

Update on performance of the Dental Complaints Service

Purpose of paper	To report on the performance of the Dental Complaints Service (DCS) for Quarter 2, 2018
Status	Public
Action	For noting and discussion .
Corporate Strategy 2016-19	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. .
Business Plan 2017	Continue to raise awareness of the service and drive down the number and age of complaints.
Next stage	Not applicable.
Recommendations	The Council is asked to note and discuss the paper.
Authorship of paper and further information	Michelle Williams DCS Head of Operations mwilliams@dentalcomplaints.org.uk T: 020 8253 0811
Appendices	FTP Stream 2 Cases

1. Executive summary

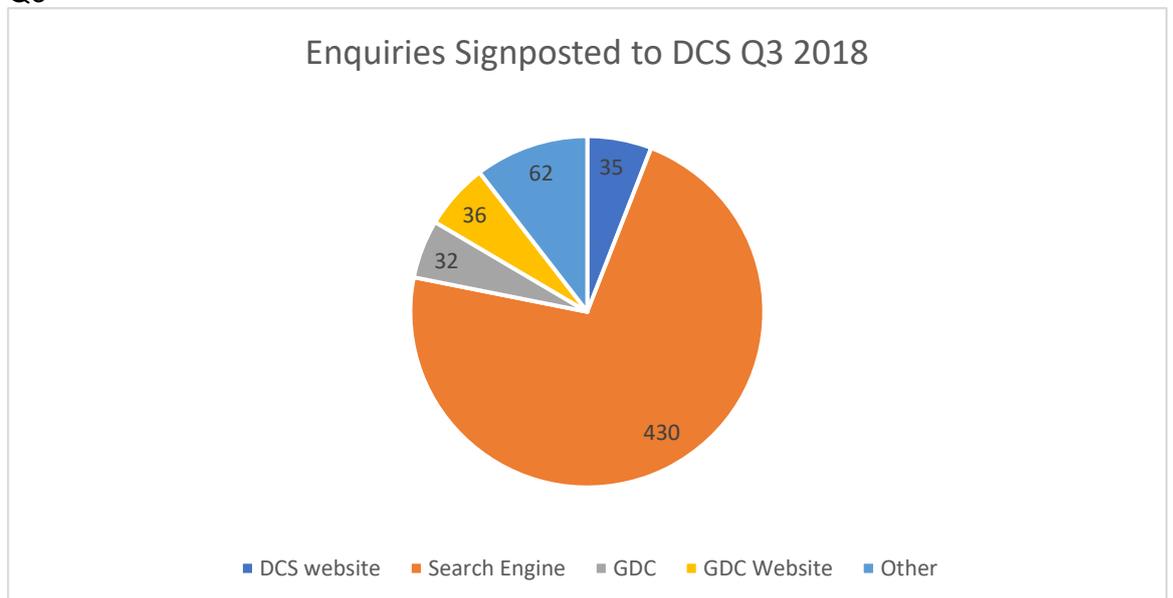
- 1.1. This paper summarises the performance of the service in Quarter 3 2018, as well as providing information about the current status of DCS, the challenges faced and how these are being addressed. The team have been embedding and strengthening in performance following the new organisation structure which came into effect in June 2018, whilst maintaining service standards over the period.
- 1.2. The paper also includes an analysis of the FTP referrals made since the implementation of the new principles. Details of the mitigations both DCS and FTP are completing to ensure that only appropriate referrals are made to FTP.
- 1.3. Feedback from the referrals made by DCS to illegal practice and their current status.
- 1.4. Details of the NHS feedback received. The information would suggest that only a small minority of those sign posted to the NHS take the matter further. Of those signposted for local resolution, only 10% of respondents advised their complaint was partly resolved by the dental professional.

- 1.5. An outline of the objectives for the DCS review phase 2. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner.

