

National Institute for Health and Clinical Excellence
Service user experience in adult mental health
Stakeholder Comments

Please enter the name of your registered stakeholder organisation below.

NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the [registered stakeholder organisation](#) that most closely represents your interests and pass your comments to them.

Stakeholder Organisation:	Royal College of Psychiatrists, Division in Wales
----------------------------------	---

Name of commentator:	Manel Tippett
-----------------------------	---------------

Order number <i>(For internal use only)</i>	Document	Section Number	Page Number	Comments
	Indicate if you are referring to the Full version NICE version Appendices Or QS (Quality Standard)	Indicate number or 'general' if your comment relates to the whole document	Indicate number or 'general' if your comment relates to the whole document	<p>Please insert each new comment in a new row.</p> <p>Please do not paste other tables into this table, as your comments could get lost – type directly into this table.</p>

PROFORMAS THAT ARE NOT CORRECTLY SUBMITTED AS DETAILED ABOVE MAY BE RETURNED TO YOU

1	QS	General	General	The 22 Quality Statements are generally uncontroversial. However, they add little from a professional perspective; many reflect good current practice.
2	QS	Statement 16	25-26	The Quality Statement 16 is over-prescriptive because: <ul style="list-style-type: none"> some patients should not be seen on a one-to-one basis because of the risk of violence; certain patients (e.g. patients with significant cognitive impairment) would not benefit from being seen weekly on a one-to-one basis; and some patients may not require a full 20 minutes with team colleagues or on a one-to-one basis.
3	QS	Statement 16	25-26	Quality Statement 16 does not seem to make allowances for the Mental Health Act. Under the MHA, the “Responsible Clinician” may not be a medical “consultant” in the traditional sense. They may be a Clinical Psychologist or a Senior Nurse who may or may not have the title “Consultant”.
4	QS	Statement 16	25-26	The proposal for arbitrary and mandatory contact with a Consultant may run counter to concepts of recovery and normalisation where clinical inputs are related to <i>need</i> rather than <i>policy</i> . If a patient is in the recovery stage of their illness and is making uncomplicated progress towards recovery, there is little evidence or justification for mandatory contact with the “Consultant”.
5	Full	9.2.9 9.4	109, 110 112, 113	There is a lack of clear evidence to validate Quality Standard 16. The guidance simply refers to “an option of weekly sessions with a consultant” and offers no specific evidence for this.

Please add extra rows as needed

Please email this form to: ServiceUserExpMH@nice.org.uk

Closing date: 19th July 2011 at 5pm

PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.