

## Scottish Parliament Region: Highlands and Islands

### Case 200602829: A GP, Highland NHS Board

#### Summary of Investigation

##### **Category**

Health: GP

##### **Overview**

The complainant (Ms C) raised concerns about a consultation with her GP on 9 February 2006, in that the GP failed to examine her properly or prescribe appropriate medication for a skin condition.

##### **Specific complaint and conclusion**

The complaint which has been investigated is that at a consultation on 9 February 2006, the GP failed to examine Ms C properly or prescribe appropriate medication (*not upheld*).

##### **Redress and recommendation**

The Ombudsman has no recommendations to make.

## **Main Investigation Report**

### **Introduction**

1. On 11 December 2006 the Ombudsman received a complaint from Ms C about a consultation with her GP on 9 February 2006, in that the GP failed to examine her properly or prescribe appropriate medication for a skin condition. Ms C complained to the GP Practice (the Practice) but remained dissatisfied with their response. Conciliation was attempted but was unsuccessful and Ms C subsequently complained to the Ombudsman.

2. The complaint from Ms C which I have investigated is that at a consultation on 9 February 2006, the GP failed to examine Ms C properly or prescribe appropriate medication.

### **Investigation**

3. In writing this report I have had access to Ms C's GP records and the complaints correspondence from the Practice. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser) regarding 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. Ms C and the Practice were given an opportunity to comment on a draft of this report.

### **Complaint: At a consultation on 9 February 2006, the GP failed to examine Ms C properly or prescribe appropriate medication**

5. Ms C complained to the Practice on 4 April 2006. She said that the weekend before the consultation her face had swollen badly, the skin was itchy and she had developed a rash. Her eyes were also itchy and they were red and sore and were watering copiously. Ms C was surprised that the GP did not prescribe her medication, which she felt was required. Ms C said that she had also tried to discuss with the GP a problem she had with cystitis (inflammation of the bladder lining) but was dismissed from the room without being allowed time to provide any further explanation. Ms C tried to raise the subject of cystitis as she had been told by a pharmacist that she required antibiotics from a doctor. Ms C then had to wait a further four days to see another doctor at the Practice who prescribed eye drops and antibiotics for her eyes and medication

for her face problems. Ms C was also asked to submit a specimen of urine for analysis to establish if she had an infection.

6. The Practice Manager (The Manager) responded to Ms C on 8 May 2006. She explained that the GP had examined Ms C's eyes and skin and had felt that the clinical signs of redness and inflammation were consistent with a contact irritant dermatitis (skin inflammation) caused by eye make-up. The GP felt that this would clear up using simple measures in the first instance, such as avoiding the irritating agent (the make-up) and using a moisturiser. The Manager explained the GP would not normally recommend a steroid cream in the first instance for such a problem. The Manager said the GP was unaware Ms C had wanted to discuss the matter of cystitis but noted at the end of the appointment that Ms C was upset. The GP acknowledged that Ms C had been upset at the consultation and she was sorry that any upset had been caused.

7. I have seen Ms C's GP records. The entry for 9 February 2006 includes 'reaction to eye shadow; stop using it; OTC (Over the Counter) emollient is all that is needed; patient said 'I think you are taking this very lightly and should be investigated; I disagree; there is no record of cystitis being discussed. ... The entry for 13 February 2006 includes '... 2. Allergic reaction on face after reacted to make-up PTC cetirizine (antihistamine) not helping, eyes sticky and vision blurry as a result RX chlorpheniramine (antihistamine), opticrom & hydrocort[isone] cream (steroid) 3. Cystitis symptoms on & off 2/52. Chemist said need AB's (antibiotics) – no, send MSSU (Mid Stream Specimen of Urine) and await results.'

8. The Adviser reviewed the GP records and said that the medical record for 9 February 2006 was brief and did not include an observation as to whether the reaction was mild or severe. The Adviser concluded, however, that as the GP prescribed no medication then her judgement was that the reaction was mild and that being the case her advice was entirely appropriate. The Adviser noted that Ms C attended the appointment expecting a prescription and that she was not happy with the consultation. In the Adviser's opinion the fact that Ms C saw another doctor four days later who commenced active treatment could have suggested that the condition had become worse during that time.

### *Conclusion*

9. Ms C had two concerns about the consultation with the GP. I will deal firstly with the issue regarding the mentioning of the cystitis. Ms C said she

tried to bring up the subject but it was dismissed as the GP was ending the consultation. The GP has acknowledged the consultation had caused Ms C some upset but was not aware that she wanted to discuss the cystitis. It is clear from the records and correspondence that the consultation did not go well. In cases such as this with a lack of truly independent witnesses it is not always possible to make a determination on this issue, however, the clinical records for 9 February 2006 do not make mention of cystitis being discussed.

10. I turn now to the matter of the examination itself. Ms C felt that medication should have been provided to combat the problem with her eyes and skin. The GP felt that Ms C's make up was the cause of the problems and that it would resolve by discontinuing the use of the make up and using a moisturiser. The advice which I have received and accept is that the GP exercised reasonable clinical judgement on the symptoms presented by Ms C and gave appropriate advice without the need for medication. I am led to believe that it would be reasonable practice not to prescribe medication in the first instance and that steps should be taken to remove the perceived cause of any irritation. I also noted that when it became clear that the condition was not going to improve Ms C attended another doctor who prescribed medication. In all the circumstances and on balance I do not uphold the complaint.

*Recommendation*

11. The Ombudsman has no recommendations to make.

21 November 2007

**Explanation of abbreviations used**

Ms C	The complainant
The GP	The GP who saw Ms C on 9 February 2006
The Practice	The Medical Practice where Ms C was a registered patient
The Adviser	The Ombudsman's professional medical adviser
The Manager	The Practice Manager