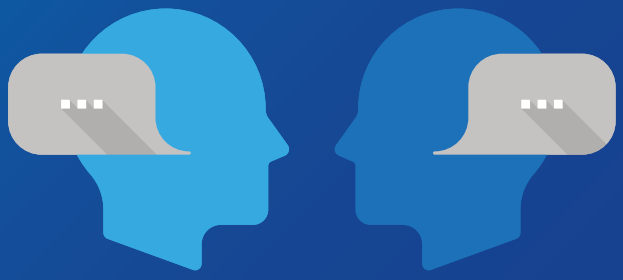
MORE THAN DEFENCE

Dental Protection

HANDLING COMPLAINTS

SCOTLAND



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1.0 INTRODUCTION

At a time of increasing consumerism worldwide, it is easy to develop a fear of complaints or litigation. No professional likes reading a complaint about themselves or receiving criticism from a patient whether it is valid or not.

A significant majority of the complaints and episodes of litigation experienced by members of Dental Protection display some evidence of a breakdown in the interpersonal relationship between the patient and the dental professional.

Research which looked at the incidence of adverse events and negligence in hospitalised patients in the US, showed that of approximately 30,000 patients, 3.7% suffered an adverse outcome of which roughly a quarter could be attributed to negligence on the part of the clinician. But, only 1 in 8 patients actually sued their clinician. It would be reasonable to assume that there must be some other mechanism(s) involved in a patient's decision to complain and/or sue a healthcare professional. Indeed, we can say this with some certainty because in 66% of those cases there was no evidence of negligence, even though the patient had chosen to sue their doctor.

1.1 WHAT'S THE DIFFERENCE?
(Why some people complain and others don't)

Some dentists and dental practices receive a considerable number of complaints or regularly get sued; yet objective scrutiny of their dentistry has demonstrated that their standards are no different from those of their colleagues who do not receive complaints or get sued. Many complaints or law suits produce no evidence whatsoever of negligence or fault on the part of the practitioner, although the patient perceives a shortfall in the care that they received.

It is important to remember that receiving a complaint or being sued does not necessarily make you a bad dentist, hygienist or therapist. Sometimes it may just be bad luck. But frequently there has been a breakdown in the relationship between the patient and the team or a member of that team. The breakdown in communication may not rest entirely with the treating clinician. It can also involve any other individual that the patient considers to be a representative of the practice.

There is a considerable amount of literature to support the concept that the patient's decision to take something further has often been made before the incident that apparently gives rise to it. A study of patients, who had sued their doctor and won, discovered that more than 50% of the patients wanted to sue the doctor even before the alleged negligent act took place.

Research shows that practitioners with a low claims experience possessed several common characteristics:

- They spent slightly longer with their patients at each visit
- Better patient knowledge of what was happening and why
- Active listening skills
- Warm, friendly atmosphere
- Humorous, warm personality.

It also shows a range of similar characteristics that existed in doctors who had never been sued:

- Respecting a patient's dignity
- Respecting privacy
- The ability to listen patiently without interrupting
- Being available
- Being polite and not over-familiar
- Respecting a patient's time.

A significant picture starts to emerge; if an individual is personable and a good communicator then there is a reduced risk of receiving a complaint or being sued.

Communication skills, and in particular non-verbal skills, significantly affect a patient's satisfaction level towards outcomes of treatment. Providing patients with extra time during treatment, changes their perception of the level of care provided. Research shows that patients are more likely to sue if they feel rushed and that insufficient time has been spent with them.

It has been shown that explaining consultations and listening actively to patients so as to gain a comprehensive understanding of their expectations is important. In Dental Protection's experience, it is the failure to grasp patient expectations at the outset that often leads to problems, particularly when there is an unexpected treatment outcome.

It has been said that there are two sets of factors that influence a patient's decision to complain.

1.2 PREDISPOSING FACTORS

These include events which, when considered individually, may be of little consequence to a patient's satisfaction. But, collectively they may influence a patient's decision when something goes wrong or is perceived to have gone wrong. Predisposing factors include events such as rudeness, delays, inattentiveness, miscommunication, and apathy, lack of cleanliness or minor system errors.

These predisposing factors tend to reflect the communication between dental team members and their patients. They have little to do with the quality of the clinical dental treatment provided. They are the drivers for the value judgements that patients make about dentists and their teams. They can create strong emotional responses that influence behaviour and satisfaction levels.

1.3 PRECIPITATING FACTORS

These are the factors that can trigger the patient's final decision to complain. They include iatrogenic injuries, adverse outcomes, mistakes or major system errors. In the absence of predisposing factors there is far less likelihood of the professional person being sued even when these precipitating factors are present. However, the more serious the precipitating factor, the greater the likelihood of a complaint or litigation. It is the emotional response to the predisposing factors that is likely to act as the catalyst.

Complaints handling skills are a prerequisite to survival in today's consumerist society. Time spent training all the team members in basic complaints handling and customer care skills will reap significant rewards for any dental team.

Whilst it is easy to assume that patients will complain or sue whenever anything goes wrong, the reality is that the vast majority of patients will not. Although patients who have been seriously harmed may take the matter forward, it is often the negative factors in the relationship, between the dental team and the patient that results in the patient deciding to do so.

All staff members can influence the level of patient satisfaction towards treatment. More importantly, every staff member can play a role in recognising and dealing with the early signs of dissatisfaction. There is a key risk management message here; develop a good impression at the outset and build a rapport with patients.

Perceptions influence our levels of satisfaction about treatment and the service that has been provided. Time spent in developing a reserve of goodwill with your patients can make all the difference. If the patient feels able to voice their concerns to your team, you are in a better position to keep the complaint under your control, and prevent the complaint from escalating and posing a far greater threat elsewhere.

From its unrivalled international perspective (Dental Protection has 68,000 members worldwide) comes the realisation that the dissatisfied patient will bring his/her complaint to whichever forum seems most convenient, most accessible and appropriate, and most likely to provide a swift, meaningful and satisfactory outcome. In the UK, the NHS has created a complaints system (available free of charge) for patients who are dissatisfied with NHS treatment. In addition the Dental Complaints Service can assist private dental patients and dental professionals to resolve complaints about private dental services (**dentalcomplaints.org.uk**).

The majority of UK complaints inevitably followed one of these routes. In some parts of the world there are no equivalent procedures, so most patients pursue their complaints as civil claims through solicitors. Further afield (in Hong Kong, for example) the Dental Council – the equivalent of the UK's General Dental Council (GDC) – is seen by some patients as a quicker and cheaper option and it is no surprise that many complaints find their way there.

There will always be patients who are dissatisfied with their treatment, or whose expectations are not met in some way. Unless the opportunity is grasped to address and resolve these complaints quickly and effectively at an early stage within the practice, there will be a likelihood that the patient will take their complaint to another, perhaps higher, authority outside the practice.

There is often a very small window of opportunity to nip potential complaints in the bud, in the best interests of all concerned, and Dental Protection has always urged members to do so, thereby preventing a complaint from escalating into another forum such as regulatory bodies (like the GDC), or solicitors or other formal complaints schemes. Members should appreciate that complaints, if left unresolved, can proceed on two or more of these fronts simultaneously.

This information booklet discusses various aspects of complaints, why they arise, and how they should be handled. Members (and their staff) are urged to contact Dental Protection at the earliest stage of any complaint, when our dentolegal advisers will be happy to advise on the best way to proceed in the circumstances of each individual case.

There has been a deliberate decision not to include any 'standard' letters or 'model' complaints procedure here. Each and every complaint needs a specific, individual response because no two practices (and indeed, no two complainants) are the same. Dental Protection is happy to offer specific advice on individual cases. Similarly, each practice must design and operate a complaints system which reflects the size, nature and style of the individual practice, and the strengths and limitations of its human and practical resources. The complaints system appropriate to various practices will have common characteristics, but the fine details must be a matter for each individual practice. Here again, Dental Protection is happy to offer advice on request.

