

Case 200502398: A Medical Practice, Lothian NHS Board

Summary of Investigation

Category

Health: Family Health Services; General Practice

Overview

The complainant (Mrs C) raised a number of concerns about the way counselling sessions were conducted at the Medical Practice (the Practice).

Specific complaint and conclusion

The complaint which has been investigated is that the counselling sessions were conducted in an inappropriate manner (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 29 November 2005 the Ombudsman received a complaint from the complainant (Mrs C) about the way counselling sessions were conducted at the Practice between April 2005 and August 2005. Mrs C formally complained to the Practice through Lothian NHS Board (the Board) but remained dissatisfied with their response and brought her complaint to the Ombudsman.

2. The complaint from Mrs C which I have investigated is that the counselling sessions were conducted in an inappropriate manner.

Investigation

3. In writing this report I have had access to Mrs C's counselling records and correspondence relating to the complaint. I met with Mrs C and the Counsellor who conducted the sessions (the Counsellor) to obtain additional information. I sought advice from one of the Ombudsman's professional medical advisers (the Adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report can be found in Annex 1. Mrs C and the Practice have had the opportunity to comment on a draft of the report.

Complaint: The counselling sessions were conducted in an inappropriate manner

4. Mrs C complained to the Board that she was not happy with the way the sessions were conducted and it was she who terminated the final session on 19 August 2005. Mrs C complained about the Counsellor's conduct at the sessions. Her points included why did he not deal with the concerns which she identified; why did he have to ask questions about marriage issues and madness; why did he make reference to Mrs C's family; why did he not advise Mrs C that therapy was not working; and why did he show no interest and disbelieve what Mrs C had said. She felt the Counsellor should have stopped the sessions when he could see things were going wrong and he failed to protect her, the patient.

5. At interview Mrs C said that it was her GP who suggested that she should attend counselling sessions at the Practice. Prior to this she had no idea what the counselling process consisted of and how it would help her. At the time, Mrs C was having problems with her family who lived in another area. She had

attended the GP to ask him to write a letter to the Council which would assist her in obtaining a council house near her family. She told the GP that she was under great stress and was suffering from emphysema and bronchitis and was not sleeping. She agreed to attend the counselling although the GP did not explain what the purpose would be. Mrs C gained the impression from her first consultation with the Counsellor on 8 April 2005 that he did not like her. He asked her what her problems were and she told him it was living in Edinburgh as she had found it impossible to adapt to living in such a large city. Mrs C stated that he said that it appeared Mrs C felt that the whole world was against her and her family. She said he also commented that she would surely go mad if she did not have her work to go to. Mrs C thought it was an inappropriate statement to make and that she did not suffer from madness or mental health problems. Mrs C said the Counsellor made a reference to madness at every consultation and at times was very angry and irate. Mrs C asked the Counsellor on 22 July 2005 why he was angry with her and he did not give a response.

6. Mrs C told me that throughout the sessions with the Counsellor, she noticed that he did not like it when she discussed her family. Mrs C said she had been offended by remarks and questions made by the Counsellor. Mrs C said the Counsellor would frequently twist the words which she said and would turn the subject around. Mrs C also found the Counsellor to be extremely defensive and at no time did he explain what he was going to do for her. Mrs C constantly told him that she felt they were not making headway or progressing and that she found the sessions distressing.

7. The original plan was for there to be six counselling sessions and the Counsellor said he would extend it to nine if required. The sessions were every two weeks and the last session was on 19 August 2005 when Mrs C left after 15 minutes as she had another appointment to attend to. She could not remember all that was discussed at the session. She did recall that she raised her voice at one point. She stated the Counsellor was very negative about issues raised by Mrs C. Mrs C explained that it was only after all the sessions with the Counsellor had finished that she found out he had been involved in the CORE evaluation system. (Note CORE [Clinical Outcomes in Routine Evaluation] is an evaluation tool). Mrs C had researched the CORE system through the internet. If the Counsellor had advised her that he was operating the system she would have terminated the sessions from the start. There are procedures with CORE which have to be followed so that the patient is aware of what is happening but at no time did the Counsellor inform Mrs C that he was

using the CORE system.

8. The senior partner at the Practice (the Senior Partner) responded to the complaint that essentially the questions the Counsellor asked would be appropriate for a counsellor and he was sorry that Mrs C had not gained therapeutically from the sessions. An offer of a meeting with the Counsellor was made or if specific points still need addressed then Mrs C should contact the Practice. Mrs C responded to the Senior Partner that he should not write directly to her again.

9. At interview the Counsellor said that Mrs C had been referred for counselling after seeing one of the locum GPs. Her problems were reported as anxiety and not sleeping at nights because she was thinking about her family. It was thought that counselling might help her deal with her problems. At the first session, the Counsellor explained the process which would be followed and that it would be up to the patient to decide whether they wished to continue. In effect he would tell the patient that they were in the driving seat and they would, to an extent, lead any discussions. The Counsellor felt that the reasons for the referral were accurate as they were demonstrated in the comments made by Mrs C during the sessions. Initially the plan was for six sessions unless it became clear that the Counsellor would not be able to resolve Mrs C's difficulties in that timespan. The sessions were then extended by another three as Mrs C's difficulties were not addressed by the sixth session and the Counsellor felt an extension would allow for more time for discussion and if needs be to explore what other services might be able to assist Mrs C. The Counsellor felt that in the initial six sessions, Mrs C was beginning to open up and she was making connections with her past. He felt, at the time, that he was gaining her trust and that additional sessions would be required.

