WELSH HEALTH CIRCULAR



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Title: Guide to Consent for Examination or Treatment – Revised Guidance

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For Action by:

Chief Executives; Medical Directors; Nurse Directors and Consent Leads of Health Boards and NHS Trusts

For information:

Chairs and Board Secretaries of Health Boards and NHS Trusts

Members of the National Quality and Safety Forum:

Members of the Consent to Treatment Task and Finish Group;

DG/Chief Executive NHS Wales
Deputy Chief Executive NHS Wales
Operations Team – Health and Social Services
Group, Welsh Government
Communications Team – Health and Social
Services Group, Welsh Government

Chief Medical Officer

Deputy Chief Medical Officer

Act	ion	require	d by:	With	immed	iate	effect
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Enclosure(s):

This WHC, together with the Annexes listed below can be found here

Annex 1: Guide to Consent for Examination or Treatment

Annex 2: One page summary of implications of Montgomery Annex 3: Flow chart

Dear colleagues,

Revised Guidance: Guide to Consent for Examination or Treatment

The Health and Care Standards 2015 highlights shared decision-making and coproduction as a key component of high quality, person-centred health and care. Involving people, families and carers in decisions about the planning and provision of their care ensures services are aligned to meet their needs. The consent process is a key part of shared decision-making. Taking consent is not a single event but a process of discussion, of weighing up the options and supporting people to make the right decision for them as individuals.

With this in mind, the Welsh Government consent guidance issued in 2008 has now been revised, with changes made to take account of important developments in case law. The revised *Guide to Consent for Examination or Treatment* contains a broad overview of the legal requirements in relation to seeking consent.

In order to review the guidance, the Welsh Government established a Task and Finish group in 2015, consisting of representatives from across the NHS in Wales, to consider what changes were necessary. We are very grateful to Dr Ben Thomas, who chaired the group and his colleagues for all their hard work.

The focus of the group and subsequent revisions to the document were primarily to take account of the Montgomery case, which shifted the focus of consent towards the specific needs of the patient. A summary of the Montgomery case and a flow chart for healthcare staff are attached as Annexes to this Welsh Health Circular. In applying the principles raised by the Montgomery case, decision-making about examination and treatment becomes shared between clinicians and patients. This approach embraces the principle of patient-centred care and co-production. We would also draw your attention to the good practice guidance *Consent: Supported Decision-Making*¹, issued by the Royal College of Surgeons as well as advice set out on the General Medical Council's website².

To support the practical application of this guide, the NHS in Wales will be producing a revised NHS Wales Model Policy and consent forms. These documents will be taken through the Medical Directors' Group for approval and will be issued separately by the NHS led group in due course. Organisations should review any local policies to ensure they are consistent.

Yours sincerely,

Janet Davies Head of Healthcare Quality, Health and Social Services Group

¹ Consent Supported Decision Making - RCS 2016

² <u>Good medical practice - ethical guidance - GMC (gmc-uk.org)</u>