



Northern Ireland

Public Services

Ombudsman

Investigation of a complaint against Lisburn Health Centre

Report Reference: 201915769

The Northern Ireland Public Services Ombudsman

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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.

Issue of complaint

1. I received a complaint about the care and treatment the Lisburn Health Centre (the Practice) provided to the complainant in relation to symptoms he was experiencing which he was concerned related to his prescription of Pantoprazole¹ a gastro-resistant tablet. The period of concern was from January 2019 to September 2019.
2. The complainant raised concerns regarding the dosage of his pantoprazole medication which was changed from 40mg to 20mg on 14 January 2019. He explained he had been prescribed pantoprazole a gastro-resistant tablet for a number of years. He said at the end of January 2019 his body went into metabolic shock², he was shaking and he blacked out. The complainant believed the medication was making him ill. He contacted the Practice on 29 January 2019 and following a consultation was advised to have bloods taken. The complainant said the Practice GP's dismissed his concerns about the change in the dosage of his medication during consultations³ on 29 January 2019 and the 11 April 2019.
3. The complainant said the Practice tests were inconclusive and the '*prognosis to alleged diagnosis was a joke.*' He said the Practice diagnosed a viral infection but could not confirm the type of infection and no treatment was offered. The complainant said he '*did not receive any treatment, just tests.*' The complainant felt the Practice failed to follow procedure as it should have referred him to a consultant.

As per the Head of Complaint letter issued to the complainant and Practice, I accepted the following issue of complaint for investigation:

Whether the care and treatment provided to the complainant in relation to Pantoprazole between January and September 2019 was in accordance with relevant standards and guidelines?

4. The Practice supplied relevant clinical records. It also provided its response to investigation enquiries. The Practice explained the complainant discussed flu like

¹ Pantoprazole oral tablet is also used to treat other conditions in which the stomach makes excess acid, such as Zollinger-Ellison syndrome. Pantoprazole belongs to a class of drugs called proton pump inhibitors. It works to shut off the acid-pumping cells in your stomach.

² **Metabolic shock is a** life-threatening condition that requires prompt diagnosis and therapy.

³ Refers to a variety of communication methods including face to face, telephone, video conference, etc.

symptoms with his GP on 29 January 2019. The GP arranged for the complainant to have blood tests to assist her to refine her diagnosis. The GP said a review of the consultations and blood tests suggested a viral type illness.

5. I obtained independent professional advice from a GP who has 34 years' experience in practice (IPA).
6. I asked the IPA to comment on the telephone consultation record of 29 January 2019. I also asked if the change in the dosage of the pantoprazole medication would cause the side effects the complainant described. The IPA advised '*in my opinion this is very unlikely*'. I also asked the IPA from the records whether it was possible to determine if the complainant's concerns were dismissed by his GP. I note the IPA advice '*In my opinion the response to the issues and symptoms raised appears to be reasonable*'. I accept the GP IPA's advice and I am satisfied the complainant was treated reasonably.
7. I referred the IPA to the surgery consultation record of 31 January 2019. I asked what symptoms did the complainant present with and what examinations were carried out. The IPA advised the complainant '*reported feeling shivery, some night sweats and intolerance of cold. No other focal⁴ symptoms. The doctor undertook a reasonable and appropriate examination including checking for lymphadenopathy⁵, ENT, respiratory, cardiac and abdominal examination*'. I accept his advice that in doing so, the GP's actions were appropriate.
8. I asked the IPA to comment about taking of another blood sample and what evidence was there of the complainant having a viral infection on 31 January 2019. I note the IPA advised that a blood sample was taken to exclude a urinary cause and to assess the complainant's progress. In relation to the Practice diagnosis, the IPA advised the complainant had '*Non-specific symptoms typical of a viral illness and signs of infection in blood tests.*' The Practice records document on 31 January the test result of '*CRP 94 WCC 14.*' The IPA advised these results were '*up a little*' which

⁴ Focal: Pertaining to a focus which in medicine may refer to

⁵ Lymphadenopathy or adenopathy is a **disease of the lymph nodes**, in which they are abnormal in size or consistency. Lymphadenopathy of an inflammatory type (the most common type) is lymphadenitis, producing swollen or enlarged lymph nodes.

would show '*signs of an infection rather than a reaction to medication.*' I accept the IPA's advice. The Practice records showed the bloods were to be redone⁶ and reviewed with the results. The IPA advised the review being arranged was appropriate. I am satisfied the GPs actions were reasonable in this instance.

