

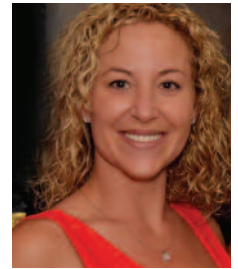
**Dental Complaints
Service Review**
2015–2018



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Introduction

The Dental Complaints Service (DCS) is funded by the General Dental Council, which regulates dental professionals in the UK. We have been helping patients to resolve complaints about private dental treatment since 2006. During that time, we have seen many changes within dentistry, the kinds of treatment available, and in the way in which complaints are handled.



We have now helped to resolve more than 5,000 complaints and assisted with over 19,000 enquiries, while remaining committed to our ethos: to be impartial, fair and free.

Unlike most other services, the best measure of our success is a reduction in demand for the service we offer, which ranges from simple advice on how to seek local resolution to our panel meeting service. I am happy to report that we now handle around 600 complaints a year, compared to just under 900 at the peak of our demand in 2009. It is also important to note that more complaints are now being resolved at an earlier stage, which is reflected in the fact that we now have only 42 panel members, compared to 200 at our inception. These are positive signs of progress and reinforce the message that complaints can, and are, being resolved locally.

The nature of the complaints we handle is also changing. Previously, we could expect to receive most complaints about crowns, dentures and fillings. Whereas today, with the increasing availability of more sophisticated and complex treatments, orthodontics is attracting the highest number of complaints. We also see far more elective / cosmetic treatment being undertaken.

Whilst providing a fair and impartial service is our priority, we must also remain cost effective and responsive to changes within the profession and wider environment. In recent years, we have worked hard to achieve marked improvements in our ability to progress cases more rapidly and to signpost enquiries appropriately, ensuring only high-risk cases are referred for investigation by the GDC's Fitness to Practise function. We aim to make an initial review of all complaint enquiries we receive within two days and to conclude 80% of cases within 90 days.

In 2017, we started a review into our operations to ensure we continue to deliver best value, in terms of both cost and efficiency. In May 2018, we moved offices from Croydon, to the General Dental Council's offices in Wimpole Street, West London, to cut our operating costs. However, we remain entirely impartial in the way in which we perform our role.

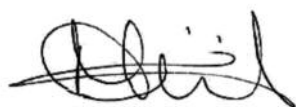
Alongside this move, we have restructured our operations to improve efficiency and I am delighted to say that this was completed without any detrimental impact on our service levels throughout.

Introduction

Recently, after extensive consultation across the sector, we have also expanded our remit to aid people who have complaints about treatment they have received under private dental plans. Take-up of this has been slow, but we hope more patients and practices will use the service through 2019, as they become aware of its availability.

This is not the end of the story. We recognise in a changing world of new treatments, provider funding options (NHS, private, private healthcare, insurance) and the evolving regulatory environment, it is appropriate to review the role we play in the broader landscape. In conjunction with the GDC, we are undertaking a further review of the service, particularly in response to the strategic initiative set out in Shifting the balance and recent developments in complaint handling across the sector. This will consider the future nature of any service, funding requirements and mechanisms together with delivery models. We plan to publish recommendations next year.

Finally, I would like to thank the DCS team for their hard work and commitment, the dental profession and the indemnifiers who engage with us to enable patients to raise their complaints and find a route to resolution. Without your co-operation our service could not succeed, leaving private patients with no impartial means of resolving their complaint when they are unable to resolve it with the dental professional themselves.



Michelle Williams

Head of DCS Operations

2015 to 2018 in figures

In this section we have provided statistics around the key stages of our process of helping private dental patients and dental professionals to resolve complaints about private dental care fairly and efficiently.

For more information on the role of the DCS visit our website:
<https://dcs.gdc-uk.org/>

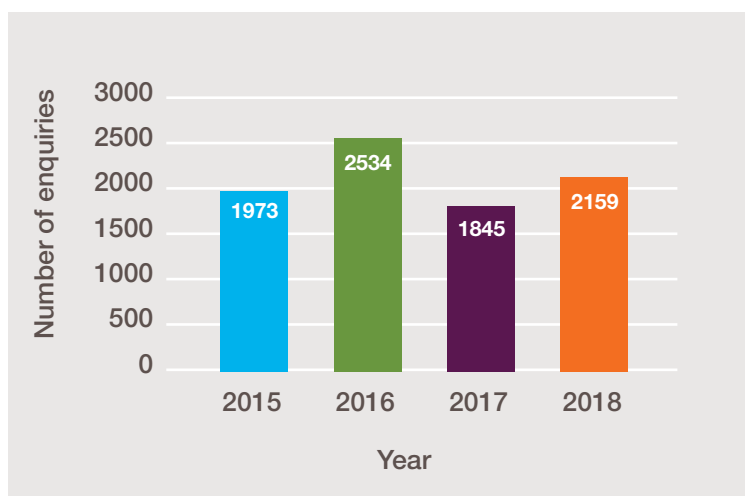
Enquiries

We record data for all initial enquiries and complaints that we receive and have seen a decline in call volumes over the last two years, as is highlighted in Graph 1, as more people move towards contacting us electronically. This trend continues in 2019, with the amount of webforms doubling each month in comparison to 2018.

