Oxford Health
NHS Foundation Trust

Policy control document

This ensures good version control and effective policy management. It must be completed before a policy can be uploaded to the intranet.

policy title	**Consent Policy**
policy code	**CP19**
author(s) (name and title/role)	**Mark M Underwood, Head of Information Governance**

approval history	
name of committee	date
Clinical Effectiveness Committee	11/03/2010
Clinical Effectiveness Committee	09/12/2010
Clinical Effectiveness Committee (Extraordinary)	22/12/2011
Clinical Effectiveness Committee	14/12/2012
Clinical Effectiveness Committee	14/01/2016
Effectiveness Committee	11/01/2018 Revision May 2019
Quality & Clinical Governance Sub-Committee	29th June 2021
Policy reviewed by author and signed off by Chief Nurse and Chief Medical Officer (see summary of Revisions)	**Date of approval for current version** 3rd May 2024

date of next review	31st March 2027

chair of approving committee Britta Klinck

signature 

title Chief Nurse

date of next review 3rd May 2024

All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy with be posted on the Trust Intranet for information.

Change control.

number of pages (excluding appendices)
summary of revisions: minor textual revisions. Addition of consent related to personal information and data protection. Virtual approval by Britta Klinck (Chief Nurse) and Karl Marlowe (Chief Medical Officer)
any change to code or merging with other policies? NONE
consultation with: MCA lead Mental Health Act Office Associate Directors of Nursing Associate Medical Directors

Policy title - Consent to Examination or Treatment Policy

This policy covers treatment with consent, parental consent, subject to the Mental Health Act, or with best interests for patients unable to decide because of a lack of capacity under the Mental Capacity Act.

Policy code – CP19

Version – April 2024
Date of approval 3rd May 2024

Contents

Purpose of policy (aims and objectives)

This policy encompasses consent, including examination, assessment, treatment, decision making, and matters relating to personal information.

People have a fundamental right to determine what happens to their own bodies. Valid consent to treatment is therefore central to providing personal care to undertaking major procedures. Consent may also be necessary in certain instances related to the use of personal information. Seeking consent is also a matter of common courtesy between health professionals and patients.

The Trust will treat patients with their consent and will only treat patients without their consent where there is lawful justification for doing so, provided for in statute or by common law. This policy sets out the standards and procedures in this Trust which aim to ensure that health professionals comply with the law and guidance. The Trust will seek consent from all patients to receive care and treatment. Care and treatment or medical treatment are used as a broad term, and in a non-exhaustive sense, and includes nursing, care, habilitation, rehabilitation, and therapy.

This policy specifies compliance with the Mental Capacity Act (2005). The policy should be read in conjunction with the Trust Mental Capacity Policy and the Trust Mental Health Act Policy.

The Trust will provide medical treatment to some of its patients under the provisions of the Mental Health Act (1983). The Mental Health Act (1983) contains separate provisions for patients with respect to consent to treatment, which is detailed in Part IV and Part 4A of the statute. This policy specifies compliance with Part IV and Part 4A of the Mental Health Act (1983).

Employees should always obtain consent before providing care or treatment to patients. Where consent cannot be obtained, care or treatment can be provided under the Mental Health Act, the Mental Capacity Act, in limited circumstances under

common law, or under Court Authority.

Outline of policy

This policy will promote legal compliance and the lawful and consent-based treatment of patients.

Consent:

The Trust will treat patients where consent has been given and will not treat patients without consent unless there is lawful justification for doing so, provided for in statute or by common law. Consent is a patient's voluntary agreement for a health professional to provide care.

The Nature of Consent:

Consent is a patient's voluntary agreement for a health professional to provide care. For the consent to be valid, the patient must have the capacity to make the decision. A person does not have capacity if at the material time they are unable to:

- understand the information relevant to the decision.
- retain that information.
- use or weigh that information as part of the process of making the decision.
- communicate their decision (whether by talking, using sign language or any other means).

The inability to make the decision (give or refuse consent) must be because of an impairment or disturbance in the functioning of the mind or brain (MCA section 2). The context of consent can take different forms, ranging from the active request by a patient for a particular treatment (which may or may not be appropriate or available) to the passive acceptance of a health professional's advice. In some cases, the health professional will suggest a particular form of treatment or investigation and after discussion the patient may agree to accept it. In others, there may be several ways of treating a condition, and the health professional will help the patient to decide between them. The person must have understood what is required of them and what is entailed for consent to be valid.

Consent must be given freely without undue influence or coercion. The patient must have been provided with the information relevant to the decision in a suitable format to support them to give or refuse consent.

Professional responsibility:

Health Professionals will seek consent from all patients they treat, be they: informal or voluntary; formal or detained; children themselves or via parental consent; and patients where capacity may be indeterminate.

Information for patients:

Health professionals will provide relevant information about care, treatment, or therapy to enable patients to decide regarding consent. As a reasonable adjustment, this information may be provided in accessible formats according to the needs of the patient (for example, Easy Read).

Personal Information - Consent may also be necessary in certain instances related to the use of personal information. (Please note that consent for processing personal information may also be applied to the processing of employee personal information).

Usually, personal information is processed using the lawful basis of "Public Task" when providing direct care. There are however occasions where we may need to rely on the lawful basis of consent for the processing of personal information or explicit consent for the processing of sensitive information. These could include video recording patients or sharing their information with 3rd parties such as solicitors for example. Where consent is required to process personal and/or sensitive information, the following should be recorded in the patient or employee record at the point of obtaining consent:

- the name of the organisation and the specific names of any other controllers who will rely on the consent.
- why you want the data (the purposes of the processing).
- what you will do with the data (the processing activities); and
- that people can withdraw their consent at any time the process of how they withdraw consent should they need it.
- The implications of any decision to withdraw consent must be clearly explained to the individual.

Information processing must cease immediately when an individual withdraws their consent.

Consent forms should always contain a reference to the Trust privacy notices such as, "To view the Trust Privacy Notices please visit: https://www.oxfordhealth.nhs.uk/privacy/ or ask a member of staff for a copy".

There may be occasions such as safeguarding, serious harm or loss of life where personal information may be shared without consent because there is an overriding public interest. In most situations consent would be sought unless doing so is likely to cause harm. Staff should speak to their line manager in the first instance when considering public interest.

Children and Young People:

Where consent involves a child (17 years old or under) Health Professionals are required to apply the correct legal framework regarding obtaining consent for young people of 16 and 17. This is the Mental Capacity Act. There are different arrangements for young people of 15 and under, which may be parental responsibility or Gillick Competence. The appendix contains two flow charts for these age groups which clarify the legal framework.

Adults:

Adults, aged 18 and over, consent for themselves. Reasonable steps will be taken to ascertain whether the person has made an Advance Decision to refuse medical treatment, has granted Lasting Power of Attorney (Welfare) to a third party particularly as regards healthcare decisions, or expressed care or treatment preferences within an Advance Statement (see Trust policy CP48).

