

## SPSO decision report

**Case:** 201302039, Greater Glasgow and Clyde NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** some upheld, recommendations

### Summary

Mrs C's mother (Mrs A) had a history of urinary problems. She was referred for a CT scan of her kidneys in 2011 which highlighted a mass on her kidney. Further tests diagnosed cancer, and a plan was made to discuss this with Mrs A at her next scheduled appointment. Before this could happen, however, Mrs A became unwell and was admitted to Gartnavel Hospital, where a doctor told her about the cancer. A cystoscopy and uteroscopy (examinations of the tubes that carry urine and the kidneys, using a narrow tube-like telescopic camera) were performed but it was not possible to obtain tissue samples for further analysis. Mrs A was discharged home and attended follow-up clinics. Following a multi-disciplinary team discussion about Mrs A's case, it was decided that she should have surgery, but the operation she needed was not routine. Before it could be arranged, Mrs A was admitted to hospital again, as she had suffered a suspected stroke. A scan showed an acute intracerebral bleed (where blood suddenly bursts into brain tissue). Staff felt that this was indicative of a brain tumour, so they started radiotherapy (a treatment using high-energy radiation) and postponed treating Mrs A's kidney tumour. It was later found that Mrs A did not have a brain tumour. Mrs A died shortly afterward.

Mrs C complained that there were delays in diagnosing and treating Mrs A's kidney tumour. She also complained about the misdiagnosis of a brain tumour, explaining that this diagnosis caused Mrs A to enter a deep depression.

After taking independent advice from two of our medical advisers - a cancer specialist and a kidney specialist - we found that Mrs A's clinical treatment was largely good. We did find that there were unacceptable delays to two diagnostic scans, but there was nothing to suggest that this had any impact on Mrs A's overall prognosis (the forecast of the likely outcome of her condition). We accepted advice that, based on the evidence available to the clinical team, the diagnosis of a brain tumour was reasonable and that it was reasonable to start radiotherapy. That said, we were critical of the board's communication with Mrs A about her diagnosis and the treatment she received.

### Recommendations

We recommended that the board:

- apologise to Mrs C that the overall time from the first suspicion of cancer to proposed treatment exceeded 62 days in her mother's case; and
- apologise to Mrs C that her mother was not advised sooner of the scan results.