

SPSO decision report

Case: 201202594, Fife NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, with recommendations

Summary

Miss C had gastric band surgery (surgery to fit a band around the top of the stomach to help weight loss) some years ago, but was not offered supporting lifestyle therapy sessions at the time and did not achieve the weight-loss that had been expected. After moving to another area, Miss C sought further surgery through her new health board. As the board did not have a bariatric (obesity) service at that time, she was referred to another health board, and funding was approved for surgery and supporting therapy sessions. Surgery was agreed pending completion of the therapy sessions, but the specialist left and Miss C was referred back to her local board, who by that time had the facility to provide the required treatment. Miss C was again identified as a suitable candidate for surgery, which was to happen when she completed the therapy sessions. However, the lack of a suitable dietician meant that the therapy sessions could not be completed, and so surgery could not go ahead. Miss C complained that the board referred her for surgery without ensuring that all the necessary services were in place.

We accepted that surgery could not go ahead without a fully funded multi-disciplinary service being in place, consisting of surgical staff, psychology and dietetics. Initially, Miss C was referred to a board that had such a service, but was referred back to her own board when the service was disbanded.

Our investigation found that Miss C was accepted there as a candidate for surgery and that, although there was still no bariatric service in place, a surgical place was allocated to her from an allocation set aside for patients on a pilot diabetes project. The board gave three separate reasons as to why Miss C did not receive her surgery: she failed to attend therapy sessions; there was no suitably qualified dietician available; and there was no fully-funded multi-disciplinary unit. We found that the board had agreed to allow Miss C another chance to take the therapy sessions and that there was a dietician in place, although they were not funded to work as part of a multi-disciplinary team. With regard to the lack of a multi-disciplinary team, we found that the board were able to provide this service to patients on the diabetes project, but not to those requiring surgery outwith that project. We considered that the board failed to look at Miss C's case by taking all her needs into account. Having agreed that she was suitable for the therapy sessions and surgery and that funding would be made available for this, they should have followed through on their agreement and funded the dietetic input that was required. We concluded that this was an administrative failing, which meant that Miss C could not access the support services that would have completed the assessment of her suitability for surgery.

Recommendations

We recommended that the board:

prioritise the completion of Miss C's assessment and therapy sessions in line with the National Planning Forum's guidance;

ensure that full multi-disciplinary funding is made available for the completion of Miss C's therapy sessions and

any surgical treatment that she may subsequently be approved for in line with the clinical advisory panel's approval;

apologise to Miss C for the delay in progressing her case; and

provide the Ombudsman with details of how they intend to meet the requirements for multi-disciplinary assessment and treatment of patients in line with the National Planning Forum's guidance.