

SPSO decision report

Case: 201301790, Ayrshire and Arran NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C complained about the care and treatment she received for her back condition at a clinic at Ayrshire Central Hospital. She said that their treatment of her painful condition was unreasonable, and was unhappy that she was referred to a specialist hip orthopaedic consultant whom she thought did not specialise in the right area for her condition.

We obtained independent advice on this case from two of our medical advisers - a physiotherapist with a specialist interest in spinal conditions and an orthopaedic surgeon with specialist interest in lumbar spine problems. Our physiotherapy adviser explained that the main source of Mrs C's pain was not clear, and that the treatment offered and the clinical pathway followed was reasonable in these circumstances. He said that the guidelines the clinic used were in line with clinical practice and national guidelines. Mrs C was clearly in considerable pain for many months and we fully acknowledged that any delay in receiving treatment would have been very distressing and debilitating for her. However, based on the advice received, we were satisfied that the clinic's care and treatment was reasonable and in line with national standards.

Our orthopaedic adviser explained that Mrs C's pain symptoms were not typical of the type of nerve root problems that were identified on an MRI scan she had (a scan used to diagnose health conditions that affect organs, tissue and bone) but were more typical of hip pain. He, therefore, thought that the initial referral to the hip consultant was appropriate. He said that Mrs C did not have any red flag symptoms (symptoms that would have suggested a very serious underlying cause) and so an MRI referral was, correctly, not considered appropriate. He concluded that the nerve damage identified on the scan was not of a type that should have led to a change in her referral pathway and that it was appropriate for her to continue to see the hip consultant in the first instance. Based on the advice received, we concluded that the board's actions in making and maintaining Mrs C's initial referral to the consultant were appropriate.