Roundwood Surgery
Wood Street, Mansfield, Nottinghamshire, NG18 1QQ

Review Sheet

Last Reviewed	Last Amended	Next Planned Review
23 Jan '23	23 Jan '23	in 12 months, or sooner as required.

Business impact	LOW IMPACT Minimal action required circulate information amongst relevant parties.
Reason for this review	Scheduled review
Were changes made?	Yes
Summary:	The policy has been reviewed with no significant changes. References have been checked and updated and remain current.
Relevant legislation:	• Children Act 2004 • Equality Act 2010 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • The Human Tissue Act 2004 • Medical Act 1983 • Mental Capacity Act 2005 • Mental Health Act 2007 • Safeguarding Vulnerable Groups Act 2006 • Data Protection Act 2018
Underpinning knowledge - What have we used to ensure that the policy is current:	• Author: Government, (2019), *Mental Capacity (Amendment) Act 2019*. [Online] Available from: https://www.legislation.gov.uk/ukpga/2019/18/enacted [Accessed: 23/1/2023] • Author: Government Legislation, (2008), *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*. [Online] Available from: https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents [Accessed: 23/1/2023] • Author: Government Legislation, (2007), *Mental Health Act 2007*. [Online] Available from: https://www.legislation.gov.uk/ukpga/2007/12/contents [Accessed: 23/1/2023] • Author: Government Legislation, (2005), *Mental Capacity Act 2005*. [Online] Available from: https://www.legislation.gov.uk/ukpga/2005/9/contents [Accessed: 23/1/2023] • Author: Government Legislation, (2004), *Children Act 2004*. [Online] Available from: https://www.legislation.gov.uk/ukpga/2004/31/contents [Accessed: 23/1/2023]
Suggested action:	• Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

1. Purpose

1.1 This policy sets out the standards and procedures of Roundwood Surgery to enable staff to comply with the relevant legislation and guidance for obtaining valid consent before starting treatment, physical investigation or providing personal care for a Patient.
1.2 To protect the fundamental legal and ethical principle that Patients have the right to determine what happens to their own bodies and ensure Patients are treated with respect, in recognition of their dignity and rights as individuals.
1.3 To ensure that Patients are made aware of all the available options and associated risks and their individual significance, so that the consent of Patients is fully informed.
1.4 To support Roundwood Surgery in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
EFFECTIVE	HE1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	HE6: Is consent to care and treatment always sought in line with legislation and guidance?	QSE6: Consent to care and treatment
SAFE	HS1: How do systems, processes and practices keep people safe and safeguarded from abuse?	QSS2: Safe systems, pathways and transitions QSS3: Safeguarding
SAFE	HS3: Do staff have all the information they need to deliver safe care and treatment to people	QSS1: Learning culture QSS6: Safe and effective staffing QSS7: Infection prevention and control
WELL-LED	HW6: Is appropriate and accurate information being effectively processed, challenged and acted on?	QSW5: Governance, management and sustainability QSW6: Partnerships and communities

1.5 To meet the legal requirements of the regulated activities that {Roundwood Surgery} is registered to provide:

- Children Act 2004
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Human Tissue Act 2004
- Medical Act 1983
- Mental Capacity Act 2005
- Mental Health Act 2007

- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018

2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Patients may be affected by this policy:

- Patients
- Patients with Dementia
- Family members
- Carers

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- External health professionals
- NHS

3. Objectives

3.1 To recognise and support a Patient's responsibility for making decisions about their body, their priorities and their treatment based on information provided so that no intervention takes place without the Patient's informed consent (permission).
3.2 To recognise the general legal and ethical principle that a Patient must provide valid, informed consent to any intervention and that this is recorded in their clinical record.

4. Policy

4.1 All clinical and non-clinical staff members will be trained in the meaning of consent (this includes implied consent and expressed consent) and who is permitted to give consent for a Patient.
4.2 Each healthcare professional must be satisfied that consent or other valid authority exists before undertaking any examination, investigation, providing treatment or involving a Patient in teaching or research. Usually this will involve providing information to Patients using methods to ensure that they understand what intervention they are being required to give their consent for as well as why and how it could affect them. Obtaining informed consent must follow the guidance in "Decision Making and Consent" [GMC November 2020] which includes advice on children (to be read in conjunction with 0-18 Years Guidance for all Doctors GMC) and Patients who are not able to give consent.
4.3 Legislation sets out the criteria and procedures to be followed in making decisions when Patients lack the capacity to make these decisions for themselves. It also grants legal authority to certain people to make decisions on behalf of Patients who lack capacity. It is the responsibility of the individual healthcare professional to be aware and up to date on all legislation.
4.4 Patients will:

- Be listened to and have their views about their healthcare respected
- Be informed what their diagnosis, prognosis, treatment and care involves
- Have information shared with them as they want or need in order to ensure they can make decisions
- Receive information in whatever way is necessary to enable them to maximise their opportunity and ability to make decisions and communicate them
- Have their decisions respected by staff in line with legislation

