

Complaints handling in dentistry

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Aims and objectives

- A brief understanding of the Regulations (2009).
- Some top tips
- Where complaints fit in
- NHS England/PHSO process



What is a complaint?

“ a complaint or concern is an expression of dissatisfaction about an act, omission or decision of the provider, either verbal or written, and whether justified or not, which requires a response.”

NHS England Complaints Policy



GDC Standards – complaints



There are nine principles registered dental professionals must keep to at all times.
As a GDC registrant you must:

- 1 Put patients' interests first
- 2 Communicate effectively with patients
- 3 Obtain valid consent
- 4 Maintain and protect patients' information
- 5 Have a clear and effective complaints procedure
- 6 Work with colleagues in a way that is in patients' best interests
- 7 Maintain, develop and work within your professional knowledge and skills
- 8 Raise concerns if patients are at risk
- 9 Make sure your personal behaviour maintains patients' confidence in you and the dental profession

GDC Standards - complaints



Standards

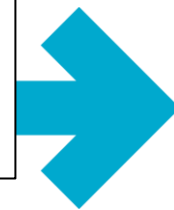
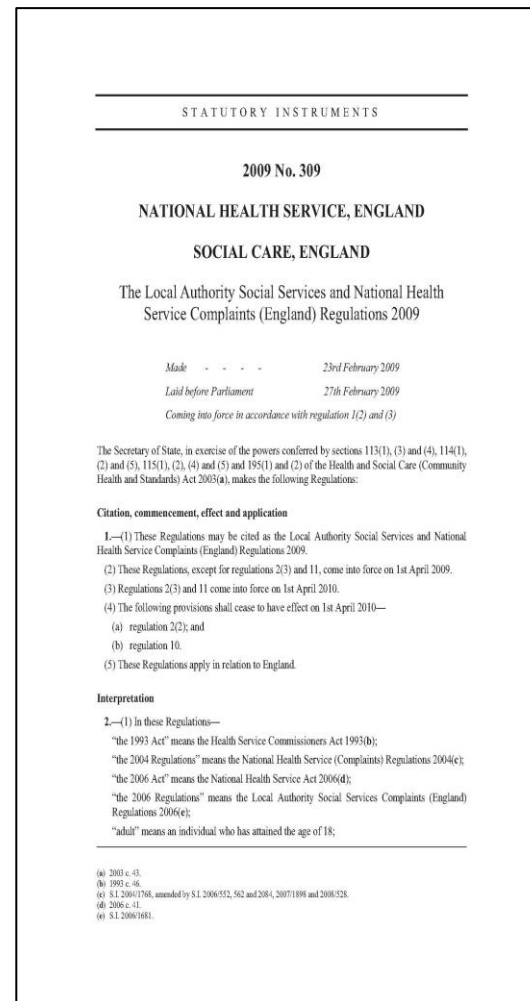
You must:

- 5.1 Make sure that there is an effective complaints procedure readily available for patients to use, and follow that procedure at all times.
- 5.2 Respect a patient's right to complain.
- 5.3 Give patients who complain a prompt and constructive response.



Why is it important to “get it right”?

- You have an obligation to comply with the Local Authority Social Services and National Health Service Complaints [England] Regulations (2009).



The Regs...part one

- If an issue raised orally can be resolved in 24 hours to satisfaction of enquirer then not a complaint
- Oral complaints (not resolved in 24 hrs) must be written up and shared with complainant to agree content
- Can't say "you must put it in writing" – this is not the case
- When in doubt "is this a complaint or just a concern/feedback?" – ask the patient/enquirer!
- No issue too small to be a complaint/too big to be a concern



The Regs.....continued

- You have 3 working days to acknowledge receipt – number of items must be covered off in the acknowledgement as per the Regulations (offer to discuss handling and timeframe most important)
- Complaint should be made within 12 months of event or of knowing they had cause to complain
- If you can respond, then you should, even if out of time
- The Regs do not stipulate a timescale to respond – you agree this with the complainant as part of the acknowledgement process
- If no response within 6 months the complainant can go straight to PHSO



