

SPSO decision report

Case: 201507864, A Medical Practice in the Borders NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C's father (Mr A) was treated with radiotherapy for cancer of the tongue. In the 18 months following his treatment, Mr A received ongoing support from community dieticians and speech and language therapy (SALT), and regular reviews at a joint cancer clinic. During this period, Mr A had increasing difficulty swallowing and suffered from recurrent mouth ulcers and pain. He also had several short hospital admissions with bleeding from the mouth. In June 2014 Mr A was referred back to hospital with weight loss, decreased ability to swallow and stridor (noisy breathing caused by a narrowed or obstructed airway). He underwent endo-tracheal intubation (insertion of a tube to maintain an open airway to the lungs) and was transferred to a different hospital. Mr A passed away about ten days later.

Mrs C complained about the care provided by the practice during this period. She said Mr A's family constantly raised concerns about his weight loss, increasing pain and frailty, but these were not listened to. She said the practice often phoned Mr A (instead of arranging face-to-face appointments) and did not adequately monitor his weight loss and malnutrition. Mrs C was also concerned that the practice did not provide adequate care for Mr A's emotional wellbeing or diagnose him with depression. In addition, Mrs C said the practice refused to refer Mr A back to hospital in late May 2014, and the admission was only arranged when her sister called the specialist nurse directly a few days later.

After taking independent advice from a GP, we did not uphold Mrs C's complaints. We found that the practice provided reasonable care during this period, including responding to Mr A's symptoms (and the adviser noted that many of Mr A's symptoms related to his recent cancer treatment, for which he was receiving specialist care). In relation to emotional support, the adviser said the records did not show any symptoms that should have prompted a diagnosis of clinical depression, and they explained that information on support for cancer patients is normally provided by the hospital (so this is not a specific role for the GP). In relation to Mr A's final hospital admission, we found the practice had arranged appropriate assessments for Mr A and had already begun making arrangements for admission before his daughter called the specialist nurse about this.