

Mental Health Review Tribunals:

This set of criteria covers advice to persons applying or referred to a Mental Health Review Tribunal.

The criteria also covers advice to someone representing the interests of such a person. Where this is the case, "client" should be taken to refer to the mentally ill person, however, in the general information section at the start of the criteria, "client" refers to the person receiving advice on behalf of the mentally ill person. Where the criteria refers to advice, compliance will be given where advice is given either to the mentally ill person or to someone acting on their behalf.

This set of criteria does not cover:

- advice to persons seeking to oppose the wishes of a mentally ill person before a Mental Health Review Tribunal;
- advice regarding Hospital Managers meetings where there is no application or referral to a Mental Health Review Tribunal.

I GETTING INFORMATION	Yes	No	N/a
i) General information			
1. Does the file show the following details:			
1.1 The client's name?	[]	[]	
1.2 The client's address? ^{NFG}	[]	[]	
1.3 The client's contact telephone number? ^{NFG}	[]	[]	
1.4 The client's date of birth? ^{NFG}	[]	[]	
1.5 The client's National Insurance number? ^{NFG}	[]	[]	[]
1.6 Whether the client is married/cohabiting?	[]	[]	
1.7 Whether the client has dependants and if so their age(s) and relationship to the client? ^{NFG}	[]	[]	[]
1.8 Whether the adviser has addressed the issue of need for welfare benefits advice? ^{NFG}	[]	[]	[]

^{NFG} 1.2 - Where the client is in hospital, this should be the hospital address **and** a specific location within the hospital, e.g. Ward 5 or West Wing. Where the client is in the community, the client's home address should be recorded.

^{NFG} 1.3 - Where the client is in hospital compliance will be given where the file shows the telephone number of the hospital.

^{NFG} 1.4 - The client's actual date of birth is required for compliance.

^{NFG} 1.5 - Establishing that the client has none will give compliance. Only where the client is under 16 is 'n/a' an option.

^{NFG} 1.7 - A dependant is anyone under the age of 18, or anyone who receives Attendance Allowance, or anyone who receives high or middle rate Disability Living Allowance care premium. Where dependants are identified, the age **and** relationship of each is required for compliance. Where the client is the mentally ill person and the file is silent on the matter a 'n/a' response should be recorded.

^{NFG} 1.8 - As a minimum there must be evidence on the file that a referral to a specialist welfare benefits adviser has been considered. This includes specialist advisers within the same firm. Compliance will also be given where an adviser is able to give appropriate advice themselves. This must be specific advice regarding the client's individual entitlement to a benefit/s; or a benefit calculation. The 'n/a' option is only available where the client is subject to s.47 or s.48 **and** the client's sentence has not yet expired, i.e. where they are not currently entitled to benefits and could not be released into the community.

	Yes	No	N/a
ii) Information specific to the case			
2. Does the file show:			
2.1	The name of the client's:		
2.1.1	Approved Social Worker (ASW)?	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2	Responsible Medical Officer (RMO)?	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3	Named Nurse? ^{NFG}	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Whether the client's "nearest relative" has been identified? ^{NFG}		<input type="checkbox"/>
	and, if so,	N/a	<input type="checkbox"/>
2.2.1	The name of the "nearest relative"?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2	The address of the "nearest relative"?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3	The relationship of the "nearest relative" to the client?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4	Whether the client consents to the adviser contacting the "nearest relative"?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Where the client is detained in hospital, does the file show:		N/a <input type="checkbox"/>
3.1	The name of the hospital in which the client is detained?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	The date the client was admitted? ^{NFG}	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Whether the client has had 'leave of absence' during the current period of detention? ^{NFG}		<input type="checkbox"/>
	and if so,	N/a	<input type="checkbox"/>
3.3.1	What type of leave?	<input type="checkbox"/>	<input type="checkbox"/>
3.3.2	How the client feels leave of absence went?	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Where a report identifies that any unusual incidents have occurred during the client's detention in hospital? ^{NFG}		N/a <input type="checkbox"/>
3.4.1	What the client's account of the incident/s is?	<input type="checkbox"/>	<input type="checkbox"/>

^{NFG} 2.1.3 - Detained patients have a nurse who is assigned to them. They will be referred to as the 'named nurse', 'key nurse', etc. 'N/a' is only an option where the patient is in the community (s.7, s.25 and conditional discharge).

