



Ministry
of Defence

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MINISTER OF STATE FOR DEFENCE PERSONNEL, WELFARE AND VETERANS

RECEIVED

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MINISTRY OF DEFENCE
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7 April 2015

Dear Mr Singleton,

Thank you for your letter of 20 February 2015 in which you enclose a copy of the Regulation 28 Report following the Inquest into the death of Lance Bombardier Richard Jeffrey Jones.

I was very sorry to hear of Lance Bombardier Jones' death and I would like to offer my condolences to his family. As you will be aware, my Department takes its relationship with HM Coroners extremely seriously and we fully recognise how important it is that we learn all possible lessons to ensure that deaths in similar circumstances in the future are prevented.

You are concerned about the current provision of mental health care for members of the armed forces, in particular:

- The way in which information obtained from such a patient is recorded, with special reference to the perceived level of risk and the degree of urgency in carrying out an assessment;
- How that information is shared with other agencies involved in the care of that patient to ensure that it is accurately passed on, particularly as to the level of risk and degree of urgency; and
- Who has primary responsibility for the care of that patient and how that is recorded by all those involved, particularly where there is a transfer of care.

With regards to the above, you asked for a review to be undertaken of the policy and procedures in place to deal with referral to another agency of a member of the armed forces who appears to be suffering from mental health issues.

I understand that Health Minister Dr Dan Poulter will be writing to you separately with his Department's response to your concerns. I would therefore like to set-out what my Department is doing.

Mr Ian Singleton
Wiltshire & Swindon Coroner's Court
26 Endless Street
Salisbury
Wiltshire
SP1 1DP

Medical Information (as defined at Annex A) is collected directly from the individual who is presenting to a clinician within the Defence Medical Facility, the Department of Community Mental Health (DCMH) or other clinical setting. If it is deemed pertinent by the individual concerned or the clinician the individual's significant other will also be invited to take part in the assessment/review as well as all other relevant information (referral letter, discharge letter, medical reports).

The Chain of Command are also included in the gathering of information either by them providing information to the GP/Medical Officer or the Commanding Officer being requested to provide an official occupational report to the mental health specialist. At each assessment/review the safeguarding of the individual and others are assessed, considered and reported upon in reports and clinical notes. The findings of which are consolidated into the individual's Defence Health Record.

When information needs to be shared internally or externally, the mode of transfer is dependent upon the urgency and associated risk. The following modes of transfer are used to convey information between agencies in descending levels of risk:

- a. in Person
- b. telephone – followed by an electronic report to the identified clinician
- c. E-mail - ensuring Caldicott Principles are observed
- d. Letter

I can confirm that we are now updating leaflet 2-7-2 of the Department's medical policy document (Joint Service Publication (JSP) 950) which covers the provision and management of Defence mental health services. This will include new guidance and policy on the principles of transfer, which will include addressing both internal transfers of care between different Defence Medical Services (DMS) care providers and the transfers between DMS providers and external agencies.

The updated leaflet will also set-out clearly who has the primary responsibility of an individual. To summarise, this will state that the responsibility of the patient remains with their current clinician until the care of that individual is officially transferred to the care of another clinician who will be taking over their care. In general, this will mean that the responsibility for a patient will be retained by any referring clinician until the receiving clinician has seen the patient, or has specifically communicated their acceptance of responsibility to the referrer.

This addition to JSP 950 Leaflet 2-7-2 will also include guidance on:

- Entitlement of Service Personnel to NHS services
- The need for DCMHs to liaise with local NHS services to promote good working relationships

- Information NHS services ideally require in order to provide care for Service Personnel
- The need for DMS facilities to be informed about NHS care provided to Service Personnel
- How NHS care providers can access advice from DMS about occupational or other military specific issues

Annex A to JSP 950 leaflet 2-7-2 also outlines the provision of out of hours Defence mental health services by an on-call Service Liaison Officer. The Service Liaison Officer offers out of hours telephone advice 365 days a year and is to provide:

- a. administrative/procedural advice to clinical staff wanting to admit a patient into an in-patient service (e.g. at an NHS hospital).
- b. alternative case-management options, including arranging urgent appointments at the individuals local DCMH the next working day
- c. an accurate log of actions taken during the out of hours period and to pass this information to the patient's unit, local DCMH, Medical Officer/GP and/or in-patient service the next working day.

It should be noted that the Service Liaison Officer Service is not a clinical one. The on duty SLO is not expected to carry out an assessment or take responsibility for someone in crisis or discharged from hospital.

The Ministry of Defence has recently become a signatory to the Mental Healthcare Crisis Concordat. This means the Defence Medical Services will engage with the aims of the Concordat to improve care for those in mental health crisis, and in particular the MOD will seek to improve joint working with NHS providers.

I hope that my response adequately explains the steps my Department has taken to address your concerns.

Yours sincerely,



ANNA SOUBRY