

Scottish Parliament Region: Central Scotland

Case 200502533: A GP Practice, Lanarkshire NHS Board

Summary of Investigation

Category

Health: GP Practice; Clinical treatment

Overview

The complainant (Mr C) raised a number of concerns about the GP Practice (the Practice)'s treatment of him as a separated parent in respect of his son (Mr A)'s prescriptions for his ongoing serious medical condition.

Specific complaint and conclusion

The complaint which has been investigated is that the Practice's prescribing and their treatment of Mr C were inappropriate (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. A reminder of abbreviations used is at Annex 1. The Ombudsman received Mr C's complaint on 12 December 2005. Mr C considered that the Practice's refusal to issue various prescriptions to both parents meant that he did not have the necessary control over his son (Mr A)'s medications when his son was staying with him for part of each week. He and his wife (Mrs C) were separated, and the Practice dealt solely with her in respect of prescriptions. Mr C considered that the Practice were jeopardizing his son's health when Mr A stayed with him.

2. The complaint from Mr C which I have investigated is that the Practice's prescribing and their treatment of Mr C were inappropriate.

Investigation

3. Investigation of this complaint involved obtaining and reviewing the clinical records and complaint correspondence from the Practice and (for background information) the clinical records from the hospital which Mr C's son attended regularly. I also took advice from one of the Ombudsman's advisers (the Adviser), a GP. The role of the Adviser was to explain, and comment on, some of the medical issues in the complaint. Finally, in line with the practice of the Ombudsman's office, the standard by which the Practice's actions were judged was whether they were reasonable, in the circumstances, at the time in question.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Practice were given an opportunity to comment on a draft of this report.

Complaint: The Practice's prescribing and their treatment of Mr C were inappropriate

5. At the time of the events of the complaint (late 2005), Mr A was 14 years old. He has cystic fibrosis, which is an incurable disease, needing supportive medical treatment, such as antibiotics for the many infections that can occur. Mr C and Mr A were both patients at the Practice. Mr C said that he and Mrs C separated acrimoniously in May 2004 and that, at the time in question, Mrs C was the resident parent. Broadly, this meant that she was generally considered by the authorities as the main carer, although their son stayed with Mr C around

three or four nights a week. The Practice were accustomed to her as the parent who dealt with the Practice.

6. On 9 October 2005, Mr C wrote to a GP at the Practice, GP 1. The letter said that: Mr A stayed with him for half his time; he had difficulties with Mrs C over the supply of medication from her when their son was staying with him; on one occasion he had considered it necessary to take their son to the Practice for examination of his sore stomach; he had, therefore, asked the Practice at that time to issue copy prescriptions to him; the Practice had refused, and he was now making that request again because of ongoing difficulties with Mrs C and for the sake of his son's health. Mr C indicated to me that he wanted both parents to have a copy of the repeat prescriptions so that either parent could arrange a further supply if it was needed at the time that Mr A was with them; he also wanted a copy of the acute prescriptions because he considered it important that he was aware of what his son was getting. (Broadly speaking, acute prescriptions are for short-term use and repeats are for longer use.)

7. GP 1 replied, recognising the importance of Mr C's involvement in his son's care. She said that it would be quite difficult for the Practice to tell Mr C of every new prescription but that, if he secured Mrs C's agreement, she was sure that repeat prescription copying could be arranged. Mr C responded that he wished the matter to be treated as a formal complaint. GP 1 replied that it would be completely impractical for the Practice to copy prescriptions to Mr C whenever a new one was issued because they had no system to accommodate this. However, as a means of resolving the complaint, she enclosed a copy of Mr A's current repeat prescription and said the Practice could give information about prescriptions at any time in response to individual requests from Mr C, preferably in writing.

