Scottish Parliament Region: Mid Scotland and Fife

Case 201004452: A Medical Practice, Fife NHS Board

Summary of Investigation

Category

Health: Family Health Services – GP & GP Practice; clinical treatment; diagnosis

Overview

The complainant (Mr C) complained that, as a result of his GP Practice (the Practice) failing to act on his enquiries about a follow up chest scan, there was an 18 month delay in him receiving the scan. When the scan was eventually performed he was diagnosed with lung cancer, and underwent surgery shortly thereafter.

Specific complaint and conclusion

The complaint which has been investigated is that there was an unreasonable delay between November 2008 and May 2010, caused by the Practice, in Mr C receiving an MRI scan *(upheld).*

Redress and recommendations

The Ombudsman recommends that the Practice:	*Completion date*
(i) conduct a Significant Event Analysis on this case;	31 December 2011
(ii) ensure that the GP discuss this case with his appraiser at his next GP appraisal; and	30 November 2011
(iii) provides Mr C with a full apology for the failures identified within this report.	30 November 2011

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

Main Investigation Report

Introduction

1. Mr C attended his GP Practice (the Practice) in May 2008 in relation to a number of health difficulties including shortness of breath and weight loss. He was referred to hospital (the Hospital) for a CT scan of the chest, abdomen and pelvis, which took place in June 2008. The scan identified a number of abnormalities, including a mass in the pancreas and lesions and bullae on the lungs. It was decided at a multi-disciplinary team meeting there should be follow up scans for the chest and pancreas in three months to monitor the situation.

2. There was a subsequent pancreas scan in November 2008; however, the follow up chest scan was not forthcoming. Mr C continued to attend his GP (the GP) at the Practice regularly throughout 2008 and 2009 in relation to other issues, and regularly enquired about the follow up chest scan. The GP responded he was confident the Hospital would have this in hand, and did not chase up the chest scan or re-refer Mr C to the Hospital.

3. Mr C then happened to be referred to the Hospital by the GP for an unrelated matter in December 2009. He was seen by the consultant physician (the Consultant) who had arranged his CT scan in June 2008. This referral did not mention any previous history or referral. However, the Consultant remembered Mr C and took the opportunity to refer him to a chest physician (the Chest Physician). The chest scan took place in April 2010 at which stage lung cancer was diagnosed, and Mr C underwent surgery shortly thereafter.

4. Mr C complained to the Practice on 5 October 2010. He was dissatisfied with the response he received from his GP on 8 November 2010, and wrote again on 14 December 2010. The Practice's final response on 17 January 2011 did not alter the previous position. Mr C contacted my office on 15 February 2011 to complain.

Investigation

5. The complaint from Mr C that I have investigated is that there was an unreasonable delay between November 2008 and May 2010, caused by the Practice, in Mr C receiving an MRI scan

6. In conducting the investigation, my complaints reviewer reviewed all the information provided by Mr C, the documentation provided by the Practice including Mr C's clinical records, and the GP's responses to his complaint. The complaints reviewer also obtained advice from an independent medical adviser to the Ombudsman (the Adviser). At the Adviser's request, my complaints reviewer also obtained and considered a copy of Mr C's Hospital records.

7. 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. Given some of the issues raised within this report, Fife NHS Board (the Board) have also been given the opportunity to comment on the draft report.

Complaint: There was an unreasonable delay between November 2008 and May 2010, caused by the Practice, in Mr C receiving an MRI scan

Background

8. Mr C went to his GP in May 2008 with a number of symptoms including weight loss and breathlessness. He was known to have problems with his chest and to be a smoker. He was seen by a locum GP (the Locum GP) at that time who referred him to the Hospital for a CT scan of the chest, abdomen and pelvis, which showed a number of abnormalities. The possibility of a mass in the head of the pancreas was raised and a number of other scans of the abdomen were performed over the succeeding months. After consideration at a gastroenterology multi-disciplinary team meeting held on 22 August 2008, it was felt there was no significant abnormality in Mr C's abdomen.

9. The CT scan also showed signs of chronic obstructive pulmonary disease (specifically emphysema) and the presence of bullae on both lungs. Two nodular lesions were noted in addition, one on each lung. A cross referral seeking advice was made by the Consultant to the Chest Physician by letter on 14 July 2008. The Chest Physician wrote back to the Consultant on 23 July 2008, recommending that Mr C be seen at the Chronic Obstructive Pulmonary Disease (COPD) Clinic, have pulmonary rehabilitation and have tests for alpha-1-antitrypsin deficiency – a condition that can lead to premature emphysema. The Chest Physician also recommended that CT scans were performed at three months and 12 months to monitor the nodules in Mr C's lungs. Two copies of this letter were in the hospital records; one copy shows a postscript asking a specialist nurse to remind the Chest Physician about ordering a CT when Mr C attended the COPD Clinic. It is clear from these

letters there was an intent to follow up the chest nodules with serial CT scans. These letters were not copied to the GP.

