Care & Treatment Reviews - Frequently Asked Questions

Question	Answer
1: What is the main focus for the CTR?	The individual with learning disabilities and their family should be central to the CTR process with detailed attention being given to their needs, wishes and feelings. With these foremost in mind, the focus of the CTR is to establish IN DETAIL the care and treatment needs of the individual and to question whether these can only be met in a hospital. The reviews should focus on identifying the current barriers to discharge and developing ideas and actions for overcoming these. This information should be fed back to Regions to inform the continuing development of local and national service provision and strategy.
2: Can social workers be Expert Advisors (Clinical reviewers?)	Clinical and expert advisors are recruited in order to bring to the review process, experience and knowledge of working with and supporting people with learning disabilities who have significant mental health problems and /or challenging behaviour, either in hospital settings or in the community. The expectation is that this expertise will not only be about awareness of the issues but will be such that the expert is able to engage quickly and confidently with the review process and will have skills and knowledge that enable them to focus in on, and constructively appraise and challenge the most significant factors that are impeding discharge. Some social workers,

	particularly those working as AMHPs, may well have this experience and should feel able to put themselves forward to participate in reviews. Those organising the reviews should satisfy themselves that any applicant to participate in CTRs meets the specifications that have been disseminated and has the relevant experience to contribute to an effective review.
3: Why is it suggested that each review lasts a day, and how does this equate to a good quality review?	Care and Treatment reviews are not simply a process of summarising what is already known about an individual. The review process aims to find greater detail about the care and treatment plans, to give time to the person with learning disabilities and their family to express their views and to develop constructive, creative and challenging discussions between all parties to move towards clearer plans for discharge. Prior experience of the Improving Lives Team, Pilot CTRs and the feedback being received from experts by experience indicate that to complete this process thoroughly takes time and pressure to complete more than one review a day is leading to cutting of corners, non-adherence to standards and a risk that the individual's prospects of discharge are moved no further forward. The aim of the CTR is not simply to have completed the review! The aim is to enable people to leave hospital. If reviews are being scheduled to be completed in less time than recommended, they will have to demonstrate (and provide evidence) that they have met the standards set. If they do not, then the CTR will be judged as invalid and will need to be repeated in order to meet the standards required.
4: Who is on the review panel?	The commissioners responsible for the community pathway are key to identifying local arrangements to support the individual to move back to their local community. The review team is therefore made up of 1. Responsible commissioner – This may be an NHS England commissioner and/or the CCG commissioner. 2. Where the responsible commissioner is NHS England the commissioner(s) responsible for the individual's community package of care and treatment, or "aftercare" must be involved. 3. Wherever possible, a commissioner from the Local Authority

	4. An expert by experience 5. A clinical advisor Where the responsible commissioner is NHS England unless the CCG and/or Local authority commissioner (or their delegates) are part of the review process, the review cannot address issues and find solutions for a safe discharge and the review would not constitute a valid CTR
5: Is a Care and Treatment Review about challenging the diagnosis?	There may be disagreement between people about any diagnosis that has been applied during the person's time in hospital. The review's job is not primarily to argue against this but to explore in greater detail why the diagnosis has been given and what this really means in terms of being able to support the person to be discharged from hospital. The review should be asking if there is any diagnosis that would require the person to stay in hospital
6: Do we need a psychiatrist on every review team?	No – a range of clinicians / health and social care professionals can be involved provided they meet the specifications that have been provided. Where a psychiatrist is not present, the review team and the contributing clinician must be satisfied that they have obtained a clear understanding of how significant / complex mental health issues have a bearing on the discharge plan or any barriers to these. The Royal College of Psychiatrists have provided a list of volunteer reviewers to support the CTRs.
7: What happens if on a review we see something that causes us concerns about the safety of the service-user?	The review team, through the responsible commissioner can escalate concerns through a number of routes including: CCG Contracts Local Safeguarding Boards NHS England CQC The commissioner would be responsible for following up those concerns.

