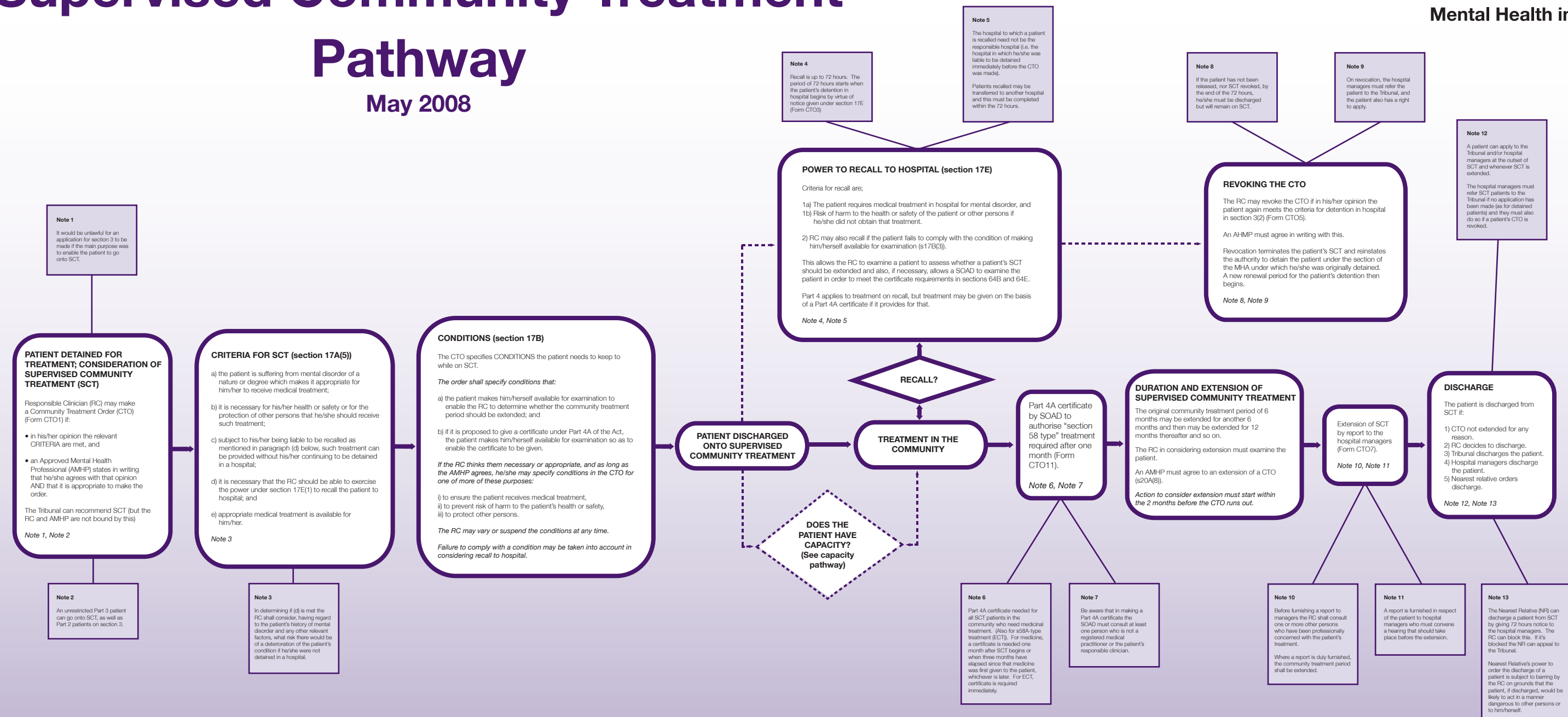


Supervised Community Treatment Pathway

May 2008



GENERAL NOTES

- GUIDING PRINCIPLES:** Important to remember that the Guiding Principles, as set out in the Code of Practice, underpin all SCT decisions.
- The pathway uses the term "CTO" where a reference is made to the actual order rather than to the system of SCT overall.
- SHAs, NHS Trusts and Local Social Services Authorities will have to consider and decide on:
 - Cooperating on arrangements for consultation;
 - Resources, identifying suitable patients, disagreement between in/out patient teams, planning capacity to deal with recalled patients;
 - Also need commissioner buy-in to plan and resource services.
- It is important to involve patients, nearest relative and advocacy services (if any) at all stages (subject to patient's agreement).
- Continue to engage patient, family, carers and social networks in line with the Care Programme Approach (CPA).
- EFFECT OF SCT:** Application for admission for treatment in respect of a patient shall not cease to have effect because a patient goes onto SCT, but while the patient remains on SCT the managers' authority to detain him/her is suspended.
- LEAVE OF ABSENCE FROM HOSPITAL:** Longer-term leave may not be granted unless the RC first considers whether the patient should go onto SCT. For these purposes, longer-term leave is granted to a patient if:
 - leave of absence is granted to a patient either indefinitely or for a specified period of more than 7 consecutive days; or
 - a specified period is extended such that the total period for which leave of absence will have been granted to a patient exceeds 7 consecutive days.

