Northern Ireland
Public Services
Ombudsman

Investigation Report

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

NIPSO Reference: 20800

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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 actions of the Belfast Health and Social Care Trust (the Trust). The complaint involved the actions of the Chronic Pain Service (the CPS) located in Belfast City Hospital, specifically about its decision to stop the complainant's pain relief injections. The complainant believed these injections had helped her greatly and said that it was unacceptable for her to be left in pain.

The investigation established that the Trust's decision to discontinue the injections and offer other alternatives was in line with current medical practice and relevant standards. The care and treatment provided to the complainant was therefore appropriate, despite the fact that she considered that she received great benefit from the injections.

The Independent Clinical Advisor (IPA) commented on the dilemma in removing treatment without an evidence base where patients consider they obtain a benefit from them. I asked the Trust to reflect on the IPA's comments and determine the best way forward in managing patients in a similar position to the complainant.

The Trust have advised that they have already began to reflect on the observation of the Independent Clinical Advisor in relation to how to best manage the issues around patients having treatments withdrawn that had previously benefited them.

THE COMPLAINT

1. I received a complaint about the actions of the Belfast Health and Social Care Trust (the Trust). The complainant said she did not receive appropriate care and treatment from staff of the Chronic Pain Service (the CPS) located in Belfast City Hospital (BCH). In particular, she complained about the decision to stop pain relief injections into her neck. The complainant believed it was unacceptable to leave her in such pain and the pain relief injections had helped her greatly.

Background

2. From 2003 the complainant had been receiving almost twice yearly injections for pain relief into her neck. These inter-spinous ligament[1] injections were performed by Dr A, a Consultant Anaesthetist in the CPS, up until July 2018 when he retired. On 13 December 2018 a new Consultant in Anaesthesia and Pain Management, Dr B, reviewed the complainant. He advised her he would no longer be providing the injections. Alternative strategies for managing pain were discussed. A meeting of the Chronic[2] Pain Multi Disciplinary Team (MDT) was held on 8 January 2019. It concluded all treatment options available were considered and that injection therapy would be of no long term benefit to the complainant.

3. Dr C, a Consultant Anaesthetist in Pain Medicine, reviewed the complainant on 5 February 2019. Dr C restated the view that the use of such injections was not recommended. He recommended the use of a topical treatment for her pain. Phone reviews were carried out with the complainant on 27 March 2019 and 28 May 2019 by the Chronic pain nurse and Specialist nurse respectively.

4. A further consultation with Dr C took place on 9 July 2019. A conversation was had around pacing, goal setting and about attending Pain Management Programme courses.

[1] The ligament extending from the superior margin of a **spinous** process of one vertebra to the lower margin of the one above.
[2] Persisting for a long time or constantly recurring.

Issues of complaint

6. The issue of complaint accepted for investigation was:

Whether the complainant received appropriate care and treatment from the Trust following her visit on 13 December 2018 including the discontinuation of inter-spinous ligament injections and the suitability of alternatives offered?

INVESTIGATION METHODOLOGY

7. In order to investigate the complaint, the Investigating Officer obtained from the Trust all relevant documentation together with the Trust's comments on the issues raised by the complainant. This documentation included information relating to the Trust's handling of the complaint.

Independent Professional Advice Sought

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

- **Consultant in Pain Management**, MB BS B.Med.Sci M.Clin.Ed. MRCGP FRCA FFPM (IPA).

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

Relevant Standards

10. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those which are specific to the circumstances of the case.

11. The general standards are the Ombudsman's Principles[3]:

- The Principles of Good Administration
- The Principles of Good Complaints Handling
- The Principles for Remedy

12. The specific standards are those which applied at the time the events occurred and which governed the exercise of the administrative functions and professional judgement of the Trust staff and individuals whose actions are the subject of this complaint.

13. The specific standards relevant to this complaint are:

- General Medical Council's (GMC) Good Medical Practice, April 2013 (GMC Guidance); and
- The National Institute for Health and Care Excellence's (NICE) Clinical Guideline [NG 59] Low back pain and sciatica in over 16s: assessment and management, November 2016 (NICE NG59).[4]

14. I did not include all of the information obtained in the course of the investigation in this report but I am satisfied I took into account everything that was relevant and important in reaching my findings.

