

## SPSO decision report

**Case:** 201104437, Greater Glasgow and Clyde NHS Board  
**Sector:** health  
**Subject:** clinical treatment; diagnosis  
**Outcome:** not upheld, no recommendations

### Summary

Ms C, an advocate, complained on behalf of Miss A who had a blood condition that caused her to have two deep vein thromboses (DVTs - a blood clot in a deep vein). She was required to regularly attend an anticoagulation clinic so that her International Normalised Ratio (INR – a test used to determine the likelihood of the blood clotting) levels could be monitored and managed. Ms C complained that the board failed to maintain effective control of Miss A's INR levels and failed to offer her alternative medications that might improve her quality of life.

We found that Miss A's target INR levels were increased in 2006 following her second DVT. We accepted independent advice from our medical adviser that this would normally only happen if a patient had a thrombosis (blood clot) whilst their target INR level was at a lower range. This was not the case for Miss A. However, the consultant who decided to increase the target INR level had retired and there was insufficient evidence available for us to rule out a legitimate clinical reason for increasing the target level. Alternative medications are available for patients who are at risk of thromboses or haematomas (bleeding into the tissue around the veins). However, we found that this medication carried a greater risk to the patient than the warfarin that Miss A had been prescribed.