SPSO decision report

Case: **201302924, A Medical Practice in the Lothian NHS Board area**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, recommendations

Summary

After Mr C suffered blackouts and dizziness in 2009, a GP at his medical practice diagnosed hypertension (high blood pressure). Mr C said he made many visits to the practice after that with symptoms that including falling asleep involuntarily during the day. In August 2010, he told them that he was suffering numerous headaches, he felt dizzy and faint and felt he was going to collapse. In 2012, the GP prescribed an anti-depressant, saying that Mr C's problems were related to his mental health and that an appointment would be made with a psychiatrist. When abroad later that year, Mr C saw an ear, nose and throat surgeon, who diagnosed a number of problems, including hypertension and problems with his nose and airways linked to breathing difficulties. The surgeon referred Mr C to hospital there, where he was diagnosed with obstructive sleep apnoea (OSA – a sleep disorder). He said he was given medical advice, including that he should stop taking the anti-depressant as it was dangerous, given his condition. When he returned to Scotland and went to the practice, they stopped the anti-depressant medication. He told them about the diagnosis of OSA and was referred to a sleep clinic the following month.

Mr C complained that GPs at the medical practice failed to diagnose OSA in 2009. He said that they then continued to maintain that his condition was psychological, and unreasonably failed to accept the diagnosis of sleep apnoea. He said his life was put at risk because of the misdiagnosis.

We took independent advice on this case from one of our medical advisers, who is a GP. Their advice, which we accepted, was that the GPs at the practice acted reasonably in the way they approached Mr C's multiple symptoms. The diagnosis was, however, potentially delayed by the lack of good communication at all consultations, and the adviser noted some issues regarding Mr C's compliance with appointments and medication. This might have partly arisen through a lack of understanding because of language difficulties (English is not Mr C's first language). Although the practice tried to use interpreters in many of their consultations with Mr C, there was scope for them to improve their systems around this. It was, however, impossible to say whether the diagnosis would have been arrived at earlier had an interpreter assisted at all consultations. On balance, given the advice that the practice acted reasonably when responding to Mr C's symptoms, we did not uphold the complaint. However, given that more could have been done to provide an interpretation service for Mr C, we made a recommendation.

Recommendations

We recommended that the practice:

- review their process regarding interpreters and referral letters in the light of our adviser's comments.