

**Scottish Public Services Ombudsman Act 2002**

Report by the Scottish Public Services Ombudsman  
of an investigation into a complaint against:

Tayside Primary Care NHS Trust (the Trust)

Complaint as put by Mrs A

1. The account of the complaint provided by Mrs A was that in June 1998 her daughter Miss A aged 23, who is profoundly handicapped, underwent dental treatment under general anaesthetic at the Royal Dundee Liff Hospital (Liff Hospital). Mrs A was told that Miss A required further dental treatment under general anaesthetic for which she would be recalled. She was also told that there should be a gap of at least six months between general anaesthetics. Miss A suffered intermittent pain between June 1998 and August 1999. On 30 August Miss A was in a great deal of pain and Mrs A contacted Liff Hospital. The dentist she spoke to (the First Dentist) advised her that she would have to speak to the dentist who treated Miss A in June (a Senior Dental Officer - the Second Dentist), who was not available at the time, and who did not contact Mrs A until the following evening.

2. The matters investigated were that the Trust:

- (a) did not recall Miss A for treatment within a reasonable period of time;  
and
- (b) were slow to provide adequate emergency treatment in August 1999.

Investigation

3. The statement of complaint for the investigation was issued on 5 April 2001. The Trust's comments were obtained and relevant documents including Miss A's community dental records were examined. Evidence was taken from Mrs A, the Trust staff involved and a staff nurse from a Day Centre (the Day Centre Nurse). Two professional assessors were appointed to advise on the dental issues in this case and their report is reproduced in its entirety in the attached Appendix A. I

have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Appendix B lists the abbreviations used in the report.

Tooth notation

4. The mouth is divided into four quadrants and the teeth numbered as follows:

Upper right (UR)/Quadrant 1	Upper left (UL)/Quadrant 2
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Lower right (LR)/Quadrant 4	Lower left (LL)/Quadrant 3
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

Number 1 denotes the central incisors, that is the teeth nearest the front midline of the mouth; 2 are the lateral incisors; 3 are the canine or eye teeth; 4 are the first premolars; 5 are the second premolars; 6 are the first molars; 7 are the second molars; and 8 are the third molars or wisdom teeth, that is, those furthest back in the mouth. For instance the upper first right molar can be denoted by either UR6 (upper right 6) or 16 (quadrant 1, tooth 6).

Complaint (a) Failure to recall Miss A within a reasonable period of time  
Evidence of Mrs A

5. **Mrs A** said that after Miss A left school she tried to get a private dentist to take her on as a patient. None would because she required a general anaesthetic for all dental work. They had to take her back to the school dentist (a Community Dentist - the Third Dentist). The Third Dentist saw Miss A regularly, examined her as far as Miss A would allow and cleaned her teeth but could not provide fillings. She identified that Miss A needed some dental work and referred her to the Second Dentist at Liff Hospital. As a result, on 15 June 1998 the Second Dentist undertook about five fillings on Miss A under general anaesthetic. During the procedure the Second Dentist came out to speak to Mrs A and her husband and explained that Miss A needed further treatment but they could not keep her under general anaesthetic any longer and that, to be safe, there had to be at least six months between general anaesthetics. She explained that a tooth needed to be extracted but further investigation was needed first and her department would

contact them with a date. The impression they got was that Miss A's treatment had been transferred from the Third Dentist to the Second Dentist. This was reinforced when, after that, Miss A received treatment at the Day Centre she attended from hygienists from the Second Dentist's department which had not happened in the past.

6. Mrs A said that the Second Dentist telephoned her about one week after the procedure to see how Miss A was and how she had recovered. Miss A was recovering well at that stage and had no problem. The first problem was about one month after the procedure. She had four or five episodes of pain during the first six months lasting between about one hour and two days. During the first six months Mrs A knew that Miss A could not have a general anaesthetic and so she obtained pain relief for her. Mrs A knew it was dental pain because Miss A often screamed when anything was put in her mouth and her mouth smelled badly. Also when it flared up she had a slightly red cheek each time; her ear was a bit red; and she would not eat on the left side. Mrs A felt that if there was a real problem then the hygienists would alert the Second Dentist. When the problem recurred during the weekend in August 1999 she realised that it had been over a year since the last treatment. Mrs A felt that Miss A was discriminated against because she had learning difficulties, in that she had to attend a hospital for the mentally ill which did not have all the facilities needed to progress her dental treatment. She felt Miss A should have been referred to Ninewells Hospital.

#### Trust's formal response to the statement of complaint

7. In his formal response to the Ombudsman's statement of complaint the Trust's **Chief Executive** replied:

'The Trust admitted that there had been a problem with communication between the Community Dental Staff which resulted in Miss A not being recalled to see a dentist between 15 June 1998 and 30 August 1999. An unreserved apology was offered for the omission. However, Miss A was seen regularly by dental hygienists over this period and the Dental Department was not informed of any pain or other problems with Miss A's teeth which would have indicated that early treatment was required. It should be noted that Miss A required a general anaesthetic to enable a full examination or treatment to be carried out. It is good clinical practice to leave as long as possible between general anaesthetics, therefore in the absence of symptoms, it was not unreasonable that further treatment, as

distinct from check-ups, was not carried out over the period.

‘The Trust accepts that the organisation of Miss A’s dental care was not optimal over the period. Improvements to procedures have been made to ensure that internal communications are improved and the scope for misinterpretation has been significantly reduced.’

#### Evidence of Trust staff

8. The Second Dentist’s nurse (**the First Dental Nurse**) said that she organised the general anaesthetic list along with the Second Dentist. In relation to Miss A the general anaesthetic book included ‘extraction of LL7 when the x-ray machine is available’. The First Dental Nurse monitored the list by looking through the book almost every week and, together with the Second Dentist, at least once per month. They were aware that Miss A was still on the waiting list. They had discussed it and the Second Dentist decided they would wait for the x-ray machine. The x-ray machine had broken in transit from another hospital and a new one had to be purchased. After the new one arrived it had to be checked by a radiation technician which was done on 25 August 1999. Thereafter Miss A was given a date of 6 September for her general anaesthetic. On 11 August that date was changed at Mrs A’s request because it clashed with her holiday dates. It was not possible to get Miss A in before 6 September and the next available session was 18 October.

9. **The Second Dentist** said that initially Miss A was referred to her by the Third Dentist who was worried that a filling had come out of the upper left second molar. They brought Miss A in for a general anaesthetic at Liff Hospital on 15 June 1998 when she underwent five restorations. There was also a lower left wisdom tooth which was buried but looked quiescent. It had to be removed because retained roots can eventually cause a dental abscess. It is not possible to know what shape the roots of wisdom teeth are and so it is unwise to extract them without an x-ray. By then Miss A had been under general anaesthetic for about 1½ hours. The Second Dentist explained to Mrs A that the lower root would need to be removed. She explained that it was preferable to have a gap between general anaesthetics of at least six months but if problems arose earlier they would deal with them. The Second Dentist sent a discharge letter to the Third Dentist with the intention that the Third Dentist should look after Miss A’s routine dental care, as she had done before, pending the next general anaesthetic. The letter included ‘We have advised the patient to return to you for continuing

care' and a note written on the letter by the Second Dentist '37 was buried and probably requires a surgical extraction ... we will need a radiograph. After discussion with Mrs A and the anaesthetist it was agreed to organise a second procedure'. Discharge letters had since been revised to say 'I would be grateful if you could provide continuing dental care for your patient prior to the general anaesthetic procedure taking place.'

10. The Second Dentist said that she telephoned Mrs A on 24 June to check how Miss A was. She reviewed Miss A in that way because an examination would have distressed Miss A. Mrs A told her that Miss A was settling well but had a bit of trouble toothbrushing on the left side. That was not surprising given the procedure she had undergone. She advised Mrs A to get in touch if the situation did not improve.

11. The Second Dentist said that she carries out surgical extractions but not normally surgical extraction of wisdom teeth. She planned to have an oral surgeon present for the later procedure. She did not consider referring Miss A to Ninewells Hospital for the x-ray and procedure because Ninewells Hospital patients were normally those who are medically compromised such as overweight patients and hyperthyroid patients. At that time the general anaesthetic service was being transferred from Strathmartine Hospital to Liff Hospital. The x-ray machine was moved from Strathmartine Hospital to Liff Hospital on 28 May 1998 but it was broken en route and a new one had to be ordered. In June 1998 she did not know when the new x-ray machine would arrive. If the new x-ray machine had been in place after six months then she would have brought Miss A in for her further treatment at that time. She would not have elected to leave 16 months between general anaesthetics. She also would have arranged a referral if she had been aware of a problem, however, she was not aware there was a problem until August 1999. As soon as they had the x-ray machine installed and working they sorted out a slot for Miss A for 6 September 1999.

12. **The Third Dentist** confirmed that her clinic was based within Kingspark School. She did not normally continue to see patients after they left school but it could be arranged. After Miss A left school she began attending the Day Centre where she initially received dental care but she was not allowing them to do much and she returned to the Third Dentist. At each appointment Miss A's mother would make an appointment for another visit. The Third Dentist saw Miss A approximately once per month. She referred Miss A to the Second Dentist for

examination under general anaesthetic when a filling came out. After the general anaesthetic in June 1998 the Second Dentist sent her a discharge letter explaining the treatment Miss A had received. The letter included 'We have advised that the patient return to you for continuing care'. The Third Dentist did not work during school holidays. She returned to work after the school holidays on about 18 August 1998 and received the letter sometime after that. Her nurse telephoned Mrs A to ask if she wanted to bring Miss A in. Mrs A said that she would wait for the further treatment Miss A was due to have under general anaesthetic and telephone for an appointment with the Third Dentist after that. As a result the Third Dentist's nurse wrote on the dental record (as I have seen) 'Mum to 'phone for appt'.

