

SPSO decision report

Case: 201302794, Tayside NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mr C complained on behalf of his wife (Mrs C) who suffers from various life-limiting medical conditions, including Raynaud's Disease (a condition where the blood supply to the extremities is severely restricted, causing pain and ulcers). Mrs C receives regular infusions of a drug to help with this condition, and Mr C complained about the way this treatment was administered during one period of time. He also complained about the way the board handled his complaints about this.

Mrs C is admitted to Ninewells Hospital every three months to have a series of seven-hour infusions over a five-day period. Normally 17 hours of rest are allowed between infusions. However, the board's protocol for the treatments says that they can be given with a minimum of 12 hours between them. During one admission Mrs C's treatment was compressed according to this protocol, to allow her to be discharged from hospital earlier. Mrs C developed severe headache, nausea and vomiting, and asked that this should not happen again. Despite this, she felt that her treatment was compressed on her next admission.

Our investigation included taking independent advice from a medical adviser with experience in treating patients with Raynaud's Disease. The adviser said that there are no national guidelines on administering this treatment, but that the board's protocol was in line with normal NHS practice to give infusions over a six to eight hour period across three to seven days. The adviser reviewed Mrs C's treatment and found that the infusion was given after less than a 12 hour break only once - when one was given after 11 hours. However, the adviser was of the view that this was still within normal NHS practice. They also said that staff took appropriate action to address the side effects Mrs C suffered, and noted that headache, nausea and vomiting were common side effects. After considering this advice, we did not uphold Mr C's complaint about treatment as we were satisfied that, overall, this was reasonable. We also noted that Mrs C now has a patient-held treatment plan confirming that no compression will take place in future.

We did, however, uphold his complaint about the board's complaints handling, as there were unacceptable delays in their responses. Our investigation found that Mr C complained in August, September, and November 2012, and again in May 2013. The board responded by arranging a meeting in June 2013 and sending a written response two weeks after the meeting. Mr C then made a further complaint about that response, to which the board replied two months later. The board said that Mr C several times added new complaints before previous complaints had been responded to, which caused part of the delay as the response due dates were amended. However, they also acknowledged that there were some avoidable delays due to staff error and staff shortages and that it would have been better to have dealt with each complaint separately. They explained that they had since made changes in their complaints department to address the issues identified.

Recommendations

We recommended that the board:

- issue a written apology for the unacceptable delays that occurred in dealing with Mr C's complaints; and

- provide us with evidence of the improvements that have taken place within the complaints department since Mr C's complaint and evidence of the progress of any ongoing work to improve complaints handling.