^{NFG} 2.2 - Where the file shows there is none, answer 'yes'.

^{NFG} 3.2 - Where the client is a long-stay patient, an exact date of admission is not necessary. An approximate date, e.g.: '18 months ago', will give compliance.

^{NFG} 3.3 - This refers to any type of formal permission to leave the hospital buildings. Examples of leave include ground parole, supervised visits, day release, weekend leave.

^{NFG} 3.4 - The 'incidents' could have occurred in the opinion of the hospital or the client and will be any unusual incidents which potentially could be raised at the MHRT and have some influence on the outcome of that hearing, e.g.: refusal of medication, aggressive interaction with other patients, suicide attempts, successful recovery from alcohol abuse. Where an incident is raised by the RMO, hospital, ASW, the adviser must get the client's version of events and this question must be applied.

	Yes	No	N/a
4. Where the client is in the community, does the file show: ^{NFG}		N/a	[]
4.1 The name of the hospital to which the client is attached?	[]	[]	
4.2 The date the client was discharged from hospital? ^{NFG}	[]	[]	[]
4.3 The name of the client's Community Psychiatric Nurse (CPN)? ^{NFG}	[]	[]	
4.4 The name of the client's Key Worker (KW)? ^{NFG}	[]	[]	
5. Does the file show details of the client's prior psychiatric medical history? In particular,			
5.1 Whether the client has previously been treated for a mental disorder? ^{NFG}	[]	[]	
5.2 Whether the client has previously been 'sectioned'?	[]	[]	
and if so,		N/a	[]
5.2.1 What the section was?	[]	[]	
5.3 Whether the client has previously stayed in hospital, either as a compulsory or voluntary patient?	[]	[]	
and, if so,		N/a	[]
5.3.1 The name of the hospital?	[]	[]	
6. Does the file show the following details about the client's current section: ^{NFG}		N/a	[]
6.1 Whether there has been a Hospital Manager's Hearing?	[]	[]	
and if so,		N/a	[]
6.1.1 The outcome of this Hearing.	[]	[]	
6.2 Whether there has been a previous Mental Health Review Tribunal?	[]	[]	
and if so,		N/a	[]
6.2.1 The outcome of that previous tribunal hearing?	[]	[]	

^{NFG} 4. - This question applies where the client is subject to Guardianship(s.7), Supervised Discharge(s.25), Conditional Discharge.

^{NFG} 4.2 - The 'n/a' option should only be used where the client is under Guardianship (s.7). An approximate date (e.g.: March 1997) will give compliance.

^{NFG} 4.3 - May also be referred to as Community Mental Health Nurse (CMHN). Where it is noted on the file that the client does not have a CPN/CMHN, compliance will be given.

^{NFG} 4.4 - Where it is noted on the file that the client does not have a KW, compliance will be given.

^{NFG} 5.1 - Treatment may have been given as an outpatient or inpatient at hospital, prescribed medication from a GP, counselling, etc.

^{NFG} 6 - Where there has been a renewal of a section, 'current section' does not mean the current renewal period but the period from the initial decision to section. Answer 'n/a' for section 2 patients.

	Yes	No	N/a
7. Where the client is subject to hospital order (s.37), restriction order (s.37/41), Transfer Direction (s.47 & s.48), or a conditional discharge, does the file show:		N/a	[]
7.1 What the index offence is? ^{NFG}	[]	[]	
7.2 The date of the index offence?	[]	[]	
8. Does the file show details of the client's current medical condition, in particular:			
8.1 The client's account of events leading to their being sectioned? ^{NFG}	[]	[]	
8.2 The section which the client is currently under?	[]	[]	
8.3 The date of the section?	[]	[]	
8.4 The treatment the client is receiving? ^{NFG}	[]	[]	
8.5 The diagnosis of the client's illness? ^{NFG}	[]	[]	
8.6 The classification of the client? ^{NFG}	[]	[]	[]
8.7 The client's symptoms? ^{NFG}	[]	[]	
8.8 Whether the client accepts that they have an illness? ^{NFG}	[]	[]	
8.9 Where a report has identified a condition which may affect the client's treatment or recovery, does the file show: ^{NFG}		N/a	[]
8.9.1 The client's opinion on the reported condition?	[]	[]	
9. Where the tribunal is to consider the client's discharge from hospital to the community, does the file show: ^{NFG}		N/a	[]
9.1 Whether accommodation is available for the client?	[]	[]	
and, if so,		N/a	[]
9.1.1 The nature and location of the accommodation? ^{NFG}	[]	[]	
9.2 The client's ability to perform routine tasks? ^{NFG}	[]	[]	