#### Findings (a)

13. Mrs A complained that Miss A was not recalled for treatment within a reasonable period of time. She had been told in June 1998 that Miss A needed further treatment under general anaesthetic and that there had to be at least six months between anaesthetics. Mrs A, not unnaturally, assumed from that that Miss A would be recalled after about six months. The Second Dentist explained that it was necessary to obtain an x-ray before proceeding with the second procedure and that their x-ray machine was broken in transit. Miss A was given the first available slot after the new x-ray machine was up and running. The professional assessors advised that it was entirely reasonable to require an x-ray before proceeding with removal of the wisdom tooth. I accept that but the question is whether it was appropriate for Miss A to wait 16 months for the treatment or whether she should have been referred elsewhere for treatment. Mrs A felt that her daughter was discriminated against because she has learning difficulties, in that she had to attend a hospital for the mentally ill which did not have all the facilities needed to progress her dental treatment. The assessors explain (paragraph xxxiv of their report) that special arrangements are required for patients such as Miss A. These arrangements normally would have allowed Miss A's treatment to progress appropriately – the delay was caused by the time taken to replace the x-ray machine. While that delay was highly unsatisfactory I do not consider that Miss A was discriminated against.

14. Mrs A was also concerned that no provision was made for Miss A's dental care between the general anaesthetics. She was under the impression that the Second Dentist took over responsibility for Miss A's dental care while awaiting the second general anaesthetic. I accept the assessors' advice that there could

have been some scope for confusion because of the note written on the discharge letter from the Second Dentist to the Third Dentist (paragraph 9). I am pleased to note that the Trust have now revised the wording of letters to emphasise that continuing care pending general anaesthetic is the responsibility of the referring dentist. However, in this case the Third Dentist's nurse telephoned Mrs A and offered continuing care by asking if Mrs A wanted to make an appointment for Miss A but Mrs A opted to wait until after the second general anaesthetic. Although an entry in the dental records suggests that at some point the Second Dentist intended for Miss A to be given a check-up by the Third Dentist a week after the first procedure this was not conveyed to the Third Dentist. However, I do not consider this significantly affected the course of events since the Second Dentist checked on Miss A's progress on 24 June 1998. Nevertheless, I suggest the Trust consider the comments and recommendations made by the assessors in their report at paragraphs xxxvi, xlix, li and liii.

15. The professional assessors consider, for the reasons set out in paragraph 1 of their report, that Miss A should have been referred to Ninewells Hospital for the second procedure under general anaesthetic. I accept that advice. I also note that the Chief Executive accepts (paragraph 7) that there had been a problem with communication between the Community Dental Staff which resulted in Miss A not being recalled to see a dentist between 15 June 1998 and 30 August 1999. I uphold the complaint that Miss A was not recalled for treatment within a reasonable time.

#### Complaint (b) Slow to provide adequate emergency treatment in August 1999

##### Evidence of Mrs A

16. **Mrs A** said that **Miss A** spent the weekend with her grandmother from the evening of 27 August returning home on the afternoon of 29 August. Her grandmother told them that Miss A had not been very well - she had sometimes been squealing. Mrs A explained that squealing indicated frustration or pain. Miss A's grandmother thought the cause was pain because Miss A had not slept very well either. At home on Sunday night (29 August) Miss A seemed to settle down. The pain was no worse than it had been before but Mrs A decided that Miss A should not have to put up with it any longer. The family were due to go on a ten day holiday on 3 September and Miss A was going into respite care while they were away. They were going on a caravanning holiday which could have been cancelled. Mrs A felt that she could not go on holiday knowing that the dental problem might recur and Miss A might need a general anaesthetic.

17. On the morning of 30 August Mrs A took Miss A to the Day Centre a little early to try to get something done about the dental pain. She thought the best way to report the problem was via the Day Centre Nurse because in the past Miss A had been treated at so many different places that Mrs A did not know which was the appropriate place to contact. She asked the Day Centre Nurse to contact a dentist. Later that day the First Dentist telephoned her. Mrs A described the pain to the First Dentist as quite bad when it was at its height and that Miss A was in tears with it. The First Dentist told Mrs A that she would see Miss A if Miss A was her patient but as she was the Second Dentist's patient she would contact the Second Dentist. The First Dentist telephoned back at about 2.00 pm when Mrs A thought she said she had spoken to the Second Dentist and the Second Dentist would contact her. Mrs A telephoned the First Dentist a further three or four times that day but was unable to speak to the Second Dentist. At the end of the day the First Dentist told her that the Second Dentist would be in touch. Mrs A would have been happy for Miss A to see any Dentist.

18. On 31 August Mrs A telephoned the First Dentist again but not as many times because she realised that she would not get to speak to the Second Dentist any more quickly. At five past five that evening the Second Dentist arrived at her house with a chaperone (the Second Dentist's secretary - the Secretary). Mrs A told the Second Dentist that she was very angry because Miss A was in pain unnecessarily. Miss A spent much of the time with the Secretary at the other side of the room. She went to the Second Dentist about three times. It seemed to Mrs A that the Second Dentist was only there to tell her what she was going to do. She did not ask to examine Miss A; the room was very gloomy and she did not ask for a light to be put on; and she did not even seem to try to observe Miss A. Mrs A told the Second Dentist that they had reached crisis point with Miss A and she did not want anything to happen when she was out of town. The Second Dentist said that it would take time to get a team together for a general anaesthetic. The conclusion was that she might be able to get a team together by the end of the week or early the following week. As far as Mrs A was concerned it had to be done on the Thursday (2 September) at the latest because they were due to go away on Friday night. The Second Dentist also told her that the First Dentist would examine Miss A at the Day Centre the following day. Therefore Miss A did not get a prescription for antibiotics until the afternoon of 1 September. On 1 September the First Dentist tried to examine Miss A by opening her mouth but Miss A would not allow it. The First Dentist offered a prescription for antibiotics which she was given. The Second Dentist telephoned her later that



afternoon and confirmed that the general anaesthetic would take place on 2 September. It was evident that Miss A must have been in pain over the last weekend in August 1999 by the fact that on 2 September she had four teeth removed.

#### Evidence of the Day Centre Nurse

19. **The Day Centre Nurse** said that she was closely involved with Miss A's care and her family from Miss A's arrival at the Day Centre around 1996. From records, which I have seen, she could say that Miss A's behaviour on 30 and 31 August 1999 was not unusual and there was no indication that she was in pain. She squealed and cried occasionally but for specific reasons such as being asked to participate in activity. Mrs A told her one morning (30 August 1999) when she dropped Miss A off that she seemed to have dental pain because when she tried to put a toothbrush in her mouth she flinched. Miss A did not like to have her teeth cleaned and flinching was not unusual however, although she knew Miss A well, her mother knew her better. Miss A's behaviour at home was very different from her behaviour at the Day Centre, for instance, at the Day Centre she fed herself but she would not do that at home. The Day Centre Nurse thought it equally possible that she might show signs of pain at home but hide these feelings while she was at the Day Centre. She told Mrs A that she had not picked up any indications of pain but she would contact a dentist. She could not get hold of the Second Dentist and thought she ended up leaving a message on the answering machine at Liff Hospital. The First Dental Nurse telephoned her back. She explained Mrs A's concerns and said that she had not detected any signs of pain.

#### Trust's formal response to the statement of complaint

20. In his formal response to the Ombudsman's statement of complaint the Trust's **Chief Executive** replied:

'The conditions which are accepted as dental emergencies are: haemorrhage, swelling likely to obstruct the airway and trauma. Pain is not, per se, a dental emergency although the Trust would always see the relief of pain as requiring urgent attention.

'In cases like Miss A's, where a general anaesthetic was always required for full examinations and treatment (to include extractions and conservation of the teeth as required), the opportunities for providing urgent treatment are more restricted than they would be for patients who did not require a

general anaesthetic. Antibiotics and/or painkillers could of course, be provided for these patients as quickly as they could for any other. The difficulty in these cases would be in reaching a diagnosis and deciding whether drugs were required. Miss A's reactions to pain could be atypical, therefore the dentist would have to use alternative methods of diagnosis eg observation; reports from carers; swelling; behaviour change; whether or not the patient could eat, drink and/or sleep.

'In Miss A's case, Mrs A had reported that she had had dental pain over the weekend, which had settled or was settling. Miss A was attending [the Day Centre] where the staff, who knew her, had not observed signs of pain. Mrs A had reported the pain to the nurse at [the Day Centre]. A dental nurse from the Dental Department had spoken to the nurse by telephone on 30 August 1999 and pain was not reported, although the nurse had qualified her observation by saying that it was difficult to tell whether or not Miss A was in pain. Additionally a dentist contacted Mrs A to discuss Miss A's problems on that day. Entries in Miss A's day diary for 31 August and 1 September 1999 did not suggest that she was in acute pain and there was no record of her having received pain relief at this time. The signs reported, therefore, did not indicate a dental emergency, although the report of pain did require investigation at an early date ... The Trust does not accept that the Community Dental Service was slow to provide Miss A with adequate emergency treatment in August 1999 ...'.

