

**Case 201104004: Lothian NHS Board - University Hospitals Division**

**Summary of Investigation**

**Category**

Health: Hospitals; dental and orthodontic services; clinical treatment

**Overview**

The complainant (Mr C) had difficulties with his dentures and sought help from his general dental practitioner at his dental practice (the Practice). He was referred to Edinburgh Dental Institute's (the Institute's) Department of Restorative Dentistry (Restorative Dentistry); however, he was advised he would be unable to receive treatment from there, and was referred back to the Practice. Mr C was not satisfied by NHS Lothian - University Hospitals Division (the Board)'s response to his complaint about this.

**Specific complaint and conclusion**

The complaint which has been investigated is that in late 2011, the Board unreasonably refused to give Mr C an appointment at the Institute's Restorative Dentistry, or to inform him of alternative options to conventional dentures (*upheld*).

**Redress and recommendations**

	<i>Completion date</i>
The Ombudsman recommends that the Board:	
(i) issue a full apology to Mr C for the failings identified in this report;	4 October 2012
(ii) urgently arrange for Mr C to be examined by the Department of Restorative Dentistry;	18 October 2012
(iii) draw this report to the attention of the Consultant within the Department of Restorative Dentistry; and	4 October 2012
(iv) in light of the findings of this case the Board take steps to ensure that the services referred to as being provided to patients under the Institute's Guidelines for the Referral of Patients to the Department of Restorative Dentistry are being provided.	1 November 2012

## **Main Investigation Report**

### **Introduction**

1. The complainant (Mr C) had had a complete set of dentures fitted some years previously following the extraction of most of his teeth under general anaesthesia. Mr C experienced serious and ongoing difficulties with the dentures. He stated that he struggled to eat with the dentures, and that they did not fit properly resulting in discomfort, mouth ulcers and gum infections. He suffered weight loss as a result of struggling to eat. Mr C also stated that on occasion, as a result of the dentures moving in his mouth, his breathing was impeded and he was physically sick. Mr C explained the wider effects. He explained he had not worked for some time and was unable to get a job, because most of the time he could not wear the dentures – he explained it was not possible to work or talk to people without any teeth in his mouth. Mr C also had other physical and mental health difficulties which were affected by his ongoing problems with the dentures.

2. In early 2011 Mr C attended his general dental practitioner (the Dentist) at his dental practice (the Practice) to discuss these ongoing difficulties. The Dentist referred him to the Edinburgh Dental Institute (the Institute)'s Oral Surgery Department (the Oral Surgery Department), who in turn referred Mr C to the Institute's Department of Restorative Dentistry, (Restorative Dentistry) for assessment and consideration of restorative options. However, a Consultant within Restorative Dentistry (the Consultant) wrote back to the Oral Surgery Department stating they were not in a position to provide conventional dentures to patients, and that Mr C's Dentist would be able to provide treatment. Mr C was not assessed by the Consultant.

3. Mr C complained to NHS Lothian – University Hospitals Division (the Board) on 8 December 2011 that the Consultant had not arranged to assess him before reaching this decision. He was dissatisfied that he was referred back to the Dentist without any consideration having been given to alternative specialist treatment options, particularly given the difficulties he was suffering with his dentures. Mr C received a response from the Board on 28 December 2011; however, he remained dissatisfied with the explanation provided. Mr C brought his complaint to my office on 26 January 2012. He explained that the difficulties with his dentures had affected him severely, both physically and mentally. He wanted the Board to apologise to him and to give

him alternative treatment options, such as receiving dental implants or treatment abroad.

4. The complaint from Mr C which I have investigated is that in late 2011, the Board unreasonably refused to give Mr C an appointment at the Institute's Restorative Dentistry, or to inform him of alternative options to conventional dentures.

### **Investigation**

5. In order to investigate Mr C's complaint, my complaints reviewer reviewed the complaints correspondence between Mr C and the Board. She also obtained a copy of his dental records from the Institute, which included the correspondence between Restorative Dentistry and the Oral Surgery Department. She also reviewed a copy of the Institute's Guidelines for the Referral of Patients to the Department of Restorative Dentistry. Finally, she obtained independent dental advice from one of the Ombudsman's advisers, a general dental practitioner (the Adviser).

6. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mr C and the Board were given an opportunity to comment on a draft of this report.

### **Complaint: In late 2011, the Board unreasonably refused to give Mr C an appointment at the Institute's Restorative Dentistry or to inform him of alternative options to conventional dentures**

7. Due to his ongoing and long term difficulties using his dentures as detailed in paragraph 1, Mr C attended his Dentist in April 2011 for help. The Dentist referred him to the Institute's Oral Surgery Department, noting on the referral that Mr C could not use his upper denture, had very sensitive gums and what appeared to be a torus on the back of his upper jaw. Mr C was seen on 21 September 2011 by a Specialist in Oral Surgery (the Specialist).