Statutory duties:

Mental Health Act: The Trust will comply with the provisions of the Mental Health Act (1983), regarding Consent to Treatment, Part IV and Part 4A of the Mental Health Act. Patients who are detained by or subject to the Mental Health Act (1983) may receive compulsory treatment for mental disorder if it is authorised by the Consent to Treatment provisions in Part IV or 4A of the Mental Health Act (1983). The Trust will apply advice from the Code of Practice to the Mental Health Act (1983) regarding consent to treatment unless it has cogent reason for deviating from it. Such occasions will be documented in patient records in individual circumstances, or in policy or procedure if the deviation applies across the Trust. The Mental Health Act authorises medical treatment only for the mental disorder and the symptoms or manifestations of mental disorder, if necessary without consent, for a detained patient or a patient subject to the Mental Health Act of any age.

Mental Capacity Act: The Trust will ensure that the Mental Capacity Act (2005) is applied in terms of consent to treatment, where a patient is unable to decide because they lack capacity. Employees deciding to utilise the Mental Capacity Act are required to have regard to guidance in the Mental Capacity Act Code of Practice.

Care or treatment may be given to a patient who lacks capacity to consent to the particular care or treatment under the Mental Capacity Act. The care or treatment must be in the person's best interests. Care or treatment can be provided as long as it has not been refused in advance in a valid and applicable advance decision or is refused by the person(s) authorised by a Lasting Power of Attorney for health and welfare decisions.

Care or treatment may be provided to people of 16 and above under the Mental Capacity Act if they lack capacity in relation to the matter. People over 18 may refuse medical treatment in an advance decision. People over 18 may enable others to make

specified consent decisions for them, when they have lost capacity to do so themselves, if they made a Lasting Power of Attorney (health and welfare).

The Trust will take reasonable and practical steps to ascertain the existence and identity of court appointed deputies (people appointed to manage a person's affairs or care) as part of providing care and collecting information about a person.

The Trust has a Mental Capacity Act Policy, and this sets out the approach to:

- Systematic assessment of situation specific patient capacity.
- Making a best interest decision where a person is assessed to lack mental capacity.
- Utilising the services of an Independent Mental Capacity Advocate where required.
- Implementation of an advance decision where they exist and are valid and applicable.
- Implementation of decisions made by someone appointed as a Lasting Powers of Attorney.
- Ensuring that all the details above are noted in a patient's health records.

The Trust will adopt Department of Health Guidance on consent to treatment; make it available and make employees aware of its existence; and use the forms and information for patients it contains to seek and record consent where ECT (Electro Convulsive Therapy) is to be prescribed for informal patients, or where the treatment to be provided is complex or involves significant risks, requires general or regional anesthesia or sedation, or where it is considered clinically appropriate and necessary.

Record keeping:

Health professionals will document in health records discussion with patients about consent to treatment, and if appropriate document:

- the proposed treatment discussed with the patient, the options, including risks and benefits applicable to each option.
- if the patient has capacity, or not.
- the steps that have been taken to maximise a person's capacity to consent to treatment.
- that patients have consented to the proposed treatment or that the patient has decided to withhold consent.
- decisions by health professionals to lawfully treat a patient where the patient is unable to consent because they have been assessed (also documented) as lacking capacity in relation to that consent decision but can be treated in their best interests.
- decisions by health professionals in connection with treatment provided under Part IV and Part 4A, Consent to Treatment provisions, of the Mental Health Act (1983).

- any patient consenting to the recording by audio or visual facilities of their care, treatment, or therapy.
- that the patient has been provided with information (and, if required, for a person with a learning disability the reasonable adjustment made and the steps that have been taken to ensure the information is accessible) to support the decision-making process relating to consenting to the proposed treatment, or has been provided with information relating to advice about care or treatment. This may include the provision of an information leaflet, or leaflets, or a website address.

And where required use:

- prescribed forms (as required by the Mental Health Act (1983).
- Use Trust forms for recording consent where required to do so.

External requirements:

The Trust will consider any recommendations from the Care Quality Commission with regard to consent to treatment for detained patients.

The Trust will apply standards set by the Department of Health, the Care Quality Commission, and the respective Mental Health Act and Mental Capacity Act Codes of Practice.

Audit:

The Trust will audit practice and procedure with respect to consent to treatment.

Summary of actions to implement policy (*may be included in appendices*)

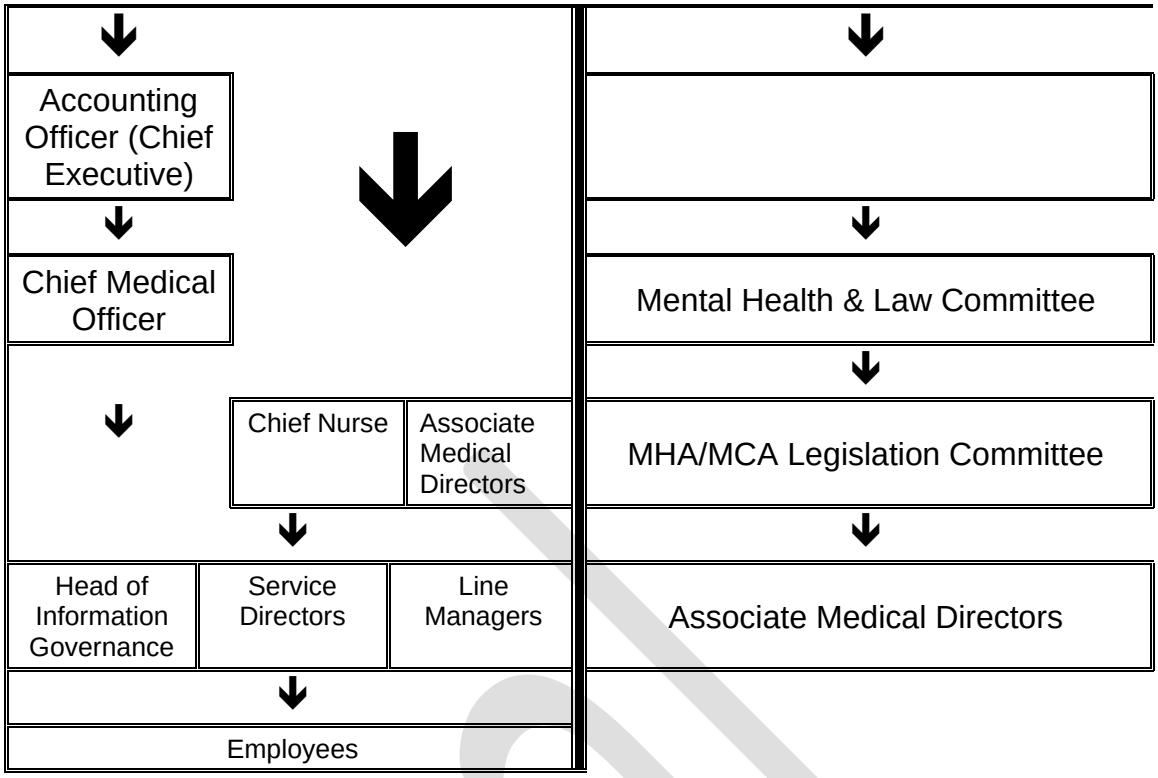
MHA and MCA training will include consent specific content.
Employees are required to maintain satisfactory clinical records about consent.

