



Consent Policy

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Background

Hope Citadel Healthcare (HCH) is committed to the principle that all service users and carers are able to determine what happens to their own bodies. Valid consent or agreement to treatment is therefore central in all forms of healthcare, from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health professionals and patients.

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 (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 the authority to make treatment decisions as a court appointed deputy).

What is Consent?

“Consent” is a patient’s agreement for a health professional to provide care. Consent can take many different forms, ranging from the active request by a patient for a particular treatment to the passive acceptance of a health professional’s advice. Patients may indicate consent non-verbally (for example by presenting their arm for blood to be taken), orally, or in writing.

For consent to be valid, the patient must

1. be competent to take the particular decision
2. have received sufficient information to take it; and
3. not be acting under duress

Implied Consent

Implied consent will be assumed for many routine physical contacts with patients. Where implied consent is to be assumed by the clinician, in all cases, the following will apply:

- An explanation will be given to the patient what he / she is about to do, and why.
- The explanation will be sufficient for the patient to understand the procedure.
- In all cases where the patient is under 18 years of age a verbal confirmation of consent will be obtained and briefly entered into the medical record.
- Where there is a significant risk to the patient an “Expressed Consent” will be obtained in all cases (see below).

Expressed Consent

Expressed consent (written or verbal) will be obtained for any procedure which carries a risk that the patient is likely to consider as being substantial. A note will be made in the medical record detailing the discussion about the consent and the risks.

Provision of Information

Informing patients of the procedure, options, choices, and risks will be the responsibility of the health professional who is looking after the patient. The health professional should always try to ensure that the patient is able to make an informed decision on whether to give or without consent.

The provision of information is central to the consent process. Patient information leaflets are available to be given to patients to explain more about conditions, treatment, medications and possible risks.

Where English is not the main language of the patient, the use of interpreters and translated information leaflets may be used to help with informing the patient.

Documentation

For significant procedures, it is essential that staff document clearly the wishes of the patient, whether consent has been given or not, and the discussion that led to that point. This will either be done via a consent form (appendix) or through documenting in the patient's notes.

It is not normally a legal requirement to seek written consent, but it is good practice to do so if any of the following circumstances apply

1. The treatment or procedure is complex, or involves significant risks
2. The procedure involves general or local anaesthesia or sedation
3. Providing clinical care is not the primary purpose of the procedure
4. There may be significant consequences for the patient's employment, social or personal life

Completed or signed forms must be scanned onto the patient's records.

Refusal of Treatment

A competent adult patient is entitled to refuse and treatment, except in circumstances governed by the Mental Health Act.

If, after discussion of possible treatment options, the patient refuses all treatment, this needs to be recorded clearly documented in their notes. Patients also have the option to refuse treatment even if they have previously signed a consent form.

If the patient refuses one particular treatment, the clinician must ensure that care continues to be provided to the treatments to which they have consented. Patients should be reminded if they do refuse treatment that they can change their mind at any point. Where any delay in treatment may affect their treatment choices, they should be advised accordingly.

Mental Capacity

The default position is that all adults are assumed to have capacity until it is assessed to be otherwise. The assessment of capacity must be made by the health professional in charge of the patient's medical treatment. When an adult patient does not have the capacity to give or withhold consent to investigation or treatment it should be documented on the patient's record. The patient's ability to give consent will be based upon the patient's decision to

- Understand the information relevant to the decision
- Retain the information
- Use or weight the information as part of the process of making the decision
- Communicate the decision

An assessment that a person lacks the capacity to make a decision must not be discriminatory. It must not be based simply on persons

- Age
- Appearance
- Assumptions about their conditions
- Any aspect of their behaviour

One adult may not provide consent for medical treatment of another adult. However, there are two exceptions under the Mental Capacity Act

- Lasting Power of Attorney
- Court of Protection

In some cases the Act permits medical treatment to be given without the patient's consent, as long as it is in their best interests and has not been refused in a valid and applicable advanced decision (living will).

