



Patient Advice and Liaison Service



To: All PALS Managers  
Prison Healthcare Managers  
SHA PPI Leads

Cc: Local Independent Monitoring Boards  
Regional Prison Health Leads  
Area Managers

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Dear colleague

### **Patient Advice and Liaison Service (PALS) for Prisoners**

National PALS recently met with Prison Health to talk about progress implementing PALS for prisoners and how we can best support PALS teams to do this. It was agreed that the first step was to write to you all and let you know what the current situation is, and what we are proposing to do.

#### Current Situation

As you will be aware, with the exception of Leicester, Wellingborough and Wormwood Scrubs, all English prisons in the public sector now have their health services commissioned by the NHS. As soon as prisoners became NHS patients, they were automatically entitled to access to the same services (e.g. PALS) whilst in custody as they would in the community. The primary responsibility will fall on Primary Care Trust (PCT) PALS, however they will need to work closely in liaison with other services such as mental health and acute services. However, we recognise that implementing services, such as PALS, has been far from straightforward and the custodial environment has many characteristics which make this difficult.

Earlier this year, Prison Health commissioned a report to identify the key issues across the Patient and Public Involvement (PPI) agenda - PALS; Independent Complaints Advocacy Service (ICAS); NHS complaints; Patient and Public Involvement Forums (PPIFs) - in relation to prisoners. This report indicated to Prison Health and DH the problems implicit in implementing PPI in a secure setting, and for its recommendations, identified that further work was needed in each of the main areas. The following work has been done so far:

DH subsequently commissioned a report into implementation of ICAS for clients who live in a secure setting. [www.icasresources.com/images/prisonreport0705.pdf](http://www.icasresources.com/images/prisonreport0705.pdf)

- Prison Health developed a Prison Service Instruction to clarify implementation of the NHS complaints process for prison health.

Work is now due to be taken forward in the remaining areas of PALS and PPFs. Prison Health and DH are currently liaising with the Commission for Patient and Public Involvement to look at how PPIFs can work in relation to prison health and this letter sets out how National PALS/Prison Health/and DH are planning to provide joint support for the implementation of PALS.

We fully recognise that to date a lot of good work has gone into implementing PALS for prisoners and that some PALS are already providing this service. For different reasons this has not been possible everywhere, and PCTs across the prison estate are at varying stages of progress. The prison environment is a very challenging environment in which to provide a service and we appreciate that many of the PALS teams will need further support before they are able to reach prisoners. It is clear that PALS teams should not feel that they are forced into providing a service to prisoners before they are satisfied they have sufficient expertise to do so safely. However we do need to set some realistic timescales for implementation.

Our current expectation is that, at the very least, PCT PALS are thinking about providing a service to their local prison population and have initiated a relationship with their local prison healthcare team. We are setting out below how we intend to develop support for full implementation of PALS for prisoners. This piece of work will last for approximately a year (until October 2006) by which time PCTs will be accountable through the normal performance management mechanisms for their provision of PALS services to the whole of their local population, which will include those in custody.

### Future Work

We are proposing to do the following:

1. Set up a National PALS/Prisons Steering Group
2. Undertake a baseline assessment of progress to date that PALS teams have made to deliver their service to prisoners, and gather information on what kind of support is needed
3. Develop a toolkit of information and support to help PALS deliver a service to prisoners
4. Share good practice

The National PALS/Prisons Steering Group will oversee all the work to be done in this area. It is vital that the group includes operational staff both from PALS and prisons to ensure that it reflects the needs of those who will be delivering the service.

With that in mind, we are asking for nominations to be members of the group. Alongside ourselves, we are looking for a good mix of individuals from PALS, different types of prisons, with a good geographical spread. If we are oversubscribed, then membership

will be allocated on that basis. The Steering Group will run for a year, from October 2005 to October 2006, with approximately 6 meetings held during that time. It is hoped that the first meeting can be held in late October/ early November, and the first venue will be in London. The group can then decide where is most convenient for future meetings.

We recognise that PALS teams and healthcare workers in prisons already have huge demands on their time and therefore that not all those interested in contributing will be able to give the time to attend meetings. Therefore, we will also have a wider, virtual group to contribute to the work to accommodate this.

We would therefore be very grateful if you could let us know as soon as possible if you would be interested in joining the group, in an actual or virtual capacity.

Responses to be sent to the following:

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Many thanks

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