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The investigation of a complaint against a GP Practice in the area of Aneurin Bevan University Health Board

A report by the
Public Services Ombudsman for Wales
Case: 202303356

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Introduction

This report is issued under s.23 of the Public Services Ombudsman (Wales) Act 2019.

We have taken steps to protect the identity of the complainant and others, as far as possible. The name of the complainant and others have been changed as well.

Summary

Ms D complained about the care and treatment provided to her grandmother, Mrs F. Specifically, the investigation considered whether, between June 2021 and June 2022, Mrs F's GP Practice failed to take appropriate action which would have resulted in an earlier diagnosis of her bladder cancer.

My investigation found that Mrs F had ongoing urinary symptoms and a presence of blood in her urine without infection, which should have resulted in an urgent suspected cancer referral in July 2021. There were a number of missed opportunities to make this referral, and it was not made until May 2022. This was a significant service failing. I am saddened to conclude that had an urgent referral been made for Mrs F at an earlier stage, on balance, it is likely that the bladder cancer would have been diagnosed and treated sooner. Whilst I cannot be certain that this would have prevented Mrs F's death, on balance, it is likely she would have survived longer. This is a grave injustice, not just to Mrs F, but as an enduring source of distress for Ms D and her family.

I **recommend** that the Practice, within **1 month** of this report:

a) Provides Ms D with a fulsome apology for the failings identified in this report. The apology should make reference to the clinical failings, the impact of these on Mrs F's outcome and the impact on Ms D and her family.

b) Provides my office with confirmation that the new alert system for follow-up of patients with persistent blood in their urine is in use.

I **recommend** that the Practice, within **2 months** of this report:

c) Reviews this case, along with its original significant event analysis, and the opportunity for earlier suspected cancer referral in line with NICE guidelines, to identify any points of learning which can be applied in future care and when dealing with complaints.

d) Provides relevant clinicians with training on NICE guidelines for urinary tract infections in adults and bladder cancer diagnosis and management.

The Complaint

1. Ms D complained about the care and treatment provided to her grandmother, Mrs F. Specifically, the investigation considered whether, between June 2021 and June 2022, Mrs F's GP Practice ("the Practice") failed to take appropriate action which would have resulted in an earlier diagnosis of her bladder cancer.

Investigation

2. I obtained comments and copies of relevant documents from the Practice and considered those in conjunction with the evidence provided by Ms D. I also sought advice from 2 of my Professional Advisers: Dr Rebecca McGee, an experienced GP ("the GP Adviser") and Professor Maxine Tran, a consultant urological surgeon with experience of managing cancer referrals ("the Urology Adviser").

3. The Advisers were asked to consider whether, without the benefit of hindsight, the care or treatment had been appropriate in the situation complained about. I determine whether the standard of care was appropriate by making reference to relevant national standards or regulatory, professional or statutory guidance which applied at the time of the events complained about.

4. I have not included every detail investigated in this report, but I am satisfied that nothing of significance has been overlooked.

5. Both Ms D and the Practice were given the opportunity to see and comment on a draft of this report before the final version was issued.

Relevant guidance

6. Reference is made within this report to the following national guidance:

- National Institute for Health and Care Excellence ("NICE") Bladder cancer: diagnosis and management guideline [NG2], published 2015.

- NICE Suspected Cancer: recognition and referral [NG12], published 2015. This states that an urgent suspected cancer pathway referral for bladder cancer should be made if the patient is:

- aged 45 and over with either:

    - unexplained visible haematuria (blood in the urine) without urinary tract infection,

    - or visible haematuria that persists or recurs after successful treatment of urinary tract infection.

- aged 60 or over with unexplained non-visible haematuria and either:

    - dysuria (pain or discomfort urinating),

    - or a raised white cell count on a blood test.

- Bladder Cancer Advocacy Network.[1]

- NICE Urinary tract infections in adults, quality standard [QS90] (published 2015).

The background events

7. Mrs F presented at the Practice on 1 June **2021** with increased urinary frequency and some pain whilst urinating. A urine dipstick test (a test involving treated paper is dipped in a sample of urine) showed white and red blood cells in her urine. A diagnosis of a urinary tract infection ("UTI") was made, and Mrs F was prescribed nitrofurantoin (antibiotics used to treat UTIs).

8. On 3 June Mrs F contacted the Practice as she still had blood in her urine. Mrs F was given a further prescription of nitrofurantoin.