Advice on hand

Dental members are encouraged to contact Dental Protection as soon as a complaint is intimated. The earlier you contact us, the more help we can give you in the important early stages. In addition to providing an independent, more detached and less emotional view, we may be able to suggest suitable responses for use when speaking to the patient as well as helping you to construct any written responses that might be appropriate.

2.0 UNDERSTANDING COMPLAINTS

It is important to appreciate that dissatisfied patients do not necessarily complain. Many of them simply decide never to return to the practice, and some of these patients will tell the tale of their dissatisfaction to anyone who is prepared to listen – for weeks or months to come. Past experience has shown that news of a patient's dissatisfaction spreads quickly. On average they tell ten people who in turn may tell ten others. The potential damage this can cause to a practice is self-evident.

The relationship between a dental healthcare professional and a patient is often an extremely personal one and as a result, dental patients may sometimes feel awkward at the prospect of complaining directly to their dental practice or particularly to the person who is the subject of the complaint. It is therefore not uncommon to find complaints being taken directly outside the practice to another body, without the practitioner's knowledge.

Sometimes there can be a delay before the dentist first becomes aware even of the existence of a complaint, and unfortunately the prospects for a satisfactory resolution do not generally improve with the passage of time. The examination of complaints procedures in other fields, in business and in the service sector, demonstrates that the speed and effectiveness of the initial response to a complaint are the greatest single determinants of the outcome.

It is logical, therefore, to prevent and limit complaints by:

a. Taking steps to minimise patient dissatisfaction. This can be initiated by making sure that we find out what our patients want by providing good quality dentistry in a friendly and caring way, by keeping patients informed, by setting and maintaining appropriate standards of care, and by monitoring how well we achieve them (perhaps through regular patient questionnaires). We need to look at all our practice processes and working systems, through the eyes of a patient, and to understand where and why problems might arise.

b. Encouraging patients to tell you if they are not happy, before they decide to tell someone else. Patients should not feel intimidated, or that complaints are unwelcome. Many complainants are fearful or uncertain about the likely response from the dentist or his/her staff and this might encourage them to take their complaint elsewhere. Take down any such potential barriers to patients and make it clear to them that you are keen to resolve any complaints or dissatisfaction in-house.

It is counter-productive to view complaints in a negative light. Although it is not always easy, complaints can and should be seen as an opportunity to;

- resolve the patient's dissatisfaction in-house, limiting the damage caused by the complaint;
- rebuild relationships with the patient by showing them that you and your staff are truly professional, that you have their best interests at heart, and that you genuinely want them to be happy and satisfied with the treatment and care provided. Very often a patient, whose complaint has been satisfactorily resolved, can become the greatest and most vocal ambassador for the practice. A professional approach to a complaint bodes well for the practice's approach to patient care and treatment generally;
- improve procedures so that the same problem doesn't arise for other patients.

2.1 KEEP COMPLAINTS LOCAL

Complaints tend to arise in one of three ways:

- In writing
- By telephone
- In person.

One of the potential problems can arise from the patient who brings a complaint publicly at the reception desk, and within sight/earshot of other patients. Whilst a complaint made in writing or on the telephone can be addressed discreetly without other patients necessarily becoming aware, complaints brought in person should, wherever possible, be contained by taking the patient somewhere quiet and private at the earliest opportunity.

If there is a suitable area or room for this, away from other patients, then so much the better. If not, then alternatives should be considered such as:

a. Using the surgery area for this discussion at the earliest opportunity;

b. Suggesting an alternative time when the complaint can be discussed, perhaps by indicating that you are keen to give the complaint the time and undivided attention it deserves.

It is much easier to keep control over complaints and their management when they remain within the practice, so it is important that patients are made aware of the practice complaints procedure – and so are the staff!

One final reason to keep complaints private is, of course, professional confidentiality. For obvious reasons a patient's treatment should not be discussed in the presence (or hearing) of other people. Patient confidentiality must be respected and safeguarded while trying to resolve any complaint.

2.2 WHY COMPLAIN?

Patients complain for a variety of different reasons, depending upon the circumstances. Very few complainants are deliberately mischievous or vexatious, surprisingly enough, although it is popularly assumed that only 'difficult' or 'awkward' patients will complain. A patient who complains to you within the practice is at least giving you the opportunity to put things right – which is much better than taking the complaint to a higher authority.

Let's look at what the complaining patient might be looking for:

- To be heard – an opportunity to let off steam or to 'be heard'. Complainants want to be taken seriously and for their complaint to be acknowledged and respected. It is often an important part of the complaints process to give the patient the opportunity to get things off their chest – and not infrequently, this reveals one or more previous areas of discontent which (at that stage) were simply tolerated, being seen at the time as insufficient reasons in themselves to complain. What starts out as a simple complaint can soon become a series of different complaints, regarding different events.

- The need for this outlet emphasises the value of having a private area in the practice in which to conduct the initial phase of the complaints process, should this be required.

- An explanation – it is important to realise that not every patient wants this, and there is a world of difference between an explanation and a lengthy justification of what went wrong. Offer an explanation if the patient asks for one, but otherwise don't rush to do so – some patients will see this as an attempt to put up a smokescreen of excuses, and to suggest that they are somehow in the wrong or being unreasonable.

- An apology – this is not the same as an admission of fault or liability, and should be offered at as early a stage as possible. You can always say how sorry you are that the patient is unhappy, or has felt the need to complain, even if you don't believe that you have done anything wrong.

- Appropriate remedial action – nothing soothes an angry patient more than getting things done and putting things right. Some patients genuinely want to be reassured that steps have been taken to ensure that the same problem can't arise again for them, or for other patients.

- Redress – for some patients there is no doubt that the purpose of the complaint is to obtain financial compensation. Sometimes it is valid and reasonable, and sometimes this is a 'try-on'. Patients will often have paid for their treatment, and/or will need to pay a second dentist to put things right. Money is therefore more likely to be a factor in dental complaints, but it would be wrong to assume that this is always the case.

2.3 COMMON PITFALLS

A patient who brings a complaint does not want to be told that they are in the wrong or are being unreasonable – *nobody else has complained* – nor that the practice is right and they are wrong, or that the system is to blame. Similarly, the patient doesn't want to be made to feel in the wrong to have complained at all.

The patient with a complaint:

- wants to be acknowledged and taken seriously;

- wants to be given the opportunity to say their piece;

- wants someone to hear them out, without interrupting;

- wants to be given the time (and hence, recognition) in order to explore the complaint as fully (or as superficially) as they want;

- doesn't want to feel that they are being 'fobbed off' with excuses;

- doesn't want to feel that they (or their complaint) are being 'swept under the carpet'.

It is important to realise that the complainant will often feel at a disadvantage when complaining at the practice itself; every effort must therefore be made to remove this potential barrier and to maximise the prospects of persuading the patient to give you the opportunity to resolve any complaint or dissatisfaction in-house.

2.4 WHEN IN-HOUSE RESOLUTION MAY REQUIRE MORE ASSISTANCE

Whilst we encourage members to respond promptly and properly to complaints, there will always be occasions when it may not be appropriate to proceed by means of in-house conciliation.

If civil litigation (a claim) has begun, or if a complaint to the GDC has been made or intimated, advice and assistance should be sought from Dental Protection.

An in-house procedure is not intended to resolve any question of liability, or negligence, and if any financial or other compensation is decided upon, this must be done in such a way as to make it clear that no liability in law is admitted. Members should not give undertakings, negotiate settlements or incur legal expenses without Dental Protection's prior approval. Our dentolegal advisers will be happy to assist and advise you in this respect.

3.0 DESIGNING AN IN-HOUSE COMPLAINTS PROCEDURE

Every member of the practice team has a role to play in reducing the likelihood of a patient becoming dissatisfied, and in helping to deal with problems if and when they arise. Sometimes a practice will employ staff who have previous experience and/or training in customer relations, complaints handling and communication skills; on other occasions we will need to train ourselves and our staff, to develop these important skills.

