh and HMP Addiewell

   Both Prisons within Lothian are regional/National and as such are not devolved to the Lothian Integration Joint Boards. The four Chief Officers within Lothian have been asked to submit information about services within their localities.

   For questions (2 to 10) please provide information broken down by prison.

Budget and costs

2. What is the budget for a) health and b) social care for 2016/17?

   Budget HMP Edinburgh £2,333,343
   Budget for HMP Addiewell £1,959,556

   These figures relate to the NHS budget only including Dentistry

   They do not include visiting specialists (Psychiatry, Addictions, AHPs, counselling services) These services are paid for from other service budgets across NHSL

3. What is the average cost of a) health care and b) social care per prisoner?

   Health cost per Prisoner for HMP Edinburgh £2,600 and HMP Addiewell £2,800

   As previous this does not include the cost of visiting specialists

Staffing

4. Please provide a breakdown of the number of staff, by roles, which provide health and social care.

   Edinburgh and Addiewell

   1wte Healthcare Manager and 2wte Senior Charge Nurses
<table>
<thead>
<tr>
<th></th>
<th>HMP Edinburgh</th>
<th>HMP Addiewell</th>
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</thead>
<tbody>
<tr>
<td>Band 8 Healthcare Manager</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Band 7 Senior Charge Nurse</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Band 6 Deputy Charge Nurse Primary Care</td>
<td>1.8</td>
<td>2</td>
</tr>
<tr>
<td>Band 5 Primary Care Nurses</td>
<td>13.6</td>
<td>11.49</td>
</tr>
<tr>
<td>Band 3 Health Care Assistants Primary Care</td>
<td>5.23</td>
<td>7.85</td>
</tr>
<tr>
<td>Band 6 Mental Health Nurses</td>
<td>5.01</td>
<td>Combined team with addictions</td>
</tr>
<tr>
<td>Band 6 Addictions Nurses</td>
<td>2.56</td>
<td>7.5</td>
</tr>
<tr>
<td>Band 5 Addictions Nurse</td>
<td>1.8</td>
<td>1.91 Non nursing roles</td>
</tr>
<tr>
<td><strong>total</strong></td>
<td><strong>32</strong></td>
<td><strong>33.75</strong></td>
</tr>
<tr>
<td>Band 4 Pharmacy Technician</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Admin supervisor Band 4</td>
<td>1</td>
<td>0.95</td>
</tr>
<tr>
<td>Admin Band 3</td>
<td>1.52</td>
<td>1.7</td>
</tr>
<tr>
<td>Band 7 Physiotherapy Services</td>
<td>0.25</td>
<td>0.3</td>
</tr>
<tr>
<td>Trainee Advanced Nurse Practitioner</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Additional band 5 Primary Care Nurse (3months) pilot for new model of care</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Additional band 6 Deputy Charge Nurse Primary Care (3months) pilot for new model of care</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Edinburgh**

The primary care nurses work 7 days a week and require a minimum of 5 registered nurses on per shift (am and pm) and 4 healthcare support workers in the am Monday to Friday they require a minimum of 4 registered nurses on at the weekend for the full shift, with an additional 4 healthcare support workers working 7.30 – 11.30am.
There are currently 1.6wte registered nurses on maternity leave from this team.

**The mental health nurses** work 7 days a week and require a minimum of 3 registered staff on Monday to Friday, and 1 at the weekend (Appendix 3). There is 1wte on long term sickness.

**The addictions nurses** work Monday to Friday and require a minimum of 3 nurses on duty each day (Appendix 4). There is 0.80wte vacancy due to an addictions nurse being successfully recruited into our Trainee Advanced Nurse Practitioner programme. There is 1wte on long term sickness.

