

Dental Complaints Service Review

2023 and 2024

20 March 2025

Foreword

We can now say with confidence that we are seeing a sustained increase in the number of enquiries and complaints received by the Dental Complaints Service (DCS) about private dental care provided across the UK. The number of enquiries relating to NHS care also remains high, although reducing as a proportion of all DCS enquiries.



Research to understand how the public and patients experience dental care, and the growing body of data on the [working patterns of UK dental professionals](#), indicates that more people are turning to private dentistry, as difficulties in accessing NHS care persist. This shift is the likely cause of the increase in DCS activity, but there are also indicators of an increasing need to manage patient expectations, particularly in complex cases or where the patient has clear aesthetic outcomes in mind, which may or may not be realistic.

Our reflections on the issues raised with the DCS are shared in this report, including the learning we can take. We hope that dental professionals gain some insights from these data, and take the steps needed to help to prevent issues from escalating, particularly engaging with patients to resolve complaints at the earliest opportunity.

The vast majority of complaints raised with the DCS are rightly resolved by the dental practice or the professional involved. The DCS continues to ensure that issues are resolved locally whenever possible, but this does not happen in all cases, sometimes due to the nature of the complaint, responses not meeting expectations or because common ground cannot be found on the best way to proceed.

The importance of local resolution by the dental team is increasingly evident in the NHS, as the DCS continues to record a high number of enquiries from NHS patients. The NHS complaints procedure operates differently across the four nations, and many patients who first raise their complaint with the local practice then become ineligible for further support from the NHS. This means that when a patient is unable to resolve their complaint locally, consideration by an ombudsman is the only option left open to them. This raises important questions about the ultimate costs resulting from unresolved issues and how concerns that may impact public safety and confidence are surfaced and considered.

The continued efforts of the DCS team also need to be recognised. The team often speak to patients and practitioners when they are in distress or anxious. Their patience and empathy is notable, and I want to offer my gratitude to those who do a difficult job in resolving what can be complex and emotive issues.

Theresa Thorp
Executive Director, Regulation
General Dental Council

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1. Introduction

This report provides details of our activities over the last two years, including the scale of the increase in enquiries and cases, the types of complaints we have received and how they were directed or resolved. It has felt like a busy couple of years at the DCS, and the figures illustrate the increase in activity.



We have reflected on some of the themes emerging from the data, and shared our thoughts on how the complaints could be reduced, and some of the things that practitioners can do to minimise the impact when things do not go to plan.

The number of enquires we received in 2023 reduced slightly compared to the previous year, but increased significantly again last year. The trend in private dentistry complaints continues upwards. There were over one thousand cases opened by the DCS in 2024. The number of cases resolved by the team more than doubled, and refunds totalled over half a million pounds in 2024.

We continue to see private dental teams engaging and working to resolve complaints at the practice, with only around 30% of all cases resolved in 2024 progressing beyond the local resolution stage. We want to recognise the work professionals are doing to ensure complaints are handled where they can best be resolved, avoiding unnecessary escalation. Effective local complaint handling ensures learning can be shared with others and changes adopted by the whole dental team.

We also want to highlight that patients primarily contacted us by phone over the period, suggesting that patients want to speak to a person when issues arise. We remain committed to being contactable by phone to help patients get a fast resolution to their issues, particularly when they are in pain or distress.

Our staff were able to manage a significant increase in demand in 2024. We did experience some gaps in staffing in 2023, but we were able to increase our capacity by 2024 and update our processes to improve our data quality. The team resolved nearly double the number of cases in 2024 compared to 2023.

We did record an increase in the number of referrals for potential illegal practice and concerns regarding dental professionals that met our referral criteria. These increases were from an extremely low base, so do not give cause for concern, but are perhaps an indicator of the rising pressures on dental services.

Finally, I would like to say a big thank you to the team for their dedication and hard work, our volunteer panellists for the time they take to assist patients and dental professionals to resolve complaints locally, and our wider stakeholders for their continued support.

Michelle Williams
Head of Dental Complaints Service
Dental Complaints Service

2. About the DCS

The DCS was established to provide complaints resolution services in private dental care across the UK. The DCS has been providing free and impartial complaints resolution for private dental patients since 2006.

The DCS operates independently and is administratively distinct but is funded by and accountable to the General Dental Council (GDC).

The DCS is able to support complaint resolution where the issue relates to:

- private dental care received in the UK
- treatment which took place within the last 12 months
- a problem the patient became aware of within the last 12 months.

The DCS will assist with complaints about private treatment provided as part of a dental plan, when they are referred from a dental plan provider, and will advise patients about the best place to raise their complaint for issues that fall outside the above criteria.

Outcomes that the DCS may be able to assist with are:

- An apology.
- An explanation for what has happened.
- Full or partial refund for a failed treatment.
- Remedial treatment, where mutually agreed.
- Contribution towards remedial treatment for the work to be completed by another dental professional at the same or alternative dental practice.

Where the DCS receives information which suggests that a dental professional could be posing a serious risk to patient safety or public confidence in the dental professions, it will be referred to the GDC for an initial assessment under its fitness to practise procedures. When this occurs, the DCS will either close its case or run its case in parallel, depending on the precise nature of the issues raised.

Clear procedures are in place at the DCS to ensure that only appropriate issues are referred to the GDC. Further information about this process is set out in Section 9 below.

