

COVID-19 and dentistry

Survey of the UK public for
the General Dental Council
Second Study | 2021



ISBN:978-1-911654-09-4

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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 explore changes over time building on an initial study conducted in 2020.

An online survey was conducted with a nationally representative sample of 2,389 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 through October and into early November 2021.

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 Current Dental Care Experiences

- In October 2021, nearly half of people (47%) thought all dental practices were open. Whilst this is an increase on August 2020, when only 19% of respondents thought all dental practices were open; a quarter of people in both the 2020 (25%) and the 2021 (26%) surveys said they did not know whether practices were open or not.
- One in five (20%) had an appointment booked in the next three months, up from only 11% in August 2020. Overall, almost half of the public (47%) have been to a dental practice since August 2020. Conversely, just over half (52%) had not attended a practice in that time.
- The proportion of those with a booked appointment increases across age groups, from 13% among 18–34-year-olds to 29% among those aged 65+. The proportion of those with an appointment is also significantly lower among respondents of Asian (10%) and Black (11%) ethnicity compared to those of White British ethnicity (23%).
- Among the reasons for not getting dental care or treatment (amongst those who have not yet done so) the most common were, either choosing to wait till the pandemic ends (30%) or just tending not to go to the dentist that often (26%). However, access barriers were also apparent, amongst those who had not yet attended a dental practice, with 15% citing cost concerns and 15% saying they tried but could not get an appointment.
- Over a fifth of all survey respondents (22%) had tried and been unable to get an appointment at some point since August 2020 and 17% reported having had an appointment postponed or cancelled in the past 12 months.

- Whilst for most people the various aspects of their experience of dental care since August 2020 was no different, for over a third of respondents (39%) ease of getting an appointment was better before the pandemic.

1.3 Future Intentions and Feelings about Dental Care

- When asked how their confidence in the way dental care is delivered has changed, as a result of Coronavirus, just under two thirds of people (64%) reported no change in their confidence.
- Sub-groups within the sample were more likely to say their feelings had changed to be more confident as compared to the 14% within the whole sample. These included respondents of Asian* (27%) and Black* (33%) ethnicity and those who had been to a dental practice since August 2020 (18%). Younger people were also more likely to feel more confident than older people (18% of 18-34s compared to 9% of those aged 65+).
- When asked how their feelings of safety had changed, when visiting a dental practice, as a result of Coronavirus, the proportion who felt (a little/a lot) 'less safe' in dental practices was around half what it was in the 2020 survey (17% vs. 32%).
- Fewer people reported that they were less likely to go for dental treatment, because of Coronavirus concerns, than was the case in August 2020. In October 2021, one in four (25%) said such concerns meant they were (a little/a lot) less likely to visit a dentist for a check-up. In August 2020, the equivalent figure was more than one in three (34%).
- Respondents of Asian* ethnicity showed a lower likelihood of attending a dental practice. In fact, two fifths (40%) said they were less likely to go for a check-up because of Coronavirus concerns (vs. 25% of the whole population).
- Around half of respondents across private patients (46%) and NHS patients (54%) expected their spending on dental care to stay the same in the next 12 months. Of those who did expect it to change more expected it to increase than decrease.

1.4 Complaints and Regulation

- Of the 110 people who had made a complaint about a dental professional prior to the pandemic, when asked if the same issue occurred again, over half (54%) said they would be neither more nor less likely to do so, a third (35%) said they would be even more likely, while only 6% said they would be less likely to do so.
- Fewer than a fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey; 29% thought they had heard of the GDC, and 44% had not. One in ten (10%) did not know if they had heard of the GDC before.
- Whilst 44% of all respondents were confident that the GDC was regulating dentists and dental care professionals effectively; this figure has reduced from August 2020 when 54% gave this response.

*See [p.9](#) for definitions of ethnic groups.

1.5 Conclusions

By October 2021, just under half of patients had been back to a dental practice since lockdown restrictions were eased. However, half had not done so yet, meaning that a very large proportion of the public would not have seen a dental professional at all for 18 months or more.

