



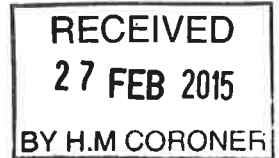
Department
of Health

From Norman Lamb MP
Minister of State for Care and Support

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Karen Harrold
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25 FEB 2015

Dear Karen Harrold.

Thank you for your letter about the death of Garry Gilbey. Please extend my condolences to Mr Gilbey's family.

Your report details events prior to Mr Gilbey's death, focussing on the conduct of the prison staff and the care provided. You also noted a number of concerns about operational practice in the prison at that time.

You were concerned that prisons do not always have 24 hour a day, medically trained staff available to make emergency assessments of prisoners and that the prison in question did not have a set policy about when an ambulance should be called, instead leaving it to the judgment of the prison staff.

You were also concerned about the adequacy of training for night time prison staff and the handover of medical information between day/night staff. I am aware that you have also sent a copy of your report to the Ministry of Justice, which oversees the National Offender Management Service (NOMS), which will be able to address prison-related issues such as training for non-medical prison staff.

Healthcare contracts for prisons are performance managed by NHS England's Area Teams at a local level, who have not alerted DH Offender Health or the NHS England Health and Justice central team to any particular problems. Guidance was issued by DH and NOMS in 2011 ("Emergency access to establishments for ambulance services") to all prisons in England, NHS commissioners and NHS ambulance trusts. This sets out when an ambulance should be called to take a prisoner to hospital in life-threatening circumstances. The guidance covers day and night emergencies and makes the following main points:

- The most important aspect of emergency care is that an ambulance is called in all cases where there are grave concerns about the immediate health of a prisoner. Examples of where an ambulance would always need to be called to a prison include suicide attempts or cardiac arrest.
- Prisons need to minimise the delays that can be encountered in getting an emergency response to prisoners. There are set standards for the time it should take for an ambulance to respond to emergency calls.
- It is the responsibility of the Governing Governor/Director to ensure that a protocol exists at each prison (regardless of security status) to facilitate immediate access for the ambulance service to both the prison and the individual prisoner when required.

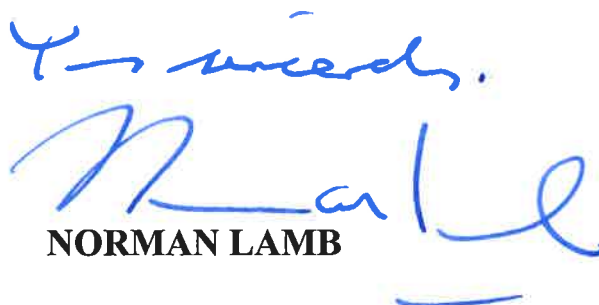
As not all prisons in England have 24 hour provision as part of their healthcare contract, the absence of medical cover (e.g. a duty nurse on-call outside normal healthcare centre hours) does not necessarily indicate a service provision problem: the 2011 guidance above applies in emergencies outside normal health centre opening hours.

The bodies regulating medical professionals have published comprehensive guidance for clinicians within the prison service, including communicating with non-clinical prison staff.

The Nursing and Midwifery Council (NMC) has published "*The code: Standards of conduct, performance and ethics for nurses and midwives*". This includes a requirement that nurses must keep clear and accurate records. Records should be made as soon as possible after an event has occurred – for example recording the results of an observation as soon as it has occurred, rather than at the end of a shift.

The GMC code of practice, "Good Medical Practice" contains a section covering the continuity and coordination of patient care which makes clear that all relevant information should be shared with colleagues involved in a patient's care.

I hope that this information is helpful and I thank you for bringing the circumstances of Mr Gilbey's death to our attention.


NORMAN LAMB