

## Consent – your rights

We all have the right to determine what happens to us and therefore you will need to give consent to treatment and care including sharing of information relating to your healthcare

The purpose of this policy is to set out our Practice approach to consent.

### Giving consent – what does this mean?

Giving consent means giving permission or agreement for something to happen.

In the surgery, we use two types of consent.

#### **Expressed consent**

This is where consent has specifically been given for something to happen, either verbally or in writing and is clearly unmistakably stated that someone has agreed that something should, may or can happen.

#### **Implied consent**

This is where consent is inferred from a person's action and not necessarily given verbally or in writing.

## Examples

You discuss the need for a GP to refer you to the hospital, which will involve sharing clinical information with the hospital about your health. The GP asks you direct if you are happy with this and you confirm you are. **This is expressed consent.**

You are attending the surgery for a minor surgical procedure such as the removal of an ingrown toe nail. After explaining the procedure, the follow up treatment, any side effects and the risks, the doctor asks you to sign a consent form to go ahead with the procedure. You understand what you have been told and you sign the consent form. **This is expressed consent.**

You book an appointment for a blood test and the nurse calls you for your appointment. She prepares to take the sample and you offer your arm and the sample is taken. **This is implied consent.**

## Withdrawal

There may be occasions where consent has been obtained (expressed or implied) but during a procedure you change your mind.

If so, the treatment, immunisation, procedure or investigation will be stopped for further discussion. If you then decide to go ahead a new consent will be obtained.

This for example could happen with a blood test. A patient may offer their arm for a sample to be taken but then pulls their arm back. **This is withdrawn implied consent.**

Our nurse in this example should discuss the situation with the patient and seek consent again to continue.

### When should we seek consent?

It is rarely a legal requirement to seek written consent but is considered good practice, particularly where;

- The treatment, immunisation, procedure or investigation is considered complex or involves significant risks.
- A general anaesthetic or other sedation is necessary.
- There may be significant consequences for the patient's social, personal life or employment after the treatment, immunisation, procedure or investigation.

## Our policy

Our doctors and nurses will discuss with patients the reasons, process and associated risks of any proposed treatment, immunisation, procedure or investigation and in all cases, prior consent will be obtained.

Any questions raised by the patient will be answered honestly and information provided (written if necessary) to enable the patient to reach an informed decision about consent.

The clinician obtaining consent will be fully qualified and have the recognised competencies to undertake the proposed treatment, immunisation, procedure or investigation.

Our clinicians will use their professional judgement as to whether implied or expressed consent is required.

Clinicians will obtain written consent where procedures carry a degree of risk or where they consider it appropriate to do so. No alterations will be made to the written consent after it has been signed. A record of the consent given will be made in your clinical record.

Clinicians will ensure that consent is given freely and not under duress. The scope of the consent provided will not be exceeded unless in an emergency.

## Capacity to provide consent

Our clinicians will in all cases ensure the patient is competent and has the capacity to provide consent.

If a patient has the capacity to give consent but is physically unable to provide a written consent that is sought, the clinician will ask an independent witness to confirm the patient has given consent orally.

Clinicians seeking consent from patients who are unable to communicate verbally will seek other means of communicating, using NHS translation services if necessary.

Only people with 'parental responsibility' are entitled to give consent on behalf of their children.

Clinicians should check with the person accompanying the child whether they have such responsibility. For child immunisations, the consent of one parent/carer/guardian with responsibility is sufficient for an immunisation to be given.



## **Heathgate Medical Practice**

# **Consent**

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