#### Extracts from the dental records

21. The following are extracts from the community dental records:

**'30.8.99** [entry made by the First Dentist] Phone message pm from [the First Dental Nurse] re [the Second Dentist's] patient Miss A ... Patient in pain. Phoned [the Day Centre] Mrs A's number given to me. Phoned Mrs A. Miss A has been in intermittent pain for 6 months. Will be going on holiday this Friday 3 September for 2 weeks. Miss A awaiting appointment for GA [general anaesthetic] extraction. I let Mrs A know I would contact [the Second Dentist] and get back to her about the treatment. Mother phoned back half an hour later very angry and unhappy - wants Miss A to have extraction within the next 2 days and does not want to have to cancel her holiday. I said I would get [the Second Dentist] to phone her

back as soon as possible. I tried to contact [the Second Dentist] through [the Secretary] who passed on [the] message.'

**'30.8.99** [entry made by the First Dentist] Was told by [the Second Dental Nurse] of a patient with dental pain in the early afternoon. Patient at [the Day Centre] and leaving centre at 3 pm. [The First Dental Nurse] had phoned [the Second Dental Nurse] in the morning with the details saying that she probably wouldn't see [the Second Dentist] again that day. [The Second Dental Nurse] told [the First Dental Nurse] that I was at oncology Ninewells [Hospital] and had a lunch time meeting and wouldn't return to Westgate [Health Centre] until 1.30 (had afternoon of patients booked) so [the First Dental Nurse] said she would sort something out. I phoned [the First Dental Nurse] approx 2.30 to find out if anything had been done - she said no and had not spoken to [the Second Dentist] so I said I would deal with it.'

**'30.8.99** [entry made by the Second Dentist] Clinical records not available as at Liff Hospital. Telephone call to [the First Dental Nurse] 5.15 pm at home to ask for details regarding Miss A, in response to a message from [the Secretary]. Told that Miss A's mother has reported pain and not eating well at the weekend. [The Day Centre Nurse] had told [the First Dental Nurse] that she had not appeared to be in pain at [the Day Centre] - she ate alright at lunch but did not want pudding (not unusual). Mrs A angry, requests [general anaesthetic] before Friday when they go on holiday and going to complain. Request to [the First Dental Nurse] to tell [the First Dentist] to go to [the Day Centre] (with [the First Dental Nurse]) to assess Miss A - attempt to examine and look for facial swelling. [The First Dentist] to get as good a dental history as she can and try to sort out what the problem is so that we can institute appropriate immediate treatment - pain relief +/- antibiotics. I am anxious that Miss A should be seen within 24 hours so that recommendations for [treatment] can be made and a [general anaesthetic] planned if required - I will contact Liff [Hospital] late on tomorrow after my clinical commitments to discuss [the First Dentist's] assessment of Miss A. I shall act from that and telephone Mrs A with the clinical records and all information to hand.'

**‘30.8.99** [the First Dental Nurse] (Evening) home. Call from [the Second Dentist]. I was to ask [the First Dentist] to visit [the Day Centre] on 31.8.99. She was to establish if Miss A was having dental or medical pain and to check for swelling. Also to check if Miss A was eating normally. To sort things out and get a history. [The Second Dentist] would call Liff [Hospital] in the morning 11.00 am if possible and if not would be in touch at a later time on 31.8.99.’

**‘31.8.99** [entry made by the First Dental Nurse] The above message was given to [the First Dentist] word for word.’

**‘31.8.99** [entry made by the First Dentist] Phoned [the Day Centre] spoke to [the Day Centre Nurse]. Eating at centre although did not manage a pudding. Apparently not eating at home. No obvious swelling. Unable to tell where pain is and is not generally unwell. [The Second Dentist] to phone me this morning. [The Second Dentist] phoned to speak to me in the afternoon – would like me to see Miss A tomorrow at centre. This followed immediately by another phone call from Mrs A. Very angry [and] wants to make an official complaint and would like to speak to [the Second Dentist] within the next half an hour before Miss A returns home. I told her that I would see Miss A tomorrow – she is not happy with this and wants tooth extracted within the next 2 days. Asked me if there is any way the treatment can be done privately. Advised speaking to [the Second Dentist] first.’

**‘[31].8.99** [entry made by the First Dentist] I was not told to visit [the Day Centre] by [the First Dental Nurse]. Was told to phone centre and wait for phone call by [the Second Dentist] at 11.00.’

**‘31.8.99** [entry made by the First Dental Nurse] Call to [the Day Centre Nurse] to ask if Miss A was having dental pain or could it be medical and could she check for swelling. Unsure of area of pain.’

**‘31.8.99** [entry made by the Second Dental Nurse] Received phone call Tuesday 31 August am to speak to [the First Dentist]. I said that [the First Dentist] wasn’t there at the moment. Could I take a message or get [the First Dentist] to call her back. Mrs A asked if I knew of the situation and I

said yes. Mrs A then carried on by saying she had been thinking about things and was not willing to wait any longer for her daughter to have treatment. She wanted the anaesthetic arranged for Wednesday or Thursday this week ... and if this was not done she would take the matter a lot further ... I then contacted Liff.'

'**1.9.99** [entry made by the First Dentist] Phoned [the Day Centre Nurse] at 10.10. Miss A is eating at centre. Have not needed to give her pain killers ... Miss A does not appear to be agitated anymore than usual.'

'**1.9.99** 12.00 Met Mrs A [at the Day Centre]. Pain started in the weekend on eating bread – cannot tell which side. Miss A became very upset – agitated - all weekend and lost sleep and ate on and off. She has become more settled since then. She was given paracetamol for the pain ... Miss A examined with [the Day Centre Nurse] and helper. No obvious facial swelling. Temp[erature] normal. Slight lymphadenopathy L[eft] side ... no obvious infection. [Prescribed] Amoxycillin ... on basis of lymphadenopathy.' [the First Dentist]

#### Evidence of the Trust staff

22. **The First Dental Nurse** said that at about 1.00 pm on 30 August 1999 she received a telephone call at Liff Hospital from the Day Centre Nurse who told her that Mrs A said Miss A had toothache. The First Dental Nurse told her that there was not a dentist at the hospital at the time but she would try to contact a dentist to obtain telephone advice for her. At about 1.30 pm she telephoned the Secretary at Wallacetown Health Centre and explained the problem. The First Dental Nurse asked the Secretary to ask the Second Dentist (who was at a meeting in Forfar) to contact her if she got in touch. She then decided to try to get another dentist and telephoned the Westgate Health Centre and explained the situation to the Second Dental Nurse. The First Dentist was unavailable but due back soon. Shortly after that the Second Dental Nurse telephoned her and said that they were too busy to go to the Day Centre. At about 2.00 pm the First Dentist telephoned her and said that she would be able to see Miss A the following morning. The First Dental Nurse reminded her that she was due at Liff Hospital the following morning and they were fully booked, and also that the Day Centre Nurse needed telephone advice before 3.00 pm that day. The First Dentist agreed to call the Day Centre.

23. The First Dental Nurse said that at about 5.20 pm the Second Dentist telephoned her at home to ask what the message was about Miss A. She told her what had happened. The Second Dentist told her to ask the First Dentist to visit the Day Centre the following morning to find out if Miss A was having dental or medical pain; check for swelling; check whether Miss A was eating normally; and to obtain a full history. The Second Dentist asked her to accompany the First Dentist to the Day Centre. The Second Dentist was going to telephone Liff Hospital at 11.00 am the next morning if possible but, if not, later that day to find out what the position was. At about 9.00 am the following day the First Dental Nurse passed on the message to the First Dentist. The First Dentist said she did not want to get involved. The Second Dental Nurse then telephoned to say that Mrs A had telephoned and was very angry and might make an official complaint. The First Dentist then said she definitely did not want to get involved now that there was going to be an official complaint. The First Dental Nurse had cancelled the 11.00 am screening of a ward of elderly patients to allow the First Dentist and her to go to the Day Centre to assess Miss A.

24. **The First Dentist** said that on 30 August she was at Ninewells Hospital when she received the message asking if she could see a patient at the Day Centre who was suffering from toothache. Patients leave the Day Centre at 3.00 pm and it was probable that she would not have finished at Ninewells Hospital until between 12.30 and 1.00 pm. She also had a clinic with patients booked from 1.30 pm to 4.00 pm at Westgate Health Centre. She therefore asked the Second Dental Nurse to tell the First Dental Nurse that it was unlikely she would be able to attend. At about 2.30 pm she telephoned the First Dental Nurse to check the position and was told that she had not been able to get in touch with the Second Dentist. Therefore the First Dentist said she would deal with the matter. She telephoned the Day Centre to obtain Mrs A's telephone number and telephoned Mrs A who told her that Miss A had been in pain over the weekend and had been in intermittent pain over the last 16 months. She also said that Miss A should have been recalled for another general anaesthetic in December 1998. Mrs A also said that they were going on holiday that weekend. The First Dentist advised Mrs A that Miss A might need a prescription but she would have to speak to the Second Dentist to find out the history. She undertook to telephone Mrs A back. She did not consider seeing Miss A that day because she felt that she should know more about the situation involving the general anaesthetic. There was no written emergency protocol but the understanding was that if you treated a patient, you

gave that patient your number and the number of your clinics. Dentists saw each other's patients in an emergency but she knew the Second Dentist was available as she was not away.

