



Northern Ireland

Public Services

Ombudsman

Investigation of a complaint against Dunamanagh Medical Practice

Report Reference: 202002788

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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, and 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.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

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.

TABLE OF CONTENTS

	Page
SUMMARY	5
THE COMPLAINT	6
INVESTIGATION METHODOLOGY	7
THE INVESTIGATION	8
CONCLUSION	15
APPENDICES	16
Appendix 1 – The Principles of Good Administration	
Appendix 2 – The Principles of Good Complaints Handling	

Case Reference: 202002788

Listed Authority: Dunamanagh Medical Practice

SUMMARY

This complaint is about care and treatment the complainant's daughter (the patient) received from Dunamanagh Medical Practice (the Practice) on 13 May 2022. The complainant believed the Practice failed to correctly diagnose and treat the patient's throat infection.

The patient had been unwell for a week and the complainant sought medical assistance after viewing white spots in the patient's throat. The patient attended the Practice for a face-to-face appointment on 13 May 2022. The Practice examined the patient and using FeverPAIN / Centor guidance diagnosed the patient with a viral infection. The Practice advised the complainant to continue to treat the patient with over-the-counter medication and return if symptoms worsened.

The patient's symptoms worsened overnight. The next morning, Saturday, the complainant took the patient to the out of hours doctor who diagnosed the patient with acute tonsillitis and prescribed an antibiotic. The complainant believed this indicated the patient had tonsillitis the previous day when she attended the Practice. She believed the Practice should have given the patient an antibiotic then.

Based on advice from an independent advisor with experience in community practice, the investigation found the FeverPAIN / Centre guidance was the correct tool to diagnose the patient. It also found the Practice used the guidance correctly and appropriately diagnosed and treated the patient in accordance with this.

The investigation found the Practice provided appropriate care and treatment to the patient on 13 May 2022. Therefore, I did not uphold the complaint. I appreciate how difficult it was for the complainant to see the patient unwell. While the investigation did not identify any failings, I hope it brings the complainant some reassurance knowing the Practice acted in accordance with relevant guidelines.

THE COMPLAINT

1. This complaint was about care and treatment the Dunamanagh Medical Practice (the Practice) provided to the complainant's three-year-old daughter (the patient) on 13 May 2022.

Background

2. The patient had been unwell for a week and complained of a sore throat from 12 May 2022.
3. The complainant phoned the Practice on 13 May 2022 to report she had seen white spots on the patient's throat. The Practice arranged a consultation with the patient that afternoon. It diagnosed the patient with a viral infection and recommended she continue taking paracetamol and ibuprofen medication. The complainant said the patient's symptoms worsened later that evening. On the morning of 14 May 2022, the complainant telephoned an out-of-hours (OOH) service. She and the patient attended for an appointment. The OOH doctor examined the patient and diagnosed acute tonsillitis¹. The patient was prescribed a course of oral antibiotics.
4. The complainant raised concerns with the Practice regarding the care and treatment it provided to the patient on 13 May 2022. The Practice responded to the complaint on 26 May 2022.

Issue of complaint

5. I accepted the following issue of complaint for investigation:

Whether the Practice provided appropriate care and treatment to the patient on 13 May 2022.

In particular this will consider:

- The diagnosis of a viral infection; and
- The treatment of the infection.

¹ An infection of the tonsils at the back of throat.

INVESTIGATION METHODOLOGY

6. In order to investigate this complaint, the Investigating Officer obtained from the Practice all relevant documentation together with its comments on the issues the complainant raised.

Independent Professional Advice Sought

7. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):
 - A General Practitioner, MBBS BSc FRCGP ILM5; with experience of working in practices (IPA).
8. The information and advice which informed the findings and conclusions are included within the body of this report. The IPA provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

9. In order to investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles²:

- The Principles of Good Administration
 - The Principles of Good Complaints Handling
10. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

² These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

The specific standards and guidance relevant to this complaint are:

- The National Institute for Health and Care Excellence's The National Institute for Health and Care Excellence's Clinical Knowledge Summaries Sore Throat- Acute: Diagnosis, updated January 2021 (NICE CKS); and
- The National Institute for Health and Care Excellence's Guidance on Sore Throat (Acute): Antimicrobial Prescribing, NG84, Published 26 January 2018, (NICE NG84).

11. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
12. A draft copy of this report was shared with the complainant and the Practice for comment on factual accuracy and the reasonableness of the findings and recommendations.

THE INVESTIGATION

Whether the Practice provided appropriate care and treatment to the patient on 13 May 2022.

In particular this will consider:

- **The diagnosis of a viral infection; and**
- **The treatment of the infection.**

Detail of Complaint

Diagnosis of viral infection

13. The complainant said the Practice did not take account of her report of the patient's symptoms. She informed the Practice that she saw white spots on the patient's tonsils. She also told the Practice the patient was not sleeping well and had a reduced appetite. The complainant felt the Practice's diagnosis of a

viral infection was incorrect, as it failed to correctly diagnose the patient's tonsillitis³, which the OOH service diagnosed the following morning.

