



Department
of Health &
Social Care

*From Gillian Keegan MP
Minister of State for Care and Mental Health*

*39 Victoria Street
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Ms Rachael Clare Griffin
HM Senior Coroner, Dorset
HM Coroner's Office
Bournemouth Town Hall
Bournemouth BH2 6DY

21 January 2022

Dear Ms Griffin,

Thank you for your letter of 22 October 2021 to Sajid Javid about the death of Anthony Clacher. I am replying as Minister with portfolio responsibility for prison healthcare and I would like to express my deep condolences to Mr Clacher's family and loved ones at what must be a difficult time.

NHS England and NHS Improvement (NHSEI) is responsible for the commissioning of healthcare for the prison estate. I am aware that NHSEI has provided a response to you on the matters of concern in your report relating to healthcare. I will not repeat the detail of that response. However, I offer the following comments.

Firstly, I am clear that all individuals detained in custody are entitled to the same quantity and quality of health and social care services as individuals living in the community.

As a signatory to the National Partnership Agreement (NPA) for Prison Healthcare¹, the Department of Health and Social Care is committed to working with the Ministry of Justice, Her Majesty's Prison and Probation Service (HMPPS), NHS England and NHS Improvement (NHSEI), the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID), to ensure safe, legal, decent and effective care that improves health outcomes and reduces health inequalities for prisoners, and are working with our partners on the next version of the NPA, which will be ready for April 2022.

All people in prisons should receive a health assessment within the first 24 hours of entry. The initial assessment should be fully comprehensive to ensure that all the physical and health needs of an individual are identified and addressed at an early stage.

During custody, healthcare providers in prison should have robust processes in place to identify, assess and treat offenders with mental health or substance misuse needs.

¹ [National Partnership Agreement for Prison Healthcare in England 2018-2021 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Decisions about whether to provide treatment are made on the basis of an identified clinical need.

In relation to healthcare participation in the Assessment, Care in Custody and Teamwork (ACCT) process, and in particular, the consideration of closing an ACCT, I am advised that NHSEI has worked with HMPPS to review the ACCT process and healthcare attendance and findings are anticipated in early 2022. Responsibility for the ACCT process lies with HMPPs and I am informed that it will respond to you more fully on this matter.

In relation to the electronic patient record platform used in the prison estate (SystmOne), I understand that it has been adapted for use in this setting with specific templates for example, to support the reception of prisoners. The integrated summary care record that provides key patient information to clinicians is also accessible. I am advised that further improvements are planned, including linking the SystmOne platform to the National Offender Management Information System (NOMIS).

During the COVID-19 pandemic, NHSEI and Public Health England, have worked closely with HMPPS to ensure appropriate arrangements are in place for people in prison to continue to access the physical and mental health care services they need. In addition, you may wish to note that since November 2020, the Digital Person Escort Record (dPER), which is accessible to healthcare staff prior to a prisoner transfer and highlights risks and key information, has been available across the prison estate, to support the reception process.

More generally, I would like to assure you that we recognise that substance misuse in the prison estate presents real challenges for both healthcare and prison staff. Restricting supply and reducing demand for drugs and building recovery from substance misuse is vital to ensure safe and productive prisons and to reduce reoffending.

NHSEI commission services which are designed to enable local delivery, tailored to the specific challenges experienced by individual establishments.

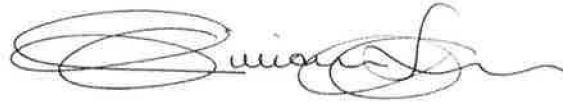
NHSEI published a revised service specification for Integrated Substance Misuse Services in Prison² which describes a recovery orientated, integrated prison substance misuse treatment service. The specification covers traditional drugs of abuse, psychoactive substances, illicit abuse of prescribed and over the counter drugs, and alcohol.

The use of a range of psychoactive substances has presented considerable additional challenges to all staff working in prisons due to the wide ranging and unpredictable effects of these drugs, particularly synthetic cannabinoids. Psychoactive substance use can be effectively treated through psychosocial interventions. However, preventing initial or ongoing use is key, through treatment which aids desistance, and working with individuals to manage triggers and prevent relapse are all important. Otherwise, the primary treatment returns to symptom control and crisis management.

² [NHS England » Service specification: Integrated Substance Misuse Treatment Service in Prisons in England](#)

I can confirm that NHSEI is working closely with HMPPS to ensure establishment-level resilience to psychoactive substances, through a co-ordinated approach to both supply and demand reduction.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

A handwritten signature in black ink, appearing to read 'Gillian Keegan', with a stylized, cursive script.

GILLIAN KEEGAN