



Northern Ireland

**Public Services**  
Ombudsman

# **Investigation of a complaint against South Eastern Health & Social Care Trust (Prison Healthcare)**

**Report reference: 202400581**

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## **The role of the Ombudsman**

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

## **Reporting in the public interest**

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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**Case Reference: 202400581**

**Listed Authority: South Eastern Health & Social Care Trust (Prison Healthcare)**

## **SUMMARY**

This complaint was about care and treatment provided to the complainant by the Prison Healthcare team within the South Eastern Health and Social Trust (the Trust) in Magilligan Prison.

The complaint was about the Trust's decision to switch the complainant's Opioid Substitution Treatment (OST) to a different medication due to concerns about diversion of medication. The complainant was unhappy with the new medication provided. The complaint was also about the Trust's decision to taper and subsequently discontinue the complainant's prescription for Pregabalin.

The investigation found that the Trust's decision to switch the complainant's OST medication was in line with relevant policy and standards. The investigation also found that the Trust's decision to taper and discontinue the complainant's Pregabalin prescription was in line with relevant guidance.

The investigation did not identify any failures in the Trust's care and treatment provided to the complainant. I am satisfied the Trust acted in accordance with its policies and relevant standards.

## THE COMPLAINT

1. This complaint was about the care and treatment provided to the complainant by Prison Healthcare within the South Eastern Health & Social Care Trust, (the Trust).

### Background

2. The complainant commenced Opioid Substitution Therapy (OST)<sup>1</sup> in August 2020 for treatment of opioid dependence. The Trust prescribed Espranor<sup>2</sup> to the complainant which is a dissolvable wafer form of OST. Due to concerns about diversion<sup>3</sup> of Espranor and a negative urine drug screening test (UDS) on 31 January 2024, the Trust placed the complainant onto an alternative form of OST medication in March 2024, Buvidal, an injectable form of OST.
3. The complainant was prescribed Pregabalin<sup>4</sup> within the community, prior to his time in Magilligan Prison. The Trust opted to continue to prescribe this medication. Due to changes in prescribing guidance, the Trust reviewed and started to phase out the use of Pregabalin within the prison environment. The Trust reduced and subsequently removed the complainant's prescription for Pregabalin from 8 September 2023.

### Issue of complaint

4. I accepted the following issue of complaint for investigation:

**Whether the Trust provided appropriate care and treatment to the complainant in relation to his medication.**

## INVESTIGATION METHODOLOGY

5. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

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<sup>1</sup> OST is the provision of an opiate medication to attempt to stabilise someone who has an addiction to illicit opioids.

<sup>2</sup> Espranor is a freeze-dried wafer which dissolves on the tongue.

<sup>3</sup> Drug diversion is a medical and legal concept involving the transfer of any legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use.

<sup>4</sup> Pregabalin is used to treat epilepsy and anxiety. It's also taken to treat nerve pain.

## **Independent Professional Advice Sought**

6. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

- A General Practitioner MBBS(Lond), FRCGP Fellow of the Royal College of General Practitioners, RCGP Certificates in substance misuse Parts I and II and the advanced secure environments module, with a special interest in substance misuse and prison medicine.

I enclose the clinical advice received at Appendix two to this report.

7. The information and advice which informed the findings and conclusions are included within the body of this report. The IPA provided 'advice'; how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

## **Relevant Standards and Guidance**

8. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles<sup>5</sup>:

- The Principles of Good Administration

9. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The Department of Health Drug Misuse and Dependence: UK Guidelines on Clinical Management (minor revisions November 2017) (the Orange Book);
- South Eastern Health and Social Care Trust Prescribing and Management Opioid Substitution Therapy July 2022 (Trust's OST policy);

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<sup>5</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