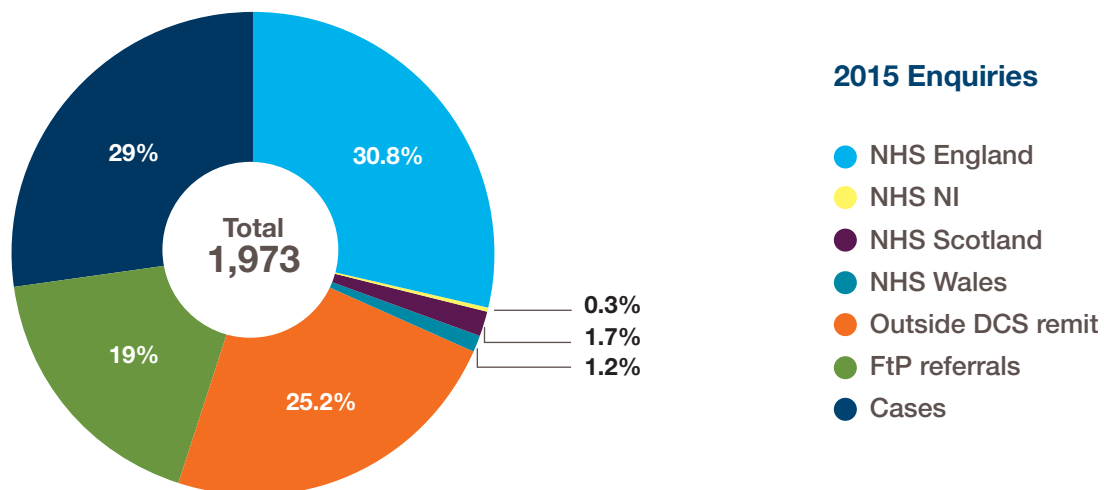
We aim for at least 80% of enquiries to be processed within two working days and have maintained our informal process of contacting the patient over the phone to discuss their concern and advise them on the best way to progress the matter. This means providing them with the information they need to seek local resolution with the dental professional directly and signposting them to the correct organisation should this not be successful.

The following graphs show the differing numbers of enquiries that were received between 2015 and 2018 and how they were handled or signposted.

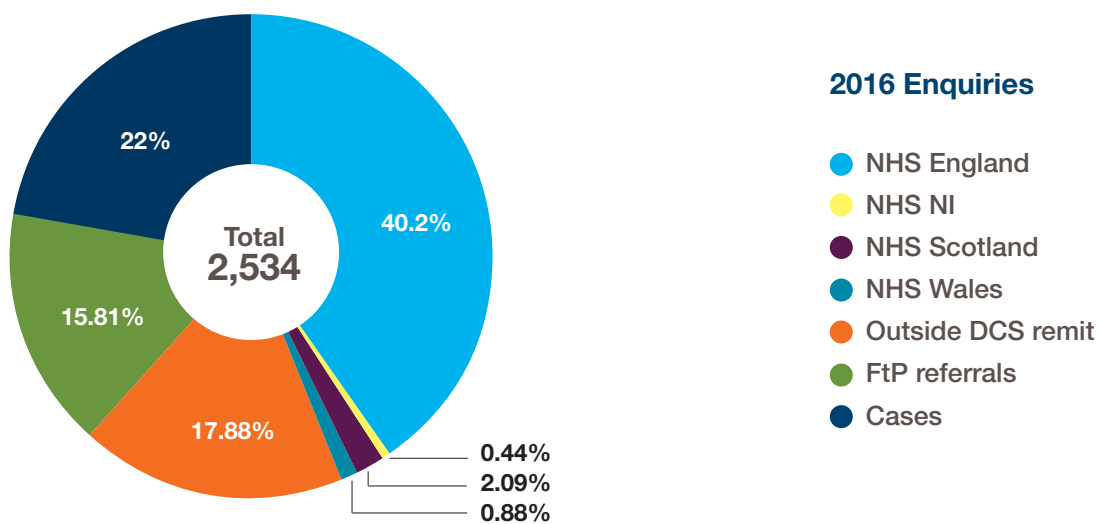
Graph 1: Number of enquiries 2015–2018



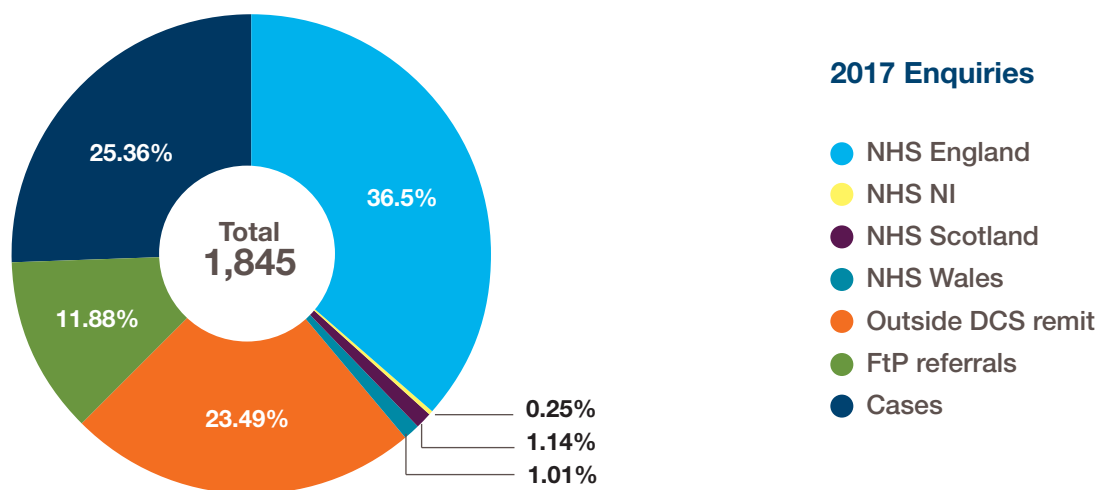
Graph 2: How enquires were handled/signposted 2015



