SPSO decision report



Case: 201802340, Greater Glasgow and Clyde NHS Board - Acute Services Division Clyde NHS Board - Acute Division Clyde NHS Board - Acute Division Clyde NHS Board - Acute Division Clyde NHS Board - Ac

Sector: health

Subject: clinical treatment / diagnosis

Decision: not upheld, no recommendations

Summary

Mrs C complained about the care and treatment that her late husband (Mr A) received at Glasgow Royal Infirmary. Mr A had cancer and was seen at clinic and placed on the waiting list for surgery. However, Mr A began to rapidly lose weight and Mrs C tried to contact the consultant for advice. Mr A was referred for a dietetic assessment and was advised to take nutritional supplements. Mr A was still unable to stop the weight loss and Mrs C again tried to contact the consultant for advice. The consultant was not available and arrangements were made for Mr A to see another consultant at short notice. It was then discovered that Mr A's condition had deteriorated and that surgery was no longer an option. Mrs C felt that action should have been taken sooner to reassess Mr A and that a scan should have been arranged at the clinic appointment.

We took independent advice from a consultant colorectal surgeon (a surgeon who specialises in conditions in the colon, rectum or anus). We found that there was no indication that a scan was required at the clinic appointment as a diagnosis had already been reached and Mr C did not report any new symptoms. It was appropriate that Mr A was then directed to a dietetic review in order to treat his poor nutritional intake so that he would be in appropriate health to undergo the planned surgery. There was no indication that a hospital admission was required at the time of the dietetic review. When Mr A saw another consultant, appropriate investigations were carried out although by that stage it was felt that he was no longer fit for the planned surgery. We did not uphold Mrs C's complaint. However, we did note that there was a failing in the passing of information from the secretarial staff to the clinical staff. This would not have affected the outcome and the board have already taken action to ensure that when clinicians are not available the matter should be escalated to another clinician.