Justice Committee

Transfer of prison healthcare to the NHS

Written submission from HMP Barlinnie

I am the Health Care Manager at HMP Barlinnie. In my role I am responsible for the overall management of around 70 staff and associated services. I probably bring operational experience of prison health care delivery to the panel appearing in front of the Justice Committee.

I manage primary care services that include general practitioner, dental, optician and podiatry provision. In addition, my team are responsible for the safe assessment of admission prisoners and 24-hour emergency care provision. The team also provide daily clinics in the halls and a range of nurse-led clinics commensurate with services found in the community. As well as internal services we arrange out-patient appointments and through care.

I am also responsible for the effective delivery of mental health services in the prison. This includes psychiatry clinics and mental health nurse provision. These teams ensure that people suffering acute mental illness are transferred to hospital and support people requiring additional support in prison. They also arrange through care for people being liberated.

Similarly there is a team consisting of 1 clinical manager and 9 addiction nurses whom I manage. We run a number of addiction services that includes providing harm reduction measures, detoxification, education, smoking cessation and a range of therapies to support people with addiction issues. This includes linking with community services.

I am also the Local Suicide Risk Manager Coordinator at the prison. This means I have responsibility for monitoring staff ACT2C are training, reviewing deaths in custody for learning purposes and liaising with the procurator fiscal following incidents of this nature. Learning from deaths in custody is fed into the National Suicide Risk Management Group and local coordinators take new policies, learning action points and information back to local suicide risk management meetings to try and achieve continual learning from ‘near misses’ and adverse events.

Frank Gibbons
Health Care Manager
15 November 2012