SPSO decision report

Case: **202308878, A Medical Practice in the Greater Glasgow and Clyde NHS Board area**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained about the care and treatment provided to their late parent (A). A was experiencing shooting back pain, tingling sensations, abdominal swelling, weight loss, poor balance and constipation. A contacted the practice on four occasions with deteriorating symptoms. By the last contact, A was incontinent and unable to mobilise. After some delay, the practice organised (seated) ambulance transport to hospital. A was diagnosed with malignant spinal cord compression (MSCC) caused by metastatic renal cancer. A was paralysed and incontinent until they died a few months later.

C complained that the practice failed to spot red flag symptoms for MSCC and cancer, missed opportunities to send A to hospital earlier and failed to appropriately manage A's transfer to hospital. C said that when A was discharged from hospital their pain, nutrition, appetite loss and low oxygen levels were not effectively managed. They also complained that a GP inappropriately discussed A's terminal prognosis and do not attempt cardiopulmonary resuscitation (DNCPR) decision at a home visit.

The practice said that, in previous appointments, they had examined A, conducted blood tests, inquired about symptoms of cord compression, and provided advice on what to do if the condition worsened. They recommended going to the hospital only after symptoms deteriorated. They advised that on discharge, the GP had considered it important to discuss prognosis and DNCPR at the earliest opportunity and had made every effort to do so sensitively. They said that they had adjusted A's pain medication and referred to palliative care nurses. The practice also said that they had referred to a dietician and it would not be standard practice to check oxygen levels as it would not change the overall palliative care.

We found that it had been unreasonable not to arrange a stretcher transfer to hospital at an earlier date. We also considered that it was unreasonable that changes to pain medication had not been timeously reviewed. Therefore, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C and their family for not referring A to hospital sooner, for not timeously organising appropriate ambulance transport on a stretcher, for not contacting a specialist to expedite review on arrival at hospital, and for not appropriately reviewing A's pain medication. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

What we said should change to put things right in future:

- All medical staff employed by the practice are familiar with the referral guidelines for possible malignant back pain and cord compression, such as the West of Scotland Guidance and Recommendations| Spinal metastases and metastatic spinal cord compression | Guidance | NICE.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.