Sandwell and West Birmingham Hospitals NHS

NHS Trust

Chief Executive's Office:
0121 507 4847

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

Tel: 0121 553 1831
Fax: 0121 607 3117
www.swbh.nhs.uk

15 March 2010

Our Ref : JA/C/DS/FC9/518/Sandwell General

PRIVATE & CONFIDENTIAL
Miss Marie Brown
46 Mehdi Road
Oldbury
West Midlands
B69 2GE

Dear Miss Brown

Thank you for your letter.

Please firstly accept my apologies for the severe delay in dealing with your complaint. Unfortunately, the complaints team have struggled to meet all priorities over the last year, due in part to fairly significant changes that we have seen in the complaints arrangements from April 2008 and also again with the new regulations in April 2009. We are planning to recruit additional staff to help us take on board the responsibilities commensurate with the new complaints procedure.

I am very sorry to learn of your concerns about your consultation with Dr Cobb, Consultant Gastroenterologist. I have included a copy of our investigation report with this letter, which I hope will help to address your key points. Please note that we have asked Sandwell Primary Care Trust (PCT) to address the issues relating to your concerns about the doctors at your local practice. I apologise for the delay in forwarding your concerns onto that organisation.

It is important that you feel fully satisfied by the Trust's handling of your complaint. I welcome any comments you wish to make about our investigation. Please contact the Complaints Department with any questions or suggestions on 0121 507 6428/6098. Alternatively, write to me at the above address or send an e-mail to patientcomplaints@swbh.nhs.uk. The attached leaflet also sets out in more detail what the next steps are if you are unhappy with my response.

Once again, my apologies and thank you for bringing this matter to my attention.

Yours sincerely

JOHN ADLER
CHIEF EXECUTIVE

POSITIVE ABOUT DISABLED PEOPLE

A report into the care of Miss Marie Brown (RXK4290760)

Part 1: Introduction (Reason for Investigation)

Ms Brown contacted the Complaints Department on the 28th September 2009 with concerns about her care. An initial target date of the 13th November 2009 was suggested as a timescale to complete the response. Unfortunately, the report could not be completed by that time due to the need to review older cases. An apology should be offered to Ms Brown for the severe delay in responding to her complaint.

There are also a number of issues relating to her local GP practice in Ms Brown's correpsondence. Unfortunately, during my initial review of the correspondence, only the letter addressed to Dr Cobb dated the 19th September 2009 was available to me. I was therefore unaware until recently of the issues relating to Dr Prime, Dr Saini, or overall service provision for mental health issues within the region. Sandwell PCT have been asked to consider those comments and respond directly to Ms Brown. I would like to extend my personal apologies to Ms Brown for the delay in forwarding the complaint onto that external organisation; also that this issue was not identified in earlier file reviews.

Part 2: Key concerns (Issues being investigated)

The following concerns have been identified from Ms Brown's correspondence.

A1: Ms Brown feels that she was dismissed and disregarded by Dr Cobb; that she failed to investigate her symptoms adequately and that she should have ruled out all physical causes for her condition before treating her in that way.

Part 3. How the complaint has been investigated (Methodology)

A statement has been provided by Dr Cobb, Consultant Gastroenterologist. The relevant records and details held on the Trust's patient information system have also been reviewed. The Divisional General Manager for the Medicine (B) Division has been made aware of this complaint.

Part 4: Case Background (Overall Summary)

The two key attendances are as below. Ms Brown has also since attended the Accident and Emergency (A&E) Departments at Sandwell Hospital.

2nd April 2009	A&E Attendance (City)	
3rd June 2009	Appointment	Dr Cobb's clinic

5th August 2009	Appointment	Dr Cobb's clinic

As the details of the consultation are the subject of the complaint, the care provided by Dr Cobb has been considered in the following section.

Part 5: Findings (Individual Concerns and Questions)

A1: Ms Brown feels that she was dismissed and disregarded by Dr Cobb; that she failed to investigate her symptoms adequately and should have ruled out all physical causes for her condition before treating her in that way.

Overview findings:

I. Dr Cobb has documented three pages of notes regarding the consultation. She feels that she listened to and asked quite a lot of details about every symptom that Ms Brown described to her. The consultant then proceeded to ask about her past history, her social history, her family history, as well as her menstrual and psychiatric history. Dr Cobb notes that she was also aware of the (normal) blood tests that had been performed previously and had reviewed the information supplied by the GP.

II. Dr Cobb states, rather than dismissing Ms Brown's symptoms, she arranged for a barium swallow test and quite clearly outlined that the psychological and social issues were a significant part of her problems. However, she notes that at no time did she say that they were the exclusive problem. She considered whether depression was problem, but felt on her initial assessment that there was not enough information available to diagnose clinical depression. Dr Cobb also notes that the changes in the medication that she suggested from that first consultation appeared to meet with initial success, as evidenced by comments in Ms Brown's letter to her GP.

