Scottish Parliament Region: Highlands and Islands

Cases 200501635 & 200502185: Highland NHS Board and a GP at a Medical Practice, Highland NHS Board

Summary of Investigation

Category

Health: Hospital; Accident and Emergency; Clinical treatment/diagnosis
Health: Family Health Services – GP & GP Practice; Clinical treatment/diagnosis

Overview

The complainant (Mr C) was admitted to Raigmore Hospital (the Hospital) following a car accident on 19 December 2004. He suffered an injury to his shoulder. Mr C was concerned that this was not correctly diagnosed or followed-up at the time. He complained that subsequently he was seen by a number of different doctors at his General Practice (the Practice) and was not correctly diagnosed until May 2005.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) on 19 December 2004 there was a failure by the Hospital to diagnose the extent of his injuries or arrange appropriate follow-up care *(not upheld)*;
(b) at subsequent appointments the Practice failed to provide adequate care and treatment *(not upheld)*; and
(c) there was no continuity in the care provided by the Practice because Mr C was seen by so many different doctors *(not upheld)*.

Redress and recommendations

The Ombudsman recommends that during periods when the continuity of care may be problematic the Practice reinforce with all staff the desirability of clarifying, wherever possible, the patient's understanding of the full course of treatment at each contact.

The Practice have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. A 61-year old man (referred to in this report as Mr C) was involved in a car accident on 19 December 2004. He was taken to Lawson Memorial Hospital, Golspie and then to Raigmore Hospital (the Hospital) where he was x-rayed. He was discharged on 20 December 2004 and a letter sent to his General Practice (the Practice) indicating he had suffered a sprain to the acromioclavicular joint. The acromioclavicular joint joins the shoulder blade (scapula) to the collarbone or clavicle.

2. Mr C attended the Practice on 29 December 2004 and on a number of subsequent occasions in early 2005. On 5 April 2005 he was referred to the Hospital for further specialist consultation. An ultrasound report showed an injury described as 'complex' and, after seeing an orthopaedic consultant surgeon (the Consultant) on 17 May 2005, Mr C was diagnosed as suffering from a grade 3 diastasis which indicated the joint had either temporarily dislocated (subluxed) or dislocated. As a result he had a protruding lump at the left end of the clavicle.

3. In June 2005 Mr C complained to the Board and said that he had been discharged without follow-up by the Hospital and that his own doctors took no action. Mr C was concerned that the true extent of the damage was not discovered until he saw the Consultant in May 2005 and that he had been led to believe he had only suffered a bruised shoulder. The Board responded in full on 9 September 2005, and on 7 November 2005 the Ombudsman received Mr C's complaint.

4. The complaints from Mr C which I have investigated are that:

(a) on 19 December 2004 there was a failure by the Hospital to diagnose the extent of his injuries or arrange appropriate follow-up care;

(b) at subsequent appointments the Practice failed to provide adequate care and treatment and;

(c) there was no continuity in the care provided by the Practice because Mr C was seen by so many different doctors.

Investigation

5. The investigation of this complaint involved obtaining all the background documentation relating to the complaint and Mr C's medical records from both

the Hospital and the Practice. Advice was also obtained from Hospital and GP advisers to the Ombudsman (Adviser 1 and Adviser 2). The abbreviations used in the report are explained in Annex 1 and the medical terms used in the report are explained in Annex 2.

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

(a) On 19 December 2004 there was a failure by the Hospital to diagnose the extent of his injuries or arrange appropriate follow-up care

7. Mr C was transferred to the Hospital following his accident as there were concerns at the initial hospital about possible fractured ribs, clavicle and a pneumothorax (where air collects around the lungs). X-rays were taken and Mr C was kept in overnight for observation. Mr C said he was only kept in because his wife and daughter had insisted and that the Hospital had tried to prepare him for going home twice but the pain had nearly made him pass out. He said that at discharge he was told he had two options for follow-up, either to return to the Hospital or to go to his GP. It was suggested he should go to his own GP because of the distance involved.

8. A letter was sent to the Practice on 20 December 2004. This said that:

> 'He suffered a sprain of left acromioclavicular joint but there was no bony injury to the shoulder or to his chest. …. He was discharged home with advice to gently mobilise his shoulder as pain allows. He was told it may well take 2-4 weeks for his symptoms to settle and that he may benefit from some physiotherapy in the New Year.'

