



Review 2020

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Dental Complaints Service Review 2020

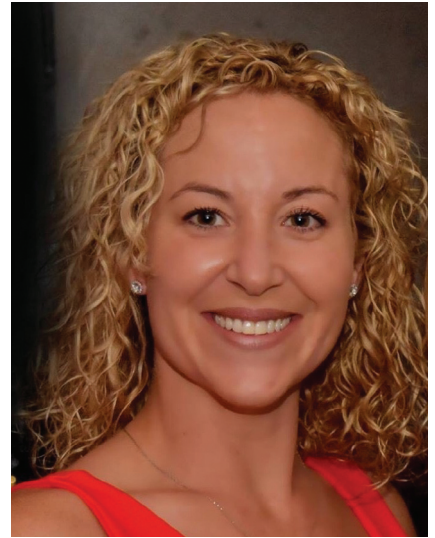
Contents

1. Overview by Michelle Williams	4
Head of DCS Operations	
.....	
2. 2020 performance data	6
Enquiries	7
Cases	10
Case resolution time	10
.....	
3. Customer service feedback	14
.....	
4. Complaint types	15
.....	
5. Practices in difficulty	17
.....	
6. Advice	18
Advice for dental professionals	18
Advice for patients	18
.....	
7. Case studies	19
.....	
8. Working with our stakeholders	28
.....	
9. Message from John Cullinane	30
Executive Director, Fitness to Practise, GDC	
.....	

1. Overview by Michelle Williams

2020 was a year where the dental professions showed great resilience throughout the COVID-19 pandemic. It was also a challenging year for the Dental Complaints Service (DCS), during which we adapted to new ways of working and delivering our service to help resolve private complaints.

We started 2020 with the highest number of enquiries we have ever had following the collapse of a dental body corporate with ten dental practices. This collapse saw the DCS team facilitating hundreds of complaints from patients who had paid in advance for a variety of treatments and whose treatment had not yet finished. Not only were patients adversely affected, but dental professionals who worked for the dental body corporate were left unpaid. What is commendable is that a high number of those professionals considered the best interests of their patients and looked at other means to continue their treatment.



During this period, we worked with the professionals involved and several organisations such as the Trading Standards, the British Dental Association (BDA) and defence organisations, to enable patients to lodge their complaints appropriately with the liquidators and contact finance providers to arrange the continuation of treatment. We also raised the issue around corporate structures and how they present challenges to patients wanting to raise complaints with the relevant bodies. This is an issue that we will continue to pursue with our key stakeholders, to ensure that the public are protected, and public confidence in the profession is maintained.

In March 2020 when the first national lockdown began, like many others, DCS staff were required to work from home and have continued to do so throughout the pandemic. We maintained our overall performance in responding to complaints initially and the quality of service provided. However, with dental practices closing, access to dental records and the ability for patients to obtain second opinions were adversely impacted, which resulted in delays in resolving cases. This is expected to continue into 2021 as we continue to face challenges from COVID-19.

In 2020, we received a total of 3,159 enquiries, one enquiry more than the total received in 2019. We responded to 98% of all new enquiries within two working days, an improvement of 4% compared to 2019. We believe the consistent number of enquiries coming through to us is due to our continued outreach work, as well as dental professionals signposting patients to the DCS. As mentioned above, some of the enquiries were due to a very small number of practices receiving large numbers of complaints that were going unresolved. Overall, the continued number of patients using our service reflects the continued willingness from all parties in a complaint to look for independent help in resolving matters locally.

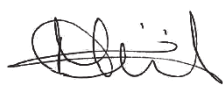
The majority of enquiries raised with us were simple complaints that did not raise any fitness to practise (FtP) concerns. In 2020, we referred 36 cases to the GDC's FtP team, of which 24 cases related to just three dental professionals. It is worth highlighting that the number of enquiries we refer to the GDC for FtP concerns continues to drop following our changes to FtP referral criteria in 2018 – in 2020, these amounted to just 1% of the enquiries received.

We continue to see a rise in the number of patients complaining about treatment involving remote orthodontics which are advertised using online platforms. Part of our process in relation to complaints about remote orthodontics is to check that the structure of the organisation is compliant with the Dentists Act 1984. As part of this, we check that an appropriate number of directors within a business are registered dental professionals. Where this is not the case, the DCS will refer the matter to the GDC's Illegal Practice team. We would recommend that all dental professionals joining a new practice check that the majority of the directors of their practice are registered with the GDC, and to check for this information on Companies House.

It is important for dental professionals to take the necessary steps in managing expectations of patients who wish to undergo treatments of their choice. This report includes a section on key learnings for dental professionals to help ensure they provide clear and effective communication, enabling local resolution of complaints.

Following the reopening of dental practices after the first national lockdown, we received a number of complaints from patients as a result of COVID-19. These complaints included not being informed in advance of charges for private PPE (Personal Protection Equipment), patients being informed that there was no NHS appointment availability or no NHS PPE and as a result being encouraged to pay privately or wait longer for an NHS appointment. A significant proportion of complaints regarding these issues were not entirely relating to private treatment, and they potentially fell to either the DCS or the NHS to resolve. The DCS worked with various NHS bodies to enable patients to raise their complaints with the NHS where appropriate.

It was with the hard work, resilience and support of my team, our volunteer panellists, and the various stakeholders we work with, that we were able to maintain our operational performance during an exceptional year. The dental professions also remained engaged with our processes and helped to resolve most of the issues brought to us by patients. The challenges of COVID-19 will persist in 2021, but I am confident that we will be able to continue providing our services to help resolve private dental complaints effectively, appropriately, and transparently.



Michelle Williams
Head of DCS Operations

2. 2020 performance data

In this section we have provided data around the key stages of our complaint-resolution process, including data from previous years to help make comparisons. For more information on the role of the DCS visit our website.

Summary of 2020 performance data



3,159

total number of enquiries



1

panel meeting in 2020



98%

of new enquiries were responded to within two working days



36

FtP referrals made in 2020, with three dental professionals accounting for 24 of those cases



600

complaints from patients about one dental body corporate, which closed its practices in February 2020



85%

of cases related to a perceived failure of treatment, with the highest single issue being removable orthodontic appliances



