My Care and Treatment Review (CTR)

All you need to know about your CTR

Inside this booklet:

What is a Care and Treatment Review?

This booklet tells you all you need to know about having a **Care and Treatment Review.** This is often called a **CTR.**
A CTR is a way of making sure you get the right **care for you.**

CTRs are for people with learning disabilities, autism or both, who are in hospital because of a mental health problem.
Or because their behaviour is seen as challenging to services.
It is also for people living in the community who might need to go into a learning disability or mental health hospital.

People of all ages can have a CTR. It is a bit different for **children and young people** as it also includes your learning needs. This is called a **Care, Education and Treatment Review, or CETR.** It is the same as a CTR in other ways.

Care and Treatment Reviews are part of **Transforming Care.** This is a big project which helps more people get the care they need in the community instead of in hospital. If people do need to go into hospital, it makes sure they can leave as soon as they are well enough. And that people get the right care when they leave.

There is a booklet which goes with this one, called **My CTR Planner.** It helps you decide if you want to have a CTR. It can help you get ready for your CTR and on the day. It also has a section that helps after your CTR.

You can download both of these booklets in easy read and non-easy read formats at www.england.nhs.uk/ctr.
There is also information on the website for families, services and commissioners.

What makes a good CTR?

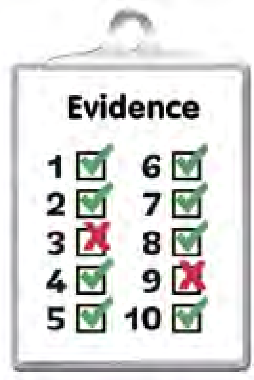
The most important thing about a CTR is that it is about each **person** as an individual. So we have used the letters that spell out the word **PERSONAL** to explain the **principles** for making a good CTR.

Person centred and family centred
Evidence based
Rights led
Seeing the whole person
Open, independent and challenging
Nothing about us without us
Action focused
Living life in the community

Person centred and family centred

You, your family and your advocate if you choose, will be at the centre of your CTR. Your CTR checks that the people who provide your care are working in a person and family centred way. You should get all the information and support you need to take an active part in your CTR before, during and after. This should be in the way that works best for you. If you want your family carer and/or advocate to take part, they should also get information and support.

What makes a good CTR?



Evidence based

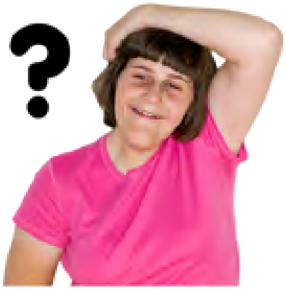
Your CTR is done by a group of people called the CTR panel. We will explain who they are later. They should all be able to see or hear information to help them understand what is working or not working about your care. This is so they can decide with you and others if anything needs to change or get better. And that care is carried out to a high standard.

Rights led

You have the right to be treated as an equal in your CTR and to have all the support you need to take part. The CTR should make sure your rights are upheld. Your rights are things like choice, contact with your family, independent advocacy and being able to say what you think. Other rights are being treated well, and having a good quality of life. And respect for your personal life and beliefs.

Seeing the whole person

A CTR is not just about your mental health or how you behave. It is about you as a whole person. About your quality of life, likes, dislikes, choices, hopes and fears.



Open, independent and challenging

Each person on the CTR panel can say if something does not seem right about your care. They can ask questions and say if they think it needs to change to make it better. Together the panel will decide what needs to happen to make it right – this is called an **action.** It will go into the CTR report that is agreed by the panel after the CTR.

What makes a good CTR?

Nothing about us without us

You, and your family carer if you want them to take part, should be fully involved in your CTR. From giving your consent, to getting ready, taking part and knowing what is happening afterwards. You should get a copy of your CTR report. People providing your care should tell you what is happening written in words you understand to make sure the actions are carried out.

Action focused

The CTR report after the meeting should have clear actions. Actions are things that need to be done. The actions should be easy to understand but if you need support to make sense of them, someone who provides your care can help. The report will say who needs to do each action and when it should happen by. The actions should improve the care you receive now and in the future. The commissioner who is the chairperson of the CTR will check these things are happening. If there is a reason why an action cannot happen, you should know why. People should listen to what you think and try to sort out any problems quickly.

