

Case 200501352: Greater Glasgow and Clyde NHS Board <sup>1</sup>

**Summary of Investigation**

**Category**

Health: Hospital; Urology

**Overview**

The complainant (Mr C) raised a complaint about a delay in a referral for a urodynamics study at the Department of Urology (the Department) in the Southern General Hospital (the Hospital). Mr C had not received an appointment after he had cancelled three previous opportunities to attend the Department. Mr C complained that he had been told his name had been taken off the waiting list at his request. Additionally, Mr C was unhappy that the complaint response from the Chief Executive of the then South Glasgow University Hospitals Division, wrongly referred to his original out-patient referral as having come from his General Practitioner (GP), rather than the Gastrointestinal Clinic at the Hospital.

**Specific complaints and conclusions**

The complaints which have been investigated are that:

- (a) Mr C had an excessive wait for an appointment at the Department (*upheld*);
- (b) Greater Glasgow and Clyde NHS Board (the Board) had wrongly stated that Mr C's GP had referred him to the Department (*upheld*); and
- (c) Mr C was removed from the waiting list although he had not asked for this (*upheld*).

**Redress and recommendations**

The Ombudsman recommends that:

- (i) the Board apologise to Mr C for their error in saying the referral was from
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<sup>1</sup> On 1 April 2006 the National Health Service (Variation of the Areas of Greater Glasgow and Highland Health Boards) (Scotland) Order 2006 added the area of Argyll and Bute Council to the area for which Highland Health Board is constituted and all other areas covered by Argyll and Clyde Health Board to the area for which Greater Glasgow Health Board is constituted. The same Order made provision for the transfer of the liabilities of Argyll and Clyde Health Board to Greater Glasgow Health Board (now known as Greater Glasgow and Clyde Health Board) and Highland Health Board. In this report, according to context, the term 'the Board' is used to refer to Greater Glasgow and Clyde Health Board as its successor.

Mr C's GP;

- (ii) staff members are reminded of the importance of keeping accurate and contemporaneous records to verify their understanding of all patient information; and
- (iii) the Department staff are reminded of the value of alerting patients' GPs to the changes in the clinical care of patients on their practice list.

The Board have accepted the recommendations and will act on them accordingly.

## **Main Investigation Report**

### **Introduction**

1. Mr C had been attending the Gastrointestinal Clinic at the Southern General Hospital (the Hospital) with Ulcerative Colitis intermittently for over twenty years. During a routine out-patient appointment in January 2004, he was seen by a doctor (Doctor 1) at the Department of Urology (the Department) and complained about passing urine very frequently and having a poor urinary stream. Doctor 1 examined him and let him know that he would refer him to a Consultant Urologist for an opinion. Doctor 1 made the referral for Mr C and he attended the Department on 24 August 2004. He then changed three further appointments that were not convenient to him. The last cancelled appointment was in January 2005. He said he did not hear from the Department after this. He, therefore, contacted the Department in May 2005 to find out about his urology appointment for the required investigations and was advised he had been removed from the list. Mr C made a formal complaint to Greater Glasgow and Clyde NHS Board (the Board) on 11 June 2005 about the delay in getting a test that had been requested as part of his urology investigations. Mr C also said he was given incorrect information by the Board in their response to him of 20 July 2005 regarding his referral to the Department at the Hospital. He thereafter complained to the Ombudsman.

2. The complaints from Mr C which I have investigated are that:
- (a) Mr C had an excessive wait for an appointment at the Department;
  - (b) the Board had wrongly stated that Mr C's GP had referred him to the Department; and
  - (c) Mr C was removed from the waiting list although he had not asked for this.

### **Investigation**

3. As part of the investigation of this complaint, I obtained information from the Board and Mr C. Additionally, I sought advice from an adviser to the Ombudsman (the Adviser), a consultant physician.

4. I have not included in this report every detail investigated but I am satisfied that no matters of significance have been overlooked. Mr C and the Board were given an opportunity to comment on a draft of this report. Abbreviations used in this report are set out in Annex 1. Medical terms are explained in Annex 2.

