

THE BLUNDELLSANDS SURGERY

Title of policy/protocol: Consent Policy	
Identification Number:	Version Number:
Author: Barbara Oliver	
In consultation with:	
Replaces:	
To be read in conjunction with:	
Issue Date: 29/04/2019	Review Date: 29/04/2020
Changes to policy from previous version: (e.g. page number – paragraph number – text)	

CONSENT POLICY

CONSENT CAN BE WRITTEN OR IMPLIED

PRACTICE GUIDELINES

It is the patients right to be asked for permission for the clinician to proceed with any formal examination or invasive procedure.

In the case of some minor surgical procedure (e.g. joint injections) written consent is required using the minor surgery consent form. This is scanned and filed in the patient clinical records.

In the case of children, consent will be granted by the parent or legal guardian (in line with current legislation). If Grandparents bring a child for vaccinations they must bring a letter from the parent/legal guardian or they must be contacted by telephone to gain consent. This should also be recorded in the patient records.

With regards to immunisations, consent is recorded within the clinical consultation using the appropriate template or F12 key. i.e. Childhood immunisations and influenza vaccine.

In respect of video consultations for GP training, written consent before and after the consultation with the GP Registrar must be obtained in each instance.

Provision of patient information to third parties i.e. solicitors, insurance companies, employers, relatives may only be given by application in writing with a signed consent form from the patient.

It is assumed that patients requiring referral to another clinician (secondary care for example) is implied consent during the consultation with the GP.

Steroid joint & soft tissue injection consent

Name of patient:

DOB:

Date:

The following issues have been discussed

- The nature of the procedure and the reason for the injection has been explained and advice about aftercare provided.
- Any allergies including dressings and antibiotics?.....
- The potential risks e.g. bleeding, bruising, infection, menstrual irregularity, post injection pain, soft tissue atrophy and de-pigmentation of the skin.
- Please consider reading the ARCUK patient information leaflet on joint injection.

Procedure.....GP

Signature.....

I.....(print name) consent to the minor surgical procedure as described to me by my doctor. I have read and understood the information detailed above and understand fully the reasons for the procedure.

Signed.....Date.....