

# NJS LAW

**CLAIM CONFIDENTLY**

**- YOUR LEGAL GUIDE -**



**A LEGAL AND  
EDUCATIONAL  
GUIDE BY NJS LAW  
ON DENTAL  
NEGLIGENCE**

**DENTAL  
NEGLIGENCE**



# Letter from Director

My name is Chris Jones, and I am a Director at NJS Law.

As we mark **National Smile Month**, it's a time to celebrate the importance of oral health. However, for many people across the UK, their teeth are unfortunately nothing to smile about. Over the past decade, a significant factor contributing to the decline in the nation's dental health has been the reduction in NHS dental provision. Practices across the country have closed, leaving patients travelling considerable distances for treatment - if they are able to access care at all.

Our **specialist dental negligence lawyers** support individuals whose dental procedures have gone seriously wrong. This is not limited to NHS treatment; we are also seeing a growing number of cases arising from the private sector, where standards have fallen short of what patients are entitled to expect.

In recent years, we have also seen an increase in enquiries relating to so-called "Turkey Teeth" procedures that have not delivered the promised results. Unfortunately, we are unable to assist in cases where treatment has taken place outside England and Wales. However, for those who have undergone treatment within our jurisdiction, **we are here to help.**

We assist our clients in accessing **corrective treatment** and, where appropriate, securing **substantial compensation** for the pain, suffering, and financial losses they have experienced.

If you, a friend or a family member need advice, please do not hesitate to get in touch. **You do not have to suffer in silence.**

Keep smiling,

**Chris Jones, Director at NJS Law**

# Table of Contents

## Section 1

The Duty Owed by Professionals	04
The Statistics	07
What the Experts Say	09

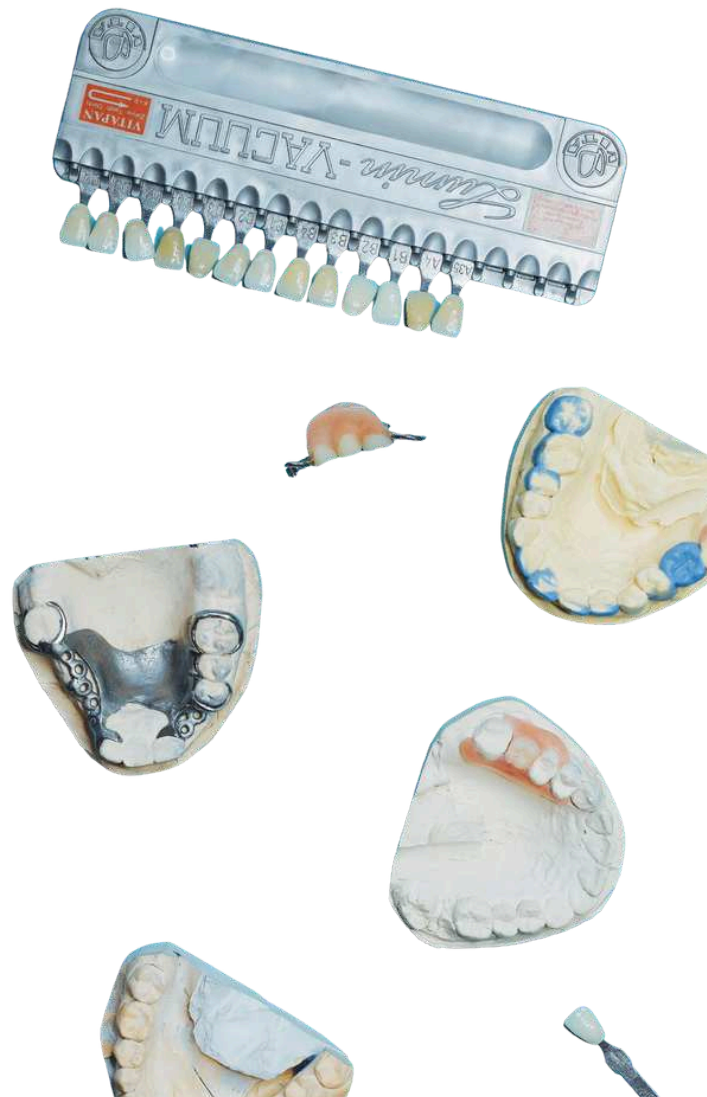
## Section 2

What is Dental Negligence?	13
Types of Dental Negligence.	17
Case Studies	25
Myth Vs Fact	26
Reform	28

## Section 3

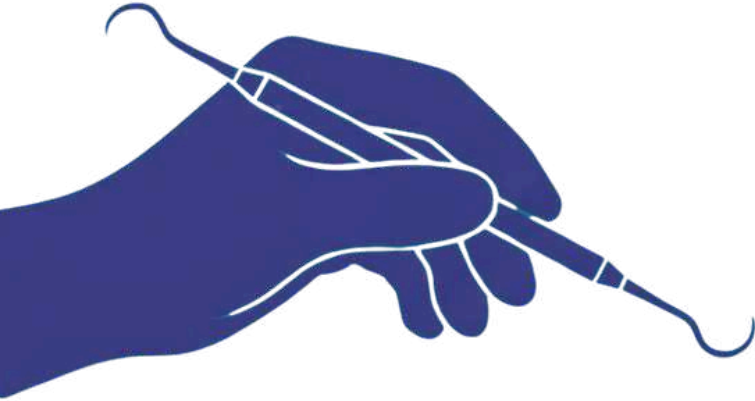
Dental Negligence Guide	31
Our Team	51
How We Can Help	53
Resources	56
Get in Touch	58

Section 1 intends to introduce dental negligence, section 2 dives deeper and section 3 focuses on moving forward.



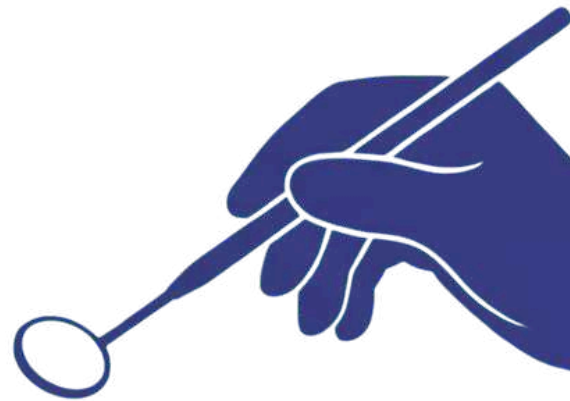
# SECTION ONE

- The Duty Owed by Professionals
- The Statistics
- What the Experts Say



# The DUTY OWED

How dental professionals should treat their patients.



Professional dentists owe their patients a certain level of care, known as their **statutory duty of care**. This requirement protects a patient's health, wellbeing and human rights, as well as ensuring **effective safeguarding** arrangements are in place and acted upon.

Under regulation 13 of **CQC's (Care Quality Commission)** regulations, dental practices must **protect** service users **from abuse and improper treatment**, operate systems that respond appropriately to **safeguarding concerns** and **not discriminate** or degrade anyone.