There was evidence of access issues, with some patients saying they had been unable to get an appointment and others experiencing longer waits for an appointment, cancellations or postponements. These access issues may also be exacerbating inequalities, with those from younger and minority ethnic groups more likely to report problems.

An increasing proportion and the majority of people felt just as confident in dental services as they did before the pandemic. However, there remain some groups in the population – particularly people of Asian ethnicity - amongst whom a larger proportion expressed lingering concern.

So, while confidence amongst patients has increased since August 2020, and for many their experience of dental care has returned to pre-pandemic normality; for a large number of people the pandemic (and its ongoing impacts on people and the sector) continues to make it harder to access dental services. This includes access to routine preventative care, which may see an increase in more acute dental health problems within the population in future years. It seems inevitable, therefore, that a backlog of future patient care needs will be accumulating and also that, within this, health inequalities are potentially being exacerbated.

2. Introduction

2.1 Context

The General Dental Council (GDC) is the UK-wide statutory regulator of just under 114,000 members of the dental team. This includes approximately 43,000 dentists and 71,000 dental care professionals (DCPs), which includes dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

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.

Owing to the COVID-19 pandemic and the first national lockdown that started in March 2020, routine face-to-face dental care was suspended in the UK and instead different routes in each nation were established for patients to seek urgent care from special sites. While there was some national variation during the lockdown, dental practices were either fully closed, part of the urgent care networks, or providing remote services only, such as triaging patients for urgent dental care or issuing prescriptions. From June 2020 onwards, when lockdown restrictions began to be eased, dental practices gradually began to resume their full range of services, providing they were able to meet new safety requirements such as following the personal protective equipment (PPE) and infection prevention and control (IPC) protocols.

Given the ongoing impacts of COVID-19 in 2021 on the dental sector, the GDC considered it important to continue to gather evidence about public views and attitudes to dentistry and how confident people feel accessing dental services as restrictions change and whilst the pandemic continues. Findings are intended to inform the GDC's responses and those of others with interest and responsibilities in the sector.

2.2 Aims and objectives

The GDC commissioned Community Research to conduct this research in 2021. The overall aim was to explore the impact of COVID-19 in relation to public safety and confidence in the dental industry and the continued impact of COVID-19 on the public's choices about their dental health (frequency and type of use). This research explores changes over time building on an initial study conducted in 2020.

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 has impacted and might continue to 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).
- Likely behaviours/choice/attitudes as a result of COVID-19 in relation to frequency of use and types of treatment/sector/practice settings.
- The impact of COVID-19 on patients with poor dental health/higher frequency of emergency use.
- The impact on different patient groups (e.g. by geography - rural and remote/isolated practices and equality, diversity and inclusion (EDI) sub-group breakdown).

2.2 Methodology

The study was designed to provide a robust evidence base, ensuring that findings represent as accurately as possible the views of the UK public, and that analysis was able to identify differences in relation to a range of respondent characteristics. The questionnaire used in August 2020 was adapted in October 2021. Some questions were repeated in this second study to allow for tracking of results over time.

An online survey was conducted with a nationally representative sample of 2,389 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 through October and into early November 2021. Throughout the report the survey timing will be referred to as October 2021.

* <https://www.panelbase.net/about>

Respondent recruitment

Panelbase recruits for surveys from its panel of approximately 300,000 active panel members. Quotas were set for each of the four UK nations to allow comparison with the overall UK results. As was done for the 2020 survey, the size of the samples in Wales and Northern Ireland were boosted to ensure that analysis by each nation would be possible. In 2021, the sample sizes for people from Indian, Pakistani, Caribbean and African ethnic backgrounds were also boosted in order to ensure analysis by these different ethnic groups 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 and socio-economic group. 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. A full breakdown of the achieved sample is provided at [Technical Appendix A](#).

2.3 About this report

The analyses reported here come from an achieved sample of 2,389. Since a sample rather than the entire population of adults aged 18 and over living in the UK has been interviewed, all results are subject to sampling error. This can be measured. For a question where 50% of the sample responds with a particular answer, the chances are 95 in 100 that this result would not vary more than + or – 2% from the result that would have been obtained from a census of the entire adult population of the UK (i.e., a confidence level of 95%).

