

SECTION 7 - MEDICAL CENTRES, HOSPITALS AND MINISTRY OF DEFENCE HOSPITAL UNITS (MDHUS)**1564. Medical Centres - Functions.***Sponsor: DGMS(RAF)*

(1) Medical centre staff are established to provide first aid cover for flying, industrial and domestic areas of the station, full primary health care to registered patients as detailed in AP1269 (RAF Manual of Medical Management and Administration), emergency treatment to contractors and civilians working on the unit, medical administration, and nursing care for in-patients.

(2) Beds are provided at Regional Medical Centres and certain other medical centres as defined in AP1269 (RAF Manual of Medical Management and Administration).

1565. (Omitted)**1566. MDHUs.***Sponsor: DGMS(RAF)*

Ministry of Defence Hospital Units (MDHUs) were established following the closure of Military hospitals. Located within an NHS Trust hospital, they facilitate the continued training, development and maintenance of clinical skills of Defence Medical Service (DMS) personnel who work side by side with civilian colleagues to develop and maintain their skills. They also provide an opportunity for Service personnel to be treated in a semi military environment. to provide training for uniformed medical personnel and trained secondary health care Service personnel to support operations. They may accept members of the Armed Forces for treatment. They may also treat dependants and other NHS patients who fall within the catchment area of the hospital which houses the MDHU

1567. Command and Administration of MDHUs.*Sponsor: DGMS(RAF)*

(1) The MDHU located at Peterborough City Hospital is under the command of an RAF CO. Service personnel under his command are subject to the Armed Forces Act and sS discipline regulations.

(2) Except where any regulation contained in this Section provides a different or modified procedure or instruction, the regulations governing the rest of the Service will apply generally to all air force hospitals and officers and airmen serving or under treatment therein, whenever the circumstances are such that they (or any of them) are capable of application.

1568. (Omitted)**1569. RAF Equipment in Hospitals.***Sponsor: DGMS(RAF)*

The general responsibility of the CO for RAF equipment issued to the hospital is governed by para 77.

1570. (Omitted)**1571. (Omitted)****1572. (Omitted)****1573-1578. (Omitted)****1579. (Omitted)****1580-1583. (Omitted)****1584. (Omitted)****1585. (Omitted)**

1586. Offences in Hospital.*Sponsor: DGMS(RAF)*

Offences committed by patients in hospital are to be dealt with as directed in **para 1059**.

1587. Orders for Patients.*Sponsor: DGMS(RAF)*

All patients are to be acquainted with the Orders for Patients either on admission or at the earliest opportunity that their condition permits.

1588-1591. *(Omitted)***1592.** *(Omitted)***1593-1599.** *(Omitted)***1600. Medical Reference Libraries.***Sponsor: DGMS(RAF)*

(1) Small standard libraries consisting of books of reference and certain periodicals dealing with professional subjects are established in medical centres and hospitals and certain other selected units at home and abroad.

(2) The Defence Medical Library Service (DMLS) comprises several libraries serving the information needs of personnel at units in the surrounding area. Full details are contained in AP1269 (RAF Manual of Medical Management and Administration).

1601-1604. *(Omitted)***SECTION 8 - MEDICAL AND DENTAL MATERIEL****1605. Demanding and Accounting for Materiel.***Sponsor: DGMS(RAF)*

Instructions on demanding and accounting for medical and dental materiel are contained in JSP 340 (Joint Service Regulations for the management of Medical, Dental and Veterinary Materiel and Equipment) and AP1269 (RAF Manual of Medical Management and Administration).

1606-1613. *(Omitted)***SECTION 9 - REGULATIONS FOR THE SUPPLY OF ARTIFICIAL LIMBS, EYES AND SURGICAL APPLIANCES****1614. Regulations.***Sponsor: COS Health/DGMS(RAF)*

Regulations for the supply of artificial limbs, eyes and surgical appliances are contained in JSP 886 Vol 6 Part 6 (The Defence Logistics Support Chain Manual, Commodity Supply Management, Supply of Medical, Dental and Veterinary Equipment in the Joint Supply Chain).

1615-1623. *(Omitted)***SECTION 10 - COMPLAINTS ALLEGING FAILURE OF MEDICAL CARE****1624. Policy in Cases of Complaint Alleging Failure of Clinical Care.***Sponsor: COS Health/DGMS(RAF)*

The provision of secondary medical care to Service Personnel is the responsibility the National Health Service and conjunction with the defence Medical services. However, the provision of primary health care is a single Service responsibility for which RAF medical personnel are answerable directly to COS Health/DGMS(RAF). Where there is an allegation of failure in the provision of primary health care it is the responsibility of the Royal Air Force to investigate the alleged failure. In handling such allegations, it is imperative that issues which should be disposed of under existing RAF administrative or disciplinary procedures, are separated from those which involve alleged failure of medical personnel to meet their professional responsibilities in the provision of good clinical care. In the first instance a complaint should be investigated informally; if it cannot be resolved then a formal investigation should take place. The procedures to be followed are set out in para **1625**.

