- 7 Department of Health. Sexually Transmitted Diseases, England 1995. New cases seen at NHS genitourinary medicine clinics. *Statistical Bulletin* 1996;14:1-15.
- 8 Kamwendo F, Johansson E, Moi H, Forslin L, Danielsson D. Gonorrhoea, genital Chlamydial infection and non specific urethritis in male partners of women hospitalised and treated for acute pelvic inflammatory disease. *Sexually Transmitted Diseases* 1993;20:143-6.
- 9 Schachter J, Stoner E, Moncada J. Screening for Chlamydial infections in women attending family planning clinics. *Western Journal of Medicine* 1983;138:375-9.
- 10 Oakeshott P, Hay P. General practice update: chlamydia infection in women. *Br J Gen Pract* 1995;45:615-20.
- 11 Ross JDC, Sutherland S, Coia J. Genital Chlamydia trachomatis infections in primary care. *BMJ* 1996;313:1192-3.
- 12 Mason D, Kerry S, Oakeshott P. Postal survey of management of Chlamydia trachomatis infection in English and Welsh general practices. *BMJ* 1996;313:1193-4.
- 13 Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;334:1362-6.
- 14 Addiss DG, Vaughn ML, Ludka D, Pfister J, Davis JP. Decreased prevalence of Chlamydia trachomatis infection associated with a selective screening program in family planning clinics in Wisconsin. *Sexually Transmitted Diseases* 1993;20:28-35.
- 15 Taylor-Robinson D. Tests for infection with Chlamydia trachomatis. *Int J STD and AIDS* 1996;7:19-26.
- 16 Lee HH, Chernesky MA, Schachter J, Burezak JD, Andrews WW, Muldoon S, et al. Diagnosis of Chlamydia trachomatis genitourinary infection in women by ligase chain reaction assay of urine. *Lancet* 1995;345:213-6.
- 17 Ridgeway GL, Muntaz G, Robinson AJ, Franchini M, Carder C, Burczak J, Lee H. Comparison of the ligase chain reaction with cell culture for the diagnosis of Chlamydia trachomatis infection in women. *J Clin Path* 1996;49:116-9.
- 18 Oostergaard L, Moller JK, Andersen B, Olesen F. Diagnosis of urogenital Chlamydia trachomatis infection in women based on mailed samples obtained at home: multipractice comparative study. *BMJ* 1996;313:1186-9.
- 19 Magdid D, Douglas JM, Schwartz JS. Doxycycline compared with azithromycin for treating women with genital Chlamydia trachomatis infection: an incremental cost-effectiveness analysis. *Ann Intern Med* 1996;124:389-99.
- 20 McLean K. Audit of contact tracing for gonococcal and chlamydial infection. *Int J STD and AIDS* 1993;4:181.

Promoting health in prisons

Requires more than a change in who purchases health services for prisoners

Britain's prison service has been much criticised in the past for providing a health service to prisoners inferior to that available to the general public through the NHS.¹ Radical reform of the Prison Medical Service was expected after a Home Office "efficiency scrutiny" in 1990.² This led to the Prison Medical Service being renamed the Health Care Service for Prisoners, being given a more strategic role in policy formulation and setting standards, and becoming an executive agency with responsibility for purchasing as well as providing health care for prisoners.³ But whether these changes have benefited prisoners is questioned in a discussion document published last week.⁴

Patient or Prisoner?, produced by Her Majesty's Chief Inspector of Prisons, acknowledges improvements in standards within the Health Care Service for Prisoners, with better qualified staff, better facilities, and some increase in resources. However, it states that the pace of change has not matched changes in the NHS and that the gap between services provided inside and outside prisons has grown. It concludes that "it is no longer sensible to maintain a health care service for prisoners separate from the National Health Service," and that "the NHS should assume responsibility for the commissioning and provision of health care and health promotion in prisons."⁴

This proposed solution to the problems of prisoners' health care is one which has been well debated.¹ However, the introduction of commissioning to the prison service makes it much easier to envisage responsibility for health care being transferred to the NHS. It has been argued that such a change would have real advantages—capitalising on the NHS's purchasing and public health skills, and producing a much clearer separation between the custodial and caring functions of prison health staff.⁵ The report emphasises the importance of treating those who are ill in prison as patients rather than prisoners. However, the Department of Health is reported to be reluctant to take over prisoners' healthcare, preferring the prison service to retain responsibility for contracting out services.⁶

To focus solely on who should purchase and provide services for prisoners would be to ignore many of the real issues facing any commissioner or provider of health services to prisoners. For two centuries prison overcrowding has been identified as a major cause of mortality and morbidity in prisons⁷; but penal policy, ever responsive to political rhetoric, has responded to the current political dogma that "prison works" by increasing the size of Britain's prison population to its current 57 000. This expanded population is likely to pose considerable challenges for any provider of health care in its planning of service provision. Some of the special problems of

prison populations—high levels of drug misuse, mental illness,⁸ and suicide⁹—may be better addressed by more effective protocols and referral mechanisms under NHS control, but real solutions are beyond the control of a health service working in isolation from the rest of the prison service.

Promoting health in prisons needs to take account of the whole setting of the prison. Health in prisons is a product of the demographic characteristics of prisoners and the health behaviours that they bring with them into the prison environment. It is influenced within prison by the built environment, the regime, and the organisational culture of the prison, and is dependent on the connections that prisoners maintain with the environment outside.¹⁰ To focus only on the physical and mental illness of prisoners, which is the likely focus of any agency given the job of commissioning health services for prisoners, would be to ignore the role of non-health professionals and agencies inside and outside prison in promoting prisoners' health and wellbeing. As a reference source *Patient or Prisoner?* draws upon the Liverpool City Health Plan¹¹ and the concept of healthy settings, which acknowledges a wide range of influences on health, and it is clear that the prisons inspectorate believes that the promotion of health in prisons requires more than a change in who purchases health services for prisoners. What is needed is a dialogue between those responsible for health and health services and those responsible for prison policy and prison regimes. No matter how high the quality of healthcare offered to prisoners, if the regime and conditions within prison cannot be influenced then any benefits from health services will be rapidly lost when the patient, when well, again becomes a prisoner.

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- 1 Smith R. *Prison health care*. London: BMA, 1984.
- 2 Smith R. Arise the new prison health service. *BMJ* 1990;301:892-3.
- 3 Director of Health Care for Prisoners. *First report of the director of health care for prisoners*. London: HM Prison Service, 1993.
- 4 Her Majesty's Inspectorate of Prisons for England and Wales. *Patient or prisoner? A new strategy for health care in prisons*. London: Home Office, 1996.
- 5 Smith R. Prison medicine: beginning again. *BMJ* 1992;304:134-5.
- 6 Carlisle D. DoH reluctant for health service to take over prisoners' health care. *Health Service Journal* 1996;106 (5527):6.
- 7 Creese R, Bynum WF, Bearn J, eds. *The health of prisoners*. Atlanta, GA: Rodopi, 1995. (Wellcome Institute series in the history of medicine.)
- 8 Gunn J, Maden A, Swinton M. Treatment needs of prisoners with psychiatric disorders. *BMJ* 1991;303:338-11.
- 9 Liebling A. *Suicides in prison*. London: Routledge, 1992.
- 10 Squires NF, Strobl J, eds. *Healthy prisons: a vision for the future. Report of the 1st international conference on health prisons*. (In press.)
- 11 Liverpool Healthy City 2000. *Liverpool city health plan*. Liverpool: Liverpool Healthy City 2000, 1995.