Legal and policy framework

The Mental Health Act (1983)
Code of Practice to The Mental Health Act (2015 Edition)
The Mental Capacity Act (2005)
Code of Practice to the Mental Capacity Act (2007 Edition)
Human Rights Act (1998)
Equalities Act (2010)
Professional Codes and Standards of Conduct and Practice.
The Department of Health has issued a range of guidance documents on consent (Click Here), and these may be consulted for reference.

Key responsibilities

Management Structure	Governance Structure
Board of Directors	Board of Directors



The Trust: under section 145 of the Mental Health Act (1983) the Trust are "the managers".

Board of Directors: includes the Chair, non-executive and executive directors, and has responsibility for the Trust complying with its statutory duties.

Lead Executive: the Chief Executive is the accountable officer for the Trust, the Chief Medical Officer has responsibility for this area of practice.

The Mental Health & Law Committee: coordinates a multi-disciplinary and multi-agency approach to mental health act matters. The Legislation Group reports to the Mental Health & Law Committee, which in turn reports to the Board.

Head of Information Governance: under regulation 3(6) and 4(2) (of statutory Instrument 1983/893) of the Mental Health Act the Trust can authorise a delegated officer to exercise certain functions on behalf of the Trust. These functions include the making of records or reports, and functions relating to the rectification of documents. (Relating to the Mental Health Act (1983)).

Responsible Clinicians: the Approved Clinician in charge of the treatment of a detained patient, a patient liable to be detained, or a community treatment order patient will ensure that the areas of responsibility conferred on them by the Mental Health Act (1983) are appropriately discharged. For the scope of this policy consent to treatment is a particular responsibility. Where the Mental Health Act does not apply, and consultant psychiatrists are in charge of the treatment of a patient they will obtain consent for the treatment they prescribe.

Registered Nurses will be professionally responsible for their role in consent to treatment. Whilst registered nurses do not always have direct responsibility for obtaining consent, they are professionally responsible for their role in the administration of those treatments and as set out in their professional code must ensure that they are lawfully entitled to administer such treatment.

Statutory consultees: those consulted as part of the second opinion process for patients detained under the Mental Health Act (1983) must make themselves available to be consulted by the Second Opinion Appointed Doctor.

All employees providing care and/or treatment to patients not subject to Part IV of the Mental Health Act (1983) will seek consent from all patients they treat or provide care for.

Managers and Employees: managers will ensure that this policy, and other policies and procedures related to consent to treatment are made available to employees and will require all employees to confirm their familiarity with these policies as part of the conditions under which they practice.

Training required to implement policy

There will be specific training related to the Mental Health Act (1983): the Trust will provide training for new starters, mandatory refresher sessions for clinical employees and attendance are required according to the Trust mandatory training matrix.

There will be specific training related to the Mental Capacity Act (2005): the Trust will provide training for new starters, mandatory refresher sessions for clinical employees and attendance are required according to the Trust mandatory training matrix.

The Trust will provide any other training required on an ad-hoc basis.

Appendices and relevant procedures

Appendix A: the Patient Perspective (remember them!)
Appendix B: Consent – A Simple Process? Matters to Consider.
Appendix C: Consent to treatment and patients detained under the Mental Health Act

Monitoring and evaluation

Criteria	Measurable	Lead person/group	Frequency	Reported to	Monitored by	Frequency
Systems in place to monitor the	Number of incidents and	Head of Risk and Health and	Monthly	Weekly Review Meeting	Committee	Quarterly

number of incidents and near misses reported involving employees, service users and others	types reported	Safety/Risk Management Team				
Systems in place to monitor the number of detained patients and community patients	Number detained, admitted and discharged, rights, meetings	Head of Information Governance	Weekly	Weekly Review Meeting	Committee	Quarterly
Compliance with policy	Care Quality Commission Visits	Head of Information Governance	Quarterly	Committee	Committee	Quarterly
Systems in place to monitor the number of complaints reported involving employees, service users and others	Number of complaints reported	Head of Complaints and PALS	Weekly	Weekly Review Meeting	Committee	Quarterly
Systems in place to monitor the uptake of Mental Health Act training	Number of attendances	Head of Learning & Development	Monthly	All line managers	Committee	Quarterly

