

SPSO decision report



Case: 202004351, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

C, an MSP, complained on behalf of their constituent (A). A had suffered severe pain in the years following a porcine mesh implant (a surgical device, consisting of mesh made of animal tissue, such as intestine or skin, that has been processed and disinfected to be suitable for use implanted into a patient to strengthen a surgical repair) to rebuild their abdominal wall. For a number of years, A pursued treatment for the pain with the board and the possibility of the removal of the porcine mesh. The board's gynaecology department (specialists in the female reproductive system) ultimately advised that they were unaware of any relationship between porcine mesh implants and chronic pain. A was referred to plastic surgery but this was declined on the basis that the plastic surgery department had no additional treatments to offer A.

C asked the board for an independent review of A's case and an assessment for surgery to remove the porcine mesh. The board told C that the gynaecology and plastic surgery departments would review A's case in collaboration. A was ultimately only offered an appointment with gynaecology. Following further consideration, but without a joint appointment for A with the two departments, the board concluded that A was being offered appropriate treatment options and that removal of the porcine mesh would not relieve A's pain. The board advised A to seek a joint gynaecology and plastic surgery referral via their GP.

We took independent advice from a consultant plastic surgeon. While we found that the assessment of A's pain by the board had been reasonable, we concluded that this had not been reasonably explained to A in a single, clear and comprehensive communication that addressed all of the concerns and queries A raised regarding the nature of the mesh used, why this was distinct from the mesh referred to in media reports, why this was unlikely to be contributing significantly to A's pain and why there was no surgical procedure available to remove it. We concluded that it was unreasonable to have promised a joint consultation between gynaecology and plastic surgery and then not carry this out, despite acknowledging that A sought this and having several opportunities to arrange the joint consultation. Given this, we upheld C's complaint that the board had not reasonably assessed or explained the source of A's pain.

However, we concluded that the board's treatment plan for A's pain was reasonable. While the board's decisions on treatment and reasons for these were not well communicated to A, the board reasonably investigated A's condition and reached a reasonable position regarding treatment. Given this, we did not uphold this aspect of C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to A that they unreasonably failed to arrange a joint appointment with the plastic surgery and gynaecology departments, and to explain their conclusions regarding A's pain in a reasonable way. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

- Arrange and undertake a joint appointment for A with the plastic surgery and gynaecology departments.

In relation to complaints handling, we recommended:

- Staff should handle complaints in line with the Model Complaints Handling Procedure, which includes addressing all the areas the board are responsible for and explaining the reasons for their decisions.

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.