Scottish Parliament Region: Central Scotland

Case 201100385: A Medical Practice, Forth Valley NHS Board

Summary of Investigation

Category

Health: GP; Oncology, tests and diagnosis

Overview

The complainant (Mrs C) raised a number of concerns about the investigation and diagnosis of her sister (Mrs A)'s breast cancer by Mrs A's GP practice (the Practice) from May 2010 until November 2010.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) the Practice failed to investigate Mrs A's symptoms properly within a reasonable time (*upheld*);

(b) the failure by the Practice to diagnose Mrs A's condition was not reasonable (*not upheld*); and

(c) the Practice failed to refer Mrs A to hospital within a reasonable time (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Practice:	*Completion date*
(i) undertake a further Critical Event Analysis of Mrs A's care to consider their care of patients with cancer, particularly around presentations which may signal metastatic disease; and	21 May 2012
(ii) apologise to Mrs A and her family for the failures identified.	23 April 2012

The Practice have confirmed they will act on the recommendations accordingly.

Main Investigation Report

Introduction

1. Mrs A had a medical history of breast cancer. She began to feel unwell and attended her medical practice (the Practice) from May 2010 until October 2010 complaining of various symptoms, including a continued cough, back pain, rib pain, weight loss and, latterly, a marked deterioration in her ability to manage day to day activities. She was admitted to hospital on 9 November 2010 and diagnosed with metastatic breast disease. Mrs C complained that the Practice failed to investigate Mrs A's symptoms properly and should have suspected and diagnosed breast cancer, given her history. Mrs C also complained that the Practice should have referred Mrs A to hospital much sooner than they did. Mrs C said the failures by the Practice had an adverse effect on Mrs A's prognosis, quality of life and mental health.

2. On behalf of Mrs A, Mrs C complained to the Practice on 14 February 2011. The Practice acknowledged receipt of the complaint on 17 February and responded to Mrs C's letter of complaint on 3 March 2011. Mrs C raised further issues with the Practice and received their final response on 13 April 2011. Mrs C remained dissatisfied with the Practice's responses and complained to my office on 3 May 2011.

3. The complaints from Mrs C which I have investigated are that:

(a) the Practice failed to investigate Mrs A's symptoms properly within a reasonable time;

(b) the failure by the Practice to diagnose Mrs A's condition was not reasonable; and

(c) the Practice failed to refer Mrs A to hospital within a reasonable time.

Investigation

4. During the course of the investigation of this complaint, my complaints reviewer obtained and examined Mrs A's clinical records and complaint correspondence from the Practice. She also obtained advice from one of the Ombudsman's professional specialist advisers on general practice (the Adviser).

5. 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 were given an opportunity to comment on a draft of this report.

Clinical background

6. Mrs A was diagnosed with breast cancer in 2005. She had a high grade ductal carcinoma in situ with a small invasive component and underwent a right-sided mastectomy. She received hormonal treatment for the next two years. Mrs A was discharged from the oncology clinic on 7 October 2008 but continued to be seen by a surgical clinic, who reported no abnormalities on 8 July 2010.

7. Mrs A began to attend the Practice from May 2010 onwards complaining of a continued cough, chest symptoms and back pain and, the family said, from September onwards of significant weight loss, fatigue, loss of appetite and poor functionality. Following an appointment on 24 September 2010, blood tests and an ultrasound test were arranged to investigate the possibility of liver or kidney disease as the source of the pain.

8. On 18 October 2010, the Practice ordered further blood tests with a plan to review these with the results of the ultrasound when they were available. On 22 October 2010, the Practice telephoned a hospital consultant to discuss the outcome of the various tests (including abnormal blood tests) and it was agreed that an urgent referral was required. On 25 October 2010, the Practice referred Mrs A to hospital. Mrs A attended the Practice on 28 October 2010 and the records stated that she 'appears to be deteriorating'. She was admitted to hospital on 9 November 2010, underwent a number of tests and diagnosed with metastatic breast disease.

(a) The Practice failed to investigate Mrs A's symptoms properly within a reasonable time

9. Mrs C complained that because of Mrs A's medical history, the Practice should have had a high degree of suspicion about the causes of Mrs A's symptoms and should have acted more urgently to investigate her symptoms and arrange appropriate tests.

