Mental Capacity Act 2005 and MCA (Amendment) 2019 Policy

Version:	3.0	
Summary:	This policy details how the principles of the Mental Capacity Act should inform and underpin all care provided to service users by Locala colleagues.	
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Review and Amendment Log

Version No	Type of Change	Date	Description of Change
3.0	Scheduled Review	August 2020	3yearly planned scheduled review.

Contents

1. Introduction

Locala Community Partnerships is committed to ensuring that people, who may lack the capacity to make decisions for themselves, are provided with high quality care from a knowledgeable and competent workforce and that no act, or omission, via the services it provides is in breach of the Mental Capacity Act 2005 and subsequent Mental Capacity Act (Amendment) 2019 (hereafter collectively referred to as MCA unless otherwise stated).

The MCA provides a single statutory framework based on best practice to empower and protect vulnerable people who are not able to make specific decisions for themselves. It requires that organisations identify when people lack, or are thought to lack, mental capacity in making decisions in order that special measures can be employed to assist them. It makes it clear who can take decisions on behalf of others, in which situations, and how they should go about this. It enables people to plan for a time when they may lose capacity and an improved system for settling disputes, dealing with personal welfare issues and the property and affairs of people who lack capacity.

Nothing in the Mental Capacity Act, taken alone, gives colleagues the power to coerce, compel or control individuals in their care or their family members. The duty on all who are supporting individuals is to work in partnership to promote the autonomy of the individual and that any decision, or action taken, must be made in the best interests of someone who lacks the capacity to make the decision or act for themselves. In many situations the family members will be the decision makers and colleague's role will be to support them. It is underpinned by five key principles which must inform everything done when providing care or treatment for a person who lacks capacity.

The MCA provides legal protection from liability for carrying out certain actions in connection with the care and treatment of people who lack capacity providing it can be demonstrated that:

- The principles of the MCA have been observed
- An assessment of capacity has been carried out and documented
- It is reasonably believed that the person lacks capacity in relation to the matter, and
- It is reasonably believed that it is in the best interests of the person for the action to be taken.

The Deprivation of Liberty Safeguards (DoLS) were introduced as part of the MCA 2005 in 2009 and apply only to people aged 18 or over. The purpose of DoLS is to prevent unlawful arbitrary decision making that may deprive people who lack capacity of their liberty. **NB the MCA (Amendment) 2019 replaces DoLS with Liberty Protection Safeguards (LPS) which do not come into force until April 2022. LPS will apply to people age 16 or over.**

The Act is underpinned by the Mental Capacity Act Code of Practice (2007)

which is currently under review in response to the Mental Capacity Act (Amendment) 2019. The Code explains how the MCA works on a day-to-day basis and provides guidance to all those working with people where there may be concerns about their mental capacity to make decisions for themselves. The Code explains in more detail the key features of the legislation and some of the practical steps that people using and interpreting the MCA need to take into consideration. All colleagues who work with people who lack capacity have a legal duty to have regard to the Code which is available via the following link.

2. Purpose

The purpose of this policy is to underpin use of the Mental Capacity Act in Locala Community Partnerships (hereafter referred to as Locala). This policy aims to;

- Ensure that no act or omission by Locala, or via the services it provides, is in breach of the Mental Capacity Act (2005) or Deprivation of Liberty Safeguards (2009).
- Set the standards colleagues are expected to follow in implementing the principles of the MCA and Code of Practice.
- Provide direction, support and guidance to all Locala colleagues who are involved in the assessment, care, treatment or support of people over 16 years of age who may lack the capacity to make some, or all, decisions for themselves.
- Recognise that the implementation of the Mental Capacity Act 2005 is a shared responsibility that necessitates effective joint working between all partner agencies and professionals.

3. Target Population

This Policy applies to all colleagues, students and bank colleagues, contractors, temporary workers and other Third Parties (including volunteers, patients and clients) working with vulnerable people over 16 years of age who may not be able to make some of their own decisions.

4. Explanation of Terms

Advance Decision A decision made by an adult with capacity to refuse specific medical treatment in advance. The decision will apply at a future date when the person lacks the capacity to consent to or refuse the treatment specified in the advance decision.

Best Interests is a core principle that underpins the Act. In brief, it stresses that any act done or decision made on behalf of an individual who lacks capacity, must be done or made in the reasonable belief that it is in their best interests. This principle covers all aspects of financial, personal welfare, health care decision-making and actions.

Best Interests Assessors are authorised practitioners who complete Best Interests Assessments in accordance with the MCA, and whom have undertaken further and continuous training to maintain their competence.

Consent is the voluntary and continuing permission of the person to the intervention or decision in question. It is based on an adequate knowledge and understanding of the purpose, nature, likely effects and risks of that intervention or decision, including the likelihood of success of that intervention and any alternatives to it. Permission given under any unfair or undue pressure is not consent.

Court Appointed Deputy is someone who has been appointed by the Court of Protection to make decisions on behalf of an individual who lacks capacity to make the particular decision.

Court of Protection is a specialist court which deals with all issues relating to people who lack capacity to make specific decisions.

Decision-maker - under the Act, many people may be required to make decisions or act on the behalf of someone who lacks capacity to make decisions for themselves. The person making the decision is referred to as the decision-maker and it is the decision-maker's responsibility to be satisfied as to the person's lack of capacity to make the specific decision and to work out what would be in the best interests of the person who lacks capacity. The decision maker is determined by the nature and complexity of the decision to be made. Day to day care decisions may be made by a paid or unpaid carer. Complex social care, finance and accommodation decisions may be made by health and social care professionals. Doctors are the decision makers for medical decisions while nursing staff will usually be the decision maker in relation to routine care needs.

Deprivation of Liberty Safeguard A legal authorisation that allows a managing authority to deprive someone who lacks mental capacity of their liberty.

A 'Donor' is the person who makes a Lasting Power of Attorney while they still have capacity.

Independent Mental Capacity Advocate (IMCA) is a person who can represent and support an individual who lacks capacity to make specific decisions in situations where the person has no one else to support them.

Lasting Power of Attorney (LPA) under the Act, an individual with capacity **who is** aged 18 or over **can** appoint an attorney (or attorneys) to make decisions **on their behalf** if they **subsequently** lose capacity. This can cover personal welfare decisions (including decisions about health care) and/or decisions relating to their property or affairs. An LPA must be registered with the Office of the Public Guardian (OPG) before it can be used.

Managing Authority The organisation responsible for the care home or hospital applying for the DoLS authorisation.

Mental Capacity Refers to the ability of an individual to make a decision about a particular matter at the time the decision needs to be made.

Office of the Public Guardian (OPG*)* in addition to keeping a register of deputies, LPA and Enduring Powers of Attorney, it also has the responsibility of monitoring deputies and attorneys' and investigates any complaints about attorneys or deputies.

