

# **The Transfer of Mentally Disordered Patients**

*Guidance on the transfer of mentally disordered patients detained under the Mental  
Health (NI) Order 1986 to and from Hospitals in Great Britain*

*August 2011*

## **CONTENTS**

	Page no.
List of abbreviations	2
Introduction	3
Admission of Northern Ireland patients to GB Hospitals	4
Transfers to GB Hospitals	5
Transfers from GB Hospitals	5
Legislative authority	5
Individuals and agencies involved	6
Medical Reports and Confidentiality	7
Procedures for transferring patients	8
• General	8
• Transfers from Northern Ireland to GB Hospitals	8
◆ Professional procedures	8-9
◆ Administrative procedures	10
• Transfers from GB Hospitals to Northern Ireland	11
◆ Professional procedures	11
◆ Administrative procedures	12
Financial aspects	12
Annex 1 Transfers from Northern Ireland	13
Annex 2 Transfers to Northern Ireland	14
Annex 3 Contact points in Northern Ireland	15-16
Annex 4 High Secure Hospitals	17
Annex 5 Part III Restricted Patients	18
Annex 6 Information to be supplied to HSCB/PHA & DHSSPS or DOJ with transfer request	19-20
Annex 7 Patient Template Proforma	21-23

## ***LIST OF ABBREVIATIONS***

CPA	Care Programme Approach
DHSSPS	Department of Health, Social Services and Public Safety
DMA	Departmental Medical Adviser
DH	Department of Health
DOJ	Department of Justice
GB	Great Britain
HSCB	Health & Social Care Board
HSH	High Secure Hospital
MHS	Mental Health Casework Section
NOMS	National Offender Management Service
NI	Northern Ireland
PHA	Public Health Agency
TCO	Transfer Co-ordinator

***Guidance on the transfer of mentally disordered patients detained under the Mental Health (NI) Order 1986 to and from Hospitals in Great Britain***

***Introduction***

A small number of mentally disordered patients detained under the Mental Health (Northern Ireland) Order 1986 (the Order) need to be transferred to or from Hospitals in Great Britain.

Each transfer is sanctioned on the understanding that the patient will return to Northern Ireland when the provision of care in Great Britain is no longer indicated. The need to honour this understanding, by accepting the return of transferred patients promptly, is of paramount importance if the ongoing co-operation of the appropriate authority in Scotland, England and Wales is to be retained.

It is important that the procedures set out in this guidance are followed so that legislative and operational requirements are met.

This guidance supersedes any previous guidance.

## ***The agreement on the admission of Northern Ireland patients to GB Hospitals***

Patients, detained under the Mental Health (NI) Order 1986, requiring transfer to GB Hospitals fall into two categories:

1. Those who require treatment in conditions of high security which are not available in Northern Ireland
2. Those who require specific specialist services, which are not available in Northern Ireland

### **1. Those who require treatment in conditions of high security**

Patients who are difficult to manage are present in all psychiatric and learning disability hospitals. Every effort should be made to look after these patients within local facilities before considering a transfer to a High Secure Hospital in Great Britain.

The function of a High Secure Hospital is to provide hospital care for certain mentally disordered patients who, because of extremely violent, disruptive or dangerous behaviour, require treatment in conditions of high security which are not available in other psychiatric or learning disability facilities in Northern Ireland. Some of these patients will have been the subject of criminal proceedings.

Once the condition of a patient in a High Secure Hospital improves to the point where they can be managed in less secure accommodation, their transfer to that accommodation should be arranged, subject to the agreement of the Department of Justice if they are restricted patients.

There is a standing arrangement that Northern Ireland male patients who satisfy the admission criteria can be transferred, with the agreement of the appropriate authority, to The State Hospital, Carstairs, in Scotland. In exceptional circumstances, the patient may be transferred with the agreement of the appropriate authority to one of the High Secure Hospitals in England. The Department of Health and NHS Commissioners should be aware that this might occur in very extraordinary circumstances.

Female patients who satisfy the admission criteria can be transferred, with the agreement of the appropriate authority, to Rampton Hospital in England.

### **2. Those who require services which are not available in Northern Ireland**

Some patients may need specific services which, because of the limited number of cases involved and a lack of local expertise and facilities, are not available in Northern Ireland.

