

SPSO decision report

Case: 201204362, A Medical Practice in the Lothian NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Ms C complained on behalf of her daughter (Ms A), an overseas student who was studying in Scotland. Ms A had developed abdominal pain, nausea and constipation. She was seen at home by a GP who examined her, carried out a urine analysis and advised her to take an over-the-counter painkiller. Five days later, Ms A's condition had not improved so she went to the medical practice where she was seen by a different GP. Ms C was examined again and the notes record that a uterine mass (a lump in the area of the womb) was detected. The second GP diagnosed constipation, advised Ms A to take the same painkiller and a laxative (a drug to relieve constipation) and asked her to return to the practice in a week. The notes recorded that the uterine mass was to be investigated then.

Ms C was concerned about her daughter's condition, so she came to Scotland the following day and escorted Ms A home where she was seen by her local GP. An ovarian cyst (a lump or sac on the ovary) was diagnosed and Ms A had surgery to remove it. Ms C complained to us that the practice did not provide reasonable diagnosis and treatment for her daughter.

After taking independent advice from one of our medical advisers our investigation found that there were clear clinical signs that should have prompted further specialist investigation. The Scottish Intercollegiate Guidance Network (SIGN) issue guidance on the investigation, management and treatment of various medical conditions. SIGN 75 (which deals with ovarian cancer) says that any woman found to have an abdominal mass should be referred to a specialist for further investigation. The adviser said that the recommended diagnostic tool in such cases is ultrasound investigation (specialist imaging using sound waves) and that the GPs who saw Ms A should have referred her urgently for this. The adviser said that it was not appropriate to have advised Ms A to take a laxative and re-attend in a week's time.

Our investigation also revealed an issue which was not known to Ms C and so was not raised in her complaint. In reviewing Ms A's medical records we found reference to the complaints letters and responses. This is contrary to the guidance issued by NHS Scotland which states that information on complaints should be kept separate from a patient's clinical records unless there is a valid clinical reason for mentioning this. There was no clinical reason to record complaints information in Ms A's records.

Recommendations

We recommended that the practice:

- issue a written apology to Ms C and Ms A for the failings identified during this investigation;
- conduct a significant event analysis (SEA) on this case and reflect on the lessons to be learned;
- ensure that the second GP is prepared to discuss the lessons from the SEA at their next GP annual appraisal, including any learning needs regarding SIGN 75; and
- familiarise themselves with the NHS guidance on complaints handling, in particular in relation to the recording of complaints in patients' records.