

SPSO decision report



Case: 201609656, Grampian NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: some upheld, recommendations

Summary

Mrs C complained about a number of issues with the care and treatment she received from the board. Mrs C had a complex medical history and had accessed a number of different services provided by the board.

Firstly, Mrs C raised concern that the board had not provided her with timely and appropriate maxillofacial (relating to the jaws and face) care and treatment. Mrs C was referred to the maxillofacial service for extraction of a tooth. After an initial consultation, Mrs C was listed to have the tooth extracted. At the subsequent consultation, a different doctor found that the tooth was vital and could be restored with further treatment. Mrs C was discharged from the service. Mrs C's general dental practitioner made a further referral to the service and after further consultations Mrs C's tooth was extracted. She felt that the board's actions had prolonged her pain. We took independent advice from a speciality doctor in oral and maxillofacial surgery. We considered that the care provided to Mrs C was reasonable. We did not uphold this complaint. However, we found evidence of issues with record-keeping in the service and we made a recommendation in relation to this.

Mrs C also raised concern that the board had not provided her with timely and appropriate orthopaedic (the branch of medicine involving the musculoskeletal system) care and treatment. Mrs C had a number of consultations in the orthopaedic service and was unhappy with the way clinicians investigated her orthopaedic condition and managed her care. In response to Mrs C's complaint, the board acknowledged that she had experienced delays and they described that they were reviewing the referral process to reduce delays. We took independent advice from a consultant orthopaedic surgeon. We found no medical failings in Mrs C's orthopaedic care, however, we noted that there was evidence of a significant delay in Mrs C being offered an appointment following a referral from her GP. We upheld this aspect of Mrs C's complaint.

Mrs C further complained that the board had not provided her with timely and appropriate physiotherapy treatment. She said that the self-management exercises recommended to her by the board were not helpful and she wanted to receive additional treatment, including hands-on therapy. In response to this complaint, the board said that the treatment provided had been appropriate. We took independent advice from a musculoskeletal outpatient physiotherapist. They said that it was standard practice to provide exercises to a patient to

self-manage chronic musculoskeletal pain, and hands-on treatment was of little long-term benefit in this situation. We considered that Mrs C received a reasonable standard of physiotherapy care and treatment and found no evidence of a delay in providing this. We did not uphold this aspect of Mrs C's complaint.

Mrs C was unhappy that the board failed to carry out timely and appropriate investigations into her facial/head pain symptoms. Mrs C had been reviewed by clinicians in a number of departments over a number of years in relation to this issue and she was unhappy with the investigations carried out and the lack of liaison between various specialties. We took independent advice from an oral surgeon with expertise in facial pain. We found that a number of appropriate investigations had been performed, yet there was limited evidence that appropriate haematology (related to blood disorders) investigations and investigation into temporomandibular disorder (a

problem affecting the muscles and joints in the jaw area) were performed. We were also critical about the coordination of investigations between different disciplines and found that tests had not been carried out to exclude a specific type of headache. Therefore, we upheld this aspect of Mrs C's complaint.

Finally, Mrs C was dissatisfied with the way the board handled her complaints. While we acknowledged that Mrs C's complaint was exceptionally complex, we did not find evidence that the board provided a clear timescale within which they aimed to respond to Mrs C. We considered that the delays in complaint handling were unreasonable and also noted that in once instance, the board did not appropriately acknowledge one of Mrs C's complaints or inform her of her right to complain to us. We upheld this aspect of Mrs C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for the unreasonable delay in providing an appointment to her, not investigating her orofacial pain reasonably, failures in record-keeping, and the delays in complaint handling. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/leaflets-and-guidance.

What we said should change to put things right in future:

- Where multiple specialties are involved in investigating a clinical issue, the care should be well coordinated with effective communication between disciplines.
- Neurology staff should be mindful of the possibility of neurovascular and migrainous causes in patient's presenting with complex orofacial pain.
- Patient care should be documented in line with the requirements within the General Medical Council and General Dental Council standards. Temporomandibular joint disorder should be managed in line with contemporary clinical guidance.

In relation to complaints handling, we recommended:

- Complaints should be handled in accordance with the NHS Complaints Handling Procedure.