Multi-agency complaints

- If more than one health or social care organisation is complained about, there should be one co-ordinated response.
- There is a duty to cooperate in multi-agency complaints
- Discuss and agree with the complainant which agency will lead, timescales etc
- If a complaint becomes a multi-agency complaint as a result of the investigation (i.e your investigation implicates an agency etc not mentioned in the complaint) do not just signpost the complainant to them in your response – with the complainant's consent a response from this agency must then be sought and included in the final response



Organisation at the practice

- A complaint can be made to provider/commissioner but not both
- You must have a well-publicised complaints process – ideally a leaflet and poster which is the simple version of your policy and then a full working policy for the practice which reflects the Regulations and your local organisation
- Each practice must have a “responsible person” for complaints and a complaints manager
- Consider a Deputy – can’t say “can’t deal with/update you on your complaint for 2 weeks because Complaints Manager is away”
- Practice should make an annual report on complaints available to the commissioning body on request
- KO41b data return on complaints published by NHS Digital annually)
- When staff leave, retain contact details – they don’t leave their complaints behind – they have a duty to comply, but the practice is responsible for investigating and responding



Acknowledging Complaints

- This is your first contact – make it count!
- Thank them for the complaint but apologise for their experience (sad but glad)
- Address consent issues
- Offer to discuss the handling and clarify the complaint
- Explain the timeframe for responding (quote your policy) and what happens if it takes longer – offer to negotiate
- Explain who investigates and how
- Provide a named contact for the complainant



Acknowledging Complaints (continued)

- Explain how the outcome will be shared with them and ask if they wish to receive the response in a format other than in writing
- Address any immediate care/appointment issues
- Make clear that their care and that of their family should not be compromised as a result of making a complaint
- Include details of local NHS complaints advocacy provider



Investigating before responding

- Take a highlighter pen and identify every issue requiring a comment/response
- Identify who needs to answer each of the above
- Consider the use of statements – sometimes better to interview staff than ask for free form statements
- Is there a need for independence?
- Always refer to records
- Never assume....”my staff would never.....”
- Final report/response should be one co-ordinated response which represents the view of the practice not just an individual staff member – try to avoid sending multiple responses
- Don’t be afraid to ask the complainant if you need more info



Responding

- What happened VERSUS What should have happened – bridge the gap
- summary of complaint and investigation
- chronology of care/service if appropriate
- explanation (avoid jargon)
- apology (if appropriate) but make it genuine – no “I am sorry if you feel”.....not a real apology!
- remedy
- learning for practice
- what to do if not satisfied



What does good look like?

- Principles of Good Complaint Handling
 1. **Getting it right**
 2. Being customer focussed
 3. Being open and accountable
 4. Acting fairly and proportionately
 5. Putting things right
 6. Seeking continuous improvement



Parliamentary
and Health Service
Ombudsman



What does good look like?

A user-led vision for raising concerns and complaints



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My expectations for raising concerns and complaints

My expectations for raising concerns and complaints

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Complaints data

- The total number of all reported Primary Care written complaints in 2016-17 was 90,579, an increase of 8,020 (9.7%) since last year's 82,559.
- 208,415 total complaints across all of the NHS so less than half in primary care
- By service area there were 92,449 complaints with 83.2% of these relating to 'GP surgery' and 14.6% relating to 'Dental surgery'
- By subject area there were 106,226 complaints with 18.2% of these relating to 'Clinical Treatment' and 16.0% relating to communication
- GP practices - most complaints relate to 'Communications' (16.9%), then 'Clinical Treatment' (13.7%) and 'Staff Attitude/Behaviour/Values' (12.6%).
- Dental practices - most relate to 'Clinical Treatment' (38.9%), then 'Communications' (12.1%) and 'Charging/Costs' (11.9%).



Complaints made to NHS England

Complaint numbers

- 1169 dental complaints
- 5801 GP complaints

KO41b subjects recorded

- 1190 dental subjects
- 5850 GP subjects



Communication – good intentions



Communication – good intentions



**I am out of the office –
please send translation
work by post**



CQC – Inspection re complaints

Key Lines Of Enquiry:

- Responsive
- Well Led
- Caring
- Safe
- Effective



CQC – key line of enquiry - responsiveness

- There is a complaints system in place, which is publicised, accessible, understood by staff and people who use the service.
- There is openness and transparency in how complaints are dealt with.
- Information is provided about the steps people can take if they are not satisfied with the findings or outcome once the complaint has been responded to.
- People report that they know how to complain, that the system is easy to use and staff treat them compassionately and give help and support they need to make a complaint.