**(a) Mr C had an excessive wait for an appointment at the Department**

5. Mr C was referred to the Department from the Gastrointestinal Clinic in January 2004, to explore symptoms of poor urinary flow and frequency of micturition. He was seen in the Department on 24 August 2004 and some investigations were carried out. Following this, a urodynamics study was planned for him as a day case procedure.

6. Mr C was offered an appointment on 22 November 2004 for this study, which was approximately twelve weeks after his initial appointment. This appointment was unsuitable and he was offered a further appointment for 14 December 2004 which was within 16 weeks of having initially been seen. Again this was unsuitable and a third appointment was offered to Mr C for 18 January 2005 (not 22 January 2005 which has been referred to in some correspondence) which Mr C also cancelled.

7. There were a number of delays for Mr C's urodynamics study due to his name being removed from the list, (referred to in head of complaint (c) of this report), after what staff recalled as having been his instruction given during a telephone call to the Department on 22 January 2005. Mr C denies having given this instruction.

8. In a letter from the Board to the Ombudsman's office of 17 November 2005, it is confirmed that there is no documented evidence of the telephone call from Mr C on 22 January 2005.

9. On 13 May 2005, Mr C contacted the Department, as he had not received notification of a further appointment. On 11 June 2005, Mr C complained to the Board that he had been waiting some considerable time for the urodynamics study which he had been advised he needed. He said he had been unable to keep the appointments that had been offered to him and he had been waiting for a further appointment date to be issued.

10. However, the Board were unable to offer an immediate appointment as the specialist procedure could only be carried out by a specifically trained nurse, who was off sick for an extended period. Mr C was advised of that in a letter of 22 June 2005. He eventually attended the Department for the procedure on 8 September 2005.

11. As part of this investigation, I sought further information regarding two

points: the actions that were taken to manage the case load of the specialist nurse who was off sick; and what note had been taken of the comment by Doctor 1, in his referral letter of 20 January 2004, that Mr C was quite distressed by his urinary frequency. The Board advised that an additional nurse with the appropriate experience was able to provide a number of sessions during her colleague's absence, addressing the patients who were identified as being 'urgent'. When the staff member returned to work, she provided additional sessions to address the waiting list. Information from the Board indicated that, as of October 2005 and following the return of the specialist nurse, the waiting time for the urodynamics study was six weeks and 102 patients were waiting for the service.

12. The Board commented that, in relation to the urgency of an appointment for Mr C, they had not understood the urgency to have been about requiring an appointment for the test. In relation to the comment about Mr C's distress, it was considered that the clinical presentation was not an indication of an underlying serious disease.

13. The medical record showed that an appointment for the urodynamics study was made for 22 November 2004 and 24 December 2004 both of which were cancelled as they were unsuitable for Mr C. A further appointment was also made for 18 January 2005, not 22 January 2005, which was written in error in the records and in correspondence. Mr C underwent the urodynamics study on 8 September 2005.

*(a) Conclusion*

14. The records indicated that Mr C did have an unduly long wait, by the Board's standards, of six weeks for this particular Department. However, this was partly as a result of Mr C cancelling three appointments and also the confusion that arose regarding his name being removed from the list (see paragraphs 20 - 25). As well as this, a specialist nurse was off sick, which added to the time delay.

15. After Mr C contacted the Department in May 2005, he was informed of the delay in offering him a rescheduled appointment (see paragraph 10). However, he was not offered any information regarding a possible resolution to the problem. Whilst it may not be feasible to have staff available to cover periods of sick leave, the nurse concerned was on an extended period of sick leave and some further consideration could have been given to the people on the list who

were waiting to be told about the availability of a 'non-urgent' or 'routine' appointment. This would have enabled them to make a choice to visit their GP again regarding their health care. In all the circumstances, on balance, I uphold this aspect of Mr C's complaint.

