



Bringing the voices of communities into the heart of organisations

COVID-19 and dentistry

Survey of the UK public for the General Dental Council



ISBN: 978-1-911654-06-3

Contents

1.	Executive Summary	4
1.1	About this research	4
1.2	Knowledge and experiences of dental services during & emerging from lockdown	4
1.3	Current behaviours and intentions	5
1.4	Looking to the future (barriers, reassurance, confidence and complaints)	5
2.	Introduction	7
2.1	Context	7
2.2	Aims and objectives	7
2.3	Methodology	8
2.4	About this report	9
3.	Knowledge and experiences of dental services during & emerging from lockdown	10
3.1	Knowledge of restrictions	10
3.2	Dental care needs and experiences during lockdown	11
4.	Current behaviours and intentions	13
4.1	Likelihood and change in frequency of seeking treatment	14
4.2	Future spending	16
4.3	Appointments	16
5.	Looking to the future (barriers, reassurance, confidence and complaints)	18
5.1	Attitudes to and expectations of dental appointments	19
5.2	Reassurances and safety	20
5.3	Confidence	22



5.4	Complaints	23
6.	What respondents told us – in their own words	24
7.	Conclusions	27
7.1	During lockdown	27
7.2	The current picture	27
7.3	Looking forward	27
8.	Technical appendix	29
8.1	Methodology	29
8.2	Copy of questionnaire with results	33



1. Executive Summary

1.1 About this research

The General Dental Council (GDC) commissioned Community Research to conduct this research with the aim of exploring the impact of COVID-19 in relation to public safety and confidence in the dental industry and the impact of the virus on the public's choices about their dental health.

An online survey was conducted with a nationally representative sample of 2,176 members of the public across England, Scotland, Wales and Northern Ireland. Respondents were drawn from the GDC Patient and Public Panel, which in turn comes from Panelbase's online market research panel. Fieldwork ran between the 4th and 12th August 2020.

This report presents the main findings from the survey, with key significant differences between sub-groups reported throughout. The following is a brief summary of the findings:

1.2 Knowledge and experiences of dental services during & emerging from lockdown

- Less than half (43%) of respondents were aware of the existence of Urgent Dental Care Centres during lockdown¹.
- Amongst those that said some provision was available during lockdown, the vast majority (88%) were aware that only emergency or very urgent procedures were available.
- A quarter (25%) said they did not know whether some, all or no dental practices were open at the time of the survey.
- 70% would seek information about the availability of dental care services from their own dentist:
 - Younger people were more likely than older people to seek service information through online searches (18% of 18-34s compared to 7% of those aged 65+) and / or through other healthcare providers (24% compared to 8%).
- Just over one third of respondents (36%) had a dental appointment postponed or cancelled during lockdown.
- Of the 23% who experienced pain or other issues during lockdown, around half did nothing about it, and simply lived with the issue, a small minority (14%) self-treated, and 35% sought professional help.

¹ The term lockdown is used throughout this report to refer to the full national lockdown that began in March 2020.

1.3 Current behaviours and intentions

- Many respondents said they were just as likely to visit the dentist for various treatments now as was the case before the epidemic, but when asked about visiting dentists for a range of specific treatments, sizeable minorities for each type of treatment were less likely to do so:
 - The treatments that respondents were most likely to say there would be no change in visits, were for fillings, root canal work, extractions and implants (62%), check-ups (61%) and treatment for gum conditions (61%). For each of these treatments around one in ten (11%-12%) said they would be a lot less likely to go.
 - By contrast around a quarter (24%-25%) said they would be a lot less likely to go for cosmetic dentistry, or non-dental treatments (such as face fillers), with 44% and 45% respectively saying there would be no change in the likelihood.
- Similarly, whilst most expected there will be no change in the frequency of their visits for the various treatments, a sizeable minority said they would go to a dental practice less often or not at all, for example, 27% said they would not go at all now for non-dental treatments, and 24% said this about cosmetic dentistry; this compared to 7% for a check-up and 9% for fillings, root canal work, extractions or implants.
- Both in terms of likelihood of going at all and frequency of visits, respondents of Asian ethnicity tended to be more cautious.
- The pattern was similar when it came to parents' views about children's treatment, with between a quarter and a third of parents saying their children would go less often or not at all for the different kinds of treatments asked about (percentages ranged from 25%-32%).
- Over half of respondents intended to visit a dental practice in the next three months; 10% had already booked an appointment and 41% intended to book one.
- The most common treatments with booked appointments were a check-up (76%) and routine preventative work (26%).

1.4 Looking to the future (barriers, reassurance, confidence and complaints)

- Respondents had mixed views in relation to how they felt about visiting dentists while the risk of Coronavirus infection persists in the UK, as shown by their levels of agreement to a range of statements about this.
 - Just under half (48%) agreed they had no concerns about visiting a dental practice.
 - But 46% agreed they would wait several months before going to a dental practice due to their concern about possible infection and 27% of respondents said they will not go back to a dental practice until there is a cure or a vaccine.
 - Black and Asian respondents were generally more likely to indicate concerns about visiting the dentist than was the case for White respondents.



- Most respondents assumed that experiences of visiting a dental practice would be different now, for example expecting it would be harder to get an appointment and that the appointments will last longer.
- Respondents felt that the most reassuring measures dental practices could put in place are staff wearing PPE, providing information and extra cleaning between seeing patients.
- While most people said that neither their feelings of safety about visiting a dental practice (51%) nor their confidence in the way dental care is delivered (61%) had changed, a sizeable minority were concerned (32% felt less safe).
- Amongst the 72 respondents who had previously complained about a dental professional; a quarter said that if the same incident occurred now, with the Coronavirus still present, they would be even more likely to complain, but one in ten said they were less likely to complain now.



2. Introduction

2.1 Context

The GDC is the UK-wide statutory regulator of just over 113,000 members of the dental team. This includes approximately 42,000 dentists and 71,000 dental care professionals (DCPs), which includes dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

From March 2020 the dental industry and dental care services were severely affected by the COVID-19 epidemic. During the tightest period of lockdown starting from 23rd March 2020, only urgent or emergency dental care was available, mainly through regional hubs and centres. Dental practices began to reopen for face-to-face care from 8th June 2020 in England and 22nd June in Scotland. In Northern Ireland and Wales most practices remained open during the lockdown period. Measures and guidelines have been put in place to make dentistry as COVID-secure as possible.

The GDC works to protect patient safety and maintain public confidence in dental services. It does this by registering qualified dental professionals, setting and upholding professional standards, investigating complaints about dental professionals' fitness to practise and quality assuring dental education.

Under the current circumstances, it is important for the GDC to gather intelligence about public views and attitudes to dentistry and how confident people feel accessing dental services as restrictions change and whilst the epidemic continues. The GDC also has a particular duty to ensure that vulnerable patients are properly protected and gaining specific understanding of the views and behaviours of vulnerable patients is therefore also vital for their work.

2.2 Aims and objectives

The GDC commissioned Community Research to conduct this research with the aim of exploring the impact of COVID-19 in relation to public safety and confidence in the dental industry and the impact of the virus on the public's choices about their dental health.

The detailed objectives were to provide understanding about:

- Public knowledge and understanding of the impact of COVID-19 on dental provision (awareness of dental services provision during lockdown and any up to date development).
- Public perceptions of how COVID-19 might impact their access to and use of dental care in future, including frequency of use, types of treatment/sector, practice settings and any barriers and/or responses that would encourage confidence/use of services.



- Levels of trust and confidence in dentistry and in relation to raising issues/complaints (and if possible, by capturing through reflective questioning any COVID-19-related changes in trust, confidence and in attitudes towards complaining).
- The impact of COVID-19 on members of the public from minority ethnic backgrounds.
- The impact on different patient groups (e.g. by geography - rural and remote/isolated practices - equality, diversity and inclusion (EDI) and sub-group breakdown).

The survey was designed to provide a robust evidence base, ensuring that findings represent as accurately as possible the views of the UK public. Embedded within the objectives was the clear need to ensure that insight was obtained from sufficient numbers to enable analysis of respondent characteristics associated with equality, diversity and inclusion (EDI).

2.3 Methodology

After an initial pilot of the draft survey, an online survey was conducted with a nationally representative sample of 2,176 members of the public across England, Scotland, Wales and Northern Ireland. The sample was drawn from the GDC Patient and Public Panel, which in turn comes from Panelbase's online market research panel. Community Research was responsible for the survey design and analysis of the data; whilst the data collection, survey mechanics and sample management were undertaken by Panelbase. Fieldwork ran between the 4th and 12th August 2020.

Respondent recruitment

Panelbase recruits for surveys from its panel of approximately 300,000 active panel members². The sample for this survey was drawn from the GDC Patient and Public Panel, which in turn comes from Panelbase's online market research panel. Quotas were set by the four UK nations to ensure that the findings are nationally representative of the public at large. The size of the samples in Wales and Northern Ireland were boosted to ensure that analysis by each nation would be possible. The total sample data was then weighted to ensure that results were nationally representative for the UK. Quotas were also set to ensure that the sample was representative in terms of age, gender, socio-economic group and ethnic origin. The proportions applied to the quotas were provided by Panelbase in line with their standard approach to polling for nationally representative samples in the UK.

² More details about the Panelbase panel are provided in the Technical Appendix at 7.1.



2.4 About this report

The analysis reported here comes from an achieved sample of 2,167. As a sample and not the entire population of adults aged 18 and over living in the United Kingdom has been interviewed, all results are subject to potential sampling tolerances (or margins of error). For a question where 50% of the sample responds with a particular answer, the chances are 99 in 100 that this result would not vary more than + or – 2.8% from the result that would have been obtained from a census of the entire adult population of the UK³.

