

Case 200600120: A Medical Practice; Argyll and Clyde NHS Board¹

Summary of Investigation

Category

Health: GP

Overview

The complainant (Mrs C) raised concerns that her daughter (Baby C) had developed an infection in her leg after receiving her immunisations on 9 February 2006. However, doctors at the practice (the Practice) told her on 20 February 2006 and 21 February 2006 that it was not an infection. Mrs C took her daughter back to the Practice on 24 February 2006 and it was then that Baby C was referred to hospital for treatment to the infected wound.

Specific complaint and conclusion

The complaint which has been investigated is that there was a delay in diagnosing that Baby C had a leg infection and that as a result a hospital referral was required (*not upheld*).

Redress and recommendation

The Ombudsman has no recommendations to make.

¹ Argyll and Clyde Health Board (the former Board) was constituted under the National Health Service (Constitution of Health Boards) (Scotland) Order 1974. The former Board was dissolved under the National Health Service (Constitution of Health Boards) (Scotland) Amendment Order 2006 which came into force on 1 April 2006. On the same date the National Health Service (Variation of the Areas of Greater Glasgow and Highland Health Boards) (Scotland) Order 2006 added the area of Argyll and Bute Council to the area for which Highland Health Board is constituted and all other areas covered by the former Board to the area for which Greater Glasgow Health Board is constituted. The same Order made provision for the transfer of the liabilities of the former Board to Greater Glasgow Health Board (now known as Greater Glasgow and Clyde Health Board) and Highland Health Board. In this report, according to context, the term 'the Board' is used to refer to the former Board or Greater Glasgow and Clyde Health Board as its successor. However, any recommendations within this report are directed towards Greater Glasgow and Clyde Health Board.

Main Investigation Report

Introduction

1. On 11 April 2006 the Ombudsman received a complaint from Mrs C. She had raised concerns that Baby C had developed an infection in her leg after receiving her immunisations on 9 February 2006. However, doctors at the Practice told her on 20 February 2006 and 21 February 2006 that it was not an infection. Mrs C took her daughter back to the Practice on 24 February 2006 and it was then that Baby C was referred to hospital for treatment to the infected wound. Mrs C complained that there had been a delay by the doctors in diagnosing Baby C's condition and making a hospital referral. She remained dissatisfied with the Practice's response to her complaint and contacted this office.

2. The complaint from Mrs C which I have investigated is that there was a delay in diagnosing that Baby C had a leg infection and that as a result a hospital referral was required.

Investigation

3. In writing this report I have had access to Baby C's clinical records and the complaint correspondence between Mrs C and the Practice. I also obtained clinical advice from one of the Ombudsman's professional medical advisers (the Adviser) who is a General Practitioner on the clinical aspects of the complaint.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. Mrs C and the Practice were given an opportunity to comment on a draft of this report.

Complaint: There was a delay in diagnosing that Baby C had a leg infection and that as a result a hospital referral was required

5. Mrs C complained to the Practice that her daughter, who was nearly four months old, received her third set of immunisations on 9 February 2006 from the health visitor. After a week, Mrs C noticed Baby C's left thigh was swollen and she was reluctant to move it. The thigh felt hard and hot and was causing her some pain. On 20 February 2006 Mrs C took her daughter to the Practice where she first saw a nurse who said the leg looked infected and would probably need an antibiotic. A GP, (GP 1) was called into the room and said it was not an infection but bruising which could take up to ten days to clear.

Mrs C took Baby C back to the Practice on 21 February 2006 and asked to see another doctor. Baby C was examined by another GP (GP 2) who assured her that it was not an infection and that he had taken her temperature and checked the glands on the inside of her legs.

6. Baby C's leg continued to deteriorate and was red and angry looking. On 24 February 2006, Mrs C took Baby C back to the Practice as she herself had an appointment. GP 2 was again called and he looked at Baby C and said he would telephone a paediatrician. Mrs C said GP 2 then explained to her that Baby C's leg was either infected or that she had had a reaction to the immunisation jab and that she would have to attend hospital where she would probably need IV (into a vein) antibiotics or have the leg drained. Baby C underwent an operation on 25 February 2006 and her leg was drained with the wound being left open to heal. Baby C was discharged into the care of the district nurses on 28 February 2006 for daily packing of the wound.