25. The First Dentist continued to treat patients and half an hour later Mrs A telephoned again and was by then very angry. She felt Miss A had been messed about and did not see why she should cancel her holiday. She wanted the general anaesthetic to be carried out that week. The First Dentist said that she would get the Second Dentist to telephone Mrs A. She immediately telephoned the Secretary who said the Second Dentist was due to arrive shortly and she would pass the message on. The First Dentist telephoned again about half an hour later and left another message.

26. The First Dentist said that at 9.15 am on 31 August at Liff Hospital the message she was given by the First Dental Nurse was to telephone the Day Centre to obtain the history and more details of the problem, and that the Second Dentist would telephone her at 11.00 am that morning. The First Dentist telephoned the Day Centre Nurse between 9.00 am and 10.00 am and was told by her that Miss A had been eating but did not manage pudding. There was no obvious facial swelling and the Day Centre Nurse was unable to locate the source of the pain, in fact, she was not sure that Miss A was in pain. The purpose of cancelling the ward screening was to allow the First Dentist to take the telephone call from the Second Dentist not to allow her to go to the Day Centre. The Second Dentist did not telephone her that morning. At 10.00 am the Second Dental Nurse telephoned her and said that Mrs A had been in contact again and was very angry and was going to take it further if the general anaesthetic was not arranged that week. At about 2.30 pm she received a call from the Second Dentist who wanted her to see Miss A the next day to assess the problem and also to get the notes relating to Miss A from Liff Hospital and record all the telephone calls. The First Dentist asked the Second Dentist to speak to Mrs A. She said she would speak to Mrs A when she received the dental notes including a record of all the telephone calls. The First Dentist received another telephone call from Mrs A who was very annoyed. The First Dentist explained that she would see Miss A on Wednesday morning. Mrs A wanted the Second Dentist to telephone her back within half an hour. The First Dentist tried to get in touch with the Second Dentist but was unable to contact her.

27. The First Dentist examined Miss A on 1 September at the Day Centre when she was told that the pain had started at the weekend but they could not tell which side and that Miss A had lost sleep. She had been given paracetamol and appeared more settled. She did not appear to have a facial swelling and her temperature was normal. The First Dentist prescribed antibiotics although there was no obvious need for antibiotics. She did not prescribe painkillers and did not consider it an emergency. She was under the impression that there was a problem with toothache over the weekend but by Tuesday it had settled and there was no trauma, swelling or bleeding. She could not say if Miss A was in pain but there was no indication of an emergency.

28. **The Second Dentist** said that on 30 August she was at Liff Hospital until about 10.30 am then she had to be in Forfar for a meeting at 11.00 am. In the afternoon she was at Dundee Dental Hospital for a lunch time meeting followed by another meeting at the clinic. She arrived at Wallacetown Health Centre at 4.00 pm when she received a message from the Secretary saying that the First Dentist had telephoned to say that Miss A had been having problems. She tried to telephone the First Dentist two or three times but she was unable to get through. She was fairly sure that the First Dental Nurse would have received the first call and so she telephoned her at home. She asked the First Dental Nurse to tell the First Dentist to go to the Day Centre the following day to examine Miss A and to cancel the screening which was booked at Liff Hospital for the following morning to allow them to go to the Day Centre. She said she would telephone the First Dentist at 11.00 am or later.

29. The Second Dentist telephoned Liff Hospital at 1.00 pm on 31 August when the First Dental Nurse told her that the First Dentist had not gone to the Day Centre as she had not wanted to become involved because Miss A was not her patient. At that time the First Dentist was at lunch. At 2.15 pm she spoke to the First Dentist who said she had not gone to the Day Centre because she did not want to become involved because Miss A was not her patient. The Second Dentist pointed out that Miss A was a patient of the service and asked her to see Miss A the following morning (1 September). She also asked for the dental records to be delivered to her after all involved had entered a record of their contact with Mrs A. At 2.30 pm (31 August) she telephoned the Day Centre Nurse and explained that the First Dentist would see Miss A there the following morning. The Day Centre Nurse told her that it was difficult to tell whether



Miss A was in pain. She thought that there had been a swelling present the day before but that had gone down again and did not appear to be painful. She also said that Miss A was eating hot and cold food. The dental notes arrived at 4.30 pm and, having reviewed them, the Second Dentist decided to visit Miss A at home. The Secretary agreed to accompany her.

30. The Second Dentist arrived at Mrs A's home at 5.05 pm. The purpose of the visit was to see if there was a swelling and initiate treatment if necessary. She did not know whether she would be able to examine Miss A. She was going to try to observe her with a view to finding out whether she needed symptom relief. Miss A had obviously been eating and was not distressed. She made three or four attempts to explain why she was there but Mrs A was not interested. Mrs A was only interested in the general anaesthetic taking place by Wednesday. The Second Dentist explained that it might take some time to put a team together. She watched Miss A and her behaviour did not suggest she was in pain – she was not hitting herself or biting and her face was not swollen. Her colour was not high and she was not crying or distressed or putting fingers in her mouth. The Second Dentist decided to have Miss A seen at the Day Centre the next day as a 'belt and braces' exercise. She was satisfied, from her visit, that Miss A did not require antibiotics or painkillers and she intended to set up a general anaesthetic as soon as possible. She managed to arrange the general anaesthetic for 2 September. She informed Mrs A who was adamant that she wanted a guarantee of no pain and the Second Dentist said that the only way she could do that was to remove the tooth which had been filled on 15 June 1998. Ultimately four teeth were removed including that tooth although there was no suggestion that the amalgams were leaking. There was no obvious cause of pain apparent from the x-ray taken.

31. **The Secretary** said that on 31 August when she accompanied the Second Dentist to Mrs A's house, she did not hear much of the conversation because Miss A took up a great deal of her attention. The Second Dentist explained that she was there to assess how Miss A was. She did not examine Miss A but she observed her. Mrs A was quite aggressive and sarcastic from the outset and the Secretary found her manner quite frightening.

#### Findings (b)

32. Mrs A complained that the Trust was slow to provide emergency treatment in August 1999. The assessors have advised that Miss A's condition could not be

categorised as an emergency. They also consider that a general anaesthetic was arranged as rapidly as possible when it was found that Miss A was having a problem. I accept that advice and I therefore do not uphold the complaint as put. However, I am very concerned about how Mrs A's request for help was dealt with. The First Dentist did not provide Mrs A with any advice and she did not see Miss A to assess her needs until about midday on 1 September. The assessors have described the First Dentist's actions as unreasonable. They also point out that the Second Dentist could have telephoned Mrs A and could have seen Miss A earlier than she did. I **recommend**, as discussed in the assessors' report, that the Trust review the Community Dental Service's emergency protocol and ensure that all members of staff are familiar with the policy.

### Conclusions

33. I have set out my findings in paragraphs 13 to 15 and 32. [The Trust has asked me to convey – as I do through my report – its apologies to Mrs A for the shortcomings I have identified and has agreed to implement the recommendation in paragraph 32.]

Gillian Stewart  
Senior Investigating Officer  
duly authorised in accordance with  
paragraph 11 of schedule 1 to the  
Scottish Public Services Ombudsman Act 2002

November 2002

Report by the Professional Assessors to the Scottish Public  
Services Ombudsman of the clinical judgments of staff involved  
in the complaint made by Mrs A

Professional Assessors:     *Dr S A Paterson BDS MDS Sc MRCD(C)*  
   *Mrs T A Welbury BDS DPDS*

Basis of report

(i)       *The following documents were made available to us by the  
Ombudsman's office:*

- *Miss A's clinical dental records*
- *Miss A's list of clinical visits*
- *Miss A's nursing records/care plans from the Day Centre*
- *Miss A's day diary*
- *Background correspondence relating to the complaint.*

(ii)      *The following interview records were made available:*

- *Mrs A*
- *the First Dental Nurse*
- *the Secretary*
- *the First Dentist*
- *the Second Dentist*
- *the Day Centre Nurse*
- *the Third Dentist*

*One of the professional assessors accompanied the investigating officer  
at the first five of those interviews.*

(iii)     *Other documentation was made available following the interviews:*

- *Statement made by the First Dental Nurse on 28 September 1999.*
- *A periapical radiograph (x-ray of the end of the root of the tooth).*

- *A summary of the Second Dentist's programme for the week 30 August-3 September 1999.*
- *A summary of the Second Dentist's duties/responsibilities.*
- *Correspondence regarding a damaged x-ray machine.*
- *The Second Dentist's notes regarding the meeting with Mrs A on 31 August 1999 at Mrs A's home.*
- *Protocols for general anaesthesia at the hospital and for Community General Anaesthetic Area 2A Ninewells Hospital.*
- *Waiting list for general anaesthetic at the hospital.*
- *Record of anaesthetic sessions at the hospital.*
- *Amended/new documentation produced as a result of the complaint: telephone message pad; a revised discharge letter; and an emergency contact telephone number sheet (which is available to all new patients and sent to patients with appointment cards).*

