

SPSO decision report

Case: 201303182, Western Isles NHS Board
Sector: health
Subject: appointments / admissions (delay / cancellation / waiting lists)
Outcome: not upheld, recommendations

Summary

Mr C, who is a solicitor, brought a complaint on behalf of his client (Mrs A) about the service she received after her GP referred her to a psychiatric department. Mrs A complained that the board failed to meet their targets and that her treatment did not meet any reasonable standard of care. She explained that she had requested referral to a psychologist.

During our investigation, we took independent advice from a mental health adviser. The adviser said that the Scottish Government's referral-to-treatment waiting time target of 18 weeks did not apply to mental health services. However, Mrs A had received treatment from a community psychiatric nurse (CPN) 12 working days after they received the referral. She was also seen by a consultant psychiatrist ten weeks after the GP referral. Both these appointments fell within the target times. Mrs A was also offered further appointments with a CPN and a senior charge nurse trained in cognitive behaviour therapy (CBT), but Mrs A declined these.

The adviser said that there were delays in relation to the referral for a psychology assessment to be carried out and, thereafter, in re-referring Mrs A to the local CBT service. We found that both these periods of delays were unreasonable, but we were satisfied that lower intensity psychological therapy had been progressed from the outset and higher intensity therapy was not initiated because Mrs A declined an appointment with the senior charge nurse trained in CBT.

The adviser was also satisfied that the care offered and delivered was reasonable. However, we were concerned that Mrs A had not signed the care plan that had been prepared, and which set out her presenting difficulties, the goals of the nursing care and the interventions planned, and that there was no evidence in the medical records that she had agreed the plan. We were satisfied that it was reasonable to refer Mrs A to a CPN in the first instance and that it had been explained to her that referral to a psychologist was not the only treatment option open to her.

Recommendations

We recommended that the board:

- review Mrs A's case with a view to identifying the reasons for the delay in referral for a psychology assessment and take action to prevent a recurrence; and
- in line with recovery-focused good practice and the principle of participation set out in the Mental Health Act, consider asking patients to countersign their care plans to demonstrate their understanding and agreement, and providing the patient with a copy of the care plan.
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