Scottish Parliament Region: Lothian

Case 201300629: A Medical Practice in the Lothian NHS Board area

Summary of Investigation

Category

Health: Heath FHS – GP clinical diagnosis and treatment

Overview

The complainant (Mr C) raised a number of concerns that his General Practitioners (GPs) failed to take timely action to fully investigate the symptoms he was reporting during five visits to his GP Surgery (the Practice) between August and November 2012. He complained that this led to a delay in the diagnosis of his testicular cancer.

Specific complaint and conclusion

The complaint which has been investigated is that the GPs failed to take the appropriate steps to diagnose Mr C's testicular cancer promptly (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Practice:	*Completion date*
(i) issues a written apology for the failings identified in this report; and	30 May 2014
(ii) ensures that GPs 1 and 3 reflect on their practice in relation to these events and discuss any learning points at their next appraisal.	30 May 2014

The Practice have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mr C was 22-year-old man who attended his GP (General Practitioner) Surgery (the Practice) four times from August to November 2012 reporting symptoms of a lump and pain in his right testicle.

2. Mr C saw three different GPs at the Practice over this period and was initially prescribed antibiotics (medication used to fight bacterial infections). On the third visit he explained that the pain was now radiating to his back. He was prescribed painkillers but no further investigations were undertaken. It was not until his fourth visit to the Practice on 22 November 2012 that he was referred for a 'Routine' Ultrasound Scan (USS – a specialised type of imaging which uses sound waves to produce images of the body).

3. The USS was due to take place on 11 December 2012 but, due to further pain, Mr C attended the Practice again on 3 December 2012 and was referred by one of the GPs to the Western General Hospital. Initial investigations suggested testicular cancer and this was later confirmed. The diagnosis was of Stage II B testicular cancer with spread to the residual lymph nodes in the abdomen (an advanced type of cancer which had spread to the lymph nodes (part of a system that carries various fluids and chemicals around the body) in the stomach area).

4. Mr C has since undergone an Orchidectomy (removal of the testicle); chemotherapy (treatment with toxic drugs to kill off cancer cells); and further surgery to remove the spread of the cancer.

5. The complaint from Mr C which I have investigated is that the GPs failed to take the appropriate steps to diagnose Mr C's testicular cancer promptly.

Investigation

6. My complaints reviewer reviewed relevant national guidance; policies; and procedures. She also made enquiries of the Practice; reviewed the documentation provided by Mr C and the GPs; and took advice from my medical adviser, who is an experienced GP (the Adviser).

7. 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.

Complaint: The GPs failed to take the appropriate steps to diagnose Mr C's testicular cancer promptly

8. Mr C first attended his GP on 27 August 2012. I have noted in the chronology below the dates of Mr C's appointments; and the notes made by the GPs.

> 27/08/2012 – Mr C stated that he was reporting a lump and pain in his right testis – he saw a GP (GP 1) who noted 'R[ight] scrotal lump 1w[eek]. Tender for last 2d[ays]. OE [on examination] R epididymal cyst? [a fluid-filled sac in the tube through which sperm travels] 5 [millimetres] diameter. Sl[ightly] tender. Observe. RV [review or return visit] if tenderness fails to settle.'
>
> Mr C stated that he was told by GP 1 not to worry and that the lump was a cyst and '100% not cancer'.
>
> 18/09/2012 – Mr C returned to the Practice and saw GP 1 again. The notes record 'Tenderness has not settled in epididymal cyst. Definitely not growing. GU [genitourinary] functions unaffected. Tenderness is specifically in cyst rather than epididymis in general Trimethoprim Tablets 200 [milligrams] [an antibiotic] 28 tablet TAKE ONE TWICE DAILY'
>
> 12/11/2012 – Mr C saw a different GP (GP 2) who noted 'Low back pain since 7/11/12. Twisted back at work on 6/11/12. Ibuprofen [an over-the-counter anti-inflammatory and painkiller] no benefit. No radiation of pain to legs. Tender R side lumbar spine [lower back]. Gave him advice sheet re back pain and co-codamol [a moderately strong prescription painkiller]. Co-codamol 8/500 [the make-up of the drug of 8 mg codine and 500 mg paracetamol] Tablets 100 TABLET(S) 5 TABS EVERY 4 TO 6 HOURS'
>
> 22/11/2012 – Mr C saw a third GP at the Practice (GP 3) who noted 'hemiscrotal [on one half of the scrotum] swelling [has] enlarged a bit he thinks, would prefer a scan Ibuprofen Tablets 400 mg 84 tablet ONE TO BE TAKEN THREE TIMES A DAY'

GP 3 also completed a 'Routine' (non-urgent – to be done within 3 – 4 weeks) referral letter for Mr C to have an USS at the local Community Treatment Centre.

03/12/2012 – Mr C called the Practice as he had awoken early with pain in his right hip. A GP at the Practice (GP 4) assessed the urgency of his condition and booked an appointment for him to be seen at the Practice later that day.