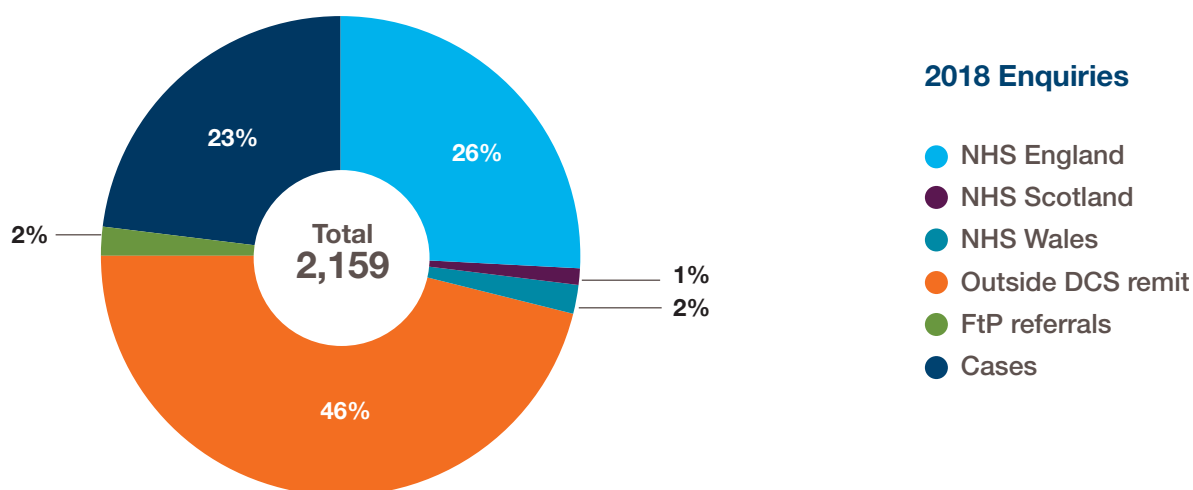
Graph 3: How enquiries were handled/signposted 2016



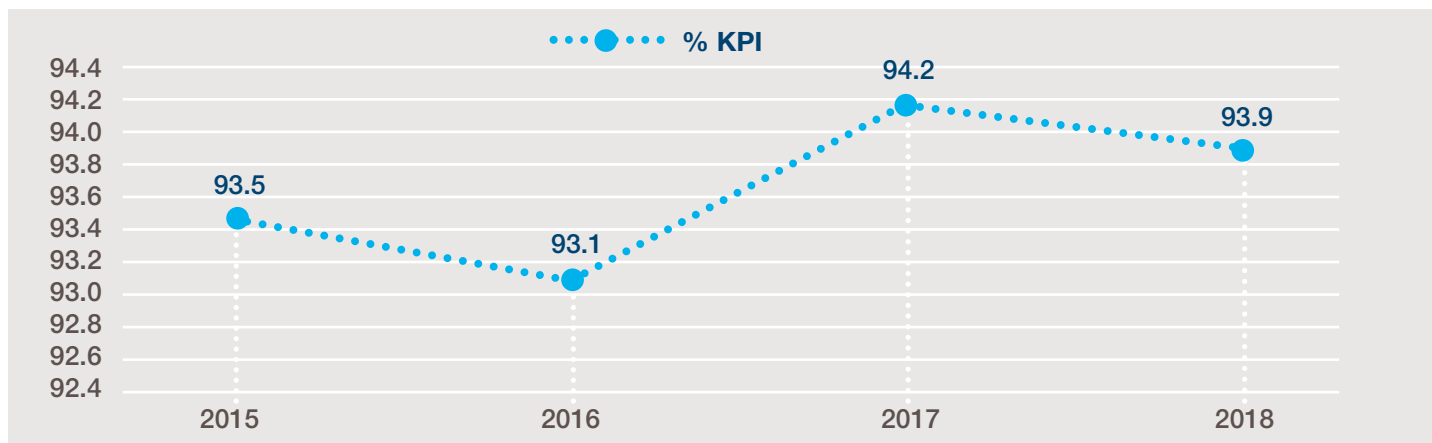
Graph 4: How enquires were handled/signposted 2017



