Justice Committee

Transfer of prison healthcare to the NHS

Written submission from NHS Grampian

My perspective is as a NHS Board lead on prison health. This has involved not only the recent transfer last November but also the preparation for the new HMP Grampian Prison opening late 2013.

I am also NHS Grampian Board lead for the transfer of health of people in police custody. This transfer will also take effect in Grampian late 2013.

One issue I would be interested in contributing to - if raised - would be consideration of how NHS Boards might in the future integrate prison health and police health, particularly in relation to provision of medical services.

We are exploring this in Grampian. We are especially interested in the use of telemedicine approaches in any future model of service as we believe that this could have significant benefits to health of prisoners as well as NHS, police and SPS operations.

These include:
- Rapid access to consultant level expertise;
- Opportunity for national level service provision with responsibility spread across NHS Boards;
- Improved triage/clinical decision-making resulting in reduced transfers from prison to hospital;
- Resource efficiency for across NHS / SPS/ National Police Force;
- Cost efficiency across NHS Boards/ SPS/ National Police Force;
- Reduced opportunities for prisoner escape during transfer to hospital;
- Increased dignity of care (prisoners avoid being handcuffed in hospital settings by averting transfer);
- Continuity of healthcare input along the justice pathway (particularly if joined up with court based health services).

On the specific questions raised in your email:

1. **Significant changes to the provision of healthcare within prisons since the transfer and the drivers behind those changes?**

An example - dental provision within prisons has now increased as is now provided by NHS Grampian Community Dental Practitioners rather than through national contract. The service is now more patient-focussed and includes greater delivery of restorative work than provided under national contract. As the practitioners delivering service have a specific remit for other ‘hard to reach’ populations (substance mis-users, homeless) there is greater potential for continuity of service when prisoners return to community.

Drivers behind this include an organisational commitment to tackling inequalities and improving dental and oral health. Also as the service provided within prison is now
same as in community (both NHS) it makes sense to complete treatment at earliest opportunity. There is no (perverse) incentive as existed under previously contracted service, whereby practitioner would not be continuing service upon release of prisoner and was also operating on a more limited appointment basis - leading to less restorative work and increased extractions.

A further example would be the increase in substance misuse nurse resource supported through joint funding with Grampian Alcohol Drug partnerships.

2. **Whether the equivalence of care standard is being met?**

Equivalence of care is a minimum standard being promoted by NHS Grampian. This varies across services. Arguably in some cases (dental, medical care, etc) prisoners have greater access than would be expected within the community. Appointments can be made and provided on the day within the prison setting.

The model of care we are promoting is that prisoners within prisons should be considered exactly as patients within a community practice.

In common with many other NHS Boards, Grampian is reviewing Enhanced Addiction Services (currently provided under national contract by Phoenix Futures) with the aim of integrating these services within existing NHS community and specialist services.

There are some services that have diminished since transfer – specifically SPS employed forensic psychology input as this was not considered part of health budget upon transfer.

3. **Whether the transfer to the NHS has facilitated an improvement in relation to access to health services for prisoners once they are released?**

In common with other health boards, Grampian has promoted the re-registration of prisoners returning to communities among GP practices.

Also by integrating substance misuse and mental health services more in to NHS service it should facilitate improvement in through care.

From a prisoner perspective, the fact that healthcare received in prison is delivered by NHS staff should break down perceived barriers upon release as they see ‘NHS branded’ community services.

I hope the above is helpful and I look forward to attending and contributing to the evidence session next week.

Mark McEwan  
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