

From The Chief Medical Officer:
Dr Henrietta Campbell CB

Castle Buildings
Upper Newtownards Road
Belfast BT4 3SQ

Telephone: [REDACTED]
Fax: [REDACTED]

E-Mail: [REDACTED]

HSS(MD)7/2003

Chief Executives of HSS Boards
Chairs of Local Health and Social Care Groups
Chief Executives of HSS Trusts
Chief Executives Special Agencies

13 March 2003

Dear Colleague

GOOD PRACTICE IN CONSENT

This circular brings to the attention of HSS Trusts and health and social care professionals good practice in consent to examination, treatment and care. The purpose of this circular is to ensure that the process of consent becomes properly focused on the rights of individuals and their relatives.

BACKGROUND

The Department of Health, Social Services and Public Safety (DHSSPS) recognises that consent procedures are of central importance and must recognise the rights of each individual. Seeking consent to treatment and care should be about enabling people to make health and social care choices which are right for them, and recognising that different people will make different choices in apparently similar situations.

Consultation Process

The Department established a working party on Consent to Examination or Treatment to take forward the guidance and issued a number of consultation documents in June 2002. (See Annex A for membership of Working Party). The responses to that consultation have been analysed and the views expressed taken into account.

Social Care

A significant number of respondents considered that there should be additional guidance related to social care and care provided in the community. A Good practice in consent: implementation guide for social care workers is under preparation.

Guidance on Consent to Examination, Treatment or Care

The Department has published 2 documents (enclosed):

- **Reference Guide to Consent for Examination, Treatment or Care.** This gives a background to the law on consent for health and social care professionals; and
- **Good Practice in Consent, Consent for Examination, Treatment or Care: A Handbook for the HPSS.** This brings together the documents that were consulted on. It has 9 parts as follows:

Part 1

Good practice in consent: implementation guide for health care professionals.

This contains a Model Policy for Consent for Examination or Treatment, patient information leaflet "Consent – it's up to you" and consent forms. The model policy helps HSS Boards and Trusts, Local Health and Social Care Groups (LHSCGs) and practices ensure that the principles set out in the guidance documents become a reality in their organisations. There are four model forms for consent to treatment:

- Consent form 1: for patients able to consent for themselves
- Consent form 2: for those with parental responsibility, consenting on behalf of a child or young person
- Consent form 3: both for patients able to consent for themselves and for those with parental responsibility consenting on behalf of a child/young person, where the procedure does not involve any impairment of consciousness. The use of this form is optional.
- Form 4: for use where the patient is an adult unable to consent to investigation or treatment.

Equivalent guidance for social care workers is currently under preparation.

Parts 2, 3, 4

Seeking consent: working with children, working with older people, and working with people with learning disabilities.

These give guidance to health and social care professionals on good practice in consent when they are working with children, older people and people with learning disabilities.

Parts 5, 6, 7, 8, 9

Consent – what you have right to expect- guides for adults, children and young people, parents, people with learning disabilities and relatives and carers

These are information booklets on consent for patients/clients on what they should expect when being examined, treated or cared for.

A further guide for the deaf community is being developed.

ACTION

HSS Trusts and other special agencies, as appropriate, are asked to:

- Adopt the model policy for consent for examination or treatment policy, including the new consent to treatment forms and the accompanying patient information leaflet "Consent – it's up to you", into their organisation by 31 March 2004.
- HSS Trusts, organisations and practices should review consent forms currently in use and to replace them with the model consent forms or, where this is not possible, to ensure they meet the principles of the model policy.
- Boards, in collaboration with LHSCGs and practices, should work to implement the guidance as appropriate.

The development of the new consent to treatment forms does not change the current position on when written, as opposed to oral, consent to treatment is necessary.

Consistency of approach

Patients and staff may move between a number of different HSS organisations throughout Northern Ireland. It is therefore important that both the consent forms and the consent policy in use across the HSS should be recognisably the same. In order to achieve this, the content of these model documents should be regarded as a core minimum, which should not be amended or removed. It is, however, recognised that local needs may arise which cannot be reflected in regional documentation. The *Good practice in consent: implementation guides for health professionals* makes clear what degree of flexibility is acceptable. It is a matter of local determination what form of consent is appropriate for individual procedures, within the broad guidelines set out in the model consent to treatment policy.

The Regional Supply Service are aware of the initiative and the need for consistency in design and are willing to work with organisations to produce standardised documentation for the HPSS.

Application of consent to treatment forms to mental health services

The consent to treatment forms will clearly be applicable where patients are being treated other than under Part IV of the *Mental Health (Northern Ireland) Order 1986* eg where patients are 'voluntary' patients, or where the treatment in question is not for their mental disorder.

Support through clinical and social care governance

It is recognised that the introduction of genuinely person-centred consent practice will be a developmental process which will be supported through the clinical and social care governance framework. The clinical and social care governance team, when established, will include consideration of consent issues in its programme.

The Human Rights Act and Equality legislation.

The Department when developing the guidance gave full consideration to the Human Rights Act and its obligations under Section 75 of Equality legislation, and as a result was able to formally

screen out the need to do a full equality impact assessment. The Department reminds HSS organisations of their obligations under the Human Rights Act and Equality legislation when implementing the guidance.

