



Advicesheet

Handling complaints

B10



contents

page

Skilful handling of complaints is essential to modern business management. A complaint, if handled properly, can enhance relations with the complainant, turning a potential lost customer into a satisfied patient; and can offer an opportunity to improve the management of the practice, ensuring that the same mistake, which may have caused other patients silently to leave the practice, does not happen again. For the professional, if the patient's problem is dealt with at an early stage, formal complaints procedures, with their cost in time, money and anxiety, can be avoided.

It is a contractual requirement that contractors handle complaints about NHS care according to a formal procedure that complies with the the regulations. Both NHS and private practitioners must comply with the GDC's guidance on complaints handling.

This advice sheet shows how complaints can be turned into a positive management tool and offers a procedure to be adopted in-house.

Handling complaints positively	4
Learning from complaints	4
General approaches to handling complaints	4
Practice procedures	6
The detailed stages	7
Formulating and introducing a complaints procedure	9
If a patient is still dissatisfied	10
Code of practice for patient complaints	12
Model letters	13
<i>Refer to advice sheet B11 for Private patient complaints.</i>	

Handling complaints positively

Sometimes losing a patient is inevitable and there are times when it is better for the patient to seek treatment elsewhere if the relationship has completely broken down. Mostly, however, the situation can be resolved.

Management theory is that valuable lessons can be learned from complaints. In a small practice reception area it can be hard to view complaining patients in a positive way. At the very least they can be an irritant, and at worst they may lead to investigation by the Healthcare Commission or a GDC inquiry.

When a complaint is made, you know that everyone in the room will be watching the interchange between patient and receptionist. Whatever the background to the complaint, it is hard to see it as a positive opportunity to improve your practice - more a source of embarrassment than a 'moment of truth!' In a small organisation blame cannot be passed on to another department or an absent colleague, and it is all too easy to counter complaints with defensiveness and sarcasm. But complaints are part of the communication process and are a very important aspect of your relationship with your customers.

Most patients who are unhappy with the treatment or service they have received at a practice do not complain: they go to another dentist and tell at least a dozen other people why they have left you. This and the importance of referral in attracting new patients are two very important reasons for developing an efficient system for handling complaints.

Learning from complaints

Do you keep a log of the complaints and negative comments you receive about the practice? Do your staff ask patients directly after they have made an appointment or paid for their treatment whether there is anything else they can do to help? This gives the patient the opportunity to provide feedback. Do you analyse the number of patients who leave the practice after a short time and find out why? Do you discuss complaints at staff meetings? Try some of these activities over the next three months. Do not at this stage focus on the amount or type of criticism you receive, but look at what you are doing in response to help to minimise the need to complain.

Even if you do not receive any complaints or negative comments, it is a very good idea to encourage patients to comment on the care and service they receive from you. Your professional relationship with your patients as customers requires you to answer complaints satisfactorily, put the matter right, and use the information provided to improve your service.

To deal properly, easily and consistently with complaints, all that is needed is a simple procedure which is written down and understood by staff and patients.

General approaches to handling complaints

What do patients expect?

When making a complaint a patient usually wants to know:

- what happened
- why it happened
- what will be done to put it right
- whether anyone is to blame
- if so, what action will be taken
- what action will be taken within the practice to ensure that it doesn't happen again

For most medical complainants, financial compensation is not the main motivation for complaining. In dentistry, where most patients pay towards their treatment, complainants may reasonably want to recoup the cost of failed treatment or the cost of rectifying it. Litigation is often at the end of a complaints process during which the patient cannot see any other way of making their feelings heard. That is not to say that dental patients don't seek financial compensation for damages or that vexatious or litigious patients do not exist; but it is not inevitable that every patient who makes a complaint will be doing so for financial gain.

It is much better that a patient's objectives are achieved by communication between the patient and practice, rather than the patient's solicitors and the dentist's defence organisation's solicitors and there is no reason why this should not happen with the help of a clear procedure.

