

SPSO decision report

Case: 201200133, Ayrshire and Arran NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: upheld, recommendations

Summary

Mrs C's mother-in-law (Mrs A), who lives overseas, was visiting her family when she became unwell with stomach pain and anaemia. The family GP referred her to hospital, where she was treated for severe liver disease complicated by fluid retention (an excessive build up of water in the body) for about five weeks. She was then discharged, with the intention that she should come back later for further treatment. However, when she was seen as an out-patient a few weeks later, she was urgently readmitted because of fluid retention. Mrs C complained about Mrs A's care and treatment. She said that Mrs A's experience in hospital was unpleasant; that because an interpreter was not provided, a family member had to stay with her; and that the family were asked to pay a large bill for Mrs A's treatment. She also complained that the board did not respond reasonably to her complaints.

We took independent advice from three of our medical advisers. After considering the advice, we upheld both of Mrs C's complaints. The hospital investigations had showed that Mrs A had cirrhosis of the liver (scarring of the liver as a result of continuous, long-term damage), with complications of fluid retention, and indicated that this was because of infection with hepatitis C (a virus that can infect and damage the liver, and can be transmitted to others through contact with infected blood). The advisers agreed that there was no evidence of inadequate care by nursing staff or clinicians, nor did they consider that there was an unreasonable delay in providing a bed for her, which was one of Mrs C's concerns. Similarly, there was no evidence of unreasonable communication by nursing staff and clinicians with Mrs C and her family about Mrs A's care and treatment. We noted, however, that it was not confirmed to anyone that Mrs A was suffering from hepatitis C, and that there was no evidence in the records that Mrs A or her family received appropriate counselling about the implications of this. In addition, the board's policy clearly says that interpretation services should be offered. If these were declined, then the board should have considered an appropriate way of obtaining Mrs A's consent to using family members to translate, and this did not appear to happen. We were critical of the board about these points and, although we recognised that a number of aspects of Mrs A's care and treatment were reasonable, on balance we upheld Mrs C's complaint.

In terms of the board's response, we noted that Mrs C felt that the family should not have to pay for Mrs A's treatment, and that this was still in dispute when we investigated the complaint. We found that the Scottish Government provide guidance in their document of April 2010 'Overseas Visitors' Liability to Pay Charges for NHS Care and Services'. This specifically excludes viral hepatitis from the services and treatment that attract a charge. We also noted that the board's complaints response was relatively brief and did not provide a full summary of Mrs A's medical problems. Had it done so, and in particular had it mentioned that she had hepatitis C, the board could then have considered the financial implication of the diagnosis under the guidance. Although, therefore, we would not normally become involved in the issue of such charges, we considered this to be relevant in this case and upheld Mrs C's complaint.

Recommendations

We recommended that the board:

- take steps to offer the appropriate counselling to Mrs C's family (including Mrs A);
- ensure that all patients (and, where appropriate, family members) receive counselling in respect of the implications of chronic hepatitis C infection and that these discussions are recorded in the clinical record;
- advise the Ombudsman of the counselling arrangements that are in place for patients diagnosed with hepatitis;
- ensure staff are aware of and follow their policy on communication and support for patients where English is not their first or preferred language;
- ensure that full and appropriate clinical information is included in complaints response letters;
- review this case for payment in view of the guidance 'Overseas Visitors' Liability to Pay Charges for NHS Care and Services' (April 2010) and advise Mrs C and the Ombudsman of the outcome; and
- apologise to Mrs C and Mrs A for the upset this matter has caused.