

<<Insert your name>>

<< Address>>

<<insert GP’s Name

<<Address>>

<<Postcode>>

<<Insert date>>

|  |  |  |
| --- | --- | --- |
| GP name and address | Phone: |  |
| Fax: |  |
| Email: |  |
|  |  |
| NHS ref: |  |
| Our ref: |  |
| Date: |  |

Dear

Re: Name ……………………………………………Date of birth: ……………

Address: ……………………………………………………………………..

NHS no if known: ………………………………………..

My name is …………………………… I am the (insert job title) for the above-named person who is a patient at your practice.

I am contacting you to request a letter/statement confirming that ……………………. has a diagnosis that may impact on their cognitive function. This information is required as part of an application to the Court of Protection being made in accordance with the Mental Capacity Act 2005 to seek an authorisation order to lawfully deprive the person of their liberty in order to protect them from harm.

The request is not for an assessment of capacity. A very full assessment is being undertaken by the Local Authority of the patient’s mental capacity to make decisions about their accommodation and/or care arrangements in the community. What is needed is a statement of fact confirming that your patient has a diagnosis which may impact on their cognitive function.

For your information:

An independent expert psychiatric opinion is not usually needed as the GP will either know the patient or have access to the medical records. In the majority of cases, these requests relate to cases where there is no dispute between the parties and the matter is uncontested. If any objections are raised, a different legal process will be followed, which will not involve a GP declaration.

The types of condition that GPs are asked to declare include advanced dementia, autism, moderate to profound learning disabilities and severe brain injury (not an exhaustive list). Using the Mental Capacity Act wording this means any condition that can lead to “an impairment of, or a disturbance in the functioning of, the mind or brain”. The European Convention on Human Rights uses the legal term “of unsound mind” (which in essence means the same as the MCA definition) and is the only term that will be accepted by the Court.

The application will be submitted to the Court of Protection by the Local Authority or ICB along with assessments, witness statements and supporting evidence confirming the patient lacks capacity and that the care arrangements are in the patient’s best interest. The process is complex and requires a substantial amount of information evidencing the necessity for restrictive care. The GP declaration is a small but essential part of this large body of evidence, which needs to be submitted to the Court as soon as possible.

The above-named patient is either accommodated in supported living arrangements or in their own home. I believe that the current care arrangements mean that the patient already falls within the scope of Deprivation of Liberty legislation in that they are ‘not free to leave’ and are ‘under constant supervision and control’. This process may not change the care arrangement in any way but will bring their care in line with current legislation.

The GP supporting letter should confirm your patient’s diagnosis and unsoundness *or impairment* of the mind, along with your name, position and qualifications, and be signed (not pp) and dated on letter-headed paper. For your convenience, I have included a template below setting out the information the court requires. I ask that you complete the required documentation within 4 weeks of receiving this request letter so as not to prolong the unlawful deprivation of …………..’s liberty.

If you disagree that………………has a diagnosis that would deem them to be of unsound mind or if you would like further information about the process of completing this letter, please speak to your ICB named GP or contact: [kmicb.safeguarding@nhs.net](mailto:kmicb.safeguarding@nhs.net) . If you make the decision not to provide the letter to support the court application or not to confirm unsoundness or impairment of mind, the court requires that you provide a rationale for your decision.

Many thanks for your help and support in completing the letter.

Yours faithfully

Social Worker/other job title

To be completed on GP Practice headed paper

The following evidence is provided to support an application to the Court of Protection in relation to deprivation of liberty.

I confirm that

NAME:………………………………………………………………………………………………

ADDRESS:…………………………………………………………………………………………

………………………………………………………………………………………………………

Has the following diagnosis:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

which means he/she has an impairment of, or disturbance in the functioning of, the mind or brain and is therefore “of unsound mind” according to the European Convention on Human Rights.

……………was last seen by myself on……………… (within last 12 months).

Signed ………………………………………………………………………………………………………………………………………………….

Name of registered practitioner:

………………………………………………………………………………………………………

Qualifications of registered practitioner:

………………………………………………………………………………………………………

Date ………………………………………………