- South Eastern Health and Social Care Trust Medicines Reconciliation Policy, May 2021 (SET/PtCtCare (13) 2021) (Trust's Medicine Policy);
- South Eastern Health and Social Care Trust Health Care Process for Checking Medication Adherence, August 2023 (Trust's Adherence Process);
- Royal College of General Practitioners Safer Prescribing in Prisons, Guidance for clinicians, Second edition - January 2019 (RCGP guidance);
- Letter from Health and Social Care Board to All GP practices and OOHs centres for sharing with all GPs including locums and trainees, GPPs and other staff involved with managing pain and All community pharmacies, 4th August 2021 (HSCB letter);
- Health and Social Care Board<sup>6</sup>, Opioid Substitution Treatment: Northern Ireland Supplementary Guidance For Community Pharmacists 2019 (HSCB guidance); and

I enclose relevant sections of the guidance considered at Appendix three to this report.

10. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
11. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations. I gave careful consideration to the comments I received in preparing this final report.

## **THE INVESTIGATION**

**Whether the Trust provided appropriate care and treatment to the complainant in relation to his medication. In particular, this will consider:**

- Replacement of Espranor
- Removal of Pregabalin

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<sup>6</sup> Now the Strategic Performance and Planning Group (SPPG).

## **Detail of Complaint**

### *Replacement of Espranor*

12. The complainant believed it was not possible for the UDS taken on 31 January 2024 to not contain traces of Espranor as there are always medical staff present when he took it. He also said that while he failed the Trust drug screening, he passed the Northern Ireland Prison Service (NIPS) drug test on 5 February 2024.
13. The complainant said that he was taking medication for another condition which may have skewed the results of the urine drug screen. The complainant wished the Trust to reinstate Espranor as he felt his body experienced bad side effects with the alternative medication, administered by injection.

## **Evidence Considered**

### **Legislation/Policies/Guidance**

14. I considered the following:
  - a. The Orange Book
  - b. Trust's Adherence Process
  - c. The Trust's Medicine policy
  - d. HSC Guidance
  - e. HSCB Letter

## **Trust Records**

15. The complainant's medical records including drug screening results were carefully reviewed. In addition, this office requested and reviewed the complainant's drug testing records provided by a third party, the Northern Ireland Prison Service (NIPS).

## **Trust Response to investigation enquiries**

16. The Trust stated that the complainant commenced Espranor (Buprenorphine<sup>7</sup>), a form of OST, for the treatment of opioid dependence in August 2020. OST is a controlled drug that if not administered correctly/or diverted by the patient for use by those not prescribed, has '*significant potential for harm including death*'. A member of Trust staff administered Espranor (which is in a wafer form) daily, accompanied by a second member of staff to ensure that patients did not divert the medication.

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<sup>7</sup> Buprenorphine is an opioid medication used to treat opioid use disorder (OUD), acute pain, and chronic pain.



17. The Trust stated that in August 2021, staff observed the complainant diverting Espranor wafers twice. The complainant denied this when questioned. Staff decided to continue with the Espranor and discussed with the complainant the dangers of diverting the medication. There were further concerns about diversion of Espranor wafer in January 2024 but despite this, the Trust agreed to keep the situation under review.
18. The Trust stated that a urine drug screen taken on 31 January 2024 '*showed diazepam<sup>8</sup> as prescribed but no buprenorphine (Espranor)*'. This indicated the complainant '*was not taking the medication*'. Given ongoing concerns about diversion of Espranor, and the negative result in the urine drug screen, the Trust decided to no longer prescribe Espranor for the complainant. This decision was '*in the interests of patient safety*'. Staff offered the complainant a switch to either Methadone<sup>9</sup> or Buvidal<sup>10</sup> as an alternative, both of which the Trust stated are '*equally efficacious*'. It gave the complainant time to consider these options.
19. The complainant initially decided to take Methadone but changed his mind and requested Buvidal, which he commenced on 8 March 2024. The complainant opted to switch to Methadone on 14 June 2024 and the Trust facilitated this change.