48 days

average time for local resolution



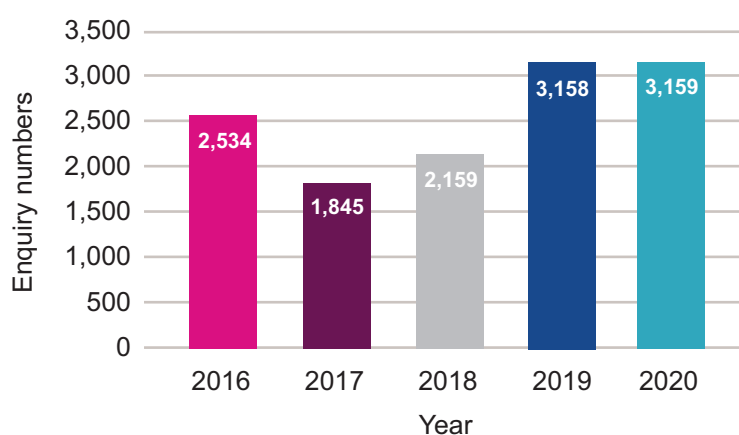
113 days

average resolution time for cases dealt at facilitated stage

Enquiries

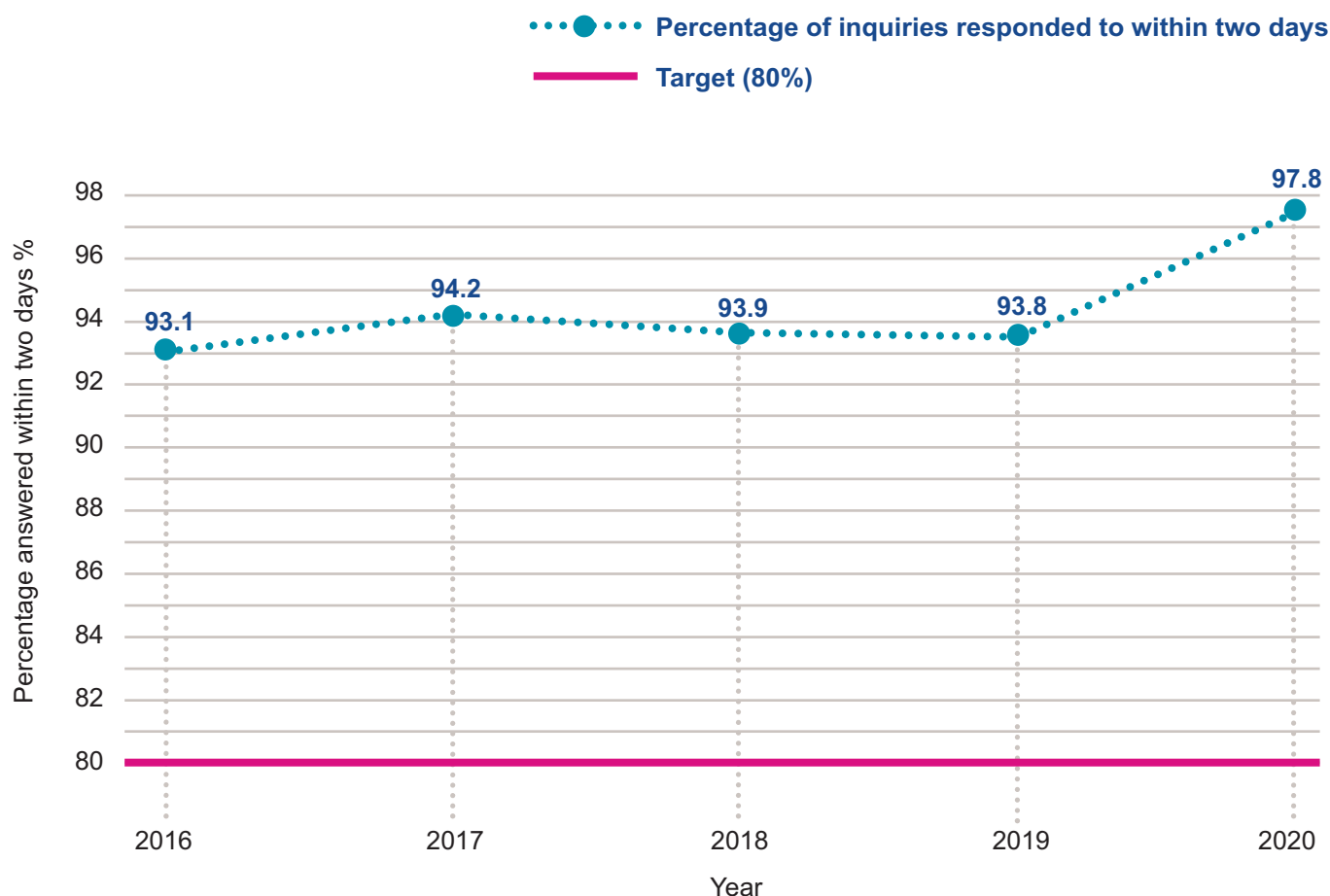
We record data for all initial enquiries and complaints that we receive, and have seen a sustained number of enquiries during 2020. While telephone calls are the most common form of contact, more people are contacting us electronically via web-forms, which doubled in 2019 and continued to rise in 2020.

Graph 1: Number of enquiries received 2016 to 2020



In 2020, we responded to 98% of new enquiries within two working days, an improvement of 4% compared to 2019. Despite working remotely, we have continued to operate an effective call centre for patients to report and discuss their concerns. We have also been able to advise patients and provide them with information they need to seek local resolution directly with the dental professional and signpost them to the organisations that can help, should local resolution not be successful. Often, we will advise a patient to contact the Oral Health Foundation, who give impartial clinical advice to patients and help them decide if they should pursue their complaint.

Towards the end of 2019 and into 2020, we received over 600 complaints from patients about one dental body corporate, which closed its practices in February 2020, resulting in thousands of patients without access to care for which they had paid in advance. This large and concentrated volume of complaints came following the creation of a social media group being created by patients who were seeking assistance in resolving their complaints.

Graph 2: Responding to enquiries within two working days – 2016 to 2020

Despite seeing a similar number of enquiries in 2020, we have improved our performance above target (80% of enquiries handled within 48 hours), with 98% of new enquiries responded to within two working days.

Table 1 on the following page shows how we have handled or signposted the enquiries we received throughout recent years. In 2020, we saw a rise in the number of enquiries becoming full DCS cases to 19%, in comparison to 13% in 2019.

Most notably, almost 24% of the enquiries received during 2020, which fell outside of the DCS remit, were in relation to practices that had collapsed. A high number of the patients who contacted us had either taken finance loans or paid on their credit cards and were covered under Section 75 of the Consumer Credit Act. We worked with the credit providers to ensure that the signposting to the relevant finance provider was as seamless as possible in the interest of patients.

