NHS Commissioning Board

MINOR SURGERY CONSENT FORM
(procedures where consciousness is not impaired)

Patient's name: _____

NHS Number / DoB: _____

Proposed procedure or course of treatment

_____

MRSA screened **Yes / No**

Statement of health professional

I have discussed the procedure and any available alternative treatments (including no treatment) with the patient. In particular, I have explained:

- The nature of the procedure proposed (including what it is likely to involve)
- The need and intended benefits
- The use of local anaesthesia as necessary
- Postoperative care
- Serious or frequently occurring risks including:

_____

_____

The following leaflet / tape has been provided: _____

Signed: _____ Date: _____

Name (PRINT) _____ Job title: _____

Statement of interpeter (where appropriate)

I have interpreted the information above to the patient/parent to the best of my ability and in a way which I believe s/he can understand

Signed: _____ Date: _____

Name (PRINT) _____

Statement of patient/person with parental responsibility for patient

I confirm that the nature, benefits and risks of the proposed treatment have been discussed with me as above and I agree to proceed.

_____

Signed: Date: _____

Name (PRINT) _____

Guidance to health professionals (To be read in conjunction with consent policy)
This form:

This form documents the patient's agreement (or that of a person with parental responsibility for the patient) to go ahead with the investigation or treatment you have proposed**. It is only designed for procedures where the patient is expected to remain alert throughout and where an anaesthetist is not involved in their care: for example, for drug therapy where written consent is deemed appropriate.** In other circumstances you should use either form 1 (for adults/competent children) or form 2 (parental consent for children/young people) as appropriate.

Consent forms are not legal waivers – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients also have every right to change their mind after signing the form.

Who can give consent:

Everyone aged 16 or more is presumed to be competent to give consent for themselves unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, if they wish. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf. Even where a child can give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form: (see also 'This form' above)

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision.
- and/or they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.
Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

Information:

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the procedure proposed, is crucial for patients when making up their minds about treatment. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition, if patients make clear they have concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this overleaf or in the patient's notes.

The law on consent:

See the Department of Health's *Reference guide to consent for examination or treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).