## **Transfers to GB Hospitals**

There are three categories of patients for whom transfer to Hospitals in Great Britain may have to be considered:

### **A.** Part II patients

- ◆ Those detained in a Northern Ireland hospital under Part II of the Order following compulsory admission for assessment

### **B.** Part III patients in hospital

- ◆ Patients concerned in criminal proceedings or under sentence and who have been detained in a Northern Ireland hospital under Part III of the Order

### **C.** Part III patients not yet in hospital

- ◆ Those who are ordered to be detained in a Northern Ireland hospital under Part III of the Order and who, immediately on admission, are to be transferred to a GB Hospital.

The discharge of patients in categories B and C may be subject to restriction in accordance with **Articles 47** and **55** of the Order. Such patients are referred to as “restricted” patients in this guidance.

## ***Transfers from GB Hospitals***

When treatment in a GB Hospital is no longer required, transfer to a hospital in Northern Ireland can be considered for:

- Northern Ireland patients originally transferred to a GB Hospital from a hospital in Northern Ireland
- Northern Ireland patients admitted to a GB Hospital other than on transfer from Northern Ireland, that is, patients ordinarily resident in Northern Ireland originally detained under the relevant GB legislation.

The procedures in this Guidance will also apply in any cases where it has been agreed by the receiving HSC Trust and HSCB/PHA that a patient should be transferred to a Northern Ireland hospital from a GB Hospital.

## ***Legislative authority***

Transfers between Northern Ireland hospitals and Scottish hospitals, including The State Hospital, Carstairs, are carried out under **Article 6** of the Mental Health (Care and Treatment) (Scotland) Act 2003 (Consequential Provisions) Order 2005. Transfers between Northern Ireland hospitals and hospitals in England are carried out under **sections 81** and **82** of the Mental Health Act 1983.

## ***Individuals and agencies involved***

There are various individuals and organisations with key responsibilities in the transfer procedure. They are:

- A Transfer Co-ordinator (TCO), appointed in each NI Health and Social Care Trust to oversee all transfers
- NI Hospital consultant psychiatrists, referred to individually in this guidance as “the Northern Ireland consultant”
- The Departmental Medical Adviser (DMA) – the Department of Health, Social Services and Public Safety medical adviser
- The Department of Health, Social Services and Public Safety (DHSSPS), in respect of patients other than restricted patients
- The Department of Justice (DOJ), in respect of restricted patients
- GB Hospitals’ consultant psychiatrists
- The Scottish Government in respect of all transfers to and from The State Hospital
- The Department of Health (DH) in England, in respect of all transfers to and from English and Welsh Hospitals (except for restricted patients)
- Specialist Commissioners
- The MHCS (NOMS) in respect of transfers of restricted patients to and from English GB Hospitals

Contact points in the DHSSPS, HSCB, PHA and DOJ and the addresses and telephone numbers of the High Secure Hospitals are listed in **Annex 3 and 4**.

Since it is vital that the return of patients is facilitated when they no longer require care in GB, both purchasers and providers in NI must devise procedures which facilitate the prompt return of patients to NI.

The Transfer Co-ordinator will be responsible for consulting and securing agreement from his own line management, as necessary, to the transfer and for securing the agreement of the purchaser. The HSCB/PHA should therefore designate an officer at Area level who will act as a point of contact for the Transfer Co-ordinator. It is important that the DHSSPS is notified of any changes to the Transfer Co-ordinator.

### ***Medical Reports and Confidentiality***

The various individuals and authorities involved in the transfer procedures need to be informed of relevant circumstances. Inevitably this includes some information on the patient's mental state and behaviour. All staff who receive or handle medical reports must observe the following principles of confidentiality:

- Personal information about a patient may only be used for the purpose for which it has been released
- Transmission of this information must be restricted to those who need it for that purpose. It must not be divulged to, or discussed with, other persons
- Arrangements for the handling and storage of medical reports should include adequate safeguards to preserve confidentiality.

## ***Procedures for transferring detained patients from Northern Ireland psychiatric and learning disability hospitals to GB Hospitals***

### ***General***

All requests for admission of male patients to a High Secure Hospital should be made to the State Hospital, Carstairs. If admission to a High Secure Hospital in England is considered more appropriate, the initial approach to The State Hospital should include representations to this effect. Where for any reason, The State Hospital and the DH agree that a High Secure Hospital in England would be appropriate, they should clearly document the reasons and advise the Northern Ireland consultant. Female patients requiring high security can only be referred to Rampton Hospital in England.

