

# How to find us

For more detailed directions to the hospital, please visit [www.spiregatwick.com](http://www.spiregatwick.com)

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**Spire**  
Gatwick Park Hospital

Preparing you for your treatment at  
**Spire Gatwick Park Hospital**  
Admissions booklet



# Welcome and introduction

Welcome to Spire Gatwick Park Hospital. We are committed to providing the highest quality of private hospital care and service to all our patients. We are proud of our reputation as a first-choice hospital for consultants and patients throughout Surrey, Sussex and South London.

We understand that having treatment in hospital can be stressful, so we have designed this admission booklet to provide you with information about your stay with us.

There are a number of steps that you need to take before coming into hospital, which we set out in this booklet. The checklist below will help make your admission as smooth as possible. Tick the boxes as you complete each stage.

## Medical questionnaire

filled in and returned to hospital.



## Insurance company contacted

and cover confirmed (if this applies).



## Paid the hospital for my treatment

(if this applies).



We look forward to welcoming you to the hospital. If you have any questions or need any help before you arrive, please contact our admissions department on 01293 778 942, between 9am and 5pm.

If during your stay you have any questions, please speak to your ward nurse. Or, our duty manager will be happy to discuss any part of your care.

Thank you for choosing Spire Gatwick Park Hospital.

## Heather Dob

Hospital Director

We also have a video about coming into hospital.

You can find this on our website at

[www.spiregatwick.com/coming-into-hospital](http://www.spiregatwick.com/coming-into-hospital)

The video will help you prepare for your stay with us.



# Before you come into hospital

There are a number of important things that you need to do before coming into hospital. Doing these things will help make sure you settle in as quickly as possible.

- Fill in and return the medical questionnaire, included in this pack, as soon as possible.
- If you are using medical insurance, please contact the insurance company to make sure they will cover the cost of your treatment.
- You may receive bills from your surgeon as well as the hospital, so make sure your insurance company knows this.
- If you do not have private medical insurance, we offer patients a 'self-pay treatment' package when possible.
- If you are paying for your own treatment please make sure we receive your payment at least seven working days before your treatment.

## Controlling infection

We aim to keep infections to an absolute minimum. Please let us know if you:

- have been an inpatient in a NHS hospital in the UK in the last six months for more than 24 hours;
- have been an inpatient in hospital abroad during the last six months;
- are (or have been) a resident in a residential or nursing home or similar during the past six months;
- have previously had MRSA; or
- are a healthcare professional.

If any of the list above applies to you, please contact the pre-admission team at the hospital immediately on **01293 778 941**. They will arrange to swab your skin and nose for MRSA before your operation. You can find more information about how we control infection, including our infection rates, at [www.spiregatwick.com](http://www.spiregatwick.com)

## Latex allergy

If you have a latex allergy please contact the pre-assessment team on **01293 778 941** as we will need to take special precautions.





# Getting ready to come into hospital

As you get nearer to coming into hospital we might ask to see you at our pre-admission clinic, where we will carry out tests to make sure your stay in hospital is safe.

- We may ask you about your current health, any allergies that you have and any medicines that you are taking.
- We may carry out tests and checks so that we understand how well you are before your treatment.
- A physiotherapist might also assess you to make sure you receive the care you need after your operation.
- If you are at risk of having MRSA we will do tests to check. If those tests show you have MRSA we will give you the necessary treatment (We will give you more information about this, if it applies to you.)
- Even if we don't see you at our pre-admission clinic all patients might be asked to do the following.
  - Continue to take all medication you have been prescribed unless we tell you otherwise.
  - Stop any hormone medication including the contraceptive pill, HRT or other medication up to six weeks before surgery. Your consultant will tell you if this is necessary, and you may need to consider alternative contraception if this applies.

## What to bring with you

- Dressing gown
- Slippers (not open-toed ones)
- Books and magazines
- Toiletries
- Toothbrush and toothpaste or denture cleaner
- Shaving kit
- Small travel clock
- Any relevant x-rays or scans, either on a film or CD (if carried out at another hospital)
- All your medicines with you in their original containers. If you are staying for several days, you may want to bring a mobile phone, MP3 player, earphones and so on.

However, please think carefully about what you bring with you, as we cannot be held responsible for the loss or damage of your personal belongings.

