Scottish Parliament Region: Highlands and Islands

Case 200600033: Western Isles NHS Board

Summary of Investigation

Category

Health: Hospital

Overview

The complainant (Mrs C) raised a number of concerns about the care which her diabetic husband (Mr C) had received when he attended the Western Isles Hospital (Hospital 1) with serious foot ischaemia. Mrs C complained about a consultant's (Consultant 1) behaviour, the delay in referring Mr C to the Consultant Vascular Surgeon (Consultant 2) and that unsuitable medication was prescribed to her husband.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) Consultant 1's behaviour was inappropriate when he explained the results of his examination to Mr and Mrs C *(no finding)*;

(b) Consultant 1 delayed writing to Consultant 2 after seeing Mr C *(not upheld)*;

(c) Consultant 1 did not reflect the urgency of Mr C's condition in his referral to Consultant 2 *(upheld)*; and

(d) Consultant 1 prescribed Voltarol to Mr C and this is not suitable for diabetics *(not upheld)*.

Redress and recommendations

The Ombudsman recommends that the Board:

(i) review its procedures for urgent referrals; and

(ii) apologise to Mr and Mrs C for their failure to adequately convey the urgency of Mr C's condition in their letter of referral.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mr C suffers from Type II diabetes. Mrs C informed me that on 4 November 2006, Mr C developed problems with his left leg and attended his General Practitioner (the GP) as an emergency. She related that the GP was very concerned and told Mr C that he should immediately go to Accident and Emergency at the Western Isles Hospital (Hospital 1).

2. Mr C was seen by Consultant 1 at Hospital 1. Mrs C stated that, at this stage, Mr C's great toe was navy blue and his other toes were lighter blue. Consultant 1 informed Mr C that there was a possibility he might lose some of his toes. He told Mr and Mrs C that he would write to Consultant 2 in Raigmore Hospital (Hospital 2) in Inverness the following day.

3. Mrs C explained that, after a week, they had still not heard anything from Hospital 2 and so they got in touch. Hospital 2 informed her that they had not yet received the referral from Hospital 1. This meant that three weeks elapsed between Mr C's initial appointment and his appointment in Hospital 2.

4. On 10 February 2006, Mrs C complained to Western Isles NHS Board (the Board) that Mr C had not been treated with sufficient urgency when he attended Accident and Emergency at Hospital 1. She also complained about the length of time taken to refer Mr C to Consultant 2. Furthermore, she complained about the attitude of Consultant 1 and that Mr C had been prescribed medication that was inappropriate for diabetics.

5. The Board responded on 9 March 2006. They disputed the date on which Mr C attended Hospital 1. They had recorded that he attended on 7 November 2006. The Board explained that Consultant 1 had written to Hospital 2 the day after Mr C had attended. Consultant 1 denied making inappropriate comments to Mr C about his condition and the Board apologised for any distress due to misunderstanding and inadequate communication. Mrs C was referred to the Ombudsman at this stage. The Ombudsman received Mrs C's complaint on 3 April 2006.

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

(a) Consultant 1's behaviour was inappropriate when he explained the results of his examination to Mr and Mrs C;

(b) Consultant 1 delayed writing to Consultant 2 after seeing Mr C;
(c) Consultant 1 did not reflect the urgency of Mr C's condition in his referral to Consultant 2; and
(d) Consultant 1 prescribed Voltarol for Mr C and this is not suitable for diabetics.

Investigation

7. My investigation is based on the documentation provided to me by Mrs C and the Board. This includes correspondence between Mrs C and the Board and the Board's complaints file. I have made enquiries of Mr C's GP and I have also reviewed Mr C's Hospital and GP records and sought advice from the Ombudsman's medical adviser (the Medical Adviser) and pharmacy adviser (the Pharmacy Adviser).

