

Scottish Parliament Region: Highlands and Islands

Case 200502495: General Practitioner, Highland NHS Board

Summary of Investigation

Category

Health: General Practitioner

Overview

The complaint from Mr C concerned a document produced by a social worker recording a discussion with a general practitioner (GP) relating to the complainant's son (child A).

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) the GP gave inaccurate information about child A to a social worker at a meeting in April 2003 and did not attempt to correct this (*not upheld*); and
- (b) Mr C's complaint was not dealt with appropriately (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 15 December 2005 the Ombudsman received a complaint from a man referred to in this report as Mr C. Mr C complained that a general practitioner (the GP) gave inaccurate information about his son (child A) to a social worker at a meeting in April 2003. The meeting had been held in the context of a child abuse inquiry and the GP's statement was summarised in a social work document. Mr C said that the doctor made no attempt to correct the statements attributed to him in the document. He also said that his complaint had not been dealt with properly.
2. The complaints from Mr C which I have investigated are that:
 - (a) the GP gave inaccurate information about child A to a social worker at a meeting in April 2003 and did not attempt to correct this; and
 - (b) Mr C's complaint was not dealt with appropriately.

Investigation

3. In investigating this complaint, I have reviewed the correspondence between Mr C, the GP and the relevant NHS Board (the Board). I have read documents relating to the social work department's investigation and correspondence between Mr C, the Council and the Ombudsman concerning this. I have taken advice from a clinical adviser.
4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Practice were given an opportunity to comment on a draft of this report.

(a) The GP gave inaccurate information about child A to a social worker at a meeting in April 2003 and did not attempt to correct this

5. In 2003 Mr C and his family were investigated following allegations of possible child abuse. Child A was placed on the "at risk" register but was removed from this in April 2004.
6. On 5 May 2004, Mr C wrote to his family practice, asking for all information held by the Practice relevant to the allegations concerning child A.

7. After a case conference concerning child A on 27 May 2004, the GP gave a copy of a document drawn up by the social worker to Mr C. He had only recently received this from the social work department. The document was a summary written by the social worker, following a meeting with the GP in April 2003. The summary contained information relating to the contact between child A and the Practice.

8. On 21 June 2004, Mr C wrote to the doctor complaining that the report was grossly misleading and, in particular, it suggested that the parents had been negligent regarding a fall against a radiator. The fall had occurred at school. He wrote again on 9 August 2004, complaining about the lack of response and making further allegations.

9. The GP replied on 16 August 2004. He said that, at the interview with the social worker, a policeman had also been present and that he had been questioned in depth about the radiator injury. He said that at no time had he expressed concerns about the injury or suggested that it was in any way suspicious or needed further investigation. He said, in a second letter of the same date, that the document he had handed to Mr C in May 2004 was a social work document and had never been part of the medical notes.

10. On 27 August 2004, Mr C wrote again to the GP and said that he did not understand why the radiator incident was discussed and why he did not challenge the document or pass it on to him if he did not feel that it reflected the information that he had provided.

11. The GP replied on 8 October 2004. He said that at the meeting in April 2003 he had had child A's notes with him, had read out entries relating to the previous encounters child A had had with the Practice from February 1999 until January 2003. The social worker had made his statement from this. When he had handed the statement to Mr C from the social worker, 13 months after the meeting, he could not recall precisely what was said but had been unable to identify any gross inaccuracies in the statement.

12. On 22 November 2004, Mr C wrote to the complaints section of the relevant NHS Board asking that this matter be considered by an Independent Review Panel

(IRP). On 14 January 2005, a convener wrote to him informing him that this request had been rejected. In the letter it was stated that the convener was satisfied that the doctor had responded to Mr C's complaint against him in full. Further, the GP had dealt with issues raised and an IRP would serve no further purpose.

(a) Conclusion

13. The document that Mr C complains about is a brief summary of a meeting held in April 2003. This document was not written by the GP and he had no control over its contents. I have read this document carefully and discussed it with a clinical adviser. The contents of the document are expressed in a factual manner and, although the location of the incident complained about is not mentioned, it does not suggest suspicion on the part of the GP. The GP did not need to correct this statement, although it was helpful of him to expand on it with his recollections of the meeting in his letter to Mr C of 8 October 2004 (see paragraph 11). I do not uphold this complaint.

(b) Mr C's complaint was not dealt with appropriately

14. The NHS complaints procedure changed in April 2005. Prior to this, a complainant could ask for an IRP if they were not satisfied with the initial response from the Practice or Board. Such a request was considered by an independent convener. This step is no longer available and complainants can now come direct to the Ombudsman if they remain dissatisfied.

15. On 26 June 2004, Mr C made a number of complaints about employees of NHS Highland to the Board, concerning their involvement with the social work investigation. He received a response from the Board on the 2 September 2004 which informed him of his right to an independent review. As indicated in paragraph 12, he asked for his complaint against the GP to be considered as part of this. This letter sets out his concerns in detail and does not contain any reference to the fact the GP had not formally given him a copy of the complaints procedure. Mr C said he was unaware the Practice had a complaints procedure.

16. In their response to him in the letter of 14 January 2005 (see paragraph 12), the convener commented on the delay:

'However, there were significant delays in responding. An early response should have been forthcoming without the need for a reminder, even if only to

acknowledge receipt and promise a later reply in full.'

17. In response to questions from this office, the GP accepted Mr C had not received a copy of the Practice's complaint procedure. He also said that he had decided to deal with the complaint personally because of its intricate and sensitive nature. A number of related complaints were made at the same time which made responding more complex and he sought advice before his initial response of 16 August 2004.

(b) Conclusion

18. Mr C's complaint was dealt with personally by the GP because of its sensitive nature rather than through their formal procedures. The GP did not explain this to Mr C or provide him with a copy of the complaints procedure. However, it is clear from the correspondence I have seen that Mr C was fully aware of the NHS procedure. He was already pursuing complaints through this procedure and asked for this matter to be included in his outstanding request for an IPR when he was dissatisfied with the GP's response. The convener to the IPR considered this and Mr C then complained to the Ombudsmen. Therefore, this complaint was in fact dealt with according to the NHS procedure then in force. Although the decision of the GP to deal with this outwith the normal procedures could be criticised, given the nature of the complaint this decision was understandable and, in any event, did not cause injustice to Mr C as the complaint was dealt with according to the procedures. I do not, therefore, uphold this complaint.

26 September 2006

Explanation of abbreviations used

Mr C	The complainant
Child A	The complainant's son
The GP	A general medical practitioner at the Practice where Child A was registered
The Board	NHS Health Board
The Practice	The Practice where the GP worked
IRP	Independent Review Panel