Think about some of the complaints you might receive and how you might deal with them. For example complaints about NHS arrangements:

- choice of materials
- practice acceptance policies
- the patient has to see a DRO and is now worried that the treatment wasn't carried out properly
- a patient's filling falls out within two weeks and because of the delay in consulting you about this, she eventually needs endodontic treatment which she refuses to pay for. You refer to the NHS rules on replacement but she still feels you should do the work free of charge
- a patient cannot see their dentist of choice
- a patient cannot get an appointment when they want it.

What sort of complaints are we talking about?

Another source of complaint might be if you are changing from NHS to private practice. In these circumstances patients might feel that:

- the fact that the practice is now private has not been fully explained
- patients were not informed in advance of your private charges
- they were told that better materials would be used. Why then has their crown fractured after three months?
- they were told that more time would be available for each appointment. Is that why you are now booked up for four weeks ahead for treatment, so that basic endodontics takes two months to complete?
- the smart new uniform hasn't made the receptionist any more helpful.

All of the above provides valuable information about ways to improve your practice.

How would you deal with each of these complaints? What would you say? What might others say? Looking at other typical complaints:

- Why should the practice have sent a debt collector's letter to a patient who paid by credit card?
- Why did the same crown come out three times in three months?
- Why does the crown not match the shade of the patient's neighbouring teeth?
- Why did it take multiple injections to anaesthetize one tooth?
- Why has the patient lost feeling in part of her tongue after an extraction and why wasn't she warned?
- Why can't the receptionist fit in the patient with a broken tooth until the day after tomorrow?
- Why did the dentist shout at her child when she couldn't keep still?

These are some examples of complaints made to the BDA helpline during a three-day period by patients who wished to make a complaint to us. In some cases the patients had tried complaining to the practice with no result and in the case of the credit card, with the result that the patient was told that he would be removed from his dentist's list. In other cases the patients did not wish to express their feelings to the dentist directly but wanted to inform a third party to whom the dentist might be accountable. While patients must have freedom to make formal complaints, and some types of complaints could only be dealt with by a third party, how much better it would be if these patients had felt they could talk about their complaint with the dentist or practice manager.

Practice procedures

An in-practice complaints procedure should:

- be simple
- acknowledge the patient's perception of the problem and give the opportunity for the practice to express understanding
- be accessible and well publicised
- provide a thorough and effective means of resolving grievances
- be speedy
- be confidential (for complaints made in person a private area should be available for discussion)
- provide an apology, where appropriate, and a way of putting the matter right
- provide a commitment and a mechanism so that the complaint can play a positive part in monitoring and improving standards. Procedures do not need to be bureaucratic, expensive or detailed but they do require a little forethought. Whatever resources are expended initially, a good procedure will save hours of anxiety, expense and worry and avoid unnecessary formal complaints to the GDC or the Primary Care Organisation (PCO - PCT or LHB) or litigation.

A procedure is just a set of general instructions to the practice on how staff should communicate with a patient who complains. A sound procedure will deal with complaints in the following way:

- one person in the practice is given responsibility for handling complaints
- a complaint should be responded to by the way of a telephone call and acknowledged in writing (normally within two or three working days)
- the complainant should be told how the complaint will be dealt with and the anticipated timetable
- the substance of the complaint must be investigated thoroughly
- the matter may need to be resolved by way of a meeting or telephone call with the complainant. Any meeting should be in private and the outcome of such a meeting/call should be confirmed in writing. The response should not be bland or patronising
- during the conversation the views of both dentist/staff member and complainant need to be heard
- if the complaint is not resolved to the complainant's satisfaction, they should be advised of the bodies to which a formal complaint can be made, such as the PCO, the Healthcare Commission or the Dental Complaints Service for private patients
- records should be kept of all complaints, investigations and responses
- under normal circumstances the whole procedure should be completed within ten working days. If there is a delay, for example where you are consulting a defence body or obtaining other information, the patient should be advised of this and of the anticipated revised times
- communications to complainants should be sent by first class post and marked "private and confidential" or "personal".

See also the GDC's *Principles of complaints handling* with which this advice complies.