5. Procedure

5.1 For 'informed consent', Patients are given all the information they need to make an informed decision. Whatever the context in which medical decisions are made, the healthcare professional carrying out the procedure must work in partnership with Patients to ensure that the Patient receives high-quality care which involves:

- Listening to Patients and respecting their views about their health
- Discussion with Patients about their diagnosis, prognosis, treatment options, risks of each option to help the Patient understand the significance (magnitude of individual effects) of the information clearly and know what they can expect if they give their consent
- Sharing with Patients the information they want or need, including the results of any tests, in a way that they are able to understand in order that they can make fully informed decisions
- Maximising the Patients' opportunities and their ability to make decisions for themselves
- Respecting Patients' decisions
- Ensuring that Patients can be confident that their human rights are respected and taken into account

5.2 Consent is checked with the Patient throughout all stages of an intervention or treatment pathway, not only at the outset, and this along with contemporaneous documentation of key points in the discussion is recorded in the Patient's clinical record and confirmed as informed consent.
Consent must also be checked and recorded when carrying out consultations online or via video. Refer to GCP20 - Online Consultations Policy and Procedure
5.3 Communication must be sufficient to ensure that Patients with communication difficulties are enabled to provide informed consent (for example, human - British Sign Language (BSL) interpreter/friend/pen and paper, or technological - hearing loop support for Patients with hearing difficulties).
5.4 Before Patients can come to a decision about treatment, they need comprehensible information about; their condition, possible treatments / investigations, risks and benefits including the risk / benefits of doing nothing. This must be documented in their healthcare record and appropriate information transferred to the consent form e.g. risks, additional procedures. They must be informed of risks/ benefits no matter how small or remote unless they have expressly indicated they do not want all of the info. They need to know whether additional procedures are likely to be necessary as part of the procedure.
The healthcare professional is responsible for ensuring explanations are presented sensitively and in a way that the Patient can understand. Unnecessary medical jargon must be avoided. Written information needs to be provided to support verbal explanations.
5.5 Due to the time pressures that often exist in general practice, it is not always possible to give Patients the level of information and support they may need to enable them to give their informed consent. To assist the healthcare professional, other members of the Practice Team may be able to spend time with the Patient and provide them with sources of information and support that will help them to make their decision about an intervention and give consent which is sufficiently informed. The resources available might comprise patient information leaflets, advocacy services, a local Expert Patient Programme or support groups/charities for people with specific conditions.
5.6 The Patient is given time to agree to treatment based on the information they have received and is not pressurised in any way.
5.7 The Patient may enquire of members of the Practice Team concerning treatment at any stage and they will receive a response to their question(s) from a healthcare professional e.g. doctor.
5.8 The Patient must make, or be enabled to make, the decision leading to consent.
5.9 A Patient can refuse consent at any point. If this happens, the decision is to be respected. However, information may be provided to the refusing Patient to help them understand in full what their refusal may mean in terms of risk. Advance refusals of treatment may need to be recorded, signed and witnessed for the clinical record.
5.10 If a Patient expresses the wish to have another person, such as a relative, partner, friend, carer or advocate, to be involved in discussions or to help them make decisions, this wish should be accommodated as far as is reasonably possible, taking into account all factors informing the need for the consent in the first place, for example, the urgency or seriousness of the condition etc.
5.11 Written consent is obtained for procedures that have to be carried out in situations where consent cannot be checked, such as when the Patient is not conscious for any reason.
5.12 Consent is recorded in the clinical record for every intervention.

5.13 If any healthcare professional believes that operational issues beyond their control are restricting their ability to give Patients the time or information they need to make an informed decision and are seriously compromising the Patient's ability to make an informed decision, concerns should be formally raised with the Dr Primal Johnson and documented.
5.14 Patients can give consent verbally or in writing or they may imply consent by complying with the proposed examination or treatment, e.g. by rolling up their sleeve to have their blood pressure taken. Where an intervention is deemed necessary (for example, a blood pressure check) to which the Patient refuses consent, this refusal must be recorded in the Patient's clinical record.
5.15 In the case of minor or routine investigations or treatments, if the healthcare professional is satisfied that the Patient understands what is proposed, and why, it is usually enough to have verbal or implied consent.
5.16 In cases that involve higher risk, it is important that the healthcare professional obtains the Patient's written consent. This is so that everyone involved understands and can confirm what was explained and agreed.
5.17 By law, there must be written consent in place for certain treatments, such as fertility treatment and organ donation. Roundwood Surgery must follow the laws and codes of practice that govern these situations if being requested to obtain consent on behalf of another healthcare provider.
5.18 The healthcare professional must also get written consent from a Patient if:

- The investigation or treatment is complex or involves significant risks
- There may be significant consequences for the Patient's employment, social or personal life
- Providing clinical care is not the primary purpose of the investigation or treatment
- The treatment is part of a research programme or is an innovative treatment designed specifically for their benefit

