



DoH Guidance on the Transfer of Patients Detained under Mental Health Legislation between Hospitals in Northern Ireland and Great Britain

*This Guidance has been updated for Health and Social Care Trust staff by the
Department of Health Northern Ireland*

June 2017

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LIST OF ABBREVIATIONS

Appropriate Authority	In Northern Ireland, the Department of Health or the Department of Justice, as the case may be; in Scotland, the Scottish Ministers; in England, the Secretary of State for Health; in Wales, the Welsh Ministers
CPA	Care Programme Approach
DH	Department of Health in England
DoH	Department of Health in Northern Ireland
DMO	DoH Medical Officer
DOJ	Department of Justice in Northern Ireland
HSCB	The Regional Health & Social Care Board
HSCT	Health and Social Care Trust
HSH	High Secure Hospital
MHCS	NOMS Mental Health Casework Section
MHRT	Mental Health Review Tribunal
NOMS	National Offender Management Service
NR	Nearest Relative within the meaning of Article 32 of the Mental Health (NI) Order 1986
PHA	The Public Health Agency
RQIA	The Regulation and Quality Improvement Authority
State Hospital	The State Hospital, Carstairs, Scotland
TCO	HSCT Transfer Co-ordinator
the Order	The Mental Health (Northern Ireland) Order 1986

the 2005 Order	The Mental Health (Care and Treatment) (Scotland) Act 2003 (Consequential Provisions) Order 2005
the 2005 Regulations	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005
the 1983 Act	The Mental Health Act 1983
WG	Welsh Government

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Introduction

Mentally disordered patients detained under mental health legislation occasionally need to be transferred between hospitals in Northern Ireland (NI) and Great Britain (GB).

In relation to transfers from NI, each transfer is sanctioned on the understanding that the patient will return to NI when the provision of care in GB is no longer required. The need to honour this understanding, by accepting the return of transferred patients promptly, is of paramount importance if the ongoing co-operation between the appropriate authorities in NI, Scotland, England and Wales is to be retained.

It is important that the procedures set out in this guidance are followed so that legislative and operational requirements are met.

This guidance supersedes any previous guidance.

Admission of NI patients to GB Hospitals

Generally, patients detained under the Mental Health (NI) Order 1986 (the Order) requiring transfer to GB hospitals will either:

- require treatment in conditions of high security not available in NI; or
- require specific specialist inpatient services, which are not available in NI.

1. Those who require treatment in conditions of high security

There are four High Secure Hospitals (HSH) in the UK: three in England and one in Scotland. The function of a HSH is to provide hospital care for certain mentally disordered patients who, because of extremely violent, disruptive or dangerous behaviour, require treatment in conditions of high security which are not available in other psychiatric or learning disability facilities. Many of these patients will have been the subject of criminal proceedings.

Patients who are challenging to manage are present in all psychiatric and learning disability hospitals. Every effort should be made to look after these patients within NI local facilities before considering a transfer to a HSH in GB.

Current practice is that NI male patients who satisfy the admission criteria can be transferred from NI, with the agreement of the appropriate authority in each jurisdiction, to the State Hospital in Scotland. In exceptional circumstances, the patient may be transferred with the agreement of the appropriate authority in each jurisdiction, to one of the HSH's in England. The Department of Health in England (DH) and NHS Commissioners should be made aware of the exceptional circumstances.

Current practice is that female patients in NI, who satisfy the admission criteria can be transferred from NI, with the agreement of the appropriate authority in each jurisdiction, to Rampton Hospital in England, which provides national Women's High Secure services (in addition to providing a national service for male patients with a Learning Disability; and a national service for male patients who are deaf).

Once the condition of a transferred patient in a HSH in GB improves to the point where they can be managed in less secure accommodation, their transfer to appropriate accommodation in NI should be arranged, subject to the agreement of the Scottish or English appropriate authority; and the Department of Justice in NI (DOJ) if they are restricted patients, or the Department of Health in NI (DoH) in all other cases. Confirmation from the relevant Health and Social Care Trust (HSCT) that the person's reception into the NI hospital can be accommodated is also required.

2. Those who require services which are not available in Northern Ireland

Some patients may need specific inpatient services which, because of the lack of local expertise and facilities, are not available in NI.

Transfers to GB Hospitals

There are three categories of patients under the Order for whom transfer to hospitals in GB may have to be considered:

A. Part II patients;

- ◆ Those detained in a NI hospital under Part II of the Order.

B. Part III patients in hospital;

- ◆ Relevant¹ patients detained in a NI hospital under Part III of the Order;

C. Part III patients not yet in hospital;

- ◆ Those who are ordered to be detained in a NI hospital under Part III of the Order and who, immediately on admission, are to be transferred to a GB Hospital.