10. A gastroenterologist (the Gastroenterologist) was also involved in Mr C's treatment, in relation to the abnormalities discovered in Mr C's pancreas. The Consultant wrote to him for advice on 23 July 2008. He replied on 25 August 2008 and recommended a three month follow up MRI scan of the pancreas. This letter was sent to the Practice. The Consultant subsequently wrote to the Gastroenterologist and the GP in November 2008 with the results of the follow up scan on Mr C's pancreas.

11. Throughout late 2008, all of 2009 and the beginning of 2010 Mr C attended his GP regularly in relation to unrelated ongoing matters.

12. On 31 December 2009, the GP referred Mr C to the Consultant again, in relation to his thyroid. The GP did not mention any medical history or the previous referral. However, the Consultant himself remembered previously seeing Mr C and took the opportunity to re-refer him back to the Chest Physician, once he established from Mr C he had never received an appointment to go to the COPD clinic nor had the follow up chest scan, which should have been carried out on or around November 2008.

13. Mr C was reviewed in the chest clinic and had a chest scan in April 2010. The scan revealed that the one of the nodules in his lungs had increased in size, and that subsequently Mr C had developed lung cancer. Due to the stage at which cancer was diagnosed, Mr C was unable to undergo chemotherapy or radiotherapy. Instead, he underwent a lobectomy to remove the cancerous nodule in June 2010.

14. Mr C complained to the Practice on 5 October 2010 that his GP (the GP) had failed to listen to his concerns that a significant part of his treatment remained outstanding. Mr C said he attended his GP regularly from 2008 to 2010 for medical certificates and said he asked about the chest scan 'every few months', whenever he had an appointment with his GP. He stated that the GP had responded each time by saying the appointment would be forthcoming, that the Hospital and its staff were very busy and Mr C should give them time to get in touch.

15. Mr C went on to say he felt let down by the GP and extremely angry that his health had been compromised by an 18 month delay in diagnosis. He felt the cancerous growths may have been picked up sooner if the follow up chest scan had taken place when intended, meaning he may not have needed to have had surgery or face such an uncertain future.

16. The GP responded to Mr C's letter of complaint on 8 November 2010. His letter outlined the treatment Mr C had received at the Practice and the Hospital since May 2008. Specifically in relation to Mr C's concerns, the GP wrote:

> 'I also remember you telling me that you hadn't heard from the Chest Clinic and the reason I did not write to them is that I was confident that the appointment was forthcoming as your referral was done internally between [the Consultant] and [the Chest Physician]. Also there were no new clinical issues which required me to write to the Chest Clinic.'

17. Mr C was dissatisfied with the GP's response. He wrote again to the Practice on 14 December 2010. He said he felt the GP had simply recounted what medical intervention had occurred rather than what should have occurred and did not provide any reasonable explanation why his queries about the chest scan were not followed up. He asked why the GP did not address the fact that the scan was due on or around November 2008, when it in fact took place in April 2010.

18. The GP wrote back on 17 January 2011 and said he felt the responsibility of the scan lay with the Hospital rather than the Practice, and he felt the care provided by the Practice overall was to a satisfactory standard.

Clinical Advice

19. The Adviser examined the GP records, Mr C's hospital records and the complaints correspondence in order to provide advice in this case. He said the notes showed a regular pattern of consultation between Mr C and the Practice during 2008, 2009 and 2010. The Adviser described the notes for these appointments as 'poor and containing little clinical detail'. He stated he felt the GP could have been more proactive and could have determined with either the Consultant or the Chest Physician what the care plan was regarding the follow up chest scan.

20. The Adviser also commented on the referral made by the GP to the Consultant for an unrelated problem on 31 December 2009. He noted no

21. The Adviser further commented on the issue of communication between the Practice and the Hospital. He was concerned that some key correspondence was not shared with the Practice. He said there was a lack of consistency with regard to information sharing. Some lines of communication were very clear ie regarding the monitoring of Mr C's pancreas and the results of pancreatic scans. However, communications between the Chest Physician and the Consultant regarding the chest scan and proposed follow up were not copied to the Practice.

