

August 2024

Tribunal Procedure Committee

Reply to two Consultations on possible amendments to the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 regarding proposed changes to the way that the First-tier Tribunal decides cases referred to the Tribunal pursuant to S.68 Mental Health Act 1983 (MHA)

Introduction

1. The Tribunal Procedure Committee (TPC) is responsible for making Tribunal Procedure Rules for the First-tier Tribunal and the Upper Tribunal, each of which is divided into Chambers. The First-tier Tribunal, including the Health, Education and Social Care Chamber (HESC), replaced a number of tribunals in 2008. The Mental Health Tribunal falls within HESC. Further information on the Tribunals can be found on the HMCTS website:
<http://www.gov.uk/government/organisations/hm-courts-and-tribunals-service/about#ourtribunals>
2. Specifically, section 22(4) of the Tribunals, Courts and Enforcement Act 2007 requires that the TPC's rule-making powers be exercised with a view to securing: (a) that, in proceedings before the First-tier Tribunal and Upper Tribunal, justice is done; (b) that the tribunal system is accessible and fair; (c) that proceedings before the First-tier Tribunal or Upper Tribunal are handled quickly and efficiently, (d) that the rules are both simple and simply expressed; and (e) that the rules where appropriate confer on members of the First-tier Tribunal, or Upper Tribunal, responsibility for ensuring the proceedings before the Tribunal are handled quickly and efficiently. Further information on the TPC can be found at our website:
<http://www.gov.uk/government/organisations/tribunal-procedure-committee>
3. The TPC also has due regard to the public-sector equality duty contained in section 149 of the Equality Act 2010 when making rules.
4. Two consultations (the Consultations) took place in 2023 and 2024 respectively, seeking views on a proposal to change rule 35 of the Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008 by amending the restriction on cases that can be decided without a hearing so that cases involving hospital-based patients who have been referred to the Tribunal and do not wish to attend can be decided on the papers. A link to the first consultation (the First Consultation) is at: <https://www.gov.uk/government/consultations/possible-amendments-to-tribunal-procedure-first-tier-tribunal-health-education-and-social->

[care-chamber-rules-2008](#) and to the second consultation (the Second Consultation) is at:

<https://www.gov.uk/government/consultations/reply-to-consultation-and-further-consultation-on-possible-amendments-to-the-tribunal-procedure-first-tier-tribunal-health-education-and-social-ca>

5. A link to the relevant Rules is at:

<https://www.gov.uk/government/publications/health-education-and-social-care-chamber-tribunal-rules>

Background to the Proposed Changes

6. Rule 35 states:

35. Restrictions on disposal of proceedings without a hearing

(1) Subject to the following paragraphs, the Tribunal must hold a hearing before making a decision which disposes of proceedings.

(2) This rule does not apply to a decision under Part 5.

(3) The Tribunal may make a decision on a reference under section 68 of the Mental Health Act 1983 (duty of managers of hospitals to refer cases to tribunal) without a hearing if the patient is a community patient aged 18 or over and either—

- (a) the patient has stated in writing that the patient does not wish to attend or be represented at a hearing of the reference and the Tribunal is satisfied that the patient has the capacity to decide whether or not to make that decision; or*
- (b) the patient's representative has stated in writing that the patient does not wish to attend or be represented at a hearing of the reference.*

(4) The Tribunal may dispose of proceedings without a hearing under rule 8(3) (striking out a party's case).

The First Consultation

7. In the First Consultation it was proposed to amend paragraph (3) of Rule 35 to delete the words “a community patient”. This would allow hospital-based patients, including restricted patients, with capacity, to consent to the reference being decided on the papers in addition to community patients in respect of which this rule already applies.

8. As stated in the First Consultation, the composition of the Tribunal is determined by the Senior President of Tribunals (SPT) and is therefore not a matter to be decided by the TPC. At the time of the First Consultation, the SPT had recently decided, after a consultation, not to implement a proposal which would have allowed the cases affected by the proposed rule change to be heard by a judge alone. Because the effect of the proposed rule change would be to permit cases of this sort (references in respect of patients in hospital) to be decided by judge alone, the SPT has informed the TPC that if the rule change is implemented, the SPT will amend

the Practice Direction so as to ensure that the current requirement that these cases are heard by a panel is maintained (even though they would be decided on the papers).

