Emergency Medicine Conference
#NHSRConf23

NHS Resolution

Emergency Medicine: Cases of Note

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Cases of Note

Darnley v Croydon Health Services NHS Trust [2018] UKSC 50

Does a Receptionist owe a duty to provide accurate information as to waiting times?

Court of Appeal findings (overturned) :

- the Trust was not under a duty to provide accurate information about waiting times
- there was no assumption of legal responsibility for the claimant
- the information was provided as a courtesy by non-medical staff
- the claimant was responsible for his injury because he chose to leave the A&E department, when he had in fact been advised to wait

Cases of Note

Darnley v Croydon Health Services NHS Trust [2018] UKSC 50

In overturning the Court of Appeal ruling, the Supreme Court found for the claimant that:

- As soon as the claimant attended seeking medical attention there was a patient hospital relationship (an established category of duty of care)
- There was a duty not to provide misleading information which may foreseeably cause physical injury
- The standard required is that of an averagely competent and well-informed person performing the function of a receptionist at a department providing emergency medical care
- The hospital had been in breach of its duty of care

A Receptionist does owe a duty to provide accurate information as to waiting times!

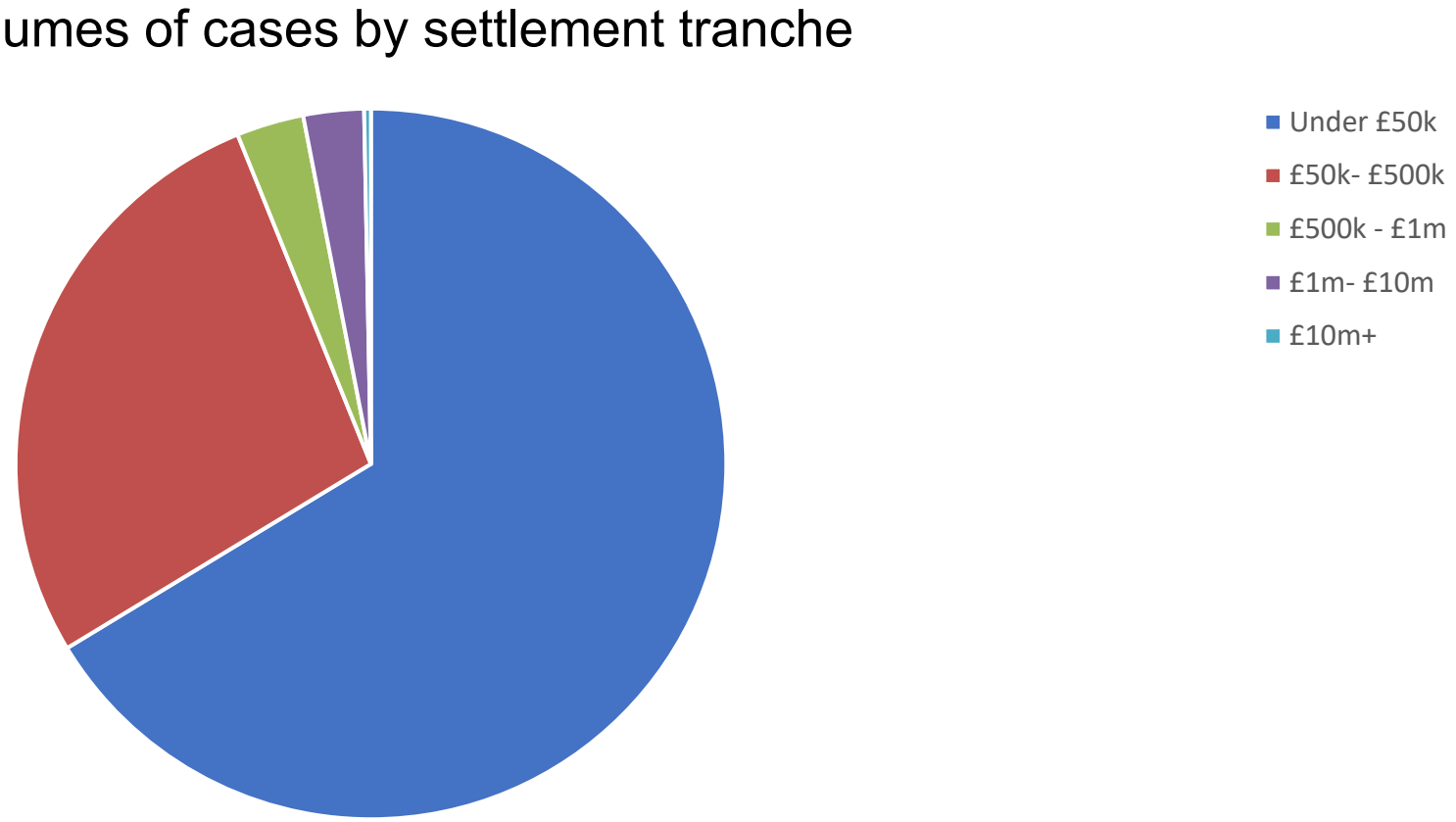
Cases of Note

McCulloch and others v Forth Valley Health Board [2023] UKSC 26

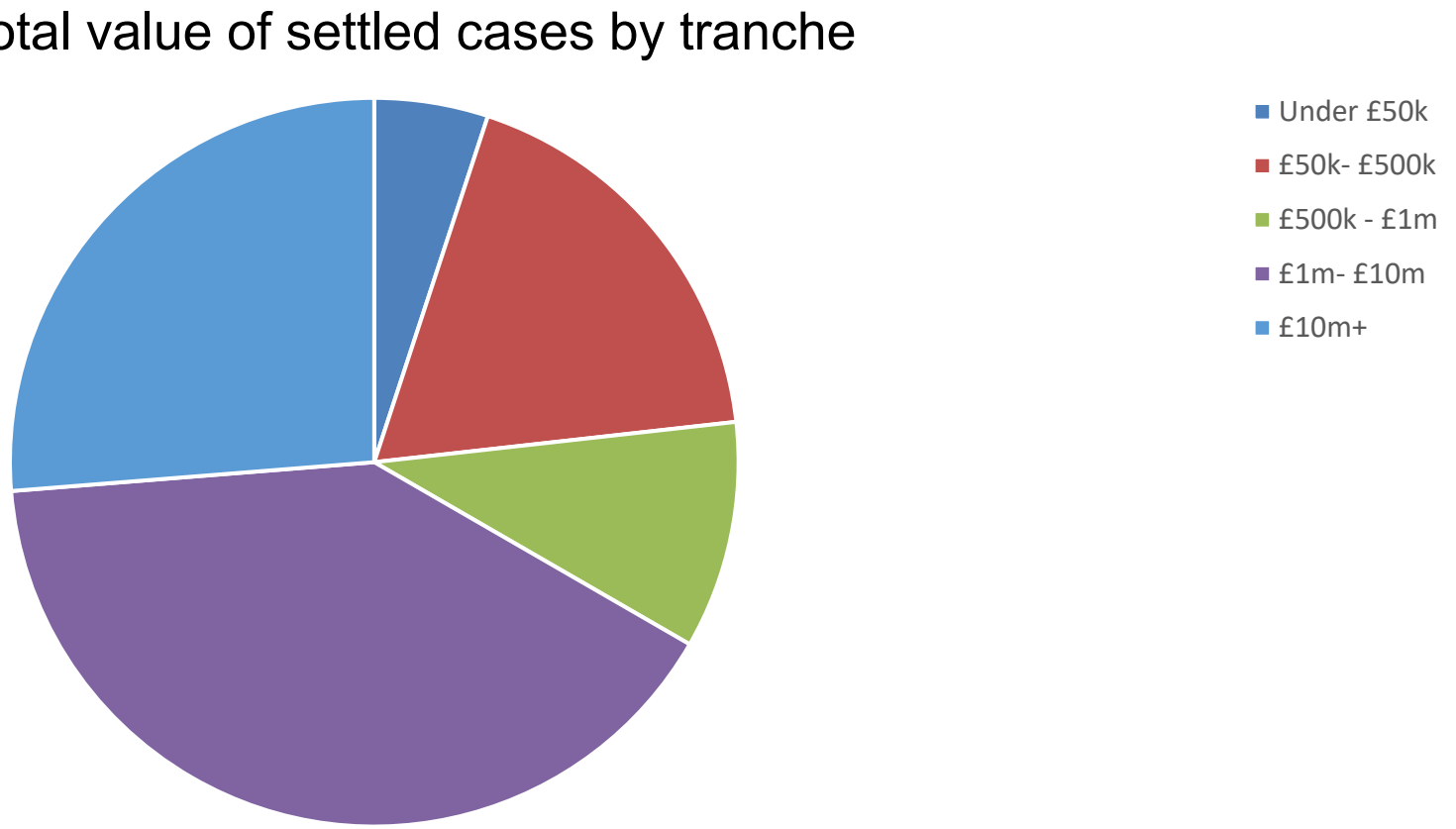
- It is for the clinician to decide on the range of the reasonable alternative treatment options by applying clinical and professional judgment – “Professional Practice Test”.
- Once the range of clinically appropriate alternatives has been determined, a doctor must provide a patient with those options and explain the comparative risks and benefits of each allowing the patient to then assess the materiality of the risks explained.
- The Supreme Court held that a doctor does not need to advise a patient of each and every alternative treatment option available - all “reasonable” treatment options, but not all “possible” treatment options.
- The decision reinforces the position that obtaining informed consent is a discussion and a process between the doctor and the patient, who both have important roles to play.

