

SPSO decision report

Case: 201204419, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mr C had surgery at Inverclyde Royal Hospital in July 2011 to fix a finger flexion (where one or more fingers start to bend into the palm of the hand) of the right little finger. Afterwards, Mr C was given a splint for his finger, and started physiotherapy. In early August, the surgeon noted that the wound had healed. Mr C was discharged from physiotherapy later that month. The discharge report was, however, dated early October. It outlined the physiotherapy treatment provided, said that the range of movement had worsened and noted that Mr C was happy to continue with exercises at home. In September, the surgeon saw Mr C and noted that his little finger had stiffened up dramatically, and had no movement at the middle joint. His ring finger joint had also stiffened. The surgeon also noted that Mr C had returned to work and had stopped wearing a splint at night. Mr C was referred to a hand therapist and for further splinting, which did not take place, and he then sought a second opinion.

Mr C complained to us that he cannot use the finger, and another finger is now bent over. He said that within weeks of starting physiotherapy, the physiotherapist advised him that nothing more could be done and discharged him to the care of the surgeon. Mr C said he is now in constant pain and may have to have further surgery. He said that he believed the operation was not successful.

We took independent advice on Mr C's complaint from one of our medical advisers. The adviser said that from the evidence available it appeared that the operation was carried out to a reasonable standard, noting that the surgeon believed that the operation was successful, but that Mr C's post-operative rehabilitation was poor. The adviser outlined a number of factors that might explain this, including pre-existing arthritis at the middle joint of the finger; a complication of the operation; a lack of physiotherapy from the end of August, and failure to wear a splint for the recommended period. We noted that Mr C said that he wore the splints as instructed and that the physiotherapist discharged him saying she could not do anything further. The board said that he declined further physiotherapy, but were unable to substantiate this. Moreover, we found that it was some six weeks before the physiotherapist told the surgeon that Mr C's range of movement had worsened, and that physiotherapy had stopped. Our adviser was concerned about this, given its importance to a positive outcome. We recognised that the operation itself appeared to have been carried out appropriately, and that there were a number of factors that could explain the poor outcome Mr C experienced. However, we upheld his complaint because there was no evidence to support the board's view that it was Mr C's decision to stop physiotherapy, and because of the shortcomings in communication between the physiotherapist and the surgeon.

Recommendations

We recommended that the board:

- review their practice relating to the storage of patients' medical records to ensure it accords with the Scottish Government Records Management: NHS Code of Practice (Scotland); and
- ensure the failures identified are raised with relevant staff.