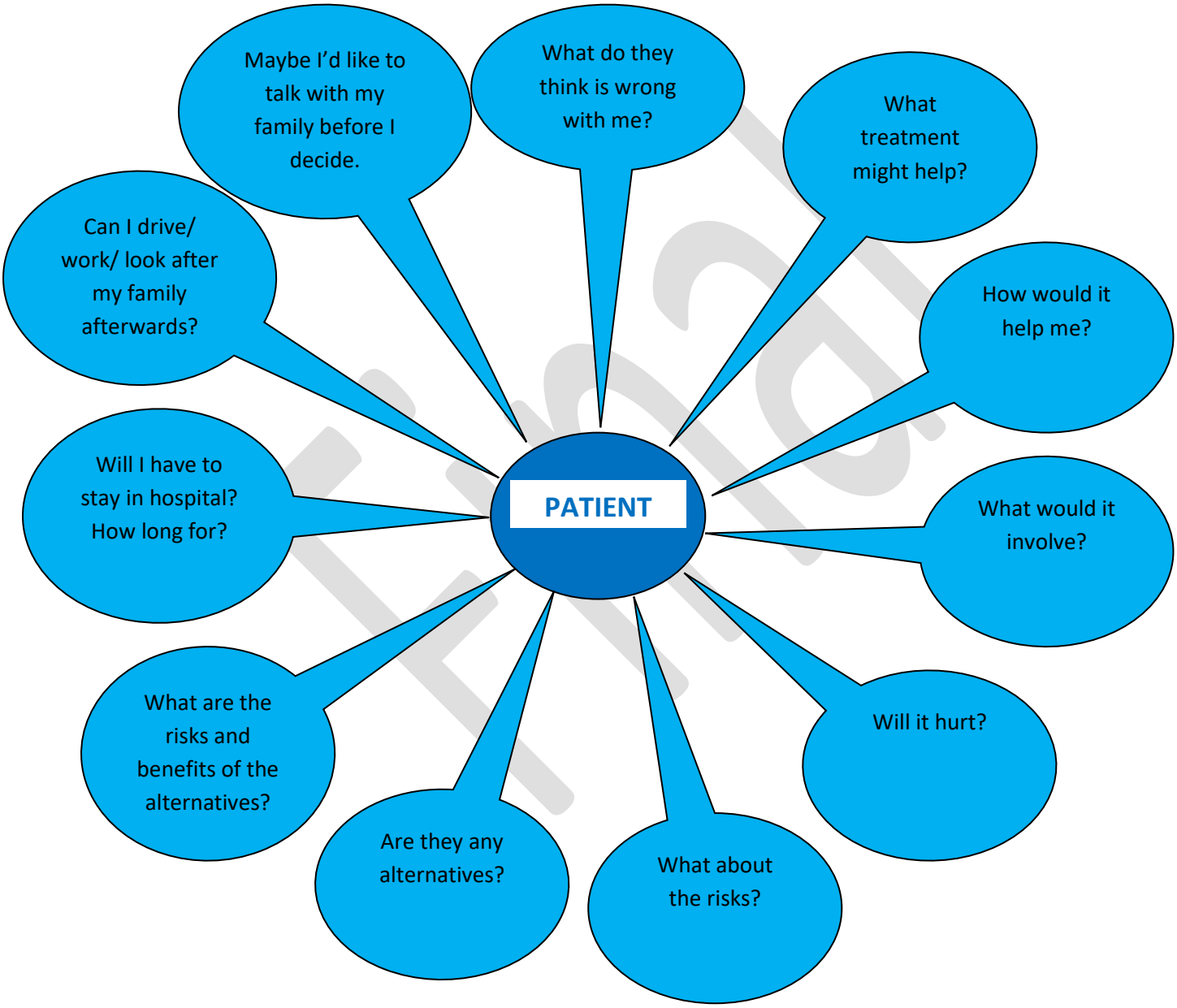
Appendices

Appendix A: the Patient Perspective (remember them!)

Valid Consent:

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question. Acquiescence where the person does not know what the intervention entails is not 'consent'.

Seeking consent: remembering the patient's perspective



Appendix B: Consent – A Simple Process? Matters to Consider.

Discuss with the patient the treatment plan, or treatment options:

This may also involve the clinical team and a relative(s) or carer
The treatment, benefits, risks, side-effects, alternatives

Has the patient capacity to consent, to decide upon the matter in question? If they are unable:

1. to understand the information relevant to the decision
2. to retain the information
3. to use or weigh that information as part of the process of making the decision
4. to communicate that decision (by whatever means).

If, in your opinion, they are unable to do any of these things the patient does not have capacity. You are required to make the decision for them, in their best interests. For assessment or treatment of mental disorder the Mental Health Act may have to be considered

Document in the patient's care record:

- discussion with the patient;
- information given and received;
- the decision reached; and,
- the treatment consented to and prescribed.

Regular Review:

- the effects of treatment;
- any side-effects,
- the patient's capacity,
- any information needs,
- the consent of the patient.

Apply treatment through a statutory framework if necessary

Guidance Section C: ***Consent to treatment and patients detained under the Mental Health Act***

Part IV and Part 4A of the Mental Health Act (1983) sections 56 – 64 set out the Consent to Treatment provisions for certain categories of detained patients. The provisions relate to the broad range of activities aimed at alleviating or preventing a deterioration of the patient's mental disorder. This may include nursing, care, habilitation, and rehabilitation under medical supervision. It also relates to physical treatments such as ECT and the administration of drugs and psychotherapy.

Parts IV and 4A of the Act provide for treatment without consent in certain circumstances; they also provide specific safeguards. However, even where Parts 4 and 4A of the Act apply, it is good clinical practice to continue to try and gain the patient's consent to proposed medical treatments.

The requirements of Part 4 and Part 4A of the Mental Health Act 1983 must be complied with for all patients detained on Sections 2, 3, 36, 37 (not 37(4)), 38, 45A, 47, 48 and Community Treatment Orders (CTOs).

Part IV
In particular Part 4 of the Act stipulates consent or second opinion must be sought for:

- Any surgical operation that will result in the destruction of brain tissue (section 57)
- Any surgical implant of hormones to reduce the male sex drive (section 57)
  (Both of the above apply whether or not the patient is liable to be detained under the Act)
- The administration of medicine to a patient by any means beyond three months of first receiving medication for mental disorder under detention on the above sections of the Act. (section 58)
- The administration of ECT to a patient detained on the above sections of the Act (section 58A), which can commence at any time during the detention.

If a detained patient agreed to receive ECT or medication of the above treatments and is capable of understanding the nature, purpose and likely effect of the treatment a Form T2 (medication) or T4 (ECT) (Certificate of Consent to Treatment) must be completed. If the patient does not agree or is not capable of understanding the nature, purpose and likely effect of a treatment a Second Opinion must be requested. The Second Opinion Appointed Doctor (SOAD) will complete a Form T3 (medication) or T6 (ECT). **All patients under the age of 18, informal and detained, who have capacity and consent to ECT must have a second opinion before treatment can be given. This will be authorised by the SOAD using Form T5**

The SOAD cannot authorise ECT for any detained patient if:

- The patient has capacity and is refusing
- There is an advance decision refusing ECT which was made when the patient had capacity
- Patient's attorney or court appointed deputy object
- There is a Court of Protection decision preventing use of ECT

A patient who has documented consent on Form T2 or Form T4 has the right to withdraw that consent at any time. If this occurs, or the patient loses the capacity to consent, a second opinion must be sought. In emergencies, or whilst awaiting the arrival of the SOAD, section 62 of the Act should be invoked.

Section 62 – Urgent Treatment

Section 62 of the MHA sets out the conditions where detained patients can be given urgent treatment of the nature described above without consent or second opinion. These are:

Medication	ECT
➢ The treatment is immediately necessary to save life	➢ The treatment is immediately necessary to save life

➢ The treatment is immediately necessary to prevent serious deterioration ➢ The treatment is immediately necessary to alleviate serious suffering ➢ The treatment is immediately necessary to prevent the patient from behaving violently or being a danger to him/her self or to others	➢ The treatment is immediately necessary to prevent serious deterioration

A Section 62 form must be completed and sent to the Mental Health Act Office at Littlemore whenever treatment is given under section 62 of the MHA.

Part 4A (section 64) – Community Treatment Orders

Part 4A applies specifically to patients on Community Treatment Orders (CTOs) for whom there must be Second Opinion (CTO11) in place by the end of the first month of the CTO.

Patients who have the capacity to consent to treatment may not be given that treatment unless they consent. **There are no exceptions – not even in an emergency.** In these circumstances the patient must be recalled to hospital to receive the treatment.

Patients who lack the capacity to consent may be given it in the community if their attorney or deputy, or the Court of Protection consents to it on their behalf. They may also be given the treatment without anyone's consent by or under the direction of an approved clinician as long as the treatment:

- Would not be contrary to a valid and applicable advance decision
- Would not be contrary to the decision of the patient's attorney or deputy, or the Court of Protection

Reasonable force may be used in order to administer treatment in these circumstances.

