

DEEP END SUMMARY 39

Prison health

On Wednesday 09 March 2022, the Deep End GP group hosted an online roundtable meeting to explore the challenges of delivering high quality primary health care in Scotland's prisons. Discussion centred on the various systemic factors that affect the organisation and delivery of care, as well as issues with recruitment and retention of GPs in Prison health, but also explored potential system-wide solutions to these issues.

Context

- Patients in secure environments are some of the most marginalised members of our society. They often have significant unmet physical and mental health needs, some of which may drive their criminal behaviour.
- There is enormous opportunity during incarceration for healthcare needs to be recognised and addressed, and positive therapeutic relationships to be established. In reality, this is currently extremely challenging to achieve, and the inverse care law is starkly felt.
- Clinicians working on the frontline in prison healthcare report significant workforce and workload challenges, lack of leadership and governance structures, inadequate access to medical records, poor IT interfaces, training issues, variable access to mental health and addiction care, and lack of connectivity with other agencies, to name but a few.

Challenges to delivering high quality prison health care

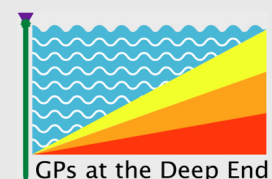
Three key themes emerged from the roundtable discussion:

1. Lack of leadership: clinical and corporate
2. Professional vulnerability of the prison GP
3. Unwarranted variation between prisons

Recommendations

- Improve the leadership and organisational structures within prisons
- Improve the mechanisms to support quality and safety of prison healthcare provision:
- Improve recruitment and retention of the prison GP workforce:
- Strengthen interprofessional relationships and teams
- Adequate resource to enable change

“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. “Deep End patients” are distributed more widely in most Scottish general practices. The Scottish Deep End Project, since 2009, has been supported by the Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.



Full report available at www.gla.ac.uk/deepend

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