[1] https://bcan.org/survival-rates-for-bladder-cancer

9. On 21 July Mrs F presented at the Practice with a cough and increased urination. There was no visible blood on the urine dipstick test conducted. However, a urine sample sent for laboratory testing showed traces of blood. There was no bacterial growth that would suggest an infection.

10. On 12 August Mrs F underwent a routine blood test that was normal.

11. Mrs F presented at the Practice on 23 August with urgency to pass urine and nocturia (frequent urination during the night) that she said had been ongoing for a year. She was prescribed mirabegron (medication used to treat the symptoms of an overactive bladder).

12. On 4 January **2022** Mrs F provided a sample of urine for dipstick analysis that showed blood in her urine. The Practice was not able to provide any information about why this test was conducted.

13. On 7 March Mrs F saw an advanced nurse practitioner ("ANP") as she was experiencing irritation of the vulva. A urine dipstick test showed red blood cells and protein in Mrs F's urine. Mrs F was prescribed cream for the inflammation.

14. On 21 March Mrs F was reviewed by a GP. It was noted that her vulva was less inflamed, and she was asked to be reviewed in 4 weeks.

15. On 26 April Mrs F was reviewed by a GP. It was noted that her vulva appeared less inflamed. A urine sample was obtained and sent for laboratory testing. This showed no bacterial growth, but red blood cells were noted. Mrs F was prescribed antibiotics for a UTI.

16. On 19 May Mrs F contacted the surgery with urinary symptoms and was advised to send a urine sample. A dipstick test showed blood in her urine.

17. On 20 May Mrs F attended an appointment with an ANP, who referred her urgently to the Urology Department for further investigation because of her ongoing urinary symptoms. The referral was sent on 23 May and an appointment was made for Mrs F on 17 June.

18. On 10 June Mrs F contacted the Practice with recurrence of her urinary symptoms. She informed the GP of the planned outpatient appointment with the Urology Department on 17 June and the GP offered her an admission to hospital or a course of antibiotics until she was seen by the specialist. Mrs F chose to be prescribed antibiotics.

19. On 12 June Mrs F contacted the Out of Hours GP Service reporting that she had had problems passing urine and passing blood when urinating for weeks. She was examined and it was noted that her urethra (a tube connected to the bladder for passing urine) was swollen and reddened. Mrs F was advised to see her GP about a Gynaecology appointment and to keep taking the antibiotics she had been prescribed.

20. On 13 June Mrs F attended the Emergency Department at a local hospital with blood in her urine, backache, and vomiting. It was noted that she had been experiencing difficulty passing urine, haematuria and lower back pain for more than a month. The following day Mrs F underwent a computerised tomography scan ("CT scan" - a scan that takes detailed pictures inside the body) that showed an irregular bladder lesion. She was advised by the on-call Urologist to attend the outpatient appointment on 17 June arranged as a result of the GP referral and was discharged from hospital on 16 June.

21. On 17 June Mrs F attended the outpatient appointment. It was noted that she had visible haematuria and clots when she passed urine that she said had occurred for several months. Mrs F underwent a flexible cystoscopy (an examination of the bladder using a flexible telescope) that showed lesions at the base of her bladder, which were recognised as possible bladder cancer.

22. On 5 July Mrs F underwent a Trans Urethral Removal of Bladder Tumour ("TURBT" - an operation to remove early bladder cancer). Later that month, on 20 July, Mrs F was diagnosed with grade 3 bladder cancer (indicating the cancer had started to spread).

23. On 5 September Mrs F underwent a second TURBT procedure to remove more of the bladder tumour. A study of the tissue removed during the procedure confirmed a grade 3 tumour and suspected muscle invasive disease.

24. On 18 October Mrs F was admitted to hospital with a history of haematuria, dysuria and loin pain. A suspicion that the tumour was muscle invasive was noted. She was discharged on 23 October.

25. On 2 November Mrs F was admitted to hospital with dysuria and clots in the urine. She was discharged from hospital on 7 November.

26. On 15 November Mrs F underwent a radical cystectomy with ileal conduit (a process to remove the entire bladder and create a urinary diversion) as she was still experiencing urinary frequency, urgency and dysuria. Mrs F was referred for adjuvant cancer treatment (additional cancer treatment given after the primary treatment to lower the risk that the cancer will return).

27. On 15 January **2023** Mrs A underwent a CT scan that showed that the cancer had spread to her lung. An X-ray on 1 February showed the cancer had further spread to Mrs A's bones. She began receiving palliative care in February and sadly died on 29 April.

