

Case 200502015: Lothian NHS Board

Summary of Investigation

Category

Health: Hospital; Dental treatment

Overview

The complainant raised concerns about inadequate and delayed dental treatment.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) clinical treatment was inadequate (*not upheld*); and
- (b) the referral was delayed (*not upheld*).

Redress and recommendation

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 24 October 2005 the Ombudsman received a complaint from Mr C about delays by Lothian NHS Board (the Board) following a referral from his dental surgery in May 2003.
2. The complaints from Mr C which I have investigated are that:
 - (a) clinical treatment was inadequate; and
 - (b) the referral was delayed.
3. Mr C also complained to the Ombudsman about delays by his dentist (the Dentist) and these are contained in a separate investigation (2000502052).

Investigation

4. In writing this report I have had access to Mr C's dental records and the complaints correspondence from the Board. I have obtained and accepted advice from the Ombudsman's professional dental adviser (the Adviser). I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report can be found at Annex 1 and a glossary of terms at Annex 2. Mr C and the Board have had the opportunity to comment on the draft of this report.

Dental History

5. A locum dentist at Mr C's dental practice referred Mr C to the Department of Oral Surgery (DOS) at the Edinburgh Dental Institute (EDI) on 19 May 2003 for an opinion on whether his wisdom teeth should be extracted. Mr C was seen by a Consultant at the DOS (Consultant 1) on 19 February 2004. Consultant 1 wrote to the locum dentist that day and explained that Mr C was not keen on surgery at that time. Consultant 1 suggested that an orthodontic opinion might be appropriate in the meantime and that the locum dentist should make a referral.
6. Mr C attended a review appointment at DOS on 12 November 2004, where he was examined by Consultant 2. Consultant 2 wrote to the Dentist that day and explained that Mr C was reviewed regarding his lower third molars. He had reported continued intermittent symptoms, particularly on the right side, which had

become more acute and were disturbing his sleep. Other than the acute pain there were no other symptoms relating to the third molar, such as bad taste/discharge or significant swelling. Mr C was also concerned about crowding in the lower anterior region, for which Consultant 2 thought there had been a request for an orthodontic referral in the past. Consultant 2 felt Mr C's symptoms appeared more muscular related and had responded to treatment which would be reviewed. It was possible that Mr C's lower third molars would need to be removed in due course, however, at present it seemed inappropriate. Regarding Mr C's lower anterior crowding, Consultant 2 was happy for Mr C to be referred to an orthodontist and requested that the Dentist send the referral letter in due course. The Dentist wrote a referral letter to the Orthodontic Department (OD) at the EDI on 17 November 2004.

7. Mr C was admitted to the DOS on 9 February 2005, where two teeth were removed under sedation and local anaesthetic. Mr C was reviewed at the OD on 12 April 2005 and saw Consultant 3. Consultant 3 wrote to the Dentist the following day and explained that Mr C would require both upper and lower fixed appliances to correct his condition and that he would be placed on the waiting list for treatment.

(a) Clinical treatment was inadequate

8. Mr C complained that it was inappropriate for the DOS to refer him back to his Dentist so that he might arrange an orthodontic referral prior to extraction of his lower wisdom teeth. This had left him with continuing pain until the teeth were eventually removed. In addition, the continuing pressure on his lower teeth during this time had further displaced a front lower tooth.

9. The Adviser said that the clinical notes showed Mr C had two separate treatment issues. The first concerned extractions of both his lower wisdom teeth, which had a history of pain. The second concerned his orthodontic problems, which related to a lack of space between his lower front teeth (incisors). In particular, the lower left first incisor was, because of crowding, out of line and positioned towards Mr C's tongue. The Adviser felt the EDI notes were of a very high quality with extremely full, accurate and contemporaneous computerised note taking.

10. The Adviser said that the notes of the DOS appointment on 12 November 2004 clearly state that Mr C had reported the wisdom teeth had been causing intermittent pain for three years. It was also reported that Mr C was anxious and preferred to have sedation for the extraction of his wisdom teeth. The Adviser also noted that a clinical diagnosis had been made that Mr C's symptoms appeared to be more muscular related and that treatment had also been carried out using a TENS machine. It was also noted that Mr C's symptoms had been primarily related to Temporomandibular Joint Dysfunction (TMD) as opposed to problems with the third molar (ie, the wisdom teeth).

(a) Conclusion

11. The advice, which I have received and accept, is that both the DOS and OD have provided Mr C with appropriate dental treatment and, accordingly, I do not uphold this aspect of the complaint.

(b) The referral was delayed

12. Mr C complained that it was inappropriate for DOS to refer him back to the Dentist to arrange for an orthodontic opinion, as the Dentist subsequently referred him to the OD and delays could have been avoided if DOS had made an internal referral to the OD.

13. The Board's Chief Executive responded that not all dental practitioners within Lothian use the OD for their referrals but, instead, prefer to use other orthodontic specialists. Unless a patient had previously been seen at the OD, then they would be referred back to their own dental practitioner for them to refer them to the orthodontic service of their choosing.

14. The Adviser said that the procedure adopted by the EDI to refer patients back to their Dentist to arrange an orthodontic referral, unless the patient was already being seen at the OD, was acceptable. The Adviser noted that Mr C was seen at the OD on 12 April 2005 and it was reported that there was lower incisor crowding, which Mr C said had significantly worsened over the last year. The Adviser felt the treatment plan set out was appropriate and Mr C would be placed on the waiting list.

(b) Conclusion

15. While I can understand Mr C's concerns that an internal referral from DOS to OD would have saved some time and would perhaps have resulted in an earlier orthodontic appointment, the Board have explained that Dentists have freedom to use orthodontic services of their choice. The explanations which have been provided are reasonable, therefore, I do not uphold this aspect of the complaint.

30 January 2007

Explanation of abbreviations used

Mr C	The complainant
The Dentist	Mr C's dentist
Locum dentist	Dentist temporarily employed at the Practice
The Adviser	The Ombudsman's professional dental adviser
The Board	Lothian NHS Board who have corporate responsibility for the EDI
EDI	Edinburgh Dental Institute
DOS	Department of Oral Surgery at EDI
OD	Orthodontic Department at EDI
Consultant 1	Consultant in Oral Surgery
Consultant 2	Specialist in Surgical Dentistry
Consultant 3	Consultant in Orthodontics
Chief Executive	Board Divisional Chief Executive

Glossary of terms

Crowding	Lack of space between teeth
TENS machine	Transcutaneous Electrical Nerve Stimulation - machine which combats pain by stimulating nerves close to the skin
TMD	Temporomandibular joint dysfunction – problems associated with jaw joints and muscles