Furthermore, **principle 8 of the GDC's standards for dental teams**, states the patient's safety should always come first. **Dentists should act promptly** if a patient or colleagues is at risk, promoting a culture where safeguarding concerns can be raised openly.

**Safeguarding** within dental practices is an **integral obligation**, it's not optional. And, **courts frequently rely on regulatory standards**, professional guidance and established safeguarding frameworks to **assess** whether the practitioner met the expected standard of care.

# 1984 Dentists Act

The **Dentists Act**, created in 1984, is a principal statute which governs the regulation and registration of dentists in the UK. The act is primarily concerned with establishing and **empowering the GDC** (General Dental Council), tasking them with promoting high standards of dental education and conduct.

In 2005, certain amendments were made. **Indemnity cover** was made a **legal requirement** for dentists, and there was a complete restructuring of the GDC - abolishing certain committees and establishing new ones. Also, **allegation handling procedures were updated**, and clearer grounds were established for removing dentists from the register. All these changes were introduced to **enhance public protection** and update the regulation of dentistry in line with other health professionals.



# GDC 9 Principles

Dentists should always:

The GDC is a strategic body who meet several times a year to decide policy, set strategic direction and approve key organisational changes within the dental profession. They work to promote public safety.

## 01

Put patients' interests first.

## 02

Communicate effectively with patients

## 03

Obtain valid consent

## 04

Maintain and protect patients' information

## 05

Have a clear and effective complaints procedure

## 06

Work with colleagues in a way that's in the patients' best interests.

## 07

Maintain, develop and work within your professional knowledge and skills.

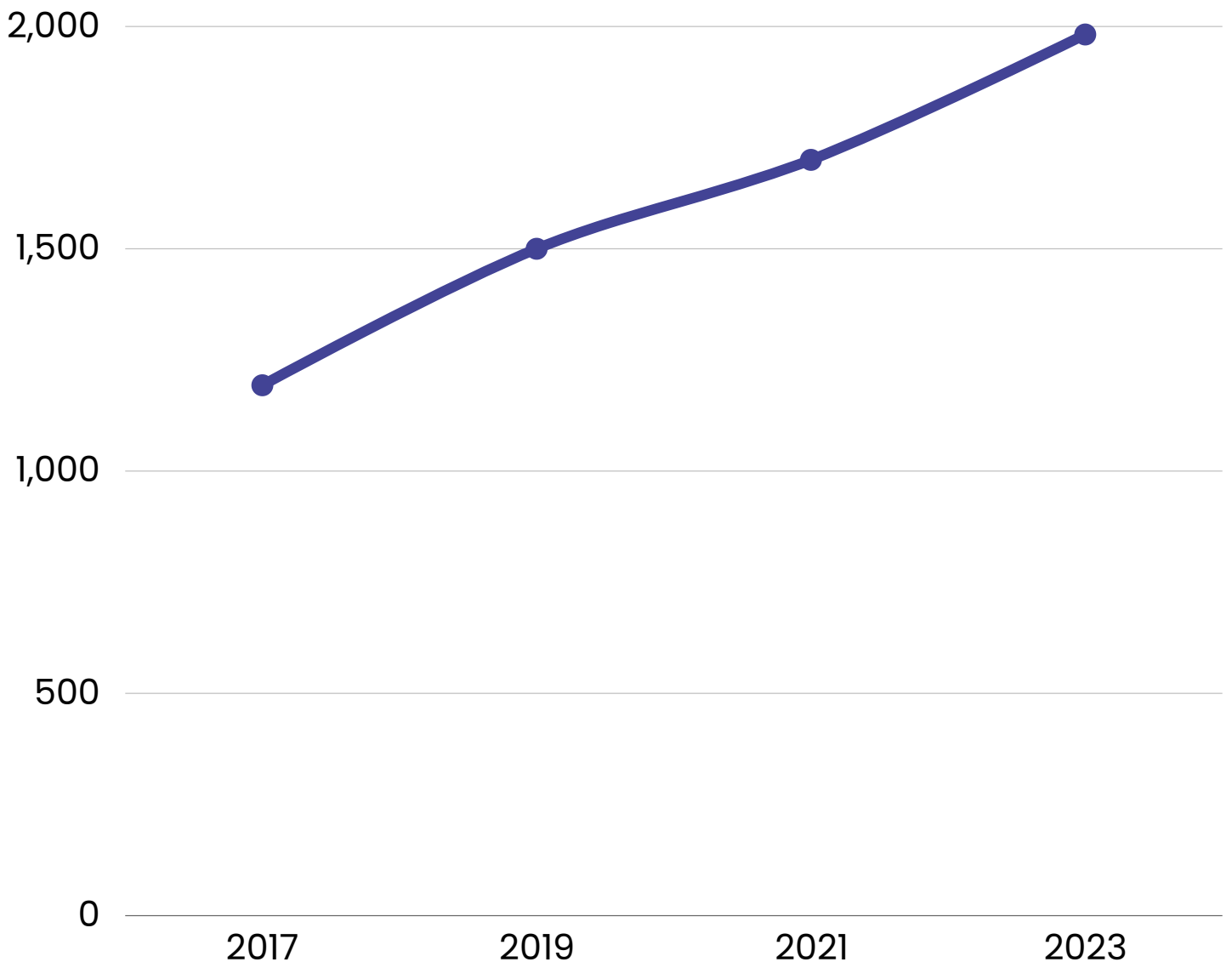
## 08

Raise concerns if patients are at risk

## 09

Make sure your personal behaviour maintains confidence.

# Dental complaints have risen by 66% in the last five years.



# 78%

Complaints Upheld



# £4.26m

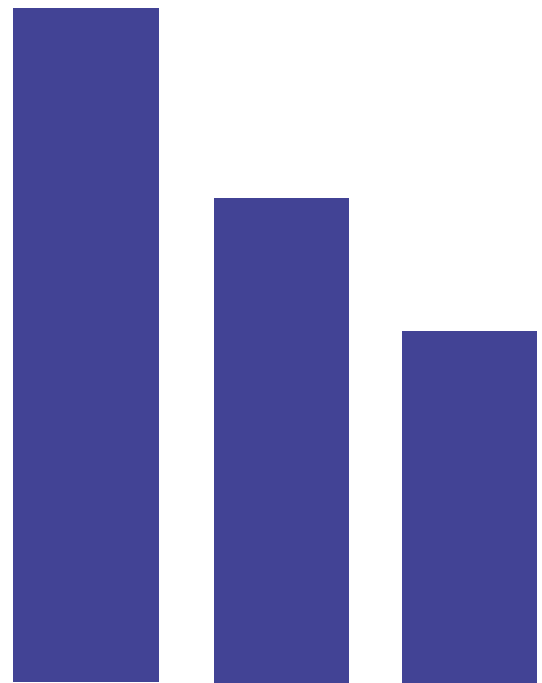
Compensation Paid

# +133%

Private Complaints Rise



The largest documented causes in NHS dentistry claims are **failure/delay in treatment and inappropriate treatment** - according to a retrospective review held by NHS Resolution.



