Complaint Concerning a Hospital Patient

- I am the brother of a patient at the Queen Elizabeth Hospital
- July 2016 my sister was diagnosed with Stage 4 Oesophageal Cancer
- Mr Warren inserted a stent and stated that no further surgery was feasible
- Since then she has been under the excellent treatment of Dr Gounaris
- At present she has completed 4 phases of chemotherapy
- Wednesday 12 October 2016 my sister attended The Queen Elizabeth Hospital for a pre-planned CT scan.
- Soon after my sister returned home she received a telephone call from an oncology nurse to state that an Oncology Consultant had viewed the CT Scan and requested that she return to the hospital *immediately* for an Emergency MRI Scan. The reason given was that there was possible Spinal Compression from the cancer spreading into her bones.

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- My sister returned to the hospital on that afternoon (Wednesday 12 October 2016) and was admitted into the Medical Assessment Unit as Shouldham Ward was full.
- That afternoon my sister started a course of steroids, however, no MRI Scan took place
- On Thursday 13 October I was advised that my sister had been moved to Terrington Ward but still no sign of an MRI Scan.
- I spoke to the Ward Manager by telephone who stated that my sister was on the list in the MRI Unit for an Emergency MRI Scan
- Throughout Thursday nothing happened

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- On Friday 14 October 2016 I drove to Norfolk to find out what was happening to my sister.
- On arrival at Terrington Ward I spoke to the Staff Nurse In Charge who explained that they were still waiting for an MRI appointment. She had tried a number of times that morning to get my sisters scan done.
- She stated that I could speak to a doctor as she was about to start her rounds.
- At about 10.50 a Registrar Doctor (Dr Sadeghi) and Junior Doctor arrived at my sister's bed. Dr Sadeghi stated that since, in her opinion, the cancer was not pressing on the spinal cord there was no urgency for the MRI Scan.
- She stated that I had to understand that there were 12 people waiting for an MRI and not enough capacity to achieve them all.
- When she left she stated that she would "see what she could do".
- Since Dr Sadeghi is not an oncologist I was not satisfied that she had overruled the Consultant Oncologist's instructions.
- I went to the Macmillan Unit and explained the situation.
- Immediately they took action and spoke to Dr Gounaris's secretary. I don't know what was said, however, soon after my sister was seen by an oncology nurse and soon after that by two Oncology Consultant doctors.
- Soon afterwards my sister was booked in for an MRI Scan at 14.15 that day. The scan was completed on time and by 16.30 an Oncology Doctor had viewed the scan and advised my sister that at present she did not need any radiotherapy treatment and she could return home.

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Complaint

- 15 October I wrote a letter of complaint to the PALs Team 1 PALS KLH 15 October 2016 2016.docx
- The questions that I asked are:

  1. Who overrode the instructions from the Oncology Consultant, why and were they authorised to do so?

  2. Why was my sister not being treated by an Oncologist Doctor even though she was in Terrington Ward?

  3. Is the Hospital not concerned that my sister occupied a hospital bed for 48 hours un-necessarily?

  4. Is the Hospital concerned that my sister was treated in such an unacceptable manner?

- 17 October I received a reply stating that I would receive the results of an investigation within 30 working days. 2 PALS Reply 17 October 2016.docx

- 18 November I received a report from Dr Altemimi dated 17 November 2016 and a covering letter from the Chief Executive dated11 November 2016?

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- 20 November I wrote to the Chief Executive stating why I do not accept all of Dr Altemimi's report. I concluded by saying 5 CEO KL Hospital 20 Nov 2016.docx

  Whilst I and my sister do accept Dr Altemimi's and Dr Sadeghi's sincere apologies we still feel that the Hospital has some lessons to learn. I did not write to you originally so much as to make a complaint but rather to try to help you to improve the way that you deliver Health Care to your patients. As a Patient Member of another Hospital Trust I see this kind of situation all too often. Sometimes it is difficult to see the wood from the trees when the daily pressures become unendurable.

- On 24 November I had a telephone conversion with Dr Altemimi, Dr Sadeghi and Sophie Wilson from PALs. 6 email to PALS 24 Nov 2016.docx

- After our talk the Associate Director of Patient Experience suggested that I might want to attend this meeting to discuss my concerns.
- My sister only has a limited amount of time left to her. In her situation every day is precious. She lives on her own and soon will not be able to manage without help. She can ill afford to waste 2 days of her limited life due to an individual's failure or the system not operating correctly.

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Observations

1. Many of your staff are working at 110% in difficult conditions. The Hospital has many really great people doing a wonderful job..

2. Are your staff working against “the system” rather than “the system” working for them?

3. If patients are “outlying” on other wards due to a lack of capacity it is imperative that medical decisions are only made by those qualified within that particular discipline.

4. The Hospital would appear to be dysfunctional between different wards, support facilities (i.e. Radiology and Haematology) and different disciplines (i.e. Doctors and Surgeons)

QUESTIONS