1. Appoint a person to deal with complaints

There should be one senior person in the practice (usually the practice owner or the practice manager) who has specific responsibility and authority to deal with complaints and concerns. If it is the practice manager, when responding to a complaint they might be referred to as the:

- patient (customer) satisfaction officer
- patient (customer) complaints officer
- patient (customer) liaison officer

You might of course choose not to give the person an extra title if it is not appropriate in your practice.

If the nominated person is not a dentist, there should be a designated dentist in the practice who is responsible for the management of the procedure and who takes an interest in it.

2. Initial response

A patient may make a complaint by letter, telephone or in person. Resolving the complaint at the earliest possible stage gives the least work to the practice and the highest level of satisfaction to the patient: research has shown that a complainant's satisfaction with an organisation diminishes as the number of contacts it takes to deal with the problem increases. If the complaint is over an administrative or management issue, the complaints officer might be given the authority to rectify it. If it is clinical, the patient should be given the opportunity to discuss the matter with the dentist immediately or as soon as possible afterwards. An easily understandable system of rectifying complaints can be administered by suitably trained staff without reference to senior management. Enabling staff to solve problems without reference to higher authority is a matter of practice philosophy however and will not be appropriate for every practice. In cases where it is possible to resolve the matter as soon as it is raised, the complaint might be dealt with in the following ways:

■ A written complaint

The letter is acknowledged in writing as soon as possible and in any event within two working days by the Complaints Officer (CO). A suitable model appears on page 12. The letter might include an invitation to the patient to meet the CO as soon as practicable. During any subsequent telephone call the CO has the opportunity to listen to the problem and ask questions.

■ A telephone call/visit

When a complaint is made on the telephone or in person, the complainant can talk immediately to the CO who listens and asks questions as above. (If the CO is not available, another senior member of staff should deputise). The CO makes a note of the conversation and, at the end of the conversation or meeting, the complainant is given information in writing on how the complaint will be dealt with and a timetable. A copy of the complaints procedure is supplied with a note of the action to be taken.

3. Investigation

As quickly as possible after the complaint has been explained to the CO, the circumstances are investigated. The dentist and staff involved are asked for their views and suggestions. If appropriate, advice can be sought from the BDA or the dentist's defence organisation but an adversarial stance should be avoided. The investigation should take no longer than ten working days, and in most cases a much shorter period will suffice.

If the investigation requires the patient's records to be disclosed to a person other than the Contractor or an employee, the patient must be informed. This includes disclosure to self-employed associates or dental hygienists.

4. Meeting

Following the initial investigation, the complainant may need to be invited to meet the CO and the dentist to resolve the situation. During any such meeting someone else should be present to take notes. If it turns out that the quality of care and service provided was not as high as the patient had a right to expect, an explanation of what happened and an apology should be supplied with an indication of how the occurrence will be prevented in the future. Reasonable redress should be offered, for example a change of dentist within the practice, redoing the work free of charge or at a reduced cost, or a full or partial refund of fees. Any offer of redress should be made on the basis that it is being done as a gesture of goodwill and without the dentist admitting liability.

Check out the wording of any letter with your defence organisation.

In cases where the practice and its staff are not at fault, it is doubly important to attempt to resolve the complaint at this stage. The complainant must be given an explanation of what happened and why it happened. Any reason why the complaint occurred which was beyond the practice's control should also be given, but avoid saying or implying that:

- the practice is right, the patient is wrong
- that the patient made a mistake
- the complainant is only a patient and cannot be expected to understand clinical dentistry or how the NHS works.

If there was no basis for the complaint, it is important to make it clear that the dentist or staff acted properly. Try to acknowledge how the patient feels and give as much explanation as possible. The results of the meeting should be communicated in writing to the patient, normally within ten working days of the initial complaint.

If the patient does not wish to attend a meeting, a letter is sent containing the practice's response. It is a good idea to telephone the person as well as ensure that there are no misunderstandings.

5. Failure to resolve

At this stage, patients who are still dissatisfied should be told how to contact the appropriate body to whom the complaint must be directed-to the Healthcare Commission or the Dental Complaints Service for private patients.

6. Records

It is essential that full records are kept of complaints, investigations and responses. These records should not be filed with patient's clinical notes. If the patient makes a request for access to his/her health records, the records of the complaint would also be accessible. The NHS contractor is required to provide information to the PCO about the number of complaints dealt with under the procedure at such intervals as the PCO determines. The NHS regulations require records to be kept for two years from the date the complaint was made.

