Investigation Report

Investigation of a complaint against

Woodbroke Medical Practice

NIPSO Reference: 19720

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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities. She may also investigate and report on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

Where the Ombudsman finds maladministration or questions the merits of a decision taken in consequence of the exercise of professional judgment she must also consider whether this has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. The Ombudsman may recommend a remedy where she finds injustice as a consequence of the failings identified in her report.

The Ombudsman has discretion to determine the procedure for investigating a complaint to her Office.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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THE COMPLAINT

1. I received a complaint about the actions of the Woodbrooke Medical Practice (the Practice) in relation to the care and treatment provided to the complainant's husband (the patient) on 27 June 2018. He had attended the Practice and been seen for a routine appointment. Subsequently, he was seen in the Practice as an emergency appointment on 29 June 2018 and referred to hospital. He was admitted to hospital with a diagnosis of pneumonia and sadly died on 1 July 2018 from multiple organ failure and severe septic shock associated with pneumonia.

2. The complainant stated that she wanted full transparency on the diagnosis of her husband's condition, and whether the doctor made the right diagnosis and followed all the procedures.

INVESTIGATION METHODOLOGY

3. In order to investigate the complaint, the Investigating Officer obtained from the Practice all GP notes and records, the Practice complaint file, together with the Practice's comments on the issues raised.

4. After careful consideration of the issues raised in the complaint, independent professional advice was obtained from a general practitioner advisor (IPA).

6. The information and advice which have informed my findings and conclusions are included within the body of my report. The IPA has provided me with 'advice'. However how I have weighed this advice, within the circumstances of this case, is a matter for my discretion.

Relevant Standards

7. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those which are specific to the

circumstances of the case.

8. The general standards are the Ombudsman's Principles[1]:

   (i) The Principles of Good Administration.

9. The specific standards are those which applied at the time the events occurred and which governed the exercise of the professional judgement of the doctor whose actions are the subject of this complaint.

10. The specific standards relevant to this complaint are:

   (i) NICE Guidelines G84 (2018) Antimicrobial Prescribing in Sore Throats

   (ii) NICE Guidelines NG51 (2017) The Recognition, Diagnosis and Early Management of Sepsis

11. I have not included all of the information obtained in the course of the investigation in this report. However, I am satisfied that everything that I consider to be relevant has been taken into account in reaching my findings.

THE INVESTIGATION

Issue: Was the GP care and treatment of the patient reasonable and appropriate in accordance with relevant guidelines?

12. The complainant alleged that her husband's condition was not properly assessed and treated at his attendance with the doctor in the Practice on 27 June 2018. The reason for his attendance was a routine medication review. However the patient complained at the appointment that he had a sore throat for two or three days, felt warm and had experienced an episode of shaking the previous evening. The doctor examined his throat and checked his temperature

[1] These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

but did not prescribe anything and advised the patient to return if his symptoms did not improve or deteriorated. On 29 June 2018 the complainant contacted the Practice seeking a home visit for her husband. However an emergency appointment was arranged for that afternoon. The patient attended and was seen by a doctor. The complainant raised no issue about the care and treatment received by her husband at this consultation or his emergency referral to the Royal Victoria Hospital. The patient arrived at the hospital at 15.59 on 29 June 2018. He was later transferred to the Regional Intensive Care Unit at 19.30 the same day where despite preparation for further transfer to hospital in London for ECMO[2] treatment he sadly died on 1 July 2018 at 00.25hrs. The patient's wife complained to the Practice on 16 August 2018 about the care and treatment provided by the doctor on 27 June 2018

14. In her complaint to my Office, she stressed her family's bewilderment at the speed of the deterioration of her husband's condition and tragic outcome. She emphasised to me that she sought answers to her questions whether anything should have been done differently or was overlooked at the 27 June attendance. She also questioned whether there was any significance regarding the medications her husband was prescribed. Further the appropriateness or availability of any tests that should have been administered at the 27 June attendance was part of the complaint raised with the Practice initially and also to my office. She also stated she wanted the reassurance that an independent body had looked into her complaint.

15. I considered the Practice complaint file, investigation papers and the written response from the Practice to the complaint, dated 31 August 2018.

16. The Practice letter states:

"…[the patient] also discussed a shaking episode that he had had the previous evening...[the] consultation record indicates that [the patient] had 'felt warm & teeth chattering last night for 10-15 mins' and 'sore throat 2-3

[2] ECMO stands for extracorporeal membrane oxygenation. The ECMO machine is very similar to a heart–lung machine. An artificial lung (the membrane) oxygenates the blood outside the body (extracorporeally)

days also'/ There is no record of cough or other respiratory symptoms. The records indicate no abnormal findings in the throat and that his temperature was 37.5°C (mildly elevated)…Dr […] felt [he] was suffering from a viral throat infection. No treatment was indicated and he advised [the patient] to monitor his symptoms…"

16. In response to enquiries at investigation, the Practice stated:
"When [the doctor] assessed him he took his temperature and examined his throat but did not listen to his lungs because of the absence of respiratory symptoms. He records that the throat examination was normal and that the temperature was mildly elevated. Thus the clinical picture was in keeping with a viral, upper respiratory tract infection and antibiotic treatment was not indicated. Recent guidelines from the National Institute for Health and Care Excellence (NICE) 'NG84 Antimicrobial Prescribing in Sore Throats' advise only prescribing antibiotics if there are strong features of a bacterial infection: fever; tonsillar exudate or purulence (pus); severe tonsillar inflammation and tender cervical (neck) lymph nodes.
On review of this case [the doctor's] clinical assessment and decision not to prescribe antibiotics was in keeping with these guidelines."

