

## SPSO decision report



**Case:** 201903969, A Medical Practice in the Greater Glasgow and Clyde NHS Board area  
**Sector:** Health  
**Subject:** clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C complained about the treatment they received from the practice. C had a pre-existing diagnosis of Chronic Fatigue Syndrome (CFS). C attended the practice about back pain they were experiencing. They were referred to neurology (specialists concerned with the diagnosis and treatment of disorders of the nervous system), urology (specialists in the male and female urinary tract, and the male reproductive organs), rheumatology (specialists that deals with rheumatism, arthritis, and other disorders of the joints, muscles, and ligaments) and orthopaedics (specialists in the treatment of diseases and injuries of the musculoskeletal system) on a routine basis. The neurological service performed two MRI scans which identified a lesion (a region in an organ or tissue which has suffered damage through injury or disease, such as a wound, ulcer, abscess, or tumour). C was advised by specialists to come back in six months for a review. At around this time, C was advised that, despite referrals to orthopaedics, they would not be offered an appointment as they had passed the referral to the pain clinic. The practice followed this up with the service, requesting further MRI scans.

On several occasions, C consulted with the practice regarding severe pain and worsening symptoms. C was later seen by neurosurgeons, who confirmed that the lesion was the cause of the pain and C underwent surgery. The lesion was cancerous, and C underwent therapy to treat it.

C said that the practice showed a lack of understanding of the pain and symptoms that they presented with and failed to prioritise investigations which would have resulted in a timelier diagnosis. C considered that there was an assumption that the pain had an underlying psychological element.

We took independent advice from an appropriately qualified adviser. We found that GPs were responsive to C's requests for further investigations and appropriate referrals were made. There was no significant delay in any referrals being sent. The practice had appropriate discussions with C regarding pain relief, the addictive qualities of medication and sought advice from specialists about managing pain. We found that the care and treatment provided by the practice was reasonable. We did not uphold the complaint.