

SPSO decision report

Case: 201708427, Highland NHS Board
Sector: health
Subject: policy / administration
Decision: not upheld, no recommendations

Summary

Ms C has complex Post-Traumatic Stress Disorder (a psychological disorder that can develop in response to prolonged, repeated experience of interpersonal trauma) and had been receiving Comprehensive Resource Model (CRM - a holistic therapeutic approach to help people re-process and release the effects of traumatic events) treatment under the care of her psychiatrist. Ms C heard that her psychiatrist had left the practice and that she was to be offered a six week course of Cognitive Behavioural Therapy (CBT - a talking therapy aiming to help manage problems by changing the way people think and behave) in place of CRM treatment. Ms C had tried this before and found it of little benefit. Ms C complained that the board had failed to consult her on the decision to withdraw CRM treatment, and had failed to put in place an appropriate support plan for her.

The board explained that the removal of this treatment was a result of a review of all adult psychiatry services, stating that there was no evidence base for CRM and it did not appear on the Matrix for Psychotherapy Treatments (a guide to planning and delivering evidence-based psychological therapies within NHS boards in Scotland).

We took independent advice from a consultant psychiatrist. We found that Ms C had been discharged from the service on clinical grounds and would only have been informed of the decision to withdraw the treatment when she requested a new appointment. We were satisfied that the board did not have a specific duty to consult with Ms C before deciding to withdraw from providing CRM treatment and we, therefore, did not uphold this complaint.

In relation to the support plan put in place following the board's decision to withdraw CRM treatment, the board said that the psychiatrist had wanted to find out the wishes of their patients in care provision. They had discussed the future care of all their patients and had agreed to refer them to their Community Health Team for an assessment of their needs. We found that the board's approach in offering individual appointments to assess ongoing needs for future treatment was reasonable. Therefore, we did not uphold this complaint. However, we did find shortcomings in the board's communication with Ms C in relation to the matters she complained about and fed this back to the board.