Mr C was seen by GP 3 later that day who noted 'sore to WB [weight bearing], pain flexing or rotating hip pain right SIJ [Sacro Illiac Joint (at the base of the spine and joining with the hip)] and ant[erior] sup[ra] iliac spine [the bony prominence at the upper point of the pelvis]. 10/10 pain nausea testes not tender. Imp[pression] not sure needs to attend hospital in view of severity of pain? (possible diagnosis) septic hip (infection), renal (kidney) colic, other. Given letter [to take to hospital] Co-codamol 30/500 (30 mg codine and 500 mg paracetamol) Tablets 60 tablet 2 TABS EVERY 4 TO 6 HOURS'

9. Mr C was seen at hospital that day and the next day underwent an USS and testicular cancer was diagnosed. He underwent surgery to remove his right testicle on 7 December 2012 having been diagnosed with Stage II B testicular cancer. There are four stages to designate the seriousness of testicular cancer and the stages include:

- Stage I – no evidence of disease outside the testes; Stage II – (spread to the lymph nodes);
- Stage II A – tumour of less than 2 centimetres;
- Stage II B – tumour maximum diameter 2 to 5 centimetres;
- Stage II C – tumour maximum diameter 5 to 10 centimetres;
- Stage II D – tumour of more than 10 centimetres;
- stages III and IV detail cancers which have spread further and/or to other organs.

10. Following the initial surgery Mr C underwent chemotherapy and further surgery known as Retroperitoneal Lymph Node Dissection (RLND) to remove the cancer which had spread to the lymph nodes in his abdomen.

Mr C's complaint

11. Mr C stated that he was concerned that having attended the Practice several times over a relatively short period for a testicular lump which was not resolving, there appeared to be no urgency on the part of the Practice to investigate his symptoms. Mr C said that men are encouraged to report such symptoms but in his case there had been a delay in referring him for a scan.

12. Mr C stated that he was concerned that the delay in appropriate investigation and diagnosis may have had a detrimental effect on his treatment and the eventual outcome.

The Practice's response

13. The Practice responded to Mr C's initial complaint to them in a letter dated 8 March 2013. The letter included:

> 'Each year we see many patients with lumps and pain in the scrotum. The vast majority of the lumps are benign epididymal cysts and most of the cases of pain are due to inflammation of the epididymis and testicle. As such we do not necessarily immediately refer every patient with a lump or pain or both.'

14. The letter continued that the GPs involved had been 'shaken' by Mr C's diagnosis and that they were shortly to conduct a Significant Event Analysis (SEA) to discuss the events (where adverse clinical events are discussed for the purpose of learning, taking remedial action if necessary, and informing future practice).

Relevant evidence

15. The Scottish Intercollegiate Guidance Network (SIGN) issues guidance to healthcare staff working in the NHS in Scotland on the investigation, diagnosis and management of a range of medical conditions.

16. SIGN 124 was published in March 2011 and deals with the 'Management of adult testicular germ cell tumours' and states that patients presenting with a lump in the testis which does not resolve within three to four weeks should be referred urgently for urological assessment. The guidance also states that:

> 'Increasing tumour bulk is associated with advancing stage of disease and correspondingly the need for increasingly toxic therapy and consequently poorer outcomes. It is therefore essential to refer for investigation urgently (within two weeks).'

17. Sign 124 continues:

> 'Patients presenting with a swelling in the scrotum should be examined carefully and an attempt made to distinguish between lumps arising from the body of the testis and other intrascrotal swellings. An ultrasound, if available at this stage, should be performed to make a distinction.'

18. In response to my complaints reviewer's enquiries, the GPs provided separate statements. GP 1 stated that they had prescribed antibiotics to Mr C on 18 September 2012 to cover the possibility of epididymitis (inflammation of the tube which carries the sperm from the testis). GP 1 also stated that at the time of the events complained of, they were not aware of SIGN 124.

19. GP 2 also stated that they were not aware of SIGN 124 at the time of the events but that they have a low threshold for referring men for testicular ultrasound if they present with a swelling. GP 2 continued that they thought the diagnosis for Mr C was of epididymal cyst.

20. GP 2 continued that when they saw Mr C on 12 November 2012, he was complaining of back pain since a workplace injury and following examination GP 2 diagnosed muscular pain. GP 2 stated that this was a completely different diagnosis to that of the epididymal cyst, of which GP 2 was aware, and that they did not recall Mr C mentioning testicular pain during the consultation.

21. GP 3 stated that at the time of the events in question, they were aware of SIGN 124 and had read it at the time it was issued in March 2011. GP 3 continued that they had previous experience of working in the Urology specialism and, therefore, considered that they had a low threshold for referral for further investigation of scrotal lumps.

22. GP 3 continued that as Mr C was reporting on 22 November 2012 that the lump was increasing in size, he agreed to arrange an USS. GP 3 stated that the note of Mr C's previous consultations were not indicative of testicular cancer, and for this reason, although GP 3 considered it was appropriate to order an USS, it was done on a routine basis. GP 3 stated that the local treatment centre (where the scan was to be done) had a short waiting list and in general routine USS are performed within a couple of weeks. GP 3 considered that in the circumstances that was a reasonable timescale.

