Scottish Parliament Region: South of Scotland

Case 200601278: A GP, Ayrshire and Arran NHS Board

Summary of Investigation

Category

Health: GP

Overview

The complainant (Mrs C) raised concerns about a delay by a GP (the GP) at the Medical Practice in referring her husband (Mr C) to hospital for a urology opinion and as a result this delayed treatment for a prostate tumour.

Specific complaint and conclusion

The complaint which has been investigated is that there was a delay by the GP in referring Mr C for a urology opinion *(upheld)*.

Redress and recommendation

The Ombudsman recommends that the GP shares this report with his appraiser and reflects on the actions which had been taken.

The GP has accepted the recommendation and will act on it accordingly

Main Investigation Report

Introduction

1. On 1 August 2006 the Ombudsman received a complaint from Mrs C about a delay by the GP in referring her husband (Mr C) to hospital for a urology opinion and as a result this delayed treatment for a prostate tumour. Mrs C complained to the GP but remained dissatisfied with his response and contacted the Ombudsman.

2. The complaint from Mrs C which I have investigated is that there was a delay by the GP in referring Mr C for a urology opinion.

Investigation

3. In writing this report I have had access to Mr C's GP clinical records and the complaints correspondence. I obtained advice from one of the Ombudsman's professional medical advisers (the Adviser) who is a GP regarding the clinical aspects of the complaint. An explanation of the abbreviations used in this report is contained in Annex 1. A glossary of the medical terms can be found at Annex 2. 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 GP were given an opportunity to comment on a draft of this report.

Complaint: There was a delay by the GP in referring Mr C for a urology opinion

4. Mrs C complained to the Medical Practice (the Practice) that on 6 May 2005 she had asked the GP to refer Mr C to hospital for a urology opinion as he had prostate problems. She said the GP had told her that Mr C should be seen by a Consultant Psychiatrist (the Psychiatrist) in the first instance and that he would make a urology referral in due course. The Psychiatrist saw Mr C on 20 May 2005 and Mrs C said that she diagnosed that Mr C was suffering from vascular dementia and that she would ask the GP to check Mr C's bloods and make the urology referral. Mrs C knew the Psychiatrist had sent the GP a report and Mrs C kept asking the GP to make the urology referral for Mr C and to check his bloods without success. Mr C was admitted to hospital on 11 October 2005 where a CT scan revealed a meningioma and he was discharged on 18 October 2005. Mrs C said Mr C became quite distressed with his urology problems which she discussed with the District Nurses. The District Nurses contacted the GP yet he said a catheter

was not required. Mrs C took action herself and arranged for Mr C to be seen by a Registrar on 9 November 2005 where it was discovered Mr C had a prostate tumour. Mr C was catheterised and treatment was started. A bone scan revealed extensive bone metastases. Mrs C asked the GP why he had not made the urology referral and he said the Psychiatrist's report did not indicate that such a referral was required. Mrs C complained that the GP had disregarded the advice of the Psychiatrist and as a result there was a six month delay in diagnosing the tumour which had caused Mr C untold pain and suffering.

5. The GP responded to the complaint. He explained that Mr C had a previous history of memory problems and he felt that an assessment of his mental health state would be helpful before invasive testing. He accepted that one of Mr C's problems was frequency of passing urine. The decision to defer the urology referral was made from taking a holistic approach, considering the invasive procedure; and the fact that Mr C would be at home to allow a greater assessment of the problem. The GP thought Mrs C was in agreement with his actions. The GP explained that it was Practice policy to take blood tests from patients such as Mr C but both he and the District Nurse failed to obtain a sample from Mr C. The GP said Mr C was becoming quite distressed and it was felt better to postpone the tests. The GP reviewed Mr C's previous blood tests taken in connection with his heart problems. They did not reveal information to assist in a diagnosis and he decided to wait until Mr C's heart problems were reviewed by the hospital.

6. The GP continued that he visited Mr C at home on 1 July 2005 for respiratory problems and Mrs C had suggested an x-ray be taken which the GP agreed would be helpful and he reported the result to Mrs C on 29 July 2005. On 11 October 2005 another GP admitted Mr C to hospital as he was showing signs of being in an acute confusional state. Mr C was subsequently discharged and on 19 October 2005 the District Nurses asked the GP to consider inserting a catheter at home. The GP felt this was unwise and felt an urology opinion was now required. He, therefore, referred Mr C as an out-patient. The GP said he recalled the District Nurses had attempted to bring forward the out-patient appointment. The GP mentioned that after Mr C had been diagnosed with metastatic carcinoma he called to see Mrs C and make an apology because he felt she had been isolated as Mr C's illness had unfolded. He had assumed that the District Nurses and the Care of the Elderly Team were visiting and the matter was under control. In view of the circumstances which

had arisen, the Practice had conducted a Significant Event Analysis and this has led to the development of a list of patients with dementia and a weekly meeting with the District Nurses to discuss active dementia care plans.