#### Background

#### ***A statement of the chronology of the dental clinical records.***

- (iv) *Between 24 January 1997 and 30 April 1998 the Third Dentist saw Miss A on 16 occasions – approximately once a month. The Third Dentist attempted to brush Miss A's teeth or polish them, sometimes Miss A would not allow her to do this or examine her teeth and so treatment was abandoned on that day. The amount of treatment carried out was limited to a cursory examination; sometimes Miss A allowing a mirror in her mouth, limited tooth brushing, polishing, application of a fluoride varnish (duraphat), limited scaling and placement of a temporary dressing.*
- (v) *On 26 September 1997 the notes suggest that Miss A may have had pain in the upper left quadrant, the 27 was dressed on 2 December 1997 and on 30 April 1998 an entry is made regarding 'Polish. Filling 27 out 37? To speak to [the Second Dentist] re cons [conservation/fillings] [general anaesthetic]'. The Third Dentist referred Miss A to the Second Dentist around 30 April 1998 although there is no formal letter of referral.*
- (vi) *The First Dental Nurse received a telephone call on 12 May 1998 from a nurse at the Kingspark Clinic making the referral. The First Dental*

*Nurse records that the 27 buccal filling had been lost and that the Third Dentist requested a general anaesthetic appointment for Miss A. The First Dental Nurse arranged for the Ninewells Hospital notes to be sent to an anaesthetist and an update of the medical history was mailed to Miss A's GP that day. A note was made to check 37 at the time of the general anaesthetic.*

- (vii) *On 15 June 1998 Miss A was admitted to Liff Hospital. Treatment was carried out by the Second Dentist under general anaesthetic as follows: oral examination and charting; full mouth ultrasonic scale; 17 occlusal; 27 buccal; 36 occlusal; 46 buccal; and 47 disto-occlusal. The 17 and 47 are recorded as being deep with slight softness at the base; access was 'awkward'. The 37 is recorded as broken down, subgingival (under the gum). A discussion between the Second Dentist, the anaesthetist and Mrs A is recorded; a decision was made to leave the 37 for a second procedure and to obtain an x-ray (radiograph) as the 37 may require a surgical approach and the mesial root (root towards front of mouth) was not visible. Recovery was uneventful.*
- (viii) *(Comment: Potentially, 17, 47 may have been 'leaking' when Miss A had episodes of pain, as she appeared to have sensitivity to sweet food which is indicative of dental caries. Also 17, 27, 47 were later extracted electively at the second general anaesthetic.)*
- (ix) *A further entry states 'Ref back to Kingspark. KUO [keep under observation] 37 and plan a 2<sup>nd</sup> procedure – antibiotics if required – is this an U/E (unerupted) 38?'. This entry is unsigned but is in the Second Dentist's handwriting. It suggests referring Miss A back to the Third Dentist but that a second procedure was to be planned for surgical removal of 37 or it may be 38 (a wisdom tooth).*
- (x) *(Comment: A radiograph of 37 (or 38) would be required prior to surgical removal of this tooth because the roots of these teeth can vary in their shape and may also be closely related to the inferior dental canal which contains the inferior dental nerve. This nerve supplies sensation to the lower third of the face; if it should become damaged this may result in numbness of the lips. There are other serious*

*consequences of surgically removing these teeth without the benefit of a radiograph. The action taken by the Second Dentist to postpone the surgical removal of 37 was entirely justified.)*

- (xi) *On 22 June 1998 an entry is made by the First Dental Nurse stating 'mailed info re [general anaesthetic] to [the Third Dentist]'. The discharge letter (a standard proforma) to the Third Dentist explains the treatment carried out and that the 'patient return to you for continuing care'. A written note by the Second Dentist states '37 was buried and probably requires surgical extraction. As it is in the position of 38 we will need a radiograph. After discussion with Mrs A and the anaesthetist it was agreed to organise a second procedure'. There are no specific instructions for the Third Dentist to review Miss A in one week.*
- (xii) *There is also a day surgery record relating to 15 June 1998. The notes are made by the Second Dentist and are similar to the others except under postoperative instructions these notes state 'to be seen at Kingspark one week. KUO 37 and antibiotics if required, symptomatic relief if required'.*
- (xiii) *On 24 June 1998 the Second Dentist telephoned Mrs A. Miss A was avoiding brushing the lower left quadrant; the Second Dentist states 'problems still on left hand side to proceed with 2<sup>nd</sup> [general anaesthetic], situation is better than it was'. (**Comment:** The Second Dentist's note here implies to us that the 2<sup>nd</sup> general anaesthetic is more imminent than a 16 month wait particularly as she states that Miss A is still having problems. However, it is not unusual for a patient to have postoperative sensitivity for up to two weeks following restorative treatment and as a result of having an anaesthetic tube passed down the throat/nose.)*
- (xiv) *In August 1999 the nurse at the Kingspark Clinic telephoned and asked Mrs A if she wanted Miss A to have a scale and polish. Mrs A declined as Miss A was on the Second Dentist's general anaesthetic list and she wanted to wait. There was no mention of any pain. The Kingspark*

*Clinic nurse then wrote on the front of the Kingspark clinic record card 'Mum to 'phone for appt'.*

- (xv) *Following the above communication with Mrs A and the Second Dentist's telephone call on 24 June 1998 to Mrs A there are no further clinical records to indicate any contact with the dental department by Mrs A.*
- (xvi) *(Comment: It is clear from the clinical records that in August 1999 arrangements were being made to re-admit Miss A for a further procedure under general anaesthetic.)*
- (xvii) *On 11 August 1999 the Second Dentist made an entry in the records 'response to request to telephone [the Day Centre] about Miss A. Talked to [the Day Centre Nurse] – Miss A's mother and Miss A going on holiday most of September and so can the appointment for 6 September 1999 be changed'. The general anaesthetic appointment for 6 September 1999 was therefore cancelled and a new provisional general anaesthetic appointment was made for 18 October 1999. At this stage Mrs A had no objections to the change of date (at her request) to 18 October 1999 and there is no record of Miss A having any dental pain.*
- (xviii) *After arranging the general anaesthetic appointment for 18 October 1999 there was no further communication with the dental department from the Day Centre Nurse or Mrs A until Monday 30 August 1999.*
- (xix) *The notes in the clinical record regarding the events on Monday 30 August (see paragraph 20 of the Ombudsman's main report) were written retrospectively by the staff. The notes are not in correct order, not all calls are documented and there is some confusion about dates. The Second Dentist instructed her staff to write these notes on 31 August 1999 following the threat of an official complaint.*

*Comment on events of Monday 30 August 1999*

- (xx) *The First Dentist was in telephone contact with Mrs A on 30 August 1999. The First Dentist had a patient clinic in the afternoon, so*

*understandably she could not visit the Day Centre or carry out a domiciliary visit. However, the First Dentist could have invited Mrs A and Miss A to attend the dental surgery that afternoon to ascertain the alleged nature of the dental emergency. This would have been in keeping with the Trust emergency dental procedure. Whilst Miss A was on the Second Dentist's general anaesthetic waiting list she was routinely the Third Dentist's patient and although it was preferable for the treating dentist to see a patient in an emergency, the First Dentist was the point of contact and the Second Dentist was unavailable. It would have been a common courtesy for the First Dentist to have invited Mrs A and Miss A to attend her clinic that afternoon, explaining she had a full book of patients but if they attended immediately she would see them as soon as possible.*

*(xxi) Instead, the First Dentist gave her advice that was that she was unable to see Miss A because she was the Second Dentist's patient but that she would try to contact the Second Dentist. The emergency protocol is very clear and the First Dentist did not attempt to meet this protocol. If the First Dentist had invited Mrs A and Miss A to the clinic that afternoon or the Tuesday morning she would have placed the 'ball' firmly in Mrs A's court and the choice would have been left with Mrs A whether to attend or not and the 'emergency' would have been addressed to a point (arrangements for treatment under general anaesthetic potentially would still need to be made - which takes time). The First Dentist could therefore have prevented a complaint.*

*(xxii) On 30 August the Second Dentist asked the First Dental Nurse to tell the First Dentist to go to the Day Centre the following day with the First Dental Nurse to assess Miss A, attempt to examine her, look for facial swelling, get a dental history, sort out what the problem was – pain relief, +/- antibiotics. Whilst the Second Dentist's instructions via the First Dental Nurse to the First Dentist appear specific and prescribed, on 31 August 1999 the First Dental Nurse was relaying a telephone message to the First Dentist there was therefore potential for the message to be confused. It would have been courteous of the Second Dentist to have telephoned the First Dentist herself on the Tuesday morning to give the First Dentist her instructions personally. There may*



*have been some professional difficulties in the First Dentist receiving instructions from a dental nurse and so communication from dentist to dentist would have been more appropriate.*

- (xxiii) *The Second Dentist arrived at Wallacetown Health Centre at about 4.00 pm on 30 August. Whilst appreciating she may have had several messages, she should also have received several messages regarding Miss A left by the First Dentist and the First Dental Nurse. The Second Dentist could have made a courtesy phone call to Mrs A, to ascertain any problems and provide her with advice and to have arranged to examine Miss A with or without the clinical notes. If she was unaware of Mrs A's telephone number on 30 August she could have telephoned during the day on 31 August if only to acknowledge receipt of the messages, that she was waiting for the arrival of Miss A's notes in order that she could review the case and arrange appropriate dental care accordingly. Potentially the Second Dentist could have attended Miss A at home on the evening of 30 August accompanied by the Secretary as a chaperone.*

