

**February 2015**

# **Patient and Public survey 2014**

**Research Report Prepared for the General Dental Council**

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# Executive Summary

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# 1 Summary

## 1.1 Introduction

This report contains the findings of the Annual Patient and Public Survey 2014 carried out by Ipsos MORI for the General Dental Council (GDC). Specifically the study was designed to capture patient and public awareness and perceptions of the GDC and provide insight into key policy areas. The 2014 survey followed previous surveys in 2011, 2012 and 2013, using the same methodology – a representative, face-to-face survey with c.1600 people in the UK. The 2014 study also includes qualitative telephone interviews with eight members of the public. The qualitative element complements the quantitative work as it allows for a more exploratory approach, to provide an in-depth understanding of some of the topics covered and gather further insights into underlying attitudes highlighted by the survey.

The reliability of the survey results depends on the base size for each question (that is, the number of people asked each question). Some questions were asked only to a proportion of the sample. The smaller the base size, the less reliable the result tends to be, as the margin of error increases. A full explanation and description of statistical reliability for each base size in the survey can be found at Appendix 10.1.

## 1.2 Satisfaction with dental care or treatment

Patient satisfaction with dental care is very high, with 96% of those who visit their dentist at least once a year satisfied with the care they have received. Older people and those from higher social grades are more likely to be very satisfied than others (69% of those aged 55 and over are very satisfied compared with 54% of 15 – 24 year olds, and 70% of those in social grades A and B are very satisfied compared with 59% of those in social grades C1/C2/D/E).

The most common reason given for satisfaction is the professionalism of the dentist (given by 77% of people), followed by the quality of the treatment offered (given by 73%). Only a small number (3%; 38 weighted survey participants) express dissatisfaction with the dental care they had received, the main reason being that their dental professional provided poor quality treatment (expressed by 50% of those dissatisfied; 19 weighted survey participants).

These findings mirror the results of the 2013 survey.

## 1.3 The Friends and Family Test

Most people are likely to recommend their dental practice to friends and family (75%), and two in five are *extremely* likely to do so (40%).

Those taking part in the qualitative research were positive about the idea of using an advocacy scoring system in a dental context (similar to the Friends and Family Test currently being used in some other NHS settings, such as hospitals). They found the Friends and Family Test question easy to understand and answer. They tended to base their answers on the aesthetic features of the dental practice and the 'soft skills' of the dental professional (such as the way they communicate with patients and the support they provide during treatment) rather than the dental professional's clinical skills, which they often did not feel qualified to pass judgement on.

They thought the data would be useful in terms of promoting transparency and helping people choose new dental practices, though there were some concerns about its subjectivity. They thought it should be available in a variety of contexts: both online and offline so it is accessible to as many as possible, and collated with scores from all dental practices so it is possible to compare them.

## 1.4 Informed consent and decision making

### 1.4.1 Asking questions of dental professionals

In the quantitative survey, participants were presented with a list of questions they could ask their dental professional during an appointment to help them feel informed about their care and treatment. Of these, the questions people would find most useful to ask their dental professional are 'What are all of my treatment options?' and 'How much does each treatment cost?' (mentioned by 55% and 51% respectively). Questions about the length of time of the treatment is guaranteed for, having more time to decide about treatment options, or the type of insurance the dental professional has are seen as less of a priority for patients to ask.

The majority of people say they would feel confident putting any of the questions presented to them to a dental professional (72%) and fewer than one in ten (8%) say they would not feel confident asking any of them.

### 1.4.2 Awareness of, and thoughts about, the 'Smile' leaflet

The GDC 'Smile' leaflet was also shown to participants during the quantitative survey. The vast majority (87%) had not seen it prior to the interview. One in ten had, typically at their dental practice (10%). Awareness of the leaflet is higher among those who are also aware of the GDC (18%) and those living in Northern Ireland (19%).

When asked about the best place for the leaflet to be made available, the most popular option was in dental practices, in leaflet form (mentioned by 57% of quantitative participants).

## 1.5 The General Dental Council Standards

### 1.5.1 Attitudes towards registration with the General Dental Council

For the majority of people who go to the dentist (57%), knowing that their dental professional is registered with the GDC would make them more likely to trust them. However, for two in five (42%), knowing the professional is registered with the GDC would make no difference.

### 1.5.2 Clarity about cost

Most people surveyed were clear on what the costs would be for them before their last check-up or treatment (83%) and over half (53%) were *very* clear. One in six (16%) were not clear and this seems to be more of a problem in Northern Ireland (where 32% say they were unclear) and Scotland (where 26% were unclear).

Participants of the qualitative research felt it was important to know the cost of any treatment they needed beforehand, especially when having to make a choice between different treatment options. Those who were clear about the costs of their last treatment tended to be more optimistic about their experience than those who were less certain.

Those receiving NHS treatment tended not to place as much importance on knowing the costs of treatment as others. They thought the cost would be the same in any circumstances. While it is possible to treat the same condition in different ways and for the treatment different options to differ in cost, this was not something that qualitative participants mentioned during the interviews. There was also a sense that, if people had a serious dental issue, they would have to pay to have it rectified whatever the cost.

## 1.6 Attitudes to regulation

Confidence in dental regulation remains high (76% are confident that the GDC is regulating dentists and dental care professionals effectively) and confidence in regulation in general and healthcare regulation has risen in the last year (from 70% to 75% for regulation in general, and from 71% to 75% for healthcare in general).

In the qualitative interviews people explained that, though they had no substantial knowledge about *how* the dental profession is regulated or by whom, they assumed and trusted that there was an organisation responsible for this task and that it was doing its job well. One in six of those who took part in the quantitative survey (17%) had definitely heard of the GDC before taking part in the survey, the same proportion as last year.

In the last year there has been an increase in the proportion of people who say they have *definitely* heard of the GDC taking disciplinary action against dental professionals (13% in 2013 to 23% in 2014). It is likely this is

attributable to media coverage of cases such as that of Desmond D'Mello (a dentist who was recently suspended by the GDC for 18 months, barring him from treating any patients) during the quantitative fieldwork period.

In the qualitative research, some participants spontaneously described the case of Desmond D'Mello, and explained how they now questioned some aspects of dental regulation and would be more cautious and vigilant when visiting the dentist than before. There was a strong sense, however, that such isolated cases would not affect overall confidence in regulation as a whole.

## 1.7 The complaints process

Very few people have *made* (2%) or *considered* (5%) making a complaint about a dental professional. Of those who have, most made a complaint about a dentist (83%) and did so at their dental practice (40%). Only 4% made a complaint to the GDC, or considered doing so.

The findings of both the quantitative and qualitative research show that most people make complaints to raise concerns about a dental professional's performance, ensure other patients do not encounter similar problems to them and to help the dental professional improve his/her performance.

Barriers to complaining tend to involve the fact that people do not know how to complain or who to complain to, and that they lack the time. When asked what a good complaints service would involve, participants of the qualitative interviews identified having a guide to the process, a complaints form to complete, and frequent and personalised contact from the team processing the complaint.

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# Introduction

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## 2 Introduction

### 2.1 Background and objectives

#### 2.1.1 Background

This report contains the findings of a quantitative survey of the general public carried out by Ipsos MORI on behalf of the General Dental Council (GDC), supported by qualitative interviews with a small number of people who participated in the quantitative survey. The GDC is a UK-wide dental regulator. It is independent of the government and the NHS. The GDC role is to protect dental patients. In order to practise, dental professionals must be registered with the GDC.

#### 2.1.2 Research objectives

The key objectives of the research were as follows:

- To track how opinions have changed against a set of baseline questions that were asked in the previous Annual Surveys in 2011, 2012 and 2013.
- Capture and compare public and patient awareness and perceptions of the GDC and its performance and impact in fulfilling its regulatory roles and responsibilities;
- Obtain public and patient insight into key policy initiatives being developed by the GDC;
- Test public views and understanding of topical or current issues in dentistry / dental regulation; and
- Identify emerging policy issues that are relevant to the GDC.

As in 2012 and 2013, a **qualitative** research element is also included here. Following the quantitative survey, 8 in-depth telephone interviews were carried out to explore some of the topics in greater depth and gather further insights into underlying attitudes.

#### 2.1.3 About Ipsos MORI

Ipsos MORI is an independent social and market research agency working in accordance with the Market Research Society code of conduct<sup>1</sup>. As such, Ipsos MORI's work conforms to industry standards of impartiality, independence, data protection, and information security. The conduct of the research and the findings in this report are therefore not influenced by

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<sup>1</sup> [http://www.mrs.org.uk/standards/code\\_of\\_conduct/](http://www.mrs.org.uk/standards/code_of_conduct/)



the GDC in any way, nor does the GDC have access to any of the personal responses of people who participated in the research.

## 2.2 Methodology

### 2.2.1 About quantitative and qualitative research

This research project employed both quantitative and qualitative methods.

The purpose of quantitative research is to determine conclusively what any given population thinks about certain issues (in this case a representative sample of the general public was interviewed). From a quantitative survey we can therefore say what the general population thinks, subject to certain margins of error. In order to ensure margins of error are not too broad, a quantitative survey of the general public will typically involve interviewing a large sample of people. Each person will be interviewed in the same way (in this survey interviewers spoke to people face to face), with the interviewer adhering strictly to a pre-agreed questionnaire.

Qualitative research, on the other hand, is not meant to be representative or to produce definitive conclusions. It is, rather, useful for exploring nuances in people's opinions and their motivations. It is ideal for exploring issues in depth, something that is not possible to do in a quantitative survey where interviewers cannot deviate from the questionnaire. As such, qualitative research discussions tend to be open-ended and free-flowing, based around a number of broad themes or topics.

Typically, qualitative research involves speaking to much smaller numbers of people than quantitative research. There are a variety of qualitative research methods, including focus or discussion groups, and in-depth one-to-one interviews, either face to face or by telephone. This project involved telephone in-depth interviews.

### 2.2.2 About this research

The research was structured in two complementary phases: the quantitative survey took place first, between 7 and 20 November 2014, followed by the qualitative research, which involved in-depth interviews undertaken between 15 and 22 December 2014. The qualitative research enabled us to explore in more depth, for some key issues, some of the nuances, motives and thought processes that may be behind the survey results.

### 2.2.3 Quantitative survey

The Annual Survey questions were placed on the Ipsos MORI Capibus survey, a weekly face to face omnibus survey of a representative sample of adults aged 15 and over in Great Britain. To achieve UK wide coverage for the survey, this was supplemented with an additional standalone survey of adults in Northern Ireland, which is not covered by Capibus. Extra Capibus



**1640 people surveyed**

interviews were also carried out in Wales to ensure at least 100 interviews there. This meant that sufficient interviews were completed within each of the UK nations to provide more statistically robust results within each nation. Ipsos MORI and the GDC worked together to develop the survey questionnaire. A key part of this work was the cognitive testing<sup>2</sup> of the questionnaire with members of the public prior to the start of fieldwork. A detailed summary of cognitive testing findings was shared with the GDC and fed into the subsequent finalisation of the questionnaire.

Fieldwork took place between 7 and 20 November 2014. A total of 1,540 people were interviewed via Capibus in Great Britain, with 100 also interviewed in Northern Ireland, giving a total sample size of 1,640.

#### 2.2.4 Quantitative data

Quotas were set and data weighted<sup>3</sup> to ensure a nationally representative sample of adults aged 15 and over in Great Britain and Northern Ireland. This included down-weighting the additional interviews carried out in Northern Ireland and Wales. Quotas were based on age, gender and working status within region. Throughout the report findings will highlight, and make reference to, different subgroups based on responses to certain questions.<sup>4</sup> When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error, and not all differences between subgroups are statistically significant (i.e. a real difference). For example, for a question where 50% of the people in a weighted sample of 1,640 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus two percentage points from the result that would have been obtained if the entire population was asked (using the same procedures). The margins of error for the smaller base sizes in the survey (i.e. questions which were asked to only a proportion of the overall sample) are indicated in Appendix 10.1 on statistical significance.

Caution should be exercised when comparing percentages derived from base sizes of 99 survey participants or fewer, and particularly when comparing percentages derived from base sizes of 50 survey participants or fewer. In the reporting that follows, percentages which derive from base

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2 The purpose of cognitive testing is to explore how well, precisely, and consistently questions are understood by the participant; and to ensure the questions are eliciting the required information.

3 When data collected from survey respondents are adjusted to reflect the profile of the actual population, this is called weighting. For example, in this survey, the proportion of interviews conducted in Northern Ireland was greater than the proportion of UK residents who live in Northern Ireland. In the overall results the Northern Ireland interviews are therefore 'down-weighted' i.e. each interview in Northern Ireland is given less weight in the overall results than an interview in England, for example.

4 The data tables with full details of all results by stratification are available on the GDC website: <http://www.gdc-uk.org>

sizes of 50-99 survey participants should be regarded as indicative and are flagged as such.

### 2.2.5 Qualitative in-depth interviews

Eight people, who had taken part in the quantitative survey and expressed a willingness to take part in a further qualitative interview, were interviewed by telephone. The qualitative interviews lasted 45 minutes on average.

Participants in the qualitative interviews were selected to be broadly reflective of the general population in terms of age, gender and social grade. They were also recruited to reflect a range of attitudinal factors expressed in answers given to certain questions in the Annual Survey. A full breakdown of the qualitative in-depth interview sample can be found in Appendix 10.4.

That said, it should be remembered that the small numbers involved mean that qualitative research is not able to provide a representative picture of the views of the wider population. Rather, the aim of this element of the research is to explore views and opinions in-depth in a way not possible in the format of a quantitative survey.

## 2.3 Public and patient use of dental professionals

The introductory questions in the survey sought to establish the characteristics of the sample in relation to their use of dental services. These characteristics can be summarised and compared with the previous survey as follows:

- **Last visit to the dentist:** Two thirds of people (64%) have visited the dentist in the last 12 months, and three quarters (74%) have been to the dentist within the last two years. Just 5% says they have never been to the dentist. These are almost identical to results from 2013, 2012 and 2011.
- **Frequency of visits to the dentist:** One in two (53%) visits the dentist on average once every six months. Again this is comparable to the 2013 and 2012 results, where 54% and 52% respectively visited once every six months on average.
- **Length of time with current dentist or dental practice:** Four in ten patients (41%) have been with their dentist for five years or less. This is in line with the levels recorded in 2013 (40%), but lower than in 2012 (50%). The majority have been with their dentist over five years (56%). Among these, almost a fifth of patients (18%) have been with their dentist for over 20 years.
- **Private vs. NHS care:** As in 2013, the survey records around three-quarters of patients having received NHS treatment, either paid-for

8



### in-depth interviews

(45%) or free (26%), at their last visit to the dentist. However, it is notable that the proportion accessing free NHS care has declined -5 percentage points since 2012. The proportion receiving private dental care is similar to previous years (19% now, 20% in 2013 and 18% in 2012), although the proportion receiving both NHS dental care *and* additional private dental care in the UK has risen (from 5% in 2012 to 7% now). Although a similar question was asked in 2011, the wording was changed in 2012 and as such the data is not strictly comparable.

- **Treatment by dental care professionals other than a dentist:**
  - There has been a small but significant decline in the proportion of patients receiving dental treatment from a professional other than a dentist; from 37% in 2013 to 32% in 2014. The proportion is still higher than in 2012 though, when it was 27%. The majority (80%) of these appointments were with a dental hygienist; in 2013 and 2012 this was also the case (77% and 72% respectively)<sup>5</sup>.
  - When asked whether they would consider making an appointment to see a dental hygienist without having been first referred by a dentist, two-fifths (42%) say they would be unlikely to do so, while a third (36%) say they would be likely to.
  - Convenience and ease are most frequently highlighted as the reasons why an appointment would be made with a dental hygienist without having been referred by a dentist (mentioned by 43% and 35%, respectively). Around one in ten people mention factors such as greater choice over dental treatment (12%), the fact it could be cheaper (12%), and the potential to receive better quality care (11%).
  - Most people who are unlikely to see a dental hygienist without a referral from a dentist say this is because they trust their dentist to make the referral decision for them (53%). Only two further reasons were given by more than one in ten people for not seeing a hygienist without a dentist's referral: the fact that it could be more expensive (14%) and that only dentists have sufficient training to make this decision (10%).

<sup>5</sup> In March 2013 changes to 'Direct Access' standards were introduced by agreement by the GDC, giving patients the option to see a dental care professional (DCP) without having first seen or obtained a prescription from a dentist. This may explain why the 2014 and 2013 survey see a greater percentage of individuals saying they have received dental treatment from a professional other than a dentist. For more information on 'Direct Access' see: <http://www.gdc-uk.org/dentalprofessionals/standards/pages/direct-access.aspx>

Full details of these questions and these results, including charts, can be found in the Appendices.

## 2.4 About this report

The topics covered in the quantitative and qualitative aspects of the research were as follows:

- Satisfaction with dental care or treatment;
- The Friends and Family Test;
- Informed consent and decision making;
- The General Dental Council Standards;
- Attitudes to regulation; and
- The complaints process;

The structure of the report mirrors these topics, presenting the quantitative and qualitative findings together. The main focus of the report is on the quantitative analysis, with material and *verbatim* quotes from the qualitative research where they add insight and extra depth to the quantitative findings. The final chapter draws together the main themes into conclusions for the GDC to consider.

Topline findings from the survey and copies of the discussion guide used in the qualitative interviews can be found in the Appendices. Full data tables will be published and made available on the GDC's website.

## 2.5 Acknowledgements and publication of the data

We would like to thank Guy Rubin at the General Dental Council for his support and advice throughout the project. We would also like to thank all the members of the public who took part in the quantitative survey, especially those who also took part in the subsequent qualitative interviews.