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference must be of a certain size, in order to be statistically significant though. Throughout the analysis of the survey data, we tested if a difference in results between two sub-groups within the sample was a statistically significant one, at the 95% confidence interval. Where differences are not significant at this level they have not been drawn out within the findings. To be clear, any sub-group differences highlighted within this report are statistically significant at a 95% confidence interval or greater.

Percentages which derive from base sizes of less than 100 participants should be regarded as indicative. Where percentages do not sum to 100, this may be due to respondents being able to give multiple responses to a question or to computer rounding.

The survey resulted in a large amount of data being available to the GDC. This report presents an overview of the findings, the full dataset will be subject to further and more detailed analysis. A full outline of the questionnaire with weighted results for the total sample is provided at in the Technical Appendix at 8.2. Further detail about the methodology is provided at 8.1.

Key statistically significant differences found between demographic sub-groups are indicated with coloured boxes.

³ For more explanation about margins of error and statistical tests applied to the data please see please see Technical Appendix 8.1.



3. Knowledge and experiences of dental services during & emerging from lockdown

Section summary

- Less than half (43%) were aware of the existence of Urgent Dental Care Centres during lockdown.
- Amongst those that said some provision was available during lockdown, the vast majority (88%) were aware that only emergency or very urgent procedures were available.
- A quarter (25%) said they did not know whether some, all or no dental practices were open at the time of the survey.
- 70% would seek information about the availability of dental care services from their own dentist:
 - Younger people were more likely than older people to seek service information through online searches (18% of 18-34s compared to 7% of those aged 65+) and / or through other healthcare providers (24% compared to 8%).
- Just over one third of respondents (36%) had a dental appointment postponed or cancelled during lockdown.
- Of the 23% who experienced pain or other issues during lockdown, around half did nothing about it, and simply lived with the issue, a small minority (14%) self-treated, and 35% sought professional help.

3.1 Knowledge of restrictions

During lockdown

- Less than half (43%) of respondents were aware of the existence of Urgent Dental Care Centres.
- However, almost a third (30%) believed that, with all practices closed, there were no dental services available, during lockdown.
- Amongst those that believed some provision was available during lockdown, the vast majority (88%)

were aware that only emergency or very urgent procedures were available.

➤ This was lower amongst respondents in England (87% knew this) compared to those from Northern Ireland (98%), Wales (97%) and Scotland (93%).

At the time of the survey

- A quarter (25%) said they did not know the status in terms of whether

some, all or no dental practices were open.

- Almost a third (30%) were unsure about the kinds of dental care available (i.e. whether all kinds of treatment were available, or only urgent / low risk treatments).

Sources of information

- Respondents who knew services were only available through a specialist Urgent Dental Care Centre / Clinic, were asked how they knew this.



- The most common answer (28%) was that the information had been received informally, or via word of mouth, with a further 19% having heard via the media.
- The dental profession itself was also a source of this information, with some having been contacted by their dentist (11%) and others saying they had sought information from the dental practice (10%).

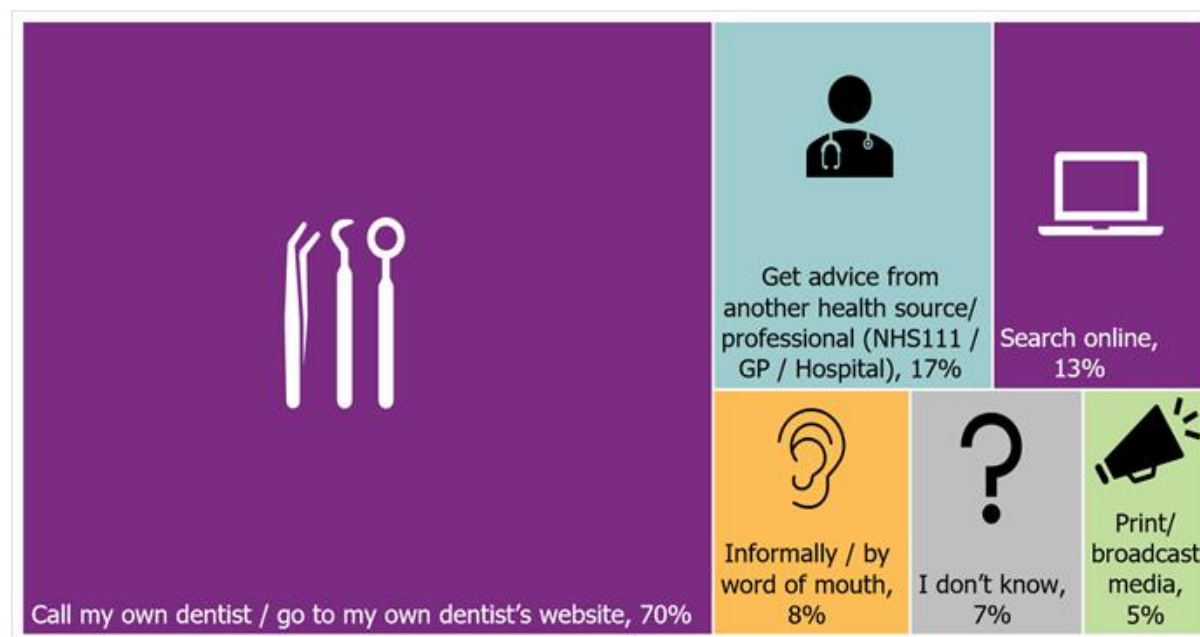


Figure 1 – Information sources about the availability of dental care services

- When asked where they would seek information about the availability of dental care services where they live; the most popular source was from dental practices themselves, as shown in Figure 1.
- 18-34-year olds were much less likely to seek such information from their own dentist (56%) than was the case for older people (85% amongst those aged 65+).
- Conversely, those aged 18-34 were more likely to search online (18%) or get advice from other health sources (24%) than was the case for those aged 65+ (7% and 8% respectively).

3.2 Dental care needs and experiences during lockdown

Cancelled appointments

- Just over one third of respondents (36%) had a dental appointment postponed or cancelled because of the COVID-19 lockdown.
- Three quarters (75%) of these cancelled or postponed appointments were for check-ups, just over a quarter (26%) were for routine preventative treatment, and 13% were for fillings, root canal work, extractions, or implants. Other types of treatment were mentioned by 6% or fewer of those who had had a cancellation or postponement.



Those who experienced dental pain / other issues during lockdown

- Whilst over three quarters of respondents (77%) reported having no dental pain or other dental problems during lockdown; minorities reported experiencing pain (13%) or other issues such as problems with dentures, braces or gum problems (10%).
- Amongst those who did experience dental pain or other issues, over half (51%) just lived with their issue.
 - This proportion was similar for those who did (53%) and those who did not (49%) experience pain.
- A minority of those experiencing pain or other issues (14%) self-treated – (10% amongst those in pain; 20% of those with other issues).
- Just over a fifth (21%) spoke to a dental professional either online or over the phone.
 - Amongst those living in rural areas this was the case for more than a third (35%).
- Whilst 8% sought the help of a medical professional, only 6% of those who experienced pain or other issues during lockdown went to see a dental professional in person.

Reasons for not seeking treatment

- When those who did not seek treatment were asked to explain why they had not done so, a variety of responses were given.
- As shown in Figure 2, when prompted with possible reasons for why they may not have sought treatment (and subsequently to choose the most important of these) the most frequently identified were: that they preferred to wait until lockdown ended; that the issue was not particularly bad; and that they simply did not know that treatment was possible.

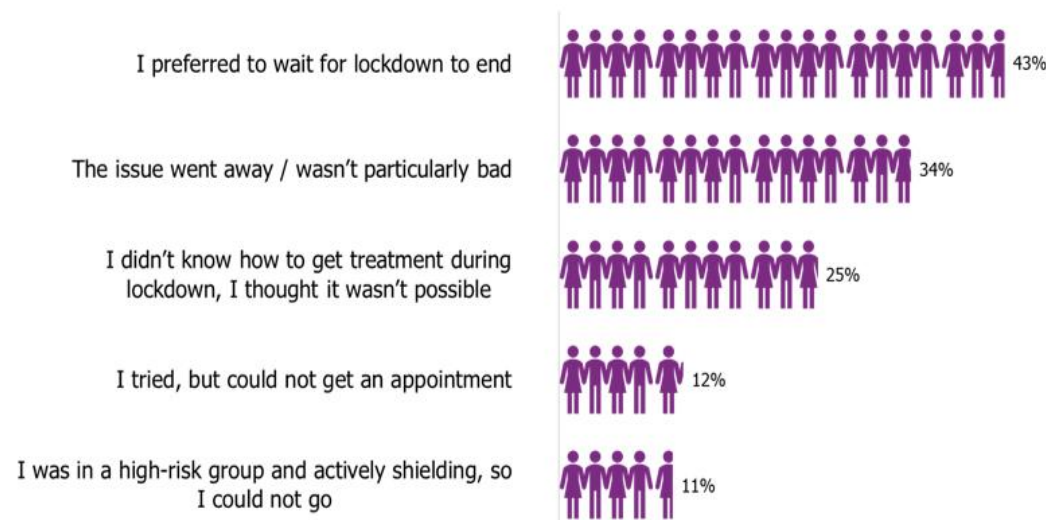


Figure 2 – The five most common reasons for not seeking treatment for pain or other issues during lockdown (multi-response)

"No dental services were available. The closest emergency service was 40 miles away and I had no means of transport there."

