

Document level: Trustwide (TW)
Code: SOP14
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Requesting a Change of Consultant

Lead executive	Medical Director - Compliance, Quality Assurance
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Type of document	Standard Operating Procedure
Target audience	All CWP staff
Document purpose	To receive and respond to requests for change of consultant consistently. To ensure appropriate communication is maintained with all relevant parties in the event of a change of consultant

Approving meeting	Clinical Practice & Standards Sub-Committee	Date 25-Jun-20
Implementation date	25-Jun-20	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy

Document change history

What is different?	Brought out of archiving Flowchart 1 and procedure updated
Appendices / electronic forms	N/A
What is the impact of change?	

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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Document consultation

Clinical Services	Clinical Directors
Corporate services	Via internal committee meetings
External agencies	N/A

Financial resource implications	None
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External references	1.
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	

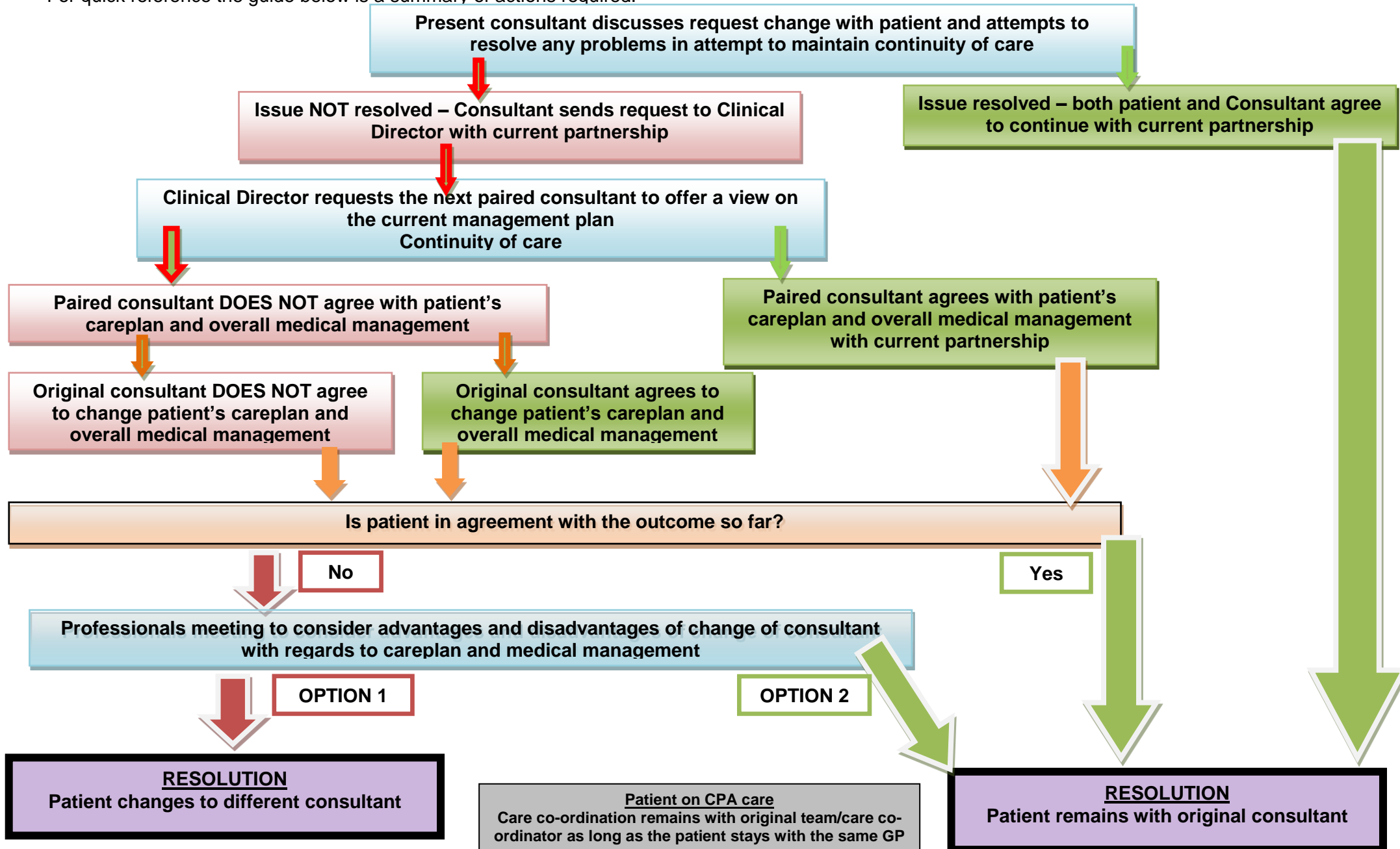
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	Select	
What is the level of impact?	Select	

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Quick reference flowchart – Patient Requests Change of Consultant

For quick reference the guide below is a summary of actions required.



1. Introduction

During the course of a patient's care, requests are sometimes made for a change of consultant psychiatrist. This procedure ([Flowchart 1](#)) provides a consistent approach for such requests.

2. Procedure

2.1 The present consultant is responsible for discussing with the patient the reason for their request to change consultant and, in an attempt to maintain continuity of care, resolve any problems that may occur.

2.2 In the event of no agreement being reached, the present consultant should send the request to the clinical director for action / consultation.

2.3 The clinical director will request the next consultant on the rota (or the "paired" consultant in older people's services) to offer a view on the current management plan

2.4 If the paired consultant agrees with patient's careplan and overall medical management, then a discussion is held with the patient. If the patient is in agreement with the resolution, care of the patient remains with the original consultant / team.

2.5 If the paired consultant disagrees with the patient's careplan and overall management plan and the original consultant agrees to the changes, then a discussion is held with the patient. If the patient is in agreement with the resolution, care of the patient remains with the original consultant / team.

2.6 If the paired consultant disagrees with the patient's careplan and overall management plan and the original consultant does not agree to the changes, then a Professionals meeting will be held to consider the advantages and disadvantages of a change of consultant with regards to careplan and medical management.

The professionals meeting may conclude that on balance of risk the care of the patient should remain with the current consultant. The professionals meeting may conclude that on balance of risk the care of the patient should change to the paired consultant.

Note, if the patient is on CPA care, care co-ordination remains with original team/care co-ordinator as long as the patient stays with the same GP. The care co-ordinator will work with the new consultant. If the patient is not on CPA care, the patient remains under the original team / keyworker / practitioner.

2.7 General Manager and GP will be kept informed and receive copies of all letters and reports.