## Planning to go back home

- Have you made arrangements for your journey home? (If you are staying for one night or more, you will usually leave hospital at 9.30am on the day we discharge you.)
- Will there be a responsible adult ready to collect you and be with you for at least 24 hours?
- Have you made plans, seeing as you will not be able to drive or operate machinery for 48 hours following a general anaesthetic or sedation?
- Have you made adjustments at home, for example for sleeping, using the stairs, using the bathroom and moving the phone, and have you got a mobile phone in case of emergency?
- Do you have enough food in the house?
- Do you have simple painkillers such as paracetamol or ibuprofen to take when you get home?
- Have you told your family, friends or neighbours when you are coming home?
- Have you rearranged any appointments and paid any household bills?
- Have you got things to do if you will be at home more than usual?
- Have you made arrangements with work if you will need time off after your operation?

- If you smoke, we will encourage you to give up before surgery. Call the hospital pharmacy on **01293 782 255** for advice and support to help you stop.
- You must not drink alcohol for 48 hours before your surgery or treatment.
- Do not wear make-up when you come to the hospital, including nail polish or nail extensions.
- You should have a bath or shower at home before you come into hospital.
- You might want to bring some reading material or music to pass the time while you wait for your treatment.

# When you get to hospital

When you arrive at the hospital, which is usually on the day of your surgery or treatment, we will greet you at reception and a ward receptionist will show you to your room. If you have a disability or specific needs, please tell reception when you arrive.

## Payment for additional items

We will ask you for your credit or debit card details. This simplifies the payment for items not covered by your insurance or any fixed-price arrangement we have made with you for your treatment (we call this a 'self-pay package'). These items may include the cost of phone calls, newspapers or visitors' meals. You must pay us for these items separately. You can, of course, pay for these things when you leave hospital. Otherwise, we will post you a statement of any charges three days after your stay and we will take payment from your credit card seven days after that. You can call us to pay by another method during that seven days if you prefer.

The nurse looking after you will fill in your admission documents. We aim to admit everyone as quickly as we can, but there may be a short wait to see the nurse.

## Your confidentiality

We do everything necessary to keep your identity and care confidential. We do put your surname on your bedroom door so that staff and consultants can be sure they are visiting the right person. If you are not happy for us to put your name on your door please let your nurse know when you arrive.

## Eating and drinking

Please follow the instructions in your admission letter about when to stop eating and drinking. Please do not chew gum for at least two hours before your surgery.

Please remind your nurse of any special dietary requirements you have.

## Visitors

We have flexible visiting hours between 9am and 9pm, but do remember you will be tired following your treatment and will need to rest.

All visitors are asked to report to the hospital's main reception, every time they come to visit you. Children are welcome to visit you, if accompanied by an adult.

## Phone calls

Friends and family can call you through our switchboard number on **01293 785 511**. You are welcome to bring a mobile phone to use in your room.

## Getting ready for theatre

- Once you have been admitted you will wait to go to theatre (you may have to wait several hours).
- The nurses may not see you much in this time, but you can call them if you need help.
- We will tell you about any delays in your operation time.
- We will give you a gown to wear.
- Your doctors will normally visit you before your operation.
- We will ask you to sign the consent form (see below).
- If you are anxious before your operation, we may offer you pre-medication drugs.
- We may ask you to wear compression stockings to help prevent blood clots forming in your veins.
- We will ask you to remove jewellery, contact lenses, glasses, dentures or hearing aids.

## Informed consent

Informed consent is about us getting your permission to carry out your treatment, and that the permission you give is based on you knowing everything you need to about your treatment. You can give this consent verbally or in writing. We will need written consent before most treatments and we will ask you to sign a special form, which is known as a consent form. The consent form is written in a language you will be able to understand and you and at least one witness will date and sign it. The person carrying out your treatment or test will fill in the form for you and the form will set out a description of your treatment or test. It also tells you what the benefits of your treatment should be and the risks you will be taking by having the treatment done. You do not have to give consent, but we will not be able to carry out your treatment without it.