**The Healthcare Manager and Senior Charge Nurses** work Monday to Friday covering between them 7am to 5pm.

**The Pharmacy Technicians** work Monday to Friday covering 7am to 6pm.

**The Admin team** work Monday to Friday covering 7am to 4pm.

**2 General Practitioners** work 11 sessions between HMP Edinburgh and HMP Addiewell. Total funding for both prisons is 29 sessions. One of these GPs does regular additional locum sessions. Currently using bank and agency doctors to fill the gaps. We have a number of GPs who regularly do these shifts. A new model of nurse led clinics is being piloted at present

We have 0.25wte **physiotherapist**, two days per week. She works alternating Monday, Tuesday and Wednesdays.

We have 0.3wte **pharmacist** who works one day a week in HMP Edinburgh, usually a Tuesday. She works 0.3wte in HMP Addiewell one day a week.

We have a **consultant psychiatrist** who attend the Mental Health Meeting on a Wednesday and does a clinic on a Friday morning. A more junior psychiatrist attends on a Wednesday pm and runs a clinic.

We have recently recruited 0.5wte **consultant clinical psychologist** for HMP Edinburgh, starting date to be confirmed.

**A consultant addictions psychiatrist** runs a clinic weekly in the afternoon. This will be reducing to once a month due to her retirement. Also one of our **GP runs an addictions clinic** every Tuesday afternoon.

**The dental service:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Dentist - Half day male; half day female</td>
</tr>
<tr>
<td>Tue</td>
<td>Dentist - All day male</td>
</tr>
<tr>
<td></td>
<td>Oral Health Educators - Varies, visits, induction and clinics</td>
</tr>
<tr>
<td>Wed</td>
<td>Dentist - In alternate weeks, all day male (hoping to make it every week with a different dentist)</td>
</tr>
</tbody>
</table>
Thurs Hygienist - All day male (scaling)
Fri Therapist - Half day male, half day female (fillings and scaling)
(sometimes make it male all day depending on demand)

A Clinical Nurse Specialist for Blood Borne Viruses attends HMP Edinburgh all day on a Monday (am women, pm men) and alternate Friday mornings. This is in relation to Hepatitis C treatment.

A second Clinical Nurse Specialist attends every Thursday am and focuses on Blood Borne Virus testing, assessment and follows up on more complex bloods/results and referrals to treatment. This nurse does a fibroscan clinic, to assess for liver disease, one Friday morning per month, bringing in a portable fibroscanner.

An Associate Specialist in Blood Borne Viruses comes into HMP Edinburgh alternate Monday mornings to see the women and every alternate Wednesday morning to see the men.

A Stop Smoking Facilitator attends HMP Edinburgh Monday, Wednesday and a Friday morning.

The Podiatrist comes three to four times per year and can see up to 12 people. A Nurse can carry out simple tasks in relation to foot care.

The Optician comes in approximately every three weeks. This service is provided by Erskine Eyecare.

We have visiting specialists coming to the prison when required e.g. tissue viability specialist, diabetic retinopathy screener, palliative care nurse.

The Willow project extends to the women within HMP Edinburgh. This provides 1.5 days of clinical psychology. They have 1 woman on the waiting list. However, due to a reduction in funding they are no longer taking referrals.

We have access to an Occupational Therapist, however, has not been necessary recently.

A Speech and Language Therapist was employed to work with us on a part time temporary basis following a review by a Learning Disability Nurse seconded to the prison. This was facilitated through our Learning Disability Working Group. The SALT’s contract ended on the 6th of January 2017. However, we still can ask her for expert advice when required.

Addiewell

The primary care nurses work 7 days a week and work 12 hour shifts (7am-8pm or 8am-9pm) Mon-Fri. 10 staff required per shift 5 registered and 5 non registered.
Sat-Sun is 7:30am-6pm. 6 staff per weekend to cover dispensing duties (as weekly & monthly medications plus supervised controlled drugs are issued). This is normally 3 registered and 3 healthcare support workers.

Currently 3 wte registered band 5 are not in post-2 vacancies and 1 on maternity leave.

The mental health nurses work 5 days a week and cover 4 days as they work slightly longer shifts. 2 staff Mon-Fri.