CQC – KLOE – well led

- The provider has systems in place to support communication about the quality and safety of services and what actions have been taken as a result of concerns, complaints and compliments
- Candour, openness, honesty and transparency and challenges to poor practice are the norm



CQC –inspection re complaints

- “No one at the practice had any idea what the complaints procedure was.
- There were a number of complaints in the surgery, none had received a response
- The practice manager explained that they got a lot of complaints and were quite busy”



CQC – Inspection re complaints

- “There was a practice complaints procedure. Details were on display in the waiting room. All of the team demonstrated knowledge of how to use the complaints procedure.
- We saw evidence of patient complaints being investigated appropriately and resolved. We saw evidence of the practice learning from complaints”



The Role of NHS England

- Complaint can be made to NHS England as the commissioner of primary care
- Two tiered national customer contact centre then triage to regional complaints teams
- Can support PHSO when GP/dentist does not comply with recommendations from PHSO investigation
- Systemic reviews from PHSO
- Leadership role with DH, CQC, PHSO, NHSI, LGO etc re quality of complaints handling



What do NHSE do with a complaint?

- Majority of complaints are triaged to regional teams – Customer Contact Centre and regions both encouraged to revisit possibility of local resolution if the complainant is open to the suggestion – lots of factors here
- Regional teams are directly accountable to Directors of Commissioning and Operations but dotted governance line through to national team
- NHSE cannot share the complaint with you until we get consent
- Whilst recognising need to agree timeframe with complainant our benchmark is 40 working days for responding (clock doesn't start from consent receipt but from actual receipt) – so regional team will set you a deadline – always good to advise them if you envisage a problem with this and reasons why as we can update complainant



What do NHSE do with the complaint?

- In most regions, practices will be asked to write response as if responding to the complainant but it will be returned to the region for review
- Clinical and contractual advice sought as and when required and can be at different stages depending on the severity/content of the complaint
- In some instances clinical adviser may contact the dentist to discuss the complaint and/or their response



What do NHSE do with a complaint?

- If response provided to region by the practice does not address the complaint, is of poor quality etc then the region will ask for the practice to review the response and amend it
- DCO letter usually sent with practice response, incorporating clinical and contractual advice (where appropriate)
- Complaints teams have no involvement with PAG beyond sharing the complaint as per policy (often directed by clinical adviser) – they are not informed of outcome and this is not shared with complainant



General Dental Council

Profession-wide Complaint Handling Initiative Patient and Dental complaints: Findings from the GDC Patient and Public Survey

Background to the research

Quantitative

- Sixth survey of patients and public
- Representative sample of 1,232 UK adults (from all 4 countries)
- Fieldwork dates: 31st March – 9th April 2017
- Includes tracker questions from previous waves and new topical and policy questions