Graph 5: How enquires were handled/signposted 2018



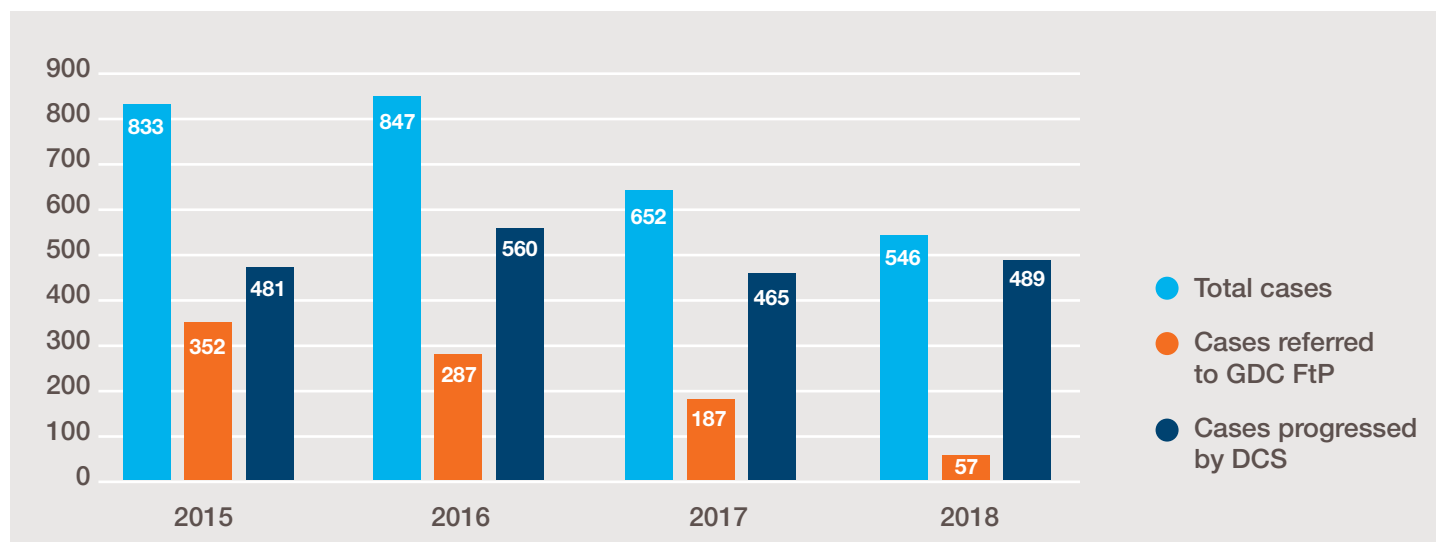
Graph 6: Responding to enquires within 2 working days KPIs 2015–2018



Cases

All enquiries which either fall within the DCS remit or where FtP concerns arise, are logged and processed as cases. The graph below highlights the total number of cases that were received during the review period, as well as the number of referrals made to FtP and those within our remit.

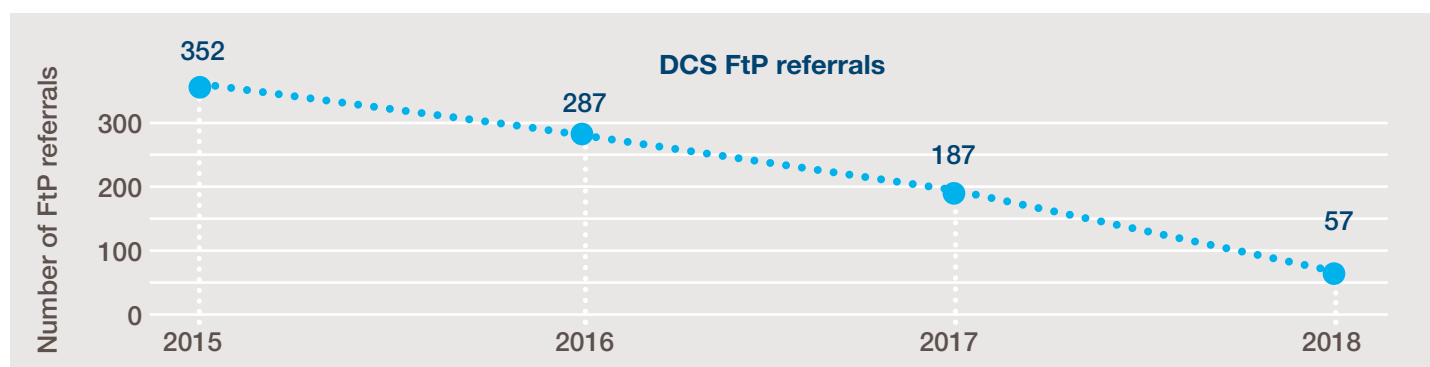
Graph 7: Total number of cases, FtP referrals and cases in remit 2015–2018



2015 to 2018 in figures

The fall in the number of cases is due to the work completed in Phase 1 of the DCS review, which involved reviewing the FtP referral criteria following feedback from the profession and the GDC. Evidence showed that the criteria threshold was too low, and the referrals were not proportionate, as 86% of cases were not passing the first stage assessment undertaken by the GDC, the 'triage test'. As a result of the change to referral principles, where only high-risk cases are referred, our referral rate has dropped significantly as is highlighted in graph 8, and confidence from the profession in the DCS has grown.

Graph 8: FtP referral rate 2015–2018



In addition to the change to the referral principles, patients are also now told how to raise any concerns directly with the GDC and cases can run concurrently. This ensures that patients are given the necessary information to allow them to progress their complaint as they feel necessary, notwithstanding mitigating the risk of a conduct concern not being investigated.

Case resolution time

Following initial advice, enquiries that we can assist with are registered as a case. This first stage of our process is called the local resolution stage, where the DCS assist patients with clearly outlining their complaint to their registered dental professional and confirm how they would like the matter resolved.

The tables below show the average resolution time in days for the three different resolution methods: local resolution, facilitated resolution and resolved at panel. For more information on these resolution methods visit the DCS website: <https://dcs.gdc-uk.org/>

2015 to 2018 in figures

Table 1: Percentage of complaints resolved by local resolution and average resolution time, 2015–2018

	Average resolution time (Days)	Percentage of complaints resolved at Local Resolution
2015	46	74%
2016	44	76%
2017	40	66%
2018	37	75%

Table 2: Percentage of complaints resolved by facilitated resolution and average resolution time, 2015–2018

	Average resolution time (Days)	Percentage of complaints resolved at Facilitated Resolution
2015	115	24%
2016	98	23%
2017	100	32%
2018	91	24%

Table 3: Percentage of complaints resolved at panel and by average resolution time, 2015–2018