If complaints relate to clinical aspects of care and treatment, then a dentist (or hygienist, therapist) might be the only person who can deal effectively with them. In a single handed practice this means that the dentist, who undertook the treatment in question, will need the skill and professionalism to take a detached view, to understand the patient's perspective and to try to resolve the complaint. In some parts of the country, dentists locally have set up their own arrangements whereby patients can get an independent view from a local dentist, who can also act as an intermediary/conciliator.

Many complaints, however, are more about procedural/administrative aspects of the patient's dental care: perhaps being kept waiting, appointment mix-ups, not being able to get through on the telephone, or disputes over charges. In all cases it is helpful if a senior, named individual is given the overall responsibility for operating the practice's in-house complaints procedures. This person would also act as a complaints co-ordinator (CC) where there are clinical issues to resolve which will involve the dentist. Patients should be advised of this person's name and (where applicable) job title. The practice size and style will determine whether the individual needs a title of some kind and if so, what this should be. More importantly, patients must be told how to contact the nominated individual, and should be assured of a friendly, approachable and prompt response.

Although it may be desirable that one person should be the overall co-ordinator of an in-house complaints procedure, everyone in the practice should have the skills to deal with complaints in the context of a 'first response'. The smaller the practice, the more important this becomes.

Complaints often arise at the most inconvenient times and yet there is no substitute for having invested time and effort in their successful resolution. Manpower problems naturally complicate the response, and its availability at certain times, and this emphasises the need to 'channel' complaints wherever possible down the route (eg, written, telephone etc) which allows the practice the most flexibility. The quality of the initial response is paramount.

3.1 GENERAL COMPLAINTS HANDLING STANDARDS AND CONSISTENCY

Practices should have an agreed written procedure for handling complaints, so that every member of staff knows what to do. Standards of response should be set and monitored. Every complaint should be logged and a simple audit system should used to check that the targets are being consistently met.

It is desirable to tell patients what these standards and procedures are, in simple terms, either in the practice leaflet or (if appropriate) in a separate leaflet given to all new patients and available in the practice (perhaps in the waiting or reception areas). The leaflet may vary from practice to practice according to manpower and other resources, but as a general guide some of the minimum achievable service standards are as follows:

a. Complaint by telephone.

Ideally this should be met with a same day initial response by the CC. If this is not available, a positive immediate response from another member of staff is required. Give the patient choices eg, for the named CC to call them back at a certain time (if you make firm arrangements, stick to them). If the patient prefers to ring back at a time more convenient to themselves, try to agree a time that will ensure that the named person is then available to take the returned call.

Staff likely to be handling complaints by telephone should receive specific training in telephone techniques. Customer satisfaction has been shown to decrease in proportion to the number of times the complainant has to contact the organisation (or vice versa) in order to affect resolution. Make each contact count.

b. Complaint in writing

Acknowledge any letter by return, enclosing a copy of the written complaints procedure so that the patient knows what to expect. It has been found in many studies that contacting the patient by telephone soon afterwards establishes a personal commitment to resolving the complaint and enables the CC to keep control of the complaint while exploring possible solutions. Again, try to give the complainant choices – would they like to come to the practice for a meeting or discuss their concerns over the telephone?

c. Complaint in person

The initial response from the first-contacted member of staff should be supported where necessary by the involvement of the CC if this is appropriate and they are available. Their availability and/or the dentist's, as well as the nature of the complaint, will determine the best way forward. If it is not possible to invest sufficient time immediately, try to re-establish control of the complaint by scheduling the next contact with the patient within 48 hours if possible. The sooner you make this time available, the better the chances of achieving a successful outcome.

Early resolution of a complaint is important, but speed of response should not be the only factor considered. Getting the right result slightly more slowly is often far more helpful to all parties than a quick fix which only partially addresses and resolves the issues, or which does so too superficially.

Always keep the patient informed of what is happening. A complainant who feels that their complaint is being ignored or overlooked is very much more likely to take it further into another forum. Showing that you care, exploring solutions and getting things done is the key to success.

It is a good policy to confirm each stage of the complaints procedure in writing. As well as reassuring the patient that something is happening, it is helpful to confirm telephone or verbal face-to-face discussion/agreements in writing. If a complaint progresses to a higher level it is invaluable to be able to demonstrate that you did everything you could to resolve the problem at an early stage.

It is worth pointing out that it is a GDC requirement that dentists should have, should make patients aware of, and should use, a local (in-house) complaints system.

3.2 RECORDING COMPLAINTS

Once a formal, in-house complaints procedure has begun, a separate record should be kept of the complaint and how it was handled, remembering to record all telephone contacts (or attempts to reach the patient by telephone) and keeping copies of all correspondence from the patient together with your own personal responses. This record should be separate from your patient records so that patients are not discouraged from making a complaint.

Please note that any advice from Dental Protection does not form part of the complaints records and should be retained separately from the either the patient's record or the record of the complaint.

It is also worth pointing out that it is a GDC requirement that you should analyse any complaints that you receive to help you improve the service you offer, and share lessons learnt from complaints with all team members. This is an opportunity to improve your service.

4.0 BASIC SKILLS

Every member of the practice staff (including the dentist) needs to be aware of, and proficient in basic communication skills. Many people assume that these come naturally, but for most people some specific skills development training is desirable.

This booklet is no substitute for such training - important considerations are:

- Keeping control;
- Non-verbal skills ('body language');
- Listening skills;
- Verbal skills.

These concepts will be described in outline only, and hopefully this will encourage you to find out more.

4.1 KEEPING CONTROL

Complaints tend to put you on the defensive, and when complainants are rude or unpleasant, it is a natural and instinctive reaction to meet aggression with aggression or rudeness with rudeness. Such a reaction serves only to escalate a complaint and make it more difficult to resolve.

An important determinant of how you behave and react is how confident you feel, and how much you feel in control of the situation. In order to feel more confident, more in control and more able to deal with unexpected and challenging situations, one needs not only to have the necessary level of skill and experience, but also the right attitude, manner and approach.

Feeling 'in control' is easier if you can organise the setting and situation – it is easier to keep calm and to concentrate on what needs to be done if you can eliminate distractions. Ideally, take the patient somewhere quiet (perhaps an office) away from other patients. This place should be tidy; a patient who is complaining that the practice is chaotic and disorganised will assume the worst if they are taken to an untidy office to discuss their complaint. Sometimes, offering a cup of tea or coffee can help to defuse the situation, and send out a signal that you are prepared to spend the time listening to the patient and his/her concerns.

Even the physical arrangement of seating, 'eye levels', the absence of noise/distractions, and the general appearance of the room can all affect the quality of the communication in the important early stages of listening to a patient's complaint and establishing rapport.

4.2 NON-VERBAL SKILLS

The greatest single source of impressions in direct, face-to-face interactions is non-verbal communication ('body language'). It over-rules the words that leave your lips if you are sending out contradictory messages.

The overall 'image' of you that is projected to the patients you meet is affected by;

- their expectations.
- the context (ie, the physical arrangement of the environment).
- your overt communication display (closeness, appearance, make-up etc) on the one hand, and your non-verbal signals on the other. The non-verbal signals may be within your control (eg, posture, eye contact, facial expression etc), or beyond your control (eg, gender, appearance) - but these factors may play so large a part with some patients that other factors are, by comparison, of little importance. Age may or may not be important – it depends upon the people with whom you are interacting, but in general the patient who is complaining likes to feel that they are being dealt with by someone in authority.

GUIDELINES FOR MAKING YOUR BODY SAY WHAT YOU MEAN:

1. Body, voice and words should project a consistent message – the one you intend to convey.
2. Dress for desired effect, but don't seek to 'dominate' the patient.
3. Feel comfortable – feel confident. Also look confident – feel confident.
4. Get to know what your face is saying.
5. Smiling and head nodding, when appropriate, helps to show interest.
6. Avoid blank expressions and distant stares.
7. Maintain direct eye contact if possible.
8. Move confidently. Sit upright.
9. Gesture purposefully – don't fiddle.
10. Establish your personal space.
11. Approach and/or touch appropriately – respect the personal space of others.

