

## **Guidance on request for transfer of Consultant CLPg066**

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## 1. Why we need this Guidance

Patients and/or carers may request a transfer of clinician. Key to patient engagement, experience and positive care outcomes is the relationship between the service user and the lead clinician. It is recognised that there may be occasions when the relationship with either does not exist or has broken down and this results in a request for a change of consultant, lead person or indeed any member of the care team. It is also recognised that at times challenges to this relationship may be a result of issues arising from the experience of mental ill-health

Where possible an understanding of any relationship difficulties should be explored, as this may lead to a successful resolution within the clinician-patient relationship and may avert the need for a transfer to another clinician.

The carer's ability to have a relationship with the clinician and clinical team in which the patient has confidence is of importance. When carers make a request for change of clinician this may not be in the service user's best interests.

Clinicians work within multidisciplinary teams and a transfer from one clinician to another may also involve a transfer of team. Clinicians and teams have relationships across the health and social care system, so a transfer could have consequences on crossover working with other agencies. Before agreeing to such a transfer patients will have to be made aware of any risks.

Many services across the Trust are locality based and organised around functional multi-disciplinary teams. This is a way of working that enables a multidisciplinary team to focus on providing services to a particular area.

Certain groups of clinical staff (e.g. Consultant Psychiatrists, Psychologists) work with particular multidisciplinary teams, so it may not be feasible for patients to choose to work with one particular clinician. However, this guidance will support the development of patient choice where possible.

## 2. What the guidance is trying to do?

This guideline has been developed to enable staff to respond to requests from service users or carers to change the clinician they are currently allocated and this guideline sets out the arrangements for service users or carers to request a change of their clinician in certain circumstances.

A flowchart has been developed to demonstrate the procedure to follow when a patient or carer makes such a request. See Appendix I. The procedure for requesting a change of clinician is indicated in Appendix II and the procedure for

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requesting a change of clinician if a Clinical Director does not agree this is in the best interest of the service user's health is indicated in Appendix III.

### 3. Terms of Reference

**Clinician(s)** – Covers all clinical staff working within NHFT regardless of profession e.g. Consultants, Specialists, Doctors, Dentists, Psychologists, Nurses, Occupational Therapists, and Speech & Language Therapists etc.

### 4. Aims & objectives

This guidance supports the local resolution of requests for a change of clinician.

This guidance requires requests for a change of clinician to be handled collaboratively with the service user and /or carer and in a way that recognises their perspective in requesting a change.

### 5. Key Duties and guidance detail

Throughout the whole process, the patient and / or carer should be kept fully included in the process and informed.

This guideline covers requests to change clinicians within the Trust.

Documentation of actions/rationale for decisions should be recorded in the clinical record.

### 6. Process when transfer requested

#### **Discussion with the patient:**

When a patient or carer expresses a preference to change clinician(s) we will encourage them to clarify the reason(s) for the request.

Suggestions to tackle difficulties in the relationship should be explored in the first instance in order to avoid a transfer.

Arrangements should be made to have the support of an advocate or the Patient Advice and Liaison Service (PALS) if patients or carers find such a meeting difficult.

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### **Discussion with the Multi-disciplinary Team:**

Following consultation with the patient and/or carer(s) the clinician will discuss with the team their understanding of the issues and reasons for the request. Matters which should be considered are:-

- Whether the patient and/or carer(s) feel there has been a complete breakdown of the relationship,
- What the patient or carer(s) feel will be achieved by a transfer of care. In this discussion the team should bear in mind that there may be other solutions available other than a transfer.

If the conclusion of the Team Meeting is that a transfer is the best clinical outcome in the circumstances, the possible solution should be considered and discussed with the patient and or carer(s).

It is recommended that the transfer is discussed with the relevant Clinical Director. In cases where there is disagreement about the transfer taking place, the Clinical Director will arbitrate.

## **7. Further considerations**

Transfer requests should be logged by clinical risk.

If a patient is detained under the Mental Health Act at the time of their request decisions regarding the request need to be mindful of the requirements of any replacement clinician. In order for a clinician to take responsibility for a detained patient they must hold Approved Clinician status and be section 12 approved under the MHA.

## **8. Dissemination and implementation**

The guidance will be available on the Trust's Staffroom.

Consultants/specialists, Service Managers, and Matrons are responsible for the dissemination and implementation of this guidance.

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

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

It is the role of all clinical staff:

- To be familiar with this guidance.

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## 9. Education and Training/Training requirements associated with this guidance

All clinical staff within the Trust should be aware of the contents of this guidance.

## 10. Associated Documentation

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

- Mental Capacity Act
- PALS Protocol

## 11. 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(s) 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.

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

- Age;
- Disability;
- Gender reassignment;

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- 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 are 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. 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.

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

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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.

NHS staff should be able to come to work without fear of violence, abuse or harassment from patients or their relatives. Violence and aggression towards NHS staff will not be accepted. The operation of this procedure is to ensure that patients are treated with dignity and respect.

