

SPSO decision report

Case: 201303609, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C complained that the board failed to provide her with appropriate treatment after her GP referred her to a cardiologist because of her worsening shortness of breath and pitting ankle oedema (where areas of skin temporarily hold the imprint of a finger when pressed). We obtained medical advice on the complaint from one of our medical advisers, who is an experienced cardiologist. We found that it was reasonable for the cardiologist to repeat an echocardiogram (an ultrasound scan of the heart) that her GP had already carried out. The adviser said that if an abnormality is found in a test requested by a GP, then most hospital-based cardiologists would repeat the echocardiogram, so that not only can the hospital-based doctor review the images him or herself, but is also aware of the experience and training of the technician making the recording.

The adviser said that although Mrs C had two leaking heart valves, they were unlikely to affect her health in the future and did not account for her current symptoms. He also agreed with the board that it would not be appropriate for Mrs C to have heart bypass surgery. That said, the adviser said that it was not reasonable for the cardiologist to increase Mrs C's dose of ramipril (medication used to prevent high blood pressure and heart failure) based on a single blood pressure reading. The cardiologist had not taken account of the commonplace observation that when any patient meets a new doctor, particularly in a hospital setting, their blood pressure is elevated. It was also unclear why the cardiologist prescribed bisoprolol (a beta blocker used to slow down the activity of the heart), as the results of relevant tests that the cardiologist had requested were not available at that point.

We also found failings in the board's communication. The cardiologist should have explained the alterations to Mrs C's drug therapy to her and should have met her to explain why she required indefinite treatment with warfarin (a medicine that stops blood from clotting). The cardiologist also delayed in informing both Mrs C and her GP of test results. In view of these failings, we upheld Mrs C's complaint. However, we noted that the board had since addressed many of the communication failures, and had apologised to Mrs C for the poor communication when they later met her.

Mrs C also complained to us about the board's handling of her complaint. They had asked the cardiologist for comments on the complaint. The response was dismissive and failed to demonstrate that the cardiologist had reflected on the complaint and considered if any lessons could be learned. The board's response to Mrs C simply set out the cardiologist's views. There were also problems with the arrangements for a meeting that the board set up to discuss Mrs C's complaints with her. In view of all of this, we also upheld this aspect of Mrs C's complaint.

Recommendations

We recommended that the board:

- make the cardiologist aware of our findings;
- confirm that the case will be discussed at the cardiologist's next annual appraisal; and
- issue a written apology to Mrs C for the poor handling of her complaint.