

Case 200501484: A GP, Greater Glasgow & Clyde NHS Board

Summary of Investigation

Category

Health: GP; clinical treatment; removal from list

Overview

The complainant raised a number of issues about the care and treatment she received from her GP Practice and her removal from the Practice list.

Specific complaints and conclusions

The complaints which have been investigated are:

- (a) the GP unreasonably disregarded Ms C's wishes regarding what appeared on her Medical Certificate (*upheld*);
- (b) confusing information was provided to Ms C about the clinic (*upheld*); and
- (c) Ms C's removal from the Practice list was unjustified (*upheld*).

Redress and recommendation

The Ombudsman recommends that the Practice apologise to Ms C.

The Practice have accepted the recommendation and will act on it accordingly.

Main Investigation Report

Introduction

1. Ms C was first seen at the Practice on 28 July 2005, shortly after she moved into the area. Ms C attended further appointments on 2, 11, 12, 17 and 19 August 2005. Matters discussed included her high blood pressure, stress and sickness certification. On 17 August 2005, Ms C was given a four week Medical Certificate for nervous debility. On 19 August 2005, part of the consultation was about Ms C's dissatisfaction with the use of that term on the certificate and the fact that her high blood pressure was not mentioned. Ms C wrote a letter of complaint to the Practice about this.

2. On 24 August 2005, Ms C attended a clinic appointment with the Practice Nurse. Ms C wished to have a cholesterol check but the Practice Nurse did not think that a check was necessary. Ms C saw her GP the following day to have the test done.

3. On 26 August 2005 the Practice wrote to Ms C, saying that they had decided to write to the Health Board to request that Ms C be removed from their list because of communication difficulties, resulting in what they considered as a breakdown in the normal doctor/nurse/patient relationship.

4. On 31 August 2005, Ms C complained to the Ombudsman. Ms C thought, at that point, she had been removed from the list because she had made a complaint.

5. The complaints from Ms C which I have investigated are that:

- (a) the GP unreasonably disregarded Ms C's wishes regarding what appeared on her Medical Certificate;
- (b) confusing information was provided to Ms C about the clinic; and
- (c) Ms C's removal from the Practice list was unjustified.

Investigation

6. In investigating this complaint I have had access to Ms C's clinical records, the complaint correspondence and the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004. I have corresponded with Ms C

and with the Practice. I have obtained information from the Post Office and I have obtained and accepted advice from an Adviser who is a General Practitioner.

7. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Both Ms C and the Practice were given an opportunity to comment on a draft of this report.

(a) That the GP unreasonably disregarded Ms C's wishes regarding what appeared on her Medical Certificate

8. GP 1 gave Ms C a Medical Certificate on 17 August 2005. Ms C provided me with a copy of the certificate. It states that Ms C should refrain from work for four weeks. The diagnosis causing absence from work is stated to be: 'nervous debility / stress'.

9. In Ms C's clinical notes, a brief entry of the same date records the following: '17/8/05 4/52 'nervous debility' 177/81' (relating to the date of appointment, the issue of the Medical Certificate and the measurement of blood pressure recorded).

10. On 19 August 2005, Ms C attended GP 1 again. Part of the entry in the clinical records for that day states:

'Upset re diagnosis on sick line of 'nervous disability' feels this should have mentioned her [high] BP'.

11. Ms C wrote a letter of complaint to the Practice for the attention of GP 1. She expressed her dissatisfaction with the diagnosis she had received as she did not have a 'nervous disability'. Ms C said that her former GP had diagnosed her as having hypertension, severe stress and high blood pressure.

12. The Practice Manager acknowledged Ms C's complaint on 1 September 2005. Another GP at the Practice (GP 2) replied to Ms C on 28 September 2005. He explained that 'nervous debility' is a general term used to describe stress and other mental health problems. He noted that Ms C had been diagnosed with hypertension and high blood pressure, and that these two terms actually mean the same thing. Neither was in itself a reason for being considered unfit for work, as they are risk factors for future illness rather than causes of current illness.

13. Ms C complained to the Ombudsman about the use of the term. She also said that her physical symptom of hypertension was omitted from her Medical Certificate but had been included in her previous six Medical Certificates.

