



Guidance for the Provision of Second Opinions CLPg004

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1. Why we need this guidance?

The Trust is committed to providing a high standard of care to all service users, and believes that good care always requires a sound therapeutic relationship based on trust and working in partnership, underpinned by the appropriate sharing of information. Service users should always be involved in the planning and delivery of their care, should understand their treatment, be aware of any options and should be able to access their records under the Data Protection Act (1998).

It is important that service users are cared for in an environment where they can question or challenge their care. They should be informed that they and the clinician have the right to request a second opinion, and that this second opinion would be for the purpose of enhancing diagnostic or treatment certainty, to reassure the service user and/or the doctor.

2. What the guidance is trying to do?

This guideline outlines the action that should be taken by clinicians when a service user or carer requests a second opinion, explaining issues that should be considered when a request is made, and describing the process for facilitating such a request. It excludes second opinions relating to the Mental Health Act and specifically excludes the Second Opinion Appointed Doctor, (SOAD).

Clinicians and/or service users may also request 'further opinions' to explore treatment and management options from other healthcare professionals. The process for making such requests may vary from service to service, therefore methods for making and actioning such requests should be agreed locally; however the principles set out within this guidance apply to all such requests.

Traditionally second opinions have been provided by Consultants or Specialists on request in situations where there is lack of clarity about diagnosis, or to explore treatment and management options. However, second opinions may also be requested by carers or service users where they may be unhappy about the diagnosis or management of the treatment plan.

3. Any required definitions/explanations

Second Opinion – a second opinion can be defined as an independent expert review of a specific clinical issue or problem, about which there is at least some degree of reasonable

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doubt. The clinician providing the second opinion must have clinical expertise within the specialism. The purpose is to:

- Clarify the nature of the problem and a diagnosis
- Propose options for treatment
- Support the service user, who has capacity, in making an informed choice or to help make a 'best interests' decision for a service user who lacks capacity

4. Key duties and guidance detail

Clinicians must be aware of the carers and service users' right to request a second opinion.

Clinicians must clarify for the service user or carer exactly what obtaining a second opinion will and won't achieve. A second opinion might not lead to a change in treatment and the service user or carer must be aware of this. There may be certain limits to treatment change within specific clinical areas.

5. Service Users requesting a second opinion

Service users or carers wishing to request a second (or further) opinion should discuss this first with a member of the clinical team; for example Ward, Team or Clinic Manager, their Named Nurse or Care Programme Approach (CPA) key worker, or Consultant/Specialist. Alternatively they could speak to an advocate, or to their general medical practitioner (GMP) or general dental practitioner (GDP) who can relay the request to the clinician.

The service user should be informed of their right to an advocate to support them throughout the process of the request.

The request may be made verbally or in writing. The request must be documented in the service user's electronic clinical record and the reason why the request has been made should be clearly recorded. If the request is received verbally, a record of this, and of the response, will also be made in the electronic patient record.

6. Consultant/Specialist requesting a second opinion

The request should come directly from the treating Consultant/Specialist as the responsible person for the patient's care and treatment. The request may be driven by a

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lack of clarity about diagnosis, management or treatment, or may be at the request of a service user or the service user's carer.

The Consultant/Specialist requesting a second opinion should identify a suitable peer; a clinician whom they feel has the requisite experience and knowledge.

The request for a second opinion should be communicated informally, initially to explore the possibility, secure agreement to provide a second opinion, and to agree timescales. Such requests should be clinician to clinician.

This should be followed in all cases by a written request from the treating clinician to the clinician being requested to provide the second opinion.

The written request should include:

- The request itself with full history, all appropriate special tests and assessments, risk assessment and pertinent clinical issues.
- The reasons for the request.
- The request should state the specific outcomes expected of the second opinion. In particular it should address issues such as whether the request is to add clarity to a diagnosis, whether it is for advice about management, or a request about treatment. Any additional opinions being sought should be clearly stated i.e., risk assessment, observations levels etc.
- The timescale for the second opinion should be clearly defined.

7. Action to be taken when a request is made

The provision of a second opinion is generally undertaken in the spirit of cooperation on an informal basis. Any request for a second opinion should be met. However, on some occasions it may be decided that it is not in the user's best interest to agree to a second opinion – see Section 8.

The Mental Capacity Act 2005 makes it a duty for the NHS and local authorities to ensure that when a service user who lacks capacity, and has no one to speak for them, and requires serious medical treatment or a move, has an **Independent Mental Capacity Advocate**, (IMCA) appointed. In some cases where a second opinion is requested there might already be an IMCA involved or it might be considered necessary to appoint one. The IMCA is not the decision maker for the service user, they are there to observe and ensure that the process of assessing capacity and making decisions for those who lack capacity are done appropriately and in accordance with the Mental Capacity Act.

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If no IMCA is necessary the support of an advocate or the PALS Service should be available throughout the process, and an advocate is to be present on any occasion when discussion with the service user about their request for a second opinion is taking place.

Where a service user, or on their behalf a carer, requests a second opinion, the benefits of the second opinion are likely to be maximised by ensuring the second opinion is as impartial as possible, and that conflict of interests are minimised.