The addiction nurses work Mon-Fri with one part-time addiction nurse working long days two days a week, she supports the reception process.

The Healthcare Manager and Senior Charge Nurses work Monday to Friday covering between them 7am to 9pm. SCN from primary care covers later shifts in absence of primary care nurses and works weekend’s to support new staff. SCN for mental health & addiction is LTS.

The Pharmacy Technicians work Monday to Friday covering 8am to 5pm.

General Practitioners as previous.

We have 0.25wte Physiotherapist, two days per week. Alternating Monday, Tuesday and Wednesdays.

0.3wte Pharmacist who works one day a week in HMP Edinburgh, usually a Tuesday. She works 0.3wte in HMP Addiewell one day a week.

Consultant Psychiatrist that attends on Monday morning and VC into mental health meeting every fortnight, no cover for junior psychiatrist just now.

We have recently recruited 0.5wte Consultant Clinical Psychologist for HMP Addiewell, starting date to be confirmed.

A Consultant Addictions Psychiatrist runs a clinic weekly in the afternoon. Also one of our GP runs an addictions clinic every Friday afternoon.

Dentist similar to Edinburgh.

Clinical Nurse specialist for BBV attends every Mon morning.

Clinical Nurse Specialist attends every Wend morning….no fibroscan is taken into HMPA.

HMPA Consultant BBV attends every Wed morning.

A Stop Smoking Facilitator attends every Wed and Thurs full days.

The Podiatrist As HMP Edinburgh.
The Optician comes in approximately every three weeks. This service is provided by Erskine Eyecare.

Visiting Specialists come to the prison when required e.g. tissue viability specialist, diabetic retinopathy screener, palliative care nurse.

Occupational Therapist available if required, however, has not been necessary recently

Access to Learning Disability Nurse for patients from NHS Lanarkshire.

5. Please provide information on posts that have been vacant for 3 months or longer.

The Clinical Psychologist post for both areas was vacant for more than 3 months, despite being advertised twice. The post was reviewed and a new job description written for a Consultant Clinical Psychologist.

GP sessions remain vacant despite 3 recruitment drives with the most recent expanding to Europe, we have been unable to recruit further permanent GPs and currently use locums and GPs employed through the Medical Staff Bank.

The Advanced Nurse Practitioner post was advertised twice. The second time nationally. We have put this on hold for now, to focus on the Trainee Advanced Nurse Practitioners, and the development of the Nurse Assessment Service which is replacing the traditional first night in custody GP clinic.

Demand

6. How many prisoners have mental health needs?

Edinburgh 2016, 188 prisoners were coded on admission to HMP Edinburgh as having a mental health problem. This does not include additional issues identified after admission.

A Health Needs Assessment is currently underway in collaboration with Professor Aisha Holloway, Professor of Nursing Studies, University of Edinburgh, Dr Juliet McArthur, Research Chief Nurse NHS Lothian. This work is sponsored by Professor Alex McMahon, Director of Nursing/ REAS and Prisons, NHS Lothian.

We have begun to undertake an exploratory Health Needs assessment at HMP Edinburgh (December 2016 – present). The purpose was to scope out and ascertain if it was possible to identify prisoner health priorities from existing data drawn from the current VISION system. The health needs assessment covered the period 1st January and 31st December 2016 and
involved all male prisoners entering HMP Edinburgh (379) and all female prisoners transferred to HMP Edinburgh (48). This focused specifically on 3 specific elements:

i) Profile the prisoner population at HMP Edinburgh  
ii) Gather reliable data to inform the profiling  
iii) Identify and assess health conditions and determinant factors

**Addiewell** currently have 174 patient’s prescribed anti-psychotic medications and 291 patients prescribed anti-depressants. With 4 patients being transferred out under Mental Health Scotland Act in 2016.

7. How many prisoners have long-term conditions?

**Edinburgh** 2016 164 prisoners have been coded as having a long term health condition i.e. Asthma, Diabetes, COPD, IHD, Epilepsy & Hypertension. This is taken from confirmation by community GP practice.

