



Northern Ireland

**Public Services**

Ombudsman

# **Investigation of a complaint against a GP Practice**

**Report Reference: 202000461**

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.

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**Case Reference:** 202004461

**Listed Authority:** Western Urgent Care

## **SUMMARY**

This complaint was about care and treatment Western Urgent Care<sup>1</sup> (the Practice) provided to the patient on 5 March 2021 and 7 March 2021. The patient telephoned the Practice on 5 March 2021 with concerns regarding a small lump on her introitus<sup>2</sup>. A GP prescribed her flucloxacillin<sup>3</sup>. The patient raised concerns that the GP did not prescribe an appropriate antibiotic. The patient again telephoned the Practice on 7 March 2021 as she was beginning to feel unwell. At this time, she spoke with a nurse who advised her to attend the Emergency Department (ED). The patient was concerned that the nurse did not instead escalate her concerns to a GP to prescribe a different antibiotic.

This investigation found the Practice's decision to prescribe flucloxacillin on 5 March 2021 was reasonable. The investigation also found the nurse's escalation, '*to attend the ED*', during the patient's telephone consultation on 7 March 2021 was '*the correct action*'.

I concluded the care and treatment of the complainant by the Practice was reasonable. As such, I did not uphold this complaint. I hope the findings of this investigation reassures the patient that the Practice's actions were appropriate.

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<sup>1</sup> Western Urgent Care provides out of hours general practitioner (GP) services.

<sup>2</sup> The vaginal introitus is the entrance to the vagina, encompassing the anterior and posterior vestibules and the perineum.

<sup>3</sup> Flucloxacillin is an antibiotic. It's used to treat: skin and wound infections.

## THE COMPLAINT

1. This complaint was about care and treatment Western Urgent Care<sup>4</sup> (the Practice) provided to the patient on 5 and 7 March 2021.

### Background

2. The patient telephoned the Practice on 5 March 2021. She reported she had a small lump on her introitus<sup>5</sup> which had increased in size and was uncomfortable and tender to touch. The GP prescribed flucloxacillin<sup>6</sup> and advised the patient to attend the Emergency Department (ED) if she continued to become unwell or if her condition did not improve.
3. The patient again telephoned the Practice on 7 March 2021 as she started to feel unwell. The nurse advised her to attend the ED, which she did. The hospital's ED diagnosed the patient with a Bartholin's abscess<sup>7</sup> on 7 March 2021. It initially advised the patient to continue the flucloxacillin. However, following microbial culture<sup>8</sup>, the hospital prescribed metronidazole<sup>9</sup> on 18 March 2021.

### Issue of complaint

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

**Whether Western Urgent Care provided appropriate care and treatment to the patient on 5 March 2021 and 7 March 2021.**

## INVESTIGATION METHODOLOGY

5. 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.

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<sup>4</sup> Western Urgent Care provides out of hours general practitioner (GP) services.

<sup>5</sup> The vaginal introitus is the entrance to the vagina, encompassing the anterior and posterior vestibules and the perineum.

<sup>6</sup> Flucloxacillin is an antibiotic. It's used to treat: skin and wound infections.

<sup>7</sup> A Bartholin's abscess is a painful, pus-filled infection of the Bartholin's gland, which is located on either side of the opening of the vagina. The gland can become blocked and form a cyst, which may become infected and form an abscess.

<sup>8</sup> A method of multiplying microbial organisms by letting them reproduce in predetermined culture medium under controlled laboratory conditions.

<sup>9</sup> Metronidazole is an antibiotic. It's used to treat skin infections, rosacea and mouth infections, including infected gums and dental abscesses. It's also used to treat conditions such as bacterial vaginosis and pelvic inflammatory disease.

## **Independent Professional Advice Sought**

6. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisors (IPA):
  - A GP, MRCP GP MBBS, with 17 years experience of day to day General Practice and out of hours general practice (GP IPA); and
  - A Senior Nurse with 22 years experience of providing primary and secondary care (N IPA).
7. The information and advice which informed the findings and conclusions are included within the body of this report. The IPAs 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**

8. 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 Principles<sup>10</sup>:

- The Principles of Good Administration
9. 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.