Further information can be found here

<https://www.bma.org.uk/advice-and-support/ethics/adults-who-lack-capacity/mental-capacity-act-toolkit>

Children and young people

For purposes of this policy 'children' refers to people aged 16 and under and 'young people' refers to people aged 16 and 17.

The Gillick Competency test and Fraser guidelines are applied to children who are under the age of 16 years. The concept of Fraser Guidelines is said to reflect a child's increasing development to maturity. A child under 16 may have the capacity to consent to some interventions but not to others. The child's capacity to consent should be assessed carefully in relation to each decision that needs to be made.

The Fraser Guidelines:

1. The young person understands the advice being given.
2. The young person cannot be convinced to involve parents/carers or allow the medical practitioner to do so on their behalf.
3. It is likely that the young person will begin or continue having intercourse with or without treatment/contraception.
4. Unless he or she receives treatment/contraception their physical or mental health (or both) is likely to suffer.
5. The young person's best interests require contraceptive advice, treatment or supplies to be given without parental consent.

If a health professional within Hope Citadel Healthcare deems that a child is sufficiently mature to understand what is involved with any proposed treatment they use discretion as to whether consent can be given by the child. The health professional will encourage the child to involve his/her parents in their treatment. If the health professional decides to inform the parents the child should be informed of this. The health professional always acts in the best interest of the child.

If a 16/17-year-old is capable of giving valid consent then it is not legally necessary to obtain consent from a person with parental responsibility for the young person in addition to the consent of the young person. It is, however, good practice to involve the young person's family in the decision-making process – unless the young person specifically wishes to exclude them - if the young person consents to their information being shared.

Consent to Treat Children not Gillick Competent

Parental responsibility

The Children Act 1989 sets out persons who may have parental responsibility. The Act defines parental responsibility as 'all rights, duties, powers, responsibilities and authorities which by law a parent or child has in relation to the child and his property. These include:

- The child's mother (biological) or by adoption
- The child's father, by adoption or if he was married to the mother at the time of birth
- Unmarried fathers, who can acquire parental responsibility in several different ways:

For children born before 1 December 2003, unmarried fathers will have parental responsibility if they:

- marry the mother of their child or obtain a parental responsibility order from the court;
- register a parental responsibility agreement with the court or by an application to court

For children born after 1 December 2003, unmarried fathers will have parental responsibility if they:

- Register the child's birth jointly with the mother at the time of birth
- Re-register the birth if they are the natural father
- Marry the mother of their child or obtain a parental responsibility order from the court
- Register with the court for parental responsibility
- The child's legally appointed guardian (Parents with parental responsibility may also appoint a guardian in the event of their own death)
- A person in whose favour the court has made a residence order concerning the child
- A local authority designated in a care order in respect of the child
- A local authority or other authorised person who holds an emergency protection order in respect of the child.

Where a child under the age of 16 lacks capacity to consent (i.e. is not Fraser competent), consent can be given on their behalf by any one person with parental responsibility (list above). The power to consent must be exercised according to the 'welfare principle': that the child's 'welfare' or 'best interests' must be paramount. Even where a child lacks capacity to consent on their own behalf, it is good practice to involve the child as much as possible in the decision making process.

In situations where there is continuing disagreement or conflict between those with parental responsibility and health professional, and where the child is not competent to provide consent, the court should be involved to clarify whether a proposed treatment, or withholding of treatment, is in the child's best interests. Parental refusal can only be overridden in an emergency.

Recording of Consultations

Photographic and video recordings may be made for clinical or educational purposes with the express consent of the patient. The patient must be informed at reception that their consultation may be recorded with their consent. If they are happy for the recording to be made they must sign the consent form which they will take into the consultation. If the patient does not want their consultation recorded, reception must let the health professional know before they are called in.

The health professional must inform the patient that the consultation is being recorded, the reason why the recording is being made and that they can ask for the recording to be stopped at any point.

The recording will be kept securely for a period of no more than 14 days before being deleted.

Medical Students

As training practices, medical students on placement will be present during consultations. This could be either having their own clinic or sitting in with another health professional.

The patient must be informed at reception that their consultation may be in the presence on a medical student. If they are happy for the medical student to be present they must sign the consent form, which

must be taken into the consultation with the, If the patient does not want the medical student to be present, reception must let the health professional know before they are called in.

