SPSO decision report

Case: **201202663, A Medical Practice in the Orkney NHS Board area**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, with recommendations

Summary

Ms C is an advocate for the sister of the late Mr A. Ms C complained that the care and treatment that two medical practices provided to Mr A was unreasonable.

Mr A had attended the first practice until March 2010, when he changed his registration to the second practice. At the time of the events complained about, the practices were independent of each other. The second practice has since taken over management of the first practice.

Mr A began to attend his GP at the first practice in July 2009, reporting recurring bouts of diarrhoea. Blood tests suggested that he had an infection of helicobacter pylori (a bacteria commonly found in the stomachs of middle-aged people which has been linked to ulcers and some stomach cancers). Mr A was treated with three different types of antibiotics and was advised to eat a bland diet. He continued to report symptoms of altered bowel habit, and then weight loss, as his food and drink options became more limited.

Mr A was eventually referred to hospital in February 2010, and was diagnosed the following month with Mantle Cell Lymphoma (MCL - a cancer of the white blood cells). He was treated by both his local NHS board and the specialist team at another board. In June 2011, he was told that his test results were clear.

In August 2011, however, Mr A's symptoms returned and he again visited a GP, this time at the second practice. Tests initially suggested that the MCL had returned. However, after a liver biopsy (where a sample of tissue is taken for examination in the laboratory), Mr A was told that he had a second type of cancer, incurable small cell lung cancer. This had already spread to his liver. Mr A died some three weeks later.

As part of our investigation, we took independent advice from a medical adviser. We found that in July 2009 the North East Scotland Cancer Co-ordinating and Advisory Group had issued guidance for GPs on the action to take and when to take it, when patients reported symptoms suspicious of cancer. A symptom that should have triggered an urgent referral to a specialist colorectal surgeon (a specialist in disorders of the stomach and bowel) was where a patient reported altered bowel habit for more than six weeks. Mr A had reported his symptoms for some seven months before he was referred. Even then, he was given only a routine referral to a general surgeon, rather than the urgent specialist referral described in the guidance. We upheld Ms C's complaint and made recommendations to address these failings.

Recommendations

We recommended that the practice:

apologise for the failings identified;

review a sample of clinical records from all GPs at both practices to assess the standard of record-keeping in line

with General Medical Council guidance, and if deficiencies are found these are to be discussed at the GP(s) annual appraisal(s) and if necessary appropriate training to be undertaken; and

ensure that all GPs in both practices are aware of and take cognisance of the local guidance on urgent referral of symptoms suspicious of cancer.