10. The Counsellor told me that it was Mrs C who terminated the final session after about 15 minutes. She hurriedly left the room saying that she had an important meeting at work. The Counsellor said that Mrs C launched into a tirade and was very angry. He did not know the reason for her anger but was aware that at each session she had said that her husband or son had told her not to attend but he told her it was entirely her decision. The Counsellor did not feel that there was a personality clash with Mrs C as she was content to tell him personal information about her past. There was an occasion when Mrs C had said that the Counsellor did not believe what she was saying but all that he had said was that he had no reason to disbelieve what he had been told. The

Counsellor could not recall everything that was discussed between him and Mrs C. He accepted that he would have asked her about her history, including her family history, as these were part of the normal lines of questioning. A vital part of counselling is to ask for a history to establish any connection with the patient's problems.

11. The Counsellor denied that he had asked Mrs C inappropriate questions. He could not see how such conversations would be raised in Mrs C's case and he had no recollection that they took place. The Counsellor explained that Mrs C had talked about her dysfunctional family background. He accepted that in general conversation he could have mentioned something about madness in such situations but he did not accuse or infer that this applied in Mrs C's particular case. He did not say that in her case that if she did not have her work to go to then her problems would drive her mad. The Counsellor felt that his line of questioning was entirely appropriate. He was trying to help Mrs C come to terms with her problems. He was trying to establish the precise nature of her problems and what she could do to address the problems.

12. The Counsellor explained that at no time had he used the CORE system in the Practice. CORE is an evaluation tool which he uses in a role outside the Practice. In order to use the CORE system he would have to obtain the patient's consent and they would have the procedure explained to them in full. As far as Mrs C was concerned, she only had to sign one form which was an opt-in letter to say that she still wished to attend counselling. The reason for this is due to the pressure on the service, patients have to wait until the Counsellor has a vacancy to commence counselling. In the past, patients have changed their minds about having counselling while they are on the waiting list and the proforma is used to prevent wasted appointments.

13. The Adviser reviewed Mrs C's records and these seemed to be contemporaneous. The records as kept by the Counsellor seemed reasonable and clinically the content of the entries would accord with that which the Adviser felt would be appropriate in assessing patients (clients) problems, and helping them to come to terms with the problems. The Adviser said that counselling by its very nature is conducted in private and that vulnerable persons are often those needing to receive it. The Adviser could not see any evidence that the Counsellor should not be regarded as a proper counsellor. The Adviser noted the Counsellor's employment history and concluded that he is an appropriate person for the Practice to employ as a counsellor. The Adviser said it would be

impossible to prove/refute what actually occurred at the counselling sessions as only Mrs C and the Counsellor were present. Nonetheless he believed, on the balance of probabilities, that the matters discussed during counselling were appropriate.

Conclusion

14. The advice which I have received, and accept, from the Adviser is that the records relating to the counselling sessions were appropriate in order to help a counsellor assess a patient's problems so that a resolution to their concerns could be found. Therefore, for the Counsellor to ask questions regarding Mrs C's family would be an acceptable and appropriate part of the process. However, there is a dispute between Mrs C and the Counsellor about whether certain conversations took place. In the absence of truly independent witnesses to the actual conversations it would not be possible to reach firm conclusions. Both parties have given their versions of what was discussed and while there is some common agreement that the subject of madness was brought up the interpretations of what was discussed are entirely at odds. However, on the balance of probabilities and taking into account the advice I have received I am minded to conclude that the Counsellor asked appropriate questions and that the counselling sessions were conducted in an appropriate manner. Therefore, I do not uphold this aspect of the complaint.

15. I should also add that there is no evidence that the Counsellor used the CORE system in his assessment of Mrs C and that Mrs C should gain some reassurance from this. What has emerged from this investigation is that Mrs C maintained that she was never told what counselling consisted of and what the outcome could be. The Counsellor maintained that he clearly explained the procedure. It is evident that there has been a breakdown in communication in this regard. (Note the Practice subsequently advised the Ombudsman's office that an information leaflet on counselling is sent to patients along with their first appointment. After such a period of time it would not be possible to investigate whether in fact Mrs C received such a leaflet.)

Recommendation

The Ombudsman has no recommendations to make.

27 March 2007

Explanation of abbreviations used

Mrs C	The complainant
The Practice	The Medical Practice where Mrs C was registered
The Board	Lothian NHS Board who have responsibility for Family Health Services in the area
The Counsellor	The counsellor who took the counselling sessions
The Adviser	The Ombudsman's professional medical adviser
CORE	Clinical Outcomes in Routine Evaluation
The Senior Partner	The Senior Partner in the Practice