

**DEALING WITH A PATIENT'S REQUEST TO CHANGE THEIR MENTAL  
 HEALTHCARE OR SOCIAL CARE PROFESSIONAL POLICY**

**This procedural document relates specifically to staff  
 working in mental health services in Somerset Partnership.**

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Relevant Staff Groups:	All clinical and social care staff working in mental health services

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 languages upon request. Should you require this please contact the Equality and Diversity  
 Lead on 01278 432000**

## DOCUMENT CONTROL

<b>Reference</b> CM/Apr13/CHCPP	<b>Version</b> 3	<b>Status</b> Final	<b>Author</b> Medical Director
<b>Amendments</b>	2.1 – 2.4 Reviewed in line with new Trust Template, revised Governance arrangements and updated policy management process		
<b>Document objectives:</b> This policy has been produced in order to clarify how a request to change healthcare or social care professional should be dealt with by Trust staff.			
<b>Intended recipients:</b> All clinical and social care staff working in mental health services			
<b>Committee/Group Consulted:</b> Regulation Governance Group			
<b>Monitoring arrangements and indicators:</b> See Section 8.			
<b>Training/resource implications:</b> This policy is to be included in the Induction Checklist for all staff working in mental health services.			
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<b>Contact for review</b>	Medical Director		
<b>Lead Director</b>	Medical Director		

### CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Dr C Mortimore	Medical Director
Phil Brice	Director of Governance and Corporate Development
Sue Balcombe	Director of Nursing and Patient Safety
Jonathan Davies	Complaints and Records Manager
All Group Members	Regulation Governance Group
Andrew Sinclair	Equality and Diversity Lead

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## 1. INTRODUCTION

- 1.1 This policy has been written in collaboration with the Patient Advice and Liaison Service (PALS) in order to clarify how a request to change health and social care professional should be dealt with by Trust staff.
- 1.2 The emphasis is on mediation and resolution wherever possible in the first instance but with a clear procedure for consideration of a change of professional when mediation fails, and an appeals procedure when it does not prove possible to come to a consensus as to a satisfactory outcome.

## 2. PURPOSE & SCOPE

- 2.1 To clarify the procedure for dealing with a request from a patient to change their mental healthcare or social care professional.
- 2.2 This applies to all clinical and social care staff in mental health services, service managers and senior managers who may be involved in the procedure.

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Medical Director** is the author of this document.
- 3.2 The **Patient Advice and Liaison Officer** can act as a mediator between staff and patients during this process.
- 3.3 All **health and social care staff** in mental health services should follow this procedure when a request to change a healthcare professional is received.
- 3.4 **Service managers, Clinical Directors and Executive and Non-executive directors** have roles assigned in the appeal stages of the procedure.

## 4. EXPLANATIONS OF TERMS USED

**Healthcare/Social Care Professional:** all Trust clinical and social care staff who have regular contact with patients. This includes staff such as doctors, nurses, social workers, care coordinators, occupational therapists, psychologists and students in these disciplines.

## 5. POLICY STATEMENT

### 5.1 Local Stage

- 5.1.1 **Initial request:** If a patient feels that there has been a breakdown of communication between themselves and a healthcare or social care professional and that the issues cannot be raised at the next contact opportunity, then the patient (or their advocate) should draw this to the attention of the patient's care co-ordinator or via the PALS officer. The care co-ordinator should ensure all requests are logged with the PALS officer.
- 5.1.2 **Investigation and Mediation:** The care co-ordinator or PALS officer, in discussion with the operational line manager for the professional, will appoint a local mediator to look into the situation and, with the patient's consent, seek to mediate matters of disagreement or conflict. This would ideally take the form of a mediated meeting between the patient, the patient's supporter or advocate and the professional. Mediators are likely to be a similar member of the team to the professional involved but will not have had direct clinical contact with the patient previously. Mediation should take place within a month of the initial request.

5.1.3 **Resolution:** If mediation is successful, with the patient's consent, the normal clinical care will resume but the mediator will contact the patient after 3 months to ensure that problems have not recurred.

5.1.4 **Mediation unsuccessful:** The case is referred by the mediator to the service manager who, in discussion with the professional's line manager, can either:

- appoint an alternative professional from within the local service
- refer the case to an appeal panel for arbitration.

## 5.2 **Appeal Panel**

5.2.1 **Composition** The service manager with responsibility for the service providing care and treatment for the patient convenes a panel that consists of:

- non-local service manager (chair)
- non-local equivalent professional
- another professional not involved in the case directly.

5.2.2 **Investigation** The panel will meet with the patient and / or their advocate and the professional involved in the case. They will attempt resolution of the outstanding issues at this stage if possible. If resolution is not possible, they may recommend:

- an alternative professional is allocated by the service manager for responsibility for the service
- the case is referred to an executive director of the Trust for further consideration.

## 5.3 **Further Stages**

5.3.1 **Executive Review:** The panel refers the case to the relevant Executive Director for final arbitration. They will investigate the case themselves and can recommend:

- an alternative professional is allocated by the service manager for responsibility for the service
- the request to change professional is turned down and the patient is asked to remain with the current professional
- a Board level panel is convened.

## 5.4 **Board Level Panel**

5.4.1 **Composition:** In exceptional cases an Executive Director of the Trust can recommend that the matter is decided by a Board level panel. This will consist of:

- a non-executive director (chair)
- User Group representative
- a non-Trust professional equivalent to the profession of the clinician involved
- an Executive Director of the Trust.

5.4.2 **Investigation:** The panel will meet with the patient and / or their advocate, the professional involved in the case and their line manager. They will attempt resolution of the outstanding issues at this stage if possible. If resolution is not possible, they may recommend:

- an alternative professional is allocated by the service manager for responsibility for the service
- the request to change professional is turned down and the patient is asked to remain with the current professional.

## 6. TRAINING REQUIREMENTS

6.1 This policy is to be included in the Induction Checklist for all staff working in mental health services.

## 7. EQUALITY IMPACT ASSESSMENT

'All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry'.

## 8. MONITORING COMPLIANCE AND EFFECTIVENESS

### Monitoring arrangements for compliance and effectiveness

Overall monitoring will be by the Patient and Public Involvement Group.

### 8.1 Responsibilities for conducting the monitoring

The Patient and Public Involvement Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

Non-clinical areas will be audited by the Corporate Governance team, including risk management and complaints processes.

### 8.2 Methodology to be used for monitoring

All requests to change healthcare professional will be logged by the PALS officer and the outcome recorded. This will be included in the quarterly PALS and complaints report to the Patient and Public Involvement Group.

### 8.3 Frequency of monitoring

Annual report to the Patient and Public Involvement Group

### 8.4 Process for reviewing results and ensuring improvements in performance occur.

Annual report to the Patient and Public Involvement Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

## 9. COUNTER FRAUD

9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the

inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

Section	Outcome
Information and involvement	1 Respecting and involving people who use services
	2 Consent to care and treatment
Personalised care, treatment and support	4 Care and welfare of people who use services
Safeguarding and safety	7 Safeguarding people who use services from abuse
Quality and management	17 Complaints

## 11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

### Cross reference to other procedural documents

Development & Management of Organisation-wide Procedural Documents  
Policy and Guidance

Patient Advice and Liaison Service (PALS) and Complaints Policy and Process