4. Current behaviours and intentions

Section summary

- Many respondents said they were just as likely to visit the dentist for various treatments now as was the case before the epidemic, but when asked about visiting dentist for a range of specific treatments, sizeable minorities for each type of treatment were less likely to do so:
 - The treatments that respondents were most likely to say there would be no change for were fillings, root canal work, extractions and implants (62%), check-ups (61%) and treatment for gum conditions (61%). For each of these treatments around one in ten (11%-12%) said they would be a lot less likely to go.
 - By contrast around a quarter (24%-25%) said they would be a lot less likely to go for cosmetic dentistry, or non-dental treatments (such as face fillers), with 44% and 45% respectively saying there would be no change in the likelihood.
- Similarly, whilst most expected there will be no change in the frequency of their visits for the various treatments, a sizeable minority said they would go to a dental practice less often or not at all, for example 27% said they would not go at all now for non-dental treatments, and 24% said this about cosmetic dentistry. This compared to 7% for a check-up and 9% for fillings, root canal work, extractions or implants.
- Both in terms of likelihood of going and frequency of visits, respondents of Asian ethnicity tended to be more cautious.
- The pattern was similar when it came to parents' views about children's treatment, with between a quarter and a third of parents saying their children would go less often or not at all for the different kinds of treatments asked about.
- Over half of respondents intended to visit a dental practice in the next three months; 10% had already booked an appointment and 41% intended to book one.
- The most common treatments with booked appointments were a check-up (76%) and routine preventative work (26%).



4.1 Likelihood and change in frequency of seeking treatment

- Respondents were asked the extent to which concerns about Coronavirus would change the **likelihood of their going** to a dental practice for a selection of different treatments⁴.
- Although most respondents said there had been no change in their likelihood of going to a dental practice for different treatments due to concerns about Coronavirus, there was a sizeable minority who said they would be less likely to go.
 - The treatments that respondents were most likely to say there would be no change for were fillings, root canal work, extractions and implants (62%), check-ups (61%) and treatment for gum conditions (61%). For each of these treatments around one in ten (11%-12%) said they would be a lot less likely to go.
 - By contrast, 44% and 43% thought there would be no change in the likelihood of them going for cosmetic dentistry or non-dental treatments (such as face fillers) respectively; with a quarter (25% and 24% respectively) saying they would be a lot less likely to go for these treatments. This compared to around one in ten for fillings, root canal work, extractions and implants (11%), a check-up (12%) and treatment for gum conditions (11%).

⁴ The full breakdown of results can be found in the technical appendices. For the sake of brevity only the treatments people were most / least likely to go for have been reported on. Percentages are based on the sample excluding those who stated they would never have had each kind of treatment, regardless of Coronavirus.

- The proportions of people who said they would be less likely to go for treatments generally was higher amongst people with physical or mental health conditions and also amongst those who said they felt less safe when visiting a dental practice.
- Respondents were then asked how the **frequency** of their visits for different type of treatments might change⁵. A similar pattern emerged; while the majority said there would be no change in how often they would go for different treatments, a sizeable minority said that they would go less often or not at all, as shown in Figure 3.
 - The treatments respondents were most likely to say there would be no change in frequency for, were a check-up (63%) and fillings, root canal work, extractions or implants (62%).
 - The treatments they were most likely to say they would not go for at all now were non-dental treatments like fillers or Botox (27%) or cosmetic dentistry (24%) compared to only 7% for check-ups and 9% for fillings, root canal work, extractions and implants.

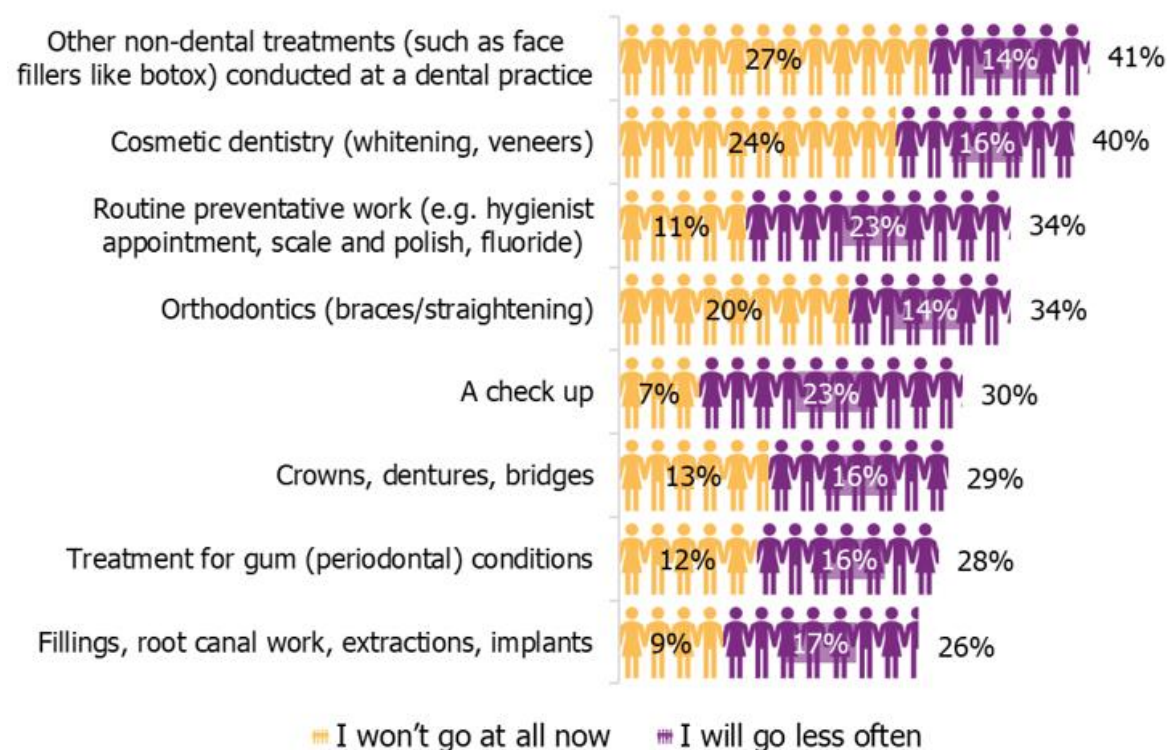
⁵ Please refer to the technical appendices for the full breakdown of results; again, only the treatments with the biggest and smallest changes in frequency are reported on here.



- Men were more likely than women to say that there would be no change in the frequency of their visits for check-ups; routine preventative work; fillings, root canal work, extractions or, implants; and crowns, dentures or bridges.
- NHS patients who do not pay for their treatment were more likely than other groups of patients (both private and NHS paid) to say they would go less often or not at all.

- Both in terms of likelihood of going and frequency of visits, respondents of Asian ethnicity tended to be more cautious. They were less likely than other ethnic groups to say there would be no change in how likely or how often they would go for different treatments.

Figure 3 – Proportions who said they will go less often, or not at all for various treatments



- Between a quarter and a third of parents said that their children would visit a dental practice less often or not at all for different treatments now, compared to before the Coronavirus epidemic (percentages ranged from 25%-32%).
 - The treatment least likely to see a change was a check-up, with 62% of parents saying there would be no change in how often their children would go.

Both in terms of likelihood of going and frequency of visits, respondents of Asian ethnicity tended to be more cautious

4.2 Future spending

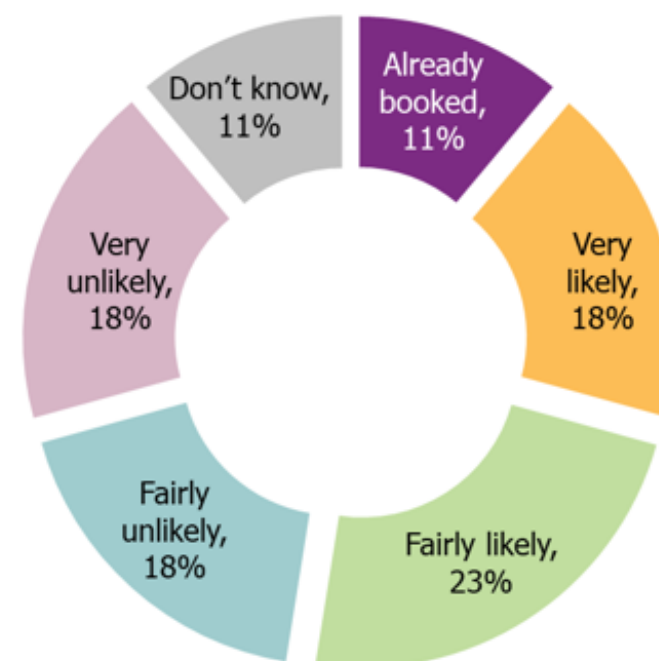
- Around half of respondents (51% of NHS patients and 48% of private patients) expect to spend the same amount of money on dental care over the next year as they did in the preceding 12 months.
- A fifth of both types of patients thought they would spend more (21%). Almost a quarter (24%) of private patients thought they would spend less, as did a fifth (20%) of NHS patients (the difference between these results is not statistically significant).
- Private patients differed depending on whether they used private dental care only or a mix of private and NHS care; 17% of the former expected to spend less compared to 36% of those using mixed provision.
- Similarly, those using mixed provision were also more likely to expect to spend less on NHS care than NHS-only patients (28% and 19% respectively.)
- People from lower (DE) socio-economic groups were also more likely to think they would spend less in the next year.

Around half expected to spend the same amount of money on dental care over the next year, as they did in the preceding 12 months

4.3 Appointments

- Over half of respondents (52%) said either that they had already booked an appointment to see a dental professional or that they were very or fairly likely do so in the next three months (as shown in Figure 4).
- Women, those aged 65+ and people in England (where restrictions were earlier to lift) were more likely to have already booked an appointment as were private dental patients.