15. I shared a draft copy of this report with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

[3] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.
[4] NICE NG59 considered by the IPA as the closest evidential framework for neck pain.

INVESTIGATION

Whether the complainant received appropriate care and treatment from the Trust following her visit on 13 December 2018 including the discontinuation of inter-spinous ligament injections and the suitability of alternatives offered?

Evidence Considered

Legislation/Policies/Guidance

16. I refer to the following legislation, policies and guidance which were considered as part of investigation enquiries.

i. I considered the GMC Guidance and identified the following relevant extracts:

'[Standard] 15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

a. *'adequately assess the patient's conditions, taking account of their history… their views and values; where necessary, examine the patient;*
b. *promptly provide or arrange suitable advice, investigations or treatment where necessary*
c. *refer a patient to another practitioner when this serves the patient's needs.'*

[Standard] 16 *In providing clinical care you must:*

a. *prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs*
b. *provide effective treatments based on the best available evidence*
c. *take all possible steps to alleviate pain and distress whether or not a cure may be possible*
d. *consult colleagues where appropriate*
e. *respect the patient's right to seek a second opinion…'*

ii. I considered NICE NG 59 and identified the following relevant extracts:

'Non-pharmacological interventions

Self-management

1.2.1 Provide people with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. Include:

- *information on the nature of low back pain and sciatica*
- *encouragement to continue with normal activities.*

Exercise

1.2.2 Consider a group exercise programme (biomechanical, aerobic, mind–body or a combination of approaches) within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. Take people's specific needs, preferences and capabilities into account when choosing the type of exercise…

Psychological therapy

1.2.13 Consider psychological therapies using a cognitive behavioural approach for managing low back pain with or without sciatica but only as part of a treatment package including exercise, with or without manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage).

Combined physical and psychological programmes

1.2.14 Consider a combined physical and psychological programme, incorporating a cognitive behavioural approach (preferably in a group context that takes into account a person's specific needs and capabilities)….:

- *when they have significant psychosocial obstacles to recovery (for example, avoiding normal activities based on inappropriate beliefs about their condition) or*
- *when previous treatments have not been effective…'*

Non-surgical interventions

Spinal Injections

1.3.1 Do not offer spinal injections for managing low back pain..'

The Trust's response to investigation enquires

17. In response to investigation enquiries the Trust commented on the complainant's concerns about the pain injections having stopped. It explained *'The Pain Service recognises there are no lasting benefits from injection therapy and that patients struggle on a daily basis once the short-term benefits of the injection has worn off. Despite receiving injections for 17 Years, [the complainant] continues to struggle with activities of daily living due to her pain.'*

18. The Trust went on to explain *'The Chronic Pain Service has been developing therapies to meet the long-term needs of patients. These therapies aim to help patients manage their pain on a day-to-day basis through education and life skills programmes. These therapies and programmes are designed to assist patients with sleep, medication management, pacing of activities and to develop strategies to cope with daily activities of living.'*

19. The Trust explained the complainant was *'…assessed independently by two Consultants…who both agreed that injection therapy was not appropriate.'* It also explained that *'…[the complainant] was also discussed at the Chronic Pain Multi Disciplinary Team (MDT) meeting on 8 January 2019. This meeting includes Pain Consultants, lead Nurse, Specialist Nurses, Physiotherapists, Occupational therapist and a Psychologist. It was agreed at this meeting that all treatment options had been considered in line with the treatments available and that injection therapy would be of no long-term benefit to [the complainant].'*

20. In response to enquiries about therapies used to meet the long term needs of patient the Trust explained that *'In collaboration with service users and clinicians, the Chronic Pain Service has developed a 4 session LifeSkills programme with follow up at 3 months to help people increase their understanding of how pain interferes with daily activities, how pain impacts on emotions and subsequently develop strategies to better manage pain…'* It

went on to explain that a review of patient reported outcomes indicated *'…89% of those who completed the programmes have increased confidence in performing tasks while in pain. This covers a range of functions including household chores, socialising and work as well as coping with pain without medication.*'

21. The Trust also explained that evidence from Cochrane reviews [5] *'…has led to a change in how chronic complex pain is managed by the Pain Management Department in the Belfast Trust. In addition, research carried out by the Ulster University and Belfast Trust Pain Clinic have led to therapies being directed away from solely biomedical to a biopsychosocial approach for chronic pain management … Evidence from our own practice and Cochrane reviews demonstrates that a biopsychosocial approach does make a difference to long term functional improvement in patients reporting persistent pain.*