Living life in the community

CTRs are about what is needed to help people live well in their communities. When someone is in hospital, a CTR will ask if they need to be there. Or if their care can be provided safely in the community. It will also look at how people are supported to keep their links with their local community while they are in hospital. The CTR will check there are good plans in place to keep you and others safe in the community. The CTR will also check that the plans keep you safe but still give you the chance to lead as full and independent a life as possible.

What does a Care and Treatment Review do?

A CTR helps to find out how a person's care and treatment are going and how they can be made better. It helps everyone plan what care and treatment are needed now and in the future. It also helps to make sure these plans are carried out. **CTRs are all about your care, so what you think is really important.**

What does a CTR find out?

A CTR finds out 4 main things:

1. Are you **safe?**
2. Are you getting good care **now?**
3. What are your plans for the **future?**
4. Can your care be given in the **community?**

What is different about CTRs?

Care and Treatment Reviews are independent meetings about your care. They are run by a group of people called a **CTR panel.** These are people who are not involved in your everyday care. This helps them see your care from a different point of view.

The panel members listen to you and to everyone involved in your care. They look at your notes and check that your care and plans are working well.

They use this information and their own experience to decide what will improve your care and plans for the future. They speak up when they think your care could be different or better. They help to solve any problems.

Who is on a CTR panel?

There are usually 3 people on a CTR panel.

1. **The chairperson** is usually the **commissioner** who pays for your care. The chairperson makes sure the CTR is done well. They write a report afterwards. The report has **actions** that say what needs to happen to make your care and plans better. It also says who is carrying out the actions. The actions need to be carried out well and on time.

2. The CTR panel will include an **expert by experience.** This is either a person with a learning disability or autism or a family carer. They have experience of services and help the panel see your care from your point of view.

3. The other person on the panel is a **clinical expert.** This is a person who is qualified to work in health care. It could be a nurse, psychiatrist or other professional.

Sometimes there might be another expert too, if needed. This might be a person qualified in social care. Or a child might have an education expert at their CETR, to check their learning needs are being met.

What does the panel do?

The panel is there to find out how well your care is going. They will check things like what medicines you take, and how staff support you. And what is or is not working well. They want to meet you and all the people involved in your care. This helps them get a good understanding of what you need to have a good life in the community.

What is a community CTR?

A community CTR is done if a person's needs increase and they might need to go into hospital. Sometimes this can happen suddenly, this is called a crisis. It checks if extra support can be given where the person lives. A community CTR finds out if there are other ways of supporting you in the community if at all possible. It helps make sure people only go into a learning disability or mental health hospital if it is the only place where they can get the care they need.

Getting the right support in the community

Clinical Commissioning Groups (CCGs) have to understand people's needs, to plan for different levels of support at different times. They work with other health and social care services to find out who needs extra support or contact to make sure things are okay. The CCG keeps a list or register of people who need support. This list or register helps the CCG work with health and social care services. It allows them to arrange the extra support needed, if a CTR is needed or extra help for carers. If you need a community CTR, you can join this register. Ask your care co-ordinator about it.

If someone suddenly becomes very unwell and urgently needs to go into hospital, there might not be enough time for a community CTR. If this happens, you should have a hospital CTR within **four weeks** of going into hospital, or **two weeks** if you are a child or young person.

What is a hospital CTR?

A hospital CTR is like a community CTR in many ways.
It helps to make sure that people get the best care possible.
And that they are supported to leave hospital as soon as they are well enough and it is safe for them to do so.

How often can you have a CTR?

For **adults** a CTR can happen every 6 months if you are in an assessment and treatment unit. Or in another type of non-secure hospital.

If you are in a secure hospital the CTR can happen every 12 months.

If there are good reasons for having one more often or less often, everyone involved can agree when they should happen.

For **children and young people** a CETR should happen every 3 months.

You can also ask for a CTR at any time.
There is more about this on page 14.

Before a CTR happens

1. Giving your consent

CTR consent is about deciding if you do or do not want to have a CTR. If you're not sure you can ask for help. **There is a consent form in My CTR Planner booklet.**

You should be asked for your consent at least **2 weeks** before the CTR happens. In the community it might be an emergency with less time to decide.