	Average resolution time (Days)	Percentage of complaints resolved at Panel
2015	244	2%
2016	313	1%
2017	212	2%
2018	211	1%

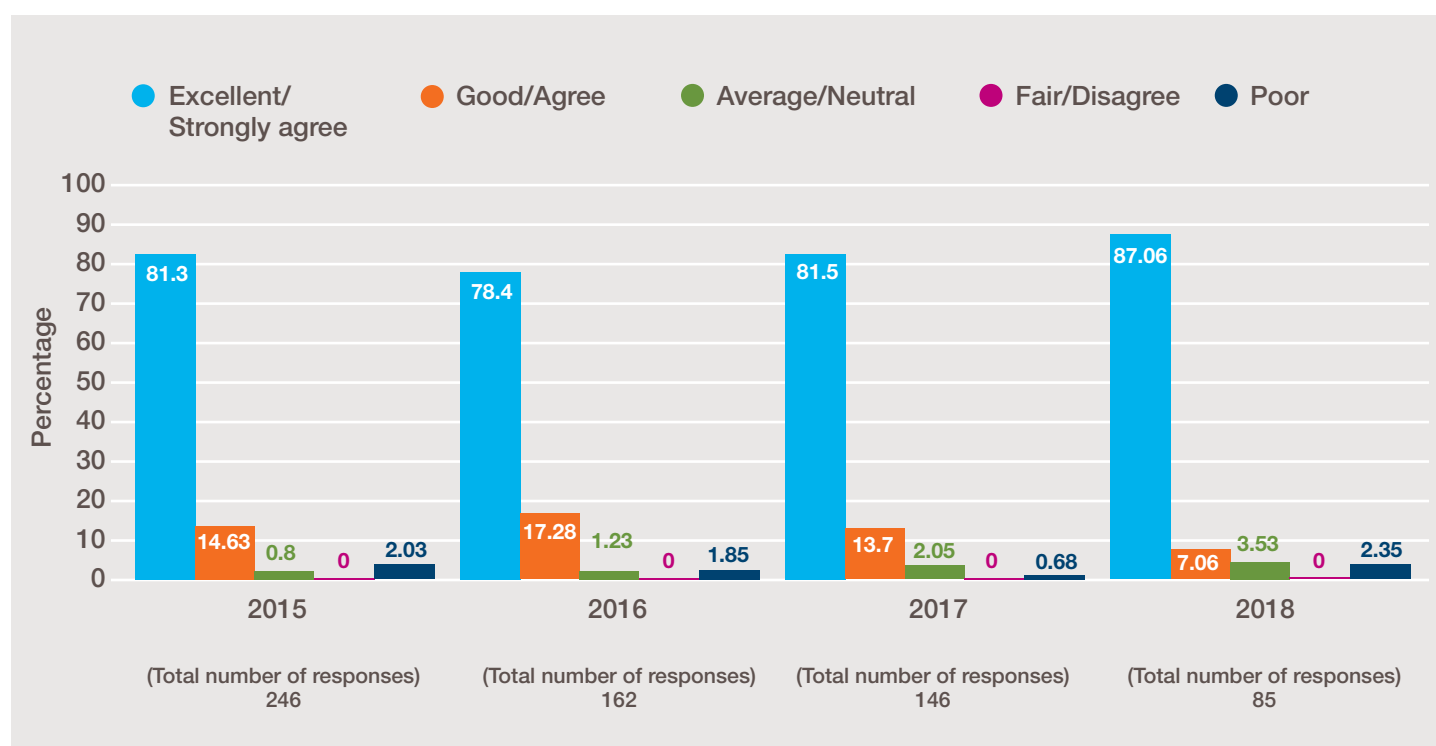
2015 to 2018 in figures

Following Phase 1 of the DCS review, improvement in timeliness can be seen across all areas, together with a higher percentage of complaints being resolved at the local resolution stage. We believe this benefits all parties; patients see their complaint resolved more quickly, registrants are not caught up in lengthy dialogue and we can focus on that small percentage of cases where for various reasons an independent voice is essential for resolution.

Feedback

Feedback is sought from both patients and dental professionals at all stages of a case. The graph below highlights the feedback that we received from patients and dental professionals from 2015 to 2018. The number of feedback forms received have reduced following the operational and cost saving improvements made as part of the DCS review, where feedback is now sent electronically. The majority of feedback received is from patients. We have commissioned an independent survey in 2019 in order to obtain the views of the dental profession that use the service. The results of the survey will be published in early 2020.