3. Performance data summary

Total number of enquiries

2023 4,292	2024 4,732
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Proportion of enquiries responded to within two working days

2023 90%	2024 87%
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Number of new enquiries that fell within DCS remit

2023 2,771	2024 3,309
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Number of new enquiries referred to the NHS/HSC

2023 1,010	2024 859
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Number of new cases opened by the DCS in the year

2023 466	2024 1,102
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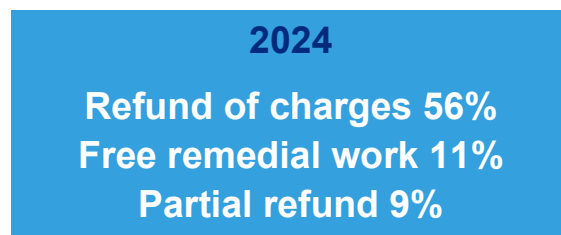
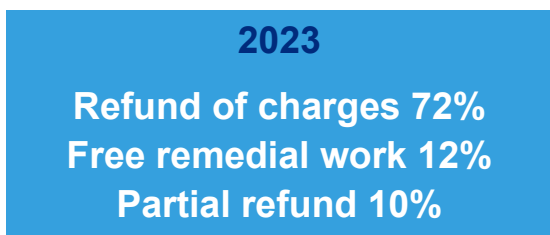
Number of cases resolved within the year

2023 465	2024 985
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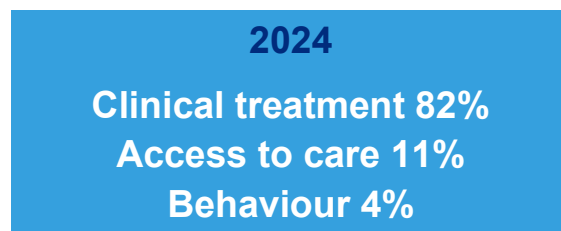
Total value of remediation within the year

2023 £400,500	2024 £670,500
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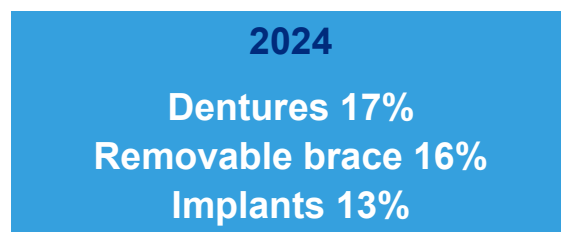
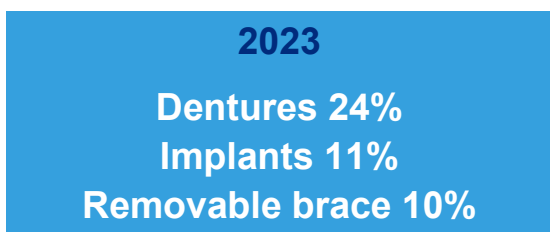
Most common case outcomes



Most common complaint types



Most common treatment types



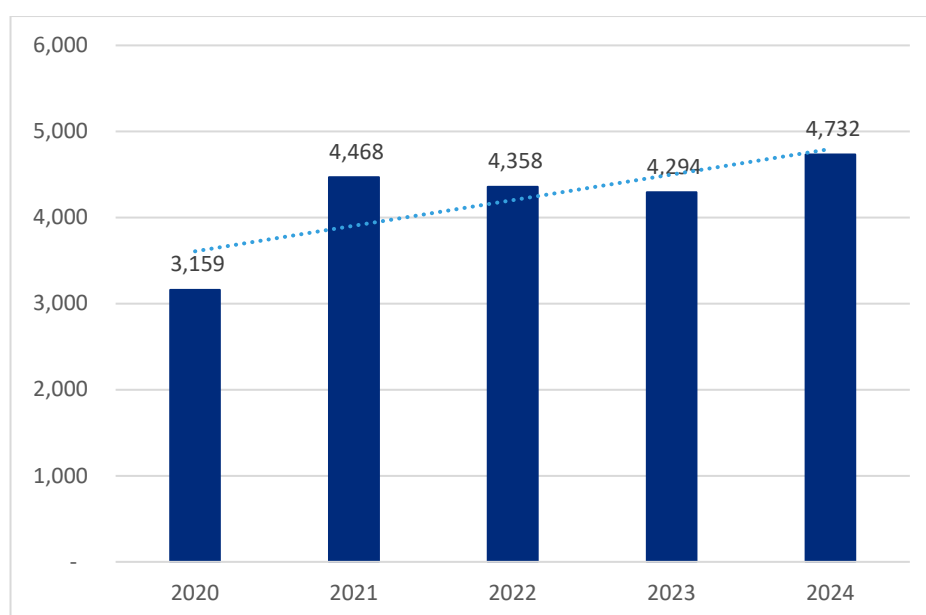
4. Enquiries performance

New enquiries

There was a small reduction in the number of new enquiries received in 2023 compared with 2022 (-2%). However, the number of new enquiries increased in 2024 (+10%) to reach its highest ever level.

A total of 4,294 new enquiries were received in 2023 and 4,732 in 2024. There has now been a sustained increase in activity at the DCS since 2021. The number of new DCS enquiries has increased by almost 50% the last five years.

Figure 1: Total enquiries received 2020 to 2024



The most common ways for patients to get in touch with the DCS in both 2023 and 2024 was by phone or using the webform on the DCS website. The number of contacts for each route are set out below.

Table 1: Method of contact 2023 and 2024

Description	2023	2024
Phone	2,801 (65%)	3,043 (64%)
Webform on the DCS website	1,336 (31%)	1,537 (32%)
Email	107 (2%)	108 (2%)
Letter	50 (1%)	44 (1%)
Total contacts	4,294	4,732

New enquiries outside remit

When the DCS receives an enquiry, it first establishes if the complaint falls within the criteria, which sets its remit (see Section 1).

Where an enquiry falls outside those criteria, advice on the organisation that might be able to help resolve the matter is provided. Staff members at the DCS were provided with additional training in 2024 on how to provide this type of advice.

