HEALTHBUS
Specialist Healthcare for People Experiencing Homelessness

Review Sheet

Last Reviewed 8 Jan 2026

Last Amended 8 Jan 2026

This policy will be reviewed as needs require or at the following interval: Annual

Business Impact:	MEDIUM Changes are important, but urgent implementation is not required, incorporate into your existing workflow.
Reason for this Review:	Best practice
Changes Made:	Yes
Summary:	This policy has been updated extensively throughout due to CQC updates to their supporting documents page. The changes include extra wording on compliance with Regulations 9, 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sections have been added with regards the role of the Independent Mental Capacity Advocate (IMCA) and Deprivation of Liberty Safeguards (DoLs). Additional Underpinning Knowledge and Definitions have been added.
Relevant Legislation:	• The Care Act 2014 • Children Act 1989 • Children Act 2004 • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Human Rights Act 1998 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice • Mental Health Act 1983 • Mental Health Act 2007 • Safeguarding Vulnerable Groups Act 2006 • Data Protection Act 2018 • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 • Equality Act 2010
	• Author: CQC, (2025), Regulations for service providers and managers - Regulation 11: Need for consent [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-11 [Accessed: 08/01/2026] • Author: CQC, (2025), Regulations for service providers and managers - Regulation 9: Person-centred care [Online] Available from: https://www.cqc.org.uk/guidance-

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Underpinning Knowledge:	regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-9 [Accessed: 08/01/2026] • Author: CQC, (2025), Regulations for service providers and managers - Regulation 13: Safeguarding service users from abuse and improper treatment [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-13 [Accessed: 08/01/2026] • Author: Government, (2019), Mental Capacity (Amendment) Act 2019 [Online] Available from: https://www.legislation.gov.uk/ukpga/2019/18/enacted [Accessed: 08/01/2026] • Author: Government Legislation, (2008), The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [Online] Available from: https://www.legislation.gov.uk/uksi/2014/2936/contents/made [Accessed: 08/01/2026] • Author: Government Legislation, (2004), Children Act 2004 [Online] Available from: https://www.legislation.gov.uk/ukpga/2004/31/contents [Accessed: 08/01/2026] • Author: Government Legislation, (2007), Mental Health Act 2007 [Online] Available from: https://www.legislation.gov.uk/ukpga/2007/12/contents [Accessed: 08/01/2026] • Author: Government Legislation, (2005), Mental Capacity Act 2005 [Online] Available from: https://www.legislation.gov.uk/ukpga/2005/9/contents [Accessed: 08/01/2026]
Suggested Action:	• Encourage sharing the policy through the use of the QCS App • Notify relevant staff of changes to policy
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

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1. Purpose

1.1 To outline out how HealthBus Trust ensures that care and treatment are delivered in a person-centred manner, with valid and informed consent, and with appropriate safeguards to protect Patient, Patients from abuse or improper treatment, in accordance with CQC Regulations 9 (Person-centred care), 11 (Need for consent), and 13 (Safeguarding service users) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

1.2 To ensure that HealthBus Trust fulfils the legal and regulatory responsibilities in relation to consent, which enables staff to comply with the relevant legislation and guidance for obtaining valid consent before starting treatment or physical investigation.

1.3

Key Question	Quality Statements
CARING	QSC1: Kindness, compassion and dignity
EFFECTIVE	QSE6: Consent to care and treatment

1.4 Relevant Legislation

- The Care Act 2014
- Children Act 1989
- Children Act 2004
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 1983
- Mental Health Act 2007
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities)(Amendment) Regulations 2012
- Equality Act 2010

2. Scope

2.1 Roles Affected:

- All Staff

2.2 People Affected:

- Patient, Patients
- Carers

2.3 Stakeholders Affected:

- Family
- Advocates

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- Representatives
- External health professionals
- NHS

3. Objectives

3.1 To ensure that valid consent is obtained from the Patient, Patient before any support or treatment is given.

3.2 Where the Patient, Patient lacks mental capacity to make an informed decision, or give consent, staff at HealthBus Trust must act in accordance with the requirements of the following:

• Mental Capacity Act 2005
• Associated Code of Practice
• Best Interest Process
• Deprivation of Liberty Safeguards (DoLS)

3.3 To recognise the general legal and ethical principle that Patient, Patients must provide valid, informed consent to any intervention and that this is recorded in their clinical record.