Graph 9: Feedback from case participants 2015–2018

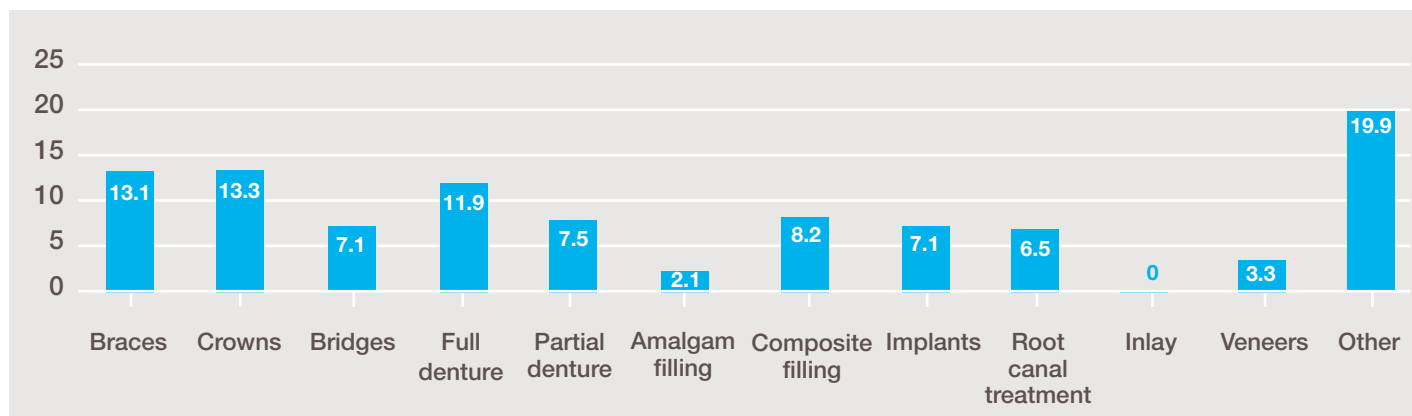


Complaint types

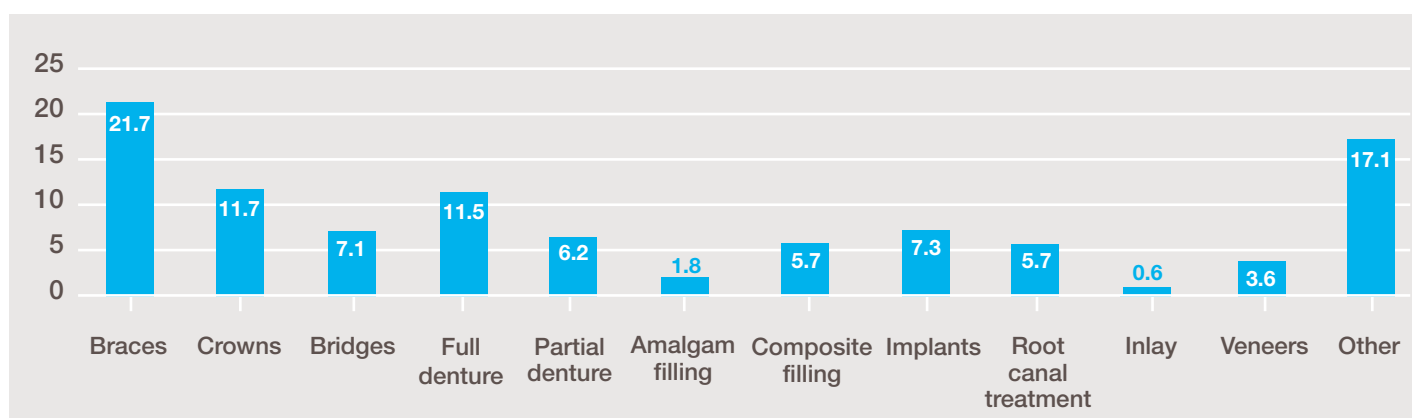
The most common issue raised by complainants was a perceived failure of treatment (85%). Other causes included inappropriate treatment (2%) or the treatment not being consistent with the treatment plan (3%).

An analysis of the complaints over the last four years is included below. We received the highest number of complaints in relation to orthodontics, fixed braces and removable braces. The second highest collectively were in relation to full and partial dentures with complaints regarding implants steadily increasing over the last four years. Complaints regarding crowns remain consistent year on year.

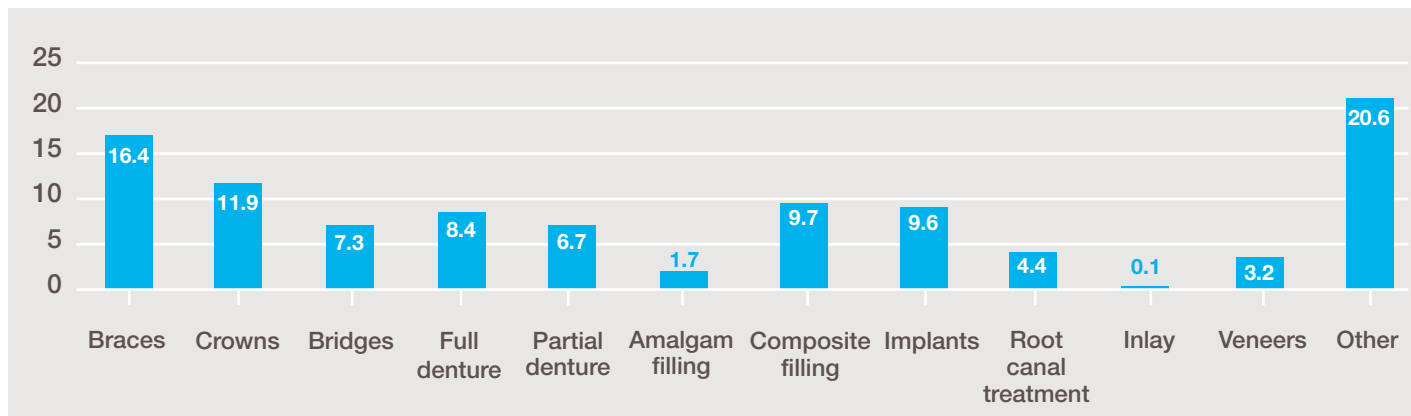
Graph 10: Complaint by treatment types 2015



