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Report of Dr Anup Singh
Specialist field General Practice
On behalf of the Claimant, Mrs Kaur

Final Medical Report of Dr Anup Singh To the court

Court reference number: xxxxxx

Dated: 10 April 2025

Specialist field: General Practice

Instructing Solicitors: Hanley Solicitors & Partners, 46 London Road, London SW4 3ED

On Behalf of the Claimant: Mrs Kaur of 24A high street, Bedford BE22 4LA

Subject Matter: Colon Cancer and Anaemia

Written by: Dr Anup Singh, Address XXXXX

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Reference 2477444/19A

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Report

1. Introduction

1.01 The Expert

I am Dr Anup Singh, my specialist field is General Practice. Full Details of my qualifications and experience entitling me to give expert opinion in this case are in Appendix 1.

1.02 Summary Background to the case

In February 2024 Mrs Kaur, aged 60, reported symptoms of tiredness to her General Practitioner (GP). The GP consequently undertook blood tests and Mrs Kaur was found to be anaemic. The GP subsequently prescribed iron tablets. 3 months later, in May 2024 Mrs Kaur presented with abdominal pain and rectal bleeding. She was examined and diagnosed with piles and Irritable Bowel Syndrome (IBS). In October 2024 Mrs Kaur's abdominal pain worsened and she presented to Chesterfield Royal Hospital Accident & Emergency Department when she underwent a Computer Tomography (CT) scan. The CT showed Mrs Kaur was found to have metastatic colon cancer.

1.03 Summary of my Conclusions

In Summary, Mrs Kaur presented to her GP In February 2024 and was found to have Iron Deficiency Anaemia. She presented In May 2024 with further symptoms. It is in my opinion that an ordinary GP acting with ordinary care should have referred Mrs Kaur to a Gastroenterologist for further investigation of her anaemia. For the avoidance, of doubt, it is my opinion that the failure of Dr Smith to refer Mrs Kaur to a Gastroenterologist fell outside the standards of care of an ordinary GP acting with ordinary care.

1.04 The Parties Involved

Mrs Gurpreet Kaur, patient and claimant

Dr Paul Smith, General Practitioner and defendant.

1.05 Technical terms and explanations

I have indicated any technical terms in bold italic type. I have defined these terms when first used and included them in a glossary in appendix 3. I have explained common medical abbreviations in brackets within the text of the report. In appendix 4 I have identified any references to published works as identified during the report by a superscripted number. Direct quotes from records are in italic script.

Issues and statement of instructions

2 The issues to be addressed and a statement of instructions

2.01 To comment on the standard of care provided by the General Practitioner in relation to Mrs Kaur's symptoms and the eventual diagnosis of colon cancer.

Documents provided to me: (Appendix 2)

1. Copy of Mrs Kaur's GP records.
2. Chesterfield Royal Hospital Accident and Emergency department's discharge summary of Mrs Kaur's admission.

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3. Investigation of the facts, history of events

3.01 On 1 February 2024 Mrs Kaur consulted her GP with symptoms of tiredness.

The following contemporaneous entry was recorded in Mrs Kaur's medical notes:

" 60 year old lady, 2 children , undergoing divorce, high stress, not sleeping well, has been off work, not eating well, no weight loss, no colon symptoms, no other symptoms apart from tiredness, examination : tearful low mood, blood pressure 110/73 P 87.

Likely symptoms due to be related to stress check bloods to rule out other causes of tiredness FBC (Full Blood Count), LFT (Liver Function Test) , U&E (Urea and Electrolytes), TFT (Thyroid Function Tests), Vitamin D , Calcium. Review with when results are back"

3.02 10 February her blood tests results were back and marked in her medical records with the following comments:

HB (Haemoglobin) 9.4 g/dl

"Anaemia, low ferritin, see GP for follow up appointment"

3.03 12 February 2024 she was seen by Dr Smith and the following contemporaneous entry was recorded her Mrs Kaur's notes:

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“Still tired, issues ongoing found to have anaemia due to low iron, probably due to stress and not having a good diet, give iron tablets, ferrous sulphate 200mg TDS and review 3 months with further blood tests”

3.04 1 May 2024 Mrs Kaur had further blood tests and these were filed in her medical records as:

Hb 9.5 g/dl HB stable, review with GP for follow up.

