The recent news that 22,000 patients of a Nottinghamshire dentist are being contacted and offered testing for blood-borne diseases, such as HIV and Hepatitis B and C, is truly shocking. Every patient treated by Mr Desmond D’Mello over the last 3 decades is being urged to contact NHS England for testing, because of concerns about the standards of clinical care at his Nottingham surgery, primarily in relation to infection-control procedures.

It is reported that NHS England were contacted by a whistle-blower in June 2014 and as a result Mr D’Mello has been suspended. Covert filming at his surgery apparently shows, among other things, failure to properly sanitise equipment and the re-use of dirty gloves. NHS England has assessed the risk of infection as low, but the concern that his patients are experiencing is completely understandable.

Dentists are subject to regulations that cover all aspects of clinical practice, including cleanliness and infection control. It is the responsibility of the Care Quality Commission (CQC) to inspect dentists, such as Mr D’Mello, and to ensure that fundamental standards are being met. According to the CQC, inspection of his practice last year raised no cause for concern. However, in light of the information received by NHS England, a re-inspection identified failings in cleanliness and infection control standards, safety and suitability of equipment and monitoring of the quality of service.

No doubt questions will be asked in due course as to whether these failings could or should have been identified sooner. It is however, worth placing this undoubtedly troubling case into context.

Earlier this year, my law firm Sintons made a Freedom of Information Act request to the CQC in order to determine the level of enforcement action undertaken by the CQC in the dental sector. The response clearly demonstrated that the overwhelming majority of dental practices are compliant with the regulations and that the breaches that have come to light in this case are an exception to the rule.

By April 2014, there were over 10,000 locations where dental services were provided in England. The CQC undertook 5,720 inspections, which resulted in 34 warning notices being issued based on breaches of regulations. The warning notices stipulated a time period for the provider to take the necessary steps to remedy the breach.

The most common breach that was identified during the inspections were eight instances relating to cleanliness and infection control (down from 20 cases in the previous year). A failure to assess and monitor the quality of service provision accounted for a further seven warning notices.

In every case where a warning notice was issued, the provider responded appropriately and addressed the breaches to ensure future compliance. Consequently, the CQC took no further action.

The CQC have recently published their planning for the way primary care dental services should be regulated and inspected in the future. One of their priorities is to develop an approach to inspection that protects the public from unsafe care. While such an approach is welcomed, hopefully this troubling case in Nottinghamshire will not detract from the fact that the majority of dental services are safe and that the quality of care is good.

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