If you feel rushed and/or flustered, then use gestures to project the opposite image – ie, move more slowly, make a conscious effort to look as if you have all the time in the world. In fact, you will find that by slowing yourself down a bit, you may even get more done – remember the old adage, 'more haste, less speed'. The complaining patient needs to feel that they are not being 'rushed'.

If you want to encourage the patient to talk, then project a relaxed posture, look attentive and use non-verbal signals like nodding etc. Don't look as if you can't wait to interrupt. If you don't particularly get on with someone, then make the effort to smile and bridge the gap in your communication. You could use subtle body language techniques of mirroring and matching to gain rapport with the patient.

4.3 LISTENING SKILLS

It has been said that we hear half of what is said to us. We listen to half of what we hear. We understand half of what we listen to. We believe half of this and we remember only half of what we believe. The key to resolving complaints is quality listening.

Good listening styles

1. React to the words, not to the person and/or their manner.
2. Create a need to listen: concentrate and try to understand the problem.
3. Forgive and ignore any irritating mannerisms on the patient's part.
4. Be flexible and don't get distracted by irrelevant details.
5. Stay cool – don't interrupt.

Overcoming listening barriers

1. Create the right environment.
2. Establish a suitable separation and appropriate eye levels.
3. Remove distractions/eliminate interruptions.
4. No jargon.
5. Seek common ground and demonstrate empathy where appropriate.
6. Actively reduce stress – this will improve communication.

How to listen well

1. Use appropriate physical signals to show interest, concern, sympathy etc.
2. Show that you are interested and keen to listen.

3. Read signals of others: is the patient becoming more annoyed, or less annoyed? Is the patient telling the truth? How is the patient feeling about what you have just said?

4. If you are confused over details, note mixed messages and wait for a convenient opportunity to check these with the patient.

5. If you are short of information, ask the patient to fill in any blanks before you jump to any conclusions.

6. Take notes and recall key words and phrases, dates, times and other details mentioned by the patient, so you do not have to ask them again.

4.4 VERBAL SKILLS

This involves not only the words you use (and when) but also the way in which you use and modulate your voice. When dealing with complaints on the telephone these skills become particularly important, as your voice contributes a great deal to the patient's perception of you and your manner.

What do you sound like?

When you are dealing with patients face-to-face your voice is secondary to what people can see, but it should not be under-estimated or under-valued since it consolidates and reinforces the image you wish to project. When dealing with people on the phone, of course, a good voice is all important because your voice alone must project the image which the patient will perceive.

There are five steps to a good voice, and some of the considerations are:

Rate

- Adapt your speech rate to situation, environment, subject matter, medium being used (eg, phone).
- Compensate for noise levels/distraction.
- When meeting someone new, start slowly and build up towards your normal rate. Slow down and use pauses for emphasis and effect, and to allow you to assess the response. Match the rate of the speaker then lead them onto a slower rate if necessary. Slowing down creates an image of calmness, efficiency and control.

Loudness

- A slight increase in volume (while slowing down) helps to project emphasis.
- This should be adjusted relative to the physical environment and the nature of the conversation.
- Speaking quietly and naturally can be more assertive than speaking loudly.

Pitch

- Be aware of those situations in which your pitch might change without you realising it (eg, when you are angry or nervous). A high pitch tends to convey excitement or nervousness; lower pitch conveys relaxation and control.

Timbre

- This is determined by physical/anatomical factors to a large extent and is particularly important when a patient is distressed or has been in pain. A 'soft' voice conveys concern.

Articulation

- Speak clearly and precisely.
- Confidence/nervousness is reflected in how clearly you speak.
- Mumbling signifies uncertainty or dishonesty.
- In order to sound interested and attentive, and to invite or promote conversation, speak at the same rate as the person you are talking to.

If you speak a lot faster than the other person, it may make them feel uncomfortable and rushed; fine in some instances as a way of ending a conversation, but not so good if you are trying to develop conversation, and/or calm a patient down.

What do you say?

Avoid statements or questions that antagonise, or 'loaded' remarks such as:

- *No one else has complained.*
- *You can't possibly be right about this.*
- *Well if it's that bad I wonder why you didn't complain sooner than this.*

Ask open questions (ie, not those requiring merely a yes or no answer). Show the patient that you are listening but also that you understand how they feel (the so-called 'reflective listening' style of 'active listening').

- *If I have understood correctly you are saying that...*
- *I can see how upsetting this is to you.*
- *That can't have been easy for you.*

The website **changingminds.org** has further useful information including information on verbal and non verbal communication skills.

5.0 HOW TO SUCCESSFULLY RESPOND TO A COMPLAINT

5.1 PRINCIPLES

When a dental professional receives a complaint it can have a devastating effect on his/her morale and professional confidence. A complaint may be valid or it may be misconstrued. Either way the effect on morale is likely to be the same. A dentist has to decide how best to handle a complaint.

Is the priority:

- to defend oneself?
- to prevent the complaint going further?
- to resolve the complaint?

It might even be a combination of all three.

So what are the issues that can most influence whether a complaint goes away or whether it progresses to another forum – either lawyers or a regulatory or disciplinary body? To remember the issues more easily we will use the acronym REACH to describe the five key components required in order to successfully respond to a complaint.

- Recognition
- Empathy
- Action
- Compensation
- Honesty.

These are not in themselves a process for handling complaints but represent the underlying fundamental principles of any process of complaints handling.

5.2 HOW DO WE SHOW A PATIENT THAT THEIR COMPLAINT HAS BEEN RECOGNISED?

At the highest level it is important to ensure that it is easy for the patient to provide feedback about the services that have been provided; and this means inviting both good and negative feedback. Most importantly from the consumer's point of view, it is a demonstration that their views are important and valued.

When a complaint is received it is also important to let a patient know that it has been recognised by acknowledging the complaint as soon as possible. Ideally, this should be within a day and certainly not after more than a few days have elapsed. Many complaint mechanisms will set a time limit for such acknowledgements. The key is to remember that it is important to the person making the complaint that it should be acknowledged quickly. You do not have to give an opinion when you acknowledge the complaint and a 'neutral' style is advisable, focusing on the process rather than the detail of the complaint itself. Here are four helpful suggestions that may make it easier to show the patient that you have recognised the complaint as well as their dissatisfaction.

- Use the sad but glad technique to win them over. This particular technique was described by Wendy Leebov in Dental Protection's 2006 Annual Review which can be downloaded from Prism, our educational platform online. The technique is based upon the acknowledgment of the patient's dissatisfaction by expressing sorrow at their concerns at the same time as thanking them for bringing their concerns to your attention. Example wording could be: *I am so sorry to hear of your concerns but I am grateful to you for giving me the opportunity to deal with them.*
- Listen with no interruption. There is a great temptation to interrupt someone when they are trying to tell you something that you may not wish to hear. Research highlights the tendency for some professionals to interrupt – in some extreme cases within ten seconds but in many other cases within twenty to twenty five seconds of the patient beginning to speak. It is important to let a complainant vent their anger or dissatisfaction and to tell their story. If this process does not happen, the patient may be tempted to go elsewhere and take things further.

- Accept the complaint without being defensive. This does not mean accepting that everything the patient says is correct, but rather, accepting the patient's right to have an opinion and a perspective – right or wrong. One of the great challenges in complaints handling is to avoid immediately being defensive about the complaint. This can sometimes leave the patient with a perception that you do not accept the complaint – thus encouraging the patient to take the matter further.

- Ask lots of questions. In many situations the patient may not have voiced their complaint in a way that is fully understood. In a professional relationship it is important to remain courteous and respectful in any discussion.

When someone complains, the most successful strategies involve finding out the exact nature of the complaint and investigating it. This is particularly important where a patient has not described their complaint properly. In such situations, by asking questions, you can elicit the information that tells you firstly what the patient is complaining about and secondly whether there are any particular reasons or motives behind the complaint. It also helps avoid an emotional or angry response.

