

SPSO decision report



Case: 202306085, Health and Social Care Partnership
Sector: Health and Social Care
Subject: Clinical treatment / Diagnosis
Decision: upheld, recommendations

Summary

C was assessed for the purpose of diagnosing gender incongruence, over a period of two years. Gender incongruence was diagnosed and C started gender affirming hormone treatment (GAHT). Less than a year later, due to new information which had come to light, the diagnosis was removed, treatment withdrawn and C was discharged from the gender clinic.

C complained that they had not been informed at the time of diagnosis that it could be removed or treatment withdrawn. C did not consider that the information was new, as it had previously been available to clinicians. C noted that no-one had discussed this information with them and it appeared that the multi-disciplinary team (MDT) had inappropriately made the decision based on risk rather than clinical assessment.

The partnership advised that information was presented to the MDT, which placed doubt on the diagnosis. Subsequently the MDT recommendation was to revoke the diagnosis and advice was given to the GP to withdraw GAHT.

We took independent advice from a consultant psychologist specialising in gender. We found that the partnership should have carried out and documented a further assessment of C to consider whether the information changed the diagnosis, prior to making a decision. We upheld the complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for revoking the diagnosis without giving C the opportunity to comment and without carrying out and documenting further specialist assessment. Apologise for failing to thoroughly investigate the complaint. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.
- Clinical staff should have a conversation with C about the information which has come to light. A specialist assessment should be carried out to fully evaluate C's clinical picture. If the partnership are unable to do so they should explain why and explain what next steps may be available to C.

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

- Decisions to revoke diagnosis such as adult gender incongruence and related treatments should be in accordance with relevant national guidelines.
- Prisoner diagnosis and treatment should be based on clinical factors rather than perceived prisoner risk.

In relation to complaints handling, we recommended:

- Complaints should be responded to in line with the Partnership's complaints procedure on receipt and it

should not require SPSO to become involved before this happens. The complaint response should address the points raised by the complainant.

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.