As the General Dental Council has engaged Ipsos MORI to undertake an objective programme of research, it is important to protect the organisation's interests by ensuring that it is accurately reflected in any press release or publication of the findings. As part of our standard terms and conditions, the publication of the findings of this survey is therefore subject to the advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

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# **Satisfaction with dental care or treatment**

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## 3 Satisfaction with dental care or treatment

96%



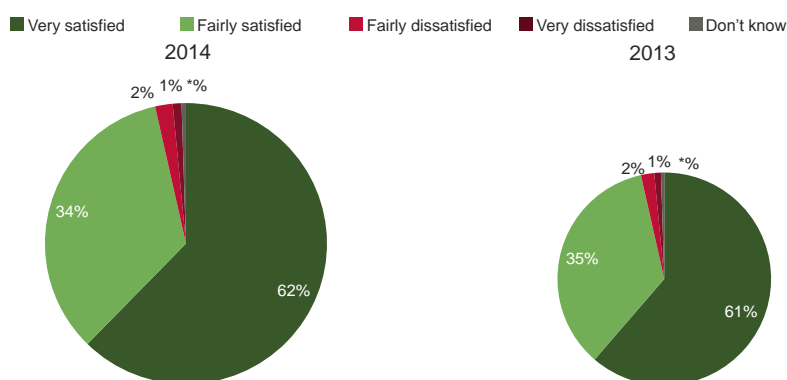
satisfied with their dental care or treatment

### 3.1 Satisfaction levels

Almost everyone who visits their dentist at least once a year is satisfied with their treatment. In line with the findings from the 2013 survey, 96% say they are satisfied with the dental care or treatment they have experienced. This includes 62% who are *very* satisfied and a third (34%) who are *fairly* satisfied. Just 3% overall (38 weighted survey participants) say they are dissatisfied.

Figure 3.1 – Satisfaction with dental care or treatment

*Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?*



Base: People who go to the dentist at least once a year: 2014 (1129), 2013 (1063)

Source: Ipsos MORI

Despite this high level of overall satisfaction, there are notable sub-group differences: older people are more likely to be very satisfied with their dental care or treatment than younger people (69% of those aged 55 and over compared with 54% of 15-24 year olds). The survey also identifies higher levels of satisfaction amongst people in social grades A and B (70% say they are very satisfied), compared with those in social grades C1/C2/DE (59%).

Ethnicity is another factor; 65% of those from a white background are very satisfied compared with just 39% among ethnic minority groups. Those receiving private treatment tend to be more highly satisfied than those receiving NHS treatment (73% say they are very satisfied compared with 60%).

### 3.2 Reasons for satisfaction

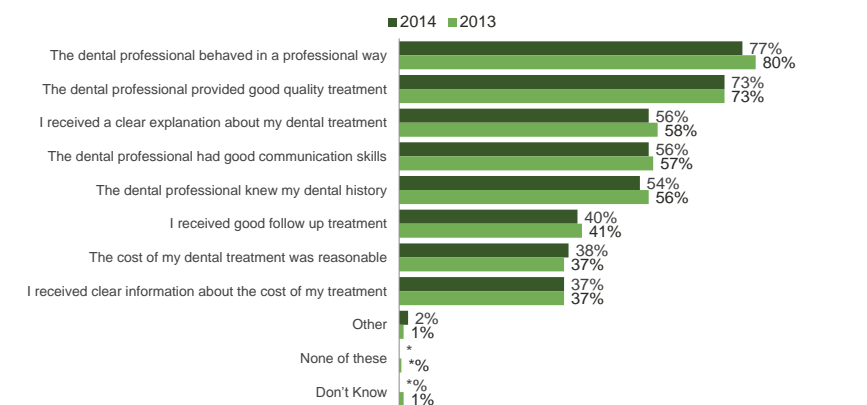
Satisfaction with dental care or treatment tends to be linked to the professionalism of the dental professional (77%) and the quality of the treatment offered (73%)<sup>6</sup>.

Other reasons given by over half of the people who are satisfied with their dental care or treatment includes receiving a clear explanation about their treatment (56%), the dental professional's good communication skills (56%) and the dental professional knowing the patient's dental history (54%).

These findings mirror the reasons offered by survey participants in 2013 for satisfaction with their dental care or treatment.

Figure 3.2 – Reasons for satisfaction with dental care or treatment

*Which of the following, if any, best describe why you feel satisfied with your dental care or treatment?*



Base: People who are satisfied with their dental care or treatment: 2014 (1089), 2013 (1018)

Source: Ipsos MORI

There was little variation between sub-groups in terms of their reasons for satisfaction with care. However, white patients are more likely than ethnic minority patients to cite their dental professional providing good quality treatment (75% compared with 54%), a clear explanation about their dental treatment (58% compared with 41%), and good communication skills (58% compared with 36%).

### 3.3 Reasons for dissatisfaction

Only a small number (3%; 38 weighted survey participants) expressed dissatisfaction with the dental care they had received; the main reason being that their dental professional provided poor quality treatment (mentioned by 50%; 19 weighted survey participants). This is a finding that mirrors the results of the 2013 survey.

<sup>6</sup> Participants were provided with a list of possible reasons for satisfaction and asked to choose which best described why they felt satisfied with their dental care treatment.



Other reasons cited by more than five people are poor follow-up treatment (22%; 8 weighted survey participants), the dental professional's poor communication skills (19%; 7 weighted survey participants), not receiving a clear explanation about their dental treatment (18%; 7 weighted survey participants) and the dental professional behaving in an unprofessional way (17%; 6 weighted survey participants).<sup>7</sup>

Figure 3.3 – Reasons for dissatisfaction with dental care or treatment

*Which of the following, if any, best describe why you feel dissatisfied with your dental care or treatment?*



Base: People who are dissatisfied with their dental care or treatment: 2014: (39), 2013 (43)

Source: Ipsos MORI

<sup>7</sup> The small base sizes means comparison of figures and trends is indicative only.

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# The Friends and Family Test

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## 4 The Friends and Family Test

75%



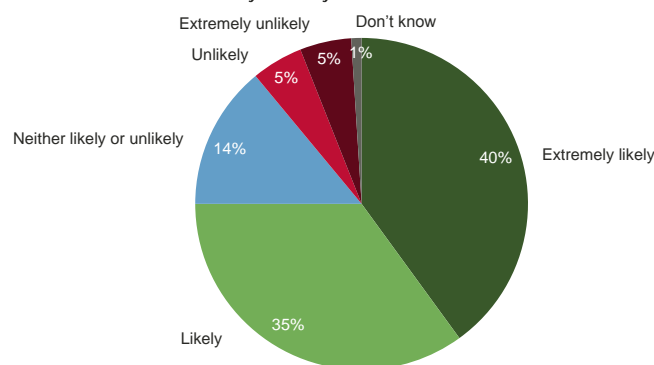
would recommend  
their dental practice

### 4.1 Likelihood to recommend dental practice

Three-quarters of people who have been to a dentist (75%) are likely to recommend their dental practice to friends and family if they needed similar care or treatment. In fact, two in five (40%) say they are *extremely* likely to do so. However, one in ten (10%) say they are unlikely to.

Figure 4.1 – The Friends and Family Test

*We would like you to think about your most recent experience of visiting your dental practice. How likely or unlikely are you to recommend your dental practice to friends and family if they needed similar care or treatment?*



Base: People who have been to a dentist at some point (1564)

Source: Ipsos MORI

Reluctance to recommend their dental practice to friends and family is slightly higher amongst people in social grades D/E (15% say they are unlikely), compared with those in social grades A/B (7%). One in five people (21%) who visit a dentist less than once a year say they are unlikely to personally recommend their own dental practice, compared with 5% of those who go the dentist annually, or more often. Perhaps unsurprisingly, advocacy is also lower amongst those who are dissatisfied with their dental care or treatment (66% of those who are dissatisfied say they are unlikely to recommend their own dental practice compared with 10% overall).

### 4.2 Awareness of, and ease of answering, the Friends and Family Test

A similar question about whether or not people would recommend services to friends and family is currently being asked of some patients using NHS services, particularly those using hospitals. It is known as 'The Friends and Family Test' and was introduced in 2013 to allow patients to give quick feedback and help services better understand the needs of their patients and introduce improvements. The data collected is used to calculate a score that is shared with staff, patients and the public. The qualitative in-

depth interviews carried out as part of this research allowed for more detailed exploration of how people understand the Friends and Family Test question and their views on its use in a dental context.

Few participants of the qualitative research had heard of the Friends and Family Test question before taking part in the research and, as such, were not aware of its use in other settings. Of those interviewed, only two had definitely heard of it before and this was largely because medical illness had caused them to spend long periods of time in hospital, when they had been asked the question in relation to hospital services.

Despite this limited prior awareness of the question, those taking part in the qualitative interviews found the question relatively easy to answer. They were aware of other types of feedback questions and found the Friends and Family Test similar to these. Providing they were happy with their dental practice, recommending it to others seemed a normal and natural thing to do, and indeed some had already done so. So, reflecting the findings of the cognitive interviews, the question was easy for people to understand and answer.

### 4.3 What participants based their responses on

The variation of the Friends and Family Test included in this research asked how likely or unlikely people were to recommend their *dental practice* to others. However, for a high proportion of participants of the qualitative research, their answer was exclusively based on their experience with their dentist, rather than the practice as a whole.

Moreover, people tended to focus on the soft skills of the dental professional when answering the Friends and Family Test question, rather than their clinical skills. They talked about the ability of dental professionals to listen to patients, help them feel at ease, and avoid coming across as judgmental. A good experience at a dental practice and one which would encourage people to recommend the practice involved the dentist having excellent communication skills, being polite, treating patients with respect and talking through the treatment they were having or about to have.

***'I actually recommended my present dentist to a friend this week because he took me in, in a broken state, physically and emotionally, and he's, kind of, restored both really.'***

(Female, over 45, social grade B)

A poor experience, which people would not recommend, involved '*rude and arrogant*' dental professionals, ones who were '*not clear in explaining what was going on*', or ones who lacked a '*personal touch*'.

***'At the previous dentists it was a very big practice and there's lots and lots of dentists, you never get to see the same dentist twice***

***and you're kind of in and out and it feels a bit like a drive through – go in and then you're out again - there's no personal touch there at all.'***

(Female, under 45, social grade C2)

Linked to this, the way in which the dental professionals treated children was a very important factor for the parents we spoke to. If the dental professionals were able to put their children at ease, the parents said they were much more likely to recommend their practice to others.

***'I had a bad experience so I'm a bit edgy when I'm in the chair, but I've got a young son as well, and that's why I moved actually because I didn't want my son to get the same fears, so I took him to this one because I'd heard that he was really nice and understanding, and he was. And he was very good with my son and he was very good with me as well, he was very understanding, so yeah, very nice.'***

(Female, under 45, social grade C2)

The people we spoke to who *did* consider more factors than just those relating to a particular dental professional when answering the question, tended to consider things such as the practice location, the facilities, the level of cleanliness and the interior design.

***'There's magazines and stuff, there's a water machine and so it's quite nice, it's quite pleasant to be there generally.'***

(Male, under 45, social grade C1)

***'He's got a nice waiting room with water and newspapers, and it's the little things that are important there while you're waiting.'***

(Female, over 45, social grade B)

These findings reflect those from the 2013 wave of this research, when the factors people consider when selecting a dental practice were explored. Then, as now, qualitative participants appeared to be hesitant to base their choices/recommendations on the actual clinical treatment they received. Rather they tended to focus more on the soft skills of the dentist and aesthetic features of the practice.

The qualitative interviews also showed that people were not just thinking of their most recent experience of visiting their dental practice when answering the Friends and Family Test question. Rather they tended to be thinking of their experiences at that practice as a whole, over time, even if this involved several appointments. For those who had not been to their dental practice recently, for example within the last six months, their response to the question was based more on what they had heard from others about the dental practice than their own experience.

***'It's trying to remember what people have told me and whether I got the right practice, which I have. So, yes, it's just that you hear so many different stories from lots of people and I'm just trying to remember whether it's the correct practice or not that they're referring to.'***

(Female, over 45, social grade C2)

#### **4.4 The appropriateness of the Friends and Family Test in a dental context**

Although prior awareness of the Friends and Family Test amongst participants of the qualitative research was low, the question was well received and all thought it would be appropriate in a dental context. People were able to see the potential benefits of having such a question to assess dental practices, and believed it could help provide transparency and subsequently improve services.

***'It'd benefit other people, wouldn't it?...I always put a good word out 'cause at the end of the day, you know, if you experience something that's good why not pass it on?'***

(Male, under 45, social grade C1)

One participant thought that best practice needs to be promoted and the Friends and Family Test is a suitable way of doing so:

***'...especially in the medical profession where there's quite a lot of fear about pain and suffering.'***

(Female, over 45, social grade B)

Similar sentiments were mentioned by qualitative participants who likened the Friends and Family Test to a star rating system. They suggested that a dental practice with a high Friends and Family Test score could be seen as the equivalent of a five-star hotel and a practice with a low score could be seen like a one-star hotel. In such scenarios, the score would be very likely to help to aid comparison between dental practices and be a deciding factor when choosing a new practice. Being able to see other people's feedback and opinions of a practice would help when choosing between more than one practice and ensure that people had realistic expectations of them.

***'This is why this friends and family recommendation could be very important. It's like giving people stars, isn't it? You know, when you're at a hotel or something like that. When you go to a five star you know really what to expect, and if you go to a one star then you know what to expect and you shouldn't expect the five star treatment.'***

(Female, over 45, social grade B)

Nearly all participants of the qualitative research said they would use the Friends and Family Test scoring data when choosing a new dental practice (should it be available). They thought it made more sense for the Test to be used in a dental setting as opposed to other NHS settings, because of the greater choice people have about which dental practice they should use compared with other services, such as A&E.

***'You go to A&E, you have to go there to your local A&E but... you can choose your dentistry practice can't you, so yeah it's a good idea.'***

(Female, over 45, social grade B)

#### 4.4.1 Potential issues when using the Friends and Family Test

Few participants of the in-depth interviews spontaneously mentioned any issues that could arise when using the Friends and Family Test in a dental context, though some were able to when prompted. The main concern, evident throughout all of the interviews, was the subjectivity of reviews. It was felt that what might be one person's idea of a good standard might not match another person's expectations.

***'It's a very subjective question, really, about, is this good? Would you recommend this practice? Some people might not have had very various experiences and so they might not even recognise what's poor because their expectations were so low.'***

(Female, over 45, social grade B)

Similar to the findings of the 2013 research exploring star ratings of dental practices, there was some concern that a system based on patients' ratings could be abused by harsh or excessively critical individuals denigrating the services they had used.

***'Some people just like to complain.'***

(Female, under 45, social grade C1)

There were also concerns about how the dental practices would be scored; they wondered if the score would be based on just one visit, or several visits.

#### 4.4.2 How the Friends and Family Test scores should be made available

Views about how and where Friends and Family Test scores should be made available varied between different age groups. Younger participants of the in-depth interviews tended to think that the findings should be accessible online.

***'It would probably be on their website wouldn't it? That's how I'd look, more than likely.'***

(Female, under 45, social grade C2)

However, several older participants explained that they were not always comfortable using computers. As such, they felt that presenting the findings solely online would not be accessible or useful for all and would prevent some from benefiting from the data. These individuals suggested that they would therefore like the scores to be available in print form, as well as online.

Some would like their dental practice's score to be available in the practice, to help promote transparency and service improvement. Others see the benefit of having a central list of scores of all dental practices to help patients compare practices and choose between them, (in the same way that parents can do with OFSTED reports for schools). This could be available in each dental practice, and/or in local libraries, and/or online. The use of particular trusted websites, such as NHS Choices, to share the data was mentioned.

***'Perhaps your clinic, your local clinic to be able to pick up other booklets about other practices would be a good idea, or hospital.'***

(Female, over 45, social grade C2)

If the Friends and Family Test is to be used widely in a dental context therefore, it would be worth considering making the findings available both online and offline for greatest accessibility, and also to have a central list of scores for people to be able to compare practices, as well as requirements for practices to display on-site.



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# **Informed consent and decision making**

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## 5 Informed consent and decision making



### 5.1 Asking questions of dental professionals

In the quantitative survey, participants were presented with a list of questions they could ask their dental professional during an appointment to help them feel informed enough about their care and treatment. Of these, the questions people would most like to ask their dental professional are 'What are all of my treatment options?' and 'How much does each treatment cost?' (mentioned by 55% and 51% of people who have ever been to a dentist respectively). 'What are the benefits and risks of each treatment option' is mentioned by a third of people (35%).

As illustrated in the following chart, fewer than one in five people selected the following questions from the list: 'Which treatment options are available on the NHS and which would I have to pay for privately?' (17%), 'If there are complications and I need more treatment, would there be extra costs and who would have to pay?' (12%), 'What would happen if I was unhappy with the results of my treatment' (12%), 'When would I have to pay' (11%) and 'Who would I contact for advice after my treatment?' (11%). Questions about who will carry out the treatment or how frequently the dental professional has done so, the length of time of the work is guaranteed for, having more time to make a decision about treatment options, or what type of insurance the dental professional has are less likely to be seen as a priority with regards to helping patients feel informed.

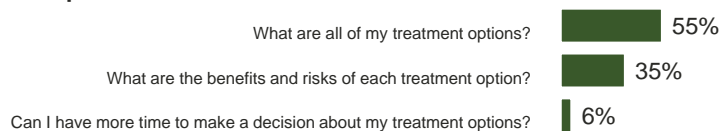
*'What are all of my treatment options?'*

*'How much does each treatment cost?'*

Figure 5.1 – Questions people may want to ask dental professionals

***Looking at this list, which questions do you think would be most useful to ask?***

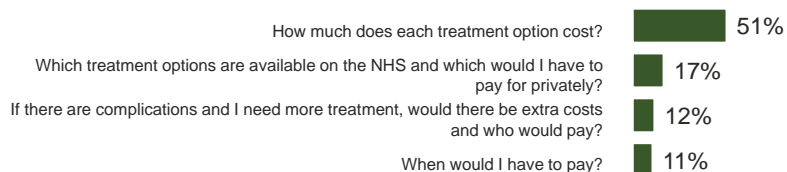
#### Treatment options



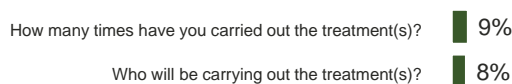
#### Aftercare



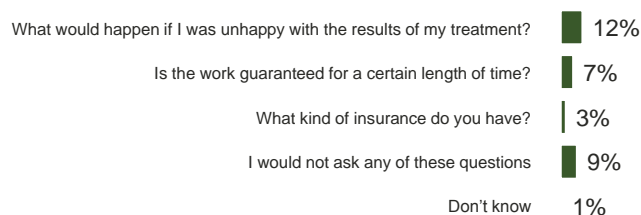
#### Costs



#### Experience



#### Assurances



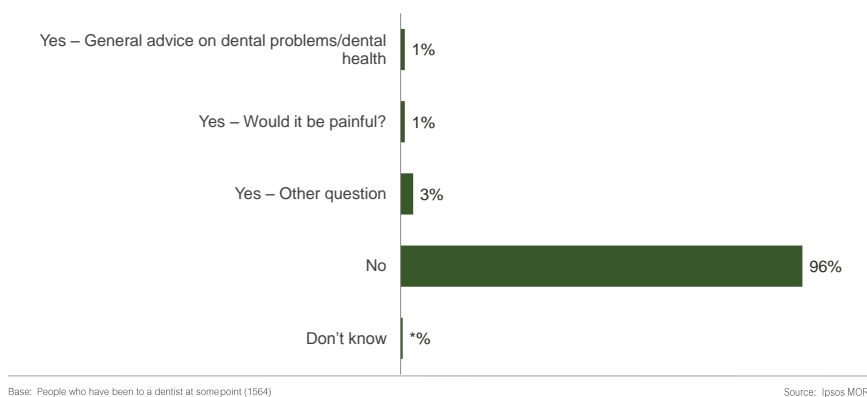
Base: People who have been to a dentist at some point (1564)

For men the most important question focuses on the cost of their treatment (mentioned by 56%). Similarly, more frequent visitors to the dentist highlight the importance of knowing all their treatment options (58% compared with 55% overall).

