SPSO decision report

Case: **201403598, Dumfries and Galloway NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mr C was diagnosed with prostate cancer in 2013. A scan showed that the disease also caused obstruction to the right ureter (the tube draining from the kidney into the bladder). Furthermore, it showed inflammation of his lower bowel, and tests were performed in November 2013 and July 2014 to confirm a diagnosis of Crohn's disease (a long-term condition that causes inflammation of the lining of the digestive system). In the meantime, in September 2013, Mr C had a stent (drain) inserted into his kidney to overcome the effects of the blockage. His treatment was carried out at Dumfries and Galloway Royal Infirmary.

Mr C complained about the care and treatment he received from the board. He complained that he was not told formally about the results of his test in November 2013; he was often kept waiting at appointments or for procedures without explanation; he received little treatment for his prostate and bladder problems; he was not given a timely diagnosis of Crohn's disease; administrative arrangements for his discharge from hospital in April 2014 were unreasonable; the board failed to reply to a letter from his GP; and that they failed to handle his complaint reasonably.

We investigated the complaint and took independent advice from consultants in urology (a speciality in medicine that deals with problems of the urinary system and the male reproductive system) and in general and colorectal surgery, and also from a senior nursing professional. We found evidence that Mr C's results had been discussed with him, although there were some shortcomings in communication with him and we made a recommendation to address this. We also found that he had been given an explanation for the delays (unexpected emergencies or appointments running over). We found that his urological treatment had all been appropriate but that some of the communication had been poor. We found that Mr C's diagnosis of Crohn's disease had been given after results and biopsies were known and, while there was a slight delay, his treatment had not been compromised while clinicians concentrated on his other diagnoses. We also established that Mr C's nurse-led discharge was appropriate and staff had been used efficiently to avoid hold-ups. We also found that Mr C's complaint was handled reasonably well. While we did not uphold these complaints, we found that there had been no reply from the board to a letter sent by his GP so we upheld this aspect of his complaint.

Recommendations

We recommended that the board:

- bring the communication shortcomings to the attention of relevant staff.