2. Analysis of Performance

Incoming enquiries

- 2.1. The DCS record data for all initial enquiries and complaints. During Q3, 595 enquiries were received compared to 590 for the same period in 2017. We are satisfied with the stability of the number of enquiries from patients during this period. A root and branch review is being initiated as part of the DCS review Stage 2 which falls under the Shifting the Balance programme of work – to determine how we might raise the profile of the service on offer where appropriate.
- 2.2. The following diagram details how the main enquiries were signposted to DCS in Q3



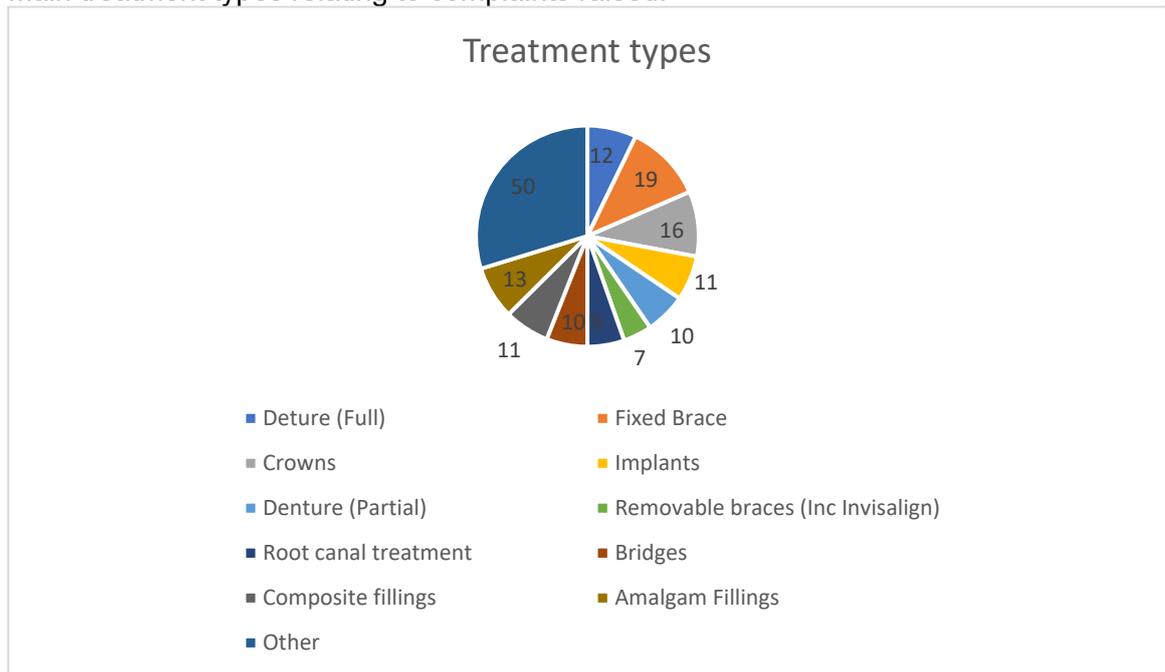
- 2.3. Of the 595 enquires logged in Q3, 159 cases were within the DCS remit. The rest of the enquiries were sign posted to the relevant organisation to enable the patient to resolve their concerns appropriately (Care Quality Commission, NHS Health Boards, Oral Health Foundation, Citizen Advice Bureau and other public bodies). Of those cases raised within the DCS remit the complaints related to:

Complaint issues

- 2.4. The most common issues raised in Q3 by complainants were a perceived failure of treatment (76%) other causes include, inappropriate treatment (3%) or the treatment not being inconsistent with the treatment plan (3%).