Treatment of the infection

14. The complainant said she reported to the Practice that the patient took over-the-counter medication for the past week. However, she saw no improvement in her condition. She believed the Practice should have prescribed the patient an antibiotic. The complainant felt the Practice failed to treat the infection.

Evidence Considered

Legislation/Policies/Guidance

15. I considered the following guidance:
 - NICE CKS; and
 - NICE NG84.

Practice response to investigation enquiries

Diagnosis of viral infection

16. The Practice acknowledged the complainant reported seeing white spots on the patient's throat. However, on examination the Practice found no pus or exudate⁴ on her throat but did note '*some redness of her tonsils.*' The Practice said the finding of the examination at that stage suggested a viral illness.
17. The Practice stated the patient's diagnosis is '*backed up*' by evidence in the FeverPAIN / Centor⁵ criteria. The Practice said using both criteria, the patient scored 0 points indicating '*insufficient evidence*' of a bacterial infection, making it '*highly likely*' she had a viral infection.
18. The Practice stated that when the OOH service saw the patient on 14 May 2022, she had signs of a bacterial infection and required treatment. The Practice stated that based on the patient's history of being unwell for a week, and a new symptom of a sore throat the day before her consultation at the

³ An infection of the tonsils at the back of the throat.

⁴ Any fluid that filters from the circulatory system into lesions or areas of inflammation.

⁵ Clinical prediction score to determine likelihood of streptococcal infection (and therefore the need for antibiotic treatment).

Practice, it was possible that on 13 May 2022, the patient was 'early on in the illness before all the symptoms had presented.'

Treatment of the infection

19. The Practice said it treated the patient as per the recommendations of NICE NG84, 1.1.6. This states that clinicians should not offer an antibiotic to a patient with a FeverPAIN / Centor score of zero, which the patient had scored.
20. The Practice stated it explained to the complainant that treatment for the patient's viral infection was over-the-counter medication for symptomatic relief. The Practice said it advised the complainant that the infection was likely to clear within a week, but to return if there was no improvement, or if the patient's condition deteriorated.

Relevant Practice records

Diagnosis of viral infection

21. Records dated 13 May 2022 document:

1st entry:

Sore throat symptom. Unwell for past week with urti type symptoms sore ears rhinorhea. Complaining of sore throat from yday. Mum feels white spots over throat. To send a photo.

2nd entry:

Upper respiratory tract infection (URTI) NOS⁶.

Temp 36.4, CRT<2. Chest clear NAE⁷. No wheeze/creps. Throat slight redness at back no pus or exudate. No LN⁸. Slight redness over ears. Normal TM⁹. Viral illness explained to mother who became upset. [Patient] seen and fully examined.

Treatment of the infection

22. Records dated 13 May 2022 document:

⁶ Not Otherwise Specified.

⁷ Normal Air Entry.

⁸ Lymph Nodes (glands).

⁹ Tympanic Membranes (eardrum).

Advised no treatment or medication for condition. Advised paracetamol, ibuprofen and time. Advised would be likely to improve in 1-2 weeks.

TRSOS¹⁰, SSN¹¹.

The SEA

23. The Practice undertook a Significant Event Audit¹² (SEA) on 26 May 2022. A summary of the SEA report is enclosed at Appendix five to this report.

Relevant Independent Professional Advice

Diagnosis of viral infection

24. The IPA advised: the Practice took account of the symptoms the complainant reported. The Practice's examinations undertaken related to the symptoms reported (see Appendix two, Q10). The Practice '*examined the patient completely*' and the finding of the examination at this stage suggested a viral illness.
25. The IPA advised: the Practice correctly used the FeverPAIN / Centor scoring criteria to determine the likelihood of streptococcal¹³ infection. The Practice did not document the zero score. However, the IPA advised, '*based on the documentation and examination findings, this would have been 0.*' On this basis, the Practice correctly diagnosed a likely viral infection.
26. The IPA advised: a clinical picture can change. It was possible the patient did not have a temperature or signs of white spots when the Practice examined her the day before the OOH service diagnosed acute tonsillitis.
27. The IPA advised the Practice followed the relevant NICE CKS and NG84. She found no failings or '*clinical concerns*' with the Practice's diagnosis on 13 May 2022.

¹⁰ To Return Seen on Symptoms.

¹¹ Standard Safety Netting.

¹² A technique to reflect on and learn from individual cases to improve quality of care overall.

¹³ Bacterial infection.