Figure 4 – Already booked/ likelihood to book appointment



- Those who felt a little or a lot less safe visiting a dental practice because of Coronavirus were, of course, less likely to book an appointment. Half of this sub-group (50%) said they were very (25%) or fairly (25%) unlikely to do so.
- Amongst those who already had an appointment or said they were likely to book one, the most common treatments booked / likely to be booked were a check-up (76%) or routine preventative work (26%).

Cancelled appointments

- Only a small minority, (6%) of respondents said they had actively cancelled any future dental appointments because of concerns about Coronavirus.
 - English respondents were more likely to have done so than their counterparts in the devolved nations (7%, compared to 4% in Northern Ireland, 4% in Scotland and 3% in Wales).



5. Looking to the future (barriers, reassurance, confidence and complaints)

Section summary

- Respondents had mixed views in relation to how they felt about visiting dentists while the risk of Coronavirus infection persists in the UK, as shown by their levels of agreement to a range of statements about this.
 - Just under half (48%) agreed they had no concerns about visiting a dental practice.
 - But 46% agreed they would wait several months before going to a dental practice due to their concern about possible infection and 27% of respondents said they will not go back to a dental practice until there is a cure or a vaccine.
- Black and Asian respondents were generally more likely to indicate concerns about visiting the dentist than was the case for White respondents.
- Most respondents assumed that experiences of visiting a dental practice would be different now, for example expecting it would be harder to get an appointment and that the appointments will last longer.
- Respondents felt that the most reassuring measures dental practices could put in place are staff wearing PPE, providing information and extra cleaning between seeing patients.
- While most people said that neither their feelings of safety about visiting a dental practice (51%) nor their confidence in the way dental care is delivered (61%) had changed, a sizeable minority were concerned (32% felt less safe).
- Amongst the 72 respondents who had previously complained about a dental professional, a quarter said that if the same incident occurred now, with the Coronavirus still present, they would be even more likely to complain, but one in ten said they were less likely to complain now.



5.1 Attitudes to and expectations of dental appointments

- Respondents were asked to say how much they agreed with a series of statements relating to Coronavirus and visiting dentists⁶.
- When it came to how they felt about visiting dental professionals in the future while the risk of Coronavirus infection persists in the UK, respondents were fairly polarised.
- Over half of those who had not already booked an appointment, indicated enough concern about Coronavirus to suggest they would avoid visiting the dentist. Over half (54%) of those without a booked appointment (48% of the total sample) agreed⁷ they would not go to a dental practice at all, unless they had an urgent issue; while 46% (41% of the total sample) agreed they would wait several months before going to a dental practice, due to their concern about possible infection.
 - Most of those who agreed with these two statements (71% and 78% respectively) would typically have visited a dentist at least once

every two years, before Coronavirus.

- Just over a quarter (27%) of those who had not already booked an appointment, agreed that they would only consider going back to the dentist when a vaccine or cure for Coronavirus was available (see Figure 6).

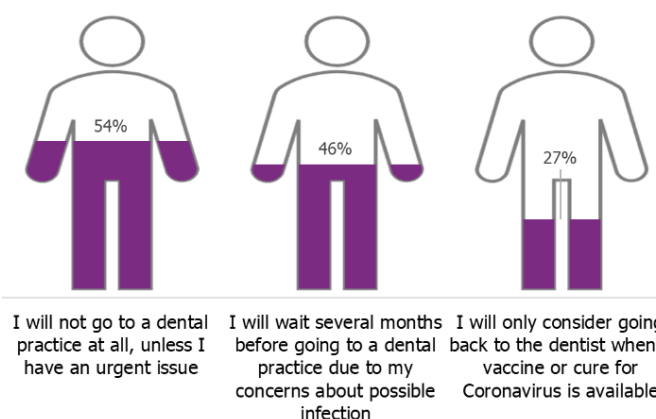


Figure 6 – Agreement with statements about going back to a dental practice (1)

- Black and Asian respondents were generally more likely to indicate concerns about visiting the dentist than was the case for White respondents:

- For example, 52% of White respondents agreed that they would not go to a dental practice at all, unless they had an urgent issue, compared to 70% of Black and 68% of Asian respondents.
- Similarly, 60% of Asian respondents and 52% of Black respondents agreed that they would wait several months before going to a dental practice due to their concerns about possible infection compared to 45% of White respondents.

- However, over three quarters of respondents (79%) agreed they would be happy to attend an appointment if they could be assured it was safe to go, and nearly half (48%) claimed they had no concerns about visiting a dental practice (see Figure 7).

Black and Asian respondents were generally more likely to indicate concerns about visiting the dentist

⁶ Respondents were asked their level of agreement on a verbal scale. The results detailed above combine 'strongly agree' and 'agree', and 'strongly disagree' and 'disagree'. The full breakdown of results can be found in the technical appendix.

⁷ The term 'agreed' refers to the proportion of the sample who indicated that they agreed or agreed strongly with the given statement.



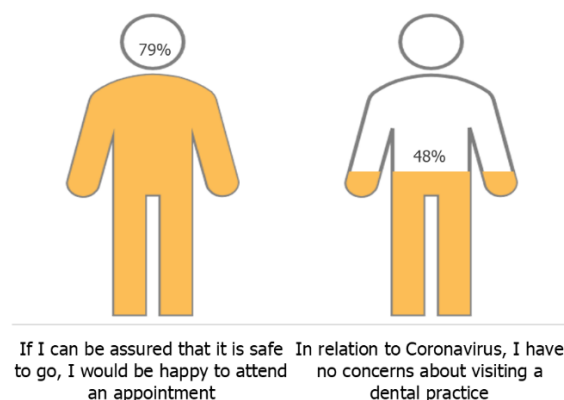


Figure 7 – Agreement with statements about going back to a dental practice (2)

➤ Men were more likely than women to say they had no such concerns (51% compared to 45%).

- Expectations of future dental appointments were more consistent across the sample, with most respondents assuming that the appointment experience would be different because of Coronavirus.
 - Three quarters (74%) agreed it would be harder to get an appointment while the risk of Coronavirus infection persists.
 - Most (57%) agreed they expected dental appointments to last longer,

and half (49%) agreed they would be a more unpleasant experience.

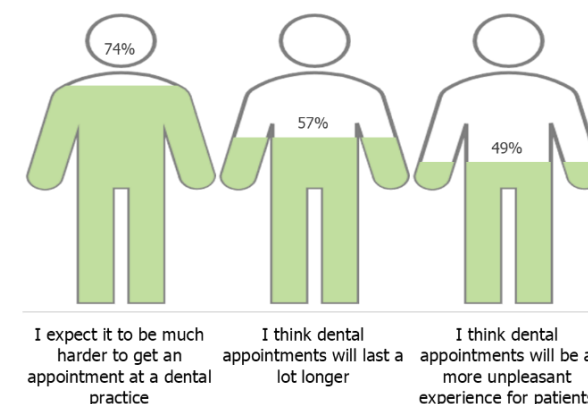


Figure 8 – Agreement with statements about going back to a dental practice (3)

5.2 Reassurances and safety

- Of all the different measures that could be put in place, shown to respondents, those most likely to be reassuring were: staff wearing PPE and hand sanitiser being available on entry and exit (53% and 45% respectively would find these measures very reassuring).
- A small number of respondents did make additional suggestions for measures that would be reassuring. These included: mandatory face-masks for patients (before and after treatment); well ventilated treatment rooms; assurances about track and trace systems; and only allowing cashless payments.

- While all the suggested measures were seen as quite or very reassuring by most respondents, information about waiting times was seen as the least reassuring overall – only 21% said this would be very reassuring, and a fifth (20%) said this would not be reassuring.
- As Figure 9 shows, when asked to pick a single most reassuring measure, staff wearing PPE (29%); clear information about control measures to reduce the risks of contracting Coronavirus from the dental practice, before my appointment (20%); and extra cleaning and sanitisation before and after every patient (20%) were the top three choices.



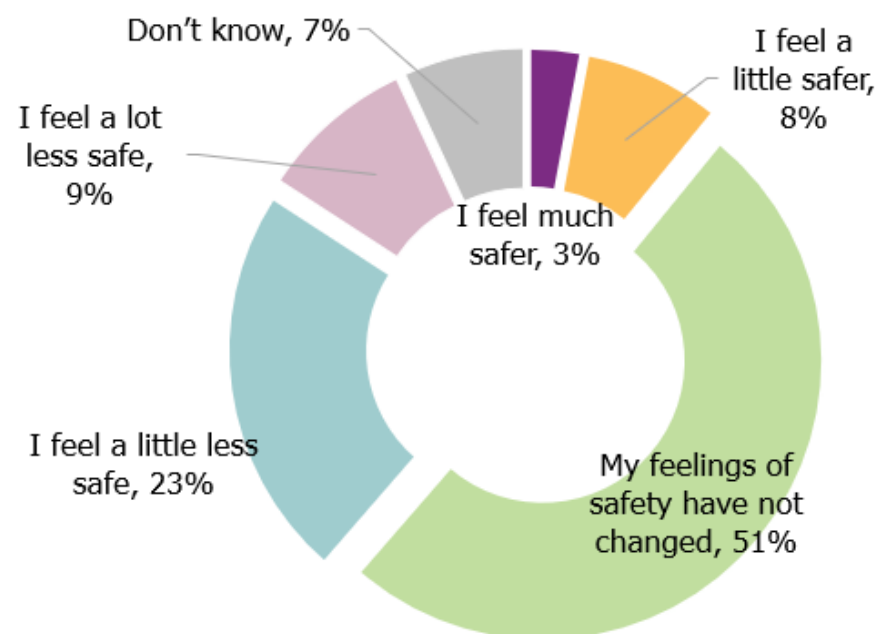


"It would be great to receive an email or text letting me know what will happen when I get there and any information that I need to know."