Overall, the vast majority of people who have ever been to a dentist (96%) cannot identify any further questions other than those in the list that would be useful to ask a dental professional in order to feel informed enough to make decisions about their care and treatment.

**Figure 5.2 – Other questions people might find useful to ask a dental professional**

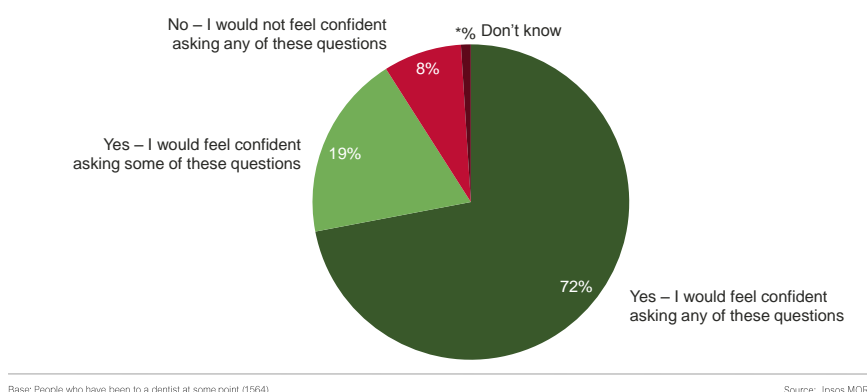
*Are there any other questions, not already mentioned, which you think would be useful to ask a dental professional to ensure you feel informed enough to make decisions about your care and treatment?*



The majority of people say they would feel confident about putting any of the questions in the list to a dental professional (72%). A further one in five people (19%) are slightly hesitant and say they would only feel confident asking *some* of the questions outlined in the chart above.

**Figure 5.3 – How confident people felt about asking questions of a dental professional**

*Now thinking about these questions again, would you feel confident, or not asking them to a dental professional before making a decision about your dental care or treatment?*



Interestingly, 8% of people would not feel confident in asking *any* of these questions. This appears to be a particular issue for those aged 65 or over (13%), those in social grade E (14%), people from a minority ethnic group (16%), those who have not been to a dentist in the last 12 months (14%) and those who are unlikely to recommend their dental practice (19%).

## 5.2 Awareness of, and thoughts about, the 'Smile' leaflet

The vast majority of participants of the quantitative survey (87%) had not seen the GDC 'Smile' leaflet, prior to the interview.

One in ten people said that they had seen the leaflet – typically at their dental practice (10%), rather than on the GDC website (1%), another website (1%) or somewhere else (2%).

Figure 5.4 – Proportion who have seen the 'Smile' leaflet before

*Have you ever seen this leaflet before?*



Base: All participants (1640)

Source: Ipsos MORI

Awareness of the GDC leaflet is higher among survey participants who are also aware of the GDC (18%) and those living in Northern Ireland (19%).

Looking to the future, in order to ensure that as many people as possible see this leaflet, placing it in dental practices is overwhelmingly cited as the best place to make it available (80%).

It is also worth noting that one in five people mention the importance of having the leaflet available in electronic form on the GDC website or on social media websites (21% and 20%, respectively).

Just over one in ten think the leaflet should be made available on electronic information screens in practices (12%), and one in twenty think it should be available via a mobile phone app (6%) or in their doctor's surgery (5%). Three per cent think it should be posted through doors/direct mail, and the same proportion think it should be available online on other websites. One in ten suggest another place altogether (10%), three per cent say they do not know and three per cent say none of the suggested places would be suitable.

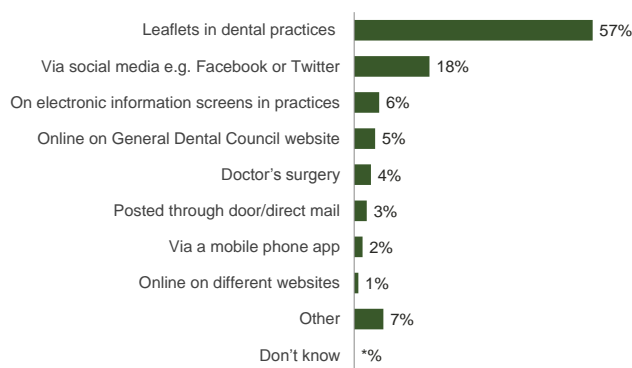


Across all sub-groups, even those people who do not visit the dentist frequently, having leaflets available in dental practices is judged to be the most effective way of ensuring that as many people as possible see them. However, the use of social media is particularly popular amongst 15-24 year olds (28%) and 25-34 year olds (32%).

In some cases people mentioned more than one place to make the leaflet available. When pushed to choose the best place, most (57%) prioritised leaving leaflets in dental practices.

**Figure 5.6 – The best place for the ‘Smile’ leaflet to be made available**

*Of the places you selected, which do you think would be the best place for the leaflet to be made available?*



Base: People who suggested more than one place for the leaflet to be made available (652)

Source: Ipsos MORI

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# **The General Dental Council Standards**

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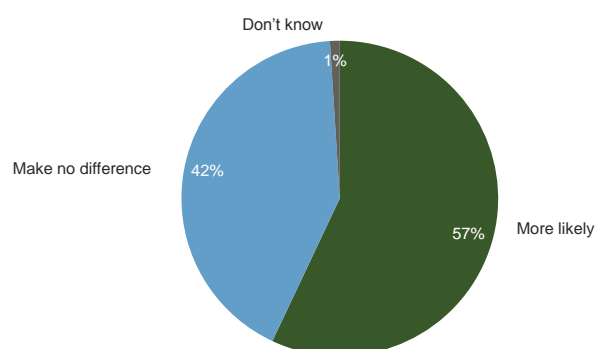
## 6 The General Dental Council Standards

### 6.1 Attitudes towards registration with the General Dental Council

For the majority of people who go to the dentist (57%), knowing that their dental professional is registered with the GDC would make them more likely to trust them. However, for two in five people (42%), knowing the professional is registered with the GDC would make no difference.

Figure 6.1 – Attitudes towards registration with the General Dental Council

*Would knowing dental professionals are registered with the General Dental Council make you more likely to trust them or would it make no difference?*



Base: People who go to the dentist (1422)

Source: Ipsos MORI

Knowing that their dental professional is registered with the GDC appears to be particularly important for those in social grades A/B (64%), people who go to the dentist in Scotland (65%) and those in Northern Ireland (67%), in terms of engendering trust.

People who have visited their dentist recently (i.e. in the last 12 months) are more likely to say that knowing their dental professional is registered with the GDC will engender their trust than those who visit a dentist less often (58% compared with 52%).

Encouragingly, almost three-quarters (72%) of people who are aware of the GDC say that knowing their dental professional is registered with the Council would make them more likely to trust them. By contrast, people who are unaware of the GDC are split as to whether knowing about registration would make them more likely to trust their dental professional (50%) or whether it would make no difference (49%).

57%



**say knowing their dental professional is GDC registered would make them more likely to trust them**



## 6.2 Clarity about cost

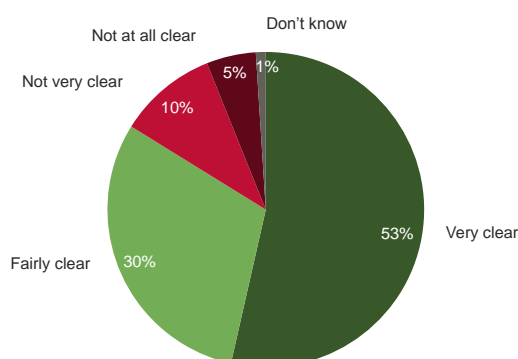
Over four in five people who visit a dentist at least once every two years say that, at their last visit, they were clear on the what the costs would be for them before the check-up or treatment (83%). Over half (53%) say they were *very clear* on what the costs would be for them.



were clear about costs before their check-up or treatment

Figure 6.2 – Clarity about costs

*Thinking about the last time you went to the dentist, before you had the check-up or treatment, how clear, if at all, were you on what the costs would be for you?*



Base: People who go to the dentist at least once every two years (1216)

Source: Ipsos MORI

However, one in six people (16%) were not clear about the costs they would incur the last time they went to the dentist. This appears to be more of a problem in Northern Ireland, where 32% say they were unclear on the associated costs before they had their check-up or treatment, and, albeit to a lesser extent, in Scotland (26%).

### 6.2.1 Sources of information about cost

Clarity about the cost of treatment was also explored in the qualitative interviews. The in-depth interviews covered some individuals who were clear about the costs they would incur at their last visit to the dentist and some who were not.

Those who were clear about the costs of their treatment or check-up listed a number of different sources, all of which they were happy with:

- the dentist had talked them through the costs during their appointment;
- they had been given a leaflet or treatment plan explaining the costs;
- there was a clear price list at their dental practice; or
- they had been given a printed invoice or receipt.

One or two had received a treatment plan, but they were not in the majority. They also did not necessarily call it a treatment plan, but it was identifiable as such from their description.

Those who were not clear about the costs of their treatment or check-up before their last visit suggested a variety of reasons for this. These included being uncertain about whether they could receive a student discount and not being informed that they were being charged private rates rather than NHS ones. Specifically, it was felt that they had not been given a sufficient explanation about what they were going to be charged by either the dental professional who treated them or the practice as a whole. They would have liked more information, verbally from the dental professionals and practice receptionists, and in written form, for example price lists in the waiting room.

***'A booklet or something with costs there, or a pamphlet or a poster or something, just that you could have a quick look at. But to be quite truthful not a lot of dentists have pamphlets with prices and things, not that I'm aware of anyway.'***

(Female, over 45, social grade C2)

#### 6.2.2 The importance of being clear about costs

Most participants of the qualitative interviews felt it was important to know the cost of any treatment they needed beforehand, particularly when there was a variety of treatment options to choose from. In such cases, having accurate information about costs would help people make decisions about the type of treatment they opted for. For example, one qualitative participant explained how knowing the difference in cost between composite (white) or amalgam (silver) fillings would have an impact on which they chose.

***'It does have an impact, especially when prices vary between the different treatments I could get.'***

(Male, over 45, social grade B)

While most of the qualitative participants wanted to know the costs of treatment so that they could make informed choices about the options available to them, others simply wanted to ensure there would be no nasty surprises at the point of paying, and felt this was an important aspect of the service. One participant explained that he had been treated privately, rather than on the NHS without knowing. As a result, he was now leaving the practice.

***'I thought I was going as an NHS patient but in fact I was treated as a private patient. The dentist treated me in an impersonal way and seemed more concerned with getting as much money out of me as possible...I am now trying to go back to my previous dentist.'***

(Male, under 45, social grade C1)

Others took a stronger consumerist approach. For example, one participant of the qualitative research wanted to be able to independently verify the costs she was provided with.

***'I would have liked to have been able to take this invoice, this list of charges, to some sort of ombudsman, as I was spending that amount of money and just say, what do you think about this?'***

(Female, over 45, social grade B)

Those who received NHS treatment and who, as such, thought the cost of their treatment would be the same in any circumstances, tended not to place as much importance on knowing the costs of treatment as others. They felt that there was little they could do to affect the treatment price.

There was also a sense that, though knowing the cost of treatment was important to people, if they had a serious dental issue, they would have to pay to have it rectified whatever the cost.

***'Yes and no, it depended on how severe the problem was, to be quite truthful, I mean, if it was bearable then no. But obviously if I desperately needed to have it done then I don't think the price would have mattered anyway 'cause you have to have it dealt with one way or another.'***

(Female, over 45, social grade C2)

Despite this, the qualitative interviews also revealed that clarity about costs did have a positive impact on patients. Those participants who were clear about the costs of their last treatment or check-up tended to be more optimistic about their experience than those who were less certain. This is because they felt more involved in the process as a whole and confident enough to enquire about the final costs and dispute anything they were unsure about.

***'So, I could say, well, what exactly is this and, you know, why is it costing that much money? And, yeah, so I was much more a part of the whole process.'***

(Female, over 45, social grade B)

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# Attitudes to regulation

## 7 Attitudes to regulation

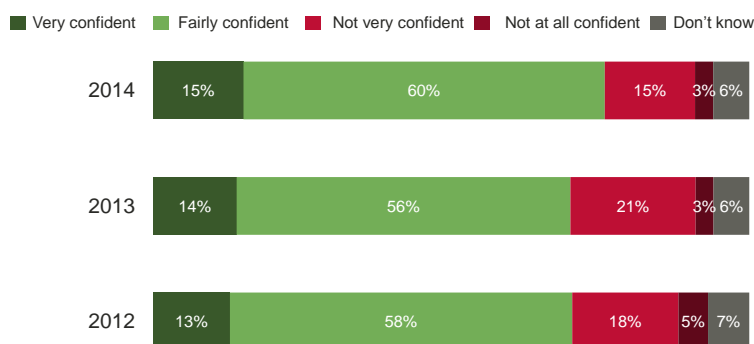
### 7.1 Confidence in wider regulation

#### 7.1.1 Regulation in general

Confidence in regulation in general is high. Three-quarters of people (75%) express confidence that regulation of services in general works effectively, an increase since 2013 (70%).

Figure 7.1 – Confidence in regulation of services in general

*Now please think about services in general and not just dental care or healthcare services. How confident, if at all, are you that regulation of services in general works effectively?*



In 2012, the question was worded: 'How confident, if at all, are you that regulation in general works effectively?'

Base: All participants: 2014 (1640), 2013 (1603), 2012 (1609)

Source: Ipsos MORI

Views on regulation in general are relatively consistent across different demographic groups. However, by country, the findings indicate that confidence in the regulation of services is highest in Northern Ireland (86%) and Scotland (86%) compared with the UK average (75%). Confidence is also higher among NHS patients (81%) compared with private patients (70%).

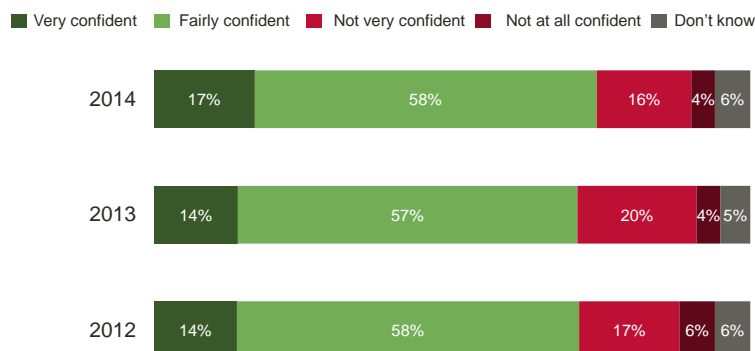
#### 7.1.2 Healthcare regulation

Confidence in the regulation of healthcare specifically has also increased since the 2013 survey; from 71% to 75% in 2014. Although few still admit to being very confident that the regulation of healthcare works effectively (17%), this is higher than in the previous survey (14%).

The pattern of responses is almost identical to that seen in relation to regulation in general. It is likely that the same issues apply in both cases, in that people simply have a certain level of faith that the system works if they do not hear of instances where it does not.

Figure 7.2 – Confidence in regulation of healthcare

Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?



In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively?'

Base: All participants: 2014 (1640), 2013 (1603), 2012 (1609)

Source: Ipsos MORI

As with regulation in general there are also national differences, with high proportions of residents in Northern Ireland and Scotland saying they are confident that regulation of healthcare works effectively (84% and 90% respectively compared with 75% overall). In Wales three in ten people say they are *not* confident (31%), compared with 20% on average.

## 7.2 Confidence in dental regulation

### 7.2.1 Prompted awareness of the GDC

Participants of the quantitative survey were asked whether they were aware of the General Dental Council (GDC) before the survey. Overall, one in six (17%) say they had definitely heard of the GDC before the survey. This figure is slightly higher than reported levels of awareness in 2013 (15%), albeit not representing a statistically significant increase.

There has been a drop in the proportion of people who *think* they had heard of the GDC before the survey (27% in 2013 to 16% in 2014); alongside an increase in survey participants who had *not* heard of the GDC (65% in 2014, compared with 58% in 2013). However, this is possible because, in the 2013 survey, immediately before the question asking about awareness of the GDC, survey participants were asked another question where they were shown a list of organisation names, including that of the GDC, and asked which, if any, they thought were responsible for regulating dentistry. This question did not appear in the 2014 survey and could explain the change in proportions.

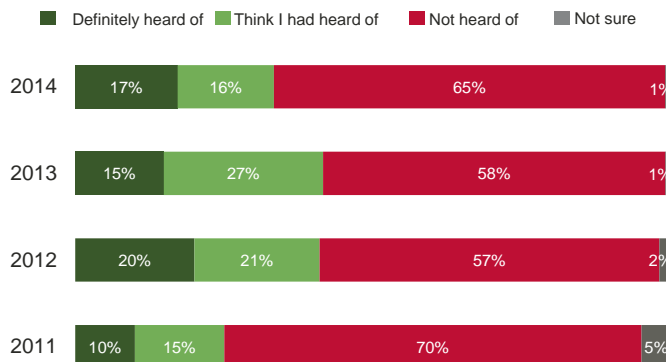
17%

General  
Dental  
Council

had definitely heard of  
the GDC before the  
survey

Figure 7.3 – Awareness of General Dental Council

Which of the following best describes how aware you were of the General Dental Council before this survey?



Base: All participants: 2014 (1640), 2013 (1603), 2012 (1609), 2011 (1563)

Source: Ipsos MORI

76% have confidence in the GDC



Year-on-year the survey has noted the same sub-groups as having higher levels of awareness of the GDC; notably older people and those in the highest social grades.

