SPSO decision report

Case: **201102321, Greater Glasgow and Clyde NHS Board**
Sector: health
Subject: communication, staff attitude, dignity, confidentiality
Outcome: some upheld, recommendations

Summary

Mr C complained on behalf of his partner (Ms A) who was a hospital in-patient receiving treatment for schizoaffective disorder (a mental disorder affecting thinking processes and mood). Ms A was prescribed unilateral electroconvulsive therapy (ECT – a treatment that involves sending an electric current through the brain). This was to be provided at another hospital, as there was renovation work taking place in the ECT unit at the first hospital. After three sessions of ECT Ms A complained of gaps in her memory as well as a general feeling of her mind being blank. It was found that she had received bilateral ECT (electrical current passed through the whole brain) instead of the prescribed unilateral ECT (electrical current passed through only one side of the brain).

Mr C complained that Ms A was not reasonably administered her prescribed medication in the first hospital, as she was asleep when medication rounds took place and she was not woken. He also complained that the second hospital provided bilateral ECT without Ms A's consent and that the information provided before the treatment was not reasonably relevant to his partner's circumstances.

We did not uphold the complaints about medication and information. We were satisfied that the information provided prior to the treatment was appropriate. We found that Ms A missed medication doses on around 20 occasions, mainly of ibuprofen. However, we accepted the advice of our medical adviser that patients would not be woken for such pain medication. Ms A also missed two doses of depakote (a mood stabilising anti-epileptic drug). We found that this drug should be maintained at a certain level in the blood stream and, as such, patients should not miss their dose. However, recommended practice is for the dose to be provided as soon as possible after the patient wakes up. If they wake closer to the time when the next dose is due, then a dose can be missed rather than a double-dose being provided.

There was insufficient evidence for us to determine exactly when Ms A woke up on the occasions in question or how close this was to the planned delivery of her next dose of medicine. We also found that such episodes were rare, and our medical adviser said that they did not happen close enough together to have had a significant impact on Ms A's overall wellbeing.

The board accepted and apologised unreservedly for the fact that bilateral rather than unilateral ECT was performed. This was due to different practices in the two hospitals. The board pointed out that Ms A signed a consent form allowing staff to decide what type of ECT was provided. We found that the consent form did allow bilateral ECT, but that any decision about this should be linked to clinical need and the patient's preference. We found that unilateral ECT is recommended in most cases and that by providing bilateral ECT the board increased the likelihood that Ms A would experience side effects. There was no clinical indication for bilateral ECT. The board failed to record any reasons for deviating from the prescribed treatment, and communication between the prescribing team and the team providing the treatment was poor.

In this respect, the board failed to comply with standards set out by the Scottish ECT Accreditation Network (SEAN). So although Ms A's signed consent allowed the board to carry out this treatment, we did not consider that they went about deciding to do so in the way that the consent form suggests, and we upheld this complaint.

Recommendation

We recommended that the board:

- provide us with evidence of their standardised procedure for prescribing and recording treatment within their ECT departments including specific detail as to how specific SEAN standards (10.2 and 11.8) are being complied with.