

Obtaining Informed Consent for Named Procedures by Perioperative Specialist Practitioners Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

It is departmental and trust policy to gain full written informed consent from all patients to any surgical procedure performed within the intervention suite and day case theatre.

Adult patients selected by admitting consultant as suitable to undergo minor surgical and diagnostic procedures under local anaesthetic by PSP; Excision of sebaceous cyst, lipoma excision, papilloma excision, naevus excision, hormone implant and transrectal ultrasound scan and biopsy of prostate are covered by this guideline.

This guideline is for use by the following staff groups :

See Competencies required in the Guideline.

Lead Clinician(s)

Mr Michael Corlett
Mr Nicholas Purser

Consultant General Surgeon
Consultant General Surgeon

Guideline reviewed and approved by Accountable
Director on:

17th April 2024

This is the most current document and is to be
used until a revised version is available:

17th April 2027

Key amendments to this guideline

Date	Amendment	By:
March 2005	Guideline approved by Clinical Effectiveness Committee	
August 2007	Guideline reviewed with no amendments made	W Rutherford
June 2008	Guideline reviewed	W Rutherford
June 2012	Addition of electronic consent. Expiry extended for a period of 2 years.	W Rutherford
May 2014	Guideline reviewed with no amendments made to content	S.Millett/N.Purser N.Hickey/W.Rutherford
August 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document approved and reviewed with no changes	N Purser
August 2020	Document Extended for 6 months during COVID period	QGC/ Gold Meeting
February 2021	Document extended as per Trust agreement 11.02.2021	
March 2021	Document reviewed and approved with no changes	SCS Directorate Governance
April, 2024	Document reviewed. Addition of three procedures.	

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Introduction

It is departmental and trust policy to gain full written informed consent from all patients to any surgical procedure performed within the intervention suite and day case theatre.

In undertaking extended roles within the Treatment Centre, PSP's are trained and competent to perform the following procedures, on adults under local anaesthetic:

- Sebaceous cyst excision
- Lipoma excision
- Papilloma excision
- Naevus excision
- Hormone implant
- Transrectal ultrasound scan and biopsy of prostate
- Local Anaesthetic Trans-Perineal Prostate biopsy (LATP)
- Excision of skin lesions including SCC and BCC skin cancers
- Wide Local Excision scar following initial melanoma excision

PSP's will be expected to obtain, on the day of surgery, full informed consent from patients prior to surgery.

The patient will be given:

- Information regarding the necessity of their surgery.
- Any acceptable alternative treatments.
- How the procedure will be performed.
- The expected and potential cosmetic outcome.
- Any aftercare required.

The patient at this point will be given the opportunity to ask questions and should be given a full answer to their questions. If the PSP is unable to answer the patient to a satisfactory level, then it is the PSP's responsibility to inform the patient's Consultant or member of his/her team. They will be expected to answer the patient's questions. It is only at this point that the patient should be expected to give consent.

Patients retain the right to refuse consent and request to have their surgery performed by a doctor. Any difficulties or issues relating to obtaining full consent from the patient should be addressed to the patient's consultant prior to the procedure. At no point should a PSP feel unable to consult with a doctor if he/she is not confident that the patient is giving informed consent. Including rationale

Competencies Required

- PSP's will demonstrate understanding of the law regarding consent.
- PSP's will demonstrate an understanding of the Worcestershire Acute Hospitals NHS Trust policy on consent.
- PSP's will demonstrate an understanding of procedure being undertaken, the complications and risk factors for each named operative procedure for which consent is to be taken.
- The PSP will observe the procedure being done by the consultant.

WAHT-THE-004

It is the responsibility of every individual to check that this is the latest version/ copy of this document.

- The PSP will demonstrate understanding of the procedure to enable informed consent to be taken.
- The PSP will observe the consultant taking informed consent from the patient.
- The consultant taking informed consent from the patient will observe the PSP.

Continuous assessment/observation will take place until the supervising consultant is satisfied that the PSP is competent to take consent without further supervision. This may vary for different procedures.

Patients Covered

Adult patients selected by admitting consultant as suitable to undergo minor surgical and diagnostic procedures under local anaesthetic by PSP; Excision of sebaceous cyst, lipoma excision, papilloma excision, naevus excision, hormone implant and transrectal ultrasound scan and biopsy of prostate.

Patients Not Covered

Children.

Patients requiring minor surgical lesion excision from face or neck.

Planning

Ensure private, safe comfortable environment allocated in which to take consent.

Equipment

Electronic consent in addition to correct consent form No. 3 Local Anaesthetic (where consciousness is not impaired.)

Assessment

Action	Rationale
Ensure appropriate area available to accept patient	Ensure a safe, private environment
Identify patient and confirm with patient notes and operating list	Identification of correct patient
Self and role introduction	Confirm patient is aware of PSP extended role and alternatives
Confirm operative procedure and site, using notes and patient consultation	To identify any changes to proposed surgery since original consultation with GP or consultant surgeon.
Seek appropriate advice if circumstances have changed.	Ensure surgery is still required, obtain advice if additional surgery is needed and whether it is appropriate.
Explain procedure to the patient to include: method, LA, indications, benefits, complications and alternatives.	Patient is able to make informed consent, having had procedural explanation
Complete appropriate consent form including date and signatures.	To obtain full written consent to enable surgery to take place. Trust consent guidance compliance.
Refer any issues/questions, which remain unresolved to admitting consultant or team member.	To ensure patient advocacy and safety

References

- Department of Health, Good Practice in Consent Implementation Guide: *Consent to Examination or Treatment* (2001).
- Worcestershire Acute Hospitals NHS Trust Policy: *Policy for Consent to Examination or Treatment* (2004).

Contribution List

Key individuals involved in developing the document

Name	Designation
Frances Breakwell	Perioperative Specialist Practitioner
Wayne Rutherford	Perioperative Specialist Practitioner
Mr Michael Corlett	Consultant General Surgeon
Mr Nicholas Purser	Consultant General Surgeon

Circulated to the following individuals for comments

Name	Designation
Rachel Overfield	Director of Nursing
Vivian England	Surgical Director Manager
Mr C Tallents	Clinical Director Treatment Centre

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Wayne Rutherford	Surgical Care Practitioner	Wayne.rutherford1@nhs.net
Date assessment completed	10/04/24		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Obtaining Informed Consent for Named Procedures by Perioperative Specialist Practitioners			
What is the aim, purpose and/or intended outcomes of this Activity?	To obtain informed consent			
Who will be affected by the development & implementation of this	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Carers	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input checked="" type="checkbox"/> Other

activity?	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	Interpreter_____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Policy review E consent review Reflection			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Work colleague			
Summary of relevant findings	No change			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		√		As guideline specifies adults, children not included
Disability			√	Patients with mental disability would require a health care professional making a decision on their behalf
Gender Reassignment		√		
Marriage & Civil Partnerships		√		
Pregnancy & Maternity		√		
Race including Traveling Communities		√		Interpreter may be required
Religion & Belief		√		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sex		√		
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		√		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		√		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Non English speaking	<i>.Interpreter</i>	Booking office	To coincide with patient arrival
How will you monitor these actions?	Check interpreter present			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At next update			

Section 5 - Please read and agree to the following Equality Statement

Obtaining informed consent for named procedures by Perioperative Specialist Practitioners Guideline		
WAHT-THE-004	Page 9 of 11	Version 6

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Wayne Rutherford
Date signed	10/04/2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval