

Scottish Parliament Region: Central Scotland

Case 200500993: Lanarkshire NHS Board

Summary of Investigation

Category

Health: Hospitals; Orthopaedics and Ophthalmology, Clinical treatment and diagnosis.

Overview

Mr C complained about the care and treatment he had received for back pain and an eye problem at a Hospital (the Hospital) in Lanarkshire NHS Board (the Board) area. He said that treatment he had subsequently received in Turkey and Glasgow showed that this had been inadequate.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) treatment received for back pain at the Hospital was inadequate (*not upheld*); and
- (b) treatment received for an eye problem at the Hospital was inadequate (*not upheld*).

Redress and recommendations

The Ombudsman recommends that the Board review the Hospital's appointment systems to ensure that changes of address are correctly recorded on all relevant databases.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mr C had been attending Monklands Hospital (the Hospital) for back pain for some years. On 23 May 2005 Mr C had a meeting at the Hospital and produced reports he had received in Turkey. Mr C has said that the reports he received showed that the treatment he had been receiving at the Hospital was inadequate.

2. Mr C also attended the Hospital as an emergency patient on 22 July 2004 and was referred to Ophthalmology. Mr C said that he was treated for an eye infection when he had suffered an eye injury and that his right eye was damaged as a result of a delay in treatment.

3. On 20 July 2005 Mr C complained to the Ombudsman. In subsequent correspondence he said he had subsequently been treated at a Hospital in Glasgow (the Glasgow Hospital) for both problems and that this showed that the care and treatment received at the Hospital was inadequate.

4. The complaints from Mr C which I have investigated are that:
(a) treatment received for back pain at the Hospital was inadequate; and
(b) treatment received for an eye problem at the Hospital was inadequate.

Investigation

5. In investigating this complaint I have obtained the background documentation relating to the complaint and Mr C's medical records from the Hospital and the Glasgow Hospital. Advice was also obtained from a clinical adviser to the Ombudsman (the Adviser). The abbreviations used in the report are explained in Annex 1 and the medical terms used in the report are explained in Annex 2.

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

(a) Treatment received for back pain at the Hospital was inadequate

7. Mr C first attended the Hospital for back pain in 1997 when he saw an Orthopaedic Consultant (Consultant 1) and an MRI scan was taken of his lumbar spine.¹ This indicated some degenerative disk changes. He attended at the Accident and Emergency department with acute back pain in 2000 and further investigations were undertaken when Mr C was referred to a Consultant Neurologist (Consultant 2). Consultant 2 found no further problems.

8. On 20 August 2003, Mr C saw Consultant 1 again. Mr C had details of an MRI scan that he had taken in Turkey and showed these to Consultant 1. Consultant 1 discussed these with a Consultant Radiologist and while these were described as showing no significant problems, it was decided a second MRI scan should be taken. Mr C was also referred for further neurological investigation as a non-urgent referral. At that time there was an extended wait for non-urgent appointments with a maximum waiting time of 83 weeks.

9. In June 2004 Mr C complained to Lanarkshire NHS Board (the Board). They responded on 7 July 2004. They apologised for the delays in the neurological waiting list and said they were seeking to improve waiting times. They also told Mr C that he had been given an appointment for an MRI scan in September 2003 but the card had wrongly been sent to a previous address. A correct address had been given. The Hospital apologised for this error. A note had been sent to Mr C's GP when he had failed to attend in September 2003.

10. On 19 August 2004 Mr C had the further MRI scan of his lumbar spine. This showed again some degenerative discs and some minor disc bulging. The neurological appointment took place on 24 August 2004 and a further scan appointment made for a scan of his brain and cervical spine. In November 2004 Mr C telephoned to complain about a 30 week wait for a scan but when the Hospital tried to contact him on the number Mr C had given in November 2004 several times to discuss this they were informed he had moved to Glasgow.

11. Mr C saw Consultant 1 again on 30 March 2005. An MRI scan of the brain was again ordered. At a meeting at the Hospital on 23 May 2005 Mr C produced an MRI scan from Turkey which he said was of his brain and cervical

¹ Mr C attended the Hospital on a number of occasions and I have here only set out significant consultations.

spine and proved that Consultant 1 had been negligent. In a letter dated 24 May 2005, Consultant 1 told Mr C that this resembled the scan he had seen some years ago (see paragraph 8) that showed some degenerative changes and bulging of the disks. He said there was clearly wear and tear in his back but that surgery would not help. The letter concluded that Consultant 1 would see Mr C again when he had had the MRI scan that Consultant 1 had ordered in March and asked him to bring the Turkish scan with him. In a letter to Mr C's GP in December 2005 Consultant 1 said Mr C had failed to attend this appointment.