5.3 EMPATHY

One of the significant features that can influence the outcome of a complaints procedure is the degree of empathy shown by the respondent in a complaint. Dentists do not set out to make mistakes or harm patients but when it happens it is important to show empathy towards the complainant's position. Empathy is not a weakness. On the contrary, it is a strength.

Many patients will feel less inclined to sustain or advance a complaint if they are treated with empathy and believe that their feelings are recognised and understood. Active listening is a technique which reflects the emotions of a complainant and is one of the best ways of demonstrating empathy. It is also possible to demonstrate empathy in verbal and written situations. Expressing empathy with a patient's situation is not an admission of fault.

5.4 ACTION

It does not matter how much you show concern or acknowledge a complaint if you still do nothing about it. It is important to analyse the complaint itself and the potential reasons for it having arisen in the first place. Only then can a person decide how best to respond. Firstly it is important to gather all of the relevant facts before you respond. This may involve asking the patient to retrieve records and/or a report from their new dentist if the complaint arises out of that dentist's criticism of your treatment. It may involve talking to staff members involved in the patient's care – particularly if the complaint relates to one of these staff members. All of this can take time. Often patients get irritated in a complaints process because of what they perceive as inactivity. Sometimes a dentist or healthcare professional is required to respond within a set period of time, regardless of how difficult it may be to obtain the appropriate information. All one can do in those circumstances is give a limited response on the basis of the information available and let the patient know that you are still trying to gather further information.

It is helpful to explain to patients the actual process you intend to adopt in order to investigate the complaint. It is also helpful to keep them informed as to any delays. Sometimes it is possible to involve the patient in terms of seeking records from their new dentist. In this way if there are delays, the patient knows that it is not due to any disinterest or inactivity on the part of the respondent.

In many instances it will be possible to analyse the facts quickly and respond in a relatively short space of time. The nature of the response may depend upon whether your chosen strategy is that of defending your position, avoiding the complaint escalating or trying to resolve the patient's dissatisfaction. What is important is that some action is being taken.

5.5 COMPENSATION

It is all too easy to think of compensation in monetary terms; but that is not always the case. Compensation in a complaint is not necessarily about money; it is about asking what benefit is there if the complaint is handled to the patient's satisfaction. Research demonstrates that when patients complain they are seeking either:

- an apology or explanation
- reinstatement or an intent to remedy the situation
- empathy
- symbolic atonement (ie, a gesture to demonstrate your good intentions)
- follow-up.

Apology

An apology is not an admission of guilt but is simply an expression of regret. For example,

'I am sorry you had so much pain after the extraction'.

This does not mean that the dentist has done anything wrong but is more an expression of sympathy/empathy and an understanding of the difficulty the patient faced. An apology coupled with an explanation can provide reassurance to a complainant and is often all the patient is looking for. It is particularly important where a patient has been avoidably harmed; the lack of an apology in these situations is one of the many reasons why patients take complaints further.

Reinstatement or intent to remedy the situation

Most people accept that things go wrong. A willingness to correct or replace defective treatment goes a long way to resolving a patient's dissatisfaction. It is often seen as a gesture of goodwill and human nature being what it is, means that such gestures are often reciprocated. Obviously in some situations this may involve payment for the patient's remedial treatment and in those situations it is important to contact Dental Protection.

Empathy

Demonstrating empathy may be more than sufficient compensation for a patient – particularly when it is coupled with a clear explanation and honest response.

Symbolic atonement

Many patients complain in a 'crusading' kind of fashion, either because they want to see justice done or because they want to ensure that the circumstances giving rise to their complaint do not happen to someone else. Compensation for this need can be in the form of reassurance that the patient's complaint has been taken seriously and has helped improve the service provided to others in the future. Justice can be served by a simple apology at one extreme or a disciplinary investigation at the other. A complaints handling process that acknowledges the lessons from a valid complaint is often sufficient reassurance for the complainant.

Follow-up

Research shows that where a complaint is dealt with appropriately the patient may become more loyal and less likely to complain again. An important part of the complaints process is often the rebuilding of the relationship with the complainant. A follow-up letter to ask the patient if the complaint has now been resolved or for their feedback, or to let them know that you have changed something as a result of their complaint, can help to preserve the professional relationship. It also helps to reassure them that they will be welcomed back at their next visit.

Clearly it is harder to do this when the response to the patient's complaint may have been negative and you do not agree with the complaint, although it is possible to follow-up with an expression of sadness that you have not been able to resolve the complaint to the patient's satisfaction. These techniques are widely used in other industries involving customer service. What should be avoided at all costs is any cheap shots or 'one liners' in your final exchanges as they depart.

5.6 HONESTY

The final feature of a successful complaints system is honesty. This links with transparency. The one issue that can destroy trust in the patient/professional relationship is dishonesty. The key issue when responding to a patient is to answer their complaint honestly and to avoid trying to mislead them in any way.

One area where dishonesty sometimes manifests itself is in relation to clinical records and in particular altering records after the event. The proof or perception that a clinical record has been altered after a complaint can have devastating consequences for the professional including a threat to the individual's registration. A complainant who believes that they have been treated dishonestly is much more likely to become a forceful crusader and advocate for justice because the complaint is no longer just about what happened, but now about the dentist personally. On the contrary a person who feels that they have been dealt with fairly and honestly is much more likely to accept the outcome of a complaints process – even if it is not what they wanted in the first place.

The REACH model sets out high level principles of successful complaints handling. As with all professionally threatening situations it is helpful to seek the advice of Dental Protection in order to get the professional support that can often be particularly helpful in such situations.

6.0 TEN-STEP PROCESS FOR RESPONDING TO A COMPLAINT

The key to complaints handling is a flexible approach. The complaints process must adapt to the needs of a patient and not the other way round! Although there is no single way to handle a complaint there are ten key steps that should always be considered

6.1 TRAINING

Good communicators usually make good complaints handlers. Most members of the dental team have no formal training in communication, or complaints handling, so it is essential to train them in these skills. Consider your own reaction in this situation. If you were a dissatisfied patient asking the practice receptionist for the name of a person dealing with complaints and the answer comes back:

'I'm not really sure – could you call back tomorrow when the other receptionist is here?'

Would it improve your confidence in the practice and its ability to handle a complaint?

Are you more likely to take the complaint further?

It is important to train all those in the dental team who might be involved with the complaints handling process. Untrained staff should then be instructed to direct all complaints speedily to the nearest trained complaints handler.

6.2 IDENTIFYING COMPLAINTS

Consider a proactive approach to identifying complaints. The majority of dissatisfied patients do not complain at all. They simply leave and go elsewhere, which is not good for business.

There are many ways of identifying dissatisfaction:

- Comment or feedback cards – usually only completed by patients who are particularly displeased or delighted with service. It is, of course, helpful to collect positive feedback as well as negative and neutral feedback.
- Surveys – although not all patients will respond.
- Train staff to identify the 'body language' associated with dissatisfaction. The aim is to encourage patients to tell you if they have a problem, before they tell someone else! A review of one hundred complaints received by an international indemnity provider showed that in over forty percent of cases the patient referred to a previous unsatisfactory experience prior to the incident which gave rise to the complaint.
- Early identification of the dissatisfied patient stops them accumulating a store of complaints.

6.3 ACCEPTING COMPLAINTS

The complaints handler needs to co-ordinate the acceptance, investigation and response to the complaint. They do not necessarily have to provide the detailed response themselves, however they should have a responsibility to ensure that an appropriate team member is always available to respond.

All complaints should be acknowledged quickly, and the patient should be given a copy of the complaints procedure which informs them about the stages of the process that the practice has adopted and when they might anticipate a formal response. When replying to complaints, avoid over-promising and under-delivering. If, for example, the dentist involved will be away from the practice for a month, then inform the patient. Again if unexpected delays are encountered – let the patient know and provide updates at least every ten days.

A patient is more likely to react favourably if they know that their complaint has been accepted and is being dealt with, even if a slight delay is unavoidable. Take a moment to empathise with the patient and see things from their perspective.