9. Adviser 1 reviewed the complaint file, medical notes and the x-rays taken on 19 December 2004 and 11 April 2005. He said that the x-rays of 19 December 2004 showed there was a 'partial dislocation which is termed a subluxation of the left acromioclavicular joint' and on the x-ray of 11 April 2005 the joint was 'definitely dislocated'. He concluded that 'the delay in making a diagnosis of a serious injury rather than a moderately serious injury to this man's acromioclavicular joint is understandable on the basis of the x-ray findings initially'. Adviser 1 also said that 'the summary letter of 20 December 2004 was 'first class'.

10. In response to my question as to whether any delay would have had

consequences on the potential to repair the injury Adviser 1 said: 'I think the answer to this is no. Many doctors … treat these injuries with non-specific measures such as sling, pain relief, possibly physiotherapy etc. There are no conservative methods of treatment for a grade 3 ACJ injury that will in any way help the final position of the outer end of the clavicle when it dislocates or subluxes out of the ACJ. Treatment is really aimed at diminishing pain and getting the patient's shoulder mobile again.'

(a) Conclusion

11. The advice I have received from Adviser 1 is that the diagnosis and treatment was appropriate. In the circumstances, I do not uphold this complaint.

(b) At subsequent appointments the Practice failed to provide adequate care and treatment

12. Mr C first attended at the Practice on 29 December 2004 he was seen by Doctor 1. She noted Mr C was suffering residual problems and prescribed a painkiller and a second drug to ease potential side effects on the stomach lining from the painkiller. Mr C went back on 13 January 2005 and saw Doctor 2. Doctor 2 was concerned Mr C was suffering continuing pain in his chest and having trouble breathing. Doctor 2 discussed this with the doctor who had written the discharge letter from the Hospital and following this sent Mr C for a further x-ray. Doctor 2 noted that there was little to see other then the disruption of the acromioclavicular joint.

13. Mr C returned again to the Practice on 20 January 2005. He saw Doctor 3 who noted that the shoulder was improving. Mr C has said that Doctor 3 did not examine the shoulder. He had been embarrassed by their discussion and made to feel he was 'crying wolf' and 'there was nothing wrong with me'. Mr C also said he had been told by the Doctors that there was a long waiting list for physiotherapy and he booked a private physiotherapist appointment in early February. On 7 February 2005 the Practice received a telephone call from the physiotherapist recommending Mr C be referred for more physiotherapy. Doctor 4 wrote a referral note that day.

14. Mr C next attended the Practice on 5 April 2005 and was seen by Doctor 5. Mr C had been on holiday for four weeks in the interim. He said he had to return five days early because of the pain. Doctor 5 referred him for an urgent ultrasound scan and an appointment with the next available orthopaedic

surgeon at the Hospital.

15. In response to my questions, the Practice said Mr C was advised that should his symptoms not settle he should return for further assessment. Doctor 1 said further that on their consultation on 29 December 2004 she advised him that there was no physiotherapy available between Christmas and New Year and an 8-10 week waiting list for non-acute conditions.

16. In a letter to the Consultant dated 12 May 2005 the physiotherapist who had seen Mr C in early February 2005 said that he had an obvious acromioclavicular separation. She had seen him only days before his holiday and had taught his wife to tape while they were away. She said that Mr C was 'still in considerable pain especially if not taped'. The letter concluded that Mr C felt he had been let down by the system 'but in truth he did not go back to his GP to tell of his worsening pain'.

17. Adviser 2 reviewed the care and treatment provided by the Practice. He said the Practice records were of 'excellent standard'. He also said that given the information provided by the Hospital 'time and mobilisation would be the accepted treatment'. Doctor 1 treated the 'immediate injury appropriately with appropriate medication'. When Mr C reattended, Doctor 2 arranged for further investigation, Doctor 4 referred for physiotherapy and Doctor 5 referred for further investigations and a referral to a specialist.

18. Adviser 2 identified two points of dispute between the notes taken by the Practice and Mr C. Mr C has said he saw Doctor 4 on 7 February 2005. Doctor 4 said that he did not and wrote the referral on the basis of a message from the physiotherapist (see paragraph 13). This message is noted on file and there is no note of an appointment with Mr C. Adviser 2 has said that he considers on the balance of probabilities Doctor 4 did not see Mr C on 7 February 2005 and that Mr C, therefore, did not see a doctor between 20 January 2005 and 5 April 2005.

