Scottish Parliament Region: South of Scotland

Case 200503000: Borders NHS Board

Summary of Investigation

Category

Health: Hospital; ENT

Overview

The complainant (Ms C) suffers from seronegative spondyloarthritis. She also had sinus problems. Her GP referred her to an Ear, Nose and Throat (ENT) Consultant (the Consultant) at Borders General Hospital (the Hospital). Ms C's complaints arise from that consultation and subsequent events.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) there was confusion over the diagnosis: the Consultant did not mention pharyngitis or her high neutrophil count in his initial letter to her GP (*partially upheld*);

(b) there was a failure to explain an entry in the Consultant's hand written notes (*upheld*); and

(c) there was confusion about an appointment for a second opinion (*upheld*).

Redress and recommendations

The Ombudsman recommends that Borders NHS Board (the Board):

(i) apologises to Ms C for confusion over the diagnosis;

(ii) reminds staff dealing with complaints that explanations should be provided when requested; and

(iii) apologises to Ms C for failures in communication and takes steps to ensure that patients are clear about what appointments they can expect.

Main Investigation Report

Introduction

1. Ms C suffers from seronegative spondyloarthritis which was diagnosed in 2001. Ms C was being treated for this by a Consultant Rheumatologist. Ms C also suffered from recurring bouts of sinusitis which she believed caused her arthritis to flare up.

2. In May 2005 Ms C's GP referred her to an Ear, Nose and Throat (ENT) Consultant (the Consultant) at Borders General Hospital (the Hospital).

3. Following her second appointment Ms C wrote to the Consultant asking him to clarify his diagnosis. The Consultant replied but Ms C remained dissatisfied and complained to the Board.

4. The Director of Integrated Healthcare (the Director) replied, provided information about the Consultant's notes and agreed that a second opinion was a good idea. He recommended a different Consultant.

5. After further correspondence, the Director said that that Consultant would not be able to see Ms C.

6. Ms C complained to the Ombudsman.

7. The complaints from Ms C which I have investigated are that:

(a) there was confusion over the diagnosis: the Consultant did not mention pharyngitis or her high neutrophil count in his initial letter to her GP;

(b) there was a failure to explain an entry in the Consultant's hand written notes; and

(c) there was confusion about an appointment for a second opinion.

Investigation

8. In order to investigate this complaint I have had access to Ms C's clinical records and the complaint correspondence. I have obtained and accepted clinical advice from an adviser to the Ombudsman (the Adviser) who is a Consultant Physician. My report is based on the advice I have received.

9. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

(a) There was confusion over the Consultant's diagnosis: the Consultant did not mention pharyngitis or her high neutrophil count in his initial letter to her GP

10. Ms C attended an appointment with the Consultant where he carried out an examination. Following her second appointment with the Consultant, Ms C wrote to him. She said that he had identified an infection at the consultation but had written to her GP to say that he did not know what was causing her symptoms but her nasal passage was clear. Ms C attended her GP the same day when her temperature was 38°C. On the following day, Ms C had a routine blood test which showed a raised white cell count (11.1) and also a raised neutrophil level of 8.4. Ms C believed these to be symptoms of an infection.

11. The Consultant replied that nasal endoscopy showed no abnormality and that Ms C definitely did not have sinusitis. Ms C had asked him about her sore throat and ears and he said that the most likely cause of a sore throat in someone of Ms C's age was a virus.

12. Ms C remained dissatisfied and complained to the Board. The Director wrote to Ms C on 15 September 2005. He said that the Consultant on examination had also identified some inflammation in her pharynx.

13. Ms C asked that the fact that she had pharyngitis be added to her notes. She complained that the Consultant had not mentioned this diagnosis in the letter he wrote to her GP nor had he mentioned the high neutrophil count. Ms C said she thought she had the symptoms of an upper respiratory tract infection.

14. The Director replied that the Consultant was happy to record that Ms C had a minor degree of pharyngitis of unknown origin. The Consultant was, however, unable to say whether Ms C had an upper respiratory tract infection. He said the commonest cause of pharyngitis in someone of Ms C's age was viral infection.

15. Ms C disagreed and wrote back that she believed her symptoms indicated a bacterial infection.

16. On 13 January 2006, the Director wrote to Ms C again. He said that the Consultant agreed that a patient with those symptoms was most likely to be suffering from a bacterial infection.

17. Ms C complained to the Ombudsman that the Consultant had given three different versions of her condition. He had not mentioned her pharyngitis or high neutrophil count. Ms C said that she was not receiving any treatment for her sinus symptoms which she thought were causing her arthritis to flare up.

18. The Adviser said that Ms C had been referred to the Consultant with recurrent sinus problems and it was to that problem that the Consultant responded. The Consultant had taken a good medical history and carried out a naso-endoscopic examination. He had also arranged to review a previous CT scan before coming to a final diagnosis. Following a second consultation, he stated clearly to Ms C and her GP that there was no evidence of sinusitis. The Adviser said that so far as the sinusitis was concerned the Consultant's care and management of Ms C was of a good standard.

19. The Consultant did not comment in the clinical notes or initial letters to the GP that Ms C had pharyngitis. The Adviser said, however, that it appeared that the degree of pharyngitis observed by the Consultant was not sufficient to either give an explanation of Ms C's upper respiratory symptoms or to merit treatment. It was, therefore, not necessary to mention it.

20. The Adviser agreed that the Consultant did not mention the high neutrophil count but pointed out that the blood test was done the day after the first consultation and so the results would not have been available to the Consultant when he wrote to the GP. The Adviser said that the raised neutrophil count may have been due to pharyngitis, had there been a bacterial infection present. He said that as the Consultant did not take a swab of the pharynx the view that the most likely cause was a virus is not directly sustainable.

