SPSO decision report



Case: 201508166, Fife NHS Board

Sector: health

Subject: appointments / admissions (delay / cancellation / waiting lists)

Outcome: some upheld, recommendations

Summary

Mr C complained about the care and treatment he received for abdominal symptoms. He said that he did not receive treatment until he was admitted as an emergency for an operation to remove his gallbladder, over a year after first experiencing symptoms.

We took independent medical advice. We found that Mr C's symptoms of lower abdominal pain were different to those he later developed (upper abdominal pain), and in each case appropriate tests were carried out, with further follow-up planned. We therefore did not uphold this aspect of Mr C's complaint.

We concluded that the overall treatment pathway was reasonable, although we were concerned that there was a six-month waiting period for one of Mr C's non-urgent follow-up appointments and made a recommendation to address this.

Mr C also complained that, when he called out-of-hours with severe pain, the board's operator gave him an appointment at a hospital that was not the closest to his house and that this cost him about £100 in taxi fares. Mr C was also concerned that at this appointment he was reviewed by a nurse and discharged, before being admitted to hospital as an emergency the next day.

After taking independent nursing advice, we did not uphold this complaint. The recording of the out-of-hours call showed the operator offered Mr C a closer appointment first, but that he chose to travel to the more distant hospital for a slightly earlier appointment. We found the nurse practitioner carried out a reasonable assessment of Mr C's symptoms and consulted with the GP, and that it was reasonable for the board to have discharged Mr C in the circumstances.

Mr C also complained that the board failed to the take action they had agreed with him in response to an earlier complaint. In particular, the board agreed to put a note on his medical records to alert staff to a childhood trauma, so that he would not have to keep explaining this at medical appointments. While the board put a written note on Mr C's physical health records, we found this was unlikely to be effective as clinicians would not normally look at his entire record prior to an appointment. We upheld this complaint. However, the board explained that they are currently updating their electronic system and would be willing to discuss the possibility of an electronic update with Mr C.

Recommendations

We recommended that the board:

- review their waiting times for routine or repeat general surgery out-patients and take action to address any significant delays:
- apologise to Mr C for failing to adequately implement the complaint outcome discussed (or explain why this would not be possible);

- explain to Mr C what steps they have taken to ensure that patients are not issued appointments with a clinician they have asked not to see; and
- discuss with Mr C the possibility of including a general case alert on his electronic health records (once this facility becomes available).