The approach to the GB Hospital consultant should be made by the Northern Ireland consultant in all cases.

There are two complementary processes involved in the transfer procedures. They are best described as “**professional**” and “**administrative**”. Both processes are essential and must dovetail but, in the interests of convenience, they are described separately in this guidance. Annexes 1 and 2 show how the various stages of each process interact.

### ***Transfers from Northern Ireland to GB Hospitals (Annex 1)***

#### **1. Professional Procedures**

- A.** In all cases where the possible need for a transfer arises including those where a hospital order is pending or a transfer direction is being considered (**see Annex 5**), the Northern Ireland consultant should discuss the patient’s problems with the multi-disciplinary team who care for the patient and, where appropriate, reach agreement that admission to a GB Hospital is required. Prior to any such agreement all options for appropriate local placement of the patient should be considered and only when these options are deemed unsuitable should the transfer process be progressed. Due to the significant potential impact of a transfer to GB, both the patient and the nearest relative should, at this early stage, be reminded of their right to apply for a review, by the Mental Health Review Tribunal, of their case and ongoing detention where applicable. The views of the patient and nearest relative should be sought by the clinical team at various stages during the process and appropriately documented.
- B.** The NI consultant will seek permission from the Transfer Co-ordinator.
- C.** When approval has been obtained by the Transfer Co-ordinator from the HSCB/PHA, the Northern Ireland consultant should contact the receiving consultant and arrange an assessment visit. In the case of a patient needing high secure care, if the Northern Ireland consultant considers that admission to a High Secure Hospital in England would be appropriate, he should advise the State Hospital consultant. If this is accepted, or if the State Hospital

forms the view that treatment in a High Secure Hospital in England would be more appropriate, the reasons should be clearly documented and the Northern Ireland consultant informed. He/She should then contact the consultant in the relevant High Secure Hospital in England.

- D.** The receiving consultant, usually accompanied by another member of staff, will visit the patient and assess his/her suitability for admission to their Hospital. There may be occasions when the receiving consultant will be prepared to accept the patient without making a visit.
- E.** The patient will only be accepted where the following conditions are met:
- Capacity is available
  - There is an agreed and clearly defined return pathway
  - Payment details are agreed and clear
  - The transfer and detention is legal and has appropriate approval
  - The transfer is for a patient eligible for detention under Northern Ireland's mental health legislation and is not about wanting to 'try' a treatment regime not applicable/available in the referring country. The referring country does not have an equivalent specialist service/facility.
- F.** Where the receiving consultant agrees to admission and, only where written confirmation of acceptance is received, the Northern Ireland consultant should submit a case to the Transfer Co-ordinator, who should be provided with all the details necessary to make a formal submission to the DOJ (in the case of a restricted patient) or the DHSSPS (in the case of any other patient). Details of the information required are set out in **Annex 6**. The Transfer Co-ordinator should also advise the HSCB/PHA that a formal submission has been made and seek agreement for the transfer in light of the outcome of the assessment.
- G.** At this stage, the Northern Ireland consultant should agree, where possible, a transfer date with the receiving consultant and advise the Transfer Co-ordinator who, in consultation with the Northern Ireland consultant, will make provisional arrangements for the transfer. The Consultant in determining the date of transfer should note that the DHSSPS require sufficient time to consider the merits of the transfer in line with the findings of the Judicial Review (ref JR 49) and also the requirements of Article 134 of the Mental Health (Northern Ireland) Order 1986 viz. that the Department shall send notification to the Regulation and Quality Improvement Authority and the patient's nearest relative not less than 7 days before the date of removal of the patient.
- H.** At appropriate times during the procedure, the Northern Ireland consultant should explain the reasons for, including potential benefits and disadvantages, of the proposed transfer to the patient, ensure that the patient's relatives are informed, and keep the Transfer Co-ordinator informed. The Transfer Co-ordinator will keep the HSCB/PHA informed of progress.

## 2. **Administrative procedures**

- A. The Transfer Co-ordinator should submit a case to the DOJ (in respect of a restricted patient), or to the DHSSPS (in respect of any other patient), for authority to effect the transfer. The information required by the DHSSPS for non-restricted patients to authorise a transfer is specified at **Annex 6** and the DHSSPS, in consultation with DMA, will agree the transfer on the basis of the information provided.

