

SPSO decision report



Case: 201908410, Lanarkshire NHS Board
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C are asthmatic and suffer from chronic obstructive pulmonary disease (COPD). C was referred to the board by their GP due to a flare up of COPD. C was reviewed by a locum consultant respiratory (relating to or affecting the action of breathing or the organs associated) physician at Monklands Hospital. C was concerned that the decision was made to change their inhalers from Relvar and Incruse to a Trelegy inhaler. C said that this caused their condition to flare up and resulted in their breathing becoming laboured.

We took independent advice from a consultant in respiratory and general internal medicine. We found that a clinic letter from a few years earlier did not make it clear that a diagnosis of asthma (in addition to the confirmed diagnosis of COPD) was suspected nor list the medication with doses that C was receiving. We noted that the lack of clarity regarding C's suspected diagnosis and treatment resulted in C's GP and subsequent hospital consultants not being aware that C had a possible diagnosis of asthma and was on the higher steroid dose of Relvar. Based on the information known to the consultant at the time, it was reasonable to consider combining the Relvar and Incruse inhalers in to a Trelegy inhaler. However, there was no evidence in the records that the change in medication was explained to C in a reasonable way. In particular, we noted that the possible risks and benefits of this change were not explained to C so that they could make an informed choice about whether to make the change.

In these circumstances, we considered it was unreasonable for the board to substitute the medication C was taking for their respiratory condition (Relvar and Incruse) with a Trelegy inhaler. We upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for failing to make it clear that a diagnosis of asthma was suspected or list the medication with doses that C was receiving on the clinic letter and for failing to make C aware of the possible risks and benefits of changing their inhalers so that C could make an informed choice about whether to make the change. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

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

- Changes to inhalers should not be recommended without discussing the risks and benefits with the patient first.
- Clinic letters should clearly list confirmed and suspected diagnoses and treatment (including type of dose).

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.