Scottish Parliament Region: North East Scotland

Case 200502513: A Medical Practice, Grampian NHS Board

Summary of Investigation

Category

Health: Family Health Services; General Practice

Overview

The complainant (Mrs C) raised concerns that doctors at the Practice delayed referring her to hospital when she attended with an Achilles tendon injury.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) there was a delay by doctors at the Practice in seeking a specialist opinion *(upheld)*;

(b) the doctors failed to keep Mrs C under review and left it to her to decide if she needed to return for review appointments *(not upheld)*; and

(c) there was incorrect information in the GP records which stated an ankle injury was the problem *(no finding)*.

Redress and recommendation

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 8 December 2005 the Ombudsman received a complaint from the complainant (Mrs C) about the delay by doctors at the Practice in referring her for a hospital opinion for an Achilles tendon injury.

2. The complaints from Mrs C which I have investigated are that:

(a) there was a delay by doctors at the Practice in seeking a specialist opinion;

(b) the doctors failed to keep Mrs C under review and left it to her to decide if she needed to return for review appointments; and

(c) there was incorrect information in the GP records which stated an ankle injury was the problem.

Investigation

3. In writing this report I have had access to Mrs C's GP clinical records and correspondence relating to the complaint. I sought the advice of one of the Ombudsman's professional medical advisers (the Adviser) who is a General Practitioner. I made a written enquiry of the Practice to obtain additional information regarding the treatment provided to Mrs C. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report can be found at Annex 1. Mrs C and the Practice were given an opportunity to comment on a draft of this report.

(a) There was a delay by doctors at the Practice in seeking a specialist opinion

4. Mrs C said that on 14 October 2004 she put her left foot through a hatch and her right foot hit the edge of the hatch but stayed at ground level. She injured both feet but her left foot was in so much pain she could not drive as she could not depress the clutch. Mrs C managed to obtain an appointment at the Practice the following day. Mrs C complained to the Practice in May 2005 and again through Grampian NHS Board (the Board), who has responsibility for General Practices in the area in August 2005 about the lack of treatment which she received from October 2004 when she attended with an injured Achilles tendon. She had recently attended hospital where it was confirmed she had injured the tendon. She felt that had doctors at the Practice taken action by referring her to hospital at an earlier time then it would have made her operation

easier and that she would not have had to endure so much suffering. She had tried physiotherapy which had not worked and she now lacked balance which had caused her to fall on occasions.

5. The Chief Executive of the Board responded to Mrs C on 7 October 2005. He explained that Mrs C had seen GP 1 on 15 October 2004 with a reported twisted ankle. (Note: Mrs C has commented that at no time did she mention she had twisted her ankle). The Chief Executive said there was no evidence of Achilles tendon defect or bony tenderness. It appeared the problem was soft tissue injury with early acute inflammation. Advice was given to continue celebrex and co-codamol medication and to contact the Practice again if the ankle did not settle over the subsequent weeks. Mrs C then attended GP 2 on 13 December 2004 complaining of discomfort and decreased left ankle movement since October 2004. On examination the Achilles tendon appeared intact with minor deformity with no complete rupture seen. Mrs C was able to dorsiflex (extend) her foot and GP 2 discussed the possibility of a slight tear to the Achilles tendon following the October accident which might benefit from physiotherapy. Mrs C saw GP 3 on 31 January 2005 and after examination he found Mrs C had a step in the Achilles which indicated a partial tear in the Achilles tendon. GP 3 referred Mrs C for an orthopaedic opinion to consider surgical intervention for the Achilles tear. Mrs C was reviewed in July 2005 and placed on the waiting list for repair of Achilles tendon. It was hoped surgery would be performed by the end of January 2006.

6. The Adviser said that rupture of Achilles tendon occurs usually with exercise, but can occur when only walking. Usually the patient experiences 'a kick on the back of the leg – and may look behind to see who is there'. Immediate examination will (usually) reveal a gap in the tendon, and appropriate testing will reveal diminished plantar flexion (moving the foot down). Proper treatment at this stage is referral to surgeons for immediate surgery. There are occasions when immediate surgery is not performed (late diagnosis, clinical reasons for no surgery) and then conservative treatment – usually with the leg in plaster with the foot in flexion - is performed.

7. The Adviser said the GP record entry of 15 October 2004 would seem reasonably full to show that a history had been taken and that an appropriate examination had been performed. It was recorded there was no Achilles damage, and the Adviser concluded that GP 1 considered the possibility of an Achilles tear (high index of suspicion - good medicine) and following appropriate

examination decided there was none. The Adviser said that it is true that in the aftermath – some 12 – 18 hours post injury there would be marked swelling in the area, more so than if examined in the immediate post injury time (under two hours). The Adviser said there was evidence that the whole ankle area was GP 1's concern. There is examination of the malleoli (the bones at the sides) and of the Achilles tendon. On 15 October 2004 there might well have been sufficient swelling to hide any tendon damage when examination was made. There is another examination which may be made of an Achilles tendon – such as squeezing the calves with the patient kneeling on a chair, or asking them to stand on one foot, and then raise the heel from the floor. If GP 1 had had a high index of suspicion and performed these tests then the diagnosis might have been apparent at that time. However, the Adviser said if Mrs C had stated she twisted the ankle then that suspicion would not be aroused. The Adviser felt that GP 1 behaved in a reasonable manner. He took an appropriate history, examined appropriately – including the Achilles tendon – and came to the conclusion there was no Achilles injury. The Adviser's view was that even though this was probably an error clinically, all the appropriate actions were undertaken, and that he was content with GP 1's actions.