9. In relation to treatment, the IPA confirmed the complainant had a non-specific infection for which '*no specific treatment was needed.*' I accept his advice.
10. I referred the IPA to the surgery consultation record of 12 March 2019. I asked what advice the complainant was given and what tests were undertaken. The IPA said as the initial bloods showed improvement the complainant was advised to repeat the tests to ensure a return to normal, the IPA advised '*This was appropriate.*' The complainant was tested for FBC⁷, CRP⁸ and Immunoglobulins.⁹ I accept his advice and I am satisfied that in doing these tests the Practice's actions were appropriate.
11. I referred the IPA to the telephone consultation record of 2 April 2019. The IPA advised the patient reported symptoms of ongoing fatigue. I asked what actions were taken by the doctor and what samples were requested. The IPA advised the GP requested '*repeated blood tests for FBC, Vitamin levels, inflammatory markers, liver, thyroid and kidney function and a test for infectious¹⁰ mononucleosis. This was reasonable in view of symptoms.*' I accept the IPA's advice.
12. The IPA was referred to the telephone consultation record of 11 April 2019. I asked what the complainant's symptoms were and what advice was given to the complainant. The IPA said the complainant reported fatigue which he felt was related to a reduction in the dose of Pantoprazole and requested this was investigated. The doctor discussed his reaction to the medication change and the need for investigation. The records document the Practice changed the patient's prescription

⁶ The IPA noted these tests were arranged but did not record these were requested by the patient as indicated in the question asked.

⁷ The full blood count (FBC) is one of the most commonly requested tests and provides important information about the kinds and numbers of cells in the blood: red blood cells, white blood cells and platelets. Abnormalities in any of these types of cells can indicate the presence of important medical disorders.

⁸ A C - reactive protein test measures the level of C - reactive protein (CRP) in your blood. CRP is a protein made by your liver. It's sent into your bloodstream in response to inflammation.

⁹ Immunoglobulins are major components of what is called the humoral immune response system. They are synthesized by lymphocytes and plasma cells and found in the serum and in other body fluids and tissues, including the urine, spinal fluid, lymph nodes, and spleen.

¹⁰ Infectious mononucleosis is characterised by the classic triad of fever, pharyngitis, and lymphadenopathy, along with atypical lymphocytosis.

of Pantoprazole from 20mg to 40mg as the patient requested. I accept the IPA advice that the complainant's symptoms would be unlikely related to the dosage reduction. The GP IPA advised *'in my opinion prescribing 40mg in the circumstances was reasonable'*.

13. On review of the complainant's comments on the Draft Investigation Report, I sought additional IPA advice. The IPA advised Pantoprazole, either in 20mg or 40mg prescribed to the complainant, would be *'very unlikely'* to cause the reported symptoms. He advised, all medications have possible side-effects, but the *'complainant's symptoms didn't fit into this category for Pantoprazole.'*

14. I referred the IPA to the record of the Practice visit on 17 September 2019. I asked the IPA to comment on this consultation. The IPA said as a result of the complainant's symptoms his height, weight, blood pressure and chest were examined. He further said the complainant appears to have discontinued taking Pantoprazole as he was unable to tolerate it. The IPA further advised *'It was noted his inflammatory markers had been raised but additional bloods were taken in view of his high risk of cardiac disease'*. The IPA advised the Practice referred the patient to cardiology in view of *'significant risk factors for IHD¹¹'* I accept his advice and I am satisfied that the Practice's actions were appropriate.

15. I note the complainant felt he *'did not receive any treatment, just tests.'* The Practice records show prescriptions (including the return to 40mg Pantoprazole) and referrals made during the relevant period investigated. The IPA advised for each consultation there was no requirement for further advice, information, treatment or investigations other than what the Practice had provided. The IPA's further advice, contained in the appendices, confirms that no specific treatment was needed for the infection detected.

16. I asked the IPA were there any failings in the complainant's care and treatment the IPA said *'the treatment the complainant received was appropriate and in keeping with usual and standard practice and took account of clinical and prescribing guidelines'*. I accept this advice.

¹¹ Ischemic Heart Disease refers to heart problems caused by narrowed heart arteries which can cause a heart attack.

17. I also accept the IPA's advice that the change in the complainant's Pantoprazole medication would not cause the side effects the complainant described "*In my opinion this is very unlikely*" and is "*highly unlikely to be related to dosage reduction*".

Conclusion

I appreciate the complainant was concerned given the symptoms he experienced. However, the evidence leads me to find the Practice GPs provided the complainant with appropriate care and treatment between January 2019 and September 2019 in respect to the prescribing of Pantoprazole and their overall management of the complainant's symptoms including the diagnosis and prognosis.

Therefore I do not uphold this complaint for the reasons outlined previously. However, I hope that the advice I received from the IPA offers some reassurance to the complainant that the Practice acted appropriately in relation to the care and treatment provided.

MARGARET KELLY
Ombudsman

26 September 2023

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.