Supervised Community Treatment
Arrangements for Second Opinions, MHA Commissioner Visiting and SCT Monitoring

The Commission is planning to update the guidance it provides to Second Opinion Appointed Doctors (SOADs) and Commissioners in relation to those patients who will be on Supervised Community Treatment. The detailed guidance has yet to be drafted but the following recommendations are being considered as a starting point for discussion of the practical arrangements required to support these new requirements.

The options have been prepared with reference to the Code of Practice that was laid before Parliament in May 2008. They also draw on pilot work undertaken by Commissioners in February / March 2008 and exploratory discussions with experienced SOADs and Commissioners

This work relates to iSAT Elements D2, F1 and F4 which ask service providers to liaise with MHAC on these matters. The Commission would welcome your feedback (see later for feedback form and how to respond)

Second Opinions

The Code of Practice states at paragraph 24.40, “for SCT patients, hospital managers should ensure that arrangements are made for the SOAD to see the patient at a mutually agreed place, e.g. at an out patient clinic or somewhere that the patient might visit regularly”.

The Commission expects that the location will be discussed and agreed with the patient prior to them leaving the hospital, taking account of the local arrangements for out-patient appointments that may be familiar and convenient to the individual. The agreed location should be included in the referral to the Commission for the second opinion and be the basis of the arrangement made.

The hospital managers will also need to have systems in place to ensure that the patient’s notes are available at the second opinion location and that it is practicable for the SOAD to speak with the responsible clinician, statutory consultees and attorney or deputy if applicable.

Particular consideration needs to be given to providing access to electronic patient records where these exist.

It is accepted that there may be occasions where it is more appropriate to visit an individual at a nursing home or residential care home setting. In these circumstances, location of the notes and access to those professionals necessary to complete the opinion will require some pre-planning by the hospital prior to requesting the second opinion.

In exceptional circumstances, it may be necessary to visit someone at their own home. If this arises, it is proposed that the SOAD would be accompanied by a professional involved in supporting that individual whilst living in the community, and this person would also be one of the "statutory consultees".

Commissioners – Visiting and Monitoring

It will be possible for Commissioners to monitor the initial process of decision making and planning that leads to Supervised Community Treatment when undertaking routine visits to inpatient facilities, through conversations with patients being considered for SCT, relevant staff, and the scrutiny of documentation.

Once patients have left the hospital other arrangements will be required. It is expected that hospitals will maintain data about people are on SCT and will be able to draw on this information to assist with Commission visiting.

Paragraph 2.8 of the Code of Practice requires hospital managers to provide SCT patients with information, both oral and in writing, and that those providing information to patients should ensure that all relevant information is conveyed in a way that the patient understands.

The Commission proposes that this information should include details of the agreed second opinion arrangements and general information about the Commission's role, including the visiting function and how people on SCT can make contact with the Commission.

The following approaches are being considered:

1. It is expected that NHS Trusts will have an interest and be proactive in monitoring how SCT is being implemented within their organisation, auditing its use and any issues arising, and reporting to its MHA Committee. NHS Trusts could be asked to share this information with the Commissioners visiting the organisation as an "arms length" element of monitoring.

2. The annual MHAC visit programme could occasionally provide a prearranged opportunity for people on SCT to meet with a Commissioner either at the hospital or, perhaps more appropriately, at a community based facility. Time would be set aside specifically for this purpose.

This would require advance notice of the visit and support from hospital managers to make contact with the people on SCT and ensure that the Commissioner can access the patient records, including electronic records where this applies.

A prearranged visit could be used to provide individual appointments, meet with people in a group or host a more informal "drop in" for discussion. The use of appointments would require some administrative support.

3. A person on SCT who contacts the Commission and wants to meet with a Commissioner at the next available opportunity could be asked to come to the hospital during the next planned visit.

4. The Commission may offer postal questionnaire or telephone appointments to people on SCT for whom a face to face meeting is not necessary or requested.

5. There may be occasions where serious issues have been raised and Commissioners consider it is appropriate to visit other locations, such as residential and social care settings.

6. Commissioners will not visit patients in their own home where this is a private residence.

7. Consideration should be given to including people on long term Section 17 leave within the same arrangements / options for those on SCT

Next Steps

This document sets out some recommendations and ideas for arranging Second Opinions, Commissioner Visiting and Monitoring, for patients subject to SCT and a feedback form is provided.

The detailed guidance has yet to be developed. It will need to provide a consistent approach for SOADs and Commissioners to undertake their statutory duties, but also allow for a flexible response to the diverse needs and circumstances of patients and the services they use.

Please send your comments to sct@mhac.org.uk. This document and the feedback form is also located at http://www.mhac.org.uk/?q=node/534, or you can send by post to:

Mental Health Act Commission
Maid Marian House
56 Hounds Gate
Nottingham
NG1 6BG

Responses are welcomed from individuals, groups or organisations. All responses received by 31 August 2008 will contribute directly to the development of the detailed guidance. Responses received after that will be helpful in identifying issues for individual providers and will be used in planning (but will not contribute to the guidance)

Thank you

Sue McMillan
Director of Operations
Mental Health Act Commission

SUPERVISED COMMUNITY TREATMENT FEEDBACK

Question	Feedback
How would you ensure that the location of the SOAD visit was discussed and agreed with the patient prior to discharge?	
How will your organisation ensure SOADs and Commissioners can access SCT patient records outside the hospital?	
How can electronic patient records be accessed by SOADs and Commisioners?	
Are there any parts of your area where identifying a location for a SOAD visit presents difficulties?	
In what circumstance do you think a SOAD home visit be necessary?	
What would assist you in developing and providing appropriate information about SOAD / MHAC to patients prior to discharge? Would a specific MHAC leaflet be helpful?	
Is your organisation planning to monitor the use of SCT? How?	
You are invited to comment on any or all of the approaches for monitoring and visiting	
Are there any other methods you would like the Commission to consider?	
Do you have any other comments?	

Name: **Role:**

Email: **Phone number:**

Organisation / Group: