

Case: 201004794, Tayside NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C complained about the care and treatment provided to her late husband, Mr C, and about the way in which the board handled her complaint.

Mrs C said that her husband was diagnosed as having prostate cancer in November 2006. She said that this was confirmed by a biopsy but that complications arose. She said that Mr C rang the hospital for advice about being unable to pass urine but he was wrongly referred back to his GP. As this was over the weekend, his GP was unavailable.

Generally, things appeared to settle by mid 2007, but, Mrs C said, from April 2007 her husband was complainaning of rectal bleeding, which continued until his death. Mrs C said this was raised at every meeting with clinical staff but the cause was suggested to be haemorrhoids.

In late 2008, Mr C was diagnosed with cancer of the liver and given hormone replacement therapy. Mrs C complained that by the end of 2009, he was suffering considerable pain and discomfort and that the quality of his life reduced significantly. She said that there was no coordinated plan for his treatment and that despite frequent requests for help there was no sense of urgency on the part of clinicians. She alleged that what action points there were, were not implemented. She complained that by 2010 there was a dramatic decline in her husband's condition and he was moved to Ninewells Hospital but again, she said that there was no coordinated plan and that Oncology and Urology failed to work together. She alleged that any treatment for Mr C was merely reactive.

After her husband died, Mrs C raised these matters as a formal complaint. She said that the time taken to deal with the complaint was too long and that the responses she recieved failed to answer her concerns. We fully upheld these complaints and also those about the care and treatment of her husband.

Recommendations

We recommended that the board:

- confirm to the Ombudsman the procedures for cover of absent consultant staff to ensure that continuity of care is maintained;
- remind oncology staff to involve urology staff in the management of catheterised patients; and
- highlight to the urology department that regular renal function measurement is required as part of the monitoring of patients with symptoms of prostatism and potential obstruction.