4. Policy

4.1 CQC Regulated Activities, Service Types and Service User Bands

Where required, HealthBus Trust will be registered with the CQC for regulated activities, service types and service user bands as defined in the CQC Statement of Purpose.

This will ensure that HealthBus Trust provides services that are safe, effective, caring, responsive and well-led in line with the CQC's published quality statements, regulatory framework and associated best practice guidance.

HealthBus Trust **is registered to provide the following regulated activities:**

Treatment of disease, disorder or injury, Transport services, triage and medical advice provided remotely, Nursing care,

HealthBus Trust **is registered to provide the following service types:**

Community healthcare service (CHC)

HealthBus Trust **is registered to support the following service user bands:**

Adults aged 18 - 65

4.2 The Registered Manager - Operations Manager, Katherine Hibbitt and Nominated Individual, Hazel Allen (Nurse consultant), of HealthBus Trust, have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at HealthBus Trust.

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4.3 HealthBus Trust ensures compliance with Regulation 9 (Person-centred care) by ensuring that the views, preferences, and individual needs of each Patient, Patient at the centre of decision-making. The policy promotes shared decision-making, clear communication, and reasonable adjustments so that consent processes are tailored to the individual and support meaningful involvement in care and treatment decisions.

4.4 HealthBus Trust meets the requirements of Regulation 11 (Need for consent) by setting out clear procedures to ensure that care and treatment are only provided with valid, informed, and ongoing consent, unless otherwise lawfully authorised. It explains how consent will be obtained, reviewed, respected, and documented, and how capacity will be assessed where there is doubt about a Patient, Patient's ability to make a specific decision.

4.5 HealthBus Trust supports Regulation 13 (Safeguarding service users from abuse and improper treatment) by embedding safeguards within the consent process. These include procedures for identifying lack of capacity, using best-interest decision-making, involving advocacy services where required, and recognising potential unlawful restraint or deprivation of liberty. These measures help protect Patient, Patient from harm, coercion, or improper treatment and ensure that care is delivered lawfully and ethically.

4.6 HealthBus Trust understands the need to only provide treatment with consent from the Patient, Patient. HealthBus Trust ensures that when any Patient, Patient is asked for their consent, information about the proposed treatment will be provided in a way that they can understand. The information will include details about the risks, complications and any alternatives. Only staff with the necessary knowledge and understanding of the treatment will provide this information so that they can answer any questions about it to help the Patient, Patient give valid consent.

4.7 HealthBus Trust will ensure that consent processes are free from discrimination.

Patient, Patients will be treated equally regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

4.8 Where Patient, Patients lack the mental capacity to make an informed decision, or give consent, staff will act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. HealthBus Trust will respect when Patient, Patients, or a person acting lawfully on their behalf, refuses to give consent or withdraws it.

4.9 The team at HealthBus Trust understands that the role of an IMCA is to support a Patient, Patients who may lack mental capacity to express their views and wishes during care and treatment decisions. The advocate's role is to safeguard the Patient, Patient's rights.

HealthBus Trust understands that the Local Authority may appoint an Independent Mental Capacity Advocate (IMCA) if a person lacks the mental capacity to make certain decisions.

4.10 All clinical and non-clinical staff members will be trained in the meaning of consent (this includes implied consent and expressed consent) and who is permitted to give consent for Patient, Patients.

