

SOAD Service – Revised Methodology 2022

20thApril 2022

Dear Colleague

Revised Methodology for Second Opinions

As you will be aware we wrote to you in March 2020, at the beginning of the COVID-19 pandemic, outlining HIW's intention to reduce visits to hospitals to minimise risk to patients, staff, and the public.

This led to the implementation of the COVID-19 SOAD service remote methodology. As we now look to the easing of restrictions, we intend to restart visits in line with the Code of Practice for Wales (2016) paragraph 25.48, which states that "SOAD's will visit detained patients in hospital".

We have undertaken COVID risk assessments with the SOADs independently and will provide them with all necessary Personal Protective Equipment (PPE) as required. We would ask that you inform the RSMH team at point of request if there are any specific COVID regulations a SOAD would need to be aware of upon accepting a request.

HIW intends to retain all other aspects of the revised methodology as they have proven to be safe, secure, efficient and cost effective in terms. The key revisions are outlined below.

Summary of the revised procedure:

- 1. Restart physical visits to setting by SOADs with the primary purpose of interviewing the patient. An additional requirement is for settings to inform HIW if there are any special measures in place for an on-site visit (COVID restrictions outside the usual).**
- 2. Continued requirement for mental health services to provide a summary of the patient's current medical notes when submitting a second opinion request.**
- 3. Continue the practice of consultations with Statutory Consultees (i.e. medical professionals) including with the responsible clinician, to be undertaken by telephone, or suitable digital alternative.**
- 4. Request services to inform the SOAD in advance of a visit whether the patient strongly does not wish to be interviewed by a SOAD. In these cases, remote certification without a visit will be acceptable.**
- 5. SOADs will continue to issue electronic Certification Forms (CO). HIW will continue to take note of UK Government guidance on the issue of electronic/digital signatures.**

The revised procedure for remote working

We continue to require mental health services to provide a summary of the patient's current issues to HIW when submitting a second opinion request.

When Submitting a second opinion request, please also send by secure email the documents below, where available:

- Criteria 1: Timeline of daily entries (where possible).
- Criteria 2: The latest tribunal and/or managers report (even if this pre-dates admission)
- Criteria 3: Scanned copies of current treatment charts.
- Criteria 4: Proof of authority of detention (H014 or similar)

These documents can be emailed securely from an nhs.net or similar secure email account to: HIW.RSMH@gov.wales

Consultations with professionals, including with the responsible clinician, will be undertaken by telephone or suitable digital alternative

The SOAD may wish for consultations to take place by telephone or suitable digital alternative, including any exploration with the Approved or Responsible Clinician.

Interview with Patients.

The default position is that all SOAD requests will require an on-site visit in order to facilitate a patient interview. The normal requirements on providers apply to facilitate the SOAD interviews.

We ask that providers notify us at point of service request if the patient strongly and persistently indicates they do not wish to be interviewed by a SOAD, in order to negate the need for an onsite visit if so required. Alternatively, if the patient would prefer a telephone/teleconference consultation that is permitted on the patient's preference.

It will be at the discretion of the SOAD as to whether or not to proceed with the second opinion, as is the situation in normal circumstances where the patient may decline to see the SOAD.

We also ask that providers inform us at point of service request if there are any specific COVID regulations in place that may prohibit an on-site visit by the SOAD.

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We encourage services to continue accepting an emailed electronic copy of a certificate as sufficient for action.

We recognise that there is a debate as to the legal validity of electronic signatures in MHA statutory documents, HIW will continue to take note of UK Government guidance on the issue of electronic/digital signatures.

In the meantime in anticipation of acceptance of these certificates in due course, we ask you continue to utilise the electronic Certification Forms provided until otherwise notified.

Additional Guidance:

HIW determined in 2019 that T forms are not legally valid in Wales and should be replaced by CO forms. During the pandemic this requirement was suspended.

However, we now intend to re-enact this requirement.

From May 2022 all new T forms should be replaced by a Welsh CO form. There is no requirement for extant forms to be replaced.

If you have any questions about this process or make suggestions about changes please email: HIW.RSMH@gov.wales.

Yours sincerely

Rob Jones

Review Service Metal Health (RSMH) Manager

HIW

. Appendix 1

Urgent cases where certificates are not required (sections 62, 64B, 64C and 64E)

Sections 57, 58 and 58A do not apply in urgent cases where treatment is immediately necessary (section 62). Similarly, a part 4A certificate is not required in urgent cases where the treatment is immediately necessary (sections 64B, 64C and 64E).

This applies only if the treatment in question is immediately necessary to:

1. save the patient's life

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2. prevent a serious deterioration of the patient's condition, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed
3. alleviate serious suffering by the patient, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard, or
4. prevent patients behaving violently or being a danger to themselves or others, and the treatment represents the minimum interference necessary for that purpose, does not have unfavourable physical or psychological consequences which cannot be reversed and does not entail significant physical hazard.

If the treatment is ECT (or medication administered as part of ECT) only the first two categories above apply.

Providers and clinicians will need to consider two options where attendance of a SOAD is either not possible or not desirable and treatment must be continued;

1. **If the patient already has a CO certificate in place, but the certificate does not authorise a new/different treatment then s62(1) may apply.** That is what most provider clinicians will be familiar with – completion of a locally-generated s62 form. It will not be necessary to generate a new s62 form for every dose, most especially if (c) or (d) above apply. The need for a continued s62 should be reviewed, and documented in the notes, on a regular basis e.g. ward round/MDT's or other review meeting.
2. **If the patient does not have a CO certificate in place but has reached the end of the '3 month rule', then s62(2) may be applicable.** This will allow the continuation of an existing plan of treatment until the 'certificate requirements' can be met, when a SOAD can review the treatment or until the patient's condition improves such that they can and do consent and a T2 can be completed.

In the event that s62(2) is deemed applicable, no special form is necessary – it will be sufficient for the AC/RC to record in the notes that the treatment is being continued past the 3 month period under s62(2), together with the justification (either (c) or (d) above) and the reason – unavailability of SOAD due to COVID19.

Regular review of the continuing need should take place and be documented as described above.