**Addiewell** currently offer Asthma and Diabetes nurse led clinics. Asthma – 266 people are coded as having Asthma, Diabetes - 43 people are coded with having Diabetes, Ischemic Heart Disease - 25 people are coded as having IHD

8. How many prisoners have high care needs?

**Edinburgh**- There are currently 5 male prisoners. Their personal care is attended to by social carers, provided by the Scottish Prison Service. They are discussed fortnightly at our multi-disciplinary health meeting with NHS/SPS/SW/forensic psychology.

**Addiewell**- none at this present time.

9. How many prisoners have palliative care needs and what arrangements are in place to provide this?

**Edinburgh** have 1 recently diagnosed prisoner with cancer. Whilst the prisoner has only just been informed of his poor prognosis, he does not wish to change his circumstances presently. However, care needs assessments are being carried out and planning will take place around these as his condition deteriorates, i.e. a disabled cell, we have ordered a bed from community store, we have contacted the MacMillan Care Coordinator and Project Lead for Palliative/End of Life Care in Prisons. The prisoner does not wish us to contact Marie Curie medical staff at the moment. Currently he is self caring, but will be referred to the social carers, when he feels ready for this.
Addiewell none currently

Both

Increased recognition over last few years within both prisons that palliative and end of life care is part of what they do, that the environment brings challenges and the need to explore opportunities to overcome these.

The healthcare staff within both prisons have the contact details of the Nurse Consultant for Cancer & Palliative Care and aware that she can be contacted to support staff and individuals in custody.

Healthcare staff in the prison have access to the NHS Scotland Palliative Care Guidelines which are hosted in the NHS Lothian intranet and the internet. Complexity of medication may be an issue if the prisoner is already on controlled medication (prescribed and obtained via other routes) or detox. However this should not preclude the prescribing of appropriate medication for effective symptom control.

Each of the prisons have been provided contact details of specialist palliative care consultant and senior nurse who can be contacted to support the care of those in custody – this includes the specialist palliative care staff visiting the prison and or if deemed appropriate the person in custody being transferred to Marie Curie hospice or the nearest hospital.

Evidence of staff within the prisons in Lothian meeting the needs of those with palliative care include:

- discussing health and social issues with prisoners and if given permission to with those who matter to the prisoner, helping them to think ahead and anticipatory care plan,
- discuss CPR and where appropriate have DNACPR forms completed and available should the prisoner is or requires to be transferred to another prison or healthcare setting,
- supporting a prisoner with poor prognosis to be transferred closer to where his family lived,
- supporting discussion regarding potential for earlier release to the community,
- liaised with GP practices to take on those being released from custody when at first they were reluctant due to previous issues with individuals/families,
- accessed different types of equipment to support individual prisoners, including hospital beds, specialist mattresses,
- helped one prisoner to make a memory box and DVD for his children to receive after he died.

A recent healthcare audit on health need at the point of admission has been carried out in conjunction with Edinburgh University. This will be used to
shape healthcare going forward and will also be carried out in HMP Addiewell. The results for HMP Edinburgh are below

Performance

10. How many complaints in relation to a) health and b) social care in prison have your received over the past 5 years by subject of complaint, broken down by year? The main cause of complaints is in relation to prescribing of medication and the potential conflict between what the person has been taking and wants to take and the prescribing guidelines in the Lothian Joint Formulary.

