SPSO decision report

Case: **202308080, Ayrshire and Arran NHS Board**
Sector: Health
Subject: Admission / discharge / transfer procedures
Decision: upheld, recommendations

Summary

C complained that the board failed to reasonably investigate and/or diagnose the cause of their symptoms of significant weight loss, intense abdominal pain, vomiting, altered bowel habit and nausea. C also complained that they were discharged from the board's gastroenterology service (specialists in the diagnosis and treatment of disorders of the stomach and intestines) despite these ongoing symptoms. C said that they were left with no option but to obtain private care and treatment in England where they were diagnosed as suffering from mesenteric ischaemia (restricted blood flow to the intestines). C underwent surgery to correct this privately. While this resulted in significant improvements in C's health, C complained that this course of action should not have been necessary and that there were cost implications.

In their complaints response, the board acknowledged and apologised for issues with delays in providing investigations, and failings with respect to communication. However, they considered the clinical decisions made in relation to the investigation and management of C's case were appropriate.

We took independent advice from a consultant gastroenterologist and a consultant radiologist (specialist in diagnosing and treating disease and injury through the use of medical imaging techniques such as x-rays and other scans). We found that the board should have considered a diagnosis of mesenteric ischaemia as a strong possibility based on C's presenting symptoms. Furthermore, when a CT scan was undertaken there was a failure to report the narrowing of the blood vessels supplying the gut. We found that the decision to discharge C from the gastroenterology service was unreasonable given their ongoing persistent symptoms and, of particular concern, their ongoing weight loss. Therefore, we upheld C's complaints.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the failings identified in this decision. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/meaningful-apologies.
- Calculate and reimburse C in relation to their private treatment (including the cost of travel to and from London for C after their discharge from the gastroenterology service) on production of appropriate receipts. The calculation should be based on what the treatment / surgery would have cost the NHS (rather than the full cost of the treatment) and what proportion of that C had to pay. The payment should be made by the date indicated; if payment is not made by that date, interest should be paid at the standard interest rate applied by the courts from the initial date to the date of payment.

What we said should change to put things right in future:

- Care should be taken when discharging patients with ongoing and persistent symptoms and, in particular, who have ongoing weight loss when there is no clear explanation or diagnosis established.
- Where a patient presents with post-prandial abdominal pain and weight loss with no apparent cause

despite extensive investigation there should be a high index of suspicion of mesenteric ischaemia as a strong possibility being the diagnosis, there should be interdisciplinary working between a multi-disciplinary team (the investigating team and radiology) so as to reduce the risk of missing mesenteric ischaemia as a diagnosis and there should be a specific review for evidence of any mesenteric blood vessel atherome on CT scans carried out.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.