Scottish Parliament Region: South of Scotland

Case 200500697: A GP Practice, Ayrshire and Arran NHS Board

Summary of Investigation

Category

Health: General Practitioner; Referrals

Overview

Mr and Mrs C complained that Mrs C's GP should have referred her to a specialist earlier. Her cancer would then have been identified earlier and her quality of life might have been better.

Specific complaint and conclusion

The complaint which has been investigated is that Mrs C experienced undue delay in referral to a specialist *(not upheld).*

Redress and recommendation

The Ombudsman has no recommendation to make.

Main Investigation Report

Introduction

1. On 7 June 2005 the Ombudsman received a complaint from the complainants (Mr and Mrs C) about the care and treatment provided for Mrs C by her GP (GP 1) between July 2003 and December 2003. Mrs C said that she consulted GP 1 in July 2003 because she was suffering excruciating pain in her left elbow. She also had a history of breast cancer for which she underwent a mastectomy in 1999. GP 1 diagnosed Golfer's Elbow. Between July and December 2003 Mrs C had a further four appointments with GP 1 who continued to diagnose Golfer's Elbow. During that period Mrs C asked GP 1 to arrange for a private referral to a physiotherapist (Physiotherapist 1) and eventually she asked GP 1 to refer her privately to a specialist (consultant orthopaedic surgeon - Consultant 1). Consultant 1 arranged tests and scans leading to a diagnosis of cancer. Mr and Mrs C took up their concerns with the GP Practice (the Practice) in September 2004. They were not satisfied with the response made by GP 1. Mr and Mrs C went on to request an independent review of their complaint which was refused on 3 March 2005.

2. The complaint from Mr and Mrs C which I have investigated was that GP 1 should have referred Mrs C to a specialist earlier.

Investigation

3. The investigation of this complaint involved obtaining all the relevant documentation and medical records. I also obtained advice from a clinical adviser to the Ombudsman, an experienced GP (the Adviser), and I made a written enquiry with GP 1.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. The abbreviations used in this report are explained in Annex 1 to the report and the medical terms used in the report are explained in Annex 2. Mr and Mrs C and GP 1 were given the opportunity to comment on a draft of this report.

Evidence of Mr and Mrs C

5. Mr and Mrs C explained that Mrs C underwent a mastectomy in October 1999 for breast cancer. Around June/July 2003 Mrs C developed a pain in her left arm. She consulted GP 1 and was diagnosed with Golfer's Elbow. GP 1 said she would arrange a hospital appointment for Mrs C. Due to the time and pain suffered while waiting for this appointment they asked if there was anything that would help if they went private. GP 1 suggested physiotherapy and [on 9 September 2003] referred Mrs C to Physiotherapist 1.

6. Mrs C went for physiotherapy for about three months but the pain was becoming more severe and also causing numbness in her hand. They were beginning to fear that this might have something to do with her previous history. GP 1 said it had nothing to do with the breast cancer.

7. Mr and Mrs C contacted Ayr Hospital in November 2003 to enquire about the hospital appointment and were told that there was no record of any appointment being made. They informed GP 1's surgery of this and, because of the extent of the pain and numbness Mrs C was experiencing, they asked GP 1 to make an appointment with a consultant privately. As a result they saw Consultant 1 in December 2003. Consultant 1 told them that Mrs C did not have Golfer's Elbow. He felt that the symptoms were suggestive of nerve damage. Scans confirmed the presence of a tumour in her shoulder which had caused the damage to her left arm and hand.

8. Mr and Mrs C said that they accepted that cancer can return, however, if they had not pushed for these appointments privately they wondered how long GP 1 would have taken to respond to the seriousness of Mrs C's condition. They felt that had GP 1 acted on Mrs C's past history and referred her to a specialist earlier then she would not be completely paralysed down her left arm. They also took exception to GP 1's claim that she was not aware of any pain. During the period July to December 2003, GP 1 was informed of the pain and this was evident from her referral letters to Physiotherapist 1 and Consultant 1 where she referred to Mrs C's severe pain.

