

Nicholas Stephenson Imperator
Saunders Ward
Cygnet Hospital Stevenage

14 August 2020

Dear Nicholas,

Please find enclosed a copy of a Section 61 Review of Treatment Form, which has been completed by your Responsible Clinician to review your medication for the Care Quality Commission.

The original of this form has been sent to the Care Quality Commission for their records.

If you have any questions regarding your medication please talk to your doctor / nursing staff on your unit.

Yours sincerely,

Billie Green
Mental Health Act Administrator

Cygnet Hospital Stevenage

Section 61 Review of Treatment form

(previously Form MHAC1)

Please enclose a copy of the current statutory certificate authorising treatment with this form

Restricted

This form must be completed by the approved clinician in charge of the treatment and forwarded to the Care Quality Commission when a patient is being treated under Section 58(3)(b), 58A (4) or (5) or 62A (in accordance with a Part 4A certificate) on the occasions referred to in Section 61.

The form does not relate to Section 57(2) treatments (neurosurgery for mental disorder); you should complete a separate form for this specific treatment, which is available from our Mental Health Operations team (contact details at the back).

Please fill in all sections of this form

I examined: (Full name of patient in capital letters)	NICHOLAS STEPHENSON IMPERATOR
Name of provider: (NHS trust or service provider responsible for patient)	CYGNET HEALTHCARE
Name of hospital: (N/A for SCT)	CYGNET HOSPITAL STEVENAGE
Ward: (N/A for SCT)	SAUNDERS
Contact name and telephone: (Please provide a name and number to contact if CQC requires further information regarding this form)	Name: DR T. EXWORTHY Telephone: 01438 342942
Patient's date of birth: (dd/mm/yyyy)	25/05/1978
Gender:	Male: <input checked="" type="checkbox"/> Female: <input type="checkbox"/>
Date of examination: (dd/mm/yyyy)	29/07/2020
Date patient was first detained in this period of detention or date of SCT: (dd/mm/yyyy)	12/05/2006
Current section:	37/41
Date statutory certificate was last given by a registered medical practitioner appointed for the purposes of Part IV of the Act: (dd/mm/yyyy)	31/08/2017 (Please provide a copy of the statutory certificate with this form)

Date statutory certificate expires if applicable: (dd/mm/yyyy)	N/A
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Please indicate whether certificate is for ECT or medication:	Please tick one box: Medication: <input checked="" type="checkbox"/> ECT: <input type="checkbox"/>
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Describe the treatment given:		
a) Please state present medication by drug name, route and dosage		
Drug name: OLANZAPINE	Route: ORAL	Dosage: 20mg
b) Number of ECTs given:		

Please describe the progress made:

There has been no discernible change in Mr Stephenson/Imperator's mental state over the past year. He continues to hold delusional beliefs of a grandiose nature and, to a lesser extent, persecutory in character. He has impaired insight into his mental illness and has repeatedly refused to consider any alternative medication regime, which might improve his mental state.

Please delete a) or b) below as appropriate:

- a) I intend to continue the treatment as authorised.
- b) The patient is now consenting to the treatment and I have completed a statutory form to indicate this, a copy of which is enclosed with this report. Completion of this form is taken to cancel any previous SOAD certificate. (Not applicable for SCT patients.)

Signature of approved clinician in charge of treatment		Date: 03-08-2020
Name of approved clinician in charge of treatment	DR T. EXWORTHY (Please use capital letters)	

Mental Health Act 1983 – Review of Treatment, Section 61

Notes to help you complete form

1. Sections 58 and 58A relate to treatment requiring consent or a second opinion.
2. Section 61 provides for reports to be given in relation to treatments given under Section 57, 58, 58A or 62A. This form does not relate to Section 57 treatments. You should complete a separate form for these treatments.
3. This form is issued by the Care Quality Commission (CQC) and notifies:
 - a. Health authorities
 - b. NHS trusts, and
 - c. Mental health nursing homes, registered to take detained patientsof the arrangements for reports to be given by the approved clinician in charge of a patient's treatment under Section 61 of the Mental Health Act 1983. Please ensure that you provide a copy of the current statutory certificate with the completed form.
4. Section 61 provides that where a patient is given treatment in accordance with Section 57(2) or Section 58(3)(b), 58A (4) or (5) or 62A (i.e. where a treatment plan has been authorised by a doctor appointed by CQC), the approved clinician in charge of the patient's treatment must give CQC a report on the treatment and the patient's condition:
 - a) on the next and subsequent occasions that the authority for the patient's detention is renewed under Section 20(3), 20A(4) or 21B(2);
 - b) at any other time if so required by CQC, and
 - c) in the case of patients subject to a restriction order, at the end of the first six months, if treatment began during this period, and subsequently on each occasion that the responsible clinician is statutorily required to report to the Secretary of State.
5. Unless the treatment was initially authorised on Form T3, T5 and T6, a report is not required when the treatment has been given after the approved clinician has certified on Form T2 that the patient is capable of understanding the nature, purpose and likely effects of the treatment and has consented to it.
6. When a report has been given to CQC, as required by Section 61, permission to continue treatment as authorised may be assumed to be given unless CQC gives notice of the withdrawal of the statutory form in use at the time. If such notice is given, a further certificate will be required before treatment may be continued, except for urgent treatment given under the provisions of Section 62 or 64.
7. Please issue a copy of this document to the patient on completion.
8. Guidance on reviews of treatment can be found in paragraphs 24.72 to 24.76 of the Code of Practice.
9. Please send your completed forms to:
CQC Mental Health Act, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

Tel: 03000 616161 (press option 1 when prompted), Fax: 0115 873 6251.