

Case 200601624: Lothian NHS Board - Lothian Primary and Community Division

Summary of Investigation

Category

Health: Clinical treatment/Diagnosis - Podiatry

Overview

The complainant, Mr C, raised a number of concerns about the podiatry treatment he received while he was recovering from a stroke.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) staff at Liberton Hospital did not take his speech and mobility problems into account before giving him treatment and pain relief was not discussed with him, as a consequence of which he suffered extreme discomfort (*upheld*);
- (b) pain relief was not offered at the local podiatry clinic, where he was referred for further treatment (*not upheld*); and
- (c) reception staff were unhelpful (*no finding*).

Redress and recommendations

The Ombudsman recommends that for stroke patients like Mr C who are receiving podiatry treatment, the Board discuss, and record, the situation with regard to pain relief. Furthermore, that they emphasise to reception staff the importance of good communication and, if information is required when attending for appointment (however that appointment is made), to be clear with patients about this.

The Board have accepted the Ombudsman's recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. On 19 September 2006 the Ombudsman received a complaint from Mr C about the podiatry treatment he received when he was a patient of Lothian NHS Board (the Board). The complainant said that, in June 2006, he was in hospital recovering from a stroke which affected his speech and mobility and that, prior to release, he required podiatric treatment for his big toes. However, he complained that staff did not take his speech and mobility problems into account and that pain relief for treatment was neither discussed nor given to him. He said that this happened on two occasions, as a consequence of which he suffered extreme discomfort. He further complained that reception staff were unhelpful and did not assist as much as they could.

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

- (a) staff at Liberton Hospital (the Hospital) did not take his speech and mobility problems into account before giving him treatment and pain relief was not discussed with him, as a consequence of which he suffered extreme discomfort;
- (b) pain relief was not offered at the local podiatry clinic (the Clinic), where he was referred for further treatment; and
- (c) reception staff were unhelpful.

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 also had sight of Mr C's podiatry notes. On 15 January 2007, I made a formal enquiry of the Board and their response was dated 6 February 2007. Subsequently, advice was sought from the Ombudsman's medical adviser on 18 April 2007 and a reply was received dated 2 May 2007. This advice was later supplemented by specialist podiatric advice dated 19 June 2007.

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

(a) Staff at the Hospital did not take his speech and mobility problems into account before giving him treatment and pain relief was not discussed with him, as a consequence of which he suffered extreme discomfort; and (b) pain relief was not offered at the Clinic, where he was referred for further treatment

5. In June 2006 Mr C was admitted to the Hospital for treatment of a stroke. He said that, as a consequence of the stroke, he suffered from some paralysis and his speech was affected. Just before his discharge, Mr C was referred to the podiatrist because he had problems with both his big toes. Mr C thought they were ingrowing.

6. Mr C maintained that staff at the Clinic did not take his poor speech and mobility problems into account before giving him treatment. He said that pain relief was neither discussed nor offered and, that when treatment began, he was unable to register discomfort by pulling away and he was unable to talk. He said that, as a consequence, he experienced a great deal of pain which could have been avoided had the podiatrist taken the trouble to speak to him or take his recent medical history into account before she began treatment.

7. I have had sight of Mr C's podiatry case notes, which recorded that he was treated on 9 June 2006 for involuted (where the nail curves down into the flesh of the toe) and thickened toe nails. The records stated that, as he had had discomfort, Mr C had cut his own nails leaving sharp hidden edges and the treatment to remedy this was to cut the affected nails, clearing and filing the sides. The records also noted Mr C's diagnosis of a stroke and leg oedema (swelling) and gave details of his medication. His speech was recorded as being slow but clear and it was noted that the podiatrist was unable to find his arterial pulses. No mention was made of the treatment being painful although Mr C said that there was substantial pain involved.

8. I have sought specialist advice on the treatment offered to Mr C (see paragraph 3) and the independent podiatrist (the Adviser) told me that it was reasonable to expect that the treatment given to Mr C would be uncomfortable for some people and especially for those who had suffered a stroke, as they could be subject to a reduced pain threshold. The Adviser said that Mr C's records did not specify the extent of Mr C's nail problem nor was there any mention of a discussion about pain, although the Adviser said that the notes did record that in Mr C's case the use of local anaesthetics was 'contra indicated' (that is, not recommended). The Adviser went on to say that if a patient found

treatment too painful he would have expected the podiatrist to stop and for discussion to take place on how to manage it. He said that if it had been determined that Mr C needed local anaesthesia, the normal procedure would have been for his GP to have been contacted and, if necessary, arrangements made for antibiotics to be given. The Adviser said that podiatrists cannot routinely prescribe pain killers.

