**Complaints**

**And**

**Compliments**

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**Complaints Handling**

Patients are the most important members of the practice team. A happy patient will tell 3 - 5 other people of their experiences but research shows that an unhappy patient will tell in excess of 11 people of their bad experience. Patients are becoming increasingly consumer-driven. They know their rights and how they want to be treated. They expect full explanations of the need for treatment and all alternatives available. They also expect to receive value for money.

Compliments, comments and complaints are a valuable source of feedback reflecting patients’ views and feelings about the service and the care you and your team provide.

Even in the best run practices, complaints are inevitable from time to time. Whilst complaints are seldom welcomed and are usually viewed with a degree of horror and feeling of failure, a complaint that is handled well and to the satisfaction of the patient, will be a positive experience that will strengthen the patients’ loyalty to the practice.

Responding to complaints promptly, personally, and efficiently is good professional and commercial practice and reduces the likelihood of more serious action at a later stage.

If a complaint is handled badly, it is likely that the patient will leave the practice and tell all their friends, family and neighbours.

Patients may not always use the word “complaint” - they may offer a “comment” or “suggestion”. It is important to recognise those comments or suggestions which are really complaints and know how to handle them.

Patients are becoming increasingly consumer driven. They know their rights and how they want to be treated. They expect full explanations of the need for treatment and all alternatives available. They also expect to receive value for money.

**The Golden Rule**

***All complaints must be responded to immediately and with professionalism***

Research shows that the quicker a complaint is responded to, there is less likelihood of more serious action later. The longer the complaint is allowed to fester the angrier the patient becomes and the chance of a happy outcome becomes much less likely.

Excellent communication is the key to keeping patients happy and problems are nearly always due to a breakdown in communication. Dealing with problems as they arise, before resulting in a complaint, may avoid the need to carry out a full complaint investigation. All complaints/comments should be taken seriously.

The whole practice team should understand how the procedure works, but one person is nominated specifically to administer the procedure.

Records need to be kept of complaints, investigations and outcomes; these should be kept separate from clinical records.

**Why Patients Complain**

Patients can feel dissatisfied for many different reasons but the motivation to register a complaint in writing, on the telephone or in person is usually one of the following:

* To let off steam and be heard.
* To receive an apology (which is not the same as an admission of liability and should be given at the earliest opportunity)
* To hear an explanation.
* To have reassurance that remedial action has been taken so that the same problem won’t arise again.
* To receive redress/recompense (sometimes financial compensation)

An unhappy patient:

* Wants their concerns to be acknowledged and taken seriously.
* Wants the opportunity to say their piece.
* Wants someone to listen to them without interrupting.
* Wants to be given the time to explore their complaint as fully as they want.
* Doesn’t want to be fobbed off with excuses.
* Doesn’t want to feel that their complaint is being ignored.

**Responding to Complaints**

The person to whom the first contact is made should:

* Listen attentively, without interrupting.
* Empathise and apologise. (this is not an admission of wrongdoing, merely apologising that they feel that way)
* Determine exactly what the person is trying to achieve with their complaint.
* Make arrangements for the complaint to be followed up. If this cannot be done within the timescales in the complaints procedure this should be explained to the patient and information given as to the expected time scales

All members of the team should be familiar with the practice complaints procedure (including any time limits) and should follow that procedure.

The practice should have a person responsible for complaints (a Complaints Officer or Complaints Co-ordinator) who overseas complaints to ensure that the complaints procedure is followed.

**Inform Patients**

The GDC’s “Standards for the Dental Team”, Standard 5, requires that practices have a readily available complaints procedure which is followed by all members of the team.

A waiting room poster and your practice information literature should be used to tell your patients about your complaints procedure and how they can use it.

A poster is available from the GDC at: <https://www.gdc-uk.org/professionals/standards/complaint-handling> which outlines their 6 core principles for patients:

1. All of your feedback is important to us.
2. We want to make it easy for you to raise a concern or complain, if you need to.
3. We follow a complaints procedure and keep you informed.
4. We will try to answer all your questions and any concerns you raise.
5. We want you to have a positive experience of making a complaint.
6. Your feedback helps us to improve our service.

If you have a website, then details of your complaint’s procedure should be displayed, along with details about who patients may contact if they are not happy with the response. GDC’s address and other contact details or a link to their website should also be displayed.

Patients should be kept fully informed of the progress of the investigation with regular updates.