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

(a) Consultant 1's behaviour was inappropriate when he explained the results of his examination to Mr and Mrs C

9. Mrs C gave me her account of the consultation with Consultant 1. She stated that, after a brief examination of Mr C, Consultant 1 put his hand on her shoulder and said that there was 'good news and bad news. The good news is that Mr C won't lose his leg but the bad news is that he may lose two or three toes'. Mrs C explained that she found Consultant 1's approach in giving her this information to be distressing and insensitive.

10. The Board responded that Consultant 1 recalled that he maintained a professional relationship with Mr C throughout the consultation and could not recall having physical contact with Mrs C. Furthermore, he could not recall commenting on Mr C's medical condition in the way Mrs C described.

11. The Board acknowledged that, from Mr and Mrs C's perspective, Mr C's experience was less than satisfactory. They apologised for the distress and any misunderstanding and inadequate communication.

(a) Conclusion

12. Mr and Mrs C and Consultant 1 have given differing accounts of what happened during the consultation and it is not possible to determine what

actually happened. The Board have, however, recognised that Mr and Mrs C found their experience less than satisfactory and have apologised for this and I consider that this was an appropriate response to this complaint. Because I was unable to obtain any further evidence about Consultant 1's behaviour during the consultation, I have been unable to conclude on this complaint and have made no finding.

(b) Consultant 1 delayed writing to Consultant 2 after seeing Mr C; and
(c) Consultant 1 did not reflect the urgency of Mr C's condition in his referral to Consultant 2

13. Mrs C explained that she and her husband attended the GP on 4 November 2005. She described that the GP was very concerned and told them to go home and pack a bag, and that he would write a letter which Mr and Mrs C could pick up on their way to the Accident and Emergency Department at Hospital 1.

14. Mrs C explained that after examining Mr C, Consultant 1 told Mr and Mrs C that he would write to Consultant 2 the following day. Mrs C told me that she had not heard anything from Hospital 2 a week later and that, when she telephoned, they informed her that they had not received the referral. Mrs C stated that three weeks elapsed before Mr C was seen at Hospital 2.

15. The Board disputed that Mr C was seen on 4 November 2005 and stated that he attended on 7 November 2005 and that Consultant 1 wrote to Consultant 2 on 8 November 2005 requesting a vascular assessment and detailing the management plan. Mrs C stated that she was certain that they had attended the Hospital on 4 November 2005 and that Consultant 1 had waited four days before writing to Consultant 2 on 8 November 2005.

16. I asked the GP for his recollection of events. He informed me that on 2 November 2005, a telephone call was made to another GP in the practice during which Mr C informed him that he was having trouble with his toe and that he was uncomfortable. An appointment was made for him to be seen by the GP on 4 November 2005. The GP undertook to make an urgent referral to the surgeons for assessment of his peripheral vascular state. The GP does not believe that Mr C was referred to Accident and Emergency on 4 November 2005.

17. On 7 November 2005, Mr C phoned the Practice at 09:45 in the morning. He arranged an appointment with the GP at 12:30. On review, it was apparent that his poor circulation had become critical. The GP recalls that he advised Mr C that he would need to be seen at the Hospital. The GP suggested to Mr C that he could take the referral letter which had been dictated on 4 November 2005 to Accident and Emergency by hand. Mr C went home to pack a bag and then returned to the surgery at 16:00 to pick up the letter of referral. The GP annotated this with the additional up to date information about Mr C experiencing rest pain for three days. The GP recalls that Mr and Mrs C attended the Hospital in the late afternoon of 7 November 2005.

18. Mr C's GP records confirm that a consultation with the GP took place on 4 November 2005. The notes record 'toe circulation poor capillary return, limb warm. No palpable pulses … Urgent referral to surgeons for vascular assessment'. The GP's letter of referral is dated 7 November 2005 so it must have been typed on the Monday following Mr C's appointment with him and Mr C must have picked it up on that day on his way to Hospital 1.