The number of NHS/HSC related enquiries continued to represent a significant proportion of all DCS enquiries in 2023 and 2024. Patients who had received NHS dental care made up over a third (36%) of all enquiries in 2023. The number and proportion reduced in 2024 to around a quarter (26%), but continued to represent a significant number of all DCS enquiries.

The proportion of new enquiries that fell outside DCS remit decreased by around 5% in 2024 compared to the number recorded in 2023. This reduction may be partially explained by content updates to GDC website made in April 2024, which set out more clearly information about where to raise a complaint about dental services.

The updated GDC website content now clearly advises all patients to raise their complaint with the dental practice in the first instance, the types of complaints that the DCS can help to resolve, and how to direct an NHS complaint.

Table 2: Total new enquiries received 2023 and 2024

Description	2023	2024
New enquiries outside remit (see Table 3)	1,394 (32%)	1,259 (27%)
New enquiries within remit (see Table 5)	2,771 (65%)	3,309 (70%)
Further information requested (to be determined)	132 (3%)	164 (3%)
Total new enquiries	4,294	4,732

Table 3: Response to new enquiries outside remit 2023 and 2024

Description	2023	2024
Provided signposting or advice	239	282
Outside time limit	132	97
Referred to GDC for further advice	-	14
Referred to NHS England	930	775
Referred to NHS Wales	25	24
Referred to NHS Scotland	50	52
Referred to HSC Northern Ireland	5	8
Referred to GDC Fitness to Practise (FtP)	5	7
Total new enquiries outside remit	1,394	1,259

Action taken – new enquiries

There were 3,309 new enquiries that fell within the DCS remit in 2024, representing an increase of 19% on 2023 where there were 2,771 new DCS enquiries.

Table 4 sets out the actions taken. The figures shows that a high proportion of new enquiries were closed without progress to the next stage in both 2023 and 2024.

The total number of cases opened from new enquiries in 2024 increased significantly when compared to the number for 2023. There were 465 cases opened in 2023 rising to 1,102 in 2024, representing a 137% increase in new cases.

The number of new enquires closed at the patient's request (see Section 5) or after the provision of advice by the DCS was 1,464 or 53% of new DCS enquiries (2,771) in 2023. The number of enquiries closed at this stage in 2024 was 1,670, representing 50% of all new enquiries within remit for the year.

At the end of the reporting period in 2023 there were 842 (30%) new enquiries where the DCS was waiting for further details before deciding how to proceed. The number of new enquiries awaiting further information at the end of 2024 was 537 (16%).

Table 4: Response to new enquiries within remit 2023 and 2024

Description	2023	2024
Awaiting further information	841	537
Closed at patient request (see Table 5)	627	725
Provided advice or signposted (closed)	795	887
Provided advice: dental plan holders (closed)	42	58
Case opened	466	1,102
Total new enquiries within remit	2,771	3,309

Time taken – new enquires

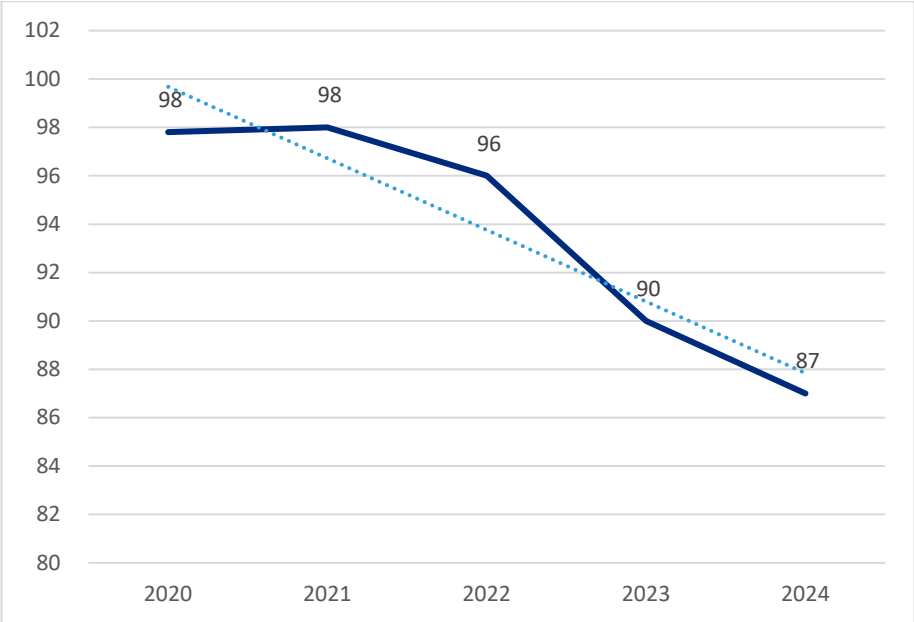
The DCS aims to respond to at least 80% of new enquiries within two working days.

The DCS responded to 90% of new enquiries within two working days in 2023 (-6% on 2022). Performance in this area remained high, despite the increase in enquiries volumes since 2021, and the shortfall in team capacity during the year. Performance fell in 2024 with 87% (-3% on 2023) of enquiries responded to within the two working days target – with performance nonetheless remaining well above the performance target.

The DCS has managed to sustain high levels of responsiveness, despite a further significant increase in the number of new enquiries and a higher proportion falling with its remit, which typically take more time.

The DCS has introduced changes to its operational processes in response to the sustained increases in activity, which have improved productivity and helped to maintain the high level of performance over the past three years.

Figure 2: Proportion of responses within two working days 2020 to 2024



5. Closed at the patient's request

The DCS often provides initial advice to private patients to help empower them to resolve any complaint themselves with the practice or professional involved, or to help them decide if they want to progress the matter further.