9. After his discharge from the Hospital, Mr C said that he had a painful big toe and required further treatment and the Board have advised me (in their response of 6 February 2007) that Mr C contacted the Clinic on 20 June 2006 for an urgent appointment. He was given the first available appointment on 22 June 2006. Mr C said that when he attended for treatment this time, given what had happened before, he tried to explain his circumstances to the podiatrist (see paragraph 6) but she still began treatment without any anaesthetic. Mr C said that she only stopped when he began showing his discomfort. When she asked if she should continue, Mr C said he said yes, as he felt as if they had gone beyond the point of no return. Again, he complained that no pain relief was given.

10. The record card available for Mr C's appointment on 22 June 2006 showed that a further assessment of his condition was carried out and, on reviewing the records, the Adviser noted that, on this occasion, the podiatrist was more specific about the complainant's paralysis. She also recorded Mr C's low pain threshold and the treatment which was given. As before, he said, contra indications to treatment were recorded (see paragraph 8). Both Mr C's big toe nails were cut back as much as possible and then packed with cotton wool and covered with melolin and tubegauze dressing.

(a) Conclusion

11. With regard to the treatment received by Mr C, the Adviser told me that staff at the Hospital did not seem to take account of Mr C's pain threshold, although the notes recorded the situation with regard to Mr C's recent diagnosis of stroke (see paragraph 7). He said that there was no mention in his medical notes of any discussion about pain, even though the treatment Mr C received was generally accepted to be painful (see paragraph 8) and more so where the patient suffered a low pain threshold after a stroke. Notwithstanding the fact that the use of local anaesthetic was not recommended in Mr C's case, the Adviser said that he would have expected some discussion on pain to have taken place. This does not appear to have been the case and, therefore, on

balance, I uphold the complaint. While I am pleased to note that the Adviser was of the view that Mr C's clinical treatment at the Hospital was appropriate given his medical history, the issue about pain relief could have been overcome if there had been better dialogue between the podiatrist and Mr C. Mr C would have then been clear about what he could have expected.

(a) Recommendation

12. The Ombudsman recommends that, for stroke patients like Mr C who are receiving podiatry treatment, the Board discuss, and note, the situation with regard to pain relief. In the circumstances, this would, at least, go some way to manage patients' expectations.

(b) Conclusion

13. When Mr C sought treatment on 22 June 2006, pain issues were recorded in his treatment notes (see paragraph 10) and so the Adviser took the view that it was, therefore, reasonable to conclude that this had been discussed and I am guided by the Adviser in this matter. While pain relief was not offered, it was clear, like before, from Mr C's notes that as he had recently suffered a stroke, it was not recommended. Although the treatment he received was painful, Mr C agreed to it continuing, wanting to get it over with. The alternative would have been for the podiatrist to stop and consider whether a GP required to be contacted to arrange for pain relief (see paragraph 8). In all the circumstances, while I note that pain relief was not offered, on balance I am satisfied that it was discussed. Treatment continued with Mr C's acquiescence (albeit in difficult circumstances), therefore, I do not uphold this aspect of the complaint.

(c) Reception staff were unhelpful

14. Mr C maintained that when he attended for treatment on the second occasion (see paragraph 9) reception staff were generally unhelpful. Mr C said that he was asked for detailed information about his medication and, when he was unable to provide this (he said his wife eventually did), they did not hide their frustration. Mr C suggested that it would have been a simple thing to have asked him beforehand to be ready to provide any necessary information.

15. In replying to my enquiries (by letter of 6 February 2007) the Board advised that Mr C or someone on his behalf telephoned on 20 June 2006 to arrange an urgent appointment and, because it was thought that there could be an infection present, Mr C was given the next available appointment (on 22 June 2006). However, the Board said that it was not normal practice to give

out appointments over the telephone but, because of the possibility of infection, they had done so. They made the point that where appointments are posted out, the standard letter requests that a list of medication is brought with the patient to the appointment. While the Board considered that it was likely that this same information had been requested over the telephone, they said that with the passage of time they cannot be sure, although it was their normal practice. Mr C would, however, dispute this and he said that he was made to feel at fault. He claimed that he struggled to provide this information for a while before his wife was able to do so.

(c) Conclusion

16. Although I appreciate Mr C's upset with regard to this aspect of the complaint, and noting the Board's position that regardless of how an appointment was made patients would normally be asked to bring a list of medication with them, with the passage of time, I do not feel that I can determine what advice Mr C was given on this matter. Accordingly, I am unable to make a finding.

(c) Recommendation

17. Notwithstanding the finding with regard to this aspect of the complaint, the Ombudsman recommends that the Board emphasise to reception staff the importance of good communication and, if information is required when attending for appointment (however that appointment is made), to be clear with patients about this.

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

24 October 2007

Explanation of abbreviations used

Mr C	The complainant
The Board	Lothian NHS Board
The Hospital	Liberton Hospital, where Mr C was treated for a stroke
The Clinic	The local podiatry clinic, where Mr C received podiatric treatment
The Adviser	The independent podiatrist