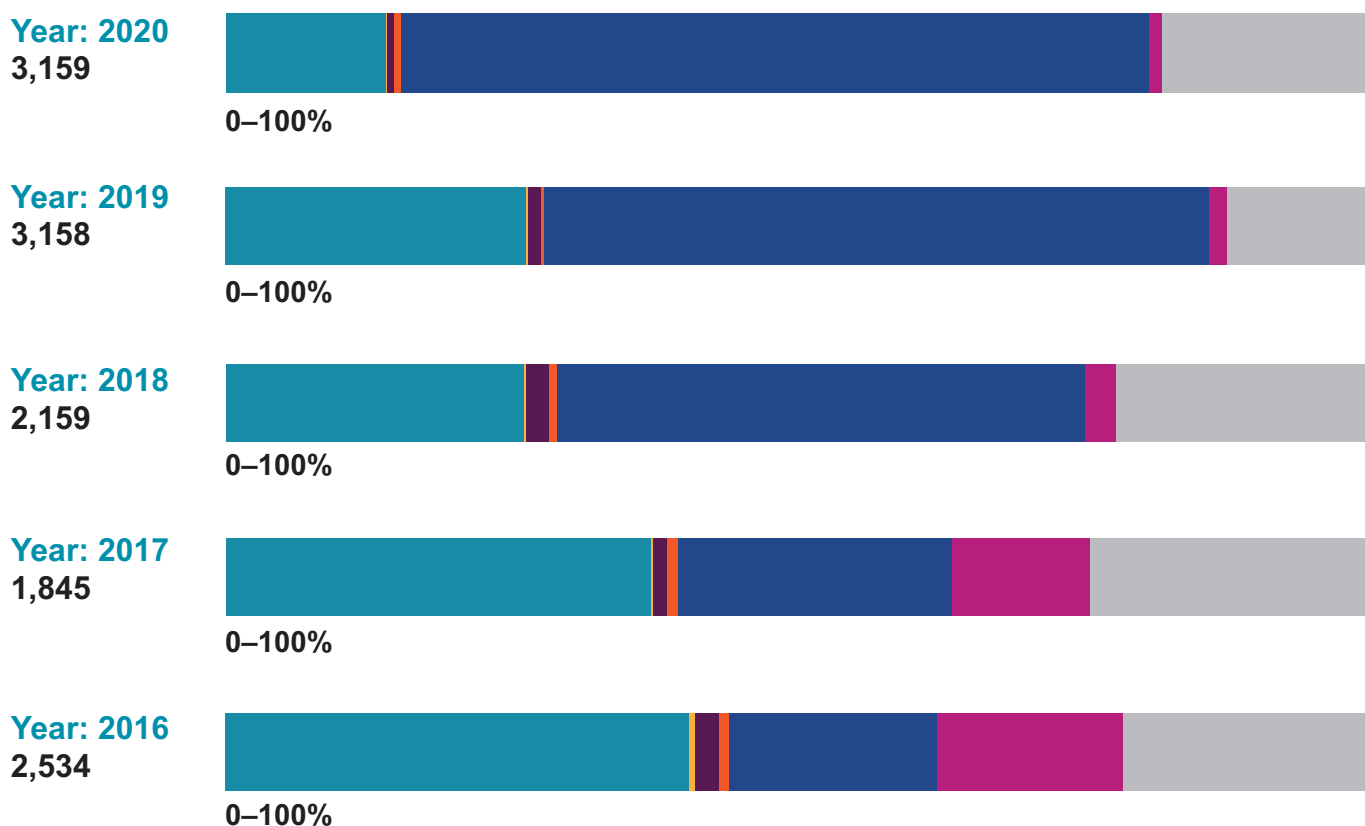
Table 1: How enquiries were handled or signposted between 2016 and 2020

The table below shows how we have handled or signposted enquiries we received throughout recent years. In 2020 nearly 19% of enquiries resulted in DCS cases.

Year	Number of enquiries	NHS England	HSCNI	NHS Scotland	NHS Wales	Outside DCS remit	FtP referrals	DCS Cases
2020	3,159	13.9%	0.2%	0.6%	0.5%	65.1%	1.1%	18.6%
2019	3,158	26.1%	0.1%	1.2%	0.3%	57.8%	1.5%	13.2%
2018	2,159	25.7%	0.1%	2%	0.8%	45.6%	2.7%	22.6%
2017	1,845	37%	0.3%	1.1%	1%	24%	12%	25%
2016	2,534	40%	0.4%	2.1%	0.9%	18%	16%	22%

Due to rounding, totals may not add to 100%.

This table data is illustrated as bar charts below:



Cases

The DCS provides an impartial service to help assist in resolving complaints about private dental treatment or service. Our remit is different to that of the GDC, which examines concerns solely to assess the fitness to practise of dental professionals.

We look into complaints that are raised with us within 12 months of private treatment taking place or within 12 months of a patient becoming aware that there is something to complain about.

We may be able to impartially assist a complainant to obtain:

- An explanation and/or apology for what happened.
- A full or partial refund of fees in relation to a failed treatment.
- Remedial treatment from a dental professional, if there is mutual agreement.
- A contribution towards remedial treatment so that the work can be completed by another dental professional at the same practice or at an alternative practice.

Following the recent review of the DCS, we can now, on referral from the dental plan provider, impartially assist with complaints about private treatment provided as part of a dental plan.

The number of enquiries being resolved locally without formal intervention from us continues to be above 70%. This suggests that more people are finding and using our service to resolve their complaints early and locally. This is helped by our commitment to support all who contact us with advice on what to do or which organisations to contact to help resolve their complaints at the right level and the willingness of the dental profession to resolve complaints locally.

Case resolution time

After we have given initial advice to complainants, enquiries that fall within our remit and where patients want the DCS's impartial assistance, are transferred to cases. This first stage is called the local resolution stage, where patients are advised to write to their dental professional outlining their complaint and setting out how they would like the matter resolved.

After 10 working days or in line with the practice's complaints policy, the DCS will contact the patient to see if the matter has been resolved. If a patient has not received a response to their complaint or are not satisfied with the outcome, the DCS complaints officer will contact the dental professional to impartially facilitate a resolution by discussing the complaint with both parties to an agreed outcome. This is the second stage in our process, the Facilitated Stage.

Occasionally, we are unable to facilitate a resolution and the matter reaches the final stage in our process, the Panel Meeting. This is arranged with the agreement of both parties who meet with three trained DCS volunteer panellists who listen to the complaint and attempt to facilitate an agreement. If they cannot achieve this, the panel can make a recommendation to resolve the complaint. They can recommend a full refund, a partial refund or a contribution towards remedial treatment up to the same value, or advise that there is no complaint to answer.

The tables below show the average resolution time in days for the three different resolution stages: local resolution, facilitated resolution and resolved at panel. For more information on these resolution stages visit our website.

Table 2: Percentage of complaints resolved by local resolution and average resolution time – 2016 to 2020

Year	Average resolution time (days)	Percentage of complaints resolved at local resolution
2016	44	76%
2017	40	66%
2018	37	75%
2019	31	72.5%
2020	48	75.5%

Table 3: Percentage of complaints resolved by facilitated resolution and average resolution time – 2016 to 2020

Year	Average resolution time (days)	Percentage of complaints resolved at facilitated resolution
2016	98	23%
2017	100	32%
2018	91	24%
2019	98	27%
2020	113	24%

Table 4: Percentage of complaints resolved at Panel stage by average resolution time – 2016 to 2020

Year	Average resolution time (days)	Percentage of complaints resolved at Panel
2016	313	1%
2017	212	2%
2018	211	1%
2019	192	0.5%
2020	200	0.5%

