



**Prison Health**

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To: Prison Service Governing Governors

**Re: Reconfiguration of NHS Ambulance Trusts – Implications for Protocols**

Ambulance Trusts in England reconfigured on 1<sup>st</sup> July 2006. There are now 12 Ambulance Trusts, with separate management arrangements for the Isle of Wight. The purpose of this letter is to provide you with contact details for the new Ambulance Trusts and to ask you to ensure that up to date protocols are in place with the new trusts.

A letter issued by John Boyington and Michael Spurr on the 22<sup>nd</sup> March 2004 concerning ambulance and paramedic access contained the requirement that all prisons had protocols negotiated and agreed with the local NHS Ambulance Trust in place by 1st September 2004. It is the responsibility of the Governing Governor to ensure that a protocol exists at each prison to facilitate the immediate access to both the prison and the individual prisoner when emergency ambulance services are requested. This protocol should also consider the implications of available vehicles and include arrangements, which will address the needs of both parties.

Some Ambulance Trusts use vehicles, which are smaller than traditional ambulances. This can have security implications for the Prison Service because some of these smaller ambulances are not large enough to accommodate a prisoner and two escort staff. Therefore, given this and the reconfiguration of NHS Ambulance Trusts, this is an opportune time to ensure that you have an up to date protocol in place.

Ambulance Trusts will have a range of vehicles within their fleets and therefore, if a larger vehicle is available to respond within the national response time standards, they should be able to despatch a vehicle of appropriate size. It may also be the case that the patient can be treated at the scene and will not need to be taken to hospital, thereby alleviating the need for a larger ambulance. To assist the Ambulance Trust in prioritising the call appropriately and despatching the correct resource, the individual making the 999 call should be able to answer all questions posed by Ambulance Trust

control room staff. Local protocols would however, need to be discussed and agreed with the local Ambulance Trust, as circumstances vary across the country.

Attached is a list containing contact details for each of the new NHS Ambulance Trusts and the name of a key contact within these for your information. The Chief Executives of these organisations have been copied into this letter to alert them to the issues and seek their co-operation in working with you. If you require any particular help or guidance, please contact your Regional Health & Social Care in Criminal Justice Programme (HSCCJP) Lead in the first instance. A list containing contact details for each of the HSCCJP Leads is also attached.

If you do not already have a protocol in place, can you please ensure that one is negotiated and agreed with the local NHS Ambulance Trust as soon as possible. Regular reviews of the protocol should be built into the process and agreed with the NHS Trust. If you do have a protocol in place, please ensure that it is up to date and reflects changes to configuration, including consideration of whether there might be scope for standardising protocols across the ambulance trust area. The requirement to have a protocol in place will be included in the new guidance on Governors' Responsibilities for Prisoners' Health and Healthcare, which is due to be introduced at the end of 2006.

Yours sincerely,



Richard Bradshaw  
Director Prison Health, HM Prison Service  
& Head of Prison Health, Dept. of Health

Michael Spurr  
Director of Operations  
HM Prison Service

Cc: Ambulance Trust Chief Executives  
Ambulance Trust Director of Operations  
Prison Service Area Managers  
Regional Health & Social Care in Criminal Justice Programme Leads