Restraint is using force or threatening to do so, to help to do an act which the person resists. It is also defined as restricting a person's freedom of movement, whether they are resisting or not. Restraint may only be used where it is necessary to protect the person from harm and is proportionate to the risk of harm.

5. Duties

5.1 Individual Colleagues

Colleagues are responsible for reading, complying with and maintaining up-to-date awareness of policies as laid down in job descriptions and contracts of employment and for undertaking training as appropriate to enable them to comply with policies relevant to their roles and as colleagues of Locala.

All colleagues delivering care must be able to assess a person's mental capacity to make a particular decision in circumstances in which there are concerns about the person's ability to make the decision at the time it needs to be made.

Colleagues must ensure that they document any discussions, and assessments undertaken including the rationale for any actions or decisions made on behalf of a person who lacks capacity.

All colleagues must understand DoLS principles and be able to recognise when a person is being deprived of their liberty.

All colleagues in a clinical role must undertake MCA and DoLS training in line with Locala policy requirements and ensure they maintain their skills.

5.2 Managers

It is the responsibility of all line managers to:

- Ensure that they and the people they manage are conversant with this policy and its contents.
- Ensure that they, and the people they manage, are conversant with where and when capacity assessments, best interest decisions, lasting powers of attorney and any advance decisions to refuse treatment or advanced statements of wishes and feelings are recorded and checked.

5.3 Mental Capacity Champions

The responsibility of the MCA Champion is:

- To support the development of high standards of practice relating to the MCA within the area they work.
- To provide guidance to colleagues within their teams or service who require support with their practice relating to the MCA.
- Provide briefings and updates to their teams or service on the MCA as appropriate
- Speech and language and occupational therapy mental capacity champions to offer advice regarding communication and cognitive skills and challenges to MCA assessment when requested.
- To participate in MCA Champions network / training
- To contribute to the MCA training resources on the Locala intranet

A list of MCA champions is available on the MCA page on the intranet.

5.4 Named Nurse for Safeguarding Children and Adults at Risk (Supported by Safeguarding Practitioners)

Responsibilities include:

- The provision of support to the MCA Champions and to facilitate the network meetings.
- Provision of advice, guidance, and MCA supervision to colleagues requiring support with their practice relating to the MCA.
- Monitoring compliance with MCA policy and legislation through audit and incident reporting.
- Supporting services where there is no MCA Champion provision.
- Support the escalation of cases where legal advice is required, and if necessary applications made to the Court of Protection.
- Develop and oversee the supplementary MCA training programme.

5.5 Head of Safeguarding

The Head of Safeguarding will take the strategic lead for MCA within Locala. This includes:

- Ensuring quality standards for MCA are developed and evidenced.
- Leading and supporting the development of MCA and policy, and procedures in accordance with national, regional and local requirements.

- Ensuring assurance arrangements are in place within Locala.

5.6 Director of Nursing, Allied Health Professionals and Quality

The Director of Nursing, Allied Health Professionals and Quality is the executive lead for Safeguarding and MCA.

5.7 Responsible Committee / Group

It is the responsibility of the Safeguarding Committee to monitor the implementation and effectiveness of this Policy.

5.8 Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of Locala including ensuring that the organisation's procedural documents comply with all legal, statutory and good practice requirements.

6. Key Principles and Processes of the Mental Capacity Act

The Mental Capacity Act 2005 (MCA) establishes five key principles set out in the Code of Practice that put the person at the centre of decision making and provides a framework for colleagues when providing care and treatment.

6.1 The Five Key Principles

Principle 1: **Assume Capacity**:	Every adult and young person age 16/17 years has the right to make their own decisions if they have capacity to do so. A person must therefore always be assumed to have capacity unless it is established otherwise. It cannot be assumed that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
Principle 2: **Practical steps to maximise decision making capacity**:	A person is not to be treated as unable to make a decision unless all practicable steps to help him/her make the decision have been taken without success. People must be supported as much as possible to make a decision before it is concluded that they are unable to make the decision. This means that every effort must be made to encourage and support the person to make the decision for themselves. Even if a lack of capacity is established, it is still important that the person remains involved as far as possible in making decisions.
Principle 3: **Unwise decisions**:	A person is not to be treated as unable to make a decision because he or she makes what others may consider to be an eccentric or unwise decision. All individuals have their own values, beliefs and preferences which may not be the same as those of other

	people and they cannot be treated as lacking capacity for not agreeing with the opinions or views of their carers or professionals.
Principle 4: **Best Interest:**	Any act done, or decision made, under the Mental Capacity Act for or on behalf of a person who lacks capacity must be done or made in his\her best interests.
Principle 5: **Least Restrictive Alternative**:	Before an act is done, or a decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive for the person's rights and freedom of action.

6.2 When is a Mental Capacity Assessment Needed?

Decision making capacity refers to a person's ability to make decisions and take actions for themselves at a particular moment in time, from everyday decisions such as what to eat, to more significant ones such as whether to accept or refuse serious medical treatment.

Assessing capacity is vitally important, as someone who is assumed as lacking capacity may be denied their right to make a specific decision, particularly if others think that the decision would not be in their best interests or could cause harm.

In addition, if a person does lack capacity to make a specific decision, they may make a decision based on information that they do not really understand which may cause harm or put them at risk. It is therefore important that an assessment is carried out when a person's capacity is in doubt.

There are a number of reasons why colleagues may question a person's capacity to make a specific decision:

- The person's behaviour or circumstances cause doubt as to whether they have the capacity to make a decision e.g. non – compliance with prescribed treatment that is likely to be detrimental to the health and wellbeing of the individual.
- Other people have voiced concerns about the person's capacity.
- The person has previously been diagnosed with an impairment or disturbance that affects the way their mind or brain works, and it has already been shown they lack capacity to make other decisions in their life.
- There are concerns around cognition, as indicated by a memory test or cognitive test e.g. Six-item Cognitive impairment test (6 CIT), to note reduced cognition alone does not mean that a person lacks capacity to make a decision.

When a decision needs to be made and there is concern that the person may lack capacity an assessment of the urgency of the decision needs to be made.

6.2.1 Urgent Decisions

It is possible to treat someone or intervene if there is reasonable belief that

A person lacks capacity

and

The proposed intervention is immediately necessary to save their life or to prevent a significant deterioration in their condition to pass the point of crisis

Every effort should be made to keep the individual as informed as possible during the care/treatment as appropriate.

6.2.2 Non-Urgent Decisions

If the decision is not urgent, and the person is likely to regain capacity, the decision should be delayed until such a time that the person has the capacity to make the decision for themselves.

