Second opinion request form – SOP1

to request a visit by a Designated Medical Practitioner (DMP) under Part 16 of the Mental Health Act.

Please note that this version of SOP1 form (v7.1) has been in use since 2022. The old version (v7.0) will no longer be accepted. Please delete any old versions that you might have saved.

A T3B certificate for treatment becomes due 2 months after any medication for mental disorder is given during the current detention episode (which includes an Emergency Detention Certificate and Short Term Detention Certificate if these apply). **We would like to receive the SOP1 form to request for a DMP visit (for first T3B) at least 14 days before the T3B is due.** This will give us time to arrange the DMP visit. We can accept the SOP1 up to 21 days before the T3B is due.

For renewal of T3Bs for patients in the community on a community Compulsory Treatment Order, we would like to receive the SOP1 form as soon as possible (ideally 6-8 weeks before the expiry of the current T3B), so that we have more time to arrange a DMP visit.

If a translator is needed, this will need to be arranged by the Responsible Medical Officer or the clinical team that is providing the treatment, and for them to co-ordinate the visit with the DMP.

Please email the completed SOP1 form to the Commission at mwc.2ndopinionrequests@nhs.scot

The Mental Health (Care and Treatment) (Scotland) Act 2003 / The Criminal Procedure (Scotland) Act 1995

Second Opinion Request

Submit to MWC

or email as attachment to mwc.2ndopinionrequests@nhs.scot

SOP 1

Instructions

v7.1

The following form is to be used to request the Mental Welfare Commission to arrange a second opinion visit:

Patient Details

CHI Number

Surname

First Name (s)

DoB
dd / mm / yyyy

Patient's home address

Postcode

If under 18, is the RMO a child specialist? (leave blank if not under 18) ○ Yes ○ No

Does patient have learning disabilities: ○ Yes ○ No

Current order (e.g. STDC or CTO)

Date this MHA episode commenced (i.e. date of the first order in this episode e.g. EDC, STDC)

Hospital

Ward / Clinic

Direct phone number of the Ward/ Clinic:

Details of visit location if not a hospital e.g. clinic/ resource centre:

If the visit can only be done at the patient's home address, please list the name, contact telephone number and email address of the appropriate staff escort to accompany the DMP, e.g. CPN, social worker, support worker.

CPN name and contact details (if applicable)

Where are the patient's medical records and medication prescription sheet located?

Please list any specific visit requests/information, e.g. time of visit, risk issues including whether the DMP would need a staff escort, or if a translator is required. Please also add name, contact telephone number and email address of anyone other than the RMO who can help facilitate this visit (e.g. CPN, ward charge nurse, secretary).

Note: if a translator is required, this will need to be arranged by you or your team. Please co-ordinate the translator with the DMP's visit.

Timescale for visit ○ 2 weeks (Meds) ○ 7 - 10 days (ECT or artificial nutrition e.g. by NG or PEG)

We endeavour to arrange a face to face Designated Medical Practitioner (DMP) visit as the default way in which a visit is arranged. However in some circumstances it may be appropriate and/or necessary to organise a remote assessment.

The following questions will assist the MWC if a remote assessment is being considered:

Do you (as the RMO) think a remote assessment is suitable? ○ Yes ○ No

If there anything else that might assist in determining method of assessment, please mention this here:

Would this patient be willing and able to engage with a remote assessment?
○ Yes
○ No
○ Don't know

Treatment

For medication to reduce sex drive? ○ Yes ○ No

(T3B required from the beginning of treatment other than for urgent treatment given under s243.)

For other medication (i.e. medication other than medication to reduce sex drive)? ○ Yes ○ No

If there is a T3B currently in place for such medication, please enter the expiry date of that T3B:

☐☐ / ☐☐ / ☐☐☐☐

Is Clozapine one of the treatments? ○ Yes* ○ No * If Clozapine, what route is it to be given? (leave blank if no)

For ECT? ○ Yes ○ No If ECT is it for "maintenance ECT"? ○ Yes ○ No

(T3A required from the beginning of treatment other than for urgent treatment given under s243.)

Artificial nutrition e.g. by NG or PEG? ○ Yes ○ No

(T3B required from the beginning of treatment other than for urgent treatment given under s243.)

If there is a T3B for artificial nutrition currently in place, please enter the expiry date:

☐☐ / ☐☐ / ☐☐☐☐

Medication beyond 2 months - medication other than medication to reduce sex drive

If the request is for medication (other than medication to reduce sex drive), will this be the first T2B or T3B in the current Mental Health Act (MHA) episode? ○ Yes ○ No

If yes, what was the first date on which any medication was administered to the patient as mental health treatment after the current MHA episode started (medication other than medication to reduce sex drive). If the MHA episode started with an EDC, medication given during the EDC period counts. ☐☐ / ☐☐ / ☐☐☐☐

(This is important. We need to know this. The first T2B or T3B for medication other than medication to reduce sex drive is due two months after this date. The DMP is required to put this date on the T3B if there has not already been a T2B or T3B in the MHA episode for medication beyond 2 months.)

We would like to receive the SOP1 form to request for a DMP visit (for first T3B) at least 14 days before the T3B is due. This will give us time to arrange the DMP visit. We can accept the SOP1 up to 21 days before the T3B is due.

If this request is for medication and there is an existing T3B for medication in place, does the medication you are asking the DMP to consider authorising include any medication that is not currently covered by that T3B?

If so, please list that medication. (If this is not applicable, please leave blank and go to the next section.)

If this request includes depot antipsychotic that the patient is already receiving, when is the next dose of their depot due? ☐☐ / ☐☐ / ☐☐☐☐

Report by RMO for Designated Medical Practitioner

Name and contact details of any Named Person

Name and contact details of any welfare proxy (i.e. active welfare power of attorney that is operational or welfare guardian). Leave blank if none.

Does patient have an Advance Statement? ○ Yes ○ No

Date of Advance Statement ☐☐ / ☐☐ / ☐☐☐☐

Location of any Advance Statement

Please confirm that case notes, prescription sheet, current treatment certificate (if there is one) and MHA documentation are available for the DMP ○ Yes ○ No

What action has been taken to confirm this?

Clinical Summary

Background and Psychiatric History

Current Mental State

Diagnosis/diagnoses (If patient has learning disability, please describe their level of learning disability and their ability to communicate. This will help us to allocate the visit to a DMP.)

Report by RMO for Designated Medical Practitioner (cont.)

Does the treatment plan include high dose or off-licence prescribing? ○ Yes ○ No

If yes, please give details of this treatment and the rationale for the request. Please refer here to any documentation in relation to this decision that the DMP should see, and make these documents available for them (e.g. treatment reviews, pharmacy reviews, specialist opinions etc). Thank you.

Treatment plan *(please only complete applicable sections)*

Treatment plan if request is for medication

Treatment plan if request is for ECT

Treatment plan if request is for artificial nutrition

RMO Details

Surname

First Name

RMO Mobile telephone no:

Email address

Date SOP form completed / /