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 a 95% confidence level. 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.

When references are made to respondents of Asian ethnicity, this incorporates those who indicated their ethnic group as Indian, Pakistani, Bangladeshi, Chinese or Any other Asian background.

When references are made to respondents of Black ethnicity this refers to those who picked Caribbean, African or Any other Black, Black British, African or Caribbean background, when asked for their ethnic group.

Where respondents of White British ethnicity are referenced, this is made up of those who indicated the English, Welsh, Scottish, Northern Irish or British category as their ethnic group.

The survey resulted in a large amount of data being available to the GDC. A full outline of the questionnaire with weighted results for the total sample is provided in the [Technical Appendix C](#). Further detail about the methodology is provided in the [Technical Appendix B](#).

For all figures within this report the base sizes are 2,389 for 2021 and 2,176 for 2020 unless indicated otherwise.

NOTE:

- More details about the Panelbase panel are provided in the [Technical Appendix B](#).
- For more explanation about margins of error and statistical tests applied to the data please see [Technical Appendix B](#).

3. Current Dental Care Experiences

Section Summary:

- In October 2021, nearly half of people (47%) thought all dental practices were open. Whilst this was an increase on August 2020, when only 19% of respondents thought all dental practices were open, a quarter of people in both the 2020 (25%) and the 2021 (26%) surveys said they did not know whether practices were open or not.
- One in five (20%) had an appointment booked in the next three months, up from only 11% in August 2020. Overall, almost half of the public (47%) had been to a dental practice since August 2020. Conversely, just over half (52%) had not attended a practice in that time.
- The proportion of those with a booked appointment increases across age groups, from 13% among 18–34-year-olds to 29% among those aged 65+. The proportion of those with an appointment is also significantly lower among respondents of Asian* or (10%) and Black* (11%) ethnicity compared to those of White British* ethnicity (23%).
- Among the reasons for not getting dental care or treatment (for those who have not yet done so) the most common were, either choosing to wait till the pandemic ends (30%) or just tending not to go to the dentist that often (26%). However, access barriers were also apparent amongst those who had not yet attended a dental practice with 15% citing cost concerns and 15% saying they tried but could not get an appointment.
- Over a fifth of all survey respondents (22%) have tried and been unable to get an appointment at some point since August 2020.
- 17% of all respondents reported having had an appointment postponed or cancelled in the past 12 months.
- Whilst for most people the various aspects of their experience of dental care since August 2020 was no different, for over a third of respondents (39%) ease of getting an appointment was better before the pandemic.

3.1 The opening up of dental services

In October 2021, there was widespread awareness that dental practices were now open. Nearly half of people (47%) thought all dental practices were open, and a further quarter (23%) thought that some were. This level of awareness was consistent across age groups and ethnicity groups and most English regions but was lower in Scotland (40%) and in Wales (33%).

Sub-group difference

It's not as easy to book an appointment, but slowly and surely, they're getting back to normal, I think.

As Figure 1 illustrates, this represents a significant increase (although perhaps unsurprising, given the passage of time) on August 2020, when only 19% of respondents thought all dental practices were open.

However, a quarter of people in both the 2020 (25%) and the 2021 (26%) surveys said they did not know whether or not practices are open.

*See [p.9](#) for definitions of ethnic groups.

A higher proportion of people in October 2021 (40%) also thought that all dental services were available (as opposed to just low risk/urgent/emergency services being available) compared to August 2020 (14%).

