

SPSO decision report

Case: 201304404, Tayside NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mr C complained about his care and treatment while he was being treated by a consultant surgeon in Ninewells Hospital. He said that, although he had lost weight, lost his appetite and become increasingly thin and lethargic, the surgeon discharged him and referred him to the care of a consultant gastroenterologist (a doctor specialising in the treatment of conditions affecting the liver, intestine and pancreas). Mr C said that it was only by chance that the seriousness of his condition was appreciated. He also complained that the board delayed in responding to his complaint about this.

We considered all the complaints correspondence and Mr C's relevant medical records as well as taking independent advice from one of our medical advisers. We found that a scan had showed that Mr C had a narrowing of his colon (part of the large intestine). A later review noted that he felt well, had no pain and his bowel habit was unchanged, and it was decided to keep him under review and to scan him again later. Some 14 months after this, he went to a surgical out-patients' clinic and as he was complaining of a swollen stomach and the inability to eat, a scan was arranged for the following month. This showed further thickening in his colon and in the small intestine, and doctors decided to review him again in six months. By that time, his symptoms had settled but he was lethargic and nauseous, and the surgical team felt that there was no surgical solution to the problem. They referred him to gastroenterology for advice and further management.

Mr C continued to lose weight and was prescribed intravenous nutrition (fed directly into a vein), but his condition continued to decline and another scan was organised. This showed evidence of chronic small bowel obstruction and he was referred back for surgery. Because of this, Mr C felt that the surgical team should not have discharged him to gastroenterology when they did. Our adviser, however, said that given Mr C's symptoms at the time this was not an unreasonable approach to take, and that the thickening of his colon could have been considered to be due to disease and not a bowel obstruction. We accepted this advice, and did not uphold Mr C's complaint.

We did, however, uphold his complaint about complaints handling. The board acknowledged that there was delay, and said this was because their complaints team were awaiting clinical information so that they could respond fully. They had already highlighted to the team as a learning point both this failure and the fact that the team should explain such delays when writing to the person who has complained. As they had already taken this action, we made only one recommendation.

Recommendations

We recommended that the board:

- apologise to Mr C for the failure to respond to his complaints within published timescales.