The discharge of patients in categories B and C may be subject to restriction in accordance with **Articles 47 and 55** of the Order. Such patients are referred to as “restricted” patients in this guidance.

Patients subject to Article 42, 43 or 45 may not be transferred from Northern Ireland.

Transfers from GB Hospitals

When treatment in a GB hospital is no longer required, return to a hospital in NI can be considered for:

- NI patients originally transferred to a GB hospital from a hospital in NI; and
- NI patients admitted to a GB hospital other than on transfer from NI. That is, patients ordinarily resident in NI originally detained while in GB under the relevant GB legislation.

In addition, transfer from GB to NI may be considered for any person subject to detention under relevant GB legislation, regardless of the person’s ordinary or original place of residence.

The procedures in this Guidance will apply in any cases where it has been agreed by the receiving HSCT and the Health and Social Care Board (HSCB) / Public Health Agency (PHA) (in their role as joint commissioners of NI mental health hospitals), that a patient should be transferred to a NI hospital from a GB Hospital.

¹ DoJ has responsibility for Part III Patients. Not all patients under Part III can be removed. Patients subject to Articles 42, 43 or 45 cannot be removed. See Article 6(2) of the 2005 Order re transfers to Scotland and section 82(1) of the 1983 Act re transfers to England and Wales.

Legislative authority

Transfer of patients between NI hospitals and Scottish hospitals, including the State Hospital, are carried out under Article 134 of the Order and the Mental Health (Care and Treatment) (Scotland) Act 2003 (Consequential Provisions) Order 2005 (the 2005 Order), in particular Article 4 (Transfer to Northern Ireland of hospital patients from Scotland) and Article 6 (Transfer to Scotland of hospital patients from Northern Ireland) of the 2005 Order. The Mental Health (Cross border transfer: patients subject to detention requirements or otherwise in hospital) (Scotland) Regulations 2005 (the 2005 Regulations) are also relevant in the case of transfer of patients between Scotland and NI.

Transfer and return of patients between NI hospitals and hospitals in England and Wales are carried out under Article 134 of the Order and Part VI of the Mental Health Act 1983 (the 1983 Act), in particular section 81 (Transfer of patients to Northern Ireland) and section 82 (Transfer to England and Wales of patients from Northern Ireland).

Individuals and agencies involved

There are various individuals and organisations with key responsibilities in the transfer procedure. They are:

- A Transfer Co-ordinator (TCO), appointed in each HSCT to oversee all transfers;
- NI Hospitals' consultant psychiatrists, referred to individually in this guidance as "the NI consultant";
- The Departmental Medical Officer (DMO) – the DoH Medical Adviser;
- The Department of Health in NI (DoH), in respect of patients other than restricted patients;
- The Department of Justice in NI (DOJ), in respect of restricted patients;
- GB Hospitals' consultant psychiatrists;
- The Scottish Government in respect of all transfers to and from Scottish Hospitals, including the State Hospital;
- The Department of Health (DH) in England and the Welsh Government (WG) in Wales, in respect of all transfers to and from English and Welsh Hospitals (except for restricted patients);
- The Mental Health Casework Section (National Offender Management Service) (MHCS (NOMS)), in respect of transfer of restricted patients to and from English and Welsh Hospitals;

- The HSCB/PHA in their role as joint service commissioners of NI mental health hospitals.

Contact points in DoH, HSCB and PHA and DOJ and the addresses and telephone numbers of the High Secure Hospitals are listed in **Annexes 3 and 4**.

The TCO will be responsible for consulting and securing agreement from his or her own line management, as necessary, to the transfer of the patient between jurisdictions and for securing the agreement of the HSCB/PHA. The HSCB/PHA should designate an officer within their respective organisations who will act as a point of contact for the TCO. It is important that DoH is notified of who the TCO is and of any changes to the TCO.

Medical Reports and Confidentiality

The various individuals and authorities involved in the transfer process need to be informed of relevant circumstances. Inevitably this includes sharing of some sensitive information on the patient's medical condition, psychological and social and behavioural needs. As well as complying with the law (including the Data Protection Act 1998) and any employer's policy and relevant professional guidance, all staff who receive or handle medical reports must observe the following principles of confidentiality:

- sensitive personal information about a patient may only be used for the purpose for which it has been released;
- transmission/sharing of this information must be restricted to those who need it for that purpose. It must not be divulged to, or discussed with, other persons; and
- arrangements for the handling and storage of medical reports should include adequate safeguards to preserve confidentiality.