Older people are much more likely to have heard of the GDC than younger groups (34% of those aged 55-64 have definitely heard of the GDC compared with 3% of people aged 15-24). Before taking part in the survey three in ten (31%) of those in social grades A and B already knew of the GDC, compared with 7% of people in social grades D and E. There is also a difference in terms of ethnicity, with 18% of white people saying they had definitely heard of the GDC, compared with 9% of people from ethnic minority groups.

Higher levels of awareness of the GDC are observed amongst people who have been a dental patient in the last 12 months (20%), those who visit the dentist regularly (21%) and amongst private patients (30%) than people overall (17%).

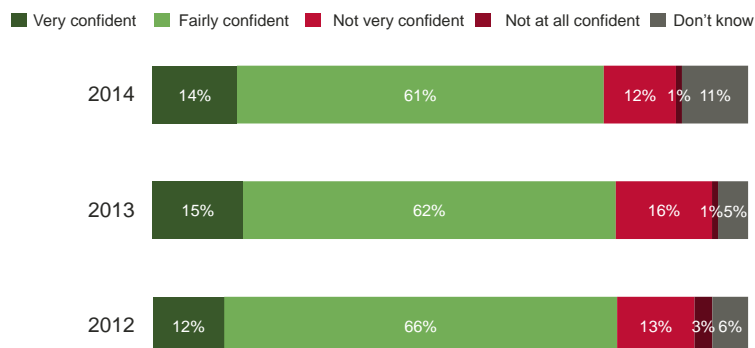
### 7.2.2 Confidence in the regulation of dental professionals

Confidence that the GDC is regulating dentists and dental care professionals is high. Three-quarters of people (76%) are confident about this.

The overall proportion of those expressing confidence in the GDC is similar to previous years (77% in 2013 and 78% in 2012).

Figure 7.4 – Confidence in General Dental Council's regulation

*How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?*



Base: All participants: 2014 (558); 2013 (644); 2012 (602)

Source: Ipsos MORI

Once again, differences by country are notable, with those from Scotland and Northern Ireland most likely to express confidence in the GDC's effectiveness (90% and 92%, respectively compared with 76% overall). Frequency of dental visits is also important; those who have visited their dental practice in the last year are more likely to be confident in the GDC's effectiveness than those who have not (78% compared with 71%).

The factors driving this high level of confidence in the regulation of dental care and treatment were explored in the qualitative research. Reflecting the survey findings, the qualitative interviews revealed strong confidence in dental regulation. For many, while they had no substantial knowledge about *how* the dental profession is regulated or by whom, they assumed and trusted that there was an organisation responsible for this task and that it was doing its job well.

***'I don't know very much about it but assume that it is like most institutional regulation and is provided by government and independent bodies'.***

(Male, under 45, social grade C1)

***'I'm sure it's regulated, I'm sure they've got this code of conduct they have to follow.'***

(Male, under 45, social grade C1)

***'I'm not sure who is responsible for regulating dental professionals, I am sure they have their own governing body. I think I have heard about them on TV.'***

(Male, over 45, social grade E)

Despite not knowing who the dental regulator was, participants of the in-depth interviews felt confident that, if they experienced any issues at their dental practice, there would be a body they could report them to.



I don't know very much about it but assume that it is like most institutional regulation and is proved by government and independent bodies

Male, under 45, social grade C1





***'But I've never experienced any problems there while I'm there. But I'm sure if I had encountered any problems there would be a procedure of complaining to a higher body, I'm sure.'***

(Male under 45, social grade C1)

There was some variation in confidence levels however. Most of those who were less confident attributed this to hearing about cases of dental malpractice during the last year. For example, some spontaneously described the case of Desmond D'Mello, a dentist who was recently suspended by the GDC for 18 months, barring him from treating any patients. He put hundreds of patients' lives at risk of hepatitis and HIV after failing to sterilise equipment or wash his hands. The NHS acted by writing to all former patients to offer free blood tests. This story was reported in the media during the time of the quantitative fieldwork, so it is not surprising that it was at the top of some participants' minds when the qualitative interviews were conducted a few weeks later. Some explained that they now questioned some aspects of dental regulation and would be more cautious and vigilant when visiting the dentist than before.

***'I felt confident in it until the local media brought to our attention about there'd been cases of, not long back a dentist was going for years and he was very unhygienic. Then you think how strict are they? So that kind of knocked my confidence a bit, but I think that's why it's important when we go I take a lot of notice of the surroundings when I went to the dentist.'***

(Female, under 45, social grade C2)

Participants of the qualitative research who had had a bad experience at the dentist tended to have the least confidence in the regulation of dental professionals and, as a consequence, regulators. One participant in particular had made a complaint about her dental practice to the GDC. She felt that her complaint had not been handled well and the outcome was unsatisfactory, which had a direct impact on her confidence in dental regulation. She did not have confidence that the GDC would effectively act on a complaint about a dental professional in the future.

***'I'm appalled at how difficult it's been to get any redress for what's happened to me.'***

(Female, over 45, social grade B)

### 7.3 Disciplinary action

In the quantitative survey, people who said they had heard of the GDC were directly asked whether they were aware of the Council taking disciplinary action against a dental professional because they do not meet the standards required or are not fit to practise.

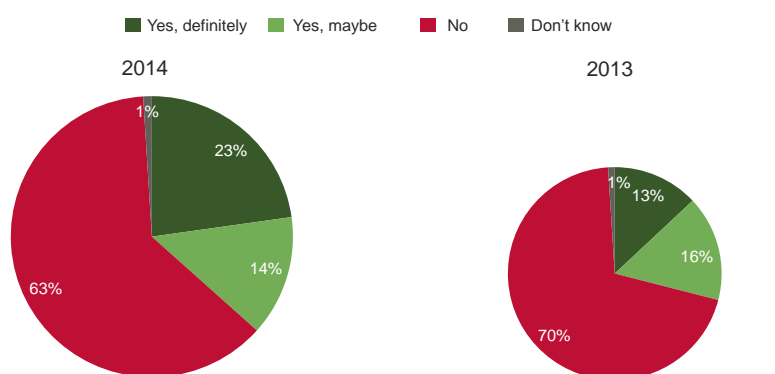
While the vast majority are not aware of any incidences of the GDC taking disciplinary action (63%), since last year there has been an increase in the proportion of people who say they have *definitely* heard of the GDC taking disciplinary action; increasing from 13% in 2013 to 23% in 2014. It is likely this is attributable to media coverage of cases such as that of Desmond D'Mello. As explained earlier in this chapter, the media extensively covered the story of Mr D'Mello during the time of the quantitative fieldwork. As such, it will be interesting to see whether, when this survey question is next asked, the proportion of those saying they have heard of cases of disciplinary action reverts back to the 2013 levels seen (provided of course there are no adverse media stories about disciplinary action being taken against dental professionals at the time).



Significantly more people than last year have definitely heard of the GDC taking disciplinary action

**Figure 7.5 – Awareness of General Dental Council taking disciplinary action**

*During the last year, have you been aware or not of the General Dental Council taking disciplinary action against a dental professional because they do not meet the standards required or are not fit to practise?*



Base: People who have heard of the General Dental Council before: 2014 (558), 2013 (644)

Source: Ipsos MORI

More older people say they are *definitely* aware of the GDC taking disciplinary action against a dental professional than those in the younger age groups (27% of those aged 65 and over say this compared with 8% of 15-24 year olds). Awareness of the GDC taking disciplinary action is also higher amongst white survey participants, compared with those from ethnic minority groups (24% compared with 10% respectively).

As explained earlier in this chapter, some participants of the qualitative research were aware of the GDC having taken disciplinary action against Mr D'Mello. Also, as described earlier, this knowledge tended to have a negative impact on views of regulatory processes. It made participants question how well regulation was being enforced as they could not understand how Mr D'Mello had been able to practise for so long.

***'The fact that he wasn't audited. Then again you are adding public expenditure on something that might not have been done that well but yeah the fact that there were no checks on him.'***

(Male, over 45, social grade B)



The fact that he wasn't audited. Then again you are adding public expenditure on something that might not have been done that well but yeah the fact that there were no checks on him.

Male, over 45, social grade B



One participant of the in-depth interviews was only aware about the actions of Mr D'Mello and not the final outcome of the incident, meaning he was not reassured by the regulation process. He thought it would have been helpful, for future cases, for more information about the outcome and how the regulatory process worked to be available in the media.

During the qualitative interviews all participants were told about the D'Mello case, including those who were not aware of it beforehand. Among those who had not heard about it before, there were more mixed reactions than among those who had. Most of those who had not heard about it previously initially expressed shock. They were not aware that such serious threats to health could result from poor dental practice.

***'Wow, that's kind of going back to, I think, washing your hands is drilled into you, especially in that kind of job. I just hope that my dentist is not like that.'***

(Female, under 45, social grade C1)

They then moved on to question how it had been possible for Mr D'Mello to have been able to practise in such a way for so long. Linked to this, they also questioned how widespread the issue was if it had taken the regulator so long to discover this particular case. They were concerned that similar incidences could be happening elsewhere.

***'With all due respect that's absolutely disgusting that he managed to get away with it for so long. It's things like that that really do put...when you do hear things like that, I know it's only one person, but it does have an off-putting effect. It really does because if there's on out there, there's probably hundreds of others, but they haven't been caught yet.'***

(Female, under 45, social grade C2)

***'I am concerned about the dental hygiene and if it is an isolated incident or is it more common place?'***

(Male, under 45, social grade C1)

However, qualitative participants also mentioned positive aspects about the case. For example, they thought it was good that the case has been dealt with and that blood tests had been offered for all those potentially affected. It was also considered a good thing that Mr D'Mello had been suspended, although this was understood by most to be 'standard practice'.

When asked about the impact of hearing cases such as those of Mr D'Mello on their overall confidence and trust in regulation, there was some sense among the qualitative participants that it could decrease their confidence. Participants who thought this tended to have had a poor experience with a dental professional themselves. As such the Mr D'Mello case seemed to confirm their views about the regulation of dentistry.

***'I would think there are many, many complaints that go unheard and unacknowledged and I have, throughout all of this process... I feel that dentists could well be untouchable. And I think the attitude I've had off various dentists is, how dare you question me?'***

(Female, over 45, social grade B)

In general, however, the qualitative participants explained that the case of Mr D'Mello would not affect their confidence. They explained that, in most professions, there will always be some people who fail to meet standards. They thought the Mr D'Mello case reflects the fact that there are poor dentists rather than poor regulation. This was reinforced by the fact that most had strong confidence in the dental professionals they have come in contact with. For them, it would not prevent them from going to the dentist in the future.

***'But the way I look at it is that I don't see it being a problem if one person's bad out of God knows how many thousands and thousands of dentists who are good.'***

(Male, under 45, social grade C1)

In conclusion, it would seem that, while media coverage of cases of disciplinary action of dental professionals does lead the public to question some aspects of regulation, it generally has little sustained impact. If anything, it tends to affect their views of dental professionals than regulation. However, when a person has had a bad experience with a dental professional themselves, such cases can help to heighten their concerns about regulation.

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# **The complaints process**

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## 8 The complaints process

### 8.1 Making a complaint

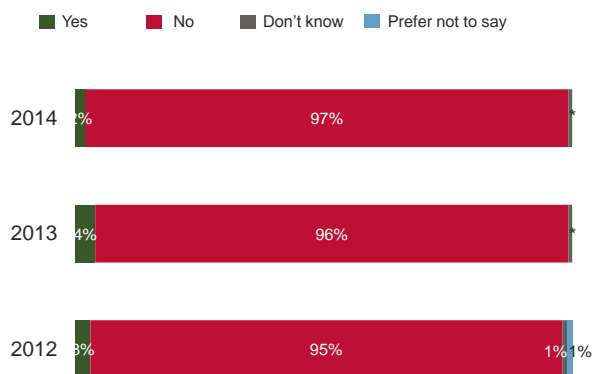
#### 8.1.1 How many people have made or considered making a complaint

Very few people had *made* or *considered* making a complaint about a dental professional.

Only 2% of those surveyed who had been to a dentist at some point had ever complained about a dental professional. Of those remaining only one in twenty (5%) had ever *considered* making a complaint. These figures are in line with the 2012 survey findings, and indicate a small, but significant fall in the number making or considering making complaints since 2013.

Figure 8.1 – Proportion who have complained about a dental professional

Have you ever complained about a dental professional?



Base: People who have been to a dentist at some point: 2014 (1564), 2013 (1524), 2012 (1464)

Source: Ipsos MORI

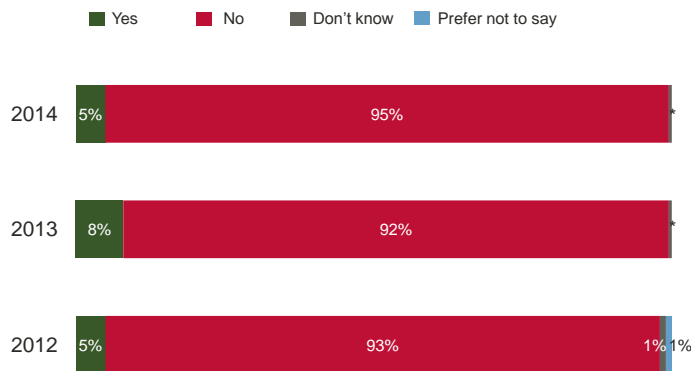
Only  
2%



have complained  
about a dental  
professional

Figure 8.2 – Proportion who have considered complaining about a dental professional

Have you ever considered complaining about a dental professional?



Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2014 (1523), 2013 (1467), 2012 (1422)

Source: Ipsos MORI

There are few significant differences between sub-groups, although perhaps unsurprisingly people who are unlikely to recommend their current dental practice are more likely to have *considered* complaining (14% compared with 5% overall).

The subject of complaining was explored in more detail in the qualitative interviews. Some of the qualitative interviews were carried out with people who had said they had made a complaint about a dental professional in the quantitative survey and some were with those who said they had not.

Of course, in most cases those who had not made a complaint had not had reason to do so.

However, it transpired during the in-depth interviews that a few participants had actually made a complaint without being aware or reporting that they had done so in the survey. They tended to have complained about a dental professional directly to the professional in question or to other practice staff, such as receptionists. None had taken their complaint further and it seemed that, because they had not escalated it to an external body, they did not consider the action they took as making a complaint. It is possible, therefore, that a slightly higher percentage of individuals have actually complained about a dental professional than the figures from the quantitative survey suggest.

***'I've not complained to the extent where I've taken it to anybody else, I have complained about something that happened, but I just complained to the surgery; I didn't complain to anybody else.'***

(Female, under 45, social grade C2)

It is also interesting to note that some participants of the qualitative interviews, who had not complained or considered complaining, described



**I've not complained to the extent where I've taken it to anybody else, I have complained about something that happened, but I just complained to the surgery; I didn't complain to anybody else.**

Female, under 45,  
social grade C2



experiences which could have warranted making a complaint. For example, as explained in an earlier chapter, one participant described how he was led to believe he was receiving NHS treatment while being charged private rates. Such people tended to leave the practice where they had received unsatisfactory treatment, rather than lodge a complaint. When discussing this during the in-depth interviews, these participants suggested that they would have liked further information on how and what they can complain about, and this might have led them to make a complaint.

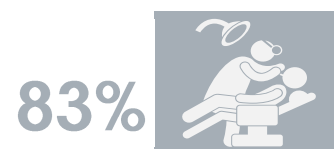
***‘Just to make it clear to people if they have problems like with practices or particular dentists where to be able to complain to and who to be able to complain to.’***

(Female, over 45, social grade C2)

### 8.1.2 Who people complained about

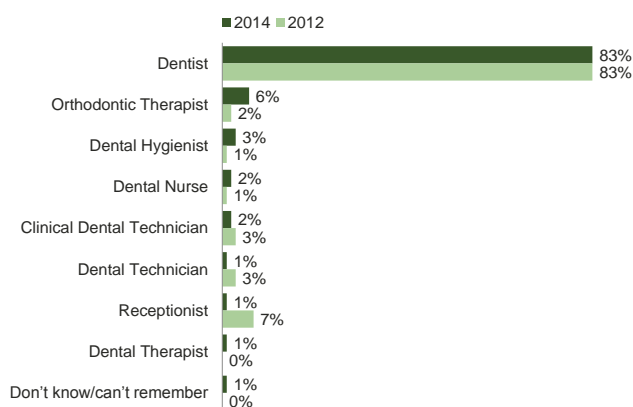
Of the minority of people who have made or considered making a complaint about a dental professional, the most common complaint related to the dentist (83%). Fewer than ten people mentioned that their complaint was about another dental professional.

**Figure 8.3 – Which type of dental professional people complained or considered complaining about**



of those who have complained, did so about a dentist

*Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about?*



Base: People who have complained or considered complaining about a dental professional: 2014 (119), 2012 (116)

Source: Ipsos MORI

Due to the small number of people who have made or considered making a complaint, it is not possible to draw out significant differences across sub-groups.

### 8.1.3 When the complaint was made

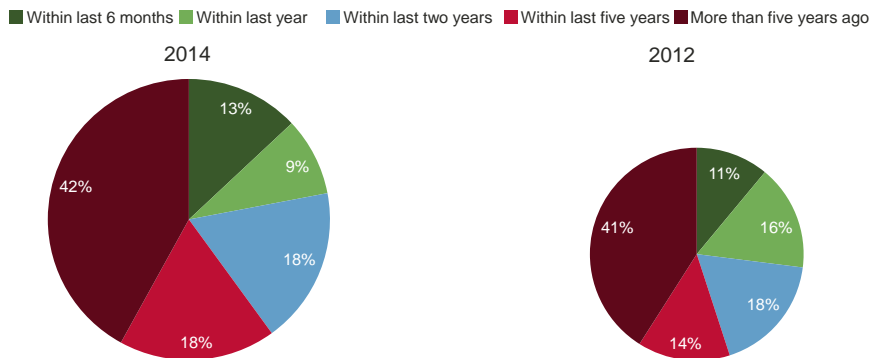
Looking at the circumstances surrounding the most recent complaint (whether made or considered), in the vast majority of cases people are referring to a complaint they *made* or *considered* making over a year ago (78%). Of this group, two in five people (42%) say the most recent time they *made* or *considered* making a complaint was more than five years ago.



Only one in eight people refer back to a complaint they made or considered making in the last six months (13%), whilst one in ten say the complaint was within the last year (9%).