Treatment types

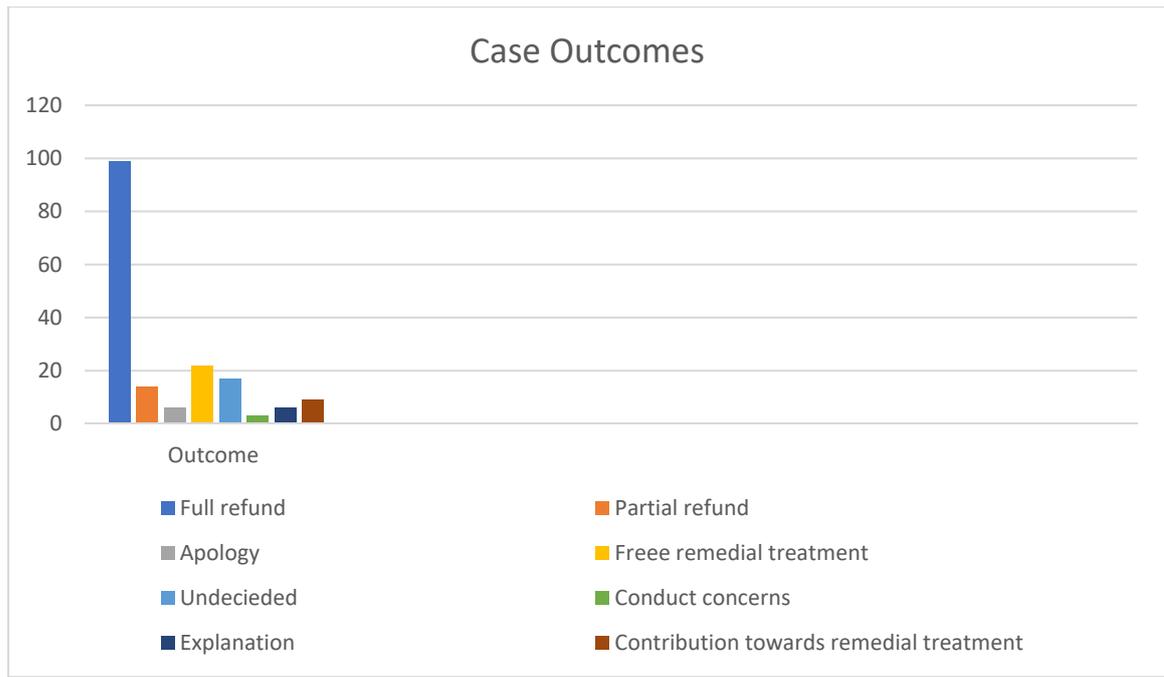
2.5. Main treatment types relating to complaints raised:



During Q3 there were 19 complaints regarding fixed braces, 7 regarding removable braces which include, invisalign, six month smile, imaligners and other brands. 83% (94) of the complaints raised related to the more costly forms of treatment such as dentures, braces, crowns and implants.

Outcomes

2.6. In Q3 2018, the outcomes relating to the 167 concluded cases are detailed in the table below. It can be concluded from the data that the most common outcome is to obtain a refund to have their treatment completed by another dental professional. 60% of the resolved cases were resolved following a full refund by the dental professional. Patients cannot request a refund unless they are having remedial treatment as this would put them in profit and be classed as compensation.



2.7.

Note: Patients can raise more than 1 complaint/issue and outcome for each aspect of the complaint.

The relationship with FtP

- 2.8. Incoming complaints are assessed against the DCS remit and FTP referral Principles which were introduced on 1 March 2018 as part of the DCS review project. If the complaint does not fall within the DCS remit and DCS are unable to assist, the patient is referred to the appropriate organisation, this includes: NHS England, ICO, CQC, FTP or they are advised to seek independent legal advice.
- 2.9. All enquiries that either fall within the DCS remit or raise FTP concerns in-line with the FTP principles, are logged and processed as cases.
- 2.10. The new DCS to FTP referral principles were introduced in March. Following the implementation of the new principles the referrals to FTP have dropped significantly to 1.5% in Q3. The average for 2017 was 30.8%
- 2.11. A comparison between the enquiries, cases logged, and the number of referrals made to FTP have been detailed below in figure 4. To ensure that DCS refer cases appropriately a log is kept of cases where the patient advises that they would like the dentists conduct investigated and they are guided through the GDC triage process. Once logged cases can run concurrently between FTP and DCS. To date there have been 5 cases running concurrently since its inception. Further detail can be found in Appendix 1.