9. Mr and Mrs C said that by February 2006 Mrs C was being treated for cancer in the neck, lungs and voice box area and she was paralysed down the left arm

and hand. They felt that if the tumour had been identified earlier then Mrs C might have had a better quality of life.

Extracts from Mrs C medical records

10. The following are extracts from Mrs C's GP records:

'11 July 2003. [Complaining of] pain left elbow. [On examination] golfer's elbow. Commence brufen 2 weeks. If not settling, inject with hydrocortisone.' GP 1.

'8 August 2003. Left medial condyle injected with depo medrone.' GP 1

'11 August 2003. Arm no better. Refer physio.' GP 1.

11 August 2003 in a referral form to Ayr Hospital Physiotherapy Department:
'[Complaining of] pain left medial epicondyle – Golfer's Elbow. No response to NSAIDs or steroid injection. Now having difficulty at work so URGENT please …' GP 1.

9 September 2003 in a letter to Physiotherapist 1
'I would be grateful if you would see this lady. She is complaining of pain in her left arm. On examination it looked like golfer's elbow, and she was given two weeks' supply of Brufen. This did not help at all, so I injected her with Hydrocortisone. Again she felt that there was no improvement.

She feels, if anything, her arm is getting worse. There is now tingling in her hands, and she has requested a private referral. Her only significant past medical history is a breast lump back in 1999. She underwent mastectomy and axillary clearance at that time.' GP 1.

'12 September 2003. Arm no better. Awaiting physio. If still no improvement refer neurology.' GP 1.

'31 October 2003. Elbow no better. [Prescribed] diclofenac med 3 [certificate showing that the patient is unfit for work] 1 week. Tennis elbow.' GP 1.

'6 November 2003. Med 3 […] from 7/11/03 for 1 week: golfer's elbow.' another GP (GP 2).

'7 November 2003. Patient phoned twice today re physio appt. Checked with Ayr Hospital. Passed onto Heathfield. Was asked to fax original referral as no record of original at hospital. Physio referral from 11/08/2003 refaxed to Heathfield.' A receptionist.

11 November 2003 in a letter to Consultant 1
'I would be grateful if you would see this lady. She has been suffering now from pain over her left medial epicondyle for a number of months. She feels the pain is getting worse despite physiotherapy and steroid injection and she has been taking non-steroid anti-inflammatory on a regular basis … her past medical history includes breast cancer for which she had a left mastectomy and axillary clearance back in 1999 …'. GP 1.

8 December 2003 in a letter from Consultant 1
'Thank you for asking me to see Mrs [C], who I saw today. She clearly has a considerable problem with her left arm. The problem is more of a neurological nature, I saw little evidence today to suggest that medial epicondylitis was her problem. She has pain and dysaesthesia affecting the arm, particularly distal to the elbow, she has clear weakness of the long extensors to the finger, thumb and wrist and altered sensation, as I say, almost in a glove and stocking distribution distal to the elbow.

She has some neck symptoms but I just wonder whether this is all related to her mastectomy, the supraclavicular exploration and the radiotherapy she had following her breast surgery. Clearly I need to investigate this further, I am arranging an up-to-date bone scan, an MRI of cervical spine and nerve conduction studies and I will see her with the results …'.

23 December 2003 in a letter from an Honorary Consultant in Palliative Medicine (Consultant 2) which was copied to the Practice
'[Mrs C] presents with a history of left elbow pain which developed in the summer of this year and was treated for “golfer's elbow”. She describes progression of the pain and in September of this year she complained of left

handed weakness and paraesthesie. Subsequently she developed pain in her fingers which she describes “like nettles” and intermittently she complained of her left hand feeling “ice cold” and then “burning”. She has developed progressive left hand weakness in the last 2 months and has been unable to use her left hand at all for the last month. She describes her fingers as being “completely numb”. There is no history of traumatic history associated with this. She describes lancinating/electric shocks in her left hand and feels that her left arm is puffy and that her left hand is not attached. The pain has been escalating and at maximal severity she rates it at 11/10 with a background pain score of 5/10.

