

Complaint case study for publication on Trust website April 2015:

Mrs E contacted the Trust to complain about a lack of co-ordination of her care and treatment in A&E, ophthalmology and ENT.

Mrs E presented to A&E with eye pain and blurred vision. She was seen by an A&E doctor who discussed the case with the on-call ophthalmologist by telephone. The ophthalmologist advised that Mrs E could be discharged home, with advice to come back at 11.00am later that morning. Mrs E's condition worsened overnight and she returned to A&E at 9.30am. The nurse she spoke with contacted the ophthalmologist who diagnosed acute angle closure glaucoma and initiated treatment. Before going home, Mrs E was advised to attend the ophthalmology department 3 days later for laser treatment to both eyes.

On arriving at the clinic as instructed, laser treatment was only carried out on the left eye, as the notes relating to the right eye were not available. Mrs E was given a follow up appointment for 2 weeks' time. However, when Mrs E attended for that appointment, there was no record of the appointment on the system and there was then a delay while her notes were located. She was informed that laser treatment should have been performed on both eyes previously, and that she would have to return to have the treatment carried out on the right eye.

Mrs E attended A&E on two other occasions with a throat complaint. On the first attendance, Mrs E explained about her experience in relation to ophthalmology and a diagnosis of anxiety was made. On the second occasion, Mrs E was referred to ENT, where a cyst on her windpipe was found.

Our findings

The complaint was investigated by the Head of Service for Head and Neck. As a result of the investigation, the complaint was partly upheld.

The information relayed to the ophthalmologist on Mrs E's first A&E presentation was not suggestive of acute angle closure glaucoma and therefore did not indicate that an emergency eye review was needed. However, with the benefit of hindsight, it was recognised that the drops given to you in A&E – a reasonable course of action at the time – may have precipitated the acute angle closure glaucoma. Apologies were offered for this.

There was some miscommunication of the ophthalmologist's decision with regards to the management plan. It was not considered a minor condition and that is why arrangements were made for Mrs E to reattend later that day. This was handed over to the ophthalmologist on duty, who was expecting Mrs E at 11.00am.

Apologies were offered for the problems experienced with Mrs E's notes and the laser surgery to her right eye. These issues have been discussed with the team involved.

With regards to the throat problem, Mrs E's initial presentation was reviewed by an A&E Consultant, who felt that the decision to discharge her was reasonable, as it was expected that the symptoms she presented with would settle by themselves. Records show that Mrs E attended a second time but left the department without being seen.

On Mrs E's third attendance, a diagnosis of globus sensation was made (the subjective feeling of a lump or foreign body in the throat). On review, the A&E Consultant believes that a referral to ENT should have occurred at this stage and has discussed this with the doctor concerned. Apologies were offered for this.