SPSO decision report

Case: **201805985, Fife NHS Board**
Sector: Health
Subject: clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

Ms C returned to her GP after being discharged from the board's community psychiatric nursing (CPN) service as she was experiencing coping difficulties and anxiety. A further referral was submitted to the service but was refused. The local mental health team's view was that ongoing support for Ms C would not be appropriate or required because it was unlikely that she would derive any therapeutic gain.

In her complaint to the board, Ms C said she was unreasonably discharged from the service and that this had not been communicated to her clearly. She also complained about the decision to refuse the further referral to the service. The board said that Ms C's discharge from the service was well planned and discussed with her. It was also noted that Ms C had received extensive input from the service so it was felt she would not gain anything further and no plans were made to see her again after her GP referral. Ms C was unhappy with this response and brought her complaint to us.

We took independent advice from a mental health nurse. We found that Ms C's discharge was reasonably planned and phased and took place with her agreement and input. However, we were unable to identify a crisis plan within the records. A plan of this nature would have been helpful to all stakeholders in their efforts to support Ms C when her emotions fluctuate. It was unreasonable that no such plan appeared to be in place for Ms C. With that said, whilst it was clear from the GP's referral letter that Ms C was experiencing an increase in anxiety, there was no evidence to suggest that she was in crisis at that point. Given the evidence available, we concluded that Ms C's discharge from the CPN service was reasonable and that it was communicated to her appropriately. We also found that the local mental health team's response to her GP's referral was reasonable. Therefore, we did not uphold Ms C's complaints.

Ms C also complained that the board failed to handle her complaint reasonably. We found that there were delays in corresponding with Ms C and she was not kept up to date on the progress of her complaint. We also found that the board should have followed up with Ms C following a meeting were a number of action points were agreed. We upheld this aspect of Ms C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Ms C for failing to handle her complaint reasonably. The apology should meet the standards set out in the SPSO guidelines on apology available at: www.spso.org.uk/information-leaflets.
- Write to Ms C to confirm the steps taken to progress the identified outcomes recorded following the meeting.

What we said should change to put things right in future:

- Complaints should be handled in line with the Model Complaints Handling Procedure (MCHP). The MCHP

and guidance can be found here: https://www.spso.org.uk/the-model-complaints-handling-procedures.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.