The DCS records the number of enquires where the patient:

- did not want to take any further action, or
- wanted to try and resolve the issue independently.

The number of patients who chose one of the options above in 2023 and 2024 are set out in Table 5 below. These relate to new enquiries within DCS remit.

The total number of enquiries closed because the patient did not want to open a case with the DCS or wanted to resolve the matter themselves was 627 in 2023 or 23% of new enquiries within remit for the year (2,771). The total figure in 2024 was higher, at 725, but around the same proportion of all new enquiries as it was in 2023 at 22% of enquiries within remit (3,309).

Table 5: New enquiries closed at patient request 2023 and 2024

Description	2023	2024
Did not want to take further action	109	65
Chose to pursue independently	518	660
Total closed at patient request	627	725

6. Case resolution performance

Case resolution

The DCS will open a case when:

- it has established that the enquiry falls within its remit
- the patient has received initial advice
- the patient confirms they would like further assistance.

There are four stages of case resolution, these are:

- DCS review.
- Local resolution.
- Facilitated resolution.
- Panel meeting.

Figures for case resolution at each of these stages are set out in the sections below.

The DCS resolved 465 cases in total in 2023. The number of cases resolved in 2024 was significantly higher at 985, representing an 111% increase in activity. Just under half (47%) of all cases closed without the need for any further action in 2023 and a smaller but comparable proportion (44%) in 2024.

The reasons for case closures for each year are set out in Table 6 below.

Table 6: Case resolution by closed status reason 2023 and 2024

Description	2023	2024
Case closed no further action	218	430
Case resolved	231	477
Case referred (includes GDC FtP)	16	71
Case resolved and referred	-	1
Referred for suspected illegal practice	-	2
Patient could not be contacted	-	4
Total resolved (may be opened in previous year)	465	985

DCS review

The DCS will review the information it receives before trying to resolve the issue. Most cases are closed at this point due to a referral to the GDC, but cases can also be closed because the matter has been resolved, or no further action is required.

The DCS closed 24 cases at the review stage in 2023, the figure increased in 2024 in line with the increase in overall activity to 70 (+304%), although the proportion of referrals to the GDC of overall caseload was slightly higher.

Table 7: Case resolution by stage 2023 and 2024

Description	2023	2024
DCS review	24 (5%)	70 (7%)
Local resolution	322 (69%)	626 (64%)
Facilitation	116 (25%)	282 (29%)
Panel meeting	3 (1%)	7 (1%)
Total cases resolved in year	465	985

Local resolution stage

The DCS first advises patients to write to their dental professional, outlining their complaint and setting out how they would like the matter resolved. This process provides for local resolution for complaints whenever possible.

Local resolution is encouraged because it:

- provides the quickest, and often the best, outcome for all involved
- ensures that matters do not escalate unnecessarily
- means that any changes can be adopted at the practice
- ensures learning can be shared with the dental team.

After 10 working days (or in line with the local complaints policy), the DCS will contact the patient to ask if the matter has been resolved. The DCS will close its case where the patient confirms they have received a satisfactory outcome.

Of all DCS cases resolved in 2023 (465), 346 (74%) cases were resolved locally, without formal involvement from the DCS. There was also a significant proportion of all cases resolved by local resolution in 2024, with 626 (64%) cases resolved by the dental practice or dental professional without further DCS involvement.

This level of local resolution has been maintained over recent years, but has dropped slightly over the last two years, perhaps a consequence of more complex complaints or disagreement on how to best resolve the issues raised.

The figures continue to indicate that complaints can be effectively resolved locally, which is a testament to the work that the profession has done to improve its response to issues raised at dental practices.

Table 8: Local resolution by year 2020 to 2024

Year	Total cases resolved	Local resolution	Average time taken (days)	Proportion of total cases
2020	539	424	48	79%
2021	576	446	41	77%
2022	679	507	47	75%
2023	465	322	56	69%
2024	985	626	39	64%

Facilitated resolution stage

The DCS will contact the dental professional involved to help impartially facilitate a resolution in cases where:

- the patient has not received a response to their complaint within 10 working days (or in line with the local complaints procedure), or
- they are not satisfied with the response they have received.

In these cases, the DCS will discuss the complaint with both parties with the aim of reaching an agreed outcome. This is the facilitated stage.

There was a 20% decrease in the time taken at the facilitated stage in 2023 compared the time taken in 2022. The average number of days was 110. Although an improvement on the previous year, it needs to be seen in the context of a reduced number of cases. Further improvements were achieved in 2024, when staffing levels were back to normal and further training had been provided.

The DCS did manage to reduce the time taken to resolve cases at the facilitated resolution stage in 2024, with the average time taken down to 87 days.

Table 9: Facilitated resolution by year 2020 to 2024

Year	Total cases resolved	Facilitated resolution	Average time taken (days)	Proportion of total cases
2020	539	114	113	21%
2021	576	124	97	22%
2022	697	188	114	28%
2023	465	116	110	25%
2024	985	282	87	29%

Panel meeting stage

In a small number of cases, the DCS will progress a case to the panel meeting stage, where local or facilitated resolution has not been possible.

At the panel meeting stage, the patient and the dental professional will meet (in person or remotely) with three DCS panellists, who are trained to listen to both parties and work to facilitate an agreed outcome.

If an outcome cannot be agreed, the panel can recommend:

- a full or partial refund
- a contribution towards remedial treatment up to the same value
- advise that there is no complaint to answer.

The DCS held three panels in 2023 and seven in 2024. These cases took the longest amount of time to resolve and reach an agreed outcome. The average number of days taken to resolve cases that reach this stage was 383 in 2023, with a significant reduction in 2024, down to 271 days on average (-29%).