Figure 9 – Single most reassuring measure
(endorsed by 5% or more of the sample)

- While half of respondents (51%) said that their feelings of safety when visiting a dental practice have not changed as a result of Coronavirus, nearly a quarter (23%) reported feeling a little less safe and one in ten (9%) said they feel a lot less safe (see Figure 10).
- Those who were feeling less safe were asked to explain in their own words the reasons for this. The most common responses were that it was because there is still a risk of COVID-19 in general (36%) or because they consider there to be a higher risk of getting infected, in particular, at the dentist (18%).





**Figure 10 –
How
feelings of
safety have
changed**

"My nose and mouth would be exposed when I am being treated which makes me more likely to inhale any virus particles. The dentist, hygienist or dental nurse could be an asymptomatic carrier of the virus and during any procedure they tend to be very physically close to you, for an extended period of time."

"There's no filtering of airborne particles from previous patients and following patients can't wear a mask during treatment."

5.3 Confidence

- Most (61%) of respondents said that their confidence in the way dental care is delivered had not changed.
- However, 12% said they are a little less confident and 5% said they are a lot less confident.
- The main reason given for confidence levels reducing was that there remains a risk of COVID-19 infection.
- There was no marked difference in confidence levels for NHS dental care compared to private dental care, although a fifth (21%) said they didn't know whether their confidence in private dental care had changed (compared to 10% for NHS dental care).
- When asked to explain in their own words why they felt more confident, the main reason given was that they felt happy with the safety measures in place (mentioned by 37%).
- For those who were less confident, 38% said it was because there was still a risk of COVID-19.
- Most respondents (66%) said that they felt the same degree of safety regardless of whether care is private or from the NHS.



➤ Just over 1 in 10 (13%) said they would feel safer getting private dental care (this was higher amongst patients in England (14%) than in other nations, particularly Scotland (7%).

- Just under a fifth (19%) of respondents said they had definitely heard of the General Dental Council before completing the survey. Almost a third (31%) thought they had done so; whilst 42% had not.

- Most respondents (54%) were confident that the GDC is regulating dentists and dental care professionals effectively – 11% were very confident and 43% were fairly confident.

5.4 Complaints

- The 72 respondents within the sample who had made a complaint about a dental professional in the past were asked how likely they would be to complain if the exact same situation were to happen now, with the Coronavirus epidemic still happening.
- As Figure 11 shows, while over half⁸ (56%) said they would be neither more nor less likely to do so, a quarter (25%) said they would be even more likely, while 13% said they would be less likely to do so.

"My complaint concerned the quality of treatment received by a dentist. Coronavirus wouldn't have made any difference to that."

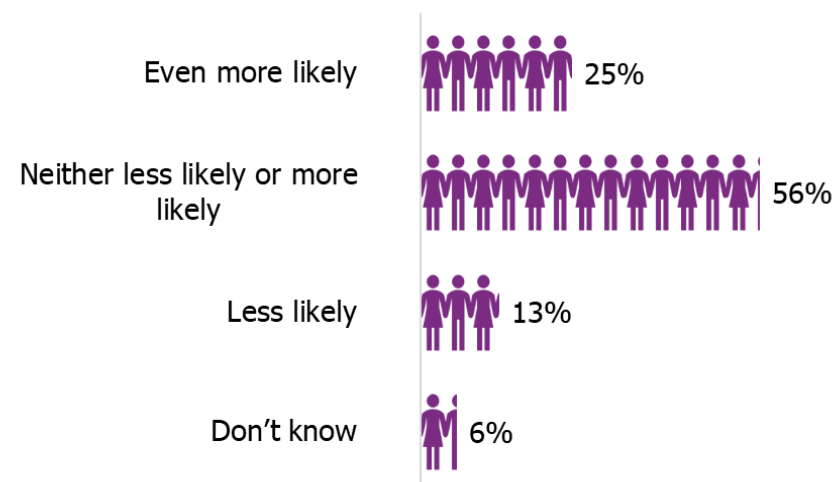


Figure 11 – Likelihood of complaining, if the exact same situation were to happen now, with the Coronavirus epidemic still happening

⁸ Note small base size for this question (72) means findings should be treated with caution.



6. What respondents told us – in their own words

At the end of the survey, respondents were asked for any other comments or experiences they wished to share about how dental care is being delivered in the UK at the current time.

To **give respondents the final word** within this report, a selection of their responses, grouped into some key themes, is provided below.

Nervousness / avoiding dentist

"I have dental pain, but my worry over catching the virus overrides this greatly."

"I think, unless it is really necessary, I will personally wait a couple of months before I visit the dentist."

No difference in feelings of safety / confidence

"I feel safe visiting my dentist both before the pandemic and now, the dentists all have had to wear both gloves and face masks during treatment at all times prior to and after the pandemic."

"Teeth/mouth care would ordinarily be very highly managed on the hygiene front, so I have no worries on the patient side, more for the practitioners."

Want dentists open / should be open as normal

"I think dentists should all be opened and operating as normal with precautions in place to protect from coronavirus."

"I think it is crazy that I can't get a filling because of the risk of transmission of the virus yet I can go to the pub without a mask any time. The government and the Dental Council [sic] need to get a grip on this."

"The government should be doing more, than it currently is, to get dentistry restarted in the UK."

Reassurances desired

"It would be good to hear from my local dentist about what they're doing. So far, they've just postponed a check-up. It would be useful to hear from them about proactive steps that they've taken, what to expect during a visit and an overview of which services they are currently providing."

"At my current dentist, temperatures are taken but I wish they had emailed me about how the dentist's area is protected."



Praising own dentists / positive experience

"The dental profession has made sterling efforts to deliver a safe patient experience and I have every confidence that it will continue to do so."

"I had to have a tooth checked in July because of toothache and I was able to get an appointment the next day with my usual dentist, even though I had to see his partner. Everything that could possibly be done regarding the virus was being done and I was completely satisfied with the treatment I received."

"When I eventually visited the dentist, after waiting for lockdown measures to ease slightly, I found the whole experience very reassuring. Staff were professional, clear on what I was to do to uphold the guidelines and it was obvious that they themselves were following stringent guidelines to protect themselves and patients."

Poor experiences / communications

"I was quite alarmed that the receptionist told me that I wouldn't be able to get an appointment until possibly next March to have fillings replaced ... Alarming I was told by the dental receptionist that they are only performing extractions!"

"Apart from a message from my dentist cancelling my check-up I haven't heard from them, don't know if they are open or when I can be seen."

"I am very disappointed that I was not booked in by my dentist when they opened, feel highly neglected and left very uncertain about treatment I had paid upfront for."

"It's frustrating. My husband is in pain and can't get a dentist. The emergency dentists don't want to see anyone. He's lost a tooth and is so self-conscious of it."

Concerns regarding long term impact of lack of dental care

"I had a check-up booked which has been cancelled and had toothache during coronavirus and had a baby in which time my teeth are meant to be checked and I still cannot get even a check-up."

"I think that dental treatment has been handled very poorly and continues to be a very low priority. In fact, the whole of the NHS including dentistry has been given a very low priority for everything not directly COVID-19 related. It is a short-sighted attitude likely to cause the country more long-term harm than COVID-19."

"It's worrying that we are struggling to get appointments and people could end up losing teeth."

"I need ongoing treatment for gum disease and had appointments for a check-up and hygiene booked many months ago for next month. The check-up they told me will not happen and hygiene cancelled until next February; I am very unhappy. Similar scenario for partner and friends with problems, they cannot get appointments; this will lead to



unnecessary problems for all and damage that is unnecessary; lost much confidence in the service, care and reliability.”

Shouldn't have closed in lockdown

“It was an absolute disgrace how dentists were shut during the lock-down leaving a large number of people without recourse to any worthwhile treatment.”

“I think what's happened during Covid lockdown was a big mistake. Dentist is an essential service that it can't be closed. Besides, I'm confident dentists are able to keep their safe patients from virus and bacteria, because they manage health issues everyday in their job.”

“They are the most sterile departments of health as it is, so seems utterly crazy that they have stopped lots of dental services.”



7. Conclusions

7.1 During lockdown

While many understood that dental care was limited during full lockdown, a significant proportion of the population were uncertain about what dental services were available at the time of the survey, as restrictions were beginning to lift.

Taking sub-group findings into consideration, this indicates that, with others, the GDC could usefully give consideration to how communication can be improved and tailored to make sure that people know and understand the services they can and cannot access within dental practices.

Two thirds of those who experienced pain or other issues during lockdown simply lived with the pain or self-treated.

7.2 The current picture

Dental practitioners should be aware that while many intend to continue to visit their dentist as they have done previously, there is a sizeable minority who are nervous about doing so, and state an intention both to avoid visiting and/or to reduce the frequency of their visits.

Amongst this minority, there is reluctance to make dental appointments across all types of dental treatments, including check-ups and routine preventative work. The implications of this, in terms of future need and avoidable harm, will need to be carefully considered.

7.3 Looking forward

The potential economic impact of people's longer-term attitudes towards dentistry should also be borne in mind. Although most expect their spending to remain the same, between a quarter and a fifth of patients think they will spend less on dental care in the next 12 months. Furthermore, around half of those who had not booked an appointment already agreed they might wait several months before going to a dentist and a quarter agreed they will only go back when a cure or vaccine is found.

There appears to be more caution about returning to dental practices amongst Asian people and greater levels of concern about returning amongst people of both Asian and Black ethnic origins. This may have further implications about how messages of reassurance should be targeted to ensure that ethnic minority populations, and others with higher levels of concern, are given equal access to safe dental services.



A third of people say they feel less safe when visiting a dental practice. Some of these people may well be nervous about any public outings, but others are particularly concerned about dental treatments, given the close proximity and the fact that treatments are oral.