# Consent And Patient Choice

“The Law of Consent in Clinical Practice:  
Post-Montgomery Developments”



*All medical professionals are required to engage in clear discussions about any risks with the treatment and all options available.*

The law surrounding patient consent has changed significantly after the decision in the **Montgomery V Lanarkshire Health Board** by the Supreme Court of the UK. This reinforced the principle of patient autonomy and the responsibility of healthcare providers and professionals to ensure that patients are fully informed before consenting to treatment.

Under this framework **all medical professionals are required to engage in clear discussions about any risks with the treatment and all options available**. This may include explaining any material risks, outlining alternative treatment options or no treatment options and any other risks that can come from all options. It no longer focuses solely on what the medical professional believes but on what a patient should consider before making a final decision about their care.

In dentistry the issue of **informed consent** is particularly sensitive. This is because procedures are elective or cosmetic, they're often private treatments, irreversible, and the risks can have permanent consequences. These factors emphasise the importance of a thorough and well documented consent process.

As a result, consent related claims come from a failure in communication. Common allegations include:

- Failure to warn of nerve injury risk before lower molar extraction
- Failure to explain implant failure rates
- Failure to discuss non-surgical periodontal management before extraction
- Not advising alternative options

These developments emphasise that getting **consent is not simply a procedural step, but a process of shared decision making** that respects the patient's right to make informed decisions on their treatment.



## Root Canal Treatment and Clinical Negligence

By El-Marie Lloyd,  
Nurse Analyst at  
[LMS Experts](#)

A root canal is a **common dental procedure** designed to save a severely infected or decayed tooth. It involves removing the damaged pulp, carefully cleaning and shaping the inner canals, and **sealing them to prevent further infection**. The procedure is typically carried out under local anaesthetic, and in most cases, the tooth is restored with a crown to protect it and maintain function.

When performed to an appropriate standard, root canal treatment is highly effective. However, **problems can arise** if the procedure is not carried out with **sufficient care or skill**. Failures are often linked to persistent bacterial infection, which may occur if canals are missed, inadequately cleaned, or improperly sealed. Complex root structures require careful assessment, and failure to recognise these can lead to ongoing complications.

Clinical negligence may occur where a **dentist falls below the expected standard of care**. This can include inadequate cleaning of the canals, poor sealing (either over-filling or under-filling), or accidental perforation of the tooth during treatment. In some cases, dental instruments may fracture within the canal; while this is a recognised risk, **failing to inform the patient or appropriately manage the situation may be considered negligent**.

Other issues include failure to properly restore the tooth after treatment, allowing bacteria to re-enter, or proceeding with a root canal where the tooth is not suitable for preservation. **Misdiagnosis or poor treatment planning can also contribute to unsuccessful outcomes**.

Patients who have experienced negligent root canal treatment may notice persistent or worsening pain, swelling, or signs of infection. In some cases, there may be visible complications such as nerve-related symptoms, or the treated tooth may become weak, fractured, or eventually require extraction.

In addition, a **lack of informed consent** - where risks and alternatives are not clearly explained - can also amount to negligence, even if the procedure itself was carried out competently.

If you are experiencing ongoing problems following a root canal, **it may be worth seeking professional advice**.

Understanding whether your treatment met the required standard can help determine if you have grounds to pursue a dental negligence claim.

# The Veneer of Perfection

Dental negligence in England and Wales is often associated with the more obvious scenarios: misdiagnosed decay, failed root canal treatments, or poorly executed extractions. However, one of the more unusual, and increasingly significant, areas of dental negligence arises from failures in **cosmetic dentistry**; particularly where patient expectations, consent, and clinical judgment intersect.

Cosmetic dental procedures, such as **veneers**, **teeth whitening**, and **smile makeovers** have grown rapidly in popularity in recent years. Patients are often drawn in by the promise of aesthetic transformation, influenced by social media and celebrity culture. Yet, unlike many forms of essential dental treatment, cosmetic procedures frequently blur the line between healthcare and elective enhancement. This creates a **unique legal landscape** where negligence is not always about obvious clinical failure, but often about what the patient was told beforehand.

A particularly interesting aspect of dental negligence claims in this area is the issue of informed consent. In England and Wales, following the landmark 2015 Supreme Court decision in *Montgomery v Lanarkshire Health Board*, **clinicians must ensure patients are fully informed of any material risks and reasonable alternatives**. In cosmetic dentistry, this duty becomes even more critical.

For example, a patient undergoing veneer treatment may not be fully aware that the procedure is irreversible and involves the permanent removal of enamel. If a dentist fails to explain this adequately, and the patient can subsequently show they would not have had them had they have known the treatment was irreversible, this can form the basis of a negligence claim, even if the procedure itself was technically competent.



By Richard Shillcock,

Clinical and Dental Negligence Solicitor

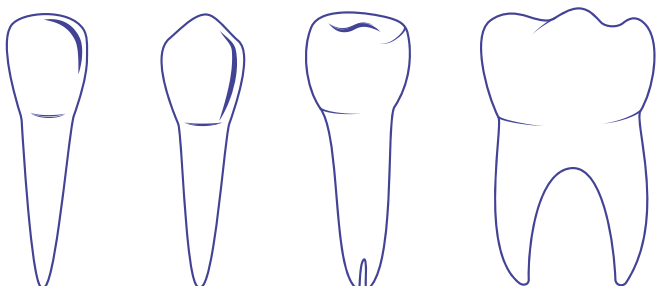
Another unusual feature of cosmetic dental negligence is the **subjective nature of harm**. Unlike a failed filling or infection, dissatisfaction with cosmetic results can be highly personal. Courts are therefore often required to assess not only clinical standards but also **whether the outcome aligns with what was promised or reasonably expected**. Photographs, digital previews, and consultation notes can become crucial evidence in such matters.

There is also a growing concern around **“over-treatment”**, where patients are encouraged to undergo extensive cosmetic work that **may not be clinically necessary**. This raises ethical as well as legal questions. In some cases, patients have suffered long-term damage, such as tooth sensitivity, nerve issues, or structural weakness, following aggressive cosmetic interventions that could and should have been avoided.

Navigating these claims requires a careful balance of dental expertise and legal insight. [NJS Law](#) are well placed to assist clients in this nuanced area. With a detailed understanding of both clinical standards and the evolving legal framework, we can help patients assess whether their experience crosses the threshold into negligence.

Ultimately, cosmetic dental negligence highlights a broader shift in healthcare law: the increasing importance of patient autonomy and expectation. As dentistry continues to evolve beyond purely medical treatment into aesthetic enhancement, the legal duties on practitioners, and the protections available to patients, will only become more significant.