14. The Adviser agreed that hypertension and high blood pressure mean the same thing. He also agreed that high blood pressure is not a reason in itself to be absent from work, as this normally causes no symptoms. It is, therefore, not sufficient to write that on a Medical Certificate as the reason to be absent from work. Nervous debility is a medical term which covers the same area as the more modern term of stress. There was, therefore, nothing intrinsically unreasonable about the diagnostic label used on the Medical Certificate. However, the Adviser said that it is sensible for GPs to be mindful of the patient's opinion about what appears on their Medical Certificate and fit in with it unless there is a sound medical reason for not doing so. It would not be reasonable for a patient to expect to be able to insist a GP should write an inaccurate description on a certificate but if one of two fairly similar terms is more acceptable to the patient, one would normally expect the GP to use that to promote good relations and trust with the patient. Ms C was clearly happy with the term 'severe stress' which would cover much the same ground as 'nervous debility' which Ms C did not understand.

(a) Conclusion

15. I accept that hypertension and high blood pressure mean the same thing and that neither is in itself a reason to be absent from work. The GP had a duty to state the reason for absence on the certificate. It is clear from the clinical records and from Ms C's correspondence, however, that she did not understand the term 'nervous debility'. She in fact referred to it in her letters as 'nervous disability' and GP 1 noted in her clinical notes that Ms C was upset by the use of the term 'nervous disability'. Clearly, Ms C thought that the diagnosis referred to her mental capacity rather than to a medical condition. Although GP 2 wrote to Ms C and explained the situation, he did not do so until a month later, by which time Ms C had been removed from the Practice and had made a complaint to the Ombudsman, as she was entitled to do. I uphold this complaint.

(a) Recommendation

16. The Ombudsman recommends that the Practice apologise to Ms C for the upset caused to her.

(b) That confusing information was provided to Ms C about the clinic

17. Ms C drew attention to the Practice leaflet where, under the heading 'Additional Services', it offered health promotion appointments for high blood pressure/cholesterol. Ms C said that she understood that she had high blood pressure and high cholesterol levels. She had, therefore, pre-booked one of the advertised appointments by telephone. She expected to have her levels checked but, when she got there, the Practice Nurse was reluctant to do the cholesterol test. Ms C's GP carried out the test the following day.

18. Ms C had, in fact, had a cholesterol check two months earlier, of which the Practice Nurse was aware. The Practice Nurse said that she tried to explain to Ms C that the Practice, as a rule, did not routinely check cholesterol levels at the patient's request and Ms C should discuss it with one of the Practice doctors.

19. At my request, the Practice produced the computer record showing that Ms C's appointment was made by the Practice Receptionist at 12:26 hours on 18 August 2005. In a letter to me, dated 27 June 2006, along with the copy of the record, the appointment was shown to have been scheduled for 20 minutes because Ms C had requested an appointment for 'exercise referral, fasting cholesterol and BP'.

20. In response to my enquiries, the Practice said that they perform cholesterol checks for a variety of reasons to assess or manage cardiovascular risk. The calculation of such risk and the population who require drug treatment has varied in recent years as a result of new studies. As a check had been carried out just two months before, the Practice would not advocate rechecking Ms C's cholesterol levels when she attended the Practice Nurse on 24 August 2005.

21. The Adviser said that taking a cholesterol test is a sensible thing to do for someone with either a family history of heart disease or raised blood pressure to help with their risk assessment. The Adviser noted, however, that a cholesterol test had been done relatively recently and said he would not criticise the Practice

for not doing it when Ms C attended on 24 August 2005. He noted that the GP had in fact taken the test after discussion with Ms C the following day.

(b) Conclusion

22. There was confusion regarding the appointment with the Practice Nurse. Ms C thought that she was going to have her blood pressure and cholesterol checked and that these tests were available on demand. Ms C had some justification for her view, as the Practice leaflet offers this appointment as one of a list of appointments which can be made. These include such things as travel advice and vaccination, weight reduction advice and 'well person' checks, which would normally be available at the patient's request. The Practice allowed her to make an appointment apparently for the purpose of having the tests done. The Practice Nurse, however, considered that blood pressure and cholesterol checks should only be done where required. I, therefore, uphold this complaint.

23. In response to my enquiries, the Practice said that many of these appointments are made by invitation to patients in the at-risk groups identified by national and health board priorities. They were, however, happy for patients to make such appointments themselves to discuss general health issues. The Practice agreed, however, that it is not clear from the leaflet that health promotion appointments would only provide procedures where appropriate and decided to review the wording. The Practice have now provided the Ombudsman with a copy of the new version of their leaflet. I commend the Practice for this decision.

