# Update on performance of the Dental Complaints Service

<table>
<thead>
<tr>
<th><strong>Purpose of paper</strong></th>
<th>To report on the performance of the Dental Complaints Service (DCS) for quarter 1, 2017.</th>
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</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
<td>For noting and discussion.</td>
</tr>
<tr>
<td><strong>Corporate Strategy 2016-19</strong></td>
<td>Patients: Objective 4 – To direct patients who have concerns to the most appropriate organisation, so that problems can be resolved quickly, fairly and cost effectively.</td>
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<tr>
<td><strong>Business Plan 2017</strong></td>
<td>Continue to raise awareness of the service and drive down the number and age of complaints.</td>
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<tr>
<td><strong>Decision Trail</strong></td>
<td>The DCS performance data was reviewed by EMT on 3&lt;sup&gt;rd&lt;/sup&gt; May 2017.</td>
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<tr>
<td><strong>Next stage</strong></td>
<td>Not applicable.</td>
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<tr>
<td><strong>Recommendations</strong></td>
<td>The Council is asked to note and discuss the paper.</td>
</tr>
</tbody>
</table>
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| **Appendices**       | None                                                                                             |
1. **Executive summary**

1.1. Following the recent re-structure of the GDC’s directorates, the Dental Complaints Service has been managed under the FtP directorate from 1st April 2017, having previously been included within the Strategy directorate.

1.2. This paper summarises the performance of the service in Q1, 2017 as well as providing information about current challenges and the plans to address these and for future development of the service. The Council is aware that the review of DCS falls under the Shifting the Balance Portfolio. Phase 1 of that work (reviewing and improving the operational efficiencies of DCS) is underway and an update on the scope of that work and progress to date is set out below.

2. **Analysis of Performance**

**Incoming complaints**

2.1. The DCS record data for all initial enquiries and complaints. Based on the figures in Q1, 2017, the forecasted number of enquiries is expected to be 3,068 enquiries in 2017. This compares with 3,054 in 2016 and 1,939 in 2015. The DCS receives most of its initial enquiries via the telephone. Please see figure 1 below which shows the number of telephone enquiries received in Q1 2017.

![Figure 1 – Phone call enquiries 2016 v 2017](image)

2.2. Referrals are also received via the DCS online platform and by post. The respective figures for Q1, 2017, benchmarked against 2016 figures for the same period are set out in figure 2 below.
2.3. The number of incoming enquiries (at approximately 3,000) are broadly in line with figures for 2016. Unlike recent trends noted in FiP, no reduction in complaint numbers has been experienced in DCS.
2.4. The following figure shows the origin of enquiries/complaints received during 2016.

![Source of DCS Enquiries in 2016](image)

Figure 3 – sources of DCS enquiries in 2016

2.5 The most common issue raised in 2016 by complainants was a perceived failure in dental treatment (64% of complaints), followed by alleged inappropriate treatment (5%) and the provision of treatment inconsistent with an agreed treatment plan (4%). Rudeness was reported in 3% of cases, with dental practitioners ignoring complaints in 3% of complaints.

Outcomes

2.5. In Q1, 2017, the DCS secured a full refund of fees in 98 concluded complaints, with partial refunds secured in 14 other cases. In 20 cases, patients received a financial contribution from their treating dentist for remedial work required. In 15 complaints, a full explanation of issues arising during dental treatment was secured for patients and 3 patients complaints were closed after they had received full apologies.

The relationship with FTP

2.6. Incoming complaints are assessed against the DCS remit and FTP referral criteria. If the DCS are unable to assist, the patient is referred to the appropriate organisation, this includes NHS England, ICO, CQC, FTP or advise to seek independent legal advice.

2.7. All enquires that either fall within the DCS remit or raise FTP concerns in-line with the FTP criteria, are logged and processed as cases. A comparison between the cases logged and the number of referrals made to FTP have been detailed below.
2.8. In Q1 2017, on average, 17 referrals were made per month from DCS to the FtP process, representing between 20% and 38% of complaints received. This compares with a figure of 30% for the whole of 2016. On average, 23 referrals were made to the FtP process per month in the last six months of 2016.

2.9. In total, 4 cases were referred by the DCS team to the Illegal Practice Team throughout 2016.

2.10. A review of the DCS/ FtP referral criteria is a key workstream under Phase 1 of the Review set out in para 1.2 above.

The DCS resolution process

2.11. The DCS resolution process comprises four operational stages, each with a target completion time per stage.

2.12. The initial stage, known as DCS Review, is effectively a triage stage. Complaints are reviewed to assess whether they are suitable for resolution by DCS. The time target for completion of the DCS Review stage is 2 working days.

2.13. If not suitable for resolution by DCS, the complaint is closed with no further action with signposting the complainant where appropriate.

2.14. If the complaint falls within the scheme’s remit, the case is passed to the second stage after an assessment is undertaken whether the complaint engages any fitness to practise issue, which may merit referral to the GDC. The second stage is referred to as the Local Resolution stage. The target for completion of this stage is 3 weeks. During this second stage, the complainant is encouraged to raise the issues with the dental professional, with advice on how best to frame their concerns. If this approach is successful, the case is closed. If not, the case continues to a third stage, known as Facilitated Resolution.
2.15. In stage 3, if a patient is not satisfied with the response from their dental professional and is unable to resolve the matter, DCS complaints officers will then work with both parties to try to reach a resolution within a 12-week window.