**For individuals who feel that their cosmetic dental treatment has fallen short, seeking early legal advice can be key to understanding their rights and options.**



# SECTION TWO



- What is Dental Negligence?
- Types of Dental Negligence
- Case Studies
- Myth vs Fact
- Reform

# What is dental Negligence?

Dental negligence occurs when a **dental professional fails to meet the required standard of care, resulting in harm to the patient.** If a dentist's mistake or omission has worsened your condition or caused unnecessary pain, you may be entitled to make a dental negligence claim.

To be successful, you'll need to show that:

1. The dental care you received **fell below the expected professional standard.**
2. That **negligence directly caused harm, pain, or worsened your dental condition**



# The Time Limits

Most people must begin a claim within **three years of the incident** or from when they first realised the harm was linked to the care they received. Because evidence can fade over time, it's best to **seek advice as soon as possible**.

There are some exceptions, including:

- **Children** - the limitation period does not begin until the child turns 18, meaning a claim can be brought up to their 21<sup>st</sup> birthday.
- **Individuals lacking mental capacity** - the limitation period is suspended for as long as the claimant lacks capacity within the meaning of the Mental Capacity Act 2005
- **Deceased Patients** - where the patient has died, a claim may be brought by their estate within 3 years of the date of death or the date of knowledge of the personal representative, whichever is later, under the Law Reform Act 1934.



For a detailed explanation, see our guide on

[Time Limits for Dental Negligence Claims.](#)

# How Much Compensation Could You Get?

Compensation depends on the severity of your injury and its impact.

You may be able to claim for:

- Pain and suffering
- Corrective treatment costs
- Loss of earnings
- Travel expenses



## Factors Which Affect Dental Negligence Compensation



**Severity and Performance**



**Age of Claimant**



**Cost of Corrective Treatment**



**Psychological Impact**



**Impact on Daily Life**



**Lost Earnings**

## Indicative Compensation Ranges

Type of dental negligence	Key Factors Considered	Indicative Range
Nerve damage, inferior/alveolar or lingual nerve injury	Severity, permanence, impact on taste, speech or sensation	£12,000 - £95,000+
Delayed diagnosis, oral cancer, gum disease or other condition	Stage at diagnosis, treatment required, long-term prognosis	£15,000 - £150,000+
Jaw fracture, caused by negligent procedure or technique	Severity, recovery period, long-term complications	£8,000 - £35,000
Multiple tooth loss, negligent extractions or untreated gum disease	Number of teeth, reconstructive treatment, aesthetic impact	£8,000 - £45,000
Orthodontic negligence, braces, aligners or treatment planning errors	Severity of misalignment, corrective treatment needed, duration of harm	£5,000 - £30,000
Cosmetic dentistry failure, implants, veneers, crowns or composite bonding	Cost of corrective work, psychological impact, aesthetic outcome	£3,000-£25,000
Failed root canal treatment, reinfection, instrument fracture or poor technique	Ongoing pain, further treatment required, tooth loss	£2,500 - £15,000
Single tooth loss, negligent extraction or wrong tooth removed	Age, implant or bridge costs, aesthetic and functional impact	£2,000 - £12,000

### Important - please read before relying on these figures

These ranges are provided as a general guide only, based on the Judicial College Guidelines (16th edition), and do not constitute legal advice or a guarantee of outcome. The value of any individual claim depends on its specific facts and circumstances. Special damages - including the cost of corrective dental treatment, lost earnings and travel - are assessed separately and are not reflected in the ranges above. For an accurate assessment of what your claim may be worth, contact our solicitors for a free, no-obligation consultation.

# TYPES OF DENTAL NEGLIGENCE CLAIMS

## Failure to diagnose or treat gum disease.

This type of dental negligence arises where a clinician fails to identify, monitor or appropriately manage periodontal disease at an early stage, when it is typically more responsive to treatment. Warning signs—such as bleeding on probing, gum recession, periodontal pocketing or radiographic bone loss—may be overlooked, inadequately recorded or not followed up with appropriate care. In some cases, patients are not properly informed of their condition or the risks of non-treatment, and essential steps such as periodontal charting, oral hygiene instruction and regular review may be omitted.

Without timely and appropriate intervention, periodontal disease can progress from gingivitis to periodontitis, leading to tooth mobility, abscess formation and eventual tooth loss, often requiring more complex restorative treatment. A claim may arise where it can be shown that earlier diagnosis, appropriate management, and clear patient communication would, on the balance of probabilities, have prevented or significantly reduced the progression of the disease and the harm suffered.

## Negligent Root Canal Treatment

Root canal treatment requires a high degree of precision, careful technique and adherence to accepted clinical protocols. Negligence may arise where the procedure is carried out to a substandard level—for example, by failing to adequately clean, shape or disinfect the root canal system, not obturating the canals effectively or missing additional canals due to insufficient assessment or imaging. Procedural errors such as over-instrumentation, perforation or the extrusion of irrigants like sodium hypochlorite beyond the root apex may also constitute a breach of duty if they result from avoidable lapses in care.

Such failures can lead to persistent or recurrent infection, ongoing pain, swelling or damage to surrounding structures, including nerves. In some cases, the tooth may become unrestorable, necessitating extraction and replacement with more complex treatments such as implants or bridges. A claim may arise where it can be demonstrated that the treatment fell below the standard expected of a reasonably competent practitioner and that, with appropriate care and technique, the adverse outcome would likely have been avoided.

# Dental Implant Negligence

Dental implant treatment requires thorough assessment, careful planning and precise execution at every stage. Negligence may arise where clinicians proceed with implant placement despite untreated periodontal disease, fail to adequately assess bone volume or density or do not use appropriate imaging to determine suitability. Errors in positioning—such as incorrect angulation, inadequate spacing from adjacent teeth, or encroachment on vital anatomical structures—may also represent a breach of duty where they result from substandard planning or technique.

These failings can lead to significant complications, including implant failure, peri-implant infection, damage to adjacent teeth or injury to nerves and surrounding structures. In some cases, implants may require removal, followed by additional surgical or restorative procedures to correct the outcome. A claim may arise where it can be shown that appropriate assessment, planning and execution would, on the balance of probabilities, have avoided or reduced the harm experienced by the patient.

## Tooth Extraction Errors

Negligence in tooth extraction may arise where the procedure is not properly planned or executed in accordance with accepted clinical standards. This can include removing the wrong tooth, applying excessive or uncontrolled force or failing to undertake appropriate pre-operative assessment, such as reviewing radiographs to identify root morphology or proximity to vital structures. Inadequate technique may result in trauma to adjacent teeth, soft tissues or supporting bone, and in some cases may lead to complications such as retained roots or damage to nearby anatomical structures.


Such failings can result in significant patient harm, including nerve injury (for example, to the inferior alveolar or lingual nerve), prolonged pain, infection or, in more severe cases, mandibular fracture. Poor post-operative management-such as failing to provide appropriate aftercare advice or to recognise and respond to complications-may further exacerbate the outcome. A claim may arise where it can be shown that, with appropriate planning, technique and follow-up care, the injury and its consequences would likely have been avoided or reduced.