… [Mrs C] therefore presents with a 6 month history of escalating neuropathic pain involving the left elbow, forearm and left hand associated with progressive loss of left hand power. The pain has been intractable resulting in a significant amount of pain over the last few days. Over the last 24 hours there has been a good response to opioid.'

Evidence of GP 1

11. In her reply to Mr and Mrs C's complaint and in a letter to this office, GP 1 said that at the first appointment on 11 July 2003 Mrs C was complaining of pain in her left elbow. The pain at that point was over her left medial epicondyle and was typical of Golfer's Elbow. She was experiencing no radiation anywhere else and at that point there was no muscle wasting or neurological signs or symptoms. She was commenced on Brufen and advised to return two weeks later if it had not settled down.

12. GP 1 said that Mrs C then presented on 8 August 2003 complaining again of pain in the left medial epicondyle. Again there was no evidence of muscle wasting or neurological deficit. GP 1 injected Mrs C with Depo-medrone and asked Mrs C to let her know if the pain was no better after a week or so. She presented again on 11 August 2003 saying that her arm was no better. GP 1 then referred her to Ayr Hospital for physiotherapy as the next appropriate treatment step.

13. GP 1 said that when she saw Mrs C again on 9 September 2003 she had still not been seen by the physiotherapy department at Ayr Hospital even though the appointment card had been marked as urgent. However, this was not unusual as

even their urgent referrals were taking eight to 12 weeks to be seen at that point. GP 1 said that Mrs C was not complaining of any increasing pain at that point and that is why they decided to wait for her physiotherapy appointment. Similarly she was not complaining of any weakness in her hand, arm or shoulder. There was no evidence of muscle wasting or neurological damage. GP 1 felt that the clinical picture was still that of Golfer's Elbow. Mrs C requested a private referral for physiotherapy which was sent that day (9 September 2003).

14. GP 1 believed that Mrs C was being seen by a physiotherapist and appropriately treated. There was no indication given to GP 1 that any other problems were becoming apparent during this time, either by Mrs C or by Physiotherapist 1. GP 1 said the next step would have been referral to an orthopaedic surgeon. This was done privately at Mrs C's telephone request on 11 November 2003. Had Mrs C presented at an appointment, GP 1 would have examined her and referred her to a specialist because that would have been the next appropriate step.

15. GP 1 said that Mrs C did not tell her at any point that she had increasing pain and there was no indication of muscle wasting or neurological symptoms. If Mrs C had told her that she was experiencing either weakness, muscle wasting or neurological damage then GP 1 would have referred her to a specialist much earlier. Had GP 1 at any point suspected that there may have been an underlying metastatic problem then she would have immediately referred Mrs C back to the Breast Clinic. GP 1 commented that the reassurance of Mrs C being given the all clear by the Breast Clinic, three weeks before GP 1 initially saw her, had also influenced her opinion.

Adviser's opinion

16. The Adviser said that GP 1 recorded on 11 July 2003 that Mrs C presented with pain in her elbow and no other symptoms. It was reasonable to make a diagnosis of Golfer's Elbow from this. The Adviser said that Golfer's Elbow is an illness essentially due to repetitive strain of the flexor tendons attached to the medial epicondyle of the elbow. This produces pain felt on the medial side of the elbow when muscles are used and the pain may be felt some distance down the arm. Appropriate treatment for the condition is to offer advice that the condition will improve over the course of months, sometimes many months; to offer oral or

cream non-steroid anti-inflammatory medications; to offer physiotherapy; and then to refer the patient to a specialist.

17. The Adviser said that the decision by GP 1 to prescribe an NSAI (non steroidal anti inflammatory medication) in the first instance was appropriate management for Golfer's Elbow. It was also appropriate to follow-up on 8 August 2003 with a steroid injection when the symptoms were not responding to NSAI medication. The Adviser noted that in her letter dated 9 September 2003 from GP 1 to Physiotherapist 1, GP 1 said that Mrs C felt worse and there was by then tingling in her hand, however, the referral for physiotherapy at that stage was a reasonable course of action. The Adviser said that it seemed that there were clear changes in Mrs C's situation by December 2003, and possibly by September 2003, but not earlier.