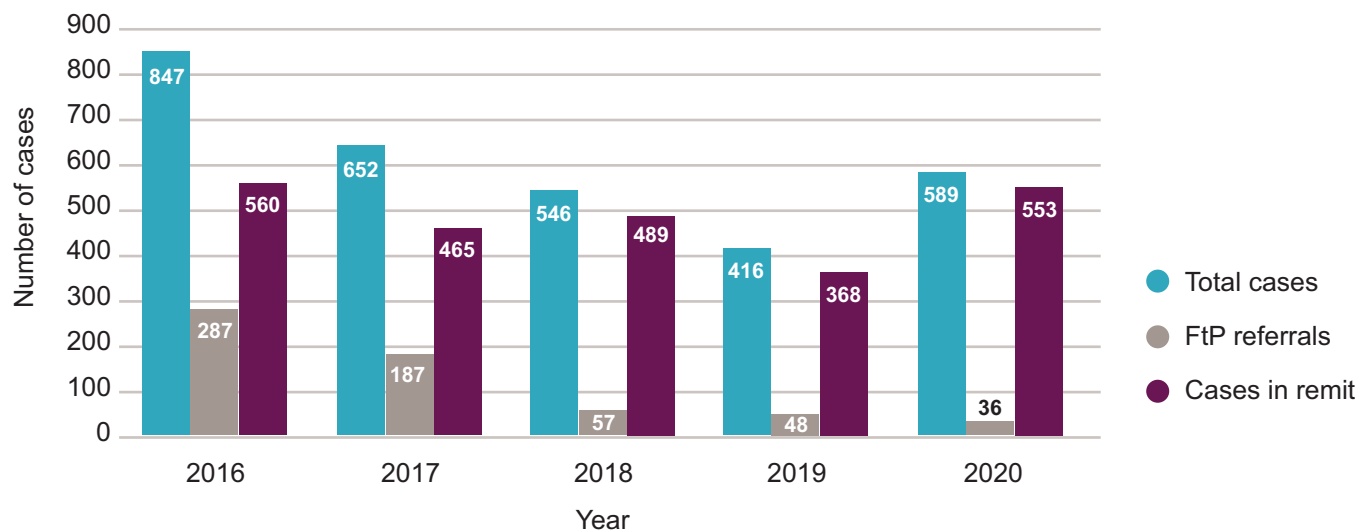
The number of complaints resolved at local resolution rose during 2020, which reflects the increased effort from dental professionals to resolve complaints at a local level and at the earliest opportunity.

In 2020, it took significantly longer to resolve complaints at the local and facilitated resolution stages, due to the impact of COVID-19 on dental practices. The impacts included delays in accessing patient records as well as patients obtaining second opinions from dental professionals.

We held one panel meeting in 2020, which demonstrates the effectiveness of the service in resolving matters locally for patients and dental professionals. In 2021, the DCS will be offering remote panel meetings, to ensure this service is still available despite the current restrictions.

The graph below shows that the number of enquiries that become cases increased in 2020 (589, up from 416 in 2019). It also shows that the number of FtP referrals has fallen year on year, with a drop of 90% between 2016 and 2020.

Graph 3: Total number of cases, FtP referrals and cases in remit – 2016 to 2020



157 out of the total number of cases in 2020 were related to the collapse of a single dental body corporate.

This reduction is a result of our work to clearly delineate FtP and DCS cases through our review in 2017/18. There were 36 FtP referrals made in 2020, 1% of total enquiries received in 2020 (3,159). Of these, 34 were investigated, and two cases were closed. Three dental professionals accounted for 24 of the 36 cases. Of the 36 cases, three were referred as a result of non-engagement with the DCS. An example of this type of referral and how it can be avoided can be found in our case study section (case study 9).

In addition to the change to the FtP referral principles, patients are given information to help them raise any concerns directly with the GDC if they ask for the information. The DCS will explain the GDC's remit, to ensure patients make an informed choice as to whether they wish to pursue this route. This ensures that patients are given the information to allow them to progress their complaint as they feel necessary and that only cases that are high risk are referred by the DCS. A patient can therefore choose to pursue the matter concurrently through the GDC and DCS.

“I really appreciate that the service is free and the communication has been great. The staff are friendly and always willing to help.” **Patient**

“I had put off contacting the DCS as I thought I had to do it in writing and it was such a complex matter, but it was so easy to talk it through over the phone!” **Patient**

“A very helpful approach to a difficult situation. The DCS advisor made me feel at ease and I felt confident he wanted to help both parties resolve the issue in a fair manner. He was understanding, fair and helped me with my stress levels in what was a very difficult experience for me. He helped allay my worries and fears and anxiety that I have had due to this over the previous months and understood the anxiety it had been causing me. His directions were clear and responded quickly to any correspondence.” **Dental professional**

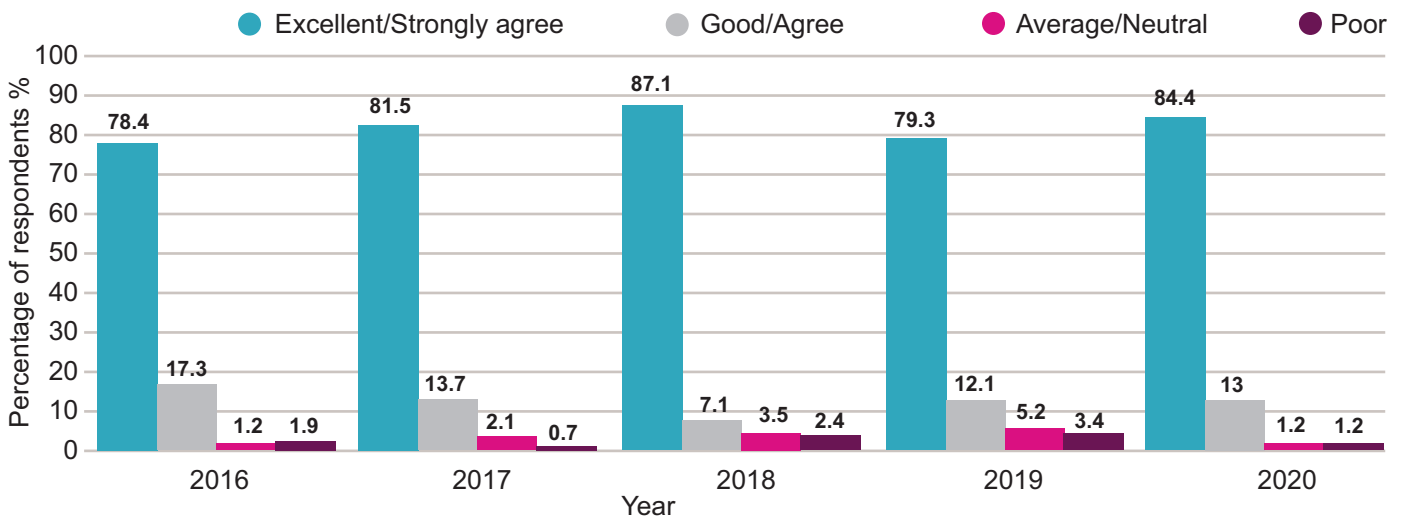
3. Customer service feedback

We seek customer service feedback from both patients and dental professionals at all stages of the cases we handle. The feedback is in relation to the service, courtesy and information provided by our team.

The graph below highlights the collated feedback we received from patients and dental professionals from 2016 to 2020. Participants can provide feedback on more than one case. The results have remained largely consistent year on year with all feedback feeding into service improvements.

The proportion of feedback we receive from dental professionals is still significantly lower than what we receive from patients, with only five feedback forms returned by dental professionals in 2020. This level of feedback received is consistent with previous years. To ensure we understood better how professionals' view the DCS, we commissioned an independent survey which was published in 2019 and can be found on our website.

Graph 4: Feedback from case participants 2016 to 2020



Due to rounding, totals may not add to 100%.