## Negligently Fitted Crowns, Veneers, or Dental Bridges

Restorative dental work must be carefully planned, designed and fitted to ensure both functional integrity and acceptable aesthetics. Negligence may arise where crowns, veneers, or bridges are provided to a substandard level—for example, through inadequate tooth preparation, poor impression-taking or incorrect occlusal assessment. Ill-fitting restorations may result in high or unbalanced bites, marginal gaps or poor contouring, which can compromise comfort, function and the health of surrounding teeth and soft tissues.

Such deficiencies can lead to a range of complications, including pain, difficulty chewing, increased wear or damage to adjacent teeth and unsatisfactory cosmetic outcomes. In some cases, defective restorations may fail prematurely, necessitating further corrective treatment or replacement at additional cost and inconvenience to the patient. A claim may arise where it can be demonstrated that the work fell below the standard expected of a reasonably competent practitioner and that appropriate care and technique would have avoided or reduced the resulting harm.

## Orthodontic Negligence



Orthodontic negligence may arise where treatment is inadequately assessed, poorly planned or insufficiently monitored throughout its course. This can include selecting an inappropriate treatment modality, failing to carry out proper diagnostic work-up (such as radiographs or study models) or not reviewing and adjusting appliances at appropriate intervals. Delays in treatment, failure to track progress or lack of intervention when expected outcomes are not being achieved may all fall below the standard of a reasonably competent practitioner.

Such failings can result in suboptimal or worsening dental alignment, prolonged treatment duration or complications affecting the teeth, supporting structures, or occlusion. In some cases, patients may require further corrective orthodontic treatment to address the deficiencies, leading to additional cost, inconvenience and potential long-term impact. A claim may arise where it can be shown that appropriate planning, supervision, and timely intervention would, on the balance of probabilities, have produced a more favourable outcome.

## Composite Bonding Errors

Composite bonding is commonly used for cosmetic enhancement, but negligence may arise where the treatment is unnecessary, inappropriate for the patient's clinical condition or carried out to a substandard level. This can include inadequate case assessment or consent, poor isolation during placement, incorrect etching or bonding technique, or deficient contouring and finishing. As a result, restorations may appear bulky, uneven, or unnatural and may not integrate properly with the surrounding dentition.

Such deficiencies can lead to aesthetic dissatisfaction, plaque retention, staining or damage to the underlying tooth structure. In some cases, the bonding may fail prematurely, requiring removal and replacement or more invasive corrective treatment. A claim may arise where it can be shown that the treatment was not clinically justified or was performed below the standard expected of a reasonably competent practitioner and that appropriate care and technique would have avoided or reduced the resulting harm.

# CASES IN THE NEWS

## An Ignored Decay

In the Summer of 2021, a 16-year-old student, Katelyn De Blick, attended a check up regarding a cracked tooth. The check-up took place at her local Skipton Road Mydentist practice, where the tooth was cleaned and covered with a sealant.

A few weeks later, she returned to the practice, this time with a severe pain, described as both "throbbing" and "stabbing", as well as a swollen jaw. Katelyn was diagnosed with a potential infected abscess and given antibiotics. The pain only worsened, and subsequently the matter was escalated to A&E, where she had emergency surgery as her risk of sepsis was rapidly increasing.

Following the incident, investigations were carried out. These investigations determined Katelyn's dentist had failed to diagnose and treat a decay for years, leading to an infected abscess and near death for the young girl. The entire situation could have been "easily avoided" if the dentist had performed their duty of care to the appropriate standard.

Katelyn said "It was frustrating and devastating to hear that, if they had just taken a few more minutes to clean(the tooth), then I wouldn't have had to go through all of this."

Her case was successfully settled in January 2025, where she received £26,000, all of which she has deposited into her savings.

## Botched Implant

In 2008, Clive Worthington, from Essex, travelled to Hungary for dental implants. Despite several follow up procedures from the same dentist back in the UK, the implants remained unsuccessful and his pain only grew worse.

Mr Worthington was owed £117,378 in damages and legal costs in November of 2019 – one of the highest pay-outs for dental negligence in the UK. However, the insurer covering the dentist, Dr Gömbös, argued "discretionary indemnity," and refused to pay. The solicitor who won Clive the compensation referred to "discretionary indemnity" as a loophole, and Gina Tilly, Mr Worthington's daughter, said the dental insurance system was "madness".

Sadly, in 2022, Mr Worthington took his own life as a result of all the pain he was suffering from following the botched dental work and the unjust legal nightmare that proceeded. He was a father to three, a Grandparent to five and worked as a wood machinist.

The GDC commented and said: "[patients] must be able to seek compensation in the rare event that something goes wrong in their dental care, and it is deeply frustrating that weaknesses in the current legislation caused the system to fail in this instance."

# Myth VS Fact

## Myth 1

**“If something goes wrong, it must be negligence.”**

Not all adverse outcomes are negligent. Dentistry, like all healthcare, carries inherent risks - even when treatment meets accepted professional standards. Negligence arises only when care falls below the standard expected of a reasonably competent practitioner and causes harm.



## Myth 2

**“A bad cosmetic result automatically means malpractice.”**

Aesthetic dissatisfaction alone does not establish negligence. The key legal tests focus on whether appropriate consent was obtained, risks were explained, and treatment was performed competently, not whether the outcome met subjective expectations.

## Myth 3

**“Patients can claim compensation whenever they are unhappy.”**

To succeed in a claim, patients must prove two elements: breach of duty and causation (ie. that the breach directly caused harm). Dissatisfaction without demonstrable injury or loss is insufficient.



## Myth 4

**“Only complex procedures lead to negligence claims.”**

Routine treatments, such as extractions, fillings, and root canal therapy, are among the most common sources of claims. Errors in diagnosis, record-keeping, or follow-up care frequently underpin allegations.

# REFORM

## NHS Dental Contract Reform

The NHS Dental Reform package was implemented in April 2026 by [NHS England](#), with some elements to be phased in later during 2026.

Dentistry in the UK has been failing for a while, and this is well documented. Specifically, the frequency of patients struggling to get NHS dental appointments, misaligned incentives for dentists so the reduction in NHS capacity, financial unsustainability for practices and a lack of preventative focus when it comes to treatment has consolidated as an **access and sustainability crisis in NHS dentistry**.

Despite not being a complete system redesign, the April 2026 reform can be best understood as a **targeted correction of incentives**. It was implemented to improve access, especially urgent care, fix payment distortions in the [Unit of Dental Activity \(UDA\)](#), stabilise the workforce and shift dentistry towards prevention.

# NHS Dental Quality and Payment Reform Guidance

This guidance defines how the reform will actually operate, be monitored and will be paid for.

Historically, NHS dentistry revolved around the UDA model (Unit of Dental Activity – a points based system using different treatment bands), but the 2026 guidance begins rebalancing toward **clinical outcomes and patient need**. So, practices will no longer be judged purely on UDA delivery totals. Instead, there will be a greater emphasis on treatment and prevention.