9. As stated in the First Consultation, the TPC considered that a safeguarding issue may arise in connection with the proposed rule change. The TPC is aware that patients detained in hospitals may often refuse to engage with the Tribunal process. The ability to deal with references on the papers would benefit such patients, but it may be thought that there is a limit to the number of occasions on which a reference should be dealt with on the papers without providing the opportunity for a hearing which would provide additional scrutiny. The TPC is aware that the Mental Health Bill¹ is not yet law and it may be considered that the proposed changes may not be appropriate if the references occur only every three years as now as a patient in hospital may then have an oral hearing only every 6 years. The Mental Health Bill, at the proposed section 28, provides for references to the Tribunal every 12 months rather than every 3 years as is currently the case.
10. The TPC therefore invited responses to the First Consultation as to the desirability of putting in place safeguarding measures, and, if such measures are thought necessary, what they should involve. Without attempting to be a prescriptive list, there could, for example, be a requirement that every second or third reference (depending on the statutory duration of each) must be considered at an oral hearing which would be able to hear the evidence of witnesses or call for additional information as required. Additionally, or alternatively, there could be a requirement for an independent report from advocacy services or the like which would set out the views of the patient on all relevant issues. This would, at least in theory, allow for the patient's voice to be heard even in circumstances where that patient resolutely refuses to participate in a hearing. For the avoidance of doubt, the issue of safeguarding is at present intended to apply to patients detained in hospital only, given their detained status.
11. The First Consultation questions were: -
 1. *Do you agree with the proposed change to rule 35? If not, why not?*
 2. *Should there be some form of safeguarding in place in the event that rule 35 is changed as proposed above? If so, what form should that take? Would the proposals in section 34 and Schedule 3 of the Mental Health Bill provide adequate safeguards? If not, why not?*
 3. *Do you think the proposed rule change should go ahead if the timescale for references does not reduce from every 3 years to annually, as proposed by the Mental Health Bill?*
 4. *Do you have any further comments?*

¹ <https://www.gov.uk/government/publications/draft-mental-health-bill-2022>

The Responses to the First Consultation

12. There were a total of 22 responses (see Annex A hereto). Of those, 7 respondents were in favour of the change and the remainder shared significant concerns.
13. It was apparent that some of those concerns arose from a misunderstanding as to the proposal, and it may be that the First Consultation was insufficiently clear in its terms.
14. The first concern expressed by several respondents was that patients without capacity or with learning disabilities would suffer as a result of the proposed rule change. They would not understand the significance of their case being decided on the papers. To be clear, the TPC emphasises that the proposed rule change would apply only to those patients with capacity. Persons without capacity would never be in a position to consent to the Tribunal dealing with their reference on the papers.
15. The second area where confusion may have arisen was concerned with panel composition. As the TPC had indicated in the First Consultation, the SPT has made it clear that if the rule change is made, decisions must be made by a full panel, not by judge alone and that the SPT will amend the Practice Direction accordingly.
16. Several respondents expressed the view that to make such a rule change at this time was premature and that any such change should await the passing of a new Mental Health Act. However, the TPC observes that the Mental Health Bill is currently in draft form and has not been put before Parliament. There is no way of knowing how long it will be before there is a new Mental Health Act. Furthermore, the draft Bill does not deal with procedure. The procedure rules are dealt with by the TPC, and if any new legislation requires changes to the procedure rules then that will be a task for the TPC as and when there is a new Act.
17. Several respondents expressed concern that if the proposed rule change is made there are risks. There was concern that the reports upon which the Tribunal would make its decision may be inadequate. The patient's capacity could change between the date of any decision by the Responsible Clinician (the RC) and the date the Tribunal decides the matter, and there is no scrutiny by anyone other than the RC about the question of capacity.
18. Several of the respondents also pointed out, correctly, that there is a significant difference between patients who are subject to Community Treatment Orders (CTO) and are therefore living in the community and those patients detained in hospital, and thus there needs to be safeguards to ensure that they are not unjustifiably detained.

