

Scottish Parliament Region: Glasgow

Case 200503576: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; waiting-list administration

Overview

The complainant (Mrs C) complained that administrative and complaint handling errors by Greater Glasgow and Clyde NHS Board (the Board) had resulted in an unreasonable delay in her referral for treatment from the NHS and that consequently she felt it necessary to obtain the treatment privately. Mrs C sought reimbursement of the costs directly incurred by her in having her surgery performed outwith the NHS.

Specific complaint and conclusion

The complaint which has been investigated is that the Board failed to properly administer Mrs C's referral for non-cosmetic plastic surgery (*upheld*).

Redress and recommendation

The Ombudsman recommends that the Board reimburse Mrs C's invoiced treatment costs.

The Board have accepted the recommendation and have acted on it accordingly.

Main Investigation Report

Introduction

1. On 22 March 2006 the Ombudsman received a complaint from Mrs C that Greater Glasgow and Clyde NHS Board (the Board) had failed to properly manage her referral for non-cosmetic plastic surgery and her complaint about this failure. As a consequence, 32 months after the original referral was made, Mrs C still did not know when or even if the NHS would undertake the surgery and decided that she would have the surgery performed privately.

2. The complaint from Mrs C which I have investigated is that the Board failed to properly administer Mrs C's referral for non-cosmetic plastic surgery.

Investigation

3. I have reviewed the correspondence provided by Mrs C and the Board. I have sought additional comments from Mrs C and the Board. I have reviewed the medical records and verified the details of the surgery performed. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board were given an opportunity to comment on a draft of this report.

Complaint: The Board failed to properly administer Mrs C's referral for Plastic Surgery

4. Mrs C had been suffering increasing and debilitating back pain for a number of months and approached her GP regarding the possibility of breast reduction surgery to relieve this pain. On 14 April 2003 Mrs C's GP (GP 1) sent an 'Exceptional Referral Letter to Plastic Surgery' to the Plastic Surgery Clinic on her behalf. The letter stated that the problem was 'Backache – worse over the past few months. Referred to physio meantime'. Under the section stating 'For Breast and Abdominal Surgery' the GP noted Mrs C's height and weight as indicated and under the section marked for exceptional factors, GP 1 noted 'Backache'. This referral is stamped as received by referral vetting on 30 May 2003 but was returned to GP 1 by Consultant 1 on 24 June 2003 with a cover letter stating 'I assume that this should be directed to the Orthopaedic Unit'. This letter was received by GP 1's surgery on 27 June 2003 and filed without further action being taken. Mrs C told me that GP 1 had advised her that there was a two year waiting list for referrals and that she understood that this was the case and she had expected the referral would not result in any immediate action.

5. In May 2004 Mrs C was concerned that she had heard nothing about the referral for over a year and approached GP 1 for an update. At that point the returned referral was discovered. GP 1 submitted a second referral on 24 May 2004 using the Exceptional Referral Letter again and also enclosing a cover letter. In this he noted that there had been an error the year before in returning the first referral because of an erroneous understanding of the reasons for her backache and asking for this new referral to be brought forward a year in consequence. This is stamped as received on 26 May 2004 and vetted on 28 May 2004. This referral was forwarded to psychology (who undertook an assessment of all exceptional referral patients prior to any acceptance for surgery) by the secretary to Consultant 2 and is stamped as received by psychology on 24 June 2004. Neither GP 1 nor Mrs C heard anything at this point and when Mrs C followed up with GP 1 in August 2004, GP 1 undertook to write to Consultant 2 asking for him to backdate the second referral.

6. On 11 October 2004 Consultant 2 replied to GP 1 stating that he believed Consultant 1 had declined to accept Mrs C in May 2003 as backache was not an indication for breast reduction surgery. Consultant 2 said he could not backdate a referral and this would need to be taken up with Consultant 1. Consultant 2 also stated that he would require an Exceptional Referral Letter before he could proceed further and that he could not backdate the referral because the original letter was sent to Consultant 1 and 'the first referral is always by the psychologist for which I have no control over'. At this point it appears that Consultant 2 had no knowledge of the letter sent by his secretary to psychology in June earlier that year (see paragraph 5 above) or of the second referral. This letter was received by GP 1's surgery on 22 October 2004.

7. On 12 January 2005 Mrs C was given Consultant 2's letter by GP 1 and was distressed to read that Consultant 1 had declined to accept her referral as backache was not a grounds for breast reduction surgery. GP 1 wrote again to Consultant 2 on 13 January 2005 with a further, third, Exceptional Referral Form and advising that he had no way of making a direct referral to psychology so could not approach them first. Mrs C also wrote to the Board on 17 January 2005 asking them how a diagnosis could be made by Consultant 1 without ever examining her and asking that they explain what had gone wrong in her case. Mrs C received a response to this on 28 April 2005 stating that

they could find no evidence of the first referral letter and could not, therefore, backdate her referral to April 2003. The letter did confirm that the second referral had been received and she had been placed on the waiting list for psychology on 24 June 2004 and that she might expect an appointment with psychology within 18 months of this.