All complaints should be recorded in the Complaints File which should be kept in a central place, such as the office. Within the file will be recorded:

- the date of receipt of the complaint
- how the complaint was received (verbally, telephone, letter) and by whom it was received
- details of the complaint and the results of the subsequent investigation
- contemporaneous notes of telephone conversations and meetings
- a record of the outcome of the complaint and action taken by the practice
- correspondence between the patient and the practice

An entry onto the patient's record card should also be made saying 'complaint received (date)'.

Formulating and introducing a complaints procedure

The example complaints procedure on page 12 should be used only as a guide and it will not be appropriate in every practice. It is important that staff feel involved in developing and maintaining the procedure. You might monitor complaints and responses for three months, then analyse the outcome of the research at a staff meeting. At the end of the meeting, write down some conclusions about how complaints are dealt with now and how the procedure could be improved.

At the next practice meeting, discuss the written procedure and make any modifications or improvements. Using this participative approach will build staff commitment to the procedure, but your patients' commitment is also important. Why not draw a group of patients together and ask for their views, particularly those who have complained before and are still with the practice? Do you have patients who are never satisfied or happy but still keep coming back for more? Make use of their durability and energy.

Once you have a procedure which is acceptable to the majority of employees, staff training would be very helpful. Arrange training for every member of the practice in:

- active listening
- customer care
- communication skills with customers, particularly those who are angry or upset.

Training

The CO might also benefit from training in such areas as negotiation, conflict resolution and assertiveness. Why not invite a real patient to role play an angry, confused or disappointed patient? Keep practising responses and ways of dealing with their concerns, until you find some which feel right.

Once you have a procedure, encourage your patients to make use of it. It will demonstrate that you care whether they have a positive experience of your practice. Mention the procedure in your patient information leaflet. Produce separate information to give to patients who ask about it, or, in the NHS, there is a national information leaflet available.

Publicity

Once your complaints procedure has been running for some time, it is likely that a number of cases will be dealt with. The improvements to service which result can be publicised in practice newsletters.

Your patient information leaflet should inform the patient who they should contact if they have a complaint and that the procedure is available at the practice.

The NHS

The contractor needs to take reasonable steps to ensure that patients are aware:

- of the procedure
- of the role of the PCO and the Healthcare Commission in relation to complaints
- and of their right to assistance with the complaint, from the local independent complaints advisory service.

The contractor should make sure that this information is reasonably accessible to all patients. This may mean making it available in large print, in some common languages spoken by patients, or in audio formats. PCOs may produce standard general information on local arrangements for use in practices.

Patients must be made aware that if they have a complaint it should be made:

- 6 months beginning with the date on which the incident occurred, or
- 6 months from the date that the matter came to the attention of the complainant, provided that the complaint is made no more than 12 months after the matter that became the subject of the complaint occurred

However if the contractor's complaints officer considers, having regard to all the circumstances of the case, that it was not reasonable for the complainant to have made the complaint within the time limit and it is still possible to investigate the case, the complaint should be dealt with as if it had been made within the time limit.

Putting it right

You might decide to offer a system of replacement or reimbursement.

- you might, in appropriate circumstances, offer a refund or to re-do the work
- you might use the same one year/item of treatment rules for private work as apply to NHS care
- you might offer to redo the work with the patient paying for the laboratory costs only.

Before using such a system you should consult your defence organisation. In your covering letter to the patient, you should not admit liability but might offer, as a gesture of goodwill, a refund or to re-do the work.

If a patient is still dissatisfied

An NHS patient who is still dissatisfied with the outcome of a complaint may ask the local PCO or the Healthcare Commission to look into the matter. This might involve conciliation or a process of Independent Review by a panel (see below).

The contractor is required to cooperate with any investigation undertaken by the PCO or Healthcare Commission, any other NHS body or the local authority. The cooperation includes providing information and answering questions and attending meetings at a reasonable location, at a reasonable hour, for which reasonable notice has been given.

