



HM Government



National Prison Healthcare Board Principle of Equivalence of Care for Prison Healthcare in England

Equivalence of Care for Prison Healthcare in England

Principle

The co-chairs of the National Prison Healthcare Board affirm that:

‘Equivalence’ is the principle which informs the decisions of the National Prison Healthcare Board so that member agencies’ statutory and strategic objectives and responsibilities to arrange services are met, with the aim of ensuring that people detained in prisons in England are afforded provision of and access to appropriate services or treatment (based on assessed population need and in line with current national or evidence-based guidelines) and that this is considered to be at least consistent in range and quality (availability, accessibility and acceptability) with that available to the wider community, in order to achieve equitable health outcomes and to reduce health inequalities between people in prison and in the wider community.



Ministry
of Justice



HM Prison &
Probation Service



Department
of Health &
Social Care



Public Health
England



Context

In November 2018, the House of Commons Health and Social Care Committee published their [report following an inquiry into prison healthcare](#), which included a recommendation to the National Prison Healthcare Board (NPHB) to develop a definition of “equivalent care”:

35. We recommend that the National Prison Healthcare Board work with stakeholders over the next 12 months to agree a definition of “equivalent care” and indicators to measure the extent to which people detained in prison receive at least equivalent standards of care, and achieve equivalent health outcomes, as the population as a whole—in other words, to measure the health inequalities of people detained in prison.

In the [Government response to the report](#), the Board accepted this recommendation, noting that this is an important step towards the shared aspiration of improved health outcomes for people in prison.

The Board is indebted to the Royal College of GPs (RCGP) for their helpful [position statement](#) setting out a definition of “equivalence of care” between secure and non-secure settings, which formed the basis for discussions of the principle set out here. The NPHB definition departs slightly from this position statement, to reflect the different purpose and scope of the Board’s mandate as compared to the RCGP’s.

Purpose

Whilst the RCGP definition was developed in the context of clinical reviewers involvement in Prisons & Probation Ombudsman investigations into deaths in custody, the NPHB is setting out this principle to explain its understanding of equivalence as it applies to prison healthcare at the system design level (reflecting the responsibilities of the NPHB, which does not make clinical decisions on individual cases).

Scope

The NPHB's remit is for prison healthcare in England only; the Board's principle is therefore limited to this specific context (rather than the wider RCGP definition which is intended to cover all secure settings).

Measurability

In the government response to the Health and Social Care Committee prison healthcare inquiry, the NPHB committed to consider the extent to which available indicators could help evidence the achievement of equivalence of care. The Board is working with analysts and scrutiny bodies to understand what would be both useful and feasible.

The National Prison Healthcare Board is responsible for overseeing the scope of shared interests as set out in the [National Partnership Agreement](#) between the Department of Health & Social Care (DHSC), the Ministry of Justice, Her Majesty's Prison and Probation Service (HMPPS), NHS England & NHS Improvement (NHSE/I) and Public Health England.

Separate Governance arrangements exist for healthcare for offenders in Wales.