19. The TPC understood those concerns but also recognised the right of an individual to choose not to have a hearing if they do not want one and they have the capacity to make that decision.

The Second Consultation

20. Accordingly, prior to the TPC reaching a decision on this proposed rule change it decided to further consult on the basis of including safeguarding measures in the rules. In particular, that in addition to only those patients with capacity being able to request that the case be decided on the papers, it should also be only those patients who are also legally represented. In that way, the TPC considered that the representative could challenge the issue of capacity if they deem the client to lack capacity. They could also raise questions concerning the adequacy of reports and the possible need for addenda thereto. It is of course always possible for a patient to change their mind prior to a decision and to request a hearing. However, if a legally represented patient with capacity decides that they do not want a hearing the TPC was of the view that such a decision should be respected.

21. It was therefore further proposed that rule 35 be amended to allow the Tribunal to make a decision on the papers on a reference hearing, in respect of a patient detained in hospital aged 18 or over, with capacity and legally represented, and who has made a written request that they do not wish to attend or be represented at a hearing of their reference, and where the Tribunal is satisfied that the patient has the capacity to make that decision.

22. The Second Consultation Questions were:

1. Do you agree with the proposed change to rule 35? If not, why not?

2. Do you have any further comments?

The Responses to the Second Consultation

23. The TPC received 16 responses. Of those 7 were in favour of the change and 9 against.

The responses in favour

24. 2 respondents (both Medical Members) agreed with the proposal, as did the Royal College of Nursing.

25. Of the other 4 respondents who were in favour of the change, one (a Tribunal member) considered there was a need to limit the number of consecutive paper reviews. Another (a fee paid Tribunal Judge) considered that the legal representative ought to be an accredited member of the specialist mental health panel. Another (a Medical Member) suggested more safeguards should be included such as: a case decided on the papers should trigger a further reference in one

year; there should be an independent assessment of capacity preferably by a medical member; and for a mechanism for the Tribunal to obtain further information.

26. Finally, a further respondent (a salaried Tribunal Judge) suggested that a panel dealing with the case was not the best use of resources.

The TPC's reply to the points made by those in favour of the proposal

27. In order for a patient to receive free legal advice in connection with the Tribunal, the legal representative has to be an accredited Mental Health Tribunal panel representative. The frequency with which references occur is regulated by statute and therefore not a matter for the TPC.
28. If both the responsible clinician and legal representative are satisfied that the patient has the necessary capacity to request the matter to be decided on the papers, the TPC considers that to provide a sufficient safeguard. If the panel has any doubts, it can decide to have a hearing. Clearly, the decision should be made after the patient and their representative has had sight of and discussed the contents of the reports. There is already a mechanism in place for the Tribunal to request further information by way of directions should it feel it necessary.
29. Whether having a panel decide paper reviews is not a best use of resources is not a matter for the TPC. The SPT has already indicated that these must be dealt with by a panel.
30. The TPC agrees there should be a limit on the number of consecutive paper reviews, as a necessary safeguard.

Those respondents who disagreed with the proposal and their reasons

31. One respondent (a District Judge sitting in retirement on restricted cases) suggested that a decision on the papers will result in less scrutiny.
32. Another respondent indicated that three years between references was already far too long, and that the Tribunal may differ in its opinion on the patient's capacity. This respondent also expressed the opinion that some representatives may see paper reviews as an attractive option given the pressure of work.
33. A further respondent (the Law Society) stated that the rule needed to be clear that paper reviews only apply to patients with capacity. A patient should not be denied a hearing because they are not engaging with the Tribunal process, and further that the legal aid implications had not been considered. There was a risk that this

proposed change would undermine the proposals of the draft Mental Health Bill. It was said that it would be useful to have more information on the current use of paper hearings. Finally, any decision should be made by the patient and representative after the reports had been discussed.

