

To: See attached circulation list

1 March 2007  
Gateway ref: 7704

To: PCT Chief Executives  
PCT Directors of Finance  
Prison Service Area Managers

Dear Colleague,

### **Escort and Bedwatch costs: Transfer of funding from HM Prison Service to Primary Care Trusts.**

In April 2003, budgetary responsibility for prison health services in English public sector prisons transferred from the Home Office to the Department of Health. Responsibility and funding for the security costs associated with healthcare escorts and bedwatches were excluded from this transfer, pending further investigation and a final decision by Ministers in both Departments.

The Department of Health and the Home Office have now decided to transfer the responsibility and funding for escorts and bedwatch costs from HM Prison Service to Primary Care Trusts (PCTs). This decision follows the outcome of a twelve-month audit of prison healthcare escorts and bedwatches activity in all prisons in England and Wales, and a pilot in 10 prisons of options for future funding and management of escorts and bedwatches.

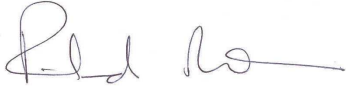
This research identified that currently prisons are funding this activity to the sum of £16.9 million. This amount, uplifted for pay and prices, will be transferred to PCTs from April 2007, initially on an historical spend basis.

The decision to transfer the funding and responsibility to PCTs will help ensure that decisions to provide treatment outside of the prison are based on clinical imperatives and will support improvements in managing offenders' health whilst in custody. Savings made in this budget as a result of such increased efficiency will be available for use on other prison health services.

Responsibility for managing security will remain with HM Prison Service.

The audit and pilot exercises indicated areas of potential service redesign that could achieve cost efficiencies and improvements in service provision to the benefit of both the Prison Service and PCTs. Most significantly, it is envisaged that by developing more effective health services in prisons, the number of planned escorts out of prisons will be reduced.

A national project lead has been appointed to implement the recommendations from the report<sup>1</sup> as part of a two year project led by Prison Health. This lead will work closely with partnerships on a regional basis during the implementation phase of this work. Health Authorities and PCT commissioners will be kept fully informed of developments.



**Richard Bradshaw**  
Director of Prison Health

Enc. Annex A Q&A

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<sup>1</sup> *A Twelve-Month Study of Prison Healthcare Escorts and Bedwatches*,  
[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4141138&chk=7zt2QD](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4141138&chk=7zt2QD)

**Q&A: ESCORT AND BEDWATCH COSTS: TRANSFER OF FUNDING FROM HM PRISON SERVICE TO PRIMARY CARE TRUSTS.**



**Gateway reference 7704**

**Q: What are escorts and bedwatches?**

A: An escort is an episode where a prisoner is escorted by security staff to attend hospital, including the transfer of prisoners to NHS mental health facilities.

A bedwatch is a hospital admission of at least one night in length, during which the prisoner requires constant observation for security purposes.

**Q: What are the advantages of transferring to the NHS?**

A: The key advantage will be that, with the transfer, the resource will sit with the NHS – the organisation responsible for generating and managing its demand. There will therefore be more appropriate management of the key requirement that decisions to provide treatment outside the prison are based on clinical, rather than security, considerations.

Increased PCT responsibility will encourage further service developments.

Enhancements to the skills of prison health care staff to meet identified health needs will reduce the need for prisoners to be sent out for minor surgery and medical treatments.

An increased investment in health services and equipment - such as with telemedicine and increased clinics in the prison - will reduce the number of external appointments made for the treatment of some conditions.

**Q: How will this transfer be managed?**

A: The transfer will occur in April 2007. The transfer is supported by both the Prison Service Management Board and the DH Commissioning Directorate and will form part of a two-year project to manage the implementation phase of this work.

The transferred funding will initially be clearly identified within PCT budgets.

Prison and PCT partnership boards will work together to manage this process, the partnership boards will be required to develop an SLA to cover this transfer of responsibility and the partnership board will monitor progress and service improvement against the SLA, agreeing savings and reinvestment to suite the partnerships.

Guidelines covering clinical and managerial matters will be developed.

**Q: Who will be in charge of security arrangements?**

A: Prison Governing Governors will retain the responsibility for individual risk assessment and for determining the level of security required for the escort period, for example, any additional security needs identified beyond the "standard package" of two staff members per escort.

**Q: Is this about contracting out services away from the Prison Service?**

A: No. PCTS will be required to use Prison Service staff for escorts at levels determined by the Governing Governor.

This is not about contracting out to the private sector or anywhere else. There is no question that prison officers do this job well and they will continue to do so.

If contracting of escorting were to be considered in the future, ministerial agreement from both the Home Office and the Department of Health would be required.

**Q: How much money is involved and what potential savings are there?**

A: The total budget for escorts and bedwatches in a 2006/07 audit indicated a spend of £16.9 million.

The amount for 2007/08 to be transferred to PCTs in April 2007 will be based on the 2006/07 spend, uplifted for pay and prices.

During 2007/08, Prison Health will work with prison and PCT partnerships, in particular those with high spending establishments, in order to improve efficiency.

The 12-month study has indicated that improvements in services to reduce sending prisoners out for external treatments could give potential savings of £3.9 million, which would be used by PCTs to re invest in prison health services.

The 2008/09 allocation may then be adjusted, on a fair shares basis, to reflect the demands on these services faced by each prison and PCT partnership.

**Q: Can you give me some idea about prices?**

Each year the Prison Service and the NHS will agree a fixed tariff for escorts and bedwatches.