

SPSO decision report

Case: 201501647, Greater Glasgow and Clyde NHS Board

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Miss C suffered from stomach pain and was given medication by her GP practice for an acid-related stomach disorder or an ulcer. She attended the out-of-hours clinic a few days later and was given antibiotics for a urinary tract infection. Miss C continued to suffer symptoms and she was referred for an appointment with a gastroenterologist (a doctor specialising in the treatment of conditions affecting the liver, intestine and pancreas). However, the appointment was delayed and when she was seen about three months later she had few symptoms. The board said Miss C told the gastroenterologist she had stopped taking her stomach medication before the appointment, but Miss C said the gastroenterologist told her during the appointment to stop taking her stomach medication.

The gastroenterologist told Miss C that, if her symptoms returned, her GP could call his secretary to arrange an endoscopy (where a tube-like instrument is put into the body to look inside). Miss C's symptoms returned over the next week and she asked her GP to do this, but her GP had not yet received the clinic letter with these instructions. Miss C then arranged a private endoscopy overseas, which showed she had probably had a stomach ulcer which had now healed.

Miss C complained that the out-of-hours doctor did not diagnose or treat her stomach ulcer, and the gastroenterologist did not arrange an endoscopy. She also raised concerns about the delay in the clinic letter.

After taking independent advice from a GP and a gastroenterologist, we did not uphold Miss C's complaints. We found that the out-of-hours treatment was reasonable, and it was appropriate for them to refer Miss C back to her own GP for management of ongoing symptoms. We also found the gastroenterology care was reasonable, as there was no clinical need for an endoscopy. While there appeared to have been a misunderstanding about the medication, there was no evidence that this was due to a failing by the gastroenterologist. Although the two-week delay in sending the clinic letter was not ideal, we found this was reasonable in the context of Miss C's clinical condition.