Table 10: Panel meeting resolution by year 2020 to 2024

Year	Total cases resolved	Panel meeting	Average time taken (days)	Proportion of total cases
2020	539	1	200	0.2%
2021	576	6	228	1.0%
2022	697	2	432	0.2%
2023	465	3	383	0.6%
2024	985	7	271	0.7%

7. Outcomes at case resolution

There were 465 cases resolved by the DCS in 2023 and 985 cases resolved in 2024. The following table provides a breakdown of the outcomes in these cases.

Please note that a single case can have more than one outcome e.g. an apology and a partial refund, so the number of outcomes will not be the same as case numbers.

Table 11: Case outcomes for 2023 and 2024

Description	2023	2024
Apology	1	26
Public protection concern raised with GDC	5	43
Contribution towards remedial treatment	12	39
Explanation	-	44
Free remedial treatment	58	120
Full refund of charges	346	584
Patial refund of charges	47	93
Waiving of charges	1	3
To be confirmed	10	92
Total outcomes*	480	1,044

(*Can have multiple outcomes in a single case, so figures will differ from case numbers.)

The DCS also records the amount of money that is refunded to patients each year and the value of waived charges. The total value of refunds achieved:

- In 2023 was approximately £400,500.
- In 2024 was approximately £673,500.

8. Suspected illegal practice

The DCS will refer cases to the relevant authority where it suspects illegal practice, which can normally only be determined following administrative inquiries. These cases are closed by the DCS when referred for further investigation. Referrals for illegal practice can be made at any stage once an issue has been raised.

There were three referrals to the GDC for suspected [illegal practice](#) in 2023, which was broadly in line with numbers recorded in previous years. Two of those referrals related to suspected provision of dental treatment, by a dentist, whose registration was suspended at the time.

There were nine referrals in 2024, with the majority referred to the GDC and one referral to trading standards for suspected illegal practice. While increases were recorded, these were from an extremely low base.

Table 12: Referrals for suspected illegal practice 2023 and 2024

Description	2023	2024
Referred to GDC Illegal Practice	3	8
Referred to other relevant authority	-	1
Total suspected illegal practice referrals	3	9

9. Fitness to practise referrals

The DCS occasionally receives information from a patient that amounts to a serious concern about a dental professional's health, practice or behaviour. Where such concerns pose a potential risk to public safety or confidence, a referral will be made to the GDC, where a fitness to practise investigation may be opened.

The DCS has clear referral procedures in use to help ensure that only serious public protection issues or concerns are referred to the GDC (revised in 2018).

The breakdown of referrals by case resolution stage are set out in Table 13 below. Figure 3 shows the referrals made against the number of cases resolved by year.

The DCS has continually seen improvement in this area over recent years, with a further decrease in referrals in 2023, down to 16 cases, or 3% of all cases resolved in the year. The number was the lowest recorded since the DCS was established, and a 95% reduction since 2017, when processes were revised.

The number of referrals in 2024 increased to 59 (+293%), with the increase reflecting the significant increase in activity in 2024. The proportion cases referred to GDC FtP was 6% of all cases resolved by DCS in 2024. While the number of referrals represents a significant increase, the overall proportion of referrals made relative to cases resolved in the year remains low, and is likely a reflection of the increased pressures on access to dental services and the challenging practice environment.

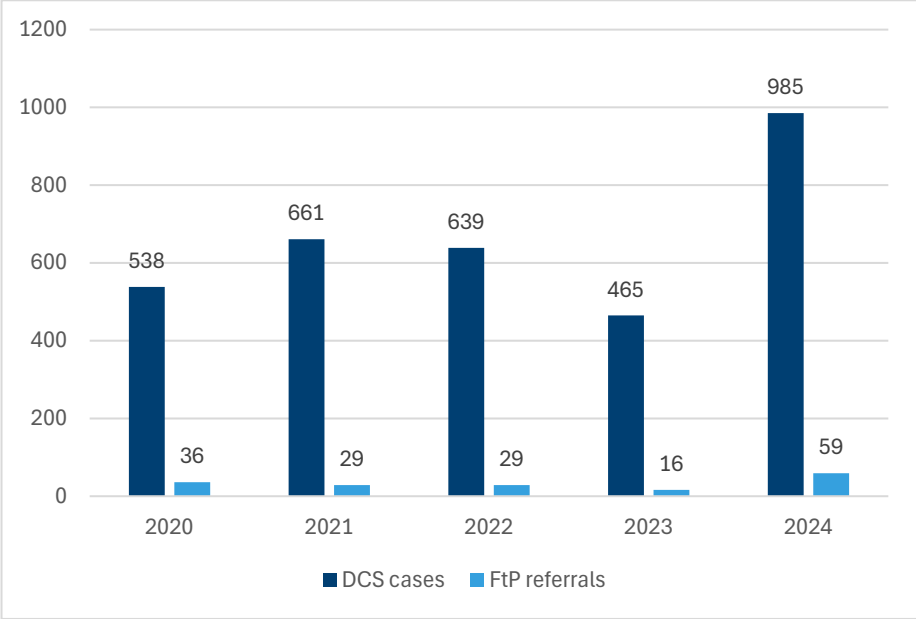
There were a further five referrals to GDC FtP in 2023, which were outside of DCS remit but related to a public protection issue or concern, and a further seven referrals in 2024, which were outside the DCS remit (see Table 1).

The majority of referrals made related to the behaviour of dental professionals, although a significant minority referred to serious failures of clinical treatment. We provide reflections and learning for dental professionals in Section 12.

