



**Ministry of
JUSTICE**

National Offender
Management Service



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To: PCT Chief Executives
PCT Directors of Finance
Prison Service Regional Area Managers

November 2010

Dear Colleague,

Escort and Bedwatch Costs: Guidance on Prolonged Hospital Stays
Gateway ref: 14993

We wrote to you in November 2007 (Gateway Reference 9037) advising that the timetable for transferring commissioning responsibility and funding for healthcare escorts and bedwatches activity from HM Prison Service to NHS primary care trusts (PCTs) had been deferred to April 2008. This decision followed the outcome of a twelve-month audit of prison healthcare escorts and bedwatches activity in all prisons in England and Wales, and has led to much improved management of the decision to provide treatment outside of prison, ensuring this is based on clinical, rather than security, considerations.

Escorts and bedwatches costs are now determined by a fixed tariff jointly agreed between HM Prison Service and the NHS. Baseline funding is provided by NOMS for issue alongside the NHS bundle, which is the Department of Health's mechanism for the distribution of core funding to Strategic Health Authorities. Locally, protocols for managing and delivering the service at PCT and prison partnership board level should be in place.

The purpose of this letter is to provide further guidance on meeting the costs of security for prisoners requiring a prolonged hospital stay. This approach has the full support of both DH and NOMS.

Prolonged Hospital Stays

On rare occasions, prisoners may require a prolonged stay in hospital (e.g. as a result of a coma, persistent vegetative state or paraplegia). For the first

twelve weeks of such a stay, security costs should be met from the budget provided. Where compassionate release is not an option and the hospital stay is expected to go beyond twelve weeks, a joint meeting should be held between HM Prison Service and the relevant NHS Primary Care Trust to review the security status and how the long term needs of the individual are to be jointly managed. This will require both parties to understand the ongoing health and security needs of individual cases.

Any disputes between the parties to this agreement should be referred in the first instance to Offender Health for resolution. If Offender Health is unable to resolve the matter satisfactorily, it should be referred in the first instance to the NOMS Chief Executive Officer and the DH/NOMS Director of Offender Health.

Please address any queries to Susan Russell, NOMS and Women's Health Programme Lead, Offender Health at susan.russell@dh.gsi.gov.uk.



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