SPSO decision report



Case:	201102381, A Medical Practice in the Greater Glasgow and
	Clyde NHS Board area
Sector:	health
Subject:	clinical treatment / diagnosis
Outcome:	upheld, recommendations

Summary

Ms C (an advice worker) complained about the care and treatment provided to her client (Mrs A) by her medical practice.

Mrs A has a history of early osteoporosis (abnormal loss of bone tissue causing fragile bones), and a family history of osteoporosis. In 2010, her GP prescribed her with a long-term course of steroids for another condition. The GP planned a scan to measure her bone density in May 2010, but the hospital did not receive a request form. For the next five months, Mrs A attended the practice complaining of severe back pain. She said that she raised the possibility of osteoporosis with her doctors. She also went to her local accident and emergency department three times because the pain was so bad. The practice treated her symptoms as mechanical back pain. They referred her to a physiotherapist, ordered x-rays and blood tests, and prescribed painkillers. In November 2010, another doctor referred Mrs A for a scan. This showed that she had severe osteoporosis and fractures to four vertebrae.

Ms C complained that her client was not told about the potential side effects of the steroids and was not given medication to counteract the side effects. She said that the scan should have been carried out earlier and that the practice did not reasonably monitor Mrs A. She also raised concerns about the level of steroids prescribed. Mrs A now has severe osteoporosis and daily pain, curvature of the spine and has lost three inches in height. She said that the failures by the practice had a significant adverse impact on her quality of life.

Our investigation found that Mrs A was at high risk of developing osteoporosis and we identified failures in treatment, monitoring, communication and recordkeeping. Mrs A should have been given treatment to counteract the effects of the steroids and the practice should have ensured a scan was performed earlier. However, we found that the dose, duration and adjustment of the steroids was reasonable in relation to the symptoms she was displaying. It was not certain whether earlier treatment would have made a difference to the outcome, but it was clear that specialist intervention was delayed which caused Mrs A distress.

Recommendations

We recommended that the practice:

- review its record-keeping, particularly relating to advice on medication with significant side effects; and
- confirm they have implemented the recommendations in their significant event analysis and report back to us on progress.