

Sticker or Name, DOB,  
CHI and address

Ward \_\_\_\_\_  
Date completed \_\_\_\_\_  
Date revoked \_\_\_\_\_

## Capacity Documentation For Medical Treatment

### Section A - Assessment of Capacity

Capacity is assumed unless there is evidence of incapacity

- I believe that this person has attained the age of 16 and lacks capacity with regards to the proposed interventions because of mental disorder or inability to communicate because of physical disability. This is because they are unable to: (tick at least one of the following)
- Understand that a decision about the proposed treatment is required
  - Believe, understand when presented in appropriate language, retain memory of, or weigh and balance information about the proposed treatment
  - Communicate a decision, including with help of mechanical or other aids
  - Understand appropriately the benefits, risks and alternatives including the consequences of not receiving the proposed treatment
  - Reasonably recall the previous making of a decision about treatment

If the person lacks capacity consider whether they may be a vulnerable adult – if so refer Social Work

### Section B – Welfare Attorney/Guardian

I have made reasonable enquiries to ascertain if anyone has been appointed as Welfare Guardian/Attorney or holds an intervention order for this patient and:

- I believe that no one has been appointed. If so the nearest relative should be consulted.

OR

- I believe that the undernoted has been appointed. If so then consent must be sought from them if possible.

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

**If there is a Welfare Guardian/Attorney please obtain a photocopy of the document and file in the clinical record** (may be available on Clinical Portal – if not ask the Welfare Attorney/Guardian)

requested Signed \_\_\_\_\_ Date \_\_\_\_\_  obtained Date \_\_\_\_\_

**To revoke a statement of incapacity, score through and date the above box and the Section 47**

# ADULTS WITH INCAPACITY

(SCOTLAND) ACT 2000

## Certificate of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000

I [redacted] (name)  
of [redacted] (address)

\*am the medical practitioner primarily responsible for the medical treatment of; or

\*am a person who is \*a dental practitioner/an ophthalmic optician/a registered nurse and who satisfies such requirements as are prescribed by the Adults with Incapacity (Requirements for Signing Medical Treatment Certificates) (Scotland) Regulations 2007 and who is primarily responsible for treatment of the kind in question of:

[redacted] (name)  
of [redacted] (address) [D][D][M][M][Y][Y] (date of birth)

for whom the \*guardian/welfare attorney/person appointed by intervention order/nearest relative/carer

is [redacted]

I have examined the patient named above on [D][D][M][M][Y][Y] (date). I am of the opinion that \*he/she is incapable within the meaning of the Adults with Incapacity (Scotland) Act 2000 ("the 2000 Act") in relation to a decision about the following medical treatment:

[redacted]

because of (nature of incapacity) [redacted]  
[redacted]  
[redacted]

This incapacity is likely to continue for [redacted] months.

\*I therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist from:

[D][D][M][M][Y][Y] (date of examination) until [D][D][M][M][Y][Y], being a period which does not exceed one year from the \*date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me; or

\*I am of the opinion that (a) \*he/she is suffering from \*a severe or profound learning disability/dementia/a severe neurological disorder; and (b) \*what he/she is suffering from is unlikely to improve within the meaning of the Adults with Incapacity (Conditions and Circumstances Applicable to Three Year Medical Certificates) (Scotland) Regulations 2007/ [Y][Y] and therefore consider it appropriate for the authority conferred by section 47(2) of the 2000 Act to subsist until:

[D][D][M][M][Y][Y] being a period which does not exceed three years from the \*date of the examination on which this certificate is based/date of revocation of the certificate issued previously by me.

The authority conferred by section 47(2) of the 2000 Act shall subsist for the period specified above or until such earlier date as this certificate is revoked.

In assessing the capacity of the patient, I have observed the principles set out in section 1 of the 2000 Act.

