Scottish Parliament Region: Glasgow

Case 200600914: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospital; Urology; referral

Overview

The complainant (Mr C)'s GP referred him to a Consultant Urological Surgeon at the Southern General Hospital (the Hospital). After tests, however, Mr C was referred on to a clinic for the treatment of sexual and reproductive health problems (the Clinic). Mr C's complaints concern his treatment at the Hospital and the confusion surrounding his referral to the Clinic.

Specific complaints and conclusions

The complaints which have been investigated are that Mr C's treatment:

(a) at the Hospital was unreasonable (*partially upheld*); and

(b) at the Clinic was unreasonable (*upheld*).

Redress and recommendations

The Ombudsman recommends that Greater Glasgow and Clyde NHS Board (the Board):

(i) apologise to Mr C for the shortcomings identified in this report;

(ii) offer Mr C an appointment to have a full assessment with the new consultant at the Hospital;

(iii) audit the Clinic's system of dealing with referrals to ensure it is now working properly and advise her of the outcome; and

(iv) offer Mr C an appointment to begin therapy with a named counsellor and a further follow-up appointment with the Clinic Consultant.

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

Main Investigation Report

Introduction

1. The complainant (Mr C) complained about his treatment to both the Southern General Hospital (the Hospital) and a clinic providing sexual and reproductive health services (the Clinic) on 20 April 2006. The Clinic responded on 10 May 2006 and the Hospital on 30 May 2006 but Mr C remained dissatisfied with their responses and complained to the Ombudsman on 23 June 2006.

2. The complaints from Mr C which I have investigated are that Mr C's treatment:

(a) at the Hospital was unreasonable; and

(b) at the Clinic was unreasonable.

Investigation

3. In order to investigate this complaint I have had access to Mr C's clinical notes from both the Hospital and the Clinic and the complaint correspondence. I have corresponded with Mr C and with Greater Glasgow and Clyde NHS Board (the Board). I have received advice from three advisers to the Ombudsman, a Consultant Urological Surgeon (Adviser 1), a Consultant Surgeon (Adviser 2) and a nursing adviser (Adviser 3). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. A glossary of medical terms used in this report can be found at Annex 2. Mr C and the Board were given an opportunity to comment on a draft of this report.

(a) Mr C's treatment at the Hospital was unreasonable

4. Mr C attended his GP with a history of erectile dysfunction and also a bend in his penis. Mr C's GP referred him to a Consultant Urological Surgeon (the Consultant) at the Hospital with a possible diagnosis of Peyronie's disease. On 12 October 2004 Mr C was seen by the Consultant and referred for a MRI scan, which he had on 8 February 2005. Mr C was subsequently seen on 15 March 2005 by the Senior House Officer in Urology (SHO 1). Mr C said that SHO 1 did not examine him, dismissed his problem as being more 'mental than mechanical' and said he intended to refer him to the Clinic following his next appointment on 13 September 2005. Mr C said he did not understand the delay. In the event, Mr C's next appointment at the Hospital was changed to

14 September 2005 at the out-patients department. Mr C said that he only discovered that his appointment was at out-patients when he attended the Hospital. Mr C said that he was unhappy at being transferred to out-patients and did not understand the reason for this. Another doctor (SHO 2) saw Mr C on 14 September 2005 and she referred him to the Clinic. Mr C said that, given the sensitive nature of his medical condition, he was disappointed to have had to explain his symptoms to so many doctors and he was embarrassed because there was a nurse in the room during the consultation. Mr C said that he felt his problem was a physical one and he questioned whether his referral to the Clinic was appropriate.

5. In response to Mr C's complaint, the Director of Surgery and Anaesthetics (Director 1) said that Mr C was reviewed by SHO 1 following the MRI scan, which had not revealed any evidence of significant disease. On discussion, it was found that Mr C had not taken the medication suggested by the Consultant. (The Consultant had given Mr C a hand written note for his GP at his appointment on 12 October 2004, recommending that he prescribe a course of Sildenafil) (see paragraph 8). At that stage, Mr C did not require to be re-examined by SHO 1 and he was advised to try the medication previously suggested. Director 1 apologised if Mr C was additionally distressed by the consultation but said that the clinical advice was appropriate. Mr C was advised that if the medication had failed to improve his symptoms by the time of his next visit he would be referred to the Clinic for psychosexual counselling and assessment. Director 1 said that it was normal practice for a patient to be transferred to out-patients for follow-up. When Mr C was seen on 14 September 2005, his symptoms had not improved. He was, therefore, referred to the Clinic. Director 1 said that, as Mr C had failed to comply even with the initial suggested treatment, further treatment appeared unjustifiable, however, an appointment would be made for Mr C to have further assessment if he wished.