**Figure 8.4 – When people complained or considered complaining about a dental professional**

*Thinking about the most recent time you complained or considered complaining, when was this?*



Base: People who have complained or considered complaining about a dental professional: 2014 (119), 2012 (116)

Source: Ipsos MORI

#### 8.1.4 Who people complained to

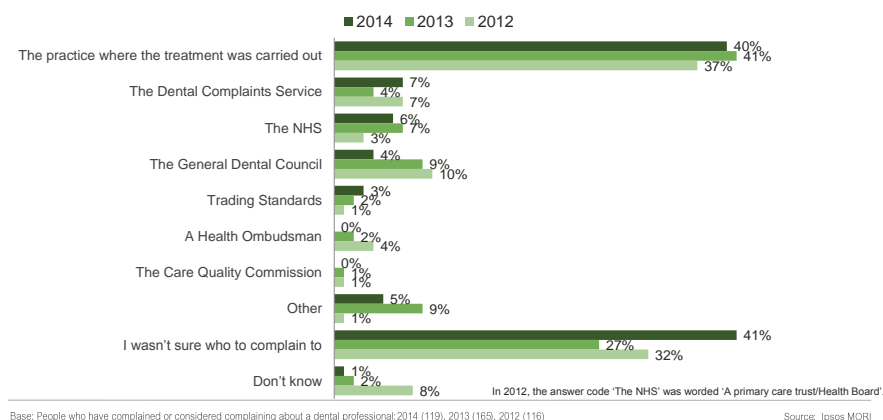
In line with the findings from the 2012 and 2013 surveys, when people do complain (or consider complaining) they prefer to speak directly to the practice where they received treatment. Two in five (40%) people said they approached their dental practice (or considered doing so).

Only 4% made a complaint to the GDC, or considered that option, and 7% say they complained or considered complaining to the Dental Complaints Service.

There continues to be a sizeable minority of people who say they were not sure who to complain to – a figure which has increased from 27% in 2013 to 41% in 2014. This change is statistically significant, though due to the small base sizes, the scale of the change should be treated with caution.

Figure 8.5 – Who people complained or considered complaining to

*Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to?*



Sub-group differences are not significant due to the small number of people in total saying they have made a complaint or considered doing so.

### 8.1.5 Motivations for making a complaint

The 2014 survey also gathered information on motivations behind making a complaint. However, it should be noted that across the entire sample only 41 survey participants made an actual complaint about a dental professional so these findings can be taken as indicative only.

The three main factors that motivated people to complain were:

- To raise concerns about the dental professional's performance (40%; 15 weighted survey participants)
- To ensure that other patients don't have the problems the complainant had (34%; 13 weighted survey participants)
- So that the dental professional could improve his/ her performance (30%; 11 weighted survey participants).

Very few people complained in order to make financial gain, for example to get a refund (7%; 3 weighted survey participants) or compensation (3%; 1 weighted participant), or to obtain a contribution towards corrective treatment (7%; 3 weighted survey participants).

Figure 8.6 – Motivations for complaining

*What motivated you to complain?*

Supporting the quantitative findings, some of the main reasons participants of the in-depth interviews gave for complaining were ensuring it was acknowledged that the dental professional in question had performed below standards and ensuring that they improved their performance in future.

***'If someone complains to you about something you have done wrong then you should make a conscious effort to correct your practice and do it the proper way.'***

(Female, under 45, social grade C1)

Only one participant in the qualitative interviews had complained to the GDC about the treatment she had received. Unlike others who had complained, her main motivations for complaining had been to ensure that she received corrective treatment and a refund for the money spent on the treatment. Her motivations may have been different to most because the consequences of her poor treatment were more serious.

***'What I wanted more than anything was reparation, that I wanted, A, my mouth to be put back how it should have been, and, B, I wanted to recoup some of my losses.'***

(Female, over 45, social grade B)

### 8.1.6 Barriers to making a complaint

Uncertainty as to how or where to complain is the main barrier preventing people from complaining about a dental professional. Over a third of people (35%) who have considered complaining say they didn't know where to start and one in five (20%) didn't know who or where to go for information.

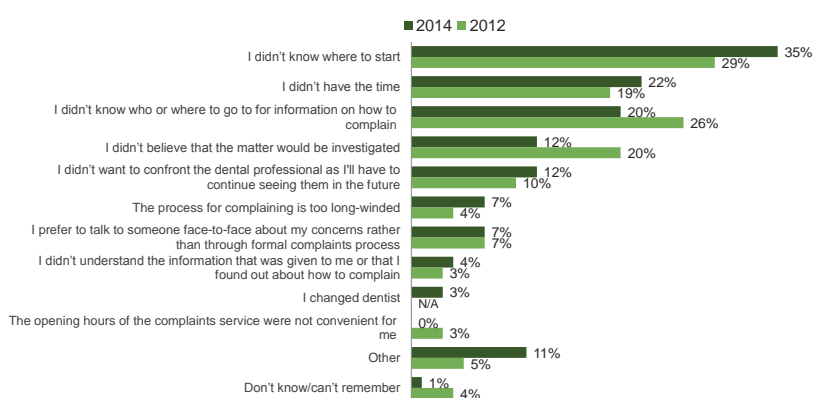
By their own admission, 22% of people say they simply did not have the time to make a complaint. A small number of people (12%; 9 weighted

survey participants) expressed concern about confronting the dental professional, as they would continue to use the same practice in the future. Uncertainty as to whether the matter would in fact be investigated prevented 12% (eight weighted survey participants) from taking their complaint forward.

Given the small overall base size it is not possible to highlight any sub-group differences.

Figure 8.7 – Barriers to complaining

*You said you considered making a complaint about a dental professional. What prevented you from complaining?*



Base: People who have considered complaining about a dental professional: 2014 (78), 2012 (74)

Source: Ipsos MORI

In the qualitative interviews participants who had considered complaining were asked to provide further details about what had prevented them from doing so, and those who *had* made a complaint to their dental practice were asked why they hadn't taken their complaint further. The findings from these interviews support those of the survey.

Participants tended not to know how to make a complaint beyond complaining to their practice. When asked what would make it easier for them to complain, they expressed a desire for information which clearly outlines how to do so.

***'They need to make it clear to people if they have problems like with practices or particular dentists where to be able to complain to and who to be able to complain to...So I think it would be a good idea if there was a bit more bump or information, perhaps at practices for people to just pick-up a leaflet or pamphlet so that if anything goes wrong they've got it there.'***

(Female, over 45, social grade C2)

However, there was some acknowledgement among qualitative participants that, if they *really* wanted to make a complaint, they would find out how to themselves, for example by using the internet. This suggests that a lack of desire to complain is also a barrier to complaining.



They need to make it clear to people if they have problems like with practices or particular dentists where to be able to complain to and who to be able to complain to...So I think it would be a good idea if there was a bit more bump or information, perhaps at practices for people to just pick-up a leaflet or pamphlet so that if anything goes wrong they've got it there.

Female, over 45, social grade C2



***'I know that there is somebody that you can complain to but I've never looked into it or knew who it was. I wouldn't know how to go about it. I would have had to have looked it up.'***

(Female, under 45, social grade C2)

Linked to this lack of desire, the pressures of life also appear to impact on people's willingness to complain. As one participant who had experienced significant damage from poor dental treatment explained, part of the reason she did not complain (aside from not knowing how to) was that she lacked the time and emotional stability to go through a complaints process.

***'Well, again, like I said, I didn't know who to complain to. Time was of the essence, a lot was going on in my life at the time so obviously it was a bit difficult to deal with it. It was a very trying time for me at that particular time so it was very difficult, I just didn't have the time to deal with it on a professional level.'***

(Female, over 45, social grade C2)

This would suggest that, as well as increasing awareness about how to lodge a complaint about a dental professional, there is also a desire for help and support to be given to those making a complaint. Participants talked about their dental experience as being traumatic and not easy to re-visit. A support service was something identified as something participants of the qualitative research would expect from a good complaints service.

***'You want to be able to speak to someone who will treat you with dignity and help you and answer your questions for you.'***

(Female, over 45, social grade C2)

Finally, there was also a feeling that, unless the treatment received caused serious harm, then there was little basis to escalate a complaint. As shown in the qualitative research last year, the severity of the incident is important therefore when people are determining whether or not to make a complaint.

### 8.1.7 What makes a good complaints process

The in-depth interviews provided an opportunity to explore what people have achieved from the complaints they have made in the past, and what would like to achieve from any complaints they might make in the future.

Participants who had actually complained about a dental professional in the past tended not to have achieved the outcomes they had hoped for. Those participants who complained directly to their dental practice tended to feel that their complaint had not been taken seriously. These participants were looking for an apology and an acknowledgement that practice would improve in the future, but they felt their complaints had been treated with hostility by the dental professionals or staff they spoke to. They also felt the dental professional in question would not amend their behaviour and, as such, no longer trusted them. As a consequence of the unsatisfactory

response to their complaint, these participants changed dental practice. They tended to do this rather than taking the complaint further for reasons explained earlier in this chapter.

***'I wasn't satisfied with his response, he tried to fob me off with a load of rubbish and stuff... but the damage he did afterwards... I had to have rectified at the hospital.'***

(Female, over 45, social grade C2)

When asked to consider what a good complaints process would look like, it was generally felt that the minimum people could expect would be to be able to log a complaint, and to generate a receipt or acknowledgement of the complaint, a reference number and a timeframe in which their complaint would be addressed. When asked to describe what would make a complaints procedure more than just adequate, participants of the qualitative interviews gave a few key suggestions:

***A guide to the process*** – Qualitative participants would like a step-by-step guide about how to lodge a complaint in order to make the process as clear and simple as possible for them.

***A complaints form*** – They would like feedback or complaints forms to be provided, rather than have to write a letter of complaint from scratch. In particular, one participant thought a multiple choice questionnaire would be helpful.

***'Dentistry is highly specialised work and the average person hasn't got a clue about the terminology or the options or what should have happened. And so when I had to write a letter they just said, write a letter of complaint. Well, I didn't know where to start and I didn't know how to describe it and the emotions got in the way and I got upset, and if I'd had a multiple choice question... a general questionnaire I would have been able to be a lot more specific in my initial approach.'***

(Female, over 45, social grade B)

***'Maybe if there was just some sort of standard form, complaints form, like when you go to the hospital you can pick up something that, you know, you can send to PALS with information there on the desk.'***

(Female, under 45, social grade C2)

***Frequent and personalised contact*** – Qualitative participants also think a good complaints system would keep them informed about their case was progressing. Ideally, they would be given a personal case manager, which would help to reassure them that they had not become lost in the system.

***'You want to be able to speak to someone who will treat you with dignity and help you and answer your questions for you.'***  
(Female, over 45, social grade C2)

**Quick response** – Qualitative participants wanted their complaint to be acknowledged straight away and for their issue to be dealt with and resolved within a defined time limit.

***'A timeline of when your complaint is going to be looked at with a clear framework.'***  
(Male, 45 over, social grade B)

## 8.2 The Dental Complaints Service

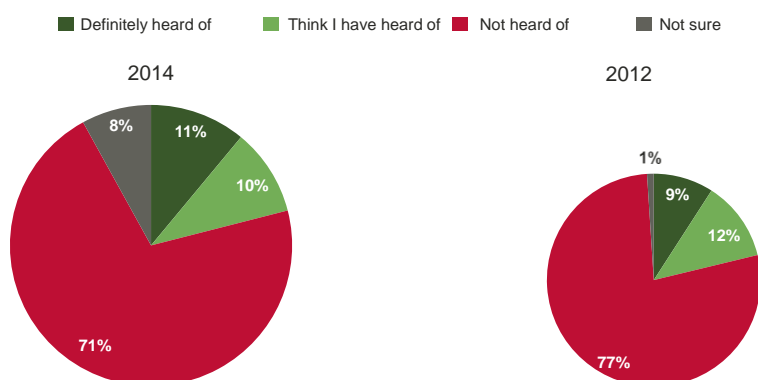
### 8.2.1 Awareness of the Dental Complaints Service

The Dental Complaints Services (DCS) is responsible for looking into complaints about private dental services or treatment; it is not responsible for complaints about NHS treatment or service. It is funded by the GDC but is independent of the Council, the NHS and the Government. In the quantitative survey, participants were asked about the service.

Awareness of the DCS is low, with only 11% of survey participants reporting that they have *definitely* heard of it before, and a further one in ten indicating that they *think* they have heard of it (10%). Overall, 71% of people were not aware of the DCS. This has decreased since 2012, when 77% of people said they had not heard of it, but now more people say they are unsure (8% now compared with 1% then).

**Figure 8.8 – Awareness of the Dental Complaints Service**

*Which of the following best describes how aware you were of the Dental Complaints Service before this survey?*



Base: All participants: 2014 (1640), 2013 (1603)

Source: Ipsos MORI

There are a few factors that appear to be linked to awareness of the DCS. Gender is one, with more women than men saying that they have *definitely* heard of the DCS (13% compared with 8%). Awareness is also higher amongst 55-64 year olds, compared with 15-24 year olds (19% compared with 1%). There is a clear pattern by social grade; with 14% of those in the



combined group of A/B/C1 indicating that they are definitely aware of the Complaints Service, compared with just 7% of those in social grades C2/D/E.

Perhaps not surprisingly, people who are aware of the General Dental Council and those who have complained about dental professionals are more likely to say they are *definitely* aware of the DCS than people overall (45% and 24% respectively compared with 11%).



have definitely heard of the Dental Complaints Service

### 8.2.2 Expectations about the outcome of complaining

All survey participants, regardless of whether they had made a complaint or not or had received private dental treatment or not, were asked what they would expect to achieve from complaining to the Dental Complaints Service. The most important outcome for people is the knowledge that, in the future, other patients would not encounter the same problems as they did (28%).

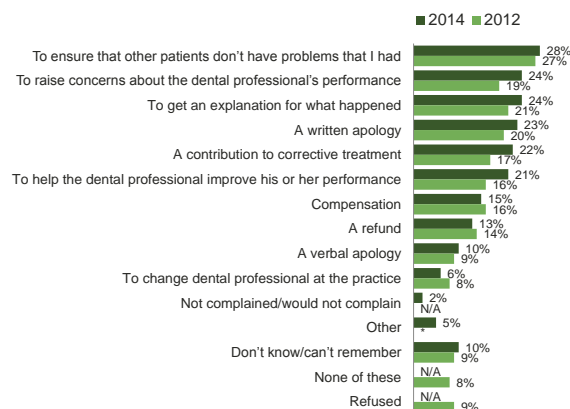
However, of almost equal weight, is the expectation that by complaining to the Dental Complaints Service people will get an explanation for what happened (24%) and that their complaint will raise concerns about the dental professional's performance (24%). A similar proportion would expect a written apology if their complaint went to the DCS (23%).

Around one in five people would expect the DCS to ensure that a contribution to corrective treatment is made (22%) or to help the dental profession in question improve their performance (21%).

One in ten people are unsure what to expect to achieve from complaining to the General Dental Council's Dental Complaints Service.

Figure 8.9 – What people expect to achieve from complaining

*What would or did you expect to achieve from complaining to the General Dental Council's Dental Complaints Service in particular?*



Base: All participants: 2014 (1640), 2012 (1609)

Source: Ipsos MORI

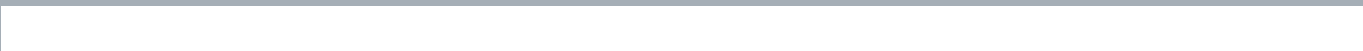
Looking at across the sub-groups, people living in Northern Ireland hold slightly different expectations of what a complaint to the DCS would



achieve. They are most likely to mention receiving an explanation for what had happened (34% compared with 24% overall) and obtaining a refund (23% compared with 13% overall). In Scotland, half of all survey participants expect that by making a complaint to the DCS will ensure that other patients would not have to endure the problems they did (48% compared with 28% overall). Survey participants from Scotland are also more likely to hope that by complaining to the DCS concerns they have about the dental professional's performance will be raised (33% compared with 24% overall) and their performance would subsequently improve (33% compared with 21% overall).

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# Conclusions



## 9 Conclusions

The research has generated a wide range of quantitative and qualitative data for the General Dental Council to consider. The final chapter of this report outlines some of the key findings.

### **Patient satisfaction with dental care remains very high.**

Nearly all of those who visit their dentist at least once a year are satisfied with their treatment. Satisfaction continues to be linked to the professionalism of the dentist and their communication skills, rather than their clinical qualifications.

### **People are positive about introducing the Friends and Family Test in a dental context.**

Most people find the Friends and Family Test question easy to understand and answer, and think it would be useful in a dental context, especially for those choosing a new dental practice. There are some concerns about the subjectivity of scoring, though not necessarily more than with other scoring systems based on user ratings.

If the Friends and Family Test question is introduced in a dental context on a national scale, it is worth considering how to help the public make the most of the data. It would be preferable to make the data available online and offline to make it as accessible as possible, and also to provide scores from all practices together so people can compare them.

### **Some people have seen the GDC 'Smile' leaflet, but more have not.**

Those who have seen it, have done so in their dental practice, and this is the place that people think would be best for it to be made available.

### **The majority of people were clear about the costs associated with their last dental treatment.**

Having clarity about costs is important for patients to help them manage their expectations, and especially important when choosing between a variety of treatment options. It can help people feel more positive about their experience at the dentist as they feel more involved and in control of the process.

There is, however, a limit to how important this information is, given the sense among those who receive NHS treatment that the cost will be the same in any circumstances, and (among both NHS and private patients) that people will have to pay regardless of the cost.

**There continues to be strong confidence in the regulation of dental professionals, despite some high profile negative media stories.**

Although there is higher awareness this year than last year of instances of the GDC having taken disciplinary action against dental professionals, this does not seem to have affected public confidence in regulation. People tend to view such cases of disciplinary action as isolated incidents, reflective of the fact that there are some bad dentists, rather than a bad regulatory system.

**Yet, there remains a lack of detailed knowledge about how regulation works.**

People are still unsure which body is responsible for regulation, but assume there is one and it is effective.

**There is limited knowledge about how to complain about dental professionals, though also limited demand for it.**

Very few people have made or considered making complaints about dental professionals and, of those who have, very few have taken their complaint to the GDC. Although there is not a large appetite for more information about the complaints process, it could be helpful for clearer and more signposting to be made available for the minority who do have a serious complaint to make. People would ideally also like more support throughout the process and to be kept well informed.