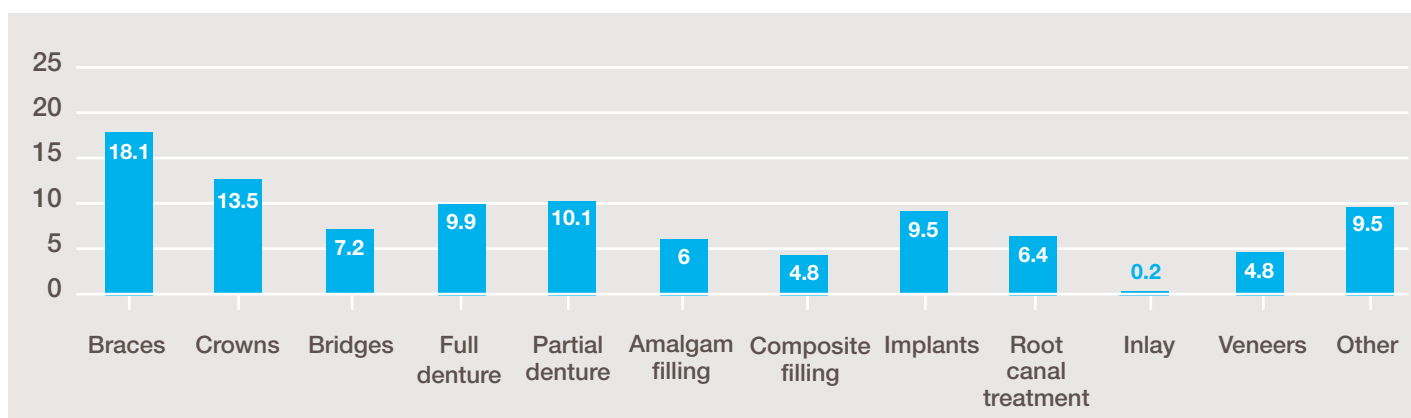
Graph 11: Complaint by treatment types 2016



Graph 12: Complaint by treatment types 2017



Graph 13: Complaint by treatment types 2018



Case studies

We have provided the following case studies to highlight the types of complaints that are raised with the DCS and the potential outcomes that can be reached.

Case study 1: Local resolution

The complaint

The patient had dentures fitted but was not happy with their appearance. They were positioned so they sat very deep into her gums, which she felt made it look like her teeth were ‘disappearing’. After contacting the DCS and seeking advice, the patient wrote to her dentist, requesting a full refund for the dentures.

The outcome sought

The patient was seeking a full refund of £471 for the dentures.

How the DCS assisted in resolving the complaint

On the advice of the DCS, the patient wrote to the dentist, requesting a refund. As a result of her letter, the dentist refunded the £471 cost in full. This was received within a month of her letter.

The patient was happy with the outcome and thanked us for the way in which we had handled the matter.

Case study 2: Facilitated resolution

The complaint

The patient had treatment to four front teeth, which were built up by the dentist. As a result of the treatment, the patient’s two front teeth were joined together and left misshapen, ragged and chipped in appearance. When she complained, the dentist adjusted the restorations to separate the teeth.

The patient was still unhappy with her appearance and made a verbal complaint followed by a written complaint, on the advice of the DCS, but received no response from the dentist.

The outcome sought

The patient requested a contribution towards remedial treatment to improve the appearance of her teeth.

How the DCS assisted in resolving the complaint

The DCS contacted the dentist as she had failed to respond to the patient's complaint. We explained that the patient was still awaiting a reply to her written complaint, even though the 10-working day guideline for response had expired.

The dentist confirmed that she had contacted her indemnifiers for advice and should be able to respond to the patient very shortly. In the meantime, she said she would get someone from the practice to acknowledge receipt of the complaint.

Six days later the patient contacted the DCS, confirming that she had been offered a full refund for the treatment carried out, which the patient was prepared to accept.

Case study 3: Facilitated resolution

The complaint

The patient had a crown fitted to an upper tooth. The patient contacted the DCS after the crown fell out numerous times during the 12-month period following fitting.

The outcome sought

A full refund of £200.

How the DCS assisted in resolving the complaint

The DCS advised the patient to write to the dentist, with details of the complaint and the outcome he wanted, in line with the first stage of the process. After three weeks, the DCS contacted the patient for an update. The patient had not received a response to his complaint, so we asked him to send us a copy of the correspondence and a consent form.

When we contacted the dentist, he explained that he had advised the patient at the outset that fitting a crown to the tooth was not likely to be successful. He added that he had re-cemented the crown free of charge each time it fell off. The dentist explained this within a letter to the patient and provided a copy of the treatment plan which documented this.

Following a discussion with the patient and DCS, the patient agreed he had signed to say he accepted the treatment was against the dentist's clinical advice. He therefore agreed to accept the failure of the crown and through explanation by the dentist it concluded his complaint.

Case study 4: Panel resolution

The complaint

The patient paid approximately £2,000 for orthodontic work. However, a year later the patient became aware that the teeth on her lower jaw had moved position. Several months after that she noticed additional movement of her teeth in both her upper and lower jaw.

When she contacted her dentist to raise her concerns, the dentist provided her with a treatment plan and explained that further work was needed to remedy the situation. An additional fee of £210 was requested for this remedial work. The patient was not prepared to pay for additional work and requested that this should be carried out free of charge – a request which the dentist declined. As a result, the patient contacted the DCS.

The outcome sought

Full refund of £1,916.40.

How the DCS assisted in resolving the complaint

The DCS contacted the dentist, who agreed that the patient's current retainers would need to be remade. The additional charge requested was to cover laboratory costs. The dentist explained that the patient had waited six months before raising the concerns and this delay may have caused further movement of the patient's teeth. The dentist was not willing to provide the additional treatment free of charge, as the patient had not allowed for the resolution of the matter at the earliest opportunity. After taking advice from his defence organisation, the dentist wrote again to the patient, declining to offer a refund.