2020 feedback in summary (Courtesy, information provided and service)

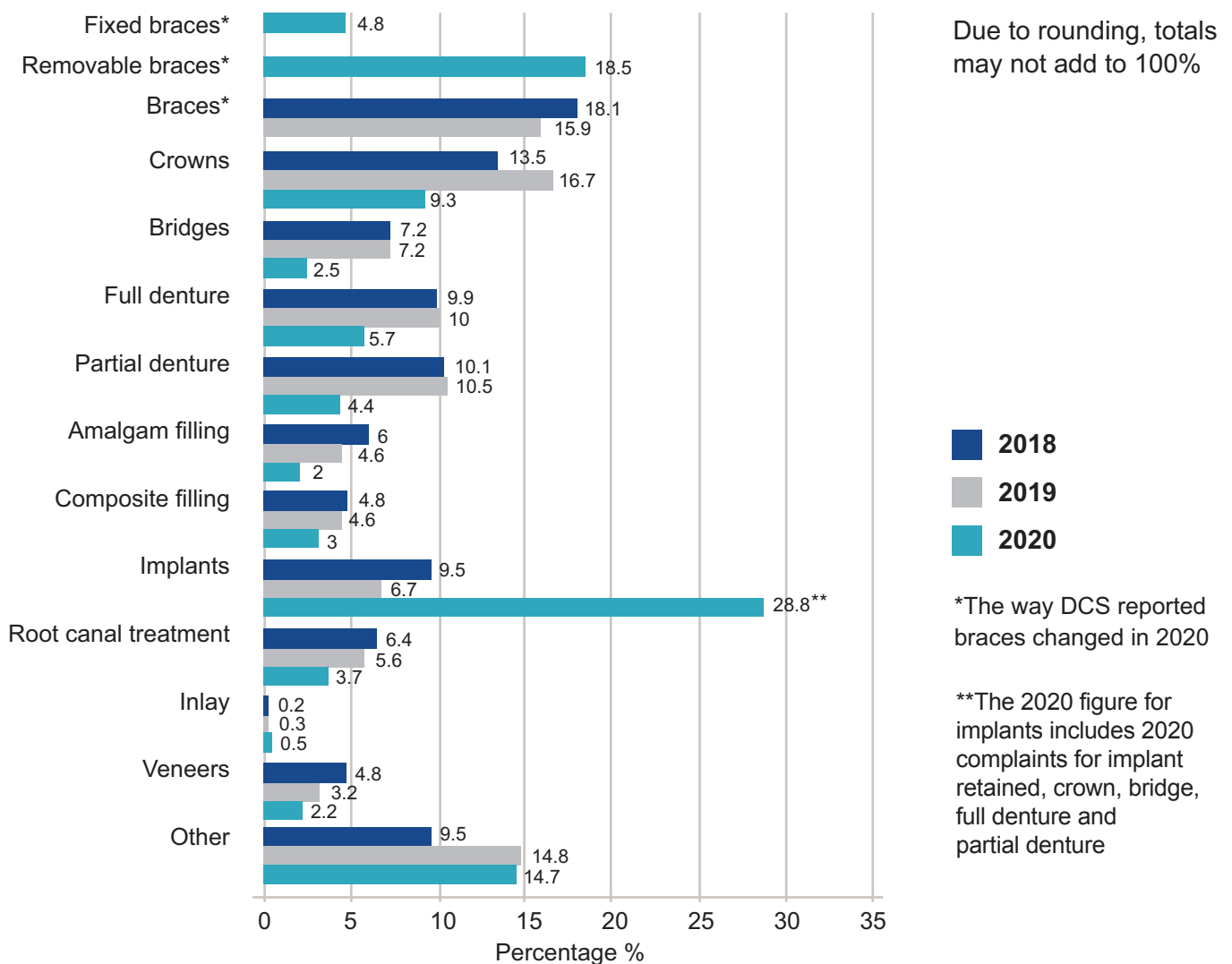


4. Complaint types

The most common issues raised related to a perceived failure of treatment (85%). Other causes included difficulty obtaining an appointment for treatment (7%) and treatment not being consistent with the original treatment plan (4%).

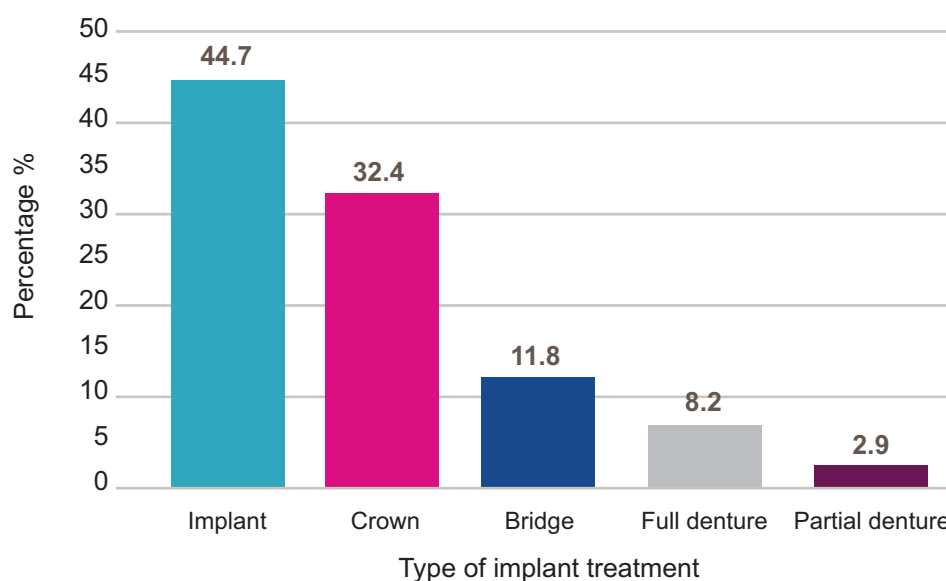
The most common outcome sought by patients to resolve their complaint was a full refund (60%) with free remedial treatment coming in second (19%). Only 2% of patients wanted an apology to resolve their complaint.

A breakdown of the treatment types relating to the complaints raised over the last three years is set out below. Patients can raise a single DCS case regarding more than one type of treatment. The highest number of complaints were about removable orthodontic appliances, including retainers (109). The second highest collectively was in relation to implants (76) implant retained – crown (55), bridge (20), full denture (15) and partial denture (5). Partial or full dentures have been one of the biggest causes of complaint over recent years.



Following a rise in the number of complaints relating to implant treatment, the DCS started to record details of the component which resulted in the complaint in 2020. These are set out below.

Graph 6: Types of implant treatment resulting in cases with DCS



23% of implant complaints in 2020 related to the collapse of a single dental body corporate. These cases were not in relation to failed treatment, only access to care.

“I was grateful for the courtesy and patience in explaining things to me. I felt empowered to contact my practice in writing. Having previously failed to get a response without the support of the DCS, this method was now successful.” **Patient**

“The complaints officer who helped me to resolve the case... was very professional, helpful, kind and understanding.” **Dental professional**

“When the DCS advisor said she would be in touch with me on a certain date she always did and kept me fully informed every step of the way.” **Patient**

5. Practices in difficulty

At the end of 2019 and into 2020, we saw a small number of practices go through difficulties, resulting in high numbers of patients needing our assistance in resolving their complaints. In order to assist these practices, and the patients who could potentially be affected, we engaged with dental professionals at the practices to help resolve cases that had progressed to the facilitated resolution stage of our process. Unfortunately, in early 2020, a dental body corporate with ten practices and over 10,000 patients collapsed and is currently in administration. We worked closely with indemnifiers, the British Dental Association and the liquidators to manage patient expectations on liability. This enabled the majority of patients to get access to care via their finance providers or dental professionals, many of whom took professional responsibility despite not being contractually responsible and at a financial loss to themselves, to put their patients' best interest first.