Documentation

A CD-Rom of the documents will be issued to a nominated contact person in your organisation. Please return the attached proforma indicating the contact person. Copies of the document are available on the Department's website: www.dhsspsni.gov.uk/consent/consent.asp and the HPSS web at <http://www.n-i.nhs.uk/> and, for those without internet access, from the address below:

Department of Health, Social Services and Public Safety
Health Promotion Team
Room C 4.22
Castle Buildings
Belfast
BT4 3SQ

Telephone: [REDACTED]
Fax: [REDACTED]

Further details may be obtained from:

Dr Elizabeth Mitchell, Principal Medical Officer, Room C 5.17, Castle Buildings Belfast BT 4 3SQ
Tel: [REDACTED] Email: elizabeth.mitchell@[REDACTED]

Dr Margaret Mark, Medical Officer, Room C3.13, Castle Buildings, Belfast BT 4 3SQ Tel: [REDACTED]
Email: margaret.mark@[REDACTED]

Yours sincerely

HENRIETTA CAMPBELL (DR)
Chief Medical Officer

DOREEN WILSON (MRS)
Chief Dental Officer

JUDITH HILL (MISS)
Chief Nursing Officer

PAUL MARTIN
Chief Inspector, Social Services Inspectorate

Cc: Directors of Public Health of HSS Boards
Medical Directors of HSS Trusts
Nursing Directors of HSS Boards
Nursing Directors, HSS Trusts

Directors of Dental Services of HSS Boards
Community Dental Service Managers of HSS Trusts
Directors of Social Services, HSS Boards
Directors of Social Services, HSS Trusts
GP Advisers, HSS Boards
CE, Central Services Agency
Director, Regional Supply Services
Chief Officers, Health and Social Services Councils
Vice Chancellor, QUB
Dean, Faculty of Medicine and Health Sciences, QUB
Head of School of Dentistry, QUB
Head of School of Nursing and Midwifery, QUB
Postgraduate Dean, NICPMDE
CE, NI Practice and Education Council for Nursing and Midwifery
Dean, School of Health Sciences, University of Ulster
Dean, School of Bio-Medical Sciences, University of Ulster
School of Nursing, University of Ulster
Chairman, BMA
Chairman, BDA
RCN(NI)
RCM(NI)
CPHVA
Beeches Management Centre, Nursing & Midwifery Education
Beeches Management Centre, AHP Postgraduate Office
In-Service Education, United Hospitals Trust
North & West In -Service Education Consortium
CE, Northern Ireland Social Care Council
Chair, British Association of Social Workers (Northern Ireland)
Association of Chief Officers of Voluntary Organisations
Head of School of Social Work, QUB
Head of School of Sociology and Applied Social Studies, University of Ulster
Librarian, University of Ulster
Librarian, QUB Medical Library
Chair, Advisory Committee of Allied Health Professions
Chartered Society of Physiotherapy, NI
Society of Chiropractors & Podiatry Faculty of Management (NI)
Chair, Ulster Branch, British Dietetic Association
Royal Society of Radiographers (NI)
Royal College of Speech and Language Therapists (NI)
Chair, NI College of Occupational Therapists
Chair, British Orthoptic Society (NI)

ANNEX A

**MEMBERS OF THE WORKING PARTY ON CONSENT TO EXAMINATION,
TREATMENT OR CARE**

Dr E Mitchell, Principal Medical Officer, DHSSPS
Dr I Carson, Deputy Chief Medical Officer, DHSSPS
Miss J McGaffin, Director of Dental Services, WHSSB
Mrs A McGlade, Equality Manager, EHSSB
Mrs D van der Lenden, Chief Officer, SHSSC
Mrs M Murphy, Senior Social Worker, Homefirst Community Trust
Ms E Millar, Service Director Women and Children, Sperrin Lakeland Trust
Mr M Dunlop, Clinical Risk Director, Ulster Community Hospital Trust
Ms I Low, Risk Manager, Ulster Community Hospital Trust
Dr J Browne, General Practitioner
Mr J Park, Social Services Inspectorate, DHSSPS
Mr R Saulters, Equality Unit, DHSSPS
Mr S Love, Human Rights Unit, DHSSPS
Ms A McVey, Nursing Officer, DHSSPS
Mrs N McArdle, Officer for the Allied Health Professions, DHSSPS
Dr M Mark, Medical Officer, DHSSPS

GOOD PRACTICE IN CONSENT

CD-ROM CONTAINING REFERENCE GUIDE TO CONSENT FOR EXAMINATION, TREATMENT OR CARE AND GOOD PRACTICE IN CONSENT: CONSENT FOR EXAMINATION, TREATMENT OR CARE: A HANDBOOK FOR THE HPSS

Please print details of whom you wish the CD-Rom of these documents to be sent to in your organisation.

ORGANISATION	NAME	ADDRESS	JOB TITLE	CONTACT DETAILS

Return to: Dr Margaret Mark
Room C3.13
DHSSPS
Castle Buildings
Stormont
BELFAST
BT4 3SQ

Tel: 
Fax: 

E-mail: [margaret.mark](mailto:margaret.mark@hps.gov.uk) 

Signed: _____

Organisation: _____

Date: _____