The matter could not be resolved at this stage so progressed for panel resolution. As a result of the panel facilitating the discussion, the dentist offered to cap the remedial work at the original amount of £210 and provided a fixed retainer for the lower jaw. The patient agreed to this resolution.

Working with our stakeholders

We believe it is crucial to work with our stakeholders to achieve the best possible outcome for both the patient and dental professional. In this section we have provided feedback from some of these stakeholders which highlight their experiences of working with the DCS.



Dental Defence Union (DDU)

“DDU believes the DCS provides a good service that is equally fair to complainants and to dentists. However, the rate of inappropriate referrals to the GDC’s fitness to practise procedure was far too high and caused unnecessary distress to dentists. We welcome the fact the review identified this as a problem and addressed it so that FtP referrals have now reduced significantly.”



Medical and Dental Defence Union of Scotland (MDDUS)

“MDDUS recognises the hard work done by DCS in assisting with the resolution of complaints about private dental care and welcomes the inclusion of capitation schemes. Prompt resolution of complaints, assisted by the intervention of DCS, benefits the patient and practitioner alike.



British Dental Association (BDA)

“The BDA believes that the DCS has a really important role to play in seeking to resolve complaints about private care. Effective early resolution can benefit dentists and patients alike, taking the stress out of a difficult situation. Reducing the number of complaints going through the GDC’s formal processes is in everyone’s interest.”



Dental Protection

“At a time when the future of healthcare professional regulation is being debated, the Dental Complaints Service continues to play an important role in the regulatory landscape of dentistry. Local resolution can be an invaluable part of the complaints process, and the DCS is to be commended for its work in sifting cases that would otherwise have progressed to the GDC’s Fitness to Practise function. Those who engage with the DCS must have confidence in its operational independence from the GDC, and in its impartiality. The DCS must not only be independent and impartial – but it must be seen to be so. The DCS’s relocation from its office in Croydon, to the GDC’s London headquarters, means that they must redouble their efforts to demonstrate this independence and impartiality, to both dentists and patients.”



Sue Boynton, Independent Dentolegal Consultant

The DCS provides a valuable service in situations where it has not been possible for the dental professional and patient to resolve a complaint in-house.

However, inappropriate referrals to fitness to practise procedures have caused concern and distress to dental professionals. The DCS' action in recognising and addressing this crucial issue is to be welcomed, as is the return of the Annual Report."

Feedback from dental professionals

"The negotiators / intermediaries are a really good stop point for both patients and clinicians. It's a half-way house, which allows you to gather your senses. It's really good, a great service."

"They listened to me and sorted the matter out. They made it simple. It felt like I was finally being listened to."

"I think it is a very good 'Gold Star' service, which should be rolled out more widely throughout the NHS."

Feedback from dental patients

"I was very impressed that I was listened to attentively, and that a very clear plan of action was outlined for me. One that was very achievable and within very clear timelines."

"I really appreciate that the service is free, and the communication has been great. The staff are friendly and always willing to help."

"I definitely think contacting the DCS made all the difference in my dentist taking my complaint more seriously, so thank you for that!"

Looking ahead

Tom Scott, GDC Executive Director of Fitness to Practise Transition, explains how the second phase of the DCS review aims to ensure efficient and cost-effective handling of patients' complaints at all levels.



The DCS is funded by the General Dental Council, which regulates more than 110,000 dental professionals across the UK. Its work is financed entirely through the fees that these professionals pay annually, so we need to ensure that we are delivering best value in all areas. This includes the way in which we run the DCS.

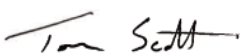
In 2018, we made significant changes to the way in which the service was structured, as a result of the first phase of the review, which we commenced in 2017. This included moving offices from Croydon to Wimpole Street, to cut the costs of renting accommodation. We also restructured our operations. As a result, our cost base fell by 40% whilst our service offering was expanded and our service levels were maintained or improved.

But merely improving the efficiency of the way in which we provide a complaint handling service to private patients and those on private dental plans is not sufficient. During the 13 years that the DCS has been in existence, there have been significant changes in both the way in which dentistry is practised and the nature of patient expectations, including how any concerns they have about the service they receive should be handled. We need to ensure that the service provided reflects this. We also need to look more closely at how that service fits into the wider complaints handling structure – and who is best placed to operate it.

We are, therefore, now undertaking the second, more strategic review of DCS. This will build on the operational improvements delivered through Phase 1, considering how the service can be part of an effective system-wide approach to handling complaints.

This is part of the transformational work the GDC is currently undertaking to move regulation 'upstream', away from enforcement and towards preventing harm from occurring as outlined in Shifting the balance. We know that in order to achieve this, there must be an effective infrastructure for handling and resolving complaints at a local level; and we are determined that this service plays its part within this landscape effectively and efficiently.

We anticipate that the review will conclude in 2020 and the recommendations will be published in 2021. In the meantime, we will continue to provide a fair and impartial service to all patients who come to us for assistance in resolving their complaint for private treatment.



Tom Scott
Executive Director Fitness to Practise Transition

Call us

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Email us

info@dentalcomplaints.org.uk

Visit us at our website

<https://dcs.gdc-uk.org/>

Write to

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37 Wimpole Street
London
W1G 8DQ

We are committed to promoting and developing equal opportunities in all our work. We want to make sure that everyone can access our services.

If you would like a copy of this review in a different format (for example, large print or audio), please contact us.