^{NFG} 7.1 - The index offence is the offence which the patient is convicted of and has lead to their current detention, conditional discharge.

^{NFG} 8.1 - This should be obtained directly from the client.. Compliance should not be given for third party accounts e.g. in reports submitted to the tribunal, however, where the client is not the patient but representing the interests of someone, the patient's account will give compliance.

^{NFG} 8.4 - E.G.: ET, counselling, anti-depressants.

^{NFG} 8.5 - The diagnosis is the medical definition and is separate from classification. Examples are, schizophrenia, manic-depression, dementia.

^{NFG} 8.6 - Classification is the legal definition of mental disorder and is important as it determines how the Mental Health Act is applied to the patient. Mental disorder is the umbrella term and there are four categories within that - mental illness, mental impairment, severe mental impairment and psychopathic disorder. For compliance, the actual category is required. The 'n/a' option is only available for s.2 patients.

^{NFG} 8.7 - E.g.: Delusions, rapid talk, flight of ideas.

^{NFG} 8.8 - It is important to establish that the patient has 'insight' and accepts that they have an illness. If they do not have insight it could be argued that they will not be receptive to treatment.

^{NFG} 8.9 - A condition, in this context, refers to illnesses such as drug or alcohol addiction, medication dependency, eating disorders etc.

^{NFG} 9 - This should only be applicable to s.2, s.3, s.37 and s.37/41 patients. The information required by the sub-questions is important as it may influence a decision regarding discharge.

^{NFG} 9.1.1 - It is important to establish what accommodation is available(e.g.: family home, half-way house, sheltered accommodation) and where it is (e.g.: an address, the local authority, the town).

^{NFG} 9.2 - It could be a physical or mental health issue that affects their ability to cope with every day tasks (e.g.: getting dressed, personal hygiene, cooking) as this could influence a decision regarding discharge and the level of support the patient should have in the community.

		Yes	No	N/a
9.3	The level of support in the community from family/friends?	[]	[]	
9.4	The willingness of the client to take medication? ^{NFG}	[]	[]	[]
9.5	The willingness of the client to attend/stay in hospital voluntarily?	[]	[]	
9.6	Whether the client is liable to harm themselves or others? ^{NFG}	[]	[]	
9.7	Where the client is a Restricted Patient,		N/a	[]
9.7.1	The view of the Home Office as to the client's release?	[]	[]	
10.	Where the client is subject to a Transfer Direction (sections 47 or 48), does the file show:		N/a	[]
10.1	The client's ability to cope with returning to prison?	[]	[]	
10.2	The willingness of the client to take medication?	[]	[]	
10.3	Whether the client is liable to harm themselves or others? ^{NFG}	[]	[]	
10.4	Where the client is subject to s.47:		N/a	[]
10.4.1	The length of the sentence?	[]	[]	
11.	Where the client is in the community, does the file show: ^{NFG}		N/a	[]
11.1	The client's ability to perform routine tasks? ^{NFG}	[]	[]	
11.2	The level of support in the community from family/friends?	[]	[]	
11.3	The willingness of the client to take medication?	[]	[]	
11.4	Where the client is subject to conditional discharge,		N/a	[]
11.4.1	What the current conditions are?	[]	[]	
12.	Does the file show:			
12.1	Who applied for the Mental Health Review Tribunal? ^{NFG}	[]	[]	
12.2	What the client wants to achieve as a result of the hearing? ^{NFG}	[]	[]	
12.3	Whether the "nearest relative" has conflicting wishes? ^{NFG}	[]	[]	[]

^{NFG} 9.4 - 'Not applicable' is only an option where the file shows the client is taking no medication **and** there is no mention of the possibility of any being prescribed.