8. Shortly after this, on 25 November 2005, Mr C wrote again to GP 1, indicating that he could not try to reach any agreement with Mrs C because of the difficulties between them. He also recounted events of 24 and 25 November at the Practice. He said he had telephoned the Practice on 24 November for sodium chloride (explained in next paragraph) for his son and been told that a prescription would be ready the next day. On arrival at the Practice on 25 November, a receptionist told him instead that the arrangement already in place with Mrs C was for the Practice to send prescriptions direct to a specific pharmacy whenever Mrs C told the Practice that her son was ready for a particular item on his prescription list. Mr C said that, eventually, the

receptionist gave him the prescription so that he himself could take it to a pharmacy. Later that day, he returned to the Practice because the pharmacy that he had taken the prescription to had told him it was wrong. This was because it was for sodium chloride for injection, rather than sodium chloride for nebulisation, and Mr C said he knew from seeing his son's previous supplies that nebulisation was the correct form.

9. I should explain that the sodium chloride was for use with an antibiotic, Colomycin, which comes as a powder and needs to be reconstituted into a liquid to be usable. This reconstitution is done by sodium chloride in either of two forms: injection or nebulisation. (Broadly, nebulisation means taking something into the lungs by use of a particular mouthpiece.) Which form is used makes no clinical difference whatsoever, and patients can switch between each form if they wish.

10. The accounts of Mr C and the Practice differ significantly in respect of what happened when he returned to the Practice on 25 November with the supposedly wrong prescription. Mr C accused the two GPs (GP 2 and GP 3) of bullying and harassment, and GP 2 and GP 3 accused Mr C of aggression and intimidation. I give no further details here because I do not intend to comment on anyone's attitude on that occasion. This is because of the lack of firm, independent, evidence that would prove the facts. What is not in dispute, however, is that, when Mr C returned to the Practice, GP 2 and GP 3 discussed what the prescription error, if any, was and how it had arisen. The various accounts of the Practice in their complaints correspondence say that, in the time available, they could not clearly understand the history of the sodium chloride prescriptions, but that GP 2 made out a prescription for sodium chloride in nebuliser form because that was what Mr C had requested on his return to the Practice. As Mr C took this second prescription, it is not in dispute that it was provided.

11. Mr C said that, when he returned to the pharmacy, he discovered that the second prescription, too, was wrong as it was for one box, rather than the four that had been on that morning's prescription.

12. On 5 December, GP 1 replied to Mr C's complaint letter of 25 November (see paragraph 8). She addressed the matter of Mr C's alleged behaviour on 25 November and the issue of the supposedly wrong first prescription of that date. I need not repeat the detail here. But, in essence, she

explained that Mr A had had sodium chloride in nebuliser form on an acute prescription in the past and that the current repeat prescription for sodium chloride was for the injection form. She indicated that, when Mr C telephoned the Practice to get a prescription, it was, therefore, simply assumed that injection was the form that was wanted. GP 1 said that the nebuliser form would be added to the repeat prescription so that both forms would be available. This meant that each parent could choose which form to use in future.

13. As GP 1 had not addressed Mr C's complaint that the second prescription, too, was wrong because it was for one box, rather than four, I sought her views. She told me that this was because, when GP 2 re-wrote the prescription (see paragraph 10), the doctors were still unclear about the error, if any. They had decided to issue a prescription for one box so that at least Mr A would have something.

14. Mr C also complained that the Practice over-prescribed medicine to Mrs C and took no steps to ensure that she would not force some of the resulting excess onto Mr C by sending it when his son went to stay with him. Mr C considered this to be harassment by the Practice because it enabled Mrs C to place too much medicine in Mr C's home.

Conclusion

15. As explained at paragraph 3, I discussed this case with the Adviser. I include in this conclusion his main thoughts. At the time in question, Mrs C was the resident parent, and the Practice were accustomed to dealing with her, rather than Mr C, in relation to Mr A's medication needs. Understandably, Mr C considered that he should have equal access to prescription information. In an ideal world, one might have hoped that the parents could set aside their differences for their son's benefit. However, Mr C explained that his marital separation was acrimonious and that setting up practical arrangements with Mrs C about medication was not an option. In an ideal world, too, one might have hoped that the Practice could have accommodated Mr C's wish to be sent automatically all new prescriptions that were written for Mr A. However, the Adviser's view, which I accept, is that, on a practical level, GPs cannot be expected to do this - and if they did so for one set of parents, they could be expected to do so for any parents in a similar position, which would be still more impractical. Additionally, it is not appropriate for Practices to be caught in the middle of relationship difficulties. Prescribing arrangements were already in