Section 64G & 64H (Under 18)– Emergency Treatment

In an emergency, treatment can be given to Part 4A patients who lack capacity, and who have not been recalled to hospital, by anyone, whether or not they are acting under the direction of an approved clinician. An emergency is defined as follows:

Medication	ECT
➢ The treatment is immediately necessary to save life ➢ The treatment is immediately necessary to prevent serious deterioration ➢ The treatment is immediately necessary to alleviate serious suffering ➢ The treatment is immediately necessary to prevent the patient from behaving violently or being a danger to him/her self or to others	➢ The treatment is immediately necessary to save life ➢ The treatment is immediately necessary to prevent serious deterioration

Additionally force may be used provided that:

- Treatment is necessary to prevent harm to the patient
- The force used is proportionate to the likelihood of the patient suffering harm and to the seriousness of that harm

CTO Recall

Patients recalled to hospital are treated under Part 4 of the Act.

The following checklist and diagrams can be used as a reminder of the process and principles involved in applying the above:

1. The Mental Health Act (MHA) Office will issue a reminder three weeks before the end of the three-month period that consent for medication for mental disorder is due.

2. The RC should discuss the treatment with the patient, assess their capacity and whether they will agree to receive the treatment or not.

3. This discussion, and the assessment of capacity, must be documented in the patient records.

4. If the patient agrees to receive the treatment and is capable of understanding the nature, purpose and likely effect of the treatment a Form T2 (medication) or T4 (ECT) must be completed by the RC.

5. If the patient cannot, or will not, consent a request for a second opinion must be made using the prescribed proforma, via the MHA office. The treatment plan should be discussed with the multidisciplinary team and the plan and discussion recorded in the patient records.

6. Any PRN medication should also be recorded on Form T2 or T3

7. PRN medication not included under Form T2 or T3 can only be given by instituting a new form or under the auspices of Section 62.

8. Where no form T2 or T3 is in place to authorise treatment, medication for mental disorder may be authorised using Section 62.

9. Forms T2 and T3 can run concurrently.

10. Where a T3 (Certificate of Second Opinion) is in place a Section 61 Review of Treatment Form (previously MHAC1) should be completed and sent to the Care Quality Commission each time the detention is renewed or, for restricted patients, when the Annual Statutory Report is compiled. A copy of this should be kept in the patient record and a copy sent to the MHA office.

11. Always ensure that any prescription does not exceed the boundaries imposed by Forms T2 and T3.

12. ECT requires authorisation by Form T4 or T6 at any time. For Under 18s a T5 must always be completed, even where the patient is informal.

13. ECT cannot be given to patients who have capacity and refuse to consent; who lack capacity but have an advance direction stating refusal; who lack capacity and their attorney or court appointed deputy object; there is a Court of Protection decision preventing use of ECT

14. Section 62 may be used in an emergency, but only if there is an immediate need to save life or prevent serious deterioration. In these circumstances Section 62 over-rides all forms of refusal and objection.

15. When a patient is being made subject to a Community Treatment Order the second opinion request form must be sent to the MHA office together with the section papers.

16. Emergency treatment and/or forced treatment can only be given to those CTO patients who lack capacity

17. Where a CTO patient has capacity and is refusing treatment, recall should be considered

18. Originals of all forms should be sent to the MHA Office at Littlemore. Copies of all current forms should be available on the ward and in the CMHT notes in hard copy and a copy should be attached to the patient's drug chart.

Consent Flowcharts: Compulsory Treatment for Mental Disorder Authorised by the Mental Health Act (1983)

Flowchart 1: CONSENT TO TREATMENT – MEDICATION (SEC 58) ADULT

Flowchart 2: CONSENT TO TREATMENT – ECT (SEC 58A) ADULTS

Flowchart 3: Consent to Treatment – Medication (Sec 58) Children and Young People

Flowchart 4: CONSENT TO TREATMENT – ECT (SEC 58A) PATIENTS AGED UNDER 18

Flowchart 5: Community Treatment Orders, Medication in the Community, Patients are subject to Part 4A of the Mental Health Act 1983

Flowchart 6: Community Treatment Orders, Medication during Recall, Patients are subject to Part 4 S58 and 58A of the Mental Health Act 1983

CONSENT TO TREATMENT – MEDICATION (SEC 58) ADULT (1)

VOLUNTARY PATIENT

1. DISCUSS TREATMENT PLAN
   - With team
   - With patient
   - With carer (if patient agrees)

2. CAPACITY
   Satisfy yourself that the patient is:
   - Competent to consent
   - Thoroughly informed
   - Consenting

YES	NO	If patient lacks CAPACITY consider whether treatment under MHA is appropriate

3. DOCUMENT in the patient notes
   - Assessment of capacity
   - Discussion with patient and others
   - Information given and received
   - The treatment plan

4. PRESCRIBE treatment
   - According to plan agreed
   - According to national and local guidelines

5. REVIEW REGULARLY
   - Effects of treatment
   - Side effects
   - Capacity
   - Information needs
   - Consent

FOOTNOTES:
CONSENT requires the patient to understand the nature purpose and likely effects of a treatment, the choice available between alternatives and the likely effects of not receiving treatment.

CAPACITY requires the ability to understand, weigh up in the balance, and communicate a choice, without being influenced (e.g. by pressure from others, or delusional ideas)

FORMS T2 and T3 should specify a dose range for each class of medication prescribed (e.g. "within BNF limits"), so as to enable changes of dose to be lawfully made without reading a new form.
Remember to INCLUDE prn medication
Remember to leave out medication for physical conditions

CLOZAPINE must be explicitly included or excluded on the T2 and T3

DETAINED PATIENT

1. DISCUSS TREATMENT PLAN
   - With team
   - With patient
   - With carer (if patient agrees, or if "need to know" applies)

EXPLAIN RIGHTS AND DUTIES UNDER MHA:
   - Patient's right to appeal, and to withhold consent
   - Team's right to treat without consent for 3 months

2. DOCUMENT in the health records
   - Assessment of capacity
   - Treatment plan
   - Discussions held

3. MHA OFFICE GIVE ADVANCE WARNING
   Before expiry of the 3 months permitted treatment

4. REDISCUSS THE TREATMENT PLAN
   With team, patient, carers (if appropriate)

ASSESS PATIENT'S CAPACITY TO CONSENT
(see footnotes)

4a. CONSENTING

DOCUMENT in notes:
Assessment of capacity

Treatment plan discussion with patient complete Form T2 Attach form to prescription card

4b. NOT CONSENTING

DOCUMENT in notes:
Seek SECOND OPINION

Set out treatment plan for SOAD

5. SOAD visits agrees plan, completes T3 and MHAC2. Original T3 to MHA Office. Copy T3 to sleeve 4/meds file and meds chart. AC/RC records explanation of treatment to patient. Consultees record