III. The barium swallow test that Dr Cobb arranged to investigate Ms Brown's predominant symptom showed a small hiatus hernia, minimal reflux and no significant pathology.

IV. When Dr Cobb next reviewed Ms Brown she had gained weight and her symptoms had reduced. However, the consultant was slightly concerned about her unusual affect and behaviour. At this time Dr Cobb also heard that Ms Brown's GP had suggested anti-depressants but that she had refused this treatment. Dr Cobb stressed that addressing her mental and psychological issues was vital in the management of all her problems and recommended to Ms Brown that psychiatric, psychological and even hypnotherapy referral would be appropriate. Ms Brown clearly agreed with the suggestion regarding a referral for a mental health assessment and treatment and Dr Cobb stressed this in her letters to the GP and to Ms Brown. She also offered

to help this process by offering for the GP to arrange psychological and hypnotherapy referrals.

V. Dr Cobb confirms that she asked many detailed questions of M s Brown, particularly in relation to evidence of depression and underlying issues that may relate to her symptoms. This included psychological and past social issues, as it is well recognised that physical symptoms can be an expression of this kind of problem. Dr Cobb states that at no time did she dismiss or disregard any of her symptoms, in particular pain, nausea, vomiting and problems swallowing.

VI. With regard to bringing Ms Brown's outpatient appointment forward to an earlier date Dr Cobb states that she would have certainly never implied that appointments are "not changed for social reasons". However, outpatient appointments are booked up a long time in advance and it is on the urgency of clinical need that the team will assess whether an earlier review can be arranged. Following the June 2009 appointment Dr Cobb asked to see Ms Brown in four to five weeks time, which is sooner than that which she would have normally planned in those clinical circumstances. Dr Cobb sought to arrange this review earlier than normal because of the clear distress and difficulties that Ms Brown was dealing with. Unfortunately, it was ultimately eight weeks before she saw Ms Brown again due to pressure on the outpatient appointments – a situation aggravated by the summer period when clinics are often cancelled due to annual leave. Nonetheless, a clinic review after two months would still be considered to be appropriate on clinical grounds.

VII. At the August appointment Dr Cobb states that she would have told Ms Brown the results of her barium meal and said that there was a degree of acid coming back into the oesophagus and that continued treatment with the Lansoprazole (a type of medication called a proton-pump inhibitor - it works by decreasing the amount of acid made in the stomach) was entirely appropriate and thus suggested that this be continued.

VIII. Dr Cobb advises that at no time did Ms Brown's symptoms suggest colitis. At the first consultation Dr Cobb examined the abdomen, perineum and rectum and found no abnormality. The consultant indicates that Irritable Bowel Syndrome is not a disease, nor is it a physical condition. Dr Cobb confirms that she did suggest referrals to the dietician and hypnotherapist, who can be extremely helpful in difficult cases of irritable bowel syndrome. This would have been particularly relevant in Ms Brown's case due to her past psychiatric, psychological and social issues. Dr Cobb reiterates that she did not say that there was nothing physically wrong. The consultant feels that she listened carefully to all that Ms Brown was saying and documented this carefully. However, it was clear to her that Ms Brown was expecting Dr Cobb

to look into specific areas with specific tests. Dr Cobb did not think that these were appropriate and therefore did not arrange them.

Response to concern:

Although Ms Brown's concerns are understandable, the problems that she saw Dr Cobb for were investigated and key aspects of treatment were discussed. Dr Cobb supported this process by suggesting that the GP arrange psychological and hypnotherapy referrals. It is clear from the relevant records that the consultant listened to Ms Brown's concerns and documented these clearly.

Part 6: Conclusion

Ms Brown is a 34 year old lady who was dissatisfied by her consultation with Dr Cobb, Consultant Gastroenterologist. There is clearly a complex background to this case. However, there is no evidence to suggest that Ms Brown's concerns were dismissed by the consultant. Dr Cobb has offered to meet with Ms Brown is she feels this would be helpful in resolving her concerns.

Part 7: Learning (Action Planning and Recommendations)

The complaints team are seeking to appoint additional staff to reduce overall delays in completing responses to formal complaints.

Part 8: Statement of Openness and Fairness

The Trust seeks to promote an open and responsive culture where any poor experiences are listened to and learnt from. To the best of my knowledge this report is accurate. I have included <u>all</u> details that I believe are relevant and important to the concerns identified. I have considered the recollections and statements of all parties involved when preparing this report.

Signed: Debbie Dunn Date: 12th March 2010
Head of Complaints + Litigation

P.P. David Sullivan (Assistant Complaints Manager)