5.19 If it is not possible to get written consent, for example, in an emergency, or if the Patient needs the treatment to relieve serious pain or distress in the primary care setting, the healthcare professional can rely on verbal consent. However, the healthcare professional must still give the Patient the information they require or request to make the decision that led to the need for consent for the intervention. The healthcare professional must record the fact that the Patient has given consent in the Patient's clinical record.
5.20 Written consent must not be altered once it has been signed by the Patient. This signed consent must be scanned into the Patient's clinical record.
5.21 In the case of a clinic which provides minor surgery, cosmetic surgery must not be carried out on the same day as the consultation.
5.22 Physical restraint is not used within the Practice except where life may be in danger.
5.23 In the presence of physical peril, police support must be requested as a matter of urgency.

6. Definitions

6.1 Consent

- Consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination. This must be done on the basis of an explanation by a clinician or other primary healthcare professional

6.2 MCA

- The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over

6.3 Valid Consent

- Consent given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the Patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has authority to make treatment decisions as a court appointed deputy). Acquiescence where the Patient does not know what the intervention entails is not 'consent'

6.4 Express Consent

- Consent that is specifically sought and documented in either the Patient record or on a consent form or both

6.5 Implied Consent

- Where consent to a procedure is implied by the Patient's actions (e.g. rolling up sleeve for blood test) or within a care pathway

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff should be trained in the Mental Capacity Act
- Consent may be implied or explicit but, where consent is refused, it is important to record this in the Patient's clinical record as the refusal may impact on the health of the Patient
- Consent is required for any intervention in primary care, including online and video consultations
- The legal responsibilities regarding the Mental Capacity Act and consent

Key Facts - People affected by the service

People affected by this service should be aware of the following:

- People are empowered to make decisions for themselves wherever possible based on information they have received
- People who lack the capacity to give valid consent arising from informed decisions are protected by placing the Patient at the centre of the decision-making process

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

GMC - Decision making and consent:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent
NHS UK - Consent to treatment:
https://www.nhs.uk/conditions/consent-to-treatment/
Royal College of Surgeons of England - Consent: Supported Decision-Making:
https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent/
BMA - Seeking patient consent toolkit:
https://www.bma.org.uk/advice-and-support/ethics/seeking-consent/seeking-patient-consent-toolkit
CQC - GP mythbuster 49: Consent for minor surgery in GP surgeries:
https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-49-consent-minor-surgery-gp-surgeries
Bevan Brittan - 'Decision Making and Consent' - New GMC Guidance:
https://www.bevanbrittan.com/insights/articles/2020/decision-making-and-consent-new-guidance-is-published-by-the-general-medical-council/
GMC - 0-18 Year Olds Guidance for All Doctors:
https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years
GCP20 - Online Consultations Policy and Procedure
GCP22 - Video Consultations Policy and Procedure

Outstanding Practice

To be ' outstanding ' in this policy area you could provide evidence that:

- Always record in the Patient's notes and/or have a signature from a Patient that consent has been obtained
- Ensure that all relevant staff are trained in the Mental Capacity Act and DoLS and keep up to date in any new guidance
- The wide understanding of the policy is enabled by proactive use of the QCS App
- Carry out regular audits of the consent process and ensuring Patient is documented in the clinical record

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Issue Specific Consent Form - GCR03	To be used to gain consent	QCS

Roundwood Surgery
Wood Street, Mansfield, Nottinghamshire, NG18 1QQ

Personal Information	
Patient Name:	
Date of Birth:	
Address:	

GP / Consultant Information	
GP / Consultant Name:	
NHS No:	
Any Known Allergies:	

Describe the consent that is being sought and why:

Describe the support given to enable informed consent:

Describe how and what information was provided in an accessible format:

Was anyone else consulted? Record names and any discussions:

Record of any documentation in place / reviewed:					
Mental Capacity Assessment	Yes	No	N/A	Date:	
Best Interest Record	Yes	No	N/A	Date:	
Care and Support plan	Yes	No	N/A	Date:	
Risk Assessment	Yes	No	N/A	Date:	
Any Comments / Notes:					

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Consent (Circle appropriate response)		
I Do	I Do Not	Consent to the above request
I declare that the information I have given on this form is correct and complete.		

Patient Consent			
Patient Name:			
Date:			
Representative Consent (Circle appropriate response)			
To be completed by the representative if the individual is unable to give consent. Evidence that the representative has power of attorney must be seen.			
Unable to sign:		Reason:	
I Do	I Do Not	Hold a valid Legal Power of Attorney – Health and Welfare	
I can confirm that I am authorised to consent to all the above on behalf of the individual named, in accordance with the individual's “Best Interests” and in line with the Mental Capacity Act 2005.			
Name:			
Relationship:		Date:	