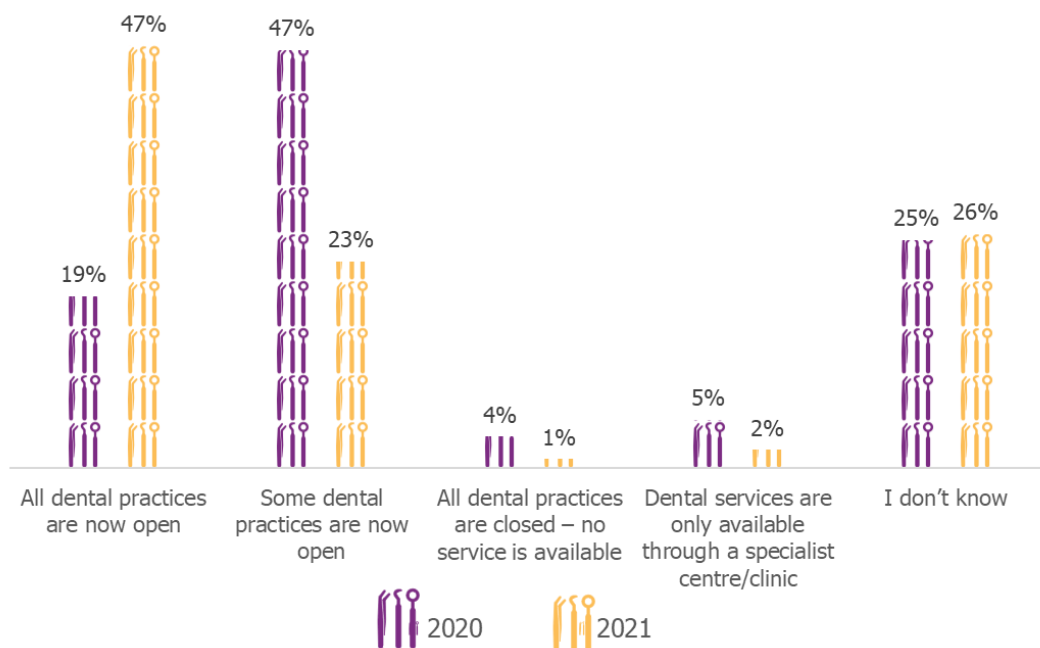


Figure 1 – Awareness of whether dental practices are open – August 2020 and October 2021

Awareness that all dental services were available, was higher in London (48%) and the South-East (50%) and lower in Scotland (22%) and in Wales (24%). It was also higher (54%) among those patients who receive only private care, particularly compared to those who receive NHS dental care that is free (35%).

Sub-group differences

Dental practices were by far the most likely port of call when patients needed to find out about the local availability of dental services (67%). Only 19% mentioned other health professional sources (e.g., NHS 111 or their GP), but this latter figure was notably higher among 18–34-year-olds, than those aged 65+ (25% vs. 11%). Figure 2 shows where people said they would seek such information.

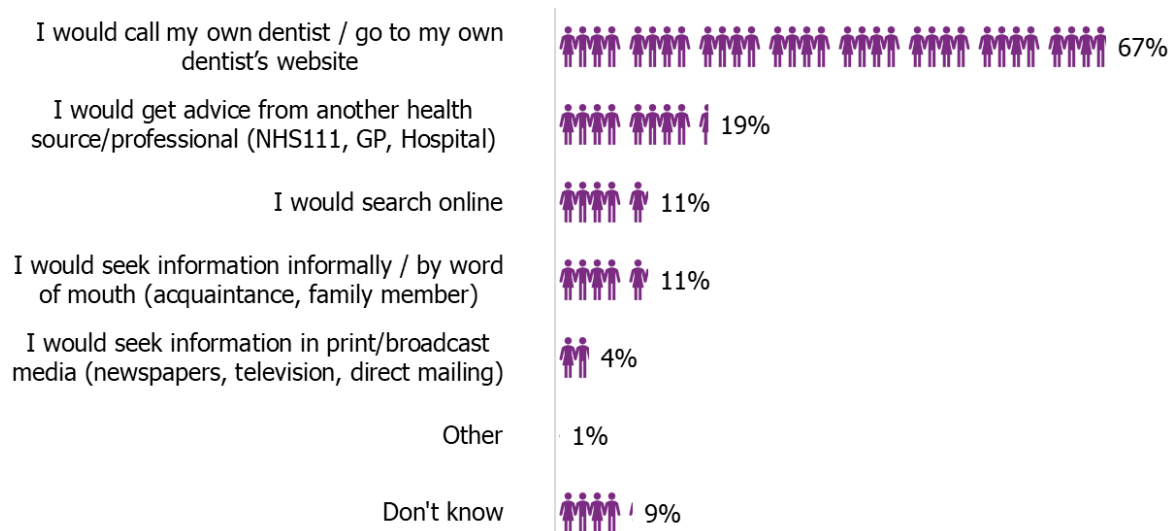


Figure 2 – Information sources about the availability of dental care services – October 2021