4.11 HealthBus Trust will ensure that it treats consent as a process that continues throughout the duration of care and treatment, recognising that it may be withheld and/or withdrawn at any time. Staff at HealthBus Trust will be trained to understand that capacity can fluctuate and this needs to be considered in the context of giving or refusing consent.

4.12 Discussions about consent will be held in a way that meets the Patient, Patient's communication needs. This may include the use of different formats or languages and may involve others such as a translator or independent advocate. The Accessible Information Standard (AIS) Policy and Procedure at HealthBus Trust can be referred to for more information.

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4.13 HealthBus Trust will ensure that consent procedures do not pressure Patient, Patients into giving consent and, where possible, plans will be made well in advance to allow time to respond to Patient, Patient questions and provide adequate information.

4.14 HealthBus Trust will uphold the Patient, Patient's right to be involved in all decisions about their care and treatment.

4.15 HealthBus Trust will work with other members of the multidisciplinary team to ensure that best interest decisions are made and recorded for Patient, Patients who lack mental capacity to give valid consent.

4.16 HealthBus Trust will ensure that policies and procedures for obtaining consent to care and treatment will reflect current legislation and guidance and that staff follow them at all times.

4.17 Each healthcare professional must be satisfied that consent or other valid authority exists before undertaking any examination, investigation, providing treatment or involving Patient, Patients in teaching or research. Usually this will involve providing information to Patient, Patients using methods to ensure that they understand what intervention they are being required to give their consent for as well as why and how it could affect them. Obtaining informed consent must follow the guidance in "Decision Making and Consent" [GMC November 2020] which includes advice on children (to be read in conjunction with 0-18 Years Guidance for all Doctors GMC) and Patient, Patients who are not able to give consent.

4.18 Patient, Patients will:

- Be listened to and have their views about their healthcare respected
- Be informed what their diagnosis, prognosis, treatment and care involves
- Have information shared with them as they want or need in order to ensure they can make decisions
- Receive information in whatever way is necessary to enable them to maximise their opportunity and ability to make decisions and communicate them
- Have their decisions respected by staff in line with legislation

5. Procedure

5.1 HealthBus Trust recognises that consent is fundamental in ensuring person-centred care provision.

HealthBus Trust understands the need to allow Patient, Patients time to process information without feeling rushed or pressured, providing the opportunity for the individual or their legal representative to consider and formulate any questions that they have relating to their care provision.

5.2 Consent and Mental Capacity

Patient, Patients may lack capacity if their mind is impaired or disturbed in some way, and this means the Patient, Patient is unable to make a decision at that time.

- The staff member responsible for the healthcare assessment will ensure that mental capacity is assessed before the Patient, Patient consents to treatment and support
- Where the mental capacity assessment identifies that the Patient, Patient lacks the mental capacity to give valid consent, consent will be sought from the Patient, Patient's legally authorised representative (such as a legal guardian or a person having a power of attorney)

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- The assessor will consider whether the lack of capacity is temporary or permanent and consider if there are occasions when capacity fluctuates
- The Patient, Patient will be supported and encouraged to be involved, as far as they want to and are able, in decisions about their treatment and care
- Staff must adhere to the Mental Capacity Act (MCA) 2005 Policy and Procedure at HealthBus Trust

5.3 Deprivation of Liberty Safeguards (DoLS) and Consent

Where a Patient, Patient lacks capacity to consent to care or treatment and the proposed arrangements involve continuous supervision and control and the individual is not free to leave, HealthBus Trust will recognise this as a potential deprivation of liberty under the Mental Capacity Act 2005.

HealthBus Trust will identify and escalate DoLS concerns to the appropriate supervisory body, contribute to capacity and best-interest decision-making, and ensure that consent-related decisions are necessary, proportionate, and the least restrictive option available. HealthBus Trust will record all capacity assessments, consent decisions, and actions taken in relation to any potential deprivation of liberty.