6.3 Who Should Assess Mental Capacity

Under the Act, capacity is decision specific and a decision about a person's capacity can be made by anyone who follows the appropriate assessing criteria. This will usually be the person most directly connected with the individual at the time the decision has to be made. This will particularly be the case for day to day decisions. This person is the decision maker.

Every healthcare professional undertakes informal assessments of a patient's capacity as part of their everyday clinical interventions in accordance with consent guidelines and best practice. For health and care interventions or medical decisions valid consent is always needed for treatment or examination which can be non-verbal (a patient/service user presents their hand for a pulse check), verbal or in writing; the doctor or healthcare professional who is proposing the intervention will have to assure themselves whether or not the person has the capacity to give (or withhold) informed consent to the proposed intervention. Therefore 'Consent' and 'Capacity' can be viewed as two sides of the same coin.

Consideration of an assessment under the MCA generally occurs when a colleague has a 'reasonable belief' that a patient has a disorder or disturbance in the mind or brain (temporary or permanent) which affects their ability to consent, or withhold consent, to a particular act. Healthcare staff can be said to have 'reasonable grounds for believing'

that a person lacks capacity if they have assessed the person's capacity to make a particular decision and this assessment is documented in the electronic health record or care plan.

For more complex decisions, relating to care or treatment, it may be appropriate to utilise other specialist professionals when undertaking capacity assessments so that all the relevant information and risks/benefits of the decision to be made can be explained following principle 2 of the MCA. For example, it may be necessary to involve a Speech and Language Therapist i.e. to assist with communication.

A formal capacity assessment will be required for more complex situations, for example:

- An assessor concludes that a person lacks capacity, but the person wishes to challenge that decision;
- Family, carers and/or professionals disagree about a person's capacity;
- There is conflict of interest between the assessor and the person being assessed;
- The person being assessed is expressing different views to different people;
- A person repeatedly makes decisions that could put them at risk or could result in suffering or damage.
- Where there is concern that undue pressure or coercion is being placed on the person, their carers or others
- Where there may be legal consequences to a finding of lack of capacity
- Restraint or sedation where the patient is unable to consent
- Where an adult or young person age 16/17 is refusing life-saving treatment
- Patients returning home to unsafe environments
- Adult protection issues if a person is returning from an intermediate care bed to a potentially abusive situation
- Before serious planned medical treatment or surgery is carried out.
- Where referral to an Independent Mental Capacity Advocate (IMCA) is required
- When there is a plan to place someone in hospital (or moving them to another hospital) for longer than 28 days

- When placing a person in a care home (or moving them to a different care home) for what is likely to be longer than eight weeks
- Where there is conflict between carers and/or agencies over the person's best interests
- Where there are significant risks associated with the treatment or intervention and there are reasonable grounds to suspect the person may not understand the treatment that is being proposed e.g. a young person age 16/17 with complex health needs

Or any decisions similar to those above which can be seen as 'major' or 'life changing'.

6.4 Assessing Capacity

The MCA defines incapacity as follows:

"A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain".

The MCA sets out a single clear two stage test for assessing whether a person lacks capacity to take a particular decision at a particular time. It is a "decision-specific" test. No one can be regarded as lacking capacity to make decisions in general. It is also a "time-specific" test: i.e. capacity should be assessed to take the specific decision at that particular time, and again not in general.

Colleagues can assess whether a person is lacking capacity to make a particular decision at a particular time by applying a two stage test.

6.4.1 Stage 1 (Diagnostic)

Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain (It does not matter whether the impairment or disturbance is permanent or temporary).

Many factors can affect a person's capacity such as:

- A Stroke
- A Head Injury
- A Mental Health Problem
- Dementia
- Learning Disability
- Drowsiness or unconsciousness because of an illness or the treatment for it.

- Delirium (acute confused state).
- Effects of alcohol or drug misuse as well as some prescription medications.

NB. This list is not exhaustive. However, it is important to know that having a particular diagnosis or disability should not of itself be taken as an indication that the person does or does not lack capacity.

(If 'No', the person cannot be assessed as lacking capacity. If 'Yes', proceed to stage two).

6.4.2 Stage 2 (Functional)

The second part of the capacity test involves assessing whether the impairment or disturbance of the brain means that the person is unable to make the decision in question at the time it needs to be made.

A person's ability to make a decision is assessed by applying the four stage (functional test) set out below.

Before a person is asked to reach a particular decision, they must be given all of the relevant information they need to make a fully informed decision.

The person will be unable to make a decision for themselves if they are unable to do any one of the following four things:

1. **Understand the information** about the decision to be made (the Act calls this 'relevant information') including understanding the likely consequences of making, or not making the decision.
2. **Retain the information** long enough to be able to make the decision. The fact that the person is only able to retain the information for a short period of time does not prevent them from being able to make a decision
3. **Weigh up the information** long enough to be able to make the decision as part of the process of making that decision. It is not enough to just understand and retain the information the person needs to be able to consider the consequences of the decision.
4. **Communicate their decision** by any means - this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand. All attempts should be made to enable a person to communicate their decision, this may include, visual aids, non-verbal gestures etc. A complete inability to communicate

is rare.

However, in these circumstances the Act is clear that a person should be treated as if they are unable to make a decision.

The person does have capacity if all 4 requirements are met.

An answer NO to any one of the above will constitute a lack of capacity to make a particular decision. Any question as to whether a person lacks capacity must be decided on the balance of probabilities. However, you must be satisfied that there is a causal link between the disturbance or impairment and the inability to make the decision in question.

6.5 Supporting People to Make Their Own Decisions

The starting point when working with a person who needs to make a decision must be the presumption that the person has capacity. It is the responsibility of the decision maker to take all practicable steps to help someone make their own decisions, before they can be regarded as unable to make a decision.

Every effort must be made to provide information in a way that is most appropriate to help the person to understand. Quick or partial explanations are not acceptable unless the situation is urgent.

All information relevant to the decision must be explained to the person, including risks, benefits and consequences. It must include the information likely to be important to the person. This will require a balance to be struck between giving enough information to make an informed decision and too much information or detail which could be confusing. A person is not to be regarded as being unable to make a decision if they are able to understand through the use of appropriate means for example; using simple language, visual aids etc.

Relevant information includes:

- The nature of the decision.
- The reason why the decision is needed, and
- The likely effects of deciding one way or another or making a decision at all.

Examples of effective communication to support the person understand the relevant information include:

- A person with a learning disability may need somebody to read information to them. They might also need illustrations to help them to understand what is happening. It might also be helpful for them to discuss information with an advocate.

- A person with anxiety or depression may find it difficult to reach a decision about treatment in a group meeting with professionals. They may prefer to read the relevant documents in private. This way they can come to a conclusion alone and ask for help if necessary.
- Someone who has a brain injury might need to be given information several times. It will be necessary to check that the person understands the information. If they have difficulty understanding, it might be useful to present information in a different way (for example, different forms of words, pictures or diagrams). Written information, audiotapes, videos and posters can help people remember important facts.

