Do your patients' expectations match your clinical view?

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At the Dental Complaints Service (DCS) we have seen a significant shift in what patients expect from their treatment, and 'perfection' is often the buzzword, especially when it comes to cosmetic dentistry.

Managing patient expectations is vitally important from the very first moment they have contact with the practice, and this includes the information available on the practice website.

As the DCS 2020 Annual Review demonstrates, we have seen increases in the numbers of complaints about implants and removable braces.¹ One of the increasingly familiar drivers for this increase in complaints is cosmetic dentistry offers being pushed via deal websites and social media platforms. We have seen many examples of patients paying for deals upfront, often with little-to-no investigation of suitability, and then attempting to book their appointments.

Availability for appointments is often where the problems begin – patients from all over the country have booked the deal and often find getting an appointment is not as easy as paying for the deal. It is not

uncommon in the complaints that we see for patients to be waiting months for a treatment they have paid for in advance.

Before offering such a deal through one of these platforms, I would advise dental professionals to consider whether they will be able to provide treatment to a high standard to the large number of patients which could sign up to the deal, and within the timeframe that is expected by the patient. If not, they may want to reconsider and save themselves the many hours they will likely end up spending responding to complaints.

And, should complaints arise, would the treatment plans in place support an objective view that the patients were fully informed and knew what the expected treatment outcomes were? We often see that, on a superficial level, the treatment plan ticks many of the boxes; it's signed by the patient, includes the basic outline of treatment, the cost, and whether it's private or NHS treatment. But when patients are undertaking long term complex treatment, is this really sufficient? And, as is typically the case with any type of orthodontic treatment, does it detail the patient's understanding of the role they themselves must play in the treatment being successful?

Both the case studies below highlight that treatment plans can be a very useful tool in evidencing that patients fully understand and consent to the treatment you propose and ultimately deliver.

Case study – removable orthodontic appliances

The patient signed up for a deal online, paying £2,800 for clear aligner orthodontic treatment. Following assessment, the patient was advised that the treatment would take approximately 10 months and was shown the anticipated results. She was provided with a treatment plan that confirmed the cost of treatment, the number of trays and only basic retention information.

The treatment took place over the course of 15 months and, on completion, the patient received the final retainer.

Six months later the patient contacted the practice as her retainer no longer fitted. She attended an appointment with the treating dentist a few days later where she was asked how often she had been wearing the retainer. The patient advised that she had been wearing it as instructed.

The dentist doubted this version of events and probed further, at which point the patient admitted she had been wearing it most nights for the first few months but had forgotten the retainer while staying with her parents during a COVID-19 lockdown. When returning home a few weeks later the patient found it no longer fitted.

The dentist advised that she would need to repeat the last few trays and that she would need to pay £200 for a new retainer. The patient was not happy with this – while she did not mind repeating the treatment, she

felt she should not need to pay any more. The patient contacted the DCS and explained that she was unhappy that her teeth had moved back, that she had to repeat part of the treatment which was almost completed and that she had to pay for a new retainer.

It was her view that she should be compensated for the time it would take to repeat the treatment and that she should not have to pay for the retainer. She said this was her view because when she had been given the retainer she was not told she had to wear it for 24 hours a day for the first six months and then every night indefinitely. Had she known that at the outset, she explained, she may have declined the treatment all together.

We advised the patient that we could not facilitate compensation and the patient indicated it was really the fee for the retainer she was most unhappy about. We advised her to write to the dentist outlining her complaint.

Two weeks later the patient contacted the DCS again and advised that the dentist had responded to her letter stating that during her initial consultation he had explained and impressed on her the importance of wearing the retainer and had again discussed this at fitting. He advised that this was documented in his notes. He went on to explain that the patient had the treatment at a reduced cost, that he had completed the remedial treatment as a goodwill gesture and had already therefore made a loss on the treatment. As a new retainer would require further laboratory costs, he said he would not provide the retainer free of charge.

With the patient's consent we contacted the dentist who maintained the same position as in his letter. We explained that the patient was adamant she had not been told about the need to wear the retainer and that the only information she had been given was the agreed and signed treatment plan which included only basic retention information.

The conversation went back and forth a number of times between patient and dentist and eventually they agreed to split the difference, with her paying £100 for the retainer.

Case study – implants

The patient had eight implants, as well as an upper and lower retained denture placed four years previously. They paid £18,500 for the treatment.

After the lower denture broke, the patient contacted their practice and they were

informed they would need to pay £4,000 for a replacement. The patient's view was that the treatment was guaranteed for five years and, therefore, he was entitled to a replacement denture free of charge.

The dentist pointed out that the treatment plan and consent form detailed that the denture was only guaranteed for three years, and that it was the implants which were guaranteed for five years.

The patient explained to the DCS why he was unhappy and advised that he wanted a free denture or his money back. He stated he hadn't realised that the denture was not guaranteed for the same period as the implants. We requested a copy of the treatment plan and reviewed the document, which was quite detailed.

The risks and benefits were clearly documented, as was a commitment from the patient. The patient had previously broken dentures due to biting his pipe and had signed to say that he was aware that the three-year guarantee would be invalidated for fractures as a result of this.

Having reviewed the document we advised the patient that he had signed this specific part of the treatment plan and had been fully informed as to the cost and longevity of the guarantee. We advised that, as a result, the DCS would be unable to facilitate the complaint and that, should he choose to pursue the matter further, he would need to seek independent legal advice.

Lessons learned

What comes across quite clearly in both of these examples is the value of taking the time to ensure your patients fully understand all aspects of their treatment, including any activity they must commit to, to ensure success, as well as any limitations of the treatment. What is more, these examples demonstrate the value of having a detailed treatment plan that the patient understands and signs to confirm their understanding.

Not only are these things an essential part of achieving informed patient consent,² but in the long run they can save you significant time and money in the event of a complaint. ♦

References

1. Dental Complaints Service 2020 Review. Available online at: <https://dcs.gdc-uk.org/about/publications> (accessed December 2021).
2. General Dental Council. Standards for the Dental Team. Available online at: www.gdc-uk.org/information-standards-guidance/standards-and-guidance/standards-for-the-dental-team (accessed December 2021).

DCS in numbers

The DCS published its 2020 Annual Review earlier this year.¹ These are some headline numbers from that report:

- 3,159: The number of enquiries received – one more than in 2019.
- 98%: The number of new enquiries responded to within two days, a 4% improvement on 2019.
- 36: The number of fitness to practise referrals made. Three dental professionals accounted for 24 of these.
- 600: the number of complaints relating to one dental body corporate, which closed its doors in February 2020.
- 358: the number of complaints received in the first half of 2021. This is up by 36% on the monthly average seen in 2020 (263).

About the Dental Complaints Service

The Dental Complaints Service (DCS) has been providing free and impartial private dental care complaints resolution for 15 years. In the vast majority of cases, it is best for all parties involved if the complaint can be handled directly between the patient and dental practice. This is always the first advice we provide to patients who get in touch to raise a complaint, and of those who followed this initial advice in 2020, 75.5% were resolved locally with no further DCS intervention required. This is testament to dental professionals taking ownership of complaints and proactively communicating with their patients to reach positive conclusions. As many dental professionals understand, complaints can serve as useful opportunities to maintain positive patient relationships and improve services.

If further intervention is needed however, and where the complaint is about a failure of treatment which is being raised within 12 months of the patient becoming aware of the problem, the DCS can help find amicable solutions and avoid unnecessary escalation.

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