The Practice's response

10. In their response, the Practice said that on 21 May 2010, there was nothing to suggest that Mrs A had anything other than a straightforward problem with a cough. When she complained of back pain on 5 July and 1 September 2010, the GP believed that it was not very severe and was straightforward lower back pain with sciatica. In retrospect, the GP was disappointed that she did not make the connection with Mrs A's previous history

of breast cancer. At the time, she was reassured by Mrs A's routine review by the breast surgeon on 8 July 2010. Another GP saw Mrs A on 24 September 2010 because of back, loin and upper abdominal pain. They arranged an ultrasound scan and blood and urine tests. The Practice went on to say that in retrospect it was unfortunate that the GP did not specifically consider the possibility of metastatic cancer but that the investigations were appropriate to the symptoms. On 18 October 2010, the GP was aware that there was a more serious problem and considered bone metastasis as a possible cause. He discussed Mrs A with the hospital consultant on 22 October 2010 and, on their advice, made an urgent referral to the hospital on 25 October 2010.

11. The Practice said there was a regrettable delay between Mrs A's consultation on 5 July 2010 and her eventual admission to hospital on 9 November 2010. There were some factors which contributed to the problems. Firstly, Mrs A was seen by three different doctors, which made continuity of care difficult. Secondly, Mrs A's original diagnosis was ductal carcinoma in situ, which was usually a non-invasive form of cancer. It was rare for patients with this form of breast cancer to have later recurrences after treatment. This reduced the index of suspicion by the GPs who saw Mrs A. The Practice concluded that Mrs A's care could have been better and they had undertook a significant event analysis to discuss what went wrong and learn lessons.

Advice received

12. The Adviser noted that the cancer Mrs A was treated for in 2005 was classified as high grade (most aggressive) and there had also been some spread of the disease which required treatment at that time.

13. The Adviser reviewed Mrs A's GP records and said that all the examinations and actions of the Practice, up to and including May 2010, were appropriate. Other than her episode of care for cancer in 2005 (and the related treatment), Mrs A did not frequently attend the Practice and had no previous symptoms of back pain. This pattern changed from July 2010 when Mrs A reported a recurring chesty cough and back pain. An appointment on 5 July 2010 noted both these symptoms but the Adviser said that there was no indication in the record of how long the back pain had persisted nor mechanism of injury noted. While an examination was undertaken (straight leg raising was tested as was lower limb power), the Adviser noted that there was no record of any palpation of the spine or the presence or absence of bony tenderness. The

Adviser also noted that there was no follow-up plan. The Adviser considered this appointment to be deficient in detail given the presenting symptoms. At the next consultation on 1 September 2010, the problems of back pain and cough persisted. While a physiotherapy referral was noted, no tests were arranged to find the underlying cause. The Adviser also considered the consultation of 1 September 2010 to be deficient, given the persistence of chest and back pain symptoms, which he considered should have triggered further investigations.

14. The Adviser said that the blood tests and an ultrasound test arranged following the appointment on 24 September 2010 were reasonable at the time. However, given Mrs A's clinical history, the increased frequency of her appointments and the new, developing symptoms, the Practice should have taken more action to investigate the causes of Mrs A's symptoms. Persistent chest symptoms and back pain should have raised the possibility of metastatic disease. Also, it was not apparent that the Practice had considered the possibility of hypercalcaemia (which was diagnosed on admission to hospital), despite a previous history of malignancy, abdominal pain, bone pain, constipation and elevated alkaline phosphatase. The Adviser, therefore, concluded that the care provided to Mrs A was deficient.

(a) Conclusion

15. Mrs C complained that the Practice failed to investigate Mrs A's symptoms properly within a reasonable time. I have decided that the standard of care provided to Mrs A was not reasonable. The advice I have accepted is that the Practice did not have an appropriate degree of suspicion about Mrs A's symptoms and, consequently, failed to act promptly or comprehensively to investigate those symptoms. I uphold the complaint.

(a) Recommendation

16. I recommend that the Practice:	*Completion date*
(i) undertake a further Critical Event Analysis of Mrs A's care to consider their care of patients with cancer, particularly around presentations which may signal metastatic disease.	21 May 2012

(b) The failure of the Practice to diagnose Mrs A's condition was not reasonable

17. Mrs C complained that because of their failure to undertake more comprehensive tests the Practice missed a number of opportunities to diagnose

Mrs A's secondary breast cancer before it was diagnosed by the hospital in November 2010.