(b) Recommendation

24. The Ombudsman makes no recommendation, as the Practice have taken appropriate steps to address the cause of the confusion.

(c) That Ms C's removal from the Practice list was unjustified

25. On 26 August 2005, GP 3 wrote to Ms C. He said that he was writing to inform her that, following a discussion that day between available doctors in the Practice, they had decided to write to the Health Board to request that Ms C be removed from their list. He said that the reason was communication difficulties, resulting in what they considered as a breakdown in the normal doctor/nurse/patient relationship.

26. In her complaint to the Ombudsman, Ms C said that the letter made her feel very vulnerable and upset. Ms C thought she had been removed from the list because she had made a complaint. Ms C said that she had sent her complaint by recorded delivery post and she produced the receipt.

27. In response to my enquiries, the Practice said that the request for removal was not in response to Ms C's complaint, but in response to the alleged incident with the Practice Nurse on 24 August 2005. The complaint was not received until after they had requested Ms C's removal. During the consultation with the Practice Nurse, Ms C appeared very annoyed that the Practice Nurse declined to do a cholesterol test. The Practice Nurse had felt intimidated by Ms C's manner and was sufficiently upset after the consultation that she went to see GP 4, who had to console and reassure her before she was able to continue with her surgery. On the basis of the report of that event, they had a Practice meeting, where the issue was discussed. It seemed clear to them that Ms C was unwilling to consider their opinions with regard to her diagnosis and treatment and continually expressed unhappiness with their opinion. In addition, Ms C's irritation at not getting the test she wished on 24 August 2005 led to their Practice Nurse feeling significantly intimidated. Despite her 14 years of experience in nursing, the Practice Nurse ended up in tears after the consultation. The Practice felt this represented a breakdown in the doctor/ nurse/patient relationship and that this would prevent them providing the best care for Ms C.

28. Ms C said that she felt shocked and insulted by the Practice's response. Ms C sent a very full letter in which she strongly refuted the allegation that her behaviour was unacceptable. She said that the Practice had not previously told her of any problems with her conduct. Ms C considered her questions were pertinent to her health and treatment. She thought that the Practice were making allegations about her behaviour to discredit her complaint. She had seen GP 1 the day after the incident and GP 1 had not mentioned the Practice Nurse being upset. She said this was the first time any mention had been made to her of this allegation. Ms C pointed out that she had never before been accused of intimidating behaviour.

29. The clinical notes relating to the consultation with the Practice Nurse state that Ms C was:

'Not very happy not requiring cholesterol to be checked as has high BP only. Leaflet given.'

30. I asked the Practice for their notes of the incident with the Practice Nurse, the Practice Nurse's subsequent meeting with GP 4 and the minutes from the Practice meeting where it was decided to remove Ms C from the Practice list. The Practice said that there were no other contemporaneous notes of Ms C's consultation with the Practice Nurse. There were no notes of the Practice Nurse's meeting with GP 4. There were also no minutes from the Practice meeting when the decision was made.

31. I obtained a statement from the Practice Nurse, who said that the consultation began when Ms C said that she was there to have her blood pressure and her cholesterol checked. Ms C started to become angry and demanded to have her cholesterol checked as she always got it checked at her last practice when she asked and it had been high before. The Practice Nurse said that she tried to discuss the cholesterol leaflet with Ms C but she was not listening and would not stop arguing with the Practice Nurse that she should be getting her cholesterol checked at that appointment. The Practice Nurse said that Ms C became quite overpowering, which made her feel uncomfortable and intimidated. She had found it difficult to end the consultation and after Ms C left she had gone to GP 4 for support as she was very upset with Ms C's reaction and anger with her. The Practice Nurse said that she could not remember the words that Ms C used but the experience had left her feeling shaken. She had been a nurse for many years and a Practice Nurse for five years and no other patient had ever made her feel upset.

32. I also obtained a statement from GP 4, who confirmed that the Practice Nurse visited her room immediately after Ms C had left. The Practice Nurse told GP 4 that Ms C had been verbally aggressive and she had felt very intimidated both by this and by Ms C's body language. Ms C had appeared to the Practice Nurse to be very angry that she had not undertaken a cholesterol test. The Practice Nurse told GP 4 that she had shown Ms C a leaflet about cholesterol and blood pressure tests and had advised her to see a doctor to discuss it further if Ms C felt she was not happy. GP 4 said that she had worked with the Practice Nurse for five years and had never seen her upset by any patient before. GP 4 felt it was appropriate to

bring the incident to the attention of the other doctors the next time they met, which was at the Primary Health Care Team meeting on 26 August 2005.