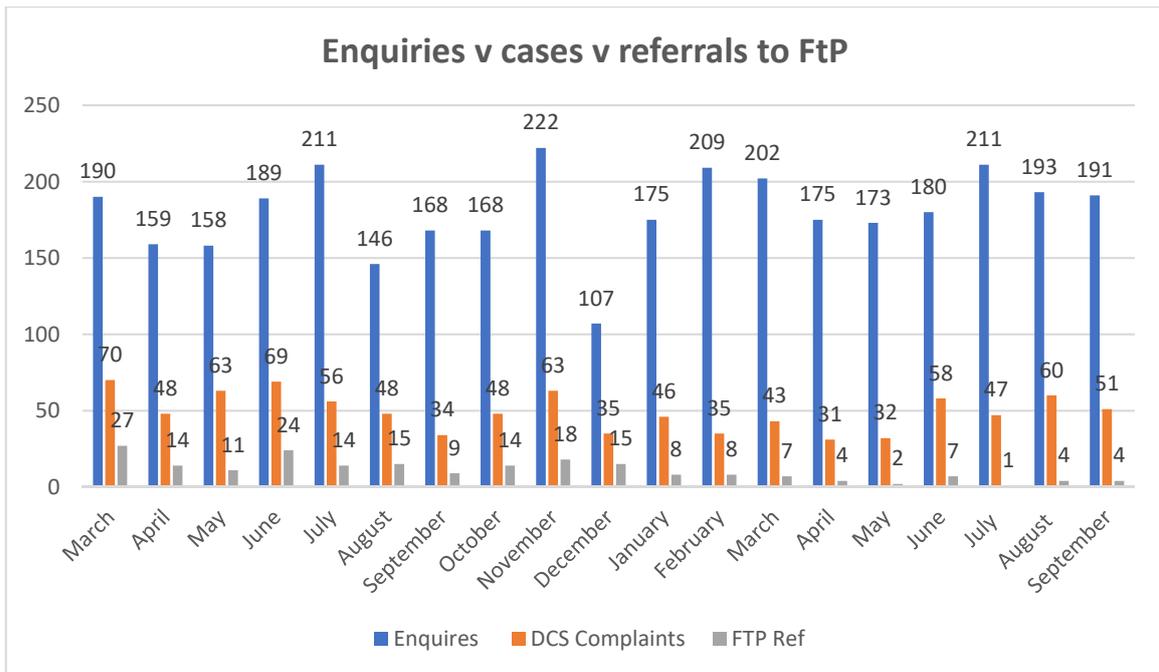


Figure 4. DCS enquiries v complaints v referrals to FtP in the last 18 Months

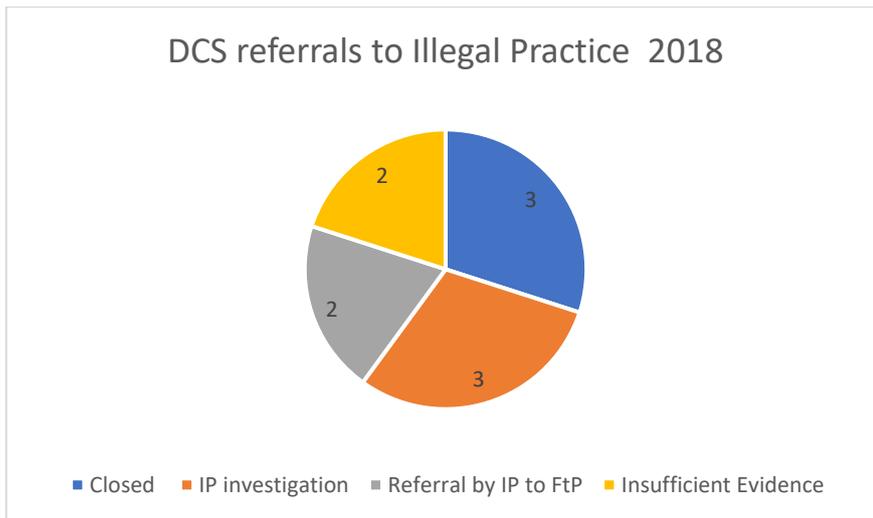
2.12. Of the reported 188 FTP referrals made by DCS in 2017, 76 of those referred cases were closed at Initial Assessment (39%) and 89 were referred for Assessment (46%). In contrast, 26 cases have been referred since 1 March 2018, 18 (76.9.0%) have progressed beyond Initial Assessment. 5 (19.2%) cases were closed at Initial Assessment due to withdrawal of consent by the informant following successful local resolution, and 1 (3.8%) case the registrant could not be identified as the patient did not engage with FTP to provide this information. This is a positive improvement on the appropriateness of referral to FTP from DCS.