34. Another respondent (the MHLA) queried whether there should be an upper age limit for patients choosing to have a paper review, noting that it was not possible for those under 18. There needed to be documentary confirmation of the patient's capacity, and the representative should confirm in writing that they are satisfied as to the capacity of the patient and that the patient understands the repercussions.
35. This respondent also raised the issue of funding not having been considered, and suggested there needed to be safeguards regarding any missing information. With regard to multiple paper reviews, it was suggested that this should only be possible on alternative references.
36. A further respondent (the MHTMA) considered that the proposal undermined the proposed mental health reforms. They referred to the important distinction between patients who are detained in hospital and those in the community on a CTO, and that a patient may be adversely influenced by the treatment team in making the decision to request a paper review. This respondent felt that the proposal was not in accordance with the overriding objective, and referred to the powers of the Tribunal in detained cases where it had more powers, for example to make recommendations, and if the case is complex with a number of reports it was unsuitable to be dealt with without a hearing.
37. This respondent also stated that the benefit of a hearing to the patient is that they know that an independent review of their case will be happening, and expressed concern that there would be no up-to-date evidence which is available at a hearing, and that the reports may be out of date.
38. This respondent further:
 - (i) stated that a paper review would not be necessary given there remains the possibility of an online hearing;
 - (ii) expressed concern that, even when the case is a reference rather than an application, it should not be assumed that the patient does not seek discharge;
 - (iii) was of the view that there should be a hearing as it is 'the only independent review' of the detention;
 - (iv) considered the proposal would have a disproportionate impact on ethnic minority patients; and
 - (v) considered that there was a risk of the patient making an unwise decision.

39. This respondent also stated that there are often unexpected attendances at a hearing by patients who have initially indicated they would not attend. This respondent was concerned about the vulnerability of patients and stated that the change should not be made for purely financial reasons and that the decisions made were likely to be less detailed or even by pro forma. This respondent also suggested that the proposed change should not be made until the Mental Health Bill becomes law.
40. Another respondent (Mind) was of the view that, if the rule is amended in the manner suggested, such hearings would become more of a 'rubberstamping exercise' than an 'inquisitorial exercise'.
41. A further respondent was of the view that oral evidence is crucial in providing the latest information.
42. Another respondent raised the point that the proposal would result in 'justice behind closed doors' and that justice therefore 'cannot be seen to be done'. This respondent also raised concern about the reports not being updated. The point was also made that not all reports are adequate. This respondent was of the view that live evidence is the 'best and fairest'.
43. This respondent also made the point that if the proposed changes are made the Tribunal will no longer be inquisitorial, and that there will be fewer RC discharges prior to the Tribunal hearing, as currently happens on a frequent basis, because there will be no in-depth exploration of the evidence. This respondent also suggested that the Independent Review² and the draft Mental Health Bill called for more scrutiny of cases, rather than less.
44. A further respondent (Rethink Mental Illness - RMI) agreed that the added proposed safeguards were helpful but remained of the view, as did others as outlined above, that an oral hearing, even in the absence of the patient, allowed oral submissions and a scrutiny of the evidence which may not be the case if decided on the papers. It was also less likely that recommendations would be made. This respondent also queried the reason for the proposal as being to make more efficient use of resources rather than in the patient's interests.

The views of the TPC on the points made

45. The frequency of the references is a matter of statute as indicated above. The TPC considers that a paper review will involve the panel scrutinising the documentation together in the same way as if there had been a hearing and if they have any

² <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

concerns or queries then a hearing can be convened. If the Tribunal has a differing view on the patient's capacity than it can convene a hearing.

