

Doctors working in prisons

Prison service to have more links with outside bodies including NHS

Until very recently responsibility for health care in prisons in England and Wales lay with the home office, the government department responsible for the criminal justice system. Under this arrangement the National Health Service, the provider of statutory health care for the general public, was not obliged to provide a service for people in prison.

The Prison Service has struggled to cope with the huge healthcare burden imposed by sick prisoners, particularly those with problems related to mental health and substance misuse, and it has been repeatedly criticised for providing inferior health care.¹ Previous reports focusing on doctors working in prisons found that recruitment was a real problem, prison doctors were inadequately trained, and they were working beyond the limits of their ability.^{2,3}

Pressure for a modern day reform of health care in prisons increased significantly following the publication of *Patient or Prisoner?*⁴ in which the chief inspector of prisons recommended that the NHS should take over health care of prisons.

The joint NHS-Prison Service working party established in 1998 to consider the chief inspector's recommendations endorsed the concept of equivalence of care—that is, providing prisoners with access to the same quality and range of healthcare services as the general public receives from the NHS—but stopped short of recommending complete integration of health care in prisons into the NHS.⁵ Instead, a formal partnership between the NHS and the Prison Service was recommended. This was accepted, and in March 2000 the former Home Office directorate of healthcare was replaced by a prison health policy unit and a task force located in the Department of Health to drive forward significant improvements in health services for prisoners over a three to five year period.

The report on the future organisation of health care in prisons⁵ also raised concerns about ongoing problems with doctors working in prisons. Therefore in November 2000 ministers commissioned a joint NHS-Prison Service working group to produce a report to address this.

Doctors Working in Prisons was published in December 2001.⁶ Unlike previous reports it avoids focusing on the all too familiar problems and concentrates on the improvements that have occurred and opportunities afforded by the new NHS-Prison Service partnership.^{2,3} Although the report emphasises the need to build, develop, and support a quality work force it doesn't really get to grips with the underlying issues affecting recruitment and retention. Statements such as “the prison environment can be a difficult and complex one in which to work as a doctor” and “we recognise that doctors working in prisons are often faced with difficult ethical issues” do not do justice to the everyday problems doctors working in prison encounter.

The report makes 50 recommendations grouped into five broad areas—pay and terms and conditions of employment; training and continuing professional development; structure; qualifications; and infor-

mation technology. Ministers have accepted all. There are positive recommendations to strengthen links with outside bodies offering training, give prison doctors opportunities to spend a session a week in the NHS, create more prison placements for medical students and postgraduate trainees, and develop an academic base for health care in prisons. One recommendation, however, stands out from the rest. This states “that serious consideration be given to the integration of the prison medical service into the NHS when the partnership arrangements are next reviewed.”

The fact that the government has finally acknowledged that integration is the only realistic solution is a real step forward. However, sticking with the mixed model until 2004 does create problems. The report has to fudge tricky issues such as what to do with senior medical officers, who typically play a role in line management. Recommendations to develop systems for clinical appraisal, revalidation, and dealing with poor performance would be unnecessary if the service was integrated into the NHS. Importantly, there is a need to improve flagging prison medical services as soon as possible—some prisons are in a desperate state. Although the report does not emphasise the continuing problems with the prison medical workforce, recommendations on training and qualifications, some of which bear an uncanny resemblance to those made in previous reports, speak volumes.^{2,3}

Although much still remains to be done, the report on doctors working in prisons and other reports on nursing⁷ and modernising mental health services in prisons⁸ are a welcome contribution to the wider reform of health care in prisons. Most significant is the subtle but significant shift in policy that suggests that the integration of prison health care into the NHS is no longer seen as an option, but considered to be inevitable. This can only be a good thing.

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- 1 Smith R. Prisoners: an end to second class health care? *BMJ* 1999;318:954-5.
- 2 The Prison Medical Service in England and Wales. *Recruitment and training of doctors*. London: Home Office and Department of Health, 1989.
- 3 Royal College of Physicians, Royal College of General Practitioners, Royal College of Psychiatrists. *Report of the working party of three medical royal colleges on the education and training of doctors in the Health Care Service for prisoners*. London: Home Office, 1992.
- 4 Her Majesty's Chief Inspector of Prisons. *Patient or prisoner? A new strategy for health care in prisons*. London: Home Office, 1996.
- 5 Joint Prison Service and National Health Service Executive Working Group. *The future organisation of prison healthcare*. London: Department of Health, 1999.
- 6 Department of Health. *Report of the working group on doctors working in prisons*. London: Department of Health, 2001.
- 7 Department of Health. *Nursing in prisons. Report by the working group considering the development of prison nursing, with particular reference to health care officers*. London: Department of Health, 2000.
- 8 Department of Health. *Changing the outlook. A strategy for developing and modernising mental health services in prisons*. London: Department of Health, 2001.

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