**Please note that all information required for the DHSSPS and the DMA to authorise a transfer should be submitted to the Department at least 14 days before the proposed transfer. This is to allow sufficient time for the Department to comply with the findings of the Judicial Review (ref JR 49) of a previous transfer request and to take account of the 7 day rule.**

- B. In the case of a male patient needing conditions of high security, the DHSSPS/DOJ will ask the Scottish Government for formal agreement to a transfer to The State Hospital. Where the patient is to be transferred to a High Secure Hospital in England, the DHSSPS/DOJ will ask the DH, or in respect of a restricted patient, the MHCS (NOMS), for agreement to the transfer.
- C. When agreement is obtained, the DHSSPS/DOJ will issue an “**authorisation for removal**” to the Transfer Co-ordinator and will, at the same time, send notification of the authorisation to the Regulation Quality Improvement Authority and the patient’s nearest relative. Article 134(6) of the Order requires the notifications to be sent not less than 7 days before the date of the transfer.
- D. When the authorisation is received by the Transfer Co-ordinator, he should arrange for the document to be conveyed to the Northern Ireland consultant and ensure that the arrangements for the transfer are finalised and carried out. He must also ensure that the transfer does not take place until at least 7 days after the authorisation has been issued. The Transfer Co-ordinator should ensure that the original authority for detention and the authorisation for the patient’s removal should be forwarded to the receiving hospital.
- E. The Northern Ireland consultant should inform the Transfer Co-ordinator that the patient has been transferred. The Transfer Co-ordinator should then notify the DHSSPS/DOJ and the HSCB/PHA that the transfer has been carried out.

