

## SPSO decision report

**Case:** 201600544, Highland NHS Board

**Sector:** health

**Subject:** clinical treatment / diagnosis

**Outcome:** not upheld, no recommendations

### Summary

Mrs C, an advocacy and support worker, complained on behalf of Mrs A that the clinical treatment received by Mrs A at Raigmore Hospital had been of an inadequate standard.

Mrs A had suffered an injury to her calf while on holiday. She had received some treatment, including an MRI scan, but had been told that she did not have an Achilles injury. Mrs A had continued to experience significant pain and discomfort on her return home and attended A&E. Mrs A said she had been examined and told she must walk normally. Mrs A's symptoms did not improve and she attended A&E again on the advice of her physiotherapist. Mrs A was told that she had suffered a calf tear and she was discharged without further treatment.

Mrs A subsequently arranged for her MRI scan to be reviewed privately. This found a tear of her Achilles tendon. When Mrs A returned again to A&E, she was supplied with a protective boot. Mrs A was subsequently seen by an orthopaedic specialist and a complete tear of the Achilles tendon was diagnosed. Her leg was placed in a plaster cast. Mrs C said Mrs A believed that she should have been diagnosed much sooner, that staff had failed to appropriately review the MRI scan results and that they had been unsympathetic to her condition.

The board said they did not believe staff had acted inappropriately towards Mrs A. They said that she had been examined using the standard techniques and that these had not indicated damage to the the Achilles tendon. The board provided information on the reliability of the test, accepting that it was not infallible. They noted the information Mrs A provided about the MRI scan results suggested that she did not have an Achilles tendon injury, which appeared to have been confirmed by her physical examination. The board said that they did not agree with Mrs A's recollections of the attitude of staff towards her.

We took independent advice from a consultant in emergency medicine. The advice we received said there was no clinical reason for staff to question Mrs A's description of the findings from the MRI scan, as this was consistent with the findings from her physical examination. They said that it would not be appropriate for A&E staff to attempt to interpret MRI images as this is a specialist skill. Although the diagnosis had not been accurate, Mrs A's care and treatment had been reasonable.

On the basis of the advice received, we found there were no grounds for upholding Mrs C's complaint. Although the board had failed to identify Mrs A's injury, this was not due to failings on the part of their staff, rather a combination of the original inaccurate interpretation of Mrs A's MRI scan and Mrs A's atypical presentation at the physical examination.