#### Document control details

<b>Author:</b>	DMD – Deborah Manger
<b>Approved by and date:</b>	DMD SPEG – 28.11.18 MH, Learning Disability & Speciality Services DMT – 02.08.18 Adult & Children DMT – 31.07.18
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<b>Any other linked Policies:</b>	
<b>Policy number:</b>	CLPg066
<b>Version control:</b>	2

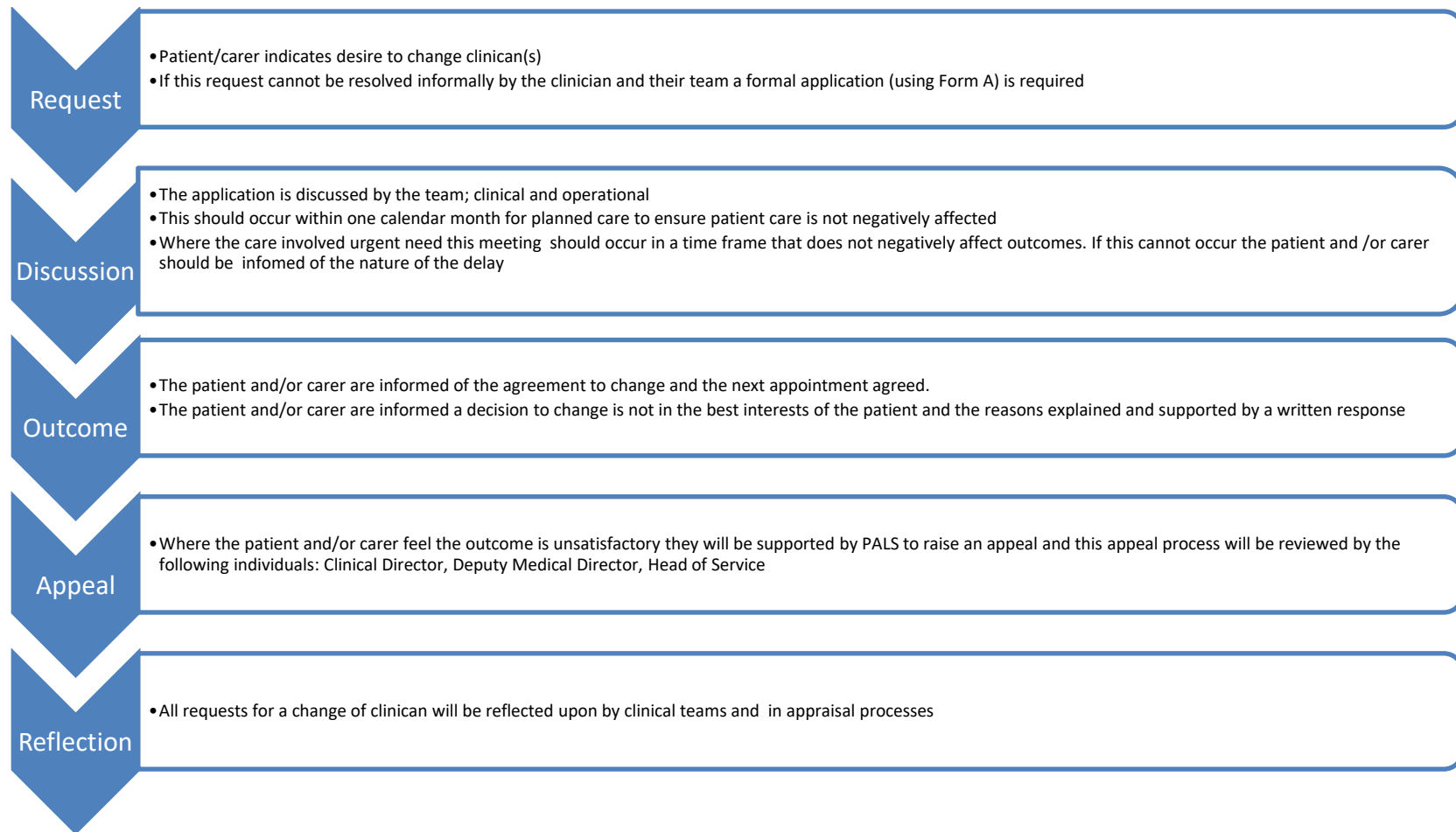
Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1	19.03.15	20.03.15	19.03.17	
2	02.08.18	15.11.18	30.10.21	

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## APPENDIX I - PROCEDURE FOR REQUESTING A CHANGE OF CLINICIAN

NB: In the first instance it is advised that the patient/carer(s) should discuss a change of consultant psychiatrist with their GP or change of clinician with their care coordinator



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**APPENDIX II - Form A**

**PROCEDURE FOR REQUESTING A CHANGE OF CLINICIAN**

**(To be completed by the service user/representative)**

**Service User's Name:.....DOB:.....**

**Current Clinician:.....**

**Reason for request for change:**

**Signed:.....Date:.....**

*Please forward to Clinical Director/Service Manager*

Agree change of clinician

Do not agree change of clinician

**Reasons:**

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**Clinical Director**

**office use**

<b>Date Received:</b>	
<b>Forward to:</b>	<b>Date:</b>
<b>To:</b>	
<b>cc:</b>	
<b>Outcome:</b>	

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**APPENDIX III - FORM B**

**PROCEDURE FOR REQUESTING A CHANGE OF CLINICIAN IF CLINICAL DIRECTOR DOES NOT AGREE THIS IS IN THE BEST INTEREST OF THE SERVICE USER'S HEALTH**

(To be completed by the current clinician)

**Service User's Name:**.....**DOB:**.....

**Current Clinician Name:**.....

**Job Title:**.....

**Reason for not supporting request for change:**

**Signed:**.....**Date:**.....

*Please forward to Service Matron/Manager*

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**Clinical Director office use**

<b>Date Received:</b>	<b>Date:</b>
<b>Forward To: Clinical Risk</b>	
<b>To:</b>	
<b>cc:</b>	
<b>Outcome:</b>	