

**1****Understanding the issue.**

Poor application of the MCA in hospital conveyance can lead to those with cognitive impairments dying from preventable conditions. The SCIE offers guidance covering both expected and unexpected health crises. Additionally, it considers some of the barriers & tensions present when using the MCA in this context.

***Get me to Hospital: When and how to use the Mental Capacity Act to convey a person to hospital for physical health treatment - SCIE***

**2****Assessing Capacity for Hospital Admission.**

In emergency and unexpected situations practitioners may have to rely upon a 'reasonable belief' that the person lacks the mental capacity to consent to the hospital transport and treatment required once there. You should document your belief, and your rationale for this, in patient notes. You may need to explain this clearly to others involved in the patient's care.

**7****Further Support and Resources**

Practitioners should consult their organisation's MCA Lead and resource library for local procedures and legal guidance. The full SCIE document can be accessed here [\*Get me to hospital: When and how to use the Mental Capacity Act to take a person to hospital for physical health treatment,\*](#)

**3****Considering Best Interests for Hospital Admission.**

If a person lacks capacity and delay would place them at risk of serious harm, practitioners should not postpone conveyance to hospital. Emergency best interests decision-making should prioritise preserving life. **Concern about whether there will be a deprivation of liberty en-route to the hospital should not prevent the person being taken to hospital *if their life is at risk.***

**6****Ensure Reasonable Adjustments**

People with cognitive impairments may require tailored communication, sensory considerations, or environmental changes to enable hospital admission. Implementing reasonable adjustments reduces distress, supports cooperation, and helps ensure equitable access to physical healthcare.

**5****Prepare in Advance When Refusal Is Likely**

Where refusal is predictable, proactive planning is essential. Advance coordination, emergency plans, and documented capacity assessments / best-interests considerations all help ensure safe conveyance and reduce crisis-driven decisions that increase risk, inequity, and practitioner uncertainty.

**4****Using Restraint Proportionately.**

Restraint in best interests may be used only when necessary to prevent harm, and must be proportionate to the likelihood and seriousness of that harm. Restraint or sedation which amounts to a deprivation of liberty should only be considered where essential for life-saving care or where it has been authorised in advance by the court.