### **Relevant Independent Professional Advice**

20. The IPA advised that the negative test result for the complainant on 31 January 2024 (which was filed on 9 February 2024) casts '*doubt over the consistency*' of the complainant in taking the medication. This is because Oral Buprenorphine '*tends to remain detectable on most urine drug screening tests for about a week*'. He also advised that the NIPS drug screening test for the complainant on 5 February 2024 showed '*a positive result for buprenorphine*' which would be '*consistent with the ongoing prescription*'. The IPA advised that he was unaware of any other medication that could have generated the negative UDS for the complainant on 31 January 2024.

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<sup>8</sup> Diazepam is a long-acting benzodiazepine medication commonly used to treat panic disorders, severe anxiety, alcohol withdrawal, and seizures.

<sup>9</sup> Methadone is a man-made opioid (also known as an opiate) which can be used as an opioid substitution treatment.

<sup>10</sup> Buvidal is a medicine used to treat dependence on opioid (narcotic) drugs such as heroin or morphine.

21. The IPA advised that the Trust's decision to *offer* the complainant an alternative form of OST was '*appropriate and in keeping with the relevant clinical practice within the prison setting*'. In reaching this decision, the negative UDS and the Trust's documented concerns about diversion of medication by the complainant meant the Trust had '*a duty to consider alternative options*' for the complainant.
22. The IPA advised the Trust '*gave due consideration*' to the complainant by offering a choice between Buprenorphine or Methadone. These alternative medications were '*entirely reasonable*' and enabled the Trust to '*meet their responsibilities*' to the complainant as well as minimise the '*risks associated*' with diversion of medication.
23. The IPA advised that he had '*not identified any failings in the care provided to the complainant*'.

## **Analysis and Findings**

24. The Orange Book and Trust Medicines Policy, as well as the Trust's Adherence process, highlight the need for ongoing review of medications to ensure staff support patients to get the most effective use from medication as well as ensuring adherence to a medication regime. I note from the complainant's medical records that the Trust conducted regular medication reviews.
25. The Orange Book states that drug testing is important both before some medications are prescribed and for '*monitoring following such prescribing*'. Drug testing is also important to '*obtain evidence of reduction or cessation of other drug use*'. Urine drug screen is the '*most versatile and usual*' test. I note from records provided the Trust conducted drug testing for the complainant on approximately 10 occasions between the period January 2023 to June 2024. This included the UDS taken on 31 January 2024. The test results of 31 January 2024 state, '*Buprenorphine Not Detected*'. The IPA advised this shows the test was negative for the Espranor medication.
26. The Trust's Medicine policy states that any concerns about diversion should be '*referred to the relevant prescriber*'. I note from the complainant's medical records that on 24 January 2024, Trust staff documented '*further concerns about compliance with Espranor*'. Staff also documented on this entry that prison healthcare staff should '*monitor very closely*', and if there are any '*further concerns*', the complainant should be '*switched*' to Methadone or Buprenorphine.

27. The Trust's Medicine policy also states that where a staff member suspects diversion, they should complete '*an incident form*'. However, the complainant's medical records did not contain any '*incident forms*'. In its response to this enquiry, the Trust stated that it only documents '*concerns relating to individual patient diversion...within the clinical record as a consultation only*'. This is not in accordance with the Medicine policy. I would ask the Trust to ensure its policy reflects its current practice in relation to the recording of such concerns.
28. As a result of concerns of diversion of Espranor documented on 24 January 2024, a review with the Addiction Service took place on 25 January 2024. The complainant's medical records document that staff informed the complainant of '*the dangers of diverting and risk to his OST and other medications*'. Trust staff documented the results of the UDS on 31 January 2024 in the complainant's medical records on 9 February 2025 and discussed this with the complainant on 15 February 2024. The complainant denied he diverted his medication and said his recent test with the NIPS was '*all clear*'.
29. The NIPS' UDS was taken on 5 February 2024 and was positive for '*Buprenorphine*'. The IPA advised this would be '*consistent with the ongoing prescription*'. Therefore, this evidenced the complainant had taken his Espranor medication prior to the NIPS UDS. The IPA advised that Espranor '*tends to remain detectable on most urine drug screening tests for about a week*'. It is possible therefore that if the complainant had taken his Espranor prescription as normal in the days before the NIPS' UDS a positive result would have been returned. I acknowledge that NIPS conducts its tests separate to the Prison Healthcare Team within the Trust. I also note the NIPS' test occurred five days after the Trust's test. Given the timescale between both tests, I conclude that it is possible that the tests could have returned different results. The IPA also advised that he was unaware of any other medication that could have generated the negative UDS for the complainant on 31 January 2024.
30. During the consultation with the complainant on 15 February 2024 Trust staff informed him of the decision to stop the Espranor and asked him to decide if he '*would prefer Methadone or Buvidal*'. The complainant's medical records on 4 March 2024 document that he '*accepted that he will make the change to Buvidal*'. Medication records document the Trust reduced the complainant's dosage of Espranor from 16mgs to 8mgs daily from 20 February 2024 until it stopped on 7