19. The second point of dispute is that on the notes of the consultation of 20 January 2005, Doctor 3 said that the shoulder was 'improving' (see paragraph 13). Mr C has said he definitely did not say this. Adviser 2 has said that given two alternative versions of the discussion he was not able to be

certain as to the content of that conversation.[1]

20. Adviser 2 concluded that the care given by the Practice was reasonable.

(b) Conclusion

21. From the advice given it is clear that Doctors 1, 2, 4 and 5 all responded appropriately to the information given by Mr C and the Hospital. Adviser 2 has said it is not possible to say what Mr C conveyed to Doctor 3 and, therefore, to establish beyond doubt whether Doctor 3's interpretation of what Mr C communicated to her on that date was accurate. Nevertheless, Mr C was referred for further tests in January 2005. He was referred for physiotherapy in February 2005 and, finally, to the Hospital in April 2005 when it was clear his condition was not improving.

22. Given this, I consider that the treatment and care provided to Mr C was appropriate and reasonable in the circumstances.

(c) There was no continuity in the care provided by the Practice because Mr C was seen by so many different doctors

23. As can be seen from paragraphs 12 to 22, Mr C was in contact with five different doctors between 29 December 2004 and April 2005. In a letter of response to my questions dated 16 December 2005, the Practice have said that Mr C was 'perfectly correct' to say there was an issue with continuity of care and that they could 'only apologise for any inconvenience to him'.

24. The Practice explained further that they normally had three full-time partners, they serviced two sites, were hospital practitioners and had one of the largest rural practices in the area. In December 2004 one of the three partners left and they had been unable to recruit a third partner to date. They were compelled to employ various locums and accepted that this was not ideal but 'Despite this, I would have to emphasise that patients are entitled to make an appointment with their doctor of choice, although it may not always be at their convenience'.

25. Adviser 2 commented on this point that:

'With the current number of vacancies for general practice principals

[1] Mr C has said that his wife was also present and supported his interpretation of events which is at odds with the version noted at the time by Doctor 3.

increasing, and the increasing social needs for practitioners to work part-time this ideal of continuity – both for the patient and the doctor – will, I fear, decrease over the coming years'.

(c) Conclusions

26. There is no dispute that continuity of care is important. As the Practice have accepted, the situation experienced by Mr C was not ideal (paragraph 23). The Practice were dealing with a situation, the resignation of a partner, not of their making and in a general climate where it is difficult to replace key staff. However, Adviser 2 has said that the standard of care provided by the Practice was still reasonable (paragraph 20). I, therefore, do not uphold this aspect of Mr C's complaint.

(c) Recommendation

27. Although I am not upholding this complaint, it appears that Mr C's concerns stem in part from his belief he had only been initially diagnosed with a 'bruised shoulder' and that his injury was not regarded as serious. When continuity of care is an issue it is important to ensure that, where possible, at each contact the doctor clarifies the patient's understanding of information given at previous consultations. The Ombudsman, therefore, makes the following recommendation: that during periods when the continuity of care may be problematic the Practice reinforce with all staff the desirability of clarifying, wherever possible, the patient's understanding of the full course of treatment at each contact.

28. The Practice have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Practice notify her when the recommendations have been implemented.

27 March 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Hospital	The Raigmore Hospital, Inverness
The Practice	Mr C's general practice
Adviser 1	A medical adviser to the Ombudsman
Adviser 2	A General Practice adviser to the Ombudsman
The Consultant	The orthopaedic consultant who saw and diagnosed Mr C in May 2005
Doctor 1	A partner at Mr C's General Practice
Doctor 2	A locum General Practitioner
Doctor 3	A partner at Mr C's General Practice
Doctor 4	A locum General Practitioner
Doctor 5	A locum General Practitioner

Annex 2

Glossary of terms

Acromioclavicular joint	The acromioclavicular joint joins the shoulder blade (scapula) to the collarbone or clavicle
Diastasis	Dislocation
Pneumothorax	A collection of air or gas in the space around the lungs, this condition can occur following trauma to the chest
Subluxed	Temporary dislocation