

# Social Return on Investment of the Dental Complaints Service

Report for the General Dental Council



*Social Research*

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*Service Design & Innovation*

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*Strategy & Collaboration*

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*Evaluation Support*

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*Social Impact Measurement*

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**December 2019**



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# Executive Summary

## Introduction

The Dental Complaints Service (DCS) is funded by the General Dental Council (GDC) and is currently under review. As part of this review the GDC wants to get a better understanding of the impact of the service on its various stakeholders and express this impact in monetary terms through using the Social Return on Investment (SROI) methodology and explore the potential to use SROI as an evaluation tool for other projects and services.

The GDC regulates all dentists and dental care professionals. For readability, we refer to ‘dental professionals’ in this report. However, it should be noted that all of the dental professionals who participated in this research were dentists.

## The GDC

The GDC is the statutory regulatory body of dentists and dental care professionals, enshrined in the Dentists Act 1984. The GDC currently has over 110,000 registered dental professionals, who pay a registration and annual retention fee.

The main purpose of the GDC is to protect patients, ensure proper professional standards and conduct and maintain public confidence in dental services.

## The DCS

The DCS is a service, funded by the GDC, to support private dental patients and dental professionals in settling complaints about private dental care.

## Scope of the Analysis

This SROI evaluation covers the period 1 April 2018 to 31 March 2019.

## Stakeholder Analysis

The material stakeholders identified are:

- **Patients with a complaint** - Patients that have made a complaint and have

received support by the DCS to resolve it.

- **Family of patients with a complaint** - Seeing their loved one in pain or distress and having a complaint about a dental procedure will also affect the family of the complainants.
- **Patients that received advice only** - There are also patients that contact the DCS and receive advice only.
- **Dental professionals**- Dental professionals who have a private practice and who have been involved in a facilitated resolution or resolution by panel of the complaint made against them.
- **Colleagues of dental professionals** - Having a complaint launched against the dental professional also influences the other dental professionals working in the practice.
- **Family of dental professionals** - Spouses and other family members are worried about their loved ones and about the impact of the complaint on their livelihood.
- **Partner Organisations** -The DCS works in partnership with a range of other organisations. These can be referral partners, defence unions and private dental plan providers and corporate practices that refer to the DCS.

## Outcomes

From the stakeholder consultations a range of outcomes have been identified, as shown in Table A.

**TABLE A: OUTCOMES**

Stakeholder	Outcomes
Patients	Reduced stress
	Increased feeling of wellbeing
	Increased confidence
	Increased knowledge
	Improved finances

Stakeholder	Outcomes
Patients' families	Reduced stress
Patients given advice only	Increased knowledge
Dental professional	Reduced stress
	Increased confidence
	Reduced chance of legal action
	Increased knowledge of complaints handling
	Improved relationships with patients
	Increased understanding of professional benefits
Dental professionals' colleagues	Less time spent resolving complaints
Dental professionals' colleagues	Increased peace of mind
Dental professionals' families	Reduced stress
Partner organisations	Increased efficiency of service delivery
	Increased satisfaction of partners' clients/members with their services

## Impact

It is critical to avoid over-claiming and to present a truthful and credible account of DCS's impact. Therefore, we have discounted the impact for attribution and deadweight.

Table B provides an overview.

**TABLE B: ATTRIBUTION AND DEADWEIGHT**

Stakeholder	Attribution	Deadweight
Patients	5%	13%
Family of patients	5%	13%
Patients that got advice only	5%	25%
Dental professionals	18%	16%
Colleagues of dental professionals	18%	16%
Family of dental professionals	18%	16%
Referral partners	10%	10%

For outcomes lasting longer than one year we have assumed a drop off percentage of 33%.

## SROI

Based on the analysis conducted, the value of the DCS can be expressed as a ratio of return (dividing the value of the impact by the value of the investment) of £1,234,809/£380,000 =

£3.25: £1. This means for every pound of investment in the DCS £3.25 social value is created, with a sensitivity range of £1.77-£2.94 (please see table 5.1 below for the sensitivity analysis).

## Conclusions and Recommendations

From this SROI Analysis the following conclusions can be drawn:

1. SROI is a suitable evaluation methodology to measure the impact of the DCS.
2. If the GDC wants to continue to use SROI as evaluation methodology, it needs to include the SROI questions in their regular monitoring and evaluation framework. It would be advisable to look at ways to improve response rates.
3. SROI can be used to measure the impact of other GDC services. Once Logic Models have been developed, the relevant questions need to be incorporated in the standard monitoring and evaluation surveys.
4. The DCS has created a considerable social value for its stakeholders. For every pound invested in the service a social value of £3.25 is created.
5. In total the service created almost £1.3m social value for patients, dental professionals and other stakeholders.
6. Overall the greatest value from the service is created for the patients (58%).
7. For dental professionals, the person being complained about in the process, also a considerable value is created by the service (19%). When looking at the value created for each individual stakeholder, the value per individual dental professional is more than double compared to an individual patient.
8. The work that the DCS does creates additional value for those around the dental professionals and patients.
9. For partner organisations the services of the DCS, also create value.



# 1: Introduction

This report describes the Social Return on Investment evaluation of the Dental Complaints Service (DCS).

## Introduction

The Dental Complaints Service (DCS) is funded by the General Dental Council (GDC) and is currently under review. As part of this review the GDC wants to get a better understanding of the impact of the service on its various stakeholders and express this impact in monetary terms through using the Social Return on Investment (SROI) methodology and explore the potential to use SROI as an evaluation tool for other projects and services.

The GDC regulates all dentists and dental care professionals. For readability, we refer to 'dental professionals' in this report. However, it should be noted that all of the dental professionals who participated in this research were dentists.

## The GDC

The GDC is the statutory regulatory body dentists and dental care professionals, enshrined in the Dentists Act 1984. The GDC currently has over 110,000 registered dental professionals, who pay a registration and an annual retention fee.

The main purpose of the GDC is to protect patients, ensure proper professional standards and conduct and maintain public confidence in dental services. To achieve this the GDC operates a register for dental professionals, sets professional standards, investigates complaints about dental professionals' fitness to practise and employs activities to improve and assure the quality of dental education.

## The DCS

The DCS is a service, funded by the GDC, to support private dental patients and dental professionals in settling complaints about private dental care.

The DCS provides a free and impartial service for resolving private patient complaints. The DCS can **impartially assist** private dental patients to secure:

- 
- an explanation and/or apology for what has happened;
- 
- a full or partial refund of fees in relation to the failed treatment;
- 
- remedial treatment from the dental professional; and
- 
- a contribution towards remedial treatment by another dental professional at the same practice or at an alternative practice.
- 

In 2018/19 the DCS received 2,300 enquiries. For most of these, the DCS will provide advice only and, if appropriate, signpost them to other service providers.

A limited number of enquiries will be of such a serious nature, that they are referred to the GDC Fitness to Practise procedure.

The rest are cases the DCS will facilitate. There are three levels of cases:

- 
- **Local resolution** - For the vast majority of cases (85.8%), the patient will be enabled to deal with their dental professional themselves. The DCS can help them/advise them to formulate the complaint or write a letter. Dental professionals do not normally know that the DCS is involved in these cases.
- 
- **Facilitated resolution** - if local resolution does not provide a solution, the DCS will mediate between the dental professional and the patient to come to an appropriate resolution of the complaint. This is the case for one in six cases (14.1%).

- **Resolution by panel** – the last resort is that the case is referred to a panel meeting to bring a resolution by a panel of experts. This is the case for just 0.1% of all cases.
- 

## SROI

Every day our actions and activities create and destroy value; they change the world around us. Although the value we create goes far beyond what can be captured in financial terms, this is, for the most part, the only type of value that is measured and accounted for. SROI is a framework for measuring and accounting for the full social, economic and environmental impact of activities, including the ones that have no direct monetary value.

