

SPSO decision report

Case: 201808445, A Medical Practice in the Fife NHS Board area
Sector: health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

Mrs C complained about the treatment she had received from the practice. She had reported in consultations that her right big toe was cold, blue and painful. The pain continued and she received additional painkillers. Blood tests revealed a low iron count and iron tablets were prescribed. The pain continued and Mrs C also reported pain in her leg at the groin which was diagnosed as a groin strain. Mrs C continued to report problems and a referral was made to the vascular (circulatory) service where it was found she had blood clots in her leg and groin which resulted in her requiring an amputation of a foot.

We took independent medical advice from a GP. We found that initially it was felt Mrs C had chilblains (a painful, itch/swelling on a hand or foot, caused by poor circulation in the skin when exposed to cold) which was not unreasonable given the presenting symptoms. However, when the symptoms persisted the practice should have considered an alternative diagnosis of critical ischaemia (limb threat due to peripheral artery disease) rather than continue with chilblains. We also found that the diagnosis of tendonitis (groin strain) was unreasonable as Mrs C had not sustained an injury and that safety netting advice should have been given to Mrs C when she was prescribed painkillers. We upheld the complaints.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for the delay in staff considering an alternative diagnosis that Mrs C's foot problems were attributable to chilblains.
- Apologise to Mrs C for the failure to carry out an appropriate examination and assessment of Mrs C's reported groin problems. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- Staff should be aware to consider alternative diagnoses where the symptoms, which were felt initially to be attributable to a named diagnosis, were persisting.
- Staff should carry out appropriate assessments in view of a patient's presenting symptoms.