

**Case 200501681: Greater Glasgow and Clyde NHS Board**

**Introduction**

1. On 3 September 2005 the Ombudsman received a complaint from a woman (referred to in this report as Mrs C) against Greater Glasgow and Clyde NHS Board (the Board). Mrs C is confined to a wheelchair with Multiple Sclerosis (MS). She complained that the Board's policy on provision of physiotherapy for people with long-term disabilities was discriminatory.

2. The complaints from Mrs C which I have investigated concerned:

whether the Board's policy on physiotherapy for people with long-term disabilities was appropriate and, in particular, whether Mrs C's needs were adequately assessed; and whether time-limited periods of physiotherapy were adequate for her needs.

3. Following the investigation of all aspects of this complaint I did not uphold it (see paragraphs 13 and 14).

**Investigation and findings of fact**

4. In the course of the investigation of this complaint all the documentation supplied by Mrs C and the Board and Mrs C's clinical records have been considered. Advice was obtained from a medical adviser to the Ombudsman, a hospital consultant (the adviser). I have set out my findings of fact and conclusions below. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board have been given the opportunity to comment on the draft of this report.

*Mrs C's complaint to the Board*

5. On 10 May 2004 Mrs C complained to the Board about the lack of physiotherapy care for MS sufferers. She said that her GP and consultant neurologist (Consultant 1) both recommended physiotherapy and referred her to the Southern General Hospital, Glasgow. However, she was refused treatment there on the grounds that she did not meet the criteria. Mrs C felt that

physiotherapy should be provided by the NHS if it is recommended by her specialist.

*The Board's reply to Mrs C*

6. The Board, in their reply to Mrs C dated 23 June 2004, referred to an earlier letter written to Mrs C by Consultant 1. In that letter Consultant 1 said that he agreed that physiotherapy was an important part of the management of patients with MS, however, there was no specific evidence indicating that long-term physiotherapy was of benefit. He felt there was a role for intermittent physiotherapy input to readdress ongoing problems and make adjustments to ongoing exercises.

7. Consultant 1 said that unfortunately, like many resources in the NHS, physiotherapy was limited. Therefore, the most appropriate use of this resource, to maximise the benefit for most patients, had to be considered. As a referrer to this resource, it was not for him to decide the type, duration and frequency of physiotherapy input. These decisions were made by the attending physiotherapist(s).

8. Consultant 1 said that there was no provision for long-term physiotherapy input for patients with MS. It was not possible to provide a chronic follow-up service with this limited resource. Any attempts to do so would deny the majority of patients access to the service.

9. Consultant 1 said he had been informed by the out-patient physiotherapy service that the criteria for providing physiotherapy was:

- (a) acute neurological episode;
- (b) recent deterioration in neurological status or function;
- (c) recent diagnosis of a neurological condition for advice/support;
- (d) persons with an undiagnosed neurological problem where they have been seen by a neurological consultant and where physiotherapy has been deemed appropriate.

10. Consultant 1 said that as Mrs C did not fulfil these criteria she could not be offered physiotherapy at the Southern General Hospital.

11. The Board confirmed that there was no provision for chronic, long-term physiotherapy input for patients with MS and that the service could only accept referrals for patients who met the criteria outlined by Consultant 1 in his letter to Mrs C. It was noted that information had been given to Mrs C regarding the MS Revive Centre, Glasgow (Revive Scotland) which provided ongoing physiotherapy for MS sufferers.

*The adviser's opinion*

12. The adviser's view was that there had not been any unfair or discriminatory treatment by the Board in Mrs C's case. He considered that she was appropriately assessed for physiotherapy when referred for treatment. She was refused physiotherapy because she was not deemed at that time to meet the criteria set down. The adviser considered the criteria to be reasonable. He considered that it was unreasonable to have expected the Board to resource long-term continuous outpatient or domiciliary physiotherapy services when there was no evidence to justify that. Revive Scotland is part-funded by the Board. The adviser said that the contribution the Board made to Revive Scotland constituted a compromise which is mirrored in many areas of the UK in an attempt to ease demand.

*Conclusion*

13. Decisions about the funding of services generally fall within the category of discretionary matters. The Ombudsman cannot question the merits of a discretionary decision unless there is evidence of fault on the part of the Board in the decision making process. I have found no evidence of fault in the decision to restrict physiotherapy provision and, therefore, I cannot question that decision.

14. I have considered whether Mrs C's needs were adequately assessed and whether her needs were met. While I sympathise with Mrs C, I accept the advice that her needs were adequately assessed and also that, at the time in question, Mrs C did not meet the existing criteria to be eligible for physiotherapy. I, therefore, do not uphold the complaint.

27 June 2006

**Explanation of abbreviations used**

The Board	Greater Glasgow and Clyde NHS Board
Consultant 1	Mrs C's consultant neurologist
Mrs C	The complainant
MS	Multiple sclerosis
The adviser	Medical adviser to the Ombudsman