6.4 OBTAINING THE VIEWS OF ALL THE PARTIES INVOLVED

It is important for the CC to identify and contact all the parties involved. Any attempt to generate an instant response on behalf of another person who may have left a practice or clinic should be resisted.

- Identify all parties involved and seek their views.
- Co-ordinate the response so that all the parties know their role in the complaints process.

6.5 INVESTIGATING FULLY

A frequent mistake in complaints handling is to provide a detailed response before investigating and gathering the facts. It is important to remember that any response to a complaint could become part of the evidence considered at a later hearing. Any response made following a full investigation is likely to be more thorough and accurate and also fairer to all parties involved. Don't be over-hasty in your response. Get the facts straight and think it through.

6.6 RESOLVING THE DISSATISFACTION

Understandably, many people become defensive when they receive a complaint, particularly if they regard it as unreasonable, unfair or without foundation. Defensiveness can be counterproductive to good complaints handling and at worst it can result in the dentist's response sounding more like a counterattack than an explanation. When a complaint is received, it is important to consider for a moment the desired outcome, ie, do you want to retain the patient, to agree to differ or try to resolve the patient's dissatisfaction? Each choice demands a different response. One common error that often results in a complaint or even a counter claim is the aggressive pursuit of an outstanding fee when a patient has complained about the quality of treatment provided.

Try to establish an approach to patient care that encourages feedback about the patient's perception of the service and the quality of care received.

6.7 RESPONDING SYMPATHETICALLY

Complaints are best resolved at the lowest possible level. This does not always imply a formal written response. Many minor complaints can be resolved on a one-to-one basis, following which a short letter can be sent to the patient saying that you are pleased that the complaint is now resolved. This sympathetic contact can make a significant difference in terms of continuing patient loyalty.

In the majority of cases, however, a written response is likely to be appropriate. This may include an explanation, reassurance, an apology, an offer of compromise or a way forward. It is important to decide in advance exactly what message you wish to convey in a letter. Not everyone is skilled at letter writing but always choose your words carefully. Remember that your response is likely to be looked at by others at some stage and therefore any temptation to criticise the patient should be resisted. The more reasonable and professional your written response, the more credit you will be given at any subsequent hearing of the complaint.

Re-read any correspondence before sending it to a patient and think how they might respond to the words and the tone you have chosen to use.

6.8 FOLLOWING-UP

The hardest part of complaints handling is risking further contact with the patient to ensure that the complaint is being satisfactorily resolved. This may not be appropriate in all cases, but it can be extremely helpful, particularly when you want to retain the confidence of the patient. There is really no difference between this and a dentist contacting a patient after a difficult procedure to enquire about their well-being. Even if the patient is not completely satisfied, it provides a further opportunity to identify a complaint and deal with dissatisfaction at an early stage. It also demonstrates care and consideration.

The follow-up is a good opportunity to display your professional concern and to rebuild a constructive relationship with the patient.

6.9 LEARNING FROM THE PROBLEM

All complaints can teach us something. For future risk management it is helpful to consider:

- How the complaint arose.
- What steps could have been taken to avoid the complaint in the first place?

- Was the complaint handled effectively?
- Did the practice/patient achieve the desired outcome?
- Do we need to make any changes to our procedures or protocols for the future?
- How to share any lessons learnt with the rest of the dental team.

It is important to remember that complaints alert you to areas of service delivery that, if not addressed, could lead to a more serious complaint in the future.

People who complain often consider it a rewarding outcome if they feel that they have made a difference that might benefit other patients.

6.10 COMMUNICATING

Complaints need to be handled with:

- Speed
- Fairness to all parties
- Transparency.

A patient is more likely to accept the eventual outcome if they can see that a complaint has been taken seriously and has been investigated. This fact needs to be communicated to the patient. Research shows that patient's expectations in complaints handling are quite low. Never delay your response to their complaints; any perceived lack of interest or care is the one thing that can transform a dissatisfied patient into an angry obsessive, seeking vengeance against the dentist.

Time spent well at the initial stages of handling a complaint can save hours of stress, inconvenience and expense if the complaint is allowed to escalate or pass into formal complaints or disciplinary arenas.

6.11 WHEN ALL ELSE FAILS

If and when in-house complaints procedures have failed, or are felt to be inappropriate to the patient's needs or to the situation, the patient should be informed of any appropriate authorities to which they can take their complaint for further investigation if appropriate. Such authorities might be:

- NHS complaints – Scottish Public Services Ombudsman.
- Private complaints – the Dental Complaints Service, **dentalcomplaints.org.uk**.

It can be helpful to remind patients that additional help may be available to them through Citizens Advice Scotland (CAS), **cas.org.uk**.

7.0 NHS COMPLAINTS

NEW NHS COMPLAINTS HANDLING PROCEDURE (CHP) APRIL 2017

The Patient Rights Scotland Act 2011 required the Scottish Ministers to produce a Charter of Patient Rights and Responsibilities, which was produced in 2012. This charter sets out a summary of the rights and responsibilities of patients. The 2011 act also introduced requirements in Scotland to encourage patients to feedback or comment, or raise concerns or complaints, about health care and requires NHS bodies (which includes Health Boards) to make arrangement for handling and responding to patient feedback and complaints.

This led to the Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012 which provided more detail, at that time, regarding dealing with NHS complaints in Scotland. However, a new NHS model Complaints Handling Procedure (CHP) has now been developed and introduced as of 1 April 2017.

This revised procedure is intended to provide a more patient focused approach. The new process brings NHS complaints handling into line with other public service sectors by introducing a 5 working day stage for early local resolution as well as a twenty working day stage for local complaints which require investigation. This revised procedure compliments and should be read in conjunction with the statutory duty of candour legislation, due to be introduced in Scotland on 1 April 2018, and the Apologies (Scotland) Act 2016.

The NHS Scotland Complaints Handling Procedure provides information on the definition of a complaint and clarifies the types of complaint to which the process applies.

A complaint is 'an expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.' There are certain matters, detailed in the Complaints Handling Procedure, to which the complaints procedure does not apply.

STAGE 1: EARLY RESOLUTION – FIVE WORKING DAYS

The first stage is Early Resolution, where the practice tries to resolve the complaint directly with the patient, within 5 working days of receiving the complaint. Early resolution aims to resolve straightforward complaints that require little or no investigation at the earliest possible opportunity and any member of staff can deal with such complaints. This 5 day timeframe can be extended by a further 5 working days in exceptional circumstances by agreeing this extension with the person making the complaint.

Where a complaint has been closed at this early resolution stage, there is no requirement to write to a patient although this can be done if preferred. A full and accurate record must be kept and the complaint can then be closed.

STAGE 2: INVESTIGATION – TWENTY WORKING DAYS

This process is intended for issues that have not been resolved at the early resolution stage or that are complex, serious or 'high risk'.

A complaint should be handled at the investigation stage where:

- Early resolution has not resolved the complaint. The complainant is dissatisfied and requests an investigation;
- Satisfactory early resolution will not be possible as the complainant has asked for an investigation;
- The issues raised are complex and require detailed investigation;
- The complaint relates to serious, high risk or high-profile issues.

It is envisaged that many complaints involving clinical issues will require investigation and will therefore be dealt with under stage 2.

For complaints at the investigation stage, the process is the same as that previously in place, and as outlined in the *Terms of Service* (please see below):

- Complaints must be acknowledged within three working days;
- A full response should be provided within twenty days, unless extension to this deadline is required.

Meetings can take place with the complainant at any time during the process, either at the beginning to ensure full understanding of the complaint or after the final report/response has been provided, at this latter stage for explanation only.

Dental Practice owners and dentists as contractors to the Health Board are obliged by their terms of service to have in place and operate, for the NHS services they provide, a practice-based complaints procedure.

The appropriate regulations are: The National Health Service (General Dental Services) (Scotland) Regulations 2010.