8. The Specialist examined Mr C and took an orthopantomogram x-ray (OPG x-ray). She noted Mr C's complaint that he had been unable to wear his full set of dentures and that his inability to eat properly had resulted in weight loss. The Specialist's notes also reported that Mr C had scar tissue in his ridge (where his teeth had been removed) at the upper left molar region. She noted that the upper denture was unretentive and that Mr C reported gagging as a result of this. She noted that the lower denture was unstable and very unsatisfactory.

She also noted Mr C wished to discuss restorative options such as implants. Finally, she noted that the OPG x-ray revealed no bony pathology.

9. On 30 September 2011 the Specialist wrote to the Consultant. She asked if he could arrange to see Mr C. She explained her examination findings, noted that clinically his upper and lower ridges were irregular, and that the scar tissue was likely a result of the surgical procedure undertaken to remove Mr C's teeth, and could be contributing to his discomfort in this region. She described the problems with the dentures and noted Mr C had also had a previous set of dentures but had been unable to wear these either. She said that following a long discussion with Mr C, she felt a restorative opinion would be most beneficial to resolve the complaints.

10. On 21 October 2011 the Consultant wrote back to the Specialist. He stated that Restorative Dentistry was now in no position to provide conventional dentures to patients, and since the Specialist's examination had eliminated any bony pathology he was sure that the Dentist would be able to provide the necessary treatment, or could forward the patient to another colleague for assistance.

11. In his complaint to the Board, Mr C stated he had waited for eight weeks following his appointment with the Oral Surgery Department before telephoning the Institute to find out what was happening. He said it was only at this stage that he was informed he would need to go back to the Practice as no treatment was going to be provided by Restorative Dentistry. Mr C said he could not understand how this decision was taken without him first being examined by someone from within Restorative Dentistry. He was also dissatisfied that he had not been copied into the relevant correspondence, as he had understood this would be the case. Mr C asked why he had been referred back to the Dentist, when it was the Dentist who had referred him on initially. Mr C described his other health difficulties which include depression, panic attacks, agoraphobia and claustrophobia, and said his dental treatment had added significantly to these problems. He asked for an alternative solution to the problems with his dentures.

12. The Board responded to Mr C's complaint on 28 December 2011. They said the Consultant had stated conventional dentures would be advised because no bony pathology had been identified. They confirmed that Restorative Dentistry did not provide conventional dentures and that this was a

service that general dental practitioners provided. The Board also apologised that Mr C was advised he would receive a letter directly from the Institute. They explained letters regarding the outcome of patient referrals were sent direct to dental practices. Mr C telephoned the Board's Complaints Team to discuss the content of their response. He explained he had been told by his Dentist that they could not fit further conventional dentures, and that because they rubbed on the exposed bone in his mouth, he could not wear the dentures he had. The Board wrote to him again on 18 January 2012 reiterating their position from the first response, that conventional dentures were advised by Restorative Dentistry and that Mr C would need to contact the Practice.

13. My complaints reviewer made several enquiries to the Board in relation to the Consultant's comment that Restorative Dentistry was 'now in no position to provide conventional dentures to patients'. She wanted to confirm whether it was the Board's position that it had previously been the case that Restorative Dentistry had provided such treatment. However, the Board did not respond to these enquiries.

#### *Advice obtained*

14. My complaints reviewer asked the Adviser whether it was reasonable that the Consultant had referred Mr C back to the Dentist without first having examined him. The Adviser said this was not reasonable. First, he said it should have been fairly apparent to the Consultant that the initial referral had come from Mr C's Dentist, as it was mentioned within the Specialist's notes and the original referral letter was in Mr C's file. The Adviser noted that whilst the Dentist's referral letter was brief, it did state that Mr C could not use his upper denture and referred to the existence of a torus which could create problems when a denture was to be provided. The Adviser said that the Specialist's referral to Restorative Dentistry was reasonable given her findings, which were detailed in her comprehensive letter to the Consultant. The Adviser concluded all of the above suggested that Mr C was not a straightforward denture case, and at the least that he was having major problems. The Adviser said Mr C had been referred from the Practice in the first place, who would have logically helped if they could have, and would not have referred him for possible treatment if they could have provided this themselves. The Adviser concluded on the basis of all of the above that he would have expected the Consultant to arrange to see Mr C.

15. The Adviser said it was not reasonable that the Consultant had advised Mr C should be treated with conventional dentures without having seen him first. He noted that the OPG x-rays would have given some indication as to the extent of the ridges, but would not have assisted in accurately diagnosing whether it would be possible to make a successful denture. The Adviser also said the scar tissue and irregular ridges can make the provision of dentures difficult, that these features had been included in the Specialist's letter, but the extent to which they would affect the provision of conventional dentures could not have been apparent to the Consultant without an examination. The Adviser also explained that the position of the soft tissues, the depth of the sulcus and the relationship of the two jaws would all have a major effect on dentures, and that none of that information could be accurately established without an examination. The Adviser noted it may well have been the case that following an examination, the Consultant may have reached the same conclusion (ie that Mr C would suit well made dentures), but the available evidence did not suggest this.

