SPSO decision report



Case: 201304603, Tayside NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, recommendations

Summary

Ms C complained on behalf of her late partner (Mr A) about his care and treatment at A&E at Ninewells Hospital. She said that Mr A was not assessed properly and she was unhappy that he was referred under the board's redirection policy to a primary care doctor (a doctor providing day-to-day medical care, such as a GP) rather than being seen and treated in A&E. Ms C said that the board had refused to treat Mr A.

During our investigation, we took independent medical advice from two emergency medicine consultants and from a consultant neurologist. The advice we received was that overall Mr A's care and treatment was reasonable. The emergency medicine consultants said that it was reasonable and appropriate, after triage (the process of deciding which patient should be treated first based on how sick or seriously injured they are) and assessment by a senior doctor, to refer Mr A to primary care for further assessment. They were also satisfied that an adequate medical history was taken in the triage room and sufficient information gathered to decide that Mr A should be referred to a primary care doctor. We also received advice that the senior doctor who assessed Mr A had the skills and experience to assess the urgency of his case and that the clinical notes detailed the rationale for redirecting Mr A.

However, we were concerned that, given Mr A's symptoms, there was no measurement of his vital signs when he attended A&E. Although our advisers said that this did not compromise his care, they also said that measurement of these vital signs may in some cases reveal a condition meriting emergency care. Documentation of the vital signs would also add weight to the decision to redirect a patient from A&E after assessment by a senior doctor.

Recommendations

We recommended that the board:

ensure that the relevant staff members in A&E are made aware of our adviser's comments in relation to
the need to measure vital signs when deciding whether to redirect a patient from A&E and are given the
opportunity to reflect on these for their future practice.