

SPSO decision report



Case: 202501958, A Medical Practice in the Greater Glasgow and Clyde NHS Board area
Sector: Health
Subject: Clinical treatment
Decision: not upheld, no recommendations

Summary

C complained about the actions taken by a GP after attending the practice with sudden hearing loss. The GP initially diagnosed and treated ear wax impaction. When C attended again, the GP considered that they had Eustachian tube dysfunction (the Eustachian tube is blocked or does not open properly). C complained that the GP failed to provide reasonable care and treatment and unreasonably declined them a second opinion and a private referral to an Ear, Nose and Throat (ENT) specialist. Following a later private referral, C was diagnosed with Sudden Sensorineural Hearing Loss (rapid loss of hearing). C has permanent deafness and tinnitus, which they believe could have been avoided had their condition been treated promptly.

We took independent GP advice and found that, based on C's symptoms and examination findings available at the time, the GP's care and treatment were reasonable. Clinical guidelines recommend urgent ENT referral only where sudden hearing loss is unexplained by outer or middle ear causes. The GP reasonably believed there to be such explanations for the hearing loss. We did not uphold this part of C's complaint.

However, we considered that the GP could have listened more carefully to C's description of their symptoms. Although there was more wax in the left ear, the hearing loss was in the right ear. The use of a tuning fork test could have helped determine whether C's hearing loss was due to a problem in the outer or middle ear (such as blocked wax), or in the inner ear or nerve, as was the case for C. We noted that the practice had implemented learning following C's complaint.

We found that it was reasonable for the GP not to make a private referral at the second consultation, as treatment was ongoing for a common, reversible condition. Once C formally requested a private referral a few weeks later, this was completed within 24 hours. We did not uphold this part of C's complaint.

While we identified delays and communication issues in the practice's complaints handling, we noted that the practice had multiple meetings with C, provided follow-up responses, and had undertaken complaints handling training. We considered that the practice had taken appropriate steps to address shortcomings in their complaints handling. Therefore, we made no recommendations.