SPSO decision report

Case: **201900608, Aberdeen City Health and Social Care Partnership**
Sector: Health and Social Care
Subject: Clinical treatment / Diagnosis
Decision: upheld, recommendations

Summary

C complained about the care and treatment provided to their late parent (A). A, who had a history of cancer, attended a medical practice, for which the partnership was responsible, with various non-specific symptoms. The practice made a working diagnosis of polymyalgia rheumatica (a condition that causes pain, stiffness and inflammation in the muscles around the shoulders, neck and hips) and a trial of steroids was commenced. Around five weeks later, A was referred by the practice for an ultrasound scan with a query of malignancy, which found metastatic (spread of cancer from the primary tumour) disease in the liver and a bladder mass. The practice referred A to the urology department (a specialty in medicine that deals with problems of the urinary system and the male reproductive system) at a local hospital. However, A's cancer had progressed and no further treatment could be provided. A died a short time later.

C said that the practice should have considered the possibility of a cancer recurrence much sooner before trialling steroids to treat possible polymyalgia rheumatica. C also complained that the practice had not informed A of the results of the ultrasound scan and disputed the practice's claim that C's sibling had been informed. C further complained that the practice should have been aware of delays in A's treatment following referral to secondary care and taken steps to expedite the treatment.

In response, the partnership stated that there had been no delay in requesting appropriate scans and said that A had received the best possible care the practice could offer during A's illness. The partnership also stated that the records showed the practice had discussed A's care with C's sibling in their capacity as power of attorney.

We took independent advice from a GP adviser. We found that, while it was reasonable for the practice to commence a trial of prednisolone (medication used to treat a wide range of health problems including allergies, blood disorders, skin diseases, infections and certain cancers) to treat the working diagnosis of polymyalgia rheumatica, the lack of immediate improvement should have made the practice consider another diagnosis. Given A's history of cancer, we considered that referral for ultrasound should have happened sooner. We also could not find any record confirming that A had been informed of the results of the ultrasound scan nor that C's sibling had been informed. However, we did not consider that there was any responsibility on the practice to send any reminders to secondary care about A's treatment, given no specific concerns had been raised about this.

For these reasons, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for failing to inform A that the ultrasound scan performed showed possible liver metastatic disease and failing to refer A for an urgent ultrasound or CT scan to investigate the possible recurrence of cancer.
- Apologise to C for the unreasonable delay in responding to their complaint, for not providing updates or an

explanation for the delay or when a response could be expected, and for not responding to their additional correspondence. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

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

- The practice should give consideration as to where improvements could be made to their practice to ensure that cases of possible recurrent cancer are investigated as soon as possible.
- The relevant clinicians should be reminded of the need to ensure that patients should be kept fully informed about their diagnosis and involved in decisions about their treatment and that patients are presumed to have capacity to make decisions about their treatment. If it is considered that a patient is unable to understand and/or retain information given to them, an assessment of capacity should be carried out.

In relation to complaints handling, we recommended:

- The partnership's complaint handling governance system should ensure that responses to complaints are in line with the NHS Scotland Model Complaints Handling Procedure.

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.