12. In July 2005 Mr C was referred by a GP in Glasgow to the Glasgow Hospital where he underwent further tests. This included two MRI scans (one of his spine and one of his brain), an x-ray and tests to check the nerve conduction to the upper limbs.

13. In reviewing the medical files the Adviser said that the scans and tests taken throughout do show some wear and tear degeneration in Mr C's spine but that this was normal for a man of Mr C's age. He expressed no concerns that the investigations and the priority given to them were not appropriate and the only concern expressed by the Adviser was with the 83 week waiting time for a non-urgent out-patient neurological appointment.

14. In response to my questions the Board confirmed that waiting times had improved and that the wait for an MRI scan was between four and nine weeks. The maximum wait would be nine weeks. The waiting time for a neurological appointment had improved and the maximum wait for a non-urgent appointment was now 26 weeks.

(a) Conclusion

15. Mr C obviously had concerns about the treatment he was receiving at the Hospital, however, in response to these concerns Consultant 1 discussed his presentation with another clinician and arranged for a further MRI scan. There were difficulties in contacting Mr C initially because the Hospital sent the appointment card to the wrong address. The Hospital have apologised for this. However, Mr C only had an MRI scan some nine months later. I also have concerns about the waiting times at that time. Nevertheless, the advice from the Adviser is that Mr C received appropriate care and treatment. There has been an improvement on waiting times for neurological appointments and, accordingly, I do not uphold this complaint. However, the Ombudsman is

recommending that the Board review their appointment system to ensure that changes of address are correctly recorded.

(a) Recommendation

16. The Ombudsman recommends that the Board review the Hospital's appointment systems to ensure that changes of address are correctly recorded on all relevant databases.

(b) Treatment received for an eye problem at the Hospital was inadequate

On 22 July 2004 Mr C attended as an emergency patient and was seen by the Ophthalmology department at the Hospital. In a letter to his GP dated 26 July 2004, it was noted that Mr C said there had been a gas leak at work which had produced irritation in his eye. Mr C had previously had eye problems in 1996 also related to a leak of gas. The letter said Mr C had conjunctivitis and noted a slight pigmentary disturbance. He was issued with a prescription for eye drops and a review appointment set up for two weeks after the date of admission (Mr C appears not to have attended the review appointment).

17. Mr C was re-referred to the Ophthalmology department on 28 June 2005 and the same doctor decided to take a fluorescein angiography to further investigate the visual disturbance and an urgent request was made. This was taken on 6 July 2005. A note with the test results indicates that the pigmentary changes were again seen. The covering note sending the results to the Ophthalmology department noted that Mr C was due to attend for a review at the eye clinic in three weeks. There are notes of a further meeting on 8 August 2005 and follow-up with Mr C.

18. On 17 August 2005 Mr C was urgently referred by a GP based in Glasgow to a local Eye Hospital. The referral letter made no reference to previous investigations or problems. The notes from the Eye Hospital also record disturbance of pigmentation but state this was a chronic but benign condition. There was a 'slight' disturbance in the tear film for which he was given drops. The Adviser has said that the clinical notes show that Mr C's condition was within normal limits and there was no acute sight threatening condition present.

19. In response to the draft report Mr C said he had been told by the Eye Hospital that he had age-related macular degeneration and that this was untreatable.

(b) Conclusion

20. The clinical advice I have received is that the investigation of Mr C's eyes at the Eye Hospital was appropriate and nothing outwith normal limits was noticed (see paragraph18). Mr C had undergone appropriate tests and follow-up prior to this at the Hospital. In the circumstances, I conclude that the treatment received by Mr C at the Hospital was adequate and I do not uphold this complaint.

21. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

20 June 2007

Explanation of abbreviations used

Mr C	The complainant
The Board	Lanarkshire NHS Board
The Hospital	Monklands Hospital
The Eye Hospital	An Eye Hospital based in Glasgow
The Glasgow Hospital	The Hospital in Glasgow where Mr C received treatment
The Adviser	The clinical adviser to the Ombudsman
Consultant 1	The Orthopaedic consultant at the Hospital who treated Mr C for his back pain
Consultant 2	A Neurological consultant at the Hospital

Glossary of terms

Cervical spine	The spine at the neck
Conjunctivitis	Inflammation of the conjunctiva, the membrane on the inner part of the eyelids and the membrane covering the white of the eye
Fluorescein Angiography	A test to examine blood vessels in the retina, choroid and iris of the eye
Lumbar spine	Five vertebrae situated in the lower spine
MRI scan	An MRI (or magnetic resonance imaging) scan is a radiology technique that uses magnetism, radio waves and a computer to produce images of body structures.
Ophthalmology	The branch of medicine concerned with the eye
Orthopaedic	The branch of medicine largely concerned with the skeletal system