**(b) The Board had wrongly stated that Mr C's GP had referred him to the Department**

16. Mr C complained that, in replying on 20 July 2005 to his original complaint, the Board stated his referral had come from his GP when it was made internally to the Department from the Gastrointestinal Clinic.

17. Mr C was told that they had received a referral from his GP which had not indicated a need for an 'urgent' appointment. However, Mr C had been referred internally to the Department by the Gastrointestinal Clinic within the Hospital and the letter had contained comment that Mr C was 'quite distressed by his urinary frequency'. A letter had also been sent to Mr C's GP to this effect.

18. It is clear that the Chief Executive referred incorrectly, in his letter dated 20 July 2005, that the referral had been made by Mr C's GP rather than by the doctor at the Gastrointestinal Clinic in the Hospital. I note that a letter to Mr C's GP dated 24 August 2004, from the Specialist Registrar in Urology in the Department, thanked the GP for the referral that was made. In correspondence from the Board to the Ombudsman's office dated 17 November 2005, they indicated that having reviewed the matter they appreciated that they had misled Mr C and they offered their apologies to him for this.

*(b) Conclusion*

19. In view of the evidence available to me and the fact that the error that was made was only recognised during the course of my enquiries, I uphold this aspect of the complaint.

*(b) Recommendation*

The Ombudsman recommends that the Board apologise to Mr C for their error in saying the referral was from Mr C's GP.

**(c) Mr C was removed from the waiting list although he had not asked for this**

20. Mr C contacted the Complaints Department regarding the delay in receiving an appointment for the urodynamics study.

21. Mr C was told by the Complaints Department they had been advised by the Health Records Manager that he had requested removal from the waiting list. Mr C was clear this was not the case. Mr C had made contact with the Department again in May 2005, seeking advice regarding his appointment. Mr C believed that a further appointment was not offered as he had cancelled the three previous appointments that had been made for him.

22. Medical Records staff indicated that Mr C telephoned to let them know he did not want another appointment sent to him. The initial recollection was that this was on 22 January 2005, which was later changed to 18 January 2005. There was no record of the call having been received on either date. The record did indicate that 'no further action' was recorded after the failure of the last appointment to go ahead.

23. The Chief Executive's letter said that the staff were clear Mr C had indicated he had not wished any further appointments.

24. The Adviser has told me that, where a call is made regarding a patient's request to withdraw from treatment, a letter should be sent to the GP for information. There is no such letter available on file to record this as being the case.

*(c) Conclusion*

25. There is no written information available from the staff to support their recollection that Mr C made a telephone call to the Department, in which he indicated he should not receive any further appointments from them. There is only the recollection of the Department staff members saying that he did indicate this in a telephone call. Mr C is certain that he did not say that to any member of staff. There is no record available of a call and, in addition, there is no record of a letter being sent to Mr C's GP, as should have happened when a patient requests to withdraw from treatment. Therefore, after careful consideration and on the balance of probabilities, I have decided that there is no reason to doubt Mr C's recollection that he did not ask to be removed from the waiting list. In the circumstances, I have decided to uphold this complaint.

*(c) Recommendations*

26. The Ombudsman recommends that:

- (i) staff members are reminded of the importance of keeping accurate and

contemporaneous records to verify their understanding of all patient information;

- (ii) staff within the Department are reminded of the value of alerting patients' GPs to the changes in the clinical care of patients on their practice list.

27. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

19 December 2007



**Explanation of abbreviations used**

Mr C	The complainant
The Hospital	Southern General Hospital
Doctor 1	Referring doctor from the Gastro- intestinal Centre, Southern General Hospital
The Department	The Department of Urology at Southern General Hospital
The Board	Greater Glasgow and Clyde NHS Board
GP	General Practitioner
The Adviser	Medical Adviser to the Ombudsman

**Glossary of terms**

Micturition

The passage of urine

Urodynamics study

Urodynamics is the investigation of the function of the lower urinary tract - the bladder and urethra - using physical measurements such as urine pressure and flow rate, as well as clinical assessment