Investigation of a complaint against Dalriada Urgent Care

Report Reference: 202005751

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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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SUMMARY

This complaint was about the care and treatment Dalriada Urgent Care (DUC) provided to the complainant (the patient) on 17 June 2023, when she contacted it about lower back pain. The patient an 81 year old woman had attended her GP but her symptoms had not resolved and she was in significant pain so she had contacted DUC.

The investigation established that DUC failed to obtain a sufficient clinical history to adequately assess the patient's medical condition and consider the underlying cause of the patient's low back pain may have been associated with osteoporosis. This meant the complainant lost the opportunity for a potential earlier diagnosis of her fracture and may have reduced the period that she was in significant pain and the uncertainty as to the cause.

I therefore upheld the complaint and recommended DUC apologise to the complainant for the failings identified. I am pleased that DUC have already shared learning from this complaint with clinical staff involved in the care of patients..

THE COMPLAINT

1. This complaint was about care and treatment Dalriada Urgent Care (DUC) provided to the complainant (the patient) on 17 June 2023.

Background

2. The patient was returning from a holiday when she sustained an injury to her lower back picking up a suitcase. She contacted her General Practitioner (GP) who prescribed pain medication. On 17 June 2023 the patient contacted DUC, an out of hours GP service, as the injury had not resolved. Following a telephone consultation DUC advised the patient she did not need to attend hospital and provided her with management and pain relief advice.

3. As the patient's symptoms did not improve, she contacted a physiotherapist on 19 June 2023 who attended her home. The physiotherapist telephoned the patient recommending she make further contact with her GP, stating she suspected the patient may have sustained a fracture. The patient contacted her GP on 21 June 2023 who arranged for an ambulance.

4. The patient was admitted to Antrim Area Hospital (AAH) Emergency Department (ED). A CT and MRI confirmed the patient had sustained an osteoporotic fracture[1] of the lumbar spine[2]. The patient received treatment in AAH, who discharged her on 4 July 2023.

5. The patient had a known history of osteoporosis and had been due to start taking Ibandronic Acid[3] at the time of her injury and contact with DUC.

Issue of complaint

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

   Issue 1: Whether the care and advice provided to the patient in the telephone consultation on 17 June 2023 was appropriate, reasonable and in accordance with relevant policies and standards.

[1] An osteoporotic fracture is a fragility fracture occurring as a consequence of osteoporosis
[2] Your lumbar spine consists of the five vertebrae in your lower back. It provides support for the weight of your body, surrounds and protects your spinal cord, and allows for a wide range of body motions.
[3] Ibandronate is a type of medication called a bisphosphonate. Bisphosphonates are the most common treatments for osteoporosis.

INVESTIGATION METHODOLOGY

7. To investigate this complaint, the Investigating Officer obtained from DUC all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to DUC's complaints process.

Independent Professional Advice Sought

8. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

    - A GP with 18 years' experience.

    I enclose the clinical advice received at Appendix Two to this report.

9. 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

10. 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[4]:

    - The Principles of Good Administration

11. 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.

[4] 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 General Medical Council's, Good medical practice, March 2013 (the GMC Guidance);
- The National Institute for Health and Care excellence (NICE): Scenario Management – Back Pain – low (without radiculopathy), September 2023. (the NICE guidance);
- The National Institute for Health and Care Excellence's (NICE), Osteoporosis: assessing the risk of fragility fracture, August 2012 [NICE CG146]. (the NICE clinical guideline);
- Extract from Patient info – Fragility Fractures, 14 December 2022 (PI extract); and
- The Keele STarTBack Calculator.

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

12. 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.

13. A draft copy of this report was shared with the complainant and the DUC for comment on factual accuracy and the reasonableness of the findings and recommendations. I gave careful consideration to comments I received.

THE INVESTIGATION

Issue 1: Whether the care and advice provided to the patient in the telephone consultation on 17 June 2023 was appropriate, reasonable and in accordance with relevant policies and standards.

Detail of Complaint

14. The complainant said the DUC doctor did not treat her properly. She said she has a history of Osteoporosis which the doctor did not appear to have

considered. She feels her age may have been a factor as elderly patients are not treated in the same manner as other patients.

Evidence Considered

DUC's response to investigation enquiries

15. DUC stated whilst the severity of the patient's back pain was concerning, there is a fine balance between appropriately referring an elderly patient to a busy ED department or allowing investigations to take place in a more planned manner.

16. DUC referred to NICE guidance stating it *"emphasises a more passive initial management with mobilisation and pain relief".* Only if more sinister features develop or the pain fails to resolve does it advocate *"further Investigations".*

17. DUC acknowledged the doctor could have placed *"more emphasis"* on the patient to review with her own doctor. DUC stated the record of the consultation '*would have been passed*' to the patient's GP.

18. DUC's Clinical Director conducted a review of the doctor's management of the telephone consultation. They stated it is regrettable the patient suffered significant back pain, and an earlier diagnosis was not arrived at. The options in the out of hours service are "*extremely limited*". They felt the assessment and treatment was "*appropriate*".

19. DUC stated they have circulated learning from the complaint to all clinical staff. DUC have reminded staff about the "*differential diagnosis of back pain and highlighted the need to consider pathological fractures as part of their differential diagnosis".* DUC stated this is likely to reduce the threshold for referral for imaging and further investigations.

Relevant DUC/Trust records

20. I completed a review of the copy documentation DUC provided in response to my investigation enquiries, and the documentation I received from the complainant. DUC records included a transcript of the call with the patient. I also reviewed the patient's clinical records from Antrim Area Hospital. I refer to the relevant records in the Findings and Analysis section of this report.