Conclusion

22. Mr C complained to my office that there was an unreasonable delay from November 2008 until May 2010, caused by the Practice, in him receiving a follow up chest scan. My investigation has established that there was an intention for Mr C to have a follow up scan in November 2008, that Mr C raised his concerns with his GP when no such scan was forthcoming, and that the GP did not act on these concerns. At a further unrelated referral around 13 months after the time for the follow up chest scan, the Consultant recognised Mr C and referred him to the chest clinic for the outstanding investigation, which revealed the nodules on Mr C's lungs had developed into cancer.

23. I am critical of the GP's actions in this case and find that the care provided to Mr C was inadequate. I am also concerned by the advice I have received that the clinical notes of the GP appointments with Mr C were scant and lacking clinical detail. I have no doubt that Mr C expressed his concerns to the GP as he asserts, because Mr C's recollections of the appointments are clear and there is nothing to refute his position within the clinical notes.

24. I am also critical of the GP's response to Mr C's complaint which was inadequate. The response simply outlines the treatment Mr C received rather than addressing the complaint raised. His explanation for not following up the scan ie 'I believed the appointment was forthcoming' is not acceptable and as someone responsible for the care of Mr C's health demonstrates a lack of care taken to explore a serious issue. When the GP states in his response letter to Mr C 'the second scan in 2010 which was arranged by (the Chest Physician) was the only investigation which mentioned suspicion of lung cancer' the point

has been missed. The cancerous growth may well have been detected sooner if the scan had in fact gone ahead when intended.

25. In addition my investigation has established that there was a failure in communication between the Hospital and the Practice in that key correspondence relating to the chest investigations were not copied to the Practice – in particular the letter from the Chest Physician to the Consultant on 23 July 2008. This lack of consistency added to the overall failure in this case, and I sent the Board a copy of this report to ask them to consider the matter. The Board confirmed to me they have reviewed the report, and are discussing the matter with their Medical Records Department in order to implement a process whereby they could prevent a similar situation occurring in the future. It should be noted this does not detract from my finding that the actions of the GP were deficient.

26. I am also concerned that had it not been for the vigilance of the Consultant in recognising Mr C from the previous referral and taking the opportunity to re-refer to the Chest Physician the delay in follow-up would have continued. It is not acceptable that Mr C's healthcare was left to this degree of chance.

27. The impact on Mr C has been significant and should be recognised. He was concerned throughout the 18 month period that an important aspect of his treatment was outstanding, and he was correct. As a direct result of the delay he was subject to a delayed diagnosis of lung cancer. Following the invasive surgery he had to undergo, he experienced a lengthy recovery period and a great deal of pain. His mobility has been severely restricted as a result of reduced lung function. He has problems with anxiety and panic attacks.

28. Due to the failings outlined within this report I uphold the complaint and make the following recommendations:

Recommendations

29.	I recommend that the Practice:	*Completion date*
(i)	conduct a Significant Event Analysis on this case;	31 December 2011
(ii)	ensure that the GP discuss this case with his appraiser at his next GP appraisal; and	30 November 2011
(iii)	provides Mr C with a full apology for the failures identified within this report.	30 November 2011

30. 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

Mr C	The complainant
The Practice	The GP practice in Fife
The Hospital	The Victoria Hospital
CT scan	Computerised tomography scan
The GP	Mr C's GP
The Consultant	The Consultant who treated Mr C at the Hospital for the referral in July 2008 and again in December 2009
The Chest Physician	The Chest Physician to whom Mr C was referred by the Consultant
The Adviser	The professional medical adviser to the Ombudsman
The Board	Fife NHS Board
The Locum GP	The GP who initially referred Mr C to the Hospital in May 2008
COPD	Chronic obstructive pulmonary disease
The Gastroenterologist	The Gastroenterologist to whom Mr C was referred by the Consultant
MRI scan	Magnetic resonance imaging scan

Annex 2

Glossary of terms

Alpha-1-antitrypsin deficiency	An inherited disorder that results in low or no production of the alpha-1-antitrypsin protein. This leads to damage of various organs, principally the lungs and liver – the lungs can lose their elasticity which leads to emphysema
Bullae	A cluster of fluid filled blisters (in this case on the lungs)
Emphysema	Progressive disease of the lungs
Gastroenterology	Medical speciality related to the study, diagnosis and treatment of disorders of the digestive system
Nodular lesions	A lump, swelling or collection of tissue
Pulmonary rehabilitation	A multi-disciplinary programme of care for patients with a respiratory disease