March 2024. Staff commenced administration of Buvidal to the complainant from 8 March 2024.

31. I note the IPA's advice that in line with policy, the Trust had a '*duty to consider alternative options*' for the complainant when concerns about diversion of medication were raised. I note also the IPA advice that the alternative medications offered to the complainant (Buvidal and Methadone) '*were entirely reasonable*'. I accept the IPA's advice and consider the Trust's decision to switch the complainant from one type of OST medication (Espranor) to another type (Buvidal and later Methadone) was in line with its policy and relevant standards. I have therefore not identified a failure the Trust's care and treatment of the complainant. I do not uphold this sub issue of complaint.

## **Details of Complaint**

### *Removal of Pregabalin*

32. The complainant said he had taken Pregabalin for 12 years before the Trust removed it. He said he was on Pregabalin to help him recover from his addiction to benzodiazepines and to stop violent attacks. However, the Trust removed it and put him back onto Diazepam (a type of benzodiazepine) when in fact he needs to be on Pregabalin. The complainant wished to have his prescription for Pregabalin reinstated.

## **Evidence Considered**

### **Legislation/Policies/Guidance**

33. I considered the following guidance:
- a. The Orange Book
  - b. RCGP guidance
  - c. HSCB letter
  - d. Trust's Medicine Policy

## **Trust Records**

34. I reviewed the complainant's medical records provided by the Trust in its response to this office.

## Trust Response to investigation enquiries

35. The Trust stated that the complainant *'was commenced on Pregabalin in the community'*. The Trust initially opted to continue the prescription when the complainant entered prison. However, it was for *'back pain and anxiety'* rather than to help him recover from his addiction to benzodiazepines. In July 2017, the Trust switched the complainant from tablets to a liquid form due to *'concerns that [the complainant] was diverting his Pregabalin tablets'*.
36. The Trust stated that the complainant remained on Pregabalin liquid until the Trust stopped it on 29 April 2019 due to *'concerns about diversion of liquid Pregabalin'*. In February 2020, the Trust prescribed Pregabalin again for the complainant *'to try to stabilise his addiction to illicit Pregabalin and for comorbid<sup>11</sup> back pain'*.
37. The Trust stated that the patient's urine drug screening in January 2021, January 2022 and June 2023 showed a presence of *'illicit Gabapentin'*<sup>12</sup>. This showed the complainant was *'using drugs sporadically on top of his prescribed Pregabalin and Espranor'*.
38. The Trust stated there was *'a wide body of evidence'* that *'Pregabalin contributes to harm for patients'*. In addition, the SPPG<sup>13</sup> removed Pregabalin from the *'NI formulary'*<sup>14</sup> *for chronic neuropathic*<sup>15</sup> *pain'*. SPPG advised all GP Practices in August 2021 to conduct a review of patients prescribed Pregabalin. While this communication was issued in August 2021, the Trust stated it continues to prescribe Pregabalin in the prison setting. However, it aims *'to deprescribe Pregabalin in a phased, pragmatic, collaborate and supportive way'*. This was recognised as *'notable positive practice'* by a recent RQIA inspection.
39. The Trust stated it began a slow gradual reduction of Pregabalin for the complainant from 8 September 2023. This was because Pregabalin was *'not controlling'* the complainant's pain fully. It was also concerned the patient was using *'illicit drugs'* on top of prescribed medications, and about the impact of this on his health.

