Scottish Parliament Region: South of Scotland

Case 200600619: A Medical Practice, Ayrshire & Arran NHS Board

Summary of Investigation

Category

Health: GP; Clinical Treatment; Diagnosis; Oncology

Overview

A solicitor complained on behalf of his client (Mr A) about the care and treatment Mr A received from his GP (the GP) at his Medical practice, between February 2005 and November 2005.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) there was a delay in referring Mr A to a Consultant, resulting in a delay in diagnosing cancer (*not upheld*); and

(b) on 22 September 2005, the GP failed to arrange an emergency hospital admission for Mr A (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 30 May 2006 the Ombudsman received a complaint from Mr C, concerning the care and treatment Mr A received from a GP (the GP) at his Medical Practice (the Practice), between February 2005 and November 2005. Mr C complained that during this period, despite Mr A's several consultations at the Practice complaining about worsening stomach problems, the GP failed to address these symptoms adequately. Mr C complained that the care and treatment provided for Mr A fell short of an acceptable standard and resulted in an eight month delay in referring Mr A to a Consultant. Mr A is now termally ill with colonic carcinoma and Mr C considered that this delay had a severe impact on Mr A's prognosis. Mr C complained that Ayrshire and Arran NHS Board (the Board) failed to provide Mr A with appropriate medical care.

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

(a) there was a delay in referring Mr A to a Consultant, resulting in a delay in diagnosing cancer; and

(b) on 22 September 2005, the GP failed to arrange an emergency hospital admission for Mr A.

Investigation

3. The investigation of this complaint involved obtaining and reading all the relevant documentation, including correspondence between Mr C and the Board. I have had sight of the Board's complaint file and Mr A's medical records held at Crosshouse Hospital (the Hospital) and the Practice. Advice was also obtained from one of the Ombudsman's professional medical advisers (the Adviser), who reviewed all relevant documentation and medical records. I wrote to the Practice on 27 April 2007 and asked them to comment on specific clinical issues. These issues and the comments I received from the GP on 15 May 2007, are referred to in paragraphs 12 to 15.

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

(a) There was a delay in referring Mr A to a Consultant, resulting in a delay in diagnosing cancer

5. Mr C told me that Mr A attended the Practice Nurse and GP on

approximately six occasions from 4 February 2005 to 16 May 2005 and complained of stomach problems. These included bloatedness, constipation, night sweats, high temperature and discomfort. Mr A's symptoms worsened over these months.

6. Following a heart attack, Mr A was admitted to the Hospital on 16 May 2005. Mr A told the Hospital about his worsening stomach symptoms and was told that he would be given an endoscopy but this procedure was not carried out at that stage.

7. Mr A was discharged from the Hospital on 19 May 2005 and he attended a number of further appointments with the GP and the Practice Nurse. On each occasion he complained of the worsening stomach symptoms. Mr C said that, on 9 August 2005, the GP told Mr A that she could refer him to a Consultant for an assessment but did not do so.

8. Mr C advised that on 22 September 2005 Mr A attended the GP as his symptoms were now very severe. Mr A asked for an emergency referral to a Consultant. The GP told Mr A that an emergency referral would only be appropriate if there was a possibility he had cancer. Mr C advised that the GP then assured Mr A and his partner that he did not have cancer, despite not examining him. He said that the GP attributed Mr A's symptoms to his heart medication, despite Mr A making it clear that he had been experiencing these symptoms long before being prescribed heart medication.

9. Mr C told me that, as a consequence of the GP's medical opinion, Mr A was not offered an appointment with a Consultant until 7 November 2005. Thereafter, he was diagnosed as suffering from inoperable bowel cancer, which had spread to lymph glands near the stomach.

10. The Practice, in their response to Mr A's complaint, had charted appointments attended by Mr A, between 4 February 2005 and 22 September 2005. The Practice stated that Mr A had not mentioned these symptoms (see paragraphs 5 and 6) on every occasion, or they would have been noted and acted on sooner.

11. In the Practice response to Mr A's complaint, the GP stated that Mr A had been included in the Cardiac Follow-Up Programme carried out by Health Visitors for approximately three months after his MI (heart attack). It was

reported that his abdominal symptoms and sweats had significantly improved. As changes had been made to his medication, it was thought that this had been the cause of the problem at the time. The GP also explained that, based on the symptoms Mr A presented to her on 22 September 2005, an emergency admission to hospital on that day would not have been appropriate, however, an urgent referral was made.

