



Ministry of  
**JUSTICE**

National Offender  
Management Service



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To: Prison Service Governors  
Directors of Contracted Out Prisons  
NHS Primary Care Trust Offender Health Leads  
Prison Healthcare Managers  
Directors of Offender Management

Cc: PCT Chief Executives (via 'the week')  
NHS Ambulance Trust Chief Executives (via 'the week')

Date: 17 February 2011

DH Gateway reference: 15632

**Re: Emergency access to establishments for ambulance services**

Dear Colleague,

A recent report by the Prison Probation Ombudsman on learning into deaths from circulatory diseases<sup>1</sup> has highlighted the need to minimise the delays that can be encountered in getting an emergency response to prisoners. The purpose of this letter is therefore to refresh guidance issued in 2004 regarding the access of emergency ambulance services into prisons.

It is essential in clinical crises that prisoners should have rapid access to appropriate emergency services and the NHS has standards set for the time it should take for an ambulance to respond to patients. Timely care can improve clinical outcomes for patients with life-threatening conditions but fast responses to patients are only one part of the ambulance service process that aims to deliver improved clinical outcomes for patients; with ambulance trusts moving beyond simply measuring timeliness and more towards comprehensively measuring the effectiveness of care across the whole patient care pathway.

It is the responsibility of the Governing Governor/Director to ensure that a protocol exists at **each** prison (regardless of security status) to facilitate the immediate access to both the prison and the individual prisoner when emergency ambulance services are required.

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<sup>1</sup> <http://www.ppo.gov.uk/docs/deaths-from-circulatory-diseases.pdf>

It is also essential that internal procedures should not waste undue time in summoning emergency assistance. It should not, for example, be a requirement in every case for a member of the prison healthcare team to attend the scene before emergency services are called. However, a subsequent 999 call to the Ambulance Service should be made to cancel the response if, after the original 999 call has been made, a member of the Health Care Team arrives and after assessment of the patient deems that an emergency ambulance response is not required.

**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.**

As the siting, layout and operational arrangements of each prison will differ it is essential that the terms of an emergency access protocol should be negotiated and agreed with the local NHS Trust responsible for ambulance provision. However, as a minimum such protocols should cover the procedure in place for determining whether or not support will be required; the mechanism for avoiding any unnecessary delay in escorting ambulance staff to the patient and an agreed means of monitoring and reviewing the operation of the protocol. Regular reviews of the protocol should be built into the process and agreed with the NHS Trust. Any significant alterations to the prisons operating arrangements should automatically trigger an ad hoc review.

EC regulations are leading to the gradual introduction of new ambulance vehicles across the UK, the size of which may pose problems where it is deemed that two officers are required to escort a prisoner. Arrangements for dealing with any potential difficulties in this regard should also be covered by local agreement.

We have attached herewith a list of NHS Ambulance Service providers and the areas that they cover. Chief Executives of these organisations are copied into this letter by way of alerting them to the issues and seeking their co-operation in working with you. If you need any particular help or guidance please in the first instance, contact your Regional Offender Health Lead.

Existing protocols should be immediately reviewed in light of this letter to ensure that emergency access is available in all establishments.

NOMS Offender Safety, Rights & Responsibilities Group (OSRR), is also reviewing the range of emergency medical codes presently in operation and will give consideration as to whether there should be a standardised approach across the prison estate. The review is being undertaken in consultation with DH Offender Health and other groups within the National Offender Management Service.



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Michael Spurr  
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