Healthcare Complaints

Edinburgh

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<tr>
<th>Year</th>
<th>Complaints</th>
</tr>
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<tr>
<td>2013</td>
<td>187</td>
</tr>
<tr>
<td>2014</td>
<td>425</td>
</tr>
<tr>
<td>2015</td>
<td>446</td>
</tr>
<tr>
<td>2016</td>
<td>513</td>
</tr>
</tbody>
</table>

Addiewell

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>54</td>
</tr>
<tr>
<td>2013</td>
<td>258</td>
</tr>
<tr>
<td>2014</td>
<td>758</td>
</tr>
<tr>
<td>2015</td>
<td>332</td>
</tr>
<tr>
<td>2016</td>
<td>716</td>
</tr>
</tbody>
</table>

11. What performance indicators do you currently use?

Both areas

Currently monitor waiting times for GP and nurse clinics
Waiting lists for services such as dentist visiting specialist
Number of complaints and compliments
Target completion for complaints acknowledgment and response
Learning from complaints
Learning from adverse events

Service development

12. Since the transfer of responsibility for prison healthcare in 2011 care have you or do you intend to redesign services?
13. Please could you give examples of innovations in service delivery?

**Edinburgh**

We have introduced 2 Deputy Charge Nurses for Primary Care team, as previously all primary care staff reported to the Senior Charge Nurse. This provides additional support for staff in the evenings and at weekends.

We have introduced an Admin Supervisor, who manages admin, codes and can produce statistics for us from Vision. She also acts as PA support to the Healthcare Manager.

We introduced the role of the Consultant Psychiatrist in Addictions visiting weekly to support the Addictions Team.

We have rotated Primary Care Nurses into the Addictions Team to improve patient care.

We have introduced a 2 day triage course for new qualified staff to improve patient assessment and treatment.

We have introduced pharmacist to monitor and review our prescribing and efficiency. They have introduced protocols for medications.

We had a fixed term Speech and Language therapist review needs for prisoners with learning difficulties.

A new model of care is being developed using Advanced Nurse Prescribers and visiting specialists to ensure that future GP clinics are used for those who need the specific skills of a GP. We have regular GPs who work with us through locum work and the Medical Staff Bank. These GPs have undertaken the necessary NHSL and Prison inductions.

Recognising the GP shortfall we have recruited **2 Trainee Advanced Nurse Practitioner** for HMP Edinburgh, from our existing staff with backfill. Originally we planned to also recruit 1 qualified Advanced Nurse Practitioner. However, there were no suitable candidates. This project has been approved by our local Partnership Forum and NHSL Workforce Organisational Change Group. The trainees commenced their training on the 6th of February 2017. As they are already Non Medical Prescribers, the training will take 18 months to complete. However, we expect that they will facilitate clinics prior to completion of the course. The healthcare manager is currently writing an outline of their role within the prison.

We are piloting a **nurse led project** from the 6th of March 2017 for a 3 month period. The Senior Charge nurse and Deputy Charge Nurse for Primary Care will facilitate a clinic for those admitted the previous day who require to be seen but not necessarily by a GP. This clinic was previously run by the GPs.
Both of these nurses are Non Medical Prescribers and are undertaking further training. Due to ‘Act 2 Care’ discontinuing, and ‘Talk to Me’ being implemented by the Scottish Prison Service, prisoners no longer have to see a GP within 24 hours of admission. Nurses at the point of reception are currently triaging prisoners to either the FNIC clinic or for a routine GP appointment. From the 6th of March the reception nurse will triage to the nurse led clinic, or a routine GP appointment. The nurse led project was approved at REAS’s Partnership Forum on the 15th of February 2017. Should this trial be successful we will consider continuing it with further review. A provisional test over 2 days showed that nurses can assess and discharge from the clinic appropriately.

We will be shortly trialing access to Adastra within the prison in a read only capacity. This will give health care staff access to clinical interventions within the police custody units. Two nurses already have access who previously worked in that area. We do not have a start date as of yet, but this will give us better information to improve continuity of care. Staff can also have the opportunity to access the Emergency Care Summary.

The Health Care Support Workers have recently adopted ‘keep well’. This service was originally provided by a visiting specialist, however this was withdrawn. The Health Care Support Workers have been given training and are developing the service. The deputy charge nurse will oversee the services progression to ensure that prisoners are receiving ‘keep well’. Prisoners self refer and a keep well assessment is given.

**Addiewell**

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Pilot of joining mental health and addiction nurses that are RMN trained so one nurse see the patient for both issues. This was approved by REAS partnership.

