

SPSO decision report

Case: 201608384, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

Mr C developed a lump on his ear and his GP referred him to Hairmyres Hospital for investigations. Mr C was seen at the dermatology clinic at the hospital six weeks after his GP referral. He was diagnosed with squamous cell carcinoma of the ear (a type of cancer in the skin's cells). Mr C was routinely referred to the hospital's plastic surgery department for treatment and he was offered a plastic surgery appointment around two months later. In the meantime, Mr C contacted the dermatology clinic, as the lump on his ear was increasing in size daily. Mr C's referral to the plastic surgery department was upgraded to urgent and he was offered an appointment a week later. When Mr C attended that appointment, he confirmed that he had already arranged private surgery to treat his squamous cell carcinoma, as he felt the treatment time at the hospital had been too long. Mr C complained to us about delays in diagnosing and treating his squamous cell carcinoma.

We took independent advice from a consultant dermatologist. We found that there was no unreasonable delay in the hospital diagnosing Mr C's squamous cell carcinoma. However, we found that squamous cell carcinoma on the ear is considered a high-risk site, as it has the potential to spread around the body. Therefore, we considered that Mr C should have been urgently referred to the plastic surgery department after his diagnosis. We found that it was unclear whether Mr C would have been treated within the 18 week referral to treatment standard, which applies to 90 percent of all routine surgeries in Scotland. We considered that this standard may not have been met, given how complex the surgery would be and how long Mr C's clinical journey had already taken. We recognised that it is not a 100 percent standard, but given the level of risk of having squamous cell carcinoma on the ear, we considered that Mr C should have been treated within that timescale. For this reason, we upheld Mr C's complaint. However, we did not recommend that Mr C's private treatment costs be refunded. This is because we noted that he had arranged private surgery before he received a date for surgery from the hospital. Although we had concerns that the hospital may not have met the 18 week standard, we were unable to say with certainty they would not have done so, and so we did not consider it to be reasonable to recommend that the board reimburse Mr C's private treatment costs.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mr C for referring him to plastic surgery as a routine referral when his squamous cell carcinoma was on a high-risk site. The apology should meet the standards set out in the SPSO guidelines on apology, available at www.spsso.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- Patients with squamous cell carcinoma should receive the appropriate treatment, from the correct clinician(s), at the appropriate time, taking into account the relevant clinical guidance.

We have asked the organisation to provide us with evidence that they have implemented the recommendations

we have made on this case by the deadline we set.