

## SPSO decision report

**Case:** 201700190, A Medical Practice in the Tayside NHS Board area  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** some upheld, recommendations

### Summary

Mrs C complained about the care provided to her mother (Mrs A) by the practice. In particular, Mrs C complained that the practice unreasonably failed to re-start Mrs A's diuretic medication (medication that can help reduce fluid build-up in the body which occurs when the heart is not functioning properly) which had been stopped in hospital. Mrs C felt that this resulted in a deterioration of Mrs A's longstanding heart condition. Mrs C complained that the practice unreasonably failed to liaise with Mrs A's cardiologist in this regard. Mrs C also raised concerns about the decision to commence Mrs A on anti-depressant medication. Mrs A was subsequently reviewed by a consultant geriatrician (a doctor who specialises in the medicine of the elderly) who restarted the diuretic medication and stopped the anti-depressants.

We took independent medical advice from a GP. We found that there was no evidence that Mrs A's diuretic medication should have been restarted earlier, or that the practice missed any significant signs of deteriorating heart failure. We also took independent advice from a consultant geriatrician on the timescale for restarting this medication. They explained that restarting diuretic medication is difficult to balance as restarting too soon can worsen dehydration, but leaving it too late can worsen the heart condition. The adviser considered that Mrs A's diuretic was restarted within a reasonable timeframe. We also found that an earlier cardiology review was not indicated, and that there was not a failure by the practice to liaise with Mrs A's cardiologist. As such, we did not uphold these aspects of Mrs C's complaint.

In terms of the decision to prescribe anti-depressants, we found that Mrs A had indicated that she was feeling low and anxious and that, as such, the prescription was not unreasonable. We did not uphold this aspect of the complaint. However, the GP adviser said that the medical records kept by the practice were sparse in detail and were not consistent with the General Medical Council's Good Medical Practice (GMC GMP) guidance on record-keeping. We made a recommendation regarding this.

Mrs C also complained about the practice's handling of her complaint. The practice accepted that they did not respond to the complaint within the required timescale, and they explained that there were exceptional circumstances which contributed to this delay. We found this explanation reasonable, however, we considered that their eventual response to Mrs C's complaint lacked detail and thorough explanation. We upheld this aspect of Mrs C's complaint. We were satisfied with the remedial action already taken by the practice to address the identified complaints handling failings, however we noted that their website could provide more information about their complaints handling procedure, and so we made a recommendation in relation to this.

### Recommendations

What we said should change to put things right in future:

- Medical records should be consistent with GMC GMP guidance on record-keeping, and the practice should familiarise themselves with this guidance, available at:  
[https://www.gmc-uk.org/guidance/good\\_medical\\_practice/record\\_work.asp](https://www.gmc-uk.org/guidance/good_medical_practice/record_work.asp).

In relation to complaints handling, we recommended:

- The practice should provide more information on their website about their complaints procedure.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.