The patient has the right to ask the medical student to leave the consultation at any point if required,

Consent Forms

Minor Surgery Consent Form

Standard Consent Form

Medical Student Consent Form

Photographic or Video Recording Consent Form

PATIENT CONSENT FORM

(for medical treatment, immunisation, investigation or operation)

This form can also be used for a parent or guardian to give consent for treatment to be given to a young person

PATIENT'S DETAILS

Surname:.....

First Names:

Date of Birth:Male/Female:

THIS SECTION FOR COMPLETION BY THE CLINICIAN

This form has been prepared for the treatment, immunisation, investigation or operation detailed below:

.....
.....

I confirm that I have explained the above treatment, immunisation, investigation or operation to the patient, and such options as are appropriate such as the type of anaesthetic (if any) proposed, in terms that in my judgement are suited to their understanding and/or these have been explained to a parent or guardian of the patient.

Signature of clinician: Date:

Name of clinician completing the procedure:.....

THIS SECTION FOR COMPLETION BY THE PATIENT / PARENT / GUARDIAN

1. I am the patient / parent / guardian (delete as necessary) See * below for information about consent for children.
2. I agree to the procedure(s) proposed on this form and the clinician named on this form has explained this to me.
3. I agree to have the type of anaesthetic that has been explained to me.
4. I understand that any procedure, in addition to that described on this form, will only be carried out if it proves to be necessary and in my best interests and can be justified for medical reasons.

5. I have explained to the clinician about any procedures listed below which I would not wish to be carried out without the opportunity to consider them first. These include:

.....

6. I have notified the clinician of the following allergies/medications which I am currently taking which may be relevant to my treatment:

.....

Signature of Patient/Parent/Guardian:

Full Name of Patient/Parent/Guardian:

Address (if not the same as patient):

.....

If the **treatment is for a child** and if the child wishes to sign this form, he/she may do so here

I agree to have the treatment I have been told about.

Date Signature

Note to clinician: A patient has the legal right to grant or withhold consent prior to this procedure. Patients should be given sufficient information in a way they can understand, about the proposed treatment and the possible alternatives. The patient's consent to the procedure should be recorded on this form.

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name

This form, once completed, must be kept with the patient's medical records.

Student Doctor Consent Form

Dear

Re: Student Doctor Consent Form

(Surgery) is a teaching Practice; This means that we have Student Doctors attached to the Practice on placements from Manchester University. You will be notified before your consultation starts if a Student Doctor is to be present.

You are not under any obligation to agree for a Student Doctor to be present, and your healthcare will in no way be affected if you object. However, we see the teaching of Student doctors as an important part of being a successful practice and the experience will be of great value to the student.

If you do not wish to have a Student Doctor present please inform Reception when you arrive.

Please complete the form below if you do agree to have Student Doctors present in your consultation.

Name.....Date.....

Address.....

.....

.....

Signature.....

Consent to Medical Photography

Patient Name..... **Date of Birth**.....

Your doctor has determined that it is necessary or helpful to obtain a photograph / recording of you or your condition to assist in your treatment. These will form part of your medical record and will be held and used strictly in accordance with your wishes which can be defined below. These will only be taken and used with your consent, which can be refused or limited by you, and you can also withdraw this or change it in the future. Your doctor will explain this in more detail, including their use, storage, and security. You will have the opportunity to view all images or recordings prior to signing this consent.

Please sign this consent once you are happy that all of the above aspects have been explained fully to you.

| | Yes | No |
|---|-----|----|
| I consent to photographs being taken for my health record within the Practice | | |
| I consent to the photographs being made available to my consultant and other clinicians involved in my treatment in secondary care. | | |
| I consent you my photographs being used for teaching purposes providing these are anonymised | | |
| I consent to my photographs being used for another specific purpose (define) | | |

Signature of GP Accepting Consent.....

Name

Signature (Patient)

Signature.....(Parent / Guardian / Carer)

Date.....

Seeking Consent – The Patient’s Perspective

