Scottish Parliament Region: Mid Scotland and Fife

Case 201003193: A Medical Practice, Fife NHS Board

Summary of Investigation

Category

Health: GP Practice; clinical treatment

Overview

The complainant (Miss C) complained about the care and treatment provided to her cousin (Miss A) by a medical practice (the Practice) before she died from liver cancer on 28 June 2010. The Practice had carried out a large number of liver function tests on Miss A from May 2004 onwards. These showed that her GGT (Gamma-glutamyltransferase – a liver enzyme) levels were high. Miss C complained about the lack of action taken by the Practice in response to the raised GGT levels.

Specific complaint and conclusion

The complaint which has been investigated is that the Practice failed or delayed to act on Miss A's abnormal test results *(upheld)*.

Redress and recommendations

The Ombudsman recommends that the Practice:	*Completion date*
(i) write to Miss C to apologise for the failure to investigate Miss A's abnormal GGT results; and	3 August 2011
(ii) take steps to ensure that in future they investigate cases where the patient has a persistently high GGT level to try to establish the cause.	17 August 2011

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

Main Investigation Report

Introduction

1. The complainant (Miss C) complained about the care and treatment provided to her cousin (Miss A) by a medical practice (the Practice) before she died from liver cancer on 28 June 2010. The Practice had carried out a large number of liver function tests on Miss A from May 2004 onwards. These showed that her GGT (Gamma-glutamyltransferase – a liver enzyme) levels were high. Miss C complained about the lack of action taken by the Practice in response to the raised GGT levels.

2. The complaint from Miss C which I have investigated is that the Practice failed or delayed to act on Miss A's abnormal test results.

Investigation

3. Investigation of the complaint involved reviewing the Practice's medical records for Miss A and other documents obtained from Miss C and the Practice. My complaints reviewer also obtained advice from a professional medical adviser (the Adviser).

4. 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 is contained in Annex 1. A glossary of terms used in this report can be found at Annex 2. Miss C and the Practice were given an opportunity to comment on a draft of this report.

Complaint: The Practice failed or delayed to act on Miss A's abnormal test results

5. Miss A was born in 1968. She had been diagnosed with diabetes. Miss C has told us that Miss A was slightly autistic and had low intelligence. Her medical records show that the GP Practice carried out a liver function test (a test carried out to diagnose and monitor liver disorders) in May 2004. This showed that Miss A's GGT levels were 156. The normal level for GGT levels in a liver function test is between 7 and 33.

6. A further 20 liver function tests were then carried out by the Practice between June 2004 and June 2010. All of the GGT results were abnormal:

Date	*GGT level*
24 May 2004	156
24 June 2004	114
4 May 2005	87
23 November 2005	93
6 January 2006	80
19 April 2006	103
16 June 2006	245
11 October 2006	322
3 January 2007	195
27 June 2007	338
17 October 2007	185
9 January 2008	417
5 March 2008	183
7 July 2008	275
9 October 2008	179
14 January 2009	265
2 February 2009	226
3 June 2009	193
14 September 2009	288
19 April 2010	522
17 June 2010	1098

7. On 25 July 2008, the Practice referred Miss A to the Gastroenterology department at the Victoria Hospital in Fife (Hospital 1) to check for colitis. The referral form did not refer to the raised GGT levels.

8. The Practice made another referral to the Gastroenterology department at Hospital 1 on 17 October 2008. This said that Miss A may have had a loss of blood in the gastrointestinal tract. The form did not mention the raised GGT levels. Hospital 1 carried out a colonoscopy on 6 November 2008. On 14 November 2008, a gastrointestinal specialist nurse from Hospital 1 wrote to the Practice and said that biopsies had shown that Miss A had inflammatory bowel disease and that blood tests were to be done. A consultant physician and gastroenterologist from Hospital 1 wrote to the Practice again on 9 February 2009 and said that a barium enema showed appearances that were thought to be consistent with longstanding inflammatory bowel disease.

9. Hospital 1 wrote to the Practice on 25 February 2009 and said that the diagnosis was inflammatory bowel disease; diabetes mellitus; and severe psoriasis. They said that Miss A's GGT was elevated, but the other liver enzymes were normal. They stated that they would repeat the test at her next attendance in three months.

10. In April 2009, the Practice responded to a request from an insurance company for information about, amongst other issues, Miss A's raised GGT levels. They said that they would imagine the cause of the raised GGT levels would be fatty liver from type 2 diabetes mellitus and a side effect of Miss A's Salazopyrin treatment for inflammatory bowel disease. They also enclosed letters from Hospital 1's Gastroenterology department.

11. On 5 June 2009, Hospital 1 wrote to the Practice and said that Miss A was feeling much better. Hospital 1 sent a further letter to the Practice on 25 May 2010. They said that Miss A's symptoms were well controlled on Salazopyrin tablets. They wrote to the Practice again on 31 May 2010 and said that they had retrieved Miss A's records from the 1980s and this confirmed that she had now had ulcerative colitis for well over 20 years. However, on 21 June 2010, Miss A was admitted to the Queen Margaret Hospital (Hospital 2). She died from liver cancer on 28 June 2010.