If your patient remains dissatisfied or is unwilling to participate, record the facts and refer the patient to:

* NHS patients: your local primary care trust or health authority.
* Private patients: Dental Complaints Service; the independent service funded by the GDC.
* Denplan patients: Denplan Clinical Mediation Service.

**Complaints in Person**

If it is not possible to give the complainant enough time immediately, the complainant should be given a copy of the complaints procedure and arrangements should be made for the complaint to be followed up as soon as possible, by the Complaints Co-ordinator, ideally within 48 hours. The patient should be given choices of how this might happen, for example by telephone.

**Complaints by Phone**

The initial response should be followed up as soon as possible by the Complaints Co-ordinator ideally the same day. If they are not available then offer the patient options, for example, for the Complaints Officer to call them back or arranging for the patient to ring back when they are available. A written record of a verbal complaint should be made and the patient should be given a copy.

**Complaints in Writing**

A written complaint should be acknowledged by return post and a copy of the practice complaints procedure should be included. The complainant should be offered a choice to follow up their concerns. For example, to come to the practice for a meeting or to discuss over the telephone.

Where a complaint is justified, the patient should be offered a fair solution. This may include the offer to put the problem right if a mistake has been made. If this is a clinical mistake, the defence organisation should be contacted before any agreement is made with the patient.

**Records**

* Keep full records of complaints in a central file.
* Include all dates, details of any investigation, notes of meetings and telephone conversations, copies of correspondence and details of the outcome.
* Review the file regularly to check for recurring themes and possible suggestions for improvements.

Records of complaints should be used to identify areas for improvement and to monitor complaints handling performance.

Your complaints procedure should:

* Be readily available where patients can see it.
* Be easy for patients to use.
* Provide details of time scales.
* Allow you to deal with complaints quickly, in a full and fair way.
* Allow you to investigate fully and fairly.
* Respect patient confidentiality.
* Be clearly written in simple language, providing a clear explanation of possible outcomes for the patient.
* Provide information on other organisations they may contact if they are not happy with the outcome.
* Allow information to be passed to practice management in order to improve the service.

**Dental Complaints Service**

This impartial service has been set up to help resolve complaints about private dental care as fairly and as quickly as possible. The service covers the whole of the UK and is available to any patient wishing to complain about any aspect of dental care, treatment or service involving any member of a dental team.

**How it Works**

* Dissatisfied patients who call the service will be first be encouraged to use the dental practice’s own complaints procedure, if they have not already done so.
* If the complaint remains unresolved, a Dental Complaints Service adviser will discuss the complaint directly with the patient and the dental professional concerned.
* If the adviser cannot resolve the matter, the complaint will go to a regional panel consisting of two lay volunteers and one dental professional volunteer. The panel will meet with the dental professional and the patient and recommend how best to resolve the complaint. Their emphasis will be on resolving complaints using common sense.

Serious complaints, which raise issues about patient safety and whether a practitioner should continue practising, continue to be dealt with by the GDC.

**Further Information**

* Denplan Complaints Handling department

T: 0800 169 7220 | E: clinicalmediationservice@denplan.co.uk

* BDA Advice Sheet B10 ‘Handling Complaints’; B11 ‘Handling Private Practice Complaints’ – [http://www.bda.org](http://www.bda.org/) | T: 0207 935 0875
* NHS Executive’s Guidance Pack ‘Complaints, Listening, Acting, Improving’
* Dental Complaints Service | T: 0208 253 0800 – [Dental Complaints Service (gdc-uk.org)](https://dcs.gdc-uk.org/)
* GDC Standards Guidance ‘Principles of Complaints Handling’ – [www.gdc-uk.org](http://www.gdc-uk.org)

**Customer Care**

Excellent customer care skills are essential for a modern practice. It is impossible to define where good customer care ends and good clinical care starts. In this modern era the two are inseparable.

Evidence shows that:

* Patients tend to take clinical skills for granted and judge their dentist on how they are treated as people.
* Happy patients tend to become healthy patients and want to stay that way with continuing care.
* Good customer care is the most cost-effective way to market a dental practice as satisfied patients spread the word.
* Excellent customer care makes patients feel that they are getting good value for money in a service profession like dentistry.
* Practices offering good customer care can maintain fair prices enabling them to thrive.

A number of studies carried out over the last 10-15 years have shown that patients want:

* Their dental practices to look clean and staff to appear hygienic.
* To be treated in a friendly, empathetic manner.
* To be dealt with as people, not as ‘a row of teeth’.
* Preventive oral care.
* Dental interventions only when necessary to improve their oral health.
* Clear and transparent pricing of dental care.