Table 13: Referrals to GDC FtP by stage for 2023 and 2024

Description	2023	2024
Review	9	42
Local resolution	1	12
Facilitated resolution (not engaging)	4	1
Facilitated resolution (other FtP issue)	1	4
Total FtP referrals during case resolution	15	59

Figure 3 – Case resolution and FtP referrals 2020 to 2024



10. Service user feedback

The DCS invites service feedback from both patients and dental professionals at every stage of the cases it handles.

The DCS received 51 responses to the service user survey from patients in 2023 and 113 in 2024. The level of feedback from patients continues to be high. Of those who responded in 2024, 63% (71) had their case closed at the local resolution stage and 24% (27) at facilitated resolution, with the remaining respondents, 13% (15), stating that they either did not know or preferred not to say.

Patients were asked to what extent they agreed or disagreed with a range of statements relating to their experience in 2024. In response to the statement “I was satisfied with the how often I received updates from the DCS about the case”, 81% (94) of patients either strongly agreed or agreed, 7% (8) either strongly disagreed or disagreed, with the remaining respondents stating that they neither agreed nor disagreed or that the question was not applicable.

For the statement “I was given the information I needed about the case outcome”, 73% (82) of patients in 2024 either strongly agreed or agreed, 4% (4) either strongly disagreed or disagreed, with the remaining respondents stating that they neither agreed nor disagreed or that the question was not applicable.

The DCS also asked patients about the time taken to resolve the case. In response to the statement “I was satisfied with the overall length of time of the case”, 73% (83) of patients in 2024 either strongly agreed or agreed, 7% (8) either strongly disagreed or disagreed, with the remaining respondents stating that they neither agreed nor disagreed or that the question was not applicable.

“I was delighted and impressed by the way the DCS - in particular [DCS staff member] - handled my complaint. [They] kept in touch throughout, explained things carefully and was empathetic. I was clear about the process and felt guided and supported. It was like going back in time when things worked. I found it surprising, and it restored my faith that institutions can and do work and with a human face.” (Patient, 2023)

The level of feedback received from dental professionals remains substantially lower than that from patients. Just four feedback forms were received from dental professionals in 2023, consistent with previous years, and 15 in 2024. Of the 15 dental professionals who responded in 2024, 11 (64%) had cases that reached either facilitated resolution or panel meeting, with the remaining respondents, 27% (4), stating that they either did not know or preferred not to say.

Like patients, dental professionals were asked to what extent they agreed to disagreed with a range of statements relating to their experience in 2024. For the statement “I was satisfied with the how often I received updates from the DCS about

the case”, 73% (11) of dental professionals either strongly agreed or agreed, 20% (3) either strongly disagreed or disagreed, with the remaining respondents stating that they neither agreed nor disagreed or that the question was not applicable.

In response to the statement “I was given the information I needed about the case outcome”, 73% (11) of dental professionals in 2024 either strongly agreed or agreed, 27% (4) either strongly disagreed or disagreed.

For the statement on timeliness, “I was satisfied with the overall length of time of the case”, 67% (10) of dental professionals in 2024 either strongly agreed or agreed, 20% (3) either strongly disagreed or disagreed. 13% (2) of dental professionals neither agreed or disagreed with the statement.

“[DCS staff member] took on board both the patient concerns and also how I was trying to resolve the patient concerns. Whilst not clinical, [they] listened to my difficulties with this patient especially that I was being contacted via email many times late at night and at early hours. The patient required reassurance of the treatment provided especially as she had been given information from a dental practice in Turkey. [DCS staff member] I felt understood the difficult position I was in in managing this patient who was clearly confused with the amount of information available on the internet.” (Dental professional, 2023)

11. Complaints by type

The DCS records the type of complaint when an issue is raised. These are broad categories providing an indication of the types of complaints received.

Complaint type	2023	2024
Access to dental care	26	126
Health or behaviour (of dental professional)	2	40
Costs	1	26
Business of dentistry	-	1
Suspected illegal practice	1	3
Clinical treatment	450	923
Other	1	5
Total complaint types*	481	1,124

(*Can have multiple types in a single case, so figures will differ from case numbers.)

Complaints that related to a perceived failure of treatment were the most common in both 2023 and 2024. These made up 94% of all complaint types in 2023, with issues relating to continuing care following the departure of a dental professional the second highest reason (2% within the 5% recorded for access to dental care).

The proportion of complaint types relating to a perceived failure of treatment reduced to 82% last year, with some other complaint types emerging.

Emerging themes in 2024 were:

- Access to dental care (11%), which most commonly featured issues relating to the availability of treatment, continuing care and refusal to treat.
- Reported issues about the health or behaviour of a dental professional (4%), including concerns relating to the quality of communications, behaviour (e.g. rudeness, ignored, not informed of treatment, discrimination) and not giving consent.
- Costs (2%), where the main issues raised related to charging patients in advance, charging patients for missed appointments or being overcharged.

12. Complaints by treatment type

The DCS records details of the type of treatment received for complaints relating to clinical care. These types of complaints make up the majority of the DCS caseload.

Around 94% of all cases resolved by the DCS in 2023 related to a perceived failure of clinical treatment, an increase of 13% from 2022 (81%). The proportion of complaints related to a perceived failure of treatment reduced in 2024 compared to 2023, reverted back to a similar proportion seen in 2022, at 82% in 2024.

