

Detention under the Mental Health Act (MHA) Medical Recommendations

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs

November 2016

Negotiations took place between Sheffield LMC and Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) representatives some years ago, as a result of concerns having been reported to the LMC in relation to GP involvement in medical recommendations.

The agreement reached at the time has recently been revisited. Below is the agreement, with links to relevant documentation added and information updated where changes have occurred in the intervening years:

1. GPs should be given as much notice as possible of impending assessments, so that availability can be ascertained as early on in the process as possible.
2. If the GP has undertaken a mental health assessment of the patient in their own surgery or on a home visit, the GP does not have to attend the assessment and can complete the necessary forms, providing that there is no substantial change in the intervening period to the patient's clinical condition, and that legal time limits are adhered to (not more than 5 clear days may elapse between the 2 medical recommendations required for admission under Section 2 and Section 3). [The Code of Practice](#) (Sections 14.71-14.76) should be followed by doctors conducting medical examinations under the MHA.
3. A [checklist](#) has been devised for AMHPs and Doctors (Section 12 and GPs) guiding them on how to complete the MHA forms. It was agreed that it would be useful for GPs to have sight of this, to avoid any errors which may have to be rectified following medical and administrative scrutiny by the Medical Records Department.
4. It is good practice to invite the patient's GP to take part in assessments, as he/she often has detailed knowledge of the patient which will aid the decision as to whether compulsory powers should be used. However AMHPs are not in a position to insist on or demand involvement. A GP would always be asked by the AMHP whether they felt that they were the most appropriate person to assess a patient or whether they would be prepared to attend the assessment. A GP may reasonably feel that they do not have the appropriate information or that the assessment may not be at a convenient location or time.
5. In circumstances where the GP is unable to attend, the AMHPs must attempt to get a medical practitioner from the lists of local and regional Section 12 Approved Doctors. This has been reiterated at AMHP Forums and on an individual basis with AMHPs.
6. In response to concerns as to whether an SHSCFT consultant should complete a second recommendation for compulsory admission, when the first recommendation has been completed by a SHSCFT doctor, the revised Code of Practice for the MHA clearly states "It is also good practice for doctors on the staff of an NHS trust or NHS foundation trust to ensure that one of the recommendations is given by a doctor not on the staff of that trust". This has been amended by the Reference Guide to the MHA to read 'hospital' not 'trust'.

7. As there is no conflict of interest in both doctors from the same trust completing the 2 medical recommendations (unless one is in a managerial role to the other) then:
 - AMHPs should approach the GP first to complete the second recommendation.
 - If it is not practical for the GP to complete the second recommendation in time, a SHSCFT consultant will need to complete the second recommendation at the request of the AMHP.

FEES

There are two types of work that GPs can charge for regarding Detention Under the MHA:

1. Where a patient is assessed *by a doctor known to them*. This is not a contractual requirement and can be declined, especially if there is inadequate notice or the practice is unable to release the capacity. The fee was uplifted in 2015 to £54.84.
2. Where a patient is assessed *by a doctor accredited under S12(2)*. The fee was uplifted in 2015 to £176.84.