## ***Transfers from GB Hospitals to Northern Ireland (Annex 2)***

### **3. Professional procedures**

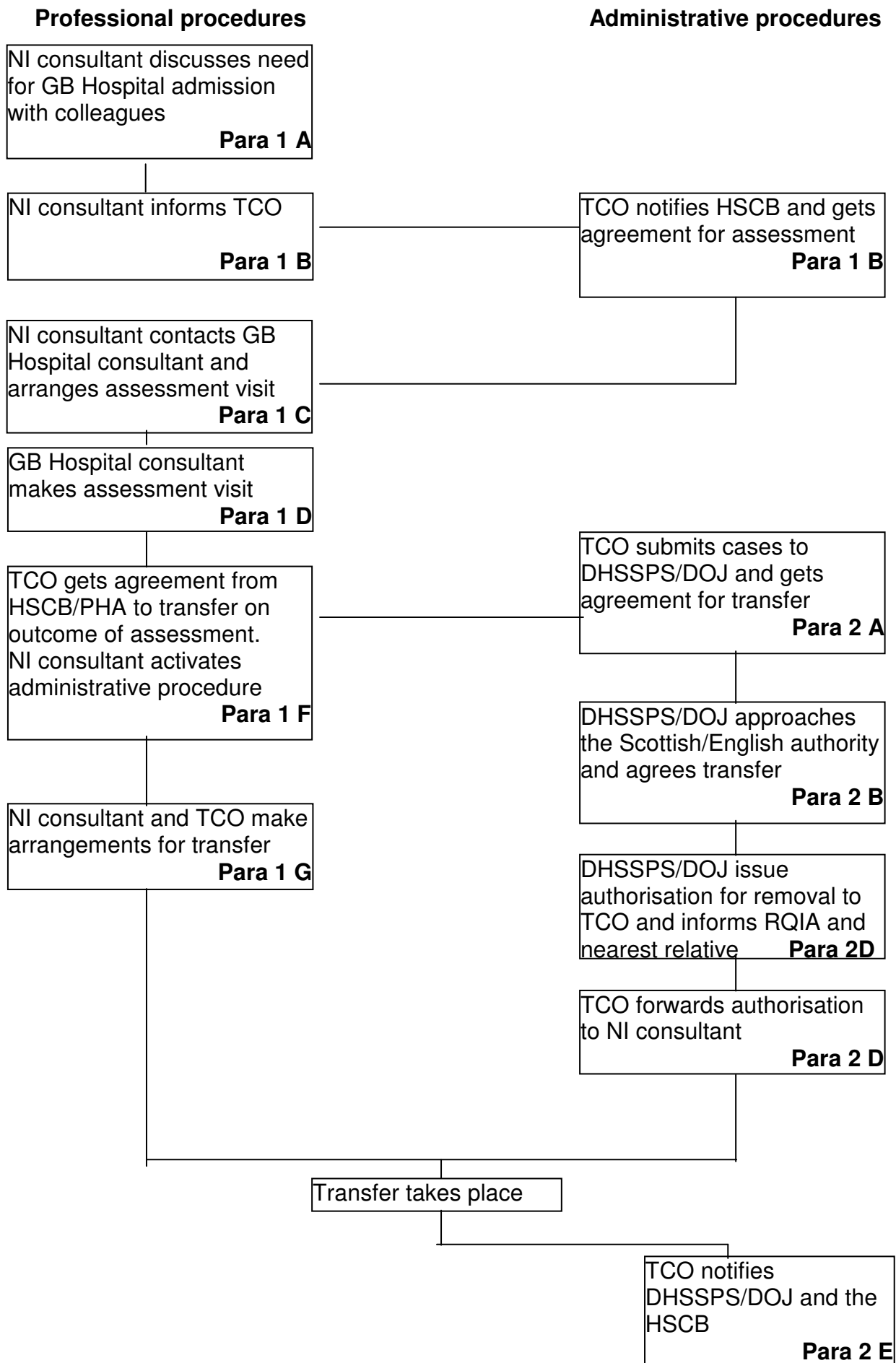
- A.** The Northern Ireland clinical team will maintain contact with the GB inpatient team to ensure the care pathway is maintained. This will include attending at least one CPA meeting per year for the duration of the inpatient stay.
- B.** The GB Hospital consultant will advise the Northern Ireland consultant that a patient is ready to be considered for return to a Northern Ireland Hospital.
- C.** The Northern Ireland consultant should discuss the case with professional colleagues and inform the Transfer Co-ordinator, who will in turn advise the HSCB/PHA.
- D.** In most cases, the appropriate Northern Ireland consultant, accompanied by a colleague, will make a visit to assess the patient in the GB Hospital.
- E.** The Northern Ireland consultant should compile a report containing their comprehensive assessment of the patient, a recommendation on the suitability of the patient for reception and care in Northern Ireland and confirming that arrangements can be made for the patient's reception in the Northern Ireland hospital. The report should be sent to the GB Hospital consultant and to the Transfer Co-ordinator, who will copy the report to the HSCB/PHA. The consultants should, at this stage, consider what arrangements need to be put in place for the patient's transfer.
- F.** Where the transfer is to proceed, the GB Hospital consultant will submit a case for transfer to the Scottish Government, DH or MHCS (NOMS).
- G.** When the authority for transfer has been issued the Northern Ireland and GB Hospital consultants will finalise the practical details of the transfer. The Northern Ireland consultant should inform the Transfer Co-ordinator of the intended date of transfer and travel arrangements and will advise the HSCB/PHA and DHSSPS/DOJ.
- H.** On the patient's arrival in Northern Ireland, the Northern Ireland consultant should submit a medical report to the Transfer Co-ordinator on prescribed **Form 24**. The Transfer Co-ordinator should ensure that a copy of Form 24 is forwarded to the Regulation Quality Improvement Authority.
- I.** At appropriate times during the procedure, the Northern Ireland consultant should ensure that the patient, their nearest relative and the Transfer Co-ordinator are kept informed of developments. The nearest relative may play an important part in facilitating the transfer and, wherever possible, their co-operation should be obtained. The Transfer Co-ordinator should ensure that the HSCB/PHA is kept informed of developments.