12. In response to my enquiry, the GP stated that Mr A had attended the Practice clinic on at least 18 occasions between 4 February 2005 and 22 September 2005. The GP outlined that 'Mr A complained at the end of May 2005 of night sweats as well as constipation – general advice was given to alleviate the constipation together with a prescription for Lactulose'. Thereafter, the GP referred to Mr C's recent heart attack and hospital admission on 16 May 2005 and stated:

> 'His chest was examined and we discussed that as he had a chest x-ray in [the Hospital] earlier in the month, the x-ray must have been clear, as there was no further action by the hospital. We discussed that the common causes of night sweats are of chest origin. [Mr A] was advised to contact us again if this did not settle.'
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> '[Mr A] then attended the practice clinic on 22 June 2005 after having been at a hospital clinic appointment. He stated in this appointment that the Consultant had said that the cause of night sweats/constipation was his medication, which he had to stop. He was not examined on this occasion, as he was seen by a Consultant at [the Hospital] clinic on the same day and the Consultant stated the medication was the cause of his symptoms and I felt there was no need to question the Consultant's decision. I prescribed Colofac to ease the symptoms of constipation.'

13. According to the GP, during the next two months, Mr A was seen by nursing staff at his home and in the Practice surgery and there was no further discussion of Mr A's abdominal complaints or his night sweats. The GP stated:

> 'As part of the Cardiac Programme, Health Visiting Staff had reported that his night sweats/abdominal complaints had significantly improved. [Mr A] next attended [the Practice] clinic on 9 August 2005. He reported abdominal pain and constipation. We thought this was intermittent due to previously documented comments.'

14. The GP further commented:

'I, in common with several other GP's I have spoken to since, did not associate night sweats with GI complaints – now we do look for this. In [Mr A]'s case, however, his symptoms are reported to have improved after his medication was ceased.'

15. The GP stated that no significant events analysis was held at the time, as Mr A had registered with another Practice, although one was held after receipt of the complaint. The conclusions drawn were:

'As [Mr A] was seen by a number of nurses during his visits, there could have been more thorough detail of enquiries made by the nurses in those appointments. This would possibly have enabled a better communication line in respect of when [Mr A]'s symptoms had improved or ceased. A learning need was identified regarding the link between the night sweats and GI problems which has since been addressed.'

16. The Adviser stated that from looking at the GP notes (both hand written and electronic), in his opinion, he doubted that Mr A repeatedly mentioned about the bowel symptoms at consultations with the GP and the nurse. The Adviser reached this view by considering the individual consultation dates from 11 March 2005 onwards and reviewing the related notes made by the GP, nurse and Practice. For example, the Adviser noted that the Practice stated that Mr A told them he had mentioned the abdominal symptoms at a consultation on 18 February 2005 but the Practice recorded 18 February 2005 as a cancelled appointment. Thereafter, nurse and GP notes up to and including a consultation on 22 April 2005 related to blood pressure management. The contact on 16 May 2005 recording chest pains, led to a hospital admission and an MI (heart attack) was confirmed. The Adviser stated his view that 'not surprisingly, subsequently the Practice to some extent focussed on follow up of this and his blood pressure management'.

17. The Adviser observed from the GP notes that on 31 May 2005 there was a reference to abdominal symptoms, on 22 June 2005 to ongoing symptoms and on 9 August 2005 to lower abdominal pain and constipation. No bowel/ abdominal problems were recorded by the Practice nursing staff who had contact with Mr A from 27 June 2005 to 25 July 2005.

18. The Adviser considered that the GP's statement that the abdominal pain and constipation was thought to be intermittent, due to previously documented comments, was reasonable. Furthermore, he found it was reasonable that the

GP had not examined Mr A on 22 June 2005, as this was the same day Mr A had attended the Hospital and the Consultant had given an opinion that medication was the cause of the constipation.

19. The Adviser concluded, based on his experience, that earlier referral and diagnosis would not have altered the outcome. The Adviser was reasonably certain that this patient had significantly advanced disease at the time of initial presentation and the outlook would have been gloomy.