Patients were more optimistic about their expectations of dental appointments, in October 2021, than was the case in August 2020. Fewer thought it will be harder to get an appointment while the Coronavirus infection persists (60% vs. 74%); fewer thought appointments will last longer (42% vs. 57%); and fewer thought appointments will be a more unpleasant experience (34% vs. 49%), as shown in Figure 3.

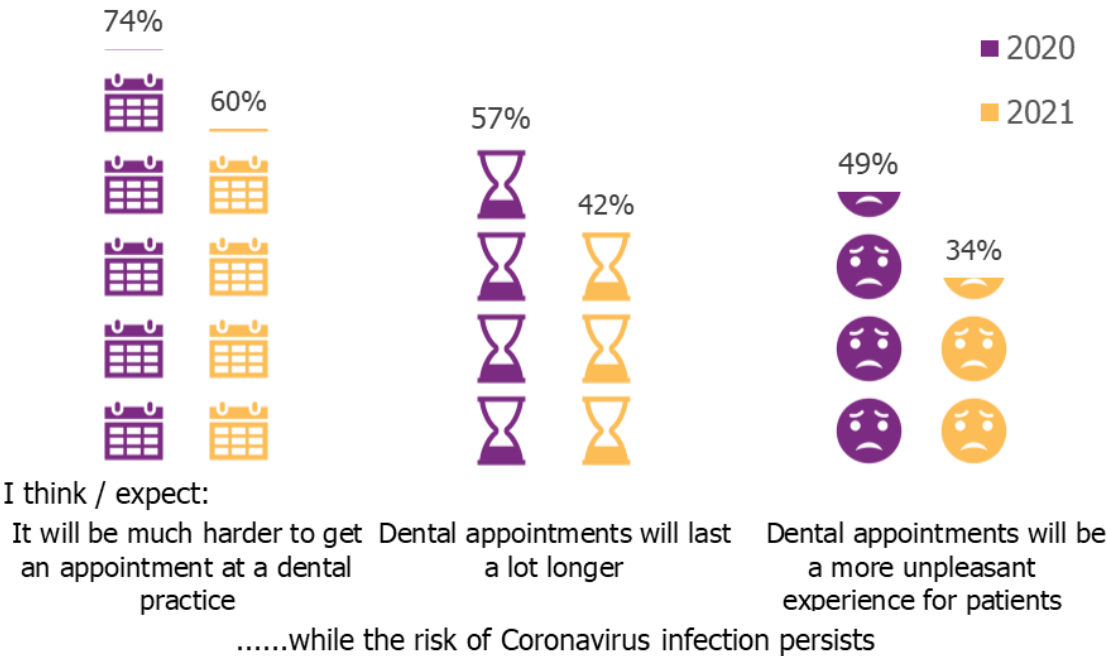


Figure 3 – Expectations of visiting a dental professional while risk of infection persists (agreement) - August 2020 and October 2021

The full opening up of dental services was reflected in the take-up of appointments – in October 2021 one in five (20%) had an appointment booked in the next three months, up from only 11% in August 2020 (see Figure 4).

