



Department
of Health &
Social Care

[REDACTED]
*Parliamentary Under-Secretary of State for
Patient Safety, Women's Health and Mental Health*

*39 Victoria Street
London SW1H 0EU*

Our ref: [REDACTED]

Christopher Murray
HM Assistant Coroner
Manchester South Coronial Area
Mount Tabor
Stockport
SK1 3AG

By email: [REDACTED]

25 November 2024

Dear Mr Murray,

Thank you for your Regulation 28 report dated 2 October 2024 about the death of Michael Sean Heath, sent to the Secretary of State for Health and Social Care. I am replying as the Minister with responsibility for mental health.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Heath's sad death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are deeply concerning and I am grateful to you for bringing these matters to my attention.

Your report raises concerns about the training for police officers to assess calls of a mental health nature and the risks associated with that; the need for carers of mental health patients to be notified of any admission under the Mental Health Act and for patients to be supported with access to an independent mental health advocate; connectivity between mental health services abroad and the UK upon repatriation; the risk to patients generated by a decision to remove them from a GP practice list where the patient resides out of the geographical area for that GP practice without considering the wider circumstances and the likely follow on care; and communications between all mental health agencies to ensure all relevant patient information is held in an accessible central repository.

In preparing this response, my officials have made enquiries with the Gibraltar Health Authority to ensure we adequately address your concerns.

With regard to your concern around training for police officers in dealing with calls of a mental health nature, I would expect this to be addressed by the Home Office, Greater Manchester Police and the College of Policing in their responses to you, as policing and police training falls under their remit.

Turning to your concerns around the need for carers of mental health patients to be made aware of any admission under the Mental Health Act within 24 hours of being detained. I understand your concern and recognise the importance of family or carer involvement when someone is detained under the Act. Currently, when someone is detained under the Act, a person – usually a family member - is appointed as their nearest relative and given certain rights and responsibilities in respect of the patient. The nearest relative should always be informed when a person is detained and taken to hospital and given information about the detention. They may also sometimes be consulted as part of the decision to detain. However, we recognise that the current rules around nearest relatives need to be improved.

Under the Mental Health Bill, which was introduced to Parliament on 6 November 2024, there will be new statutory duties placed on the patient's responsible clinician that aim to ensure that, when someone is detained under the Act, their carer is involved in care, treatment and planning decisions. For example, a statutory clinical checklist, as well as requirements around how a patient's care and treatment plan must be prepared and reviewed, should see that the patient's carer, family members and anyone else who cares for the patient's welfare (such as their advocate and Nominated Person) is consulted by the clinician, where practical and appropriate. Furthermore, the Bill creates duties on healthcare commissioners that aim to encourage people at risk of detention to make an Advance Choice Document when they are well, so that they can set out their wishes and preferences, including who they would like to be consulted on decisions, should they find themselves detained under the Act and unable to express these things at the time.

As you have highlighted, access to independent advocacy support is also very important. Detained patients do have the right to an independent mental health advocate (IMHA) and should be informed of this right by the hospital manager. Under the Mental Health Bill, IMHA services will operate on an opt out process in which detained patients will be interviewed by an IMHA to decide whether they would like to make use of their services. This takes the onus away from the patient having to ask for a referral themselves and instead places this on the hospital and advocacy services to provide this for patients. We expect that this will improve patient rights and access to advocacy services.

You have also raised concerns around a lack of connectivity between mental health services abroad and the UK upon repatriation to the UK. I should explain that the Mental Health Act does not include provision for repatriation of individuals back to the UK (other than in certain cases where individuals have been diverted from the justice system to the hospital system by an order of a court following a criminal offence). This would present a number of challenges in terms of data protection, language and logistical practicalities which would not be feasible.

With specific regard to Mr Heath's case, I have been advised by the Gibraltar Health Authority (GHA) that, following a period of voluntary detention, Mr Heath was discharged from inpatient mental health care in Gibraltar after recovering from his symptoms. He was given a follow up plan to attend an appointment a week later with the community mental health team there. However, he did not attend that appointment, and the GHA later discovered that he had travelled back to the UK before the appointment date. The GHA had not been made aware of his plan to return to the UK and had received no further contact from him. The GHA has advised that it can share information with UK health providers, but only with the patient's consent, and it is regrettable that this was not possible in Mr Heath's case.

As a result, it is unlikely that the Trafford North West Mental Health Team would have been aware that Mr Heath had returned from Gibraltar, although the response from Greater Manchester Mental Health NHS Foundation Trust to your report may be able to shed more light on that point.

You have also raised concerns around ensuring that means of communication are known and agreed between all mental health agencies to ensure relevant patient information is held in an accessible central repository. Communication arrangements should be established locally at system level, so the Greater Manchester Mental Health NHS Foundation Trust and the other local bodies to whom you have sent your report should be able to provide further information about local arrangements in this case.

More broadly, the *Plan for Digital Health and Social Care and Data Saves Lives (published June 2022)*¹ sets out the overall strategy to digitise services; connect them together to enable information to flow across organisational boundaries; and to use this approach to transform health and care services, reimagining access to and delivery of care. As part of this, the ambition is for all trusts to meet stated core digitisation standards, including having electronic patient records in place to deliver the benefits to patients in all trusts by 2026.

Finally, turning to your concerns around the risk to patients generated by a decision to remove them from a GP practice list where they reside out of the geographical area for that GP practice, without considering the wider circumstances and the likely follow on care. In accordance with the GP contract, a practice can request to their commissioner to remove an individual from their patient list, with a minimum of 8 days' notice, as long as the grounds for removal do not relate to the person's age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.

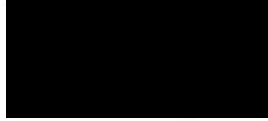
As part of the arrangements for the provision of primary medical services, GP practices are required to agree an area within which they will accept patients onto their list. This ensures there is a sufficient distribution of GPs for all patients in England and provides for an area in which practices feel they are able to provide home visits, should they be needed. However, GP practices are able to register patients from outside their catchment areas without a duty to provide home visits for such patients. If the practice has no capacity at the time, or feels it is not clinically appropriate or practical for the patient to be registered so far away from home, it can still refuse registration, but should explain the reason for doing so. A practice may also grant continued permanent registration to a patient who has moved outside of its practice area (provided the patient has not registered with another practice as a permanent patient).

Patients unable to secure registration with a GP practice after trying can contact NHS England at its Customer Contact Centre, which can facilitate registration via the local commissioner (NHS England local team or Integrated Care Board).

I hope this response is helpful. Thank you for bringing these concerns to my attention.

¹ [A plan for digital health and social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/106222/plan-for-digital-health-and-social-care-and-data-saves-lives.pdf)

Yours sincerely,



**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR
PATIENT SAFETY, WOMEN'S HEALTH AND MENTAL HEALTH**