Scottish Parliament Region: Mid Scotland and Fife

Case 200700845: Forth Valley NHS Board

Summary of Investigation

Category

Health: Hospital; Ear Nose and Throat

Overview

The complainant (Mr C) raised concerns about the treatment which he received at the Ear Nose and Throat Department at Stirling Royal Infirmary (the Hospital) regarding nasal problems which he had suffered for many years.

Specific complaint and conclusions

The complaint which has been investigated is that, during the period 2003 to 2005, Mr C received inadequate treatment from staff at the Hospital regarding his nasal problems (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 30 July 2007 the Ombudsman received a complaint from Mr C about the treatment which he received at the Ear Nose and Throat Department at Stirling Royal Infirmary (the Hospital) regarding nasal problems which he had suffered for many years. Mr C complained to Forth Valley NHS Board (the Board) but remained dissatisfied with their response and subsequently complained to the Ombudsman.

2. The complaint from Mr C which I have investigated is that, during the period 2003 to 2005, Mr C received inadequate treatment from staff at the Hospital regarding his nasal problems.

Investigation

3. In writing this report I have had access to Mr C's clinical records and the complaints correspondence from the Board. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser), who is an Ear Nose and Throat Consultant, regarding the clinical aspects of the complaint.

4. 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. Mr C and the Board were given an opportunity to comment on a draft of this report.

Complaint: During the period 2003 to 2005, Mr C received inadequate treatment from staff at the Hospital regarding his nasal problems

5. Mr C wrote to the Board on 23 January 2007 that he had recently undergone nasal surgery at the Hospital which was a success. He complained about the length of time it had taken to achieve this outcome and was concerned about the previous treatment he had received at the Hospital. He explained that in May 2003 he saw an ENT consultant (Consultant 1). Mr C's symptoms at that time were nasal blockage causing breathing difficulties; discharge into chest area; constant cough with yellow mucus and loss of smell sensation. Mr C said that Consultant 1 gave him a cursory examination and diagnosed the nasal problem as being rhinitis (inflammation of the nasal passages) sensitive to airborne allergens and that he was advised to continue with a nasal spray, which Mr C felt had no effect. Consultant 1 did not consider alternative treatment or arrange a follow-up appointment. In August 2005 Mr C

attended the ENT Department again, where he saw a locum ENT staff grade doctor (the Locum) and nasal spray treatment was recommended. The next review appointment with the Locum was in November 2005 but still Mr C's symptoms persisted and he was told to continue with sprays. In July 2006, Mr C sought a second opinion and saw another ENT Consultant (Consultant 2) who found polyps (small growths of mucous membrane) in both nasal passages and sinusitis (inflammation of the sinuses caused by infection) was suspected, which was subsequently confirmed by CT scan (Computed Tomography – computerised x-ray). Mr C believed the evidence showed that the polyps and sinusitis were the root cause of his problems and he wondered why it took until July 2006 for him to be properly examined.

6. The Board's Director of Nursing (the Director) responded to the complaint on 15 February 2007. She explained that Consultant 1 saw Mr C on 14 May 2003 with presenting symptoms of chest infections, no sense of smell and a continual running nose. It was documented that the symptoms improved with steroid medication and that examination of the nasal passages at that time were normal. On the available evidence, the diagnosis of allergic rhinitis was correct and treated appropriately. At that time, nasal polyps were not thought to be the cause of Mr C's problems. Consultant 1 felt a CT scan of the nose was not required because it had been scientifically proven that there was no correlation between the appearance on CT film and patient symptoms. Consultant 1 was not aware of other symptoms at that time. The Director continued that in July 2005 the Locum saw Mr C and conducted a thorough examination and recorded that clear nasal mucus was seen on both sides of the nose, with pinkish nasal mucus and a clear post nasal drip. No nasal polyps were seen and medication was prescribed for allergic rhinitis. The Locum reviewed Mr C three months later and, again, no nasal polyps were seen on examination. The Director said it was the Locum's clinical opinion that further investigations, including CT scan, were not required at that time. The Director added that it was possible the polyps developed between examinations by the Locum and Consultant 2, which would not be uncommon in patients with allergic rhinitis.

