SPSO decision report

Case: **201810251, Highland NHS Board**
Sector: Health
Subject: Appointments / Admissions (delay / cancellation / waiting lists)
Decision: upheld, no recommendations

Summary

C complained that the board failed to provide their child (A) with orthognathic treatment (orthognathics is a specialist subset of dentistry which involves surgical correction of growth issues with the jaw and lower face) within a reasonable timescale.

A's teeth were overcrowded to the extent that they caused pain in their head and jaw and difficulties with eating and speech. Following referral to an orthodontist, A was placed on the waiting list for orthognathic treatment. However, despite it being identified that A would require surgery, their treatment was not progressed. The board explained to C that this was due to a shortage of orthognathic specialists in their area and that an agreement with neighbouring health boards for them to provide treatment had come to an end. C complained that the board had failed A by not providing the required treatment within their area, or making arrangements for the treatment to be provided in another area, or privately.

The board were open and honest about the fact that they struggled to provide specialist orthodontic and orthognathic appointments over a number of years due to staff recruitment issues and the loss of arrangements with neighbouring health boards. They acknowledged and apologised for the fact that this led to substantial delays for A. We commended the board for their transparency in this respect and acknowledged that there were a number of factors beyond their control that limited the provision of these services and contributed to a long waiting list for all patients in the area.

We took independent advice from an orthodontic specialist. We found that, whilst it was recognised at an early stage that A would benefit from orthognathic surgery, this treatment would not have been available to A for a number of years. Surgery was first discussed when they were 11 years of age. We noted that, prior to surgery, there would be 12 to 36 months of preparatory orthodontic treatment and this would not normally start until the patient was 15 or 16 due to their bones needing to develop. Once this preparatory treatment had been completed, a multidisciplinary discussion would be undertaken to assess the nature of the surgery that would be required. The available evidence showed that the board followed this approach for A.

Whilst we were satisfied with the overall treatment plan for A, we found that there was an unreasonable delay of around 18 months to A being seen by a consultant following their referral to the orthognathic service. Although this did not delay A's treatment, we recognised that the long wait for a consultation and details as to what treatment options were available would have added to C and A's distress. Therefore, we upheld this complaint. We did not make any recommendations due to the appropriate action already taken by the board.