The Scottish Centre for Telehealth and Telecare (SCTT) identified the Prison Service would benefit from the use of technology enabled care at its inception in 2006. At that time, there was extensive evidence in the medical literature of the benefits of delivering services remotely into prisons from out with Scotland. The transfer of responsibility for provision of prisoner healthcare to NHS Scotland provided an opportunity for radical redesign resulting in:

1. Improved quality of patient care.
2. Increased access to specialist services.
3. Cost savings from reduction in unnecessary transfers.
4. Improved prisoner and prison staff satisfaction.

The prison population is small, relative to the general population, and spread across 16 institutions located in a range of Health Boards. In addition to the routine healthcare needs of any population, the prison population has specific needs for specialist care in certain areas e.g. mental health, drug abuse, forensic psychiatry etc.

These specialist services are not uniformly available throughout NHS Scotland, making equity of access in prisons virtually impossible. Even where services are available locally, access to specialists is limited by the nature of the Prison Service. Attendance at healthcare facilities requires resource intensive, escorted transfers, which are disruptive to the smooth running of the prison.

There is extensive evidence of the benefits of redesigning prison healthcare, using Technology Enabled Care as a catalyst, from around the world. For example, ten years ago, Airedale NHS Trust in Northern England established a prison telehealth service. This service has grown steadily to now cover 20 facilities from Durham to Devon. Whilst initially aimed at unscheduled care, the service now incorporates 21 specialties (including Allied Health Professionals but not Mental Health Services), which make up 60% of their consultations.

The benefits of the service include:

a) An average reduction in transfers of approximately 50% (up to 100% in some institutions).

b) Improved prison staff and prisoner satisfaction. (Contrary to popular belief, most prisoners feel they lose privacy and dignity from attending a public area in obvious custody).

c) A reduction in escapes and drug trafficking resulting from excursions from the prison.

d) An improvement in continuity of care (especially when the patient is transferred between prison facilities).
e) Significant cost savings, particularly with regards to transfers. (A transfer for care ranges in cost from £425 to £5,000 dependent on the category of prisoner)

f) Transfer of unscheduled care cases reduced by 50% and by 75% for elective referrals.

The key to the success of the Airedale Model is **economy of scale**. In Scotland, the responsibility for delivery of prison services lies at health board level. Inevitably, this will result in individual boards dealing with small numbers of prisoners with any specific medical problem. This will result in expensive duplication of services across NHS Scotland and limited development of expertise in dealing with the prison population.

Evidence suggests a telemedicine model becomes effective once more than six prisons form part of the network. Therefore, to fully exploit the benefits of a telehealth prison network, it should be applied in a pan-Scotland model.

**Mental Health**

The prevalence of Mental Disorder is much higher in the prison population than the general public. Addressing this need has proven to be a major challenge to the health service as outlined in the submission from the Mental Welfare Commission.

All Scottish prisons receive a forensic psychiatry service. However, these services tend to be provided by individual consultant psychiatrists. Prisoners do not routinely have access to the services provided by a full multi-disciplinary team. In particular, psychological services to address common mental disorders such as mild to moderate depression and anxiety are unavailable in most prisons.

The efficiency of the current psychiatric service may be improved through the use of video-conferencing. (Evidence from Ontario indicates 60% of prison telehealth consultations are for mental health problems.) SCTT has supported a trial of video-conference delivered forensic psychiatry services to 2 prisons within NHS Lothian. Whilst successful, the delivery of psychological services to prisons, via videoconferencing, has not been widely adopted.

**SCTT activity**

The SCTT raised the possibility of a national approach to support Prison Medicine, 5 years ago and visits were undertaken to Airedale to examine their model. However, problems with infrastructure proved to be considerable when establishing videoconferencing into some prisons. Some services were taken up by prisons but in a piecemeal fashion and momentum was lost. In the interim period, significant advances have been made in remote delivery of services. The development of psychological therapies delivered remotely, including Cognitive Behavioural Therapy (CBT), has been established by NHS 24 to the general population. The SCTT is a partner in the European Mastermind study, which has achieved high recruitment
rates and is likely to report significant advantages in delivering psychological therapies remotely. SCTT were a partner in the European United4Health study, which demonstrated the benefits of remote monitoring of Long Term Conditions, both in terms of health outcomes and reduced hospital attendances. The Technology Enabled Care (TEC) Programme is progressing well and launched a new Videoconferencing platform in December 2016, which will facilitate access to health services remotely, via videoconferencing, at scale. Therefore, the time is ripe to reconsider a national approach to Technology Enabled Prison Healthcare.

A Model for Scotland

Application of Technology Enabled Care has the potential to deliver the majority of health services to prisons with transfer only occurring for specific investigations/treatments. The model most likely to succeed is of a local primary care provider for each prison, supported by a telehealth network of specialists experienced in treating prisoners. Contact with the network of specialists would be co-ordinated by NHS 24, who would hold electronic summaries of prisoners’ health records to ensure continuity of care when transferred between prisons. It is envisaged that regular remote support for Prison Healthcare staff will improve continuity of care, clinical outcomes, educational opportunities for staff, morale and retention and recruitment of staff.

However, it must be recognised that the majority of savings generated by establishing a telehealth model will be from reduction in transfers, which are funded by the Crown Office. Therefore, measures will be required to ensure this does not act as a disincentive to the health service in supplying Technology Enabled Care to prisons.

Recommendations


2. The Scottish Government explores mechanisms for joint funding of such a network between NHS Scotland and the Crown Office.