

## SPSO decision report

**Case:** 201305995, A Medical Practice in the Fife NHS Board area  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Outcome:** upheld, recommendations

### Summary

Mrs C had a hip replacement a few years ago which initially seemed to be successful. In early 2013, Mrs C attended her medical practice with pain in her thigh that was preventing her from bending to put her shoes on or driving. She was prescribed painkillers for a possible muscle or ligament injury and advised to rest. Mrs C's pain continued and she was sent for an x-ray which was reported as normal by a radiologist (a specialist in x-rays). The pain got no better and Mrs C was referred to a specialist. Some months after initially attending the practice, Mrs C contacted them to ask for a referral to a private hospital. Later that month, the practice arranged crutches for Mrs C as she was struggling to walk, and she was seen by the private consultant a few days later. He considered that the x-ray showed a possible issue and made suggestions for further investigations at an NHS hospital. These were carried out the following month and showed that Mrs C's replacement hip had become loose, causing the thigh bone to fracture. Mrs C complained that the practice failed to diagnose the cause of the pain in her thigh.

We took independent advice from one of our medical advisers, who is a GP. The adviser reviewed Mrs C's medical records and said that although the x-ray was normal, the fact that she continued to suffer from pain and visited the practice on several occasions should have prompted them to carry out further

x-rays, particularly when she had to be given crutches to walk. We, therefore, upheld her complaint.

### Recommendations

We recommended that the practice:

- ensure that GPs familiarise themselves with the diagnosis and management of hip fracture, paying particular reference to the need to reassess patients who may clinically present with a fracture but have a negative x-ray;
- carry out a significant event meeting to discuss this clinical incident and any lessons that can be learned; and
- apologise to Mrs C for failing to take reasonable steps to diagnose the cause of her pain.