

Case: 201102950, Lothian NHS Board
Sector: health
Subject: appointments/admissions (delay, cancellation, waiting lists)
Outcome: upheld, recommendations

Summary

Mr C underwent a hernia repair and had a testicle removed in January 2011. He later developed a painful swollen lump where his testicle had been. He attended a post-operative review with the consultant surgeon about six weeks after surgery and was advised this was a haematoma (an accumulation of blood) that would decrease over time. However, the lump became bigger and Mr C went to the hospital's accident and emergency unit a few weeks later, where the lump was drained.

In May 2011 Mr C's GP made an urgent referral for him to be seen again at the hospital. The referral was considered, and re-graded as routine, and Mr C was given a general surgery appointment for August 2011. His GP, however, wrote to the hospital again, and a consultant identified that Mr C should be seen by the surgeon who had operated. He was given an appointment at that clinic for July 2011. Mr C said he would like further surgery to remove the haematoma, and was monitored in relation to this until he was given a date for surgery.

He complained that there was a delay in treating his ongoing difficulties. We found that, although Mr C was initially treated appropriately in his post-operative review, a failure to record full clinical findings after the haematoma was drained meant that a possible opportunity to refer him for a further clinic review had been missed. Although we accepted the board's general position about the re-grading of referrals, we could not find evidence of why Mr C's initial referral was re-graded as routine. We also found that the board did not appear to operate a mechanism for identifying patients like Mr C who needed to be referred back to their operating surgeon. The board also acknowledged that there had been a delay from the point of referral until the offer of an appointment. In the circumstances we found this to be unreasonable, and upheld Mr C's complaint.

Recommendations

We recommended that the board:

- review the referral system to ensure when referrals are re-graded the reasons for doing so are clearly documented and communicated; and re-referred patients are routed back to the appropriate consultant; and
- provide a full apology to Mr C for the failings identified.