8: Who follows up on the recommendations made by the review panel?	The responsible commissioner should: • Take action on the outcomes, key findings and recommendations of the review panel • Feed this back to the review attendees, including the patient and their family. • Send data from the review (non patient identifiable) to the regional coordinator. • Raise any concerns through the appropriate channels, eg to the provider, CQC, Local authority lead commissioner for establishment, ensuring relevant paperwork is completed and actions are followed up. The Regional NHSE co-ordinators should: • Track the cohort for care and treatment reviews. • Monitor implementation and outcomes from reviews.
9: Has consideration been given to the benefit implications for experts by experience to help them make an informed decision to participate?	Experts by experience have for some time been participating in evaluations and inspections, for example with the Care Quality Commission or the Improving Lives Team. Due consideration will have been given to the impact of payment on individuals' benefits. Any concerns about this should be addressed through the regional hubs who are co-ordinating the engagement of experts by experience.
10: Why does Local Authority involvement in the reviews appear to be optional?	It is expected that the relevant local authorities would be involved in reviews (and for any individuals who may have joint funding then this would clearly be imperative). Given the large numbers of reviews to be completed in a relatively short time frame it can be difficult to get all key individuals to be available at the same time. The priority therefore has been to ensure that there is always a minimum core team comprising the lead responsible commissioner, an expert by experience and a clinician.
11: Why was a blanket approach taken rather than focus on those in settings the longest over the next 3 months?	The Chief Executive of the NHS has determined that all patients from the April 2014 cohort should have Care and Treatment reviews completed by 31st December (patients in Low secure or CCG commissioned inpatient settings on 31st March 2014 who had not already been discharged or do

	not have a firm Discharge Plan (agreed, with Housing & Care provider signed up) before 31st March 2015). Whilst it is accepted that some people may not be ready for discharge these people will still require a Care & Treatment review. There is an urgent need to discharge all people who do not need to receive care and treatment in hospital settings, irrespective of duration of inpatient stay.
12: Are LGA/ADASS joined up with NHSE nationally on the project?	Yes - NHS England are working closely with colleagues in the LGA and ADASS and a joint communiqué has been prepared to reflect this.
13: Can community advocates, who have extensive experience supporting, representing and advocating for individuals contribute as experts by experience?	(see answer to Question 2 above) The emphasis within the reviews is on being able to quickly identify the key issues that are relevant to why the individual was admitted to hospital, their care and treatment plans and the barriers to discharge. Having identified these there is then an intensive process of discussion, challenge and creative thinking between key individuals that should lead to clear recommendations to enable discharge. The CTR panel therefore needs to have the input of people who are familiar with the issues and challenges that surround hospital admissions, care and treatment planning, what effective community supports like etc. Not all community advocates will have this experience. The regional hubs that are coordinating the recruitment and support of experts by experience will need to exercise their judgement on how far an individual fulfils these requirements.
14: What is the process for the expert if they feel their views aren't being taken into account or listened to by the rest of the panel?	The commissioner leading the review is responsible for ensuring that all those involved in the review are treated with respect and their views incorporated in the process and outcomes of the review. If any participant (including the patient themselves and their family members) feels that they have not been treated in this way then it should be taken up first with the person leading the review. If they are not satisfied that this has resolved their issues then they should contact the NHS England regional co-ordinator. Any continued dissatisfaction should be referred to the National Clinical Team (contact emails at end of this document)

15: What is the process if the review needs to exceed the expected maximum of 8 hours?	Within 8 hours the review should have identified key issues to be addressed in enabling the individual to be discharged from hospital at a future date. If there is further work that needs to be done to clarify these or to make more substantive recommendations, the lead reviewer should clearly identify the further questions that need to be asked or tasks to be carried out and should allocate these to named individuals to be completed within a week. If this does not appear to be possible then the case needs to be brought to the attention of the regional NHS England leads and through them the National team who will take such actions as are necessary to ensure a review is completed as quickly as possible.
16: Will experts by experience be informed of the outcomes of the reviews, and ongoing progress, so that they know their role and the reviews have been valued?	Evaluation of the CTR process, performance against quality standards and outcomes will be made available as appropriate.