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<sup>11</sup> Denoting or relating to diseases or medical conditions that are simultaneously present in a patient.

<sup>12</sup> Gabapentin is a medicine used to treat partial seizures, nerve pain from shingles and restless leg syndrome.

<sup>13</sup> Strategic Planning and Performance Group of the Department of Health (replaced the Health and Social Care Board).

<sup>14</sup> The NI Formulary promotes safe, clinically and cost-effective use of medicines in Northern Ireland.

<sup>15</sup> Neuropathic pain is nerve pain that can happen if the nervous system malfunctions or gets damaged.

40. The Trust advised the complainant was *'later commenced on diazepam to reduce anxiety symptoms'*.

### **Relevant Independent Professional Advice**

41. The IPA advised that Pregabalin is a *'respiratory depressant medication'*. There *'has been evidence of the impact of this medication in drug-related deaths'*. When taken in combination with other opioid medication, *'there is an increased risk of oversedation and death'*.
42. The IPA advised the Trust's decision to *'stop and reduce'* the complainant's prescription for Pregabalin was based on *'there being no appropriate clinical indication for this medication'*. Pregabalin is *'not licenced'* for the treatment of *'low back pain'* and is only licenced for *'neuropathic pain'* (nerve pain). There was *'no evidence'* the complainant suffered from neuropathic pain. While the Espranor medication was not licenced for low back pain, the complainant's dosage *'would have been of sufficient strength to provide considerable analgesic<sup>16</sup> effect'*. The Trust's approach to the tapering of Pregabalin *'would be considered a very gradual reduction relative to the more standard practice of reducing pregabalin at 50 mg per week'*.
43. In conclusion, the IPA advised the Trust's decision to gradually reduce the complainant's Pregabalin prescription was appropriate. This was based on guidance around Pregabalin use, the *'lack of appropriate indication for the use of pregabalin in the management of the complainant's musculoskeletal low back pain'*, and concerns relating to the suspicion that the complainant was *'under the influence of an illicit substance and/or over-sedation from his medication'*.

### **Analysis and Findings**

44. I note the HSCB letter states Pregabalin was removed from the Northern Ireland Formulary for *'neuropathic pain'* because of *'a significant increase in drug-related deaths'* in which Pregabalin use was *'mentioned on death certificates'*. The letter also reminds prescribers they should not prescribe Pregabalin for other types of pain such as *'fibromyalgia, low back pain and sciatica'*.

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<sup>16</sup> An analgesic drug, also called simply an analgesic, antalgic, pain reliever, or painkiller, is any member of the group of drugs used for pain management.