When a request for a second opinion is received from a service user, the Deputy Medical Director or Clinical Director and Modern Matron/Service Manager should be informed; they will agree the second opinion clinician.

The service user and or carer should be kept informed of the progress of their request.

8. Where a request is refused

The decision to refuse must be taken only after due consideration.

The criteria for refusal must be clearly explained to the service user or carer both verbally and in a written response. The reason for refusal must also be recorded in the user's records, giving a full explanation. This response will be made by the Deputy Medical Director or Clinical Director and must be completed within 7 days of the request.

If the service user wishes to appeal against this decision, referral should be made to the Medical Director.

The Medical Director will decide whether a second opinion is appropriate and follow the guidance in Section 9. If the Medical Director is in agreement with the decision, they should countersign the entry made in the clinical notes, indicating it accords with the guidance.

9. Expectations of the Clinician providing the second opinion

The Clinician will have agreed to provide a second opinion, and fully understand the request for a second opinion.

They will allocate sufficient time to provide the second opinion. Depending upon the nature of the request this should include time to read through the patient notes, as well as interview the patient and could include a physical examination or other examination/assessments/special tests as required; including risk assessments.

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Following this a note should be made in the electronic patient record that a clinical review has been carried out and the outcome.

This should then be followed by a written letter to the requesting clinician with the full details of the second opinion, addressing the specific requests made in the request for a second opinion.

10. Actions following second opinions

The provision of a second opinion does not imply that the recommendation of the second opinion will be actioned by the original clinician. The clinician and patient or carer may consult on the findings and decide how to proceed.

Patients not affected by the Mental Health Act have a right to seek their treatment elsewhere if an agreement or a way forward cannot be reached. Any such decision should be facilitated by the appropriate sharing of records.

For patients affected by the Mental Health Act the responsibility for the management and treatment of the patient remains that of the requesting Consultant at all times during the process. Any decision will be made by the responsible clinician in collaboration with the patient and colleagues in the wider team managing the patients care.

11. Dissemination and implementation

This guidance will be available via the Trust intranet and internet.

Consultants/Specialists, Service Managers and Matrons are responsible for the dissemination and implementation of this guidance to their areas of responsibility.

It is the role of all managers to initiate the following actions within their service areas:

- To be familiar with this guidance and its procedures.
- To advise staff of their responsibilities and rights under the guidance.

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12. Education and Training/Training requirements associated with this guidance

Consultants/Specialists, Senior Managers and Matrons should be aware of the contents of this guidance. They should read the guidance and ensure they understand their role if asked to provide a second opinion. Other members of staff are expected to be aware of this guidance's existence and where it can be located.

13. Monitoring and Review (audit criteria)/how this guidance will be monitored for compliance and effectiveness

The Deputy Medical Directors, Clinical Directors and Service Managers will ensure that all requests for second opinions (or further opinions) made by service users or on their behalf by a family member or carer are logged via Datix to identify any trends that may become apparent. These will be reviewed during individual appraisals as Datix reports are a standard element of the appraisal.

Any comments amendments or changes needed to this guidance should be reported to the Trust Policy Board; who will consult with the lead author(s) and either instigates an immediate review or note the change for the next proposed review dependent upon risk of the matter concerned.

This guidance will be renewed on a three yearly cycle, unless a change is requested in accordance with newly issued national guidance, or a highlighted risk is identified.

14. Associated documentation

This guidance should be read in conjunction with the following NHFT policies:

- Change of Clinician Policy
- Mental Capacity Act
- PALS Protocol

15. Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the

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Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Sex;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this guidance.

(a) Line Managers should ensure that staff returning from maternity or paternity leave is given time to update themselves on any changes made to the guidance.

(b) Equality Considerations - Should the reader of this guidance or any other group believe they are disadvantaged by anything contained in this guidance, please contact the Equality & Inclusion Manager, who will then actively respond to the enquiry.

The author has identified generically that all protected groups will be affected with the operation of this guidance in a positive way. A number of positive measures have been included in the development to ensure improved access and experience for any service users affected by this guidance. Through the operation of this procedure there is likely to be a positive impact on all protected groups. The rationale is that this procedure allows service users the opportunity to get the best care through the centrality of the patient and 'the principle of getting people to the right place for the right intervention at the right time' – this is specifically relevant for our mental health patients.

The guidance has looked at the specific needs related to disability, long term conditions and vulnerable adults. Mental health needs are taken into consideration when considering a second opinion.

The guidance has also considered the needs of people who don't speak English as a first language and those with any other communication disability need. Specific requests relating to any religious observance will be considered and appropriate advice and support will be offered to any individuals affected.

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The services will ensure that we do not tolerate any harassment relating to a persons' sexual orientation, gender re-assignment or race.

Consideration will be given to the needs of pregnant and nursing mothers.

In the operation of this guidance we will ensure we will uphold the patient's dignity and human rights.

Carers and service users' from all the protected groups will be encouraged and be made aware of their right to request a second opinion.

Document control details

Author:	DMD – Deborah Manger
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Responsible committee:	Adult & Children DMT. MH, Learning Disability & Speciality Services DMT Patient Experience Group Equality & Diversity Manager
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