

The Transfer of Responsibility for Prison Healthcare in England

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Prison Health, the joint Home Office and Department of Health Unit, has been working since 2000 to improve health care provision for prisoners. It has led and managed a work programme to modernise services, step up NHS engagement and improve performance monitoring.

Funding responsibility for primary healthcare services in the publicly run prisons in England and Wales has transferred from the Home Office to the Department of Health. The figure spent on prison healthcare in 2005-06 was nearly £176 million, and for 2006-07 nearly £200m will be available. Most of this money now goes to the front line NHS, and from 2006 NHS primary care trusts become responsible for commissioning health services in the public sector prisons.

The total prison population is around 77,000. Mental illness, drug dependency and communicable diseases are the dominant health problems among prisoners. For example:

- 90 per cent of all prisoners have a diagnosable mental health problem (including personality disorder), substance misuse problem or both
- 78 deaths were apparently self-inflicted deaths in 2005 (down from 95 in 2004)
- 24 per cent of prisoners have injected drugs – of these 20 per cent are infected with hepatitis B and 30 per cent with hepatitis C
- 80 per cent of prisoners smoke
- 20 per cent of women in prison ask to see a doctor or nurse each day

Key achievements include developing better mental health provision, including NHS-funded mental health in-reach teams. £20 million was being spent on mental health provision in 2005/06, and a similar amount will be invested this year. One hundred and two prisons have mental health in-reach teams with some 360 extra staff employed. Prison Health has also supported improvements in primary care services; developed the prison health workforce and improved the prison health estate.

Prison Health is now engaged in further programmes to improve health and social care for prisoners. This includes improving the transfer process so that those whose mental ill health means that they require hospital treatment can be moved more quickly. It also includes the development of an integrated drug treatment system; the inclusion of offenders in relevant Department of Health initiatives; further improving workforce provision, developing a modern prison IT system that aids the flow of information about prisoners' healthcare on admission, transfer or release, and the further improvement of the healthcare estate.

All of these measures will help us to meet our aim that prisoners receive a similar level of service from the National Health Service as that received by the public. For the prison workforce, better integration of workforce with the NHS has led to less isolation, more opportunities to work across the sectors and better training and development opportunities.

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