Signed [redacted] Date [D][D][M][M][Y][Y]

\*delete as appropriate

## Section D Treatment plan

for patients receiving ongoing treatment under the terms of part 5 of the Adults with Incapacity (Scotland) Act 2000

**You must tick both boxes to continue**

I have examined the patient named above on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and consider that he/she needs to undergo procedures to safeguard or promote physical or mental health in relation to the treatment plan below. I have assessed his/her capacity to consent to treatment in relation to each area of intervention

I have no reason to believe that any of the proposed treatments are contrary to wishes expressed by the patient, even when they had greater capacity, or to views that are consistent with their moral, cultural, family and experiential background

Signature \_\_\_\_\_ Print \_\_\_\_\_ Designation/Grade \_\_\_\_\_

Disorder/Intervention (see note A)	Date	Capacity (C = capable I = Incapable)
<ol style="list-style-type: none"> <li>1. Fundamental healthcare procedures including all measures to support the following: Nutrition, hydration, hygiene, skin care and integrity, elimination, relief of pain and discomfort, mobility, communication, eyesight, hearing and simple oral hygiene.</li> <li>2. Prevention and treatment of infection</li> <li>3. Prevention of Deep Venous Thrombosis</li> <li>4. AHP interventions</li> <li>5. Continuing management of existing long term conditions Please specify conditions</li> </ol>		

Remember that some treatments require to be named specifically on the treatment plan. These include sedation for agitation, and any treatment which usually requires verbal consent. Covert medications must be named on the treatment plan and also require their own care plan (download from Mental Welfare Commission website). This list is not exhaustive. Section 47 does not cover discharge planning or deprivation of liberty.

**Any treatment which would usually require signed consent requires a separate certificate of incapacity.**

### Member of staff consulting family/carers to sign:

I have discussed with the patient's representative as below

Welfare Guardian/ Power of Attorney (if one appointed):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ OR

Relative/ Carer/ Other individual most involved in persons care (if no Welfare Guardian/Power of Attorney):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**If additional items added to the treatment plan they must be discussed separately  
All additional section 47 forms to be attached at section C**

## ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

This plan is intended to guide healthcare professionals who are caring for patients who have multiple and complex needs. It should be attached to a certificate of incapacity and retained in the patient's multidisciplinary case record.

- A. Under the Act, you can only intervene if it will benefit the patient. Your intervention must be the least restrictive in relation to the patient's freedom in order to achieve the required benefit. You must take the patient's view into account and you must consult other relevant people, where reasonable and practicable. **Include** all present or foreseeable disorders and/or interventions for physical and mental disorders not included in "Fundamental Healthcare Procedures" (see note B). You should consider the patient's capacity to consent to each intervention. Under the Act, the patient is incapable if he/she is incapable of acting, or making decisions, or communicating decisions, or understanding decisions, or retaining the memory of decisions. **Exclude** all interventions that require express (signed) consent of the patient. Interventions of this sort need a separate certificate of incapacity. *For example, if you write "coronary heart disease and hypertension" on the plan, this authorises you to prevent disease with aspirin, or treat disease with anti-hypertensive drugs, but not operate or bypass blocked arteries.*

**You may not include on this form any treatment regulated under section 48 of the Act. Please consult the regulations and separate guidance issued on these treatments. These treatments are:**

**Sterilisation where there is no serious malfunction or disease of the reproductive organs**

**Surgical implantation of hormones for the purpose of reducing sex drive**

**Drug treatment for the purpose of reducing sex drive, other than surgical implantation of hormones**

**Electro-convulsive therapy (ECT) for mental disorder**

**Abortion**

**Any medical treatment which is considered likely by the medical practitioner primarily responsible for that treatment to lead to sterilisation as an unavoidable result.**

- B. Fundamental healthcare procedures include all measures to promote or safeguard the following: nutrition, hydration, hygiene, skin care and integrity, elimination, relief of pain and discomfort, mobility, communication, eyesight, hearing and simple oral hygiene.
- C. The Act requires you to take the views of others into account when deciding on an intervention. You should discuss this plan with professional carers and relatives of the patient. Any person with an interest in the welfare of the patient may appeal a treatment decision to the Sheriff. If the patient has a Welfare Attorney or Guardian with the authority to consent to treatment, you must consult this person where reasonable and practical. You can find out if your patient has a Welfare Attorney or Guardian by contacting the Public Guardian on 01324 678300. If this person disagrees with any element of your plan, you must refer to the Code of Practice for details of the dispute resolution process by the Mental Welfare Commission for Scotland, tel: 0131 313 8777.
- D. Includes conditions diagnosed previously such as hypertension or diabetes. You may find that you need to treat a condition that is not specified in your treatment plan. If this is a short lived condition, a separate certificate in relation to it might suffice. If it is a condition that is likely to need ongoing intervention, you should consider rewriting the treatment plan. The treatment plan is only valid for the period specified in the certificate of incapacity. The maximum period is **one year** or three years where the patient suffers from a severe or profound learning disability; dementia; a severe neurological disorder and the condition is unlikely to improve.