^{NFG} 9.6 - This could be in the opinion of the hospital, the RMO, the patient, the nearest relative, or anyone else involved.

^{NFG} 10.3 - This could be in the opinion of the hospital, the RMO, the patient, the nearest relative, or anyone else involved.

^{NFG} 11 - This question applies where the client is subject to Guardianship(s.7), Supervised Discharge(s.25), Conditional Discharge. The information required by the sub-questions is important as it may influence a decision regarding discharge of the section or variation of a conditional discharge.

^{NFG} 11.1 - It could be a physical or mental health issue that affects their ability to cope with every day tasks (e.g.: getting dressed, personal hygiene, cooking) as this could influence a decision regarding discharge and the level of support the patient should have in the community

^{NFG} 12.1 - E.g.: the client, the nearest relative, the hospital manager, an automatic referral.

^{NFG} 12.2 - The client may be applying for discharge, but if referred may wish to oppose discharge, or may be wanting to use the hearing as a means of reviewing treatment.

^{NFG} 12.3 - 'Not applicable' is only an option where the file shows that there is no nearest relative.

	Yes	No	N/a
II ADVISING THE CLIENT			
i) General Advice			
13. Has the adviser explained to the client the meaning of the section to which they are subject? ^{NFG}	[]	[]	
14. Where the client is making the application to the tribunal,		N/a	[]
14.1 Has the adviser explained to the client other routes of discharge from the section? ^{NFG}	[]	[]	
15. <u>Before</u> the tribunal hearing, has the adviser explained the tribunal process, in particular:			
15.1 Who will be attending the hearing?	[]	[]	
15.2 The informal nature of the hearing?	[]	[]	
15.3 That they will be visited by the medical member of the MHRT before the hearing?	[]	[]	
15.4 That the MHRT is an independent body?	[]	[]	
15.5 The range of decisions the MHRT can make? ^{NFG}	[]	[]	
ii) Advice on costs and funding of the case			
16. Has the client been advised that they will not be required to meet any legal costs?	[]	[]	
iii) Advice on Progressing the Case			
17. Does the file show that the client has been given advice about the progress of the case? In particular:			
17.1 Advice about how long the case is likely to take? ^{NFG}	[]	[]	
17.2 An explanation of the steps that the adviser is going to take on the client's behalf?	[]	[]	
17.3 Written confirmation of the advice given (or justification for not providing confirmation in writing in exceptional circumstances)?	[]	[]	
17.4 Advice about the strength of the client's case? ^{NFG}	[]	[]	

^{NFG} 13 - It is not enough to simply tell the client what the section is (e.g.: 'restriction order', 'guardianship') but the actual effect of that section must be explained (e.g.: detained for assessment, detained for treatment, detained in hospital without limit of time, discharged with conditions of where to reside and when to receive treatment).

^{NFG} 14.1 - This may be making an application to a tribunal, discharge by the nearest relative, hospital managers' hearing., etc. The minimum requirement for compliance is general advice on at least two options or specific advice on the most appropriate option in the client's case. This advice must be given before the tribunal hearing which is the subject matter of this case.

^{NFG} 15.5 - The minimum requirement for compliance is general advice on at least two powers of the tribunal (e.g.: reclassification, discharge) or specific advice on the decision which will be likely/appropriate in the client's case.

^{NFG} 17.1 - A broad indication of the time estimated to resolve from start to finish will be sufficient.

^{NFG} 17.4 - This may be an indication of the prospects of success, or of whether the client is likely to be satisfied with the outcome of the case.