6. Adviser 1 said Mr C was 36-years-old at the time the Consultant saw him and it was appropriate to refer him for a MRI scan to exclude Peyronie's disease in a man with his history. Adviser 1 said that there was no documentation that a hormonal assay was performed or tests done to exclude diabetes. Adviser 1 considered that these tests would be required to exclude a physical from a mental component to erectile dysfunction. Adviser 1 also suggested that other tests could clarify whether or not Mr C's symptoms were physical in nature. If Mr C has a life long history of erectile dysfunction (which Adviser 1 could not tell

from the clinical notes) he said that Mr C should undergo a penile Doppler study as, extremely rarely, it could be a condition called primary veno-occlusive dysfunction, where there are congenital leaking veins. Adviser 1 said, however, that he could not criticise the Consultant for referring Mr C for psychosexual counselling even if the tests had been performed as, in his experience, such patients often found psychological support useful. Adviser 1 said that the medication prescribed for Mr C was standard but from the documentation it was extremely difficult to ascertain whether the appropriate initial investigations had been performed. He suggested that Mr C might be referred to a specialised Andrology Unit if required.

7. In response to my further enquiries, the Corporate Administration Officer said that, as the MRI scan had not revealed any structural abnormality or evidence of disease, no hormonal assay or tests for diabetes were ordered or performed. It had been explained to Mr C that treatment for his symptoms would be a step-by-step process where non-invasive treatments would be tried first. Mr C, however, had failed to take the medication recommended. Other tests would have been carried out if the prescribed treatment had not been successful. The Corporate Administration Officer said that there is an Andrology specialist based at Stobhill Hospital and if it was thought clinically appropriate Mr C could be referred there. The new consultant at the Hospital, who took over in April 2005, had already offered Mr C a further appointment to see him. Copies of further clinical records were sent to me.

8. I asked Mr C why he had not taken the medication prescribed for him. Mr C said that when the Consultant recommended that he took Sildenafil he had not realised what it was (Sildenafil is more commonly known as Viagra). Mr C said that he had collected the prescription from the pharmacy but he considered that his problem was more physical than psychological and he should not have been prescribed this medication. He had not felt able to discuss the matter at his next hospital appointment when he was seen by SHO 2 and the nurse and was, thereafter, referred to the Clinic. Mr C said that it would have been beneficial if he could have returned for follow-up to the Hospital when things did not go well at the Clinic.

9. Adviser 3 said that, while it is unfortunate that Mr C felt unable to discuss his concerns in the presence of the nurse, it was standard practice for a nurse to be present, especially with female doctors (SHO 2 was female), during Urology clinics.

10. Adviser 2 reviewed the additional information, including the further records and the responses to my enquiries. He noted the management plan was that, in the absence of any structural abnormality demonstrated on MRI scan, they would attempt to manage Mr C's symptoms with medication, in the hope that would resolve the problem. If that failed, they would proceed to more extensive investigations. Adviser 2 said that was a reasonable approach. Adviser 2, however, agreed with Adviser 1 that a hormonal assay and tests to exclude diabetes should have been performed. Adviser 2 said that an offer to refer Mr C to the Andrologist at Stobhill Hospital if clinically required was reasonable.

(a) Conclusion

11. The advice I have received is that the plan of management to prescribe medication in the first instance, and to proceed with the more extensive investigations if that failed, was reasonable. It also explains why there was a delay before Mr C was seen again at the Hospital, to give the medication a chance to work. Both Adviser 1 and Adviser 2 agreed, however, that the initial investigations of Mr C's symptoms should not only have included a MRI scan but also a hormonal assay and tests to exclude diabetes. The Hospital agreed that these tests were not done. In all of the circumstances, therefore, I partially uphold this complaint, to the extent that the initial investigations should have been more thorough.

(a) Recommendation

12. The Ombudsman recommends that the Board:

(i) apologise to Mr C for failing to complete the initial investigations; and

(ii) offer Mr C an appointment to have a full assessment with the new consultant at the Hospital.