22. In response to enquiries about why the Trust applied NICE NG 59 to the management of pain the Trust explained '*The National Institute for Health and Care Excellence (NICE) have commissioned, and are developing guidelines for the assessment and management of Chronic Pain expected to be published in August this year. These guidelines will cover specific pharmacological and non-pharmacological interventions where there is no existing NICE guidelines. Whilst there is no current specific guidance for cervical/neck pain, evidence provided by NICE is used by the Chronic Pain Service to guide the management of musculoskeletal conditions.'*

23. It went on to explain *'NICE guidance NG59 refers to the management of low back pain and sciatica in patients aged 16 or older. There is no similar guidance that refers specifically to neck pain and so clinicians use guidance such as NG59 to help and steer their management of other musculoskeletal conditions.'*

24. The Trust concluded that the *'… pain management suggested to [the*

[5] A systematic review of research in health care and health policy that is published in the Cochrane Database of Systematic Reviews. Intervention reviews assess the benefits and harms of interventions used in healthcare and health policy.

complainant] is in keeping with current evidence based practice. [The complainant] remains under the care of [Dr C]. Following a review appointment on 09 July 2019, [the complainant] was asked to consider pain management therapies and to contact the service when she decides how to proceed. This offer remains open to her.'

Clinical Records

25. The Trust provided the patient's records from the CPS which I considered.

26. I considered the dates the complainant received interspinous injections. The records document that Dr A offered the complainant a *'…therapeutic trial of deep interspinous cervical injection…'* on 12 November 2003. The records also document that the complainant received these injections on an almost twice yearly basis up to and including 19 July 2019.

27. The CPS clinic letter, to the complainant's General Practitioner, dated 19 July 2018 documents that due to his retirement Dr A *'…will not be in a position to offer [the complainant] further treatment here at the Pain Clinic.'*

28. The CPS clinic letter, to the complainant's General Practitioner and copied to the complainant, dated 13 December 2018 documents that Dr B reviewed the complainant on 13 December 2018. *'She reports a 20 year history of neck pain which is painful when she moves or just with activity. The pain is constant and is worse in the winter…managing day-to day is becoming increasingly more difficult over time…'* After a brief examination of the complainant's neck Dr B documents *'…she has good range of movement. Significant bilateral upper trapezius muscle tenderness. Impression: Long-term chronic pain which probably has a major myofascial component..'* Dr B records that *'… Dr A did perform inter-spinous ligament injections routinely which [the complainant] found beneficial. It may well be as a consequence of the Depo steroid as part of this injection.*

29. The letter also documents that Dr B *'…outlined this is not an injection I have ever performed based on the lack of evidence that it being a useful*

treatment…my colleagues also do not perform the same injection. Treatment within the Chronic Pain Clinic has evolved over time. The role of repeat injections is being phased out and certainly isn't a strategy which I'd utilised routinely for long-term chronic pain patients…' Dr B *'…outlined strategies for managing pain in the longer term would include programme [sic] which can help to understand, manage and cope with long-term pain or indeed further physiotherapy.'* Dr B *'…discussed the concept of the Life Skills programme…[complainant] would like to try the Life Skills Course.* The letter goes on to document that the complainant may be reviewed again *'…depending on the review by the Life Skills team at the end of the programme.'*

30. I considered the minutes of the Chronic Pain Service MDT meeting held on 8 January 2019. The minutes document the outcome of discussion about the complainant as '*…No further injections. Lifeskills option.'*

31. The CPS clinic letter, to the complainant's General Practitioner, dated 5 February 2019, documents that Dr C reviewed the complainant on 5 February 2019. The letter documents *'…current thinking is the use of Cortisone or Steroid based injections are not recommended for long term pain therapy….I have stopped doing Myofascial Trigger Point Injections with steroids a number of years ago as the evidence for them is scanty…'* The letter also documents that Dr C recommended *'…the use of Uddermint…as an alternative to any medication or injection.'*