Financial aspects

The HSCB/PHA should be prepared to accept responsibility for meeting appropriate costs, including those connected with assessment visits, the care of NI patients during transfers to and from the GB hospital, visits by certain relatives once the person has been transferred to GB and home visits by the patient, for example to attend a funeral. They should be prepared to accept and pay for any additional charges for highly intensive care packages for individual patients, which have been agreed as part of the overall care package requirements based on the advice of the responsible clinical team in the GB hospital. Any agreed costs must be met without delay.

Since it is vital that the return of patients is facilitated when the patient no longer requires care in GB, both the HSCB/PHA and HSCTs must devise procedures which facilitate the prompt return of patients to NI.

Procedures for transferring detained patients between NI hospitals and GB hospitals

As a generality, all requests for admission of male patients, currently detained under the Order to a HSH should be made initially to the State Hospital. If the NI consultant considers that admission to a HSH in England would be more appropriate, he should advise the State Hospital consultant. If this is accepted, or, alternatively, if the State Hospital independently forms the view that treatment in a HSH in England would be more appropriate, the reasons should be clearly documented and the NI consultant informed. The NI consultant should then contact the consultant in the relevant HSH in England and arrange an assessment.

The State Hospital in Scotland does not provide accommodation for female patients. Female patients detained under the Order in NI who require high security will usually be referred to Rampton Hospital in England.

The approach to the GB hospital consultant should be made by the NI consultant in all cases.

1. Transfers from NI to GB Hospitals (see also Annex 1)

- A.** In all cases where the possible need for a transfer arises, including for those patients where a hospital order is pending or a transfer direction is being considered (**see Annex 5**), the NI consultant should discuss the patient's case with the multi-disciplinary team who care for the patient and, where appropriate, reach agreement that transfer for admission to a GB hospital is required and in the best interests of the patient. Prior to any such agreement all options for appropriate local placement of the patient should be considered and only when these options are deemed unsuitable should the transfer process be progressed.
- B.** Due to the significant potential impact of a transfer to GB, both the patient and the nearest relative (NR) should, at this early stage, be informed of and reminded by the NI consultant of their right to apply to the Mental Health Review Tribunal (MHRT) under Article 71 of the Order, for a review of their case and ongoing detention where applicable. In addition, the views of the patient and the NR in relation to the transfer should be sought by the clinical team at the earliest practicable stage and at various stages during the process; these views must be appropriately documented. The patient and the NR must be provided with written documentation, that sets out and makes clear:
 - in simple terms, the legal basis for the patient's transfer;
 - that the patient (or NR where the patient lacks capacity to do so) has a right to seek independent legal advice in relation to the transfer;
 - that the patient and NR have a right to make written representations setting out whether they agree or disagree with the proposed transfer and if they disagree, why they disagree; and

- the details of any advocacy services available (commissioned by the HSCT) and how to contact those services.

The patient and NR should also be given an explanation of the written documentation if required; support to make contact with advocacy services if needed (and if available); and afforded access to a Solicitor, to ensure that the right to independent legal advice is practical and effective.

- C.** The NI consultant will then seek permission from the TCO, who will liaise with relevant HSCT staff, to initiate a referral to the GB Hospital.
- D.** When approval to initiate a referral has been obtained, as mentioned in C, the NI consultant should contact the receiving GB consultant and arrange for that receiving consultant to visit the patient in NI and carry out an assessment.
- E.** The receiving consultant, usually accompanied by another member of staff, will visit the patient in NI and assess his or her suitability for admission to their GB hospital. The receiving consultant should provide a report setting out clearly the findings on assessment, the proposal for treatment and care in the receiving jurisdiction and the advantages and/or disadvantages of that treatment over the treatment and care which is already being provided in NI. There may be exceptional occasions when the receiving consultant will be prepared to accept a patient without making a visit to NI and assessing a patient in person. Where this is the case, there should be a clear written explanation as to the exceptional circumstances, why the receiving consultant deemed it unnecessary to attend and assess the patient in NI, and details of any alternative arrangements or assessments made. DoH must be satisfied with the explanation and before proceeding with the transfer process may obtain any further necessary information.
- F.** The patient will only be accepted where the following conditions are met:
 - Capacity in the receiving hospital is available;
 - There is an agreed and clearly defined return pathway;
 - Payment details between the sending and receiving jurisdiction are agreed and clear;
 - The existing detention is lawful and the transfer has the appropriate authorisation provided by DoH or DOJ as appropriate, required by Article 134(6) of the Order; and notification of that authorisation has been given to the RQIA, the patient and the NR;
 - The transfer is of a patient who is liable to be detained under Part II or Part III (other than Articles 42, 43 or 45) of the Order; and
 - NI does not have a locally available equivalent specialist service/facility.
- G.** Where the receiving consultant agrees to admission of the patient and, only where written confirmation of that agreement is received by the NI consultant, the NI consultant should submit a case to the TCO. The TCO should then co-ordinate their HSCT's referral of the case to the HSCB/PHA, to seek agreement for funding of the transfer and confirmation that the required funding will be available.