The specific standards and guidance relevant to this complaint are:

- The General Medical Council's Good Medical Practice, updated April 2014 (the GMC Guidance);
- Patient UK's Bartholin's cyst and abscess, updated March 2021 (Patient UK guidance);
- GP Notebook's Bartholin's cyst, updated January 2018 (GP Notebook guidance);

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<sup>10</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

- Nursing & Midwifery Council's The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates, updated October 2018 (The NMC Code); and
- Royal College of General Practitioners' Remote versus face-to-face: which to use and when?, November 2020 (the RCGP consultation guidance).

I enclose relevant sections of the guidance considered at Appendix three to this report.

10. 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.
11. 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**

**Issue 1: Whether Western Urgent Care provided appropriate care and treatment to the complainant on the 5 March 2021 and 7 March 2021.**

**This will include in particular;**

- **The medication prescribed; and**
- **The advice provided to the complainant on 7 March 2021.**

### **Detail of Complaint**

12. The patient raised the following concerns regarding care and treatment provided to her on 5 and 7 March 2021 in Western Urgent Care:
  - The GP prescribed flucloxacillin antibiotics over the phone for Bartholin's abscess. She believed it should have prescribed metronidazole from the outset.
  - The nurse advised the patient over the phone to attend the Emergency Department (ED) rather than escalate the matter to a GP to prescribe a different antibiotic.

## Evidence Considered

### Legislation/Policies/Guidance

13. I considered the following guidance:
- The GMC guidance;
  - Patient UK guidance;
  - GP Notebook's guidance;
  - The NMC Code; and
  - The RCGP consultation guidance.

### The Practice's Response to Investigation Enquiries

14. The Practice stated there is no local antibiotic guidelines for the treatment of a Bartholin's abscess. The GP used the GP Notebook as a resource for treating the patient. The GP Notebook states that flucloxacillin is the recommended antibiotic before an abscess has formed and may avoid the need for surgery.
15. The Practice stated it was unable to identify any resource that recommended metronidazole<sup>11</sup> as the first line treatment for a Bartholin's abscess when there is no culture<sup>12</sup> from the abscess available.
16. The GP believed flucloxacillin was the appropriate antibiotic based on the guidelines available at that time.
17. The Practice stated the nurse advised the patient to attend ED as she started to feel unwell. It provided the nurse's triage notes and highlighted that the nurse '*clearly recorded the patient had a vaginal abscess*'.

### Relevant Independent Professional Advice

#### GP IPA

18. The GP IPA advised the GP's decisions to diagnose a Bartholin's abscess was '*reasonable*' and to prescribe flucloxacillin was '*appropriate*'. There is '*no clear guideline*' on which antibiotic to use for the treatment of Bartholin's abscess. Flucloxacillin is a first line '*reasonable choice*' for the condition.

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<sup>11</sup> Metronidazole is an antibiotic. It's used to treat skin infections, rosacea and mouth infections, including infected gums and dental abscesses. It's also used to treat conditions such as bacterial vaginosis and pelvic inflammatory disease.

<sup>12</sup> Blood culture is a test that checks for bacteria, yeast, or other germs in your blood.



19. The GP IPA advised '*there is no expert guidance*' to support metronidazole as a first line treatment in primary care. Therefore, he '*would not expect the doctor to have prescribed metronidazole*'.
20. The GP IPA advised it may have been preferable to offer an '*in person, "face to face" consultation*' to '*more accurately diagnose their illness*' and determine '*how unwell they were*'.
21. The GP IPA advised '*there are no official guidelines*' that advise what consultation would be best managed in person or by telephone. There was '*no record*' of a conversation taking place where the GP offered a face-to-face consultation.
22. The GP IPA advised the care and treatment the GP provided to the complainant on 5 March 2021 was '*appropriate and reasonable*'. He advised '*offering a face-to-face appointment may have been preferable*' though the telephone consultation could be considered '*reasonable*'.