32. The CPS clinic letter, to the complainant's General Practitioner, dated 27 March 2019, documents that the Chronic Pain Nurse *'…telephone reviewed…'* the complainant on 27 March 2019. In relation to the Uddermint treatment the letter documents the complainant *'…has not found any benefit with this treatment…found it difficult to apply to the area required.'* The complainant previously found *'…benefit with trigger point injections…but this practice is no longer recommended…'* The letter also documents the Chronic Pain Nurse *'…requested a further telephone review in approximately 2-3 months…'*

33. The CPS clinic letter, to the complainant's General Practitioner, dated 28 May 2019, documents that the Specialist Nurse reviewed the complainant *'..by telephone today.'* The letter goes onto document that the complainant's *'…on-going neck pain is having a significant impact on her quality of life. She carries out her activities…with difficulty…[The complainant] advises that she is finding it very hard to cope without the injections.'* The letter also documents that *'A review appointment will be arranged for [the complainant] to discuss this further with [Dr C].'*

34. The CPS clinic letter, to the complainant's General Practitioner, dated 9 July 2019, documents that Dr C reviewed the complainant on 09 July 2019. The letter documents that the complainant was informed that *'…none of the current Pain Clinic Consultants her [sic] in the Belfast City Hospital actually undertake that particular procedure…I have stopped doing these over the last 4-5 years…'* The letter also documents that Dr C and the complainant had a *'…conversation around pacing, goal setting and about attending some of our Pain Management Programme Courses…[The complainant] will contact us back when she decides where we are going with her further management.'*

Relevant Independent Professional Advice

35. As part of investigation enquiries, I received independent professional advice from an IPA.

36. In relation to Dr B's decision, on 13 December 2018, to discontinue the inter-spinous ligament injections the IPA advised *'Considering professional standards of practice [Dr B] made an entirely appropriate decision to discontinue these injections. The closest evidential framework is the quoted NICE Guidelines for back pain and these injections do not appear. There are, as stated, no equivalent recommendations for neck pain but the recommendation would likely be similar if available.* He also advised *'Clearly there is an ethical dilemma in removing a treatment of proven substantial value (up to 90% pain relief is reported) in an individual who legitimately relied on this for so long in good faith. However, "appropriateness" is assessed from the*

point of view of contemporary standards of practice and not preferences to particular sides of ethical arguments.'

37. The IPA advised '*The decision to stop the injections was appropriate because –*
    - *This is not contemporary practice,*
    - *There is no clear evidence base,*
    - *There are potential issues with long term steroids e.g. adverse impact on blood glucose and potential weakening of local structures,*
    - *In this lady there was ongoing extra risk of undertaking procedures with cardiac valves and anticoagulation.*
    - *Across patient groups, there is a likelihood that a significant number of patients who would be having these injections based on a placebo effect.'*

38. He went on to advise '*There was also no objective evidence of interspinal pain but instead pain over the trapezius and sub occipitally. Therefore her presentation at the time of recent examination would likely not have favoured these injections even on the original historical basis.'*

39. Regarding the alternative strategies, Dr B offered the complainant to manage her pain, the IPA advised '…*these were reasonable*…'and were…*'mainly focussed around education and management…'* He went to advise that *'Alternative injection therapies were considered in the form of trigger point injections. These would have been undertaken by a minority based on her presentation. Again these are not injections with a strong evidence base and in a lady who has developed a strong reliance on injections previously, there are strong arguments to avoid injections in this lady going forward…'*

40. Regarding the outcome of the MDT meeting held 8 January 2019 the C IPA advised *'The outcome of the MDT meeting on the 8th January 2019 was appropriate.'*

41. In relation to Dr C's decision, on 5 February 2019, to maintain the discontinuation the inter-spinous ligament injections the IPA advised this decision was *'appropriate.'*

42. The IPA was asked to comment on Dr C's treatment options on 5 February 2019, including any follow-up action. The IPA advised Dr C recommended *'…not undertaking myofascial trigger point injections which is appropriate. He considered the use of a walking stick which is appropriate. He wished to keep her under review and asked her to give him a call four to five weeks later which is a form of patient activated follow up which is also appropriate.'*

