27th April 2020

Dear Second Opinion Appointed Doctor (SOAD).

**Interim Covid-19 SOAD Methodology Change:**

**Guidance on remote working for SOADs.**

In the interest of continuing to deliver second opinions whilst keeping yourselves, providers, and patients safe, we have introduced remote working processes for all SOAD second opinions in the pandemic methodology, published on HIW’s website last week. We issued the same guidance to providers and SOADs at the same time. The guidance attached at **Annex A** is tailored to SOADs given the pandemic covid19 emergency. Also, attached at **Annex B** is an FAQ document.

The guidance and letter is in line with the government guidance in the UK, and particularly in Wales.

* There are on average 80-90 SOAD requests each month. If all available SOADs take an average of 4-5 requests each month via remote working, there should not be any back log of requests. Any SOAD requests which are ultimately just too difficult or complex to complete will be covered either by using sections 62 or 64G, or if the Coronavirus Bill is triggered this will allow RCs/ACs to certify with one statutory consultee.
* Supporting providers to produce information electronically. Since this is a new methodology there may well be developments in this area. A copy of the letter to providers is attached (**Annex B**) to help orientate you to what is being specifically asked of providers. We ask you to keep in touch with us in HIW because changes may emerge which will make the process better, more efficient and effective and valid. We will at all times seek to ensure the guiding principles of the Mental Health Act Code of Practice 2016 (for Wales) are adhered to where practicable.
* Empowering and keeping patients safe and respected, using the least restrictive care, continues to be a central guiding principle to the SOAD’s role.

The new methodology will be kept under close review to respond to suggestions, and solve implementation problems.

On behalf of HIW, please accept our thanks for your help and professionalism in these difficult and uncertain times of crisis.

If you have any questions about this process or wish to feedback on the processes, please contact:

[RSMH@gov.wales](mailto:RSMH@gov.wales), or [Robbie.jones@gov.wales](mailto:Robbie.jones@gov.wales) or [john.powell@gov.wales](mailto:john.powell@gov.wales)

If it is a clinical matter please also contact our Lead SOAD, Dr Sargeant, [Matthew.Sargeant@wales.nhs.uk](mailto:Matthew.Sargeant@wales.nhs.uk), however we ask you copy us into any correspondence.

Yours sincerely

**HIW**

**ANNEX A**

**Methodology Guidance for Second Opinion Appointed Doctors**

27th April 2020

This guidance interprets the guidance published earlier this month to SOADs and provider administrators and clinicians.

**Summary of the Covid19 pandemic methodology and interpretation/implementation:**

1. The guidance issued earlier this month indicates what information MHAA’s are to send to SOADs electronically. Due to non-visiting an electronic copy of an electronically sourced case note is feasible. Copies of prescription charts scanned in are feasible to send electronically. An available Responsible/Approved Clinician report on the patient is acceptable and feasible to be sent electronically. Also, a statement the patient is still detained. The SOAD forms completed for liable to be detained patients and those on CTOs should be completed in the usual way and sent to HIW. If there are no summary sources of information such as MHRT or Managers reports, a summary may be necessary and particularly covering subjects of capacity, consent and refusal about treatment and the patients views and proposals for other treatments what other treatments have been considered and the effectiveness and risks of the proposed treatment plan. That summary information should be germane to either or both of medication and ECT depending on the purpose of the SOAD opinion request. Issues of capacity, consent and refusal will be particularly concentrated upon to fill in the relevant CO form appropriately.
2. Consultations with a professionals, including with the responsible clinician, will be undertaken by telephone or video (e.g, skype etc). We ask that you please install this on your devices if you are able to.
3. For telephone or video consultations with patients , we ask services to support patients who want to and / or agree to speak with SOADs to have access to telephones or technology to support a video call with the SOAD if practical.
4. SOADs will not be asked to post original copies of certificates. We encourage services to accept electronic copies of certificates, without wet signatures and act on them. A paper copy may be made available after the epidemic with a wet signature the SOAD having submitted the form to the provider and also to HIW. If this is the case, we will resupply the CO form to you digitally and ask you to print, sign and send in the usual way. There is no need however for you to keep the digital certificates once you have uploaded to us and sent to the provider.

