

Private & Confidential

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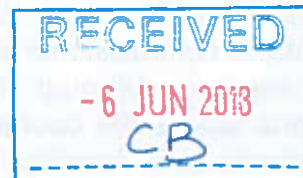
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5th June 2018

Dear Ms. Mutch,

Re: Andrew Reid



I write on behalf of Matt Colledge in response to your letter dated 10th April 2018 and respond accordingly to the matters raised. In compiling this response we have also liaised with Mark Jarvis Medical Director, Trafford CCG.

You specifically asked us as a CCG to respond to paragraph 5.1 Matters of Concern we would like to offer the following information and context.

1. Provider response from Greater Manchester Mental Health Services

In response to your enquiry around the mechanism for emergency out of hours GP referral at weekends and after 17.00hrs we would like to offer the following information. In Trafford any GP referrals would follow normal processes and be referred to the Community Mental Health Teams (CMHT) Duty Worker as the single point of access. This is in line with the agreed Home Based Treatment Teams operational procedure as the team is not directly accessible to GPs. Once received by the CMHT the referrals would be triaged and prioritised for action. The CMHTs are available Monday to Friday 9 to 5. Any referrals received out of hours will be promptly actioned the next working day. After the implementation of the Acute Care Pathway changes and as agreed with commissioners at the time the CMHT do provide an out of hours service for service users currently open to the community services caseload. The out of hours service is operational Saturday, Sunday and Bank Holidays between 9 and 5pm. As agreed at the time the out of hours services does not accept new referrals from GPs.

If a GP is of the clinical opinion that a service user requires an emergency referral to mental health services and by the very nature of an emergency this more than likely means the service user requires immediate support then they

would refer to RAID/Liaison. RAID/Liaison would provide an assessment and arrange for admission or alternative follow up by mental health services whether this be HBTT, CMHT or Improving Access to Psychological Therapies (IAPT) if this is required.

2. Greater Manchester Lead Commissioner response: Responsible Commissioner Issues

On reviewing this case, confusion appeared to arise in determining the responsible commissioner and access to the commissioned specialist mental health services. Although the NHS is a nationally funded service, there are variations across the country in terms of the specific services commissioned for patients in a locality. Determining which CCG is responsible for the commissioning and funding of all health services is based on the Responsible Commissioner Guidance.

In general, the responsible commissioner for patients' primary care, acute hospital and mental health services is determined on the basis of registration with a GP practice or, where an individual patient is not registered at their place of residence.

The safety and well-being of patients is paramount. The underlying principle is that there should be no gaps in responsibility - no treatment should be refused or delayed due to uncertainty or ambiguity as to which commissioner is responsible for funding an individual's healthcare provision.

Since it is not possible to cover every eventuality within the Responsible Commissioner Guidance, the NHS is expected to act in the best interests of the patient at all times and work together in the spirit of partnership.

Guidance and supporting tools were published in November 2016 to describe the pathway for urgent and emergency mental health liaison services. Further implementation guidance followed in 2017 for both the community-based urgent and emergency mental health care pathway and the acute mental health care pathway. This was published to support local areas in improving their response times and treatment pathways. Commissioners in Greater Manchester have been required to work in line with this.

More than 10 years ago, there was also a specific acknowledgement across Greater Manchester commissioners that across the boundaries between localities such as Manchester and Trafford, patients who were registered with

Manchester GPs might be resident in Trafford. On recognition of this, there was also a need to invest additional funding to ensure timely access to local specialist mental health services in Trafford (and vice versa). This was put in place with Manchester commissioners providing specific additional funding for mental health services in Trafford (including crisis out-of-hours support) so that any such patients were supported rapidly with the minimum possibility of confusion related to Responsible Commissioner considerations. The same reciprocal model was enacted by Trafford commissioners providing specific additional funding for mental health services in Manchester (including crisis out-of-hours support).

In Greater Manchester, required adherence with Responsible Commissioner principles has been communicated across all the GM MH Commissioners and Trusts. This included summary Cross Border Matrix tables to resolve any issues involving the service users registered and residency status shared with all specialist mental health out-of-hours and inpatient services.

As also highlighted in page 2 of this response, following a mental health services procurement exercise in Manchester last year, the same specialist Mental Health Trust provider was appointed to design, develop and deliver services in both Trafford and Manchester (Greater Manchester Mental Health NHS Foundation Trust).

This move to the same mental health services provider should then have led to a further reduced likelihood of events in terms of 'hand-offs' between the Trafford and Manchester out-of-hours mental health services – especially as the Trust agreed to enact a model whereby all cases would not suffer breaks in service from a receiving team.

We appreciate that as the Coroner in this case that you have now noted concerns that despite this that a difference in commissioning arrangements between Manchester and Trafford may have been contributory in the GPs experience of being passed between Trafford HBTT and Manchester UCAT – and then resulting in the service user needing to go to A&E for an assessment. We also note that it is this which prompted the Regulation 28 being issued.

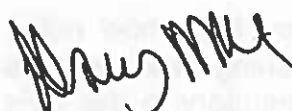
In line with commissioner actions noted above, in this case the GP would appear to have acted appropriately in contacting the Manchester specialist out-of-hours mental health services or UCAT (as this service was funded by both Manchester and Trafford commissioners). This service should have been able to support the patient until appropriate provision in Trafford was in place. As such, the service user should not have been passed between teams, irrespective of whether they were registered with Trafford or Manchester GPs.

Therefore, it seems the breakdown in understanding and support to this patient does not appear to be due to inappropriate differential models of commissioning of specialist mental health services between Trafford CCG and MHCC commissioners – but further action is clearly needed, as colleagues from MHCC have set out.

Trafford CCG and MHCC have been in contact with senior GMMH managers. It has been agreed that any referrals that are being disputed by each other or another team in Manchester are promptly escalated to the Service Manager, so that the issue can be resolved in a timely way. In their response, GMMH also stated that '[The service managers]' have reminded the teams of their responsibilities in that our priority is ensuring that the service user receives the care they need and to utilise and promote the use of the Cross Border Matrix to resolve any issues involving the service users registered and residency status'. The Trafford and Manchester commissioners have also agreed to work together with GMMH to see what else can be done to ensure the current differences in commissioning priorities between localities does not result in any further incidents.

The Greater Manchester Health & Social Care Partnership will also now work with mental health commissioners and providers across Greater Manchester to ensure the required additional communications and work is undertaken to remove the risk of such similar confusion or breakdown in support reoccurring.

We hope our response is satisfactory for the issues raised, please do not hesitate to contact us should you require further clarification



Chief Nurse