Scottish Parliament Region: Lothian

Case 200600902: A Medical Practice, Lothian NHS Board

Summary of Investigation

Category

Health: GP Practice; Clinical Treatment

Overview

The complainant (Mr C) complained about the treatment he received from his General Practitioner (GP) when he received a house call on 21 January 2005. He complained that the GP took too long to arrive to visit him, and failed to examine him. He also complained that the GP delayed referral to the ambulance service to have him transferred to hospital for admission.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) the GP took three hours to respond to a request for a house call (*not upheld*);

(b) the GP did not carry out a physical examination of Mr C (*not upheld*); and

(c) Mr C understood the ambulance was going to be arranged as an urgent case (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. Mr C complained about the service he received from the GP, when he telephoned his medical practice, (the Practice) on 20 January 2005. Mr C advised that he had experienced a night of severe discomfort and pain in his abdomen. He said that he made a number of telephone calls to the Practice in the morning and was unhappy with the length of time it took the GP to respond to the request and make a house call. Mr C complained about the physical examination that was carried out by the GP. He also complained that the GP indicated that the ambulance would arrive sooner than it did, to convey him to hospital for admission. Mr C complained to the Practice on 31 May 2005 and the Practice responded on 30 June 2005. Mr C remained dissatisfied with the explanation he was given and brought his complaint to the Ombudsman on 27 January 2006.

2. The complaints from Mr C that I have investigated are that:

(a) the GP took three hours to respond to a request for a house call;

(b) the GP did not carry out a physical examination of Mr C; and

(c) Mr C understood the ambulance was going to be arranged as an urgent case.

Investigation

3. The investigation of this report involved obtaining all the relevant documentation, including Mr C's medical notes, relating to his request for a house call from the Practice. I have also interviewed the GP who made the house call and have had a telephone interview with Mr C. As part of this complaint involved the actions of the Scottish Ambulance Service (the Service), although the complaint is not about them, I obtained information about the request that was made for this particular hospital admission (see paragraph 17). I have also obtained advice from the Ombudsman's independent health adviser (the 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 took three hours to respond to a request for a house call

5. Mr C complained that the GP took three hours to make a house call, following his telephone request to the Practice at approximately 10:45. Mr C complained that he had to make several further calls and that a friend also made calls on his behalf. Mr C complained that the GP did not arrive at his house until 15:10. An ambulance was subsequently arranged to convey Mr C to hospital. Mr C said it arrived at 16:00. Mr C was admitted to the Royal Infirmary of Edinburgh (the Hospital) and underwent treatment for a perforated hernia and a perforated bowel.

6. According to the Practice records, the GP made a house call after the morning surgery had been completed. The Practice did not have a record of the time of Mr C's telephone call or a written record of the time of GP arrived at Mr C's house. While the GP indicated that he had not recorded the actual time of the house call, he was certain that Mr C was the first house call of the day.

7. This information was given by the Practice in their written response to Mr C of 30 June 2005 and he was also advised of the GP's recollection of making arrangements for the ambulance as soon as he returned to the Practice at 14:10. This was noted in the facsimile sent to the Hospital in advance of Mr C's arrival at hospital and led the GP to consider that he made the house call at approximately 13:30. Mr C has since agreed this may have been the case as he recognised he was in pain, and may not have had a clear memory of the specific time.

8. The GP provided me with a written outline, prepared by the Practice Manager, of the procedure at the time Mr C made his request for a house call. This was: to note the name of the caller; their contact details; and ask for an indication of the problem. This information was then transferred to a day book (a diary). The details were recorded with the patient's name, address, telephone number, the message and for which doctor the message was taken. The time of a call is also normally recorded, however, on this particular occasion, the Practice confirmed that the actual time of the call was not recorded. I have been advised that, on the day concerned, a relief member of staff was carrying out this telephone duty. Although the Practice Manager indicated that only one call was recorded as having been received regarding Mr C, nine other requests for house calls were documented from patients on the Practice list. The record of the request made by Mr C stated: 'call, double

Hernia. In pain and constant shaking.' There is no other record of a call made to the Practice about Mr C.

9. At interview, the GP advised that he responded to the request for a house call once the house calls had been delegated and agreed between the GPs carrying them out that day. The Practice advised me that the delegated GP determines the level of urgency for the call and the information gathered from the caller requesting the visit is used to inform that decision.

10. The Adviser has indicated that, in his view, a wait of less than three hours was not a long time for Mr C to wait until the GP arrived. He considered that an appropriate response to Mr C's request was made in an appropriate time. Mr C said he made the telephone call to the Practice around 10:45 and the GP was certain he would have made the house call at around 13:30 (and Mr C has since agreed that this may be the case, see paragraph 7). He marked the facsimile as having been sent at 14:10, after he had seen Mr C, and the Adviser has indicated that this is what he would have expected to happen. Mr C was then referred to hospital and the clinical examination there indicated his requirement for further treatment.