## Going to theatre

### What will happen when I go to theatre?

- You will walk from your room to the theatre suite, or be taken in a wheelchair if you find walking difficult.
- A member of the theatre team will meet you. They will ask you some questions to confirm who you are and what operation you are having. These may be questions other members of our staff have asked you, so be patient, it is just to keep you safe.
- All patients will have some form of anaesthetic, but there are a number of different anaesthetics we can use. Your anaesthetist will tell you which anaesthetic you will be having.
- You will go into the anaesthetic room, where you will be cared for by your anaesthetist.
- A small, thin tube (called a cannula) will be placed into a vein on the back of your hand so that staff can give you the fluid and drugs needed for your surgery.
- You will have cuffs and wires attached to you. These allow us to monitor things such as your heart rate and blood pressure.

### Waking up from a general anaesthetic

- Following your treatment or surgery you will begin to wake up in our recovery room.
- A nurse will give you one-to-one care.
- If you have a tube in your throat this will be taken out as you wake up, but can leave you with a slightly sore throat.
- You will be given oxygen through a face mask and your nurse will watch your heart rate and blood pressure.
- When you start to wake up you may feel sleepy or disorientated for a short while.
- You may feel sick and we will give you medicines to help this.
- Once the team is happy with your progress, you will be taken back to your room on your bed.



## Pain control

Depending on the type of operation you have, you may need pain relief. There is a wide range of pain-control drugs available and we will tailor these to suit your needs.

Controlling pain after an operation is very important as pain can interfere with your recovery, so please discuss any discomfort with your nurse, anaesthetist or doctor.

Sometimes, local or regional anaesthesia is used with general anaesthesia to numb parts of the body which are painful. Patient-controlled analgesia (PCA) is used after some procedures. It consists of a pump connected to your cannula that allows you to control how much pain control medication you receive.



## Going home

If your operation is a short stay (day case), you will need to rest on your bed for a few hours before you go home. You will be discharged once your consultant is happy for you to leave and when you feel you have properly recovered, had something to eat, and passed urine.

Alternatively, you may have been booked in for several nights. This is an estimate based on the number of nights most patients need, but your stay may be a little shorter or a little longer. When you are ready to go home, your nurse will provide you with everything you need to go home safely. Please ask any questions before you go home to make sure that you understand what to do.

You should arrange for someone to collect you from the hospital at 9.30am on the day we discharge you, unless your consultant or nurse tells you otherwise.

Please note that you should not drive or operate machinery for 48 hours after a general anaesthetic or sedation.

We will give you the medicines you will need at home and you can pay for these when you leave. If you have any questions or concerns about the medicines we give you, please call our pharmacy department on **01293 782 255**.

We will also give you a letter for your GP telling them about your hospital

treatment, and a follow-up appointment to see your consultant if necessary.

Your nurse will tell you if your consultant wants to see you before you go home.

If you have medical insurance, your insurance company may not cover the cost of the medicines you take home or equipment such as crutches and leg braces.



## Frequently asked questions

**I have private medical insurance – will I need to spend any money?**

Most insurance policies do not cover personal expenses such as phone calls, visitors' meals and newspapers. Equipment such as braces or crutches and medicines we give you to take home may not be covered by your policy and you may need to pay for these yourself.

If your policy has an excess (a set amount you have to pay towards any claim you make) or the cost of your treatment is more than your policy will cover, you will need to pay the difference.

You should check carefully the terms and conditions of your policy and what it will and will not cover, before you receive any treatment.

**Am I allowed to use my mobile phone in the hospital?**

Please feel free to use your mobile phone in your room but not in the corridors.

**Will I see my surgeon and anaesthetist before my surgery and be able to ask them questions?**

Your consultant and, if it applies, your anaesthetist, normally visit you before your operation, and you will have time to ask them any extra questions.

**Why was I admitted at this time if I am not going to theatre immediately?**

We admit all patients before the consultants' operating list is drawn up. This allows the consultant and anaesthetist to visit their patients before surgery begins.

**Why has the order of the theatre list changed at this late stage?**

Surgeons will normally provide a running order for their theatre lists. This order may need to change depending on individual circumstances. We will make every effort to keep you informed of your likely time to go to the theatre.

**Is there somewhere secure where I can leave valuables while I am in surgery?**

You should think carefully about bringing valuables with you. If you do bring them in, there is a small box in your room you can put them in, which you can lock. Or, you can ask your nurse to lock them in the hospital safe.

Please think carefully about what you bring with you, as we cannot be held responsible for the loss or damage of your personal belongings.

I have been asked several times to give my name, date of birth, any allergies, and so on. Surely this is all documented in my notes?

