

SPSO decision report



Case: 201706330, Grampian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

Mr C complained about the care and treatment that his wife (Mrs A) received from the board's gastroenterology department (the branch of medicine which deals with disorders of the stomach and intestines) at Aberdeen Royal Infirmary for her abdominal problems. A number of tests were carried out and it was considered that she had probable small bowel Crohn's disease (a long-term condition that causes inflammation of the lining of the digestive system).

We took independent advice from a consultant gastroenterologist. We found that Mrs A's case was complex. Whilst there had been a short delay in her seeing a consultant, this was not unreasonable. That said, we found that there had then been an unreasonable delay in carrying out an urgent colonoscopy (examination of the bowel with a camera on a flexible tube) that had been requested for her. However, in their response to Mr C's complaint, the board said that this had been reviewed and action had already been taken to prevent similar delays. We also found that given staff were aware of Mrs A being atypical for a Crohn's disease patient, alternative / additional diagnoses, including a psychological diagnosis, should have been considered, documented, discussed and treated earlier in the course of her assessment. Staff should have concentrated more on controlling Mrs A's symptoms and considered more active treatment for irritable bowel syndrome type symptoms. In view of these failings, we upheld this aspect of Mr C's complaint.

Mr C also complained that the board's response to his complaint was unreasonable. Given the symptoms Mr C had described in his complaint to the board, we found that the board should have explored what further treatment should be provided to Mrs A and referred to this in their response. Given the failure to do so, we also upheld this aspect of Mr C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs A for the delay in carrying out an urgent colonoscopy, failing to concentrate on controlling Mrs A's symptoms and failing to explore what further treatment could be provided to Mrs A. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsa.org.uk/leafletsand-guidance.
- Review Mrs A's treatment to ensure it is appropriate.

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

- In cases similar to Mrs A's where a patient's presentation with Crohn's disease is atypical, staff should consider alternative/additional diagnoses.

In relation to complaints handling, we recommended:

- In complaints, where complainants have raised concerns about the lack of treatment being provided, the board should explore what further treatment should be provided and refer to this in their response.