



Legal Department  
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Moseley  
Birmingham B13 8QY

Our ref: LeyaAdris

Emma Brown – **via email only**  
Area Coroner for Birmingham and Solihull  
The Birmingham and Solihull Coroner's Court  
Steelhouse Lane  
Birmingham  
B4 6BJ

15<sup>th</sup> December 2023

Dear Mrs Brown

**Re: Prevention of Future Deaths Leya Adris (deceased)**

Thank you for Prevention of Future Deaths letter of 8 November 2023. I am sorry that we did not have witnesses present at the inquest that would have been able to provide you with the assurances that you required at the time of the hearing.

We have now liaised with the staff involved in order to be able to respond to your concerns in relation to the GP referral system to secondary mental health services and communication to GPs in respect of the same. Community Mental Health Services have been undergoing significant transformation since April 2021. In line with the attached national programme of work the government committed significant investment in Community Mental Health Services to integrate the 'front door' of Mental Health Services with Primary Care Networks (PCNs), improving access to services, providing a multi-agency approach and reducing unnecessary waits. There has been significant communication around the programme and the changes with our PCN Clinical Directors, leads and GPs. I attach documentation that has been shared via GP communication systems, which have been circulated in addition to many face to face and online engagement sessions that we have delivered such as:

- Completed 1:2 Primary Care Network (PCN) engagement sessions as part of the 'Additional Roles Reimbursement Scheme' (ARRS) recruitment throughout 2021-2022
- PCN engagement session 25<sup>th</sup> May 2022

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- Stakeholder engagement session 13<sup>th</sup> October 2022 (across all stakeholders including GPs)
- GP Engagement Session 10<sup>th</sup> May 2023
- Ongoing meetings with GPs 1:1s and team meetings attendance (current) which have included:
  1. Monthly GP access group led by the Integrated Care Board (ICB)
  2. Community care collaboration group attended by lead GPs monthly
  3. Number of local engagement sessions held face to face
  4. Event led by BSMHFT Medical Director & the ICB face to face
  5. Regular Communications via GP portal by the ICB

Describing our newly transformed Community Mental Health and Wellbeing Service as 'primary' and 'secondary' services is not in line with the new model of care. The service in its entirety should be seen as 'secondary care'. For clarity, there are several functions within the transformed Community Mental Health and Wellbeing Service and service users accessing the service will be reviewed by experienced registered mental health practitioners and will then be directed to the most suitable part of the service dependant on their presenting need.

This particular referral was managed by an experienced registered psychiatric nurse with secondary care expertise. Having reviewed the referral form there was no indication of a request specifically for a medical colleague review, neither was there an assessed need for medical input. Should the assessing psychiatric nurse have felt a medically trained colleague needed to review the patient, they would have brought the case to one of the regular Multi-Disciplinary Meetings (MDTs) or would have immediately spoken with a medically trained colleague for support. As stated, this was not indicated in this case.

The referral was picked up and seen on the same day and given a follow up appointment was already in place this was reviewed and remained. This was well within the suggested time frames as indicated on the referral form. There was no mark on the referral form to suggest the referral was urgent.

The Community Mental Health and Wellbeing Service is a non-urgent service, GPs are fully aware that urgent referrals that require urgent intervention should be referred to our Home Treatment Services, this referral was not marked as requiring such.

All referrals coming into our Community Mental Health and Wellbeing Service, will be triaged locally, this has been the process in place for many years and is an already established process. BSMHFT central SPOA function is primarily an administrative function and referrals are sent by SPOA (Single Point of Access) to local services to triage (with the exception of older persons services).

There appears to be some inaccuracies around the use of language, in that there is no such team as the 'Primary Care Mental Health Team' or 'Primary Care Mental Health Workers'. We have one service as described (Community Mental Health and Wellbeing Service) that has a number of functions contained within it. We have worked with our GPs and on their advice renamed the front door function of our community mental health services as the 'Neighbourhood mental health' function. It is understandable that it can take time for new descriptors and models of care to be well understood and embedded.

The assessment of mental health need should be retained within the specialist community mental health and wellbeing service and should not be for individual GPs to determine. As mentioned above PCNs now have access to experienced Mental Health professionals who are best placed to review need and determine where in the service individuals needs can be met.

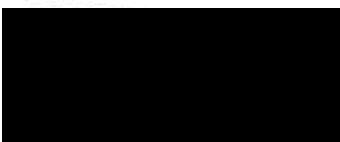
If GP colleagues are unsure, concerned or want to raise a specific request about a patient, they should in the first instance discuss this with either local Mental Health clinicians that work with them in their surgeries or their neighbourhood mental health locality hub manager. They can also access the duty service or contact medical colleagues in the service directly.

We have made alterations to our referral form for those GPs who continue to refer using the attached referral form. We have made it explicitly clear that the Community Mental Health and Wellbeing Service will review the referral and determine where the patients' needs can be best met. We have also removed reference to referral to 'secondary care services' to avoid confusion.

I appreciate that this evidence was not available at the time of inquest, and we hope that this will provide you with assurances that the system in place has been fully considered and is safe for patients. The referral form has been amended to provide more clarity and I hope that you have been assured that the system in place has been fully communicated to those GPs in the community.

We will continue to share the message through the various forums that are in place to ensure that the message is shared fully to our partners in healthcare in GP practices.

Yours sincerely



**Chief Executive**