

NHS GG&C Mental Health Service
Mental Health (Care & Treatment) (Scotland) Act 2003
**Policy for Treatment with
Medication after 2 months**

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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MHS 17 – MHCTSA Part 16 Policy - Treatment After 2 Months

Revision/Amendment Form

Please record brief details of the changes made alongside the next version number. If the policy or guideline has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date	Brief Summary of Changes	Author(s)
1.0	June 2014	First version approved.	A Strachan
1.1	07/06/2017	<p>Title change from Medical Treatment to treatment with medication</p> <p>Additional relevant staff added</p> <p>Montgomery compliant advise added to treatment with consent</p> <p>Addition of online resource link</p> <p>Changes how medical treatment is described on T2 and T3 forms</p> <p>Change of review requirement for annual to recommend that this occurs when an order is reviewed. Medical records to prompt review</p> <p>Addition of a miscellaneous section to cover issues that arise in practice</p> <p>Removal of ongoing consent page on sample consent form</p> <p>Several minor changes in the use of language or to clarify meaning</p> <p>Removal of old references and links</p>	A Strachan

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1. Introduction

This policy was developed following the “Not Properly Authorised” Mental Welfare Commission report (July 2011) and local audit¹ which showed inconsistencies in the application of part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003. This policy was commissioned by the Legislation Sub Group of the Mental Health Quality and Clinical Governance Group. The policy has been updated in 2017 to take account of the Montgomery ruling², changes in practice and changes to the British National Formulary (BNF).

This policy refers to the process whereby the Responsible Medical Officer (RMO) fulfils his or her obligations in completing treatment forms T2, T3 or T4. These forms provide evidence that the safeguards available for patients of written consent or second opinion have been provided and that these safeguards are current.

It is important to note that Part 16 of the Act only relates to treatment for mental disorder: any treatment outwith with this requires separate consent, or if the patient is incapable of consenting the provisions under Part 5 of the Adults with Incapacity (Scotland) Act 2000 must be applied.

2. Scope

This policy refers specifically to patients being treated by medication for mental disorder after a period of 2 months³ within any care setting. The policy has primary relevance to:

- Responsible Medical Officers
- Junior medical staff
- Nursing staff
- Health Records
- Pharmacists
- Independent Prescribers

All those groups for whom this policy is relevant must note that treatment given without the proper authority provided by a valid T2 or T3 form, or in certain circumstances a T4 form, may constitute an assault on that patient. It is the responsibility of **all** staff involved in the process of prescribing and administering treatment to ensure that any treatments provided for the patient are lawfully authorised.

All decisions regarding treatment must take into consideration the principles of the Act and any Advance Statement made under section 275.

3. Time Frame for commencing T2 T3 Process

T2 and T3 forms should be completed prior to the patient having received treatment under detention for a period of 2 months.

Medical Records will contact the RMO after a period of **6 weeks** has expired since the patient was detained. This time period will commence on the first day of detention

¹Audit of authorisation of medication used for treatment of mental disorder under the Mental Health (Care and Treatment) (Scotland) Act 2003 in adult psychiatric inpatients subject to compulsory treatment for 2 months or more (Dr A Thom et al)

²Montgomery v Lanarkshire Health Board [2015] UKSC 11

³ S240(3)(b) MHC&TSA

under an Emergency or Short Term Detention Certificate⁴ or any other order where treatment may be given under Part 16. This will provide a period of no less than 2 weeks to discuss treatment and arrange for written consent or to arrange for a second opinion by a Designated Medical Practitioner (DMP) from the Mental Welfare Commission (MWC).

If a patient is transferred from another Board area Health Records will check paperwork to see if an existing T2/3 is in place and ensure that this is sent to the ward. If there was no T2/3 or it is older than 3 years the RMO will be alerted.

The RMO must contact medical records to confirm receipt of the reminder and advise whether a T2 or T3 form will be required. If despite reminders, the Health Records Department does not receive a response from the RMO within 2 weeks this will be escalated to the Clinical Director, with a reminder also being sent to the senior Charge Nurse.

4. Patients Capable of Consenting

The responsibility to determine whether a patient is able to consent to treatment lies with the RMO.

To establish valid consent the RMO must comply with the Montgomery ruling.

