

Scottish Parliament Region: North East Scotland

Case 200501856: Grampian NHS Board

Summary of Investigation

Category

Health: Policy/administration/funding of continuing care

Overview

The complainant (Ms C) raised two specific complaints on behalf of her sister (Ms D), who she believed was wrongly discharged from NHS care.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) Scottish Executive procedures were not followed when Ms D was discharged from NHS care (*not upheld*); and
- (b) the Board should fund Ms D's care home fees (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make to the Board.

Main Investigation Report

Introduction

1. On 10 October 2005 the Ombudsman received a complaint from a woman (referred to in this report as Ms C) on behalf of her sister (Ms D) against Grampian NHS Board (the Board). Ms C complained that Scottish Executive procedures were not followed by the Board when her sister, who suffers from chronic mental health problems, was discharged from Royal Cornhill Hospital (the Hospital). Thereafter, Ms D had to contribute to the cost of her care in accommodation run by Voluntary Service Aberdeen (the Home).

2. The complaints from Ms C which I have investigated are that:

- (a) Scottish Executive procedures were not followed when Ms D was discharged from NHS care; and
- (b) the Board should fund Ms D's care home fees.

Investigation

3. The investigation of this complaint involved obtaining and reading all relevant documentation, including correspondence between Ms C and the Board and reviewing meeting notes attended by Ms C and clinicians. I also gathered evidence from Ms D's medical records and examined the relevant sections 18, 19, 20 and 21 of MEL (1996) 22, the Scottish Executive policy guidelines regarding continuing health care. The investigation was aided by one of the Ombudsman's clinical advisers (the Adviser) who provided a detailed assessment of the complaint. The Adviser reviewed all relevant documentation and medical records.

4. I have not included in this report every detail investigated, but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

(a) Scottish Executive procedures were not followed when Ms D was discharged from NHS care

5. On 1 March 2005 Ms C appealed to the Board that Scottish Executive procedures were not followed when Ms D was assessed and discharged on 20 October 2004 from the Hospital into residential care. The guidance for the Scottish Executive procedures is contained within MEL (1996) 22 Annex A, paragraphs 5 and 6 and outlines that 'the NHS is responsible for arranging and funding continuing in-patient care, on a short or long-term basis'. This is subject

to specific criteria and determined strictly on an individual needs assessment. In Ms D's case, this assessment was carried out by hospital clinicians.

6. The Board's reply to Ms C of 9 March 2005 stated that as Ms D was assessed by hospital clinicians as no longer requiring hospital care, she had been discharged from hospital and resettled into the care in the community most suitable for her needs. The reply detailed that 'this issue was the subject of correspondence between yourself, your sister's Consultant Psychiatrist (the Psychiatrist) and her Social Worker, around the time of her discharge from hospital'.

7. A further letter from the Board to Ms C dated 3 May 2005 explained that a report was received from the Psychiatrist and the Care Manager, who were involved with Ms D's resettlement. This report confirmed their decision that Ms D did not require continuing hospital in-patient care, was resettled in the alternative accommodation which best met her needs, for both social care and support, and that Ms D's care costs should not be met by the NHS. I quote 'Given that in the opinion of her Consultant your sister no longer required in-patient care, it was not felt that the contents of the guidance were relevant in her case'.

8. Following Ms C's continuing concerns that the Board were not complying with the relevant sections 18, 19, 20 and 21 of MEL (1996), a review of Ms D's case notes by an Associate Medical Director confirmed that the decision to discharge Ms D from hospital care was entirely correct.

9. My reading of the records of the Board's accounts of these events is that they are correct.

10. The Adviser has produced a report on this aspect of the complaint. He stated that:

'There is ample evidence that an appropriate multi-disciplinary assessment of Ms D's care needs was carried out at the Hospital and that reasonable options for her future care were discussed on several occasions with Ms C. Staff took considerable trouble to explain matters and keep Ms C informed' and 'The review meeting showed that it had been the right decision to place her (Ms D) in supervised care.'

11. The Adviser concluded that 'The Board's response to Ms C's complaint

was reasonable and gave appropriate reasons for their conclusion that relevant sections 18, 19, 20 and 21 of MEL (1996) 22 had been followed correctly. I do not believe there are clinical grounds for further investigation in this case'.

(a) Conclusion

12. Given the evidence outlined above and having reviewed all the relevant documentation, medical records and meeting notes, I am satisfied that the Board did correctly follow the Scottish Executive procedures sections 18, 19, 20 and 21 of MEL (1996) 22, when Ms D was discharged from NHS care into the Council's care. Therefore, I do not uphold this aspect of the complaint.

(a) Recommendations

13. The Ombudsman has no recommendations to make.

(b) The Board should fund Ms D's care home fees

14. Mrs D had a trial period at the Home and thereafter she was discharged from the Hospital on 20 October 2004 into the Home.

15. Ms C argued that as Ms D was placed in the Home by the Board, then Ms D should be treated as a hospital in-patient and not have to pay any contribution to the cost of her care.

16. In the Psychiatrist's letter to Ms C dated 16 December 2004, it stated that the Council had placed Ms D in the Home, not the Board, therefore, it fell on the Council to consider the funding of her care. A further letter from the Psychiatrist dated 11 January 2005 to Ms C explained that Ms D no longer required to be in hospital and was fit for discharge from acute psychiatric care into the Council's care. The Council, therefore, had responsibility for Ms D's placement and funding considerations.

17. During this same period, the Council had considered Ms D's application for Very Sheltered Housing. On 24 January 2005 this request was rejected as not meeting Ms D's needs and the Council confirmed that residential care was the most appropriate placement for Ms D.

17. The Adviser, in his reporting of this aspect of Ms C's complaint stated the following:

'If Ms D was assessed as being suitable for Residential Care and a reasonable trial period had demonstrated this, it would be inconceivable

that she would at the same time have met the criteria for NHS-funded long-term care.'

(b) Conclusion

18. Ms C believes that Ms D was placed in the Home by the Board and should, therefore, be treated as a hospital patient and not have to pay for the cost of her care. I do not agree. I am clear that Ms D was discharged from hospital care appropriately by clinicians, who decided that on-going care in long-stay psychiatric accommodation would have been detrimental to her needs. I am satisfied that the Board acted correctly in this matter and also kept in regular contact with Ms C in their attempts to explain matters and keep her informed. I, therefore, do not uphold this aspect of the complaint.

(b) Recommendations

19. The Ombudsman has no recommendations to make.

27 March 2007

Explanation of abbreviations used

Ms C	The complainant
Ms D	The complainant's sister (the aggrieved)
The Board	Grampian NHS Board
The Council	Aberdeenshire Council
The Hospital	Royal Cornhill Hospital
The Home	Supported accommodation run by Voluntary Service Aberdeen
The Adviser	Ombudsman Clinical Adviser
The Psychiatrist	Consultant Psychiatrist
MEL (1996) 22	Scottish Executive policy guidelines regarding continuing health care

Glossary of terms

Chronic mental health problem Bipolar schizo-affective disorder

List of legislation and policies considered

MEL (1996) 22, Sections 18,19,20 & 21

MEL (1996) Annex A, paragraphs 5 & 6