It will remain important to put in place measures to reassure people that it is safe to return to the dentist; our findings will help inform stakeholders about how best to achieve this. Staff wearing PPE is the measure most likely to be seen as reassuring, but the provision of information about what dental practices are doing to reduce the spread of the virus will be vital in building confidence.



8. Technical appendix

8.1 Methodology

Sample recruitment

Recruitment was via the GDC's Patient and Public Panel which in turn is recruited from Panelbase's online market research panel. The final, unweighted sample profile was as shown in the tables below:

Gender	Number	%
Male	1035	48%
Female	1139	52%
Other	1	*%
Prefer not to say	1	*%

Age	Number	%
18-24	280	13%
25-34	353	16%
35-44	338	16%
45-54	398	18%
55-64	339	16%
65-75	256	12%
75+	212	10%

Socio-economic group	Number	%
A	103	5%
B	493	23%
C1	732	34%
C2	298	14%
D	319	15%
E	231	11%

Location	Number	%
Town or suburb	1272	58%
City	503	23%
Rural area	401	18%

Region / Country	Number	%
South East England	271	12%
North West England	253	12%
Greater London	229	11%
West Midlands	184	8%
East Anglia	183	8%
Yorkshire & Humberside	174	8%
Scotland	167	8%
South West England	158	7%
Wales (Boosted)	157	7%
Northern Ireland (Boosted)	151	7%
East Midlands	148	7%
North East England	101	5%



Ethnicity	Number	%
White British	1770	81%
Indian	66	3%
White Irish	56	3%
African	38	2%
Caribbean	31	1%
Chinese	29	1%
White Eastern European	23	1%
Pakistani	23	1%
White and Asian	16	1%
Bangladeshi	13	1%
White and Black Caribbean	12	1%
White and Black African	7	*%
Sri Lankan	6	*%
Any other white background	45	2%
Any other mixed background	12	1%
Any other Asian background	8	*%
Any other Black background	2	*%
Any other	7	*%
Prefer not to say	12	1%



About the GDC Patient and Public Panel and the Panelbase panel

All samples and all methodologies are subject to bias. In the case of online panel research, one of these potential biases is in the make-up of the panel and how far it reflects to wider population of non-panel members. Panelbase employs a broad range of recruitment techniques, including offline approaches, to maximise the representation of hard-to-reach and minority groups. As their panel offers research opportunities that are both online and offline, ongoing engagement is not solely reliant on frequent internet access or high levels of IT capability.

For each survey sample selection is aligned with the target specification taking in to account all demographic and other attributes of the target population and constructing detailed sample selection plans. Panelbase calculates likely responsiveness per respondent, using their historical survey activity, in order to ensure correctly balanced sample deployments and throughput of sample on entry to each survey. Panelbase only supplies sample for market research purposes.

Questionnaire development and testing

The questionnaire was drafted by Community Research, in close consultation with the GDC.

A near-final draft of the questionnaire was programmed and was then subjected to a cognitive testing process whereby five panellists were asked to complete the questionnaire and then discuss their experience with researchers. Feedback was given on each question to ensure that it was comprehensible, clear and user-friendly.

Following this small-scale cognitive test some further amendments were made. The survey was then subject to a 'soft launch' whereby the first 100 responses were gathered and checked to make sure that all aspects of the survey were working as expected, prior to fully launching the survey online.

Analysis

Data was cleaned and checked using Panelbase's standard procedures which include proprietary algorithms to automatically identify any potential rogue respondent activity such as: straight lining, speeding, and poor verbatim responses. Subsequent analysis was undertaken by Panelbase to a specification provided by Community Research and approved by the GDC. The data was weighted to ensure that results were nationally representative for the UK. Open question data was coded for only two open questions – question 38 and question 42. For all other open questions the raw data will be provided to the GDC and no formal, structured analysis has been undertaken other than to look through a selection of the comments made.



As a sample and not the entire population of adults aged 18 and over living in the United Kingdom has been interviewed, all results are subject to potential sampling tolerances (or margins of error). For a question where 50% of the sample responds with a particular answer, the chances are 99 in 100 that this result would not vary more than + or – 2.8% from the result that would have been obtained from a census of the entire adult population of the UK. It should be noted that these tolerances apply only to random samples with an equivalent design effect. Although the Panelbase panel itself is non-random it is accepted statistical and industry practice to treat the sample as random and apply the confidence interval tests as described. It should also be noted that the margins of error for smaller sub-samples (e.g. regional or demographic sub-groups) will be higher.

Once cross-tabulated, significance testing was conducted using Pearson's Chi-Square test. This test allows researchers to calculate whether two variables in a sample are independent. It looks at an observed distribution of the responses across the total sample and calculates an expected distribution across each of the sub-groups in the cross tabulations. It then reveals if there are any significant differences between how the different sub-groups have answered any given question.

Where differences are not significant at this level they have not been drawn out within the findings. Again, strictly speaking the tests for significance apply only to random samples but in practice they are used as a helpful rule of thumb to decide whether findings should be highlighted or not. Any sub-group differences highlighted within this report are statistically significant at a 95% confidence interval or greater.



8.2 Copy of questionnaire with results

All data is weighted. Bases are unweighted.

SECTION 1 – DENTAL CARE BEFORE LOCKDOWN

As was the case with many aspects of our daily life, dental care was affected by the Coronavirus epidemic. Restrictions on what dental practices could do were put in place across the country from late March and changes to those restrictions have been starting since early June. This questionnaire will ask you about your experiences and thoughts about dental care before, during and after the Coronavirus outbreak. We will start with your experiences before the epidemic occurred.

- 1. Thinking about how often you used UK dental care services during the 12 months *before* the Coronavirus epidemic started, please estimate the number of times you received the following kinds of dental care or treatments in the UK?**

	A check-up	Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	Fillings, root canal work, extractions, implants	Crowns, dentures, bridges	Cosmetic dentistry (whitening, veneers)	Orthodontics (braces/straightening)	Treatment for gum (periodontal) conditions	Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice
No visits for this kind of treatment	23%	47%	68%	88%	93%	95%	91%	96%
Once	36%	32%	23%	8%	5%	3%	6%	2%
2-3 times	38%	18%	7%	2%	1%	1%	3%	1%
More than four times	3%	1%	1%	0%	0%	1%	0%	0%
Don't know	1%	1%	1%	1%	1%	1%	1%	0%
Base = Total sample (2,176)								

2. You said that you had some orthodontic treatment or cosmetic dentistry in the year before the epidemic. Was this treatment undertaken in person at a dental practice you visited, or was it a remote service delivered by post / online, or a combination of the two?

In person – at a dental practice	82%
Remote	13%
A combination of remote and in person	6%
Base – All who had orthodontic treatment or cosmetic dentistry at Q1 (180)	

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

Thinking about the visit(s) you made to a dental practice during the 12 months before the Coronavirus epidemic started, which of these describes the type of care you generally received?

NHS dental care that I pay for	51%	
NHS dental care that is free	22%	
Private dental care only	17%	
A mix of NHS dental care and private dental care	9%	
I am not sure what type of care I receive	1%	
Base – All who had some dental care at Q1 (1,748)		

4. Thinking about how much money you spent in dental practices during the 12 months before the Coronavirus epidemic started, please estimate your total spend in dental practices for each of the types of service below?

	Private Dental care	NHS Dental care
Less than £50	14%	43%
£51-£100	21%	31%
£101-£200	24%	12%
£201-£500	25%	10%
£501-£1,000	7%	1%
£1,001-£2,500	2%	-
More than £2,500	1%	-
I don't know	7%	3%
Base – All who had relevant treatment at Q3	(450)	(1,046)

SECTION 2 – DENTAL CARE DURING LOCKDOWN

We are now going to ask you some questions about dental care during the time that the most stringent restrictions were in place because of the Coronavirus epidemic (i.e. during full lockdown) roughly between March 2020 and early June 2020.

5. During the most stringent period of lockdown due to the Coronavirus, which of the statements below do you think most accurately describes the status of dental care services where you live?

All dental practices were open	2%
Some dental practices were open	8%
All dental practices were closed – no service was available	30%
Dental services were only available through a specialist Urgent Dental Care Centre / Clinic	43%
I don't know	17%
Base = Total sample (2,176)	

6. During the most stringent period of lockdown, which of the statements below do you think most accurately describes what type of dental care/ services were still available?

All dental care services were available	1%
Services that were deemed as being at low risk of spreading Coronavirus were available	7%
Emergency or very urgent procedures were available	88%
Other (PLEASE WRITE IN)	*% ⁹
I don't know	5%
Base = All who said at least some practices / services were open at Q5 - (1,160)	

7. You indicated that during lockdown dental services were only available through a specialist Urgent Dental Care Centre / Clinic, how did you hear about these centres?

I heard informally / by word of mouth (acquaintance, family member)	28%
I saw it in print/broadcast media (newspapers, television, direct mailing)	19%
I saw it on a Government / NHS website	13%

⁹ * indicates less than 0.5% but more than 0%.

I was contacted by my dentist	11%
I called my own dentist / went to my own dentist's website	10%
I searched online	2%
I got advice from another health source/professional (NHS111, GP, Hospital)	2%
Other	2%
I don't know	11%
Base = All who said UDC's were open at Q6 (954)	

ASK ALL**8. During the most stringent period of lockdown due to the Coronavirus, did you have any dental appointments which were postponed or cancelled?`**

Yes	36%
No	62%
Don't know	1%
Base = Total sample (2,176)	

9. What was /were the cancelled appointment(s) for?**MULTI CODE**

A check-up	75%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	26%
Fillings, root canal work, extractions, implants	13%
Crowns, dentures, bridges	6%
Orthodontics (braces/straightening)	3%
Treatment for gum (periodontal) conditions	2%
Cosmetic dentistry (whitening, veneers)	1%
Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice	*%
Base = All who had cancelled appointments at Q8 (794)	

10. During the most stringent period of lockdown due to the Coronavirus, did you experience any dental pain or other dental issues that would normally have led you to seek treatment?