Our work included reaching out to and engaging dental professionals who were no longer at the practices where they had initially treated the patient and therefore were not aware of the complaint being made. We also directed many patients to alternative means of resolution where we could not assist any further, including the liquidators and finance providers.

The variety of structures within which dental practices are run has come to the forefront as a result of these collapses. The DCS has implemented new processes when they receive complaints to check that the ownership is in accordance with the provisions of the Dentists Act 1984 (which stipulates that the majority of directors must be registered with the GDC) and are continuing to work with those who regulate and work within the profession, to ensure that public confidence in the profession is upheld.

“The communication from the DCS was non-confrontational, as a result the final outcome was reached by amicable mutual consent.” **Dental professional**

“I was extremely pleased with the regular communications by email from the DCS to keep me regularly updated and informed of the situation, especially during such troubling and stressful times throughout the COVID-19 pandemic.” **Patient**

“The whole tone of involvement by the DCS team was most reassuring that they were working towards a result that would work for everyone.” **Dental professional**

6. Advice

While working with dental professionals and patients to facilitate complaint resolutions successfully, we have been able to understand what factors lead to the best outcomes. Below, we set out some advice for both dental professionals and patients on how issues can be resolved quickly and successfully.

Advice for dental professionals

- Where dental professionals have chosen not to engage with the DCS, this has resulted in a referral to the GDC. This has led to simple complaints becoming fitness to practise issues, and we advise all professionals to engage with us when we are trying to resolve a complaint.
- Let your patients know that you have a professional complaints procedure, and that you also welcome all feedback.
- Good communication is the key to early resolution of complaints. Use your complaints procedure and consider whether a discussion could help to resolve the issue. Many of the complaints we see have elements of miscommunication or misunderstanding, and a direct discussion can often help to resolve these.
- It is always important for you to manage the expectations of patients who wish to undergo treatments of their choice. This should include having a written agreement with patients detailing the cost, knowing who will be completing the treatment, the limitations of the chosen treatment, or an explanation of why a treatment cannot meet their expectations and, therefore, cannot go ahead. You should also ensure that patients understand the long-term commitment and financial obligations of the treatment they undertake, such as the costs of retention treatment, or the retention period following orthodontics. You should also ensure that review appointments following implant placements are included in each course of treatment, and that consent is sought and recorded throughout the process.
- Should you receive a complaint, the most important thing you should do is to contact your indemnifier for advice on how you should proceed. Getting advice early will help to ensure that the matter is resolved quickly and proportionately for you and your patient.

Advice for patients

- All dental professionals should have a complaints procedure in place, and they welcome feedback.
- If you have a complaint about a dental service, talk to your practice or dental professional; this is usually the quickest and easiest way to resolve it. They may even be able to resolve it immediately.
- You could also put your complaint to them formally in writing. Giving your dental professional the earliest opportunity to resolve the issue is important as it allows them to address your complaint and resolve it with you.
- You can come to us to enquire about how to raise a complaint locally regarding private treatment. The DCS can also help to impartially facilitate the resolution of a complaint if local resolution is not possible, or not successful.

7. Case studies

The following case studies highlight the types of complaints that are raised with the DCS and the potential outcomes that can be reached.

Case study 1: Facilitated resolution (implants)

The complaint

A patient raised a complaint with the DCS regarding the failure of two implants. The patient wanted the full treatment cost to be refunded. We noted that one of her implants was provided outside of the DCS time limit, as the patient had been aware of the problem for over 12 months and had not taken action.

The outcome sought

A full refund of £23,500 for the cost of the treatment.

How the DCS assisted in resolving the complaint

When the patient contacted us with their complaint, we advised her, as per the DCS process, to first put her complaint in writing to the dentist. We also advised her to get a second opinion with regards to her remedial treatment, so we could confirm which treatment had failed and assist with the refund she desired.

Once the patient obtained a second opinion, further treatment failures were highlighted on that report. In light of finding these new treatment failures, we advised the patient to clarify the desired outcome within her initial complaint letter before sending it to the dentist.

The patient was unsatisfied with the dentist's response to her complaint and gave us consent to contact the dentist to see if we could facilitate a resolution. The dentist explained to us that after reading the patient's complaint and the second opinion report, he was uncertain if all the treatments he had provided her had failed (as some treatments had not been referred to in the complaint or the report). Therefore, he was unsure as to what had failed and how much refund should be offered.

We asked the patient to obtain further clarification from her second opinion dentist with regards to the other treatments. She was able to confirm that there were no failures of those treatments. Based on that information, the dentist offered the patient a partial refund of £14,125.45 which was paid in two instalments and enabled the patient to have the work replaced.

The patient was happy with this outcome.



Case study 2: DCS withdrawal (invisalign braces)

The complaint

The patient had previously contacted the DCS because he was unhappy with his Invisalign braces. With our assistance in facilitating a resolution, he accepted free remedial treatment from the dentist. However, he returned to us when that remedial treatment failed.

The outcome sought

A full refund of £3,200 for the cost of the original treatment.

How the DCS assisted in resolving the complaint

We advised the patient to obtain a second opinion in relation to his complaint and to provide this to his dentist, along with a letter of complaint and details of the desired resolution sought.

The patient received a reply from the dentist offering a refund of £1,000 as a gesture of goodwill. The patient was not happy with the offer and asked us to contact the dentist.

We discussed the complaint with the dentist and asked him to contact his indemnifier for advice. The dentist did this and wrote to the patient offering further free remedial treatment. This was unacceptable to the patient, as he had lost confidence in the dentist.

We contacted the dentist again to try resolve the case and he increased his offer to £2,000. The patient considered this partial refund and eventually agreed to accept it. However, the patient was unhappy with being asked to sign an agreement before receiving the refund, despite it being explained that this was usual practice.

The patient wrote to the dentist stating that if he wanted him to sign the agreement form, he would need to refund the full amount of £3,200 and that if he does not do this, he would report him to the GDC, organise protests outside the dentist's practice, and take legal action against him.

In light of this email, we contacted the patient and informed him that we would no longer assist in resolving his complaint as his email was inflammatory, threatening and not in the spirit of resolution as offered by the DCS. The complaint was closed by DCS and the patient elected to sign the form of agreement to resolve his complaint.



Case study 3: Panel meeting (bridge, crown)

The complaint

The patient was unsatisfied with a nine-unit bridge and a crown provided.

The outcome sought

A full refund of £4,750 for the cost of the treatment.

How the DCS assisted in resolving the complaint

Following contact from the patient and in line with local resolution, the patient wrote a letter of complaint to the dentist asking for a full refund and enclosing a second opinion from another dentist which confirmed that in his opinion the bridge was poorly fitting, and the crown was the wrong colour. The dentist replied offering a refund of £3,200 as a gesture of goodwill. The patient was not satisfied with this and, with his consent, we contacted the dentist. The dentist contacted his indemnifier upon our request but was not prepared to increase his offer as the patient had been informed that there were limitations to the treatment and the patient had accepted this.