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# Appendices

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# 10 Appendices

## 10.1 Appendix: Statistical significance

It should be remembered that a sample and not the entire population of adults aged 15 and over living in the United Kingdom has been interviewed. Consequently, all results are subject to potential sampling tolerances (or margins of error), which means that not all differences between results are statistically significant. For example, for a question where 50% of the people in a weighted sample of 1640 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus two percentage points from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey are provided in the following table. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results (the bigger the sample, the closer the result is likely to be to the result that would be obtained if the entire population was asked the same question).

This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Approximate sampling tolerances applicable to percentages at or near these levels			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
600 interviews	2	4	4
700 interviews	2	3	4
800 interviews	2	3	4
900 interviews	2	3	3
1603 interviews	2	2	2
1609 interviews	2	2	2
1563 interviews	2	2	3

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. To test if a difference in results between two sub-groups within a sample is statistically significant one, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Differences required for significance at or near these percentages			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8
300 and 400	5	7	8
300 and 500	4	7	7
400 and 400	4	6	7
400 and 500	4	6	7
500 and 500	4	6	6
1640 and 1603 (2014 and 2013 surveys)	2	3	3
1603 and 1609 (2013 and 2012 surveys)	2	3	4



1603 and 1563 (2013 and 2011 surveys)	2	3	4
1609 and 1563 (2012 and 2011 surveys)	2	3	4

## 10.2 Appendix: Topline findings

### Use of Dentists and Dental Care Professionals

#### A1 When was the last time you went to the dentist?

	2014 %	2013 %	2012 %	2011 %
In the last 6 months	50	51	50	53
In the last 7-12 months	14	15	16	12
In the last 1-2 years	10	10	10	10
More than 2 years ago	13	11	10	15
I used to go to the dentist but I don't any more	8	9	8	7
I have never been to the dentist	5	4	7	3
Don't know	*	*	1	N/A

#### A2 On average, how often do you go to the dentist?

Base: People who go to the dentist: 2014 (1422); 2013 (1376); 2012 (1320)

	2014 %	2013 %	2012 %
Once every six months	53	54	52
Once a year	26	24	27
Once every two years	6	9	8
Less than once every two years	15	13	12
Don't know	*	*	*

#### A3 And how long have you been with your current dentist or dental practice?

Base: People who go to the dentist: 2014 (1422); 2013 (1376); 2012 (1320)

	2014 %	2013 %	2012 %
One year or less	9	11	14
Over one year, up to two years	9	9	13
Over two years, up to five years	23	20	22
Over five years, up to 10 years	18	19	18
Over 10 years, up to 15 years	12	12	11
Over 15 years, up to 20 years	9	9	7
Over 20 years	18	18	14
Don't know	2	2	1

- A4 As you're probably aware, dental care is available both through the NHS and privately. Sometimes during one visit to the dentist, you may even have a combination of NHS and private treatment.

Thinking about the last time you visited your dentist or dental practice, which of these options best describes the type of care you think you received?

Base: People who go to the dentist at least once every two years: 2014 (1216); 2013 (1188); 2012 (1145)

	2014 %	2013 %	2012 %
NHS dental care that I paid for	45	48	45
NHS dental care that was free	26	24	31
Private dental care only in the UK	19	20	18
NHS dental care and additional private dental care in the UK	7	6	5
I had treatment abroad	1	1	1
I'm not sure what type of care I received	1	1	*

- A5 The term 'dental care professional' covers a range of different professions within dental care. Dental care professionals are: dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists.

Have you ever had an appointment with a dental care professional other than a dentist? By this we mean an appointment where the dentist was not present.

Base: People who have been to a dentist at some point: 2014 (1564); 2013 (1524); 2012 (1464)

	2014 %	2013 %	2012 %
Yes	32	37	27
No	68	63	73
Don't know	*	*	*

- A6 You said you have had an appointment with a dental care professional other than a dentist. Which dental care professional or professionals did you see? Please select all that apply.

Multi-code question except for 'Don't know/can't remember' answer code.

Base: People who have had an appointment with a dental care professional other than a dentist: 2014 (481); 2013 (519); 2012 (340)

	2014 %	2013 %	2012 %
Dental hygienist	80	77	72
Orthodontic therapist	13	14	15
Dental nurse	8	8	9
Dental technician	5	7	8
Clinical dental technician	2	2	3
Dental therapist	*	1	1
Other	2	1	1
Don't know/can't remember	1	*	1

### Satisfaction with Dental Care

- Q1 Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?

Base: People who go to the dentist at least once a year: 2014 (1129); 2013 (1063)

	2014 %	2013 %
Very satisfied	62	61
Fairly satisfied	34	35
Fairly dissatisfied	2	2
Very dissatisfied	1	1
Don't know	*	*

- Q2 Which of the following, if any, best describe why you feel satisfied with your dental care or treatment? Please select as many or as few as apply.

Multi-code question

Base: People who are satisfied with their dental care or treatment: 2014 (1089); 2013 (1018)

	2014 %	2013 %
The dental professional behaved in a professional way	77	80
The dental professional provided good quality treatment	73	73
I received a clear explanation about my dental treatment	56	58
The dental professional had good communication skills	56	57
The dental professional knew my dental history	54	56

I received good follow up treatment	40	41
The cost of my dental treatment was reasonable	38	37
I received clear information about the cost of my treatment	37	37
Other	2	1
None of these	*	*
Don't Know	*	1

**Q3 Which of the following, if any, best describe why you feel dissatisfied with your dental care or treatment? Please select as many or as few as apply.**

Multi-code question

*Base: People who are dissatisfied with their dental care or treatment: 2014 (39)\*; 2013 (43)\**

	2014 %	2013 %
The dental professional provided poor quality treatment	50	50
I received poor follow up treatment	22	7
The dental professional had poor communication skills	19	23
I did not receive a clear explanation about my dental treatment	18	9
The dental professional behaved in an unprofessional way	17	8
The cost of my dental treatment was unreasonable	14	27
The dental professional did not know my dental history	8	12
I did not receive clear information about the cost of my treatment	8	6
Other	20	15
Don't know	0	0
None of these	0	0

\*The small base sizes means comparison of figures and trends is indicative only.

### Friends and Family Test

- Q4 We would like you to think about your most recent experience of visiting your dental practice. How likely or unlikely are you to recommend your dental practice to friends and family if they needed similar care or treatment?

Base: People who have been to a dentist at some point: 2014 (1564)

	2014 %
Extremely likely	40
Likely	35
Neither likely or unlikely	14
Unlikely	5
Extremely unlikely	5
Don't know	1

### Regulation of Dental Professionals

The following questions will be asked about your views on the regulation of different types of services. By 'regulation' we mean where there is a set of rules that govern behaviour, actions and conduct, and where action may be taken if these rules aren't met.

- Q5 Now please think about services generally and not just dental care or healthcare services. How confident, if at all, are you that regulation of services in general works effectively?

	2014 %	2013 %	2012 %
Very confident	15	14	13
Fairly confident	60	56	58
Not very confident	15	21	18
Not at all confident	3	3	5
Don't know	6	6	7

In 2012, the question was worded: 'How confident, if at all, are you that regulation in general works effectively'.

- Q6 Now thinking about healthcare, how confident, if at all, are you that regulation of this works effectively?

	2014 %	2013 %	2012 %
Very confident	17	14	14
Fairly confident	58	57	58
Not very confident	16	20	17
Not at all confident	4	4	6
Don't know	6	5	6

In 2012, the question was worded: 'How confident, if at all, are you that healthcare in general works effectively'.

**Q7 Which of the following best describes how aware you were of the General Dental Council before this survey?**

	2014 %	2013 %	2012 %	2011 %
I had definitely heard of the General Dental Council before	17	15	20	10
I think I had heard of the General Dental Council before	16	27	21	15
I had not heard of the General Dental Council before	65	58	57	70
Not sure	1	1	2	5

In 2012 and 2011, the answer codes were worded: 'I have definitely heard of the General Dental Council before', 'I think I have heard of the General Dental Council before', and 'I have not heard of the General Dental Council before'.

**Q8 How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?**

*Base: People who have heard of the General Dental Council before:  
2014 (558); 2013 (644);  
2012 (602)*

	2014 %	2013 %	2012 %
Very confident	14	15	12
Fairly confident	61	62	66
Not very confident	12	16	13
Not at all confident	1	1	3
Don't know	11	5	6

**Q9 During the last year, have you been aware or not of the General Dental Council taking disciplinary action against a dental professional because they do not meet the standards required or are not fit to practise?**

*Base: People who have heard of the General Dental Council before:  
2014 (558); 2013 (644)*

	2014 %	2013 %
Yes, definitely	23	13
Yes, maybe	14	16
No	63	70
Don't know	1	1

- Q10 The Dental Complaints Service is an independent dental complaints service funded by the General Dental Council. Its purpose is to assist private dental patients to resolve complaints about private dental services.

Which of the following best describes how aware you were of the Dental Complaints Service before this survey?

	2014 %	2012 %
I have definitely heard of the Dental Complaints Service before	11	9
I think I have heard of the Dental Complaints Service before	10	12
I have not heard of the Dental Complaints Service before	71	77
Not sure	8	1

### Complaints

- Q11 Have you ever complained about a dental professional?

Base: People who have been to a dentist at some point: 2014 (1564); 2013 (1524); 2012 (1464)

	2014 %	2013 %	2012 %
Yes	2	4	3
No	97	96	95
Don't know	*	*	1
Prefer not to say	0	0	1

- Q12 Have you ever *considered* complaining about a dental professional?

Base: People who have not, don't know or prefer not to say if they have complained about a dental professional: 2014 (1523); 2013 (1467); 2012 (1422)

	2014 %	2013 %	2012 %
Yes	5	8	5
No	95	92	93
Don't know	*	*	1
Prefer not to say	0	0	1



**Q13 Thinking about the most recent time you complained or considered complaining, what type of dental professional did you complain or consider complaining about?**

*Base: People who have complained or considered complaining about a dental professional: 2014 (119); 2012 (116)*

	2014 %	2012 %
Dentist	83	83
Orthodontic Therapist	6	2
Dental Hygienist	3	1
Dental Nurse	2	1
Clinical Dental Technician	2	3
Dental Technician	1	3
Receptionist	1	7
Dental Therapist	1	0
Don't know/can't remember	1	0

**Q14 Thinking about the most recent time you complained or considered complaining, when was this?**

*Base: People who have complained or considered complaining about a dental professional: 2014 (119); 2012 (116)*

	2014 %	2012 %
Within the last six months	13	11
Within the last year	9	16
Within the last two years	18	18
Within the last five years	18	14
More than five years ago	42	41
Don't know/can't remember	0	0

**Q15 Thinking about the most recent time you complained or considered complaining, who did you complain or consider complaining to?**

Multi-code question except for 'Don't know' answer code.

*Base: People who have complained or considered complaining about a dental professional: 2014 (119); 2013 (165); 2012 (116)*

	2014 %	2013 %	2012 %
The practice where the treatment was carried out	40	41	37
The Dental Complaints Service	7	4	7
The NHS	6	7	3
The General Dental Council	4	9	10
Trading Standards	3	2	1
A Health Ombudsman	0	2	4
The Care Quality Commission	0	1	1
Other	5	9	1
I wasn't sure who to complain to	41	27	32
Don't know	1	2	8

In 2012, the answer code 'The NHS' was worded 'A primary care trust/Health Board'.

Q16 You said you made a complaint about a dental professional. What motivated you to complain? Please select the top three reasons from the following list.

Multi-code up to 3 options question except for 'Don't know/can't remember' answer code.

Base: People who have complained about a dental professional: 2014 (41)\*; 2012 (42)\*

	2014 %	2012 %
To raise concerns about the dental professional's performance	40	47
To ensure that other patients don't have the problems that I had	34	18
So that the dental professional can improve his/her performance	30	16
To get an explanation for what happened	18	12
To change dental professional at the practice	10	16
To get a refund	7	12
To get a contribution to corrective treatment	7	12
To get a written apology	4	7
To gain compensation	3	8
To get a verbal apology	2	5
To get corrective treatment	2	N/A
Other	12	0
Don't know/can't remember	0	0

\*The small base sizes means comparison of figures and trends is indicative only.

**Q17 You said you considered making a complaint about a dental professional. What prevented you from complaining? Please select the top three reasons from the following list.**

Multi-code up to 3 options question except for 'Don't know/can't remember' answer code

Base: People who have considered complaining about a dental professional: 2014 (78)\*; 2012 (74)\*

	2014 %	2012 %
I didn't know where to start	35	29
I didn't have the time	22	19
I didn't know who or where to go to for information on how to complain	20	26
I didn't believe that the matter would be investigated	12	20
I didn't want to confront the dental professional as I'll have to continue seeing them in the future	12	10
The process for complaining is too long-winded	7	4
I prefer to talk to someone face-to-face about my concerns rather than to go through a formal complaints process	7	7
I didn't understand the information that was given to me or that I found out about how to complain	4	3
I changed dentist	3	N/A
The opening hours of the complaints service were not convenient for me	0	3
Other	11	5
Don't know/can't remember	1	4

\*The small base sizes means comparison of figures and trends is indicative only.

Q18 What would or did you expect to achieve from complaining to the General Dental Council's Dental Complaints Service in particular? Please select the top three things you would expect to achieve from the following list.

Multi-code up to 3 options question except for 'Don't know/can't remember' answer code

	2014 %	2012 %
To ensure that other patients don't have the problems that I had	28	27
To raise concerns about the dental professional's performance	24	19
To get an explanation for what happened	24	21
A written apology	23	20
A contribution to corrective treatment	22	17
To help the dental professional improve his or her performance	21	16
Compensation	15	16
A refund	13	14
A verbal apology	10	9
To change dental professional at the practice	6	8
Not complained/would not complain	2	N/A
Other	5	*
Don't know/can't remember	10	9
None of these	N/A	8
Refused	N/A	9

## Standards

Q19 Thinking about the last time you went to the dentist, before you had the check-up or treatment, how clear, if at all, were you on what the costs would be for you?

Base: People who go to the dentist at least once every two years: 2014 (1216)

	2014 %
Very clear	53
Fairly clear	30
Not very clear	10
Not at all clear	5
Don't know	1

- Q20 Dental professionals have to make it clear in their practice that they are registered with the General Dental Council in order to practise. Would knowing they are registered with the General Dental Council make you more likely to trust them or would it make no difference?

Base: People who go to the dentist: 2014 (1422)

	2014 %
More likely	57
It would make no difference	42
Don't know	1

## Informing Consent and Decision Making

**Q21 During dental appointments, some patients may want to ask their dental professional questions to help them feel informed enough to make decisions about their care and treatment. We have listed some examples of such questions on this screen.**

**Looking at this list, which questions do you think would be most useful to ask? Please choose up to 3.**

Multi-code up to 3 options question except for 'I would not ask any of these questions' and 'Don't know' answer codes

Base: People who have been to a dentist at some point: 2014 (1564)

	2014 %
<b>Treatment options</b>	
What are all of my treatment options?	55
What are the benefits and risks of each treatment option?	35
Can I have more time to make a decision about my treatment options?	6
<b>Aftercare</b>	
Who could I contact for advice after my treatment?	11
<b>Costs</b>	
How much does each treatment option cost?	51
Which treatment options are available on the NHS and which would I have to pay for privately?	17
If there are complications and I need more treatment, would there be extra costs and who would pay?	12
When would I have to pay?	11
<b>Experience</b>	
How many times have you carried out the treatment(s)?	9
Who will be carrying out the treatment(s)?	8
<b>Assurances</b>	
What would happen if I was unhappy with the results of my treatment?	12
Is the work guaranteed for a certain length of time?	7
What kind of insurance do you have?	3
<b>I would not ask any of these questions</b>	9
<b>Don't know</b>	1

**Q22** Are there any other questions, not already mentioned, which you think would be useful to ask a dental professional to ensure you feel informed enough to make decisions about your care and treatment?

*Base: People who have been to a dentist at some point: 2014 (1564)*

	2014 %
Yes – General advice on dental problems/dental health	1
Yes – Would it be painful?	1
Yes – Other question	3
No	96
Don't know	*

**Q23** Now thinking about these questions again, would you feel confident, or not asking them to a dental professional before making a decision about your dental care or treatment?

*Base: People who have been to a dentist at some point: 2014 (1564)*

	2014 %
Yes – I would feel confident asking any of these questions	72
Yes – I would feel confident asking some of these questions	19
No - I would not feel confident asking any of these questions	8
Don't know	*

**Q24** Have you ever seen this leaflet before?

Multi-code up to 3 options question except for 'No' and 'Don't know/can't remember' answer codes

	2014 %
Yes, at my dental practice	10
Yes, online on a different website	1
Yes, online on the General Dental Council website	1
Yes, somewhere else	2
No	87
Don't know/can't remember	1



- Q25 The General Dental Council would like as many people as possible to see this leaflet. With this in mind, which, if any of these, do you think would be the best places for this leaflet to be made available? Please select as many or as few as apply. Multi-code up to 3 options question except for 'None of these' and 'Don't know' answer codes

	2014 %
Leaflets in dental practices	80
Online on the General Dental Council website	21
Via social media e.g. Facebook or Twitter	20
On electronic information screens in dental practices	12
Via a mobile phone app	6
Doctor's surgery	5
Posted through door/direct mail	3
Online on different websites	3
Other	10
None of these	3
Don't know	3

- Q26 And of the places you selected, which do you think would be the best place for the leaflet to be made available?  
*Base: People who suggested more than one place for the leaflet to be made available: 2014 (652)*

	2014 %
Leaflets in dental practices	57
Via social media e.g. Facebook or Twitter	18
On electronic information screens in dental practices	6
Online on the General Dental Council website	5
Doctor's surgery	4
Posted through door/direct mail	3
Via a mobile phone app	2
Online on different websites	1
Other	7
Don't know	*

### Appointment with a dental professional other than a dentist

- Q27 You can make an appointment to see a dental hygienist without having been referred by a dentist beforehand. How likely or unlikely would you be to do this?

IF NEEDED: A dental hygienist is a person who professionally cleans people's teeth to keep their teeth and gums healthy. This is usually called 'scaling and polishing'. They also show you the best way to clean your teeth to keep them free of plaque.

	2014 %
Very likely	13
Fairly likely	24
Neither likely nor unlikely	20
Fairly unlikely	21
Very unlikely	22
Don't know	1

- Q28 You say you would be likely to do this. Which of the following reasons, if any, best describe why you would do so? Please select as many or as few as apply.