You can invite **family carers, advocates and people who are important to you to the CTR.** You can say who you want to invite on the consent form. People you invite will decide if they can come. If you or the people you invite need more time to decide, tell your care co-ordinator or someone who can help.

2. Getting ready for your CTR

In **My CTR Planner,** there is a form called **Planning My CTR.** It has been written to help you think about your CTR before the day. It will help you plan what you want to say about your care and your hopes for the future.

3. What other people need to do

There is also a check list for staff or other people who support you. This helps people make sure that:

- The CTR panel has everything it needs on the day
- You are supported to get ready for your CTR
- You feel well supported on the day
- You have good support with your CTR afterwards
- You can change your consent at any time

On the day of your CTR

The CTR panel, staff and others will do everything they can to make your CTR a good experience for you. They understand what it feels like to have a CTR.

It's OK if you don't feel sure about meeting the panel.
You should be given enough time to decide on the day.
You can meet just one person if that feels better for you.
Or you can ask to say hello first and then decide if you want to talk to people later.

You can have a family carer, advocate or staff member with you when you meet the panel. Or you can meet them on your own. You can choose.

You can end the conversation whenever you like.
You can say if you want them to see your room or ward.
If you are unhappy about where you are meeting them, ask to go somewhere else.

Bring your Planning My CTR form if you can as it will help.

You are the most important person in your CTR. So it really helps the panel if they can meet you. As well as meeting people providing your care and your family carer or advocate.

You can meet the CTR panel in the way that is best for you. You can speak to them in private if you like. You can say what matters to you and what you think.

After the CTR

The CTR chairperson will write a report saying what **actions** need to happen to help your care stay good or get better, now and in the future. The report should be sent out within **2 weeks** of your CTR. If you do not get the report ask your care co-ordinator or someone who supports you to find out when it will be ready.

The CTR report will be kept in a safe place. It is only sent to the people who took part and need it to help with the actions. The report should be written in a way that is easy to understand. If there are any difficult words you can ask someone to go through it with you.

There is space in this booklet for you to draw or write down what needs to happen next and when. This can help you check that these things are happening on time. There is a **feedback form** in **My CTR Planner,** so you can say how you felt about your CTR. Your feedback helps to make sure that CTRs get better.

How can I use my CTR report?

Your CTR report can be useful in all sorts of ways:

- Helping you speak up and have more choice in life
- Checking that what needs to happen, does happen
- Helping at care meetings, like CPA
- When you see your care co-ordinator, doctor or psychiatrist
- When you see your advocate or family carer
- If you go to a Mental Health Tribunal

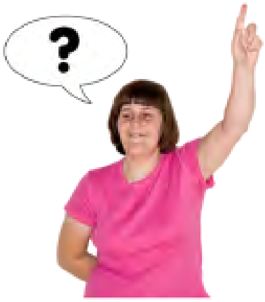
My right to ask for a Care Treatment Review?

You have a right to ask for a Care and Treatment Review if you need to go into hospital. Or if you are already in hospital. Other people can also ask for you.

Who can ask for a Care and Treatment Review?

- You
- A family carer
- Your advocate
- People who provide your care
- Your care co-ordinator
- The commissioner who pays for your care

How do I ask for a Care and Treatment Review?



You can ask for a CTR in your **CPA meeting** or other care meetings. Or ask your care co-ordinator. You will need to say why you want a CTR. You can ask someone to help you with this.

My care co-ordinator

This is usually someone who works in the community. It can be someone who is qualified to work in health or social care. Like a nurse or social worker.

You can write down your care co-ordinator's details here, so they are easy to find if you need them.

My care co-ordinator is:

Mobile Phone:

Office Phone:

What will the care-cordinator do?

The care co-ordinator will help to decide if a CTR is needed and will listen to what you say. They might be able to sort out simple problems so you don't need a CTR.

The care co-ordinator should reply by letter or phone within **two weeks** of you contacting them. They will say if you can have a CTR and will explain why if not. They will also let you know a date for the CTR.

What if I am unhappy with my Care Treatment Review?

If you are unhappy with your CTR or if you feel your care has not got better you can tell the care co-ordinator.

A family carer, advocate or someone providing your care can do this for you too.