For private patients, complaints can be made to the Dental Complaints Service at www.dentalcomplaints.org.uk/

Patient involvement

Some medical practices involve patients formally in their complaints procedures. A complaint might, for example, be directed to one of a panel of four practices (who have agreed to undertake the role) in the first instance. The patient discusses the complaint with a fellow patient first who can help to resolve it. The panel might also be useful for dealing with difficult patients: patients who regularly fail to attend might be approached by a patient panel member to point out that frequent FTAs lead to other patients having to wait longer for an appointment.

This system would of course have to be funded by the practice.

Independent Review for NHS complaints

In England, the Healthcare Commission is responsible for looking at complaints and deciding whether to agree to a request for Independent Review. (In Wales, this is undertaken by the Independent Review Secretariat and in Scotland and Northern Ireland by the Local Health Boards but under similar principles. Note that at the time of going to press there was a consultation on a new system for Northern Ireland). The Commission will operate broad time limits in deciding whether it can deal with a complaint. The complaint should be made:

- within six months of the date of the incident which caused the problem
- or
- within six months of the date of discovering the problem, providing that it is within 12 months of the incident.

It must be reasonable if they are asked to consider a complaint falling outside these time limits.

If the Healthcare Commission can deal with the complaint, the convener can decide to:

- refer the complaint back to the practice if they feel the practice-based procedure has not been exhausted
- carry out a full investigation of the complaint
- set up an Independent Review panel to investigate the complaint
- take no further action where it is clear that everything that could be done has been done
- advise the complainant of their right to approach the Health Services Ombudsman.

None of the options above have a disciplinary function. Independent Review Panels have flexibility to look at a complaint in the best way that suits individual circumstances, the aim being to resolve the complaint in the most constructive way possible.

The panel will report to the complainant and the practice and may make comments about service improvements. A copy of the report will also be sent to the PCT to decide if any further action is appropriate.

Detailed guidance on the NHS system is available in a guidance pack for the GDS *Complaints, Listening... Acting... Improving...* issued by the NHS Executive and sent to every NHS dentist in England and Wales in February 1996. In Scotland, the Scottish Office issued a similar document *Guidance on Implementation of the NHS Complaints Procedure*. Additional copies of both publications may be obtained from Local Health Boards. In Northern Ireland, the Department of Health and Social Services issued two guidance documents: *Complaints, Listening... Acting... Improving...* and *A Practice Based Complaints Procedure*.

If the PCO decides that there is no need for a disciplinary investigation it might decide to approach the matter informally by suggesting training to the practitioner or that he or she seeks help with improving practice procedures. If there is no alternative to formal action, members of a disciplinary panel nominated by another PCO will be asked to investigate. The investigating panel will decide whether there has been a breach of the dentist's terms of service and then report back to the original PCO. Where a breach has been found, the original PCO will decide whether to impose a penalty or work with a practitioner to overcome any problems.

In Northern Ireland, family health services practitioners, including dentists, may complain about individual patients to the Health Board. The HB Complaints Officer has to investigate the complaint and provide a written report to the practitioner. There is no obligation on the Health Board to proceed further.

Dental Practice Code of practice for patient complaints

In this practice we take complaints very seriously indeed and try to ensure that all our patients are pleased with their experience of our service. When patients complain, they are 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 we respond to customers' concerns in a caring and sensitive way.

1. The person responsible for dealing with any complaint about the service which we provide is:

2. If a patient complains on the telephone or at the reception desk, we will listen to their complaint and offer to refer him or her to _____ immediately. If _____ is not available at the time, then the patient will be told when they will be able to talk to the dentist and arrangements will be made for this to happen. The member of staff will take brief details of the complaint and pass them on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to discuss the matter, arrangements will be made for someone else to deal with it.

3. If the patient complains in writing the letter will be passed on immediately to

4. If a complaint is about any aspect of clinical care or associated charges it will normally be referred to the dentist, unless the patient does not want this to happen.

