

SPSO decision report



Case: 201704511, A Medical Practice in the Greater Glasgow and Clyde NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Having been diagnosed with lung cancer, Mrs C complained that she had been attending the practice for years with breathlessness and she considered that she should have been referred for specialist investigation sooner. The practice noted that Mrs C was fully investigated for intermittent complaints of breathlessness, and that she was diagnosed with chronic obstructive pulmonary disease (COPD - a disease of the lungs in which the airways become narrowed). The practice said that when Mrs C presented with new symptoms (a nocturnal cough along with worsening breathlessness) she was promptly investigated and the diagnosis of lung cancer was made. They did not consider there were previously any suggestive symptoms that might have prompted an earlier referral for suspicion of cancer. They noted that the grading of the cancer indicated it had been detected relatively early, and they considered that her COPD was the more likely source of her breathlessness.

We took independent advice from a GP. We found that it was reasonable for the practice to have made a presumptive diagnosis of COPD and that they sought to manage this within the primary care setting. The adviser said that the practice could have considered requesting a chest x-ray and respiratory referral around ten months earlier than they did, as Mrs C had reported worsening breathlessness (not just on exertion but also at rest). However, the adviser did not consider it unreasonable for them not to have taken that approach. They noted Mrs C was referred for breathing tests at that time, which confirmed the COPD diagnosis. On balance, we did not uphold the complaint.