- H.** Following funding approval by the HSCB/PHA the TCO must collate all the details necessary to make a formal submission to either DOJ (in the case of a restricted patient) or to DoH (in the case of any other patient). The information required is set out in the pro-forma in **Annex 6**.
- I.** At this stage, the NI consultant should agree, where possible, a provisional transfer date with the receiving consultant and advise the TCO. The TCO, in consultation with the NI consultant, will make provisional arrangements for the transfer. The NI consultant in determining the provisional date of transfer should be cognisant of the fact that DoH or DOJ, as appropriate, require sufficient time to consider all available information in order to reach a determination as to the merits of the transfer in line with the findings of the Judicial Review (ref JR 49 [2011] NIQB 41) and whether the transfer is appropriate and in the best interests of the patient. All parties must be alert to, and mindful of, the requirements of Article 134 of the Order viz. that where a transfer is authorised the appropriate Department shall send notification to RQIA, the patient and his or her NR not less than 7 days before the date of transfer of the patient.
- J.** The TCO should submit a case, with an appropriate confirmation this contains the information required, to DOJ (in respect of a restricted patient), or to DoH (in respect of any other patient), for authorisation to effect the transfer. The information required by DoH for non-restricted patients before it may authorise a transfer is detailed in **Annex 6**, which provides a pro-forma for completion by the TCO, to ensure and confirm that all the necessary information and paperwork is forwarded to DoH. A decision maker in DoH, informed by the report / recommendation of the DoH Medical Officer (DMO), will agree or reject (as the case may be) the transfer on the basis of all the information provided. The role of the DMO is to carefully consider whether the medical evidence which has been provided by the TCO is sufficient in detail, content and gravity to ensure that a proper and informed decision, in the best interests of the patient to be transferred, can be made by DoH. As a generality, any medical evidence submitted should contain a proper past medical history, current issues should be set out in detail and there should be a detailed explanation as to why it is necessary for the patient to be transferred, with advantages and disadvantages outlined in detail. The DMO's report/recommendation to the Departmental decision maker should deal with the quality and depth of the medical evidence and specifically deal with the advantages and disadvantages of treatment. If there is any doubt whatsoever in respect of the medical evidence and documentation, then the DMO should revert to the TCO and ensure that all necessary reports, material and/or other information is made available to the Department to allow it to reach a decision on whether to authorise the transfer. It may be necessary for the relevant Department to seek legal advice before coming to a decision.

Please note that all information required for DoH to authorise a transfer should be submitted to the Department at least 14 days before the proposed transfer. This is to allow sufficient time for DoH to fully consider whether a transfer is appropriate and in the best interests of the patient, to obtain any necessary further information and to meet the

statutory requirement to notify RQIA, the patient and the NR of any authorisation not less than 7 days before the transfer date. It also builds in time for the appropriate authority in the receiving jurisdiction to consider and agree to the transfer (see para K below).

- K.** In the case of the transfer to Scotland, DoH/DOJ will ask the Scottish Government for formal agreement to the transfer. Where a patient is to be transferred to a hospital in England or Wales, DoH/DOJ will ask the DH or WG (as appropriate), or in respect of a restricted patient, the MHCS (NOMS), for formal agreement to the transfer. Please note this process may take up to 5 working days to allow sufficient time for the GB authority to consider the case; this should be taken into account by the NI consultant when determining a provisional date for transfer. When formal agreement from the appropriate GB authority is obtained, DoH/DOJ will issue an “**authorisation for removal**” to the TCO with the date of transfer confirmed in the authorisation (which must be at least 7 days from the date that the authorisation is issued); and will, at the same time, send notification of the authorisation to RQIA and to the patient and his or her NR. Article 134(6) of the Order requires the notifications to be sent not less than 7 days before the date of the transfer.
- L.** When the authorisation, mentioned in K, is received by the TCO they should arrange for the document to be conveyed to the NI consultant and ensure that the arrangements for the transfer are finalised and carried out. The TCO must also ensure that the transfer does not take place until at least 7 days after the authorisation has been issued. The TCO should ensure that the original authority for detention and the authorisation for the patient’s transfer should be forwarded to the receiving hospital.
- M.** The NI consultant should inform the TCO when the patient has been transferred. The TCO should then notify DoH/DOJ and the HSCB/PHA (as joint NI service commissioners) that the transfer has been carried out.
- N.** At appropriate times during the process, the NI consultant should explain the reasons for, including potential benefits and disadvantages, of the proposed transfer to the patient and NR. The NI consultant should ensure that the patient and NR and also the TCO are kept informed. The TCO will keep the HSCB/PHA (as joint NI service commissioners) informed of progress.

