

Cinderella service no more

Until relatively recently, prison medical services did not have a good reputation. Prisoners could not expect the same standard of care they would have if they were not serving their sentences and they suffered greater morbidity and mortality than the rest of the population.

However, matters have improved considerably over the past two years or so, partly because the Government has recognised that prisoners' health needs are better served by integrating the prison health service with the NHS. And prison pharmacy services have been leading the way in contributing to improvements in the prison health service. The **Article** in this week's issue describing the service at HMP Holloway (p234) and an **Original paper** describing a dermatology clinic at prisons in Doncaster (p232) illustrate the point and reveal what a modern service can achieve.

This week sees a further initiative to ensure best practice is adopted across prisons: the publication by the National Prescribing Centre of guidelines to ensure prisoners are able to take responsibility for their own medicines, without risk to themselves or to other prisoners (see **News feature** p221). Such "medication in-possession" policies are not new and have been adopted in many prisons throughout Britain. However, the development of these guidelines is a further acknowledgement that the prison health service is losing its image as a Cinderella service.

Why Birdsgrove House must close

News that Birdsgrove House is to close and that the Benevolent Fund will commission convalescent services and addiction treatment services from other providers (p215 and p220) will probably not come as a surprise to many members. The decision, we can be sure, will not be universally welcomed, but running Birdsgrove House at a loss — to the tune of nearly £2m over the past five years — is not sustainable in the long term. Moreover, a further £500,000 would need to be spent in order to bring the facilities up to the standards that legislation covering such services demands.

Questions must be asked of all those who would wish the Benevolent Fund to retain Birdsgrove House. Is the provision of convalescent services at the house the best use of fund resources? Is there any justification for spending such sums for the benefit of a relatively small number of people? Would it be better to realise the asset and give greater spending power to the fund?

These are emotive questions and *The Journal* acknowledges that. However, when guarantees of access to equivalent services elsewhere have been offered, any further debate seems pointless.

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