

Case 200500921: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; Neurology; Waiting Times

Overview

The complainant (Mr C) raised a complaint regarding the length of time he had been advised he would have to wait to see a Neurologist within the former Argyll and Clyde NHS Board¹ (the Board), after his General Practitioner (GP 1) had requested a routine referral on his behalf when he presented with a clinical picture of a six to eight month history of a constant ache in his arm.

Specific complaint and conclusion

The complaint which has been investigated is that the waiting time for a Neurology out-patient appointment was too long (*upheld*).

Redress and recommendations

The Ombudsman recommends that:

- (i) the Board should ensure GPs and potential referrers are reminded how to find up to date local waiting times for out-patient services they are referring to within the Board so that, as referrers, they may prioritise their patients accordingly. She asks that the Board advise her of the measures that are put in place, or have been introduced, to facilitate this; and
- (ii) as one of several factors, some formal consideration should be given to the age of the patient being referred to a lengthy waiting list, where a list is unavoidably long. She asks that the Board tell her what they have implemented.

¹ On 1 April 2006 the National Health Service (Variation of the Areas of Greater Glasgow and Highland Health Boards) (Scotland) Order 2006 added the area of Argyll and Bute Council to the area for which Highland Health Board is constituted and all other areas covered by Argyll and Clyde Health Board to the area for which Greater Glasgow Health Board is constituted. The same Order made provision for the transfer of the liabilities of Argyll and Clyde Health Board to Greater Glasgow Health Board (now known as Greater Glasgow and Clyde Health Board) and Highland Health Board. In this report, according to context, the term 'the Board' is used to refer to Greater Glasgow and Clyde Health Board as its successor.

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

Main Investigation Report

Introduction

1. Mr C was referred to a Consultant Neurologist (the Consultant) at the Department of Neurology (the Department) at the Royal Alexandra Hospital (the Hospital) as a routine referral by Mr C's GP (GP 1) on 2 March 2005, after presenting to GP 1 with a clinical picture of pain in his right arm and hand. He indicated this pain had been increasing in severity during the previous six to eight months.

2. GP 1 assessed Mr C as requiring further investigation and referred him to the Department. Mr C was advised that he was then on a waiting list and at the time the list was approximately two and a half years long.

3. In late March 2005 Mr C complained to his constituency Member of the Scottish Parliament (MSP) that he had been advised he was going to have to wait two and a half years for a referral to the Department at the Hospital. Mr C's MSP complained about this to Greater Glasgow and Clyde NHS Board (the Board) and received a response to his complaint on 23 June 2005. Mr C remained dissatisfied with the response from the Board. He took further advice from his MSP and wrote to the Scottish Public Services Ombudsman (SPSO) on 30 June 2005.

4. A comment was made by Mr C on the SPSO complaint form that the response he received from the Board was 'worthless'. Whilst this matter was not investigated extensively, I have commented on it in the report.

5. The complaint from Mr C which I have investigated is that the waiting time for a Neurology out-patient appointment was too long.

Investigation

6. In order to investigate this complaint I have had access to a copy of Mr C's hospital medical records and the Board's complaint correspondence. I also obtained professional advice from an adviser (the Adviser) who is a hospital consultant. I have gathered information about the NHS Scotland Waiting Times from online services on health information for Scotland, which gives advice for drawing up waiting times. I have also made enquiries of the Board.

7. 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.

Complaint: The waiting time for a Neurology out-patient appointment was too long

8. Mr C was referred by GP 1 on 2 March 2005 to the Consultant in the Department at the Hospital after presenting to GP 1 with pain in his right arm and hand. The referral was prepared by GP 1, who indicated that it was a 'routine' referral given the details of the clinical presentation. GP 1 made reference to Mr C being 71 years of age at the time of the referral and let the Consultant know that he had complained of pain of increasing severity over the previous six to eight months.

9. In late March 2005, Mr C complained to his MSP that he had been advised he was going to have to wait two and a half years for an out-patient referral appointment to the Department. He advised his MSP that he was in his seventies and was in pain and that the waiting time was too long. On 6 April 2005 the MSP wrote to the Board on Mr C's behalf and received a response on 23 June 2005.

10. The Board explained to the MSP that the clinic had been running for two and a half years and that the majority of referrals received were vetted as 'soon' or 'urgent'. The Board also offered an explanation of a series of initiatives that were being considered at the time to help improve the situation of the extensive waiting times for the Department.

11. They also indicated there were measures being considered to assist in the resolution of the length of waiting times. The response did not, however, refer to Mr C's particular circumstances in any detail nor did it take into consideration his particular needs. The reference to the considerations that were being given by the Board did not appear to assist Mr C's understanding of his specific complaint. There were also comments from the Consultant in the Board's complaint correspondence about the level of cancellations and non-attendances which slowed down the progress of the clinic.

