

**Man on dual surveillance programmes lost to follow-up
16HDC01120, 28 March 2018**

*District health board ~ Hepatoma surveillance ~
Gastroenterology surveillance ~ Follow-up ~ Right 4(1)*

A gastroenterologist at a district health board (DHB) made a plan to repeat a man's hepatoma ultrasound, and for the ultrasound to be ordered at the time of the man's planned three-yearly surveillance endoscopy. The gastroenterologist notified the man's general practitioner that the man would receive a hepatoma ultrasound, and the management plan was to follow up six months later at the time of the man's surveillance endoscopy.

However, the DHB put all surveillance endoscopies on hold owing to resource constraints.

The DHB notified the man's GP that it would not be able to complete endoscopy surveillance for any patients. The DHB told HDC that a notice was placed on the DHB website stating that surveillance endoscopies had been put on hold. It is documented in the man's GP clinical notes that a staff member of the clinic telephoned the man to inform him that the DHB was not undertaking surveillance screening endoscopies. The GP documented that the man said that this was a three-year recall for repeat screening, and that he wanted to "leave at this stage — does not want private screening or [faecal occult blood tests] — not symptomatic".

The man consulted a second GP, who arranged an appointment at the DHB. The man was referred for a scan, which identified a 7.5cm tumour in his liver. It was established that the man's hepatoma ultrasound had not been carried out as it was to have been scheduled at the time of the endoscopy surveillance appointment that had been cancelled by the DHB. The man was referred for palliative care.

Findings

By failing to continue the man's hepatoma ultrasounds as intended, the DHB did not provide services to the man with reasonable care and skill, and breached Right 4(1).

Recommendations

It was recommended that the DHB provide a written apology to the man. It was also recommended that the DHB provide HDC with a copy of the newly developed standardised protocol for follow-up arrangements for all patients with cirrhotic liver disease, confirm implementation of the protocol, conduct a review of the effectiveness of the protocol, and report back to HDC. In addition, it was recommended that the DHB consider implementing a database for patients on dual surveillance programmes.