46. The fact that representatives may see paper reviews as an 'attractive option' is not a view shared by the TPC. The representatives are members of a specialist panel with vast experience in this type of work and their remuneration will be significantly reduced if there is no hearing, removing the attraction of a paper review.
47. As to the points made by the Law Society, the statement that paper reviews only apply to patients with capacity will be in the amended rules. The patient is not being denied a hearing by the proposed rule change; rather, it is a positive choice by a capacitous patient with a legal representative. If the panel has any concerns, they can convene an oral hearing. Non-means, non-merits tested Legal Aid is available when a Tribunal hearing is either applied for or a reference is made.
48. As to any risk that this change would undermine the proposals of the draft Mental Health Bill, the TPC will keep the rules under review. The rule change does not make it harder for a patient to have an oral hearing; it makes it possible for the patient to choose not to have one. Unfortunately, information on the current use of paper hearings is not available.
49. The TPC agrees that any decision should be made by the patient and representative after the reports have been discussed.
50. As to the points made by the MHLA, the TPC is of the view that there should be no upper age limit; the issue is whether the patient has the capacity to make the decision with legal advice. The TPC agrees that there needs to be documentary confirmation of the patient's capacity. The TPC also agrees that the representative should confirm in writing that they are satisfied as to the capacity of the patient and that reports and other documents have been discussed with the patient. Whether the matter is decided on the papers or at a hearing, it still remains a Mental Health Tribunal and, as such the same procedures apply, and all patients will have Legal Aid available. The TPC is satisfied that the Tribunal has ample powers already to require any missing or further information. With regard to multiple paper reviews and that this should only be possible on alternative references, the TPC considers this to be a reasonable requirement.
51. As to the points made by the MHTMA, the TPC considers that a patient with capacity and the advice of a legal representative, having considered the reports, is adequately safeguarded. The TPC is satisfied that the proposal does not conflict with the overriding objective. Cases will be heard swiftly, and if there is any issue as to the fairness of the proceedings the Tribunal can convene a hearing.
52. The MHTMA referred to the powers of the Tribunal in detained cases where it had more powers, for example to make recommendations and if the case is complex

with a number of reports it is unsuitable to be dealt with without a hearing. The TPC's view is that in such circumstances, if the experienced panel have any concerns, they can decide a hearing is necessary.

53. As to the benefit of a hearing to the patient being that they know that an independent review of their case will be happening, the TPC considers that this is still the case whether the decision is made on the papers or at a hearing.
54. As regards the concern that there would be no up-to-date evidence which is available at a hearing and that the reports may be out of date, rule 32(6) requires that the responsible authority is required to send or deliver documents specified in practice directions to the Tribunal so that they are received as soon as practicable and in any event within 3 weeks after the reference is made. The TPC considers that to be sufficient to meet the point made.
55. As to whether a paper review would not be necessary given there remains the possibility of an online hearing, if the patient does not wish to attend then they will not attend whether the hearing is online or in person.
56. Concern was expressed that, even when the case is a reference rather than an application, it should not be assumed that the patient does not seek discharge. The TPC considers that if the patient seeks discharge, they are unlikely to request a paper hearing, nor would they be advised to. Consideration on the papers is properly considered to be an independent review of the detention. As to whether the proposal would have a disproportionate impact on ethnic minority patients, the TPC has not seen evidence in support of this proposition.
57. The TPC is of the view that, with the safeguards of a requirement for both capacity and legal advice, there is little risk of the patient making an unwise decision.
58. As to unexpected attendances at a hearing by patients who have initially indicated they would not attend, the TPC understands that if a patient changes their mind, then they can indicate this either themselves or through their representative to the Tribunal who would then hold a hearing. The overriding objective of the Tribunal includes avoiding delay, so far as compatible with proper consideration of the issues (rule 2(2)(e)). Deciding cases on the papers in appropriate cases enables the Tribunal to ensure the panel's time is used efficiently when cases come out at short notice or are adjourned on the day.
59. As to the vulnerability of patients, a paper review will only be possible if a patient who both has capacity and has received legal advice requests one, and those under 18 cannot request a paper review.

60. The TPC does not view the proposed change as being made for financial reasons but to recognise the right of a patient not to have a hearing should they not want to have one. There is no proposal to change the requirements for written decisions and no proposals that they should be pro forma.