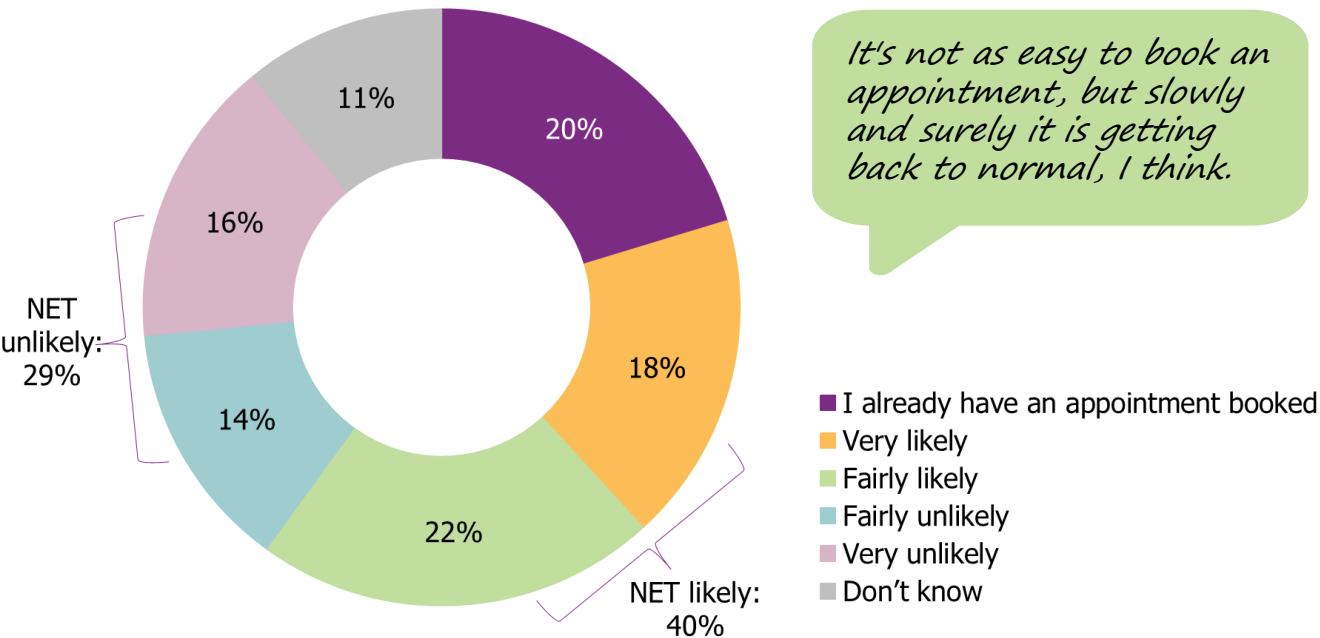


Figure 4 – Likelihood of making an appointment in the next 3 months – October 2021

The proportion of those with a booked appointment increases across age groups, from 13% among 18–34-year-olds, to 29% among those aged 65+. The proportion of those with an appointment is also significantly lower among respondents of Asian (10%) and Black (11%) ethnicity compared to respondents of White British ethnicity (23%)*.

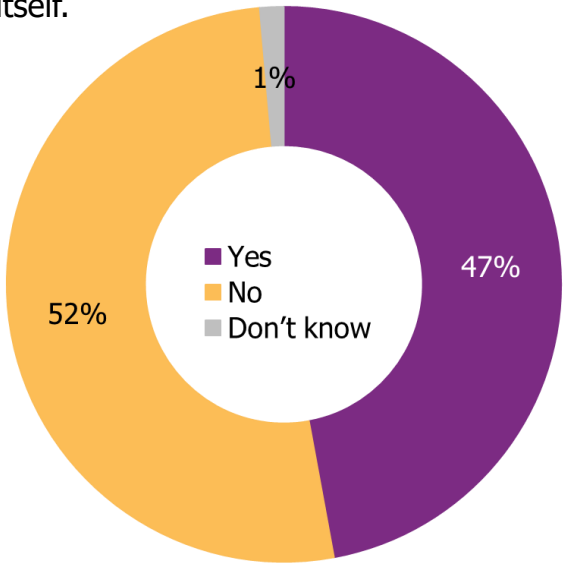
Sub-group difference

3.2 Dental Care in the past year

Around one in four of the public reported experiencing dental pain in the previous twelve months (24%), with a further 16% reporting issues such as problems with braces or gums etc. The figure for dental pain was higher among women (27%) than men (22%).

While the majority of those experiencing pain or other issues in this 12-month period got dental treatment – 71% ‘always’ or ‘sometimes’ – almost a third (29%) never sought treatment. Notably, the proportion who did get treatment was significantly higher in cities (81%) than in towns/suburbs (68%) or rural areas (65%).