The care co-ordinator should be able to reply within 14 days to say what they are going to do to help.

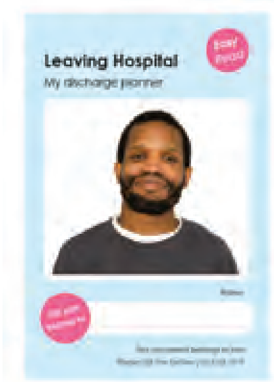
My CTR Planner

You can also use the **feedback form** in **My CTR Planner.** This form can be used by anyone who took part in a CTR.

Good standards for leaving hospital

If you go into hospital, everyone involved in providing your care must make sure you can leave as soon as you are well enough. They also have a duty to make sure you get the right support when you leave hospital. Leaving hospital is sometimes called **discharge.**

The standards on the next three pages say what should happen.

	Standard	How will it be measured?
 	**1.** I have a **named discharge facilitator in hospital,** who is a member of my multidisciplinary team (MDT). This person will help me with my discharge planning, working with me and the people I choose.	This person is named on my admission document.
	**2.** I have a **named CPA community care coordinator** (who may also be my social worker) from the community team. This person makes sure all my health and social care needs are met after I leave hospital. They work closely with me and others to plan my discharge. They also help to carry out **CTR actions.**	This person is named on my admission and discharge documents.
 	**3.** I have a **named social worker** who will support my discharge into the community.	This person is named on my discharge plan.
 Leaving Hospital My discharge planner Easy Read	**4. I am involved in my discharge planning** and in making plans for my future. I do this with people who are involved in and important to my care and support, including my family. I will have a copy of a **discharge plan that is easy to understand,** that shows the stages in my discharge plan, and who is doing what by when. There is an easy read **Leaving Hospital Planner on this website: www.changepeople.org**	My care provider will ask for our feedback in ways we understand. Me and my family will give feedback about how people providing my care involve us. My discharge plan will show how involved I am too.

	Standard	How will it be measured?
	**5.** Keeping in touch with friends and family While I am in hospital I will have support to maintain relationships with the family and friends I choose.	My care provider will ask for our feedback in ways we understand. We will give feedback.
	**6.** I will have a named advocate who is independent of the people who provide my care. This person will know me well and **help me speak up** or speaks up for me.	This person is named on my discharge plan and on my admission document.
	**7.** While I am in hospital and before I am discharged, I will have **full and regular reviews of my medication.** This is to make sure I am not taking medicines that I don't need and to find other ways of helping me.	Medication reviews will be shown on my discharge documents, letters to or from my GP, responsible clinician and community team.
	**8. Meetings held to plan for my future** will include my hopes and wishes and will include the people I want to be there. Meetings will be easy to understand so I can take part. Information will be provided in a **way I can understand.**	There will be a questionnaire for me to fill in from the provider, written in a way I can understand.

	Standard	How will it be measured?
	Future plans will also support any needs I have that are caused by my experiences before or in hospital (for example, trauma). Plans will include what extra support needs I have because of this while supporting me to be as independent as possible.	I will give feedback about how this goes.
	9. **The Responsible Clinician (RC) who is usually my psychiatrist** will support my discharge, offering advice to the discharge facilitator, and the multidisciplinary team (MDT) during my admission.	Me and my family will be able to ask the RC what is happening.
	The RC will work actively with the Ministry of Justice if this applies to me. The RC will make sure actions from Care and Treatment Reviews are carried out. The RC will work closely with me and my family to support my future community package. The RC will also work with the community team doctor who will provide my future health care.	The RC will let me and my family see letters or documents about my care and treatment.
	10. **Planning for my future life outside of hospital while I am in hospital.** Plans put in place to support me in hospital will also support me to make a good move into the community. This could include being supported to take more risks as I grow in confidence, skills and independence.	Plans will show how I am gaining in confidence, skills and independence for leaving hospital.

Thank You.

To service users and staff at Mersey Care Whalley, and the CTR steering group, for all their help with this booklet.

Design by See Communications CIC.
Pictures by Photosymbols.

You can download this booklet **My CTR Planner** and other documents at: **www.england.nhs.uk/ctr**

www.england.nhs.uk www.see-communications.co.uk