

Review of Patient following a cross-border transfer into Scotland

Instructions v7.0

The following form is to be used where:

a record is required of the duties undertaken by the hospital managers and RMO following the cross-border transfer of a patient into Scotland. (See page 6 of this form for a list of the relevant regulations, should this be required.)

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the notification.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in **BLACK** or **BLUE** ink

For example

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Shade circles like this ->
Not like this ->

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

Surname

First Name(s)

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

DoB / /

dd / mm / yyyy

Gender Male Female

Patient's home address

Postcode

RMO Details

Surname

First Name

Title GMC Number

Hospital

Ward / Clinic (If appropriate)

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**



Examination Details

Note: in relation to the medical examination, there must not be a conflict of interest as defined by regulations

Complete A or B as appropriate

A I, the RMO named on page 1, examined the patient.

OR (only applicable for patients transferred under The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005)

B I, the RMO named on page 1, made arrangements for the patient to be examined by an approved medical practitioner. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board

The patient was examined on - Date / /

Review of Conditions for Detention / Compulsion

The RMO must consider if the conditions set out in Regulation 36 of the The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005 or in Regulation 25 of The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008, as applicable, are met in respect of the patient.

The table below details those conditions:

Condition A dot in columns A - E indicate that the condition must be met for the relevant order / certificate	Order Type (see key below)				
	A	B	C	D	E
that the patient has a mental disorder	●	●	●	●	●
that because of the mental disorder the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.	●	●			
that if the patient were not detained there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person	●				
that medical treatment which would be likely to prevent the mental disorder worsening; or alleviate any of the symptoms, or effects, of the disorder, is available for the patient.		●	●	●	●
that if the patient were not provided with such medical treatment there would be a significant risk to the patient's health safety or welfare, or to the safety of any other person		●	●	●	●
that it continues to be necessary for the patient to be subject to the measures authorised by the appropriate section of the Act to which the patient became subject.	●	●	●	●	●
that as a result of the patient's mental disorder, it is necessary, in order to protect any other person from serious harm, for the patient to be detained in hospital, whether for treatment or not				●	●

- Key**
- A Emergency or Short Term Detention
 - B Interim CTO, CTO or community CTO
 - C Compulsion Order or community Compulsion Order
 - D Compulsion Order and Restriction Order
 - E Transfer for Treatment Direction or Hospital Direction



PART 1: Assessment of Patient (cont)

To be completed by RMO

Consultation - MHO (to be completed by the MHO {see notes})

MHO details - Surname

First Name

Title

Local Authority
 eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

I, the MHO named above, was consulted on the date opposite Date / /

- 1) I confirmed to the patient's RMO the name and address of the patient's named person (where there is one).

Where known, the patient's named person is -

Surname

First Name

Title

Named Person's Address

Postcode Telephone

- 2) I informed the patient of the availability of independent advocacy services and have taken appropriate steps to ensure that the patient has the opportunity of making use of these services.

Where either of the above has not been shaded, please state below the reasons why it was not practicable to carry out that action

1	
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MHO Signature

Signed by the MHO

Date / /

Notes

Wherever practicable, the MHO should complete this section of the form. Where not practicable, the RMO should complete on behalf of the MHO, and include reasons why it was not practicable in box 6.



PART 2: RMO Report to Hospital Managers

To be completed by RMO

Order / Certificate

Following the transfer the patient is subject to:

- an emergency detention certificate;
- a short-term detention certificate;
- a compulsory treatment order;
- an interim compulsory treatment order;
- a compulsion order (section 57A of the 1995 Act);
- a compulsion order (section 57(2)(a) of the 1995 Act);
- a compulsion order and a restriction order (CORO) (section 59 of the 1995 Act);
- a compulsion order and a restriction order (CORO) (section 57(2)(b) of the 1995 Act);
- a hospital direction; or
- a transfer for treatment direction.

Where patient is subject to any of these certificates / orders, please complete Part 2A

Where patient is subject to any of these orders, please complete Part 2B

Where order is community based, please indicate here

- The above patient is subject to measures that do not authorise his/her detention in hospital, though s/he will be under the management of the receiving hospital named on page 5

Part 2A

complete A or B as appropriate

- A** I consider that the relevant conditions apply in respect of the patient, and it is necessary for the patient to be subject to the measures authorised by the order / certificate noted above
- The patient has the following type(s) of mental disorder -

			Primary ICD 10 Code	
Mental illness	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/>	<input type="text"/>
Personality disorder	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/>	<input type="text"/>
Learning disability	<input type="radio"/> Yes <input type="radio"/> No	F	<input type="text"/>	<input type="text"/>

Please enter primary ICD 10 diagnosis code for each disorder present.

