SPSO decision report



Case: 201707761, Greater Glasgow and Clyde NHS Board - Acute Services Division Clyde NHS Board - Acute Division Clyde NHS Board - Acute Division Clyde NHS Board - Acute Division Clyde NHS Board - Ac

Sector: health

Subject: clinical treatment / diagnosis

Decision: upheld, recommendations

Summary

Mr C complained on behalf of his late uncle (Mr A) about a delay in the diagnosis and treatment of bowel cancer.

In response to Mr C's complaint, the board acknowledged that there was an initial lack of diagnosis, but explained it was necessary to establish the diagnosis before embarking on a course of treatment. While the board considered that the time taken was reasonable overall, they acknowledged there had been an administrative error causing a delay in a biopsy procedure, and apologised for this.

We took independent advice from a consultant general surgeon, who explained that Mr A had a locally advanced recurrent cancer and a complicated pathway. We found that some of the investigations were performed promptly, such as the imaging and arranging of a TRUS biopsy (transrectal ultrasound guided biopsy). However, we also found that there were some delays by the board that could have been avoided, such as an administrative error causing cancellation of a procedure and issues with scheduling of treatment. We found that whilst these factors caused some delay in Mr A's management, the clinical effects of the delay would not have had any impact on his outcome. We considered that there were aspects of unreasonable delay in the diagnosis and treatment of Mr A's bowel cancer. On balance, we upheld Mr C's complaint.

Recommendations

What we asked the organisation to do in this case:

Apologise to Mr A's family for the instances of unreasonable delay in the diagnosis and treatment of bowel
cancer. The apology should meet the standards set out in the SPSO guidelines on apology available at
www.spso.org.uk/leaflets-and-guidance.

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

- Patients on similar care pathways should receive co-ordinated and planned care.
- As far as possible, patient appointments for investigations and treatment should be processed without administrative error.