Dear Julian,

Thank you for your letter of 10 January 2018 in relation to the second six-month update on the MOD’s progress in addressing the recommendations of the House of Commons Defence Committee’s 2016 report ‘An acceptable risk? The use of Lariam for military personnel’.

You raised two points, firstly what steps we are taking to address the number of cases that do not have a coded electronic entry for a face-to-face risk assessment in their patient record; and secondly, what we are doing to publicise the mefloquine Single Point of Contact (SPOC).

As explained in my letter, the completion of templates is still an evolving process and Defence Primary Healthcare (DPHC) continues to make improvements to the system with a view to making it easier for clinicians to correctly code their actions. DPHC has also introduced an induction process for both new DPHC staff and for locum GPs; guidance notes on antimalarial prescribing have been incorporated into the induction process, which includes reiterating the importance of the correct completion of templates. In addition, Regional Clinical Directors are required to investigate and feedback each month to DPHC on the reasons why any antimalarial prescribing has not been coded correctly.

We have found that in some cases, the ‘free text’ section on the Defence Medical Information Capability Programme (DMICP) shows that a face to face discussion has taken place but was not coded correctly; changes to the template which introduce a compulsory field that has to be completed before the template can be saved aim to reduce the ability for human error. In other cases there has been a lack of awareness by DPHC locum GPs of the requirement for a face to face discussion. The revised induction process detailed above aims to address this issue.

The Rt Hon Dr Julian Lewis MP
Chair
House of Commons Defence Committee
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London
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With regard to the mefloquine SPOC, this is supported by an information page on GOV.UK and has been widely promoted to raise awareness of the service amongst members of the Armed Forces community. This was achieved by working with Armed Forces charities, Veterans UK, COBSEO and the single Services publications to seek their support. Engagement was positive with the service being promoted across a number of channels including charity websites, social media and member newsletters. In addition, the mefloquine SPOC has been promoted internally within MOD on the Defence Intranet to reinforce messaging to Service personnel. Since the launch a refresher has also been issued to remind audiences that the service continues to be available should it be required.

I am pleased that the Committee recognises that significant progress has been made in implementing the recommendations of their report, and I hope that this letter serves to provide further reassurance on the points you raised.

Yours ever,

Fredie

THE RT HON THE EARL HOWE PC
Dear Freddie,

Thank you for the second six-monthly update on your progress in implementing the recommendations of our report ‘An acceptable risk? The use of Lariam for military personnel’. The Committee very much welcomes these updates and is pleased to see that significant progress is being made. We do, however, have questions about a couple of points in the update.

We appreciate that the number of cases that do not have an appropriate coded electronic entry is small in absolute terms, but their proportion of the whole, 20%, gives cause for concern, and we would be grateful for further information on the steps you are taking to tackle this problem.

We also note that the number of enquiries to the mefloquine Single Point of Contact email and telephone line has fallen very significantly. We appreciate that this may because those who want to have already contacted you, but would be grateful for information on what you are doing to publicise the email and telephone line.

Yours ever,

Julian

Rt Hon. Dr Julian Lewis
Chairman of the Committee