7. Mr C disagreed with the Director's response and felt that the previous examinations had been inadequate and that the prescribed treatments had had little or no effect. He thought that staff should have considered an alternative diagnosis and that the nasal polyps had been present for a number of years, rather than between August 2005 and July 2006.

8. The Adviser reviewed Mr C's clinical records and told me that it would be extremely unlikely for a consultant ENT surgeon to miss polyps with or without the use of an endoscope (small flexible tube with a light and a lens on the end used to view inside a bodily canal). He said Consultant 1 recorded on 14 May 2003 that Mr C's nasal passages appeared normal. The Adviser noted that Consultant 1 recognised that Mr C's chest and nose condition were one and the same and were caused by some airborne allergens and gave advice to continue with the medication already prescribed by the GP and ensured that some drops were directed towards the olfactory epithelium (smell area at the root of the nose).

9. The Adviser continued that, when Mr C was seen by the Locum in July 2005, it was recorded that his nose was not running but there was yellowish post nasal discharge and clear nasal discharge on both sides. The Locum diagnosed allergic rhinitis and prescribed Flixonase nasules (a high dose topical steroid); rhinolast nasal spray for three months; and that he be reviewed in three months. It was recorded that when Mr C saw the Locum on 18 November 2005 he was feeling a lot better but still had mild rhinitis. The Locum recommended topical spray (on the surface of the body) all through the winter and discharged Mr C from the clinic. The Adviser told me that Mr C was subsequently seen by Consultant 2, who diagnosed nasal polyposis (multiple polyps) and ordered a CT scan of Mr C's nose and sinuses. Mr C then underwent surgery to good effect, in that he gained a better airway and a gradual return of his sense of smell.

10. The Adviser said that, in his opinion, Mr C received a reasonable service from staff at the ENT Department from 2003 to 2005. He said CT scans are recommended where a patient complains of headaches as well as nasal symptoms or when the clinician observes pus in the nose, especially the middle meatus. The absence of Mr C complaining of headaches or no evidence of pus in the nose may have affected Consultant 1 and the Locum's decisions about a CT scan. The Adviser continued that, when symptoms of allergic rhitinis become severe and persistent, simple surgery can help, ie, cautery or trimming to turbinates (bones in the nose) to reduce catarrh and improve the airway. It would be a matter of clinical judgement as to whether it was felt that surgery was appropriate. The Adviser reviewed Mr C's CT scan with a specialist radiologist and they both felt that the CT scan taken by Consultant 2 showed

evidence that Mr C's disease was recent in nature because of signs of ventilated sinuses and there was no bone destruction.

Conclusion

11. Mr C has had longstanding nasal problems which were improved after being examined by Consultant 2, who arranged a CT scan, diagnosed sinusitis and nasal polyps and arranged for surgery to be carried out. Mr C felt that his previous treatment by clinicians was inadequate and that his condition should have been diagnosed earlier. The advice which I have received and accept is that the treatment provided by Consultant 1 and the Locum was reasonable and that appropriate medication was prescribed, based on the presenting symptoms at the time. The clinical records also indicate that appropriate examinations were carried out between 2003 and 2005. I have also taken into account the evidence obtained from the CT scan, which indicated that the problems which were identified were recent in nature. Accordingly, I do not uphold this complaint.

Recommendation

12. The Ombudsman has no recommendations to make.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
ENT	Ear Nose and Throat
The Board	Forth Valley NHS Board
The Hospital	Stirling Royal Infirmary
The Adviser	The Ombudsman's professional medical adviser
Consultant 1	ENT consultant who examined Mr C on 14 May 2003
The Locum	Locum staff grade doctor who saw Mr C on 22 July 2005 and 18 November 2005
Consultant 2	ENT consultant who first saw Mr C in July 2006
The Director	The Board's Director of Nursing