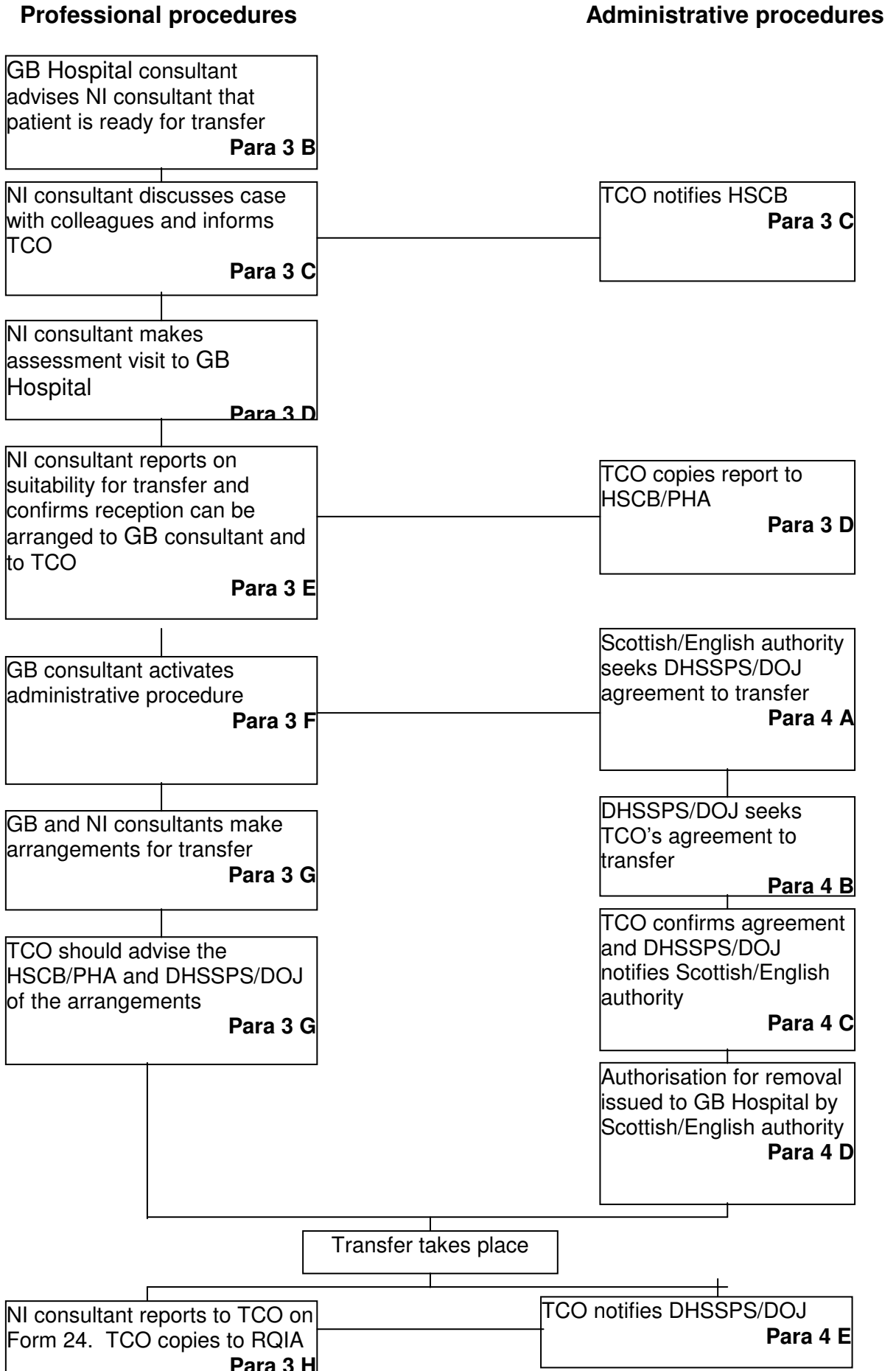
#### **4. Administrative procedures**

- A.** The Scottish Government, DH or MHCS (NOMS) will ask the DHSSPS/DOJ for confirmation that they have no objection to the transfer of the patient back to Northern Ireland.
- B.** The DHSSPS/DOJ will ask the Transfer Co-ordinator to confirm they have secured appropriate agreement to the transfer and that arrangements have been made for the patient to be cared for in a Northern Ireland hospital.
- C.** On receipt of the Transfer Co-ordinator's confirmation of the HSCB/PHA agreement, DHSSPS/DOJ will notify the Scottish Government, DH or MHCS (NOMS) as appropriate that the Northern Ireland Hospital will accept the patient for admission.
- D.** The Scottish Government or DH (or MHCS (NOMS) in respect of a restricted patient in England) will issue an “**authorisation for removal**” from the GB Hospital to the Northern Ireland hospital.
- E.** The Northern Ireland consultant should notify the Transfer Co-ordinator of the date of the transfer. The Transfer Co-ordinator should inform the DHSSPS/DOJ and the HSCB/PHA and subsequently confirm that the patient has arrived in Northern Ireland.

#### **Financial aspects**

The HSCB/PHA should be prepared to accept responsibility for meeting appropriate costs, including those connected with assessment visits, the care of NI patients during transfers to and from the GB Hospital, visits by certain relatives and home visits by the patient, for example to attend a funeral. They must agree to pay for any additional charges for highly intensive care packages for individual patients as part of the overall care package requirements based on the advice of the responsible clinical team in the GB Hospital. Any costs must be met without delay.





