Investigation of a complaint against the Belfast Health & Social Care Trust

Report Reference: 202004428

The Northern Ireland Public Services Ombudsman
33 Wellington Place
BELFAST
BT1 6HN
Tel: 028 9023 3821
Email: nipso@nipso.org.uk
Web: www.nipso.org.uk
@NIPSO_Comms

The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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SUMMARY

I received a complaint about the care and treatment the Belfast Health and Social Care Trust (the Trust) provided to the complainant. The complainant was concerned at being discharged from the Eating Disorder Service (EDS) and said she has ongoing issues without professional services or support in place.

The complainant has a diagnosis of Anorexia Nervosa[1] and has related mental health issues. She requires regular blood tests to monitor her potassium levels. Following a review of the available documentation, as well as relevant guidance, and the IPA's advice, the investigation established the Trust's discharge of the patient in this instance was reasonable, appropriate, and in accordance with relevant guidance. The investigation also established the complainant was offered good support, both through transfer to primary care, and by the availability of re-referral to the EDS in the future, should that be required.

Whilst I did not uphold the complaint in this instance, I made some observations regarding the complainant's discharge from the EDS and her experience, both in the lead up to, and following her discharge.

[1]Anorexia Nervosa is an eating disorder that causes a severe and strong fear of gaining weight. You may have a distorted view that you are fat even when you are dangerously thin. You may use extreme exercise, calorie and food limitations, or binging and purging to control your weight.

THE COMPLAINT

1. I received a complaint about the care and treatment the Belfast Health and Social Care Trust (the Trust) provided to the patient in November 2022. The complainant was the patient in this case.

Background

2. The complainant has a diagnosis of Anorexia Nervosa[2] binge-purge sub-type[3], and has related mental health issues surrounding self-harm. She was a patient of the Trust's Eating Disorder Service (EDS) from March 2014 until the service discharged her in November 2022. The complainant explained that the Child and Adolescent Mental Health Services (CAHMS) had referred her to the EDS in March 2014.

3. The complainant is noted to use laxatives, and as a result has issues with her blood serum potassium levels, which require monitoring by regular blood tests.

Issue of complaint

4. I accepted the following issue of complaint for investigation:

   Whether the Trust's decision to discharge the patient from the Eating Disorder Service in November 2022 was appropriate and in accordance with relevant guidelines.

INVESTIGATION METHODOLOGY

5. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

[2] Anorexia is an eating disorder that causes a severe and strong fear of gaining weight. You may have a distorted view that you are fat even when you are dangerously thin. You may use extreme exercise, calorie and food limitations, or binging and purging to control your weight.
[3] People with the binge-purge type of anorexia nervosa greatly restrict their food intake. They also engage in episodes of binge eating followed by purging through forced vomiting or the use of laxatives or diuretics.

Independent Professional Advice Sought

6. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

    - A Consultant in General Adult Psychiatry and Eating Disorders, MB BS MD FRCP FRCPsych SFHEA - with over 30 years' experience dealing with conditions relevant to this case.

7. The information and advice which informed the findings and conclusions are included within the body of this report. The IPA provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

8. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

    The general standards are the Ombudsman's Principles[4]:

    - The Principles of Good Administration

9. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

    The specific standards and guidance relevant to this complaint are:

    - The General Medical Council's Good Medical Practice, updated April 2014 (the GMC Guidance);

    - The National Institute for Health and Care Excellence's Eating

[4] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

disorders: recognition and treatment, NICE Guideline 69, updated 16 December 2020 (NICE NG69); and

- The Royal College of Psychiatrists: Medical Emergencies in Eating Disorders: Guidance on Recognition and Management, College Report CR233 (MEED CR233), May 2022.

I enclose relevant sections of the guidance considered at Appendix three to this report.

10. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.

11. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

THE INVESTIGATION

Issue:

Was the Trust's decision to discharge the patient from the Eating Disorder Service in November 2022 appropriate and in accordance with relevant guidance?

Detail of Complaint

12. The complainant raised the following concerns regarding her care and treatment, and specifically her discharge from the EDS:

    1. The EDS discharged her with no ongoing service provision or input, despite an ongoing severe and enduring eating disorder (SEED)[5].

[5] Patients with longstanding eating disorders are often referred to as "SEED" (severe and enduing eating disorders) although this remains controversial and is not acknowledged in the British treatment guidance.

2. She disagreed with the Trust's risk management of her physical health and considers there was a failure by the Trust to monitor and manage her hypokalaemia[6] following her discharge from the EDS.

3. She disagreed with the Trust's position that she is not at risk of significant harm and / or premature death due to a lack of support and monitoring following her discharge from the EDS.

Evidence Considered

Legislation/Policies/Guidance

13. I considered the following guidance:

- The GMC Guidance;
- NICE Guideline NG69; and
- MEED Guidance CR233.