Please see Appendix B for examples of practical steps that should be taken.

It is only after all practicable steps to support the person to understand have been unsuccessful that you can then look at taking the decision for the person in their best interest.

6.6 Fluctuating Capacity

Some people have fluctuating capacity – they have a problem or condition that gets worse occasionally and affects their ability to make decisions and their capacity may vary according to the time of day. Temporary factors may also affect someone's ability to make decisions i.e. mood or depression or an underlying physical disorder e.g. urinary tract infection. When assessing capacity, a view should also be taken as to whether the person might regain capacity in the future, and if so, when this is likely to be. If the decision can be postponed until the person regains capacity, it should be postponed, to allow the person to reach their own decision at that later time.

In such cases, it is good practice to establish, while the person has capacity, their views about any clinical intervention that may be necessary during a period of anticipated incapacity, and to record these views.

The person may wish to make an advance decision to refuse treatment or a statement of their preferences and wishes. It should also be considered whether the person is likely to regain capacity and, if so, whether the decision can wait. The statutory principle that all practical steps must be taken to enable the person to make their own decision should be followed. Each service should have a clear process that sets out where advance decisions to refuse treatment and advance statements of wishes and feelings are recorded.

6.7 Best Interest Decisions

Everything that is done for or on behalf of a person who lacks capacity

must be in that person's best interests. The MCA provides a best interest checklist of factors that decision-makers must work through in deciding what is in an incapacitated person's best interests. A person can put their wishes and feelings into a written statement if they so wish, which must be considered by the decision maker. Also, carers and family members have a right to be consulted. The decision should not be what the decision-maker wants to happen. Instead a best interest decision considers the previous and currently held beliefs, values and expressed wishes of the person who lacks capacity. In effect it is the decision the person is likely to have made if they had the capacity to make the decision.

In establishing Best Interest, it is critical to determine who the decision-maker is. The person who lacks capacity may have a nominated attorney (donee), with either lasting or enduring powers that relate to the type of decision, welfare or property related, to be taken. There may be a Court of Protection appointed deputy as decision-maker. It is good practice to check that the person claiming to have decision making powers has the necessary evidence to demonstrate this. In the absence of a deputy or attorney the person requiring the decision will be the decision-maker; for example, if a doctor/nurse is prescribing a treatment that requires consent, they will be the decision-maker.

6.7.1 The Best Interests Checklist

All the factors in the Best Interest's checklist must be taken into account by the decision-maker when reaching a decision as to best interests.

In addition, the decision-maker must take into account any other factors that are relevant in the circumstances and must take the steps set out below.

- Encourage participation - do whatever possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision.
- Find out the person's views - consider, insofar as can reasonably be ascertained.
- The person's past and present wishes and feelings, which may have been expressed verbally, in writing or through behaviour or habits (including any written preferences or wishes set out in an advanced statement.
- Any beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision in question.
- Any other factors the person themselves would be likely to

consider if they were making the decision themselves.

- **Consult others** - if it is practical and appropriate to do so, consult other people for their views about the person's best interests to see if they have any information about the person's wishes, feelings, beliefs and values. In particular, try to consult:
- Anyone previously named by the person as someone to be consulted on for either the decision in question or on similar issues.
- Anyone engaged in caring for the person.
- Close relatives, friends or others who take an interest in the person's welfare.
- Any Attorney appointed under a Lasting Power of Attorney made by the person.
- Any Deputy appointed by the Courts of Protection to make decisions for the person
- An Independent Mental Capacity Advocate (IMCA) must be appointed and consulted for people lacking capacity who have no one else to support them where a change of accommodation is being proposed. An IMCA may also be appointed to support someone who lacks capacity for care reviews and in adult protection cases where there is no one else available to consult.
- Other important principles to remember when assessing what are in an incapacitated person's best interests are:
- Avoid discrimination - do not make assumptions about somebody's best interest simply on the basis of their age, appearance, condition or behaviour
- Assess whether the person might regain capacity – consider whether the person is likely to regain capacity (e.g. after receiving medical treatment). If so, can the decision wait until then?
- If the decision concerns life sustaining treatment - the decision must not be motivated in any way by a desire to bring about the person's death. They should not make assumptions about the person's quality of life.

For more complex Best Interest decisions a balance sheet approach that outlines the pros and cons of making or not making a particular decision, is recommended as best practice

and is essential for complex decision making or where the case may go to the Court of Protection.

6.8 Excluded Decisions

Section 27 of the Mental Capacity Act lists certain decisions that can never be made on behalf of a person who lacks capacity. These include:

- Consenting to marriage or civil partnership
- Consenting to sexual relations
- Consenting to a decree divorce being granted on the basis of two years separation
- Consenting to a dissolution order being made in relation to a civil partnership on the basis of a two years separation
- Consenting for a child being placed for adoption by an adoption agency
- Consenting to the making of an adoption order
- Discharging parental responsibilities in matters not relating to a child's property
- Giving consent under the Human Fertilisation and Embryology Act 1997.
- A person cannot vote on behalf of a person who lacks capacity.

6.9 Use of Restraint

Under the MCA restraint can be authorised if it is necessary and proportionate, but not where it amounts to a Deprivation of Liberty, unless the person is being deprived of their liberty in an emergency to provide life-sustaining treatment, or perform some other vital act, whilst an application is made to the Court of Protection.

Restraint in the MCA is defined as:

- The use or threat of force to make an incapacitated person do something that they are resisting, or
- Any restriction of an incapacitated person's freedom of movement, whether or not the person resists.

Restraint can take many different forms such as physical, verbal, mechanical, chemical, environmental, and can include restrictions on contact and privacy. Examples include the use of covert medication, the use of physical force to prevent a person doing something, the use of mechanical restrictions (e.g. bed sides) and the use of verbal threats. This may include having the external door to a unit locked to prevent a

patient wandering off into a potentially dangerous situation.

Restraint of an incapacitated person is only permitted under the MCA if:

- The person using it reasonably believes that the restraint is **necessary to prevent harm** to the incapacitated person, and
- The amount or type of restraint used, and the duration of that restraint, is **proportionate to the likelihood and seriousness of the harm i.e. there is no less restrictive option**.

Any potential requirement for use of restraint must be included in the persons care plan and all instances of restraint clearly documented.

NB If the effects of the restriction amount to a deprivation of liberty it must be specifically authorised. – see Section 9

Unlawful use of restraint must always be challenged and reported if the practice of restraint continues.

7. Children and Young People

The Children Act 1989 covers the care and welfare of children in most situations.

