

Second Opinion Request Policy

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Aug 2025	HSCP Clinical Directors/AMD	v0.1-5	New policy under development
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Executive Summary

This policy establishes clear guidance for Community Mental Health teams within NHS Lothian on the consistent and equitable management of patient requests for second opinions regarding diagnosis or treatment plans. Recognizing the General Medical Council’s position that patients have the right to seek a second opinion, the policy balances patient autonomy with clinical judgment, ensuring that requests are considered thoughtfully and respectfully.

Applicable to all adult patients under Adult Community Mental Health Services—including General Adult Psychiatry, Older People’s Mental Health, and Substance Use Services—this policy defines the process and responsibilities involved in handling second opinion requests. It outlines the appropriate roles of patients, healthcare professionals, and third parties, while emphasizing the importance of patient consent and clear communication.

The policy promotes a structured referral and triage system to facilitate second opinions, ensuring timely access to alternative clinical perspectives without compromising the primary clinician’s role. It also addresses the management of refused or repeated requests, emphasizing transparency, documentation, and escalation protocols when necessary.

Additionally, it provides guidance on resolving disagreements between clinicians and patients, encouraging the use of advocacy services and alternative appeal mechanisms where appropriate. Exceptional circumstances requiring external referrals or additional approvals are clearly defined.

Overall, this policy aims to enhance patient-centred care, promote trust and collaboration between patients and clinicians, and ensure safe, effective, and equitable mental health clinical care.

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1.0 Purpose

The purpose of these policy is to guide Community Mental Health teams with consistent and equitable decision making about when a patient's request for a second opinion on the diagnosis or management should be provided.

2.0 Policy statement

The General Medical Council states that all doctors must 'respect the patient's right to seek a second opinion'. If a doctor thinks that it is in the best interest of the patient to refer for a second opinion, they should do so. Although patients do not have a legal right to a second opinion a healthcare professional should consider patient's circumstances and whether a second opinion is needed.

A joint statement from the General Medical Council, Nursing and Midwifery Council, and Care Quality Commission, supports the implementation of Martha's Rule to empower patients, people who use services and their families and carers to seek an urgent review if their health or condition deteriorates. Ensuring their interests are at the heart of decision-making is key to safe, effective, and kind care.

For patients receiving treatment under the Mental Health (Care and Treatment) (Scotland) Act there are a range of safeguards that lead to independent scrutiny of care and treatment plans.

3.0 Scope

This policy applies to adult patients, aged 18 years and over, currently on a psychiatry clinical caseload in Adult Community Mental Health Services in NHS Lothian. Patients who are 17 years 9 months to 18 years of age are eligible for transitional care to Adult Services (and this will automatically generate a second opinion).

This policy includes all community Mental Health services, including:

- General Adult Psychiatry, including Neurodevelopmental assessments
- Older Peoples Mental Health
- Substance Use Services
- Intellectual Disabilities
- Adult Eating Disorders
- Perinatal Mental Health
- Prisons/Forensics

4.0 Definitions

Second Opinion Request: A second opinion, in this context, is when a patient seeks the clinical advice of a different clinician or specialist after receiving a diagnosis or treatment plan from their primary clinician. This may allow the patient to explore different perspectives on their condition and potential treatments, potentially leading to a more informed decision about their healthcare, but it does not mandate a change of care from primary clinician to the clinician providing the second opinion.

Primary Clinician: This is the clinician currently responsible for the patient's mental health care. It is the patient's named Consultant Psychiatrist if they are currently on an NHS Lothian community mental health caseload, or it may be the patient's registered GP if the patient has historically been in receipt of community mental health services but has since been discharged.

5.0 Implementation roles and responsibilities

5.1 Requests for a Second Opinion

All patients should be made aware of their right to ask for a second opinion and the process that needs to be followed. Plain language written resources should be available to explain this.

The source of request may be from:

- patient or their representative
- GP (usually at the request of the patient)
- primary treating clinician.

If the request has come from a third party (who does not have confirmed POA/Guardianship/person with parental rights) then patient consent should be sought and/or clarified.

The request should usually be received in writing. However, if received verbally during a consultation, then the request should be acknowledged separately or reflected in the output letter from such consultation, a copy of which should be sent to the patient.

Requests should be considered on an individual basis with consideration of the circumstances of each case, but **a reasonable request from a patient for a second opinion should not be refused.**

In the first instance, the primary treating clinician should be encouraged to discuss the request further with the patient/requestor (where appropriate) within 20 days. The patient's concerns and expectations should be explored to ensure that any misunderstandings or alternative diagnoses or treatment options are discussed and offered where appropriate. Advocacy should be offered to facilitate engagement and support informal discussion and early local resolution where possible.

For patients receiving treatment under the Mental Health Act there are a range of safeguards that lead to independent scrutiny of care and treatment plans. Ensuring that

a patient is accessing all these opportunities for a review may meet the needs for a second opinion. All patients asking for a second opinion whilst under the MHA should be supported to discuss their legal options with independent advocacy.

Where a second opinion is still sought, then this should be facilitated by a local referral-triage process with allocation to at least one other Consultant Psychiatrist to review the request. The following should be considered to generate the rationale for supporting or refusing the second-opinion request:

- A chronology of patient care from very first presentation to any mental health services (case notes from other Health Boards should be requested if necessary)
- Any change in symptoms or presentation
- Relevant evidence-based guidelines
- Usual objective referral threshold criteria.