3.05 5 May 2024 Mrs Kaur saw Dr Smith and the following contemporaneous entry was recorded in Mrs Kaur’s notes:

“Anaemia, HB stable, (slight improvement), but says has abdominal pain and some bright fresh red bleeding rectally, no other symptoms, having counselling, stress seems to be getting better, diet is improving as well, o/e abdomen SNT (soft non-tender) no mass PR (per rectal) exam with chaperone shows bright fresh piles. Plan continue iron tablets, buy OTC (over the counter) piles treatment, abdo pain likely due to stress related IBS (Irritable Bowel Syndrome) to continue counselling and review if symptoms don’t settle”

3.06 In October 2024 Mrs Kaur went to Chesterfield Royal Hospital A&E department with abdominal pain, she subsequently underwent blood tests and a CT scan of her abdomen. Her CT scan showed colon cancer with subsequent metastases to the liver.

3.07 Mrs Kaur is currently under the care of an oncologist and undergoing palliative chemotherapy.

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4 My Opinion

“60 year old lady, 2 children , undergoing divorce, high stress, not sleeping well, has been off work, not eating well, no weight loss, no colon symptoms, no other symptoms apart from tiredness, examination : tearful low mood, blood pressure 110/73 P 87.

Likely symptoms due to be related to stress check bloods to rule out other causes of tiredness FBC, LFT, U&E, TFT, Vitamin D , Calcium. Review with when results are back”

4.01 Regarding the consultation of 1 February 2024 (3.01), Mrs Kaur presented with tiredness as being her main symptom, we do not know how long she has had this symptom for but given that she has ongoing personal issues I can reasonably assume this had been ongoing for some weeks.

4.02 Tiredness is a vague symptom with many underlying causes and without the presentation of any other physical symptoms it is difficult to attribute the exact cause(s) of tiredness during the initial consultation.

4.03 Dr Smith attributed from the patient’s low mood and tearfulness that her tiredness could be related to her personal stressors at the time, in my opinion this is a reasonable assertion. Dr Smith arranged further blood tests FBC, LFT, UE, TFT, Vitamin D. Dr Smith was being open minded that although it is possible that her symptom of tiredness is related to

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personal stressors there may be other underlying causes for her symptom which need to be excluded and arranged for further blood tests.

4.04 Clinical Knowledge Summaries (CKS)¹ suggest the tests to be arranged if symptoms of tiredness are more than 6 weeks are FBC, ferritin, ESR, LFT, UES and TFT, HBA1C, IgA, urine analysis, Bone biochemistry and myeloma screen. Dr Smith did not arrange the tests of ESR, HBA1C , IGA , urine analysis, and a myeloma screen.

4.05 I would have reasonably expected a GP to have done an ESR, HBA1C and IGA and a myeloma screen in the blood tests. However these blood tests were not done, and it is unlikely that even If these blood tests would have been done, they would have not led to the identification of colon cancer. A urinalysis is recommended in the CKS guidelines but is seldom done in practice on first presentation of tiredness, unless there are clear symptoms to suggest a urinary cause such as blood in the urine or infection.

4.06 Dr Smith examined the patient's psychological state briefly and did a blood pressure and heart rate. This was brief examination, however given the limited time generally, with consultations being no longer than 10-15 minutes it can be difficult to do all necessary examinations in a short period of time, so it would been of an acceptable standard to do a brief examination as long as the patient was bought back for review.

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4.07 Overall in summary, Dr Smith's consultation fell below that of a reasonable standard of an ordinary General Practitioner as he did not conduct a full set of blood tests. However, had Dr Smith done the additional blood tests it would have been unlikely that colon cancer would have been identified.

4.08 Regarding the filing of the blood tests on 10 February 2024:

HB 9.4 g/dl,

"Anaemia, low ferritin, see GP for follow up appointment"

In my opinion Dr Smith had correctly identified an abnormality in her blood tests, HB 9.4 normal values are 120 - 150 g/dl and arranged a follow up appointment. This was to in my opinion acceptable level of care.

4.09 Regarding the consultation on 12 February 2024:

"Still tired, issues ongoing found to have anaemia due to low iron, probably due to stress and not having a good diet, give iron tablets, ferrous sulphate 200mg TDS and review 3 months with further blood tests"

Dr Smith attributed Mrs Kaur's anaemia due to not eating well and prescribed her iron tablets. Although not eating well may mean a diet lacking in iron however I would have expected Dr Smith to rule out other serious co-existing causes such as cancer. Iron Deficiency Anaemia is a recognised finding in many cancers, but particularly cancer of the

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gastrointestinal tract. The assumption that Mrs Kaur's anaemia was due to stress and not having a good diet fell below the expected standard of an ordinary General Practitioner.

4.10 I would have expected Dr Smith to refer the patient for a Faecal Immunochemical Test stool test (FIT) to identify the possibility of colon cancer. A FIT Test is 93% sensitive and 91% specific² for identifying cancer, this means it is a good test to screen for bowel cancer. It is likely that if a FIT test was requested at this stage it would have likely to have been positive and this would have led to an urgent referral to a gastroenterologist and subsequently leading to further investigations. In my opinion, by Dr Smith not requesting a FIT test fell below of an expected standard of an ordinary GP.