	Yes	No	N/a
17.5 Information about when and in what form the next contact will take place? ^{NFG}	[]	[]	
17.6 In circumstances where the adviser is unable to represent the client at hearings, information about alternative sources of representation and/or assistance? ^{NFG}	[]	[]	[]
III PROCEDURAL AND PRACTICAL STEPS - PRE PROCEEDINGS		N/a	[]
<i>These questions should be audited in all cases that proceed beyond initial advice. If section III is not audited, go to section V.</i>			
18. Where an application/referral has not already been made, has the adviser:		N/a	[]
18.1 Sent written application to the relevant tribunal office?	[]	[]	
19. Has the adviser conducted a <u>private</u> interview with the client? ^{NFG}	[]	[]	
20. Has the adviser sought/obtained copies of: ^{NFG}			
20.1 The client's medical/nursing notes?	[]	[]	
20.2 The client's section papers? ^{NFG}	[]	[]	
20.3 The statement by the responsible authority? ^{NFG}	[]	[]	
20.4 The RMO's report?	[]	[]	
20.5 An up-to-date social circumstances report?	[]	[]	
20.6 Where the client is a restricted patient,		N/a	[]
20.6.1 A statement from the Home Secretary?	[]	[]	
20.7 The clients signed consent to act on their behalf? ^{NFG}	[]	[]	
21. Where any information is requested to be withheld from the client:		N/a	[]
21.1 Does the file show the reason(s) for this request?	[]	[]	

^{NFG} 17.5 - It is important from the client's perspective to know when they should expect further contact, and whether they should anticipate a letter, telephone call, or need to attend an appointment.

^{NFG} 17.6 - Alternative sources could include: Law Centre, CAB, Advice Centre, Free Representation Unit, McKenzie friend, Solicitor (if the audit is of a non-solicitor agency). Where the adviser represents the client on a pro bono basis, answer not applicable.

^{NFG} 19 - It must be clear from the file that the interview was conducted in private. Compliance will be given where the file notes that it was not possible to arrange a private interview.

^{NFG} 20 - For each sub-question, compliance will be given where the adviser notes on the file a reason for not seeking specific documents.

^{NFG} 20.2 - This could include renewal papers where a section has been renewed.

^{NFG} 20.3 - This must be provided to the tribunal by the responsible authority within 3 weeks of receiving the notice of application. The adviser should obtain the statement from the tribunal office.

^{NFG} 20.7 - This may be specifically to obtain medical, nursing, or section notes or reports, or, ideally, generally to act on the clients behalf.

	Yes	No	N/a
22. Has the adviser discussed the reports with the client? ^{NFG}	[]	[]	
and if so,		N/a	[]
22.1 What are the client's views on the contents of the reports?	[]	[]	
and if the client disagrees with the content of any of the reports,		N/a	[]
22.1.1 Has the adviser sought an independent expert report? ^{NFG}	[]	[]	
23. Where the adviser seeks an independent expert report, does the letter to the expert include the following:		N/a	[]
23.1 The client's name and the hospital to which they are attached?	[]	[]	
23.2 Copies of relevant reports/documentation? ^{NFG}	[]	[]	
23.3 An indication of what the client wants to achieve at the hearing? ^{NFG}	[]	[]	
23.4 A statement that reasonable fees will be met by the firm or that the firm has prior permission to incur the cost of the report to a given amount?	[]	[]	
23.5 Specific instructions as to the content of the report, including:			
23.5.1 Assessment of whether the relevant discharge criteria under the MHA have been met?	[]	[]	
23.5.2 Assessment of the benefit of further psychiatric treatment and the timescale within which benefit could be expected?	[]	[]	
23.5.3 Assessment of whether further treatment could be given in a less restricted setting and/or suggestion of alternative arrangements for care and treatment?	[]	[]	
23.5.4 Assessment of client's ability to care for self/live in community and an indication of required support?	[]	[]	
23.5.5 A note of the risk assessment models used?	[]	[]	
23.5.6 Assessment of the possibility of future dangerous behaviour by the client either to themselves or others?	[]	[]	
23.5.7 Inclusion of any details which appear to have been omitted from other reports and the source of this information?	[]	[]	
23.6 A request that the expert explains the meaning and implication of any technical diagnosis, prognosis or treatment set out in any reports or documentation attached?	[]	[]	

^{NFG} 22 - Where it is noted on the file that there are no reports which are to be disclosed to the patient, answer 'yes' and the sub-questions 'n/a'.

^{NFG} 22.1.1 - E.g. psychiatrist, psychologist, independent social worker.

^{NFG} 23.2 - It is for the adviser to decide what documentation is relevant. If no documentation is attached compliance will be given where the letter gives an explanation for this (e.g. that nothing has yet been received from the hospital).

^{NFG} 23.3 - E.g. discharge from the hospital or section, transfer to a more appropriate placement or facilities.