Yes – I experienced dental pain	13%
Yes – I experienced other issues e.g. issues with dentures, braces, gum problems etc.	10%
No	77%
Don't know	1%
Base = Total sample (2,176)	

11. What issues did you experience during lockdown that would normally have led to you seek treatment?

DATA NOT CODED

12. You said you experienced pain or another issue that would normally have led you to seek treatment, during the Coronavirus lockdown. What did you do about this?

I spoke to a dental professional by phone / online	21%
I treated / dealt with the issue myself	14%
I went to see a doctor / medical professional (e.g. GP/Accident & Emergency)	8%
I went to see a dental professional	6%
Other	1%
Nothing – I just lived with it	51%
Base – Those saying they experienced pain or other issues at Q11 (471)	

13. During lockdown, how many times did you use the following services to get treatment for your dental pain or other dental issues?

	Dental care provided privately	Dental care provided through an Urgent Dental Care Centre / Clinic	Dental care provided through another healthcare setting (GP, A&E)
3 times or more	1%	2%	2%
Twice	18%	17%	14%
Once	57%	50%	43%
Did not use	23%	31%	42%
Base – all those who sought treatment during lockdown at Q12 (57)			

14. Thinking about your visit to the Urgent Dental Care Centre / Clinic, please tell us how satisfied you were with the following?

	The time taken to be referred	The time taken from being referred to confirming my appointment	My treatment outcomes	Communication with me in preparation for the treatment	Communication with me during the treatment	Communication with me about the services available	My overall experience of attending and receiving treatment	The approach to infection control (i.e. PPE, social distancing in reception areas)
Very satisfied	26%	16%	26%	30%	24%	39%	20%	34%
Fairly satisfied	55%	62%	58%	45%	54%	47%	60%	49%
Fairly dissatisfied	18%	21%	12%	20%	17%	11%	13%	6%
Very dissatisfied	2%	0%	4%	6%	6%	3%	7%	6%
Don't know	0%	0%	0%	0%	0%	0%	0%	5%
Base: Used a Urgent Dental Care Centre / Clinic at Q13 – (40)								

THOSE WHO DID NOT GET TREATMENT FOR PAIN / ISSUES AT Q12

15. Why didn't you get any treatment for the pain / issue you experienced during lockdown?

DATA NOT CODED

16. Here are some reasons that other people have given to explain what stopped them from getting treatment for dental issues during lockdown – which of these were reasons for you?

17. And which of these was the most important reason for you?

	Q16	Q17
I preferred to wait for lockdown to end	43%	30%
The issue went away / wasn't particularly bad	34%	26%
I didn't know how to get treatment during lockdown, I thought it wasn't possible	25%	18%
I tried, but could not get an appointment	12%	8%
I was in a high-risk group and actively shielding, so I could not go	11%	9%
I tried, but could not get a referral	5%	3%
I was offered an appointment, but did not want to attend because of a fear of catching/spreading Coronavirus when travelling to or from the service	3%	3%
I could not arrange travel to the appointment	3%	1%
I was self-isolating because I had Coronavirus symptoms, so I could not go	2%	2%
I was offered an appointment, but did not want to attend it because of a fear of catching/spreading Coronavirus at the appointment	1%	*%
Base: Those who did not get treatment for pain / issues at Q12 – (316)		

SECTION 3 – COMING OUT OF LOCKDOWN

In this section we will be asking about your thoughts and experiences now that lockdown restrictions are being lifted.

18. Which of the statements below do you think most accurately describes the status of dental care services where you live right now?

SINGLE CODE

All dental practices are now open	19%
Some dental practices are now open	47%
All dental practices are closed – no service is available	4%
Dental services are only available through a specialist Urgent Dental Care Centre / Clinic	5%
I don't know	25%
Base = Total sample (2,176)	

19. Which of statements below do you think most accurately describes what type of dental care/ services that are available where you live right now?

All dental care services are available	14%
Services that were deemed as being at low risk of spreading Coronavirus are available	33%
Emergency or very urgent procedures are available	29%
I don't know	30%
Base = Total sample (2,176)	

20. Thinking about visiting a dental practice now, which of these statements best describes the extent to which concerns about Coronavirus change the likelihood of your going to a dental practice for the following treatments, compared to how you felt before the epidemic?

	A check-up	Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	Fillings, root canal work, extractions, implants	Crowns, dentures, bridges	Cosmetic dentistry (whitening, veneers)	Orthodontics (braces/straightening)	Treatment for gum (periodontal) conditions	Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice
I am a lot less likely to go for this treatment now	12%	12%	10%	10%	13%	10%	9%	10%
I am a bit less likely to go for this treatment now	21%	20%	15%	14%	7%	8%	13%	5%
There has been no change in how likely I would be to go for this treatment	59%	50%	54%	47%	23%	25%	49%	17%
I would never have had this kind of treatment, regardless of Corona virus	3%	10%	13%	19%	48%	48%	19%	60%
Don't know	5%	7%	8%	10%	9%	10%	10%	8%
Base = Total sample (2,176)								

21. If you were seeking information about the current situation regarding availability of dental care services where you live, now that restrictions are being lifted, which of these would you do?

I would call my own dentist / go to my own dentist's website	70%
I would get advice from another health source/professional (NHS111, GP, Hospital)	17%
I would seek information in print/broadcast media (newspapers, television, direct mailing)	13%
I would search online	8%
I would seek information informally / by word of mouth (acquaintance, family member)	5%
Other	*0%
I don't know	7%
Base = Total sample (2,176)	

22. Thinking about how often you went to a dental practice before the Coronavirus epidemic, and comparing this to the situation now (assuming things remain the same with Coronavirus) how do you think the frequency of your visits might change for the following kinds of treatment?

	A check-up	Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	Fillings, root canal work, extractions, implants	Crowns, dentures, bridges	Cosmetic dentistry (whitening, veneers)	Orthodontics (braces/straightening)	Treatment for gum (periodontal) conditions	Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice
No change in how often I will go	63%	57%	62%	57%	45%	49%	57%	42%
I will go less often	23%	23%	17%	16%	16%	14%	16%	14%
I won't go at all now	7%	11%	9%	13%	24%	20%	12%	27%
Don't know	7%	9%	12%	14%	15%	16%	15%	17%
Base: Excludes those who would never have each treatment at Q20	(2,108)	(1,961)	(1,909)	(1,767)	(1,107)	(1,133)	(1,770)	(858)

23. Thinking about how often you took your children to a dental practice before the Coronavirus epidemic, and comparing this to the situation now (assuming things remain the same with Coronavirus) how do you think the frequency of your children's visits might change for following kinds of treatment?

	A check -up	Routine preventative work (e.g. hygienist appointment , scale and polish, fluoride)	Fillings, root canal work, extractions , implants	Cosmetic dentistry (whitening, veneers)	Orthodonti cs (braces/ straighteni ng)	Treatment for gum (periodontal) conditions	Other non- dental treatments (such as face fillers like Botox) conducted at a dental practice
No change in how often children will go	60%	54%	52%	42%	51%	50%	38%
Children will go less often	23%	21%	17%	16%	17%	16%	20%
Children won't go at all now	7%	9%	10%	12%	9%	9%	12%
Not relevant / would not have had this kind of treatment regardless of Coronavirus	3%	6%	12%	20%	13%	16%	17%
Don't know	7%	10%	9%	10%	11%	9%	13%
Base: All with children in household and excludes those who would never have each treatment at Q20	(550)	(523)	(501)	(374)	(379)	(485)	(308)

24. Earlier in this questionnaire we asked you to estimate how much money you spent in dental practices during the 12 months before the Coronavirus epidemic started.

You estimated that you had spent {ANSWER AT Q4} on Private Dental care and { ANSWER AT Q4} on NHS Dental Care. Thinking ahead, over the next year and assuming things remain the same with Coronavirus, please indicate how you expect your spending on each type of dental care, over the next year, to compare.

	Private Dental care	NHS Dental care
I think I will spend a lot more	6%	6%
I think I will spend a little more	15%	15%
I think I will spend about the same amount	48%	51%
I think I will spend a little less	14%	12%
I think I will spend a lot less	9%	8%
I don't know	8%	7%
Base: Those who gave a spend estimate at Q4	(420)	(1,018)

SECTION 4 – FUTURE APPOINTMENTS

ASK ALL

25. Thinking about the next three months, how likely is it that you will make an appointment to see a dental professional?

I already have an appointment booked	11%
Very likely	18%
Fairly likely	23%
Fairly unlikely	18%
Very unlikely	18%
Don't know	11%
Base = Total sample (2,176)	

**26. IF HAVE APPOINTMENT: What kind of treatment is your booked appointment for?
IF LIKELY TO BOOK: What kind of treatment are you likely to book in for?**

A check-up	76%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	26%
Fillings, root canal work, extractions, implants	18%
Crowns, dentures, bridges	6%
Treatment for gum (periodontal) conditions	4%
Orthodontics (braces/straightening)	3%
Cosmetic dentistry (whitening, veneers)	2%
Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice	*%
Base – All those with appointment booked or likely to book at Q25 – (1,158)	

27. Thinking about your next dental appointment, how would you rate the information your dental service provider has sent you about each of the following (1 very poor –5 excellent)?