There will also be **mandatory quality improvement frameworks**. So practices must engage in formal programmes which is a major structural shift. New audit cycles and data benchmarking will become the standard, as well as continuous improvement plans. Furthermore, there will be new preventive advice, better interventions and improved data accountability.

# SECTION THREE

- [Dental Negligence Guide](#)
- [Our Team](#)
- [How We Can Help](#)
- [Resources](#)
- [Get in Touch](#)



# GUIDE

## The Claim Process

Dental negligence claims often arise when patients are left with **avoidable pain, infection, long-term damage**, or the need for **corrective treatment** because dental care fell below an acceptable standard.

In many cases, the issue isn't simply that treatment "didn't work", it's that proper assessment, diagnosis, consent, planning or follow-up care was missing. Patients are often reassured that symptoms are normal, or told to "wait and see", only to discover later that earlier action could have prevented permanent harm.

This guide explains, in detail, **how the dental negligence claim process works in England and Wales**. It is designed to answer common questions, remove uncertainty, and explain what happens at each stage of a claim - from protecting your oral health, through to settlement and compensation.

# Why Dental Negligence Claims Are Different.

Dental negligence cases often have features that make them distinct from other medical negligence claims:

- Symptoms may initially appear minor (sensitivity, discomfort, swelling) but worsen quickly
- Infection can spread if treatment is delayed
- Damage is often irreversible (loss of tooth structure, nerve injury, bone loss)
- Patients may not be given clear warnings about risks, alternatives, or aftercare
- Poor dental work frequently requires expensive private remedial treatment
- Evidence often includes X-rays, scans, and treatment plans as well as clinical notes

Dental cases are also highly outcome-sensitive. A mistake that might be manageable early on can lead to tooth loss, gum recession, facial swelling, nerve damage, or prolonged pain if ignored.

At NJS Law, we regularly act for clients whose injuries could have been avoided if their dental concerns had been assessed, treated, and followed up properly.

## Why Dental Records are so important

Dental negligence claims rely heavily on contemporaneous records. These can show:

- What **symptoms** you **reported** and how clearly they were documented
- Whether the dentist investigated properly (e.g. **X-ray taken, periodontal assessment, vitality testing**)
- Whether a **correct diagnosis** was made
- Whether **options** and **risks** were explained before treatment
- Whether **aftercare advice** was given and documented
- Whether referral to a specialist was **appropriate** and **timely**

## What if Symptoms appear later?

Some dental complications **develop over time**, particularly where:

- Infection was **not properly treated**
- Root canal treatment **failed** or was **poorly performed**
- **Gum disease progressed** without proper diagnosis or monitoring
- Implants were placed without **adequate planning or bone assessment**
- Bite issues developed after **restorative work**

Delayed symptoms **do not** invalidate a claim - they are often central to proving that earlier intervention could have prevented deterioration.

# Protect your health first & create the medical paper trail.

## Keeping a recovery and impact diary

A **recovery diary** helps bridge the gap between medical records and lived experience.

It can include:

- Pain levels and flare-ups
- Sleep disturbance and fatigue
- Emotional distress, anxiety, or depression
- Impact on relationships, childcare, or intimacy
- Days missed from work or reduced productivity

**This evidence helps show the human impact of negligence, not just the clinical outcome.**



# STEP 2

Gathering evidence that supports what happened – without pressure

## Photographs and Videos

Photographs can provide clear evidence of:

- Facial **swelling** or **asymmetry**
- **Bruising** after procedures
- **Gum recession** or **visible damage**
- Infections or abscesses
- Scarring or tissue damage (including **burn injuries** from instruments)

Where possible, take photos at different stages to show **progression** or **deterioration**

## Witness Evidence & Supporting Statements

Witnesses may include:

- **Partners or family members** who observed your pain, distress or deterioration
- **Friends** who attended appointments with you
- **Colleagues** who witnessed the impact on your work

**Independent witnesses can be particularly helpful**, but statements from loved ones are still highly relevant.

You are not expected to investigate your own case or confront your dentist. However, evidence you already have can significantly strengthen a claim.

## Complaints, Correspondence and Incident Reports

Many patients raise concerns before seeking legal advice. These records may include:

- Written complaints to the dental practice
- Responses from the practice manager or clinician
- Apologies or admissions
- GDC-related correspondence (where applicable)
- Emails about treatment plans, costs, revisions, and follow-up
- Offers for free treatment

These documents can reveal important timelines and inconsistencies

## Financial Losses and Expenses

Keep records of any costs linked to your injury, including:

- Private remedial treatment (**crowns, implants, root canal revision, periodontal care**)
- Medication and **prescriptions**
- Emergency dental appointments
- **Travel** and **parking**
- Lost income and **reduced earnings**
- Additional **childcare** or domestic **support**
- Future treatment plans and ongoing maintenance **costs**

These losses form a key part of your compensation claim.

## Breach of duty and causation explained

To succeed, a claim usually needs to show:

- **Breach:** That duty of care owed to you was breached by substandard care
- **Causation:** The breach caused injury or worsened your condition

For example, a failed filling is not automatically negligence. But it may be negligent if the dentist failed to diagnose decay, failed to isolate properly, or did not explain risks and alternatives before proceeding.

## Common Dental Negligence Claims

A successful claim may include:

- **Wrong tooth extraction** or unnecessary extraction
- **Nerve damage** following extractions or implant placement (inferior alveolar / lingual nerve injury)
- **Root canal negligence** (missed canals, perforations, under/over-filling, failure to diagnose infection)
- **Dental implant negligence** (poor planning, wrong positioning, failure to assess bone, untreated infection)
- **Cosmetic dentistry errors** (veneers, crowns, bridges-poor preparation, bite problems, aesthetic harm)
- **Periodontal disease negligence** (failure to diagnose and treat gum disease leading to tooth loss)
- **Failure to refer** to oral surgery, endodontics, or specialist services
- **Poor consent and inadequate warnings** about risks, alternatives, and long-term consequences
- **Dental burns or soft tissue injuries** during procedures

## The 3-Year Limitation Period

In most cases, court proceedings must be started within three years of:

- The negligent treatment, or
- The date you first became aware that negligence may have occurred

This “date of knowledge” is particularly important in dental cases, because patients often discover later - sometimes when seeking a second opinion - that the original work was substandard or unnecessary.

## Is it Worth Pursuing a Claim?

Claims are more likely to be viable where:

- There is significant or lasting injury (pain, nerve damage, tooth loss)
- Infection or deterioration occurred due to delay or poor treatment
- Remedial work is extensive and costly
- Work, confidence, and quality of life were affected
- There is good documentary support (records, X-rays, treatment plans)

An initial assessment can usually clarify prospects quickly.

# CASE EXAMPLE

## Wrong Tooth Extraction

### Background:

A patient attended with pain around a lower molar. The dentist did not take an X-ray and extracted the wrong tooth.

### What Went Wrong:

The correct tooth was not identified, and there was no proper diagnostic work-up.

### Outcome:

The healthy tooth was lost, pain continued, and further treatment was required, including an implant.

