Scottish Parliament Region: Mid Scotland and Fife

Case 200501587: General Practitioner Practice in the Forth Valley NHS Board area

Introduction

1. On 12 September 2005 the Ombudsman received a complaint from a woman, referred to in this report as Ms C. Ms C attended her local General Practitioner (GP) practice (the Practice) on 2 February 2005 when she was seen by a GP (GP 1). GP 1 told her that she had two large lumps in her stomach/abdomen. He said he would arrange for her to attend hospital for an ultrasound scan and he would see her again on 11 February 2005 for a fuller examination. The ultrasound scan was arranged for 16 February 2005.

2. Ms C was anxious and asked for the GP appointment to be brought forward. She was seen again by GP 1 on 9 February 2005. GP 1 could not obtain a cervical smear because of an obstruction and decided to refer Ms C to a specialist. Ms C asked for a private referral and obtained an appointment for the following day. The ultrasound scan established that Ms C had large fibroids. On 15 March 2005 Ms C underwent a hysterectomy and bilateral salpingo oophorectomy. She was discharged from hospital on 20 March 2005.

3. The complaints which I investigated were that:

(a) Ms C attended the Practice in 2003 with identical symptoms to those exhibited in February 2005. She was seen by a GP (GP 2) who, she felt, failed to approach the diagnosis of her symptoms in a competent manner;

(b) Ms C was treated in an insensitive manner by GP 1 at the consultations on 2 and 9 February 2005;

(c) The Practice provided no follow-up or support following Ms C's discharge from hospital; and

(d) After her discharge from hospital, the Practice hounded her to attend for smear tests even though these were unnecessary.

4. Following the investigation of all aspects of this complaint, I came to the following conclusions:

(a) not upheld, see paragraph 30;

(b) not upheld, see paragraph 31;

(c) not upheld, see paragraph 32;

(d) upheld, see paragraphs 33 and 34.

5. The Ombudsman recommends that the Practice review their cervical smear recall system (see paragraph 34).

Investigation and findings of fact

6. On 10 July 2005 Ms C complained to the Practice about the care and treatment she received in 2003 and February 2005. The Practice replied in a letter dated 19 July 2005. Ms C remained dissatisfied and on 12 September 2005 she complained to the Ombudsman.

7. The investigation of this complaint involved obtaining and reading all the relevant documentation, medical records and complaints files. I obtained advice from a medical adviser to the Ombudsman, an experienced GP (the adviser). I have set out my findings of fact and conclusions below. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Practice have been given an opportunity to comment on a draft of this report.

Ms C's complaint to the Practice

8. Ms C said that on 2 February 2005 she obtained an emergency appointment at the Practice, as back pain she had been suffering for a considerable time had become unbearable. She was examined by GP 1 who informed her that she had two large lumps in her stomach/abdomen. He did not explain what these might be.

This put Ms C into a state of anxiety. GP 1 told her he would make an appointment for her to have an ultrasound scan at Stirling Royal Infirmary. An appointment was made for her to see GP 1 again on 11 February 2005 for an internal examination and a cervical smear test.

9. Ms C's distress increased until she could wait no longer. She called the Practice on 9 February 2005 and asked for the tests to be done that day. GP 1 carried out the internal examination but could not obtain a cervical smear because of an obstruction. He arranged for her to see a specialist, on a private basis, the following day. Ms C tried to explain her extreme anxiety. She asked GP 1 what to expect at this appointment. She claimed that GP 1's attitude was flippant and he apparently responded 'well it will be a room similar to this'. He offered no explanation as to what the lumps might be and he did nothing to reassure her despite her obvious fear of what might transpire at the forthcoming appointment.

10. On 16 February 2005 Ms C had an ultrasound scan when it was found that she had very large fibroids. On 15 March 2005 she underwent a total hysterectomy and bilateral salpingo oophrectomy.

11. Ms C said that two years previously (2003) she had visited the Practice with exactly the same symptoms when she was seen by another doctor (GP 2). GP 2 did not examine her but took her blood pressure and prescribed Ibuprofen. As a result, she had to take pain killers every day for two years and had extensive surgery. She felt this may have been avoidable.