In all cases, the patient’s right to a review of their detention by the MHRT under Article 71, 72 and 73 of the Order must be respected; and a patient’s transfer from NI to GB should not usually proceed pending a decision of the MHRT in respect of any relevant application or referral to it of a patient’s case.

2. Transfers from GB to NI Hospitals (see also Annex 2)

- A.** The NI clinical team will maintain contact with the GB inpatient team to ensure the care pathway is maintained. This will include members of the NI clinical team – usually the NI consultant and a nurse - attending at least one Care Programme Approach (CPA) meeting per year for the duration of the inpatient's stay.
- B.** The GB hospital consultant will advise the NI consultant when a patient is ready to be considered for return to a NI hospital. In addition, the NI consultant may initiate discussions with the GB consultant regarding the patient and the prospect of return to NI.
- C.** The NI consultant should discuss the case with HSCT colleagues and inform the TCO, who will in turn advise the HSCB/PHA (as joint NI service commissioners) and DoH or DOJ, as the case may be. Although at this point, the patient will be subject to the legislative regime operating in England/Wales or Scotland, good practice suggests that the patient and NR are informed by the NI consultant that the patient's transfer to NI is being considered.
- D.** In most cases, the appropriate NI consultant, accompanied by a colleague, will make a visit to assess the patient in the GB hospital to determine whether transfer to NI is appropriate. There may be exceptional occasions when the NI consultant will be prepared to accept a patient without making a visit to GB and assessing a patient in person. Where this is the case, there should be a clear written explanation as to the exceptional circumstances, why the receiving consultant deemed it unnecessary to attend and assess the patient in GB, and details of any alternative arrangements or assessments made.
- E.** The NI consultant should compile a report containing their comprehensive assessment of the patient, a recommendation on the suitability of the patient for reception and care in NI, what treatment will be provided in NI and confirming that arrangements can be made for the patient's reception in the NI hospital. The report should be sent to the GB hospital consultant and to the TCO, who will copy the report to the HSCB/PHA, as joint NI service commissioners. The consultants should, at this stage, consider what arrangements need to be put in place for the patient's return. Although at this point, the patient will be subject to the legislative regime operating in England/Wales or Scotland, good practice suggests that the patient and NR are kept informed of all developments by the NI consultant.
- F.** Where the return is to proceed, the GB hospital consultant will submit a case for authorisation of the transfer to the Scottish Government, DH, WG or MHCS (NOMS), as appropriate.
- G.** The Scottish Government, DH, WG or MHCS (NOMS), will ask DoH/DOJ, as appropriate, for confirmation that it has no objection to the return of the patient back to NI.

- H. DoH/DOJ will ask the TCO to confirm they have secured appropriate agreement from their HSCT to the return and that arrangements have been made for the patient to be cared for in a NI hospital.
- I. On receipt of the TCO's confirmation that arrangements have been made DoH will notify the Scottish Government, DH or WG, as appropriate, as to whether the NI Hospital will accept the patient for admission. In the case of restricted patients, DOJ shall notify the Scottish Government or MHCS (NOMS) that the Minister for Justice agrees in principle for the transfer back to NI.
- J. The Scottish Government, DH, or WG (or in respect of a restricted patient in England or Wales, the MHCS (NOMS)) will issue an "**authorisation for removal**", that is, a warrant for the patient's transfer, under Part II of the 2005 Regulations or Part VI of the 1983 Act, respectively, from the GB hospital to the NI hospital.
- K. When the authority for transfer has been issued, the NI and GB hospital consultants will finalise the practical details of the transfer. The NI consultant should inform the TCO of the intended date of transfer and travel arrangements and the TCO will advise the HSCB/PHA (as joint NI service commissioners) and DoH/DOJ of the arrangements.
- L. On the patient's arrival to NI, the NI consultant should submit a medical report to the TCO on prescribed **Form 24** of the Order (Article 134(1)): **Medical Report on Patient Removed to Northern Ireland**. The TCO should ensure that a copy of Form 24 is forwarded to RQIA. The TCO should subsequently confirm that the patient has arrived in NI to the HSCB/PHA and DoH/DOJ.
- M. At appropriate times during the procedure, the NI consultant should ensure that the patient, their NR and the TCO are kept informed of developments. The NR may play an important part in facilitating the transfer and, wherever possible, their co-operation should be obtained. The TCO should ensure that the HSCB/PHA is kept informed of developments.

In all cases, the patient's right to a review of their detention under relevant legislation must be respected; and transfers to NI from GB should not usually proceed pending confirmation that all necessary review hearings have been conducted.

