

SPSO decision report

Case: 201507827, Lothian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mr C complained about the delay in treatment for his wife (Mrs C) when she was diagnosed with oesophageal cancer. Chemotherapy was commenced around 12 weeks after diagnosis in an effort to shrink the tumour and make it operable. Unfortunately, Mrs C did not tolerate this well and it was discontinued, with her cancer having progressed. Mr C complained that the delay in commencing treatment allowed the cancer to spread to Mrs C's lymph nodes, meaning surgery was not possible. The board acknowledged that Mrs C's wait for treatment was outwith the national waiting target of 62 days from referral with a suspicion of cancer to the start of treatment. However, they assured Mr C that all the investigations carried out to determine the extent of the cancer were appropriate.

We obtained independent medical advice from a consultant general surgeon, specialising in upper gastro-intestinal surgery. They informed us that Mrs C's tumour was very extensive at the point of diagnosis and had already spread to her lymph nodes. They considered that appropriate tests were then carried out to determine if there were any curative treatment options, advising that the national target can be difficult to achieve when additional tests are required. However, they noted that part of the delay Mrs C experienced was caused by the absence of a particular clinician who was able to carry out one of the tests. They suggested that the board should look at staff training issues and review their management of waiting times between tests. Notwithstanding this, they did not consider that the delay Mrs C experienced had any impact on the curability of her cancer.

We found no evidence that the board failed to recognise the severity of Mrs C's cancer and we did not uphold this aspect of Mr C's complaint. However, we considered that the extent of the cancer was not made clear enough to Mr C by the board, particularly when responding to his complaint. This could have alleviated his concern that the cancer had spread to an inoperable stage during the wait for treatment. In relation to this wait, while we noted the complexities of the diagnostic pathway, we considered that some of the delay was avoidable. We, therefore, upheld this aspect of the complaint.

Recommendations

We recommended that the board:

- apologise to Mr and Mrs C for failing to explain more clearly the extensive nature of the cancer from the time it was first diagnosed;
- ask relevant staff to reflect on the findings of this investigation in order to improve communication in similar future circumstances;
- apologise to Mr and Mrs C for the delay in starting Mrs C's treatment; and
- review their oesophago-gastric cancer pathway, including staff training issues and the management of waiting times between tests/discussions, with a view to reducing future incidences of avoidable delay.