5. We will acknowledge the patient's complaint in writing and enclose a copy of this code of practice as soon as possible, normally within three working days. We will seek to investigate the complaint within ten working days of receipt to give an explanation of the circumstances which led to the complaint. If the patient does not wish to meet us, then we will attempt to talk to them on the telephone. If we are unable to investigate the complaint within ten working days we will notify the patient, giving reasons for the delay and a likely period within which the investigation will be completed.

6. We will confirm the decision about the complaint in writing immediately after completing our investigation.

7. Proper and comprehensive records are kept of any complaint received.

8. If patients are not satisfied with the result of our procedure then a complaint may be made to:

- The Dental Complaints Service (08456 120 540) for complaints about private treatment
- The General Dental Council, 37 Wimpole Street, London, W1M 8DQ (the dentists' registration body)
- Primary Care Organisation [include address] for complaints about NHS treatment
- The Healthcare Commission, Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8TG
(www.healthcarecommission.org.uk)

Delete the last two if inapplicable to your practice

Model Letters

Letter 1 - Simple acknowledgement of complaint

Date _____

Dear _____

Thank you for bringing to our attention the problem you have experienced/your letter of _____.

I was sorry to learn that you were not happy with our service. I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response as soon as I am able.

Yours sincerely

Patient Complaints Officer

Letter 2 - Acknowledgement of complaint and confirmation of meeting

Date _____

Dear _____

Thank you for your letter of _____. We take complaints very seriously and shall do our best to resolve the matter.

I enclose a copy of our Code of Practice for handling complaints and I hope that you will agree to this procedure.

As I said in our conversation today/on _____, I will investigate your concerns thoroughly and anticipate that my investigation will be complete by _____.

A meeting has been arranged on _____ at _____ for us to discuss the matter further.

Present at that meeting will be the following members of the practice _____

I hope that we can resolve the matter to your satisfaction. Please do not hesitate to contact me if you wish to discuss the procedure or any other aspect of this investigation.

Yours sincerely,

Patient Complaints Officer

Letter 3 - Acknowledgement of complaint - patient does not want to meet

Date _____

Dear _____

Thank you for your letter of _____. We take complaints very seriously and shall do our best to resolve the matter.

I enclose a copy of our Code of Practice for handling complaints and I hope that you will agree to this procedure. I understand that you do not wish to meet to discuss the problem.

Following our conversation today on _____, I will investigate the matter thoroughly and telephone you/write to you within _____ working days with our response. Meanwhile, please do not hesitate to contact me if you wish to discuss the procedure or any other matter connected with this investigation.

Yours sincerely,

Patient Complaints Officer

Letter 4 - Response to patient following meeting/investigation: Complaint is well founded

Date _____

Dear _____

I am writing to record the results of my investigation/our meeting on the _____ with regard to your complaint about _____ (a short summary of complaint).

As we explained to you, we take complaints very seriously and will do our best to resolve the matter. You accepted our explanation and we agreed that, as a gesture of goodwill and without admitting liability, we would _____.

You can rest assured that we will make every effort to see that the problem does not occur again to other patients by _____.

I hope that the matter is now resolved and you will continue to be a valued patient of our practice. If you have any queries, or I can help in any other way, please do not hesitate to contact me.

Yours sincerely,

Patient Complaints Officer

Letter 5 - Response to patient following meeting/investigation: Complaint not justified

Date _____

Dear _____

I am writing to record the results of my investigation/our meeting on the _____ when we discussed the complaint about _____ (short description of complaint).*

OR I am writing to record the results of my investigation of your complaint about _____ {add short description of complaint}*.

At the meeting we listened very carefully to your concerns, which we do appreciate and understand. In response to your complaint we would say that _____

OR

I have investigated your complaint very carefully and I do understand and appreciate your concerns. In response we would say that _____.*

In our view _____ acted quite properly in _____ (add explanation of what occurred).

I hope that you will accept our explanation and that you will continue as a valued patient of our practice. If you wish to pursue the matter formally you should contact _____.

Yours sincerely,

Patient Complaints Officer

*delete as appropriate



British Dental Association

• 64 Wimpole Street • London W1G 8YS • Tel: 020 7563 4563 • Fax: 020 7487 5232
• E-mail: enquiries@bda.org • www.bda.org • © BDA January 2007