## **ANNEX 3**

### ***Contact points in Northern Ireland***

Department of Health & Social Services and Public Safety  
Mental Health and Disability Policy Directorate  
Mental Health Unit  
Castle Buildings  
Upper Newtownards Road  
BELFAST  
BT4 3SQ

**Telephone:**  
028 90522562

**Fax:**  
028 90522500

**Medical Adviser**  
DHSSPS

**Telephone:**  
028 90522421

**Department of Justice**  
Justice Strategy Division  
Massey House  
Stoney Road  
BELFAST  
BT4 3SX

**Telephone:**  
028 90527357

**Fax:**  
028 90763311

**Assistant Director of Commissioning  
Health & Social Care Board**  
12-22 Linenhall Street  
Belfast  
BT2 8BS

**Telephone:**  
028 90321313

**Public Health Agency**  
Ormeau Avenue Unit  
18 Ormeau Avenue  
Belfast BT2 8HS

**Telephone:**  
028 90311611

### **Trust Contacts**

Assistant Director for Mental Health  
**Belfast Health & Social Care Trust**  
Nore Villa  
Knockbracken Healthcare Park  
BELFAST  
BT8 8BH

028 90802339

Assistant Director Mental Health  
**Northern Health & Social Care Trust**  
Noble House  
Holywell Hospital  
60 Steeple Road  
Antrim  
BT41 2RJ

028 94413314

Assistant Director Mental Health  
**South Eastern Health & Social Care Trust**  
Downshire Hospital  
Ardglass Road  
Downpatrick  
Co. Down BT30 6RA

028 44513830

Assistant Director for Mental Health  
**Southern Health & Social Care Trust**  
Bannvale House  
10 Moyallen Road  
GILFORD  
BT63 5JX

028 3883 3240

Assistant Director Mental Health  
**Western Health and Social Care Trust**  
Dawson House  
Gransha Park  
Clooney Road  
LONDONDERRY  
BT47 6TF

028 71865204

**ANNEX 4**  
***High Secure Hospitals***

**Scotland:**

The State Hospital  
Carstairs  
LANARK  
ML11 8RP

**Telephone**

01555 840293

**England:**

Broadmoor Hospital  
Crowthorne  
BERKSHIRE  
RG45 7EG

**Telephone**

0134 4773111

Rampton Hospital  
Retford  
NOTTINGHAMSHIRE  
DN22 0PD

0177 784321

Ashworth Hospital  
Parkbourn  
Maghull  
LIVERPOOL  
L31 1HW

0151 4730303

## ANNEX 5

### ***Part III Restricted Patients***

The Courts make Hospital **Orders** and Restriction **Orders**. DOJ issues Hospital Transfer **Directions with Restriction**.

A Court Order cannot order a person to be admitted directly to a hospital outside Northern Ireland. Before a person can be transferred to a GB Hospital **they must first be admitted to a Northern Ireland hospital as a patient**.

If, for a person held in custody:

- There **is** a Court Order directing admission to a Northern Ireland hospital, it must be effected within 28 days of issue and a Transfer Direction by the DOJ **is not required**
- There is no Court Order directing admission to a Northern Ireland hospital, a Transfer Direction by the DOJ is required and it must be effected within 14 days of issue.

When issuing a Hospital Order the Court will normally issue a Restriction Order but its issue is not mandatory on the Court. When issuing a Transfer Direction the DOJ will always issue a Restriction Direction.

For **all** patients subject to a Restriction Order or Restriction Direction the DOJ must issue an "Authorisation for Removal" to authorise the transfer from the Northern Ireland hospital to the GB Hospital and DOJ's agreement must be obtained from MHCS (NOMS).

The nearest relative of a patient transferring to a GB Hospital must be given a minimum of 7 days notice before the transfer is carried out.

The requirements detailed above, the date of admission to the GB Hospital and the related GB travel arrangements must be co-ordinated to ensure that:

- The statutory deadlines are met
- Patients with special security needs spend the minimum period of time in the Northern Ireland hospital before transfer to a GB hospital.

Where the need for GB Hospital treatment is agreed, all the necessary arrangements for the patient's transfer should be put in place before Part III admission is ordered.

