

## Scottish Parliament Region: Mid Scotland and Fife

Case 200502804: Forth Valley NHS Board

### **Summary of Investigation**

#### ***Category***

Health: Hospital; Psychiatry

#### ***Overview***

The complainant raised a concern that his Librium medication had been withdrawn suddenly and not reinstated causing him emotional and physical distress.

#### ***Specific complaint and conclusion***

The complaint from Mr C which has been investigated is that Forth Valley NHS Board withdrew his prescription for Chlordiazepoxide and will not reinstate it, causing Mr C undue suffering (*not upheld*).

#### ***Recommendation***

The Ombudsman has no recommendation to make.

## **Main Investigation Report**

### **Introduction**

1. The Ombudsman's office received a complaint from a member of the public (referred to in this report as Mr C) on 16 January 2006. Mr C complained that Forth Valley NHS Board (the Board) discontinued his prescription for Librium and as a result he suffered physical and emotional distress. Mr C complained to the Board in February 2005 and subsequently withdrew the complaint on a number of occasions, finally reinstating it on 14 June 2005. Mr C received a detailed response from the Board on 8 July 2005.

2. The complaint from Mr C which I have investigated is that Forth Valley NHS Board withdrew his prescription for Chlordiazepoxide and will not reinstate it, causing Mr C undue suffering.

### **Investigation**

3. Investigation of this complaint involved reviewing Mr C's medical record and the NHS complaint file, seeking the views of a medical adviser (the adviser) and reading the correspondence supplied by Mr C. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board have both had an opportunity to comment on the draft of this report.

### **Forth Valley NHS Board withdrew the prescription for Chlordiazepoxide and will not reinstate it, causing Mr C undue suffering**

4. Mr C met the Consultant Psychiatrist on 5 October 2004. Mr C had been referred by his GP (the GP). The GP was concerned that Mr C had been prescribed Librium on a number of occasions to medically assist his detoxification from alcohol. The Consultant Psychiatrist advised the GP that while the drug was appropriate for management of alcohol withdrawal it was not appropriate for management of alcohol dependence and recommended that the drug not be given to Mr C for this latter purpose.

5. Follow-up appointments were arranged with Mr C and the Consultant Psychiatrist on 19 October 2005 and 16 November 2005, to plan a programme of management for Mr C's alcohol use. Mr C was unhappy that the Librium had been

withdrawn and felt there was no value to continuing to meet with the Consultant Psychiatrist. No further meetings were arranged and Mr C was taken on instead by the Community Alcohol Home Detoxification Service (CADS). This was not successful and Mr C had a further consultation with the Consultant Psychiatrist on 9 March 2005 at which he repeated his request for reinstatement of Librium. The Consultant Psychiatrist again advised Mr C that the drug was only appropriate for a managed alcohol withdrawal programme and not as an alternative to alcohol with no planned reduction in consumption.

6. A multi-disciplinary meeting was held on 18 March 2005 because of concerns over Mr C's condition. This meeting included the GP and the Consultant Psychiatrist. A care plan for management of Mr C's care and treatment was drawn up to ensure a consistent approach and it was agreed that the only treatment likely to be of any benefit to Mr C was in-patient detoxification.

7. Mr C made a number of requests for reinstatement of Librium to the CADS team and another GP at the GP practice. A further appointment was arranged with the Consultant Psychiatrist on 6 May 2005 so she could discuss the option of in-patient treatment with Mr C. Mr C refused this option as he had a 'social phobia'.

8. Mr C remained unhappy that Librium had been withdrawn suddenly and that the Consultant Psychiatrist was refusing to allow the GP to reinstate it and raised a complaint with the Board. Mr C's complaint was reviewed and the views of a Principal Pharmacist sought in relation to the timing of the drug withdrawal. Mr C received a detailed report from the Board on 8 July 2005. His complaint was not upheld. In particular the Board noted that the decision to withdraw the drug was taken by the GP, having considered the advice of the Consultant Psychiatrist. It was not the case that the Consultant Psychiatrist was refusing to allow the GP to prescribe Librium.

9. Mr C remained unhappy and complained to this office. Mr C told me that he never misused the Librium and that the Consultant Psychiatrist was wrong to withdraw the medication.

10. The adviser told me that Mr C was initially prescribed Librium by the GP to assist with alcohol withdrawal. After two years the GP became concerned that the

drug was being prescribed to no beneficial effect and sought the views of the Consultant Psychiatrist. The Consultant Psychiatrist advised against the use of the drug except during a period of active alcohol withdrawal (detoxification). The GP accepted this advice and stopped the prescription.

11. By way of background, the adviser told me that in alcoholism the sufferer is both physically and emotionally dependent on alcohol. This means that withdrawal of alcohol will cause serious physical symptoms, some of which are associated with significant risk of death. The adviser stated that it is, therefore, good practice to treat a withdrawal phase of detoxification with a long-acting sedative such as Librium. The adviser stated that these drugs reduce the risk and discomfort of alcohol withdrawal, but do not create or maintain abstinence and, therefore, do not have a role outside detoxification. The adviser also told me that long-term use of this group of drugs is known to lead to addiction.

12. The adviser concluded that the Consultant Psychiatrist's advice to the GP was entirely appropriate and consistent and that the overall treatment and care offered to Mr C was of a high standard.

### *Conclusions*

13. The medical advice I have received is that the decision to withdraw Librium from Mr C was in line with good clinical practice and appropriately carried out and that Mr C was offered a high standard of care and treatment. Mr C's complaint was considered carefully and thoroughly investigated. In all the circumstances I do not uphold this complaint.

### *Recommendations*

14. In light of this conclusion the Ombudsman has no recommendation to make and is pleased to note the adviser's view of the high standard of care offered to Mr C. The Ombudsman also notes that this complaint is an excellent example of thorough and fair complaint handling. The Ombudsman commends the Board on both these points.

29 August 2006

**Explanation of abbreviations used**

Mr C	The complainant
The Board	Forth Valley NHS Board
The Consultant Psychiatrist	The clinician who recommended withdrawal of Chlordiazepoxide to the GP
The GP	Mr C's general practitioner
Principal Pharmacist	A senior pharmacist directly employed by the Board
CADS	Community Alcohol Home Detoxification Service
The adviser	Medical Adviser to the Ombudsman

**Glossary of terms**

Librium (Chlordiazepoxide)      Used as an anti-anxiety drug and to support alcohol withdrawal.

Detoxification      A medically supervised treatment program for alcohol addiction designed to purge the body of intoxicating or addictive substances.