8. Mrs C was not satisfied with this and wrote to the Board on 20 May 2005 advising them that there was evidence of the first referral in her GP records and that Consultant 2's letter had implied that backache was not sufficient grounds for referral. This letter was received by the Board but apparently lost somewhere in the internal mail process. Mrs C faxed a further copy on 28 June 2005. Mrs C had also contacted her MSP, who in-turn contacted the Board on 11 May 2005 for clarification. No response to the MSP or Mrs C's 20 May letter was ever sent. The Board have not been able to provide me with an explanation for this.

9. Mrs C received an appointment for the psychology out-patient clinic on 26 October 2005 and was told on 6 December 2005 that she had been referred to plastic surgery (Consultant 2) but that this out-patient appointment may take up to 6 months. In telephone calls with Consultant 2's staff Mrs C was told that the operation itself might be another 6 months beyond that. Mrs C felt this was unreasonable as she had already waited 32 months from April 2003 to December 2005 and was in continual and worsening pain. A further 12 month wait when she still did not know if she would even be given the treatment was not acceptable. Mrs C told me that she felt she had repeatedly tried to raise her concerns with the Board but she had been 'passed from pillar to post and never had a straight answer'. She felt that even her MSP had been ignored and that nothing had been done to investigate the 14 month delay caused by her first referral being mishandled. Without this delay she might have already had the surgery needed. She, therefore, decided to have the treatment done privately in January 2006.

10. In correspondence with the Board they have told me that they recognise the several injustices suffered by Mrs C and that they apologise for these. The Board also stated that they cannot be financially accountable for a failure to meet national waiting time targets.

Conclusion

11. I consider that this referral and the subsequent complaint were consistently badly dealt with:

- Consultant 1 could have made further enquiries as to the nature of the first referral rather than simply assume it was wrongly sent. The Referral Letter itself could have been more clearly set out and more fully completed. GP 1 could have been proactive in picking up the misunderstanding - a single telephone call by either Consultant 1 or GP 1 could have avoided all the subsequent problems.
- Consultant 2 assumed that Consultant 1 had rejected the first referral as backache was not a suitable ground for referral but did not confirm that this was the case before advising the same to GP 1. Consultant 2 was not aware that a referral had been passed to his team was now being acted upon in October 2004 when he advised GP 1 that a further referral was in fact needed. GP 1 assumed this meant that the second referral had been rejected too but didn't seek to clarify this and again took no action until Mrs C contacted him.
- No record was kept of the first referral letter or the cover letter from Consultant 1 and complaints staff did not try to seek the corroborating evidence from the GP records even when advised of this by Mrs C.
- Complaints staff took three months to respond to the first formal complaint, lost the second letter and failed to respond to the third (copy) letter or to the MSP.
- At no time does it appear that GP 1 or Mrs C were given a clear understanding of what the overall process for referral was and where Mrs C was in that process - both of these might have allowed errors to be identified and corrected at an every stage.

12. I acknowledge the Board's concern about making reparation where patients are not satisfied with waiting list times and accept that this would not be a suitable reason for a redress payment. However, this is not the basis of Mrs C's complaint. Mrs C understood that the waiting list for treatment was long but was not happy that her wait was made significantly longer by the various problems identified in paragraph 11 – all of which were beyond her control. Mrs C did not ask for her referral to be given preferential treatment only to be placed on the waiting list from the time of her first referral. Mrs C tried to raise her concerns with the Board in a number of appropriate ways and over a considerable period of time but due to complaint handling failures (both informal and formal) she was not able to resolve the matter. I accept that in the end

Mrs C felt she could not wait any longer for her surgery. I also consider that it was reasonably likely she would eventually have been considered suitable for the operation by the Board. I conclude that the cumulative effect of the number of administrative errors and injustices amounted to maladministration and I, therefore, uphold this complaint.

Recommendation

13. In light of the conclusion and based on the administrative errors identified in this particular case the Ombudsman recommends that the Board make a payment of redress to Mrs C equivalent to the invoiced charge for her operation.

14. The Board have accepted the recommendation and acted on it accordingly.

22 August 2007

Explanation of abbreviations used

Mrs C	The complainant
The Board	Greater Glasgow and Clyde NHS Board
GP 1	Mrs C's GP
Consultant 1	The Consultant who received the first letter of referral
Consultant 2	The Consultant who received the second letter of referral