The key principle of SROI is that it measures change in a way that is relevant to the people that are experiencing it. The main difference with other methods of social impact measurement is that it puts a monetary value on these impacts and calculates a ratio of return for those organisations that are contributing to create the change.

Social Value UK has developed and published the '[Guide to Social Return on Investment](http://socialvalueuk.org/what-is-sroi/the-sroi-guide)'<sup>1</sup>

that is now widely accepted as the standard for SROI work. In conducting this SROI analysis, we have followed the principles of this guide. These are:

- 
- Involvement of stakeholders
- 
- A focus on understanding what changes
- 
- Value the things that matter
- 
- Only include things that are material
- 
- Avoid over-claiming
- 
- Transparency
- 
- Verification of the result
- 

This social impact evaluation was prepared by Rick Rijdsdijk of [Social Value Lab](http://socialvalueuk.org/), a Social Value UK accredited SROI Practitioner.

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<sup>1</sup> <http://socialvalueuk.org/what-is-sroi/the-sroi-guide>

## 2: Scope and Stakeholders

This section defines the scope and boundaries of the study, examines the Theory of Change for the DCS, describes the main stakeholders to the service and determines the value of the resources used to provide the service.

### Scope of the Analysis

The main aim of this study is to help the GDC to understand the wider social impact of the DCS on patients, dental professionals and other stakeholders and evidence the value created for its stakeholders.

The GDC wants to use the SROI evaluation to:

- get a better understanding of how to measure social and economic impact and be able to use this learning to scale up and apply these techniques to GDC's activity and services;
- evidence the value of the service to its stakeholders;
- review its data collection processes to ensure where possible data are collected that best enable the measurement of social and economic outcomes and impact; and
- inform the further development of the DCS.

This SROI evaluation covers the period 1 April 2018 to 31 March 2019.

### Materiality

SROI, like financial accounting, only considers stakeholders and outcomes that are material to the stakeholder and to the scope of the project. We have therefore focused on those impacts that are relevant to the DCS and significant in size in order to give a true and fair picture of the impact of the service.

### Stakeholder Analysis

This SROI evaluation explores the changes to stakeholders as a result of the DCS services. Stakeholders are the people and organisations that experience changes as a result of their involvement with the initiative. These can be positive or negative, and intended or unintended.

Therefore, the first step has been to identify all material stakeholders. We have considered the following stakeholders to be material.

#### Patients with a complaint

Patients that have made a complaint and have received advice and guidance from the DCS to resolve it, is one of the groups of beneficiaries of the service. For them a range of benefits occur from the service provided by the DCS.

#### Family of patients with a complaint

Seeing their loved one in pain or distress and having a complaint about a dental procedure will also affect the family of the complainants.

#### Patients that received advice only

There are also patients that contact the DCS and receive advice only. These can be patients with a complaint that is not suitable for the DCS, either because it is too serious and a matter for the GDC Fitness to Practise procedure or the complaint does not fall within the remit of the DCS. In this stakeholder group there are also patients with a complaint about an NHS dental professional, who are then signposted to the appropriate NHS department or dental practice.

## Dentists and dental care professionals<sup>2</sup>

Dental professionals, who have been involved in a complaints procedure, are the other main stakeholder group. These are dental professionals who have performed private treatment and who have been involved in a facilitated resolution or resolution by panel of the complaint made against them.

The complaint could be about the treatment, the behaviour of the dental professional or the invoice. It could consider complaints about standard dental procedures, such as fillings, crowns and dentures, but increasingly also about orthodontics and cosmetic treatments.

### Colleagues of dental professionals

Having a complaint made against the dental professional also influences the other members of the dental team working in the practice. Having a complaint being made against the practice they work in causes stress and anxiety.

### Family of dental professionals

Having a professional complaint made against you by a client, also affects a dental professional's home life. Spouses and other family members are worried about their loved ones and about the impact of the complaint on their livelihood.

### Partner organisations

The DCS works in partnership with a range of other organisations. These can be referral partners that either refer clients/members to the DCS or organisations that the DCS refers patients to. This stakeholder group also includes defence unions (collective not-for profit membership organisations that indemnify dental professionals against claims) and private dental plan providers and corporate practices that refer to the DCS.

Table 2.1 provides an overview.

**TABLE 2.1 MATERIAL STAKEHOLDERS**

Stakeholder	Total no. of stakeholders
Patients	658
Family of patients <sup>3</sup>	658
Patients given advice only	3,280
Dental professional s	88
Colleagues of dental professionals <sup>4</sup>	88
Family of dental professionals <sup>5</sup>	88
Referral partners	20

## Stakeholder Engagement

An SROI analysis explores the changes to stakeholders as a result of the DCS's services. To evidence the outcomes from the stakeholder's perspective we have undertaken a comprehensive programme of consultations with a relevant sample of the stakeholders.

We have interviewed and surveyed dental professionals and patients. It was not possible to survey the colleagues and family of dental professionals or patient family members. Therefore, we have included questions about them in the dental professional and patient consultation.

It was also not feasible to consult with patients who were given advice only. We do believe, however, they are a material stakeholder. The outcome for this stakeholder group has been determined through consultation with DCS management and delivery staff.

Table 2.2 describes the scope of the consultation that was possible within the time and resources available.

<sup>2</sup> The GDC regulates all dentists and dental care professionals. For readability, we refer to 'dental professionals' in this report. However, it should be noted that all of the dental professionals who participated in this research were dentists.

<sup>3</sup> To avoid overclaiming, we have assumed only 1 family member per patient

<sup>4</sup> To avoid overclaiming, we have assumed only 1 colleague per dental professional

<sup>5</sup> To avoid overclaiming, we have assumed only 1 family member per dental professional

**TABLE 2.2: STAKEHOLDER ENGAGEMENT**

Stakeholder	Total sample	Method
Patients	128	Telephone interviews with 3 patients, and a survey with 35 responses. Total patients consulted: 38 (response rate 30%)
Family of patients	128	Question in patient survey
Patients given advice only	N/a	Consultations with stakeholder not possible.
dental professionals	84	Telephone interviews with 2 dentists, and a survey with 11 responses. Total dentists consulted: 13 (response rate 15%)
Colleagues of dental professionals	84	Question in dental professional survey
Family of dental professionals	84	Question in dental professional survey
Referral partners	20	Telephone interviews with 8 referral partners

### Limitations of the Research

Although generally satisfying response rates were achieved, there are a number of limitations to the research that have influenced response rates:

1. The sample of dental professionals and patients was limited to those who had engaged with the DCS in the last six months of the evaluation period.
2. The sample of patients and dental professionals was limited to those who had consented to be contacted about the research.
3. The SROI research was undertaken not long after an independent DCS survey with the dental professionals who had used the service, which had a negative impact on the response rates.
4. At the time this study was conducted, the GDC did not allow the offer of research

incentives (e.g. vouchers or prize draws) for participation in survey or telephone interviews.

5. It was practically not possible to consult with family members and colleagues of patients and dental professionals. This has been mitigated by including questions in the patient and dental professional surveys and including only one outcome for these stakeholder groups.

### Input

The cost of running of the DCS is £380,000 per year.

### Theory of Change

We have developed a Theory of Change for all material stakeholders. The Theory of Change sets out what the GDC expects to change as a result of the delivery of the DCS and how these outcomes relate to each other.

The basis for the Theory of Change were the discussions with the project team, that included representation from the GDC and DCS management and delivery staff, and the comprehensive programme of consultation with the patients and dental professionals that was undertaken as part of this study.

The visual representation of the Theory of Change is provided in Appendix A.