		Yes	No	N/a
23.7	A request that, where reference materials are used, these should be cited in the report and that copies of the reference material used should be provided?	[]	[]	
IV PROCEEDINGS			N/a	[]
<i>These questions should be audited in all cases that go to a MHRT hearing. If section IV is not audited, go to section V</i>				
24.	<u>Before</u> the hearing, has the adviser:			
24.1	Confirmed to the client the time and date and venue of the hearing?	[]	[]	
24.2	Where the client's case is a referral to the MHRT, ^{NFG}		N/a	[]
24.2.1	Advised the client of the right not to attend the hearing?	[]	[]	
24.3	Where there are supporting witnesses,		N/a	[]
24.3.1	Confirmed to them the time and date and venue of the hearing?	[]	[]	
24.4	Where the client is a Restricted Patient and an independent expert report has been obtained,			Do not address Enter 'n/a' on software
24.4.1	Sent a copy of the report to the Home Office?			
25.	<u>After</u> the hearing, has the adviser:			
25.1	Confirmed the decision of the tribunal?	[]	[]	
25.2	Explained the reasons given for the decision? ^{NFG}	[]	[]	
25.3	Advised as to the implications of the decision, including any further steps which need to be, or can be taken? ^{NFG}	[]	[]	
V CLOSING THE CASE				
<i>This section must be audited for all files.</i>				
26.	Before closing the file, has the adviser written to the client: ^{NFG}		N/a	[]
26.1	Confirming the status/outcome?	[]	[]	
26.2	Explaining the effect of the outcome in terms of any further action that can or ought to be taken by or on behalf of the client or confirming that no further action is necessary? ^{NFG}	[]	[]	

^{NFG} 24.2 - A MHRT is not always as a result of an application from the patient or their nearest friend, but can be a referral by the Hospital Manager. In the absence of applications, detained patients are automatically referred at least once every three years. It could be that a referred patient does not want a MHRT, particularly, where they have been sectioned for a long time.

^{NFG} 25.2 - Simply forwarding a copy of the decision is not sufficient for compliance.

^{NFG} 25.3 - E.g. challenging the decision, application for a new hearing/Manager's Review, implications of European Convention on Human Rights, aftercare if discharged.

^{NFG} 26 - Answer 'n/a' only where the adviser has noted on the file that there is no forwarding address for the client.

^{NFG} 26.2 - If question 25.3 was answered 'no' then this question must also be answered 'no'.

	Yes	No	N/a
VI TRANSFER OF FILES AND REFERRALS			
<i>This section must be audited in all cases where a file is transferred or a referral is made.</i>			
27. Where the file is transferred to another office, department or fee-earner within the same firm, does the file show: ^{NFG}		N/a	[]
27.1 That the client has been given an explanation of the reasons for the transfer?	[]	[]	
27.2 That the client has been given the name of the person taking over the case?	[]	[]	
27.3 That the client has been given an opportunity to comment or raise any issues?	[]	[]	
28. Where the client is referred to another organisation for advice, assistance or representation in the same matter, does the file show: ^{NFG}		N/a	[]
28.1 That the adviser has given the client reasons for the referral and the name of the adviser or organisation to whom they are being referred?	[]	[]	
28.2 That the client has been given an opportunity to comment or raise any issues?	[]	[]	
28.3 That the adviser has contacted the other organisation on behalf of the client to make an appointment?	[]	[]	
28.4 That the adviser has confirmed to the other organisation that the client has received public funding and provided details of the advice given and action taken to date? ^{NFG}	[]	[]	[]
28.5 That the adviser has asked the other organisation to provide feedback (at various intervals or on conclusion of the case)?	[]	[]	

^{NFG} 27 - This question must be audited in all cases where the file has been transferred within the firm.

^{NFG} 28 - This question must be audited in all cases where the case has been referred to another organisation from the organisation being audited, e.g. cases initially dealt with by a non-profit sector agency then referred to a solicitor for further advice and assistance and/or representation; and to cases that are referred to another agency, another solicitor, or from a solicitor to an agency (to obtain specialist advice). Note, a change of solicitor where the client is unhappy with the services of a firm is not a referral.

^{NFG} 28.4 - This is only relevant where the client is referred to a solicitor for further advice, assistance or representation which will be publicly funded in the same matter.