UK announces partnership between the NHS and prison service

Pat Anderson, *London*

The UK's NHS and prison service have announced joint plans for improving health care in British prisons.

A report published this week by a joint prison service and NHS executive working group recommends a formal partnership between the NHS and prisons to help fill gaps in healthcare provision for prisoners. Although prisoners may have substantial health needs, particularly when it comes to mental health and substance misuse, successive reports by the Prisons Inspectorate have shown that the prison service fails to deliver appropriate care.

Nursing care has sometimes been delivered by prison staff without nursing qualifications, while doctors without a general practice certificate have been

providing primary care. In 1997, the Health Advisory Committee to the prison service said that mental health care was delivered to prisoners in an "uncoordinated" way.

Commenting on the report, prisons minister Lord Williams said: "Prison health care has been wrongly isolated from the mainstream NHS for historical reasons—that is, for no good reason at all. Providing health services to prisoners that meet their needs and are comparable to those available in the community is common sense, and it will benefit prisoners and the wider community."

The report stops short of recommending that the NHS take on responsibility for all healthcare in prisons, as envisaged by HM Chief Inspector of Prisons

in a discussion paper in 1996 entitled *Patient or Prisoner?* The working party's report says that it would not be appropriate to place all the responsibility for what must be a joint service on just one agency. Instead, it recommends a formal partnership between the NHS and the prison service, including the creation of a prison health policy unit and a task force.

The health needs of all prisoners should be assessed with the help of health authorities, and care provided to match standards of care elsewhere in the NHS. The report also suggests that all doctors appointed to the prison service in future to provide primary care should be appropriately trained in general practice, while nursing care should be led by qualified nurses.

By the end of five years, the working party expects each prison in the United Kingdom to have a health improvement plan based on assessed needs. The majority of care should then be provided by NHS bodies, and health services in prisons should be integrated with those in the community.

Health minister Baroness Hayman commented: "We have to work together and make sure an appropriate role is played by both parties. Partnership between the NHS and prison service is the right model to deliver the care we want to deliver in this setting."

The Future Organisation of Prison Health Care is available from The NHS Executive, PO Box 410, Wetherby, Leeds, fax: 0990 210266/7, free of charge. □

Study confirms passive smoking increases coronary heart disease

Scott Gottlieb, *New York*

A combined meta-analysis of 18 studies dealing with the possible dangers of passive smoking has concluded that smoke from another person's cigarette can increase a non-smoker's risk of heart disease by 25%.

The increase is "small," authors of the analysis said, but they warned that, because of the widespread use of cigarettes, "the public health consequences of passive smoking with regard to coronary heart disease may be important."

In the computer analysed study of more than 643750 people, the researchers, led by Dr Jiang He of the Department of Biostatistics and Epidemiology at the Tulane University School of Public Health, weighed the

strengths and weaknesses of 18 studies conducted in the United States, Japan, England, China, New Zealand, Australia, Italy, and

Scotland. They found that, overall, non-smokers exposed to environmental smoke had a relative risk of coronary heart disease of 1.25 compared with non-smokers not exposed to smoke. A significant dose-response relation was found, with a relative risk of 1.23 for non-smokers who were exposed to the smoke of 1-19 cigarettes per day versus

1.31 for those who were exposed to the smoke of 20 or more cigarettes per day (*NEJM* 1999; 340:920-6).

The number of people with coronary heart disease is large, so the effect of secondhand smoke as a risk factor for the disease is important, even though a 25% risk increase may seem comparatively low, the Louisiana State University (LSU) Medical Center's emeritus professor of pathology, Dr Gray Malcolm, said. Other experts agreed. "It's just one more nail in the coffin of cigarettes," said Dr Jack Strong, a researcher at the LSU Medical Center who was the first to link smoking to heart disease.

The study findings are in line with a previous meta-analysis carried out in the United Kingdom, showing that the direct effect of environment tobacco smoke was to increase risk of ischaemic heart disease by 23% (*BMJ* 1997;315: 973-80). □

Separating smokers is justified by heart disease risk to non-smokers