12. While waiting for her operation, Ms C received a letter from the Practice giving her an appointment for a cervical smear test due the day after her hysterectomy. She telephoned a receptionist at the Practice to explain the situation but the receptionist insisted she would still need smear tests and that she should make an appointment for a later date. Ms C later received a letter from the Practice calling her for a smear test on 9 May 2005. On 27 May 2005 she received a telephone call from a nurse at the Practice telling her she would need to attend for a smear test. Ms C explained that her consultant advised her that she would not need smear tests following the hysterectomy. The nurse told her that if she was not prepared to have a smear test then she would have to sign a disclaimer. Ms C

said that the Practice's persistent hounding of her in pursuit of a smear test had caused her unnecessary stress.

Practice's reply

13. In reply to Ms C's complaint the Practice wrote:

> '… on 9 May 2003 you attended the Surgery for an urgent appointment, when you saw [GP 2]. The notes state that you were complaining of neck and upper back pain radiating down to the loin. The notes also say that you complained of a slight headache and that you told [GP 2] your symptoms were similar to previous symptoms you had suffered during a urinary tract infection some years before. [GP 2] examined your neck discomfort. She also arranged a urinary culture to be sent to the Laboratory. On the basis of the entry in your case notes, your complaints on that day would not point towards a gynaecological problem and consequently a pelvic examination would be inappropriate.
>
> … As you rightly say in your letter having had a hysterectomy for benign disease you would not routinely require a follow-up cervical smear. I apologise for any distress caused by our letter asking you to attend for a cervical smear test. In situations where a lady has had a hysterectomy for pre-cancerous changes in the cervix (not the problem that you had), it is current medical practice to continue offering what are called "vault smears", which are smears taken from the high vagina. As your hysterectomy was for benign fibroid disease, you do not require further cervical smears. As a Practice, we have a robust cervical smear recall system, which endeavours to encourage all women to attend for regular cervical smears. We feel that this is the best method for early detection of cervical disease and hopefully preventing the development of cervical cancer. I appreciate that in your own individual situation that you may feel that we have been overzealous in pursuing you for a cervical smear. I apologise for this. It is not necessary for you to sign a disclaimer form, as you do not require any further smears. …'

Complaint to the Ombudsman

14. In correspondence with the Ombudsman's office, Ms C said of her appointment with GP 2 in 2003, that she went for treatment for exactly the same symptoms that she later experienced in February 2005. The diagnostic approach of GP 2 was completely different to that of GP 1. It, therefore, seemed to Ms C that GP 2 was negligent in that she failed to do what GP 1 did in the same circumstances. Ms C would not have used the term 'urinary tract infection'. She probably would have complained of a pain in the kidney. She did complain of problems in her neck and upper back and she found it difficult to understand why a urinary tract infection was diagnosed while examining her neck and upper back. She did not recall providing a urine sample on 9 May 2003. She did not believe the sample referred to in the Practice's reply to her complaint could have come from her. She had also noticed that, although she had consulted GP 2, the microbiology report relating to the urine sample contained the name of another GP.

15. Ms C said that her mother died of bowel cancer at the age of 49. She told GP 1 that at the appointment on 2 February 2005 but he made no comment. She did not think it unreasonable for her to be thinking at that time that she should be expecting the worst. GP 1 did not take on board the obvious anxiety and distress his diagnosis was causing and when she questioned him as to what she could expect he was flippant. The approach of GP 1 was offhand and insensitive and did little to allay her fears at that time.

16. The lack of care shown by the Practice following her discharge from hospital was also disturbing for her and made her feel abandoned and isolated from the Practice. She would have expected at least a telephone call if not a visit to check on her progress following her discharge from hospital after her surgery and to be offered help if needed.

17. Ms C said that she had previously been notified by the Practice of several appointments made for her to attend the Practice's Well Woman Clinic. She initially telephoned the Practice to explain that, as she worked in Edinburgh and the appointments were for the middle of the day, they were not suitable. More recently, she had been particularly upset by the strident attitude of the Practice before and after her operation. The issuing of appointments coinciding with her

surgery and the extremely abrupt and patronising attitude of the telephonist/receptionist that she would still need to attend was extremely distressing.