We ask these questions to protect you and keep you safe during your stay in hospital. Please be patient with us. Our staff have to keep to professional codes of conduct, and part of this is to confirm your personal identity at all stages of your treatment.

How soon after the operation can I eat and drink?

This will depend on the type of surgery you have had. You will be taken back from recovery on a trolley or a bed to your room and you may fall asleep again. Once you are back in your room and awake, the nursing team will let you know when you can eat and drink.

I am booked in as a day case. How soon after my procedure will I be able to go home?

If you are booked as a day case (general anaesthetic) you will need to stay at least two hours. Otherwise, you will normally be able to go home after you have eaten and had a drink, passed urine and feel that you have recovered enough to make the journey.



## Ward A to Z

### A

#### Anti-coagulant therapy

You may be given anti-coagulant therapy. The doctor, pharmacist or nursing staff will be happy to discuss this with you. This will also help prevent deep vein thrombosis (DVT).

#### Anti-embolic stockings

You may need to wear these throughout your stay in hospital to help prevent deep vein thrombosis (blood clots forming in the veins of your legs). You will need to wear the stockings for between two and six weeks, depending on your surgery. We will give you two pairs to take home with you.

### B

#### Bowels

Some of the medication you will be taking may make you constipated, so we will encourage you to eat a high-fibre diet and drink plenty of fluids to prevent problems with your bowels.

### C

#### Catheter

Depending on what surgery you are having you may need a urinary catheter. We will discuss this with you before your surgery.

#### Clothes

We will encourage you to wear your own clothes following major surgery. This will make you feel better as well as help you practise getting dressed following your operation. Please wear supportive slippers or shoes.

### D

#### Drips and drains

Following your surgery you are likely to have a drip in your hand. The fluids given through this drip will help keep you hydrated. How long you will have the drip for depends on the type of surgery you had. The doctor or nurse will keep you informed about how long you will need the drip for. (This will also apply to the drain in your wound.)

#### Drug rounds

There are four drug rounds each day. However, if you need medication between these times, please ask your nurse.

### E

#### Exercise

Depending on the type of surgery you have had, your physiotherapist will give you specific exercises to do. We may also give you a booklet with exercises in it to follow.

### F

#### Flowtron boots

These are compression boots that go around your calves after surgery and help to prevent blood clots.

#### Food

The pantry staff will come to your room and take your order each day. Our chefs prepare and cook all of the food on the premises so we are able to adapt menus to suit any special dietary needs. Try to remember to include fruit and fibre in your diet as this helps to prevent constipation after surgery. Please ask the pantry staff if there are any other refreshments you would like.

### G

#### Going home

On the day you go home we ask you to arrange your transport for 9.30am. We will give you any medication and a sickness certificate (if you need one), and tell you about any further appointments. Please see the 'Going home' section of this booklet.

### H

#### Hygiene

The nursing staff will offer you a daily wash or shower. We will encourage you to be as independent as possible.





# I

## Infection control

There are hand gels in your room for yourself, relatives and visitors to use. Visitors should not

sit on the bed but should use the chairs provided in the bedroom. Please ask the nursing staff for more chairs if you need them. All staff that visit your room should use the hand gel.

# K

## Keep us informed

Your health and well-being is important to us. Please tell us if you feel there is anything

wrong or if you have any concerns you want to discuss with us.

# L

## Lying around

We will get you up and about as soon as we can after your operation, as this helps you to get better more quickly.

# M

## Medication

If you are on medication you will need to bring this into the hospital. If you

want to be responsible for taking your own medication, you will need to discuss this with the doctor and sign a consent form.

# N

## Newspapers

If you would like a newspaper, please ask the ward receptionist. However, there is an

extra charge for newspapers, which you will have to pay separately.

# O

## Observations

We will take your blood pressure, pulse and temperature regularly to make sure your

recovery is going well.

## Oxygen

You may need oxygen after your surgery, either through a mask or a tube up your nose.

# P

## Pharmacist

Our pharmacists are available to discuss your medication with you and give you advice

and support if you need it.

## Physiotherapy

This is extremely important to your recovery. Depending on what operation you have had, you may have regular physiotherapy to make sure you recover properly following your operation.

# Q

## Questions

We are happy to answer all questions you have.