A practice-based complaints procedure shall comply with the following requirements:

(a) the contractor shall specify a person (who need not be connected with the contractor's practice and who, in the case of an individual, may be specified by job title) to be responsible for receiving and investigating all complaints;

(b) all complaints shall be:

i) recorded in writing;

ii) acknowledged, either orally or in writing, within the period of three days (excluding Saturdays, Sundays, Christmas Day, New Year's Day and other public or local holidays agreed with the Health Board) beginning with the day on which the complaint was received by the person specified in paragraph (a), or where that is not possible, as soon as reasonably practicable;

iii) properly investigated.

(c) within the period of twenty days (excluding Saturdays, Sundays, Christmas Day, New Year's Day and other public or local holidays agreed with the Health Board) beginning with the day on which the complaint was received by the person specified in paragraph (a), or where that is not possible, as soon as reasonably practicable, the complainant shall be given a written summary of the investigation and its conclusions;

(d) where the investigation of the complaint requires consideration of the patient's dental records, the person specified in paragraph (a) shall inform the patient or person acting on the patient's behalf if the investigation will involve disclosure of information contained in those records to a person other than the contractor or a partner, deputy or an employee of the contractor and obtain the consent of the patient or the person acting on the patient's behalf to such disclosure; and

(e) the contractor shall keep a record of all complaints and copies of all correspondence relating to complaints, but such records shall be kept separate from patients' dental records.

A contractor shall inform the contractor's patients about the practice based complaints procedure which it operates and give the name (or title) and address of the person specified in sub-paragraph (6)(a).

7.1 CO-OPERATION AND INVESTIGATION

1) A contractor or any dentist who assists the contractor in the provision of general dental services shall cooperate with any investigation of a complaint by the Health Board in accordance with the procedures which it operates in accordance with directions given under section 2(5) of the Act F11, whether the investigation follows one under the practice based complaints procedure or not.

2) The cooperation required by sub-paragraph (1) includes:

(a) answering questions reasonably put to the contractor or dentist by the Health Board;

(b) providing any information relating to the complaint reasonably required by the Health Board; and

(c) attending any meeting to consider the complaint (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given), if the presence of a contractor or any dentist who assists the contractor in the provision of general dental services at the meeting is reasonably required by the Health Board.

7.2 RETURNS REGARDING COMPLAINTS

1) A contractor whose name is included in the dental list shall provide to the Health Board by 30th June each year a return stating the number of complaints received in accordance with paragraph 36 in respect of the period of twelve months ending on 31st March of that year.

2) In the case of a dentist who practises in partnership with one or more other dentists whose names are included in the dental list, the information referred to in subparagraph (1) shall be provided in respect of the partnership as a whole instead of by dentists in the partnership individually.

7.3 ADVICE ON COMPLAINTS HANDLING

The NHS procedure requires the practice to respond in a timely fashion to complaints and to record all complaints in writing.

The offer of a meeting with the patient and/or the complainant may be worth considering if it is thought that the matter can be resolved by discussion. One example might be a complaint about fees and an explanation may be all that is required.

If a meeting does take place and the matter is resolved it would be useful to draft a letter setting out the basis for the meeting and the outcome.

It is important to focus on the content of the complaint and address the points raised by the patient or complainant. Any response should be framed in suitable terms and it is important to remember that the response may well be referred to elsewhere if the complaint is not resolved. Advice and assistance with draft responses can be obtained from Dental Protection.

A full response should be provided within twenty working days of receipt of the complaint. Where this deadline cannot be met, the complainant should be informed of the reason for the delay with an indication of when the response can be expected, which should be as soon as reasonably practicable.

7.4 CONCILIATION

It may be helpful to bring in an independent conciliator to mediate a discussion with the complainant. A dentist or patient can request conciliation services from the NHS Board.

An independent person can facilitate the discussion to:

- examine why the complainant is dissatisfied;
- enable both parties to put forward their views and concerns;
- identify and agree a suitable way forward.

This can be particularly helpful if the relationship between the complainant and the practice has broken down; it enables a calm discussion and may allow both parties to move forward together positively. Dental Protection understands that the NHS complaints system in Scotland is currently being re-evaluated.

7.5 STAGE 3: INDEPENDENT EXTERNAL – REVIEW THE SCOTTISH PUBLIC SERVICES OMBUDSMAN (SPSO)

Most complaints are resolved at practice level. However, in some cases the patient may not be satisfied. When the investigation stage has been completed, the complainant has the right to approach the SPSO if they remain dissatisfied.

Complaints progressing to the SPSO will have been thoroughly investigated by the service provider. The SPSO looks at issues such as service failures and maladministration (administrative fault), clinical decisions and the way the complaint has been handled.

Recommended wording, to be included in the final response or report is provided.

The Scottish Public Services Ombudsman was established in 2002 to deal with complaints formerly handled by various other bodies.

The Ombudsman's office can generally consider complaints only when they have been fully investigated at practice level although this requirement can be waived. Complaints should generally be made to the Ombudsman within twelve months of the events giving rise to them, or within twelve months of the complainant becoming aware that there were grounds for complaint: **spso.org.uk**.

The Ombudsman may investigate and review the complaint and the complaint process by:

- Examining complaints correspondence, in particular the letter of complaint and the response
- Speaking to the patient and the person or organisation complained about
- Seeking written answers to questions
- Getting copies of documents (such as records)
- Taking expert advice where necessary
- Interviews.

7.6 WHAT CAN THE OMBUDSMAN DO?

Where the Ombudsman finds fault, as well as putting things right for the individual person, the Ombudsman wants to try to prevent the same thing happening to someone else. This is why some of the Ombudsman's decision letters and reports have recommendations. This could include asking the practice or the dentist to:

- apologise;
- change their procedures;
- return the situation to how it would have been had they acted correctly in the first instance;
- recommend that a payment be made to the patient.

The Ombudsman's complaints reviewer will follow up with the practice or dentist to make sure that any recommendations made have been carried out.

8.0 PRIVATE COMPLAINTS

8.1 LOCAL RESOLUTION

Ideally every complaint would be satisfactorily managed within a local response. Local resolution of private complaints is broadly similar to local resolution in relation to NHS complaints. There are no definite time limits set for making complaints or responding to complaints.

Standards for the Dental Team is published by the GDC and standard five explains how registrants are expected to deal with complaints.

If you work in private practice, including private practice owned by a dental body corporate, you should make sure that it has a procedure which sets similar standards and time limits to the NHS (or equivalent health service) procedure. *Standard (5.1.3)*

8.2 THE DENTAL COMPLAINTS SERVICE (DCS)

If local resolution is not achieved, the DCS will work with the dentist and the patient to try to resolve the complaint, liaising with all parties concerned. If this fails, a complaints panel will be convened, and will be able to make the following recommendations:

(a) the complaint be closed with no further action; or

(b) no further action should be taken in relation to this specific complaint, but make recommendations as to future practice; or

(c) the dental professional should offer an apology to the patient; and/or

(d) make recommendations as to future practice and/or

(e) a full or partial refund of fees; and/or

(f) the dental professional shall make a contribution towards the remedial treatment of up to the cost of the original treatment. The panel must be reasonably satisfied that the sum of money involved is appropriate for the remedial treatment and that the remedial treatment proposed is reasonable; or

(g) endorse an agreement reached between the patient and the dental professional; or