#### *Nurse IPA*

23. The N IPA advised the nurse documented '*a full history of the patient's presenting complaint*', '*noting that she was in "excruciating pain" from a vaginal abscess that had not responded to oral antibiotics*'.
24. The N IPA further advised the nurse's advice to attend ED was '*the correct action*' as the nurse '*crucially identified that the patient had an abscess, that had not responded to antibiotics*'. '*The patient was "feeling unwell" and had developed an abscess which would need draining as an emergency*'.
25. The N IPA advised the nurse had acted '*in line with NMC standards when identifying worsening ill health*' and this meant '*escalating to a GP would have delayed the emergency admission*'. This resulted in the nurse having provided care and treatment that was '*appropriate and reasonable*'.

## Analysis and Findings

5 March 2021

26. The patient was concerned that the GP prescribed flucloxacillin following her telephone consultation on 5 March 2021. She believed the Practice should have prescribed metronidazole.
27. I note the Western Health & Social Care Trust (the Trust) subsequently prescribed metronidazole on 18 March 2021 based on results from the wound swab. However, the Practice would not have been aware the anaerobes were sensitive to metronidazole at the time of the telephone consultation on 5 March 2021.
28. Patient UK guidance states '*antibiotics may be effective to treat smaller abscesses*' and '*flucloxacillin is often prescribed*'. Furthermore, the GP IPA advised there is no clear guidance on which antibiotic to use for Bartholin's abscess. He also advised there is no supporting documentation that warrants the use of metronidazole over flucloxacillin. I accept his advice. Based on this and the Patient UK guidance, I consider the decision to prescribe flucloxacillin on 5 March 2021 appropriate. I have not identified a failure in care and treatment and as such, do not uphold this element of the complaint.
29. I note the GP IPA's advice that it would have been '*preferable*' for the GP to offer the patient a face-to-face assessment to provide a more thorough assessment.
30. The RCGP's consultation guidance provides advice on when a face-to-face assessment is appropriate, taking into account the restrictions in place at that time due to the Covid-19 pandemic. I do not consider the decision to consult with the patient over the telephone on 5 March 2021 constitutes a failure to adhere to the RCGP's consultation guidance. However, I would have expected the GP to have documented the reasons for their decision to prescribe antibiotics without an in-person consultation. I would ask the Practice to consider this and ensure it acts in accordance with the RCGP's consultation guidance in future.

7 March 2021

31. The patient telephoned the Practice on 7 March 2021 as she started to feel unwell. The nurse advised the patient to attend the ED.

32. Patient UK guidance states when antibiotics alone are insufficient, the patient should be *'referred as an emergency for drainage'*. The N IPA advised the nurse's advice to attend ED was *'appropriate.'* Based on this advice and the Patient UK guidance, I consider the decision by the nurse to refer the patient to ED was appropriate.
33. I considered the nurse's TAS (triage notes) supplied by the Practice. I accept the N IPA's advice that the nurse appropriately documented the patient's symptoms, including changes in the abscess.
34. Standard 13.1 of the NMC Code requires nurses to *'accurately identify, observe and assess signs of normal or worsening physical and mental health in the person receiving care'*. Also, Standard 10 of the NMC Code requires nurses to *'keep complete, clear, accurate and timely records'*. I consider the TAS notes demonstrate the nurse conducted and recorded the consultation in line with these standards. This resulted in the nurse taking *'the correct action'* and advising the complainant *'to attend ED'* for emergency treatment to drain the abscess.
35. I have not identified a failure in the patient's care and treatment. As such, I do not uphold this complaint.

## **CONCLUSION**

36. I received a complaint about whether the Practice provided appropriate care and treatment to the patient on 5 and 7 March 2021. I did not identify a failure in the care and treatment the Practice provided to the patient. As such, I do not uphold the complaint.
37. I appreciate the patient's concern, especially given the seriousness of her condition. I hope the findings of this report reassure her that the actions the Practice took were appropriate.

## **Appendix 1 - PRINCIPLES OF GOOD ADMINISTRATION**

### **Good administration by public service providers means:**

#### **1. Getting it right**

- Acting in accordance with the law and relevant guidance, 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.