# R

## Rooms

If you are staying overnight you will have your own en-suite room which will be

cleaned every day by a member of the housekeeping team. Toiletries and towels will be delivered to your room daily. On the day of your operation there may be equipment in your room associated with your surgery or treatment, which the nursing staff will explain.

# S

## Satisfaction

If you have any concerns please speak to the nurse-in-charge.

# T

## Tablets to take home

The pharmacist will visit you before you leave and explain the medication you will be

taking home.

# U

## Uniforms

Blue with red epaulettes	Matron and Head of Clinical Services
Navy blue	Nurse manager, Sister or Charge Nurse
Green tunic	Staff nurse
White tunic with green epaulettes	Staff nurse
Green with white stripe tunic	Healthcare assistant
Red or plum tunic	Pantry staff
Lilac tunic	Housekeeping
White with blue piping	Physiotherapist
White with red piping	Radiographer

There are other uniforms you might see so please ask us if you want to know who's who.

# V

## Visitors

We welcome visitors and appreciate that their support can play a vital role in your

recovery. We do have flexible visiting hours but we encourage you to get as much rest as possible following your surgery.

# W

## Ward round

The medical team carry out a ward round every day. This allows you to talk to the whole team

at once about your care and your recovery so that we can make sure we are doing everything we need to do to make you better. Please ask any questions you have and ask the team to answer them in a way you can fully understand.

## Wound

We check the dressing on your wound but will not remove it unless we need to (keeping the dressing on reduces the risk of infection). We will give you advice on caring for your wound when you leave hospital.

# X

## X-ray

Depending on your surgery, you may need an x-ray.

# Y

## You

You are important to us. At Gatwick Park we do our very best to

provide a high-quality service, making sure your privacy, dignity and confidentiality are maintained at all times. Please speak to the nurse-in-charge if you feel we are not meeting your needs.

# Z

## Zzzzz

Sleep is important for your recovery. If you experience any disturbances please tell

the nurse-in-charge.



# More about anaesthetics

## General anaesthetic

### Side effects

Any side effects are mostly temporary. After having a general anaesthetic, you may have a sore throat, a headache, or feel tired and confused for a couple of days.

### Complications

Serious complications as a result of anaesthesia do happen, but they are extremely rare. Ask your anaesthetist to explain how these risks apply to you. The exact risks will be different for every person. (The information we give here is not intended to be a substitute for professional medical advice nor is it intended to be for medical diagnosis or treatment.)

## Local anaesthetic

A local anaesthetic stops you feeling pain by stopping pain signals to your brain. Local anaesthetic drugs are usually only used for short, simple operations such as stitching a wound or removing a mole. Depending on the drug used, the numbing effect can last from about two to eight hours.

### Preparing for a local anaesthetic

You don't need to make any special preparations to have treatment under a local anaesthetic. You will usually be allowed to eat and drink as normal before you arrive for your treatment. If you are not sure about this, please call the hospital.

## How is local anaesthetic given?

Local anaesthetic drugs can be injected into the area, sprayed directly on the area or rubbed on in gel form.

The treated area will very quickly start to lose feeling. Your operation won't start until your doctor is absolutely sure that the area is numb. It is important to realise that local anaesthesia takes away feelings of pain, but you may still feel pressure and movement during your operation.

### After a local anaesthetic

You will be able to go home shortly after your treatment. Take care not to injure the numbed area, as you may not be able to feel the damage.

## What are the risks of local anaesthesia?

Local anaesthesia is commonly performed and is generally a safe procedure. In many cases local anaesthesia has clear advantages over general anaesthesia, such as a quicker recovery period and lower risk of complications. However as with all medical procedures, there is some risk. In order to make an informed decision and give your consent, you need to be aware of the possible side effects and the risk of complication.

### Side effects

The most common side effect of local is a temporary drop in blood pressure, which may make you feel weak or cause you to faint. You may also have temporary loss of control of the muscles in the treated

area. Sometimes the skin over the numb area goes pale (this will fade as the anaesthesia wears off).

### Complications

This is when problems happen during or after the procedure. Most people are not affected. With any procedure involving anaesthesia there is a very small risk of an unexpected reaction to the anaesthetic.

## Sedation

Sedative drugs relieve anxiety and temporarily relax you without putting you to sleep. You will remember very little about treatment done under sedation. Sedative drugs don't block the pain signals to the brain, so local or regional anaesthesia is often given as well.