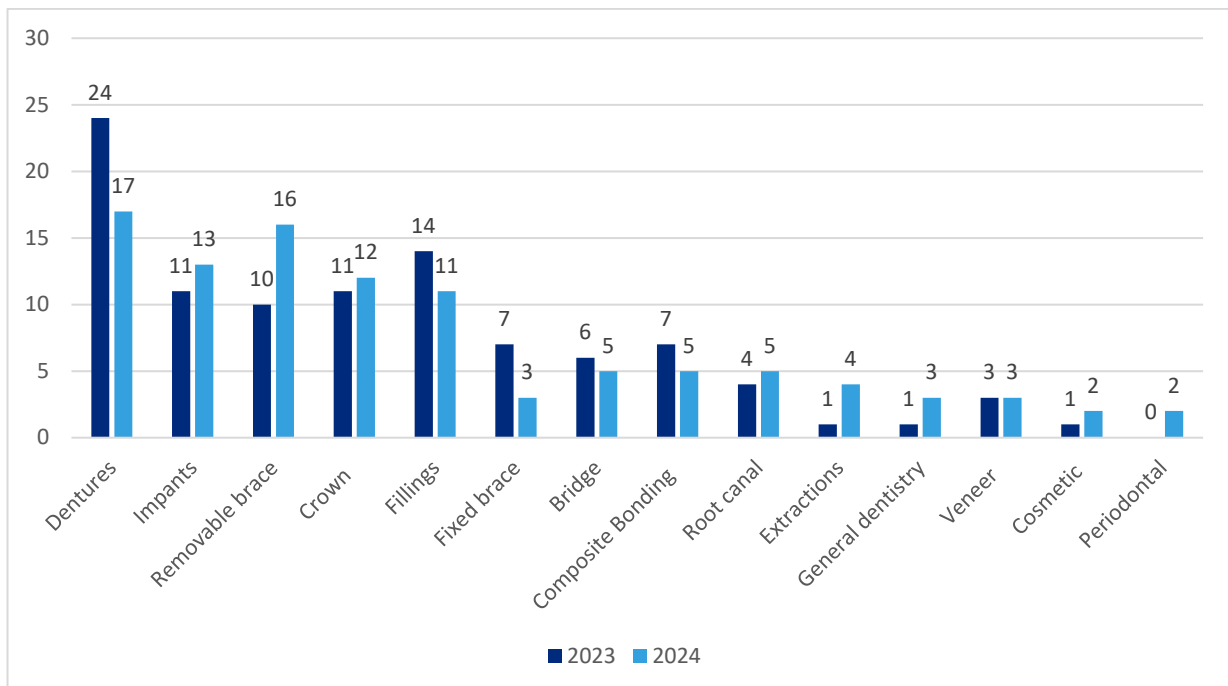
Over recent years, the treatment types to feature highly were:

- Removable brace (includes removable orthodontic appliances, aligners and retainers) in 2021 at 17% of all complaints.
- Composite bonding in 2022 at 22% (up from 18% in 2021).
- Dentures (including partial) in 2023 at 24% (up from 13% in 2021 and 16% in 2022).

Dentures were the most common treatment to feature in complaints again in 2024 at 17% of all types recorded, with removeable braces representing 16% of all clinical issues, and then implants at 13% and crowns at 12%.

Figure 4 provides a breakdown of the most common treatment types recorded for both 2023 and 2024.

Figure 4: Treatment type by proportion of total 2023 and 2024



13. Reflections and learning from complaints

The DCS has built a good understanding of what reduces the risk of problems arising in the first place, and the factors that are likely to lead to the best outcomes when complaints are made.

Reflections and learning from the issues discussed with patients and dental professionals in 2023 and 2024 are set out below.

Managing patient expectations

A considerable number of issues which are raised with DCS appear to arise from a mismatch between the expectations of patients and the care or treatment provided. Taking time to manage patient expectations and communicate clearly is key.

Dental professionals should clearly record their recommendation, and what the patient's expectations are, before treatment takes place. Recording the reasons for the patient's decision is important, as is being clear about the results that can be achieved by the choice the patient has made.

Clear explanations are also needed when treatment is temporary. Setting out the full treatment plan, with costs broken down for the patient from the outset, provides clarity on the overall costs involved, and means that any reimbursement can be limited to the elements where treatment has failed or not gone to plan.

Similarly, some patients will expect some types of treatment to last a lifetime, so clearly setting out the time any treatment will last, or the guarantee for any work is important when managing patient expectations.

Case study A: Managing patient expectations (panel meeting stage)

The patient began orthodontic treatment with a removable brace to straighten their teeth with a dentist. The patient lost faith in their dentist after several cancelled appointments, and was subsequently assigned to a different dental professional at the same practice.

After a year of treatment, the patient was told by the practice principal that their teeth were in alignment with the original clincheck, and no further refinements would be offered. The patient felt that further adjustments could be made to get to their anticipated outcome.

The dental professionals confirmed that the patient had been advised to have a fixed brace, which would resolve all of their concerns, but that they had opted for a removable brace, for costs and aesthetic reasons. After a failed attempt to broker a resolution, the panel decided that there was no complaint to answer, as the patient's clincheck showed results from further treatment would be limited.

Complaint handling and engagement for local resolution

Good complaint handling supports learning and helps to improve the care and treatment provided to patients. Patients should know that there is a complaints procedure in place at the dental practice, and that feedback is welcome, both positive and where there is the potential for improvement.

The DCS made several referrals over recent years because the dental professional did not engage with attempts to locally resolve a complaint, either with the patient or with the DCS. Not engaging with issues raised can lead to simple complaints becoming fitness to practise issues and result in a referral to the GDC.

Dental professionals are encouraged to support local complaint resolution to prevent unnecessary escalation, to engage with the DCS and to contact their indemnifier if they need advice or support. The DCS supports local resolution whenever possible for the reasons set out in Section 6 above.

Case study B: Costs and complaint handling (local resolution stage)

A patient paid in advance for their treatment. The patient attended their first appointment, where they were told that there was not enough time to complete the work, and that a further appointment would need to be booked.