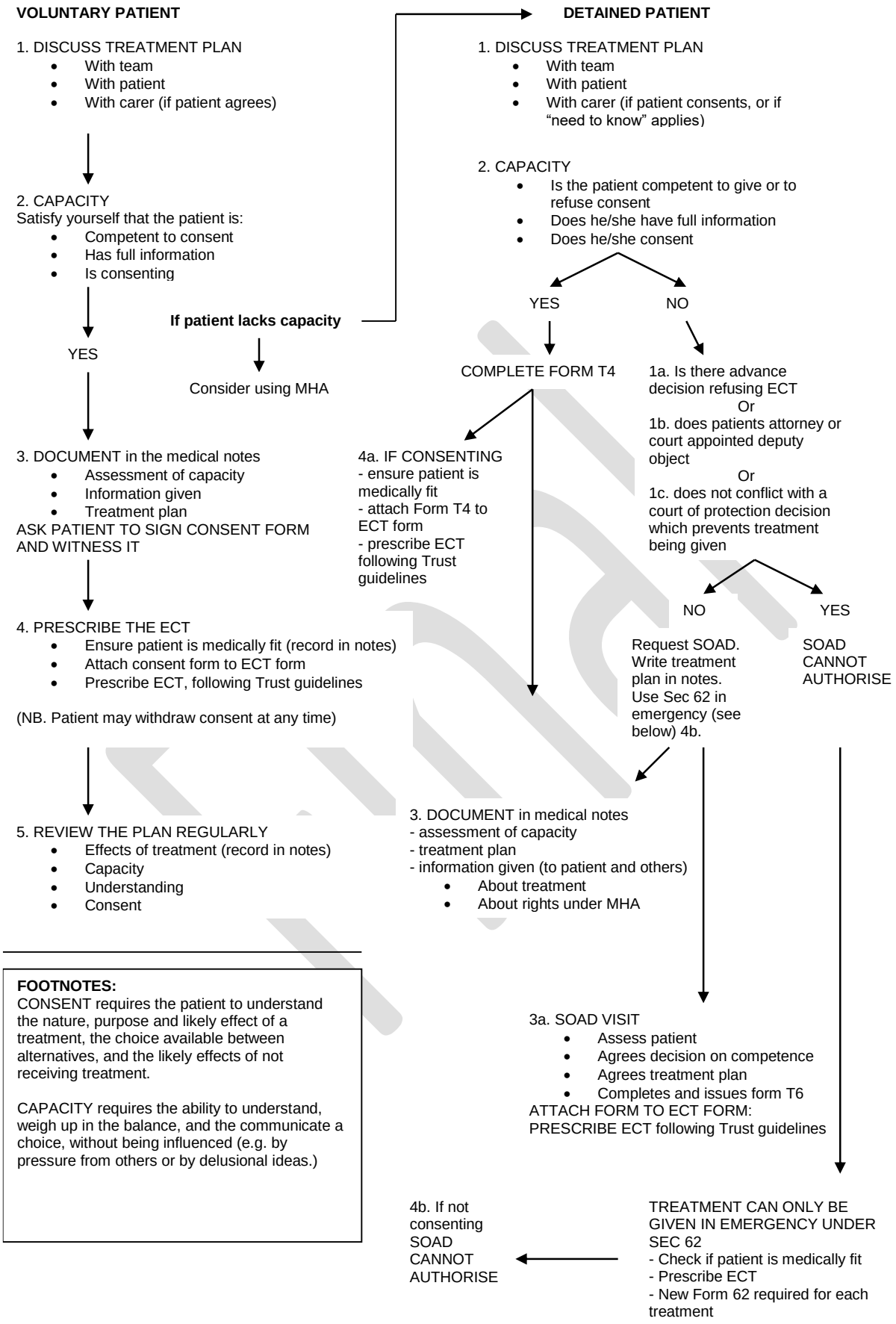
6. REVIEW REGULARLY
- Effects of treatment, side effects
- Capacity, information needs
- if consent withdrawn then

If new treatment not on Form T3 is required, MUST REQUEST ANOTHER SOAD VISIT.
Can use Section 62 for emergency treatment, new form is required each time.

7. If capacity and consent are restored, consider discharge from Section, or Form T2.
NOTE: Treatment under T2 and T2 can run concurrently

8. If SECTION IS RENEWED form MHAC1 must be sent to Care Quality Commission. For restricted patients complete MHAC1 along with annual report to MOJ.

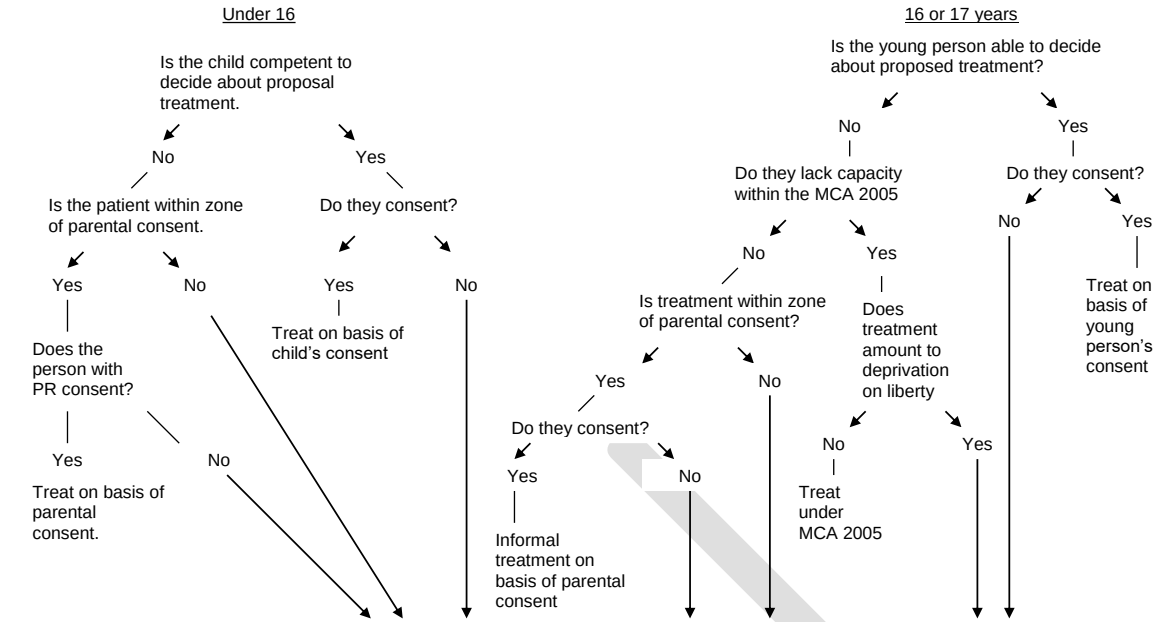
ONSENT TO TREATMENT – ECT (SEC 58A) ADULTS (2)



FOOTNOTES:
CONSENT requires the patient to understand the nature, purpose and likely effect of a treatment, the choice available between alternatives, and the likely effects of not receiving treatment.