# 3: Outcomes and Evidence

This Section describes the outcomes of the DCS for its various stakeholders, the indicators that evidence achieving these outcomes, the quantity and duration of the outcomes, and the financial proxies identified to value them.

## Outcomes

From the stakeholder consultation a range of outcomes have been identified. These are summarised in Table 3.1.

TABLE 3.1: OUTCOMES

Stakeholder	Outcomes
Patients	Reduced stress
	Increased feeling of wellbeing
	Increased confidence
	Increased knowledge
	Improved finances
Patients' families	Reduced stress
Patients given advice only	Increased knowledge
Dental professional	Reduced stress
	Increased confidence
	Reduced chance of legal action
	Increased knowledge of complaints handling
	Improved relationships with patients
	Increased understanding of professional benefits
	Less time spent resolving complaints
Dental professionals' colleagues	Increased peace of mind
Dental professionals' families	Reduced stress
Partner Organisations	Increased efficiency of service delivery
	Increased satisfaction of partners' clients/members with their services

The evidence gathered for each outcome is presented below. It is worth noting that, due to the rounding of figures and/or respondents selecting more than one answer choice, the sum of percentages in graphs may differ from the percentage of respondents reporting a positive outcome stated in the text. Full survey results, with response rates for each question, can be found in Appendix C.

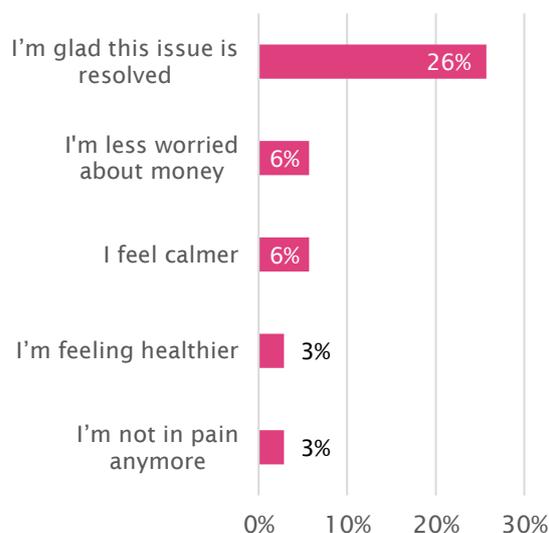
## Outcomes for Patients

Patients that have made complaints regarding their dental treatment reported a range of outcomes as a result of DCS involvement.

### Reduced Stress

More than two-fifths of patients (43%) indicated that having their complaint resolved had led to reduced stress levels. Figure 3.1 demonstrates the ways in which patients experienced a reduction in stress.

Fig 3.1. Did resolving your complaint reduce your stress levels?

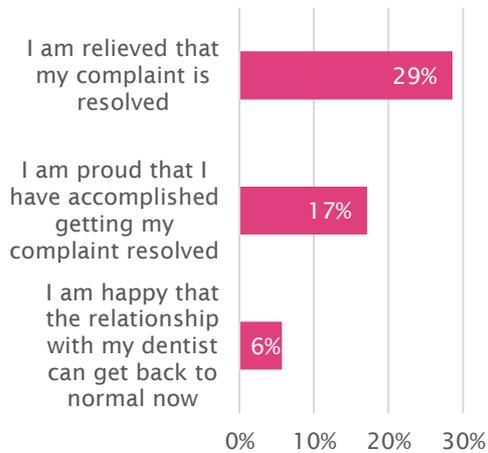


*"If it hadn't been for the DCS, I wouldn't have known what to do."*

### Increased Feeling of Wellbeing

More than half of patients (53%) reported positive feelings as a result of resolving their complaint. In particular, patients reported improvements in several areas related to overall wellbeing: relief; pride/accomplishment and happiness (see Figure 3.2).

**Fig 3.2. How did resolving your complaint make you feel?**

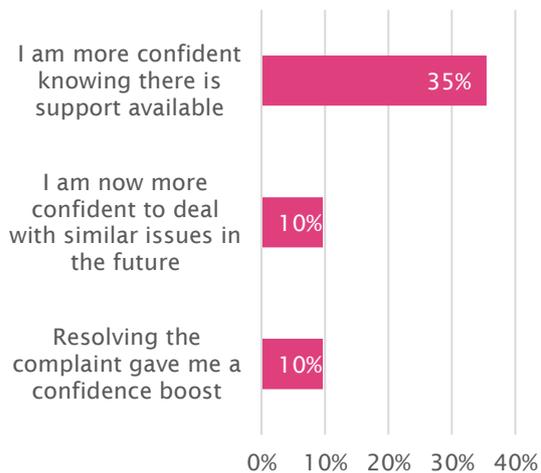


*"I'd given up sorting it out." [before the DCS sorted the complaint]*

**Increased Confidence**

Almost two-fifths of patients (39%) said having their complaint resolved had a positive effect on their confidence. This increase in confidence was experienced in a variety of ways (see Figure 3.3)

**Fig 3.3. Did resolving your complaint increase your confidence?\***



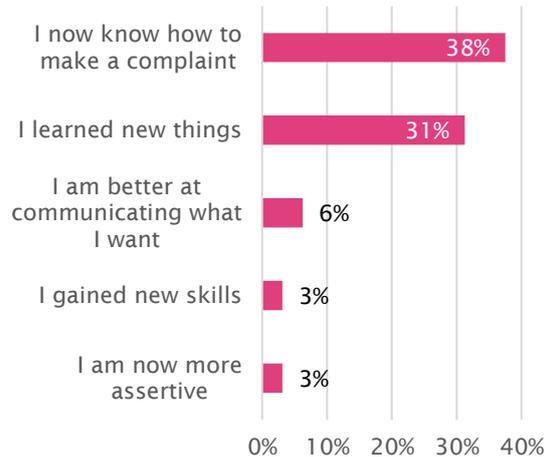
*"It's restored my faith knowing they [DCS] are there."*

**Increased Knowledge**

Based on responses, the involvement of the DCS has had a significant impact on patients'

knowledge and skills, with almost two-thirds (63%) reporting improvements. The breakdown of these responses is shown in figure 3.4.

**Fig 3.4. Do you have more knowledge about how to represent your case and make complaints in the future?**



*"My knowledge [of the complaints process] is much better now."*

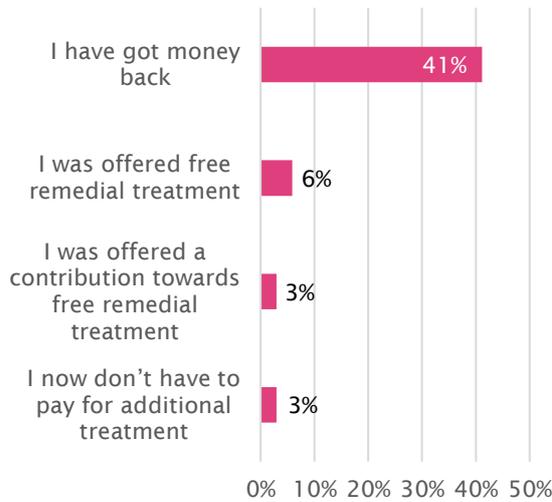
**Improved Finance**

For more than half of respondents (53%), the resolution of their complaint had resulted in a positive financial outcome.

It should be noted that the DCS does not help patients to get a financial compensation, but in many cases the complaint leads to a full or partial refund of the fee paid for the treatment under review.

Having money refunded to them was the outcome most commonly reported by patients (see Figure 3.5).