Multi-code question except for 'None of these' and 'Don't know' answer codes.

Base: People who would be likely to make an appointment to see a dental hygienist without having been referred by a dentist beforehand: 2014 (585)

	2014 %
It would be more convenient	43
It would be easier	35
It could be cheaper for me	12
I would have more choice over my dental treatment	12
I could receive better quality care	11
I would need to make and attend fewer appointments	8
Other	5
None of these	*
Don't know	1

Q29 You say you would be unlikely to do this. Which of the following reasons, if any, best describe why you would not do so?  
Please select as many or as few as apply.

Multi-code question except for 'None of these' and 'Don't know' answer codes.

Base: People who would be unlikely to make an appointment to see a dental hygienist without having been referred by a dentist beforehand: 2014 (707)

	2014 %
I trust the dentist to make this decision for me	53
It could be more expensive for me	14
Only dentists have sufficient training to decide whether I should be referred to a dental care professional	10
It could increase the number of appointments I need to make and attend	7
I could receive wrong/unnecessary treatment	6
I could make an appointment with the wrong type of dental care professional	4
No need/not necessary	4
I have no teeth/false teeth/dentures	2
I do not go to the dentist	2
Other	8
None of these	1
Don't know	2

#### Re-contacting Respondents for Future Research

Q30 Both Ipsos MORI and the General Dental Council may wish to carry out some follow up research about this subject within the next 12 months. Would you be willing for us, Ipsos MORI, and the General Dental Council to securely keep hold of your contact details for this period so that either organisation can invite you to take part in the research? Please be assured that your responses to today's survey will remain confidential to Ipsos MORI, and that both organisations would securely delete any re-contact details you agree to provide here after 12 months, unless you agree otherwise during the follow up research.

	%
Yes	36
No	64

## Demographics

### Gender

	%
Male	48
Female	52

### Age

	%
15-24	16
25-34	17
35-44	16
45-54	17
55-64	14
65+	20

### Social grade

	%
A	3
B	22
C1	27
C2	22
D	16
E	9

### Marital status

	%
Married/living as	58
Single	28
Widowed/divorced/separated	14

### Working

	%
Working	53
Not working	47

### Occupation

	%
Full-time	37
Part-time	12
Self-employed	5
Not working – housewife	6
Still in education	7
Unemployed	5

Retired	24
Other	5

## Children in household

	%
Yes	32
No	68

Children's ages  
Multi-code question

	%
Aged 0-3	13
Aged 4-5	8
Aged 6-9	12
Aged 10-15	14
None aged under 16	68

## Location

	%
<u>England</u>	83
London	13
North	24
Midlands	18
South	28
<u>Northern Ireland</u>	3
<u>Scotland</u>	8
<u>Wales</u>	6

## Ethnicity

	%
White	88
Non-white	12

Access to internet  
Multi-code question

	%
Home	84
Work	29
Total	85
None	15

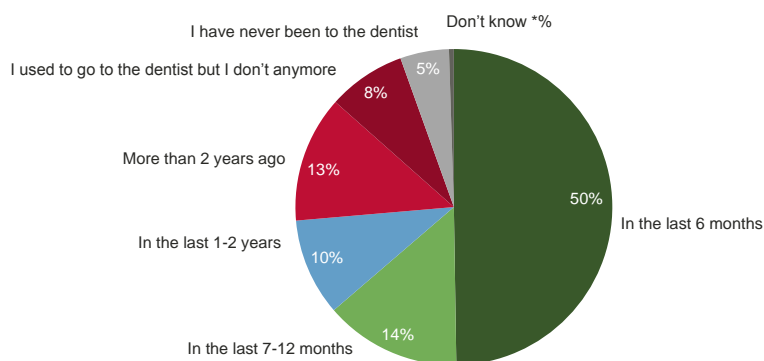
## 10.3 Appendix: Public and patient use of dental professionals

### 10.3.1 Last visit to the dentist

Two thirds of people (64%) have visited the dentist in the last 12 months.

Figure 10.1 – Last visit to the dentist

*When was the last time you went to the dentist?*



Base: All participants (1640)

Source: Ipsos MORI

Those most likely to have visited the dentist in the last 6 months include:

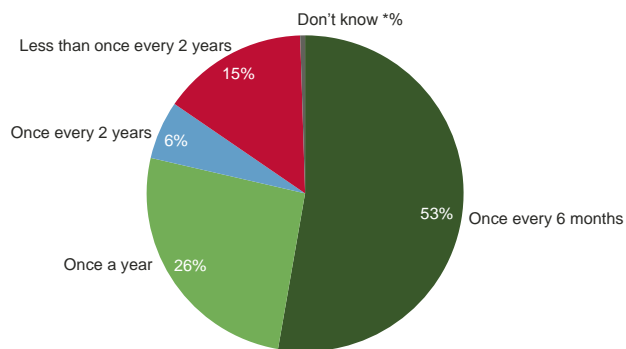
- Women (54% have compared with 46% of men);
- Older people (61% of those aged 55-64 and 57% of those aged 65 and over have compared with 50% overall);
- People in higher social grades (72% of those in social grade A and 64% of those in social grade B have compared with 50% of people overall);
- Married or cohabiting people (53% have compared with 45% of single people); and
- White people (53% have compared with 32% of people from ethnic minorities).

### 10.3.2 Frequency of visits to the dentist

One in two (53%) visits the dentist on average once every six months.

Figure 10.2 – Frequency of visits to the dentist

*On average, how often do you go to the dentist?*



Base: People who go to the dentist (1422)

Source: Ipsos MORI

People visiting the dentist at least once every six months are most likely to be:

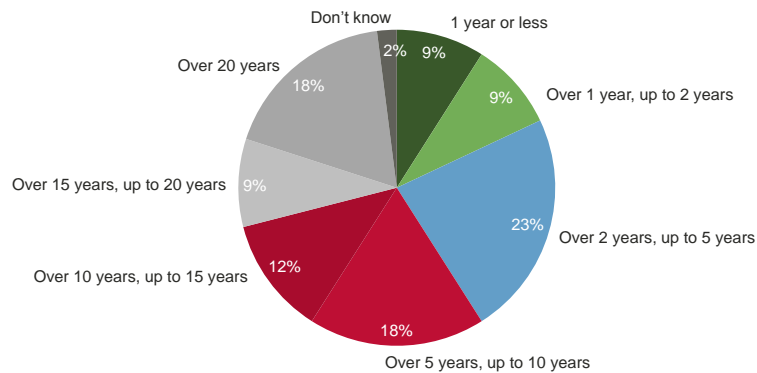
- Women (57% do compared with 48% of men);
- Older people (60% of those aged 55-64 and 65% of those aged 65 and over compared with 53% overall);
- People in higher social grades (75% of those in social grade A and 65% of those in social grade B do compared with 53% of people overall 53%); and
- White people (55% do compared with 38% of people from ethnic minorities).

### 10.3.3 Length of time with current dentist or dental practice

Four in ten patients (41%) have been with their dentist for five years or less.

**Figure 10.3 – Length of time with dentist or dental practice**

*And how long have you been with your current dentist or dental practice?*



Base: People who go to the dentist (1422)

Source: Ipsos MORI

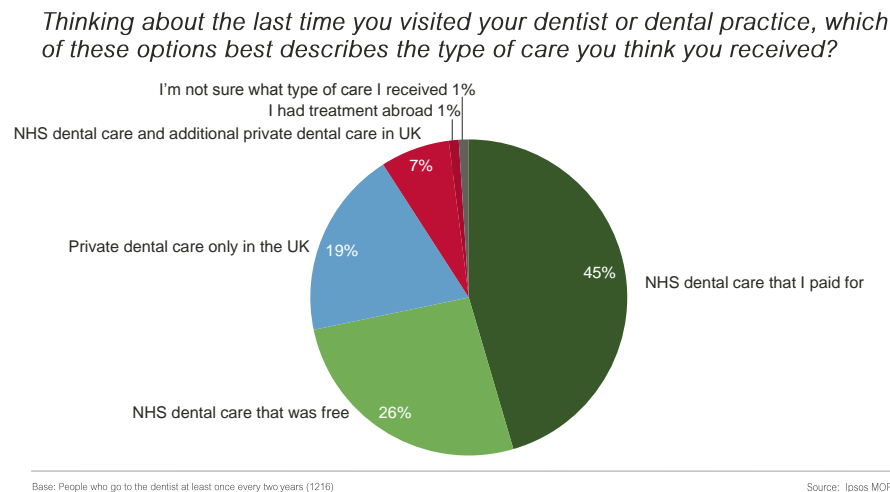
Older people tend to have been with their current dentist for the longest (30% of aged those 55-64, and 30% of those aged 65 and over have been with their current dentist for more than 20 years compared with 18% overall).



### 10.3.4 NHS vs. private care

Three-quarters of patients have received NHS treatment, either paid for (45%) or free (26%), at their last visit to the dentist.

Figure 10.4 – NHS vs. private care



People who had free NHS care tend to be young (42% of those aged 15 - 24 did compared with 26% overall) and from lower social grades (43% of those in social grade D and 60% of those in social grade E did compared with 26% overall).

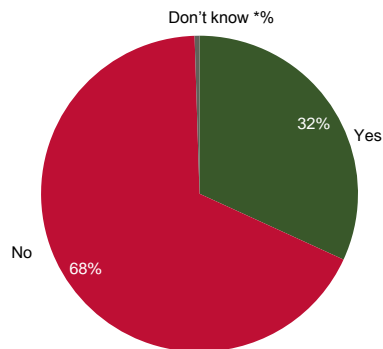
People who accessed private dental care tend to be older (30% of those aged 55-64 and 26% of those aged 65 and over did compared with 19% overall) and in higher social grades (48% of those in social grade A and 33% of those in social grade B did compared with 19% overall).

### 10.3.5 Treatment by dental care professionals other than a dentist

A third (32%) have received dental treatment from a professional other than a dentist.

Figure 10.5 – Appointment with someone other than a dentist

*Have you ever had an appointment with a dental care professional other than a dentist? By this we mean an appointment where the dentist was not present.*



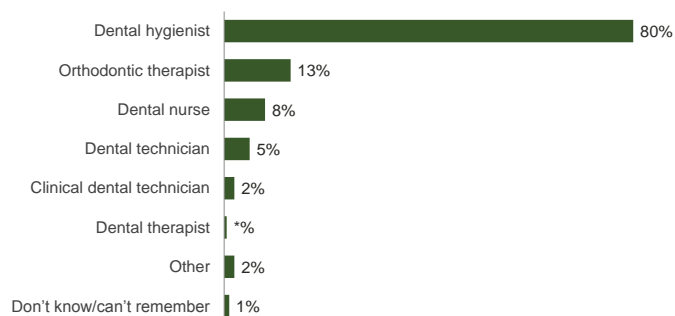
Base: People who have been to a dentist at some point (1564)

Source: Ipsos MORI

People in higher social grades are most likely to have seen someone other than a dentist (47% of those in social grade A and 47% of those in social grade B have compared with 32% overall). White people are also more likely than people of ethnic minorities to have done so (34% compared with 14%).

Figure 10.6 – Type of dental professional seen

*You said you have had an appointment with a dental care professional other than a dentist. Which dental care professional or professionals did you see?*



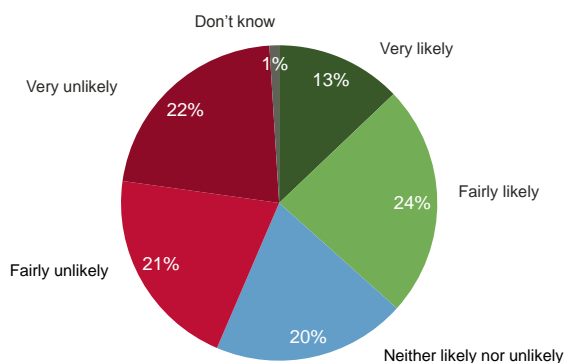
Base: People who have had an appointment with a dental care professional other than a dentist (481)

Source: Ipsos MORI

More people would be unlikely (42%) to see a dental hygienist without having been referred by a dentist beforehand than would be likely (36%).

**Figure 10.7 – How likely people would be to see a dental hygienist without being referred by a dentist beforehand**

*You can make an appointment to see a dental hygienist without having been referred by a dentist beforehand. How likely or unlikely would you be to do this?*



Base: All participants (1640)

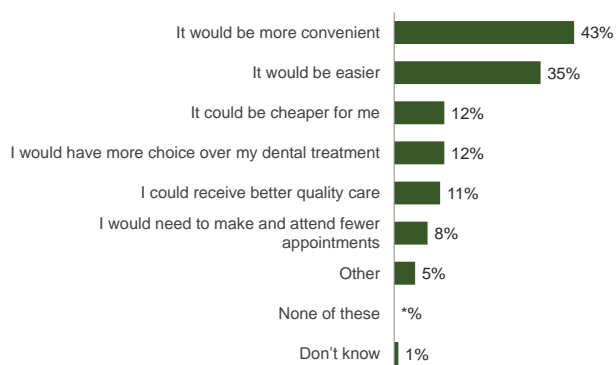
Source: Ipsos MORI

Looking across sub-groups there is variation by age; with more people aged 35-44 saying they are likely to make an appointment to see a dental hygienist without a referral, than saying they are unlikely to (46% compared with 40%). In London this appears to be more of a common practice than elsewhere (49% say are likely to make an appointment to see a dental hygienist without having been first referred by a dentist compared with 21% who say they are unlikely).

Convenience and ease are most frequently highlighted as the reasons why an appointment would be made with a dental hygienist without having been referred by a dentist (mentioned by 43% and 35%, respectively).

**Figure 10.8 – Why people would be likely to see a dental hygienist without a referral from a dentist**

*You say you would be likely to do this. Which of the following reasons, if any, best describe why you would do so?*



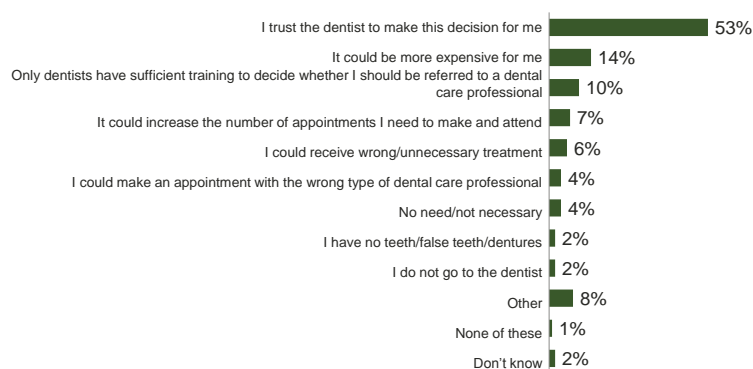
Base: People who would be likely to make an appointment to see a dental hygienist without having been referred by a dentist beforehand (585)

Source: Ipsos MORI

Most people who are unlikely to see a dental hygienist without a referral from a dentist say this is because they trust their dentist to make the referral decision for them (53%).

**Figure 10.9 – Why people would be unlikely to see a dental hygienist without a referral from a dentist**

*You say you would be unlikely to do this. Which of the following reasons, if any, best describe why you would not do so?*



Base: People who would be unlikely to make an appointment to see a dental hygienist without having been referred by a dentist beforehand (707)

Source: Ipsos MORI

## 10.4 Appendix: Profile of qualitative interviews

Participant	Age	Gender	Social grade	Ethnicity	Last visit to dentist	Length of time at current dental practice	NHS or private dental treatment	Awareness of General Dental Council	Likelihood to recommend dental practice to friends or family	Ever complained about a dental professional	Clarity about costs before last treatment or check-up
1	20	Female	C1	White British	In the last 6 months	One year or less	NHS	Never heard of GDC	Extremely likely	Yes	Not very clear
2	35	Female	C2	White British	In the last 6 months	One year or less	NHS	Heard of GDC	Extremely likely	No	Very clear
3	36	Male	C1	White British	In the last 1-2 years	Over five years, up to ten years	NHS	Thinks has heard of GDC	Extremely likely	No	Very clear
4	41	Male	C1	White British	In the last 6 months	One year or less	Private	Never heard of GDC	Extremely unlikely	No	Not at all clear
5	50	Male	B	White British	In the last 6 months	Over two years, up to five years	Private	Heard of GDC	Extremely unlikely	No	Very clear
6	54	Female	C2	White British	More than 2 years ago	Over one year, up to two years	NHS	Never heard of GDC	Unlikely	No	Not at all clear
7	62	Male	E	White British	In the last 6 months	One year or less	NHS	Thinks has heard of GDC	Extremely likely	No	Very clear
8	67	Female	B	White British	In the last 6 months	Over two years, up to five years	Private	Heard of GDC	Extremely likely	Yes	Very clear

## 10.5 Appendix: Discussion guide for qualitative interviews

### General Dental Council Patient and Public Research 2014 Discussion Guide for Qualitative Interviews

Section title:	Questions:	Objectives:	Time:
Introduction	<ul style="list-style-type: none"> <li>• Introduce yourself and Ipsos MORI.</li> <li>• Thank participant for taking part.</li> <li>• Explain the interview should last 45 minutes – 1 hour.</li> <li>• Explain the purpose of the discussion: to explore in more detail some of the issues about dental care and treatment that were covered in the survey they took part in the middle of November (7 – 20 November).</li> <li>• Explain that there are no right or wrong answers. We just want to hear about their views and experiences, and explore and understand their responses to the survey in more depth.</li> <li>• Explain anonymity: names will not be used when reporting the findings and we will not tell anyone at the General Dental</li> </ul>	To set the scene, introduce participants to research, reassure about anonymity etc.	5 minutes

	<p>Council who said what. Ipsos MORI works in accordance with MRS guidelines and the Data Protection Act.</p> <ul style="list-style-type: none"> <li>• Explain that the General Dental Council will use the views gathered in order to build up their knowledge about patients' views and experiences of dental services and regulation.</li> <li>• Obtain permission to record discussion (we will be using the transcripts in our analysis).</li> <li>• Explain terminology we will use: 'Dental Professionals' refers to the full range of registered professions working in dental care and treatment, including dentists. 'Dental Care Professionals' refers to all registered professions <u>except</u> dentists. Refer to list of dental professions if necessary.</li> </ul>		
The Friends and Family Test	<p>So to start with, could you begin by telling me when the last time you had an appointment with your dental practice was?</p> <p>And how was your experience the last time you went?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why was it good?/ Why was it bad?</li> <li>- What, if anything, would you have wanted done differently?</li> </ul> <p>You may remember that in the survey we talked about how likely</p>	<p>To help ease participants into the interview, and also to explore their satisfaction levels with current dental practice. This should help us understand a bit more about the context when discussing if the participants would recommend their practice to friends and family.</p>	10 minutes