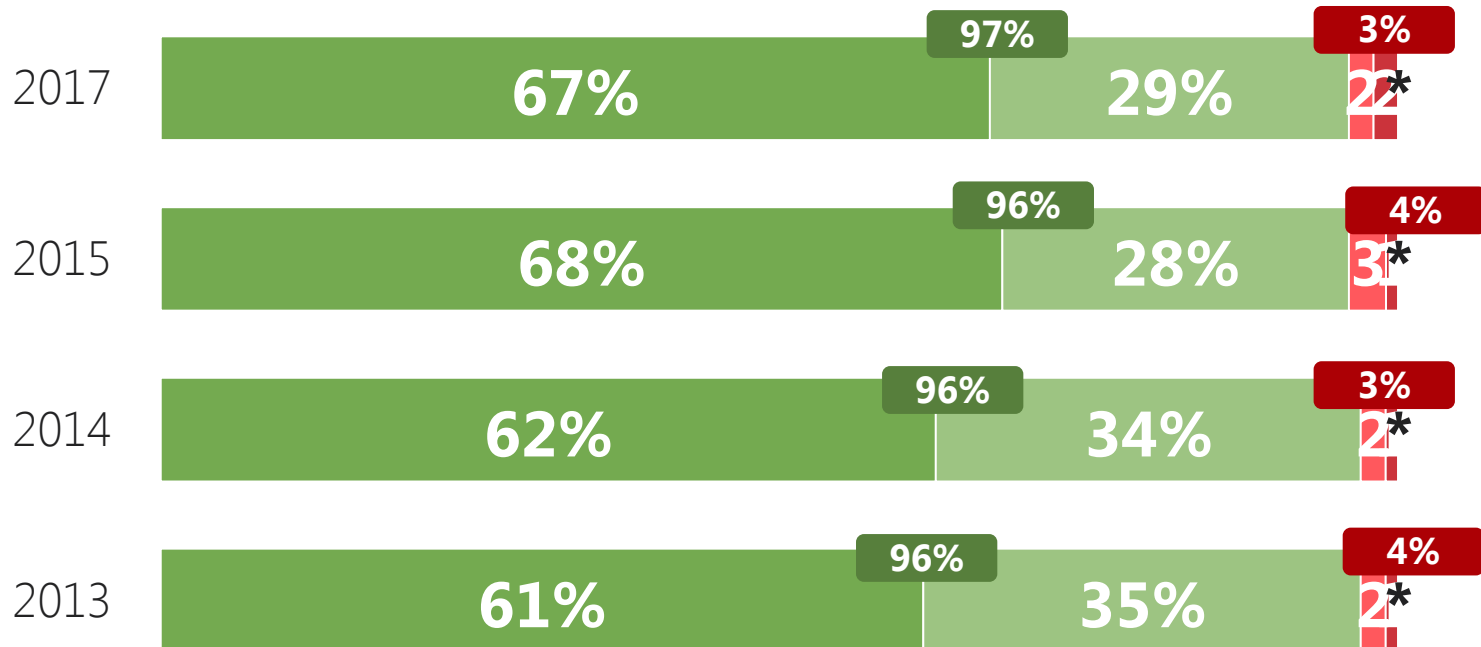
Qualitative

- 2 online discussion groups with the 9 members of the public following the quantitative survey
- Provide a more in-depth understanding of some of the topics

People remain very satisfied with their dental treatment and care

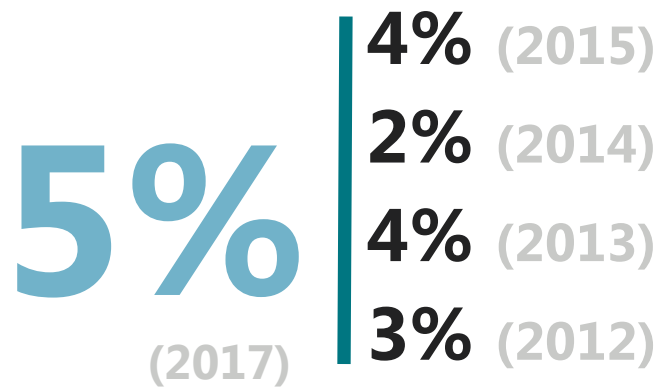
Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?

■ Very satisfied ■ Fairly satisfied ■ Fairly dissatisfied ■ Very dissatisfied ■ Don't know

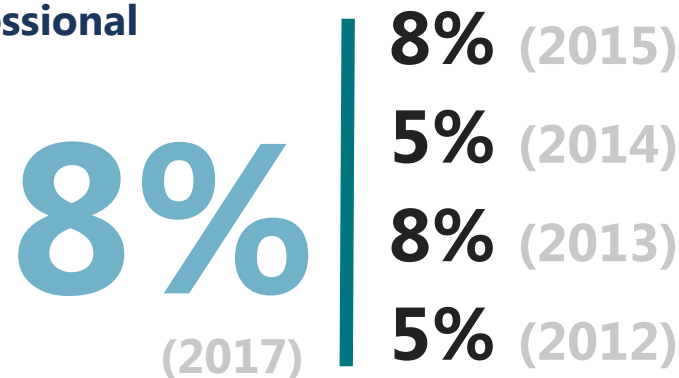


Base: People who go to the dentist at least once a year: 2017 (898), 2015 (898), 2014 (1,129), 2013 (1,063)