5.4 Independent Mental Capacity Advocate (IMCA)

If a Patient, Patient is assessed as lacking capacity for a specific decision and has no appropriate family member or friend to represent their views, HealthBus Trust will instruct an Independent Mental Capacity Advocate (IMCA) for decisions relating to medical treatment or safeguarding concerns. Advocacy support will also be considered where Patient, Patients face substantial difficulty engaging in the consent process due to cognitive impairment, mental illness, learning disability, sensory impairment, language barriers, or social vulnerability. The use of advocacy services helps ensure that the patient's rights, wishes, feelings, beliefs, and values are represented, and that consent decisions are lawful, ethical, and person-centred.

Further information is contained in the Advocacy Policy and Procedure.

5.5 Patient, Patient**s under the age of 18**

The UN Convention on the Rights of the Child defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier". However, there are a number of different laws across the UK that specify age limits in different circumstances. These include child protection; age of consent; and age of criminal responsibility. People aged 16 or over are entitled to consent to their own treatment, and this can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.

Gillick Competent

Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being "Gillick competent".

Fraser Competent

Fraser Competent is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without

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parental knowledge or consent.

The clinician must be satisfied that:

- The child understands the advice and implications
- The child cannot be persuaded to tell their parents or allow the doctor to tell them that they are seeking contraceptive advice
- The child is likely to begin or continue having unprotected sex with or without contraceptive treatment
- The child's physical or mental health is likely to suffer unless he or she receives contraceptive advice or treatment
- The treatment is in the best interests of the child

5.6 Before Patient, Patients can come to a decision about treatment, they need comprehensible information about their condition, possible treatments/investigations, risks and benefits including the risk/benefits of doing nothing. This must be documented in their healthcare record and appropriate information transferred to the consent form e.g. risks, additional procedures. They must be informed of risks/benefits no matter how small or remote unless they have expressly indicated they do not want all of the information. They need to know whether additional procedures are likely to be necessary as part of the procedure.

The healthcare professional is responsible for ensuring explanations are presented sensitively and in a way that the Patient, Patient can understand. Unnecessary medical jargon must be avoided. Written information needs to be provided to support verbal explanations.

5.7 For 'informed consent', Patient, Patients are given all the information they need to make an informed decision. Whatever the context in which medical decisions are made, the healthcare professional carrying out the procedure must work in partnership with Patient, Patients to ensure that the Patient, Patient receives high-quality care which involves:

- Listening to Patient, Patients and respecting their views about their health
- Discussion with Patient, Patients about their diagnosis, prognosis, treatment options, risks of each option to help the Patient, Patient understand the significance (magnitude of individual effects) of the information clearly and know what they can expect if they give their consent
- Sharing with Patient, Patients the information they want or need, including the results of any tests, in a way that they are able to understand in order that they can make fully informed decisions
- Maximising the Patient, Patients' opportunities and their ability to make decisions for themselves
- Respecting Patient, Patients' decisions
- Ensuring that Patient, Patients can be confident that their human rights are respected and taken into account

5.8 Consent is checked with the Patient, Patient throughout all stages of an intervention or treatment pathway, not only at the outset, and this along with contemporaneous documentation of key points in the discussion is recorded in the Patient, Patient's clinical record and confirmed as informed consent.

Consent must also be checked and recorded when carrying out consultations online or via video.

5.9 Communication must be sufficient to ensure that Patient, Patients with communication difficulties are enabled to provide informed consent (for example, human - British Sign

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Language (BSL) interpreter/friend/pen and paper, or technological - hearing loop support for Patient, Patients with hearing difficulties).

5.10 Due to the time pressures that often exist in healthcare, it is not always possible to give Patient, Patients the level of information and support they may need to enable them to give their informed consent. To assist the healthcare professional, other members of the team may be able to spend time with the Patient, Patient and provide them with sources of information and support that will help them to make their decision about an intervention and give consent which is sufficiently informed. The resources available might comprise patient information leaflets, advocacy services, a local Expert Patient Programme or support groups/charities for people with specific conditions.