23. The response from the Practice also confirmed that all three GPs involved in this case had been involved in the SEA and the outcome had been shared with all the GPs in the Practice. All GPs at the Practice were, therefore, now aware of the requirements of SIGN 124.

Advice received

24. The Adviser was of the view that any GP presented with a history of a persistent testicular lump should be aware that this would necessitate an urgent referral for USS, regardless of whether or not they were aware of the specific SIGN guidance.

25. The Adviser also noted that although GP 1 stated that antibiotics were prescribed to Mr C on 18 September 2012 in case of epididymitis, there was no evidence within the clinical notes that this diagnosis was being considered. The Adviser considered that at this stage, it would have been more appropriate to have referred Mr C for an USS.

26. The Adviser considered that the history taken and recorded by GP 2, during the consultation on 12 November 2012, was consistent with an injury and, therefore, the medication and information provided to Mr C by GP 2 at that time were appropriate.

27. The Adviser noted that on 22 November 2012 GP 3 recorded Mr C's lump as a 'Hemi scrotal swelling which has enlarged' rather than an epididymal cyst (a hemi scrotal swelling is a swelling involving one half of the scrotum; an epididymal cyst is a more discrete lump specifically located on the epididymis).

28. By the time Mr C saw GP 3 again on 22 November 2012, the lump had been present for 12 weeks and was now recorded as having increased in size. The Adviser, therefore, considered that GP 3 should have made the USS referral on an 'Urgent' rather than 'Routine' basis, in line with SIGN 124.

Conclusion

29. It is clear from the evidence of the clinical notes and the responses from the three GPs involved in this case that Mr C had been reporting a lump in his testis which was not resolving over a number of weeks. He visited the Practice five times over a period of three months reporting symptoms which the SIGN guidance state should have prompted 'Urgent' referral for USS.

30. I note GP 3's response that the local treatment centre usually had a turnaround time for 'Routine' USS referrals of two weeks, which would meet the requirements of SIGN 124. However, GP 3 would have no way of knowing whether that might have changed at the time he actually made the referral – for example if the treatment centre had experienced staffing or equipment problems or a higher than normal demand from other practices in the area.

31. Routine referrals can take up to four weeks and it was possible that Mr C would have had to wait that long for his scan appointment. As it turned out, an appointment was issued for Mr C to have his scan on 11 December 2012, a period of two and a half weeks from the referral. Subsequent events meant that Mr C in fact had his scan done in hospital on 4 December 2012.

32. I was pleased to note that the GPs involved have acknowledged that their practice was not in line with SIGN 124 and that the outcome of the SEA had been shared with their colleagues within the Practice.

33. It is not possible at this time to tell what, if any, effect the delayed investigation and diagnosis had on Mr C's cancer. However, SIGN 124 is clear that delayed diagnosis can have serious consequences in relation to the treatment and prognosis for the patient. I am disappointed that opportunities were missed to make an earlier referral for USS for Mr C, and that when the referral was made, it was not classified as 'Urgent' as required by the national guidance, of which GP 3 acknowledged they were aware.

34. Therefore, based on all the evidence and advice available to me, I uphold this complaint.

Recommendations

35.	I recommend that the Practice:	*Completion date*
(i)	issues a written apology to Mr C for the failings identified in this report; and	30 May 2014
(ii)	ensures that GPs 1 and 3 should reflect on their practice in relation to these events and discuss any learning points at their next appraisal.	30 May 2014

36. 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

Mr C	the complainant
GP	General Practitioner (community doctor)
The Practice	Mr C's GP Surgery
The Adviser	the Ombudsman's GP Adviser
GP 1	the first GP Mr C saw
GP 2	the second GP Mr C saw
GP 3	the third GP Mr C saw
GP 4	the GP who spoke to Mr C on the telephone
R	right
SEA	Significant Event Analysis (analysis of adverse clinical events)
SIGN	Scottish Intercollegiate Guidance Network

Annex 2

Glossary of terms

Antibiotics	drugs used to fight bacterial infections
Chemotherapy	the use of toxic drugs to destroy cancer cells
Epididymal cyst	a fluid-filled sac in the epididymis (see below)
Epididymis	the tube which takes sperm from the testis
Epididymitis	inflammation of the epididymis
Genitourinary	relating to the reproductive and excretory systems
Hemi scrotal swelling/lump	a swelling involving one half of the scrotum
Lymph notes	part of a system that delivers various fluids around the body
Orchiectomy	removal of the testis
Retroperitoneal Lymph Node Dissection (RLND)	surgical removal of the cancer which had spread to the lymph nodes (part of a system that delivers various fluids around the body)
Stage II B testicular cancer	advanced stage tumour of between 2 to 5 centimetres
Ultrasound Scan (USS)	a specialised type of imaging which uses sound waves to produce images of the body
Urological	relating to the urinary tract
Urology	study of diseases of the urinary tract