Trust's response to investigation enquiries

14. The Trust stated that whilst it had discharged the complainant from the specialist EDS, she remains under the care of her General Practitioner (GP), to whom it made recommendations in relation to the monitoring of biochemistry and medication.

15. The Trust explained that the patient currently has a differential diagnosis[7] of Emotionally Unstable Personality Disorder[8] (EUPD), but also said this is not a confirmed diagnosis. The Trust explained '*there is adequate evidence over the long period of regular contact with services to substantiate Emotionally Unstable Personality Disorder is part of a differential diagnosis.'*

16. The Trust referred to the complainant's concern about a risk assessment of her physical health, and in particular, the management of her hypokalaemia. It

[6] Hypokalaemia is a deficiency of potassium in the blood.
[7] A differential diagnosis is a list of possible conditions that share the same symptoms.
[8] The important feature of emotionally unstable personality disorder is a pervasive pattern of unstable and intense interpersonal relationships, self-perception and moods.

stated whilst '*blood monitoring offers a level of accountability, it also gives a false sense of risk management as it only provides information on potassium levels at the time when the blood was taken.'* The Trust also explained the complainant acknowledged during a meeting on 24 November 2022, also attended by the complainant's mother, that she could make less frequent, less intense monitoring a '*useful and helpful experience as she would be accountable for ensuring to take her Sando-K and seeking emergency care as appropriate.'*

17. I asked the Trust about the complainant's concern it said she is not at risk of significant harm and/or premature death due to a lack of support and monitoring. The Trust stated this was not its position. It's position is that the complainant is at risk due to her purgative behaviours and non-compliance with potassium replacement. The Trust stated its concern is that the ongoing support and monitoring were increasing that risk with regard to hypokalaemia. In particular that by reducing the ongoing monitoring by returning the complainant to primary care, and with the complainant's acceptance that she would be accountable, it would reduce that risk. The Trust stated the complainant acknowledged and accepted this when they discussed it in the meeting with the complainant and her mother.

18. The Trust stated the discharge letter from the Consultant to the complainant's GP contained recommendations for ongoing care of the patient, as well as '*the extensive rationale for discharge*'. It stated that the EDS did not meet with the GP, stating *'a meeting such as this would not be normal practice'.* The Trust also stated the EDS Consultant invited the GP to contact the EDS if he/she required advice, after it had discharged the patient.

Relevant Trust records

19. I have included a chronology of the care and treatment the Trust provided to the complainant at appendix four of this report.

Relevant Independent Professional Advice

20. I have enclosed the IPA's advice at appendix two to this report. I have outlined my consideration of that advice in the analysis and findings below.

Analysis and Findings

21. The IPA advised the complainant has a diagnosis of Anorexia Nervosa, with a binge-purge sub-type, and was believed to suffer from another mental health illness, which was described in medical notes as a borderline (or emotionally unstable) personality disorder. The IPA also noted the complainant disputes that diagnosis.

22. I note the complainant requested clarification regarding a diagnosis of borderline or Emotionally Unstable Personality Disorder. The Trust said the patient does not have a diagnosis of EUPD, rather there is '*adequate evidence over a long period of regular contact with services to substantiate that Emotionally Unstable Personality Disorder is part of a differential diagnosis. The thinking behind which has been discussed with the patient and her family as documented repeatedly in her notes.'* The Trust also said that EUPD has never been coded for the patient on its electronic recording systems.

23. I understand the complainant not wishing this to be referred to as a definitive diagnosis. The Trust clarified that while there was no diagnosis of EUPD they believed she displayed traits of an emerging co-morbid EUPD, which they considered was evident during her teenage years, as referred to by her Consultant in his discharge letter to her GP, dated 29 November 2022. The complainant has a copy of this letter. I am satisfied that the complainant is fully aware of her diagnosis of Anorexia Nervosa which is defined as an eating disorder, and serious mental health condition.

24. The complainant was concerned about the Trust's decision to discharge her from the EDS. I reviewed the NICE Guidelines (NG69), and note under paragraph 1.3.18 it states '*For people with anorexia who are not having treatment (for example, because it has not helped or because they have declined it) and who do not have severe or complex problems:*

    1. *Discharge them to primary care;*
    2. *Tell them they can ask their GP to refer them again for treatment at any time.'*

25. The IPA referred to the complainant's condition and NICE NG69. He advised appropriate treatments for the complainant included CBT-E[9], MANTRA[10], and SSCM[11]. The IPA advised the Trust provided, or attempted to provide, each of these treatments to the complainant while she was under the care of the EDS. I note the IPA's further advice that the Trust also provided dietary assistance to the complainant to help her gain weight.

26. The IPA advised '*Unfortunately they have not been effective and she remains seriously ill. No existing treatment that she would accept is likely to improve her mental and physical state, so discharging her from the Eating Disorders Service to Primary Care is, in my view, justified.'* He further advised the EDS discharge letter to the complainant's GP clearly documented its rationale and reasoning for the discharge.