Mental health nurses offer triage clinic two mornings per week.

NHS capital planning is supporting two un-used shower/bathroom into two consultation rooms in the health centre.

Living Life (NHS 24 CBT telephone service) which can continue into community on release.

Health inequalities and prevention
14. What public health measures do you currently provide and how are these accessed?

**Both areas**

The **clinical nurse specialist** in relation to Hepatitis C treatment has a waiting time for assessment of approximately 2 weeks. There is no waiting list for treatment as the waiting time is very dependent on readiness for treatment and stability.

The **clinical nurse specialist** for BBV Virus testing and assessment, together with the addictions nurses, are seeing patients within 4 weeks of referral. BBV testing offered to everyone on admission.

The **stop smoking facilitator** currently has 27 prisoners attending the clinics. There are 18 prisoners on the waiting list, waiting an average of 3 weeks for an appointment.

The addictions team together with the visiting clinical nurse specialists offers vaccinations for Hepatitis A and B and testing for blood borne viruses and sexually transmitted diseases. Approximately 60 Hepatitis B vaccinations are given per month.

Condoms are given to prisoners prior liberation. Contraception is offered to the female population and advice on safe sex.

Primary care offer vaccinations for the flu (Appendix 36) and shingles. 155 flu vaccinations were given over the winter period.

We have a very good relationship with our Public Health/Health Protection Team having had 2 episodes of potential contagious disease outbreaks over the past three years; Tuberculosis and Hepatitis B. We have a standard operating procedure for the Management of Outbreaks of Communicable Diseases or other Health Protection Incidents in Prisons. The Consultant in Public Health attends our Senior Management Team meetings.

We have quarterly reporting on Hepatitis C statistics from Public Health.

Health screening is performed through well woman, keep well and cancer screening. A primary care nurse oversees bowel cancer screening and breast cancer awareness. An attempt was made to facilitate the mobile mammography van into the prison, but the screening service could not accommodate this. SPS were very supportive however.

15. What access do people have to drug treatment programmes such as methadone therapy?

**Edinburgh**
The referrals to the **addictions nurses** come via Lifeline who works collaboratively with NHS staff. Prisoners self refer to the drop in clinics within the halls and an initial assessment is performed. NHS addictions nurses and Lifeline workers do joint assessments within Glenesk, the remand hall. There is currently 3 weeks waiting time to seen by an addiction nurse. The addictions team meet with Lifeline every Tuesday, to discuss referrals and care planning.

**Addiewell**

Referrals come straight from prisoners and the nurses offer triage morning two days per week in wings.

Emergency addiction referral can be requested by a member of staff and the prisoner will be seen on the same day if the referral is received by midday, if after this time, will be seen the next day. A fulltime addictions nurse has up to 20 prisoners on her caseload.

The waiting time to see the GP in addictions is up to 2 weeks.

The waiting time to see the consultant addictions psychiatrist is up to 4 weeks.

16. What factors would help you address health inequalities in the prison population?

- Equal resources for men and women within the prison estate.
- Housing for prisoners on liberation.
- Ensure throughcare is available for every prisoner
- Improved clinical IT

17. What steps do you take to ensure continuity of care on release?

**Both areas**

We attend multi-agency case conferences for vulnerable or complex prisoners as required to ensure continuity of care on release and can liaise with SPS through care officers.

Prisoners are given a 5 day supply of their medication on release. This gives them time to re-register with their community GP.

We have developed a small card for prisoners to get prior to release, with information and contact details of key services they may need on release.

If the prisoner is on methadone, agreement will be established with the outside provider prior to release. When a prisoner is released at short notice, we contact the community prescriber to allow follow up.

Lifeline provides through care for prisoners with ongoing addictions issues. This is for **Edinburgh** only
Primary care contacts the community GP practice when necessary and give them a copy of the prisoners care plan e.g. complicated wounds.

The clinical nurse specialist for BBV also works within the community and follows up on prisoners who have been released.