Adviser's Report
Clinical comments:
18. The adviser said that GP 2 recorded in the clinical notes for 9 May 2003 that Ms C complained of neck pain, with some radiation to the upper back and loin. GP 2 commented that there was no history of injury to the neck. GP 2 noted that Ms C drove a lot. She also recorded the further complaint of a slight headache, and the comment that Ms C had pains with a urinary tract infection years ago, and felt the same. He measured her blood pressure and examined her neck, noting that Ms C had pain on flexion of the neck. Ibuprofen was prescribed. The diagnosis would appear to have been one of neck pain.

19. The adviser said that examination of a sample of urine was also requested as a precaution. No infection was found in the urine sample. Ms C did not recall providing a sample of urine but the evidence from the laboratory was to the contrary. Ms C also found it difficult to understand why a diagnosis of urinary tract infection was made. The adviser did not think a diagnosis of urinary tract infection was made. It seemed to him that it was only elicited in the history given by Ms C that she had felt similar in the past when she had a urinary tract infection and so GP 2 felt it sensible to test the urine. The adviser said that was an appropriate action to take. Ms C was also concerned that the GP named on the hospital urine result report was not the GP she had seen. The adviser said this was common in general practice as hospital departments often used the senior GP partner's name on reports.

20. Ms C attended GP 1 on 2 February 2005. The adviser said the records indicated that the presenting complaints were of pains in the back, shivering and nausea. An appropriate working diagnosis of urinary tract infection was made. The urine was tested in the surgery and showed the presence of blood. It was noted that Ms C was menstruating, which was a possible reason for the blood being found. Further examination of the abdomen showed a swelling (mass).

21. GP 1 was unsure of the diagnosis, and arranged an ultrasound scan. He also arranged for Ms C to attend again on 11 February 2005 for a fuller examination. He planned an internal vaginal examination and a cervical smear. He made a potential diagnosis of 'fibroid' and recorded this in the notes. The adviser said that, although not recording the other possibilities, a GP has to think of other possible diagnoses. In this case, these were cancer of the ovary or uterus. There was no mention made as to any degree of anxiety shown by Ms C at this consultation. The adviser said that the examination and action planned by GP 1 at this consultation were appropriate and reasonable. The timescale for the ultrasound scan was acceptable and indeed short for arranging an ultrasound.

22. Ms C attended again on 9 February 2005, two days earlier than initially arranged. The adviser said that the GP records indicate that GP 1 noted that Ms C was stressed. He recorded 'panicking – cannot concentrate'. There is evidence that he was unable to complete the internal vaginal examination or take a cervical smear due to a swelling in the pelvis obscuring the cervix.

23. The adviser noted that, when GP 1 wrote to the consultant gynaecologist, he said that he noted the pelvic swelling and wondered whether it originated in the ovary. The adviser said that meant that GP 1 was considering the possibility of cancer of the ovary. GP 1 commented on the past failure of medical practitioners to persuade Ms C to agree to have cervical smears. He said Ms C was 'panicking quite a lot'. The adviser said that this was a good referral letter and there was evidence of GP 1's acceptance that Ms C was anxious. There was no specific reference to GP 1 attempting to ease her anxiety.

24. The adviser said that, given that the possible diagnoses for the GP at this stage included a benign disease – fibroids - or cancer in a young person, there was not a lot that a GP could do to alleviate anxiety, apart from intimating there were various possible diagnoses and that the specialist would be able to sort it out.

25. The adviser said that it is difficult to completely allay anxiety when one of the possible diagnoses was cancer. GP 1 arranged an appointment with the appropriate specialist for the next day. In the adviser's opinion, GP 1 did a lot to decrease Ms C's anxiety as far as possible by reducing the time to see the

specialist to a minimal time. If the final diagnosis had been that of cancer then GP 1 could have been accused of insensitivity if he had eased any anxiety too much by denying the possibility of a cancer when discussing the disease with the patient.

26. The adviser said that it was not normal practice for a GP to visit patients following operations, much as this might be appreciated. The Practice would have received the discharge letter dated 15 March 2005 from the consultant gynaecologist stating Ms C had had her operation that day and that she would be discharged approximately one week later, with an appointment for routine follow-up. Another letter dated 21 March 2005 was sent from the consultant gynaecologist saying that Ms C had made a satisfactory recovery and was discharged home on 20 March 2005, with an appointment for a routine follow-up. In these circumstances, the adviser felt that the decision not to visit the patient was reasonable.