(Based on the work of Finch Keegan and Ward, Shipway Bailey and Nelson and DEMOS).

**Measuring Customer Satisfaction – Patient Surveys**

It has been said that you can only manage and improve something if you can measure it. We cannot assume that our patients are appreciating our efforts.

Confidential patient satisfaction surveys carried out by an independent body are considered the gold standard. There is a suggestion that patients will be more honest with their feedback to an independent body.

Denplan Excel Accredited dentists and Denplan+ practices have access to an online survey for patients. Their own results are issued to them confidentially every 18 months (or sooner on request). Each member also sees a national reference sample of other practices’ results for comparison. The most important measurement is comparing your own results over time as an extensive survey will always reveal areas where customer care can be improved. What is perceived as excellent care today will be regarded as common-place in a couple of years. We therefore must continue to measure our patient perceptions and form action plans to deal with weaker areas.

**Information for Patients**

‘Good Practice’ ensures that patients are well informed.

Suitable information leaflets could include:

* Preventive care and oral hygiene.
* Dental health education materials.
* Dietary advice sheets.
* Post extraction or surgical instructions.
* Treatment information.
* Welcome pack for new patients including Practice Information Leaflet.
* Practice fee rate guide.
* Statement of practice philosophy and aims.

**Compliments**

Whilst handling a complaint well and to the satisfaction of the patient will be a positive experience that will strengthen the patients’ loyalty to the practice, it is also important to analyse compliments.

Knowing what patients appreciate and value, can help to ensure that those behaviours and practices are continued and extended.

Keeping a log of compliments can be used as evidence to regulators that the service provided is responsive to patients’ needs.

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| **Important:** In the next section, we have a sample policy for staff and a sample policy for patients. The text in brackets must be altered to reflect the practice’s own situation/personnel. For NHS complaints, the contact details for the different countries has been given. You must delete the ones that do not apply. |

**Practice Complaints Procedure for Staff**

Oak House Dental Practice

In this practice, we take complaints very seriously and try to ensure that all patients are pleased with their experience of our service. When patients complain, they should be dealt with courteously and promptly so that the matter is resolved as quickly as possible. This procedure is based on these objectives. Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and respond to patients’ concerns in a caring and sensitive way.

Complaints should only be shared with the staff involved, as only those who need to know should have the full details. For this reason, complaints are kept in a central confidential file. The theme of any complaints will be discussed in team meetings so that all members can learn from them and improve the service that we provide.

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| The Complaints Manager in the practice is Andrew Ridout |

**Verbal Complaints in person or by telephone**

If a patient complains on the telephone or at Reception, we will listen to his/her complaint and acknowledge it with empathy. For minor complaints it may be possible to deal with the issue to the patient’s satisfaction immediately. For more complex issues the complaint should be referred to Andrew Ridoutimmediately if possible. If the complaints manager is not available, the patient should be told when *he* is available and given a choice of how he may contact them, to discuss the issue. The patient should be provided with a copy of the patient complaints procedure and the complaint should be logged in a central complaints log (not on the patient’s record).

**Complaints in writing or via email**

If the patient complains in writing or by email it should be passed on, immediately to Andrew Ridout who will log the complaint in the central log and arrange to send the patient a copy of the complaint’s procedure.

He will acknowledge the complaint in writing (by the same method that the patient used) and enclose/attach a copy of our complaint’s procedure as soon as possible (normally within 2 working days). He will aim to have investigated the complaint within 10 working days. We will offer to discuss the complaint at a time agreed with the patient, giving them a choice of how they would like to be kept informed, for example, face to face, by telephone, email or letter.

We will inform the patient about how the complaint will be handled and the likely timescale in which the investigation will be completed. If the patient does not wish to discuss the complaint, they will still be advised of the likely timescales for completing the process.

In all cases, we will seek to investigate the complaint speedily and efficiently and we will keep the patient regularly informed, as far as is reasonably practicable, as to the progress of the investigation.

Investigations will normally be completed in 2 weeks. When the investigation is complete, we will provide the patient with a written report. This will include an explanation of how the complaint was considered, the conclusions reached in respect of each part of the complaint, details of any necessary remedial action and whether the practice is satisfied with any action it has already taken or will be taking as a result of the complaint.

Full records will be kept of any complaint received as well as any actions taken to improve services as a result of the complaint.