More detail in relation to the mitigations and quality assurance checks can be found in Appendix 1.

Illegal Practice

2.13. 10 referrals were made from DCS to the Illegal Practice team between 1 January 2017 and 31 August 2018.

2.14. Below details the progression of DCS referrals to Illegal Practice since January 2017 To February 2018. During the 13-month period 10 cases were referred to Illegal practice.



2.15.

2.16. Of those 10 cases as detailed in the above diagram 3 cases were closed by the illegal practice team as there was no evidence of illegal practice. 3 cases were progressed to investigation or added to an existing case. 2 Cases were referred on to FTP for investigation as the concerns related to a registrant. 2 cases were investigated however no dental treatment was offered by the individual.

2.17. DCS will continue to use the Scope of Practice document to determine if a referral is required to illegal practice. Further information on the cases referred can be found below which details the rational for the referral, and the decision from the illegal practice team.

	Brief details	Referral Received Date	Outcome
1	Complaint about former registrant continuing to practise dentistry post erasure.	19/01/2017	IP team already investigating this former registrant, so the enquiry was added to the existing case.
2	Complaint about unregistered individual acting as a DT.	12/06/2017	IP team opened a case which had to be closed after investigation as there was insufficient evidence to proceed as named individual did not offer dentistry when investigated.
3	Complaint about unregistered individual providing clip in veneers.	21/06/2017	IP team opened a case which was investigated and then closed with the matter referred to FtP as it related to a registered DT acting outside of scope.
4	Complaint about veneers provided to patient by a registrant.	11/07/2017	Referred to IP in error, IP referred on to FtP for investigation.
5	Complaint about former registrant continuing to practise dentistry post erasure.	10/08/2017	IP team already investigating this former registrant, so the enquiry was added to the existing case.
6	Complaint about braces provided to patient and boyfriend subsequently cutting the brace wire.	23/08/2017	Matter closed with no further action as it did not constitute illegal practice.
7	Complaint about tooth whitening by unnamed individual.	21/12/2017	IP Team opened a case which had to be closed after investigation as there was insufficient evidence to proceed in relation to the treatment offered or identity of the individual.
8	Complaint about offer of Invisalign treatment which did not materialise and use of protected title.	04/01/2018	Matter was closed with no further action taken as there was no evidence of illegal practice (registrant employed and supervising trainees).
9	Complaint about clip in veneers using boil-in-the-bag impressions	17/01/2018	Matter closed with no further action as there was no evidence of illegal practice.
10	Complaint about unregistered individual providing dentures to patients	21/02/2018	Matter currently under active investigation.

Performance

2.18. The number of cases concluded by DCS in Q3 are set out below in figure 6. The average resolution time has dropped to 46 days at the end of Q3.