27. The adviser considered that there should be a call and recall system in place for cervical smears. Once a patient has had a hysterectomy then the GP system should have this on record and not call that patient. The adviser commented that, nonetheless, all systems can fail and it was better to fail in this way (despite the distress to the patient) rather than not call a patient who should have a cervical smear test, as a potential cancer could not then be diagnosed early.

28. In summary, the adviser felt that the consultation in 2003 was reasonable. There was no written evidence to show Ms C complained of something else on that occasion. He said that the clinical actions of GP 1 in 2005 were not only appropriate but in his view were excellent. He could say little about GP 1's consultation technique in allaying Ms C's anxiety, apart from that it would have been wrong to have fully alleviated her anxiety given that Ms C may have been suffering from cancer. He considered that the Practice should not have called Ms C for further cervical smears after her hysterectomy.

Conclusions

29. Having considered all the evidence I have reached the following conclusions:

(a) In 2003, GP 2 failed to approach the diagnosis of Ms C's symptoms in a competent manner

30. Ms C said that at this appointment her symptoms were exactly the same as those she was displaying in February 2005 and so GP 2 was negligent because she failed to do what GP 1 did in the same circumstances. I do not doubt that Ms C believes her symptoms were identical, however, I am persuaded by the notes made by GP 2 at the time that the symptoms were not identical and, given the adviser's opinion, GP 2 provided appropriate care and treatment. I do not uphold this complaint.

(b) Ms C was treated in an insensitive manner by GP 1 at the consultations on 2 and 9 February 2005

31. Ms C described her anxiety caused by her family history and fear that she may have cancer. She said that GP 1 did nothing to allay her concerns. The adviser has commented that GP 1 arranged the appropriate examinations and that the timescale for the ultrasound scan was short. The notes made by GP 1 at the time also indicate that he recognised that Ms C was anxious. From the record, it is clear that GP 1 did recognise Ms C's anxiety and did take steps to allay her fear, by arranging appropriate follow-up in good time. However, this is not how the consultation was viewed by Ms C. Nevertheless, the fact remained at that time that Ms C might have had cancer and GP 1 was not in a position to completely allay her concerns. I do not uphold this complaint.

(c) The Practice provided no follow-up or support following Ms C's discharge from hospital

32. It is apparent that the Practice was aware of the date when Ms C had her operation and the date of her discharge. The discharge letter from the hospital also said that she had made a satisfactory recovery and had an appointment for routine follow-up. The adviser has explained that it is not normal practice for GPs to visit patients after surgery and that the decision not to visit Ms C in these circumstances was reasonable. I agree with that view and do not uphold the complaint.

(d) After her discharge from hospital, the Practice hounded Ms C to attend for smear tests even though these were unnecessary

33. Ms C received a number of approaches from the Practice trying to persuade her to attend for a cervical smear test when she did not need one and she found this stressful. I uphold this complaint.

34. I am pleased to note the Practice has accepted that these approaches were not necessary and has apologised to Ms C. In response to my draft report, the Practice replied that all relevant members of the Practice team had met and examined the entire cervical smear recall system. In consultation and conjunction with the software providers, areas for improvement were identified and implemented. The Practice Manager has taken a greater role in the overseeing of the process in relation to the computer system and further training for staff has been organised. I am satisfied that the Practice has now taken appropriate action to address the recommendation made at paragraph 5.

25 April 2006

Annex 1

Explanation of abbreviations used

Ms C	The complainant
GP	General Practitioner
GP 1	General Practitioner who saw Ms C in February 2005
GP 2	General Practitioner who saw Ms C in 2003
The consultant	Consultant Gynaecologist responsible for Ms C's hospital care
The Practice	GP Practice in the Forth Valley NHS Board area

Annex 2

Glossary of medical terms

Fibroids	Benign tumours of the uterus
Hysterectomy and bilateral salpingo oophorectomy	Removal of the womb and both ovaries
Ibuprofen	An anti-inflammatory medication