National Medical Director & Interim
Chief Executive, NHSI
NHS England & NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

Ms R. C. Griffin
Senior Coroner
Coroner's Office for the County of Dorset
Bournemouth Town Hall,
Bournemouth,
BH2 6DY

30th November 2021

[redacted]

Dear Ms Griffin,

**Re: Regulation 28 Report to Prevent Future Deaths – Mr Anthony John Clacher; date of death 21 March 2018, HMP Guy's Marsh.**

Thank you for your Regulation 28 Report dated 22nd October 2021 concerning the death of Mr Anthony John Clacher on 21 March 2018. Firstly, I would like to express my sincere condolences to Mr Clacher's family.

I note that the recent investigation into Mr Clacher's death concluded that his death was self-inflicted as a result of [redacted] and following the conclusion of the inquest, you have raised concerns within your Regulation 28 Report to NHS England, about a number of areas. I have listed these below along with the NHS England and NHS Improvement response to each.

NHS England and NHS Improvement is the responsible organisation for the commissioning of healthcare into prisons, which is devolved to seven regional teams. Commissioning healthcare in prisons is done on a principle of equivalence, which has been defined by the Royal College of General Practitioners. This definition broadly states that the aim is to ensure people detained in prisons in England, are afforded provision of and access to appropriate services and treatment that is considered to be at least consistent in range and quality, with that available in the wider community.

1. Consideration be given to the rolling out of the local processes adopted at HMP Guys Marsh, nationally. This includes the roll out of Welfare Checks Policy, the Persistent Psychoactive Substances Intervention Plan (PPSIP), and the Custodial Officer Intermediate Life Support initiatives (COILS).

I understand that Her Majesty's Prison and Probation Service (HMPPS) will provide a full response to this as the responsible organisation.

2. Consideration be given to the provision of healthcare to all prisons 24 hours a day, 7 days a week

All prisons have a health needs assessment (HNA) carried out prior to services being commissioned. This ensures the correct level of healthcare is delivered for the population need.

All prisons have some healthcare services on-site and reception prisons (those sites which provide a service to the courts and effectively manage remand prisoners and those with a very short time to serve) have 24 hours a day, 7 days a week (24/7) healthcare. Other sites would only have this 24/7 service commissioned on-site where there was a significant call for it, which would be on the basis of an HNA (prisons with an aged demographic for instance). All women's sites have 24/7 healthcare as all receive from court.

Access to healthcare services is however available 24/7 using external services with all sites having access to out of hours (OOH) and emergency, GP and first responder services should they be required.

3. Consideration is given to providing guidance nationally by way of a safety bulletin or an update to the ACCT V6 guidance and in the new PSI to be released in the future on the policy on management of prisoners at risk of harm to self, to others and from others, ensuring the attendance of healthcare at all ACCT reviews.

NHS England and NHS Improvement worked collaboratively with HMPPS to review the Assessment, Care in Custody and Teamwork (ACCT) process around healthcare attendance. It has been rolled out by HMPPS across the prison estate and evaluation is underway with findings due early 2022. Responsibility for this lies with HMPPS, and we have collaborated with HMPPs to agree that they will be responding in full to this point.

4. Consideration is given to adapting SystmOne for better use in prisons to ensure information, especially where there are complex care needs, is easily assessable (sic) and highlighted to avoid crucial information regarding a patient's care and safety being missed.

The current SystmOne (S1) module that is used in prison is a bespoke system, already adapted for the secure estate. Although this is based on primary care, there have been a number of adaptions to make improvements to the suitability of the system for the secure environment. This includes specially designed templates at reception based on NICE guidance to gather key, pertinent information when someone arrives into prison for the first time, as well as bespoke prescribing modules.

All sites have access to the integrated summary care record which houses the latest information regarding a patient's significant health such as Diabetes, Mental health, for instance, along with regular medication and allergies. This is the same functionality available to other clinicians outside which can be accessed to verify the patient's condition at that time.

If the patients GP is also using TPP S1 and has the functionality set to share out the medical record, this can be seen in the tabbed journal when the patient is registered on the TPP S1 unit on arriving at the prison.

Further improvements are planned over the next year to include the ability to link with PNOMIS and the capacity to access community records through GP2GP electronic transfer and, from 2022 should a patient wish to register with the detained estate as their GP practice the full medical record will be sent to the prison via GP2GP.

5. Consideration be given to the review of processes when large cohorts are received at prisons and the resources available to prison and healthcare staff prior to arrival of the prisoner and during the progression of the prisoners through the reception process.

Progress in this area has already been made. Digital Person escort record (DPER) has been live across the prison estate since November 2020. All reception healthcare staff should have access to the DPER prior to arrival of persons at the site. This platform highlights risks pertaining to patients arriving and can be used to ensure the correct processes are followed at reception for healthcare teams.

Healthcare teams also have the ability to access the integrated summary care record (SCR) at reception to validate high level health issues and medication requirements.

Further I can confirm that a review and update of the reception and secondary screening templates for healthcare is ongoing, and this is primarily within the female estate at present. This programme of work package will conclude by April 2022 and then, using lessons learned, the same system will be applied to the male estate during 2022.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

National Medical Director & Interim Chief Executive, NHSI