1625. Procedure in Cases of Alleged Failure in the Provision of Clinical Care.*Sponsor: COS Health/DGMS(RAF)*

This QR is only to be invoked after the conditions of QR 1624 have been met.

(1) The procedures to be followed in the informal investigation of a complaint are set out in AP 1269 (RAF Manual of Medical Management and Administration).

(2) Where an allegation of failure in the provision of clinical care arises, the complaint is to be made under this sub-paragraph. If the complaint refers to the treatment received at an NHS facility, the complaint should be made in accordance with the policy at the facility in which the treatment was received. If the complaint concerns a military personnel within the NHS facility, the appropriate CoC will be notified. In the first instance it should be directed to the CO of the unit, who is to ensure that the following requirements are observed:

(a) The allegation relates to the professional responsibilities of medical personnel. If the CO is in doubt as to this, he may seek advice of ACOS Health, HQ Air Command, RAF High Wycombe. They are to ensure that all complaints are handled sympathetically, objectively and expeditiously.

(b) The allegation is made in writing by the patient or by someone acting on the patient's behalf. In the latter case, if the patient is an adult capable of giving such authority, the allegation is to be made with the patient's written authority.

(c) The allegation must name or otherwise clearly identify the individuals involved. Service authorities are to give patients every assistance in naming or identifying the individual concerned.

(d) The allegation must give the patient's reasons for believing that a failure has occurred.

(e) The CO is to notify the medical personnel involved in the complaint of its existence and content. The CO may invite them to comment unless to do so might prejudice any formal investigation.

(f) The patient is at liberty to withdraw the allegation at any time; however, this does not preclude further investigation by Service authorities.

(3) Where a CO receives a complaint under clause (2) alleging failure of clinical care, he should discuss the circumstances with ACOS Health, HQ Air Command, RAF High Wycombe. The CO may take the following action as appropriate:

(a) Having considered the allegation in conjunction with the comments of the medical personnel involved and ACOS Health, HQ Air Command, they may dismiss the complaint. If the CO dismisses the complaint, he is to notify the patient and the medical personnel involved of the reasons for his decision in writing.

(b) If the CO has cause to believe that there is evidence of failure of medical care, or that they are not competent to make a decision, they are to refer the matter to COS Health/DGMS(RAF) and inform the air or other OC.

(4) Where COS Health/DGMS(RAF) receives a complaint as a result of clause (3)b, they are to fully investigate the circumstances of the complaint and is also to consider the medical personnel's fitness to remain in post pending completion of the investigation.

(5) If COS Health/DGMS(RAF) finds the complaint to be unfounded, they are to notify his findings to the air or other OC, and the CO, who is to notify the persons involved.

(6) If COS Health/DGMS(RAF) concludes that there has been a failure of clinical care they are to initiate appropriate action.

1626. Definitions.*Sponsor: COS Health/DGMS(RAF)*

Throughout this section the word "patient" means a person registered for, or who has received care within the responsibility of Royal Air Force primary care.

1627-1629. (Omitted)**SECTION 11 - PRINCESS MARY'S ROYAL AIR FORCE NURSING SERVICE****1630. Administration of the Nursing Service.***Sponsor: COS Health/DGMS(RAF)*

DNS(RAF) is responsible to COS(H)/DGMS(RAF) for the professional leadership of the PMRAFNS.

1631. Duties of the Personnel Management Agency 21(RAF)(PMA21 (RAF)). *Sponsor: COS Pers*

(1) PMA 21 (RAF) is responsible to DDPMA1 for all matters affecting the personnel of the PMRAFNS.

(2) PMA 21(RAF) is to advise DDPMA1 on the suitability of Nursing Officers for extensions of Service, Permanent Commissions and Service to age 55 years.

(3) PMA 21(RAF) is to visit on an annual basis all units with PMRAFNS officers on strength.

(4) PMA 21(RAF) is to act as Desk Officer for all Nursing Officers of the PMRAFNS below the rank of Wing Commander.

1632. Duties of OC Nursing Wings or Senior Nursing Officer.*Sponsor: COS Health/DGMS(RAF)*

The OC Nursing Wing or the Senior Nursing Officer is responsible to the commanding officer for all matters relating to the nursing services of the hospital or unit.

1633. Princess Mary's Royal Air Force Nursing Services Trust.*Sponsor: COS Health/DGMS(RAF)*

The Trust is a charitable organisation Chaired by DNS(RAF), the aim of the Trust is to improve the life of PMRAFNS personnel whether in Service or retired.

1634-1635. (Omitted)