The authority of the above order / certificate / direction will cease, unless otherwise extended, at midnight at the end of:

Date / /

Note: for patients subject to a compulsory treatment order or compulsion order, the next mandatory review should take place within the period 2 months ending with the above date

OR

- B** I consider that the relevant conditions do NOT apply in respect of the patient, or it is NOT necessary for the patient to be subject to the measures authorised by the order / certificate noted above,
- and I therefore revoke the order / certificate with effect from the date below

Part 2B

- I will prepare a report for Scottish Ministers on the appropriate form (CORO1 or HD1)

Signature / Date

Signature of RMO

Date dd / mm / yyyy

 / / 

PART 3: Notification

To be completed by the hospital managers

Transfer Details**Sending Hospital** (hospital previously responsible for patient's care)

Hospital

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Address

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Receiving Hospital (hospital now responsible for patient's care)

Hospital

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Ward / Clinic
(where appropriate)

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The patient was transferred on:

Date

		/			/				
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Notifications

I confirm that the following parties have been notified of the matters listed in Regulation 41 paragraph 2 of The Mental Health (Cross-border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) regulations 2005 or Regulation 28 paragraph 2 of The Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008 (i.e. the matters covered by this form):

The following parties must be notified within 14 days of the patient being received in Scotland

<input type="radio"/> The patient	<input type="radio"/> Any welfare guardian of the patient (see notes below)
<input type="radio"/> The patient's named person (if any)	<input type="radio"/> Any welfare attorney of the patient (see notes below)
<input type="radio"/> The patient's MHO	<input type="radio"/> The Mental Welfare Commission
<input type="radio"/> The Mental Health Tribunal for Scotland <i>(Where the patient is subject to a compulsory treatment order or a compulsion order)</i>	
<input type="radio"/> the Scottish Ministers <i>(Where the patient became treated as if he/she was subject to a compulsion order and a restriction order, a hospital direction, or a transfer for treatment direction.)</i>	

and

Notification to any person named in the request for consent to the patient's reception in Scotland as their nearest relative or primary carer.

Notification should be given to any such person unless the patient objects. Before giving notification to them, the managers of the receiving hospital must establish whether the patient objects to notification being given. If the patient objects, the person is not to be notified, unless they are also the patient's named person, welfare guardian or welfare attorney.

Please shade one of the following

- | | |
|-----------------------|---|
| <input type="radio"/> | A person named in the request for the patient's reception in Scotland as their nearest relative or primary carer has been notified. |
| <input type="radio"/> | A person named in the request for the patient's reception in Scotland as their nearest relative or primary carer has not been notified as the patient objected. |
| <input type="radio"/> | No person was named in the request for the patient's reception in Scotland as their nearest relative or primary carer. |

Those parties as indicted were notified by:

Date

		/			/				
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Notes "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Welfare guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

Completion details

Surname

First Name

Job Title

Signature

Date / /

For reference: the relevant regulations, should these be required.

Scottish Statutory Instruments

- (1) The Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
amended by
The Mental Health (Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2017.
- (2) The Mental Health (Cross-border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005.
amended by
The Mental Health (Cross-border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Amendment Regulations 2017.



PATIENT ETHNICITY

The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number

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The patient describes his / her ethnic group as:

	<input type="radio"/> Information not provided	
White	<input type="radio"/> Scottish	
	<input type="radio"/> Other British	
	<input type="radio"/> Irish	
	<input type="radio"/> Gypsy/ Traveller	
	<input type="radio"/> Polish	
	<input type="radio"/> Any other White ethnic group, please describe	<input type="text"/>
Mixed	<input type="radio"/> Any Mixed or Multiple ethnic groups, please describe	<input type="text"/>
Asian, Asian Scottish, or Asian British	<input type="radio"/> Pakistani, Pakistani Scottish or Pakistani British	
	<input type="radio"/> Indian, Indian Scottish or Indian British	
	<input type="radio"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	<input type="radio"/> Chinese, Chinese Scottish or Chinese British	
	<input type="radio"/> Any other Asian, please describe	<input type="text"/>
African	<input type="radio"/> African, African Scottish or African British	
	<input type="radio"/> Any other African, please describe	<input type="text"/>
Caribbean or black	<input type="radio"/> Caribbean, Caribbean Scottish or Caribbean British	
	<input type="radio"/> Black, Black Scottish or Black British	
	<input type="radio"/> Any other Caribbean or Black, please describe	<input type="text"/>
Other ethnic group	<input type="radio"/> Arab, Arab Scottish or Arab British	
	<input type="radio"/> Any other ethnic group, please describe	<input type="text"/>