19. The GP had also handwritten the following comment on the letter of referral dated 7 November 2005 – 'Today (Mon) he reported (by phone) rest pain in his (L) foot each night for past three nights, worsened by lying flat and improved with standing, but not abolished'. In other words, the condition of the foot and toe had worsened in the three days since he saw Mr C.

20. This version of events is further supported by Mr C's Hospital records. These indicate that Mr C arrived at the hospital on 7 November 2005.

21. All of the documentary evidence indicates that Mr C attended Accident and Emergency at the Hospital on 7 November 2005. This is further supported by the GP's recollection of events. It is, therefore, possible that Mr and Mrs C conflated the two dates. I have proceeded on the assumption that Mr C attended the Hospital on 7 November 2005.

22. On 8 November 2005 Consultant 1 dictated a letter of referral to Consultant 2, mentioning the Doppler result and that 'the ischaemic changes are significant' with discolouration of the great and second toe, although the foot was warm. The Medical Adviser has informed me that the letter dictated by Consultant 1 on 8 November 2005 should have indicated that Mr C was suffering from rest pain. This information was significant as it indicated that

Mr C was in danger of developing gangrene in his toes and that he should be treated urgently. The GP's letter of referral to Hospital 1 stated that Mr C had 'reported rest pain in his left foot each night for the last three nights'.

23. In the GP records, the GP has annotated his copy of Consultant 1's letter of referral to Hospital 2. Consultant 1's letter states that the GP referred Mr C because of discoloration of the toe and foot. The GP (on his copy of this letter) has written 'No, I sent him up because of rest pain'.

24. Consultant 1's letter of 8 November 2005 is stamped as received in Hospital 2 on 11 November 2005. Consultant 2 responded on 14 November 2005, offering admission a week later on 21 November 2005. The GP also wrote to Consultant 2 on 9 November 2005 and this letter was received on 15 November 2005. The GP's letter gives more detailed information about Mr C's condition including the fact that he suffered from rest pain. The GP indicates that he would be grateful if Mr C could be seen rapidly and that Mr C was happy to travel to Hospital 2 at short notice if any appointments were available. The Medical Adviser has stated that he is satisfied that Consultant 2 acted appropriately in the first instance, although it may have been appropriate to offer Mr C a more urgent appointment after receiving the more detailed letter from the GP.

25. It is clear from the medical records that some of the delay is attributable to the times taken by the postal service between Hospital 1 and Hospital 2. The Medical Adviser also suggested that some of the delays could have been avoided if Consultant 1 or the GP had communicated with Hospital 2 by telephone rather than by post given the urgency of the referral.

(b) Conclusion

26. The evidence supports the view that Mr C attended Hospital 1 on 7 November 2005 rather than 4 November 2005. Consultant 1 wrote to Hospital 2 on 8 November 2005, the day after Mr C's appointment. It cannot, therefore, be said that he delayed writing to Consultant 2. A number of factors contributed to the delay in this case but I do not consider that Consultant 1 delayed writing the letter of referral to Consultant 2. I, therefore, do not uphold this complaint.

(c) Conclusion

27. As mentioned in conclusion (b), a number of factors contributed to the delay in Mr C obtaining an appointment in Hospital 2. However, the fact that Mr C suffered from rest pain was significant and should have been mentioned in Consultant 1's letter of referral. The failure to include this information resulted in the letter not conveying an adequate sense of urgency. Had this information been included, Consultant 2 may have given Mr C a more urgent appointment. I, therefore, uphold this complaint.

(c) Recommendation

28. The Ombudsman recommends that the Board review its procedures for urgent referrals and also that they apologise to Mr and Mrs C for their failure to adequately convey the urgency of Mr C's condition in their letter of referral.

(d) Consultant 1 prescribed Voltarol to Mr C and this is not suitable for diabetics

29. One of the drugs prescribed to Mr C, who is diabetic, was Voltarol and Mrs C told me that that this was unsuitable for diabetics according to the enclosed leaflet. Unfortunately, Mr C had not retained the leaflet and I have been unable to acquire a copy it. Mrs C told me that the GP told Mr C not to take the Voltarol.