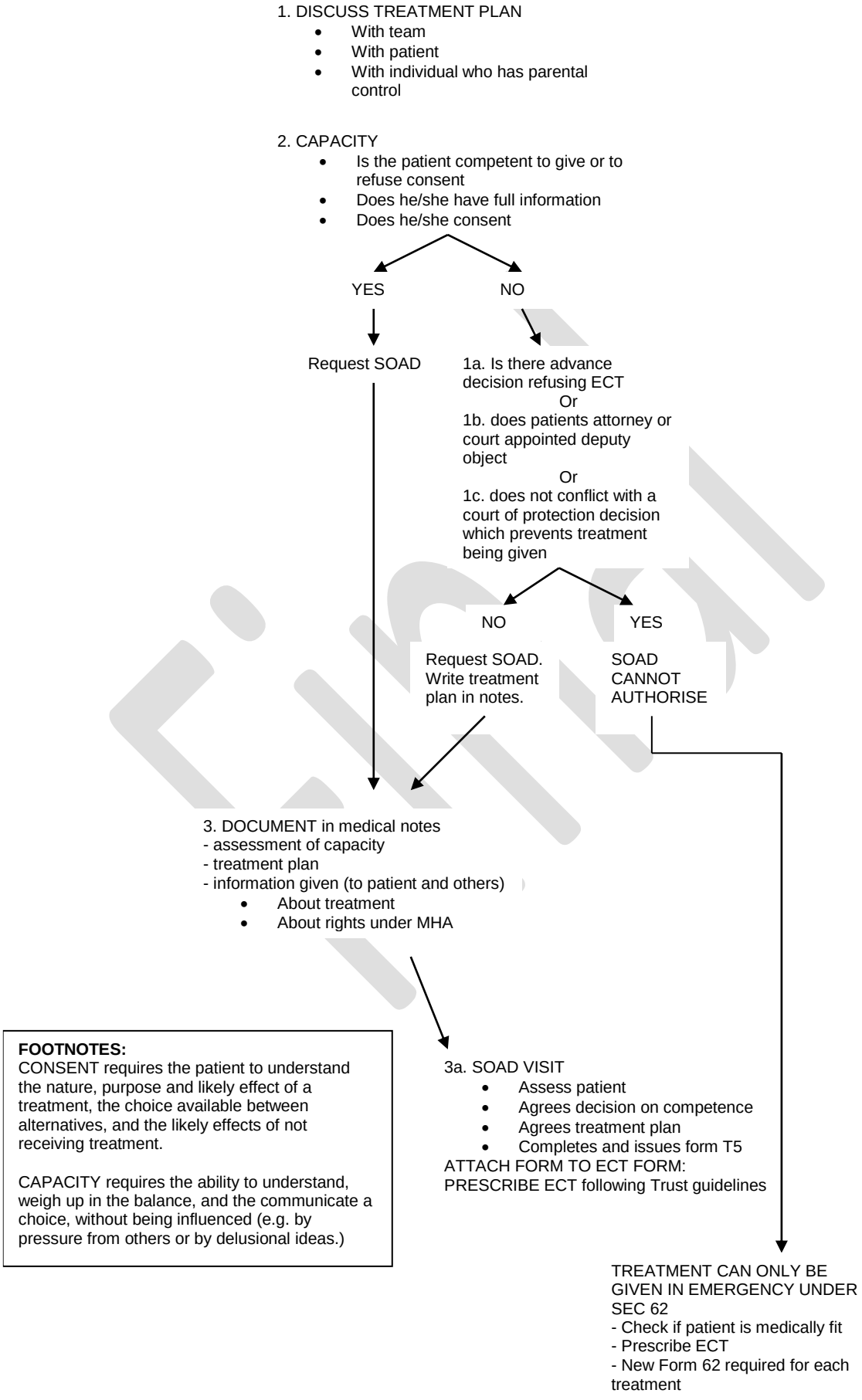
CAPACITY requires the ability to understand, weigh up in the balance, and the communicate a choice, without being influenced (e.g. by pressure from others or by delusional ideas.)

Consent to Treatment – Medication (Sec 58) Children and Young People (3)
Voluntary Patient



Admission under MHA if criteria is met
Treat as per Sec 58 Adult

CONSENT TO TREATMENT – ECT (SEC 58A) (4)
ALL PATIENTS AGED UNDER 18



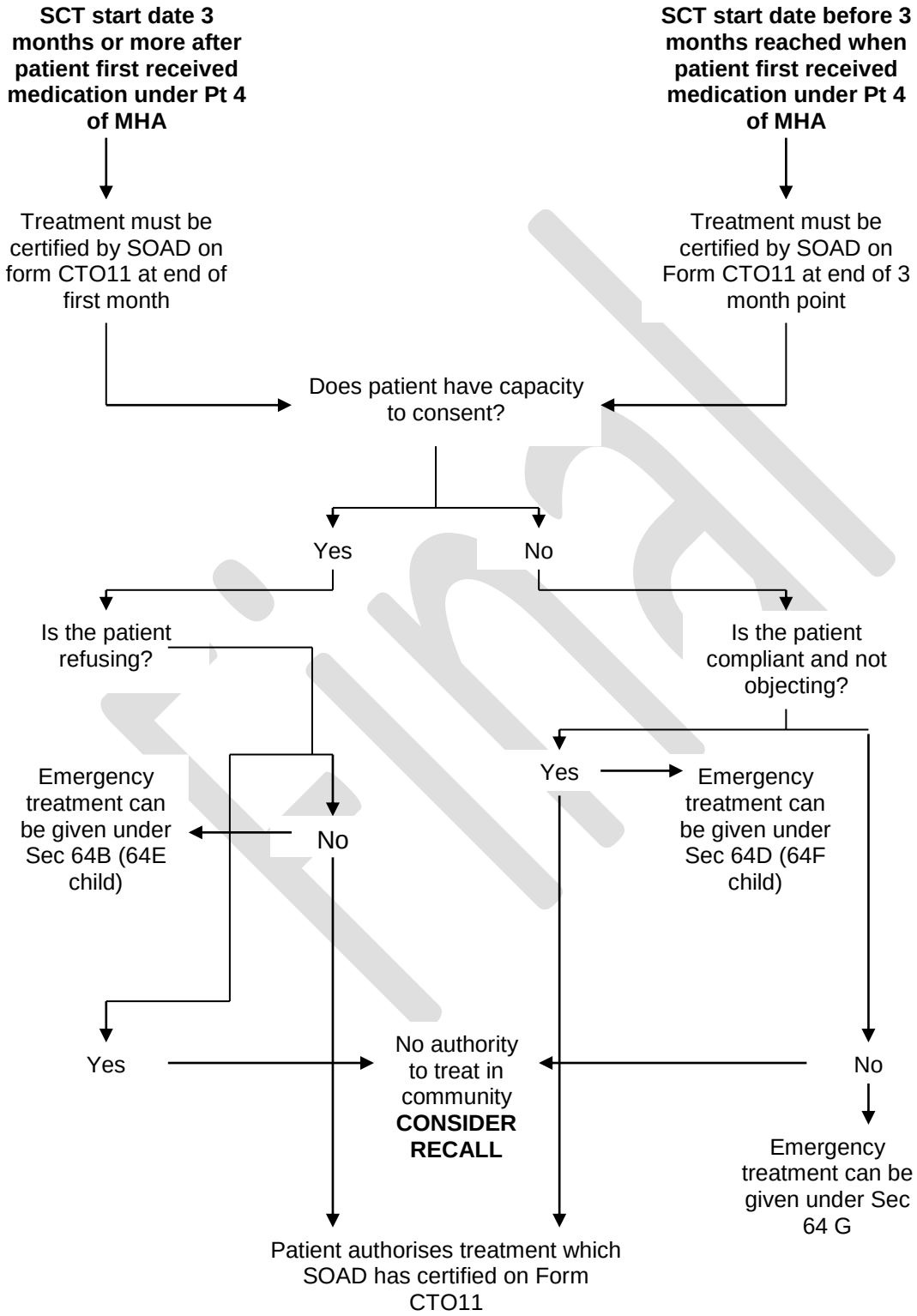
FOOTNOTES:
CONSENT requires the patient to understand the nature, purpose and likely effect of a treatment, the choice available between alternatives, and the likely effects of not receiving treatment.