12. Mr C took further advice from his MSP and wrote to the SPSO on 30 June 2005 as he remained dissatisfied with the response from the Board, regarding the length of time he was expected to wait for an appointment and the explanation he had received in the complaint response.

13. Mr C complained to the SPSO that the waiting time for an out-patient appointment was too long. He had been advised that there was a waiting list of two and a half years to get a neurology out-patient appointment. During the investigation of this complaint, the Adviser commented that the waiting time for a routine appointment of two and a half years was too long.

14. Within the complaint investigation correspondence held by the Board, both the Director of Service Delivery and the Consultant referred to the lengthy waiting time as unacceptable. The response to Mr C's complaint made by the Board on 23 June 2005 clearly stated that the referrals were vetted and those considered to be 'routine' were referred to a waiting list of two and a half years. It mentioned that GP 1 could re-prioritise if he felt there was significant change in Mr C's condition to warrant this.

15. GP 1 had referred Mr C as a 'routine' referral, not as requiring an appointment 'soon' or as an 'urgent' referral. These are the varying levels of referral that are determined by a GP's understanding of the clinical need at the time. The vetting within the Department was then carried out by the Consultant at the clinic who reviewed the referral letter and considered the factors for the individual patient and clinic availability. Age did not appear to be a matter that was especially taken into consideration as part of the referral vetting process. A Consultant would be guided by a GP referral, which described their understanding of the patient need. This was usually in view of an understanding that if the patient's clinical presentation worsened, the GP could refer them back to the clinic for re-assessment.

16. The correspondence from the Board to the SPSO on 18 May 2006 advised they had been unsuccessful in their attempts to recruit a GP with specialist interest in neurology to help reduce waiting times within the clinic. Subsequently, they appointed a locum Consultant in Neurology. Information has been provided by the Board indicating the waiting times within the clinic at the time of this investigation were twenty weeks to see the Consultant and nine weeks to see the locum.

17. There was no written policy in the Hospital to assist the Consultant to arrive at a decision regarding a referral; it was based on the presenting clinical need and on the form that was completed by the referring GP, with any other previous knowledge that may be available and appropriate to the referral.

18. Mr C was given an expected date of appointment which he found to be unacceptable and which gave rise to his complaint, however, in the event, Mr C was seen after a wait of approximately 22 weeks, as he returned to GP 1 who submitted a second referral letter on 5 July 2005, this time requesting an 'urgent' appointment. As a result Mr C was seen less than six months after he was initially referred.

19. Mr C was subsequently offered an out-patient appointment date of 5 August 2005, which he attended, and further investigations were proposed as a result of this assessment.

20. The first GP referral was sent to the Hospital and received an allocation of 'routine' from the Consultant on 7 March 2005. This was noted as having a signature, date and instruction written on the referral form. The second referral was vetted by the Consultant on 11 July 2005 and Mr C was seen on 5 August 2005.

21. The Adviser indicated that where there are waiting times of this magnitude, that being up to two and a half years, clear and up to date information should have been made available to GPs in order for them to be able to base any prioritisation for their patient list using this additional information. The Adviser commented that consideration should have been given to a patient of 71 years of age being referred to a list that may well take two and a half years to realise an appointment.

Conclusion

22. During this investigation, it became clear that, happily, Mr C did not have to wait as long as he had originally been told. The actions taken by GP 1 to refer Mr C back to the clinic requesting an 'urgent' appointment hastened his appointment and he was then seen within a reasonable time. The Adviser has suggested that the fact that Mr C was in his early seventies when he was referred is a matter that should have been given consideration by the clinic's Consultant Neurologist who vetted the first referral on 7 March 2005.

23. It is a matter of concern, however, that a waiting time of this length for an out-patient service existed within the Board for this particular out-patient clinic and it is clear that the Health Board found their own waiting time for this out-patient clinic unacceptable. However, until the appointment of extra staff to

support the clinical caseload was made, no consideration appears to have been given to introduce methods to utilise clinic time more effectively. I, therefore, uphold this complaint.

Recommendations

24. The Ombudsman recommends that:

- (i) the Board should ensure GPs and potential referrers are reminded how to find up to date local waiting times for out-patient services they are referring to within the Board so that, as referrers, they may prioritise their patients accordingly. She asks that the Board advise her of the measures that are put in place, or have been introduced, to facilitate this; and
- (ii) as one of several factors some formal consideration should be given to the age of the patient being referred to a lengthy waiting list, where a list is unavoidably long. She asks that the Board tell her what they have implemented.

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

24 October 2007

Explanation of abbreviations used

Mr C	The complainant
The Consultant	The Neurology Clinic Consultant who received and vetted the referral
The Department	The Department of Neurology
The Hospital	Royal Alexandra Hospital
GP 1	The complainant's General Practitioner
MSP	Member of the Scottish Parliament
The Board	Greater Glasgow and Clyde NHS Board
SPSO	Scottish Public Services Ombudsman
The Adviser	Clinical Adviser to the Ombudsman