Care & Treatment Reviews
Specifications for Expert Advisers

Introduction

Care and Treatment Reviews have been established in order to provide a more person centred, independent process to look in depth at the needs of people with learning disabilities who are staying too long in hospital settings or likely to be admitted to mental health / learning disability wards in hospitals.

The reviews are to provide an assessment of somebody’s care and treatment in an inpatient setting or in the community, to identify the factors that are preventing their timely discharge or preventing adequate and safe support being provided where they live.

With regard to care and treatment the reviews will ask:

- Is it safe?
- Is it effective?
- Is their experience of the care good?
- Why does this care and treatment have to take place or continue in hospital?
- Is the person and their family involved in decisions about care and treatment as equal partners?
- What needs to happen to support the person in their local community?

Recruitment and support of Experts by Experience and Clinical Experts:

CTRs have been developed on the background of previous initiatives in CCQ and the Improving Lives Team and the extensive experience and detailed feedback from the CTR implementation programme begun in October 2014.

In taking forward the use of CTRs as part of the patient pathway, localities will be responsible for recruiting and supporting Expert Advisers that include Experts by Experience (people with learning disability and family carers) and Clinical Experts (psychiatrists, psychologists, nurses, social workers).

It is often the case that an Expert by Experience will need to be accompanied by a supporter. Supporters play an important role in helping the expert to carry out their responsibilities effectively and each individual will have developed different working styles with their chosen supporters. This needs to be understood and facilitated by the review panel as a whole.
It is important however that the supporter maintains their role as enabling the Expert by Experience and not as an independent member of the review team. The supporter should ensure that the process of the day, the form of information and communication and the discussion with individuals or groups are carried out in such a way that the Expert by Experience can make the optimum contribution. Supporters should be enabled to challenge any parts of the process that are impeding the Expert by Experience’s ability to make a full and equal contribution. Supporters, just as other members of the review team, are expected to comply with the policy and procedures of NHS England, as well as the NHS England code of conduct & confidentiality agreement.

The involvement of an expert or supporter should only be with the explicit consent of the individual (or when appropriate someone with parental responsibility for them), or if they lack capacity, when it is assessed to be in their best interests.

**Conflicts of interest:**

It is essential that Experts by Experience and Clinical Experts are able to act in as independent a role as possible in a care and treatment review. Expert advisers must declare to the convenor of the review in advance if they have any conflicts of interest that would interfere with this independent role:

Conflicts may arise if the adviser, their family members, close relatives or personal friends are:

- working for a private / independent hospital service provider
- own or have a financial interest in a private service provider
- related to or have a non-professional relationship (e.g. friendship) with the service user and/or their family

(It is also possible that those working for an NHS provider that had a financial interest in the outcome of the CTR could be seen, on external review or challenge of the process, as not having made decisions that are independent of financial consideration for the organisation. Advisers should consider their role and practice carefully in light of this and if there is any doubt then the expert should discuss this with the lead commissioner at the point at which they are requested to take part)

The following role descriptions lay out the criteria for these different expert advisers.

Sept 2015.
## About the Expert by Experience role

### Role Summary

- To work alongside clinicians & commissioners carrying out the review of a person’s care and treatment.
- To bring another viewpoint that comes from your own experience. This experience may have been as someone with a learning disability who uses or is supported by services. The expert may have had experience of admission to specialist learning disability hospital or have had extra support in order to avoid admission.
- Alternatively they may have experience of being a family member or paid carer for someone with learning disability and / or working with others to support people who present behavioural challenges in the community and in avoiding hospital admission
- They will assist the team in helping to get better communication with service users and families. They will also help people to better understand their views and experience.
- They will support Equality, Diversity and Human Rights at all times.
- The role of the Expert by Experience is confined to the day of the review, it is not expected that experts will have on-going involvement in cases beyond this.

### Main responsibilities

- To be involved as a member of the review team. A review for one person lasts one day.
- To follow the guidance for Expert Advisers.
- To use the Care & Treatment Review outline & framework as the tool for reviews
- To attend induction training and other specific training identified.
- To follow the policy and procedures of NHS England, as well as the NHS England code of conduct & confidentiality agreement.
- To help complete a report highlighting key findings and recommendations on the day of the review with the commissioner who is lead for the review.