Relevant Independent Professional Advice

21. The IPA advised the doctor obtained "*sufficient clinical history*" and ruled out "*red flag symptoms*". They advised the patient was able to pass urine, open bowels normally and there was no history of saddle anaesthesia. The IPA further advised the doctor did not ask directly about the onset and sight of pain/tenderness. They advised had the doctor obtained a history on the site of tenderness it may have helped making a "*differential diagnosis of fracture*".

22. The IPA advised the doctor ruled out any serious pathology and made a clinical diagnosis of "*muscular back pain*". They advised there was no evidence to suggest any "*serious"* or "*red flag*" symptoms in the medical history presented by the patient which indicated urgent referral to ED.

23. The IPA advised the doctor was working in an out of hours setting and was not aware of the patient's history of osteoporosis. They advised when the doctor asked the patient about any other problems the patient provided "*no other past medical history*". He further advised as per the NICE guidance "*X-ray of the spine is not routinely done to confirm the diagnosis*".

24. The IPA advised the doctor provided the patient with advice on muscular back pain and the "*red flag*" symptoms. They further advised the doctor also provided the patient with advice on drug treatment options for symptom control as per the NICE guidance.

Analysis and Findings

25. I note the IPA advised the doctor obtained "*sufficient clinical history*" and ruled out "*red flag symptoms*". I note the IPA's advice the doctor was not aware of the patient's history of osteoporosis. I considered the IPA's advice along with relevant guidance.

26. I considered the NICE guidance under "*assessment*" advises to ask the patient about "*red flag"* symptoms and to "*assess for an underlying cause(s) of low back pain*". The NICE guidance lists under "*differential diagnosis*" alternative conditions which include "*osteoporosis of the spine or hip*".

27. I note the NICE guidance does not recommend routinely arranging a spinal X-ray or other imaging to diagnose "*non-specific low back pain in primary care*". However, it does advise spinal X-ray may be indicated if there is "*suspicion of a specific pathology",* such as a "*compression fracture due to osteoporosis*".

28. I considered the NICE clinical guideline advises fragility fractures result from mechanical forces that would not "*ordinarily result in fracture*". Reduced bone density is a "*major risk for fragility fracture*". One of the areas fragility fractures most commonly occur is in the spine (vertebrae). The prevalence of osteoporosis increases "*markedly with age and in women after menopause*". The risk increases from "*2% at 50 years to more than 25% at 80 years in women*".

29. The PI extract advises "*osteoporosis is a major risk factor for fragility fractures"* and one in two adult women will sustain one or more fragility fractures. A fragility fracture may result from *"minor falls or minor trauma".* Vertebral fractures often occur without a causative fall and may follow normal activity such as *"bending or lifting or sneezing".*

30. I note the DUC confirmed the doctor read the nurse's assessment. As such, the doctor was aware the patient believed the onset of back pain was caused by "*lifting her suitcase*".

31. The PI extract refers to the National Osteoporosis Society guidelines for the Effective Identification of Vertebral Fractures which highlights the "*underdiagnosis of vertebral fracture*"*.* This can occur for a number of reasons including *"symptoms from a vertebral fracture being attributed to another cause"* by both patient and healthcare professionals*.* The need for spine imaging in a patient with risk factors for osteoporosis presenting with new back pain is often *"not recognised"*.

32. I consider given the risk factors associated with an 81 year old female patient, the doctor should have asked the patient if she had a history of osteoporosis and considered a differential diagnosis of a fragility fracture. I understand the OOH GP has to balance the benefit of referral against the impact on an 81 year old woman attending a busy Emergency Department . I considered the IPA's

advice, and weighed it up alongside the relevant standards set out above. Having done so, on balance I do not consider the doctor obtained a sufficient clinical history from the complainant, given her age and the symptoms she presented with. It is clear the patient knew she had osteoporosis and would have confirmed this if asked by the doctor. I note and have taken account of the opinion of the IPA on the clinical history in coming to this position.

33. In reaching this conclusion, I also considered the IPA's advice that the doctor did not ask the complainant about the '*history of site of tenderness*', and if the doctor had done so, it may have helped in making a differential diagnosis. Had the doctor sufficiently explored the complainant's clinical history, the doctor may have provided different advice to the complainant on the call, such as attending the ED. Standard 15 of the GMC Guidance requires doctors to take account of a patient's history to adequately assess their condition. I find the doctor failed to adhere to this standard on this occasion. I find the doctor's failure to obtain sufficient medical history from the patient constitutes a failure in the care and treatment provided to the complainant. Therefore, I uphold the complaint.

34. I welcome DUC has identified and shared learning to improve standards in this area by highlighting the need to consider "*pathological fractures*" as part of their differential diagnosis.

CONCLUSION

35. I received a complaint about the care and treatment DUC provided the patient. I upheld the complaint for the reasons outlined in this report. I consider this a failure in DUC's care and treatment of the patient.

36 I am satisfied the failure caused the complainant to sustain the injustice of upset for the inadequate care and treatment provided. I consider the complainant also lost the opportunity for a potential earlier diagnosis of her fracture, which may have reduced the period that she was in significant pain and the uncertainty as to the cause.

Recommendations

37. I recommend DUC provides to the complainant a written apology in accordance with NIPSO's 'Guidance on issuing an apology' (July 2019), for the injustice caused as a result of the failures identified (within **one month** of the date of this report).

38. I am pleased to note DUC has already identified learning and put measures in place to prevent future recurrence of the failure identified.

39. DUC accepted my findings and recommendations.

SEAN MARTIN
Deputy Ombudsman

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.