

## SPSO decision report



**Case:** 201809533, Greater Glasgow and Clyde NHS Board - Acute Services Division

**Sector:** Health

**Subject:** clinical treatment / diagnosis

**Decision:** some upheld, recommendations

### Summary

C complained on behalf of their partner (A). A had been suffering from debilitating shoulder problems over an extended period. A had been referred from their own NHS Board to Greater Glasgow and Clyde NHS Board for specialist surgery. Although surgery was carried out, it did not relieve A's symptoms. A underwent further surgery and received a second opinion from Greater Glasgow and Clyde NHS Board, as well as undergoing neurological tests and assessment at the pain clinic. During this period A moved house, which meant a different NHS Board became responsible for A's care.

C felt that Greater Glasgow and Clyde NHS Board had failed to properly consider A's symptoms and that they were unwilling or reluctant to investigate or perform further surgery on A. C had a lengthy correspondence with the board, during which they made several formal complaints.

Whilst this correspondence was ongoing, the board suggested that A should be referred to a specialist in England. C and A were told this referral was to be made, but they were not told what the process would be. A referral of this nature required A's own health board's agreement, but this was not provided. C made a number of attempts to contact Greater Glasgow and Clyde NHS Board to discover whether the referral was going ahead. When they did not receive a response, C took A to have further surgery on A's shoulder privately.

C said they had been forced to do this by the board's failure to provide A with adequate care and treatment and their decision to block the referral to England. C said the board should reimburse them for the expenses they had incurred and provide guarantees A would receive the treatment they would need in future. The board had declined to pay for the cost of private medical treatment, because their view was that A had chosen to take this course of action independently.

We received independent medical advice. We found that the board had provided A with reasonable care and treatment. The investigations that had been carried out were appropriate for the symptoms reported and these investigations, and the provision of a second opinion, had been carried out within a reasonable timescale. We did not uphold this aspect of C's complaint.

In relation to the referral to England, we found that the board had not made the decision to cancel A's referral to England. This decision had been made by A's own health board. Therefore, we did not uphold this aspect of C's complaint.

The board had, however, failed to acknowledge or respond to C's questions about the referral, or to respond to questions from their MSP. They had also unreasonably prevented C from accessing the complaints process. The board had told C they would be able to liaise with a named contact about A's treatment. Despite it being clear that the named contact was not responding to C and that C was not receiving answers to their questions, the board failed to take action to address this but also failed to allow C to raise a new complaint. We considered the board's communication with C to be unreasonable and upheld this aspect of their complaint. However, we noted that this

did not justify reimbursing C for the cost of private treatment in England.

### **Recommendations**

What we asked the organisation to do in this case:

- Clarify for C and A which board had responsibility for the decision not to proceed with the out of board referral, explain what the process followed was and clarify who remained responsible for A's ongoing care and treatment.

What we said should change to put things right in future:

- The board should ensure they have a clear procedure for staff to follow, when out of board referrals are made, including communicating the outcome to the patient.

In relation to complaints handling, we recommended:

- The board should review their procedures to ensure that when communication with a patient or their representative breaks down, complaints staff are able to escalate the matter appropriately.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.