### Section 2 – How the Expert by Experience role works in practice

**Experts involved in reviews need to:**

- Talk to the review lead before the visit (usually on the phone)
- Tell the review lead if there are issues that they would find too upsetting to listen to (e.g. histories of abuse)
- Attend on time and be present for the whole review.

**Experts take part in the review by:**

- Being part of the introductory meeting and getting a brief “pen-picture” of the person being reviewed
- Speaking with the person and their family – alone or with other review team members
- Speaking with staff who work directly with the person and who know them well.
- Being supportive to family members who may attend the review
- Being part of the feedback session at the end of the day
- Making notes or writing parts of the report (with assistance when needed) which is handed to the Chair of the review (Commissioner) at the end of the day.
- Completing feedback forms on being part of a review
- Discussing & commenting on the report before it is completed.

The preparation and visit is expected to take a maximum of 8 hours.

### Section 3 – The skills or experience an Expert by Experience needs

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<tr>
<th>What</th>
<th>What people will need to be able to do</th>
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| Knowledge and experience  | • Bring personal experience of being a person with learning disability who is a service user or being a carer for someone who is a user of services for people who present significant behavioural challenges or mental health problems either as an inpatient or supported in the community  
  • Bring personal experience of working with services / commissioners / providers to enable discharge from hospital and / or support to live in the community  
  • Understand and be committed to equal opportunities and diversity  
  • Have an understanding and experience of person centred approaches and how this should shape people’s care and support  
  • Have an understanding about what good support looks like in the community  
  • Have a broad understanding of what Positive Behavioural Support is.  
  • Have an understanding of confidentiality and its importance. |
| Skills                    | • Be able to communicate directly with people who use services and their families in a range of ways  
  • Be able to contribute to compiling a report (with or without support)  
  • Be able to keep information confidential  
  • Be able to directly question issues and practices  
  • Be able to recognise what good practices and services look like |
| Personal attributes       | • To be reliable and punctual  
  • To be flexible in approach and solution focussed.  
  • To be able to reflect on findings and thoughts as part of a team  
  • To be prepared to accept support in carrying out a thorough and focussed review and in reaching a shared outcome. |
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<tr>
<th>Other important things</th>
<th>To have experience as described above</th>
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<td>• Be able to travel to reviews (with or without support)</td>
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<td>• To have a DBS check if not already in place</td>
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<td>• To be aware of any conflicts of interest and to make these known to the review co-ordinators before any reviews take place (see notes above)</td>
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**Section 4 - What payment or other support is available from NHS England**

The Care & Treatment review wants to make sure that all team members feel supported, equally valued and are able to make a full contribution.

We want to make sure that experts taking part in reviews get whatever support they need. It is important that expert advisors are provided with the right training and support before, during and after the care and treatment reviews.

This will include:

- Training to carry out the role
- Preparation and information on the review in advance (where to meet, what type of environment the review is taking place in)
- Accessible materials to support them to carry out their role within the review
- Support & guidance from the chair of the review
- Debriefing and support following a review

We have based our rates of pay on the CQC Acting Together Programme rates.

The rate of pay for an Expert taking part in a review work is £20 per hour (or £150 per day).

Travel or accommodation expenses will be paid in addition if the Expert is travelling outside their immediate area. This needs to be in line with the relevant organisations’ policy for payment of expenses (for example in NHS England this would be the Public and Patient Voice on Covering Expenses).

This policy includes payment for support hours.
# CLINICAL EXPERT

## About the Clinical Expert role

### Role Summary

- To work alongside Experts by Experience & responsible commissioners carrying out review of individuals’ care and treatment.
- The clinical adviser will be somebody with a professional health qualification, such as Doctor (Psychiatrist), Psychologist, Nurse, Occupational Therapist, Speech and Language Therapist
- The Clinical Adviser will be able to offer a different perspective to the existing clinical team and will engage the local team, reviewee and their family in discussion to identify barriers to discharge or to maintaining support in the community and ways of unblocking these.
- The Clinical Expert, where required, will advise the other members of the team on matters such as the Mental Health and Capacity Acts, Diagnosis, mental and physical health issues, treatment options and their evidence base.
- Clinical Experts are expected to promote Equality, Diversity and Human Rights throughout their role.