CAPACITY requires the ability to understand, weigh up in the balance, and the communicate a choice, without being influenced (e.g. by pressure from others or by delusional ideas.)

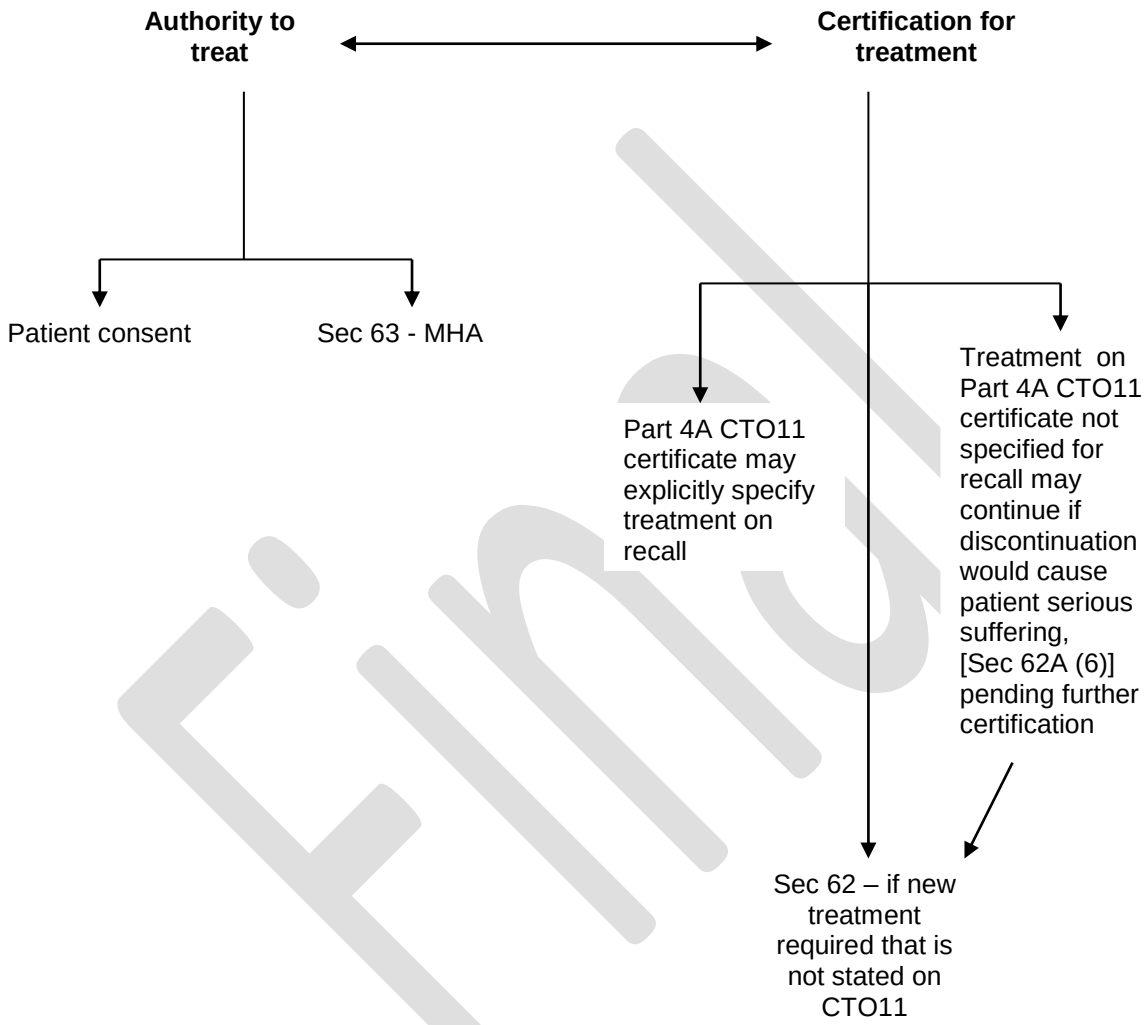
Community Treatment Orders (5)

Medication in the Community

Patients are subject to Part 4A of the Mental Health Act 1983



Community Treatment Orders (6)
Medication during Recall
Patients are subject to Part 4 S58 and 58A of the Mental Health Act 1983



If the patient is recalled within the first month of the CTO coming into effect, treatment would continue under the existing certification, as if they had never been on the CTO.

Equality Analysis (EqA) Screening Form

Name of Policy/Procedure/Practice/Project/Programme/Plan: Consent Policy CP19

Equality Analysis (formerly known as Equality Impact Assessment) is a thorough and systematic analysis of a policy, practice or procedure to ensure it is not unlawfully discriminating against any group with a protected characteristic.

An equality analysis is:

- A tool for delivering equality
- A key way of demonstrating that you have given 'due regard' to equality considerations as prescribed by the public sector equality duties in the Equality Act 2010
- Part of good policy and service delivery governance
- A positive activity which should identify improvements

Please use this EqA Screening Form to examine and identify any differential impact for any of the protected characteristics and to prompt mitigation of the adverse/negative impact before it is approved by the relevant committee.

This Screening Form can be used at the beginning of the equality analysis process to gather initial feedback, thoughts and ideas, or at quarterly intervals to monitor implementation of a project/programme, or at the end on completion to assess impact or outcome.

If this Screening Form reveals any adverse/negative impact for any of the protected characteristics listed below, you may need to complete a full Equality Analysis (Form EqA1). For further details (including a copy of the EqA1 Form), please see Equality Analysis Procedure and Guidance which can be found on the Policies Site.

For advice, information and guidance, please contact the Head of Inclusion at: EqualityandInclusion@oxfordhealth.nhs.uk

Protected Characteristic	Positive Impact	Neutral Impact	Negative Impact	Comments/Evidence
	√	√	√	
Age		√		
Disability		√		
Sex/Gender		√		
Race/Ethnicity		√		
All Faiths & None		√		
Sexual Orientation		√		
Transgender		√		
Pregnancy & Maternity		√		
Marriage & Civil Partnership		√		

Completed by:-
Name: **Mark Underwood**
Title: **Head of Information Governance**
Date: **30th April 2024**