*Comment on events of 31 August 1999*

- (xxiv) *The First Dental Nurse telephoned the Day Centre Nurse to try to find out more about the source of Miss A's pain. The First Dental Nurse could have contacted Mrs A; Mrs A was at the Day Centre that day, if she had spoken with Mrs A she could have asked Mrs A to bring Miss A to the clinic at the hospital to see the First Dentist. A ward round had been cancelled that morning from 11.00 am in order for the First Dentist to attend Miss A. The First Dentist certainly had the time to carry out either a visit to the Day Centre to see Miss A or for Miss A to be seen in the clinic. However, from the First Dental Nurse's interview it is clear that the First Dentist did not want to see Miss A as she did not wish to become involved. The First Dental Nurse had to make the telephone enquiry as the First Dentist would not. We consider that the First Dentist behaved incorrectly. The First Dentist was given sufficient opportunity to address 'Miss A's emergency' and could have attended her.*

Comments on events of 1 September 1999

(xxv) *On 1 September the First Dentist attended the Day Centre. The accounts given by the First Dentist and Mrs A about that are inconsistent. The First Dentist gave Mrs A a prescription for some antibiotics. The First Dentist prescribed amoxycillin when there were no clinical signs of infection or swelling. This was not clinically indicated and we feel served to fuel Mrs A's view that a prescription should have been issued on 31 August.*

Comments on 2 September 1999

(xxvi) *The second procedure carried out on 2 September 1999 was not a general anaesthetic. Deep sedation was carried out by the anaesthetist. The following treatment was carried out:*

*1 periapical radiograph of 38 roots*

*17, 27, 38 roots, 47 extractions*

*The 17, 27, 47 were extracted electively with Mrs A's consent as there had been softness of the base of 17 and 47*

*The 38 roots were removed by surgical extraction and sutured*

*There was no sinus, gum swelling or apical abscess associated with 38 or any of the other teeth*

Criteria for acute admission for treatment under general anaesthetic

(xxvii) *The criteria for acute admission for treatment under general anaesthesia are swelling, cellulitis affecting swallowing, the airway or eye closure, trauma and haemorrhage. Dental pain per se is not an indication for acute or urgent admission because many patients on a general anaesthetic waiting list are in this position. In other areas of the country patients may have to wait for 12 months or more on a general anaesthetic waiting list. They may have pain which requires to be controlled with analgesia or they may have swelling which requires to be controlled by drainage, antibiotics and analgesia.*

(xxviii) **(Comment:** *Clearly from the day diary Miss A had difficulty eating sweet foods between 30 August and 1 September 1999. Pain on eating sweet foods and therefore avoidance of eating sweet foods would indicate the presence of dental caries (decay).)*

### Contact time and response

(xxix) *There is no time recorded in the Day Centre notes for the Day Centre Nurse's telephone call to the First Dental Nurse on 30 August. Mrs A informed the Day Centre Nurse of Miss A's toothache in the morning but the Day Centre Nurse and the First Dental Nurse did not discuss the problem until about 1.00 pm on 30 August. The first time a dentist knew of the 'emergency situation' was approximately 2.00 pm–2.30 pm on 30 August. The Second Dentist went to see Miss A on 31 August at approximately 5.05 pm. This is between 26-27 hours after the First Dentist knew of the emergency and between 24 and 25 hours after the Second Dentist knew of the emergency.*

### **Assessors' Comments On The Actions Of Clinical Staff**

#### **Complaint (a) Failure to recall within a reasonable period of time**

##### Miss A's Options For Dental Treatment

(xxx) *We note that Mrs A feels that Miss A was discriminated against because she has learning difficulties. She states 'Miss A is almost 23 years old. Why should she be attending a school dentist, when this is contrary to the Government policy of unsegregated and non age discriminated treatment for the handicapped?'*

(xxxii) *Miss A had received dental treatment at the Kingspark clinic which was on site at Kingspark school (a school for children with learning disabilities). Mrs A's choices for dental treatment were: to continue to see the Third Dentist at Kingspark Clinic; to find their own family dentist or private dentist; or for Miss A to attend a Day Centre and become a patient of the dentist who visited the Day Centre (at the Day Centre Miss A attended this was the Second Dentist and so the remit was still the community dental service).*

(xxxiii) *Mrs A chose the Kingspark Clinic because she tried to get a private dentist for Miss A but none would take her on because she required a general anaesthetic for all dental work. The Third Dentist saw Miss A regularly but she was never able to examine her thoroughly. The Third Dentist did identify that Miss A needed some dental treatment and referred Miss A to the Second Dentist at the hospital.*

### **Comment**

- (xxxiii) *Mrs A was able to explore the options for Miss A's future dental care. Mrs A chose to remain at Kingspark Clinic because she knew a private dentist could not provide treatment for Miss A, as she would need a general anaesthetic.*
- (xxxiv) *The Third Dentist was a community dental officer, not a school dentist, and the Second Dentist a senior community dental officer. Both are qualified and able to treat adults and children. The Community Dental Service (CDS) remit was and in part still is to provide services for special needs patients because these patients require access to special care, sedation or treatment under general anaesthesia because this client group on the whole are unable to receive dental treatment under local anaesthetic alone. Miss A cannot be treated in the 'mainstream system'; she even refuses to be examined and requires a general anaesthetic for dental treatment. The Kingspark Clinic happens to be on a school site. Miss A could attend any of the other CDS clinics but the clinic is just at the end of the street where Miss A lives and Mrs A said it was convenient for her.*

### **Conclusion**

- (xxxv) *This was Mrs A's choice of where to have Miss A treated. The dental staff acted reasonably and within remit.*

### **Responsibility for regular care between general anaesthetics**

- (xxxvi) *Miss A was seen regularly by the Third Dentist. It was sometimes difficult to examine Miss A, but the Third Dentist sometimes brushed, scaled and polished Miss A's teeth. Once she noted a problem the Third Dentist promptly referred Miss A to the Second Dentist for treatment under general anaesthesia. The Third Dentist's records are neat and contemporaneous. She did not fail to recall Miss A. The Second Dentist's discharge letter may have been misleading because of her handwritten note however, the Third Dentist's nurse did contact Mrs A and offered an appointment for a scale and polish. Mrs A preferred to wait until Miss A had had the second general anaesthetic procedure and*

*said that she would contact the Kingspark Clinic after that. Hence 'Mum to 'phone for appt' was placed on the front of the card.*

### **Conclusion**

*There was no failure on the part of the Third Dentist to recall Miss A. The responsibility for initiating and attending a recall appointment lay equally with the parent/guardian/patient. Mrs A was equally capable of making a recall appointment for Miss A if she thought she had missed a recall appointment.*

### **Recommendations**

- Place patient on clinic recall for a 3, 4 or 6 month recall after the general anaesthetic referral in order to reinforce preventive measures/maintain contact.*
- Letter of acknowledgement of receipt of the general anaesthetic referral placing onus of responsibility for continuing care, preventive regimes and emergency care on the referring Dentist.*
- Letter of discharge from the general anaesthetic service to the referring Dentist placing the onus of responsibility on the referring Dentist to carry out continuing care, preventive regimes and emergency care.*
- There should be a protocol developed for the recall procedure. The recall should be clearly documented, the time interval, what the recall is for and whether the dental department are to contact the patient with a recall appointment or whether the patient is to contact the dental department.*
- Patients should be encouraged to attend the dental surgery for recall appointments/examinations rather than rely on screenings at day centres because examination at a dental surgery will be more detailed and the onus is upon the dentist to provide appropriate treatment. A screening examination is carried out to detect the presence of disease; the parent/guardian/carer are informed of the need for treatment. The onus is then upon the parent to state the name of the patient's dentist*

*and to take the patient to that dentist for treatment. If the patient is registered with a dentist, even if the patient requires treatment, current practice does not require the screening dentist to inform the 'treating dentist' that disease has been detected. This practice needs to be reviewed. If the screening dentist detects disease particularly in a patient with special needs a follow up procedure is required to ensure the patient has received appropriate care. A screening and treatment facilitation protocol is required.*

#### First Procedure Under General Anaesthetic

*(xxxvii) Miss A was treated under general anaesthetic on 15 June 1998 by the Second Dentist. She had five teeth restored. The 37 or 38 appeared buried beneath the gum. As Miss A had already been under anaesthetic for 90 minutes the Second Dentist discussed the situation with the anaesthetist and Mrs A. It was agreed to leave the 37 or 38 in situ as the tooth was quiescent. The Second Dentist wished to obtain a radiograph of 37 or 38 as this tooth may require surgical extraction. Mrs A was informed that a second general anaesthetic procedure would be required with at least a six month interval between the general anaesthetics.*

#### **Comment**

*(xxxviii) The Second Dentist acted responsibly by postponing the removal of 37 or 38. A radiograph was required of this tooth in order to avoid damage to the inferior dental nerve, resulting in a numb lip and other complications of surgery. We have examined the radiograph. The crown of the tooth was grossly carious (decayed), with the roots remaining. The roots were subgingival and were distally inclined and the roots were close to the inferior dental nerve. There was no sign of abscess or disease within the bone.*

*(xxxix) For an acute procedure general anaesthetics may be given in less than a three month limit. For an elective procedure it is preferable to leave at least three months between general anaesthetics. This is to avoid sensitising the liver/hepato toxic effects which commonly occurred when halothane was used as a general anaesthetic agent. The anaesthetist wished to leave six months to a year between general anaesthetics. This*

would be reasonable for a dental procedure for special needs patients. This is because special needs patients will require general anaesthetic routinely for their dental treatment. Spacing out the general anaesthetics will reduce the risk of general anaesthetic complications. Also treatment tends to be driven by symptoms/treatment need and is not carried out routinely for provision of examinations, scaling and polishing because of the risks associated with general anaesthetic.