4.11 In my opinion, a referral to a gastroenterologist at this stage would have triggered further investigations and it was likely that colon cancer would have been detected at this stage. I am not Gastroenterologist or oncologist so I cannot comment on what investigations would have taken place, and if at tumour was found and what stage a tumour would have been. An opinion should be sought from a gastroenterologist and/or oncologist on this matter. It is well recognised that if colon cancer is identified early then it is treatable and potentially curable. The survival rate of colon cancer according to the stages are in appendix 5.

4.12 In my opinion prescribing Iron tablets (Ferrous Sulphate) would have led to a further delay in any further presentation in Mrs Kaur's symptom of tiredness. In gastrointestinal

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tumours small amounts of microscopic blood is lost from the colon which is not visible to the naked eye. The blood loss from the colon causes tiredness which in return is detected as anaemia in the blood test. If Mrs Kaur was not prescribed Ferrous Sulphate her iron levels would have dropped much quicker, therefore exacerbating her fatigue.

If it is believed, in the case that Mrs Kaur's anaemia was due to dietary reasons then it would have been acceptable to prescribe Mrs Kaur with ferrous sulphate. However as mentioned in 4.10 this was not a conclusion to be taken and a FIT test should have been requested.

4.13 Dr Smith did not further explore any history to the patient's symptoms of anaemia which could have been weight loss, abdominal pain, or change in bowel habit. It is unclear at this stage if Mrs Kaur had these symptoms. However it would be expected of a reasonable GP to have asked these questions. If these questions were asked 1) Have you lost weight? 2) do you have abdominal pain? 3) and do you have any change in bowel habit? , a positive response i.e. yes to any of these questions could have alerted the practitioner to investigate these symptoms further. Dr Smith did not ask these questions therefore fell below the standards of a reasonable expected practitioner.

4.14 *"Anaemia, HB stable, (slight improvement), but says has abdominal pain and some bright fresh red bleeding rectally, no other symptoms, having counselling stress seems to be getting better, diet is improving as well, o/e abdomen SNT no mass PR exam with chaperone*

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shows bright fresh piles. Plain continue iron tablets, buy OTC haemorrhoids treatment, abdo pain like due to stress related IBS to continue counselling and review if symptoms don't settle"

Regarding the consultation 4th May 2025, Dr Smith noticed an improvement in Mrs Kaur's psychological symptoms, however at the stage Mrs Kaur presented with further symptoms of fresh red bleeding and abdominal pain. Dr Smith conducted an examination and attributed the fresh PR bleeding due to piles. Piles are small vascular cushions and if chronic and bleeding can cause iron deficiency anaemia. Moreover Mrs Kaur also attended with abdominal pain and Dr Smith thought this to be IBS.

4.15 In my opinion although chronic piles can cause iron deficiency anaemia, 1. The anaemia had not significantly improved (values 9.4 g/dl to 9.5 g/dl (alluding to continued blood loss, 2) presentation of Mrs Kaur's abdominal pain (new presentation). The combination of these two factors alone should have alerted the practitioner for a FIT test or referral to a gastroenterologist. It is likely that that her abdominal pain at this stage was due to her underlying colon cancer symptoms. Furthermore as alluded in 4.13 Dr Smith did not check Mrs Kaur's symptoms of weight loss and a change in colon habit. This fell outside the standards of an ordinary General Practitioner.

4.16 On October 2024 Mrs Kaur presented to A&E at Chesterfield Royal Hospital with acute abdominal pain and was found to have colon cancer metastases to the liver on CT scan.

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4.17 In Summary there were opportunities missed by Dr Smith on the 12 February and 14 May for an early diagnosis of colon cancer by utilising a FIT test or referring Mrs Kaur to a gastroenterologist, This fell outside the standards of a ordinary General Practitioner.

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Statements and declarations

CIVIL PROCEEDINGS

Statement of compliance

I understand my duty as an expert witness is to the court. I have complied with that duty and will continue to comply with it. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court. I further understand that my duty to the court overrides any obligation to the party from whom I received instructions.

Declaration of Awareness

I confirm that I am aware of the requirements of Part 35 and Practice Direction 35, and the Guidance for the Instruction of Experts in Civil Claims 2014.

Statement of conflicts

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider that any interest which I have disclosed affects my suitability to give expert evidence on any issue on which I have given evidence and I will advise the party by whom I am instructed if, between the date of this report and the trial, there is any change in circumstances which affects this statement.

