**SOAD Methodology changes: FAQ’s**

Dear Second Opinion Appointed Doctor,

I thought it might be helpful to update you on a number of common issues which might arise as the new methodology is implemented and issues emerge.

Thanks all those who are taking up the new methodology during these difficult times. To those who have not yet tried – please do, because though different, they are in some measure easier because the time spent travelling under the normal arrangements can now be used in telephone discussions, and although the latter may take a little longer than face-to-face visits, many are finding the overall time per opinion is not different, or is even shorter, than usual.

**FAQs on Remote Working**

**Q: How do I contact the SOAD Team of HIW?**

**A:** The SOAD Team will be working from home at least for the next few weeks. They are contactable by the usual telephone number and the RSMH mailbox.

**Q: How can I find extra documents requested and find out if they have been received or not?**

**A:** Email or phone the SOAD mailbox/team, or your might have been able to receive them directly yourself by an email which is secure or on objective connect.

**Q:** **Can I ask the Provider for the further documents directly?**

**A:** Yes provided you are using secure digital methods of data transfer (i.e. .NHS email account), in compliance with GDPR. I direct your attention to the GDPR section 5 of your Service Framework agreement. Please let HIW know via the mailbox if there are problems we can assist with in transferring additional documents, we can act as the intermediary if no secure data transfer method is available.

**Q: Can I get the information I need over the telephone?**

**A:** Yes mostly and you are encouraged you to do so. If the documents and Statutory Consultee information you have is enough then you may complete the SOAD opinion taking into consideration about interviewing the patient or not). The consultation process of RC and two statutory consultees though is essential to avoid recommending sections 62 or 64G to the RC / AC / provider.

**Q:** **Can I ask for several, or extra, documents; can I ask for more documents to be sent to me than are listed in our letter to Providers?**

**A:** Yes but do not ask for more than you need hence the formula proposed in the guidance of week of 23rd March. Be sparing and restrict to what is essential to minimise the burden on the NHS during the Pandemic.

For example, it is entirely acceptable to ask the AC/RC to outline verbally, by telephone, any physical health issues which in their view are significant and could impact on treatment. In the event that they do not disclose to you something which is later found to have been important, then the responsibility is not yours – you can only use your best endeavours in the current circumstances. You also have indemnity – see later Q on legislation.

 You must do something which is adequate – perfection is not necessary; it is likely that your certificate offers better protection to the patient than a s62 or a procedure under the emergency powers of the Coronavirus Act when triggered.

**Q: How do I ensure the phone calls to patients are not problematic?**

**A:** It may not be possible to be certain as to this. Try your best, in the same way that you might try if face-to-face but nevertheless even that does not always succeed. Some providers report that, understandably, they are unable to facilitate any form of video calls on skype or facetime as that would involve staff using their own phones.

 You might find it helpful to see some extracts of Feedback from SOADs on their experience in *England* so far, which we have sourced from CQC:

 “*Telephone interviews:  Obviously, there are difficulties with not being able to see the patient and missing clinical cues but the process so far has gone surprisingly well. Two patients refused and, in both cases, staff said that the patients would refuse even if I came to the ward. One patient I spoke to had dementia and was quite disorientated. Another had a chronic psychosis and spoke almost incessantly [so I gained] a full impression of his mental state. Another was for ECT and I obtained a really good assessment of his depressive psychosis. The last was a telephone call via their parent’s phone – they had psychosis and thought disorder, even so I could get an adequate assessment and I could complete a T3”.*

*“The phone calls to patients are problematic - the clinical staff in one overestimated the ability of the patient to cope - and since then I have advised staff to observe if the call 'is working' or whether more support their end is needed.”*

**Q: What happens if a patient does not wish to speak to me over the phone?**

**A:** Assure yourself that you can proceed to determine whether the patient has lack of capacity or can consent but is refusing. The consultees and RC/AC with respect to the code of practice will be useful in that regard in what is expected of statutory consultees.

If for any reason you cannot proceed without speaking with the patient in some manner then a section 62 or 64G may be the only recourse of action, and should be reasoned in your SOAD 4 report.

**Q: What if I cannot be sure as to the contactability of a CTO patient?**

**A:** Seeing or talking with the patient is not required under primary Mental Health Act legislation, as long as you have made every reasonable and practicable effort to contact the patient, the SOAD request can still be done by looking at documents and speaking to Statutory Consultees and the RC/AC. Please record on your SOAD 4 report the reasonable attempts you made to ascertain/contact the CTO patient.

**Q: What happens if a patient cannot speak English/Welsh, but it is not possible to get another interpreter?**

**A:** A section 62 or 64G may be the only way forward.

**Q:** **Does the new emergency legislation, recently enacted by Parliament, mean that all of these arrangements are redundant, or that as a SOAD I need only use one consultee?**

**A:** No, neither.

(1) It is not law yet. If triggered the AC/RC will be able to certify medication SOADs at that point will have been impractical to contact or wait for.

 (2) If and when triggered SOAD work is unchanged. We will continue to operate under our revised processes for Second Opinions by remote working.

 (3) The triggering will allow the AC/RC to certify.

 (4) The AC can only do this if they believe that getting a SOAD involved would be "impractical or involve undue delay". They therefore have a choice to still use our remote-working SOAD procedure.  The latter plainly offers better protection to the patient, notwithstanding that it is different from 'normal'. It is, as Winnicott would say, a 'good enough' second opinion. And given our revised procedures, in fact our intervention should largely be faster/slicker than our standard process, so the justification for the in-house certification usage should be exceptional not routine.

**Q:** **Can we use electronic signatures?**

**A:** At present we ask you only send a digitally transmitted copy of the CO form to the provider and to us via Objective Connect. Please use an electronic signature on the CO forms, do not leave them “blank”.

It is possible once the Pandemic is over we will ask you to print and post hard copies with wet signature, however we will re-upload these back to you. To ensure compliance with GDPR please do not print hard copies and keep them in your home, as this is a security risk/breach.

We will tell you if and when a ‘wet ink paper’ signature is no longer needed because digital signatures have been allowed. It may be helpful for you to know that this may not require a change in the law. We are confident that change will come. Meanwhile, however, proceed to use digital transmission without the recipient needing to see the original paper.

The emergency powers also provide indemnity by prohibiting taking an action against a healthcare professional for acts done out of necessity due to the pandemic. For these reasons the signature issue should not trouble you.

**Q: Can we keep certificates at home and are we authorised to store these electronically?**

**A:** You have always been allowed to keep records while you are undertaking a second opinion. However, due to GDPR implication we ask that you not print or store the digital copies longer than required. We will re-upload to you required certificates in future if we require you to print, sign, and post them. You should not be retaining electronic copies of certificates or other documents once you have sent these digitally to Providers and HIW and you are assured that these have been received.

**Q: Should I ask the provider for a secure email address (e.g. nhs.net) to send my certificate to?**

**A:** HIW have asked the providers for these and will provide them to you. them. If you are unable to email to a secure email address, please let us know and we will transfer the certificate on your behalf to the appropriate provider/MHAA after you have supplied to us via Objective Connect.

**Q: How do I send documents to HIW RSMH**

A: In the usual manner, by uploading to objective connect.