Very few people have complained or considered complaining



have complained about a dental professional



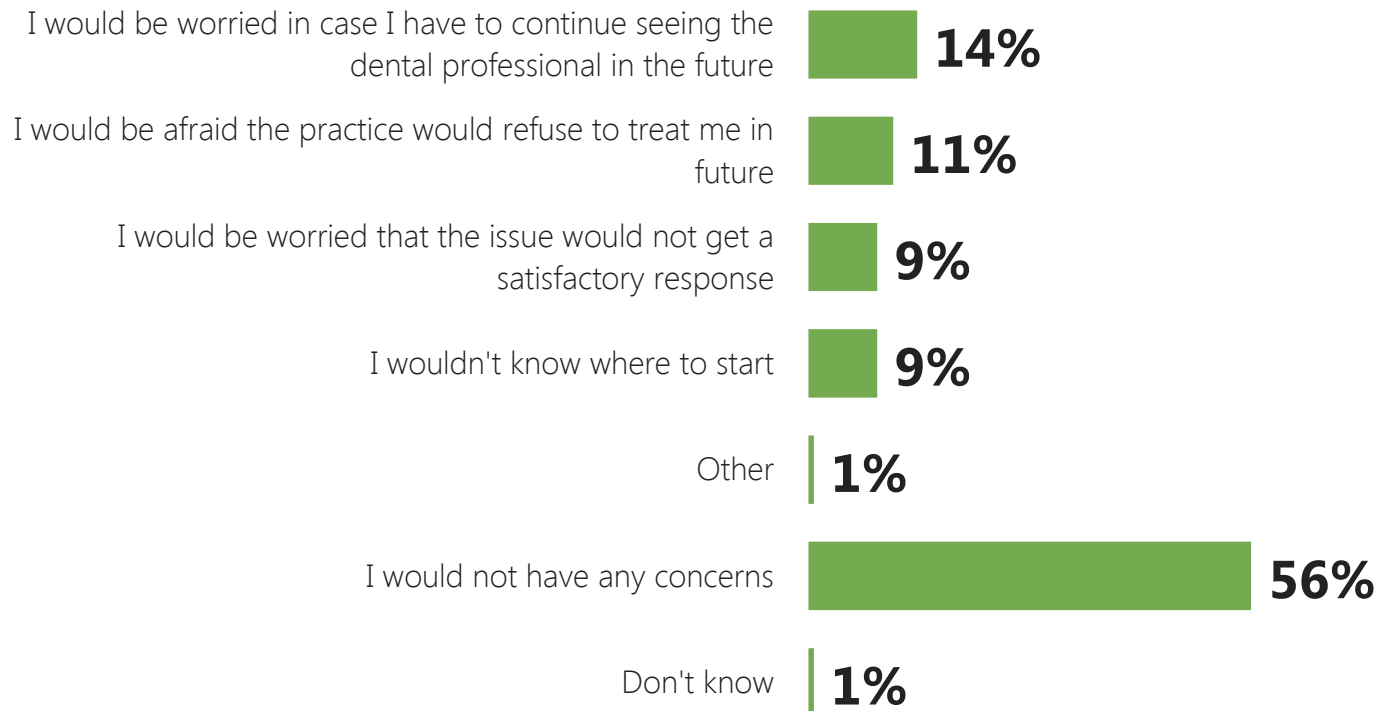
have *considered* complaining about a dental professional

Base: People who have been to a dentist at some point:
2017 (1,209), 2015 (1,209), 2014 (1,564), 2013 (1,524), 2012 (1,464)

Base: People who have not, don't know or prefer not to say if they have
complained about a dental professional: 2017 (1,149), 2015 (1,156), 2014 (1,523),
2013 (1,467), 2012 (1,422)

