

Case: 201203332, A Medical Practice in the Grampian NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Outcome: not upheld, no recommendations

Summary

Mrs C complained about the care and treatment that her late father (Mr A) who was 93 years old, received from his medical practice. In January 2012, Mr A went to his GP with backache. He said that he was told he was wearing too many clothes and to return to see the nurse for blood and urine tests. Mrs C contacted the practice and arranged for a nurse to call at the house, but she only took blood tests. Mr A continued to deteriorate and his GP said he would refer him to hospital as he had swallowing difficulties. Mr A went to the hospital on a number of occasions and was seen in various departments. A scan in June 2012 confirmed lesions in Mr A's pancreas, and that this was likely to be pancreatic cancer. A multi-disciplinary team met in the hospital, and decided that Mr A would not be offered surgery in view of his age, other medical conditions (including diabetes) and because it was unlikely to be successful. Palliative care was to be offered instead. The hospital wrote to the practice with the results of the scan 17 days later. Mr A's condition continued to deteriorate and Mrs C requested a home visit from the GP, who was delayed in getting there. When he arrived and assessed Mr A, the GP requested an ambulance to admit Mr A to hospital. Mr A died six days later.

Mrs C complained that the practice did not treat her father's backache, and did not treat or refer him to hospital for problems with his diabetes. In his last few weeks, Mr A stopped eating, lost a tremendous amount of weight and was bedridden. She said that the practice also failed to offer additional homecare. Mrs C said that the GP should have visited and admitted Mr A to hospital earlier. She believed that the practice displayed a lack of care and attention towards Mr A and failed in their duty of care to him.

As part of our investigation we took independent advice from one of our medical advisers. The advice, which we have accepted, was that the practice provided a reasonable standard of care to Mr A (including diabetic care) and that the family were offered additional homecare on a number of occasions, but Mr A's wife declined this. It was also clear that communication was reasonable and that the practice tried to provide Mrs C and her family with information, but that this was hampered by delays by the hospital. We were satisfied that the standard of medical care provided to Mr A by the practice was reasonable.