Settlements arising from treatment in an emergency setting

Note: Heavily caveated but an illustrative breakdown



Breakdown by value



Again, heavily caveated

High Value Case Study

T V F NHS TRUST

PATIENT AGED 4
ATTENDED A&E

VALUATION

Timeline – Initial Attendance

Time	History
22:00	At home - Symptoms developing – vomiting and fever of 38+
02:00	Temperature increased to 39.9. Call to NHS Direct – advice to transport to A&E
03:22	Arrived at A&E – Chief complaint noted as temperature
03:29	Assessed by triage nurse. Pyrexic. Ibuprofen given. Well perfused. Drinking small amounts. c/o left leg pain. Temp: 39.9 <> Pulse 187 <> Resp rate:24 <> BP 103/165 <> SP 02 (Air): 100 <> PEWS:2 Sepsis tool – high risk, doctor review to take place within 30 mins
03:37	Ibuprofen given
04:05	Temp: 40.3 <> Pulse 163 <> Resp rate:30 <> SP 02 (Air): 100 <> PEWS:1
04:07	Reviewed by A&E ST3 Dr A - Plan- Ametop, urine dip.
04:30	Dr A bleeped Locum paed registrar who advised blood and urine tests to be taken
04:42	Paracetamol given. Pulse142
05:30	Dr A called Dr P to say he had not ordered the tests as instructed. Dr P offered to attend to examine Child T. Dr A confirmed they were happy to discharge without this.
05:35	Temp 37 <> Pulse 153 <> Child T looked much brighter <> For urine dip at GP <> Safety netting
05:49	Child T discharged

Timeline - Reattendance

Time	History
10:45	Child T readmitted. Chief complaint: Rash
10:47	History noted - still vomiting, rash has appeared, loose stools. On examination: Non-blanching rash, appears unwell, pale, reduced CRT Temp: 37.2 <> Pulse 178 <> Resp rate:32 <> BP 64/37 <> SP 02 (Air): 96 <> PEWS:2
Untimed	Looks septic. Drowsy. Non-blanching purpuric rash. Cold peripherally. Abx prescribed and paeds to see immediately
11:00	Paeds attend and discuss with consultant who plans to examine
11:15	Intravenous ceftriaxone given with fluid bolus. Blood taken.
Untimed	A&E resus
11:25	Paed consultant reviewed. Blood test results received.
11:30	Further fluid bolus given plus clindamycin
11:43	Blood gases taken indicating acidosis
11:50	PICU retrieval team contacted
12:00	Further fluid bolus given
12:54	Intubated and ventilated
18:00	Transferred and admitted to PICU

Patient Outcome

- 4 limb amputations at or above the knee/elbow, at age 4
- Multiple surgeries
- Much of nutrition needs met by gastrostomy.
- Delayed development of all incisors and canines with delayed development to the roots, some hypoplasia and hypo-mineralisation
- No cognitive deficits – above average intelligence
- Near normal life expectancy

Quantum

- Pain, Suffering and Loss of Amenity
- Past Losses
- Future Losses

Valuation of Claim

Claimant's Schedule of Loss

- £56,533,556

Defendant's Counter Schedule

- £24,466,595

Future Losses

Care	Prosthetics	Accommodation	Holidays	Aids and Equipment
Loss of Earnings	Technological Equipment	Medical Expenses	Travel	Physiotherapy
	Education	Occupational Therapy	Miscellaneous	

Settlement

Lump sum:	£11,000,000
Periodical Payments:	£270,000 p/a
	£320,000 p/a
Capitalised Value:	£39,500,000