## ANNEX 6

### ***Information to be supplied to the HSCB/PHA and DHSSPS or DOJ with transfer request***

- \* • Patient's full name, date of birth and home address
- \* • Name of Northern Ireland hospital
- \* • Name of Northern Ireland consultant
  - Article of the Mental Health (NI) Order 1986 under which the patient is detained
  - Whether there is any restriction on discharge
  - Particulars of offence (if any) which led to hospital admission
  - Reason for the proposed transfer; if behaviour in hospital is considered violent and/or dangerous, details of the incident(s) should be given
- \* • Reasons why high security is considered necessary, if relevant
  - Indicate the intended benefits and possible disadvantages to the patient of the proposed transfer to the chosen facility?
  - A description of the patient's mental condition including diagnosis, particulars of current management, especially current medication, a list of medication and dosage, and the response to the treatment
  - Particulars of any previous psychiatric treatment
  - Particulars of any previous convictions
  - Have other appropriate local options been considered
- \* • An indication of the willingness of the GB Hospital consultant to accept the patient and the consultant's name
- \* • If admission to a GB Hospital, other than The State Hospital is sought, its name and the reasons why it is considered to be more appropriate
  - Views of the patient to the proposed transfer by providing supporting evidence signed and dated by them
- \* • Name, address and relationship of the nearest relative.

- Views of the nearest relative to the proposed transfer providing supporting evidence signed and dated by them

Note: In the case of a Restricted Patient, the DOJ require only the information asterisked above.

## ANNEX 7

### **PRO-FORMA TO BE COMPLETED FOR THE DHSSPS WHEN TRANSFERRING MENTALLY DISORDERED PATIENTS TO HOSPITALS IN GREAT BRITAIN**

Patient's full name	
Date of Birth	
Home Address	
Name of Northern Ireland Consultant.	
Article of the Mental Health (NI) Order 1986 under which the patient is detained.	
Is there a restriction on the patient's discharge?	
Reason for the proposed transfer.	
Reasons why high security is required, if relevant.	
Indicate the intended benefits and possible disadvantages to the patient of the proposed transfer to the chosen facility?	
Attach a description of the patient's mental condition including particulars of previous and current treatment, including medication, and the response to treatment.	

<p>Have all other appropriate local options of providing treatment for the patient been fully considered? If so, please outline these together with their possible benefits and disadvantages to the patient and reasons for rejection.</p>	
<p>Indicate the willingness of the receiving GB consultant to accept the patient.</p>	
<p>If admission to a High Secure Hospital other than The State Hospital, Carstairs is sought, its name and the reasons why it is considered to be more appropriate.</p>	
<p>Views of the patient to the proposed transfer. Please provide supporting evidence.</p>	
<p>Name, address and relationship of the nearest relative.</p>	
<p>Views of the family/nearest relative to the proposed transfer. Please provide supporting evidence. (This needs to be signed and dated by the nearest relative)</p>	
<p>Date of proposed transfer. <b>(This date must be more than 7 days after the date of agreement by DHSSPS to the transfer)</b></p>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Checklist for the Trust**

***Please ensure that the supporting evidence listed below has been endorsed with this transfer request by ticking the box***

- A copy of the assessment undertaken by the receiving GB consultant setting out their assessment of the patient's needs and the available therapy to be provided within the receiving unit, including comment on the balance of likely benefits and any disadvantages to the patient that could arise from the proposed transfer
  
- A copy of the assessment undertaken by the local consultant, this will need to confirm that all appropriate local options, including available behavioural and pharmacological interventions, have been exhausted; a clear statement of clinical need; and indicate the intended benefits and possible disadvantages to the patient of the proposed transfer to the chosen facility and why this is in the patient's best interest.
  
- Supporting evidence on the views of the patient regarding the proposed transfer and a signed declaration from the nearest relative outlining the family's views about the proposed transfer
  
- Supporting evidence that all advantages/disadvantages to the patient have been considered; and, confirmation that having regard to all the circumstances of the case the transfer to the proposed facility is in the patient's best interests.

***Transfer co-ordinator's signature:***

***Date:***

**Please note that all information required for the DHSSPS and the DMO to authorise a transfer should be submitted to the Department at least 14 days before the proposed transfer. This is to allow sufficient time for the Department to comply with the findings of the Judicial Review (ref JR 49) of a previous transfer request and to take account of the 7 day rule.**