

Case 200602617: A GP Practice, Lothian NHS Board

Summary of Investigation

Category

Health: GP Practice; Clinical treatment; Diagnosis

Overview

The complainant (Ms C) complained about the response of her GP Practice to an infected rash on her legs.

Specific complaint and conclusion

The complaint which has been investigated is that the treatment for a rash on Ms C's legs was inadequate and has led to tissue damage and difficulty in walking (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. The complainant (Ms C) visited her GP Practice (the Practice) about a widespread rash on her legs which was not clearing up. This was causing her pain and distress, and she was having difficulty walking. The rash did not clear up after a further visit, and after moving to another area, Ms C eventually received significant in-patient hospital treatment for her legs.

2. Ms C complained to the Practice about her treatment on 28 September 2006 and a reply was sent on 20 October 2006. She was not satisfied with this response and referred her complaint to the Ombudsman's office on 21 November 2006.

3. The complaint from Ms C which I have investigated is that the treatment for a rash on Ms C's legs was inadequate and has led to tissue damage and difficulty in walking.

Investigation

4. To investigate this complaint, I have reviewed Ms C's medical records for the period during which she was treated at the Practice. I made inquiry of the GP who treated her on 16 March 2007 and received a detailed response on 11 April 2007. I sought independent advice from an adviser with expertise in general practice (the Adviser) and received his comments on this case on 25 July 2007. I have investigated only the actions of the Practice, and not of the hospital in which she was later treated.

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

Complaint: The treatment for a rash on Ms C's legs was inadequate and has led to tissue damage and difficulty in walking

6. On the advice of a pharmacist, Ms C presented on 10 May 2006 to the Nurse Practitioner in the Practice with a rash on her legs which she thought may have been caused by insect bites while gardening. She informed the Nurse Practitioner that she had shaved her legs ten days previously. A widespread folliculitis was noted, with 'infected papules all over her lower legs and extending slightly above the posterior aspect of both knees.' Ms C had

treated this rash herself with an anti-septic cream but this had had no effect. The Nurse Practitioner considered that this was a folliculitis and Ms C was prescribed a five day course of Flucloxacillin.

7. Ms C again contacted the Practice by telephone on 24 May 2006 stating that the antibiotics had helped to some degree, but some spots had become infected again. Her notes record that she reported difficulty in walking and she said was in pain. When Ms C attended the Practice later that morning, the Nurse Practitioner noted that some lower spots had scabbed over and there was surrounding inflammation. She called on the GP to seek his opinion. In his response to my inquiry, the GP said:

'Because of the appearance of previous infected papules and the history showed evidence of trauma which was responding to antibiotic and the fact that at the time there appeared to be no other reason to suspect anything more sinister, I reissued a script for Flucloxacillin but this time gave a full one week's course.'

8. During her consultation, Ms C also raised concerns about her inhaler, which she used to manage her asthma. As she was due to visit the Practice again for a Respiratory Clinic in a week's time, Ms C suggested that her rash be reviewed during that visit. She was advised that she should contact the surgery if she had any concerns or noted any changes in the intervening days.

9. Ms C made no further contact with the Practice and moved to a new area within a month of her last appointment. She reported that, when she attended a new GP practice after her move, tests showed high levels of protein in her blood and she was referred to a dermatologist and was immediately admitted for treatment. She remained in hospital for five days.

10. In her complaint to this office, Ms C said that the condition that had affected her legs had resulted in tissue damage and difficulty in walking. She said that she did not return to her original GP because she had lost faith in him and considered that he would be likely to prescribe a further course of antibiotics for her condition. Additionally, she decided to wait until she moved to her new home before seeking further advice.

11. In reviewing her notes and the correspondence associated with her complaint, the Adviser noted that Ms C was advised at her consultations on 10 and 24 May 2006 that she should return to the Practice if her condition

deteriorated. He considered that the Practice had acted reasonably in response to the symptoms presented.

Conclusion

12. It is clear that Ms C has suffered pain, distress and damage from the condition that affected her legs. However, I consider that the treatment offered to her in the early stages of that condition by the Practice was reasonable. When some improvement was seen after the first course of antibiotics, it was reasonable to extend that treatment for a period. Ms C was encouraged to return to the Practice if she had any concerns about the progress of her condition and she did not do this. In these circumstances, I do not uphold this complaint.

19 December 2007

Explanation of abbreviations used

Ms C	The complainant
The Practice	Her GP Practice
The Adviser	An independent adviser specialising in general practice

Glossary of terms

Flucloxacillin An antibiotic of the penicillin class. It is used to treat infections caused by such as *Staphylococcus aureus*, which would otherwise be resistant to most penicillins

Folliculitis An infection that originates within a single hair follicle, usually caused by *Staphylococcus aureus* (a bacterium frequently found on a person's skin)