

SPSO decision report



Case: 202202515, Greater Glasgow and Clyde NHS Board - Acute Services Division

Sector: Health

Subject: Appointments / Admissions (delay / cancellation / waiting lists)

Decision: upheld, recommendations

Summary

C complained that the board failed to provide hip replacement surgery within a reasonable period of time. C experienced back and buttock pain for several years due to an existing condition. C started to experience new pain in their right leg. Their GP referred them for an x-ray and made an urgent referral to the orthopaedic department (specialists in the treatment of diseases and injuries of the musculoskeletal system) as C had been off work due to debilitating pain in the hip and was concerned about losing their employment as a result.

C had a consultation with the orthopaedic surgeon and was told that the hip was badly damaged. C was listed as a priority 4 case (a lower priority) for a total hip replacement. C's condition continued to deteriorate; they were in severe pain and it was affecting their day to day life. C contacted the board to explain the severity of the problems that they were experiencing and they were reviewed in clinic. Shortly afterwards, C underwent surgery privately.

We took independent advice from a trauma and orthopaedic consultant. We found that a number of failings occurred that were not simply as a result of the delays caused by an extensive waiting list. It was unreasonable that C was incorrectly categorised from the outset and that an outdated prioritisation tool was used by the board. It was also unreasonable that the radiological deterioration was not documented and that C's surgical treatment was not expedited at the further clinic appointment. Therefore, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for the specific failings identified in respect of the complaint. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.
- Calculate and reimburse C in relation to their private surgery on production of appropriate receipts. The calculation should be based on what the surgery would have cost the NHS (rather than what it cost C). The payment should be made by the date indicated; if payment is not made by that date, interest should be paid at the standard interest rate applied by the courts from the initial date to the date of payment.

What we said should change to put things right in future:

- Patients should be given timely, clear and accurate information about their clinical prioritisation and potential waiting times for surgery.
- Patients should receive the appropriate clinical priority level based on assessment and the clinical evidence available.
- Patients who report clinical deterioration during their wait for surgery should be appropriately assessed and reprioritised where this is appropriate.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.