The Practice's response

18. The Practice said the investigations they organised were appropriate to the symptoms. They accepted that an ultrasound scan was not an appropriate test for bone cancer but that they were limited in what investigations they could request. In general, CT and MRI scans have to be ordered by hospital consultants and there were times when the Practice could only arrange investigations by referring to a hospital specialist.

Advice received

19. The Adviser said that even if the Practice had carried out more comprehensive tests at an earlier point it was unlikely that they would have made a definitive diagnosis. This was usually done by hospital specialists. The Practice had a duty to do basic tests and refer to hospital for definitive tests if there was a high enough degree of suspicion about the results. The Adviser noted in Complaint (a) that he did not consider that the Practice had a high enough degree of suspicion based on the nature of Mrs A's previous cancer and her symptoms.

(b) Conclusion

20. Mrs C complained that the failure by the Practice to diagnose Mrs A's condition was not reasonable. It is clear that further tests should have been arranged by the Practice and I have addressed this in Complaint (a). However, the advice I have accepted is that the Practice was not in a position to make a definitive diagnosis of cancer. In the circumstances, I do not uphold the complaint.

(c) The Practice failed to refer Mrs A to hospital within a reasonable time

21. Mrs C complained that the Practice should have referred Mrs A to hospital for further investigation much sooner than 25 October 2010 and that they should have arranged her admission to hospital sooner than they did.

The Practice's response

22. The Practice said that they reserved emergency admissions for patients who have acute symptoms and need immediate treatment in hospital. The decision to admit was more difficult in cases where symptoms developed over a period of time. Decisions about referrals or admissions were normally made by

the Practice, but unusually one of the GPs discussed Mrs A with a consultant because it was a complex situation and he realised her condition was serious and deteriorating. The decision on 22 October 2010 to refer Mrs A urgently to hospital was a joint one between the GP and a consultant. There were no grounds for admission to hospital at this point.

Advice received

23. The Adviser commented in Complaint (a) that there was a failure to undertake appropriate tests prior to 24 September 2010. He considered that the tests ordered on 24 September 2010 were appropriate. The results of these tests were all available by 25 October 2010 and an urgent referral was made on that day. The outcome of this referral was a hospital clinic appointment on 9 November 2010. Mrs A was admitted to hospital as an emergency from this clinic appointment and her diagnosis followed.

24. The Adviser said that the Practice could have considered referring Mrs A to hospital from July 2010 onwards, but it was reasonable to undertake GP investigations in the first instance. The Adviser said that the abnormal blood test results available in September 2010 should have provoked more urgent action and hospital admission could have been considered on 18 October 2010, but that hospital admission should have been actively considered on 28 October 2010 when Mrs A attended the Practice and clearly appeared to the GP to be deteriorating. The Adviser concluded that there was a lack of urgency in facilitating hospital admission when it was clear Mrs A's condition was deteriorating. Moreover, Mrs A had a number of complications on admission to hospital. She was acutely unwell with acute renal failure, anaemia, hypercalcaemia and significant inflammation of the oesophagus, stomach and duodenum. She received treatment for her renal failure, hypercalcaemia and anaemia (which required a transfusion). The Adviser said that she suffered unnecessarily due to the delay in providing definitive treatment. However, an earlier diagnosis was unlikely to have affected the final outcome, although the prognosis was uncertain and it was not possible to be definitive.

(c) Conclusion

25. Mrs C complained that the Practice should have referred Mrs A and arranged her admission to hospital sooner. The advice I have accepted is that the Practice should have considered referring Mrs A to hospital earlier than they did and should have been more proactive in arranging this admission. I uphold the complaint. It is clear that Mrs A suffered as a result of the delay in providing

treatment but it is impossible to know if the outcome would have been different if Mrs A had been referred to hospital sooner.

(c) Recommendation

26. I recommend that the Practice:	*Completion date*
(i) apologise to Mrs A and her family for the failures identified.	23 April 2012

27. The Practice have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Practice notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mrs A	The aggrieved
The Practice	Mrs A's GP practice
Mrs C	The complainant, Mrs A's sister
The Adviser	A specialist GP adviser to the Ombudsman

Annex 2

Glossary of terms

Alkaline phosphatase	An enzyme - elevated levels are associated with some medical conditions including cancer
Anaemia	Lack of red blood cells
Duodenum	A part of the small intestine
Ductal in situ carcinoma	An early stage of breast cancer
High grade	Most aggressive
Hypercalcaemia	Elevated calcium level in the blood
Oesophagus	A part of the digestive tract
Metastatic breast disease	An advanced stage of breast cancer