Conclusion

18. Mrs C first consulted GP 1 on 11 July 2003 complaining of pain in her left arm. Mr and Mrs C describe Mrs C's pain as increasing in severity and also causing numbness in her hand during the period when she was attending for physiotherapy (September to November 2003). The physiotherapy referral and referral to Consultant 1 were made by GP 1 only when Mr and Mrs C asked for a private referral. Mr and Mrs C felt that GP 1 did not respond appropriately to the seriousness of her symptoms particularly given her history.

19. GP 1 said that Mrs C's presenting symptoms were typical of Golfer's Elbow and that the appropriate treatment for that condition is NSAI medication followed by steroid injection then, if symptoms have not responded, physiotherapy. If physiotherapy fails then referral to an orthopaedic surgeon is the next normal step. GP 1 considered Mrs C's past history but did not consider that there were any symptoms suggesting a possible recurrence of cancer. If there had been she would have immediately referred Mrs C back to the Breast Clinic.

20. The Adviser said that the initial diagnosis was reasonable. He agreed that the appropriate course of treatment for Golfer's Elbow was that followed by GP 1. He also said that there were clear changes in Mrs C's situation by December 2003 when she was seen by Consultant 1 and possibly by September 2003, but it was still reasonable at that time to refer Mrs C for physiotherapy.

21. The question is whether GP 1 should have referred Mrs C to a specialist earlier. I accept the Adviser's view that the initial diagnosis was appropriate and that the course of treatment was also appropriate. It is very unfortunate that the referral from GP 1 to Ayr Hospital on 11 August 2003 went missing because I have no doubt that this caused a delay of about one month in the progression of Mrs C's treatment. It was very difficult to determine the progression of Mrs C's symptoms, however, I have concluded given all of the above that it was not unreasonable of GP 1 to have treated Mrs C for Golfer's Elbow including the decision to refer her for physiotherapy.

22. Mrs C then asked for a private referral to a specialist on 11 November 2003, and it is not possible to determine what further action GP 1 would have taken if this referral had not been requested. I have, therefore, only considered the actions of GP 1 between July and November 2003. In all the circumstances, I do not uphold the complaint.

31 October 2006

Annex 1

Explanation of abbreviations used

Mr and Mrs C	The complainants
GP 1	The general practitioner consulted by Mrs C
Physiotherapist 1	A physiotherapist Mrs C saw on a private basis
Consultant 1	Consultant orthopaedic surgeon Mrs C saw on a private basis
The Practice	Mrs C's GP practice
The Adviser	Clinical adviser
GP 2	The GP who saw Mrs C on 6 November
Consultant 2	Honorary Consultant in Palliative Medicine who saw Mrs C on 23 December 2003

Annex 2

Glossary of terms

Brufen	An NSAID (see below).
Depo medrone	One of several hydrocortisone/steroid anti-inflammatory medications given by injection.
Diclofenac	An NSAID (see below).
Dysaesthesia	Altered sensation
Golfer's Elbow	A condition when the inner part of the elbow becomes painful and tender, usually as a result of a specific strain, overuse or a direct bang although sometimes no specific cause is found.
Mastectomy	Removal of the breast.
Medial epicondyle/condyle	Golfer's Elbow (see above).
NSAID	Non steroidal anti-inflammatory drug used to relieve symptoms of inflammation, stiffness and joint pain.
Paraesthesia	A symptom usually felt as pins and needles due to pressure on a nerve.
Supraclavicular exploration	Surgical exploration of the area of the body above the clavicle (collar bone) where there are lymph nodes (glands) which may be affected by cancer, including cancer of the breast.

Radiotherapy	The use of x-rays to treat disease by destroying cancer cells.