ANNEX 1

Transfers from NI to GB Hospitals

NI consultant discusses need for GB hospital admission with colleagues - Para 1 A

Patient and NR to be consulted by clinical team and provided with written documentation of right of review, details of any advocacy services available and right to independent legal advice - Para 1 B

NI Consultant seeks HSCT agreement via TCO to initiate referral to GB - Para 1 C

NI consultant contacts GB Hospital consultant and arranges assessment visit - Para 1 D

GB Hospital consultant/team makes assessment visit and provides a report - Para 1 E and F

NI Consultant submits the case for transfer to the TCO who co-ordinates the HSCT application to the HSCB/PHA for approval and funding - Para 1 G

Following funding approval from HSCB/PHA the TCO collates details for submission to DoH/DOJ - Para 1 H

NI consultant and TCO make provisional arrangements for transfer - Para 1 I

TCO submits detailed report to DoH/DOJ, seeking authorisation for the transfer - Para 1 J

DoH/DOJ approaches the appropriate authority in GB and on obtaining their formal agreement to the transfer, where appropriate, issues authorisation for removal to TCO and informs RQIA and NR - Para 1 K

TCO forwards authorisation to NI consultant - Para 1 L

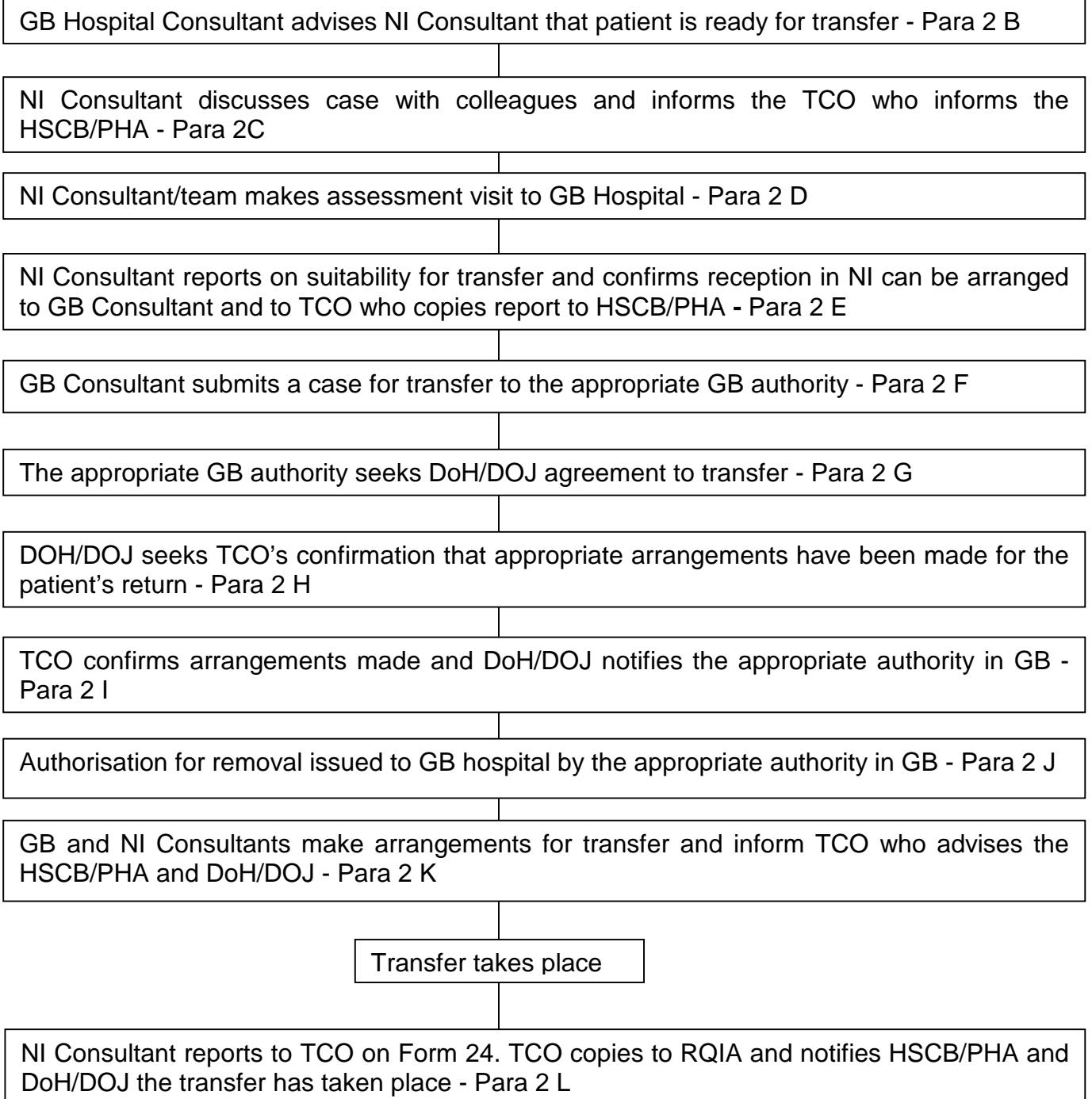
Transfer takes place

NI Consultant informs the TCO who notifies DoH/DOJ and the HSCB/PHA that patient has been transferred - Para 1 M