If the request for a second opinion request is supported, the patient should be offered an appointment with another Consultant Psychiatrist, at a venue that is accessible for the patient, and within a reasonable timescale. If a local Consultant or venue is unavailable or inappropriate then discussion with the local Clinical Director is required, with escalation to the Associate Medical Director as necessary to consider referral to a Consultant in another locality. Second opinions regarding Neurodiversity (Attention Deficit Hyperactivity Disorder ADHD and Autistic Spectrum Disorder ASD) diagnosis or treatment should also follow this process before passing to the Lothian Neurodevelopmental tertiary service (Lothian Adult ADHD and Autism Resource Team).

Patients should be made aware that the referral is for a second opinion only, not a transfer of care, and any second opinion recommendations are not binding on the primary treating clinician.

5.2 Refusing a request, or refusing repeated requests, for a second opinion

If the second opinion request, following the principles described above, is not supported then completion of the [Second Opinion Request Checklist \(Community Mental Health\)](#) is required before discussion with the local Clinical Director, with escalation to the Associate Medical Director if necessary. Staff should consult the [Second Opinion Request Process](#) for further guidance on this process.

The decision to refuse a request for a second opinion should be taken rarely and only after careful consideration. The reason that the request has been refused and the objective rationale for this decision should be communicated in writing with full explanation made in plain language to the patient and their GP and documented in the electronic health record within 20 days.

However, when a second opinion has already been provided but the patient or third party remains dissatisfied and requests a further opinion it is advisable that the primary treating clinician and the clinician who provided the second opinion should discuss this further with the local Clinical Director. Generally, repeated reassessments and multiple further clinical opinions are unlikely to be helpful if a patient's symptoms or presentation have not changed, but exceptional circumstances should be considered.

The reason that the request has been refused and the objective rationale for this decision should be communicated in writing, with full explanation made in plain language, to the patient and their GP, and documented in the electronic health record within 20 days.

However, there may be occasions when a request for a second or further opinion is made by a patient's relative or carer if they have concerns about a patient's deteriorating condition, with implications for patient safety, and they feel that their concerns are not being adequately addressed. In these circumstances an urgent second opinion review should always be facilitated.

5.3 Disagreements and disputes

There is no legal right to a second opinion, but patients do have the right to ask for a second opinion and for this to be considered in a consistent, fair, and equitable way. The patient should also be advised to seek support from the advocacy services and be facilitated to do so, as appropriate. In the event that a second opinion request have been refused, and the patient is not satisfied with the explanation, then the patient and/or requestor should be signposted to the NHS Lothian complaints process via the In the event that a second opinion request have been refused, and the patient is not satisfied with the explanation, then the patient and/or requestor should be signposted to the NHS Lothian complaints process via the [Patient Experience Team](#).

For patients lacking capacity and/or receiving treatment under the Mental Health Act there are a range of safeguards that facilitate independent scrutiny of care and treatment plans. Ensuring that a patient is accessing all these opportunities for a review may meet the needs for a second opinion.

In most cases, the advice given by the second opinion is likely to be helpful to both the patient and the primary clinician, however this may not always be the case. If the clinician providing the second opinion, when completing their assessment considers that their advice will seriously conflict with the opinion and treatment of the primary treating clinician, they must consider the implications of this. They must not deliberately act in a manner likely to jeopardise/adversely affect the professional relationship between the patient and the primary clinician, e.g. being unduly critical of the current treatment plan in communications with the patient or primary clinician either verbally or in writing. If the patient wishes to follow the recommendations of the clinician giving the second opinion and the primary treating clinician disagrees with the second opinion, their Clinical Director(s) may assist in mediation and/or another independent expert opinion may be sought with the agreement of the Associate Medical Director.

Any referral for a second opinion outwith the Health Board should only be made in exceptional circumstances and would require discussion with the Associate Medical Director and Executive Medical Director, with approval of funding by Safehaven.

6.0 Associated materials

[Second Opinion Request Checklist, Community Mental Health](#)

[Second Opinion Request Process, Community Mental Health](#)

7.0 Evidence base

General Medical Council (GMC). (2024). Good Medical Practice. [Online]. Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice> [Accessed 25 July 2025]

General Medical Council (GMC). (2024). Joint statement on Martha's Rule from the GMC, NMC, and CQC. [Online]. Available at: <https://www.gmc-uk.org/news/news-archive/joint-statement-on-marthas-rule-from-the-gmc-nmc-and-cqc> [Accessed 04 August 2025]

8.0 Stakeholder consultation

The development of this policy was undertaken by the four HSCP Clinical Directors and the Associate Medical Director for Mental Health. Review of the draft policy was undertaken along with an Equality and Human Rights Impact Assessment (EQIA) in collaboration with our stakeholders including Mental Health Service Manager, Community Mental Health Officer, and Primary Care (GP). Consultant Psychiatrists, Advocacy and Carers Organisation representatives were also invited but could not attend.

The policy was made available for 28 days via the NHS Lothian Intranet Consultation Zone and for patient consultation via the Patients Council, Lothian Voices, and a local Lived Experience Panel. All feedback was considered for inclusion in the final policy.

9.0 Monitoring and review

Compliance to this policy should be monitored by Community Mental Health Teams and reviewed with the local Clinical Directors.

This policy will be reviewed in 12 months.