21. The Adviser said that it was clear from the medical records that the Consultant and others involved in Ms C's care had considered the question of a link between ENT symptoms and periods of increased arthritic symptoms but could not find one because they could not find evidence of serious related infection. It was not, therefore, possible to make such a link.

(a) Conclusion

22. I do not uphold the complaints that the pharyngitis and high neutrophil counts were not mentioned. The Adviser did not consider that it was necessary for them to be. It is clear, however, that Ms C was confused by the Consultant's changing view of the reason for her pharyngitis. As he did not take a swab, the Consultant could not be certain of the cause and he should have told Ms C that was the case. I uphold this complaint to that extent. Therefore, it is partially upheld.

(a) Recommendation

23. The Ombudsman recommends that the Board apologises to Ms C for the confusion.

(b) There was a failure to explain an entry in the Consultant's hand written notes

24. During the investigation of Ms C's complaint she received a copy of her notes from the ENT department. There is an entry in the Consultant's handwritten notes which states that he agrees with the Rheumatology Consultant.

25. Ms C asked what they agreed about.

26. Neither the Consultant nor the Board responded to Ms C's query.

27. Ms C complained to the Ombudsman that she still did not know what the Consultant and the Rheumatology Consultant agreed about.

28. The Adviser said that, in the GP's letter asking the Consultant to see Ms C, the GP said that Ms C was being seen by the Consultant Rheumatologist and had frequent blood tests. Ms C had noticed that the neutrophil levels sometimes varied and was concerned that was associated with her sinusitis. Ms C had told her GP

that the Consultant Rheumatologist had not recommended an ENT appointment. In the Consultant Rheumatologist's letter to Ms C she said that:

> 'white cell counts do vary quite considerably on a day-to-day basis and the levels you are demonstrating I would not consider to be compatible with serious bacterial infection. White cells are part of the inflammatory process and it is quite usual to see modestly elevated levels in patients with arthritis, particularly when their arthritis is active.'

(b) Conclusion

29. The Adviser said that the statement quoted in paragraph 28 is what the Consultant agreed with the Rheumatology Consultant about and someone should have told Ms C. I uphold this complaint.

(b) Recommendation

30. The Ombudsman recommends that the Board reminds staff dealing with complaints that explanations should be provided when requested.

(c) There was confusion about an appointment for a second opinion

31. On 22 August 2005, Ms C said that as her symptoms were recurrent she would like an open appointment to obtain a second opinion so that she could be seen when her symptoms were present.

32. In his reply on 15 September 2005, the Director agreed that was a useful suggestion which he hoped would restore Ms C's confidence in the Consultant's diagnosis. He recommended another Consultant and said that Ms C's GP would be able to arrange an appointment for her to see him.

33. Ms C's GP wrote on 10 October 2005 to the Consultant recommended by the Director.

34. On 21 October 2005, the Outpatient Appointments Co-ordinator wrote to Ms C to say that her GP's request had been seen by a Consultant who had asked that an appointment be made for Ms C. The current waiting time was five months but they had a new appointments booking system which would give Ms C the opportunity to agree an appointment at a time to suit her. They would contact

Ms C four to six weeks before her appointment to make the arrangements. This was clearly not the 'open' appointment which Ms C was anticipating.

35. On 18 November 2005, the Director wrote to Ms C. He said that he had discussed Ms C's request for an open second opinion with the Consultant he had recommended but he was not able to see Ms C. Her GP could refer Ms C for an appointment with an alternative Consultant.

36. In her complaint to the Ombudsman, Ms C said that she felt she had been kept in limbo and she still did not know if she would receive an appointment or not.

37. The Adviser noted from the files that Ms C did subsequently see the recommended Consultant.

(c) Conclusion

38. It is clear from the evidence that Ms C was told different things about the appointment. The system was not one which offered 'open' appointments and it is not clear to me why the Director agreed to this suggestion. It was never clearly explained to Ms C that she could not have an open appointment to call on a Consultant when she felt her symptoms were present. Ms C was unsure about whether it was going to be possible to see the Consultant at all. I am pleased that she eventually did but I uphold her complaint about the confusing communication beforehand.

(c) Recommendation

39. The Ombudsman recommends that the Board apologises to Ms C for failures in communication and takes steps to ensure that patients are clear about what appointments they can expect.

40. The Board have accepted the recommendations and have acted on them accordingly.

30 January 2007

Annex 1

Explanation of abbreviations used

Ms C	The complainant
The Hospital	Borders General Hospital
The Board	Borders NHS Board
The Consultant	The ENT Consultant Ms C was referred to by her GP
The Director	The Director of Integrated Healthcare
ENT	Ear, Nose and Throat

Annex 2

Glossary of terms

Bacterial infection	Infection caused by micro organisms, which may be treated with antibiotics
CT (Computed Tomography)	A special radiographic technique that uses a computer to assimilate multiple x-ray images into a cross-sectional image
Nasal endoscopy	Examination of the nose with a flexible viewing instrument
Neutrophils	A sub-section of the total white cell count in the blood which can indicate infection
Pharyngitis	Inflammation of the cavity at the back of the mouth
Seronegative spondyloarthritis	An inflammatory condition that affects the vertebrae but without the antibodies usually associated with certain other types of arthritis
Sinusitis	Inflammation of the cavities at the side of the nose
Viral infection	Infection caused by infectious particle. Antibiotics do not work on viruses