### Claim Basis

Experts confirmed that a competent dentist would have identified the correct tooth and avoided unnecessary extraction.



## The Initial Consultation

During your first discussion, your solicitor will ask about:

- Your dental history and treatment timeline
- What symptoms you had and when
- What treatment was carried out (and by whom)
- Whether you were given options, warnings, and aftercare advice
- How the issue has affected you day-to-day
- Any documents or correspondence you already have

You do not need to prepare a legal case - your role is simply to **explain what happened**.

## Funding the Claim

Most dental negligence claims are funded by a No Win No Fee agreement, which reduces financial risk:

- No upfront legal fees
- No fees to pay if the claim does not succeed
- If successful there is a capped deduction

## The pre-action protocol

Your solicitor will:

- Obtain full dental and medical records
- Secure X-rays and imaging where available
- Instruct independent dental experts (e.g. general dentistry, endodontics, oral surgery, periodontics)
- Send a formal Letter of Claim
- Allow the defendant time to investigate and respond

## Liability – admitted or denied

If liability is admitted, the claim moves to valuation. If denied, further expert evidence may be required. Many cases settle even after an initial denial, once the evidence is fully considered.



# STEP 5

## The use of medical reports

The first type of medical report, called a Breach and Causation Report, will seek to establish:

- Whether care fell below **acceptable standards** (ie. breach of duty)
- Whether negligence caused **injury** or **worsened** your condition (ie. causation)
- What remedial treatment is required
- Long-term prognosis (including risks of future deterioration)

The second type of medical report is called a Condition and Prognosis Report. These reports cover:

- The injury itself (**pain, infection, nerve injury, tooth loss**), which is known as pain, suffering and loss of amenity, and
- The long term prognosis for you together with the likely cost of any corrective treatment required.

## General Damages/ Special Damages

Compensation is divided into:

- General damages: pain, suffering, and loss of amenity
- Special damages: financial losses (past and future)

Both elements are carefully assessed.



# Valuation and Compensation

Following receipt of complete medical evidence, we will be able to value your claim. Of particular importance in Dental Negligence is the cost of any necessary remedial treatment and future treatment and maintenance costs.

## Future losses and long term impact

Where negligence results in a need for additional treatment, compensation may include:

- Future dental treatment and replacement work
- Implant maintenance or replacement costs
- Future restorative work (crowns, bridges, dentures)
- Ongoing pain management or medication

## Other potential losses and long-term impact

- Psychological support (anxiety, loss of confidence, trauma)
- Reduced earning capacity (where facial pain or ongoing treatment affects work)

## Interim Payments

If liability is admitted, interim payments may be available to help cover:

- Private remedial treatment
- Immediate financial strain
- Access to specialist reports or scans.





## How Long Claims Take

Timescales vary:

- Straightforward claims: around 12–18 months
- Complex cases (e.g. nerve injury, extensive remedial treatment): 2–3 years or more

Delays often relate to ongoing treatment and obtaining specialist evidence.

## Negotiation and Settlement

Most claims settle without a trial. Your solicitor will advise on:

- The fairness of offers
- Whether you are at risk of settling too early (before the full cost of treatment is known)
- Whether further negotiation is appropriate

The final decision is always yours.

## Will I have to go to court?

Very few dental negligence claims reach trial. Even where proceedings are issued, most cases settle before a final hearing. If court attendance is required, you will be fully supported.

## After Settlement

Once agreed:

- Compensation is paid, usually within weeks
- Any deductions are applied transparently
- Funds are transferred directly to you



# CONCLUSION

Dental negligence claims are about **more** than compensation.

They are about **recognition, accountability**, and giving you the means to restore your **health, confidence, and quality of life**.

If you believe your dental treatment was mishandled, your concerns were ignored, or your injury could have been avoided, seeking legal advice does not **obligate** you to pursue a claim. It gives you **clarity, reassurance, and the opportunity to make informed decisions** about your next steps.

# FAQs

## What counts as dental negligence?

Dental negligence occurs when a dental professional fails to meet an **acceptable standard of care**, and that failure causes avoidable harm. This may involve **misdiagnosis, poor treatment, delayed referral, failure to investigate, poor consent, or avoidable injury during procedures.**

## Is it negligence if my dentist said my symptoms were “normal”?

It can be. Dentists still have a duty to investigate **persistent pain, swelling, bleeding, numbness, or bite problems**, and to refer appropriately where needed. Reassurance without proper investigation is a common feature in dental negligence claims.

## Can I claim if the problem was only discovered when I saw another dentist?

Yes. Many patients only discover poor dental work when they seek a second opinion or need corrective treatment. This discovery may also affect the limitation period (the “**date of knowledge**”).

## Does my dentist have to admit fault?

An admission is not required. Most claims are built using **dental records, X-rays, and independent expert evidence** about accepted standards of care.

## Do I need to know which dentist was at fault?

No. You do not need to identify individual responsibility. Your solicitor will determine whether liability rests with a dental practice, corporate provider, or other organisation.

## Is it too late to claim if this happened years ago?

Not necessarily. In many cases, the three-year time limit starts from the **date you first realised** that something may have gone wrong - not the date of treatment.

## What is the “date of knowledge”?

The date of knowledge is when you first became aware (or should reasonably have become aware) that:

- You were injured, and
- The injury may have been caused by negligent treatment

This may be years after treatment if the problem was hidden or only discovered later.

## What if my dental records are incomplete?

Incomplete records are **not uncommon**. Independent experts can still assess what should have been done, and your own account and supporting evidence can still be persuasive.

## Do I need photographs or witnesses?

No. They can help, but they are not essential. **Dental records, X-rays, and expert evidence** are usually the most important.


## How long does a claim take?

Timescales vary depending on complexity:

- Straightforward claims: around **12–18 months**
- Complex or serious claims: **2–3 years or more**

## What if I complained to the practice?

Complaints often **strengthen** a claim because they may include **admissions, clear timelines, or acknowledgements** of delay or error.



## What happens if the other side denies liability?

A denial does not mean your claim will fail. Further expert evidence may be obtained, and many cases settle later once evidence is reviewed.

## Can I change my mind after starting a claim?

Yes. You remain in control throughout. Your solicitor will explain your options at every stage. However, you should also be aware of breach of retainer, which could mean costs for you.

## Will I have to pay anything if my claim fails?

In most cases, no. After-the-event insurance is usually in place to cover disbursements and protect you from financial risk.

## How much compensation am I likely to get?

Compensation depends on:

- The severity of injury (pain, infection, nerve damage, tooth loss)
- The level of remedial treatment required
- Financial losses, including future treatment costs
- Impact on confidence, work, and daily life

## How does No Win No Fee work?

Most dental negligence claims can be funded by a No Win No Fee agreement:

- No upfront legal fees
- No fees if the claim does not succeed
- If successful, there is a capped deduction from compensation.

## Can I receive compensation before the claim ends?

Yes. If liability is admitted, interim payments may be available to help with treatment or financial pressure.

