

Scottish Parliament Region: North East Scotland

Case 200602580: Tayside NHS Board

Summary of Investigation

Category

Health: Clinical treatment/diagnosis

Overview

The complainant (Ms C) suffered shoulder pain following a fall at home on 3 January 2006. She attended Accident and Emergency (A&E) at Ninewells Hospital. Examination of her shoulder revealed no new injuries and she was allowed to return home on the basis that a pre-existing frozen shoulder was the root cause. Ms C said that she continued to experience a great deal of pain despite ongoing treatment for her frozen shoulder. An x-ray in May 2006 showed that she had fractured her humerus. Ms C complained that an x-ray should have been taken during her A&E attendance on 3 January 2006. She felt that failure to take an x-ray prolonged her pain and delayed the operation that she required to repair her humerus.

Specific complaints and conclusions

The complaints which have been investigated are that Tayside NHS Board:

- (a) failed to properly diagnose and treat Ms C's painful shoulder (*not upheld*);
and
- (b) failed to provide emergency treatment to Ms C upon her arrival at A&E (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 3 January 2006, the complainant (Ms C) slipped on her kitchen floor and struck her left shoulder and left hand side of her chest on the wall. She attended Accident and Emergency (A&E) at Ninewells Hospital and was examined by a specialist registrar (the Registrar). As a result of the examination, the Registrar concluded that no x-ray was required and that the most likely cause of her pain was an aggravation of a pre-existing frozen shoulder complaint. Ms C was allowed to return home.

2. Ms C's shoulder became increasingly painful over the following month and she returned to A&E on 5 February 2006. She was refused treatment, as she was receiving ongoing care for this injury from her GP and a physiotherapist and was, therefore, not considered to be an emergency patient.

3. On 22 May 2006, Ms C's physiotherapist took an x-ray of her shoulder and discovered that she had fractured her humerus. Ms C complained to Tayside NHS Board (the Board) that an x-ray should have been taken during her initial A&E consultation in January 2006 and that she should not have been refused treatment when attending A&E for the second time a month later. She was dissatisfied with the Board's response and complained to the Ombudsman in October 2006.

4. The complaints from Ms C which I have investigated are that the Board:

- (a) failed to properly diagnose and treat Ms C's painful shoulder; and
- (b) failed to provide emergency treatment to Ms C upon her arrival at A&E.

Investigation

5. In order to investigate this complaint, I have reviewed all of the complaint correspondence between Ms C and the Board. I have also sought professional medical advice from an independent professional adviser (Adviser 1) and our clinical adviser (Adviser 2) and reviewed the Board's clinical records for Ms C.

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

(a) The Board failed to properly diagnose and treat Ms C's painful shoulder

7. Ms C attended Ninewells Hospital's A&E on 3 January 2006 having slipped on her kitchen floor and struck her left shoulder and left side of her chest on the wall. The clinical records for this attendance record that she was seen by the Registrar at around 21:15 on 3 January 2006. Ms C explained to him that she had recently been receiving treatment for a frozen shoulder.

8. The Registrar examined Ms C's shoulder, noting that there was no sign of bruising or deformity. Mobility tests were carried out to assess the amount of movement in Ms C's shoulder joint when moving it herself (active movement) and when it was manipulated by the Registrar (passive movement). Active movement was slightly reduced, however, passive movement was pain free. The Registrar did not request an x-ray of the shoulder. He concluded that the pain was related to Ms C's existing frozen shoulder, for which she was already receiving treatment. Ms C was allowed to return home.

9. Ms C said that her shoulder became increasingly painful over the following weeks and on 5 February 2006 she returned to A&E for further assessment. She was advised that, as this was a pre-existing condition that was already being treated, she could not be seen by A&E. Ms C requested an x-ray of her shoulder but was told that this would be available through her GP should he feel that it was appropriate.