## How are sedatives given?

Sedatives can be:

- inhaled – as gas and air;
- swallowed – in tablet or liquid form; or
- injected – using a fine plastic tube (cannula) into a vein on the back of your hand or in your arm.

The type and dose of sedative we will give you depends on the procedure you are having and how anxious you are about it. Sedation is commonly used during procedures such as colonoscopy, gastroscopy and cataract operations.

## Preparing for sedation

Inhaled sedation can sometimes make you feel sick, so we may ask you to eat only light meals before your procedure. If sedatives are being injected or swallowed, we may ask you not to eat for six hours before your procedure. Ask your doctor for specific advice about sedation.

## During sedation

Sedatives can sometimes affect your breathing. While you are sedated, we will constantly monitor the amount of oxygen in your blood through a small peg on your finger and we may give you extra oxygen through a mask or a small plastic tube in your nose.

## After your sedation

You will be allowed to go home after most of the effects of the sedation have worn off. The effects of any sedative may last longer than you expect and will depend on the type of operation you have. You will need to get someone to drive you home and will need to get somebody to stay with you at home for the first 24 hours.

## Side effects

If you have sedation you may get a headache, feel sick or be sick. Most people don't remember the procedure, and if they do, they rarely have unpleasant memories of it.



## Regional anaesthetic

With regional anaesthesia the drugs are injected around the main nerves that carry signals from the area of the body being treated. This can block the nerves that control your muscles, leaving you feeling numb and unable to move the affected area until the effects wear off. Regional anaesthesia is also used for people for whom general anaesthesia is not suitable, and it can be used for major operations like hip replacements.

### Preparing for regional anaesthesia

If your operation is going to involve having regional anaesthesia we will give you specific advice well beforehand, which may include instructions not to eat or drink for a few hours before your operation.

### After your regional anaesthesia

It may take several hours for the effects of regional anaesthesia to wear off depending on the technique used. You must arrange for someone to drive you home.

## Complications of regional anaesthesia

The most common side effect of regional anaesthesia is a temporary drop in blood pressure, which may make you feel weak or cause you to faint.

## Spinal anaesthesia

Spinal anaesthesia is one of the most common types of regional anaesthesia, involving an injection of anaesthetic into the fluid that surrounds the nerves in the lower back, and is used for operations below the waist or in the pelvic region. If you have a spinal anaesthetic you will be completely numb from the waist down for two to three hours.

### Side effects

If you have a spinal or epidural anaesthesia you will not be able to feel your bladder is full for as long as the effects last. A temporary catheter (a thin tube) is usually passed into the bladder to help urine flow.

## Epidural anaesthesia

An epidural uses a similar technique to spinal anaesthesia, with a narrow plastic cannula (tube) left in position near to the nerves in the back. This means that the anaesthetist can give repeated doses of local anaesthetics (and painkillers) without further injections. Epidural anaesthesia is commonly used during leg and pelvic operations.

Regional anaesthesia, epidurals and other spinal techniques carry a very small risk of infection, damage to nerves and possible paralysis. Severe headaches can occur after epidurals and spinals, but these are rare. Ask your doctor to explain how these risks apply to you. The exact risks will be different for every person. This is one of the reasons why we have not included statistics here.

## Equality and diversity

We are committed to making sure that we treat everyone we care for with dignity and respect. We believe that fairness and equality is a right everyone should enjoy, especially when it comes to their health.

We do our best to make our services accessible to everyone and do not discriminate against anyone for any reason, including your age, disability, race, nationality, ethnic background, sex (including whether you are transgender), religion, beliefs, sexuality, caring commitments, social or economic background or HIV status.

### Pastoral services

The hospital has an interfaith chaplaincy that offers spiritual support to all patients, families and staff.

Interfaith means we support people of every faith, including those who do not have a particular faith. There is always an interfaith chaplain available to meet religious or spiritual needs. Chaplains are trained to help people sort through issues of meaning and value as they face crises in their lives.

Please let us know if you need a pastoral service.

### Mental Capacity Act

The Mental Capacity Act 2005 for England and Wales supports and protects people who may be unable to make some decisions. Every day we make decisions about lots of things in our lives. The ability to make these decisions is called mental capacity. People may have difficulties making decisions some or all of the time. This could be because they have a learning disability, dementia, a mental-health problem, a brain injury or have had a stroke.