**Fig 3.5. Positive Financial Outcomes for Patients**

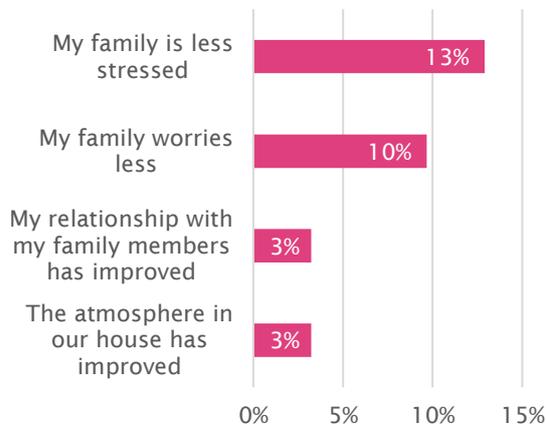


*"I would have lost £3,000. It would have been forgotten."*

### Outcomes for Patients' Families

Often the negatives experienced as a result of an unresolved complaint are not only felt by the patients themselves, but by family members as well. Around a quarter of patients (23%) indicated that having their complaint resolved had a positive impact on their family in some way. Most commonly, patients reported a reduction in stress or worry for family members.

**Fig 3.6. Did resolving your complaint have any effect on your family?**



*"It was upsetting for my family to see me like that."*

*"My partner was worried sick about me."*

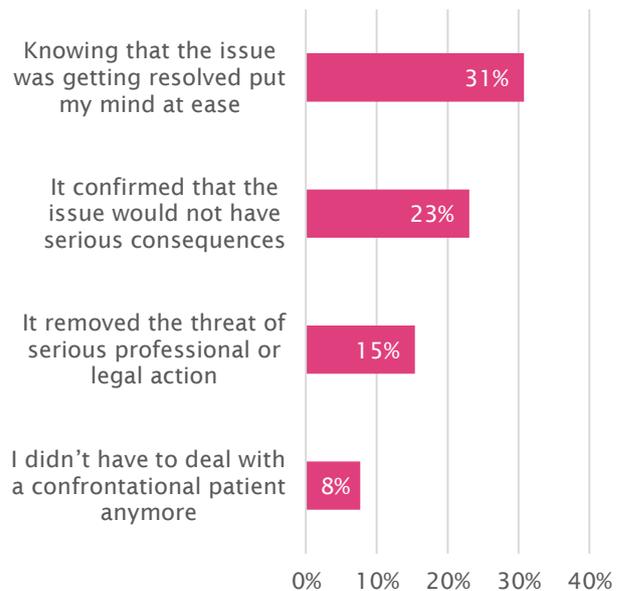
### Outcomes for Dental Professionals

Dental professionals that have been the recipient of a complaint and where the DCS became involved, reported a range of outcomes, both personally and for their practice.

#### Reduced Stress

More than half of dental professionals (54%) said that the involvement of the DCS had led to a reduction in their own stress levels. Figure 3.7 demonstrates the ways in which dental professionals reported feeling less stressed.

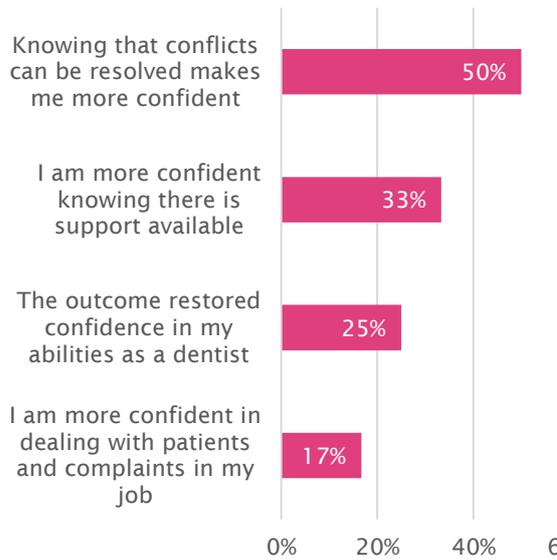
**Fig 3.7. Did having the DCS involved in resolving the complaint reduce your stress levels?**



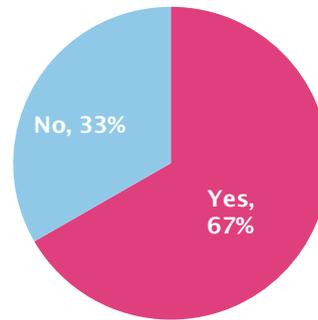
#### Increased Confidence

For almost three-fifths of respondents (58%), having the DCS involved in the complaint has led to an increase in confidence. Dental professionals reported feeling more confident in their ability to resolve complaints in future, about having support to resolve complaints and in their own abilities as professionals (see Figure 3.8.)

**Fig 3.8. Did the involvement of the DCS increase your confidence?**



**Fig 3.10. Do you now feel better able to handle complaints in the future?**

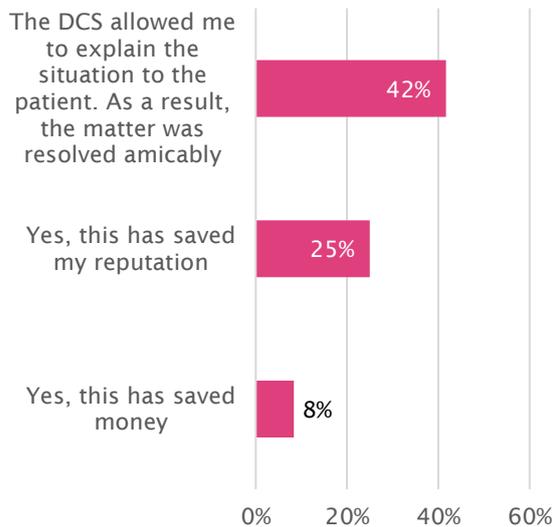


Respondents were also asked to describe what effect the complaints process had on their knowledge and skills, with 45% of dental professionals indicating a positive effect. Figure 3.11 shows the breakdown of these responses.

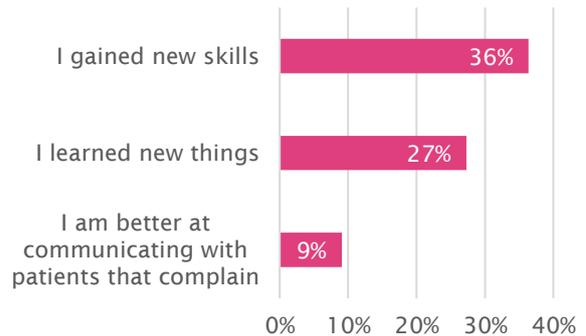
**Reduced Chance of Legal Action**

Three-quarters of dental professionals (75%) reported that the likelihood of exposure to legal action or its consequences had been reduced due to the intervention of the DCS.

**Fig 3.9. Do you think the DCS reduced the chance of legal action against you / your practice?**



**Fig 3.11. How did going through the process increase your knowledge and skills?**



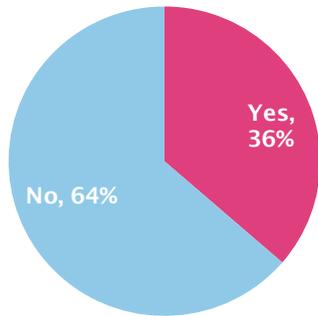
**Improved Relationships with Patients**

More than a third of dental professionals (36%) anticipated that they would have improved relationships with patients in future as a result of the DCS's involvement.

**Increased Knowledge of Complaints Handling**

Around two-thirds of respondents (67%) indicated that they felt better able to handle complaints in future.

