

SPSO decision report



Case: 202404449, Lothian NHS Board
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained about the care that their adult child (A) received from the prison healthcare team and particularly a failure to formulate a treatment plan for ongoing symptoms of stomach pain, nausea, diarrhoea and weight loss.

The board noted that numerous tests had been carried out to investigate the cause of A's symptoms, which had come back negative. They initially mistakenly stated that tests were negative for Irritable Bowel Syndrome (IBS), then later clarified that there is no definitive test for IBS and it is diagnosed by a process of elimination. They said that A had no formal diagnosis of IBS, but received treatment and dietary advice for this possibility. They noted that tests for Inflammatory Bowel Disease (IBD) were negative. As A did not have a diagnosed long-term or chronic condition, the board said a treatment plan was not required and they concluded that A received appropriate care.

We took independent advice from a general practitioner. We found that reasonable and thorough tests were done regarding A's symptoms but a reasonable care plan was not put in place to address possible IBS. Staff appeared to lack a clear understanding of the difference between IBS and IBD. A had an inflammatory eye condition which is associated with IBD, and there was a failure to note this potential link and consider a referral for a colonoscopy (examination of part of the intestines with a camera on a flexible tube). If a colonoscopy was negative for IBD, this would point towards a diagnosis of IBS and a dietician referral and care plan would be appropriate to support dietary changes. We upheld this complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to A and C for the failings identified. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/meaningful-apologies.

What we said should change to put things right in future:

- Awareness should be raised amongst clinical staff regarding the differences between IBS and IBD and the potential links between inflammatory eye disease and IBD. Appropriate care plans should be in place to manage IBS and support dietary changes, especially in a prison setting where prisoners have limited control over their food choices. Complaint responses should be factually accurate. Draft findings should be shared with relevant clinicians to ensure the factual accuracy of any clinical references.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.