

SPSO decision report

Case: 201507950, Greater Glasgow and Clyde NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, recommendations

Summary

Miss C complained to us about the care and treatment she received when she attended A&E at the Royal Alexandra Hospital. Miss C had previously been diagnosed with a suspected inguinal hernia (an opening in the wall of the lower abdomen near the groin) and had been referred for an out-patient ultrasound scan and an appointment to see a general surgeon to discuss the treatment options. Whilst awaiting this appointment, Miss C attended A&E with increasing pain from the area. She was examined by doctors who did not identify any palpable (able to be touched or felt) lump and found that she was clinically well. She was discharged with painkillers. Miss C subsequently went on holiday, but had to cut her holiday short due to worsening symptoms. She was admitted to hospital when she returned from holiday. It was subsequently identified that she had a groin abscess, which had to be drained. Miss C considered that the doctors in A&E had not carried out a reasonable assessment and had failed to identify the abscess.

We took independent advice from a consultant in emergency medicine. We found that it was not likely that the abscess was present when Miss C had attended A&E. The assessment carried out by doctors in A&E had been reasonable. It had also been reasonable for staff not to carry out blood tests or an ultrasound scan and to discharge Miss C with pain relief and to await the ultrasound scan. Although we did not uphold the complaint, we did identify some areas for improvement and we made a recommendation to the board in relation to this.

Recommendations

We recommended that the board:

- remind the staff involved in Miss C's care that they should monitor and record the pain experienced by a patient and also the effectiveness of treatments given to relieve the pain; full documentation of assessments and second opinions should be made to provide contemporaneous notes for each attendance; and they should record what advice is given to patients when they are discharged, particularly in relation to follow-up arrangements, what to do if things get worse and also advice about travel, driving or work.