17. In the same correspondence the Practice responded to questions around potential testing for 'streptococcal pneumonia'.

18. I have carefully examined the patient's GP notes and records for the period 31 May 2018 to 29 June 2018.

19. The GP note entry in full for 27 June 2018 stated:
" Problem: Cervicalgia – pain in neck (Review)
History: attends for review, no effect yet from gabapentin, felt warm and teeth chattering last night for 10-15 mins, sore throat 2-3 days also.
Examination: throat nad, temp 37.5
Medication: (NOT ISSUED) Amitryptyline 25mg tablets nocte, 28 tablet

Comment: *Mentor topic printed: SSRI Antidepressants PILSL 199 (Version=41)*
Will consider SSRI and discuss again at review
Advised re reducing cocod as per pain clinic – agree reduce 1 tablet every 3 days when on 2 bd can start tapentadol sr 50 mg bd and continue to reduce cocod to stop rv in 3-4/52
Monitor throat/temp sympts if ns/worse to seek rv"

20. The Investigating Officer enquired of the GP IPA whether the doctor's care and treatment was reasonable when the patient attended on 27 June 2018 and in line with relevant guidelines. The IPA noted:

"In my opinion [the doctor's] management at this consultation was reasonable and in keeping with usual and normal practice.
In my opinion there was no requirement to arrange further investigation at this consultation or to seek specialist review.
[The doctor's] decision to issue advice only was appropriate and in my opinion there was no indication to prescribe an antibiotic at this consultation. This is in keeping with recommended practice and the appropriate NICE guidelines.

[Medication issue]
It is possible that these changes may have had some impact on the patient but in my opinion it is likely on the balance of probabilities that these would have been minimal.
[Testing]
In my opinion there was no indication that any investigations were required at this consultation. Whilst some doctors may have chosen to take a throat swab for bacterial culture I consider this would not be common practice. Near patient testing of throat swabs for bacterial infection is not available in general practice in the UK and is currently not recommended."
…blood cultures would not be done in practice; this is a test undertaken in secondary care only. In my opinion a single episode of shivering/shaking by itself would not increase the likelihood of sepsis

21. The GP IPA further advised:

"Sepsis is a systemic response to infection resulting in organ dysfunction and in extreme cases organ failure. The initial clinical presentation of sepsis may be non-specific with symptoms suggestive of an innocuous self-limiting infection. Unfortunately this means that it is very difficult to predict who will develop sepsis. Sepsis can be rapidly progressive leading to organ failure, shock and death. The presenting clinical features in cases of sepsis can vary but are usually non-specific with very few signs. Patients with sepsis may present with a very high temperature or more rarely their temperature may be below normal. Patients appear unwell and may be breathless, tachycardic, hypotensive and have signs of altered consciousness. Poor peripheral perfusion and prolonged capillary refill time are also significant signs that can suggest progressive problems.

The recognised inherent difficulty in identifying patients at an early stage who are at risk of developing sepsis has led to the production of a number of guidelines (as above) for clinicians designed to increase the awareness of the risk of sepsis and early warning signs. The guidelines highlight groups such as the elderly, very young and immuno-compromised who are at an increased risk of developing sepsis. There is no indication in the notes I have viewed that the patient in this case should have been regarded as being at increased risk of developing sepsis."

22. The GP IPA's conclusions in his advice were:

"In my opinion the GP treatment of [the patient] was appropriate and in accordance with relevant guidance."

Analysis and Findings

23. I have carefully considered the complaint and the Practice's response as well as the GP IPA's advice. I have considered the relevant NICE guidelines on "Antimicrobial Prescribing in Sore Throats (2018)". This was endorsed by the Department of Health and states:

"This guideline sets out an antimicrobial prescribing strategy for acute sore throat. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sore throat is often caused by a virus, lasts for about a week, and most people get better without antibiotics.

I accept the GP IPA's advice regarding the issues of the treatment at the 27 June attendance; the medication review and any clinically indicated testing that:

""In my opinion [the doctor's] management at this consultation was reasonable and in keeping with usual and normal practice."

24. Given the recording under diagnosis/clinical problems in the RVH Critical Care Unit letter to the Practice, dated 2 August 2018, of "multiple organ failure; septic shock; and streptococcal pneumonia" the investigation did seek to determine if signs of sepsis were overlooked. The GP IPA advice at paragraph 21 outlines the identification, assessment and risk factors within the NICE guideline on "Sepsis: recognition, diagnosis and early management (2016)". I have also considered the recent publication by the Office of Parliamentary and Health Service Ombudsman in England, "Time to Act: severe Sepsis: rapid diagnosis and treatment saves lives"[3] (2014), which led to the updated NICE guidelines on Sepsis in 2016. I accept the GP IPA's advice regarding the non-specific nature of Sepsis symptoms generally, the lack of identification of the patient having any higher risk factor or falling into any identified risk grouping, from the 27 June 2018 attendance

"The presenting clinical features in cases of sepsis can vary but are usually non-specific with very few signs.

…There is no indication in the notes I have viewed that the patient in this case should have been regarded as being at increased risk of developing sepsis."

CONCLUSION

25. The complainant submitted a complaint to me about the care and treatment provided to her husband by the Practice.

[3]https://www.ombudsman.org.uk/sites/default/files/Time_to_act_report.pdf

26. I have investigated the complaint and have not found any failure in care and treatment in relation to the matter: I am satisfied that the patient's treatment "was appropriate and in accordance with relevant guidance". I am conscious of the tragic circumstances for the complainant and her family in this matter. I offer my sincere condolences for her loss.

MARIE ANDERSON
Ombudsman **July 2019**