At various stages of the process, the NI consultant should ensure that the patient, NR and TCO are kept informed of developments; and the TCO should, in turn, keep the HSCB/PHA informed of progress – Para 1 N

ANNEX 2

Transfers from GB to NI Hospitals



At various stages, the NI consultant should seek to ensure that the patient and the NR are informed of all developments. The relevant GB consultant should also update the patient and NR; but good practice suggests that the NI consultant should ensure that the patient and NR are kept informed. Both the GB and NI consultants should advise the TCO of any developments; and the TCO should, in turn, keep the HSCB/PHA informed of progress – Para 2 M.

ANNEX 3

Contacts in Northern Ireland

Department of Health NI Mental Health and Capacity Unit Castle Buildings Upper Newtownards Road BELFAST BT4 3SQ	Telephone: 028 90522562 Fax: 028 90522912 Email: mentalhealthunit@health-ni.gov.uk
Department of Justice Public Protection Branch Room 4.27, Block B Castle Buildings Stormont Estate BELFAST BT4 3SB	Telephone: 028 90523223 Email: mdo@justice-ni.x.gsi.gov.uk
Health & Social Care Board 12-22 Linenhall Street BELFAST BT2 8BS	028 90321313
Public Health Agency Ormeau Avenue Unit 18 Ormeau Avenue BELFAST BT2 8HS	028 90311611

Trust Contacts

Belfast Health & Social Care Trust Nore Villa Knockbracken Healthcare Park BELFAST BT8 8BH	028 90802339
Northern Health & Social Care Trust Noble House Holywell Hospital 60 Steeple Road ANTRIM BT41 2RJ	028 94413314

Assistant Director Mental Health South Eastern Health & Social Care Trust Downshire Hospital Ardglass Road DOWNPATRICK BT30 6RA	028 44513830
Assistant Director for Mental Health Southern Health & Social Care Trust Bannvale House 10 Moyallen Road GILFORD BT63 5JX	028 3883 3240
Assistant Director Mental Health Western Health and Social Care Trust Grangewood Gransha Park Clooney Road LONDONDERRY BT47 6TF	028 71865204
RQIA Head of Programme Mental Health and Learning Disability Team The Regulation and Quality Improvement Authority 9th Floor Riverside Tower 5 Lanyon Place BELFAST BT1 3BT	028 9051 7500

ANNEX 4

High Secure Hospitals

Scotland:

The State Hospital
Carstairs
LANARK
ML11 8RP

England:

Broadmoor Hospital
Crowthorne
BERKSHIRE
RG45 7EG

Rampton Hospital
Retford
NOTTINGHAMSHIRE
DN22 0PD

Ashworth Hospital
Parkbourn
Maghull
LIVERPOOL
L31 1HW

ANNEX 5

Part III Restricted Patients

The Courts make Hospital Orders and Restriction Orders. DOJ may make a Transfer Direction to Hospital which may be subject to a Restriction Direction.

A Court Order cannot order a person to be admitted directly to a hospital outside NI. Before a person can be transferred to a GB hospital they must first be admitted to a NI hospital as a patient.

If, for a person held in custody:

- there is a Court Order directing admission to a NI hospital, it must be effected within 28 days of issue² and a Transfer Direction by the DOJ is not required;
- there is no Court Order directing admission to a NI hospital, a Transfer Direction by the DOJ is required and it must be effected within 14 days of issue³.

When issuing a Hospital Order the Court may issue a Restriction but its issue is not mandatory on the Court. When issuing a Transfer Direction the DOJ may further direct a Restriction Direction.

For **all** patients subject to a Restriction Order or Restriction Direction the DOJ must issue an “Authorisation for Removal”⁴ to authorise the transfer from the NI hospital to the GB Hospital and DOJ’s agreement must be obtained from MHCS (NOMS).

The RQIA and the patient’s NR must be sent a notification of authorisation not less than 7 days before the date of the patient’s transfer to the GB hospital is effected⁵.

The requirements detailed above, the date of admission to the GB Hospital and the related GB travel arrangements, must be co-ordinated to ensure that:

- the statutory deadlines are met; and
- patients with special security needs spend the minimum period of time in the NI hospital before transfer to a GB hospital.

