

## SPSO decision report

**Case:** 201905697, Fife NHS Board  
**Sector:** Health  
**Subject:** clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

C complained about the care and treatment they received from the board. C received a positive bowel screening result and attended a screening clinic shortly after. A colonoscopy (an exam used to detect changes or abnormalities in the large intestine (colon) and rectum) was arranged but was unsuccessful. C later underwent a successful colonoscopy which identified a rectal polyp (a small cell clump that grows within your body).

C's polyp was initially considered to be benign (not harmful). They were referred for an endoscopic ultrasound (EUS) scan in another NHS board area. This identified that C had type two rectal cancer. C complained about what they considered to be a misdiagnosis by the board. They also complained about delays in the board carrying out a successful colonoscopy and arranging for an EUS to be carried out.

We took independent advice from a general and colorectal surgeon (a general surgeon who specialises in conditions in the colon, rectum or anus). In respect of the colonoscopy, we noted that there was a delay of around 24 weeks from C's positive bowel screening until a successful colonoscopy was carried out. Although the delay was not wholly down to the board, we considered this length of time to be unreasonable. We noted that C was effectively placed at the back of the queue each time an appointment was not successful. We concluded that the board should have done more to progress C's case following the failed colonoscopy. As such, we upheld this aspect of the complaint.

C's second complaint was that the board unreasonably failed to diagnose that they had cancer following tests. We concluded that the board treated C's polyp as being suspicious of cancer from the outset. However, we identified clear delays within the treatment pathway, which meant C's cancer was not identified until later. This meant that cancer was either present during earlier tests, or developed in the months leading up to a later test. We concluded that the overall timescale could have been reduced significantly had the board reviewed C's treatment options earlier. We upheld this aspect of the complaint.

Finally, C complained about there being a delay in the board arranging for an EUS to be carried out. We identified that the delay was partly due to the other board that the referral was made to. However, we noted that the referral was made with no apparent follow-up for more than two months. There was then a further two-month delay after the other board responded to say an EUS would be arranged urgently. We concluded that more could have been done to follow up on the referral made to the other board. In addition to this, we concluded that more could have been done in terms of looking at the overall waiting time experienced by C, given that the EUS was not essential. In light of this, we upheld this aspect of the complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the unreasonable delay in carrying out a successful colonoscopy; for the unreasonable delay in the treatment pathway that contributed to a delay in C's cancer diagnosis; and for contributing

towards there being an unreasonable delay in an endoscopic ultrasound being carried out, given this was a non-essential procedure. The apology should meet the standards set out in the SPSO guidelines on apology available at [HYPERLINK "http://www.spsso.org.uk/information-leaflets"](http://www.spsso.org.uk/information-leaflets) [www.spsso.org.uk/information-leaflets](http://www.spsso.org.uk/information-leaflets) .

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

- If a referral to another board is required for a procedure such as an endoscopic ultrasound, this should be followed up appropriately. Consideration should be given to whether the benefits of making a referral to another board for a procedure such as an endoscopic ultrasound outweighs the risks caused by the delay in treatment resulting from this.
- A successful colonoscopy should be carried out within a reasonable timescale after a patient receives a positive bowel screening test result.
- If a patient fails to attend a colonoscopy, or the procedure cannot be completed, there should be a reasonable and patient-centred policy for rescheduling appointments.
- The pathway for diagnosing rectal cancer in a patient should be progressed within a reasonable timeframe. Consideration should be given to the timescales involved in managing complex polyps.

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.