

## SPSO decision report

**Case:** 201203633, Ayrshire and Arran NHS Board

**Sector:** health

**Subject:** clinical treatment / diagnosis

**Outcome:** upheld, recommendations

### Summary

Mr C had a history of abdominal pain, diarrhoea and constipation. He was referred to hospital and was seen by two gastroenterologists (clinicians specialising in the treatment of conditions affecting the liver, intestine and pancreas) at various out-patient appointments. He was diagnosed as having irritable bowel syndrome (IBS) and bile salt diarrhoea. Mr C complained about the board's investigation of his symptoms, suggesting that the two gastroenterologists gave conflicting opinions as to their cause. However, he was also specifically concerned about a hospital admission when he said he was left for several days without being seen by a gastroenterologist. Once the gastroenterologist attended, he was dissatisfied with the extent of their examination and their findings.

Our investigation included taking independent advice from a medical adviser. We did not find any evidence to suggest that Mr C had been misdiagnosed or that the two gastroenterologists reached conflicting views about his treatment, and we were generally satisfied that the overall treatment of Mr C's condition was reasonable. However, we found that Mr C was not seen by a gastroenterologist for eight days during the hospital admission. There was clear evidence that staff on the ward identified a need for him to be seen by a gastroenterologist at an early stage in his admission. However, despite reassurances that someone from gastroenterology would attend, this did not happen. There was insufficient evidence to say whether this was because the ward staff failed to contact gastroenterology as planned, or because gastroenterology failed to act on requests from the ward. The end result, however, was that Mr C's treatment fell below an acceptable standard. We accepted advice that this would not have had a significant long term impact on his physical condition, but we noted that IBS has a recognised psychological component, and symptoms can be made worse by stress and anxiety. We considered that the delay in being seen by a gastroenterologist would not have helped Mr C's recovery.

### Recommendations

We recommended that the board:

- apologise to Mr C for the delay in him being seen by a gastroenterologist during his hospital admission; and
- draw our findings to the attention of the staff involved with a view to identifying any improvements that can be made to communication between the wards and the gastroenterology unit.