SOAD Service – Current Methodology for Second Opinion Appointed Doctor Assessments - 2026

Guidance for mental health services

Dear Colleague

This guidance sets out Healthcare Inspectorate Wales' current methodology for Second Opinion Appointed Doctor (SOAD) assessments. It replaces earlier temporary or revised methodology wording and should be read as the current operational guidance for providers submitting second opinion requests to HIW.

The default position is that SOAD assessments should be undertaken through an on-site visit wherever possible, primarily to facilitate a direct interview with the patient. This supports best practice, enables the SOAD to engage with the patient directly, and helps provide the best quality experience for the patient. Professional consultations, including with the Responsible Clinician and statutory consultees, may continue to be undertaken by telephone or suitable digital alternative where appropriate.

Providers should notify the RSMH team at the point of request if there are any local infection prevention, access, security or other site-specific requirements that may affect an on-site visit by the SOAD.

Summary of the current procedure

- On-site SOAD visits are the default approach for hospital-based second opinion requests, primarily to facilitate a direct patient interview wherever possible.
- Professional consultations, including with the Responsible Clinician and statutory consultees, may be undertaken by telephone or suitable digital alternative.
- Mental health services must provide a summary of the patient's current issues and supporting documentation when submitting a second opinion request.
- Providers should inform HIW in advance where the patient strongly and persistently indicates that they do not wish to be interviewed by a SOAD. In these circumstances, remote certification without an on-site visit may be appropriate, subject to the SOAD's professional judgement.
- Where the patient expresses a preference for telephone or video consultation, this may be accommodated where clinically appropriate and at the SOAD's discretion.
- For Community Treatment Order (CTO) cases, the default position is that the assessment will be treated as remote unless the patient expressly requests an in-person interview with a SOAD.
- SOADs will continue to issue electronic Certification Forms (CO), and providers should accept emailed electronic copies as sufficient for action unless otherwise notified by HIW.

Submitting a second opinion request

When submitting a second opinion request, mental health services must provide a summary of the patient's current issues to HIW.

Please also send the documents below by secure email, where available:

- Timeline of daily entries, where possible.
- The latest tribunal and/or managers' report, even where this pre-dates admission.
- Scanned copies of current treatment charts.
- Proof of authority of detention, such as H014 or equivalent documentation.

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

Consultations with professionals

Consultations with professionals, including the Responsible Clinician and statutory consultees, may be undertaken by telephone or suitable digital alternative. The SOAD may determine which consultation method is appropriate, taking into account the circumstances of the case, the information required, and any practical or clinical considerations.

Interview with patients

The default position is that hospital-based SOAD requests will require an on-site visit to facilitate a patient interview wherever possible. Providers should make the necessary arrangements to support SOAD access and enable the interview to take place in an appropriate environment.

Providers should notify HIW at the point of request if the patient strongly and persistently indicates that they do not wish to be interviewed by a SOAD. This will assist HIW and the SOAD in determining whether an on-site visit is required. Where a patient declines to meet the SOAD, it remains at the discretion of the SOAD whether to proceed with the second opinion, as in any case where a patient declines to participate in an interview.

Where a patient states that they would prefer a telephone or video consultation, this may be accommodated where clinically appropriate and subject to the SOAD's professional judgement.

For Community Treatment Order (CTO) cases, the default position is that the case will be treated as remote unless the patient expressly requests an in-person interview with a SOAD. Where an in-person interview is requested, HIW will consider the request and make appropriate arrangements where practicable.

Providers should also notify HIW at the point of request of any local infection prevention, access, security or other site-specific requirements that may affect an on-site visit by the SOAD.

Electronic certification forms

HIW issues electronic CO certification forms. Providers should accept emailed electronic copies of CO certificates as sufficient for action unless otherwise notified by HIW.

All new certificates must be issued on Welsh CO forms. T forms are not legally valid in Wales and should not be used for new certifications.

Further guidance and information

Providers and clinicians should also refer to the SOAD Handbook, which is available on the HIW website. The handbook includes further guidance, resources, frequently asked questions and additional information that may be useful to services involved in requesting or supporting SOAD assessments.

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

Yours sincerely

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Appendix 1: Urgent cases where certificates are not required

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:

- save the patient's life;
- prevent a serious deterioration of the patient's condition, and the treatment does not have unfavourable physical or psychological consequences which cannot be reversed;
- 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
- prevent patients behaving violently or being a danger to themselves or others, where 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 the available statutory options where attendance of a SOAD is not possible or is not appropriate and treatment must be continued:

- If the patient already has a CO certificate in place, but the certificate does not authorise a new or different treatment, section 62(1) may apply. Completion of a locally generated section 62 form may be appropriate. It will not usually be necessary to generate a new section 62 form for every dose, particularly where the relevant necessity criteria continue to apply. The continuing need should be reviewed and documented regularly, for example at ward round, MDT or other review meetings.
- If the patient does not have a CO certificate in place but has reached the end of the three-month rule, section 62(2) may be applicable. This may allow continuation of an existing treatment plan until the certificate requirements can be met, until 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.

Where section 62(2) is considered applicable, no special form is necessary. It will be sufficient for the Approved Clinician or Responsible Clinician to record in the notes that treatment is being continued past the three-month period under section 62(2), together with the justification and the reason why the certificate requirements cannot yet be met, including any SOAD availability or access constraints.

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