

OBTAINING A SECOND CONSULTANT PSYCHIATRIST / GP OPINION AND TRANSFER OF CARE

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VALIDITY – Policies should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	January 2017	New Procedure
1.1	June 2020	Change of title to include GPs and change of medical director's name
1.2	March 22	Minor change – removal of sentence in section 5.2 regarding requests (as requested by the Medical Director 30 March 2022) Format updated as per Trust template
1.3	February 2023	Minor Changes – Change of Titles i.e. Removal of reference to AMD and Divisional Managers (replaced by Medical Lead and Clinical Operations Manager). Change of Medical Director's name. Approved by Director sign off (Dr Kwame Fofie - 21 February 2023).

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1. INTRODUCTION

Nationally, the request for second opinions from NHS service users seems to be increasing and they are often an issue in relation to enquiries directed to the Trust.

The purpose of this procedure is:

1. To make clear the correct process is followed when service users and their carers make a request for a second opinion.
2. To cover the situations where a second opinion has been requested by someone other than the treating clinician.
3. To cover cases where a second opinion is obtained for a service user who has already been discharged from the service.

Current policies emphasise the importance of patient choice, and the Trust's procedure on Consultant Psychiatrist/GP second opinion and transfer of care should be incorporated into its approach to the choice agenda. The procedure is also written mindful of the requirement to meet equal opportunities policy implementation.

There is already considerable experience within the organisation, through good custom and practice, hence this procedure is for Consultant/GP guidance only and does not seek to be prescriptive. Although the main emphasis is on medical second opinion other professional groups as well as service users and carers may also find this document useful.

This Procedure supports the compliance with the Care Quality Commission Regulation 10, 'People using the service are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times'.

2. SCOPE

Existing guidance is limited. When the Patient's Charter existed, it stated and supported the right of every citizen to be referred for a second opinion if that individual and their GP felt this was the most appropriate course of action i.e. the referral was dependent upon agreement between service user and doctor. The BMA supports this statement and also acknowledges the fact that although service users do not have an automatic right to further opinion, their wishes should be respected by the clinician unless there is justifiable reason for refusal e.g., in cases where it is perceived that the service user might come to harm as a result.

A paper published in the Psychiatric Bulletin (2003) states that 'second opinions are every person's right, although there are not the resources within the NHS to provide them on a large scale'.

The General Medical Council (2001) only refers obliquely to second opinions by highlighting the fact that good practice dictates that, in providing good clinical care doctors 'must be willing to consult colleagues'.

A survey conducted by Nirodi et al (2003) reviewed 71 expert second opinions in a tertiary psychiatric out-patient clinic in the Yorkshire region. For their purposes they defined a second medical opinion as 'an expert clinical case evaluation requested by a colleague for a patient already under specialist care'. The outcome of this was the belief that the ability to offer a second opinion offered clinicians valuable support and expertise.

3. PROCEDURE STATEMENT

This procedure is aimed at ensuring a consistent approach by supporting Consultant Psychiatrists/GPs to take appropriate action when a need arises for a Second Opinion and/or transfer of care to be sought or provided for a patient, or a patient requests to be seen by an alternative Consultant/GP other than the one currently involved in their case.

4. DUTIES AND RESPONSIBILITIES

Chief Executive

Is responsible for ensuring that the 'Procedure for Obtaining a Second Consultant Psychiatrist/GP Opinion or Transfer of Care' from one Consultant/GP to another is in place, and that all staff working in the Trust are aware of and operate within the boundaries of the procedure.

Medical Director

Is responsible for ensuring that all medical staff are aware of and operate within the policy.

Medical Staff

All medical staff are responsible for applying the principles contained within the procedure

5. PROCEDURES

The process should be generally straightforward. Good communication is the key and perhaps the most important element, so that everyone concerned knows what has been requested, by whom and why.

As a specialist mental health Trust, the expectation in most cases would be that the necessary expertise to deliver a second opinion would be available directly within the organisation. Exception to that rule would arise in the rare circumstance that where the Trust did not have the requisite expertise or where the Consultant/GP sought the opinion of a national expert in the field. Should specialist advice not be available in the NHS then local CCG involvement and authorisation may be required.