place with Mrs C, and there was no obligation on the Practice to do more. I note (see paragraph 7) that GP 1 offered to copy prescriptions to Mr C on request, and I consider that this was a helpful and reasonable offer. In conclusion, it was not unreasonable for the Practice to refuse Mr C's request to copy all his son's prescriptions to him automatically, and Mr A's health was not jeopardized by this. I do not uphold this aspect of the complaint.

16. In respect of Mr C's complaint about excess medicine (see paragraph 14), the Adviser has said that, when medications have to be taken together, the packs of each do not necessarily contain corresponding quantities. So, the patient may finish one of them, while some still remains of the other, which, therefore, becomes spare. This is a common scenario. There is no evidence in the clinical records of inappropriate over-prescribing by the GPs. And the amount of prescribed medicine which one parent packs for a child's visit to the other parent is not the responsibility of a GP Practice. Additionally, I am satisfied (see paragraph 13) that there is no evidence of shortcoming in respect of Mr C's complaint about the prescribing of one box of sodium chloride, instead of four, on 25 November. In conclusion, there is no evidence of inappropriate prescribing by the GPs in respect of the issues in the complaint, and I do not uphold this aspect.

17. I turn now to the other events of 25 November 2005. Mr C sought a prescription of sodium chloride himself for his son. This was an acceptable action by Mr C. However, it was not in line with the usual arrangements, which were that Mrs C dealt with Mr A's prescription matters and that the Practice sent all Mr A's prescriptions to a specific pharmacy. Here the difficulties arose. At Mr C's request for a prescription, the Practice, appropriately, issued a prescription in accordance with Mr A's repeat prescription for sodium chloride in injection form. Mr C took it to a pharmacy that was unfamiliar with Mr A's prescriptions and was told the prescription was wrong because it was for the injection form. This was because it was a different form to that which Mr C had previously seen in his son's possession (that is, the nebuliser form). Apparently Mr C did not know that Mr A had previously had both the injection and nebuliser forms on prescription. A crucial point (see paragraph 9) is that both forms are identical in their ability to reconstitute Colomycin powder into liquid: it makes no difference which is used or whether they are used interchangeably.

18. Turning back to Mr C's arrival back at the Practice with the supposedly wrong prescription, I am satisfied that GP 2 and GP 3 discussed this, in GP 3's

office. What is in marked dispute is the attitude of those doctors and of Mr C, and, as indicated at paragraph 10, I make no judgement about that. However, it is absolutely clear to me that the first prescription on 25 November was not wrong; and it is a matter of firm fact that, nevertheless, GP 2 did write out a second prescription in the form that Mr C said he wanted. Regardless, therefore, of anyone's behaviour, there is no clinical shortcoming here, and there is factual proof that the GPs gave Mr C what he requested in an attempt to resolve the matter. One might argue that GP 2 and GP 3 could have explained to Mr C that the form of sodium chloride was irrelevant. However, it is clear that, on Mr C's return to the Practice on 25 November, such a discussion would not have been possible because of the deterioration in relationships at that time. (Although GP 1's letter of 5 December 2005 to Mr C (see paragraph 12) did not take the opportunity to tell Mr C that the choice of form did not matter, I consider that the letter was appropriately explanatory.) I do not uphold this aspect.

19. In all the circumstances, I do not uphold the complaint.

23 May 2007

Explanation of abbreviations used

Mr C	The complainant
Mr A	The complainant's son
Mrs C	The complainant's separated wife
The Adviser	The Ombudsman's adviser, a GP
The Practice	The general practitioner Practice
GP 1	The GP who dealt with Mr C's complaint
GP 2 and GP 3	The GPs who were involved in the events of 25 November 2005