5.11 The Patient, Patient is given time to agree to treatment based on the information they have received and is not pressurised in any way.

5.12 The Patient, Patient may enquire of members of the practice team concerning treatment at any stage and they will receive a response to their question(s) from a healthcare professional e.g. doctor.

5.13 Patient, Patients can refuse consent at any point. If this happens, the decision is to be respected. However, information may be provided to the refusing Patient, Patient to help them understand in full what their refusal may mean in terms of risk. Advance refusals of treatment may need to be recorded, signed and witnessed for the clinical record.

5.14 If Patient, Patients express the wish to have another person, such as a relative, partner, friend, carer or advocate, to be involved in discussions or to help them make decisions, this wish should be accommodated as far as is reasonably possible, taking into account all factors informing the need for the consent in the first place, for example, the urgency or seriousness of the condition etc.

5.15 Written consent is obtained for procedures that have to be carried out in situations where consent cannot be checked, such as when the Patient, Patient is not conscious for any reason. Consent is recorded in the clinical record for every intervention.

5.16 If any healthcare professional believes that operational issues beyond their control are restricting their ability to give Patient, Patients the time or information they need to make an informed decision and are seriously compromising the Patient, Patient's ability to make an informed decision, concerns should be formally raised with Katherine Hibbitt and documented.

5.17 Patient, Patients can give consent verbally or in writing, or they may imply consent by complying with the proposed examination or treatment, e.g. by rolling up their sleeve to have their blood pressure taken. Where an intervention is deemed necessary (for example, a blood pressure check) to which the Patient, Patient refuses consent, this refusal must be recorded in the Patient, Patient's clinical record.

5.18 In the case of minor or routine investigations or treatments, if the healthcare professional is satisfied that the Patient, Patient understands what is proposed, and why, it is usually enough to have verbal or implied consent.

In cases that involve higher risk, it is important that the healthcare professional obtains the Patient, Patient's written consent. This is so that everyone involved understands and can confirm what was explained and agreed.

5.19 By law, there must be written consent in place for certain treatments, such as fertility treatment and organ donation. HealthBus Trust must follow the laws and codes of practice that govern these situations if being requested to obtain consent on behalf of another healthcare provider.

5.20 The healthcare professional must also get written consent from Patient, Patients if:

- The investigation or treatment is complex or involves significant risks
- There may be significant consequences for the Patient, Patient's employment,

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social or personal life
- Providing clinical care is not the primary purpose of the investigation or treatment
- The treatment is part of a research programme or is an innovative treatment designed specifically for their benefit

5.21 If it is not possible to get written consent, for example, in an emergency, or if the Patient, Patient needs the treatment to relieve serious pain or distress in the primary care setting, the healthcare professional can rely on verbal consent. However, the healthcare professional must still give the Patient, Patient the information they require or request to make the decision that led to the need for consent for the intervention. The healthcare professional must record the fact that the Patient, Patient has given consent in the Patient, Patient's clinical record.

5.22 Written consent must not be altered once it has been signed by the Patient, Patient. This signed consent must be scanned into the Patient, Patient's clinical record.

5.23 Physical restraint is not used within HealthBus Trust, except where life may be in danger. In the presence of physical peril, police support must be requested as a matter of urgency.

5.24 Consent to Share Information

HealthBus Trust will ensure that the Patient, Patient gives permission for information to be shared with other professionals or providers. If the Patient, Patient lacks capacity to make this decision, HealthBus Trust, in consultation with any representatives, will need to make a best interests decision about sharing information. Examples of when information might be shared are:

- Transferring care between providers
- Discussing mobility goals with a physiotherapist involved in the Patient, Patient's care

HealthBus Trust will also ensure that staff comply with the UK GDPR and Data Protection Act 2018 and that consent is sought from the Patient, Patient before sharing any information with inspectors or regulators. HealthBus Trust will be aware of the need to maintain confidentiality and that the Patient, Patient's right to confidentiality continues even when they are deceased.