2.16. If reaching resolution is not possible and the parties consent, the case can be referred to a final stage, known as the Panel Stage. The Panel stage involves a meeting before an independent Panel. The panel consists of two non-dental professional members and a dental professional. DCS operate a team of UK-wide trained volunteers will hear both sides of the complaint and work towards facilitating an amicable resolution between the patient and the dental professional. If this is not possible, the panel will make a recommendation to bring the matter to a close. On average, the Panel stage can take a further 8 weeks but availability of Panel members, venue and the parties can affect this.

Performance

2.17. The performance against the indicative time targets is set out below in figure 5. There were no Panel meetings in Q1 of 2017.

<table>
<thead>
<tr>
<th>Month</th>
<th>Target</th>
<th>Average time</th>
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<tbody>
<tr>
<td>January 2017</td>
<td>Stage 1 – 2 days</td>
<td>Stage 1 – 4 days</td>
</tr>
<tr>
<td></td>
<td>Stage 2 – 21 days</td>
<td>Stage 2 – 39 days</td>
</tr>
<tr>
<td></td>
<td>Stage 3 – 90 days</td>
<td>Stage 3 – 81 days</td>
</tr>
<tr>
<td>February 2017</td>
<td>Stage 1 – 2 days</td>
<td>Stage 1 – 11 days</td>
</tr>
<tr>
<td></td>
<td>Stage 2 – 21 days</td>
<td>Stage 2 – 42 days</td>
</tr>
<tr>
<td></td>
<td>Stage 3 – 90 days</td>
<td>Stage 3 – 75 days</td>
</tr>
<tr>
<td>March 2017</td>
<td>Stage 1 – 2 days</td>
<td>Stage 1 – 4 days</td>
</tr>
<tr>
<td></td>
<td>Stage 2 – 21 days</td>
<td>Stage 2 – 39 days</td>
</tr>
<tr>
<td></td>
<td>Stage 3 – 90 days</td>
<td>Stage 3 – 92 days</td>
</tr>
</tbody>
</table>

Figure 4 – DCS performance against expected time targets for completion 2017

Timeliness in Stages 1 and 2 of the process has been compromised in Q1, 2017 by significant staffing issues. The DCS team comprises a Head of Service, Operations Manager and 7.0 wte complaints officers, at full capacity. During Q1, two 1.0 wte complaints officers have been absent on sickness leave and in addition two 0.6 wte officer posts have remained unfilled after one resignation early in 2017 and the promotion of a second member of the team to the Operations Manager post. Both vacant posts are actively being recruited with interviews taking place on 14th June. The Head of DCS is working with the HR Team to manage the longer-term sickness absences. The loss of 2.2 wte staff members throughout Q1 has impacted on performance at Stages 1 and 2, though performance against Facilitated Resolution stage has been more positive. It is anticipated that performance will improve against time targets in the last two quarters of 2017 if the posts are filled successfully in Q2.
2.18. The number of cases concluded by DCS in Q1 are set out below in figure 5.

![Resolved Cases](image)

**Figure 5. DCS concluded cases for 2017**

2.19. Concluded cases are complaints that have closed at either of the four operational stages. Based on Q1 data, the forecasted number of complaints likely to be dealt with by DCS in 2017, would be approximately 780. This compares with 831 complaints in 2016, 728 complaints in 2015, 1,068 in 2014 and 1,876 in 2013.

2.20. When all cases are closed, feedback forms are sent to both the patient and Dental Professional to obtain feedback on the service that they have received. In Q1, 2017, the overall level of customer satisfaction shows 91% of respondents found the service they received good or excellent.

2.21. A benchmarking exercise is underway to establish comparisons between the DCS and other similar complaint resolution bodies, for example, the Office for Legal Complaints or the Legal Ombudsman. The outcome of this exercise will be provided to EMT shortly.

**Review of DCS – Phase 1, Shifting the Balance Programme**

2.19 This project aims to improve current service delivery and utilise how the DCS can work as efficiently as possible by resolving current operational issues. The project is sponsored by the Head of Service (DCS), overseen by the Director of FtP and will fall under the governance of the Shifting the Balance programme board. Phase 1 of the DCS Review is expected to be completed by 31st December 2017.

2.20 Key benefits to be delivered in Phase 1 comprise:

i. Up-to-date suite of SOPs/template letters which are appropriately document managed in accordance with GDC practices;

ii. Introduction of new CRM functionality to assist with improving effectiveness and efficiencies of processes;

iii. An online consent form as part of the DCS web form to speed up the time taken to resolve a complaint;
iv. Improved reports to capture essential data for learning, feedback and to assist with performance management;

v. Script and FAQs for improved signposting NHS patients and for staff to use explaining FTP processes and timeframes;

vi. Updated referral criteria between DCS and FtP to ensure only serious cases are referred to the GDC;

vii. A more time efficient and cost-effective customer feedback process. The current process is paper-based.

3. **Recommendations**

   3.1. For Council to note and discuss the performance of DCS in Q1, 2017.