

## CHAPTER 8 – HOSPITAL, REHABILITATION AND MEDICAL RECEPTION CENTRE MESSING

### MESSING FOR PATIENTS AND VISITORS IN HOSPITALS, REHABILITATION CENTRES AND MEDICAL RECEPTION CENTRES

0801. **Hospital Daily Messing Rate (HDMR).** The HDMR is designed to provide all food and non-alcoholic beverages for Service and civilian patients who are entered on the daily bed state; this includes National Health Service (NHS) patients for whom no meal charges are raised. The appropriate percentage of this rate is also applicable to day patients, outpatients, or any other patients who appear on the daily bed-state. (Civilians attending as outpatients may be provided with casual meals, which they are to purchase at the entitled rate). When assessing which band of HDMR to claim for a mess or kitchen, the total number of patients fed from that mess or kitchen is to be used. Staffs are not to be catered for under HDMR. The HDMR is promulgated quarterly in the DMR Letter and may only be claimed at Service Hospitals (including Field Hospitals when deployed operationally).

0802. **Sources of Food Supply.** All messing commodities are to be obtained from the MOD Food Supply Contractor in accordance with JSP 456 Pt 2 Vol 2 Ch 4. Items required for medical reasons are to be obtained through medical channels and charged to the Medical Vote.

0803. **Medical Comforts.** Non-alcoholic medical comforts, including beverages and snacks, are to be provided from the Daily Supplement. Refer to 0814.

0804. **Alcoholic Drinks.** Alcoholic drinks, whether prescribed for therapeutic purposes, or used as a component of liquid medicines, are to be obtained through medical channels and are **not** to be charged to the Defence Food Vote.

0805. **Aero-medevac Patients.** The feeding of Aero-medevac patients is part of the hospital catering function. Although such patients will not normally appear on the daily bed state, the appropriate percentage of the HDMR may be claimed for each meal taken. All claims are to be consolidated on a weekly certificate (see Annex A), raised to support the entries in the messing account. Where Aero-medevac patients are admitted overnight they are to appear on the daily bed state and the HDMR is to be claimed.

0806. **Drinks for Operating Theatre Staff.** Due to abnormal conditions of light, heat, and the need to maintain clinical hygiene preventing theatre staff from returning to their mess for refreshments, at the discretion of the Medical Officer in Charge (MOIC), hot or cold beverages as appropriate, may be issued to operating theatre staff. The Drinks Supplement (refer to Chapter 6) may be claimed for such issues.

0807. **Specialised Food for Diet Supplement.** There is a wide range of specialised proprietary food items designed to supplement the diet of patients. Stocks of the more common proprietary foods should be held, but stock levels should be carefully controlled as they are usually relatively expensive items. These foods should only be normally issued on the authority of the MOIC. Specialised proprietary foods are to be issued for specific medical conditions, and not for routine dietary use. They are to be obtained through medical channels and charged to the Medical Vote.

0808. **Maternity Supplement.** Daily supplements may be claimed for maternity patients from the date of admission as follows:

- a. **Breast-Feeding.** During breast-feeding, or until the infant is placed on bottle-feeding, 0.5 ltr of fresh milk may be issued. The costs of issues are to be credited to the Catering Account.
- b. **Bottle-Feeding.** During bottle-feeding, for up to 8 feeds per day, and as prescribed by the MOIC, ready-to-feed (RTF) glucose, and/or sterile water may be provided as directed by the MOIC. The costs of issues are to be entered as a contra entry in the Catering Account.

0809. **Further Treatment of New Born Babies.** When a new born baby requires medical treatment, and is kept in hospital after the mother has been discharged, the feeding entitlement of the baby is to be the same as articulated in para 0808b. The cost of ready-to-use feeds is to be entered as a contra entry in the Catering Account.

0810. **Visits by Relatives.** Meals may be provided for relatives visiting patients in the following categories:

- a. Relatives visiting Very Seriously Ill (VSI) or Seriously Ill (SI) patients may be provided with meals at Crown Expense for the first 48 hrs. Thereafter, meals may be purchased at the current entitled casual meal rate. For visitors to an overseas MH/MRS, food charges may be waived for up to 10 days.
- b. If, in the view of the MOIC, the parent or guardian should remain with the child admitted as an in-patient, meals taken by the parent or guardian are to be provided at Crown Expense for the duration of the parent's stay with the child as directed by the MOIC.

0811. **Accounting for Meals Provided to Relatives.** In both categories at para 0810, where meals have been provided at Crown expense, the catering account is to be credited with the appropriate DMR (or percentages thereof) as detailed in Chapter 5.

#### **MEDICAL RECEPTION STATIONS, REGIONAL MEDICAL CENTRES, DISPENSARIES AND REGIONAL REHABILITATION UNITS**

0812. **Issues to Medical Dispensaries.** If required by the MOIC, sugar, salt, and syrups may be issued to a dispensary. The cost is to be charged to the Medical Vote, and a miscellaneous credit shown in the catering account.

0813. **Reserve Rations in Medical Reception Station (MRS) and Regional Medical Centres (RMC).** Reserve rations may be held in MRS/RMC's to the scale shown below, and are to be used for the benefit of patients in an emergency. Where the PFM Core Price List item is of a different size, the nearest pack size to the scale is to be held.

Coffee 200 gm  
Drinking chocolate 500 gm  
Sugar 2 kg  
Tea Bags 1 pkt (500)  
Milk UHT 5 ltrs

These items are to be issued to the MOIC who is to authorise the internal transfer document. Costs will be borne by the Defence Food Vote.

0814. **MRS and RMC Daily Supplement.** The MRS/RMC Daily Supplement is to be claimed, in addition to the Daily Messing Rate (DMR), for Service and civilian NHS patients who are entered on the **daily bed state** of the MRS or RMC. The Supplement calculation includes all food and non-alcoholic medical comforts (beverages) for patients. The unit caterer may claim the actual value of provisions issued up to the value of the Daily Supplement. Expenditure records are to include the type of provisions issued, cost and number of personnel on the daily bed state. This cost is not permitted to exceed the number of entitled personnel multiplied by the Supplement value. Staff working within the MRS/RMC are not catered for under these arrangements. The MRS/RMC Supplement is promulgated quarterly.

0815. **Regional Rehabilitation Unit (RRU).** Personnel who are required to be continuously accommodated at a RRU whilst undergoing a course of treatment, are categorised as in-patients and are fed at Crown expense using the prevailing DMR. Individuals will be taken on strength of the hosting unit and if accommodated in a Service mess will be liable to the normal mess fees/charges, e.g. extra messing costs.

0816 - 0899. Reserved.

