



14th February 2014

Dear Miss Gillespie,

Re: Cynthia Fretwell (deceased) dob 28.6.1928
Late of 7 Croft Crescent, Awsworth, Nottinghamshire.

Further to Regulation 28 report to prevent future deaths dated 19.12.2013, the Practice has discussed this case as a Significant Event. The discussions have taken place during Medical meetings on several occasions, in the presence of GP's, Practice Nurses, Reception Manager and Practice manager.

As a result of our discussions, the following steps have been taken:

1. The Practice has updated its **MENTAL CAPACITY ACT 2005 POLICY**. This is saved on the 'shared drive' for all the staff to access it as necessary. See attached.
2. A **summary of the Mental capacity Act 2005** in also saved on the 'shared drive' for more detailed reference.
3. **Telephone Consultation Protocol** has been updated and copy of this has been submitted to your office and been accepted by yourself.
4. We have discussed the Mental Capacity Act during our Medical Meetings so that we are all updated on it. Particular attention has been paid to sections relating to the **Principles of the Act, Purposes of the Act** and **Best interests**, as highlighted in the copy of summary of Mental Capacity Act attached.
5. Attention is also paid to **5 core principles, basic recording, assessment of capacity and assessment of capacity checklist** in the Practice's Mental capacity act policy.
6. [REDACTED] have previously attended Protected Learning time event on 23.5.2013 on Safeguarding Children and vulnerable adults, Mental

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Capacity Act and PREVENT. This event addressed the principles and application of the Mental Capacity Act, amongst other issues. They will continue to keep themselves updated by attending appropriate future courses. [REDACTED] will be attending such course in the very near future. The **Practice staff** have attended a course to learn about Mental capacity Act in 2009 and will update themselves with e-learning this subject on 'blue stream academy'.

The Practice answers your queries in 1c, 2 and 3 as follows:

1c: The Practice will adopt a very low threshold for home visiting. This would especially be so in a patient who has not been seen face to face previously, in the elderly, if the illness was on going or if there was any doubt whatsoever about the nature of medical problem on the phone.

2. A full assessment of the patient's mental capacity in a situation where they are refusing medical treatment or admission to hospital will be made in accordance with the guidelines in the Practice's mental capacity policy attached.

If the clinical situation warranted hospitalisation GP would, with the help of the family, encourage the patient to go into hospital. If the patient refused, GP would reinforce the need for hospitalisation and the serious consequences of not doing so. As long as the patient had mental capacity as judged per protocol attached, their choice would be respected. If the patient is assessed as lacking mental capacity the GP would with the help of the family make a choice that was in the patient's best interest.

Please refer to the copy of summary of Mental Capacity Act and Policy attached.

3. A full and proper documentation of the discussions that would take place between GP, the patient/patient's family in these circumstances would be made in patient notes. **Please refer to basic recording in the Mental Capacity Act 2005 Policy.**

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We hope the steps outlined above meet with your satisfaction.
We will be very pleased to engage with yourself on any matter you feel is not addressed.

Yours sincerely,



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