- 5.1 Whenever a service user makes a request for a second opinion, either verbally or in writing, this request should be followed through unless it is the view of the service user's Consultant/GP that it is not in their clinical interest for a second opinion to take place. If this is the case, then documentation should be written in the case notes to support this, clearly explaining the rationale for the decision.
- 5.2 Following a request for a second opinion the Consultant/GP should arrange a meeting with the service user to discuss options regarding individual Consultant/GP colleagues to whom the service user can be referred.
- 5.3 On receipt of a request for a second opinion the receiving Consultant/GP should, within five working days, let the referring Consultant/GP know whether or not they are able to provide a second opinion and the likely timescale for this to be done. They should be provided with the relevant information, including case notes, so that they can make this decision.
- 5.4 If a request is made by someone other than the treating Consultant/GP for a second opinion then the service user's current Consultant/GP or service user's most recent Consultant/GP (if discharged) should follow action as from next paragraph.
- 5.5 Where the second opinion Consultant/GP differs from the referring Consultant/GP regarding the diagnosis and/or management of the service user then the referring

Consultant/GP should give consideration to whether or not the service user should be transferred to an alternative Consultant/GP. If the decision is made not to transfer to an alternative Consultant/GP; the reasons for this should be clearly documented in the service user's case notes.

- 5.6 In cases where the service user has been discharged and the case has been re-referred in light of the second opinion the Consultant/GP receiving that referral should accept the referral. Should the referral be declined on the basis of their clinical opinion differing from the second opinion then the appropriate Medical Lead and Operations Manager (or equivalent) will meet to decide whether or not the Trust should provide care for the service user as per the recommendations of the second opinion. Where the decision is made to provide care, then the Medical Lead and Operations Manager should ensure that the case is allocated to a Consultant/GP who will agree to see the service user.
- 5.7 The service user, relative or carer may insist on a second opinion from outside of the Trust's geographical area. Under these circumstances, if the Trust has made reasonable attempts to provide an independent opinion from within and this has been declined, then the Consultant/GP would not be obliged to arrange a referral but would refer the service user back to their GP.
- 5.8 In a minority of cases, after offering a second opinion, the service user, relative or carer may continue to be unsatisfied and request a further review. Even if this request is reasonable the Consultant/GP is in a strong position to decline and should refer the patient back to the GP.

The essence of a second opinion is that it is an independent opinion. In most cases, an immediate colleague would be appropriate, as they are generally more accessible. However, depending on the circumstances, it may be prudent to ask a colleague in the same specialty, based at a neighbouring Trust. This is dictated by individual circumstances.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

7. IMPLEMENTATION

This procedure will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

The implementation of this procedure requires no additional financial resource.

8. MONITORING AND AUDIT

To ensure compliance, monitoring will be undertaken through the review of complaints.

Since the request for a second medical opinion or transfer of care is not a frequent event it would be difficult to implement a formal monitoring system. System or practice changes will be implemented at Care Group/Service level and learning will be discussed and shared through peer groups.

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

1. BMA (September 2002) Patients requesting a second opinion, Guidance for Consultants prepared by the Central Consultants and Specialists Committee in conjunction with Ethics department and General Practitioners Committee
2. Cottrell D & Richardson G (2003) Service innovations: second opinions in child and adolescent psychiatry. *Psychiatric Bulletin* 27: 22-24
3. Nirodi P, Mitchell AJ, Mindham RHS (2003) Survey of expert second opinions in tertiary out-patient clinic in the Yorkshire region between 1988 and 2000. *Psychiatric Bulletin* 27: 416-420
4. DoH (2002) Chief Executive Bulletin 21-27 June Issue 123
5. DoH (2002) Medical Directors' Bulletin Issue 13
6. Cambridgeshire NHS Trust Policy on Second Opinion
7. Weinstein G Consultations and Second Opinions
8. Norfolk, Suffolk & Cambridgeshire SHA (December 2003) Independent Inquiry into the death of David Bennett

10. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Discharge and Transfer Policy
Equality, Diversity & Inclusion Policy