Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu

13 May 2019

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales

Dear Dr Lloyd,

Provision of health and social care in the adult prison estate

Thank you for inviting the views of the Royal College of General Practitioners (RCGP) Wales on the matter of the Provision of health and social care in the adult prison estate. RCGP Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

The following response will address the key areas of the Health, Social Care and Sport Committee's inquiry, which we feel able to add value to.

The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

The College has concerns about the effectiveness of the current arrangements. In particular, this relates to whether robust reporting, oversight and data collection measures are in place which are then fed back to a central agency that monitors and compares standards of care to a, yet to be developed, agreed level. The appointment of a clinical lead or champion could provide leadership and accountability to ensure an improved oversight protocol is in place. There is a specific concern about the lack of provision of primary mental health care and substance misuse services for prisoners.

The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

The College is concerned that it is difficult to assess whether healthcare services are meeting the needs of prisoners due to the lack of data available. The impression is that funding as it currently stands is insufficient having not received uplifts since the NHS took over responsibility of prison health. The opportunity to tackle significant public health and physical issues which could help with wider prisoner rehabilitation are potentially being missed due to a lack of capacity for chronic disease management in some establishments. A further concern is to what extent the prison population can influence improvements in health care provision, consideration should be given to engagement with organisations with 'lived experience' of prison healthcare. Provision of care for prisoners with learning disabilities and mental health

conditions is thought to be insufficient. In particular, the lack of out of hours provision for mental health primary care was cited.

What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

Transfer of prisoners with mental health conditions to a secure hospital should occur in a more timely manner than at present; prison is not an appropriate environment for someone who is acutely mentally unwell and should not be used as a 'place of safety'. Concerns were raised about the funding and commissioning of substance misuse prevention, behavioural support and treatment services since they are not both commissioned under a health umbrella; one coming through the police and crime commissioner's office and the other via the NHS. This has been united under the NHS in England and would lead to better governance and better cohesion but would need to be ring fenced.

If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

It is thought that greater funding was required across the baseline budget since this had not changed since the NHS took responsibility for prison medicine, yet the challenges have evolved. Prison medicine has changed a great deal during this time with the arrival of SPICE particularly leading to a greater call on resources for acute care thereby impacting on the ability for chronic disease management. This focusing of doctors and nurses on acute needs neglects the potential wider benefit to the prisoner's health and in turn rehabilitation which could be facilitated and is also a missed opportunity to create benefits to the environment he/she returns to once released; Prison health is public health and by treating people in prison, there could be beneficial knock on effects to the community they return to. Primary care mental health services and substance misuse services require investment to make them equivalent to community services.

What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales.

Stronger communications and relationships across the health and prison sectors could offer considerable improvements in both prisoner care and the chance of a successful prisoner rehabilitation. This would also clearly indicate a joint responsibility for prisoner health across health and justice.

Prisons use an IT system called System One supplied by TPP – in Wales NWIS does not have a direct relationship with this supplier but are supplementary to England's agreement therefore we have no direct relationship with TPP so cannot change the system. Support is limited. Skill has been lost within NWIS to support System One and those using it and this is being looked at but certainly is a barrier because skills have been lost in using this system well.

In England, people in prison will be registered with the prison by the end of the year and their historic GP record will be available to the prison clinical teams, there is no plan for this in Wales to date and work would need to be done to achieve this. This is an area often cited in

reviews of deaths in custody, that not having access to the historic GP record is a risk. This will be mitigated for people in custody in England but not those in Wales.

GP recruitment is also difficult – this is a complex area that is not a designated speciality and has high levels of litigation. Cases of violence and abuse against staff is higher than in the community.

Should you or the Committee wish to discuss any points raised in this response further, please do not hesitate to let us know.

Best wishes,

Dr Robert Morgan
Vice Chair, Policy & Public Affairs
RCGP Wales