The Mental Capacity Act can though apply to children **under 16** years in two ways:

- The Court of Protection can make decisions about the property and finances of a child where it is likely that the child will still lack capacity to make those decisions when they reach 18 years old.
- Offences of ill treatment or wilful neglect of a person who lacks capacity can also apply to victims younger than 16 years old

However, the majority of the provisions within the MCA apply to young people of 16 years of age or over who lack capacity to make their own decisions. For the MCA to apply to a young person, they must lack capacity to make a particular decision through impairment to mental functioning rather than immaturity (in line with the Act definition of capacity described previously). In such situations, either the MCA or the Children Act 1989 may apply, depending on the particular circumstances.

There may also be situations when neither of these Acts provides an appropriate solution. In such cases it may be necessary to look to the powers available under the Mental Health Act 1983, or the High Court‘s inherent powers to deal with cases involving young people.

Decisions relating to treatment of young people of 16 and 17 who lack capacity must be made in their best interests in accordance with the principles of the Act. The young person’s family and friends should be consulted where practicable and appropriate.

There are three provisions in the MCA not available to 16 or 17year olds.

These are:

- Making a Lasting Power of Attorney
- Advance decisions to refuse treatment
- Making a Will

7.1 Care or Treatment for Young People Aged 16–17

Colleagues undertaking acts in relation to the care or treatment of a young person aged 16–17 who lacks capacity will generally have protection from liability, as long as the person carrying out the act:

- Has taken reasonable steps to establish that the young person lacks capacity

AND

- Reasonably believes that the young person lacks capacity and that the act is in the young person's best interests and follows the principles of the MCA.

When assessing the young person's best interests, the colleague providing care or treatment must consult those involved in the young person's care and anyone interested in their welfare – if it is practical and appropriate to do so. This may include the young person's parents. Care should be taken not to unlawfully breach the young person's right to confidentiality.

A 16 or 17 year old cannot be admitted to a hospital or a care home in a way which is likely to deprive them of their liberty without appropriate legal authorisation of that deprivation by a Court.

8 Legal Matters

8.1 Lasting Power of Attorney

Any person aged 18 or over with capacity can appoint an attorney (or more than one attorney) to make decisions about their personal welfare and/or their property and affairs if they lose capacity to make such decisions themselves in the future. Under a Lasting Power of Attorney, the appointed person (known as the' Attorney' or 'Donee') can make decisions that are as valid as one made by the person granting the Power of Attorney (the 'Donor'). These might concern areas of specific or general decision-making.

From 1 April 2007 no new Enduring Powers of Attorney (EPA) could be created however an EPA drawn up before 1 April 2007 can still be used in relation to Property and Affairs only provided it has been registered with the Office of the Public Guardian.

Lasting Powers of Attorney can cover two different types of decision

making:

- Property and affairs (including financial matters).
- Personal welfare decisions (including healthcare and consent to medical treatment).

In order to be valid, a Lasting Power of Attorney must:

- Be a written document set out in the form required by the Mental Capacity Act.
- Must be registered with the office of Public Guardian (OPG) before it can be used. An unregistered LPA will not give the Attorney any legal powers to make a decision for the Donor. The Donor can register the LPA whilst they are still capable, or the Attorney can apply to register the LPA at any time.

Attorneys are always required to follow the principles in the Mental Capacity Act and must make decisions in the Donor's best interests.

8.1.1 Checking Validity

When dealing with a person who state they are an attorney of an incapacitated person under an LPA, colleagues should request to see a copy of the LPA which has been stamped by the Office of the Public Guardian to confirm it has been registered. Colleagues should also check the stamped LPA to confirm the nature and extent of the attorney's authority to take decisions.

8.1.2 Searching the Register

If colleagues are unsure if an LPA is registered a request can be made to search the registers. The search is free. To request a search, you must complete form OPG100. The form is available at:

Requesting-a-search-of-the-public-guardian-registers

Alternatively, the office of Public Guardian can verify the person via telephone if a paper copy of authorisation is not available.

Tel: 0845 3302900

8.2 Court of Protection

The Court of Protection is a specialist court existing under the provisions of the MCA to deal with decision-making for adults (and children in a few cases) who may lack capacity to make specific decisions for themselves.

The Court of Protection has the same powers, rights, privileges and authority as the High Court. When reaching any decision, the court must apply the 5 statutory principles set out in the MCA. In particular, it

must make a decision in the best interests of the person who lacks capacity to make the specific decision.

The Court of Protection has powers to:

- Decide whether a person has capacity to make a particular decision for themselves
- Make declarations about the lawfulness, or otherwise, of an act done or yet to be done, including decisions on serious health care issues and treatment
- Make declarations, decisions or orders on financial or welfare matters affecting people who lack capacity to make such decisions
- Rule on very complex and difficult decisions. There are certain decisions that can only be made by the COP e.g. sterilisation of a person.
- Appoint deputies to make decisions for people lacking capacity to make those decisions.
- Decide whether an LPA or EPA is valid and remove deputies or attorneys who fail to carry out their duties.

An application to the Court of Protection may be necessary where there is genuine doubt or disagreement about a person's capacity or about what is in their best interests. The Court of Protection can also make decisions about the validity and applicability of Advance Decisions where this is in doubt.

8.3 Advance Decisions to Refuse Treatment

An advance decision (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) supports individuals to make decisions in advance to refuse specific treatments in the future if they should ever lack capacity. It enables a person's family, their carers and health professionals to know the person's wishes about refusing treatment if they are unable to make or communicate those decisions themselves.

An advance decision can be over-ridden by the Mental Health Act 1983 but only as regards treatment for a person's mental illness and professionals must still have regard to the advance decision that has been made.

In order to be valid an advanced decision must be made by a person who is age 18 years or over who had capacity at the time when made. Advanced decisions to refuse life sustaining treatment must be written down and signed by the person to whom the advanced decision pertains and by a witness. This advance decision may be withdrawn by the person at any time by any means.

Colleagues responsible for treatment and care of service users must be aware of their responsibilities for receiving and documenting Advance Decisions whether written or verbal. They must be able to establish the validity of existing Advance Decisions and whether they are relevant for a service user given their current situation.

8.4 Independent Mental Capacity Advocates

An Independent Mental Capacity Advocate (IMCA) is an independent person appointed to assist with decision making for those who lack capacity to make significant, potentially life- changing decisions. If a person lacks capacity, and has no family or friends, an IMCA may be needed to provide addition protection for the person. The IMCAs role is not to be the decision maker, but to support the individual without capacity and represent their wishes, feelings, beliefs and values.

IMCAs have the right to see relevant healthcare and social care records. Any information or reports provided by an IMCA must be taken into account as part of the best interest decision making process.

