

Case 200601633: A Medical Practice, Lothian NHS Board

Summary of Investigation

Category

Health: Family Health Service; clinical treatment and complaints handling

Overview

The complainant (Mrs C) raised a number of concerns that her mother (Miss A) had not been appropriately treated by her GP practice (the Practice) and also that her own complaint to the Practice had not been properly responded to.

Specific complaints and conclusions

The complaints which have been investigated are that the Practice:

- (a) did not give Miss A appropriate care between January and June 2006 (*not upheld*); and
- (b) did not respond appropriately to Mrs C's complaint of 4 July 2006 (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 1 September 2006 the Ombudsman received a complaint from a lady, referred to in this report as Mrs C, concerning the treatment of her mother (Miss A) by a GP practice (the Practice). Mrs C believed that appropriate blood tests were not carried out by the Practice and that appropriate action had not been taken following tests and examinations of Miss A's foot and leg. Mrs C also complained that her complaint to the Practice of 4 July 2006 had not been responded to appropriately.

2. The complaints from Mrs C which I have investigated are that the Practice:

- (a) did not give Miss A appropriate care between January and June 2006; and
- (b) did not respond appropriately to Mrs C's complaint of 4 July 2006.

Investigation

3. The investigation of this complaint involved obtaining and examining the relevant medical and correspondence files from the Practice, which included the Practice's internal correspondence regarding Mrs C's complaint. I also sought the opinion of a medical adviser to the Ombudsman (the Adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Practice have been given an opportunity to comment on a draft of this report.

4. Miss A was admitted to hospital in October 2005 for major surgery for a bowel obstruction. She remained in hospital for two months following the surgery. She was discharged home with bedsores on her feet. Once home these were managed primarily by the district nursing staff of the Practice. The nursing staff regularly dressed Miss A's foot twice a week. On a number of occasions doctors from the Practice visited Miss A at home in response to Mrs C's concerns about her mother's condition. Mrs C and Miss A planned a holiday in northern Scotland for June 2006. They arranged for a local practice to dress Miss A's foot during this holiday. While on holiday, Miss A was referred by the local practice to hospital for tests on her foot. Following these tests, Miss A was advised to seek a referral to a vascular surgeon when she returned home. On 22 June 2006, shortly after Miss A's return home, the Practice made an urgent referral to the Vascular Out-Patient Clinic of the Royal Infirmary of Edinburgh for assessment. On 12 July 2006 a referral was made to the Vascular Registrar for Miss A's possible admission to hospital. Miss A was

admitted to hospital on the same day and her right foot and part of her right leg were amputated on 25 July 2006.

(a) The Practice did not give Miss A appropriate care between January and June 2006

5. Mrs C complained that appropriate blood tests were not carried out on Miss A by the Practice between January and June 2006. Mrs C also complained that appropriate action was not taken following tests and examinations of Miss A in the same period.

6. The Practice told Mrs C that there had been no request in the discharge letter from the hospital for blood tests to be carried out on Miss A following her surgery in late 2005 and that blood tests for the medications Miss A had been prescribed were usually made every six months. A blood test in line with this had been undertaken by the Practice on 2 June 2006 and the results were normal. As well as the tests that were undertaken on that day, the doctor recommended that Miss A have a Doppler test (a test used to evaluate blood flow) on her return from holiday.

7. By 5 June 2006, Miss A had travelled to northern Scotland and attended at a local practice for her dressing to be changed. A nurse at the local practice was concerned about Miss A's foot and a Doppler test was arranged for 8 June 2006. When the Doppler test could not be completed due to the pain it was causing Miss A she was referred to a local hospital for an x-ray. As well as an x-ray, the hospital also undertook blood tests on Miss A. The results of these blood tests led to Miss A being admitted to hospital.

8. The Practice also advised Mrs C of the actions that Practice staff had taken following tests and examinations of Miss A between January and June 2006. The Practice indicated that they believed the actions taken had been appropriate.

9. I sought the opinion of the Adviser on this complaint. He agreed with the Practice that the results of the blood tests on 2 June 2006 had been normal. He told me that he believed the actions of the team caring for Miss A were reasonable and that all the investigations of Miss A by the Practice were organised and carried out appropriately.

(a) Conclusion

10. I agree with the Adviser that between January and June 2006 the Practice's actions were reasonable. Clearly, there had been a change in Miss A's condition between the tests undertaken by the Practice on 2 June 2006, which had given a normal result, and those undertaken by the hospital during Miss A's holiday in northern Scotland a week later, as the results of these tests led to Miss A's admission to hospital. However, I do not consider the change in Miss A's condition can be attributed to a lack of appropriate care by the Practice. While I do appreciate how upsetting the amputation must have been for Miss A and Mrs C, given the Adviser's views and the evidence, I do not uphold the complaint.

(b) The Practice did not respond appropriately to Mrs C's complaint of 4 July 2006

11. On 4 July 2006, Mrs C wrote a letter of complaint to the Practice. In her letter she complained that no tests had been taken to monitor the effectiveness of the medication Miss A had been prescribed by the hospital; that Miss A's foot had not been tested for infections and that Miss A was not being prescribed different medications following her hospitalisation in northern Scotland. Mrs C told the practice that she wanted the procedures for the care of Miss A reviewed and Miss A's health problems dealt with.

12. The Practice acknowledged Mrs C's complaint on 7 July 2006 and advised her that a response would be prepared within two weeks. Mrs C was also advised that if Miss A was concerned about her health, she should contact the Practice. The Practice wrote again to Mrs C on 21 July 2006 explaining that due to the annual leave commitments of Practice staff it would take longer to complete a response to her complaint. Mrs C was advised to call the Practice Development Manager if she wished to discuss the matter.

13. The Practice responded to Mrs C's complaint on 17 August 2006. As noted in paragraph 6, the Practice told Mrs C that a regular six-monthly test related to the medications Miss A had been prescribed was undertaken on 2 June 2006. The Practice recounted all the tests for infection that had been performed on Miss A during the period between January and June 2006, and the action that had been taken as a result of these. I will not repeat the details of these here. The Practice explained to Mrs C that the medications Miss A had been prescribed while in hospital in northern Scotland had been discontinued before she had been discharged and that the discharge letter did not suggest

that these should be re-prescribed. The Practice had subsequently assessed Miss A's medication and had not concluded that any new medication was required. It was indicated that Mrs C's concerns would be raised as part of the Practice's regular procedural review.

14. I sought the opinion of the Adviser on the contents of the Practice's response to Mrs C's complaint. He told me that the response accurately reflected the contents of Miss A's medical notes.

(b) Conclusion

15. I am satisfied that the Practice addressed all the complaints Mrs C raised in her letter of complaint and reasonably informed her in advance of the reasons why there was a delay to the preparation of a response to her complaints. Given this, I do not uphold the complaint.

Explanation of abbreviations used

Mrs C	The complainant; Miss A's daughter
Miss A	The aggrieved; Mrs C's mother
The Practice	Miss A's GP practice
The Adviser	A medical adviser to the Ombudsman