The Practice's response to the complaint

12. Miss C and another family member wrote to the Practice in October 2010 to complain about their failure to take action in relation to the raised GGT levels in Miss A's liver function test results. In the Practice's response, they said that an isolated raised GGT level is extremely common in blood tests. They said that a very common cause of this is non-alcoholic fatty liver. They said that this is a completely benign condition and is commonly seen in people who are overweight or diabetic. They stated that between 50 to 60 percent of the diabetic population have this condition and Miss A was both overweight and diabetic.

13. The Practice said that non-alcoholic fatty liver and alcohol related liver disease are probably the most common causes of an elevated GGT seen in general practice. They said that it is not necessarily an elevated GGT level that would alert them to another cause, but the trend over time. They commented that Miss A had an elevated GGT level from 2004 onwards, but the level had fluctuated. They said that although the GGT rose from 185 in October 2007 to

417 in January 2008, it then dropped to 183 in March 2008. They said that this would not have prompted further action, as the GGT level had decreased again.

14. The Practice also said that liver cancer has a very poor prognosis. They said that the five-year survival rate is extremely low and the majority of people survive months rather than years. They stated that it was highly improbable that Miss A had liver cancer as far back as 2004. The Practice also said that the appropriate course of action would have been to refer Miss A to a gastroenterologist if they were concerned about her GGT levels. They said that she had been under the care of a gastroenterologist.

Advice received

15. My complaints reviewer asked the Adviser what action the Practice should have taken in response to the test results showing raised levels of GGT from May 2004 onwards. In his response, the Adviser said that the Practice should have undertaken further investigations of the raised GGT levels in the liver function tests. He said that they should probably have done this in 2007/2008 when the test results were getting worse. He said that the Practice should have either organised an ultrasound scan or referred Miss A to a specialist.

16. The complaints reviewer asked the Adviser if the Practice's comments in their response to Miss C's complaint about why they did not take action were reasonable. In the Adviser's response, he said that the Practice had failed to take into account the increase in GGT levels over time.

17. The complaints reviewer also asked the Adviser if it was reasonable for the Practice to conclude in April 2009 that Miss A's raised GGT levels were caused by fatty liver from type 2 diabetes mellitus and a side effect of her Salazopyrin treatment for inflammatory bowel disease. The Adviser said that he considered that it would have been reasonable for the Practice to have looked at other causes. He said that the enquiry from the insurance company was another missed opportunity to consider the causes of the raised GGT levels.

18. The Adviser also commented that, after July 2008, when Miss A was referred to a gastroenterologist, the Practice probably thought that the specialist would decide if there was a reason for further investigation. Although the Practice did not mention the raised GGT levels in the referral form to the Gastroenterology department in July 2008, the department subsequently carried out their own liver function tests.

Conclusion

19. The medical records show that Miss A's GGT levels were raised from 2004 onwards. No investigations were carried out to establish the reason for the persistently raised GGT results.

20. I consider that it was reasonable for the Practice to simply monitor the results in 2004/2005, particularly as the GGT levels were decreasing during that time. However, the GGT levels started to rise again in 2006. In October 2006, the GGT level was 322, around ten times the higher end of the normal range. I consider that the Practice should have taken action to try to establish the cause of this at that time. They should have considered if there was a viral cause (for example, hepatitis) and made a referral for an ultrasound scan. I should make it clear, however, that it is not possible to say whether Miss A had liver cancer in 2006/2007 or to establish what the outcome would have been if the Practice had carried out further investigations at that time.

21. Although the Practice did refer Miss A to the Gastroenterology department in July 2008, they failed to mention her elevated GGT levels in the referral form. I consider that it would have been good practice to have done so.

22. I, therefore, uphold the complaint.

Recommendations

23. I recommend that the Practice:	*Completion date*
(i) write to Miss C to apologise for the failure to investigate Miss A's abnormal GGT results; and	3 August 2011
(ii) take steps to ensure that in future they investigate cases where the patient has a persistently high GGT level to try to establish the cause.	17 August 2011

24. The Practice have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Practice notify him when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Miss C	The complainant
Miss A	The aggrieved – Miss C's cousin
The Practice	The medical practice
The Adviser	The Ombudsman's GP adviser
Hospital 1	Victoria Hospital in Fife
Hospital 2	Queen Margaret Hospital in Fife

Annex 2

Glossary of terms

Barium enema	A test used to help visualise the colon
Colonoscopy	A test used to examine the colon
Diabetes mellitus	A disease caused by deficiency or diminished effectiveness of endogenous insulin
Gastroenterologist	A physician who specializes in diseases of the digestive system, including the liver
Gastrointestinal tract	The tube that extends from the mouth to the anus in which the movement of muscles and release of hormones and enzymes digest food
Gamma-glutamyltransferase (GGT)	A liver enzyme
Inflammatory bowel disease	A group of inflammatory conditions of the colon and small intestine
Liver function test	A test carried out to diagnose and monitor liver disorders
Non-alcoholic fatty liver	A range of conditions caused by a build-up of fat within liver cells
Psoriasis	A skin condition
Salazopyrin tablets	An anti-inflammatory agent used in the treatment of inflammatory bowel disease
Ulcerative colitis	A disease where inflammation develops in the colon

Ultrasound scan	A test that uses sound waves to create images of organs and structures inside the body