

Case: 201102339, A Medical Practice in the Grampian NHS Board area
Sector: health
Subject: clinical treatment; diagnosis
Outcome: some upheld, recommendations

Summary

Mr C told us he had a history of chest tightness, chest pain and severe heartburn. He said he twice raised concerns about these symptoms with his GP. Shortly afterwards, while working overseas, Mr C suffered a heart attack and had a coronary artery bypass graft (a surgical procedure to improve blood supply). When he came back to the UK, he asked his GP to refer him to a cardiologist (heart specialist) for review. His GP felt that this was unnecessary as Mr C had already received the best treatment for his condition and appeared to be recovering well. As Mr C needed a fitness to work certificate, he was ultimately referred to a cardiologist, but this was done privately.

Mr C complained that the practice failed to appropriately assess the symptoms that he had reported before he had the heart attack. He also complained that it was unreasonable of them not to refer him to a cardiologist after he returned to the UK.

We found no evidence in Mr C's clinical records that he had told the practice about his chest tightness and heartburn. Whilst recognising that he may have provided this information without it being recorded, we were unable to say conclusively that the records were deficient or that the practice failed to act on information that Mr C provided about these symptoms. We did not uphold this complaint.

We did, however, uphold his complaint about referral. Mr C was ultimately referred to a cardiologist and we did not find it unreasonable that this was done privately, given his desire to return to work. However, we found that it would have been good practice for a referral to have been made when he returned to the UK, as a cardiologist was able to perform specific tests that would highlight the extent of residual damage to the heart. The cardiologist ultimately found that Mr C had a blood clot which necessitated a change in treatment plan. We

felt that this highlighted the benefit of referral to cardiology but also considered that there was a strong argument for referral in the circumstances of Mr C's case, particularly as his surgery was performed overseas where practices may be different.

Recommendations

We recommended that the practice:

- apologise for their failure to refer him to cardiology; and
- share our adviser's comments with their GPs with a view to identifying any points of learning that can be taken from this case.