...more than four out ten had concerns about complaining

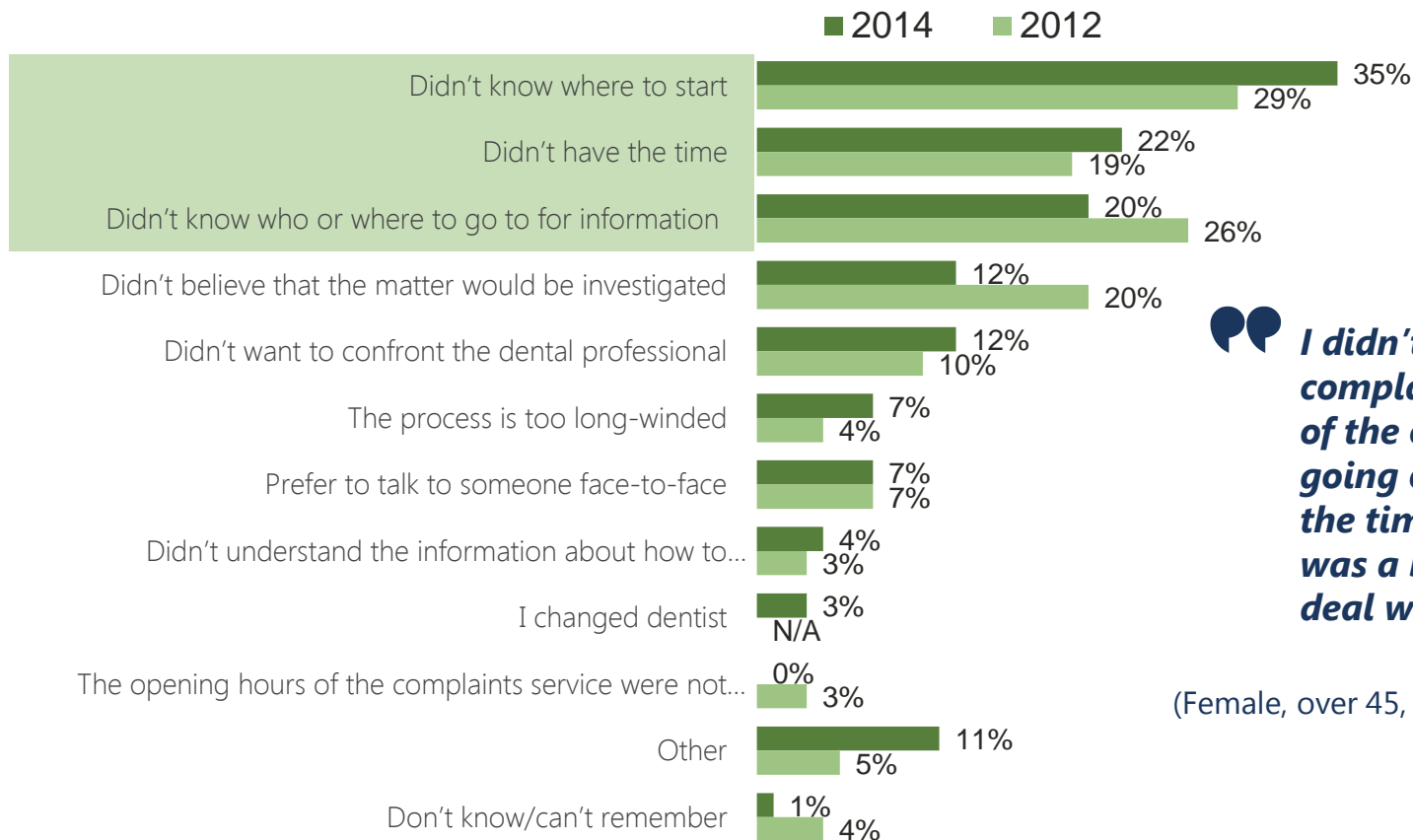
What, if anything, would concern you about making a complaint?



Base: People who have not, don't know or prefer not to say if they have complained about a dental professional (1,149). Respondents may give multiple answers.

Not knowing how to complain is the main barrier to complaining

You said you considered making a complaint about a dental professional. What prevented you from complaining?



I didn't know who to complain to. Time was of the essence, a lot was going on in my life at the time so obviously it was a bit difficult to deal with it.

(Female, over 45, social grade C2, 2014)

Base: People who have considered complaining about a dental professional: 2014 (78), 2012 (74)