- Establish the patient's capacity to consent and respect the right of the capable patient to choose, even if you don't agree.
- Practitioners must ensure sufficient time is taken for the patient to understand the treatment and reach a decision.
- Ensure the patient understands the treatment in question through written information, online information and advice.
E.g. (<http://www.choiceandmedication.org/nhs24/>)
- Practitioners must use their specialist knowledge to advise the patient of all available treatment options, including non-pharmacological options, and the positive and negative effects of the treatments. . The practitioner may also discuss the consequences to the patient of not receiving treatment.
- Practitioners must address the concerns of the patient regarding treatment and mention to the patient any issues with the treatment that an average patient should consider when consenting. (Reasonable Patient Test)
- Adjustments should be made to ensure the patient can understand the information

The RMO will complete a consent form with the patient; **Appendix A** provides a template form. The consent form must encapsulate whether patient is giving consent, their understanding of treatment and is signed by the patient. The RMO will thereafter complete the [T2 form](#); please note that the consent form **must** be completed prior to the completion of the T2.

The medication should be described accurately to ensure that the patient understands the treatment they are consenting to, it is best practice to specify the actual medication on the T2 form. The RMO should detail;

- Whether the medication is to be prescribed orally or intramuscularly
- Regular or as required

⁴ If a patient subject to and EDC is given treatment under section 243 of the Act this will commence the time clock to arrange for consent or DMP opinion therefore the first date of detention provides a clear and consistent timescale.

- Dosing according to BNF guidance, unless dosing is outwith BNF guidelines e.g. high dose antipsychotics or off licence use.
- Clozapine should be documented by name. The plan should state that it also covers associated blood tests.

[\(Advice Notes: Medical Treatment under Part16 of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003\) MWC 2014\)](#)

Intramuscular (IM) "as required" medication should not be included on T2 certificates. If IM "as required medication" requires to be prescribed, then it should be included in a T3 certificate.

Patients who specifically asks for intramuscular "as required" medication to be prescribed in preference to oral medication should not be viewed as automatically consenting (or indeed having the capacity to consent). This will also be the case at any subsequent point in their care when "as required" medication is being considered (Even if an Advanced Statement has been completed to this effect).

Consideration should be given to discontinuing prescribed "as required medication" if it has not been required in recent times. If clinical presentations change out of hours and such treatment is required again then this should be prescribed by the assessing doctor at the time and a T4 form completed and forwarded to the MWC. (See section 6 of this policy)

The RMO must review both the patient's ongoing ability to consent to treatment, and also the requirement for a T2 form. It would be best practice to review the T2 when renewing an order, health records will provide a prompt to do so as part of the renewal reminder for the order. The RMO should test if the patient:

- Can still give valid consent
- Is consenting to treatment, and
- Whether the current T2 form cover all treatments.

Medical Records will provide;

- MWC with a copy of the T2 form within 7 days.⁵
- The patient with a photocopy of the T2 form and consent form
- The ward with 2 complete copies of the T2, one for the Health Record and one to be attached to the Prescription Sheet.
- Pharmacy department will provide blue T2/T3 Stickers that must be attached to the Prescription Sheet with the date that the form was completed on it.

Subsequent changes to treatment plans will require further consent and an updated T2 form.

The T2 form must be renewed **3 years**⁶ after being made; a reminder to this effect will be provided by medical records to RMOs and Senior Charge Nurse. It is good practice to review the certificate when an order is being renewed to help ensure that the certificate authorises current treatment.

The RMO must contact medical records to confirm receipt of the reminder. If the Health Records Department do not receive a response from the RMO within 2 weeks this will be escalated to the Clinical Director and a further reminder sent to the Senior Charge Nurse.

⁵ The Mental Health (Care and Treatment) (Scotland) Act 2003 (Modification of Enactments) Order 2005

⁶ The Act does not provide for the T2/T3 forms to expire, the MWC has recommended that they should last no longer than 3 years before a new form is completed. [Click for advice note.](#)

4(a). Treatments falling outwith the T2

If a proposed treatment falls outwith the T2 form, consent must be sought for that treatment or, where the patient refuses to consent and the RMO believes that treatment is in the patient's best interest, a DMP opinion must be sought.

If any new urgent treatment falls outwith the T2 and a DMP opinion is being sought the treatment may be authorised under the provision of s243 (Urgent Medical Treatment) of the 2003 Act and a T4 form completed. (See section 6 of this document)

Where a T2 form is over 3 years old treatment should continue to be given but renewed consent and a T2 should be completed if appropriate, or a DMP opinion sought as a matter of urgency.

If the T2 form is over 3 years old a report on Datix must be completed by the RMO / Senior Charge Nurse.

5. Patients Incapable of Consenting / Refusing Consent

Where a patient is incapable of consenting to the treatments in question or refuses to give consent, and the RMO determines that they require these treatments to alleviate their condition or prevent further deterioration in their condition, the RMO will contact the Mental Welfare Commission (MWC) to request a Designated Medical Practitioner (DMP) review. The MWC will send details of the DMP visit to the RMO.