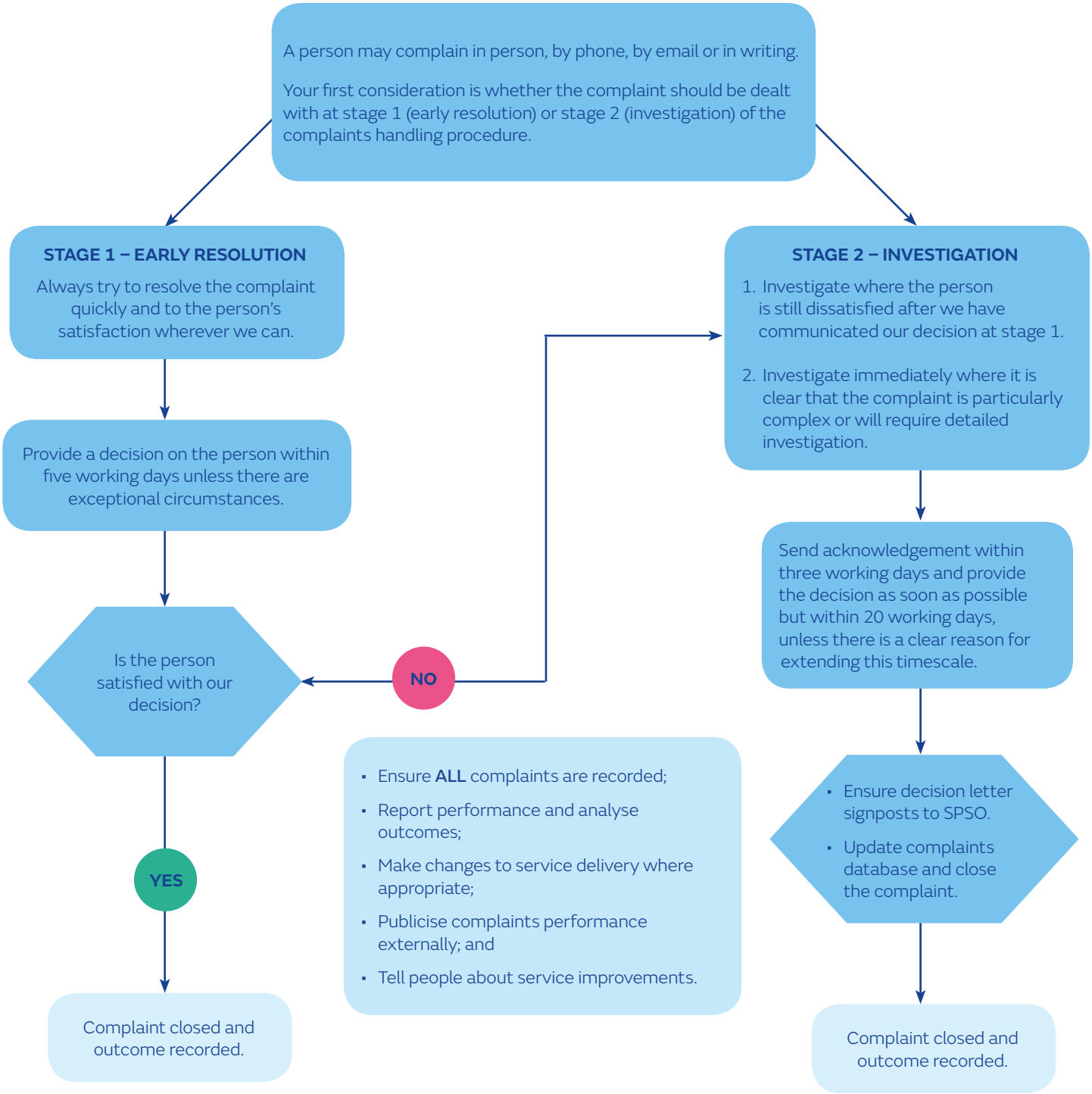
(h) in exceptional circumstances, the panel may not be able to decide the outcome of a complaint. In these circumstances it may either record that a decision cannot be reached and/or ask for further information.

The complaints panel is normally made up of two lay-panellists and one dental panellist. It is not subject to the rules of evidence. Either party may bring a friend but not a legal representative or an employee of dental protection organisation.

The recommendations of the complaints panel are simply recommendations and they have no powers to enforce these. However the DCS has expressed the view that it would expect a dentist to give the recommendations appropriate consideration. Dental Protection would be happy to advise members on their own particular circumstances if they should find themselves in this situation. Visit **dentalcomplaints.org.uk**.

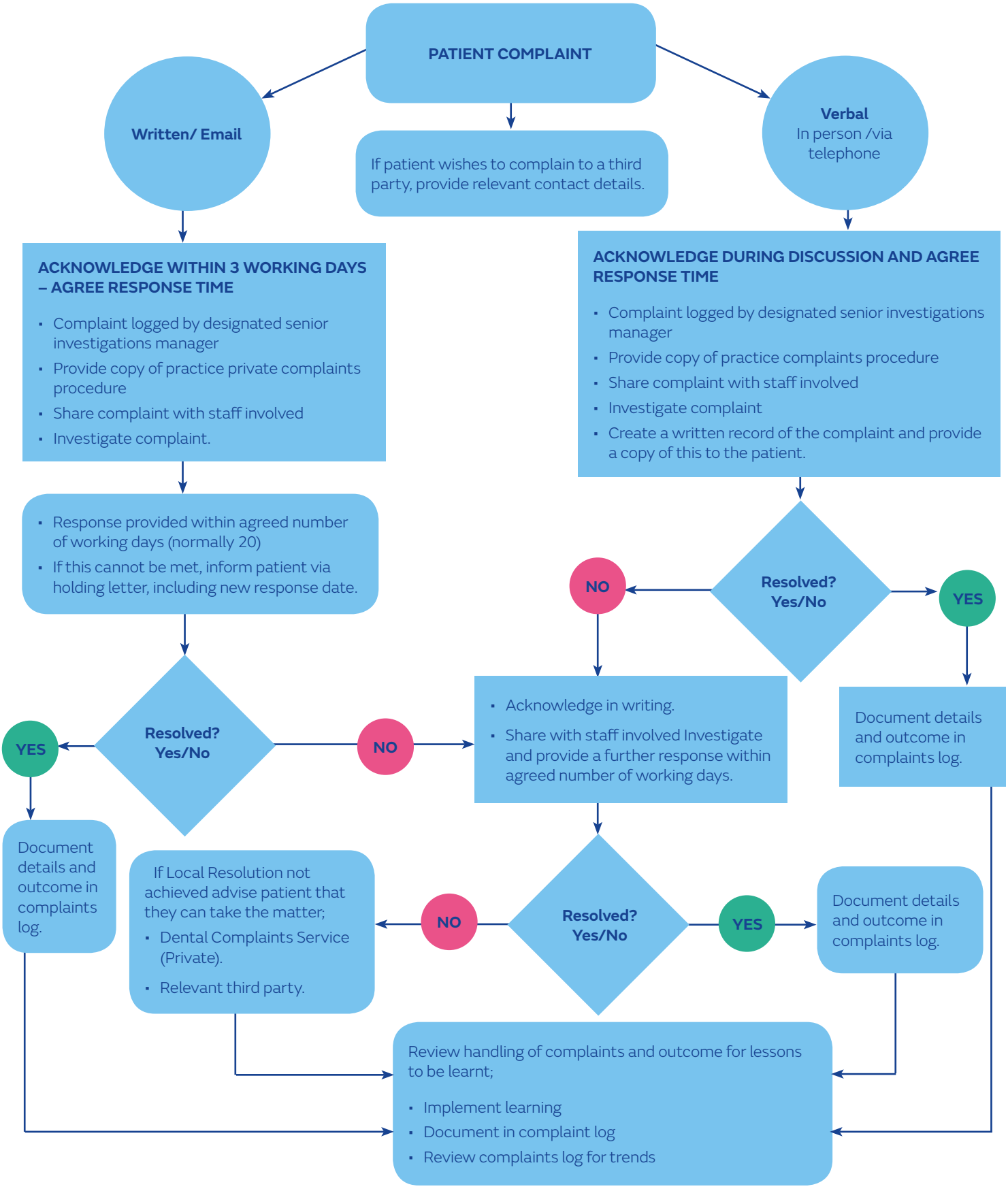
9.0 SAMPLE FLOWCHARTS

THE NHS COMPLAINTS HANDLING PROCEDURE



Adapted from the NHS Model Complaints – Handling Procedure
Scottish Government/SPSO (Scottish Public Services Ombudsman)

PRIVATE COMPLAINTS PROCESS



NOTES

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2243(Scotland):04/17