



Sector: Prison Telemedicine  
NHS Partner: County Durham and Darlington PCT  
Application: Telemedicine for NHS Trusts and the Prison Service

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## The Programme Outline

The current 85,000 Prison and YOI population in the UK represents a wide diversity of people with a range of very complex health, social care and support needs, many have mental health problems, substance, alcohol and drug issues and learning disabilities all requiring healthcare in a local setting. Delivering effective measures to improve the health and well-being of the offender community requires a common vision and network of partnership working and world class commissioning of services, together with an excellence in modern

communication systems to facilitate real time face-to-face video visits.

Procurement North East, in conjunction with the Prison Service, carried out a tender exercise to procure telemedicine equipment for 13 sites across the region. Initial investigations into this service area by the PCT and the Prison Service had highlighted the opportunity to replace the previous ‘manual’ system with a ‘telemedicine based solution’. Under the original ‘manual’ system sick inmates appearing to require medical attention were taken to be assessed at hospital under a police escort, incurring a charge of around £2,500 per return visit.

The new telemedicine based system was designed to enable an initial assessment of the inmate’s condition to be made at the existing site. Those confirmed as requiring further medical attention would still be sent to hospital under police escort, however, those who do not require further attention could be treated onsite, thereby saving the NHS Trusts the significant annual costs of offender escort and hospital bed watch duties.

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## The Challenges

Alere has developed and delivered a highly ‘cost effective’ high definition (HD) Video Telemedicine network into HM Prisons, YOI establishments and NHS Hospitals / Urgent Care Centres in the North East of England in order to provide a high quality face-to-face, ‘end-to-end’ and real-time health care remote consultation solution for offender medical assessment and diagnosis.

In a ‘real-time’ Prison Telemedicine consultation, a high definition (HD) video conferencing system, specialist HD cameras together with a large screen monitor are available to both the offender patient and the remote healthcare professional, allowing them to view and speak to one another in real time.

A variety of specialised electronic medical peripherals and attachments have been utilised allowing HD resolution information to be seen and heard by the remote clinicians and healthcare professionals, supporting patient assessment. The examinations are supported by a suitably trained nurse at the prison end, who assists the offender patient and manipulates the various devices under the supervision and instruction of the hospital or urgent care centre based consultant, or remotely located healthcare professional.

## The Programme Results and Outcomes

Secondary healthcare is normally delivered by a visiting and / or residential Prison GP and nursing services or specialist professionals visiting the prison. Cases that require a second opinion, hospital visit and / or emergency care can result in the offender being escorted to a local hospital for which ‘escort duties and bed watch’ custodial costs can occasionally run up to £40,000 per visit.

Some HMP Prisons & YOIs experience in the

order of 40 hospital admissions per month, with an average admission costing the local NHS Trust approximately £2,500 for ‘escort and bed watch duties’ (excluding Hospital patient care costs) totalling around £1.2m per year. With a capital savings outlay for HD telemedicine video enabled technologies and specialist HD medical cameras for two sites (Prison and remote Hospital) costing significantly less, the ROI from reducing unnecessary hospital admissions delivers a compelling business case for the NHS. Through the use of Telemedicine it is expected that Durham PCT and the Prison service will achieve significant cost savings.

## Next steps and the future

New internet based telehealth disease management tools enable all stakeholders in the care of the HMP population to manage prison health and welfare in a secure setting, whilst managing budgets without cutting the quality of service provision.

Alere, in partnership with Managed Service Providers deliver to NHS Trusts an ‘end-to-end’ Telehealth and Telemedicine programme and ‘managed service’ for offender healthcare. The extent and scope of any programme can be tailored to the exact needs and requirements of an HMP establishment and NHS healthcare provider.

A typical ‘managed service’ agreement would include:

- Procurement of ‘best of breed’ technologies
- Installation on site
- Maintenance
- Training on site and via video link
- Support – 1st Line, 2nd Line and 3rd Line
- Extended warranties
- Service support desk
- Partnership Agreement
- Customised management reports on programme outcomes
- Data integration discussions for legacy EPR’s
- Nursing support via an ISDN and IP HD video conferencing link (optional)



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