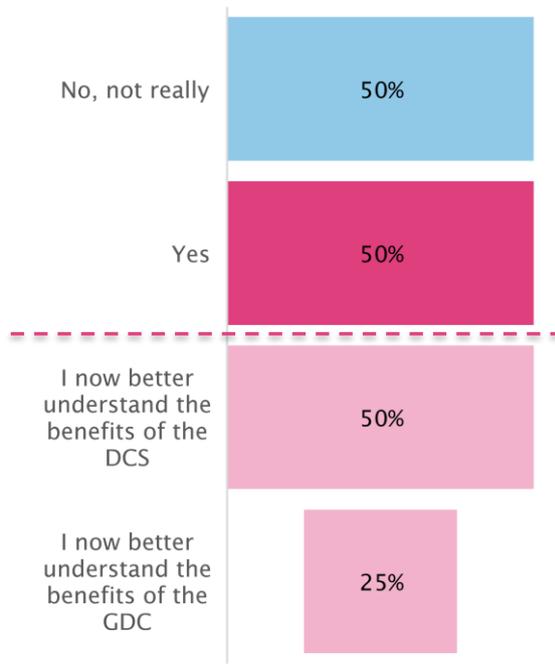
**Fig 3.12. Do you think your relationship with patients will be easier in the future as a result of your experience with the DCS?**



**Increased Understanding of Professional Benefits**

The responses suggest that DCS involvement in complaints has led to better understanding of the benefits professional bodies can offer to dental professionals and their practices. As Figure 3.12 demonstrates, half of respondents have improved their understanding of the DCS’s offer and a quarter knew more about what the GDC could do for them.

**Fig 3.13. Do you now have a better understanding of what the DCS and the GDC can offer to you and your practice?**

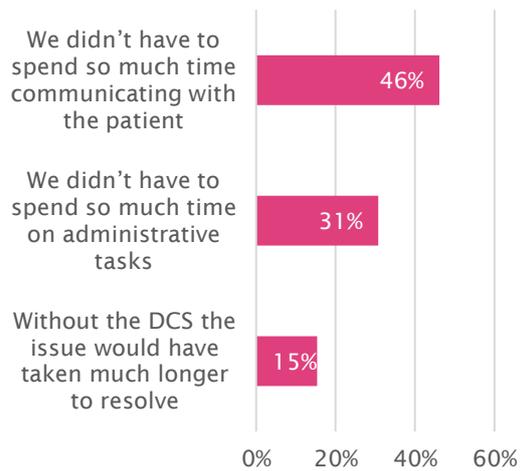


**Less Time Spent Resolving Complaints**

Most dental professionals (62%) said that owing to DCS involvement, they were required to spend

less time or resources in dealing with complaints. This was as a result of either them or practice staff having to complete fewer tasks or because without the DCS, the complaint would have dragged on for longer (see Figure 3.13).

**Fig 3.14. Did the involvement of the DCS reduce the time you had to spend on the complaint?**

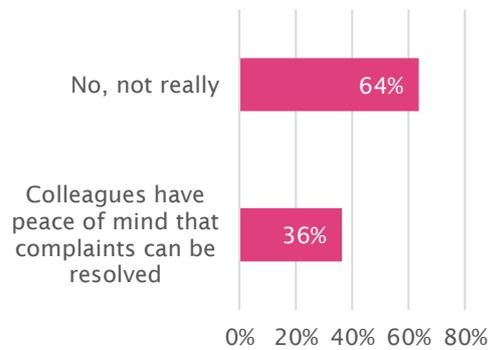


**Outcomes for Dental Professionals’ Colleagues**

**Increased peace of mind**

Just over a third of dental professionals (36%) said that DCS involvement in their complaint had resulted in an increase in peace of mind for colleagues.

**Fig 3.15. Did having the complaint resolved through the DCS have any effect on your colleagues?**

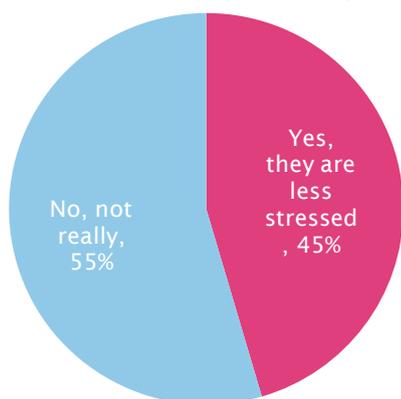


## Outcomes for Dental Professionals' Families

### Reduced Stress

Slightly less than half of dental professionals (45%) witnessed a reduction in stress levels for their family due to the resolution of their complaint.

**Fig 3.16. Did resolving your complaint have any effect on the stress levels of your family?**



## Outcomes for Partner Organisations

### Increased Efficiency in Complaints Processes

Several partner organisations commented on how the DCS has contributed to increased efficiency as a result of patients being signposted to the right place much quicker than they would be otherwise.

For example, a couple of respondents said that the ability to signpost patients to the DCS when they can't do anything for them (either because they have exhausted all other options or because they are unable to deal with the patient's complaint in the first place) means that less of their and the patient's time is wasted.

*"We can't touch the complaint but it's good knowing there is a safety net available."*

Similarly, as one respondent explained, efficiencies can be achieved through patients being referred from the DCS, especially when they have not gone through local complaints processes already. Through being signposted to partner organisations from the DCS, these

patients can get started on the appropriate complaint pathway more quickly.

For those organisations supporting or representing dental professionals, the involvement of the DCS can lead to time and/or resource savings. Discussions with representatives from dental indemnity providers indicated that if complaints can be resolved at an earlier stage, as the DCS has shown to be successful in doing, then this can lead to less time and expense for them in representing members. For example, respondents mentioned the time saved on internal case management or the costs potentially saved on dento-legal consultants or legal fees.

*"The lower the level of complaint can be resolved, the lower the use of resources for everyone involved."*

It is not always possible for involvement of the DCS in a complaint to result in greater efficiency for partner organisations. For example, corporate practices will follow all internal complaints procedures before signposting to the DCS so the time they spend on the complaint may not be altered. Similarly, dental professionals may still seek guidance and support from their indemnity provider even after the DCS has become involved.

### Improved Experience for Clients/Members

A number of stakeholders said that the DCS has a positive impact on their organisation by improving the experience of clients/members going through a complaints process.

Some expressed this from a client satisfaction/customer service point of view. For example, one respondent noted that the patients they work with are often satisfied that there is another avenue for them to pursue their complaint, once they have exhausted all options at a local level. Another respondent said that just being able to direct people to the DCS has contributed to them having better customer service overall – instead of having to say to customers that there is nothing they can do for them, they can now provide information and advice on how to contact the DCS.

Several partner organisations reported an improved experience for their clients/members thanks to the DCS providing a platform for all parties to resolve complaints at an early stage of the process. Respondents commented that the success the DCS has had in 'upstreaming' complaints, has led to, for example, reduced

frustration, stress and uncertainty for patients and dental professionals alike.

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*“If you were to take away the opportunity [provided by the DCS] to resolve complaints in a fast and efficient way, then you would create more stress for patients and dentists.”*

---

Similar to the previous point, a couple of respondents made links between the DCS’s role in reducing the number of cases going straight to the GDC’s Fitness to Practise procedures and an improved experience for their clients/members. They said that either through efficient signposting, upstreaming of complaints resolution or the work they have done in terms of reducing the number of cases they refer to the GDC, the DCS has reduced the number of patients and dental professionals going through (highly stressful and costly) Fitness to Practise investigations.

### **Increased Ability to Meet Strategic Objectives**

From the consultation, evidence of the medium-term outcome of better being able to meet their strategic objectives emerged.

Several partner organisations, who have worked with the DCS at a strategic level, spoke about how this has been beneficial in terms of meeting their own strategic objectives.

For example, some respondents mentioned the contribution that the DCS has made to strategic efforts to improve complaint handling in the profession more widely and promoting good practice. Several also indicated that their organisation and the DCS have previously shared information, which has been beneficial for their own learning.

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*“We’ve always enjoyed an open dialogue with the DCS. It’s a constructive relationship.”*

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A number of respondents suggested that they would welcome more opportunities to work with the DCS at a strategic level.