Overall, almost half of the public (47%) have been to a dental practice since August 2020 (Figure 5), including for routine check-ups and dental care. Just over half of these (56%) have been more than once. Conversely, just over half (52%) had not attended a practice since then and would not have been easily able to do so during the pandemic itself.



Amongst those who have visited a dental practice, the last visit was:

- In the past 3 months: 56%
- 4-6 months ago: 29%
- 7-9 months ago: 9%
- Over 9 months ago: 6%

And the number of visits has been:

- Once: 45%
- 2-3 times: 48%
- 4+ times: 8%

Figure 5 – Since August 2020, have you been to a dental practice at all for dental care, check-ups or treatment?

Sub-group difference

Younger people (18–24-year-olds) were the least likely age group to have been to a dental practice (42%), the proportion of those to have been to a dental practice increases steadily through the age groups to peak at 59% for those aged 75+.

A check-up was the most common reason for visiting a dental practice (75%), followed by routine preventative work (37%) – as was also the case in the 2020 survey.

*Since minority ethnic groups in the population (and in the sample) have a considerably younger age profile, further analysis would be required to identify if these outcomes are more strongly correlated to age or to ethnicity. * See [p.9](#) for definitions of ethnic groups.

Almost three-quarters (72%) of all respondents stated that the dental care they received before the first national lockdown was from the NHS (either free or paid for). Findings indicate that, post lockdown, more people have been accessing private dental care. In October 2021, 13% of patients said that the type of care they received had changed, compared to before the pandemic. Amongst those who reported this change, a smaller proportion (61% compared to the previous 72%) stated that since August 2020 they had received (free or paid for) NHS care.

Those who have not visited a dentist since August 2020

Respondents who had not visited a dental practice since August 2020 chose (from a list of potential reasons for this) any that were true for them. The reasons most frequently selected were that they preferred to wait for the pandemic to end (30%) or that they did not tend to go to the dentist that often (26%). However, affordability and access barriers were also apparent, with 15% choosing “I was concerned about the cost of going to the dentist” as one of their reasons and the same proportion (15%) saying they “tried but could not get an appointment at all.” Furthermore, 7% endorsed “I tried to book an NHS appointment but was told only private appointments were available” as one of their reasons.

Respondents were then asked to pick out the single most important reason that they had not been to a dental practice since August 2020. Figure 6 shows the two most commonly-cited ‘most important’ reasons were preferring to wait until the pandemic ends (22%) and not tending to go to the dentist that often (20%). However, for just over 1 in 10 of these non-attending patients cost concerns (11%) and failed attempts to get an appointment (11%) were the most important reasons.

I lost my job in March 20 at the outset of Covid and am struggling now with money, so that also plays a major part in my decisions regarding dental visits.