10. Ms C continued her course of physiotherapy. Conservative treatment of her shoulder proved to be unsuccessful and her physiotherapist arranged an x-ray for 15 February 2007. The x-ray showed no signs of a fracture or dislocation, however, it did highlight some calcification at the end of her humerus. Due to the lack of improvement in her condition an orthopaedic opinion was sought. A further x-ray was taken on 22 May 2006 and this showed an avulsion fracture (part of the bone had chipped and pulled away) of the humerus. Medical staff concluded that the small piece of bone that had separated from Ms C's humerus was likely trapping the muscle at her shoulder. Surgery was arranged to rectify the situation.

11. In her complaint to the Board, Ms C said that she felt that an x-ray on 3 January 2006 would have led to a reduction in the length of time she was in pain due to her condition being diagnosed sooner. The Board's response to this was that it was not possible to tell when the fracture had occurred, as the x-

ray that highlighted the problem was not taken until four months after Ms C's initial attendance at A&E. The Board concluded that the fracture could have occurred sometime within that four month period.

12. When investigating this complaint, I sought the opinion of Adviser 1. I wanted to establish whether an x-ray should have been taken during the initial A&E attendance. Adviser 1 advised me that the examination carried out on 3 January 2006 was appropriate and that the decision not to take an x-ray at that time was reasonable. The lack of restricted passive movement, bruising or deformity combined with Ms C's history of a frozen shoulder meant that a diagnosis of an exacerbation of her frozen shoulder, brought on by the fall, was appropriate. No follow-up treatment was required, as Ms C was already scheduled to receive further treatment with her physiotherapist.

13. Adviser 1 also commented on the x-rays that were taken of Ms C's shoulder. She noted that the first x-ray, taken on 15 February 2006, showed no sign of the fracture and that the calcification visible on Ms C's humerus was entirely unrelated to the fracture. She told me that this was more likely to have been a contributing factor to her pre-existing shoulder problem. It was not until a further x-ray was taken on 22 May 2006 that the displaced fragment became visible. Adviser 1 concluded that it was possible that Ms C's fall caused a hairline fracture, which was not visible on x-ray but which later 'moved', or that a further injury could have caused the fragment to break off. Either way, had an x-ray been taken on 3 January 2006, no fracture would have been found and the treatment proposed (to continue with physiotherapy for her frozen shoulder) would have been no different.

(a) Conclusion

14. An appropriate examination was carried out on 3 January 2006. The findings of this examination were indicative of an aggravation of Ms C's pre-existing frozen shoulder, brought about by her fall. Although no x-rays were taken during the initial A&E consultation, later x-rays showed that no damage would have been visible for up to four months after Ms C's fall. The inclusion of an x-ray during the 3 January 2006 examination would, therefore, not have led to a different outcome for Ms C in terms of the management of her condition. I am satisfied that the efforts made to diagnose Ms C's condition were reasonable and, as such, I do not uphold this complaint.

(a) Recommendation

15. The Ombudsman has no recommendation to make.

(b) The Board failed to provide emergency treatment to Ms C upon her arrival at A&E

16. Following her initial attendance at A&E in January 2006, Ms C's condition worsened and she returned to Ninewells Hospital on 5 February 2006. She advised staff there that she was receiving treatment from her GP and a physiotherapist at Kings Cross Hospital for a frozen shoulder. It was noted that she had a six week history of shoulder pain and that she had already attended A&E on 3 January 2006. Ms C was told that she could not be seen as an emergency patient, as her condition was already being treated elsewhere. In her complaint to the Board, Ms C said that she expressed her astonishment at this to staff at Ninewells Hospital, however, was left with no choice but to return home.

(b) Conclusion

17. I asked Adviser 2 whether Ms C should have been seen by staff at A&E. She confirmed that the Board's position was correct in this respect. As Ms C was in the midst of an ongoing treatment programme for this condition, it would have been inappropriate for staff at A&E to commence new investigations into the problem. With this in mind, I do not uphold this complaint.

(b) Recommendation

18. The Ombudsman has no recommendations to make.

Explanation of abbreviations used

Ms C	The complainant
A&E	Accident and Emergency department
The Registrar	A specialist registrar at Ninewells Hospital
GP	General Practitioner
The Board	Tayside NHS Board
Adviser 1	An independent professional adviser to the Ombudsman
Adviser 2	A clinical adviser to the Ombudsman