Healthcare services in police custody in England and Wales
Recent government U turn leaves police healthcare adrift from the NHS

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In December 2015, the UK government announced that planned changes to the commissioning of healthcare for people held in police custody in England and Wales would not proceed. These changes had been well considered (having been in planning since a key report by Lord Bradley in 20099), set out formally, and described as one route to securing excellence.2 The government announcement, however, means that the commissioning of these specialist health services will remain with police and crime commissioners instead of being transferred to the National Health Service. This sets police healthcare apart from all other healthcare services, including those that are provided in other parts of the criminal justice pathway.

The decision represents a missed opportunity. It will prevent much needed service development and could set back current healthcare delivery. It represents a policy reversal that flies in the face of several years’ preparation. It seems to have been financially driven, but had the proposed transfer to NHS commissioning driven service improvements as expected, the change could have improved health outcomes substantially, and ultimately saved money.

Forty one police and crime commissioners in England and Wales were elected in 2012 and now have a key role in setting local objectives and budgets. Their overall budget is in excess of £8bn, funding a workforce of over 200 000 people. This workforce is in place to deal with up to 6.6 million crime incidents1 and over one million arrests a year, although arrests may be acutely life threatening.9 The importance of providing healthcare screening after arrival in police custody is well established, although the screening methods currently used nationally require improvement—something that could have been achieved through the transfer of commissioning responsibilities.

The government’s U turn on commissioning health services in police custody seems set to leave these services disconnected from the NHS as a whole, and from one another, through disjointed commissioning. This is a far cry from the seamless integration that had been sought, and that is still government policy.14 The decision seems more focused on a short term
financial fix than longer term strategic health and economic gain.

We believe that consistent NHS based health commissioning arrangements across the entire criminal justice pathway would result in considerable improvement in the safety of the community and those arrested as well as cost benefits for the government. We therefore hope that this position can be restored at the earliest possible opportunity.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare AF’s and LV’s NHS employer provides healthcare services in the criminal justice system (including police stations, courts and prisons)

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