Department of Health

From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Care and Mental Health

39 Victoria Street
London
SW1H 0EU

020 7210 4850

Your ref: 62439

PFD-1107343

10 JAN 2018

Mrs Lisa Jeanette Hashmi
HM Area Coroner, Manchester North
HM Coroner's Court
The Phoenix Centre
L/Cpl Stephen Shaw MC Way
Heywood OL10 1LR

Dear Mrs Hashmi

Thank you for your letter of 16 November to the Department of Health enclosing a Regulation 28 Report to prevent future deaths issued following the inquest into the death of Mr Timothy John Smedley. I am responding as Minister with responsibility for mental health.

I was very saddened to read of the circumstances surrounding Mr Smedley's death. Please pass my condolences to his family and loved ones. I appreciate this must be a very difficult time for them.

You raise two areas of concern, one around access to NHS records by out-of-hours services, and the other around the access to, and quality of, services for people with co-occurring mental health and alcohol/drug misuse conditions.

With regard to the first area of concern, I would like to assure you that we recognise the vital importance of healthcare professionals having access to the data, information and knowledge they need regarding a person's health and care to ensure they receive safe, high quality care.

You may be aware that Dame Fiona Caldicott conducted an Information Governance Review, published in April 2013 and available at www.gov.uk/government/publications/the-information-governance-review.

The Review created a duty on the NHS to share information. The Review's recommendation was that, for the purposes of direct care, relevant personal

confidential data should be shared among the registered and regulated health and social care professionals who have a legitimate relationship with the individual. The Review also made clear that sharing information for direct care can take place across departmental and organisational boundaries.

We expect that challenges around the sharing of patient information will, in large part, be addressed by the move away from paper records to electronic systems for recording and sharing patient information. Digitisation provides an important opportunity to improve communication flow in the interests of patient safety, leading to improved outcomes and efficiency.

You may be aware of the introduction of the Summary Care Record which now covers more than 98 percent of the population. The Summary Care Record is being used successfully in many settings across the NHS such as A&E departments, hospital pharmacies, NHS 111, GP out-of-hours services and walk-in centres. Additionally, the Summary Care Record can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.

The Summary Care Record is part of the work being undertaken to deliver modern digital health and care services. We are working towards all care records being digital and interoperable as part of the delivery of patient care.

I can offer assurance that, as part of our commitment to drive improvements in the quality of care to patients across the health and care system, we are continuing to work to ensure the Summary Care Record is available in more settings and in use in all urgent and emergency care by 2018.

At a local level, I am advised that action is being taken to join up patient record systems. I am informed that BARDOC, which provides out-of-hours medical and dental care to patients in Bury, Heywood, Middleton, Rochdale and Bolton, can access basic information via the Summary Care Record. All GP practices within Heywood, Middleton and Rochdale use EMIS (an electronic patient record system) and BARDOC has access to this system, enabling patient records to be easily accessed. In addition, BARDOC is in the process of becoming part of the Medical Interoperability Gateway, which will give all providers access to live information from all local provider systems.

I am further advised that primary care 'hubs', supporting seven-day access for patients within Heywood, Middleton and Rochdale, have the technology in place to ensure that the patient record is available to the treating clinician at the time of the patient's presentation and, subsequently, to update the patient's own GP on the presentation and treatment outcomes.

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I hope this information is helpful and provides some assurance around the work currently underway to improve data sharing across organisations within the NHS.

Turning to the concern around services for people with co-occurring mental health and alcohol/drug misuse conditions, we know that it is very common for people to experience problems with their mental health and alcohol/drug use (co-occurring conditions) at the same time.

We also know that in spite of the shared responsibility that NHS and local authority commissioners have to provide treatment, care and support, people with co-occurring conditions are frequently unable to access care from services. This is clearly unacceptable.

In response to this, and through record investment, we are implementing the vision set out in the *Five Year Forward View for Mental Health* to transform mental health services. This includes investing £400million to improve crisis care services in the community and £247million to implement liaison mental health services in emergency departments so that people who present at acute hospitals with mental health problems will be seen by specially trained mental health professionals. Through the *Five Year Forward View for Mental Health* we are committed to implementing a comprehensive range of community-based mental health pathways of care by 2020.

We also remain committed to implementing the actions of the national Mental Health Crisis Care Concordat so that no one experiencing a mental health crisis is turned away. Every area has a local Crisis Care Concordat action plan in place and we continue to work with the signatories of the Concordat to ensure these local plans continue to develop and embed within local communities.

You may also be interested to know that in July 2017, Public Health England published guidance on *Better care for people with co-occurring mental health and alcohol/drug use conditions* to address this disparity. The guide is available on the Government website at www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf.

The guide, developed with the support of NHS England, is intended to inform the commissioning and provision of effective care for people with co-occurring mental health and alcohol/drug use conditions. It also has relevance for all other services that have contact with people with co-occurring conditions, including people experiencing mental health crisis. The guide fulfils an action for Public Health England from the Crisis Care Concordat national action plan, and was co-produced with members of the expert reference group for co-existing substance misuse with mental health issues, and in consultation with experts, service providers, practitioners, commissioners and policy leads.

The guide gives two key principles:

- everyone's job. Commissioners and providers of mental health and alcohol and drug use services have a joint responsibility to meet the needs of individuals with co-occurring conditions by working together to reach shared solutions; and
- no wrong door. Providers in alcohol and drug, mental health and other services have an open door policy for individuals with co-occurring conditions, and make every contact count. Treatment for any of the co-occurring conditions is available through every contact point.

The guide suggests a number of priorities to inform the commissioning and delivery of care. These include:

- an agreed pathway of care to enable collaborative delivery of care by multiple agencies;
- the appointment of a named care co-ordinator for every person with co-occurring conditions to co-ordinate the multi-agency plan;
- undertaking joint commissioning across mental health and alcohol/drugs (including primary care, criminal justice settings and specialist/acute care), supported by strong, senior and visible leadership;
- commissioning a 24-hour, seven-day response to people experiencing mental health crisis, including intoxicated people;
- commissioning local pathways to enable people to access other services, such as for homelessness, domestic abuse or physical healthcare; and
- making sure people are helped to access a range of recovery support, while recognising that recovery may take place over a number of years and require long-term support.

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It is the responsibility of commissioners and providers to work together at a local level to implement the necessary improvements to ensure this vulnerable group of patients are able to access the high quality care and support to meet their needs. Commissioners are supported through a wide range of planning and assessment processes, payment incentive tools and clinical guidance to develop local solutions.

I hope this reply is helpful. Thank you for bringing the circumstances of Mr Smedley's death to our attention.

JACKIE DOYLE-PRICE