(a) Conclusion

20. Mr A felt there was a delay by the GP in referring him to a Consultant about his abdominal problems and this resulted in a delay in diagnosing cancer. However, after very careful consideration of the GP's comments, I share the Adviser's view that, given the medical symptoms presented to the GP within the period between February 2005 and November 2005, she acted reasonably and did adequately address the medical symptoms that Mr A presented to her.

21. Mr C also raised concern that Mr A was advised on 9 August 2005 that the GP could refer him to a consultant but did not do so and also that, during his consultation on 22 September 2005, the GP gave him assurances that he was not suffering from cancer. I have given these issues very careful consideration. The GP records do not record this advice as having been given and, without the benefit of truly independent witnesses, it is unlikely that firm conclusions could be made. The complaint under consideration is that there was a delay in referring Mr A to a consultant, resulting in a delay in diagnosing cancer. When reaching a finding on this complaint, I have taken into account the clinical records, complaints correspondence and the advice provided by the Adviser. This is clearly a very sad case. However, having given the complaint very careful consideration and taking into account the advice I have received, I conclude that the GP did not fail to provide Mr A with appropriate medical care and did not delay in referring him to a consultant. Accordingly, I do not uphold this complaint.

(a) Recommendation

22. The Ombudsman has no recommendations to make.

(b) On 22 September 2005, the GP failed to arrange an emergency hospital admission for Mr A

23. Mr A consulted the GP on 22 September 2005 when his symptoms were

severe and he requested that he be referred to a Consultant. Mr A was not offered an appointment with a Consultant until 7 November 2005. Thereafter, Mr A was diagnosed as suffering from inoperable bowel cancer (see paragraphs 9 and 10).

24. In her letter to Mr C dated 6 April 2006, the GP explained that an emergency admission to the Hospital on 22 September 2005 would not have been appropriate, as it was felt that Mr A, who was at that time attending work, was not unwell enough to require admission on that day. However, the GP stated an urgent surgical out-patient referral was made with 'the soonest priority available to the Practice'. According to the Practice medical records, the referral was made on 22 September 2005 and the reasons noted as 'Surgical referral made regarding constipation complaint. This referral was sent as an urgent request. Time of appointment is then determined by the hospital system'.

25. In his assessment of this aspect of the complaint the Adviser outlined that usually, suspected bowel cancer is investigated as an out-patient, rather than as an in-patient. The only real reason for admitting someone to hospital would be the presentation of such severe symptoms that could not be managed in the community, such as uncontrolled pain or perhaps dehydration from severe diarrhoea, consequent upon bowel cancer. The Adviser considered that it was difficult to say whether it should have been clear to the GP that things were so bad that Mr A should have been admitted to hospital and stated:

> 'I would feel there is not sufficient evidence to say that the evidence suggests admission was mandatory at this stage.'

(b) Conclusion

26. Mr A considers that on 22 September 2005, the GP failed to arrange an emergency admission to hospital. I have carefully reviewed all the presented evidence as detailed in paragraph 19. I share the Adviser's view that in the absence of evidence to the contrary, it appeared that on 22 September 2005 Mr A's symptoms were appropriate to be managed in the community. On this day, the GP also had made an urgent referral for Mr A to be seen by a hospital Consultant. As I can find no evidence that on 22 September 2005 Mr A should have been classed as an emergency admission and the GP requested an urgent appointment on that day, I do not uphold the complaint.

(b) Recommendation

27. The Ombudsman has no recommendations to make.

19 September 2007

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Mr A	The aggrieved
The Board	Ayrshire and Arran NHS Board
The GP	Mr A's GP at the time
The Practice	Medical practice where Mr A was a registered patient
The Hospital	The hospital where Mr A's cancer was diagnosed
The Adviser	The Ombudsman's professional medical adviser
GMC	General Medical Council

Annex 2

Glossary of terms

Colonic carcinoma	Cancer of the colon/bowel
Colorectal cancer	Cancer of the colon/bowel
Endoscopy	Inspection by a flexible telescope of the gastrointestinal system
Myocardial infarction	Heart attack
G I	Gastro-Intestinal

Annex 3

List of legislation and policies considered

Good Medical Practice (2006) - The General Medical Council

Referral Guidelines for Suspected Cancer; Clinical Guidance 27 (June 2005) – National Institute for Health and Clinical Excellence

Management of Colorectal Cancer; Section 5: Primary Care and Referral – Scottish Intercollegiate Guidelines Network