When our attempts at facilitating an agreement between the patient and the dentist did not result in a resolution, we asked both parties if they would be happy to attend a DCS panel meeting (our last stage of the complaint resolution process) and both agreed to this to bring the matter to a resolution.

At the panel meeting, both parties gave a brief history of the events surrounding the complaint and their current expectations. The meeting had begun in a tense atmosphere as the patient said that the dentist was lying about the situation. However, the Panel Chair successfully calmed matters down and all parties acted with decorum.

The panel encouraged both parties to try to come to a mutual agreement. However, this was not successful. Therefore, based on the written correspondence provided prior to the meeting and the information given by both parties at the meeting, the panel recommended that the dentist provide the patient with a partial refund of £3,200 as the dentist had clearly detailed the limitations of the treatment within his records.

The patient was initially unhappy with this recommendation, but changed his mind having taken some legal advice. The dentist refunded £3,200 after the patient signed an agreement form.

Case study 4: Facilitated resolution (implant, crown)

The complaint

The patient complained to us that he had paid over £10,000 for four implants and two crowns, but that the dental practice had gone into liquidation before the treatment had been finished. The patient only knew the first name of the treating dentist. The patient stated that he paid a £1,000 deposit by debit card and the rest through a finance agreement.

The outcome sought

Free remedial treatment or a partial refund so the work could be completed by another dentist.

How the DCS assisted in resolving the complaint

The DCS had been in contact with several of the dentists that had worked in the dental body corporate in question and through them identified the treating dentist.

We asked the patient to write a complaint letter outlining the outcome they were seeking, which we forwarded to the treating dentist. With the patient's agreement, we liaised with the liquidators who provided a copy of the patient's dental records, which we forwarded to the patient and the treating dentist.

The dentist advised the patient that although she was not currently employed, she had come to an arrangement with a colleague who was willing to let her use their practice to complete the treatment. The dentist advised the patient that if they did not wish her to complete the work, her colleague was willing to complete the treatment instead, at no additional charge to the patient. In addition, the dentist agreed to provide a partial refund of £1,000 for parts of the treatment that they had not undertaken. The patient accepted the offer and was happy with the outcome.



Case study 5: Local resolution (dentures)

The complaint

The patient contacted us regarding ill-fitted dentures, complaining that the dentures were uncomfortable and did not stay in the mouth. The patient explained to us that she had returned to the practice for adjustments on two occasions, but the fit still did not improve. The patient said she had lost faith in the dentist and wanted a refund for the amount she had paid for the dentures. When the patient complained verbally, the practice said they would not refund more than £300, as lab costs had been incurred. The patient was not happy with this offer.

The outcome sought

A full refund of £500 for the cost of the dentures.

How the DCS assisted in resolving the complaint

We advised the patient to write to the dentist, explaining the problem with the dentures in detail, including that they hurt her gums and that although she had returned twice for adjustments, the problem had not been resolved. We asked her to confirm how she would like her complaint resolved. She replied that she would like her money refunded in return for the dentures.

The patient followed this advice and the dentist contacted her and offered a full refund.



Case study 6: DCS withdrawal (dentures)

The complaint

The patient wrote to us complaining about the dentures provided by her dentist. This patient had been in contact with us in 2017 regarding a similar issue. We had helped her arrange remedial treatment – a new denture was provided at the time.

The outcome sought

The patient requested either a refund or free remedial treatment.

How the DCS assisted in resolving the complaint

The patient's new complaint was regarding the same dentist and the cost of an additional set of dentures. When we reviewed the letter from the patient to the dentist, we found it contained language we considered inappropriate and threatening. That being 'I think you have made mistakes and lies with me all these years you can do the same with others. I wonder if you have the necessary education to be a dentist. Your mortality is very low if you tell lies.'

Due to the wording used by the patient we responded to her with:

"As you are aware the DCS are an independent service who facilitate a peaceful resolution. Having read your letter which is clearly not in the spirit of resolution, the DCS would not be able to assist with your complaint as it is inflammatory and threatening. If this was said in error I would ask that you write to the dentist again and explain this and to apologise. After writing an apology to the dentist the DCS will then be able to fully assess your complaint to determine if and how the DCS can impartially assist you with your complaint."

The patient was given a chance to both apologise to the dentist regarding the language used in her letter, and to provide further information, which was required to fully assess her complaint. The patient chose not to go forward with her complaint.



Case study 7: Facilitated resolution (Personal Protective Equipment)

The complaint

The patient attended her regular hygienist appointment in November 2020. The treatment usually cost her £40. After the treatment, the patient was informed that it would cost £65 and that the extra £25 was added for the additional Personal Protective Equipment (PPE) that was provided due to COVID-19. The patient was not advised of the extra cost for PPE until after the treatment had been completed and did not feel she had been able to make an informed decision about having the treatment.

The outcome sought

Refund of the cost for the PPE.

How the DCS assisted in resolving the complaint

We advised the patient to write to the dental hygienist setting out her complaint and the resolution she was seeking, namely a refund for the cost of the PPE. The patient wrote to the dental professional but did not receive a reply to her complaint.

After receiving the patient's consent, we contacted the dental professional to impartially facilitate a resolution. We advised the dental professional that the patient had not been advised of the extra PPE costs in advance of her treatment, for this reason, she should not have been charged for it.

The dental professional subsequently informed us that he would refund the patient the full cost of the PPE as this had not been made clear. Following the complaint, the practice put up signs to reflect the additional charges and ensured that all patients were informed of the cost prior to their appointments.



Case study 8: Facilitated resolution (removable orthodontic aligners)

The complaint

The patient paid an online dental company for removable orthodontic aligner treatment. The patient was paying for the treatment monthly through a finance company. The patient visited a physical location to have a scan made of her mouth and a treatment plan was created and signed off by a dentist, although she was not given their name.

At the end of the treatment, the patient was unhappy with the result and felt that there were no visible changes. The patient asked the dental company for a refund. The dental company arranged for the patient to be seen by one of their dentists for a review of the treatment. The patient was given the first name only of this second dentist. The dentist assessed the patient's teeth against the treatment plan and agreed that it had not worked and advised the patient that they should receive a refund and that the practice manager would be in touch.

However, the practice manager refused to provide a refund blaming the patient for the treatment not working. The practice manager told the patient that the company was willing to offer a second course of treatment at a reduced rate. The patient initially agreed to do this but only wanted to pay once the second course of treatment had been completed and she was satisfied with the results. The dental company stated that this was not an option and the patient would have to enter a second finance agreement and pay for treatment monthly as it progressed. The patient cancelled her original finance agreement.

The outcome sought

Full refund of the cost of treatment, so that the work could be completed by another dentist.

How the DCS assisted in resolving the complaint

When the patient requested our assistance, she was being pursued by the finance company for outstanding payments and being threatened with legal action. She did not know the name of the treating dentist and only knew the first name of the dentist who had reviewed her treatment.

We advised her to contact the dental company and request the name of the treating dentist, and to register a dispute with the finance company. The patient wrote several emails to the dental company requesting the treating dentist's name, but the dental company refused to engage.

With the patient's consent, we contacted the dental company and asked to speak to the practice manager. We followed up by email, formally requesting the name of the treating dentist.