(b) Mr C's treatment at the Clinic was unreasonable

13. Mr C attended the Clinic for an initial appointment on 5 November 2005 when he saw the consultant at the Clinic (the Clinic Consultant) who arranged for him to have counselling. He was given an appointment with the counsellor to begin treatment on 13 December 2005. He was to return to the Clinic Consultant for review of his progress in February 2006. Mr C said that he arrived in time for his 11:00 appointment on 13 December 2005 but the receptionist asked him if he was in the right place as 'it was a woman's only clinic'. Mr C said that he waited over an hour until the counsellor was about to leave the building when it was noticed he was still sitting there. The counsellor

told the receptionist she had no other appointments that day and asked who he was. The counsellor had not been expecting him. She explained that she was about to leave the Clinic and he should have been referred to someone else. The counsellor asked the receptionist to make a new appointment for him to be seen by someone else. Mr C said that when he had received no further appointment after a few weeks, he telephoned and left messages on the answering machine but these were not replied to. He, therefore, called at the Clinic but at reception they had no record of him. He was again told it was a woman only clinic. Mr C said that when his notes were found and the Clinic Consultant contacted she said that she was not qualified to deal with him and that was why she had referred him to the counsellor. Mr C said that the reception staff were reading his case notes during this time. Mr C had felt so humiliated he had left the Clinic in tears. He had since cancelled the review appointment as he had received no therapy. Mr C made a formal complaint to the Clinic.

14. The Associate Director of Governance and Quality (Director 2) replied to Mr C's complaint on 10 May 2006. She apologised for the difficulties which Mr C had encountered and acknowledged that there had been breakdowns in communication within the service. Director 2 said that the referral to their service by the Hospital had been appropriate. The Clinic Consultant had taken a full history from Mr C and considered that he would benefit from core counselling. Director 2 said that, while the Clinic offered a range of counselling options, the core counselling services had been funded by the Board only for women. Funding had only recently been identified to develop core counselling services for men at that time. They only had one counsellor available who was qualified for such work and, although Mr C was referred to her, she had left at relatively short notice. Provision had been made for all of her other new client referrals to be offered alternative appointments but unfortunately that had not happened in Mr C's case because a secretary had made an administrative error and assumed when she saw that Mr C had an appointment for February that was an alternative arrangement rather than the review appointment. Director 2 said that she understood why Mr C had cancelled that appointment. Director 2 also offered to investigate why Mr C's telephone messages were not answered. Director 2 assured Mr C that his notes were confidential and the staff were bound to keep them so. The reception staff had been trying to assist him when he called in. Director 2 said that she had taken steps to ensure that the reception staff were fully aware of the range of services the Clinic now provided. She said they now had several counsellors who were trained to provide core

counselling to men and she offered Mr C an appointment to commence therapy and a further review appointment to see the Clinic Consultant.

15. In his complaint to the Ombudsman Mr C said that his experiences at the Clinic had been extremely unpleasant and he really did not want to go there again. He would prefer to have counselling anywhere else.

16. Adviser 1 said erectile dysfunction is a sensitive issue. Following Mr C's referral to the Clinic, there had been a series of administrative errors and it was clear that Mr C suffered a high degree of stress because of them. They had also caused unnecessary delay in Mr C receiving appropriate psychosexual counselling and treatment.

(b) Conclusion

17. It is clear that Mr C did not receive the therapy for which he was referred because of failings in administration at the Clinic and I, therefore, uphold this complaint. I note, however, that Director 2 has taken steps to try to ensure that these will not be repeated. I can understand Mr C's reluctance to return to the Clinic under the circumstances but consider the steps taken by Director 2 should lead to a significant improvement in the service provided.

(b) Recommendation

18. The Ombudsman recommends that the Board:

(i) audit the Clinic's system of dealing with referrals to ensure it is now working properly and advise her of the outcome; and

(ii) offer Mr C an appointment to begin therapy with a named counsellor and a further follow-up appointment with the Clinic Consultant.

19. 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.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Hospital	The Southern General Hospital
The Clinic	A clinic providing sexual and reproductive health services, as well as counselling, information and a range of specialist services
The Board	Greater Glasgow and Clyde NHS Board
Adviser 1	A Consultant Urological Surgeon adviser
Adviser 2	A Consultant Surgeon adviser
Adviser 3	A nursing adviser
The Consultant	The Consultant Urological Surgeon
SHO 1	The first Senior House Officer who saw Mr C at the Hospital
SHO 2	The second Senior House Officer who saw Mr C at the Hospital
Director 1	The Director of Surgery and Anaesthetics
The Clinic Consultant	The consultant who saw Mr C at the Clinic
Director 2	The Associate Director of Governance and Quality

Annex 2

Glossary of terms

Andrology	The study of medicine pertaining to males
Doppler	An ultrasound test of blood flow
Hormonal assay	Measurement of hormone levels
MRI (magnetic resonance imaging) scan	A test which uses a strong magnetic field and radio waves to produce detailed pictures of the inside of the body
Peyronie's disease	A disease of the penis causing deformity and painful erection
Sildenafil (Sildenafil citrate)	A drug, also known as Viagra, used to treat male erectile dysfunction and pulmonary arterial hypertension