**Notes**

* Providers will be asked, when submitting a Second Opinion request, to send securely an email containing electronically derived documents from the patients notes and a report. A copy of the prescription chart would be useful. Confirmation the person is still on a section is also requested. These will be uploaded to Objective Connect by HIW and sent to you along with the request.
* They will not be expected to incur additional work by generating an extensive new document specifically for this purpose, but instead to supply a tribunal or managers’ report, a recent admission summary, CTP report, or WARRN or in lieu of any of those any other document which seems to cover similar clinical history. Key information on physical health parameters and risk issues will also be useful and it is for the SOAD to enquire about such issues and may be get further documents as necessary. The responsibility will be for the local clinicians to provide information about significant positives and significant negatives.
* SOADs might receive any additional information directly provided it is a secure email address, or otherwise through HIW acting as intermediary using objective connect.
* SOADs will use this information in addition to the electronic three months of notes where available, or a proxy for the clinical notes which they would otherwise have accessed on a visit.
* SOADs will determine whether the supplied information is sufficient on which to make a judgement. SOADs can contact the Provider directly to attempt to ascertain any information missing which they regard as necessary, provided using secure methods of data transfer (i.e NHS email address or CJSM). If this isn’t available please use HIW as an intermediary.
* If a SOAD determines that they cannot complete their second opinion, then a review of information with HIW centrally will assess if either 1) a visit may be possible to complete the process or 2) whether the SOAD should advise services to consider provisions for emergency treatment under section 62/64 of the MHA pending when the conditions of the pandemic resolve enough for a visit. SOADs must take into consideration government guidelines, any triggering of the Coronavirus Act, and protection of the patient and other people based on evaluating safety and the need to do a visit and if a visit cannot be done the SOAD believes that they cannot proceed with SOAD opinion request.

**Statutory Consultees**

* Discussions with Statutory Consultees (SC’s) and AC/RCs already take place by telephone.
* Access to people working in services may be restricted due to ill-health. In that case, a S62 or S64 option will be necessary.

**Patient interview**

* An interview, if it is to occur, should follow the consultee discussion and your review of available documentation. No SOAD should avoid an interview with a patient due to logistical issues, especially if the patient wants to be interviewed. Such an eventuality works best if the RC/AC has informed the patient that a SOAD will become involved. Providers may be able to arrange interviews using electronic media. SOADs may be familiar with such a method of interviewing patients. The clinical condition of the patient may preclude this quite apart from any patient refusing to be interviewed. Advice about interviewing will be taken from those consulted. If the capacity to make decisions about medical treatment with medication or ECT under the act can be made without the interviewing of the patient then less urgency is needed to interview the patient under the conditions of the covid19 pandemic. This situation would revert to prior to Covid19 when official government advice is consistent with such practice.
* It is possible many patients will wish to speak to the SOAD. Providers are advised to think of this eventuality before hand once the SOAD request is made. Providers will be asked to make sure patients have access to a telephone or, if facilities can be made available, arrange a video discussion via Skype or similar. This will be arranged in direct liaison with the SOAD.
* Patients who decline or are otherwise deemed to be unable to speak to the SOAD, then it is on the SOADs professional judgement, taken with all other information available, to make a decision as to whether to proceed. If certification is not feasible, either sections 62 or 64g should be advised for use following discussion with HIW.

**CO forms**

Once you have digitally uploaded the certificates to us and the providers, please do not keep these certificates for longer than is necessary in keeping with GDPR regulations. We may however ask you to sign hard copies once the pandemic is over, however we will re-upload these to you for you to sign and post as per usual practice if this is required. Please ensure you are using secure email address for any patient sensitive information.

**Sending of documents**

The present requirement for the provider to have the original paper document will be lifted. HIW will not be critical of a provider which acts upon a digital copy received by secure/encrypted/safe email.

SOADs are asked to send a copy of the CO form to an agreed contact point at the hospital via email. This will be sent by;

* .Nhs net account or any secure email account (i.e. CJSM)
* if sending to any other email account by encrypting the attachment and sending the password to access the document separately.

CO forms and SOAD 4 reports should still be uploaded via objective connect to HIW. Reasons for incomplete opinion work will be required to be explained on the SOAD4, especially in cases where S62 or S64g have been advised to be used.