45. The RCGP guidance states that Pregabalin and Gabapentin<sup>17</sup> are *‘highly sought after’* and clinicians should *‘avoid initiating them in prison and proactively review people prescribed them’*. The guidance also states that there is continuing evidence for *‘the harm caused by Gabapentinoids<sup>18</sup>’* which have been *‘identified as a factor in drug-related deaths’*. It further states, *‘there is no clinical indication for the use of gabapentin and pregabalin for non-specific mechanical back pain’*.
46. I note from the complainant’s medical records that the Trust documented concerns about his use of illicit drugs on top of his prescribed medication on several dates. These were 21 January 2020, 10 February 2020, 30 March 2020, 8 April 2020, 14 August 2020, 25 December 2020, 5 June 2023, 28 June 2023, and 28 November 2023. I also note the complainant’s medical records evidence he tested positive for illicit substances on 21 January 2021, 12 January 2022 and 22 June 2023.
47. The Orange Book, and the Trust’s Medicines Policy and Adherence process, highlight the need for ongoing review of medications to ensure staff support patients to get the most effective use from medication as well as ensuring adherence to a medication regime. I note the Trust discussed the complainant’s prescription for Pregabalin with him during medication reviews on several occasions, including 5 May 2023. During the review on 5 May 2023, the consultant advised the complainant that Pregabalin was not recommended for *‘mild to moderate back pain’*. The consultant documented that the complainant *‘accepts’* that he was dependent and was concerned about the impact of not taking the medication. The outcome of this review was an agreement for *‘slow supported gradual reduction’* including the treatment of any emerging symptoms that appeared as the withdrawal took effect. The agreed dosage reduction was at the rate of *‘50mgs per month’*.
48. The Orange Book states that where Pregabalin is to be withdrawn, it is recommended that it is *‘reduced at a maximum rate of 50-100mg/week’*. RCGP guidance recommends *‘gradual tapering’* of the drug to *‘minimise withdrawal symptoms’*. I note the IPA advised the Trust’s decision to gradually reduce the complainant’s prescription of Pregabalin was appropriate and the approach was *‘very gradual’* in comparison to the general standard recommended.

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<sup>17</sup> Gabapentin is a medicine used to treat partial seizures, nerve pain from shingles and restless leg syndrome.

<sup>18</sup> Gabapentinoids. Gabapentinoids (gabapentin and pregabalin) are antiepileptic agents commonly used to treat neuropathic pain.

49. On 21 June 2023, the complainant's medical records documented that staff prescribed 'Zopiclone<sup>19</sup>' to help with '*pregabalin reduction*' due to the complainant's reported sleep issues. On 8 September 2023, staff discussed a '*switch to diazepam 5mgs*' along with Zopiclone for 4 weeks '*whilst adjusting to change*'. I note from the complainant's medication records that he received his last dose of Pregabalin on 14 September 2023 and '*changed to Diazepam*' from that date.
50. The IPA advised that the '*decision to reduce and stop the complainant's pregabalin was based on there being no appropriate clinical indication for this medication*'. He also advised that '*the Trust took appropriate steps to continue the gradual reduction of pregabalin*'. I accept the IPA's advice.
51. I note from the RCGP guidance and HSCB Letter that Pregabalin is not recommended for low back pain or for issue in prisons. The Orange Book recommends that prescribers should '*avoid initiating them in prison and proactively review people prescribed them*'. I am satisfied therefore that the Trust's actions in reviewing, tapering and ultimately discontinuing the complainant's prescription of Pregabalin was reasonable, appropriate and in line with relevant standards. As I have not identified a failure in the complainant's care and treatment, I do not uphold this sub issue of complaint.

## CONCLUSION

52. I received a complaint about care and treatment the Trust provided to the complainant in relation to his prescribed medication between September 2023 and June 2024. I do not uphold the complaint. I find the Trust's actions in replacing the complainant's OST therapy with a different medication and discontinuing his prescription for Pregabalin were reasonable and appropriate. I did not identify any failures in the Trust's care and treatment provided to the complainant and am satisfied that the Trust acted in accordance with its policies and relevant standards.

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<sup>19</sup> Zopiclone is a non-benzodiazepine sleeping pill used for the short-term treatment of insomnia in adults.



53. I appreciate the complainant had grave concerns about changes made to his medication regime. I hope my finding that the Trust acted appropriately when it managed these changes brings him an element of reassurance.

**MARGARET KELLY**

**Ombudsman**

**October 2025**

## **Appendix 1 - PRINCIPLES OF GOOD ADMINISTRATION**

**Good administration by public service providers means:**

### **1. Getting it right**

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

### **2. Being customer focused**

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances.
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

### **3. Being open and accountable**

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

### **4. Acting fairly and proportionately**

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.

- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

## **5. Putting things right**

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

## **6. Seeking continuous improvement**

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