### **Outcome Indicators**

An outcome indicator is a measure to enable impact and change to be validated. In other words, an outcome indicator shows how we would know if an outcome has been achieved.

For each outcome we have identified appropriate outcome indicators. The Impact Map (Appendix

B) shows the outcome indicators for the identified outcomes.

### **Quantity**

To calculate how many stakeholders achieved the identified outcomes, we have analysed the responses of customers to the survey and calculated the number of times a certain outcome was reported. This led to an overall frequency of occurrence of the outcome, which was then multiplied by the total number of stakeholders and rounded to the nearest whole digit.

For patients given advice only, we have taken the number provided by the DCS.

For partner organisations we have taken the number of partners the DCS is most frequently interacting with.

The quantities are shown in the Impact Map (Appendix B).

### **Duration**

Some outcomes have the potential to last a long time, potentially for the rest of stakeholder’s life, while others will only last for the duration of the intervention. We have not been able to identify any comparable research that establishes the duration of these outcomes. Therefore, we have made general assumptions based on our stakeholder consultation and the experience of GDC and DCS staff.

For the purpose of this study the outcomes, where applicable, have been considered for a maximum of three years to avoid over-claiming. It will be considerably more difficult to credibly link the outcomes with training and development activities beyond three years.

### **Financial Proxies**

SROI analysis uses financial proxies to establish a monetary value of intangible outcomes. A financial proxy is an approximation of the value that can be attached to the outcome. When applicable, price is used as a measure of value when there is an associated market. For intangible outcomes there are no markets, and we have used financial proxies to determine the value.

There are several techniques, developed in economic cost-benefit analysis, to determine

financial proxies for intangible outcomes. For this evaluation we have used:

- 
- **Cost saving** - a direct cost-saving for the stakeholder. For public spending this is in most cases not a 'cashable saving' and should be considered a resource re-allocation.

- 
- **Revealed preference** - a price-based technique that looks at people's behaviour in related markets and takes the value from the price of related market-traded goods.
- 

The description and source of the proxies can be found in the Impact Map (Appendix B).

## 4: Impact

This Section examines the impact of the DCS taking into account the other factors that influence them: attribution, deadweight and drop off.

It is critical to avoid over-claiming and to present a truthful and credible account of DCS’s impact. Therefore, we have discounted the impact for attribution and deadweight.

### Attribution

In many cases change is not caused by one single activity or intervention but comes as a result of more than one service and/or persons working together. SROI analysis uses attribution (a term stemming from economic cost-benefit analysis) to assess how much others have attributed to the identified outcome. In SROI analysis attribution is taken as a straight percentage and deducted from the total impact.

The stakeholders were specifically asked who else had helped them with the changes they had described throughout the consultations. For dental professionals and patients, the attribution is calculated on the basis of the answers of respondents on the relevant questions in the survey. This resulted in an attribution of 5% for patients and 18% for dental professionals.

The outcomes for family of dental professionals and patients are based on the consultation with patients and thus we have applied the same percentages for attribution as for patients. Likewise, the attribution for colleagues and family of dental professionals are similar to the dental professionals.

For patients who were given advice only we have estimated the attribution at 10%. This is to reflect that apart from approaching the DCS, they may have found information elsewhere.

For partner organisations we have made an assessment of attribution based on the answers in the interviews of 5%.

### Deadweight

Deadweight is a measure to describe the amount of outcome that would have happened

anyway, even if the activity had not taken place. For this report we have defined the deadweight as what would have happened if the DCS wouldn’t have existed.

For patients and dental professionals, we have again calculated a deadweight percentage based on the answers to the relevant questions, which lead to a deadweight of 13% for patients and 16% for dental professionals. For family and colleagues, we have applied the relevant percentage of patients and family.

For patients given advice only, we have conservatively estimated the deadweight at 25%. This is to reflect that they may have found where to go and what to do with their complaint online or with the help of a general advice provider (e.g. Citizens Advice)

For partner organisations we have made a conservative assessment of deadweight based on the answers in the interviews of 10%.

Table 4.1 provides an overview.

TABLE 4.1: ATTRIBUTION AND DEADWEIGHT

Stakeholder	Attribution	Deadweight
Patients	5%	13%
Family of patients	5%	13%
Patients that got advice only	5%	25%
Dental professionals	18%	16%
Colleagues of dental professionals	18%	16%
Family of dental professionals	18%	16%
Referral partners	10%	10%

### Drop Off

For outcomes that last longer than one year, it is likely that the effect of the outcome will decline over time. The outcome will be influenced by other factors and it will be less attributable to the activity. This is calculated

by deducting a straight percentage from the outcome each year.

For outcomes lasting longer than one year we have assumed a drop off percentage of 33%.

### Materiality of Impact

In our analysis of attribution and deadweight we have found no outcomes where attribution and deadweight, or a combination of these

two, has led to an impact that is not relevant or significant and therefore not material.

### Impact

The impact of the Service is calculated by the quantity of the outcomes multiplied by the value of the financial proxy, minus attribution and deadweight and shown for the first year in Table 4.2.

TABLE 4.2: IMPACT<sup>6</sup>

Stakeholder	Outcome	Quantity	Proxy Value	Attribution	Deadweight	Impact
Patients	Reduced stress	283	£576.00	5%	13%	£134,726.11
	Increased feeling of wellbeing	349	£230.00	5%	13%	£66,343.16
	Increased confidence	257	£243.60	5%	13%	£51,743.20
	Increased knowledge	415	£546.00	5%	13%	£187,276.64
	Improved finances	349	£377.70	5%	13%	£108,947.00
Family of patients	Reduced stress	151	£300.00	5%	13%	£37,440.45
Patients that got advice only	Increased knowledge	3,280	£62.50	5%	25%	£146,062.50
Dental professionals	Reduced stress	40	£576.00	18%	16%	£15,869.95
	Increased confidence	48	£4,732.80	18%	16%	£156,477.73
	Reduced chance of legal action	64	£520.16	18%	16%	£22,930.32
	Increased knowledge of complaints handling	56	£62.50	18%	16%	£2,410.80
	Improved relationships with patients	32	£336.00	18%	16%	£7,405.98
	Increased understanding of professional benefits	40	£557.50	18%	16%	£15,360.24
	Less time spent resolving complaints	48	£130.04	18%	16%	£4,299.43
Colleagues of dental professionals	Increased peace of mind	32	£564.84	18%	16%	£12,449.98
Family of dental professionals	Reduced stress	40	£300.00	18%	16%	£8,265.60
Referral partners	Increased efficiency of service delivery	20	£3,222.00	10%	10%	£52,196.40
	Increased satisfaction of partners' clients/members with their services	20	£1,800.00	10%	10%	£29,160.00

<sup>6</sup> This Table represents the impact of the first year. For the total impact over three years, please refer to the Impact Map at Appendix A



# 5: Social Return on Investment

In this Section we calculate the overall SROI produced by the DCS.

## SROI Ratio

The Social Return value is expressed as a ratio of return and is the resultant of the value of the impact divided by the value of the Investment. However, the value of the impact is corrected to the Present Value (PV) to reflect the present-day value of benefits projected into the future.

$$\text{SROI} = \frac{\text{Total Present Value}}{\text{Total Input}}$$

Discounting is applied to those values that have been projected for longer than 1 year. The interest rate used to discount the value of future benefits in this case is 3.5%<sup>7</sup>.

In our calculations<sup>8</sup> of the impacts, we have established the total of all impacts of the project at £1,288,793.32. This represents the total value created by the DCS.

The Total Present Value for the project, at a discount rate of 3.5%, is £1,234,809.16. This represents the total value created by the DCS whereby the earning capacity of the amounts in the future is discounted.

