

**General  
Dental  
Council**

## **GDC consultation response**

**NHS Digital consultation:**

**Changes to the Data on Written Complaints in  
the NHS**

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NHS Digital

Response submitted via the online response form provided.

### **Changes to the Data on Written Complaints in the NHS Primary Care (GP and Dental) KO41b**

#### **Question 1.**

No response.

#### **Question 2.**

No response.

#### **Question 3.**

No response.

#### **Question 4.**

No.

We suggest that, at the high level, a differentiation between complaints that caused 'patient harm' and other complaints around, communication process and logistics.

#### **Question 5.**

The GDC and NHS have a shared interest in identifying 'risk' to patients (and separate these from other types of complaint – currently captured in total complaints). We think the broad themes of these could be documented in this section. The definition of harm could be provided by the patient in this instance (self-selecting) rather than any clinical appraisal. For instance, a validated 'pain' scale.

#### **Question 6.**

Yes.

#### **Question 7.**

Yes

#### **Question 8.**

Yes.

#### **Question 9.**

Age range data is useful (because there are age-correlated public safety specific issues). We suggest that the age bands align with census age ranges. Further, it would be useful if previous data could be back-coded to these age ranges to allow comparison over time.

At present data capture does not provide useful/actionable disaggregation, is it possible, for instance using routing, to capture information about the complainant, by asking those respondents who are under 18 or 65+ whether they are a parent or carer making a complaint on another's behalf?

**Question 10.**

Yes.

**Question 11.**

Yes.

**Question 12.**

Yes.

**Question 13.**

In relation to 11 – could ‘carer’ and ‘guardian’ be grouped together because of small numbers relating to guardian?

Also in relation to 11, we would like to add a category for ‘medical professional / colleague’ to separate out this group from ‘other’. This could help understand the rate at which medical professionals complain about their peers.

**Question 14.**

No.

**Question 15.**

Yes.

**Question 16.**

In relation to innovation and the impact of the pandemic, with the implications for/increase in remote service delivery in mind, we would suggest that it is useful to make this distinction either in the options around dental or GP service (e.g. ‘Dental Surgery – remote appointment’ or ‘GP Surgery – remote appointment’) or provide a separate table K041b complaints table just for remote options. Remote appointments experience may not provide an accurate reflection of in-house dental or GP appointments, hence we suggest a distinction be considered.

**Question 17.**

No.

**Question 18.**

We suggest including ‘Remote Dental appointment’, ‘Remote GP appointment’ options because this is an emerging treatment area and may not reflect the quality of regular surgery appointments.

**Question 19.**

For instance, these could be grouped into:

1. Availability / Access to treatment
2. Patient data security / admin
3. Clinical / procedural errors that did not lead to physical harm to patient

4. Errors that lead to patient harm (e.g prescribing errors, delay in diagnosis, delay in failure to refer etc)

**Question 20.**

No reponse.

**Question 21.**

To ensure detailed analysis , we suggest GP and Dentists be separated out.

**Question 22.**

No.

**Question 23.**

Mentioned above.

**Question 24.**

We suggest a clearer distinction needs to be made for how 'Nurse / Care Professional' and 'Other professional care staff' are different. There could to be potential for coding errors or errors by those interpreting the reports.

**Question 25.**

No response.

**Question 26.**

The GDC suggest a measure quantifying the harm made to the complainant. For instance, a recognised discomfort or pain scale

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