### Main responsibilities

- To be involved in the whole of the review day.
- To use the Care & Treatment Review outline & framework as the tool for reviews
- To provide an independent clinical opinion free from commercial or other organisational interest
- To attend induction training and other specific training identified as necessary.
- To follow the policy and procedure of NHS England, as well as the NHS England code of conduct & confidentiality agreement.
- To support the lead reviewer (responsible commissioner) to complete a review report highlighting key findings and recommendations on the day of the review.

## Section 2 – How the Clinical Expert role works in practice

### Experts involved in reviews need to:

- Talk to the review lead before the visit (usually on the phone);
- Attend the review punctually and to remain throughout the whole review
- Receive and read the review materials and accompanying guidance and protocols

### Experts take part in the review by:

- Enabling a brief pen picture of the patient to be obtained in the introductory meeting
- Interviewing the person whose care and treatment is under review, staff & families – alone or with other review team members
- Being part of the feedback session at end of day and facilitating the process of discussion, challenging current practice and opinions where necessary and forming conclusions and recommendations for future care.
- Writing own notes or part of the report, all of which is handed to the Chair of the review (Commissioner) at the end of the day.
- Discussing & commenting on the report before it is completed.

### Section 3 – The skills or experience a Clinical Expert needs

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| Knowledge and experience          | • Have substantial and demonstrable experience of community models of support for people with learning disabilities and/or autism who can present behaviours seen as challenging  
  • Understand and operate within a person centred framework, and show that they have worked with people with learning disabilities and family carers as equal partners.  
  • To have an understanding of, and commitment to, equal opportunities and diversity  
  • Understand what “good” looks like in services for people with learning disabilities and autism.  
  • To understand when hospital admissions may be counter-productive in an individual's care  
  • Have an understanding about what good support looks like in the community  
  • Have experience of setting up packages of community support for people with learning disabilities and/or autism seen as challenging, in partnership with the individual their family and other key partners  
  • Have experience of avoiding admission to inpatient services for people with learning disabilities and/or autism who are seen as challenging  
  • Have experience of risk assessment and constructive, positive approaches to risk management  
  • Have an understanding of confidentiality and its importance. |
| Skills                            | • Be able to communicate directly and effectively with people who use services and their families  
  • Be able to challenge existing practice  
  • Be able to make holistic assessments of individuals as well as their family, social and physical environment and how these relate to emotional and behavioural aspects of the person  
  • Be able to work in an open and mutually respectful partnership with others in multidisciplinary teams and with service users and families |
Personal attributes

- Have an understanding of the application of Information Governance policy
- To be reliable, punctual and flexible
- To believe that people with a learning disability and/or autism have the right to live an ordinary life in the community and not live in a hospital or other segregated setting.
- To be open to joint learning & participating in training and reflection.
- Be able and willing to take responsibility for own physical & mental health or seek support if needed
- Be able to reflect on own responses and ask for support where necessary

Other important things

- To be registered with the relevant regulating professional body and in good standing with their specialist professional organisation (e.g. BPS, RCPsych)
- Be able to travel to reviews (with or without support)
- Be able to use e mail, & phone to communicate (with or without support)
- To have a DBS check if not already in place
- To be aware of any conflicts of interest and to make these known to the review co-ordinator in advance of the review. (See notes above)
- To understand and accept that conflicts of interest may make it inappropriate to take part in particular review

Section 4 - What payment or other support is available from NHS England

Rates of pay for Clinical Experts are negotiated locally. A comparable rate of pay for Clinical Advisors for the CQC is £300 per day is based on the CQC “Associate Inspector's General Expenses, Travel and Subsistence Policy and Procedures”.

Travel or accommodation expenses will be paid in addition if the Clinical Expert is travelling outside their immediate area, in line with the local contracting organisational policy

Where agreements are reached with local organisations to provide clinical reviewers this will be locally negotiated to include any arrangements for reimbursement.

Sept 2015.