

SPSO decision report



Case: 201910574, Greater Glasgow and Clyde NHS Board - Acute Services Division
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained on behalf of their parent (A) that the care and treatment they received from the board was unreasonable and led to a delay in A being diagnosed with colon cancer. A was urgently referred to the board from their GP with a suspicion of inflammatory bowel disease. An initial appointment for the gastroenterology (medicine of the digestive system and its disorders) outpatient clinic was scheduled for six weeks from the date of receipt of the referral but this was cancelled and delayed for a further six weeks. However, A did not require to wait this period of time due to an emergency admission to Inverclyde Royal Hospital (IRH). A was later discharged with a view to them returning for a colonoscopy (examination of the bowel with a camera on a flexible tube) in four weeks. Before the colonoscopy was carried out, A was readmitted to IRH with deterioration of their symptoms which required emergency surgery and A's cancer diagnosis was made.

We took independent advice from a consultant gastroenterologist (a physician who specialises in the diagnosis and treatment of disorders of the stomach and intestines). We found that, as the referral was not for suspected cancer but for inflammatory bowel disease, the initial six week wait was reasonable. However, a wait of nearly three months would have been unreasonable in view of the severity of A's symptoms and the urgency of the referral. The board have acknowledged this delay. We were unable to conclude if A's outcome would have been different had they been seen at an outpatient gastroenterology clinic as initially arranged.

In relation to A's admission to IRH, we found that the care was reasonable and in line with accepted practice. We also found that it was reasonable to discharge A without performing a colonoscopy at that time, so as to allow inflammation to settle and reduce the risks of complications related to performing such a procedure. We concluded that A's case was an unusual presentation of colon cancer.

On balance, we considered that there was an unreasonable failure in A's care and treatment but only in relation to the delay in the gastroenterology referral. As such, we upheld the complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to A for the unreasonable delay in the time they waited for a gastroenterology outpatient appointment. The apology should meet the standards set out in the SPSO guidelines on apology available at [HYPERLINK "http://www.spsso.org.uk/information-leaflets"](http://www.spsso.org.uk/information-leaflets) www.spsso.org.uk/information-leaflets .

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

- Where a referral appointment is to be delayed, there should be a process of reviewing the referral to assess the appropriateness of such delay.

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.