7. Mrs C made a complaint to the Practice. In his response, GP 2 said that on 20 February 2006 when Baby C was seen by GP 1, it was felt the problem was a reaction to the vaccine and there was no evidence of infection or a need to refer for a paediatric opinion. When GP 2 saw Baby C the following day she was well and happy with normal temperature. Her leg was moving easily and she was kicking. GP 2 noted there was a swollen, inflamed and slightly red area about mid thigh. There were no inflamed glands in her groin. GP 2 said the possibility of an infection was considered but the clinical findings pointed to it being a local reaction to the vaccination which would settle in time. On 24 February 2006, GP 2 noted clearly that Baby C had an infected abscess on her thigh which was dramatically different to that three days previously.

8. The Adviser told me that it is clinically accepted that immunisation of children is appropriate. Following the injection of the substances children can react differently. In some cases there is no noticeable response by the child. There may be some immediate crying – from the pain of the injection. There may be a local response – a reddening of the area where the needle was inserted. This may be minimal or may be considerable. A swelling may develop and again this may be mild or considerable. This swelling may become 'thickened' (indurated). A reaction would be deemed 'locally severe' if there is an extensive area of redness and swelling which becomes indurated and involves much of the antero-lateral surface of the thigh but there is usually no active treatment. There may be a severe generalised reaction – which might

involve a raised temperature (above 39.5 C in less than 48 hours following the immunisation), generalised collapse, inconsolable screaming for greater than four hours, or convulsions. Immediate specialist help is required in such circumstances. Infections may occur at the site of the immunisation.

9. The Adviser said the GP records are appropriate, reasonable and contemporaneous records. The records note that Baby C was given the immunisation on 9 February 2006 and she was seen some 11 days later with a leg described as hard and painful since the immunisation. It was noted that Baby C was not unwell. It is recorded that GP 1 felt there to be no infection, and thus adopted a regime of no active treatment. The Adviser continued that the records show that GP 2 saw Baby C on 21 February 2006 where it was recorded she was well and a happy child. GP 2 noted a normal temperature (36 degrees); he recorded Baby C was moving the leg easily, and kicking. GP 2 noted a swollen, inflamed, red area of the mid thigh. The Adviser said the absence of a raised temperature and the absence of swollen inguinal lymph nodes in the groin indicate that at that time there was no obvious infection for GP 2 to treat. Baby C was seen again on 24 February 2006, at which time GP 2's record simply states Baby C to be worse, and that she was referred to the specialists. The Adviser felt this was appropriate care in this occasion.

10. The Adviser noted the contemporaneous letter written by GP 2 to the hospital on 24 February 2006 which states that Baby C developed a lump following the vaccination, which has progressed and worsened in the past three days. The Adviser was of the opinion that this was contemporaneous evidence in support of the written GP records. The Adviser's view was that there was no evidence of infection present prior to 24 February 2006. He felt the GPs assessed and treated Baby C appropriately and when there was evidence of infection GP 2 acted appropriately in referring Baby C immediately to hospital.

Conclusion

11. Mrs C felt that the GPs should have referred Baby C earlier to hospital for treatment. However, as the Adviser has explained children can react differently to receiving immunisations and this could involve swelling near the site of the injection; raised temperature; or result in an infection. The treatment options range from no active treatment other than to allow time for the reaction to resolve itself to an immediate hospital referral. It is accepted that Baby C's leg was swollen and inflamed following the immunisations but there was no other evidence of infection (swollen lymph nodes in the groin or raised temperature)

on 20 and 21 February 2006. It was not until 24 February 2006 that GP 2 diagnosed that Baby C had an infection based on the difference in her condition from three days previously and made a hospital referral. The advice which I have received and accept is that the actions of GP 1 on 20 February 2006 and GP 2 on 21 February 2006 were reasonable at that time as there was no clinical indication that a hospital referral was required. Accordingly I do not uphold this complaint.

12. I can understand Mrs C's concern that there may have been delay in diagnosing Baby C and her reasons for bringing her complaint to the Ombudsman's office. The case has been investigated and advice received from an independent adviser. I hope that this will provide some comfort to Mrs C.

Recommendation

13. The Ombudsman has no recommendations to make.

[Laying date]

Explanation of abbreviations used

Mrs C	The complainant
Baby C	Mrs C's child
The Adviser	The Ombudsman's professional medical adviser
The Practice	The GP Practice where Baby C was a registered patient
GP 1	The GP who saw Baby C on 20 February 2006
GP 2	The GP who saw Baby C on 21 February 2006 and 24 February 2006