Treatment of the infection

28. The IPA advised: there was no specific treatment needed for a UTRI and antibiotics do not treat such an infection. The Practice did not prescribe the patient medication and this was appropriate based on the clinical findings documented on 13 May 2022.
29. The IPA advised: the Practice's medical records documented it appropriately treated the patient by providing information on the likely duration of such an infection, together with advice on symptom management and worsening symptoms. Paracetamol or ibuprofen were appropriate to treat a child's symptoms of fever, upset or pain.
30. The IPA advised the Practice response outlined above followed the NICE CKS and NG84 guidelines and treated the patient appropriately. She found no failings with the Practice's treatment of the patient on 13 May 2022.

Analysis and Findings

Diagnosis of viral infection

31. The complainant believed the patient's symptoms indicated she had tonsillitis, which she had in the past, and which the OOH service diagnosed the following morning. The patient was dissatisfied with the Practice's diagnosis of a viral infection. She felt it did not take account of the symptoms she reported, specifically the presence of white spots on the patient's throat.
32. I reviewed the medical records regarding this issue. They document the symptoms the complainant reported to the Practice by telephone, with particular reference to a sore throat with white spots. The records also document the patient's attendance at the Practice on 13 May 2022, including examinations conducted and the diagnosis of a viral infection.
33. I note the IPA's advice that the Practice took account of the symptoms the complainant reported and conducted '*complete*' examinations in response. Having reviewed the records, I accept the IPA's advice.

34. The Practice's SEA, and responses to the complainant and this office, refer to the Practice giving the patient a FeverPAIN and Centor score of zero.
35. NICE CKS states the FeverPAIN or Centor clinical prediction score should be used to determine the '*likelihood of streptococcal [bacterial] infection.*' Both criteria allocate a score of 1 point for each symptom present (see Appendix three). The higher the score the greater likelihood of a bacterial infection being diagnosed.
36. The IPA advised it was appropriate for the Practice to use FeverPAIN / Centor criteria and that based on the examination, the patient's score of zero was correct. The IPA advised the Practice correctly diagnosed a likely viral infection.
37. On review of the medical records, I am satisfied they document the symptoms a GP should consider when obtaining a FeverPAIN / Centor score and that the patient scored zero for each. As per NICE CKS this gave a 3-18% likelihood that the patient had 'isolating streptococcus' when examined on 13 May 2022. I accept the IPA's advice that the Practice correctly diagnosed a viral infection.
38. I considered the complainant's belief that the tonsillitis diagnosis the patient received the following morning indicated it was also present on 13 May 2022. I note the Practice's response that it was possible not all symptoms had presented by the time she attended for her consultation. I consider the IPA's advice that the clinical picture can change with different signs and symptoms presenting later supports this view. The IPA's advice that the Practice conducted appropriate examinations and made a reasonable diagnosis based on those examinations.
39. The IPA advised the Practice followed relevant guidelines and correctly diagnosed the patient's infection. I accept this advice. I am satisfied the Practice examined the patient and based its diagnosis of a viral infection on the FeverPAIN and Centor guidance. I have not identified any failure in the

Practice's care and treatment of the patient. As such, I do not uphold this element of the complaint.

40. I note the IPA advised the Practice did not document the patient's FeverPAIN / Centor zero score. I do not consider this impacted the patient's care and treatment. However, clinical records should precisely record how a doctor reaches their diagnosis to ensure clarity for those clinicians who later rely on the information recorded. I would ask the Practice to remind relevant staff to ensure they document such information in patients' records.

Treatment of the infection

41. The complainant believed the Practice should have prescribed the patient an antibiotic. She was frustrated the Practice advised that the patient should continue using over-the-counter medication the complainant reported had not worked.
42. The Practice said it treated the patient in accordance with NICE NG84, 1.1.6. These guidelines state people with a FeverPAIN or Centor score of zero are '*unlikely to benefit from an antibiotic.*' The guidance to practitioners is: '*Do not offer an antibiotic prescription.*'
43. I note the IPA's advice that the Practice's decision not to prescribe an antibiotic was correct, as they '*do not help such an infection.*' She further advised there was no additional medication required to treat the patient's viral infection. She advised '*paracetamol or ibuprofen were appropriate*' to treat the patient. The IPA found no failings with the Practice's actions and advised the Practice treated the patient appropriately. I accept this advice.
44. Having considered the evidence available, I am satisfied the Practice based its decision not to prescribe the patient an antibiotic on 13 May 2022 on NICE NG84. I consider this appropriate. NICE NG84 also recommends paracetamol or ibuprofen for symptom relief for those with a sore throat. I am satisfied the Practice recommended treatment for the patient in accordance with NICE

NG84. I have not identified a failure in care and treatment. As such, I do not uphold this element of the complaint.

CONCLUSION

45. I received a complaint about care and treatment the Practice provided to the patient on 13 May 2022.
46. I did not uphold the complaint for the reasons outlined in this report.
47. I recognise the complainant's concern regarding the treatment provided to her daughter. I hope my findings reassure the complainant that the care and treatment the Practice provided on 13 May 2022 was appropriate and in accordance with relevant guidance.
48. The Practice accepted my findings.

MARGARET KELLY
Ombudsman

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.