The IMCA service is provided to support the best interest decision making process for any person aged 16 years or older, who has no one able or appropriate to support and represent them, and who lacks capacity to make a decision about either:

- A long-term care move; ('Long term' is defined as a placement that lasts for longer than 28 days in a hospital setting, or for longer than 8 weeks in a care home).
- Serious medical treatment;
- Adult protection procedures; or
- A care review

IMCAs may provide health professionals with support and advice on cases that may not fit the criteria for referral to establish whether their input is required. The IMCA will also bring to the attention of the decision-maker all factors that are relevant to the decision.

An IMCA may need to be instructed UNLESS any of the following apply:

- The person has family/friends appropriate to consult with on the issue and is not subject to a safeguarding enquiry or investigation.
- An Attorney has been appointed under a valid Power of Attorney which authorises the Attorney to make the relevant decision.
- A Deputy has been appointed by the Court of Protection with power to make the relevant decision.

The duty to instruct an IMCA does not preclude intervention where it is

immediately or urgently necessary.

NB the IMCA should continue to remain involved until the decision needed has been made. However, the duty to instruct an IMCA does not prevent intervention where it is immediately or urgently necessary.

Advocacy service information is available via the following links Bradford Calderdale Kirklees

8.5 Ill treatment and Wilful Neglect of a Person who Lacks Capacity

The MCA introduced two new criminal offences: the ill treatment of, or wilful neglect of a person who lacks capacity to make relevant decisions (section 44). The offences may apply to:

- Anyone caring for a person who lacks capacity – this includes family carers, healthcare and social care colleagues in hospital, care homes and providing care in a person's home.
- An attorney appointed under an LPA or an EPA, or
- A deputy appointed for the person by the court.

Any professional with safeguarding concerns for an adult who lacks capacity should follow the Locala safeguarding adults at risk policy. For safeguarding concerns about a young person age 16/17 who lacks capacity to make decisions relating to the concerns should consult the Locala Safeguarding Children and Child Protection Policy.

9. Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards (DoLS) provides a legal framework to prevent unlawful deprivation of liberty occurring and is part of the Mental Capacity Act. There are occasions when a person who lacks capacity to consent to their care and treatment, may need to be deprived of their liberty in order to receive necessary and appropriate care and treatment. This can only be given if it has been assessed as being in the person's best interests, and the circumstances required in order for the person to receive this care and treatment amount to a deprivation of liberty as defined by the Supreme Court of the UK.

If the above circumstances apply, the person can only be lawfully deprived of their liberty following a Deprivation of Liberty Safeguards authorisation or by the Court of Protection.

9.1 Deprivation of Liberty – Definition

The Supreme Court in March 2014 said that a person is Deprived of their Liberty if,

The person is under continuous supervision and control (continuous supervision and control does not necessarily need to amount to 24

hours a day)

And

Is **not free** to leave,

And

The person lacks capacity to consent to these arrangements.

The Supreme Court held that factors which are **NOT** relevant to determining whether there is a deprivation of liberty include

- The person's compliance or lack of objection.
- The reason or purpose behind a particular placement.
- The relative normality of the placement (This means that the person should not be compared to anyone else in determining whether there is a deprivation of liberty).

9.2 Authorisation of a Deprivation of Liberty

In order to fall within the scope of a deprivation of liberty authorisation, a person must be detained in a hospital, intermediate care bed or care home, for the purpose of being given care or treatment in circumstances that amount to a deprivation of liberty as described in 9.1. The authorisation must relate to the individual concerned and to the hospital, intermediate care bed or care home in which they are being detained.

Every effort should be made, in commissioning and providing care or treatment, to prevent deprivation of liberty. If deprivation of liberty cannot be avoided, it should be for no longer than is absolutely necessary.

9.3 Types of Authorisation

DoLS authorisations are normally issued by the Supervisory Body (Local Authority) but can also be issued by the Court of Protection. The care provider where the person who lacks capacity is to be deprived of their liberty is the Managing Authority and holds responsibility for applying for the authorisation.

There are two types of authorisation: standard and urgent.

9.4 Standard Authorisation

Whenever possible an authorisation should be obtained in advance. A standard authorisation must be requested by the managing authority when it appears likely that, at some time during the next 28 days, a person will be accommodated in an intermediate care bed or care home in circumstances that amount of a deprivation of liberty. The request must be made in writing to the supervisory body and a

standard authorisation should be given within 21 days. However, may take longer because the supervisory body has to prioritise urgent DoLS requests. Providing the DoLS authorisation has been requested the planned admission should proceed in the person's best interests.

9.5 Urgent Authorisation

When a Managing Authority believes it is necessary to deprive someone of their liberty in their best interest, before the standard authorisation process can be completed, it must grant itself an urgent authorisation to deprive a person of their liberty for up to seven days. When using an urgent authorisation, the managing authority must also make a request for a standard authorisation. Before granting an urgent authorisation, the managing authority should try to speak to the family, friends and carers of the person. Their knowledge of the person could mean that deprivation of liberty can be avoided. The managing authority should make a record of their efforts to consult others.

Consideration of whether a DoLS application is required for any person who lacks capacity to consent to the admission should follow the decision making flowchart on Page 18 in Mental Capacity Act Prompt Cards.

9.6 Reporting Unauthorised Deprivations of Liberty

Any colleague concerned that a person without capacity is being deprived of their liberty and a DoLS authorisation is not in place should;

- Report their concerns in the first instance to the hospital, care home or intermediate care provider to allow the care provider to review their arrangements or apply for an authorisation
- If after a reasonable period of time (approximately 24 hours) they remain concerned that unauthorised deprivation of liberty is continuing the Local Authority DoLS team who are the Supervisory Body should be informed.

9.7 Deprivation of Liberty in Domestic Settings

A deprivation of liberty can occur in domestic settings where the state is aware of or is responsible for imposing such arrangements.

This includes a placement in a supported living arrangement in the community. Where there is, or is likely to be, a deprivation of liberty in such placements it must be authorised by the Court of Protection.

9.8 Deprivation of Liberty: Children and Young People

The criteria for a deprivation of liberty (see below) is the same for children and young people as it is for adults. Children under the age of 16 who live with their parents would usually not fall into the remit of

deprivation of liberty legislation as a parent is able to consent to arrangements on their behalf.

The Supreme Court ruled in 2019 that parents cannot consent to a deprivation of liberty for children aged 16-18 years who do not have capacity to give consent.

Parents may only consent to a deprivation of liberty for their child who is under the age of 16 years, **except** in circumstances where the parent does not have parental responsibility. An application must be made to the Courts.

Where a child is subject to care arrangements and the Local Authority has parental responsibility for the child, the Local Authority cannot consent to a deprivation of liberty on behalf of the child. In this circumstance an application needs to be made (either inherent jurisdiction of the High Court order for those under 16 years old or to the Court of Protection for 16-17 years old children).

The law concerning a deprivation of liberty for children and young people is still developing and it is therefore important that advice is sought.

