Scottish Parliament Region: Glasgow

Case 200604047: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; Oncology; Diagnosis and treatment

Overview

The complainant (Ms C) raised a number of concerns regarding her medical care and treatment during investigations of painful sensations in her throat. Ms C specifically complained about the length of time it had taken for her to be referred for an endoscopy; the actions of the gastroenterology department when she attended for pH studies and oesophageal motility studies and the length of time it had taken for a Consultant (the Consultant) to notify her of the results of a Fine Needle Aspiration Cytology (FNAC) examination.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) there was an unreasonable delay in referring Ms C for an endoscopy (*not upheld*);

(b) the gastroenterology department unreasonably continued with a procedure despite the changes that had occurred in Ms C's condition since the referral had been made (*not upheld*); and

(c) the Consultant unreasonably delayed notifying Ms C of the results of a FNAC examination (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 23 March 2007 the Ombudsman received a complaint from a woman, referred to in this report as Ms C. She raised a number of complaints related to medical care she had received during 2005. Ms C specifically complained about the length of time it had taken for her to be referred for an endoscopy; the actions of the gastroenterology department when she attended for pH studies and oesophageal motility studies and the length of time it had taken for a Consultant (the Consultant) to notify her of the results of a Fine Needle Aspiration Cytology (FNAC) examination.

2. The complaints from Ms C which I have investigated are that:

(a) there was an unreasonable delay in referring Ms C for an endoscopy;

(b) the gastroenterology department unreasonably continued with a procedure despite the changes that had occurred in Ms C's condition since the referral had been made; and

(c) the Consultant unreasonably delayed notifying Ms C of the results of a FNAC examination.

Investigation

3. The investigation of this complaint involved obtaining and reading all the relevant information, including Ms C's medical records and correspondence between Ms C and Greater Glasgow and Clyde NHS Board (the Board). I also sought the advice of two of the Ombudsman's clinical advisers regarding the complaint. One adviser commented on general clinical aspects of the case (Adviser 1), while the other adviser commented on the nursing aspects of the case (Adviser 2). I have set out my findings of fact and conclusion. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

4. Ms C was referred to the Victoria Infirmary, Glasgow, in April 2004 complaining of the sensation of a lump in the throat and pain on swallowing. She had a previous history of acid reflux. No abnormality was found on critical examination and the Consultant arranged a barium swallow. The results from this test were normal but, because it was felt that her symptoms were related to reflux, it was suggested to Ms C's general practitioner (GP) that she be referred to the gastroenterology department for further investigation. As a result of this

referral, in February 2005, oesophageal motility and pH studies were arranged for Ms C. Ms C attended for these investigations on 26 May 2005, and she advised the staff that she would be undergoing a FNAC examination of an enlarged lymph node in her neck the following day. As a result of this the pH study was postponed.

5. Ms C was told to return to the Consultant's clinic three weeks after the FNAC examination. When she attended for this appointment she was told that the FNAC examination had been undiagnostic and she would be required to attend for a second examination a few days later. Following discussion between Ms C and the Consultant, she was referred to another Consultant. Within a few weeks Ms C was diagnosed with a small cell cancer in her neck gland.

6. Ms C complained to the Board about various aspects of her care and diagnosis and, having completed the Board's complaints procedure, brought her complaints to the Ombudsman on 23 March 2007.

(a) There was an unreasonable delay in referring Ms C for an endoscopy

7. Ms C believed that she should have been referred for an endoscopy following her appointment in February 2005. She complained to the Board about this.

8. The Board told Ms C that her symptoms had been atypical of reflux disease, and that the Scottish Intercollegiate Guidelines Network (SIGN) guidance for the management of dyspepsia did not indicate endoscopy for patients of her profile. Given this, they did not believe that there had been an unreasonable delay in referring Ms C for an endoscopy.

9. I sought the opinion of Adviser 1 on this point. He told me that the barium swallow had largely excluded an anatomical cause for Ms C's reflux disease and that painful abnormalities in the oesophagus are rarely visible on endoscopy. He also explained that it was not common for visible evidence of reflux to be accompanied by non-visible symptoms. As well as this, the records of Ms C's symptoms and the noted concerns of the medical practitioners involved in her care led Adviser 1 to conclude that referral for oesophageal motility and pH studies rather than endoscopy was appropriate and did not contravene the SIGN guidance.

(a) Conclusion

10. Ms C was concerned that an earlier referral for endoscopy could have resulted in an earlier diagnosis of cancer. However, I agree with Adviser 1 that her referral for oesophageal motility and pH studies was appropriate in the circumstances. Accordingly, I do not uphold the complaint.

