

Case: 201102182, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: clinical treatment; diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C complained that the board failed to provide his daughter (Ms A) with continuous intensive support and treatment for her mental health issues. Mr C said that Ms A had a complicated medical history and had been left with psychological problems that include severe anxiety and obsessive/compulsive behaviour (OCD) and emetophobia (fear of sickness or vomiting) that has a negative impact on all aspects of her daily living. She cannot work or live alone and, two years on, has made little or no progress under the care of local mental health teams at the board despite her trying to work with the partnership team. Mr C felt that Ms A was not given adequate support, or funding for specialist help that he believes she needs at a national unit in London. When Mr C brought his complaint to us he said that the board had not adequately addressed his complaint, appeared disinterested and lacked concern about the situation.

After taking advice from one of our medical advisers, we did not uphold Mr C's complaint. Our adviser considered the management of OCD, and the core interventions and treatment in the National Institute of Health and Clinical Excellence guidelines. He concluded that Ms A was given a suitably intensive service in that she had been offered appropriate interventions. He said that the records showed that Ms A had a number of clear clinical plans of care and had received multi-disciplinary input from a variety of clinicians and services. The adviser also considered there were no unreasonable delays in the provision of treatment. We decided that there was no evidence to support Mr C's view that Ms A had not received a suitably intensive service from the board.

The adviser also said that the general rule that applies both in Scotland and England is that Ms A would only be referred to external services if and when available options within local services were exhausted. We decided that there were justifiable reasons why the board did not refer Ms A to the national unit, as

she was at the early stage of her care and treatment when the request was made and the services offered by the board were not exhausted.

We found that Ms A's overall care and level of input from clinicians and services were appropriate.