

SPSO decision report

Case: 201203644, Grampian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C was referred to a hospital chest clinic in 2008 with a troublesome cough, breathlessness and wheezing. A diagnosis of chronic obstructive pulmonary disease (an airways disease) was considered, but excluded several months later following further investigations. A diagnosis of asthma was considered and Mrs C was prescribed treatment to see if this improved matters. Mrs C also had episodes of palpitations and her medical records noted that she had a faster than normal heartbeat (supraventricular tachycardia - SVT), and had been prescribed verapamil (a drug widely used to treat this) from 1991. When she was reviewed by the respiratory consultant in 2011, it was noted that she had different symptoms to the previous ones that might have been related to SVT. She was referred to a consultant cardiologist and tests were carried out. These did not show any abnormalities and the prescription of verapamil was stopped.

Mrs C complained that she was treated for asthma for two and half years when there was no definitive diagnosis, and prescribed verapamil for over 23 years without being routinely reviewed by the hospital cardiology department to update the diagnosis and consider treatment options that might be more relevant. Mrs C also said that the board failed to fully respond to her complaint, to respond within a reasonable time and to take appropriate action.

Our investigation took account of the information Mrs C provided, alongside her medical records, and we took independent advice from one of our medical advisers. The advice, which we accepted, was that both the diagnosis of Mrs C's symptoms and potential conditions, and the resulting treatment, were reasonable. In 2009, it appeared that Mrs C's symptoms were well controlled by treatment for asthma. As soon as it became apparent in 2011, however, that this was potentially exacerbating the symptoms of her fast heart rate, she was referred promptly to cardiology. In relation to the prescription of verapamil, we found that the care and treatment provided by the relevant consultants was reasonable. Our adviser said that where medication controls the symptoms, as in Mrs C's case, then it can reasonably be continued without regular review. As soon as her symptoms could be interpreted as relating to her heart, the medication was stopped and alternative treatment was considered. We did not, therefore, uphold Mrs C's complaints about her care and treatment.

We did uphold her complaint about the complaints handling. We were satisfied that the time the board took to deal with the complaint at first was reasonable. They responded within 20 working days and addressed three of the issues, saying that the consultant would address the remaining issues. The consultant then said that these would be difficult to put in writing and easier to discuss. As our adviser confirmed that the issues were extremely complex, we took the view that this was reasonable. In addition, the consultant followed up the discussion with a written record, which was good practice. The board, however, did not at first tell Mrs C that they could not address a complaint she raised about her GP practice, although they later told her about the practice's position and arranged a meeting with them. We also found that the board failed to respond to Mrs C's complaint about the long-term prescription of verapamil, until we investigated this. Given the significance of the issue in her complaint, we criticised the board for this.

Recommendations

We recommended that the board:

- take steps to ensure that, in future, all elements of a complaint are responded to; and
- apologise to Mrs C for failing to fully address her complaint.