

Case: 201103474, Greater Glasgow and Clyde NHS Board - Acute Services Division

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Mrs C complained that a hospital gynaecology department provided her with inadequate care and treatment for ovarian cancer. She said there were inadequacies with her diagnosis and treatment and specifically a failure to properly diagnose her condition. She also said she experienced delays by the board in the way they progressed her treatment. Mrs C went to France for a second opinion from a clinically trained friend. She said she experienced problems in getting the board to provide or release relevant medical records and test results to her doctor in France. Mrs C told us that as a result, she had to undergo emergency surgery in France without this information being provided. She said that the board showed no inclination to appropriately respond to her complaint about this.

We took advice from one of our medical advisers who reviewed Mrs C's medical records. He noted that Mrs C presented with an abdominal mass and from the scan that was taken, he said it was appropriate to consider ovarian malignancy as the likely diagnosis. He said that a definitive diagnosis could only be reached by the microscopic examination of tissue obtained during surgery to remove the mass. He also said that the provisional diagnosis was not incorrect or hasty and was appropriately based on the evidence available.

Following the clinic appointment at which the abdominal mass was found, arrangements were made for Mrs C's case to be discussed by a multi-disciplinary team. This is in line with guidance, the intention of which is to ensure that patients with suspected cancer get the best possible treatment by the most appropriate team. The adviser noted that Mrs C's gynaecologist communicated the outcome of the team meeting to her, about a week after she attended the clinic, and it was arranged that Mrs C would see a gynaecological surgeon for a pre-operative assessment about three weeks after that. The adviser said that this time-frame was reasonable.

We found that it was appropriate that the consultant considered the need for patient consent before releasing medical information to a third party - in this case to Mrs C's doctor in France. There was evidence that Mrs C had received appropriate and timely communication from the board and received a follow up appointment in good time. Finally, we found that it was reasonable that the board (in the time-frame available) were not able to advise Mrs C about reimbursement of her medical costs in France and that they adequately investigated and addressed her complaint.