

Case: 201100810, NHS 24
Sector: health
Subject: policy/administration
Outcome: some upheld, recommendations

Summary

Mr C had been experiencing abdominal pain since around 05:00 on a day in June 2010. He became unwell and his pain increased in severity around 22:00. He telephoned the Scottish Ambulance Service (SAS). They did not consider his case to be an emergency and transferred his call to NHS 24. Mr C's conversation with NHS 24 lasted around 40 minutes, during which time he repeatedly asked for an ambulance to be dispatched to his home. The NHS 24 call handler sought details of his symptoms and ultimately decided to arrange for a duty doctor to call him back within one hour. Mr C was not satisfied with this outcome and arranged for a neighbour to assist him to phone the SAS again. Following this call, a paramedic was dispatched and, following an examination, an ambulance was called. Mr C was found to have a burst appendix.

Mr C complained that NHS 24 should have dispatched an ambulance given the nature of his symptoms. He felt that the number and nature of the questions put to him by the call handler was repetitive, unreasonable and inappropriate. He also complained that it was inappropriate and unreasonable for NHS 24 to suggest that a doctor phone him 'within an hour' for further assessment when he was clearly in considerable pain and distress.

We were satisfied with the nature of the questions asked by NHS 24 and found that, whilst there was some duplication, this was kept to a minimum. The evidence that we were presented with showed that there were some communication issues between Mr C and the call-handler and we considered that these contributed to the length of the call more than the NHS 24 call procedure. Our professional medical adviser shared an opinion expressed by NHS 24 that Mr C's symptoms indicated a need for a physical examination. Mr C had advised the call-handler that he was unable to make his own way to hospital, so we considered it unreasonable for the physical examination to be delayed further by arranging for a doctor to telephone him. We considered that

NHS 24 should have made arrangements for a physical examination and, given the symptoms described by Mr C, we found that the most appropriate outcome would have been for an ambulance to be dispatched.

Recommendations

We recommended that NHS 24:

- reflect on their handling of Category C calls and the assessment criteria for transferring cases back to the Scottish Ambulance Service; and
- consider reviewing their criteria for assessing cases of acute abdominal pain to ensure that where rapid escalation of symptoms occurs, this is given due emphasis.