The Net Present Value, the Total Present Value minus the total of all investments (£380,000), is £854,809.16. This amount represents the total extra value created by the DCS.

This gives an SROI ratio of £1,234,809.16/£380,000 = **£3.25: £1**. This means for every pound of investment in the DCS £3.25 social value is created.

## Sensitivity Analysis

The results presented in this SROI evaluation are based on assumptions and variables according to available evidence including

qualitative data on the experience of stakeholders.

We have undertaken a sensitivity analysis to test these assumptions and variables given that there are areas of the base case that could be derived from imperfect evidence.

Table 5.1 shows which areas we selected as those with the most potential to affect the results.

**TABLE 5.1: SENSITIVITY ANALYSIS**

Item	Base Case	New Case	SROI
Attribution	5-18%	50%	£1.77: £1
Deadweight	10-25%	50%	£1.91: £1
Outcomes patients	Impact Map	Half the outcomes for patients did not occur	£2.30: £1
Outcomes dental professionals	Impact Map	Half the outcomes for dental professionals did not occur	£2.94: £1
Stakeholders	Impact Map	Only outcomes for patents and dental professionals, no other stakeholders	£2.52: £1

The sensitivity analysis shows that if the already conservative values used in the analysis are reduced even further, the SROI index does not fall below £1.77:£1. This value would be achieved if the attribution for all outcomes was 50%, meaning the unlikely situation that half of the outcomes would be the result of other interventions, rather than the DCS's services. Even in this worst-case scenario the DCS is unlikely to return less than £1.77 for every £1 invested.

<sup>7</sup> This is based on the UK Government Green Book recommended discount rate for public funds.

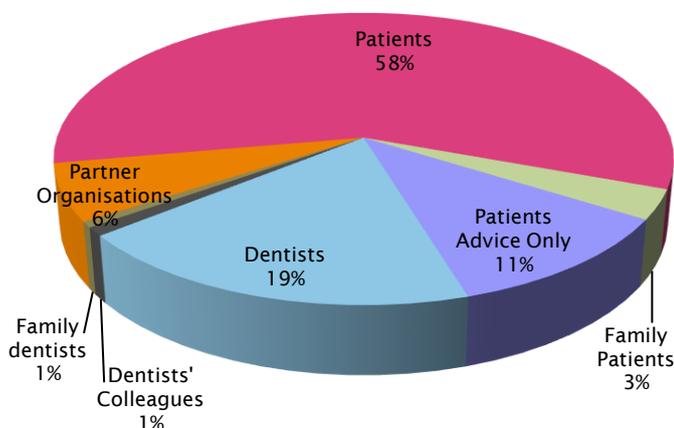
<sup>8</sup> All amounts are rounded to Pound Sterling.

# 6: Analysis and Conclusions

This Section presents an analysis of the social value created by the programme and outlines our conclusions from the study.

Figure 6.1 shows the social value created for each of the material stakeholder groups.

Figure 6.1: Value created per stakeholder group



As expected, the greatest value of the Service is created for the patients that were assisted in resolving their complaint (58%). The DCS also creates a considerable value for the dental professionals (19%), advice-only patients (11%) and partner organisations (6%).

Table 6.1 shows the total value created for the stakeholder groups.

TABLE 6.1: VALUE CREATED PER STAKEHOLDER GROUP

Stakeholder	Total Value Created (NPV)
Patients	£723,427
Family Patients	£36,174
Patients Advice Only	£141,123
Dental professionals	£235,464
Dental professionals' Colleagues	£12,029
Family Dental professionals	£7,986
Partner Organisations	£78,605

When looking at the value created per individual stakeholder, a different picture emerges, as presented in Table 6.2.

TABLE 6.2: VALUE CREATED FOR INDIVIDUAL STAKEHOLDER

Stakeholder	Value per individual
Patients	£1,099
Family Patients	£55
Patients Advice Only	£43
Dental professionals	£2,676
dental professionals' Colleagues	£137
Family Dental professionals	£91

The value created for an individual dental professional (£2,676) is more than double than the value created for a patient (£1,099).

## Scalability

This SROI report has proven that using SROI can be used by the GDC to evaluate their services, programmes and projects.

This SROI report provides a framework for the ongoing monitoring of the DCS. The GDC could include the SROI questions in their regular monitoring and evaluation surveys and calculate the annual return ratio.

This method can also be used to get a better understanding of the value created by other services, in particular the Fitness to Practice and Education and CPD functions.

## Conclusions and Recommendations

From this SROI analysis the following conclusions can be drawn:

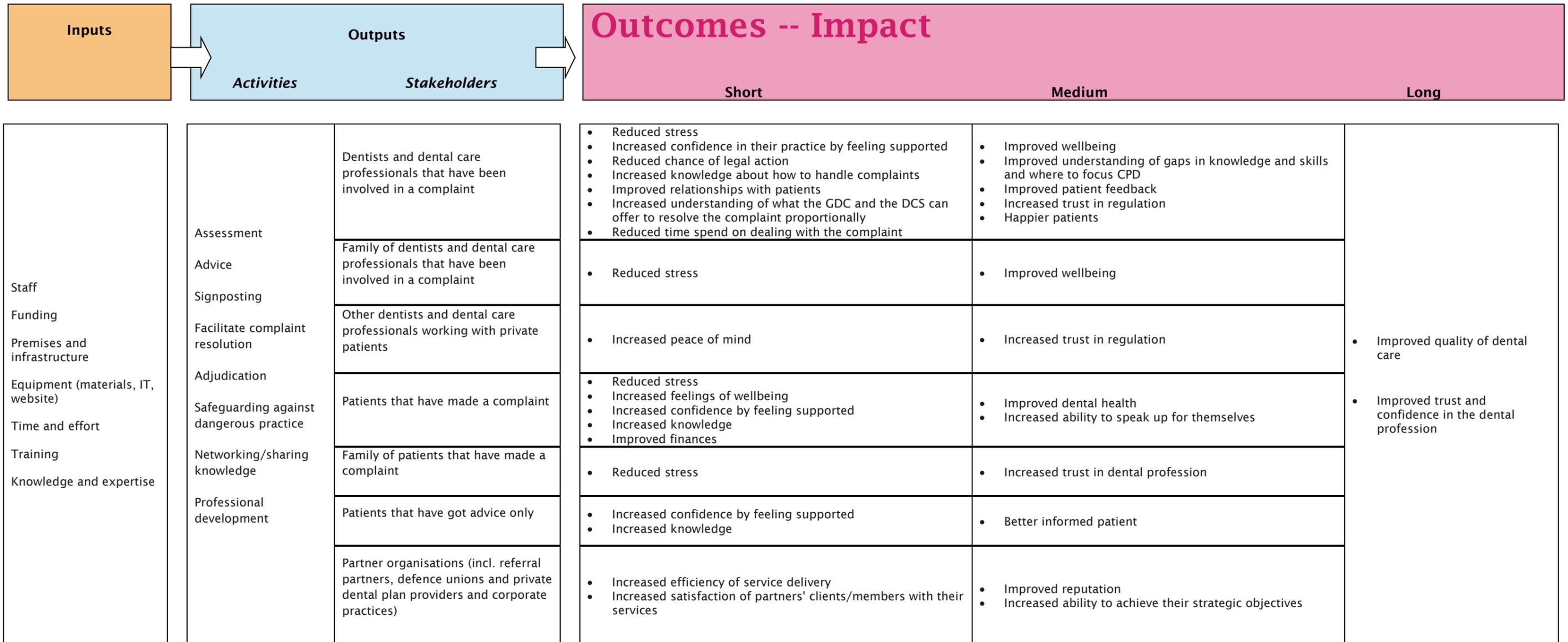
1. SROI is a suitable evaluation methodology to measure the impact of the DCS.