NB Liberty Protection Safeguards will apply to people age 16 or over but do not come into force until April 2022.

9.9 Covert Medication and DoLS

A DoLS authorisation does not give permission for any specific care and treatment and this includes the covert administration of medication. Like all other decisions, which need to be made in regard to someone lacking capacity, the decision to covertly medicate should be made as a best interest decision and should involve all the relevant individuals. A best interest decision made to covertly administer medication to a person who cannot consent must be documented thoroughly and reviewed on a monthly basis.

Locala guidance on Covert Administration of Medication should be accessed via Appendix 5 of the Medicines Policy click here. Additional information about Covert Medication and DoLS produced by Kirklees Safeguarding Adults Board can be viewed here.

The use of covert medication in someone who has capacity cannot be considered, unless the person specifically asks for it, as its use on someone with capacity is considered as an assault.

10. Safeguarding

People who lack capacity are amongst the most at risk of abuse and/or neglect. It is important to recognise that where a person's ability to make

some decisions for themselves is impaired, the decisions they are able to make, become more important.

Mental capacity may need to be considered in cases where adult abuse is suspected or proven (NB. This does not apply to children. Children and young people age 16/17 assessed to be at risk of significant harm must always be reported as per Locala Safeguarding Children and Child Protection Policy). **A person with capacity will be able to make a decision about their future care and support, even if this means that they wish to remain within an abusive environment. However, if a person in an abusive situation lacks capacity professionals will need to make a decision on their behalf based on that person's best interests.**

This may mean a complex set of circumstances will need to be considered, previously expressed wishes and feelings, the effects of the person remaining within the abusive environment and the effects of removing them from the environment. The wider social aspects of a person's circumstances must be considered when determining what is in their best interests. The adult safeguarding templates, which incorporate a mental capacity assessment template, within SystmOne must be utilised to full document the concerns and the rationale for decisions and interventions made.

Any abuse, or allegations of abuse, by an individual employed by a Locala colleague, whether directly or indirectly, must be reported to a line manager in line with the Managing Safeguarding Allegations against Staff policy.

This Policy should be read in conjunction with Locala Safeguarding Adults and Children's Policies and the West Yorkshire Safeguarding Adults and Children procedures accessible via Safeguarding Homepage on Elsie

11. Record Keeping

Good record keeping is essential. When a need has arisen to assess a person's capacity and when a best interest decision needs to be made, it is important that the reason for the assessment and the process of arriving at a best interest decision is recorded contemporaneously.

The detail in the documentation must be directly related to the decision being made. The greater the impact the decision has on the patient the more detailed the recording must be. Essentially there are 2 types of decisions;

11.1 Day to Day Decisions (Routine Care)

Documentation of routine care to a person who lacks capacity must indicate that care/treatment is either being delivered with the patient's consent, or under MCA 2005 best interests if they lack capacity. It is important to remember practice must always comply with the 5 key principles when providing routine care and treatment to someone who lacks capacity to consent to such care and treatment.

11.2 Major Decisions and/or Life Changing Decisions

Documentation must be more detailed about capacity and best interest assessments as colleagues may have to provide evidence of how they arrived at their decision if they are the decision maker. The documentation must detail;

- The people that have been consulted with when carrying out the capacity and best interest assessments

And

- The views of those people

Documentation must clearly demonstrate how colleagues have complied with the guidance in the MCA 2005 Code of Practice on Capacity and Best interest Assessments. Colleagues must keep a record of assessments and long term or significant decisions made about capacity on the MCA and Best Interest documentation templates incorporated within the SystmOne electronic health record.

12. Equality Impact Assessment

Locala Community Partnerships aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

An Equality Impact Assessment Tool is used during ratification processes to establish whether its policies and practices would further, or had furthered, the aims set out in the section 149 (1) of the [Equality Act 2010]. Any outcomes have been considered in the development of this policy.

13. Consultation Process

A consultation process was carried out with key stakeholders in the development of this policy. These stakeholders included members of the Safeguarding Committee, Operational managers, Mental Capacity Champions, Quality Assurance Managers, Head of Quality, Clinical lead for Learning Disability and Autism.

14. Dissemination and Implementation

14.1 Dissemination

The policy will be communicated through via Team Talk, Business Unit meetings, the Quality Summit meeting and Operational Safeguarding meetings. It will be placed in the relevant section of the Policies site on SharePoint. Any further reviews of this policy or amendments will be communicated.

14.2 Competence/Training

Prior to ratification of this policy the required education and training needs for ensuring effective implementation and compliance have been

reviewed.

All clinical colleagues are required to undertake mandatory Mental Capacity E-Learning training in line with their roles and responsibilities but also have access to additional interactive taught sessions.

15. Monitoring Compliance with the Document

15.1 Process for Monitoring Compliance

Area for monitoring	How	By who	Frequency	Reported to
MCA Training	Training Compliance	Head of Safeguarding	Quarterly	Safeguarding Committee
Policy Implementation	Record Keeping Audit	Named Nurse/Team leaders	Quarterly	Safeguarding Committee
	MCA Audit of Patient records	Named Nurse	Annual	Safeguarding Committee
	Incident Monitoring	Safeguarding Team	When incidents are identified	Safeguarding Committee

15.2 Key Performance Indicators

Training compliance

16. References / Bibliography

Department of Constitutional Affairs (2007) Mental Capacity Act 2005 - Code of Practice

Mental Capacity Act http://www.opsi.gov.uk/acts/acts2005/ukpga_2005009_en_1

This policy interfaces with the following legislation (this list is not exhaustive):

- The Data Protection Act (1998)
- Disability Discrimination Act (1995)
- Human Rights Act (1998)
- The Mental Health Act (1983)
- The Care Standards Act (2000)
- National Health Service and Community Care Act (1990)
- Human Tissues Act (2004)

17. Associated Policy Documentation

NB. There may be more recent versions of the policies or procedures named below so that these should be checked accordingly