For the DMP visit the RMO must ensure that:

- A case summary / treatment plan is available ([Also known as Appendix E from the MWC](#))
 - Record the class or classes of drug treatment.
 - State the route of administration (e.g. oral or intramuscular injection).
 - State the maximum permitted dosage; usually, referring to dose and frequency within BNF guidelines. It may be necessary to specify lower doses for some people. See below for high doses.
 - Specify any "as required" drug treatment separately on the plan. Be mindful about the dosage and frequency to ensure that treatment will not exceed BNF limits. Oral medication and medication by injection should be specified separately.
 - If medication authorised by the plan exceeds the recommended BNF maximum by either mono therapy or by combinations of antipsychotics, the plan should state a requirement for special monitoring in accordance with guidance from the Royal College of Psychiatrists and antipsychotic high dose policy.
 - For certain treatments, the plan may state that the administration of the drug should achieve a certain serum level.
 - Clozapine and should be documented by name. The plan should state that it also covers associated blood tests.
 - Lorazepam up to 8mg/24 hours as specified in NHS GG&C's Guideline for use of intramuscular medication for acutely disturbed behaviour⁷

⁷ [MHS 40 - Guideline for use of Intramuscular Medication for Acutely Disturbed Behaviour in Mental Health and Associated Services](#)

Midazolam should be recorded as alternative to Lorazepam with reference to a local protocol rather than BNF chapter. Any reference to its BNF section under anesthetics is irrelevant.

- The RMO should ensure the treatment plan details all current medication and the RMO should anticipate possible alterations to treatment plan within a reasonable time frame and detail treatments.
- The patient's notes and prescription sheet are available
- An RMN who is familiar with the patients care is on duty.

[\(Advice Notes: Medical Treatment under Part16 of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003\) MWC 2014\)](#)

The DMP should endeavour to review the patient and authorise the treatment plan using the [T3 form](#) before the 2 month period elapses.

If no DMP review has been arranged within the timescale the RMO must contact the appropriate DMP in the first instance or MWC if unsuccessful to confirm the arrangements.

Once a DMP has completed their T3 they will send this to the RMO and to the MWC within 7 days

The RMO will send the T3 form to Medical Records.

Medical Records will retain the master copy and send 2 copies to the Ward / CMHT, one for inclusion in the notes and one for retention with the prescription sheet.

Subsequent changes to treatment plans will require further authorisation by DMP. The T3 form must be renewed **3 years**⁸ after being made; a reminder to this effect will be provided by medical records to RMOs and Senior Charge Nurse. It is good practice to review the certificate when an order is being renewed to help ensure that the certificate authorises current treatment.

The RMO must contact medical records to confirm receipt of the reminder. If the Health Records Department does not receive a response from the RMO within 2 weeks this will be escalated to the Clinical Director and a further reminder sent to the Senior Charge Nurse.

5(a). Treatments falling outwith the T3

If any new urgent treatment falls outwith the T3 form a DMP opinion must be sought and the treatment authorised under the provision of S243 of the act (see section 6 of this document)

Where a T3 form is over 3 years old treatment should continue to be administered and a DMP opinion sought as a matter of urgency.

If the T3 form is over 3 years old a report on Datix must be completed by the RMO / Senior Charge Nurse.

⁸ The Act does not provide for the T2/T3 forms to expire, the MWC has recommended that they should last no longer than 3 years before a new form is completed. [Click for advice note.](#)

6. Urgent Medical Treatment

The RMO must notify the MWC within 7 days⁹, using a [T4 form](#), if a patient who did not consent or was unable to give consent received urgent medical treatment. The following test is required to be met.

- I. The patient is detained in hospital under the MHA or CPA.
- II. The patient does not or cannot consent.
- III. It is a matter of urgency for medical treatment to be given for the purpose of
 - a. Saving the patient's life
 - b. Preventing serious deterioration in the patient's condition
 - c. Alleviating serious suffering on the part of the patient
 - d. Preventing the patient from behaving violently, or being a danger to themselves or others.

Except in the saving of the patient's life the treatment should not be likely to entail unfavourable or irreversible physical or psychological consequences. Where given for the alleviating of suffering or prevention of violence etc., it should not entail significant physical hazard to the patient.

The T4 form is a reporting form and as such should be completed retrospectively. The RMO should detail the type of treatment given, the purpose of treatment and submit the form to the MWC. The T4 will continue to authorise treatment until a T2 or T3 can be provided.