Ms D's evidence

28. Ms D said she believed that the symptoms of her grandmother's bladder cancer were repeatedly misdiagnosed and mistreated as UTIs by the Practice. Ms D believed that the time taken to refer her grandmother, and the misdiagnoses made, led to her grandmother's death. Ms D wanted the Practice to acknowledge and take accountability of its failings.

The GP Practice's evidence

29. The Practice said that it had reflected on the care provided to Mrs F. It said it had written a significant event analysis and presented the case at its regular Practice meeting. It said that recurrent UTIs are very common in the elderly. It said that during Mrs F's presentation at the Practice she had symptoms suggestive of UTI, hence it was concluded this was the most likely diagnosis and she was treated with antibiotics when required. The Practice highlighted that, in some instances, symptoms can be due to different causes and an early diagnosis of cancer can be difficult to establish.

30. As a result of the complaint, the Practice said that it would make changes to the way it follows up patients with UTIs. It would set up an alert system for the follow-up of patients with persistent blood in their urine, especially as a single finding.

Professional Advice

The GP Adviser

31. The GP Adviser noted that there were multiple interactions between Mrs F and the Practice between June 2021 and June 2022 with the majority of consultations focusing on her urinary symptoms and concerns. The GP Adviser was satisfied that Mrs F was treated with the correct dose and duration of antibiotics where there was suspicion and symptoms of a UTI and that her blood was tested appropriately on numerous occasions to exclude other conditions which may have contributed to her symptoms.

32. The GP Adviser said that at times it is difficult to assess patients as various clinicians are involved. However, the appointments on 3 June and 21 July 2021 were with the same GP. The GP Adviser was of the view that the first missed opportunity to explore Mrs F's symptoms in more detail and consider further investigation was during the appointment on 21 July 2021, when she complained of ongoing urinary symptoms, despite having 2 courses of antibiotics and a urine test result which demonstrated no infection but the presence of blood. This was a missed opportunity to explore the symptoms in more detail, as Mrs F had ongoing blood in her urine and no explanation as to why that was. The GP Adviser said that this fulfilled the criteria for an urgent suspected cancer referral to Urology.

33. The GP Adviser identified that on a couple of occasions, such as 21 July 2021 and 23 August 2021, Mrs F complained of urinary symptoms during a consultation booked for another reason. The GP Adviser acknowledged that this can be challenging for a GP to deal with both issues thoroughly during a 10-minute appointment, especially where the other issue may be more pressing, over and above the urinary symptoms which are extremely common in the elderly and less commonly associated with serious disease.

34. The GP Adviser said the next missed opportunity to investigate or refer Mrs F was on 23 August 2021. At this time Mrs F described ongoing urinary symptoms. The GP Adviser said this should have caused the GP to review the multiple urine results they had access to which demonstrated persistent blood and no urine infections.

35. A further missed opportunity was on 7 March 2022 when Mrs F contacted the Practice and was seen the same day. A GP documented evidence of bleeding and longstanding urinary symptoms. They would again have had access to see there was no UTI per the laboratory testing, this should have prompted a referral to either Gynaecology or Urology.

36. Finally, on 26 April 2022, Mrs F was given appropriate topical treatment and advice for vaginal symptoms. However, the presence of blood in Mrs F's urine was again raised and should have prompted a referral to either Gynaecology or Urology.

37. The GP Adviser said that the referral for an ultrasound scan and to Urology after seeing an ANP on 20 May 2022, was some 11 months after Mrs F's initial presentation. The GP Adviser said that whilst an immediate referral would not necessarily be expected, the time taken to make the referral demonstrated multiple missed opportunities of an earlier Urology referral.

38. Overall, the GP Adviser considered that there were multiple missed opportunities to investigate Mrs F's symptoms and to refer her at an earlier stage, as per NICE guidelines (see paragraph 6). The GP Adviser's opinion was that Mrs F's symptoms were not reviewed from a bigger picture perspective and that the focus remained incorrectly on assumptions of recurrent UTIs, despite both urine dipstick tests and laboratory tested samples repeatedly demonstrating no infection was present.