## What does compensation cover?

Compensation may include:

- Pain, suffering, and loss of amenity
- **Past** and **future** dental treatment
- **Medication** and **travel** costs
- Loss of **earnings** and **future earnings** impact
- **Psychological** impact

## How long does it take to get paid after settlement?

Once settlement is agreed, compensation is usually paid within a **few weeks**.


# CHOOSING NJS LAW

Dental negligence claims require more than technical knowledge, demanding a solicitor who understands how dental errors happen and can build a clear, evidence-led case without adding pressure during an already stressful time. At NJS Law, we act for clients whose injuries could have been prevented with earlier investigation, safer treatment planning, better consent, or appropriate referral.

## We are known for:

- **A compassionate, client-focused approach** – we understand how distressing dental injury can be
- **Clear, honest advice** from the outset on whether a claim is likely to be viable
- **A rigorous evidence-gathering process**, including full dental records and imaging
- **Straightforward communication** about what is happening and what to expect next
- **A focus on accountability and long-term well-being**, not just the legal outcome

# OUR TEAM



**Leanne Henton, Head of Personal Injury & Clinical Negligence, Solicitor**

Leanne became a Solicitor in 2013. She began her legal career in 2009, focusing on Personal Injury claims such as Road Traffic Accidents, Employer/ Public Liability and Medical Negligence. As Head of Personal Injury, she oversees the Employer and Public Liability team, Road Traffic Accident, Medical, Dental, and Cosmetic Negligence departments. In her personal life, she enjoys family holidays and outings.

## Richard Shillcock, Solicitor

Richard Shillcock is a Solicitor at NJS Law and qualified as a Solicitor in 2002. Over the course of his 25-year legal career, Richard has gained extensive experience working at several firms across the North West of England, developing broad expertise across the full spectrum of Personal Injury law. Throughout his career, Richard has handled a wide range of complex and challenging claims, building a reputation for his determined and tenacious approach to litigation.



## Barry Radford, Solicitor

Barry, a qualified Solicitor since 1999, has over 20 years of experience in personal injury claims, including employer's and public liability matters. He specialises in high-value multi-track claims and clinical and dental negligence cases. Recently relocated to rural Wales from Manchester, Barry enjoys walking in the countryside with his partner and their miniature dachshund, Rupert.



## Charlotte Crawshaw, Clinical Negligence Specialist

Charlotte has over 20 years' experience dealing with claims, on both Defendant and Claimant sides though for the past 6 years she has focused solely on Claimant clinical negligence claims. Outside of work, Charlotte enjoys reading, travelling, and spending time with her family and Beagle, Georgie.



## Ericka Genge, Clinical Negligence Specialist

Ericka has been a clinical and dental negligence Litigation Specialist since January 2019, specialising in claimant cases. With experience in Personal Injury, Employers Liability, Public Liability, and Disease matters since 2006, she helps clients achieve positive outcomes. Outside of work, Ericka enjoys being active, spending time with family, and practising Brazilian Jiu Jitsu, where she holds a black belt, sharing this passion with her husband and youngest child.



# HOW WE CAN HELP

At NJS Law, we understand that going to the dentist can be a stressful experience. When dental negligence leads to unnecessary pain, injury, or long-term complications, you may have a valid claim for compensation.

Our specialist solicitors have extensive experience securing compensation for clients affected by substandard care from dentists, dental hygienists, and orthodontists.

## Free Initial Consultation

As every claim is completely unique to a client's circumstance and personal experience, we begin the process with a completely free and confidential consultation. The aim is to understand what happened and how it affected your life.

During this meeting, we will listen carefully to your story and review any medical information you have, assess whether your situation may amount to medical negligence and clearly explain your legal rights and options.

## Funding Your Claim

Most clients choose to pursue their claim under a No Win, No Fee arrangement, which we offer at NJS Law. This means you will not pay any legal fees unless your claim is successful. But, if you're still unsure when making a claim with us, we will explain all funding options to you in full before you commit, ensuring total transparency.

## Gathering Evidence

Once you decide to proceed with a claim, our team will request all relevant evidence. So, hospital and GP records, expert opinions from trusted medical professionals, photos etc. And, with this, we can begin building a detailed picture of how the treatment you received fell below an acceptable standard and caused harm.

## 4 Establishing the Impact on Your Life

Next, we will work with you to identify the full impact of negligence. This includes any physical injuries or complications, psychological and emotional effects like anxiety, loss of confidence or PTSD. And, if you have suffered financial losses, like earnings, medical costs or care needs, we will highlight these as well.

## 5 Submitting the Letter of Claim

Everything that we compiled during the previous steps is then prepared into a formal Letter of Claim, which sets out the details of your case, the alleged negligence, and the impact it has had on your life. This is then sent to your healthcare provider or NHS Trust responsible, who must respond within a set timeframe (usually four months).

## 6 Negotiation and Settlement

Where possible, we aim to achieve a fair settlement through negotiation or mediation to avoid the need for court proceedings. Most of the time, this is achievable. However, if a reasonable offer is not made, our experienced solicitors are fully prepared to represent you in court.

# RESOURCES

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Complaint service for when private dental care falls below standard.



A charity providing support and information on oral health in the UK.



National Health Service contains many helpful resources.



**GET IN  
TOUCH  
WITH  
NJ'S  
LAW**

# 0330 818 1202

# medical@njslaw.co.uk

Contacting us is confidential, and it does not commit you to making a claim. Many clients simply want clarity - to understand whether what happened was acceptable, and whether earlier action could have prevented harm. Your initial consultation is designed to be supportive and practical. We will:

- Listen to what happened and the impact it has had on your health and daily life
- Ask questions to build a clear timeline, including when symptoms began, what you reported, and how you were treated
- Explain what the legal test for negligence is (duty, breach, and causation) in a straightforward way
- Discuss time limits and the 'date of knowledge', which is especially important where diagnosis was delayed for years
- Outline what evidence is usually needed and how we obtain it on your behalf
- Advise, honestly, whether your case appears viable and what your next options are

If you decide to proceed, we can usually act under a No Win No Fee agreement, meaning there are no upfront legal fees. We will explain funding, potential deductions, and any insurance in plain English before you sign anything.

We can also discuss interim support where appropriate - including accessing private treatment or specialist reviews - and we will handle all communication with the NHS Trust, GP practice, or private clinic so that you do not have to.

Most importantly, you remain in control. We will never pressure you to pursue a claim. Our role is to give you clarity, protect your position, and help you decide what is right for you.

If you are ready to talk, contact NJS Law for a confidential discussion. We will explain your options and next steps clearly and sensitively.

[Contact Us](#)

[Dental Negligence Claims](#)

[Homepage](#)





NJS LAW ARE HERE TO HELP YOU. IF YOU BELIEVE YOU HAVE SUFFERED DENTAL NEGLIGENCE, THIS EBOOK WILL TELL YOU EVERYTHING YOU NEED TO KNOW BEFORE STARTING A CLAIM.



DESIGNED & EDITED BY MOLLY NEWBERY.