

SPSO decision report

Case: 201700411, A Medical Practice in the Lothian NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, recommendations

Summary

Mrs C presented to the practice with weakness and pins & needles in her limbs and head. The practice reviewed her and arranged blood tests. She was informed that these came back normal and no further action was taken. Mrs C's symptoms began to improve over the following months and had resolved by the end of the year. However, her symptoms returned and she presented to the practice again, nearly two years after her initial appointment. She was referred to neurology and, following an MRI scan, was diagnosed with relapsing remitting multiple sclerosis (MS). Mrs C complained that this could have been diagnosed sooner, had she been referred for further tests following her first appointment at the practice.

In responding to Mrs C's complaint, the practice said that the possibility of MS was considered but due to the fact that this was Mrs C's first presentation, that there was a lack of symptoms and that there was an absence of positive family history, they felt that the symptoms were unexplained. They said that the plan was to 'book bloods and review' and they apologised that they did not express clearly enough to Mrs C that she was expected to return for review. They observed that she was referred promptly at her second appointment as this was a second presentation of sensory symptoms, and that she was also exhibiting further symptoms.

We took independent medical advice from a GP, who considered that an appropriate level of assessment and investigation took place for a first presentation of such symptoms. We found that it is generally accepted that MS is suspected if there are two or more episodes of suspicious symptoms. We noted that it would have been reasonable for the practice to have clearly explained to Mrs C that they wished to follow up her symptoms following the blood tests. The General Medical Council's Good Medical Practice (GMC GMP) guidance refers to this as 'safety netting'. However, the adviser did not consider this to be a serious oversight, as it is reasonable for GPs to expect patients to return if their symptoms persist. Mrs C's symptoms subsequently resolved and she did not present again until around 22 months later. We found that the practice acted reasonably and did not uphold Mrs C's complaint. However, we made a recommendation to the practice in light of our findings.

Recommendations

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

- The practice should familiarise themselves with GMC GMP guidelines on 'safety netting' and ensure that they clearly communicate follow-up arrangements to patients.

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.