(b) The gastroenterology department unreasonably continued with a procedure despite the changes that had occurred in Ms C's condition since the referral had been made

11. Between Ms C's referral to the gastroenterology department for oesophageal motility and pH studies and her attendance for those procedures, a FNAC examination of an enlarged lymph node in her neck had been arranged. The FNAC examination had been arranged for the day following the motility and pH studies. Ms C advised the Manometrist of this, and was unhappy that, while the pH study was postponed, the oesophageal motility study was continued with. She complained to the Board about this.

12. The Board told Ms C that the reason the pH studies had been postponed was due to the fact she had advised the Manometrist of her appointment for the following day. As the pH studies required the insertion of a probe for 24 hours, her appointment the following day meant that she would be unable to return to have the probe removed at the required time. They did not believe the Manometrist's actions were unreasonable, and explained that it is not the practice of Board staff in any hospital to question the judgement of staff in any other.

13. I sought the opinion of Adviser 1 and Adviser 2 on this point. Adviser 1 told me that the Manometrist had acted reasonably in performing the motility studies and postponing the pH studies. He explained that he could see no indication in Ms C's medical records that would suggest that the motility studies should not have been performed or that the Manometrist should have sought the opinion of more senior staff before performing the motility studies. Adviser 2 indicated that she agreed with Adviser 1 that it may not have been necessary for the Manometrist to consult more senior staff and that there may not have been any reason why the motility studies should not have gone ahead. She explained that her caution over not giving a definitive opinion was due to the limited amount of information recorded in the nursing notes.

(b) Conclusion

14. Ms C was concerned that the Manometrist's continuing with some of the scheduled studies could have had an adverse effect on the FNAC examination she was due to undergo the following day and her health generally. The Manometrist did postpone one part of the studies Ms C was due to undergo due to the FNAC examination appointment the following day. Adviser 2 is more cautious than Adviser 1 in giving a definitive opinion, however, I agree with the essence of the advice provided by both, that the Manometrist did not act unreasonably in not consulting with more senior staff and continuing with the motility studies. Given this, I do not uphold the complaint.

(c) The Consultant unreasonably delayed notifying Ms C of the results of a FNAC examination

15. Ms C attended an appointment at the Consultant's clinic three weeks after the FNAC examination. She had expected to learn the results of the examination at this appointment. However, she was told the results had been undiagnostic and she would have to undergo a second FNAC examination, arranged for a few days later. Ms C complained that it was unreasonable for the Consultant to delay advising her of this.

16. I asked the Board when it was known that the results of the FNAC examination had been undiagnostic. They told me that the pathology department report noting this was finalised on 31 May 2005, and issued to the Consultant the following day. The Consultant saw the report on 6 June 2005.

17. I asked the Board whether the Consultant considered contacting Ms C prior to her scheduled appointment. They told me that, as far as he can recall, at the point he saw the result of the FNAC examination, Ms C's appointment was already made for his next clinic.

18. I asked the Board when the Consultant made arrangements for the second FNAC examination to be undertaken. They advised me that arrangements had been made on 14 June 2005.

19. I asked the Board what their process was in the event that a FNAC examination is found to be positive for cancer. They told me that the pathology department immediately advise consultants of such diagnoses by telephone.

(c) Conclusion

20. Given that an appointment for Ms C had already been scheduled for the Consultant's next clinic when he saw the result of the FNAC examination, and he made arrangements for a second examination to be undertaken quickly, I cannot criticise his actions in relation to notifying Ms C of the results of the FNAC examination and, therefore, I do not uphold the complaint.

Annex 1

Explanation of abbreviations used

Ms C	The complainant
The Consultant	Ms C's Consultant , an Ear, Nose and Throat Surgeon
FNAC	Fine Needle Aspirate Cytology
The Board	Greater Glasgow & Clyde NHS Board
Adviser 1	An adviser to the Ombudsman with specialist knowledge of medicine
Adviser 2	An adviser to the Ombudsman with specialist knowledge of nursing
GP	Ms C's general practitioner
SIGN	Scottish Intercollegiate Guidelines Network

Annex 2

Glossary of terms

Term	Definition
Acid reflux	A condition caused when acid from the stomach leaks back into the oesophagus, usually characterised by burning discomfort behind the breastbone
Barium swallow	A medical procedure used to examine the upper gastrointestinal tract
Dyspepsia	Chronic or recurrent pain centred in the upper abdomen
Endoscopy	A procedure for examining the interior of a patients body using an endoscope
Fine Needle Aspirate Cytology (FNAC)	A procedure used to examine lumps or masses just below the skin
Lymph nodes	Components of the lymphatic system that filter and trap foreign particles
Manometrist	A member of medical staff trained to measure muscle pressures within organs
Oesophageal motility study	A study to measure the pressure generated by contractions of the muscle of the oesophageal wall
pH study	A study to measure the changes in acidity that occur in the oesophagus when the acidic contents of the stomach reflux back into the oesophagus
Undiagnostic	When a test does not result in sufficient evidence to allow a diagnosis to be made it is said to be 'undiagnostic'