Locala Consent to Examination and Treatment Policy

Locala Clinical Holding Policy

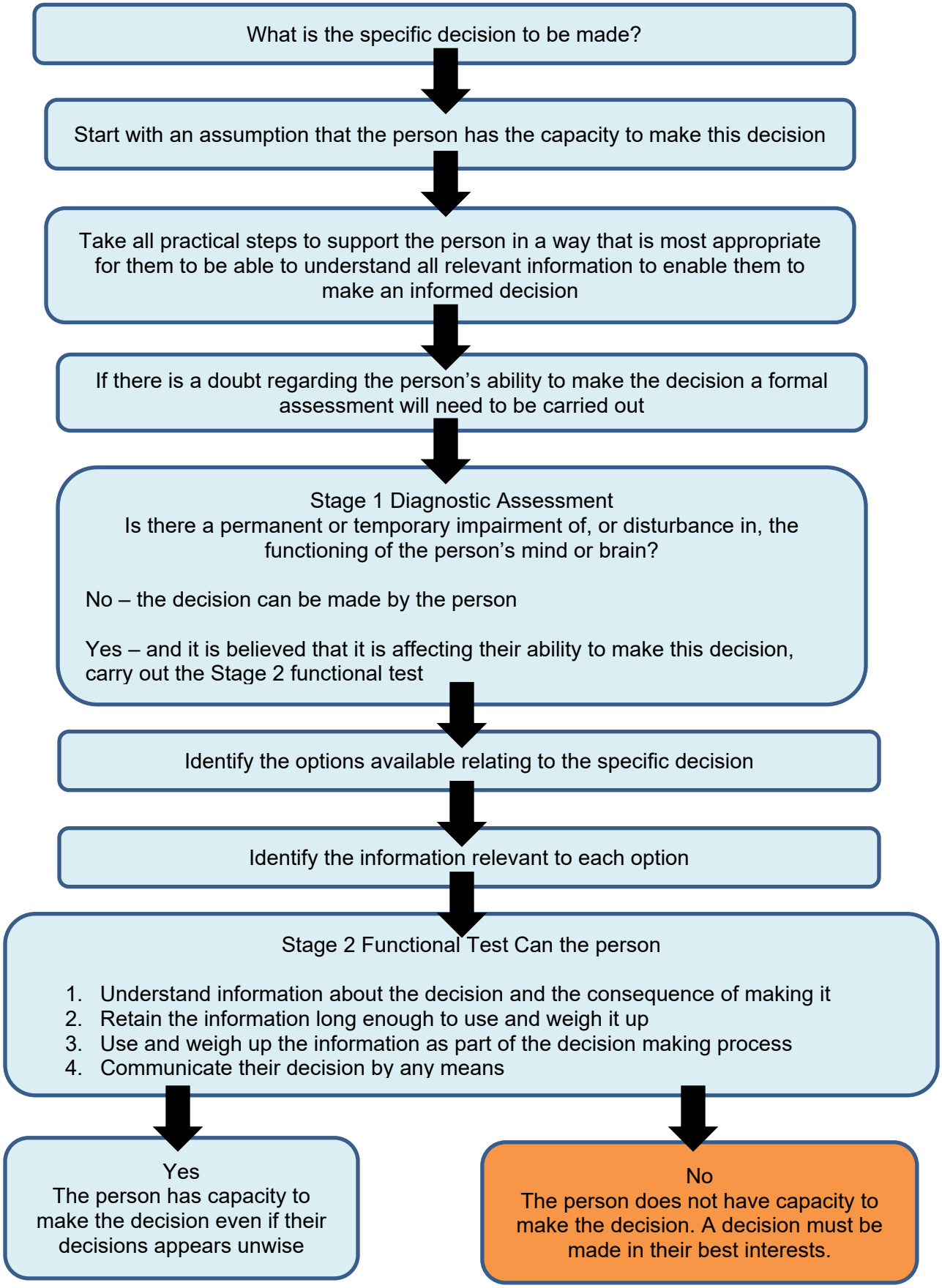
Locala Clinical Record Keeping Policy

Locala Medicines Policy

Locala Safeguarding Adults at Risk Policy

Locala Safeguarding Children and Child Protection Policy

Appendix A – Assessing Capacity Flowchart



Appendix B - Practical Steps to Supporting People to Make their Own Decisions

This list is not exhaustive but provides examples of practical steps that must be taken to support people: -

1. Relevant information is provided in a language the person will understand
2. Use of signing, translation services, or Makaton should be considered
3. It may be more useful to communicate in the person's first language
4. The person may find it easier to make a decision in a different place or at a different time (for example at home instead of in a clinic or the person may function better in the morning than the afternoon)
5. A period of education may be required
6. Is advice from a specialist required to help the person make the decision (e.g. speech and language therapist, financial or legal advisor)
7. Can relatives, friends or carers help? They may have important advice on how the person communicates, or may be able to communicate better with the person
8. Some people may find it easier to communicate at certain times of the day
9. Is medication affecting the person's ability to communicate and can it be changed?

Appendix C – Overview of MCA Responsibilities of Locala Colleagues

Role / Issue	Responsibilities	In What Situation
Decision Maker	They are responsible for assessing capacity and Best Interests in relation to the specific issue at the specific time. This must be recorded as per requirements in this policy	For day to day care and treatment it will be the colleague providing that care or treatment. For 'important decisions' when a Locala service is the lead agency for a particular intervention/ decision the consultant / GP / Dentist with responsibility for that aspect of the care will usually be the decision maker. However, if it is not the consultant it must be a registered practitioner. When Locala is not the lead agency they will not normally be the decision maker when the decision is consent to medical treatment.
Best Interest Decisions	The person's best interests must be determined by the correct process. This will depend on the type of decision and the best interest assessor will vary according to the decision to be made. It may be a 'simple decision', an 'important decision' or need a best interest meeting.	In all situations where interventions are carried out with those who lack capacity to decide on the specific issue at the time.
Review Capacity / Best Interest	Capacity assessments are time and decision specific. However, there may be an ongoing condition affecting capacity. Colleagues must ensure that the assessments they act on remain valid.	There is no set time scale to review assessments as this will depend on the circumstances of the case. However, capacity should be reviewed: • Whenever a care plan is being developed or reviewed, • If there is a significant change in clinical presentation, • At other relevant stages of the care planning process (specific teams will need to decide on this for their area of work), and • As new decisions need to be made.

Lasting power of attorney, Advance decisions, court deputies and decisions of the court of protection.	Where these exist the team/service is responsible for ensuring they are recorded in the person's file. Where there are concerns a deputy or attorney is not acting in line with the person's best interests and the code of practice the Office of The Public Guardian should be consulted and safeguarding policies followed.	For situations where they are applicable colleagues need to ensure they are valid and if so follow them. For doubts about lasting powers of attorney the office of the public guardian can be contacted to verify its validity.
Ill treatment and wilful neglect of a person who lacks capacity	All colleagues must be aware of the offence.	Safeguarding policies to be followed where there are concerns for adults at risk.
Deprivation of Liberty Safeguards (DOLS).	All colleagues must be aware of and follow this policy and the policy on use of restraint. All colleagues must ensure any restrictions on a person who lacks capacity are as least restrictive as possible, in the person's best interest, necessary and proportionate.	In situations in which a person lacks capacity to consent to their care arrangements, are under continuous supervision and control and not free to leave then they are deprived of their liberty. This must be authorised. This will be by the Mental Health Act, DoLS procedures or the Courts depending on the situation.

Appendix D - Guideline Consultation Process with Key Stakeholders

For stakeholder comments please contact the Clinical Policy Overview Group Chair or Administrator