7. Miscellaneous Issues

- The use of T2 and T3 certificates may be used together where capacity and consent to each treatment is individually assessed.
- Medication should only be included if it is being used for mental disorder e.g. valproate should not be included on a T2 or T3 certificate if used solely as an anticonvulsant, but should be included on a T2 or T3 certificate if used to treat mental disorder as a mood stabiliser, or if used for both purposes
- Include the use of sedating antihistamines within T2 or T3 certificate if used for night sedation or as an anxiolytic
- Consider future potential of cross-tapering from one medication to another and including this within T2 or T3 certificate.
- T2 and T3 certificates are still valid if the patient has transferred to a different hospital/health board providing there is no break in compulsory treatment.

8. Health Records Procedures

- The Health Records department will alert the patient's Consultant (RMO) that a T2 T3 Treatment Form is required for a patient 6 weeks from the date of initial detention.
- The Consultant will reply to the Health Records department within 7 days indicating whether a T2 or a T3 will be required.

⁹ The 7 day period begins on the day that the treatment is first given that being day one, therefore RMOs need to be aware of the timescales and ensure the T4 is completed as soon as is reasonable.

- If the patient is considered capable of giving valid consent to a treatment which the Consultant has proposed and explained, the Consultant must, using the T2, certify in writing that the patient is capable of understanding the nature, purpose and likely effect of the treatment, and has consented to it. The patient must also sign a separate consent form.
- If the patient does not consent to treatment, or is incapable of giving consent, and the Consultant considers that the patient still requires treatment, he or she must contact the Mental Welfare Commission, who will arrange for a DMP to carry out a second opinion and complete a T3 form if appropriate.
- The Health Records department will also keep a list of patients who are on T2 or T3, and send a reminder to the RMO and Senior Charge Nurse to indicate that a 3 year review of the Form is due alongside the review of the order.

Flagging Procedure

In order to ensure that the patient is prescribed medication in accordance with the treatment plan as set out in the Form T2 or T3, the Mental Welfare Commission have recommended that the Prescription sheet be highlighted to indicate that a patient has a current Form T2 or T3. The following steps will be taken to ensure that the organisation meets these recommendations:

1. On receipt of a Form T2 or T3 from the RMO or second opinion doctor, Health Records staff will send the Senior Charge Nurse a photocopy of the complete form for the Case record and a copy of the Treatment Plan to be attached to the prescription sheet. The copy for the prescription sheet should be copied on yellow paper.
2. Health Records staff will send these copies along with a reminder letter to the Senior Charge Nurse asking the ward staff to stick a T2/T3 sticker onto the patients Prescription Sheet.

Where the prescription sheet is re-written, it is the responsibility of ward staff to attach a new sticker to the new prescription sheet and re attach the copy of the T2 or T3. It is also important that this information follows the patient when they are being moved to a new ward.

3. On a monthly basis Health Records staff will send each Senior Charge Nurse a list of their patients with Forms T2 or T3. The Senior Charge Nurse must verify and sign that the prescription sheet is flagged appropriately and that the T2/3 Form is beside the prescription sheet, correctly covers the prescribed medications, is within the 3 year timeframe and detail any actions taken to remedy faults. This list must then be returned to Health Records.
4. Clinical pharmacists may support wards as per local arrangements.

9. Review

This policy should be reviewed every 3 years.

Appendix A

Mental Health (Care and Treatment) (Scotland) Act 2003

Consent Form

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice: _____

Patient's surname/family name _____

Patient's first name(s): _____

Date of Birth: ____/____/____ CHI:

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Gender: _____

Special requirements (e.g. other language/communication method)

Responsible Medical Officer: _____ Job title: _____

STATEMENT OF RESPONSIBLE MEDICAL OFFICER

I confirm that the above named patient is capable of consenting to the treatment as determined by section 238 of the Mental Health (Care and Treatment) (Scotland) Act 2003, and that the treatment is authorised by that Act or the Criminal Procedure (Scotland) Act 1995. The drug treatment being given for Mental Disorder prescribed for 2 months or more of Compulsory treatment is:

I have explained the treatment named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available; and any significant risks which may result from the treatment.

I consider that the patient is able to understand that they have a mental illness, that this illness requires the proposed treatment and the implications of accepting this treatment.

Signature of RMO _____

Name/Designation: _____ (Print)

____/____/____ Date

I will send a copy of this consent along with the mandatory T2 Certificate of Consent to Treatment to the Mental Welfare Commission **within 7 days of granting**.

Patient Agreement For Treatment

Signature:

_____/_____/____ Date

Name (Print): _____

I understand

- The information given about the treatment, important risks and appropriate alternatives which have been explained to me by the doctor named on this form.
- That I have given my consent freely and can withdraw this consent it at any time.

I understand I will be given a copy of this consent form and the T2 form dated:

____/____/____