61. The TPC notes that the draft Bill has not yet been presented to Parliament. It is not known how long it will be before it comes into law or what its contents will be. However, the TPC will keep the rules under review.

Other respondents' views

62. As to whether hearings would become 'more of a rubberstamping exercise than an inquisitorial exercise', the TPC considers that the panel members are experts and experienced in dealing with such matters and if there are any concerns about the contents of the reports, they can call for an oral hearing.

63. Rule 32(6), as referred to above, deals with timing of provision of reports and other documents. The Tribunal can give directions for further information should they believe it necessary. So far as safeguarding measures are concerned, the TPC is of the view that, provided the RC and legal representative are satisfied that the patient has the capacity to make the decision and has received proper advice, this is adequate.

64. As to justice 'behind closed doors' and whether justice 'cannot be seen to be done', Tribunal hearings are almost universally held in private. The only difference if the case is dealt with on the papers is that there would be no live witnesses. The TPC does not agree that this is justice not being 'seen to be done'.

65. As to reports, the TPC is of the view, as previously stated, that with a deadline for reports, any such risk is minimised and furthermore if there are queries, as set out above, the Tribunal can request further information or list for hearing. The Tribunal is well able to determine whether reports are adequate and can make directions as appropriate.

66. Although one respondent is of the view that live evidence is the 'best and fairest', with up-to-date reports and the legal representative being satisfied with the situation, the paper review will remain an appropriate and reliable independent assessment of the necessity for detention. As to whether (with the change proposed) the Tribunal will no longer be inquisitorial, the TPC disagrees. The Tribunal remains inquisitorial and can call for further information where necessary.

67. This respondent also makes the point that there will be fewer RC discharges prior to the Tribunal, as currently happens on a frequent basis, because there will be no in-

depth exploration of the evidence. The TPC does not agree that this will have an impact, as the matter will still be reviewed by an independent tribunal with up-to-date reports. If the RC is of the view that detention is not justified, then the TPC can see no reason why this would not prompt a discharge prior to the review.

68. This respondent also suggested that the recent Review and the draft Mental Health Bill call for more scrutiny of cases, rather than less. As the TPC has stated above, the Bill has not yet been presented to Parliament, but the TPC will keep matters under review.

69. The TPC's view is that the Tribunal members, who are experienced will give each case anxious scrutiny, will call for more or better evidence when required, and will call for a hearing if not satisfied it can fairly and justly decide the case without a hearing. The Tribunal's *raison d'être* is to protect the interests of patients and it can be trusted to do so.

The TPC's Decision

70. The TPC, having carefully considered the responses, and reaching conclusions as set out above, has decided to make the changes with the added safeguards that the representative must write to the Tribunal confirming that they have seen the reports, discussed them with their client and are satisfied that they have capacity to request a review on the papers.

71. The TPC also considers that if a previous reference was decided on the papers, there must be a hearing at the next.

72. The TPC recognises the specialist nature of the Mental Health Tribunal and its role to protect the interests of patients. The changes will ensure cases are dealt with in a shorter timescale. The TPC believes that a capacitous patient who has received legal advice has a right not to have a hearing and should not be forced to do so.

73. The TPC has had due regard to the public-sector equality duty in reaching its conclusions as set out above.

74. The Amended rule will be as follows (with indicative drafting provided). Additions are underlined, and deletions struck through.

35. Restrictions on disposal of proceedings without a hearing

(1) Subject to the following paragraphs, the Tribunal must hold a hearing before making a decision which disposes of proceedings.

(2) This rule does not apply to a decision under Part 5.

