SPSO decision report

Case: **201508260, Highland NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Mrs C raised a number of concerns about the care and treatment provided to her late mother (Mrs A). She said that the board had failed to appropriately investigate her mother's symptoms and that this led to a delayed diagnosis of a brain tumour.

Mrs A was admitted to Raigmore Hospital following a seizure. She was evaluated by the Stroke Team and various procedures were carried out including a CT scan (a scan that uses a computer to produce an image of the body) and an electroencephalogram (EEG - a test that measures and records the electrical activity of the brain). The results were reported as normal and Mrs A was discharged a few days later.

Around five months later, Mrs A was readmitted to Raigmore after suffering a further seizure. She was admitted to Nairn Hospital soon after this with a history of a loss of consciousness and episodes of twitching and seizures. There were further episodes in hospital. It was thought that these were likely epileptic seizures and an antiepileptic drug was prescribed. Mrs A was again discharged. Around seven months later, Mrs A attended a follow-up appointment at Raigmore Hospital, and the following day was admitted to A&E at Perth Royal Infirmary where Mrs C was advised that Mrs A had a brain tumour.

During our investigation, we took independent advice from a consultant neurologist. We found that, while some aspects of Mrs A's care and treatment were reasonable, there was an unreasonable delay in performing an MRI (magnetic resonance imaging - a scan used to diagnose health conditions that affect organs, tissue and bone) of her brain. This should have been arranged within four weeks of Mrs A's admission after the loss of consciousness and seizures.

We found that it was appropriate that the board started Mrs A on antiepileptic medication but that the subsequent monitoring of the medication and her condition were not reasonable. We found that there was a delay in Mrs A receiving a follow-up appointment at the neurology clinic, as best practice would have been to arrange out-patient review within a few weeks of discharge. It would also have been good practice to have involved an epilepsy specialist nurse in Mrs A's care. We also found that the management of Mrs A at the follow-up appointment fell short of best practice.

Recommendations

We recommended that the board:

- apologise to Mrs C for their handling of this matter;
- ensure that the relevant clinical teams are aware of the latest Scottish Intercollegiate Guidance Network and National Institute for Health and Care Excellence guidelines on the management of strokes, transient ischemic attacks (or 'mini' strokes) and epilepsy, and the requirements for prompt neuroimaging;
- ensure that the consultant neurologists are aware of the limitations of EEG in the diagnosis of epilepsy and that they reflect on the adviser's comments at their next appraisal; and

- consider the adviser's comments that it would be good practice to provide epilepsy specialist nurse care to patients with epilepsy.