8. The Adviser continued that Mrs C was seen by GP 2 on 13 December 2004. It appeared, from the records, that a proper history was taken and an examination performed. This examination was recorded as showing a mild deformity at the back of the ankle over the Achilles tendon, with a slight step and that dorsiflexion could be done – but less so than normal. The records intimated the diagnosis to be inflammation following injury, and referral to physiotherapy should be done. The Adviser said that if GP 2 found a deformity in the Achilles tendon with a decrease in the dorsiflexion of the foot following trauma then the possibility of an Achilles rupture (or partial rupture) should have been considered. If it had been considered then (although it was two months after the initial injury and it could be that the correct treatment would be conservative i.e. physiotherapy) a specialist orthopaedic opinion should have been obtained.

9. The Adviser had indicated that, at that time (13 December 2004), the swelling in the post traumatic time would quite possibly obscure the Achilles tendon tear and diagnosis would not be easy. However, he has said that as GP 2 noted a 'step' in the Achilles tendon, this should have led her to other examination to prove/disprove a lesion of the tendon. She had recorded in the GP record that dorsiflexion of the foot can be done – although limited, but had

not proceeded to examine Mrs C for her ability to plantar flex the foot – which in a lesion of the Achilles tendon would be markedly limited. The Adviser felt GP 2 showed a lack of joined-up thinking in not examining the tendon for the (more common) area of injury by examining for plantar flexion. The Adviser said that GP 2 should then have asked for orthopaedic advice as to whether Mrs C should be treated with surgery or conservatively, since she was by then some two months post injury. The Adviser commented that on 31 January 2005 GP 3 acted correctly in referring Mrs C to the orthopaedic surgeons.

(a) Conclusion

10. Mrs C felt that there had been a delay by the doctors at the Practice in referring her to hospital for a specialist opinion regarding her Achilles tendon injury. The advice which I have received and accept is that GP 1 acted appropriately on 15 October 2004. However, it is felt that when GP 2 saw Mrs C on 13 December 2004 the clinical indications were that an orthopaedic opinion was required which would determine the appropriate treatment option. I note the Adviser's comments that had an orthopaedic opinion been sought at this time then it is possible that the consultant could have decided that physiotherapy would be appropriate rather than surgery at that time. I have also taken into account the Adviser's comments that GP 3 took appropriate action on 31 January 2005 by referring Mrs C for an orthopaedic opinion.

11. In view of the advice which I have received I have concluded that GP 2 should have referred Mrs C for an orthopaedic opinion on 13 December 2004 although it is possible that the treatment option would have been the same. Accordingly I uphold this aspect of the complaint.

(b) The doctors failed to keep the Mrs C under review and left it to her to decide if she needed to return for review appointments

12. In her complaint to the Ombudsman's office, Mrs C said that the response letter from the Board of 15 November 2005 stated that it was her responsibility to return to the Practice if her symptoms did not subside. However, she thought that it was the doctor's responsibility to diagnose what was wrong and she did not realise the onus was on her.

13. The Adviser said, given that the initial diagnosis was inflammation following trauma, then it would be reasonable for a GP to expect the patient to attend again if an improvement did not occur, as the natural course of the injury is for healing.

(b) Conclusion

14. The advice which I have received and accept was that Mrs C received appropriate treatment and that there was not a requirement for review appointments and the onus was on Mrs C to return to the Practice if her symptoms did not resolve. Accordingly I do not uphold this aspect of the complaint.

(c) Incorrect information in the GP records which stated an ankle injury was the problem

15. Mrs C read the Chief Executive's response letter and stated that at no time did she tell the GPs that she had an ankle injury. The pain was in the back of her heel and she had bruising to her foot.

16. The Adviser told me that the GP records of both 15 October 2004 and 13 December 2004 intimate the injury occurred following a twisted ankle. The Adviser is unable to say with certainty whether Mrs C did state she had twisted her ankle or not, but certainly the GPs understood this to be the cause.

(c) Conclusion

17. Mrs C denied that she had told the doctors that she had twisted her ankle yet GP 1 and GP 2 both state that the reported injury was as a result of a twisted ankle. In the absence of truly independent witnesses to events such as medical appointments it is very difficult to reach conclusions where recollections about what was said by either party is in dispute. It is possible that both GPs interpreted Mrs C's explanation for her injury as being caused by her twisting her ankle. However, I am satisfied that this had no bearing on the treatment which was provided to Mrs C. In view of the differing views I make no finding on this aspect of the complaint.

27 March 2007

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
The Practice	The GP Medical Practice where Mrs C was a registered patient.
The Adviser	Medical adviser to the Ombudsman, a GP
GP 1	The GP who saw Mrs C on 15 October 2004
GP 2	The GP who saw Mrs C on 13 December 2004
GP 3	The GP who saw Mrs C on 31 January 2005
The Chief Executive	The Chief Executive of Grampian NHS Board