

SPSO decision report

Case: 201502592, Greater Glasgow and Clyde NHS Board
Sector: health
Subject: appointments / admissions (delay / cancellation / waiting lists)
Outcome: upheld, recommendations

Summary

Ms C complained about a delay in arranging surgery for her child (Miss A), who suffered from malocclusion (a misalignment of the teeth and jaws) and chronic facial pain. A treatment plan was agreed for Miss A's malocclusion, including a period of braces followed by maxillofacial surgery (surgery affecting the mouth, jaws, face or neck). After 18 months of braces, it was decided that Miss A was ready for surgery and she was placed on the waiting list of a surgeon at the Southern General Hospital. However, no surgery date was offered for about 16 months.

Ms C complained to the board about the delay during this time. They were unable to offer a date for surgery due to demand, and emphasised that the surgery was unlikely to help Miss A's pain. They suggested that Ms C discuss the possibility of an out-of-area referral with the surgeon. Ms C said she asked about this and was told to contact other hospitals herself. Although Ms C found a hospital willing to conduct the surgery, the time-frame for this was similar to the estimate given by the Southern General Hospital at that time, so Ms C decided not to take it. However, Ms C said the Southern General's estimate then shifted several months. Miss A ultimately received her surgery about 17 months after she was placed on the waiting list.

In response to our enquiries, the board said the national treatment time guarantee of 18 weeks referral to treatment did not apply to Miss A, as she was a returning patient. They said they had now engaged another consultant to improve their waiting times.

After taking independent medical advice, we upheld Ms C's complaint. Although we agreed that the national treatment time guarantee did not apply to Miss A, and it was unlikely that the surgery would improve Miss A's pain, we found that 17 months was an unreasonable delay for this kind of surgery. We were also critical of the board's communication, and we said they should have been more proactive about arranging an out-of-area referral for Miss A.

Recommendations

We recommended that the board:

- apologise to Ms C and Miss A for the delay and poor communication in relation to her surgery;
- review how they monitor waiting times for 'follow on' maxillofacial surgery, to ensure that any significant pressures are identified and addressed proactively; and
- review what processes they have in place to support patients with arrangements for out-of-area referrals (where this is due to the board's waiting times).