2. If the GDC wants to continue to use SROI as evaluation methodology, it needs to include the SROI questions in their regular monitoring and evaluation framework. It would be advisable to look at ways to improve response rates.
3. SROI can be used to measure the impact of other GDC functions. Once Logic Models have been developed, the relevant questions need to be incorporated in the standard monitoring and evaluation surveys.
4. The DCS has created a considerable social value for its stakeholders. For every pound invested in the service a social value of £3.25 is created.

In total the Service created almost £1.3m social value for patients, dental professionals and other stakeholders.

5. Overall, the greatest value from the Service is created for the patients (58%).
6. For dental professionals, the person being complained about, also a considerable value is created by the DCS (19%). When looking at the value created for each individual stakeholder, the value per individual dental professional is more than double compared to an individual patient
7. The work that the DCS does creates additional value for those around the dental professionals and patients.
8. For partner organisations the services of the DCS also create value.

# Appendix A: Theory of Change



Assumptions
<ul style="list-style-type: none"> <li>The DCS addresses a gap in service provision (dental professionals provide treatment which sometimes does not go to plan, which patients complain about and cannot resolve this on their own)</li> <li>DCS adds value for dental practitioners and patients by providing advice on how to resolve complaints</li> <li>The DCS is impartial</li> <li>Dental practitioners and patients will engage with the service</li> <li>Dental practitioners have a complaints policy and will refer to the DCS</li> <li>The DCS will be sufficiently funded</li> <li>The GDC continues to deliver the DCS</li> </ul>

External Factors
<ul style="list-style-type: none"> <li>Regulatory reform</li> <li>NHS policy regarding the use of the DCS</li> <li>Growth of corporates</li> <li>Workforce reform</li> <li>Brexit</li> <li>Increase in unregulated cosmetic dentistry</li> <li>Cultural changes around complaining</li> <li>Medical and technological advances</li> </ul>



## Appendix C: Survey Responses

### Patients

Question	Total respondents	Answer choice	Respondents	% of all respondents	% of respondents indicating a positive outcome
Did resolving your complaint reduce your stress levels?	35	Yes, I feel calmer	2	5.71%	42.86%
		Yes, I'm glad this issue is resolved	9	25.71%	
		Yes, I'm not in pain anymore	1	2.86%	
		Yes, I'm less worried about money	2	5.71%	
		Yes, I'm feeling healthier	1	2.86%	
		No, not really	20	57.14%	
How did resolving your complaint make you feel?	34	I am proud that I have accomplished getting my complaint resolved	6	17.65%	52.94%
		I am relieved that my complaint is resolved	10	29.41%	
		I am happy that the relationship with my dentist can get back to normal now	2	5.88%	
		I don't feel anything different	16	47.06%	
Did resolving your complaint increase your confidence?	31	Yes, resolving this complaint has given me a confidence boost	3	9.68%	38.71%
		Yes, I am more confident knowing there is support available to help with complaints	11	35.48%	
		Yes, I am now more confident to deal with similar issues in the future	3	9.68%	
		No, not really	19	61.29%	
Do you have more knowledge about how to represent your case and make complaints in the future?	32	Yes, I know how to make a complaint now	12	37.50%	62.50%
		Yes, I am better at communicating what I want	2	6.25%	
		Yes, I am now more assertive	1	3.13%	
		Yes, I learned new things	10	31.25%	
		Yes, I gained new skills	1	3.13%	
		No, not really	12	37.50%	
Positive financial outcomes for patients	34	I have got money back	14	41.18%	52.94%
		I now don't have to pay for additional treatment	1	2.94%	
		I was offered free remedial treatment	2	5.88%	
		I was offered a contribution towards free remedial treatment	1	2.94%	
		I am at a financial loss	16	47.06%	

### Patients' Families

Question	Total Responses	Answer choice	Respondents	% of all responses	% of respondents indicating a positive outcome
Did resolving your complaint have any effect on your family?	31	Yes, my family is less stressed	4	12.90%	22.58%
		Yes, my family worries less	3	9.68%	
		Yes, the atmosphere in our house has improved	1	3.23%	
		Yes, my relationship with my family members has improved	1	3.23%	
		No, not really	24	77.42%	

## Dental Professionals<sup>9</sup>

Question	Total respondents	Answer choice	Respondents	% of all respondents	% of respondents indicating a positive outcome
Did having the Dental Complaints Service involved in resolving the complaint reduce your stress levels?	13	Yes, knowing that the issue was getting resolved put my mind at ease	4	30.77%	53.85%
		Yes, knowing that the Dental Complaints Service is involved confirms that the issue would not have serious consequences	3	23.08%	
		Yes, it removed the threat of serious professional (fitness to practice) or legal action	2	15.38%	
		Yes, I didn't have to deal with a confrontational patient anymore	1	7.69%	
		No, not really	6	46.15%	
Did the involvement of the Dental Complaints Service increase your confidence?	12	Yes, I am more confident to deal with patients and complaints in my job	2	16.67%	58.33%
		Yes, the outcome restored confidence in my abilities as a dentist	3	25.00%	
		Yes, I am more confident knowing there is support available	4	33.33%	
		Yes, knowing that conflicts can be resolved makes me more confident	6	50.00%	
		No, not really	5	41.67%	
Do you think that the Dental Complaints Service reduced the chance of legal action against you and/or your practice?	12	Yes, this has saved my reputation	3	25.00%	75.00%
		Yes, this has saved money	1	8.33%	
		Yes, the DCS allowed me to explain the situation to the patient. As a result there was no complaint to answer and the matter was resolved amicably	5	41.67%	
		No, this would never have led to a legal case	3	25.00%	
Do you now feel better able to handle complaints in the future?	12	Yes	8	66.67%	66.67%
		No	4	33.33%	
Did going through the process increase your knowledge and skills?	11	Yes, I am better at communicating with patients that complain	1	9.09%	45.45%
		Yes, I learned new things	3	27.27%	
		Yes, I gained new skills	4	36.36%	
		No, not really	6	54.55%	
Do you think your relationship with patients will be easier in the future as a result of your experience with the Dental Complaints Service?	11	Yes	4	36.00%	36.00%
		No	7	64.00%	

<sup>9</sup> Responses inclusive of 11 respondents to online survey and two dental professional interviewees

Question	Total respondents
Do you now have a better understanding of what the Dental Complaints Service and the General Dental Council can offer to you and your practice?	12

Answer choice	Respondents	% of all respondents
Yes, I now better understand the benefits of the Dental Complaints Service	6	50.00%
Yes, I now better understand the benefits of the General Dental Council for my practice	3	25.00%
No, not really	6	50.00%

% of respondents indicating a positive outcome
50.00%

Question	Total respondents
Did the involvement of the DCS reduce the time you had to spend on the complaint?	13

Answer choice	Respondents	% of all respondents
Yes, we didn't have to spend so much time communicating with the patient	6	46.15%
Yes, we didn't have to spend so much time on administrative tasks regarding the complaint	4	30.77%
Yes, without the Dental Complaints Services' involvement, the issue would have taken much longer to resolve	2	15.38%
No, not really	5	38.46%

% of respondents indicating a positive outcome
61.54%

### Dental Professionals' Colleagues

Question	Total respondents
Did having the complaint resolved through the Dental Complaints Service have any effect on your colleagues?	11

Answer choice	Respondents	% of all respondents
Yes, colleagues have peace of mind that complaints can be resolved	4	36.36%
No, not really	7	63.64%

% of respondents indicating a positive outcome
36.36%

### Dental Professionals' Families

Question	Total respondents
Did resolving your complaint have any effect on your family?	11

Answer choice	Respondents	% of all respondents
Yes, they are less stressed	5	45.45%
No, not really	6	54.55%

% of respondents indicating a positive outcome
45.45%

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