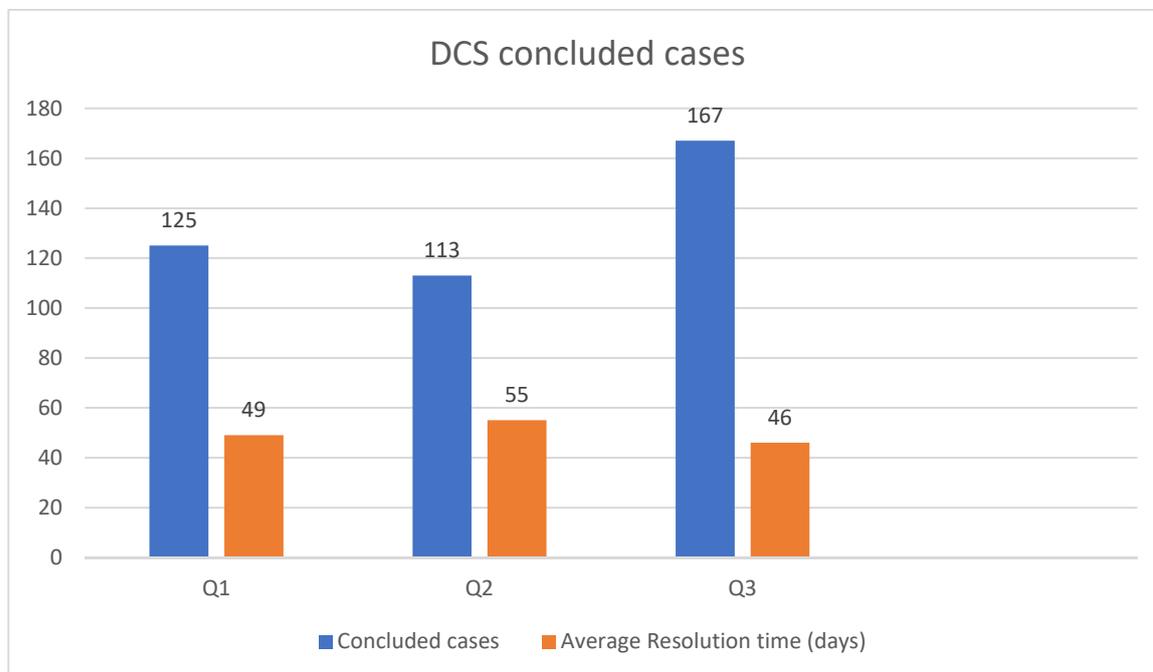


Figure 6. DCS concluded cases for Q2 2018

2.19. Concluded cases are complaints that have closed at either of the four operational stages. In Q3 the team concluded 167 cases compared to 115 in Q2 2018

2.20. When 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 Q3, 2018, the overall level of customer satisfaction shows 94% of respondents found the service they received good or excellent. DCS are currently investigating other ways of obtaining feedback from Dental Professionals as the return rate remains relatively low. This will enable us to gain a clear understanding of the Dental Professional's experience of the service and see where we can improve.

NHS Complaints signposting

2.21. Following signposting to the NHS by DCS feedback is sought as to the outcome of complaints resolution within the NHS. 30 Automated feedback requests were sent by DCS during Q3. With 10 responses (33%) received during this period resolution with the dental professional has been low with only 1 respondent (10%) detailing their complaint was partly resolved. Figures obtained from NHS England advise that during the 2017/2018 financial year 1249 dental complaint cases fell within their remit however 12,765 complaints were raised with their dental practitioners.



In line with legislation NHS complaints that are raised with the practitioner cannot be raised with the health board but are advised to contact the Parliamentary and Health Service Ombudsman. Following discussions with various organisations to understand the process, and the number of patients that pursue their complaints after local resolution it has been determined that only a small number of enquiries are raised with the PHSO (1193) in 2017 and of those only 63 became cases. We will be investigating further as part of the 'Developing a comprehensive complaints handling mode' project within the Stb programme.

DCS Review Phase 2

2.21. Following the operational improvements made as part of the DCS Review Phase 1 Phase 2 of the DCS review commenced on 1 September following the initial project board meeting on 16 August. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. It will contain three key deliverables:

- The optimisation of the current DCS model within its existing jurisdiction;
- A review and feasibility assessment of alternative models (i.e. who could fund and deliver the service), identifying a preferred model; and
- A service rebrand and launch based on the selected alternative model (if appropriate).

3. Recommendations

3.1 For Council to **note** and **discuss** the performance of DCS in Q3 2018.