No appointment was booked, and after significant attempts to arrange their next appointment, the patient contacted the DCS for assistance. Following DCS advice, the patient wrote to the dentist setting out their complaint and how they wanted the issue to be resolved. When no response was received, the DCS wrote to the dentist four further times, and on the last occasion advised that a referral to fitness to practise would be made for not engaging with the inquiry.

The dentist did not respond, and a referral was made.

The patient was informed that there was nothing further that the DCS could do, and was put in touch with the GDC.

Advanced charging for treatment

The DCS has seen a small number of complaints relating to advanced charging or charging patients for missing an appointment. The numbers have been small but there was a notable increase in these types of issues in 2024.

Patients do not want to be surprised by unexpected costs. Dental professionals should seek to ensure that all costs are clear and policies relating to charges for non-attendance are set out clearly in advance to all patients.

Case study C: Advanced charging (local resolution stage)

A patient paid £500 for a denture in advance of the treatment.

The patient needed extractions before they could go ahead with the denture. The patient had the extractions completed by the NHS.

When the patient returned to the dentist in private practice, they were told that they would need to pay again for the denture. The patient stated that they wanted to receive the treatment that had already been paid for.

The patient sought advice from the DCS, and wrote to the dentist. The dentist provided the denture at no further cost. The patient was satisfied with the result of the denture and with how the issue was resolved.

Removeable braces

The DCS has again recorded a rise in the number of patients complaining about treatment involving removable braces or direct-to-consumer orthodontics.

The need for clear explanations about expected outcomes has been a recurring theme (also see managing patient expectations above). The need for informed consent and recording the recommendation made before treatment begins are also considerations that emerge from complaints relating to removable braces.

Learning from these types of cases include:

- Treatment should only take place after an in-person clinical oral examination.
- Patients should have direct interaction with their dental professional to support informed consent, and must know the name of their treating dentist.
- Make time to discuss treatment options to gain informed consent.
- There is value in recording all relevant details in the signed treatment plan (see below) because it provides a lasting record of the discussion. These records can be relied upon in any subsequent complaints that may arise, which can be raised some time after treatment takes place.

Comprehensive treatment plans should include:

- a breakdown of the costs
- who will be completing the treatment
- the limitations of the treatment or an explanation of why a treatment cannot meet the expectations expressed by the patient
- any long-term commitments, such as cost of retention treatment, and
- an explanation of any necessary review appointments.

Issues and learning relating to [clear aligner treatments are explored](#) in a blogpost by the GDC Senior Clinical Adviser on the GDC website.

Case study D: Removable braces and consent (local resolution stage)

The patient contacted the DCS after a 12-month course of removable aligner treatment because they were unhappy with the outcome. The DCS advised the patient to write to the dentist to set out their complaint and make their request for a refund.

The dentist responded to the patient to advise they would not be providing a refund because the treatment limitations were discussed in detail and agreed in advance of the treatment. The dentist had recommended a fixed brace, but the patient had refused, and opted for removable aligner treatment.

While the dentist had explained the removable aligner would address some of the more minor alignment issues, the treatment plan confirmed that they had been clear that only a fixed brace would address the overjet which was the main issue the patient wanted correcting.

The DCS advised the patient that it was unable to assist with their complaint further, because they had provided informed consent, which had been clearly reached and recorded.

The DCS confirmed to the dentist that there was no complaint to answer.

Appendix A: Indemnifiers' views on the DCS

“The DCS provide a valuable outlet for patients who have issues with their private dental care, and they provide an increasingly effective service in doing this.



“It is obviously concerning that year on year there is an increase in the number of complaints being made by patients to the DCS, but it is reassuring to see that a significant proportion of all cases were resolved by local resolution in 2024, with 626 (64%) cases resolved by the dental practice or dental professional without further DCS involvement. This provides confidence to the profession and BDA Indemnity that pragmatic, timely and professional input from the DCS can help resolve patient complaints without them escalating.”

Len D’Cruz
Head of BDA Indemnity

“The DDU wants to once again recognise the positive work of the Dental Complaints Service (DCS). However, we would reiterate that as the GDC is not a complaint handling body, it is important that those making a complaint continue to be signposted accordingly. It is disappointing that the recent trend of a reduction in the percentage of closed cases resulting in an FtP referral to the GDC, which was indicative of a more proportionate approach, has reversed.



“This is against a backdrop of a 137% year on year increase in new cases opened by the DCS and a 384% increase in cases due to complaints about access to dental care, statistics which highlight the challenging environment the profession is currently operating in.

“As the DCS continues its work to gain the confidence of both the profession and the public; it must strive to be seen as an independent and impartial body.”

John Makin
Head of the Dental Defence Union

“We are disappointed but unsurprised at the increase in cases passed to the DCS. Our members work in an environment of unprecedented challenges, where access issues and cost of living price rises mean patient expectations are challenging to meet.



“Dentists have never been under so much pressure from patient complaints and adverse behaviours. We are delighted to see examples of where the DCS have being supportive of the dental care provided, and we appreciate the hard work undertaken to attempt to resolve complaints.”

Rachel Bell
Head of Dental

The Dental Complaints Service (DCS) was created to offer resolution services for complaints in private dental care throughout the UK.



Local resolution is an important part of the complaints process, and the DCS is to be commended for its work in sifting cases that might otherwise have progressed to an initial assessment under the GDC’s fitness to practise procedures.

The number of new DCS enquiries has increased by almost 50% in the last five years and this latest report provides a clear and concise summary of its activities, the types of complaints and the related outcomes. It has played an important role since its inception in 2006 and continues to do so.

Raj Rattan MBE
Dental Director