16. My complaints reviewer asked the Adviser whether it was reasonable that the Institute did not provide conventional dentures. The Adviser commented he found this very surprising and wondered if it was accurate. He noted that the Institute was a teaching facility that would teach postgraduate students, who would need to be proficient in aspects of prosthetics such as dentures. He also said the Institute should be available to receive referrals for difficult cases. He noted the Institute's Guidelines for the Referral of Patients to the Department of Restorative Dentistry, which state that 'the department concentrates its activities on fixed and removable prosthodontics ...' The Adviser said this meant they did provide conventional dentures. The Adviser went on that the guidelines stated the Institute was 'always pleased to see patients' as well as provide advice and a written report to help with continuing care, that they would accept referrals from general dental practitioners, and that 'a consultant or specialist will see patients at consultation'. The Adviser concluded again from the guidelines that he would have expected the Consultant to examine Mr C. If the examination established that better constructed dentures was all that was required, then he should have written back to the Practice with advice and a written report as to how to construct these.

17. My complaints reviewer asked whether the Consultant should have considered any alternative treatments to conventional dentures. The Adviser explained the Consultant could not have suggested alternatives without

conducting an examination. He stated at present it was not possible to tell whether or not better constructed dentures would resolve Mr C's difficulties. He noted that in cases where conventional dentures cannot be tolerated then implant held dentures can be successful. He said no further comment could be made about whether this would be a possible option for Mr C without an examination.

18. The Adviser concluded that Mr C's problems were clearly having a devastating effect on his life, and it was likely the Specialist had realised this following her examination of Mr C. She had noted in her letter to the Consultant that she felt a restorative option would be most beneficial. The Adviser said, therefore, he found it most surprising and quite unacceptable that Mr C was not given an examination by Restorative Dentistry. He said the Consultant's comments in his letter were most unhelpful and seemed out with the guidelines which stated Restorative Dentistry would always be pleased to see patients.

#### *Conclusion*

19. In considering Mr C's complaint that the Board unreasonably refused to give him an appointment at Restorative Dentistry, or to inform him of alternative options to conventional dentures, I have considered the correspondence between the departments, the relevant guidelines and the advice given to me. I find it was unreasonable that Mr C was not examined by the Consultant within Restorative Dentistry, and was simply sent back to the Practice for the same treatment which he had undergone unsuccessfully twice before. It should have been clear to the Consultant that Mr C was not a straightforward case for dentures and at the very least required further examination from a specialist dental department, rather than referral straight back to a general dental practitioner – his difficult history with dentures was well documented in the referral letter from the Practice, the Specialist's notes of her examination and her subsequent referral letter. I am critical of the Board that the Consultant did not appear to consider the guidelines of the Institute when he opted not to see Mr C. Furthermore, it cannot be established what, if any, further treatment options may be open to Mr C as a result of the failure to examine him within Restorative Dentistry. In all the circumstances, I uphold this complaint.

20. The impact upon Mr C's quality of life as a result of the difficulties with his dentures is severe. He has suffered significantly in all aspects of his life and continues to do so. His additional health difficulties have also been adversely impacted upon as a result. I am critical that the Institute did not provide any,

much needed, assistance to him in this regard by failing to examine him following the further referral from the Specialist, nor to consider restorative options. I have four recommendations to make to address the issues raised by this case. It is not possible to know whether this is a one-off incident or a systemic problem. I would expect the Board to take steps to ensure this type of situation does not arise in the future.

*Recommendations*

	<i>Completion date</i>
21. I recommend that the Board:	
(i) issue a full apology to Mr C for the failings identified in this report;	4 October 2012
(ii) urgently arrange for Mr C to be examined by the Department of Restorative Dentistry;	18 October 2012
(iii) draw this report to the attention of the Consultant within the Department of Restorative Dentistry; and	4 October 2012
(iv) in light of the findings of this case the Board take steps to ensure that the services referred to as being provided to patients under the Institute's Guidelines for the Referral of Patients to the Department of Restorative Dentistry are being provided.	1 November 2012



**Explanation of abbreviations used**

Mr C	The complainant
The Dentist	Mr C's general dental practitioner
The Practice	Mr C's dental practice
The Institute	The Edinburgh Dental Institute based in the Lauriston Building, which provides specialist forms of dental treatment
The Oral Surgery Department	The Oral Surgery Department at the Edinburgh Dental Institute
Restorative Dentistry	The Department of Restorative at the Dentistry Edinburgh Dental Institute
The Consultant	A Consultant in Restorative Dentistry within the Department of Restorative Dentistry
The Board	NHS Lothian – University Hospitals Division
The Adviser	A General Dental Practitioner adviser for the Ombudsman
The Specialist	A Specialist in Oral Surgery

**Glossary of terms**

Bony pathology	bone disease
Orthopantomogram (OPG) x-ray	a panoramic scanning dental x-ray of the upper and lower jaw
Sulcus	the reflection of the gum where it attaches to the bone
Torus	an outgrowth of bone commonly found in the mouth, which can need to be removed if it interferes with the proper fit of a denture/dental appliance
Unretentive	unstable and not remaining in place