27. I acknowledge the IPA's advice that the complainant was under the care and treatment of the EDS for a considerable number of years, and that she may be experiencing feelings of significant attachment to that unit. Whilst I understand that the complainant is not satisfied with the discharge from the Service, and wishes to be readmitted, I accept the IPA's advice on this point.

28. The complainant was concerned that the EDS discharged her with no ongoing service provision or input. I am satisfied having reviewed the IPA advice and relevant guidance, together with the complainant's medical notes, that the complainant had the appropriate support in place on discharge from the EDS. I find, therefore, the Trust's decision to discharge the complainant from the EDS was appropriate, justified, and was in accordance with guidelines. I am also satisfied the Consultant communicated his decision in full to the complainant's GP. Therefore I have not upheld this element of the complaint.

29. Regarding management of the complainant's hypokalaemia, the IPA advised that the patient in this case was known to self-induce vomiting, as well as excessive use of laxatives, which affected her blood serum potassium levels. I note the IPA advice that in such situations the complainant would require an urgent referral to

[9] Cognitive Behaviour Therapy – Extended
[10] Maudsley Model of Anorexia Nervosa Treatment for Adults
[11] Specialist Supportive Clinical Management

the Emergency Department.

30. The IPA advised that the complainant's GP was the appropriate professional to closely monitor her bloods on a regular basis following her discharge from the EDS. I considered the Trust's discharge letter for the complainant, which states '*in order for her to feel contained [the complainant] would like to still have her weight and bloods occasionally checked. I believe it would be most useful for her to negotiate that with her GP, today she suggested every 6 weeks.'* I note that during the meeting the complainant and her mother '*acknowledged and affirmed'* that any stability the complainant had made was made '*on her own steam.'* On this basis, I am satisfied the complainant understood the Trust's rationale for discharge as this was discussed during the pre-discharge planning meeting with her Consultant at which her mother was also present.

31. The complainant was concerned the Trust failed to monitor and manage her hypokalaemia following her discharge from the EDS. However, having considered all relevant evidence, including the IPA's advice, I am satisfied that the Trust appropriately transitioned the complainant to the care of her GP to continue monitoring her bloods following her discharge. I therefore do not uphold this element of the complaint.

32. Regarding the complainant's concern she was at risk of ongoing harm, the IPA advised the complainant required ongoing monitoring of her weight and potassium, as well as social support. He explained that in accordance with the NG69, *'the other possible treatments either had not worked or were not acceptable to the patient. Hence I argue that she does not at present fall into the severe or complex group.'* I reviewed the MEED Guidance, and accept the IPA's advice that whilst the complainant's body mass index (BMI) remained low but stable, '*no emergency treatment was required to avoid acute complications due to low weight.*'

33. The complainant was concerned with the Trust's position that it considers her not to be at risk of significant harm and / or premature death due to a lack of support and monitoring following her discharge from the EDS. I acknowledge the complainant's concerns. However, having reviewed all relevant evidence,

including the IPA's advice, I am satisfied the complainant was not at risk of significant harm or premature death at the point of discharge. I am also satisfied that the complainant had the ongoing support of her GP, and that the EDS was open to re-referral should that be required. I accept the IPA advice that the GP was the appropriate person to carry out post discharge monitoring of the complainant. Therefore I have not upheld this element of the complaint.

34. On foot of my above findings, I do not uphold this complaint.

Observations

35. The IPA advised the EDS did not have a face to face or virtual meeting with the complainant's GP to discuss her discharge from the service, which is contrary to the MEED Guidance. He further advised, however, that given the standard of detail in the Trust's discharge letter to the GP, and its offer to assist the GP with any medication or support queries the GP may have, this did not have any impact on the care and treatment the Trust provided. Nonetheless, I encourage the Trust to reflect on the IPA's observation for future discharge planning from the EDS. To assist with this, I enclose at appendix three a template from the MEED Guidance in this respect.

36. The IPA advised it would be beneficial for the Trust to provide the EDS with training in comprehensive medical, psychosocial, and family matters on discharge. He also advised it would be beneficial for the EDS to consider providing contact details of support organisations to patients it discharges. In its comments on the draft report, the Trust explained its rationale for not providing these support details for every patient, which I accept. Nonetheless, it acknowledged the importance of it encouraging patients and their families to make use of the support services available in the community and voluntary sectors.

37. I am pleased to note the Trust agreed to reflect on these observations in its comments on the draft report.

CONCLUSION

38. I received a complaint about the Trust's decision to discharge the complainant from its EDS service. I found the Trust's decision was reasonable, appropriate and in line with relevant guidance, for the reasons set out above. I therefore did not uphold this complaint.

39. However, I have made some observations and I am pleased to note the Trust agreed to reflect on these observations in its comments on the draft report.

MARGARET KELLY
Ombudsman

August 2024

Appendix 1

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.