43. The IPA commented on Dr C's recommendation of Uddermint. He advised the recommendation of Uddermint *'…is difficult to support but I stop short of criticism…' …Massage,…has been shown to be of benefit in people with myofascial pain and this may be undertaken supported by creams or massage oils and here a specific type of product Uddermint is recommended. There is some theoretical evidence mint products may be analgesic acting through their cold mechanism. I find the recommendation of a named substance surprising in the context of this case as it opens the practitioner up to potential criticism that one non-evidence based treatment is being replaced by another…'* He further advised he expects *'…that this product is safe and this recommendation was made in good faith…'*

44. The IPA goes onto advise *'Though there is reference to her trying medicines with side effects and that medical strategies had been exhausted, there would have been value in reviewing historic notes to ensure and document that all central antidepressant analgesics had been considered though in this lady it is unlikely she would have tolerated them and there would have been significant risks.'*

45. The IPA was asked to comment Dr C's treatment options following the complainant's visit to the CPS on 9 July 2019. The IPA advised that Dr C *'…adopted a plan of "wait and see" what the patient wants. This would be good*

practice in this context in order to ensure motivation particularly if an extensive self-management approach is to be undertaken.'

46. Overall the IPA viewed *'…the care and treatment provided to be appropriate and to be of a reasonable standard though noting the comments relating to Uddermint.'* He concluded *'There are no shortfalls in the standard of care in this complex and difficult situation.'*

47. Regarding learning/service improvements the IPA advised *'With the movement of health practice to stringent evidence based frameworks, there are increasing number of patients that have treatments withdrawn that to them have benefit (in this case for a considerable period of time.)… There is a need for nationally driven learning and more ethical debate around these types of issues and for Trust organisational reflection and learning and individual departmental learning and reflection on the best way to manage these types of issues. This may include developed frameworks of practice…'*

Analysis and Findings

48. I examined the Trust's care and treatment of the complainant regarding the discontinuation of inter-spinous ligament injections and the suitability of alternatives offered on and after 13 December 2018.

49. I note the complainant received almost twice yearly injections from 12 November 2003 until 19 July 2018 inclusive from Dr A.

50. I note that due to Dr A's retirement Dr B, a new Consultant, reviewed the complainant on 13 December 2018. During this visit I note that Dr B advised the complainant that he would not be undertaking the inter-spinous ligament injections as *'…the role of repeat injections is being phased out and…isn't a strategy which I'd utilised routinely for long-term chronic pain patients.* I also note Dr B's comment about not performing this type of injection *'…based on the lack of evidence.'* I also note that during this visit Dr B outlined *'…that strategies for managing pain in the longer term would include programme [sic] which can help to understand, manage and cope with long-term pain or indeed*

further physiotherapy.' I note the *'Life Skills programme'* was discussed and Dr B stated the complainant *'…would like to try the Life Skills Course...'*

51. I note the Trust's comments that '…*clinicians use guidance such as NG59 to help and steer their management of other musculoskeletal conditions.'* I also note the Trust comments about how evidence from Cochrane reviews[5] *'…has led to a change in how chronic complex pain is managed by the Pain Management Department in the Belfast Trust. In addition, research carried out by the Ulster University and Belfast Trust Pain Clinic have led to therapies being directed away from solely biomedical to a biopsychosocial approach for chronic pain management … Evidence from our own practice and Cochrane reviews demonstrates that a biopsychosocial approach does make a difference to long term functional improvement in patients reporting persistent pain.*

52. I note the IPA's advice that '*The closest evidential framework is the quoted NICE Guidelines for back pain…There are… no equivalent recommendations.'*

53. I note NICE NG 59 states '…*1.2.13 Consider psychological therapies using a cognitive behavioural approach for managing low back pain…'* and *1.3.1 Do not offer spinal injections for managing low back pain..'*[4]

54. I note that the GMC Guidance states doctors must *'…provide effective treatments based on the best available evidence.* However, I note the IPA advice about Dr B's decision, on 13 December 2018, to discontinue the inter-spinous ligament injections. He advised *'Considering professional standards of practice [Dr B] made an entirely appropriate decision to discontinue these injections. The closest evidential framework is the quoted NICE Guidelines for back pain and these injections do not appear…'*