(3) The Tribunal may make a decision on a reference under section 68 (duty of managers of hospitals to refer cases to tribunal), section 71(2) (references by the

Secretary of State concerning restricted patients) or section 75(1) (applications and references concerning conditionally discharged patients) of the Mental Health Act 1983, as the case may be, (duty of managers of hospitals to refer cases to tribunal) without a hearing if the patient is a community patient aged 18 or over and either—

- (a) in the case of a patient who is a community patient, the patient or the patient's representative has stated in writing that the patient does not wish to attend or be represented at a hearing of the reference; or and the Tribunal is satisfied that the patient has the capacity to decide whether or not to make that decision; or
- (b) in the case of a patient who is not a community patient and is legally represented, the patient's representative has stated in writing that—
 - (i) the patient does not wish to attend or be represented at a hearing of the reference;
 - (ii) the patient's representative has discussed with the patient the contents of any reports and any other documents provided by the responsible clinician and any social supervisor in respect of the patient and is satisfied that the patient has the capacity to decide whether or not to make that decision; and

the Tribunal is satisfied that the patient has the capacity to make that decision.

(4) The Tribunal may dispose of proceedings without a hearing under rule 8(3) (striking out a party's case).

(5) Paragraph (3) does not apply—

- (a) where the patient's case has not previously been considered by the Tribunal; or
- (b) where the patient's case was last considered by the Tribunal without a hearing.

75. The TPC wishes to thank those who contributed to the Consultation process. The TPC has benefited from the responses.

Keeping the Rules under review

The remit of the TPC is to keep rules under review.

Contact details

Please send any suggestions for further amendments to Rules to:

TPC Secretariat
Post point 5.25
102 Petty France
London SW1H 9AJ

Email: tpcsecretariat@justice.gsi.gov.uk

Further copies of this Reply can be obtained from the Secretariat. The Consultation paper, this Reply and the Rules are available on the Secretariat's website:

<http://www.justice.gov.uk/about/moj/advisory-groups/Tribunal-procedure-committee.htm>

List of Respondents

Annex A- List of respondents to the First Consultation (published on 17 October 2023)	
1.	Butler & Co Solicitors
2.	Law & Society Research Group
3.	The Challenging Behaviour Foundation and Mencap
4.	Medical Tribunal Member, Mental Health Review Tribunal for Wales
5.	Mental Health Tribunal Members' Association
6.	Pennine Care National Health Service Foundation Trust, Mental Health Law Manager
7.	Mind (Mental Health Charity)
8.	Tribunal Judge, Health, Education and Social Care Chamber, First-tier Tribunal (Mental Health)
9.	Rethink Mental Illness
10.	Member of the Public
11.	National Health Service Nottingham Healthcare- National Health Service Foundation Trust
12.	Health, Education and Social Care Chamber, First-tier Tribunal
13.	Health, Education and Social Care Chamber, First-tier Tribunal
14.	Reeds Solicitors
15.	Mental Health Lawyers Association
16.	The Law Society
17.	Specialist Member - First-tier Tribunal (Mental Health)
18.	Barrister and Fee-Paid Judge of the Health, Education and Social Care Chamber, First-tier Tribunal (Mental Health)
19.	District Judge (sitting in retirement)
20.	Medical Tribunal Member, Health, Education and Social Care Chamber, First-tier Tribunal (Mental Health)
21.	Tribunal Doctor, Consultant Psychiatrist, Humber Teaching National Health Service
22.	Tribunal Member- Health, Education and Social Care Chamber, First-tier Tribunal (Mental Health) - (Response Blank)

Annex B- List of respondents to the Second Consultation (published on 25 March 2024)

1.	Fee-paid Tribunal Judge, Mental Health Review Tribunal
2.	Law & Society Research Group
3.	Tribunal Member- Health, Education and Social Care Chamber, First-tier Tribunal
4.	Medical Member Mental Health Tribunal, England
5.	Tribunal Judge - Health Education Social Care Chamber, First-tier Tribunal
6.	Tribunal Member - Health Education Social Care Chamber, First-tier Tribunal
7.	The Mental Health Lawyers Association
8.	Mental Health Tribunal Members Association
9.	Navigo Health and Social Care CIC
10.	Mental Health Tribunal Members' Association
11.	Mind
12.	Rethink Mental illness
13.	NHS Foundation Trust
14.	District Judge (sitting in retirement)
15.	Royal College of Nursing
16.	The Law Society