Recently, I received a letter from my former mobile phone service provider—a large international company. The letter was in response to my terminating my contract (just beyond the 24-month contract period). I did so because I moved house and found the signal strength in the area I moved to inadequate.

There was a small amount owing on my account (£14.77). The letter explained, in what can best be described as terse language, that if I didn’t pay this within 14 days they might register my account as a bad debt with a credit reference agency and instruct a ‘Debt Collection Agency’ (this being more important than a debt collection agency, you understand) to collect the payment on their behalf, with 15 per cent added to the amount outstanding. Rather sweetly(!) the letter ended by thanking me for my custom.

Until I received the letter, I’d had nothing to complain about with this service provider. I’d even visited their local store to see if there was an alternative to my switching providers—the assistant was unhelpful, to say the least.

So, what’s the point of this little story? It’s that while first impressions are important, final impressions are the ones we retain. And you can guess what my final impression of this company is!

There’s a learning point here for dealing with complaints from patients. How each patient’s complaint is dealt with and resolved will determine the lasting impression. You may be the best practice on the planet with the world’s loveliest staff but if the resolution of a complaint leaves a patient dissatisfied, their lasting impression (and the one they’ll convey to family and friends) will be negative.

Before we consider how to avoid this, I should point out that I’m discussing non-clinical complaints. Clinical complaints, as we all know, should be dealt with in accordance with GDC guidelines.

Now, I can imagine some of you reading this are smugly thinking: “But we never get complaints”. Well, here’s some statistics I learned at last year’s BDA Conference. Only four per cent of dissatisfied patients actually complain—the other 96 per cent just go elsewhere. If a complaint is resolved, seven out of 10 patients will stay and if it’s resolved quickly that figure rises to nine out of 10.

Most complaints are received by your front of house
(Foil) team. Not because they’re poor performers necessarily but because they’re the ones who answer telephone calls and meet patients in the reception area. They should, of course, listen politely and try to gather (and note down) as much information as possible about a patient's complaint. Should they then, as a matter of procedure, refer the complaint to the practice manager? I say not. If you give your Foil team the scope to resolve complaints and, most importantly, to offer compensation when they deem it appropriate, you’ll stand the best chance of retaining the patient.

And it’s this positive impression that they’re most likely to convey to friends and family.

Hopefully, you will have picked up some oral hygiene products cheaply at dental shows or you will have purchased some end-of-line stock from your supplier. These are the sorts of items Foil staff can offer as recompense in face-to-face situations. The person complaining receives, say, an electric toothbrush worth £25 yet your financial loss is considerably less and will be more than made up for by retaining the patient.

For complaints made by telephone, I’ve found that the offer of a free appointment with a hygienist (‘Which usually costs £xx”) is often regarded as acceptable recompense.

If the complaint is of such a nature that it needs to be handled by the practice manager, the Foil team still has a vital role to play. Often in this situation, the practice manager will need to do some investigation and maybe confer with the principal dentist or practice owner. They may need to interview other members of the team. This invariably means the patient will be told that someone will telephone them. Do ask the patient what time would be convenient and make sure the call takes place at that time. If the matter is still unresolved by the agreed time, make the call any way. It gives a much more positive impression to telephone at the arranged time and explain that further investigation is required than to leave the patient in the dark.

My final tip when dealing with complaints is to never say “No”. Someone making a complaint is sure to resent having what they consider a reasonable request flatly denied.

There can be no generic rules as to which complaints Foil staff in dental practices should deal with. I suggest you discuss the matter with your team and devise some ground rules particular to your practice that suits the confidence and experience of your Foil staff. You may decide that Foil staff should deal with complaints arising from mistakes they have made (such as mix ups with appointments) and with clerical errors (getting a patient’s name or address wrong, for example). They should surely not, however, deal with complaints about them – such as alleged rudeness – since these ought to be referred to the practice manager. Resolving a complaint or dispute at the reception point doesn’t mean it gets forgotten about – they should all be reported to the practice manager. From the point of view of running a patient-centred practice, the manager needs to know if mistakes are being made repeatedly and causing complaints or, indeed, if particular patients are ‘always’ disputing things.

The question of compensation is a tricky one. While you don’t want to be giving products or services away willy-nilly, there’s little doubt in my mind that the last time impression will be positive if the complainer takes away something tangible.

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About the author
A proven manager of change and driver of dramatic business growth, Jacqui Goss is the managing partner of YeS!RESULTS. Jacqui uses YeS!RESULTS dental practices see an increase in treatment plan take-up, improved patient satisfaction and more appointments resulting from general enquiries. YeS!RESULTS turns good practices into great practices.

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