

POLICY FOR HANDLING PATIENT COMPLAINTS

In this practice we take complaints very seriously indeed and try to ensure that all our patients are pleased with their experience of our service. When patients complain, they are dealt with courteously and promptly so that the matter is resolved as quickly as possible. This procedure is based on these objectives.

Our aim is to react to complaints in the way in which we would want our complaint about a service to be handled. We learn from every mistake that we make and we respond to customers' concerns in a caring and sensitive way.

1. The person responsible for dealing with any complaint about the service which we provide is Carol Turner.
2. If a patient complains on the telephone or at the reception desk, we will listen to their complaint and offer to refer him or her to Carol Turner immediately. If Carol is not available at the time, then the patient will be told when they will be able to talk to Carol and arrangements will be made for this to happen. The member of staff will take brief details of the complaint and pass them on. If we cannot arrange this within a reasonable period or if the patient does not wish to wait to discuss the matter, arrangements will be made for someone else to deal with it.
3. If the patient complains in writing the letter will be passed on immediately to Carol Turner.
4. If a complaint is about any aspect of clinical care or associated charges it will normally be referred to the dentist, unless the patient does not want this to happen.
5. We will acknowledge the patient's complaint in writing and enclose a copy of this code of practice as soon as possible, within one working day. We will seek to investigate the complaint within a reasonable time frame, to give an explanation of the circumstances which led to the complaint. If the patient does not wish to meet us, then we will attempt to talk to them on the telephone. If we are unable to investigate the complaint we will notify the patient, giving reasons for the delay and a likely period within which the investigation will be completed.
6. We will confirm the decision about the complaint in writing or verbally, depending on how the patient wishes to be informed, immediately after completing our investigation.
7. Proper and comprehensive records are kept of any complaint received.
8. For private complaints, if patients are not satisfied with the result of our procedure then a complaint may be made to:
 - The Dental Complaints Service (08456 120 540) for complaints about private treatment or
 - The General Dental Council, 37 Wimpole Street, London, W1M 8DQ (the dentists' registration body)
9. For NHS complaints, the complainant has the option to either submit the complaint initially to the practice OR to NHS England, but not to both. If the individual has already complained to the dental practice (or vice versa) then NHS England will not be able to reinvestigate the same concerns. If the complaint is not resolved by the practice or NHS England, the patient may refer it to the Parliamentary & Health Service Ombudsman by Customer Helpline on 0345 015 4033 from 8:30am to 5:30pm, Monday to Friday, except bank holidays. Calls are charged at local or national rates or via their website - <https://www.ombudsman.org.uk/about-us/contact-us>
10. If any patient requires assistance to make a complaint, an independent service is available by calling POhWER on 0300 456 2370, more information is available via their website - <https://www.pohwer.net/birmingham>

After resolution all complaints are discussed and reviewed as a team at staff meetings to enable us to learn from them and make changes within the practice if necessary.

PATIENT COMPLAINTS RECORD

Patient name:

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Address:

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Contact telephone number/s:

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Complaint received by on by letter/telephone/in person

Person handling complaint:

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

| | |
|--|--|
| | |
|--|--|

Letters attached:

- 1.
- 2.
- 3.
- 4.
- 5.

IN HOUSE COMPLAINTS FORM

Patients Name

Complaint Name

Address

Tel

Relationship to patient

Date of event

Nature of
complaint

Parties

involved

Improvements and
suggestions

-----STAFF SECTION-----

Complaint received by?(and date)

Complaint acknowledged by Sat (enter date)

Dentist Patients registered with

Date and method the complaint was addressed and the member of staff it
was addressed by (give details)