Where the need for GB hospital treatment is agreed, all the necessary arrangements for the patient’s transfer should be put in place before Part III admission is ordered. Due regard should also be given to providing victims of relevant mentally disordered offenders with information as per the Victims of Mentally Disordered Offenders Information (Northern Ireland) Scheme 2008

(http://www.legislation.gov.uk/nisr/2008/457/pdfs/nisr_20080457_en.pdf)

² See Article 46(2)(a)

³ See Article 53(2) and 54(3) of the Order

⁴ See Article 134(6) of the Order

⁵ See Article 134(6) of the Order

ANNEX 6

PRO-FORMA TO BE COMPLETED BY THE TCO FOR DoH WHEN TRANSFERRING PATIENTS DETAINED UNDER THE MENTAL HEALTH (NI) ORDER 1986 TO HOSPITALS IN GREAT BRITAIN

*Patient's full name	
*Date of Birth	
*Home Address	
Name of NI Hospital	
*Name of NI consultant	
Part and Article of the Mental Health (NI) Order 1986 under which the patient is detained	
Is there a restriction on the patient's discharge?	
Particulars of offence (if any) which led to hospital admission	
Patient's diagnosis and summary of why the proposed transfer is necessary.	
*Reasons why high security is required, if relevant.	
The NI consultant's full report must be attached to this pro-forma. That report must include full detail of:	

<ul style="list-style-type: none"> • The patient's current and past medical history (including diagnosis, management and response to treatment); • clear explanation as to why the transfer is necessary including consideration of all appropriate local options and reasons they have been excluded; • the intended benefits and possible disadvantages to the patient of the proposed transfer to the chosen facility over and above treatment that could be provided in NI; and • confirm and outline why in their opinion the transfer is in the best interests of the patient 	
<p>Is this report from the NI consultant attached; and can you confirm that it includes all the necessary information as detailed above?</p> <p>(decision on a patient's transfer cannot be made by DoH in the absence of this report and the necessary information)</p>	Yes / No (delete as appropriate)
Name of receiving consultant in GB, hospital address and telephone number	
<p>*A detailed report from the receiving consultant in GB must be attached to this pro-forma.</p> <p>The report must include:</p> <ul style="list-style-type: none"> • confirmation of willingness to accept the patient; • name of the receiving hospital and ward; • their assessment of the patient's needs • full details of treatment to be provided; • advantages and/or disadvantages of the proposed treatment over treatment that could be provided within NI. • Date of the receiving consultant's assessment visit to the patient (or in exceptional circumstances, reason for assessment visit not taking place) 	

Is this report from the GB receiving consultant attached; and can you confirm that it includes all the necessary information as detailed above? (decision on a patient's transfer cannot be made by DoH in the absence of this report and necessary information)	Yes / No (delete as appropriate)
*If admission to a High Secure Hospital other than The State Hospital, Carstairs is sought, its name and the reasons why it is considered to be more appropriate.	
<p>Supporting written evidence from the patient must be attached, which should detail:</p> <ul style="list-style-type: none"> • whether they agree or disagree with the proposed transfer; and • if they disagree, why they disagree. <p>The outcome of any independent legal advice that has been provided to the patient, if known, should also be detailed.</p> <p>If a patient declines or is unable to provide their views then this should be noted.</p> <p>Is the written evidence attached; and can you confirm that it includes all the necessary information as detailed above?</p>	Yes / No (delete as appropriate)
*Name, address and relationship of the nearest relative.	
<p>Supporting written evidence of the views of the nearest relative, signed and dated by them, must be attached.</p> <p>Is the written evidence from nearest relative attached; and can you confirm</p>	Yes / No (delete as appropriate)

<p>that it includes all the necessary information as detailed above?</p> <p>If this evidence is not attached then a written explanation of why should be provided.</p>	
<p>Date of proposed transfer. (This date must be <u>at least 7 days</u> from the date of authorisation by DoH to the transfer)</p>	

Note: In the case of a Restricted patient, the DOJ require only the information asterisked (*) above.

Please note that all information required for DoH and the DMO to authorise a transfer should be submitted to DoH at least 14 days before the proposed transfer.

This is to allow sufficient time for DoH to fully consider all available information in order to reach a determination as to whether the transfer is in the best interests of the patient; and to allow time for the appropriate GB authority to consider the case before giving their formal agreement to the transfer.

It is vital that great care is taken to ensure that there are no factual errors within the documentation to be provided as this could affect any future legal proceedings which may arise.

Declaration to be completed by the TCO

I declare that all the required information, as outlined in the pro-forma above (Annex 6), has been attached.

TCO's Signature:

Date: