

## SPSO decision report

**Case:** 201104985, Ayrshire and Arran NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** some upheld, recommendations

### Summary

In 2007, Miss C was diagnosed with ulcerative colitis, a form of inflammatory bowel disease (IBD) causing ulcers or open sores to form on the colon. She suffered severe flare-ups in 2008 and 2010, and had to be admitted to hospital. Miss C explained that she was very aware of her own body and recognised the pattern of symptoms that would lead to flare-ups. She developed bleeding in 2011 and was referred to a gastroenterologist (a clinician specialising in the treatment of conditions affecting the liver, intestine and pancreas). Miss C complained that, although she was sure that she was heading towards another flare-up, the gastroenterologist did not take her concerns seriously and provided investigations and medications that did not help her. Ultimately, she developed a severe flare-up, and needed surgery.

We did not uphold most of Miss C's complaints. It was not possible to determine from the records what conversations had taken place between her and the gastroenterologist, or how seriously her concerns about her condition were taken. However, we found clear evidence that medication decisions were affected by what she had said. We also accepted independent medical advice that the treatment plan put in place for Miss C was appropriate for her symptoms and in line with national guidance. Our adviser said that Miss C's treatment did not deviate from the British Society of Gastroenterology's Guidelines for the management of inflammatory bowel disease in adults (the BSG Guidelines).

Miss C also complained that the board did not obtain her medical records from another health board that had treated her previously. We were satisfied that procedures were in place to obtain records where necessary. However, on this occasion, the gastroenterologist had decided to conduct a fresh review of Miss C's symptoms, which we considered reasonable.

Although we found the treatment decisions to have been appropriate and made with reference to information from Miss C, we were critical of the standard of communication with her, and upheld her complaint about this. We found that staff could have done more to empathise with Miss C during her admission, and to explain the reasoning behind treatment decisions that she did not agree with.

### Recommendations

We recommended that the board:

- provide details to the Ombudsman of the facilities they have in place to meet the BSG Guidelines' requirement to provide patients with access to an IBD helpline;
- consider asking their clinical team to review how they communicate with patients in terms of explaining decisions made about their treatment; and
- ask the clinical team to consider how they can ensure patients' comments, concerns and treatment options are discussed empathetically.