

SPSO decision report

Case: 202003273, Fife NHS Board
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

C complained that the board failed to provide them with reasonable treatment. C was hospitalised with a right sided homonymous hemianopia (a visual field defect involving the two right, or the two left, halves of the visual fields of both eyes). C believed that a previously diagnosed arachnoid cyst (a non-cancerous fluid-filled sac that grows on the brain or spinal cord) could be the underlying cause of their clinical symptoms. C underwent CT and MRI scanning.

The board concluded that C's arachnoid cyst was stable and unchanged from a previous MRI, and was unlikely to be the cause of their vision loss. Following a deterioration in their symptoms, C sought private neurosurgical opinion (specialist in surgery on the nervous system, especially the brain and spinal cord) and underwent a craniotomy (procedure to open skull to gain access to the brain) to drain the cyst resulting in partial and ongoing recovery of their vision.

C complained to the board that they should have been referred for neurosurgical review and received treatment through the NHS pathway sooner. They said that clinicians leading their care had repeatedly dismissed their concerns that the cyst could be the underlying cause of their symptoms and had excluded several sources of significant information from the clinical decision-making process, including a discrepancy in the scan measurements which had in fact shown the cyst had increased in size.

We took independent advice from a neurosurgical adviser. We found that, despite a marginal increase in the cyst identified through retrospective radiology analysis, C's progressively worsening symptoms could not have been explained purely on the basis of imaging, and there was no evidence to support an argument that an earlier opinion from a neurosurgeon should have been requested. Our investigations found that although multi-disciplinary opinion may have been helpful in this particular case given C's continuing and unexplained neurological symptoms, the board had carried out appropriate investigations and specialist opinions had been sought on multiple occasions to inform decision-making regarding C's care pathway. Therefore, we did not uphold the complaint.

In investigating C's complaint, the board identified that there had been a break in their communications with C. We considered the action taken by the board to address this had been reasonable; however reminded them that in line with the published Model Complaints Handling Procedure, steps should be taken to ensure complainants are kept up to date and given revised timescales for response.