

Case: 201302337, A Medical Practice in the Ayrshire and Arran NHS Board area

Sector: health

Subject: clinical treatment / diagnosis

Outcome: not upheld, no recommendations

Summary

Mr C had a long-term history of ulcerative colitis (an inflammatory condition of the intestines). He complained that there was a delay in his medical practice appropriately investigating his symptoms when he suffered a flare-up of his condition. Mr C also complained that the handling of his complaint about this was unreasonable.

Mr C had previously taken a particular drug to relieve his symptoms but was not taking it at the time of the complaint, as his condition had been under control. When he began to suffer symptoms that he thought were indicative of a flare-up, he went to his GP and asked to be prescribed the drug. The GPs Mr C saw undertook various investigations, including blood tests, which were inconclusive. Because of this they felt unable to prescribe the requested drug. Mr C was referred to a specialist for further investigations, including a colonoscopy (where a camera is inserted into the intestines). The investigations eventually confirmed Mr C's view that he was experiencing a flare-up of his condition and the specialist prescribed him the drug he had requested.

Our investigation included taking independent advice from one of our medical advisers, who is an experienced GP. The adviser said that it was reasonable, and in line with the guidance issued by the General Medical Council (the regulatory body for doctors in the UK), for the GPs not to prescribe the drug Mr C was requesting. The guidance says that doctors should only prescribe medication when they are confident they have sufficient knowledge of the patient's condition and that the medication in question is in their best interests. The adviser said that, in Mr C's case, the initial tests were inconclusive and there are other conditions with similar symptoms, which could have been made worse had he taken the drugs he was requesting. We took the view that the actions of the GPs were reasonable. There were some delays in Mr C receiving the colonoscopy but the GPs had no control over this, and there was evidence that they had taken action to try to speed it up.

On the complaints handling, Mr C had addressed his complaint to the practice manager, but the response came from one of the GPs. Mr C felt that this meant that the practice manager had washed her hands of the complaint. We found, however, that because much of Mr C's complaint was about his clinical care and treatment, it was reasonable for a GP to respond, and we were satisfied that all the issues he raised were addressed in that response. Although we did not uphold the complaint, we found that the medical practice's complaints procedure said that the final stage of the process was to refer the matter to the local NHS board. As this is no longer the case, and the final stage is referral to the SPSO, we brought this to the attention of the practice.