55. I note Dr B records that *'… Dr A did perform inter-spinous ligament injections routinely which [the complainant] found beneficial.'* I also note the IPA explanation that '…*there is an ethical dilemma in removing a treatment of proven substantial value (up to 90% pain relief is reported) in an individual who legitimately relied on this for so long in good faith.* I accept the IPA's advice

that *'… "appropriateness" is assessed from the point of view of contemporary standards of practice and not preferences to particular sides of ethical arguments.'* Therefore I also accept the Trust's comments that the *'… pain management suggested to [the complainant] is in keeping with current evidence based practice.*

56. I note the IPA commented on the alternative strategies, Dr B offered to manage the complainant's pain, that '…*these were reasonable*. I accept the IPA advice *'Alternative injection therapies were considered in the form of trigger point injections. These would have been undertaken by a minority based on her presentation. Again these are not injections with a strong evidence base and in a lady who has developed a strong reliance on injections previously, there are strong arguments to avoid injections in this lady going forward…'*

57. I note the GMC Guidance states doctors must *'…consult colleagues where appropriate…'* In line with this guidance I note the complainant's case was discussed at Chronic Pain Service MDT meeting held on 8 January 2019. I note the minutes document the outcome of discussion about the complainant as '*…No further injections. Lifeskills option.'* I accept the IPA's advice that *'The outcome of the MDT meeting on the 8th January 2019 was appropriate.'*

58. I note the GMC Guidance states doctors must *'…refer a patient to another practitioner when this serves the patient's needs…'* In line with this guidance I note Dr C reviewed the complainant on 5 February 2019. At this visit I note Dr C also advised the discontinuation the inter-spinous ligament injections. I accept the IPA's advice that this decision was *'appropriate.'*

59. I note at the visit on 5 February 2019 Dr C recommended the use of Uddermint to the complainant as an alternative to medication or injection. I note the C IPA advised *'…the recommendation of a named substance surprising in the context of this case as it opens the practitioner up to potential criticism that one non-evidence based treatment is being replaced by another…'* I however accept the C IPA advice that he expects *'…that this product is safe and this*

recommendation was made in good faith…' I also note the IPA advice that Dr C's follow-up action was appropriate.

60. I note that following two telephone reviews, on 27 March 2019 and 28 May 2019, the complainant was offered a further review appointment with Dr C. I note this review took place on 9 July 2019. I also note that during this visit the complainant was told *'…none of the current Pain Clinic Consultants her [sic] in the Belfast City Hospital actually undertake that particular procedure..'* and Dr C had *'…stopped doing these over the last 4-5 years…'* I also note a *'…conversation around pacing, goal setting and about attending some of our Pain Management Programme Courses…' I note Dr C recorded '[The complainant] will contact us back when she decides where we are going with her further management.'* I accept the IPA's advice that Dr C *'…adopted a plan of "wait and see" what the patient wants. This would be good practice in this context in order to ensure motivation particularly if an extensive self-management approach is to be undertaken.'*

61. I accept the IPA's view that *'…the care and treatment provided to be appropriate and to be of a reasonable standard though noting the comments relating to Uddermint.* Based on the available evidence I consider that the Trust acted appropriately with respect to the discontinuation of inter-spinous ligament injections on 13 December 2018 and the suitability of alternatives offered. Therefore, I do not uphold this issue of complaint.

CONCLUSION

62. This office received a complaint about the care and treatment the complainant received from the Trust relating to the decision to discontinue pain relief injections into her neck on 13 December 2018 and the suitability of alternative treatments offered.

63. The investigation of the complaint did not find a failure in the Trust's care and treatment of the complainant relating to the decision to discontinue pain relief

injections or about the suitability of alternative treatments offered. In relation to these matters the IPA concluded that '*There are no shortfalls in the standard of care in this complex and difficult situation.'* However, I note the comments of the IPA about the need for reflection on the best way to manage the issues around patients having treatments withdrawn that, to them have resulted in benefits. I would ask the Trust to reflect on this.

64. Following the issue of the draft report the Trust have advised the IPA's comments have been discussed within the Chronic Pain Service. Pathways are being developed to ensure that proposed changes or alterations to patient treatment pathways, in line with national guidelines, are discussed at the multidisciplinary teams and the outcome of these discussions are communicated to the patient. I welcome this learning identified by the Trust. I note that the complainant has not been discharged from the CPS and hope there will be further engagement between the two parties.

Margaret Kelly

Ombudsman

November 2020

APPENDIX ONE

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and 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.