33. I made enquiries of Royal Mail, who confirmed that Ms C's letter of complaint was delivered to the Practice on 27 August 2005.

34. I sent a copy of section 20 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004 to the Practice and made it clear that would be the test I would be using to determine this complaint. In summary, the Regulations indicate that it is reasonable for a warning to be given to the patient in most cases, prior to a decision to remove the patient from the list being taken.

35. The Practice told me that the decision to remove Ms C from the list was taken by GP 1, GP 3 and GP 4 after the Primary Health Care Team Meeting on 25 August 2005. As already mentioned, there are no contemporaneous records of that meeting. They have explained that those who were present recall a discussion about the distress shown by the Practice Nurse after the appointment and whether the disagreement over the Medical Certificate and Ms C's reaction to the Practice Nurse's decision on further cholesterol testing meant that the doctor/nurse/patient relationship had broken down irreconcilably. They were mindful of the concept that there should be a low tolerance of behaviour which causes upset and distress to NHS staff carrying out their duties. The decision to request Ms C's removal from the list was made following this discussion.

36. The Practice said that Ms C had not complained to them about her removal from their list and they had not had the opportunity to attempt local resolution.

(c) Conclusion

37. I accept that Ms C did not complain to the Practice about her removal from the list. Given that Ms C thought that she had been removed from the list because she had made a complaint, however, I considered it reasonable to exercise the Ombudsman's discretion to accept this complaint in the circumstances. My enquiries revealed, however, that Ms C's complaint letter was not delivered to the Practice until the day after the letter intimating the Practice decision to remove her

from their list was sent to Ms C. It is clear, therefore, that Ms C was not removed from the list for making her written complaint.

38. The issue of the removal of a patient from the list is dealt with in section 20 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004. The Ombudsman agrees that there should be a low tolerance of behaviour which causes upset and distress to NHS staff carrying out their duties. However, requests for removal of a patient must be made in terms of the regulations. Ms C's removal was not. The Practice had not warned Ms C that she was at risk of removal, nor had they explained to her the reasons why and recorded the warning or the reason no warning was given. Ms C had no opportunity to give her side of the story. The Practice failed to keep a written record of the reasons for and circumstances of the removal. I, therefore, uphold Ms C's complaint that her removal from the Practice list was unjustified.

39. The Practice said that the decision was made in the absence of the two people in the Practice with greatest experience of complaint handling. The Practice accepted that, while recognising the distress caused to the Practice Nurse, they should have taken the time to write to Ms C explaining their concerns and offering a meeting to discuss a solution to the concerns of both parties, whilst ensuring also that a different Practice Nurse saw Ms C if she required or wished the services of a Practice Nurse. The Practice agreed that, while there did seem to be problems, it was premature to decide that these were irreconcilable without further attempts to resolve them. Ms C should have had the opportunity to express her concerns to them so that they could have attempted to address them.

40. The Practice have decided that, in future, and with the exception of the removal of violent patients, decisions about requests for removal of patients from their Practice list will be made at minuted Practice meetings with one of the two members of the Practice experienced in complaint handling present to give appropriate advice. I commend the Practice for this decision.

41. The Practice said that they would apologise to Ms C for her removal from their list in these circumstances and for failing to explore other ways of dealing with the problems which arose during her time with the Practice. If Ms C should wish to

return to the Practice they would attempt to address these difficulties in a more constructive manner. I commend the Practice for this open minded approach.

(c) Recommendation

42. The Ombudsman recommends that the Practice apologise to Ms C for removing her from the Practice list in this way.

31 October 2006

Explanation of abbreviations used

Ms C	The complainant
GP 1	The GP who diagnosed Ms C as suffering from nervous debility
GP 2	The GP who responded to Ms C's complaint
GP 3	The GP who wrote to Ms C advising her that the Practice were requesting her removal from the list
GP 4	The GP who saw the Practice Nurse immediately after her appointment with Ms C

Glossary of terms

BP blood pressure

Cholesterol A fatty substance essential for normal animal cells being involved in the production of normal cell membranes. Humans produce it in the liver. Although it is an essential component of normal human health, high levels of it have been shown to be a risk factor for arterial disease causing problems such as heart attacks and strokes.

Legislation considered

The National Health Service (General Medical Services Contracts) (Scotland)
Regulations 2004