	<p>or unlikely you would be to recommend your dental practice to friends and family. I would like to discuss that question with you in bit more detail to gain a more in-depth understanding of your views.</p> <p>In the survey we asked you the following question: 'We would like you to think about your most recent experience of visiting your dental practice. How likely or unlikely are you to recommend your dental practice to friends and family if they needed similar care or treatment?'</p> <p>Can you explain to me what you were thinking of when you answered this question?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Were you thinking about your overall experience or specific aspects of your experience?</li> <li>- Were you actually thinking of your most recent experience?</li> <li>- Were you thinking about your expectations or what happened in reality?</li> <li>- Were you thinking about the whole practice team or an individual/a few individuals?</li> <li>- Were you thinking about the quality of care/ the dental environment/ the way you were treated?</li> </ul> <p>In the survey, you gave the answer <b>[INCLUDE ANSWER CODE</b></p>		<p>To explore participants' views on the Friends and Family Test question and what influenced their answer to it in the quantitative survey.</p>	
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	<p><b>PARTICIPANT GAVE]. Why did you say this?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF UNLIKELY OR VERY UNLIKELY TO RECOMMEND THE PRACTICE: What was the key aspect that made you not want to recommend the practice? Dissatisfaction? Dislike making recommendations in general?</li> <li>- IF LIKELY OR VERY LIKELY TO RECOMMEND THE PRACTICE: What was the key aspect that made you want to recommend the practice? Satisfaction? You often make recommendations?</li> <li>- IF NEITHER/NOR OR DON'T KNOW: What aspect stopped you from answering definitively either way?</li> </ul> <p><b>How easy or hard did you find answering the question?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> <li>- How confident did you feel about answering the question?</li> <li>- Was there anything that made you hesitate when answering this question? IF YES: What and why?</li> <li>- How easy or hard was it to make a judgement on what answer code to select?</li> </ul> <p><b>EXPLAIN WHAT THE FRIENDS AND FAMILY TEST IS: The Friends</b></p>		
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	<p>and Family Test (FFT) is a similar question that is currently being asked of some patients using NHS services, particularly those using hospitals. All data collected is used to calculate a score that is then communicated to staff, patients and the public. The test was introduced in 2013 to allow patients to give quick feedback to help hospitals better understand the needs of their patients and introduce improvements.</p> <p>Having heard this explanation of the Friends and Family Test, what are your initial thoughts about it?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> </ul> <p>Had you heard about the Friends and Family test before today?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF YES: Where?</li> <li>- Do you know where it is being used?</li> <li>- Have you ever been asked it or a question similar to it? IF YES: When and where?</li> </ul> <p>And what are your initial thoughts about the idea of using a question like the Friends and Family Test question to assess dental practices?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Do you think it can be applied to dental care and treatment?</li> </ul>		
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	<p>Why/ why not?</p> <ul style="list-style-type: none"> <li>- How confident would you feel applying this question in a dental situation/context? Why?</li> <li>- Can you see any barriers or problems applying this in a dental context? Or how about in regards to your dental practice in particular?</li> <li>- Are there any positive things about using this question in relation to dental care and treatment?</li> <li>- Would you like to see it used in dental practices? Why?</li> <li>- Would you like to have the results reported to patients, i.e. see the results of the question on a dental practice website/displayed in the practice etc? Why/ why not?</li> <li>- How likely would you be to access that information? Why?</li> </ul>		
Attitudes towards dental regulation	<p><b>I would like to turn now to discuss regulation and, in particular, the regulation of dental care and treatment.</b></p> <p><b>How confident are you in the regulation of dental care and treatment?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say this?</li> </ul> <p><b>Has your confidence in the regulation of dental care and treatment changed over the last year or is it the same?</b></p>	To gain an understanding of participants' knowledge and awareness about the regulation of dental care and treatment.	10 minutes

	<p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF YES: How?</li> </ul> <p><b>Who do you think is responsible for regulating dental professionals?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say this?</li> <li>- Where have you heard about them?</li> </ul> <p><b>More broadly, during the last year, have you been aware of any disciplinary action being taken against any healthcare professionals?</b></p> <p>PROBE :</p> <ul style="list-style-type: none"> <li>- IF YES: What was this?</li> </ul> <p><b>ASK THOSE WHO ARE AWARE OF DISCIPLINARY ACTION BEING TAKEN AGAINST HEALTHCARE PROFESSIONALS IN THE LAST YEAR:</b></p> <p><b>How effective do you think the action was?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- How timely do you think it was?</li> <li>- How proportionate was it?</li> <li>- What impact , if any, do you think it would have on patient safety?</li> </ul>	<p>To help understand if the Francis report is still having an impact on people's views of healthcare regulation, or if the recent relative lack of reporting about it means it is not having as much of an impact now.</p>	
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	<p>How did the disciplinary action affect your views on the regulation of healthcare professionals? And how did it affect your views on the regulation of dental care and treatment?</p> <p><b>ASK ALL:</b></p> <p>And now thinking about dental care and treatment specifically, have you been aware in the past year of any disciplinary action being taken against a dental professional because they did not meet the standards required or are not fit to practise?</p> <p>PROBE IF YES:</p> <ul style="list-style-type: none"> <li>- Can you tell me more about what you heard?</li> <li>- Do you know who was involved in taking that disciplinary action?</li> <li>- And where did you hear about this?</li> </ul> <p>Did/ would hearing about a disciplinary action impact the way you view the regulation of dental care and treatment? Why is this?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- In what ways would it affect the way you view the regulation of dental care and treatment?</li> <li>- How did/ would it affect your confidence in the regulation of dental care and treatment?</li> </ul>		
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	<ul style="list-style-type: none"> <li>- How did/would it impact your likelihood of visiting a dentist/dental practice?</li> </ul> <p>READ OUT: I'm now going to read you out some information.</p> <p>In November several newspapers reported the story of Desmond D'Mello, a dentist who worked for 32 years has recently been suspended by the General Dental Council for 18 months, barring him from treating any patients. Mr D'Mello put hundreds of patients' lives at risk of hepatitis and HIV after failing to sterilise equipment or wash his hands. The NHS acted by writing to all former patients to offer free blood tests.</p> <p>After hearing this, what are your initial thoughts?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- What, if anything, particularly concerns you?</li> <li>- What, if anything, reassures you?</li> <li>- Have you heard of any other stories like this recently? IF YES: What were they?</li> </ul> <p>How would hearing this affect your confidence in the regulation of dental care and treatment?</p> <p>How would it impact your likelihood of visiting a dentist/ dental</p>	<p>To explore the impact of media attention on disciplinary action on confidence in regulation.</p>	
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	<p>practice?</p> <p>And how does hearing a case, such as the D'Mello one, impact your overall confidence and trust in the regulation of dental professionals?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say this?</li> <li>- Any other reasons?</li> </ul>		
Complaints	<p>I would now like to move on to discuss making complaints against dental professionals.</p> <p><b>ASK THOSE WHO SAID THEY HAVE <u>NOT</u> COMPLAINED ABOUT A DENTAL PROFESSIONAL IN THE QUANTITATIVE SURVEY:</b></p> <p>You said in the survey that you have never complained about a dental professional. Why is this?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Did you trust the dental professional regardless?</li> <li>- Did you just go elsewhere?</li> <li>- Did you lack the time?</li> <li>- Did you think nothing would change?</li> <li>- Were you clear about who you would need to complain to? IF NOT: Was this because of a lack of information telling you</li> </ul>	<p>To understand what participants expect from a complaints process to help understand why they may or may not feel able to make a complaint.</p>	15 minutes

	<p>how to complain? Or was the information available but you still weren't sure who to complain to?</p> <ul style="list-style-type: none"> <li>- Any other reasons?</li> </ul> <p><b>ASK THOSE WHO SAID THEY <u>HAVE</u> COMPLAINED ABOUT A DENTAL PROFESSIONAL IN THE QUANTITATIVE SURVEY:</b></p> <p><b>You said in the survey that you have complained about a dental professional. How did you go about complaining?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Who did you complain to?</li> <li>- Did you go through more than one person/ organisation to complain? IF SO: How many?</li> <li>- How did you find out who to complain to?</li> <li>- Did you think that different organisations deal with different types of complaints, or did you think that the organisation you contacted would deal with all aspects of your complaint? Could you tell me what you know about this?</li> </ul> <p><b>And how did you find the process of making a complaint?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Was it easier or harder than you expected? Why?</li> <li>- What, if anything, worked well?</li> <li>- What, if anything, did not work particularly well?</li> <li>- What, if any, barriers were there to making your complaint?</li> </ul>	<p>To gain an understanding of the motivations for and the barriers to complaining.</p>	
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	<ul style="list-style-type: none"> <li>- How much, if any, support did you get in making a complaint?</li> <li>- How well informed were you kept during the process?</li> </ul> <p>In the survey you said you expected to achieve [INSERT ANSWERS FROM Q18 IN THE QUANTITATIVE SURVEY HERE] from complaining. Can you tell me a bit more about that?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Was there anything else you expected to achieve from complaining?</li> <li>- How satisfied were you satisfied with the outcome of your complaint? Why?</li> </ul> <p>If someone you know wanted to make a complaint, what would you tell them?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> </ul> <p>ASK THOSE WHO SAID THEY <u>CONSIDERED</u> MAKING A COMPLAINT ABOUT A DENTAL PROFESSIONAL IN THE QUANTITATIVE SURVEY:</p> <p>NOTE TO INTERVIEWER: DO NOT ALLOW PARTICIPANT TO TALK IN TOO MUCH DETAIL ABOUT THE INCIDENT ITSELF – WE ARE MORE INTERESTED IN WHY THEY DID NOT COMPLAIN THAN THE</p>		
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	<p>ACTUAL INCIDENT.</p> <p>You said in the survey you have considered complaining about a dental professional but you did not because <b>[INSERT ANSWERS FROM Q17 IN THE QUANTITATIVE SURVEY HERE]</b>. Could you explain in a bit more detail why you said this?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- What and who did you want to complain about? Why?</li> </ul> <p><b>And were there any other reasons why you didn't complain?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Was there anything about the complaints process that put you off? <ul style="list-style-type: none"> <li>o A lack of trust in the process?</li> <li>o Have you heard bad things about it?</li> <li>o A lack of trust in regulation/complaint processes in general?</li> <li>o Concern it might affect relationship with dental professional?</li> <li>o Too time-consuming?</li> <li>o Were you clear on who you would need to complain to? IF NO: Was this because of a lack of information telling you how to complain? Or was the information available but you still weren't sure who to complain to?</li> </ul> </li> </ul>		
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	<p>○ Were they any other reasons?</p> <p><b>Did you do anything else to try to resolve the issue?</b>  <b>PROBE:</b></p> <ul style="list-style-type: none"> <li>- Did you have an informal discussion with someone in the practice?</li> <li>- Did you approach another body (e.g. your Clinical Commissioning Group or the Care Quality Commission)?</li> </ul> <p>NOTE TO INTERVIEWER: IF NEEDED, EXPLAIN WHAT A CLINICAL COMMISSIONING GROUP AND THE CARE QUALITY COMMISSION ARE.</p> <p><b>What steps, if any, did you take towards making a complaint?</b>  <b>PROBE IF ANY STEPS TAKEN:</b></p> <ul style="list-style-type: none"> <li>- Please describe them the steps (e.g. finding out about complaints process, asking for advice).</li> </ul> <p><b>Looking back at the experience, what, if anything, would have made it easier for/ encouraged you would complain?</b>  <b>PROBE:</b></p> <ul style="list-style-type: none"> <li>- What, if anything, would have reassured you or improved your faith in the process?</li> </ul> <p><b>If you had complained, what would you have <i>wanted</i> to achieve from complaining?</b></p>		
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	<p>What do you think you <i>would</i> have achieved?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you think this?</li> <li>- IF THE ANSWER IS DIFFERENT TO WHAT THEY WOULD HAVE WANTED TO ACHIEVE: Why do you not think you would not have achieved what you wanted?</li> </ul> <p><b>ASK ALL:</b></p> <p>If you were to make a complaint now about a dental practice or professional, can you explain to me how you would go about doing it?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- What would you expect to happen?</li> <li>- What sort of thing would warrant you making a complaint? How serious would your grievance have to be? How often would an incident have to occur before you made a complaint?</li> <li>- IF PARTICIPANT WOULD NOT KNOW HOW TO MAKE A COMPLAINT: What information would you need to feel able to make a complaint?</li> </ul> <p>And who would you go to first if you were making a complaint?</p>		
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	<p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why would you go there/ to them first?</li> <li>- Can you talk me through how you would decide who to go to first?</li> <li>- Would you consider complaining to the General Dental Council? Why/Why not?</li> </ul> <p>Finally in this section, what do you think, then, makes a good complaints procedure?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- What first comes into your head? Why do you say that?</li> <li>- Do you have any examples of when you have made a complaint and thought the way it was handled or process was good?</li> </ul> <p>And what makes a bad complaints procedure?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- What first comes into your head? Why do you say that?</li> <li>- Do you have any examples of when you have made a complaint and thought the way it was done was bad?</li> </ul>		
Costs	I would like to move on now to discuss your expectations about standards of care and in particular the costs of treatment.	To gain an understanding of why the cost of treatment is important to	10 minutes

	<p>Just to check, the last time you visited your dentist or dental practice, did you receive NHS or private dental care, or was it a combination of both?</p> <p>NOTE TO INTERVIEWER, PLEASE MAKE SURE YOU ARE AWARE THROUGHOUT THIS SECTION WHETHER THE PARTICIPANT IS TALKING ABOUT A TIME WHEN THEY RECEIVED NHS OR PRIVATE TREATMENT OR A COMBINATION OF BOTH. IF YOU ARE UNSURE, PLEASE ASK THEM.</p> <p><b>ASK THOSE WHO SAID THEY <u>WERE</u> CLEAR ON THE COSTS OF TREATMENT:</b></p> <p>You said in the survey that the last time you went to the dentist, before you had the check-up or treatment, it was clear to you what the costs would be for you. In what ways was it clear?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Where did you hear about the costs?</li> </ul> <p><b>And how were the costs presented to you?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Were you given clear information about the costs before you received treatment?</li> <li>- Were you given clear information about the costs of different</li> </ul>	the public and what impact clarity about costs has on their decisions.	
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	<p>treatment options (if you had more than one)?</p> <ul style="list-style-type: none"> <li>- Was it clear to you what treatment would be available on the NHS and what would be available privately?</li> <li>- Did the information presented make you confident that you could make an informed choice about your treatment? Why?</li> <li>- And did you ask about the cost before getting treatment? IFYES: Why did you? IF NOT: Why didn't you? IF NO: Is there anything that would prompt you to ask about the costs?</li> <li>- Would you have preferred the costs to be presented in any other ways? How?</li> </ul> <p><b>Did you receive a treatment plan outlining the type of treatment and costs?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF YES: What did you think of it? How useful was it? How, if at all, could it have been improved? Did it make it clear which treatment was available on the NHS and what was available privately?</li> <li>- IF NO: Would you have liked one? How useful would you find one?</li> </ul> <p><b>How important is it to you that you know the cost of the treatment/ check-up beforehand?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> </ul>		
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	<ul style="list-style-type: none"> <li>- What would be the impact for you if you didn't know the costs?</li> </ul> <p>If you had not been clear on the costs before the treatment or check-up, would this have affected your satisfaction with the treatment/ check-up?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> </ul> <p>Would the cost of the treatment/ check-up impact your decision to have the treatment or check-up?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> <li>- What would it impact? Trust? Confidence?</li> </ul> <p><b>ASK THOSE WHO SAID THEY WERE <u>NOT</u> CLEAR ON THE COSTS OF TREATMENT:</b></p> <p>You said in the survey the last time you went to the dentists, before you had the check-up or treatment, it was not clear to you what the costs would be for you. Why was it not clear?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Were you given clear information about the costs before you received treatment?</li> <li>- Were you given clear information about the costs of different</li> </ul>		
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	<p>treatment options (if you had more than one)?</p> <ul style="list-style-type: none"> <li>- Was it clear to you, what treatment would be available on the NHS and what would be available privately?</li> <li>- Did you ask any questions? If yes, who did you ask?</li> <li>- What would have helped you to be clearer?</li> <li>- Did this impact how satisfied you were with the treatment/ check-up?</li> </ul> <p><b>Did you receive a treatment plan outlining the type of treatment and costs?</b></p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- IF YES: What did you think of it? How useful was it? How, if at all, could it have been improved? Did it make it clear which treatment was available on the NHS and what was available privately?</li> <li>- IF NO: Would you have liked one? How useful would you find one?</li> </ul> <p><b>Did you ask about the cost before getting treatment?</b></p> <p>PROBE</p> <ul style="list-style-type: none"> <li>- IF YES: Why did you?</li> <li>- IF NO: Why didn't you?</li> <li>- IF NO: Is there anything that would prompt you to ask about the costs?</li> </ul>		
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	<p>Is it important to you that you know the cost of the treatment/ check-up beforehand?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> <li>- What would be the impact for you if you didn't know the costs?</li> </ul> <p>What would have helped you have a clear understanding of the costs of the treatment/ check-up?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say this?</li> <li>- Would information in the practice/ from the dental professional/ General Dental Council/ anyone else help?</li> </ul> <p>Would the cost of the treatment/ check-up impact your decision to have the treatment or check-up?</p> <p>PROBE:</p> <ul style="list-style-type: none"> <li>- Why do you say that?</li> <li>- What would it impact? Your trust? Your confidence?</li> </ul>		
Conclusion	<p><b>ASK ALL:</b></p> <p>I would like to finish by asking you a quick summary question...</p>	To wrap up the discussion.	5 minutes

	<p>Thinking about the things we have discussed today, if there is one thing you would like us to feed back to the General Dental Council, what would it be?</p> <p>Is there anything else, you would like to say that we haven't had a chance to cover today?</p> <p>To thank you for your time, we would like to offer you a cheque for £30. Please could you tell me who you would like the cheque to be made out to? WRITE DOWN NAME AND CONFIRM.</p> <p>And what address should we post it to? WRITE DOWN ADDRESS AND CONFIRM.</p> <p>THANK AND CLOSE.</p>		
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