

# Care and Treatment Reviews (CTRs) – An Overview

## What is a CTR?

A Care & Treatment Review (CTR) is a meeting about an adult who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained in, an in-patient (psychiatric) service. CTRs are part of a national programme led by NHS England called Transforming Care. The aim of Transforming Care is to reduce the number of people with a learning disability or autism living in an inpatient hospital unnecessarily. Any inpatient admission should be based on very clear reasons why certain needs can only be met in hospital. The slogan “Hospitals are not homes” is often used as inpatient services should not be used due to a lack of local services and support.

The aim of a CTR is to avoid admission wherever possible, or to plan discharge.

The review will look at 4 areas:

1. Is the person safe?
2. Are they getting good care now?
3. What are their care plans for the future?
4. Can care and treatment be provided in the community?

A CTR will be chaired by the commissioner (the authority paying for the current services) and should include the person, their family, the multi-disciplinary team (MDT) involved in their care, and two independent experts – one expert-by-experience (a family carer or a person with a learning disability), and one clinical expert.

## What is a CETR?

A Care, Education & Treatment Review (CETR) is a meeting about a child or young person who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained in, an in-patient (psychiatric) service.

CETR's are similar to CTR's but recognise the significant role that education plays in children and young people's lives. Representatives from health, education and social care should all attend the meeting.

The child or young person should always make a contribution to, or where appropriate

attend the review themselves. They should be provided with the information and support necessary to enable them to do this.

Parent carers (or those with parental responsibility) for children and young people should always be part of the review (unless there are exceptional circumstances or significant safeguarding reasons to prevent this).

## When do CTR & CETRs take place?

CTRs can be requested at any time. The CTR should be arranged by the commissioner.

In the community, CTRs should happen if admission is a risk. This is called a Blue Light CTR. Blue Light CTRs will often be arranged very quickly and held over the phone.

In ATUs, CTRs should happen every 6 months. In secure services, it should be every 12 months. For children and young people, a CETR should be every 3 months. CTRs are usually held at the inpatient unit in which the person is placed and last for several hours.

## How should I prepare for a CTR/CETR?

If the person has capacity to consent to the meeting, they should be given all the information they need to engage in the process (easy read resources are available on the [NHS CTR Policy Page](#))

It is a good idea to ask for a list of people who will be attending the CTR, so that you feel on the front foot, and can address any specific questions to the right people.

You may find it helpful to read [Mencap's 'Meeting the Challenge' Guides](#) to understand what should be happening, and look at some examples of good care working for people who have been in in-patient services – for example the [LGA Empowerment Films](#).

CTRs should focus on discharge or avoiding admission. Consider the type of support you think your loved one needs and why. Write a list of:

- any current concerns about their care and support
- anything that is missing from the support your relative receives now
- what they need in the future

If possible, research ideas for what support could be put in place for your relative in order to avoid admission or support discharge. Mencap can provide suggestions of providers, behaviour specialists and information about housing.

If you are concerned that your relative is at risk of admission because of a lack of local services rather than a need for an inpatient hospital admission you could ask the following questions:

- What needs does my relative have that can only be met in hospital and not in the community?
- What assessments will be completed?
- What treatment will be provided? How long will this take?

## **How should I follow up?**

If it is not covered at the end of the CTR/CETR ask:

- What are the recommendations? Who will deliver each action? When will it be completed by?
- What is the date for the next CTR/CETR meeting?

You should receive a written record of the meeting within two weeks including key decisions and actions. You can use this document to prepare for the next CTR/CETR and to regularly request updates on progress. You can continue to look for suitable options for your relative alongside the care co-ordinator and suggest these.

If you feel that the CTR/CETR was inadequate, you should in the first instance discuss this with the care coordinator or commissioner. If you are unable to move things forward, here are some further options for you to consider:

- Make a formal complaint about the CTR/CETR. Your local area should have a local CTR complaints policy, or you can complain through the standard complaints process of the commissioning authority.
- Seek specialist legal advice. Mencap can provide further information and in some circumstance refer you to a solicitor for legal advice.

## **Further information**

For more detailed information on CTRs and what to expect – see ‘CTRS: **A Family Survival Guide**’ by **Bringing Us Together** and the **NHS CTR Homepage**

For further information and advice please contact Mencap on: 0808 808 1111 or by emailing [helpline@mencap.org.uk](mailto:helpline@mencap.org.uk)

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