30. Mr C had a 17 year history of non-insulin dependent (Type II) diabetes. Consultant 1 prescribed Voltarol (50mg, three times daily). The Pharmacy Adviser explained that Voltarol (diclofenac) is a non-steroidal, anti-inflammatory drug (NSAID), an analgesic which is routinely prescribed for moderate to severe pain, especially that which is associated with inflammation.

31. The Pharmacy Adviser stated that no adverse interaction of any great significance normally occurs between most NSAIDs and most oral, anti-diabetic medicines and that it would be unusual for the guidance given with the Voltarol to be stated in such unequivocal terms as those reported by Mrs C. The Pharmacy Adviser explained that both of these types of medicines are carried around the body in an inert state whilst attached to certain similar proteins in the blood plasma. When the body requires them to exert clinical effect, the medicines are gradually released from the proteins. He advised me that what can happen is that an oral, anti-diabetic medicine becomes displaced from the circulating protein by an NSAID before the body really requires it. Under these

circumstances there is an increase in anti-diabetic effect which gives greater reduction in blood sugar than is required (hypoglycaemia).

32. Mr C was prescribed the oral, anti-diabetic gliclazide. The Pharmacy Adviser informed me that gliclazide, in the standard form that it appears was prescribed for Mr C, has a relatively short duration of action in the body and is less likely to cause hypoglycaemia than other longer acting oral, anti-diabetic medicines.

33. The Pharmacy Adviser stated that prescribing decisions have to be made in response to clinical symptoms, taking account of the evidence for potential unwanted adverse effects, weighted for the likelihood of occurrence and for the relative severity of those unwanted effects. He advised me that Mr C was a well-controlled and experienced diabetic of long-standing. A mild analgesic, such as paracetamol, would have been too weak to provide adequate control of the pain which may have been experienced by Mr C during this period, whereas a strong opioid analgesic would not necessarily be appropriate for his needs. Taking account of all the circumstances, the Pharmacy Adviser advised that the prescribing of Voltarol (diclofenac) in this situation was reasonable.

(d) Conclusion

34. The Pharmacy Adviser has stated that no adverse interaction of any great significance normally occurs between most NSAIDs and oral, anti-diabetic medicines. He advised that the prescribing of Voltarol in this situation was reasonable. I, therefore, do not uphold this complaint.

35. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

20 June 2007

Annex 1

Explanation of abbreviations used

Mr and Mrs C	The complainants
The GP	Mr C's General Practitioner
Hospital 1	Western Isles Hospital
Consultant 1	A consultant surgeon at Hospital 1
Consultant 2	A consultant vascular surgeon at Hospital 2
Hospital 2	Raigmore Hospital
The Board	Western Isles NHS Board
The Medical Adviser	The Ombudsman's medical adviser
The Pharmacy Adviser	The Ombudsman's pharmacy adviser
NSAID	Non-steroidal anti-inflammatory drug

Annex 2

Glossary of terms

Gliclazide	Belongs to a type of medicines known as oral anti-diabetics. Gliclazide works by increasing the amount of insulin that the pancreas secretes.
Hypoglycaemia	Abnormally low levels of glucose in the blood.
Ischaemia	A local deficiency of blood in some part of the body, often caused by a constriction or obstruction in the blood vessel supplying that part.
Non-Steroidal Anti-Inflammatory Drug (NSAID)	A drug that decreases fever, swelling, pain, and redness.
Rest Pain	Constant pain (particularly at night) found in the toes or foot that is caused by poor blood flow.
Type II Diabetes	Also known as “adult onset diabetes” or “non-insulin dependent diabetes” can usually be controlled by diet and hypoglycaemic agents without injections of insulin.
Voltarol	A type of NSAID