

SPSO decision report

Case: 201203259, Dumfries and Galloway NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, no recommendations

Summary

Mr C complained about the care and treatment that his brother (Mr A) received from the board in the month before his death. Mr A was admitted to hospital suffering from pains in his chest, upper abdomen and down his right arm, and an initial diagnosis of heart attack was made. While Mr A was in hospital it also became apparent that he had a pneumonic chest infection (lung infection). This became the leading diagnosis, with an underlying diagnosis of heart disease, with evidence that Mr C had suffered a previous heart attack. Treatment was based on this assessment, and once Mr A was considered to be well enough, he was discharged. He was not referred for an angiogram (an image of the blood flow through the heart) while in hospital, and Mr C complained specifically about this. Mr A was referred for a follow-up echo-cardiogram test (ECG - a test to measure heart activity) and was given medication to reduce the risk and possible complications of a further heart attack, but he died five days after being discharged.

Shortly after Mr A died, Mr C complained to the hospital about his brother's care and treatment. He waited over two months for the board's response, and when he received it, Mr C was still unhappy about their decision. The board commissioned an independent review of the case, to determine whether there was any fault that they had not identified in Mr A's care and treatment. The report did not identify any failings, and was followed up by a further, final response from the board to Mr C. Mr C then complained to us about his brother's care and treatment and about the way the board handled his complaint.

We obtained independent advice on this complaint from a medical adviser. Their advice indicated that Mr A's symptoms were hard to diagnose, particularly at the early stages, as his symptoms were not typical and related to the interaction of two conditions - chest infection and heart disease. However, the adviser said that Mr A's treatment was reasonable and in line with the Scottish Intercollegiate Guidelines Network (SIGN) guidelines on acute coronary syndromes. In particular, the advice indicated that it was appropriate to delay the angiogram until after discharge, once the chest infection had resolved.

In relation to the handling of Mr C's complaint, we found that the board had failed to provide a timely response. As the board had already acknowledged this failing, taken action and apologised, we did not make a recommendation.