Any complaint regarding clinical care or associated charges should be passed on to the treating dentist unless the patient does not wish this to happen.

If the patient is not satisfied with the result of our procedure, then they can complain to:

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| --- | --- |
| Denplan Patients | Denplan Clinical Mediation ServiceT: 0800 169 7220E: clinicalmediationservice@denplan.co.uk |
| Private Patients | Dental Complaints Service37 Wimpole StreetLondonW1G 8DQT: 0208 253 0800W: <https://dcs.gdc-uk.org/> |
| NHS Patients [Please delete as appropriate] | **England**NHS EnglandPO Box 16738RedditchB97 9PTT: 0300 311 22 33**E:** england.contactus@nhs.netIf you are making a complaint, please state: ‘for attention of the Complaints Team’ in the subject line |
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**Practice Complaints Procedure for Patients**

Oak House Dental Practice

In this practice, we take complaints very seriously and try to ensure that all our patients are pleased with their experience of our service. If you have a complaint, we will treat you courteously and promptly so that the matter is resolved as quickly as possible. We learn from your feedback and respond to your concerns in a caring and sensitive way.

Complaints will only be shared with the staff involved, and only those who need to know will have the full details. The theme of any complaints will be discussed in team meetings so that all members can learn from them and improve the service that we provide.

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| The Complaints Manager in the practice is Andrew Ridout ] |

**Verbal Complaints in person or by telephone**

If you complain on the telephone or at Reception, we will listen to your complaint and acknowledge it with empathy. Minor complaints will be dealt with immediately. For more complex issues the complaint will be referred to Andrew Ridoutimmediately if possible. If the complaints manager is not available, you will be told when he is available and offered a choice of how he may contact you, to discuss the issue.

**Complaints in writing or via email**

If you complain in writing or by email, your complaints will be passed on, immediately to *[the Complaints Manager]*.

*[He/she]* will acknowledge your complaint in writing or by email (by the same method that you contacted us) and enclose/attach a copy of our complaint’s procedure as soon as possible (normally within 2 working days). He/She will aim to have investigated the complaint within 10 working days. We will offer to discuss the complaint at a time agreed with you, giving you a choice of how you would like to be kept informed, for example, face to face, by telephone, email or letter.

We will inform you how the complaint will be handled and the likely timescale that the investigation will be completed. If you do not wish to discuss the complaint, we will still advise you of the likely timescales for completing the process.

In all cases, we will seek to investigate the complaint speedily and efficiently and we will keep you regularly informed, as far as is reasonably practicable, as to the progress of the investigation.

Investigations will normally be completed in 2 weeks. When the investigation is complete, we will provide you with a written report. This will include an explanation of how the complaint was considered, the conclusions reached in respect of each part of the complaint, details of any necessary remedial action and whether the practice is satisfied with any action we have taken or will be taking as a result of the complaint.

We will keep full, confidential records of any complaint received as well as any actions taken to improve services as a result of your complaint.

Any complaint regarding clinical care or associated charges will be passed on to the treating dentist unless you do not wish this to happen.

If you are not satisfied with the result of our procedure, you can complain to:

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| --- | --- |
| Denplan Patients | Denplan Clinical Mediation ServiceT: 0800 169 7220E: clinicalmediationservice@denplan.co.uk |
| Private Patients | Dental Complaints Service37 Wimpole StreetLondonW1G 8DQT: 0208 253 0800W: <https://dcs.gdc-uk.org/> |
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**COMMENTS - COMPLIMENTS - COMPLAINTS**

We are happy to consider any suggestions you may have that would improve the service we provide.

Comments and compliments are always welcome. We also operate a Practice Complaints Procedure for dealing with complaints which adheres to National Criteria. Our Practice Manager Lisa Ridout will give you further information and a leaflet giving details of the procedure is available from Reception.

Your compliments ensure that we continue to provide you with the service that you want.

Our aim is to give you the highest possible standard of service and we try to deal swiftly with any problems that may occur.

**HELP US TO HELP YOU.**

**Complaint Record**

Patient Name:

Address:

Contact telephone number:

Complaint received by:

Date complaint received:

Method of contact: *{email, letter, in person, phone}*

Preferred method of communication: *{if not specified the practice should communicate with the patient by the same method that the complaint was received}*

Person handling complaint:

|  |  |
| --- | --- |
| Date | Details of complaint |
|  | Action Taken |
|  | Follow up |
|  | Outcome |