### **Conclusion**

(xl) *The Second Dentist behaved in a responsible manner. She asked Mrs A to contact the department if there were any problems with 37, 38.*

### **Recommendations**

(xli) *For purposes of clarity Mrs A should have been given a list of emergency contact telephone numbers.*

### **Discharge Letter**

(xlii) *The discharge instructions from the Second Dentist to the Third Dentist were open to interpretation. Although the Second Dentist suggests in her notes that Miss A should be examined in one week at the Kingspark Clinic there is no record of the Third Dentist having received this information.*

### **Comment**

(xliii) *The Second Dentist did telephone Mrs A one week postoperatively. Miss A was still having pain on the left hand side but postoperative sensitivity is common for two weeks after an operation as well as the patient has to have a tube placed down their throat/nose and these may be sore. Mrs A was reassured and was told to contact the Second Dentist if there were any problems.*

### **Conclusion**

(xliv) *The Second Dentist acted in a responsible manner. The discharge/recall procedures require clarification and the Second Dentist has shown us documentation that has been developed to this effect.*

### Waiting List

- (xlv) *Miss A's name appears twice on the same page of the waiting list. Once for her operation in June 1998, which is crossed out as completed. There are 13 other patients on the list before Miss A's name appears again for her proposed 'second' procedure. Miss A's name is not crossed out as being completed. The entry on the waiting list states 'ext 37 when x-ray machine available'. There is no entry for the date of request or date of operation. It is clear that Miss A had not been forgotten as prior to the complaint Miss A had already been scheduled for surgery on 6 September 1999 which was subsequently changed to 18 October 1999. As there were only 13 patients on the waiting list before Miss A's name appears for the second time, if there was a general anaesthetic list every Monday (the Second Dentist saw either one or two cases on the general anaesthetic list) then Miss A should have had a minimum wait of 13 weeks to a maximum of six months as this is what the Second Dentist had discussed with Mrs A as the waiting time.*
- (xlvi) *Miss A was not recalled in this period because of the lack of availability of x-ray equipment at the hospital site. We have seen documentary evidence/letters to support this fact and that the Second Dentist was making every effort to secure x-ray facilities.*
- (xlvii) *The Second Dentist and the First Dental Nurse in their statements confirmed that the waiting list was reviewed by both of them once a month and that they were aware that Miss A was still on the waiting list.*
- (xlviii) *The Second Dentist would not normally carry out elective oral surgical procedure. She would have arranged for a Consultant in oral surgery to attend the hospital to operate on Miss A whilst the Second Dentist was present.*

### **Comment**

- (xlix) *In our area of work, general anaesthetic operating lists for patients with special needs normally have three or four patients scheduled for comprehensive care (dentoalveolar extractions, restorations, x rays, scaling and polishing etc). Oral surgery general anaesthetic operating*



*lists normally have three to five patients scheduled for surgical procedures, which may be more complex than the second procedure Miss A required. We would consider that the list organisation at the hospital did not maximise the use of the general anaesthetic facility and contributed to the waiting time. Also as the Second Dentist proposed to get a Consultant oral surgeon out to the hospital to operate on Miss A this indicates that the Second Dentist was not sufficiently experienced in this technique to carry out this procedure. This proposed way of treating Miss A does not seem cost effective and we would consider that it would have been more appropriate to have referred Miss A immediately for the second procedure to Ninewells Hospital. Ninewells Hospital had on-site x-ray facilities; restorative treatment could have been carried out if required and Consultant oral surgeons were on site. This would have prevented Miss A from waiting 16 months for the second procedure.*

### **Conclusion**

- (l) Miss A should have been referred to Ninewells Hospital for the surgical removal of 37/38 and any other treatment required as this facility had x-ray facilities, restorative facilities and Consultant oral surgeons on-site. The Second Dentist never intended to carry out the surgical removal of 37/38 herself. The Second Dentist had every opportunity to reconsider this option to refer Miss A to Ninewells Hospital as she reviewed the waiting list at the hospital every month rather than keep Miss A waiting 16 months. The x-ray equipment may have taken longer than this 16 month period to arrive. The Second Dentist's actions were not reasonable in respect of failure to refer Miss A to a Consultant oral surgeon at Ninewells.*

### **Recommendations**

- (li) The Trust should ensure that the appropriate equipment is made available for staff to carry out their work effectively (x-ray equipment in this case).*
- (lii) The general anaesthetic list could be organised more effectively in order that more patients could be treated on each list. This would reduce the*

*waiting time. This may require employing more support staff/recovery staff rather than the anaesthetist recovering the patient.*

- (liii) *Getting a Consultant oral surgeon out to the hospital for one session seems to be an expensive use of an oral surgeon and a waste of operating time for the SDO therefore dental surgeons should recognise their own strengths and weaknesses and if he/she is not competent to carry out a particular procedure, he/she should always refer patients immediately to the appropriate specialist/consultant.*

***Summary of conclusions regarding Complaint (a)***

- (liv) *The community dental staff did not fail to recall Miss A. The Third Dentist/her dental nurse had offered Mrs A an appointment for Miss A which she had declined as she preferred to wait for Miss A's general anaesthetic appointment. The Second Dentist/the First Dental Nurse had not forgotten Miss A as she was recalled for surgery on 2 September 1999 and they reviewed the waiting list weekly. However, there was a delay of 16 months and we consider that Miss A should have been referred to Ninewells Hospital for the second procedure.*

***Complaint (b) Were slow to provide adequate emergency treatment in August 1999***

***Was Miss A's Case An Emergency?***

- (lv) *Miss A appears to have had difficulty eating sweet foods which can be symptomatic of the presence of dental caries/microleakage of fillings. She had had pain over the weekend prior to the 30 August. There was no swelling present on the outside of Miss A's face or on the inside of her mouth. There was no abscess or other pathology present on the 37/38. There was no haemorrhage present.*
- (lvi) *Miss A required a general anaesthetic in order for any dental treatment to be carried out. In our area of work there can be waiting times of up to 12 months for treatment under general anaesthetic. Patients on that waiting list may have acute/chronic pain and may have chronic abscesses, because there is a waiting time patients' symptoms have to be managed by the provision of analgesics, antibiotics for acute abscesses, dressings and other forms of relief. An acute admission is for acute*

*swelling endangering the airway, difficulty swallowing, closure of the eye; trauma; uncontrollable haemorrhage. Therefore patients who are in pain are not an acute emergency per se.*

- (lvii) *Miss A received treatment under general anaesthetic within three days of the community dental service knowing that she was in pain. The Second Dentist and the dental staff involved worked extremely hard to make this possible. Miss A was able to be scheduled for this procedure as another patient's operation had been cancelled on 2 September 1999 at Ninewells Hospital. In our own area of work we could not have achieved this in this time frame because of general anaesthetic list availability, availability of consultant anaesthetists and other support staff.*

### **Conclusion**

- (lviii) *Miss A was not an emergency case in terms of what would normally be classified as an emergency case for treatment under general anaesthetic. The community dental service and staff at Ninewells Hospital did provide emergency care for Miss A under general anaesthetic within a reasonable period of time and should be commended in having been able to achieve this in this time frame.*

### **The Quality Of Emergency Advice**

- (lix) *The First Dentist states that she thought that on 30 August she was asked to attend the Day Centre that afternoon, which she was unable to do as she had a full patient clinic that afternoon. The First Dentist spoke to Mrs A that afternoon. She could have invited Mrs A and Miss A to attend the surgery that afternoon for emergency care or invited them to attend the hospital on the Tuesday morning or she could have inquired as to the Miss A's history and nature of the emergency and provided advice on analgesia and reassured Mrs A that she would inform the Second Dentist of this contact. Instead the First Dentist told Mrs A that she could not see Miss A, as she was the Second Dentist's patient. The First Dentist did not provide appropriate advice. An emergency protocol was in place which she did not follow. Also patients attending the community dental service are patients of the*

*service and not of individuals, therefore the First Dentist could have and should have provided emergency advice or seen Miss A on 30 August.*