The dental company's initial response was that the patient had been given the details of the treating dentist in her initial consultation, and again, in the letter accompanying her treatment plan. The dental company declined to provide us with the name of the dentist citing data protection. We checked with the patient, who advised that she had never received an introductory letter. We then wrote a follow up email advising the dental company that they were obliged to provide the name of the dentist citing the GDC standards. The dental company then provided the details, and we contacted the dentist directly. Within a week of contacting the dentist, the dental practice agreed to refund the treatment costs and liaised with the finance company to cancel the finance agreement.

Case study 9: Non-cooperation (crown)

The complaint

The patient had paid £500 for a crown which had been fitted three months earlier. When the crown fell out, the patient returned to the practice and was informed the dentist had left and that the crown would need to be replaced.

The outcome sought

Full refund so the work could be completed by another dentist at the practice.

How the DCS assisted in resolving the complaint

The patient requested our assistance after she was informed by the dental practice that they had contacted her previous dentist – he had advised that he was no longer part of the practice and he would not be taking responsibility for the complaint.

We advised the patient to write a letter to the practice but addressing the dentist, outlining her complaint and the resolution she wanted. She did so and was advised by the practice that the letter had been passed on to her dentist. The dentist, refused to engage.



With the patient's consent, we contacted the dentist and asked to speak to him to discuss the case. The dentist did not respond to the messages we left him, and we subsequently wrote to him at his registered address enclosing the signed consent form and complaint letter. We advised him to seek assistance from his indemnifier in responding to the complaint.

The dentist eventually contacted us and told us that he believed he was not responsible, as he had left the practice. He felt that practice should take responsibility, as he had left funds for the practice to cover any treatment failures that may have occurred. We explained as the treating dentist, he had responsibility for the complaint and that any contractual agreement between himself and the practice was irrelevant. We reminded him that as a GDC registrant, he should respond to the complaint and deal with the contractual issue separately. We advised the dentist to contact his indemnifier for assistance in responding and requested a response within 10 working days.

The dentist failed to respond to us or the patient despite two further letters being sent advising him that the matter would be referred to the GDC's Fitness to Practise team if he did not respond to the complaint or the DCS. As a result of this non-engagement, we referred the matter to the GDC for investigation. The dentist has since responded to the complaint and provided a full refund following advice from his indemnifiers. The matter relating to conduct is still being investigated by the GDC.

8. Working with our stakeholders

In this section, we have shared feedback from some of our stakeholders, highlighting their experiences of working with the DCS.



Raj Rattan, Dental Director – Dental Protection

“The Dental Complaints Service plays a key role in the regulatory landscape of dentistry. The importance of local resolution of complaints cannot be understated and is an important facet of risk management. The DCS is to be commended for its part in facilitating this process which helps to contain the risk of escalation. Those who engage with the DCS must believe in its impartiality; its intent and actions must therefore continue to demonstrate its operational independence from the GDC.”



Stephen Henderson, Head of Dental Division – MDDUS

“The MDDUS recognises and applauds the excellent efforts and continued hard work of the DCS. The DCS provides an invaluable service and its efforts must continue both in terms of sitting independent from the GDC as well as its impartiality. The report highlights the importance of local resolution as the first step to successful complaint management.”



John Makin, Head of the DDU – Dental Defence Union

“The DDU wants to recognise the positive work of the Dental Complaints Service. It is particularly pleasing to see the number of FtP referrals to the GDC continue to fall, which is indicative of a more proportionate approach. As the GDC is not a complaint handling body, it is important that those making a complaint are signposted accordingly. The Service’s work to gain the confidence of both the profession and the public continues; it must continue to strive to be seen as an independent and impartial body.”



Sue Boynton, Independent Dentolegal Consultant

“The DCS is to be commended for the continuing role it plays in facilitating the resolution of complaints. The DCS’s continued transparency, impartiality, and independence from the GDC is of crucial importance, and the further reduction in FtP referrals is welcomed. It is right that the report recognises the considerable efforts made by the profession to continue to resolve complaints. Effective early resolution of complaints is to everyone’s benefit.”



Martin Skipper, Head of Policy

“The LDC Confederation welcomes the continued efforts of the DCS to ensure, wherever possible, that dental complaints are resolved locally between patients and practices. During the current pandemic the impartial and pragmatic approach of the DCS is especially welcome.”



Catherine Rutland, Clinical Director

“The DCS provide such an important service, encouraging local resolution for the benefit of both patient and professional. This report shows their ongoing success with this message. Their impartiality is so important to everything they do, and must be trusted by both professionals and the public.”



Shareena Ilyas, Chair of Education, Ethics and the Dental Team

“2020 presented huge and unexpected challenges, from the closure of a dental corporate body early in the year and the effects this had on patients and the professionals working there, to the way the pandemic has transformed our professional lives since March. It is good to see that even in these difficult times, the DCS has maintained its ability to deal effectively with the resolution of complex situations. The increase of issues being resolved locally rather than being sent elsewhere is positive for professionals and patients alike.”



Indemnity

Len D’Cruz, Head of BDA Indemnity

“Cases coming in to the DCS reflect the increase in complaints and claims relating to removable orthodontic aligner treatments including retainers after completion of treatment as well as implants. These are expensive treatments and require appropriate treatment planning, consent costings and absolute clarity about what is expected from the patients for maintenance of the finished result and post treatment care and reviews. The report highlights the importance of engaging in local resolution of complaints through the practice or with the DCS since a failure to do so can lead to an investigation by the GDC.”

10. Message from John Cullinane

2020 was clearly an unprecedented year for everyone involved in dentistry. The DCS faced its own challenges – and not all were COVID-19 related. There was a significant increase in the number of enquiries received in the first quarter. The first lockdown period resulted in a decline in enquiries for the second quarter, reflecting the drop-in dental activity in the sector within that period. Other issues also arose, such as the lack of access to records or difficulties in patients obtaining second opinions. The DCS responded excellently to these challenges, while also translating their office-based processes to a remote setting. Feedback shows that the DCS ensured that this transition took place with no change to their high levels of customer service, which is to their credit.



The learning that comes from complaints that the DCS facilitates is invaluable for the dental profession and reemphasises the standards that dental professionals should adhere to. We consistently learn that communication is key, from managing patients' expectations at their very first contact, to keeping them informed throughout the course of treatment. This is what happens in the overwhelming majority of cases, however, there are unfortunately cases where standards are not maintained to the extent that the matter needs to be referred to the GDC's Fitness to Practise team. The DCS has worked hard to reduce the number of referrals it makes to the GDC, but there remain a small number of cases that need to be referred in the interests of public safety.

Since the inception of the DCS in 2006 by the GDC, it has led the way in facilitating early dispute resolution. In 2020, the DCS has demonstrated how valuable the service is in resolving private dental complaints quickly, fairly and, importantly, at the most proportionate level. At the same time, the team has given exceptional customer service to all parties, ensuring that patients are signposted to the most appropriate organisation to help with their enquiry. In 2021 and beyond, we will continue to look at ways the DCS can improve and assist in resolving dental complaints transparently and effectively.

A handwritten signature in black ink, appearing to read 'John Cullinane', written in a cursive style.

John Cullinane

Executive Director, Fitness to Practise, GDC

Dental Complaints Service, Review 2020

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