7. The Adviser told me that there was a misunderstanding between Mrs C and the GP as to what was the main cause of Mr C's difficulties. According to Mrs C she made numerous reports that she was concerned about Mr C's urinary problems. From the GP records it would indicate the GP felt the main issue was memory problems and this resulted in his referral to the Psychiatrist who diagnosed that Mr C was suffering from dementia. The Psychiatrist wrote a letter to the GP (which I have seen) and suggested the GP might like to arrange a blood cholesterol test to see if the level was high and if it was it would require lowering by medication. The Psychiatrist also believed that the GP was arranging a urology referral to consider Mr C's problem with incontinence. The Adviser noted that a urine sample from Mr C was provided to another GP on 4 October 2005 for possible urinary tract infection. It was during Mr C's hospital admission on 11 October 2005 that the diagnosis of meningioma was made. The Adviser said it would not be possible to state how long the meningioma was present but the consultant neurologist had reported that there was no major effect on the brain and that he would not recommend neurosurgical intervention given Mr C's age and his co-morbidities. The Adviser noted the GP's referral letter to the Urology Department which mentioned the complaint of urinary frequency but there was no indication the referral was urgent.

8. The Adviser commented that Mrs C had first mentioned the need for a urology referral in May 2005 and this was not acted upon until October 2005 when Mr C was found to have cancer of the prostate. The Adviser noted that the GP said he and the District Nurses had difficulty in obtaining blood from Mr C and he wondered why he had not considered approaching the phlebotomy services to take a sample. In addition the Psychiatrist also believed (presumably from Mrs C) that the GP planned to refer Mr C to an urologist. The Adviser felt the GP had not fully understood Mrs C's anxieties about Mr C's urinary problems. The Adviser noted there is no evidence that the GP had carried out a digital rectal examination to assess the reported urological symptoms. The Adviser also said it was unfortunate that Mr C had three overlapping illnesses – a memory problem (a common illness), the meningioma (a rare illness and probably not diagnosable until October 2005) and the cancer of the prostate.

9. The Adviser was pleased to note the action taken by the Practice following the complaint and that it indicated good practice. However, he felt the action which was taken focussed on the care of the patients with dementia rather than an earlier diagnosis of prostate cancer. He felt that the GP should have taken action by examining Mr C's prostate when Mrs C had mentioned his symptoms. The Adviser considered that this was evidence of poor practice by the GP and recommended that this is brought to the attention of his appraiser at the next appraisal[1].

Conclusion

10. Mrs C complained about the delay by the GP in arranging a urology referral for Mr C which were first raised in May 2005. The GP felt that Mr C's difficulties were related to his dementia problems and this was the main focus of his treatment. However, the GP did not make a urology referral until October 2005 when the issue was raised as to whether Mr C should be fitted with a catheter. Even then the GP had marked the referral letter as routine which meant it would not have been afforded any priority. I accept that Mr C had three different illnesses, nevertheless I feel that the GP should have examined the prostate and instigated the urology referral some months before he did so. This could have alleviated some of the distress which Mr C and Mrs C had endured. Accordingly, in view of the advice I have received I have decided that the GP's failure to make the urology referral earlier was unreasonable and I uphold the complaint.

Recommendation

11. The Ombudsman recommends that the GP shares this report with his appraiser and reflects on the actions which had been taken

12. The GP has accepted the recommendation and will act on it accordingly.

20 June 2007

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[1] The appraisal scheme for GPs working in Scotland has been developed by NHS Education for Scotland in conjunction with Scottish General Practitioners Committee, Royal College of General Practitioners in Scotland and Scottish Executive Health Department. It is a national scheme, coordinated and quality assured on a national level. The primary aim of the appraisal scheme is to help the individual GP to identify their personal educational and development needs and formulate a plan around how these will be achieved.

Annex 1

Explanation of abbreviations used

Mrs C	The complainant
Mr C	Mrs C's husband
The GP	The GP who treated Mr C
The Practice	The Medical Practice where Mr C was a patient
The Adviser	The Ombudsman's professional medical adviser
The Psychiatrist	The Consultant Psychiatrist who treated Mr C

Annex 2

Glossary of terms

CT scan	Computed Tomography – Computerised x-ray
Catheter	A hollow tube used to withdraw fluids (urine)
Metastatic carcinoma	Cancer which has spread from the original site
Meningioma	Brain tumour
Prostate	Gland below the bladder
Significant Event Analysis	Detailed analysis following a significant event to ascertain the quality of care delivered to see if lessons can be learned or changes in procedures are required
Vascular dementia	Slowly progressing worsening of the memory and other cognitive functions