- (lx) *The Second Dentist was made aware of Miss A's situation as she received telephone messages at approximately 4.00 pm on 30 August. She was fully informed of Miss A's situation at 5.15 pm on 30 August by the First Dental Nurse. If the Second Dentist did not have Mrs A's telephone number on 31 August she could have telephoned the First Dental Nurse at the hospital to ask for Mrs A's telephone number. The Second Dentist could then have telephoned Mrs A to at least acknowledge her calls. The Second Dentist had asked the First Dental Nurse to ask the First Dentist to attend the Day Centre to see Miss A on 31 August to assess Miss A. The First Dentist was scheduled to work at the Hospital. A screening of a ward of 22-25 elderly gentlemen at 11.00 am was cancelled by the First Dental Nurse to allow the First Dentist and the First Dental Nurse to attend Miss A. The First Dentist refused to attend Miss A at the Day Centre, as she 'didn't want to get involved'. Evidence of the cancelled screening was shown at the First Dental Nurse's interview. The First Dentist's refusal to attend Miss A to assess her needs and provide appropriate advice to Mrs A/the Day Centre Nurse was unreasonable. The First Dentist claims that she was told to wait for a telephone call at 11.00 am from the Second Dentist however, we consider that one would not cancel a screening just in order to receive a phone call. The First Dentist's statement is inconsistent and her account of times and venues does not tally with that of other witnesses.*

### **Conclusion**

- (lxi) *The First Dentist's actions were unreasonable as she did not provide any emergency advice and when given the opportunity she did not attend Miss A to assess her needs. However, even if the First Dentist had seen Miss A on the Monday or Tuesday it would only have been appropriate for her to prescribe pain relief. The treatment required did not constitute an emergency and the treatment was carried out under general anaesthetic at the earliest opportunity. The treatment outcome for Miss A would have been no different if she had been seen on the Monday or Tuesday by any Dentist.*

The Second Dentist's Visit to the Home of Mrs A on Tuesday 31 August

- (lxii) *The Second Dentist contacted the First Dentist on 31 August and discovered that the First Dentist had not attended Miss A and assessed her needs as she had instructed. The Second Dentist therefore asked the First Dentist to attend Miss A at the Day Centre on 1 September to see Miss A to assess her needs. The Second Dentist made several telephone calls regarding Miss A on the afternoon of Tuesday 31 August. The Second Dentist had an administration session that afternoon. We cannot see any reason why the Second Dentist was unable to attend Miss A herself at the Day Centre that afternoon or she could have telephoned Mrs A to respond to her calls and reassured Mrs A. The Second Dentist also had every opportunity to telephone Mrs A to inform her of her intention to make a domiciliary visit that evening. The Second Dentist wished to have Miss A's records made available to her prior to contacting Mrs A/visiting Miss A; if she felt this was absolutely necessary she could have collected Miss A's notes from the hospital herself. The Second Dentist could have attended Miss A without her dental notes as she was in contact with the Day Centre Nurse that day and could have obtained a medical history from either her or Mrs A and she would have been informed that Miss A was awaiting a second general anaesthetic procedure and she could have ascertained the dental history. The Second Dentist could have examined Miss A; Mrs A could have restrained Miss A. Patients with learning difficulties/mental impairments do require to be restrained where necessary in order to carry out an effective dental examination and detect any treatment need. Indeed it is essential to detect the need for treatment if general anaesthetic is proposed. To provide general anaesthetic for a patient to evaluate the patient under general anaesthetic and detect no need for treatment would have placed the patient under unnecessary risk. Miss A was approximately 3.5-4 stones in weight and 146 centimetres tall and could have been restrained in order to carry out an examination.*
- (lxiii) *The Second Dentist was involved in making telephone calls on the Tuesday afternoon (31 August) with regard to Mrs A's complaint. The Second Dentist could have spent the time more actively addressing any potential emergency. The Second Dentist did visit Mrs A and Miss A at*

5.05 pm with the Secretary as chaperone. The Second Dentist did not attempt to examine Miss A. However, the Second Dentist observed Miss A and there was no obvious swelling present. The Second Dentist should have attempted to examine Miss A to ensure that no intra oral swelling was present. The Second Dentist and the Secretary state that Mrs A was rude and intimidating and was not willing to listen to the Second Dentist. The Second Dentist had arrived equipped to examine Miss A. In the circumstances we consider that it was reasonable for the Second Dentist not to examine Miss A. There was a known treatment need, the setting and circumstances were threatening and there would be concern for the First Dentist's and chaperone's safety. The treatment outcome would have been no different for Miss A. The Second Dentist acted reasonably and professionally at this visit. Miss A was seen and assessed by the First Dentist on 1 September at the Day Centre and the Second Dentist made the arrangements for Miss A's operation under general anaesthetic. Miss A was treated on 2 September under general anaesthetic. She had an x-ray taken and four teeth removed including the surgical removal of 37/38.

### **Recommendations**

#### **(a) Emergency protocol**

- (lxiv) *The Second Dentist stated that there is an emergency protocol within the dental department, and that all staff was aware of its contents. The First Dentist has disputed this.*
- (lxv) *We feel that it is timely to review this protocol, and to ensure that members of staff have access to the document. The DSM should record written confirmation that this document has been read. The protocol must be transparent with clear staff lines of responsibility. The emergency dental service provision should be that emergency advice should be given within 24 hours and where possible the patient should be seen within 24 hours. The protocol must clearly state that for those patients requiring general anaesthesia for treatment will only be able to have treatment carried out subject to the availability of anaesthetists and theatre lists with appropriate personnel in the correct setting.*

(lxvi) *'Pain clinics' which run daily for one session are a possible access solution but may be difficult to staff in a small service. Answer machines to receive messages would be useful. These could also contain an advice message on emergency contact telephone numbers and settings.*

Mrs A was not sure where to contact in an emergency situation

(lxvii) *We feel that improved communication to patients/carers is important, and written details should be given to patients/carers should they require urgent treatment outside normal working hours. The First Dental Nurse has shown evidence that this is now being addressed.*

**(b) General Anaesthetic review**

(lxviii) *We feel that the communication issues surrounding the provision of treatment under general anaesthesia could be improved. We understand that steps have been taken to improve the recording of telephone messages within the department.*

(lxix) *The General Dental Council now requires all Dentists to provide written referrals for the treatment of patients under general anaesthetic. We feel it is important that a written log should also be kept in the department; this should be in chronological order. This should be able to highlight patients who have had to wait for treatment longer than originally anticipated, and steps can be made to communicate this with the patient/carer. The referrals should be acknowledged, and the patient/referrer advised of the approximate length of the waiting list.*

(lxx) *The patient/carer should be advised of the limitations of the treatment carried out (if any), the future care required, and who will be responsible for carrying this out. A detailed, written discharge letter should be made available to the First Dentist responsible for routine care, and also kept within the patient's records.*

(lxxi) *Treatment under general anaesthesia should be more radical in order to avoid repeat general anaesthesia. Detailed treatment planning is required prior to general anaesthetic in order to refer a patient to the most appropriate person/clinical setting. (Miss A eventually had four*

*teeth extracted, three of which had been restored 16 months earlier). Restraint should be used to facilitate examination as appropriate.*

**(c) Clinical Records**

*(lxxii) The Second Dentist submitted evidence of available general anaesthetic protocols and whilst these are detailed, the clinical records available are not as comprehensive as the protocol suggests ie referral letters present, discharge letters. The clinical records and documentation should be clearly defined for each service provider or the same record should be used in order that the contemporaneous chronology of the clinical record can be maintained.*

*(lxxiii) Clinical record keeping should be accurate, signed, dated and where appropriate times should be entered. All levels of staff should record telephone calls and correspondence. Any addendums or detailed notes may be kept as a separate note/file but with the date they were written on. A dental charting should be present for each examination and there should be a clear treatment plan.*

*(lxxiv) A clinical audit could be carried out to assess the current status of record-keeping and suggestions for improvements made from the audit process/cycle.*

**(d) Communication**

*(lxxv) The staff failed to communicate effectively at all levels. Dentists should speak directly to other Dentists where any prescription for treatment, advice or clinical instructions are to be given. The staff may benefit from a team working course and effective communications course.*

*In treating a patient staff should make every effort to speak directly with parents, guardians and carers. This is essential in the process for gaining informed consent and vice versa. Third parties (ie the Day Centre Nurse) should not be used as a 'go-between'.*

**Summary of conclusions regarding Complaint (b)**

*(lxxvi) Miss A's case does not fit the criteria for an emergency admission for treatment under general anaesthetic. A general anaesthetic was*



*arranged as rapidly as possible and was only possible because in another Trust a patient's operation had been cancelled at Ninewells Hospital. Treatment under general anaesthetic is extremely difficult and complex to arrange. Miss A received prompt emergency treatment under general anaesthetic on 2 September 1999.*

*(lxxvii) Mrs A did not receive adequate or any emergency advice from the First Dentist who did not attend Miss A to assess her when given the opportunity to do so. Equally the Second Dentist could have telephoned Mrs A within 24 hours and provided advice and if she had rescheduled her administration session she could have attended Miss A earlier. The Second Dentist did attend Miss A just within 24 hours of the Second Dentist being informed of Miss A's situation.*

Schedule of abbreviations used in this report

<u>Paragraph where first used</u>	<u>Post/Location etc</u>	<u>Abbreviated Reference</u>
1	Royal Dundee Liff Hospital	Liff Hospital
1	a Dentist	the First Dentist
1	a Senior Dental Officer	the Second Dentist
5	a Community Dentist based at Kingspark clinic	the Third Dentist
8	a dental nurse	the First Dental Nurse
21	another dental nurse	The Second Dental Nurse
3	a staff nurse at the Day Centre	the Day Centre Nurse
17	the Second Dentist's secretary	the Secretary