Patient, Patients must understand what information is recorded about them and how HealthBus Trust uses that information, stores it and whether the information is shared. The Patient, Patient will be asked to provide consent for any information about their health, care, treatment or personal identifiable information to be shared. HealthBus Trust will consider this within the context of the UK GDPR.

5.25 HealthBus Trust will ensure that this policy is regularly reviewed and updated as necessary to reflect any changes in legislation or best practices.

HealthBus Trust will also regularly review consent practices to ensure compliance with the Equality Act 2010. Feedback from Patient, Patients and staff will be used to identify and address any potential inequalities in the consent process.

Any issues related to discrimination or inequality in the consent process will be promptly addressed, and corrective actions will be implemented to ensure ongoing compliance.

6. Definitions

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6.1 Consent

- Consent to treatment is the principle that a person must give permission before they receive any type of medical treatment, test or examination. This must be done on the basis of an explanation by a clinician or other primary healthcare professional

6.2 MCA

- The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over

6.3 Valid Consent

- Consent given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the Patient, Patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has authority to make treatment decisions as a court appointed deputy). Acquiescence where the Patient, Patient does not know what the intervention entails is not 'consent'

6.4 Express Consent

- Consent that is specifically sought and documented in either the Patient, Patient record or on a consent form or both

6.5 Mental Capacity Advocate (IMCA)

- An independent service that supports and represents a Patient, Patient who lacks capacity and has no appropriate person to consult, ensuring their rights and views are considered in decisions about care, treatment, or safeguarding

6.6 Deprivation of Liberty Safeguards (DoLS)

- A legal framework under the Mental Capacity Act 2005 that protects a Patient, Patient who lacks capacity and is subject to continuous supervision and control and is not free to leave, ensuring any deprivation of liberty is lawful, necessary, and proportionate

6.7 Person-centred Care

- Care that is planned and delivered in partnership with the Patient, Patient, respecting their individual needs, preferences, values, and choices

7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Consent may be implied or explicit but, where consent is refused, it is important to record this in the Patient, Patient's clinical record as the refusal may impact on the health of the Patient, Patient
- Consent is required for any intervention in primary care, including online and video consultations
- The legal responsibilities regarding the Mental Capacity Act and consent
- Staff should be trained in the Mental Capacity Act

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8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- People who lack the capacity to give valid consent arising from informed decisions are protected by placing the Patient, Patient at the centre of the decision-making process
- People are empowered to make decisions for themselves wherever possible based on information they have received

Further Reading

GMC - Decision making and consent:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/consent

NHS UK - Consent to treatment:

https://www.nhs.uk/conditions/consent-to-treatment/

Royal College of Surgeons of England - Consent: Supported Decision-Making:

https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent/

BMA - Consent and refusal by adults with decision-making capacity:

https://www.bma.org.uk/advice-and-support/ethics/seeking-consent/seeking-patient-consent-toolkit

CQC - GP mythbuster 49: Consent for minor surgery in GP surgeries:

GP mythbuster 49: Consent for minor surgery in GP surgeries - Care Quality Commission

Bevan Brittan - 'Decision Making and Consent' - New GMC Guidance:

https://www.bevanbrittan.com/insights/articles/2020/decision-making-and-consent-new-guidance-is-published-by-the-general-medical-council/

GMC - 0-18 Year Olds Guidance for All Doctors:

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years

Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:

- Carry out regular audits of the consent process and ensuring Patient, Patient is documented in the clinical record

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- The wide understanding of the policy is enabled by proactive use of the QCS App
- Ensure that all relevant staff are trained in the Mental Capacity Act and DoLS and keep up to date in any new guidance
- Always record in the Patient, Patient's notes and/or have a signature from a Patient, Patient that consent has been obtained

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