(a) Conclusion

11. During this investigation, I have learned there was a breakdown in the system for recording telephone calls made to reception (see paragraph 8). The Practice Manager has reported that this matter has since been addressed, in order to avoid a recurrence. The Practice has indicated that, in future, a failure to record the necessary details of a telephone call for a house call will result in disciplinary action. They have also advised that, as a measure of good practice, the GP will now record the time of arrival to a house call. These are welcome improvements, as they will enable all parties to be clear about when calls are received and what is requested. The Adviser has indicated all this is appropriate.

12. I have also established that there was a likely wait of less than three hours for the GP to make the house call; that being the time between Mr C making his telephone call to the Practice and the GP's estimation his time of arrival (see paragraph 7).

13. It is my view that, notwithstanding that the actual time was not recorded, the Practice responded in line with their procedures to the request for a house

call. Thereafter, the GP made the appropriate ongoing care arrangements, based on the clinical need for the patient. I, therefore, do not uphold the complaint. I do note, however, that the telephone information procedure which failed on that day has been rectified by the Practice.

(b) The GP did not carry out a physical examination of Mr C

14. Mr C has complained that the GP did not carry out a physical examination during the house call made on 20 January 2005. During my telephone interview with Mr C, he explained that he and the GP remained in the sitting room during the visit and that Mr C was standing up throughout. Mr C wore his dressing gown and the GP looked at his stomach. Mr C had said the GP thought he could possibly have a suspected appendicitis but when Mr C pointed to the area of his hernia, the GP said it could be one or the other. Mr C recalled seeing the GP out of his home and then he packed a bag in preparation for going to hospital. He made a further call to the Practice to find out where the ambulance was.

15. The GP's recollection of the house call differed somewhat from that of Mr C. His recollection was that another person was there and Mr C was on the bed, fully conscious. In his view, he carried out a full assessment and considered a possible diagnosis of appendicitis and also took into account the possibility of a complication with the area of the hernia. He said he thought the visit had lasted about ten to fifteen minutes. During my interview with the GP, he explained he had arrived at a differential diagnosis and one that required further examination and exploration. He, therefore, referred Mr C to hospital and further diagnosis and told Mr C this was what he was doing.

16. Within the documentation provided by the Practice, the record of the visit indicated a physical examination had taken place and that Mr C's abdominal area had been seen and palpated by the GP as part of the examination. The record said on examination 'abdo soft, tender above area'. The Adviser confirmed that this is what he would have expected to see as a description of the physical examination on record.

17. Further, the letter to the Hospital, which was faxed from the Practice ahead of Mr C's arrival at hospital, contained written evidence of the examination carried out and a pictorial outline of a patient identifying the location of the pain. The entry also gave a pulse reading and information about the feel of the stomach to touch. There was also evidence of the conversation that took place

and the history as given by Mr C. Once again, the Adviser has indicated this is what he would expect to see as part of the description of the physical examination.

(b) Conclusion

18. Mr C and the GP have different recollections about a physical examination but, on the balance of probability, I have concluded that a physical examination took place, due to the record made and the explanation relayed to the Hospital. Mr C disputes this. The Adviser also indicated it is likely that a physical examination had taken place in order for the GP to substantiate his referral on to hospital. The level of the physical examination was enough to support a referral for a further clinical opinion. In all the circumstances, I do not uphold this aspect of the complaint.

(c) Mr C understood the ambulance was going to be arranged as an urgent case

19. Mr C complained about the length of time it took for the ambulance to take him to hospital. His recollection was that the GP was going to order an urgent ambulance. His understanding was that the arrival of an ambulance was going to be sooner than it was.

20. Within the clinical records provided by the Practice, there was a letter of referral faxed at 14:10 and the details of a telephone call made to the Bed Bureau by the GP after he had seen Mr C. Evidence from the SERVICE, which has assisted my understanding of the request made, confirmed that the call, received from the Edinburgh Bed Bureau at 14:02, was managed as an urgent request. After the dispatch of the ambulance, Mr C arrived at the Hospital at 16:00. I have also seen correspondence from the Board which supported the times of request and arrival of the ambulance and showed that it arrived at Mr C's house at 15:35. The Service described the timeframe for an urgent referral as being from the call being made to the point the ambulance arrives 'at patient'. Their target is between one and four hours. In Mr C's case, it was about two hours.

21. During the interview with the GP, he recalled that he would not have made any reference to a specific time for the arrival of an ambulance. He considered that he acted appropriately by returning to the Practice after the house call to make the arrangements required to convey Mr C to hospital and also to write

and fax a letter to the Hospital in anticipation of Mr C's arrival there. The Adviser has agreed this was an acceptable approach.

(c) Conclusion

22. The ambulance was ordered at 14:02 (see paragraph 20) from the Bed Bureau by the GP and was confirmed by the Service as an urgent request. The ambulance then arrived at Mr C's home at 15:35 and Mr C was in hospital at 16:00. In all circumstances, I do not uphold this aspect of the complaint.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The GP	The General Practitioner who visited Mr C
The Practice	Mr C's medical practice
The Service	The Scottish Ambulance Service
The Hospital	The Royal Infirmary of Edinburgh

Annex 2

Glossary of terms

Appendicitis	Inflammation of the appendix
Perforated Bowel	Small and large intestine pierced with one or more holes
Perforated Hernia	A protrusion of a loop or knuckle of an organ or tissue through an abnormal opening pierced with one or more holes