

Case: 201102748, Orkney NHS Board
Sector: health
Subject: communication, staff attitude, dignity, confidentiality
Outcome: some upheld, recommendations

Summary

Mrs C received care and treatment from her GP (in a practice administered by the board) in relation to pneumonia, bunion pain and multiple sclerosis.

In 2006, Mrs C phoned her GP in the early morning, complaining of being unwell. The GP visited her at home and referred her to hospital, where she was diagnosed with pneumonia. Mrs C complained that because her GP visited after 09:00 there was a delay in admitting her to hospital. Later that month, Mrs C saw her GP about her sore bunion. In 2009, a locum GP referred Mrs C to an orthopaedic surgeon for an operation on it. Mrs C complained that the clinical picture did not alter significantly between 2006 and 2009 and that her GP should have referred her to an orthopaedic surgeon in 2006.

In November 2009, Mrs C saw a consultant neurologist (specialist in the nervous system). In February 2010, Mrs C approached her GP to follow-up on this, but said that her GP took no action. A locum GP arranged a follow-up appointment with the consultant the following month. Following investigations by the consultant, Mrs C was diagnosed with multiple sclerosis in August 2010. Mrs C complained that her GP's failure to act in February was not reasonable.

After taking advice from one of our medical advisers, we found that Mrs C's GP provided reasonable care and treatment in relation to her pneumonia and bunion. In terms of the time it took the GP to visit Mrs C after her telephone call, there were differing views about how long it was before the GP arrived. We found, however, that delay would not have affected the clinical outcome of Mrs C's condition. We did not uphold these complaints.

We did find, however, that the GP's failure to follow up on the consultation with the neurologist in February was not reasonable. Our adviser said that the GP should have been more proactive in seeking a definitive diagnosis, and that

their failure to do so represented a deficiency in care. We upheld Mrs C's complaint about this.

Recommendation

We recommended that the board:

- ensure that the GP reflects on the diagnosis and management of multiple sclerosis with particular reference to the discussion of the diagnosis with patients.