

Scottish Parliament Region: Highlands and Islands

Case 200503653: Western Isles NHS Board

Summary of Investigation

Category

Health: Clinical treatment

Overview

The complainant, Mr C, alleged that between August and December 2005, his painful shoulder was not diagnosed or treated properly.

Specific complaint and conclusion

The complaint which has been investigated is that Mr C's painful shoulder was not diagnosed or treated properly (*not upheld*)

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 27 March 2006 the Ombudsman received a complaint from Mr C about the Western Isles NHS Board (the Board)'s alleged failure to diagnose and treat properly his painful shoulder.
2. The complaint from Mr C which I have investigated is that Mr C's painful shoulder was not diagnosed or treated properly.

Investigation

3. The investigation of this complaint involved obtaining and reading all the relevant documentation, including correspondence between Mr C and the Board. On 26 July 2006 the Board were advised of our intention to investigate and on 28 September 2006 they provided their complaint file together with Mr C's clinical records for the relevant period of time. Subsequently (on 27 February 2007), advice was sought from the Ombudsman's surgical adviser.
4. While I have not included in this report every detail investigated, 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.

Complaint: Mrs C's painful shoulder was not diagnosed or treated properly

5. Mr C said that he had been suffering from shoulder pain and was referred for an ultrasound scan in September 2005. He said that both radiologists involved told him that his shoulder required surgery. However, he complained that two Consultant Orthopaedic Surgeons (Consultant 1 and Consultant 2) chose to ignore this diagnosis. He implied that this prevented him from pursuing a claim for compensation. Mr C's written complaint was made to the Board on 16 December 2005 and, prior to their formal response to him, on 24 January 2006 the Chief Executive tried to reassure Mr C that radiologists would not make clinical decisions on orthopaedic matters. These would be left to the appropriate Consultant Orthopaedic Surgeons.
6. On 13 March 2006 the Board's Complaints Officer wrote formally to Mr C with the outcome of her investigations and I have had sight of this letter. From this, I am aware that Consultant 1 saw Mr C in his orthopaedic clinic on 26 August 2005. The Complaints Officer said that Mr C's shoulder was

thoroughly examined and an x-ray was done and these indicated evidence of osteoarthritis of his left acromioclavicular joint and some degree of impingement. Consultant 1, therefore, arranged for Mr C to have an ultrasound scan of his left shoulder on 10 October 2005. The associated report was received on 19 October 2005 and, as a consequence of which, Consultant 1 arranged to see Mr C again on 31 October 2005. The Complaints Officer said that Consultant 1 then explained the ultrasound findings to Mr C and advised him that he had a substantial tear of his rotator cuff (the set of muscles that work together to keep the ball at the end of the arm bone in contact with a small surface of the shoulder blade). Consultant 1 suggested conservative treatment with injection or physiotherapy but Mr C was not keen to accept this and asked to see a shoulder surgeon.

7. Mr C was, therefore, referred to Consultant 2 (who had a special interest in shoulder surgery) for his advice on further management of his case. Mr C saw Consultant 2 and a specialist physiotherapist on 13 December 2005 and afterwards, correspondence between Consultant 1 and 2 indicated that Consultant 2 discussed the options of physiotherapy and sub-acromial injection which had not been tried. Consultant 2 believed that there had been some improvement in Mr C's shoulder condition and advised that he would be reluctant to consider surgical intervention without first trying these more conservative treatments and he, therefore, contacted the Physiotherapy Department to arrange appropriate out-patient physiotherapy. Consultant 1 was advised to offer Mr C sub-acromial injection treatment if he failed to respond to physiotherapy. While an appointment was made for Mr C, for various reasons, he was unable to attend. Consultant 1 had not seen him again, although Mr C had since been advised that if he wished to have his case reviewed, he should ask his GP to refer him accordingly (the letter of 13 March 2006 refers, see paragraph 6).

8. The Ombudsman's medical adviser was asked to review Mr C's clinical records and the treatment he received (see paragraph 3). His comments on the case were that he could find no evidence that Mr C's management was 'anything other than reasonable'. He said that, 'If anything, I would say his investigation by the consultant orthopaedic surgeons and clinical specialist physiotherapist involved have been quite excellent'.

Conclusion

9. The Ombudsman's medical adviser was more than content with the treatment Mr C received (see paragraph 8) and I must be guided by this, although I am aware, from his comments at the draft report stage, that Mr C disagrees. Nevertheless, in all the circumstances, I am not of the view that Mr C's case was improperly diagnosed or treated. I do not uphold the complaint.

18 July 2007

Explanation of abbreviations used

Mr C

The complainant

The Board

Western Isles NHS Board