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Statement of truth

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed by: Dr Anup Singh

A handwritten signature in black ink, appearing to be 'AS' followed by a stylized flourish.

Date: 10 April 2025

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Appendix 1 Experience and Qualifications

My experience and qualifications: I am portfolio sessional GP averaging 6 sessions per week. I have worked in over 150 surgeries mainly in the East Midlands area. I qualified as GP 8 years ago. I sit as a medical member on the tribunal in the Social Entitlement Chamber, and also as a tribunal member on the Medical Practitioners Tribunal Service. I have worked as a GP at BUPA, asylum centres and several HMP prisons. I am in the process of completing my diploma in Occupational health medicine and my bond solon expert witness training. I am an associate member of the Expert Witness Institute. I have previously been a GMC PLAB Examiner. I was the GP Vaccination centre lead during the pandemic. I have completed medico-legal reports on the vaccine damage payment scheme. I was a supervisor as an out of hours GP for GP registrars.

With reference to this case, as a practicing GP I regularly have to investigate iron deficiency, refer for suspected colon cancer and diagnose such. Qualifications: • BSC (hons) in Biomedical Sciences, University of London. • MBChB, Bachelor of Medicine and Bachelor of Surgery, Manchester 2011 • General Medical Council number 7135145 • Medical Defence Union number XXX.

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Appendix 2 List of documents examined

Copy of Mrs Kaur's GP records.

Chesterfield Royal Hospital discharge Summary

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Appendix 3 Glossary of terms used

Anaemic/Anaemia - a condition in which there is a deficiency of red cells or of haemoglobin in the blood

Metastatic - The spread of cancer cells from the place where they first formed to another part of the body

Haemoglobin - A protein inside red blood cells that carries oxygen from the lungs to tissues and organs in the body and carries carbon dioxide back to the lungs

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Appendix 4 References

1. NICE. (n.d.). *Tiredness/fatigue in adults*. Clinical Knowledge Summaries. Available at:

<https://cks.nice.org.uk/topics/tiredness-fatigue-in-adults/> [Accessed 09 Mar. 2025].

2. Niedermaier, T., Balavarca, Y., & Brenner, H. (2020). Stage-specific sensitivity of fecal immunochemical tests for detecting colorectal cancer: systematic review and meta-analysis.

BMC Medicine, 18(1), 1-14. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6946106/> [Accessed 09 Mar. 2025].

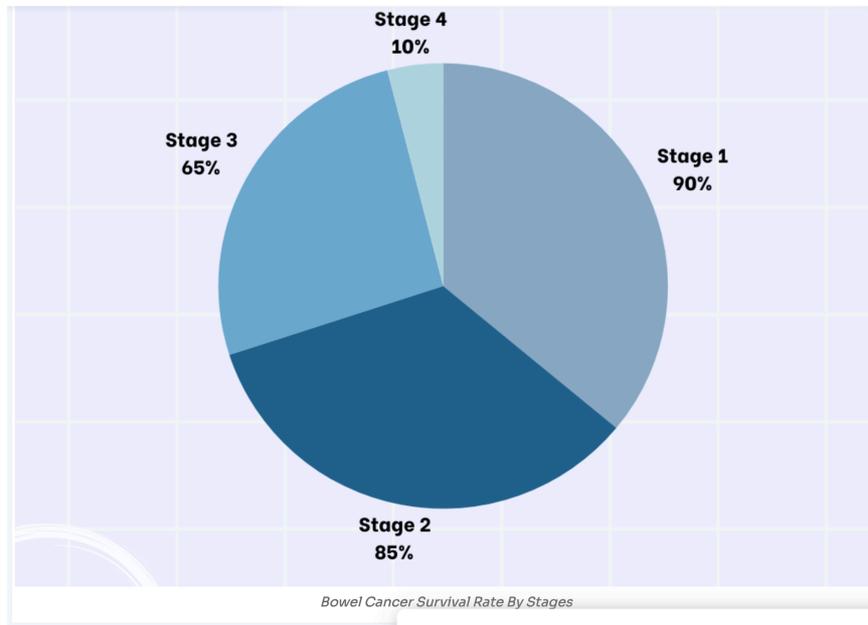
Documents attached with this report:

1. NICE Guidance on Cancer Attachment can be found here: <https://www.nice.org.uk/guidance/ng12/resources/suspected-cancer-recognition-and-referral-pdf-1837268071621>

2. CKS management on iron deficiency anaemia can be found here: <https://cks.nice.org.uk/topics/anaemia-iron-deficiency/management/management/>

(Please note ideally I would have attached these with the report)

Appendix 5 Stages and Survival rates of colon cancer



END OF REPORT