	Info. about how your provider is managing the risk of Coronavirus infection	Info. about what to do if you have Coronavirus symptoms	Info. about what treatments can and cannot be provided currently	Info. on any additional costs (for instance to cover the cost of PPE)	Arrangements for entering the premises	Any actions you should take before attending your appointment (e.g. washing hands)	Instructions for patients within the premises	Info. on how to raise a concern with your practice
5 - Excellent	34%	33%	25%	14%	37%	34%	33%	21%
4	21%	18%	20%	10%	18%	18%	20%	10%
3	11%	12%	15%	12%	10%	8%	9%	12%
2	2%	1%	2%	3%	1%	2%	1%	3%
1 - Very poor	1%	0%	1%	0%	0%	0%	0%	1%
No information provided	31%	35%	38%	60%	35%	39%	37%	53%
Base: All with a booked appointment – (240)								

28. You have said that you are unlikely to book an appointment in the next 3 months, or you don't know whether you will. For each type of treatment, please indicate to what degree Coronavirus has affected the likelihood of you booking an appointment in the next 3 months?

	A check-up	Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	Fillings, root canal work, extractions, implants	Crowns, dentures, bridges	Cosmetic dentistry (whitening, veneers)	Orthodontics (braces/straightening)	Treatment for gum (periodontal) conditions	Other non-dental treatments (such as face fillers like Botox) conducted at a dental practice
Because of Coronavirus, I definitely won't make an appointment for this	18%	21%	16%	18%	25%	23%	17%	24%
Because of Coronavirus, I am much less likely to make an appointment for this	23%	22%	19%	18%	15%	15%	17%	14%
Because of Coronavirus, I am a bit less likely to make an appointment for this	15%	12%	11%	9%	8%	7%	8%	7%
Coronavirus has not made any difference to the likelihood of me making an appointment for this	34%	34%	39%	38%	35%	37%	41%	34%
Don't know	10%	12%	15%	17%	18%	19%	17%	20%
Base: Very / fairly unlikely to book in next 3 months or who don't know at Q25	(968)	(880)	(863)	(803)	(538)	(553)	(805)	(431)

29. Have you actively cancelled any future dental appointments because of concerns about Coronavirus?

Yes	6%
No	92%
Don't know	1%
Base = Total sample (2,176)	

30. Here is a series of statements that might describe how you feel about visiting dental professionals in the future while the risk of Coronavirus infection persists in the UK. Please indicate your level of agreement with each statement?

	I will not go to a dental practice at all, unless I have an urgent issue	If I can be assured that it is safe to go, I would be happy to attend an appointment	I will wait several months before going to a dental practice due to my concerns about possible infection	In relation to Coronavirus, I have no concerns about visiting a dental practice	I will only consider going back to the dentist when a vaccine or cure for Coronavirus is available	I expect it to be much harder to get an appointment at a dental practice, while the risk of Coronavirus infection persists	I think dental appointments will last a lot longer, while the risk of Coronavirus infection persists	I think dental appointments will be a more unpleasant experience for patients, while the risk of Coronavirus infection persists
Strongly agree	21%	31%	15%	15%	7%	29%	14%	14%
Agree	33%	48%	31%	33%	20%	45%	44%	35%
Disagree	24%	8%	28%	27%	35%	11%	17%	28%
Strongly disagree	13%	4%	13%	16%	22%	3%	4%	9%
Don't know	9%	9%	12%	9%	15%	12%	22%	15%
Base – Total sample (2,176) or those with no appointment booked (1,936)	1,936	2,176	1,936	2,176	1,936	2,176	2,176	2,176

SECTION 5 – SAFETY PRACTICES

ASK ALL

31. Thinking about visiting a dental practice in future and whilst the risk of infection from Coronavirus persists, to what extent would you find each of these measures reassuring?

	Clear info. about control measures to reduce the risks of contracting Coronavirus from the dental practice, before my appointment	Staff wearing PPE	Hand sanitiser available on entry and exit	Queueing / waiting systems / one-way systems so patients are kept well apart	Perspex screens at reception	Info. about waiting times	Patient temperature checks on entry	Info. about how the practice ensures the treatment area is kept free from the virus (e.g. cleaning and sanitisation before and after every patient)	Clear info. about how you can raise concerns about safety practices with the dental practice
Very reassuring	36%	53%	45%	35%	33%	21%	39%	38%	23%
Quite reassuring	46%	34%	40%	45%	49%	48%	38%	45%	49%
Not very reassuring	8%	5%	7%	8%	9%	15%	12%	7%	13%
Not reassuring at all	3%	2%	2%	4%	3%	5%	5%	3%	4%
Don't know	7%	5%	6%	7%	7%	11%	8%	7%	10%
Base – Total sample (2,176)									

32. Which of these would be most reassuring?

	Most
Staff wearing personal protective equipment (PPE)	29%
Clear information about control measures to reduce the risks of contracting Coronavirus from the dental practice, before my appointment	20%

Extra cleaning and sanitisation before and after every patient	20%
Patient temperature checks on entry	10%
Queueing / waiting systems / one way systems so patients are kept well apart	7%
Hand sanitiser available on entry and exit	5%
Clear information about how you can raise concerns about safety practices with the dental practice	3%
Information about waiting times	2%
Perspex screens at reception	1%
Base – Total sample (2,176)	

SECTION 6 – COMPLAINTS / OVERALL CONFIDENCE**ASK ALL****33. Have you ever made a complaint about a dental professional?**

Yes	3%
No	96%
Don't know	1%
Base – Total sample (2,176)	

34. What was the complaint you made about a dental professional about?

Concerns about clinical treatment provided by dental professional	44%
Poor conduct / behaviour of a dental professional	39%
Poor communication from a dental professional	18%
The cost of dental treatment not being explained before a treatment	10%
Advertising / mis-selling of dental care / services	8%
Concerns about infection control/cross infection	7%
Not being given the chance to give proper informed consent for a procedure	6%
Fraud or dishonesty from a dental professional	5%
Poor patient record keeping by a dental practice	3%
Employment related – i.e. poor working conditions for staff	2%
Poor health of a dental professional undertaking the treatment	1%
Something else	9%
Base – All those who made a complaint at Q33 – (73)	

35. If the exact same situation as led to your complaint were to happen now, with the Coronavirus epidemic still happening, would you be more likely or less likely to complain about the dental professional?

Even more likely	25%
Neither less likely or more likely	56%
Less likely	13%
Don't know	6%
Base – All those who made a complaint at Q33 – (73)	

36. Why do you say that?**OPEN QUESTION**

DATA NOT CODED

37. How, if at all, would you say your confidence in the way dental care is delivered has changed, as a result of Coronavirus?

I am much more confident	3%
I am a little more confident	8%
My confidence has not changed	61%
I am a little less confident	12%
I am a lot less confident	5%
Don't know	3%
Base – Total sample (2,176)	

38. Why do you say that?**OPEN QUESTION – CODED**

There is still risk of COVID-19	23%
I am happy with the safety measures put in place	15%
Worried/Anxious	7%
There is a higher chance of getting infected at the dentist	6%
Its not safe	3%
I do not like the dentist	3%
I am not happy with the safety measures put in place	3%
I am in the high-risk category for COVID-19	3%
Avoid Non-Urgent dental care	2%
Dentists are being more careful	2%
The information provided is reassuring	2%
It is safe to go now	2%
It is harder to get an appointment	2%
PPE/the safety measure may affect how dentists do their job	2%
Cost	2%
I am happy with/trust my dentist	2%
COVID-19 (General mention)	2%
I am still concerned about COVID-19	1%
There is less risk of COVID-19 now	1%
General Hygiene is better	1%
Other	22%
Don't know	7%
Base – Total sample (2,176)	

39. How, if at all, would you say your confidence in these different types of dental care has changed, as a result of Coronavirus?

	Dental care through the NHS	Private dental care
I am much more confident	7%	4%
I am a little more confident	7%	7%
My confidence has not changed	63%	58%
I am a little less confident	9%	6%
I am a lot less confident	4%	3%
Don't know	10%	21%
Base – Total sample (2,176)		

40. How, if at all, have your own feelings of safety when visiting a dental practice, changed as a result of Coronavirus?

I feel much safer	3%
I feel a little safer	8%
My feelings of safety have not changed	51%
I feel a little less safe	23%
I feel a lot less safe	9%
Don't know	7%
Base – Total sample (2,176)	

41. Why do you say that?
OPEN QUESTION – CODED

There is still risk of COVID-19	27%
I am happy with the safety measures put in place	14%
There is a higher chance of getting infected at the dentist	13%
Worried/Anxious	7%
COVID-19 (General mention)	5%
I am not happy with the safety measures put in place	3%
I am in the high risk category for COVID-19	2%
I am still concerned about COVID-19	2%
There is less risk of COVID-19 now	1%
I do not like the dentist	1%
Avoid non-urgent dental care	1%
I am happy with my dentist	1%
Other	20%
Don't know	6%
Base – Total sample (2,176)	

42. Would you currently (with Coronavirus still present) feel safer getting NHS dental care or private dental care, or is there no difference?

I would feel safer getting NHS dental care	9%
I would feel safer getting private dental care	13%
I feel the same degree of safety regardless of whether the care is private or NHS	66%
I don't know	13%
Base – Total sample (2,176)	

43. Which of the following best describes how aware you are of the General Dental Council?

I have definitely heard of the General Dental Council before	19%
I think I have heard of the General Dental Council before	31%
I have not heard of the General Dental Council before	42%
I don't know	8%
Base – Total sample (2,176)	

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

Very confident	11%
Fairly confident	43%
Not very confident	9%
Not at all confident	2%
I don't know	35%
Base – Total sample (2,176)	

45. Do you have any other comments or experiences you wish to share about how dental care is being delivered in the UK at the current time?
OPEN QUESTION

DATA NOT CODED