The Urology Adviser

39. The Urology Adviser explained that Mrs F's bladder cancer would have started in the urothelial lining of the bladder (the innermost layer in contact with the urine, this is termed "stage pTa"), before invading the underlying connective tissue (stage pT1), then the muscle of the bladder (stage pT2), and then progressing into the microscopic fat surrounding the

bladder (stage pT3a). The Urology Adviser said that the tissue sample from the initial TURBT on 6 July 2022 was reported as at least pT1, possibly pT2. The subsequent TURBT on 5 September showed suspicion of pT2 and the cystectomy on 15 November showed pT3a disease and spread to the lymph node. The Urology Adviser said that it was likely that having extended into the muscle of the bladder, Mrs F's cancer then spread to the lymph node, and then to the chest and bones.

40. The Urology Adviser was of the opinion that it was likely that the bladder cancer was causing the urinary symptoms Mrs F experienced in July 2021. If an urgent suspected cancer Urology referral had been made at that time, then Mrs F would have been seen in an outpatient clinic, and a flexible cystoscopy and imaging would have identified the bladder tumour. The Urology Adviser said the bladder tumour would likely have been at an earlier stage at that time than when it was diagnosed in 2022.

41. The Urology Adviser said that if the bladder cancer was diagnosed earlier, it may still have been a high-grade disease, but at an earlier stage. The bladder cancer would have been diagnosed and treated when it had likely not yet invaded the muscle of the bladder, meaning that it might have been pTa or pT1 stage. The Urology Adviser said that the 5-year survival rate for patients with pTa disease is 96% and for pT1 disease is around 71%. The Urology Adviser explained that once the cancer has spread to the lymph nodes the 5-year survival rate drops to 39%. Once it has spread to other parts of the body this drops further to 8%. The Urology Adviser said, on the balance of probabilities, Mrs F would have survived longer had an urgent suspected cancer referral been made at the appropriate time.

Analysis and conclusions

42. Firstly, I would like to offer my condolences to Ms D on the sad loss of her grandmother.

43. The advice I have received is very clear, which is why I have set it out in some detail above. This enables me to be relatively brief in what I have to say here. While accepting that advice in full, the findings set out below are my own.

Whether between June 2021 and June 2022, the Practice failed to take appropriate action which would have resulted in an earlier diagnosis of Mrs F's bladder cancer.

44. The advice I have received, and accept, is that Mrs F had ongoing urinary symptoms and a presence of blood in her urine without infection, which should have resulted in an urgent suspected cancer referral in July 2021. There were a number of missed opportunities to make this referral, and it was not made until May 2022. This was a significant service failing. Whilst I accept that it can be difficult for GPs to consider multiple issues within the constraints of a single appointment slot, if issues cannot be sufficiently addressed then a follow-up appointment should be arranged.

45. I am saddened to conclude that had an urgent referral been made for Mrs F at an earlier stage, on balance, it is likely that the bladder cancer would have been diagnosed and treated sooner. Whilst I cannot be certain that this would have prevented Mrs F's death, on balance, it is likely she would have survived longer. This is a grave injustice, not just to Mrs F, but as an enduring source of distress for Ms D and her family. Taking all of this into consideration, I **uphold** this complaint.

46. I was pleased to note that the Practice has already made changes to the way it follows up patients with recurrent urinary tract symptoms. However, it is of concern that the Practice did not identify any of the missed opportunities to refer Mrs F for specialist care during its own investigations of this complaint. This included a significant event analysis, in addition to the complaint investigation. The Practice needs to ensure these reviews are objective to identify any failings in care. In addition, from April 2023 the NHS Duty of Candour became a legal requirement for all NHS organisations in Wales. It requires these organisations to be open and transparent with patients when they experience harm in their care.

Recommendations

47. I **recommend** that the Practice, within **1 month** of this report:

a) Provides Ms D with a fulsome apology for the failings identified in this report. The apology should make reference to the clinical

failings, the impact of these on Mrs F's outcome and the impact on Ms D and her family.

b) Provides my office with confirmation that the new alert system for follow-up of patients with persistent blood in their urine is in use.

48. I **recommend** that the Practice, within **2 months** of this report:

c) Reviews this case, along with its original significant event analysis, and the opportunity for earlier suspected cancer referral in line with NICE guidelines, to identify any points of learning which can be applied in future care and when dealing with complaints.

d) Provides relevant clinicians with training on NICE guidelines for UTIs in adults and bladder cancer diagnosis and management.

49. I am pleased to note that in commenting on the draft of this report the Practice has agreed to implement these recommendations.

Michelle Morris

Michelle Morris 15 January 2025
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