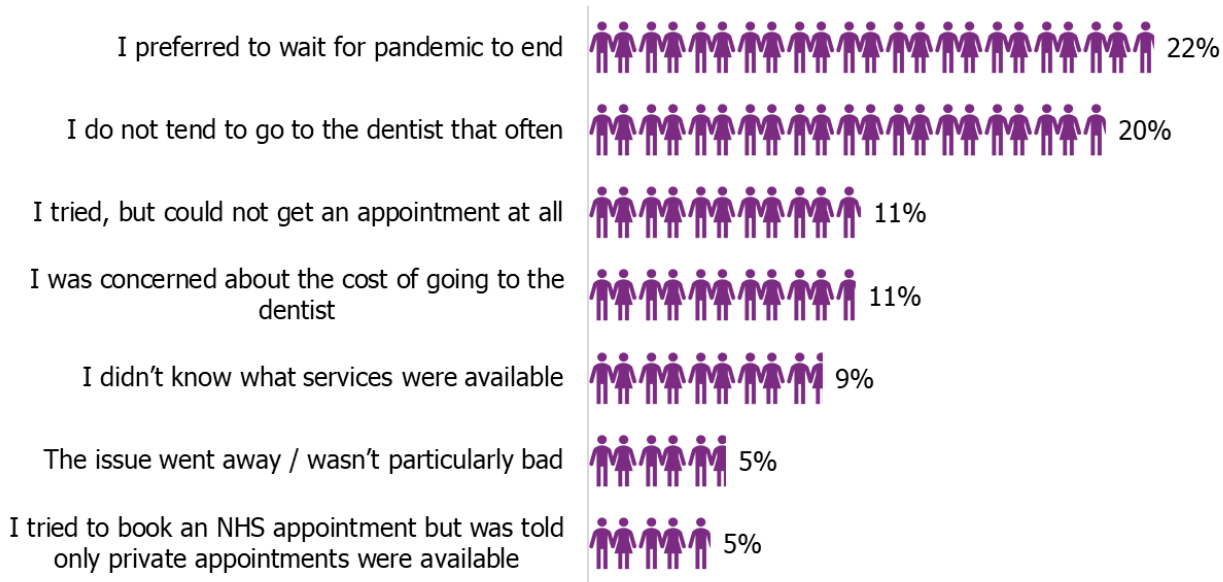
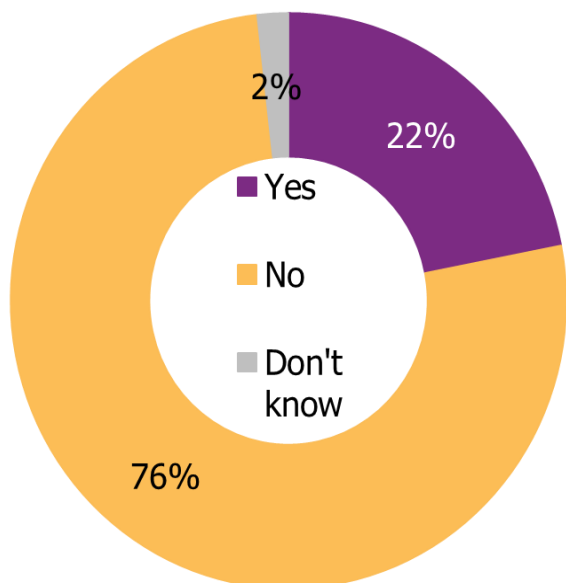


Figure 6 – Most important reasons that have stopped respondents from getting dental care or treatment [chosen by 5% or more] (those not treated =1,281)

Access issues more generally

When considering access issues across all respondents (including those who *have* been visiting dental practices since August 2020), over a fifth (22%) had tried and been unable to get an appointment at some point since then (see Figure 7).



Appointments people have been unable to get, have mostly been for:

- Check-ups (66%)
- Routine preventative work (24%)

Figure 7 – Since August 2020, have you tried to book an appointment and been unable to do so?

I can't get a check-up since restrictions lifted.

My dentist told me they would contact me when they were accepting appointments, they have not, as of yet.

I think there must be a shortage of dentists in general as I haven't been able to get an appointment since my dentist went on maternity leave and they couldn't find a locum to cover for her.

Sub-group analysis reveals that a higher proportion of the following groups tried, but were unable to make an appointment:

- Younger people aged 18-34 (27%) compared to older people aged 65+ (12%).
- Parents (31%) compared to non-parents (18%).
- People from Asian (31%) or Black (30%) ethnic backgrounds compared to respondents from White British ethnic backgrounds (20%)*.

Sub-group differences

*Since minority ethnic groups in the population (and in the sample) have a considerably younger age profile, further analysis would be required to identify if these outcomes are more strongly correlated to age or to ethnicity. *See [p.9](#) for definitions of ethnic groups.

In addition, almost one fifth (17%) of respondents in October 2021 reported having had a dental appointment postponed or cancelled in the past 12 months. Most cancelled appointments were for check-ups (68%) or routine preventative work (25%).

Experiences of receiving dental care since August 2020

Thinking about the aspects of their experience (Figure 8), the 1,108 respondents who had accessed dental care since August 2020 were asked whether their experience of visiting a dental practice had changed compared to before the pandemic.

For each option, the majority of those responding said their experience was no different.

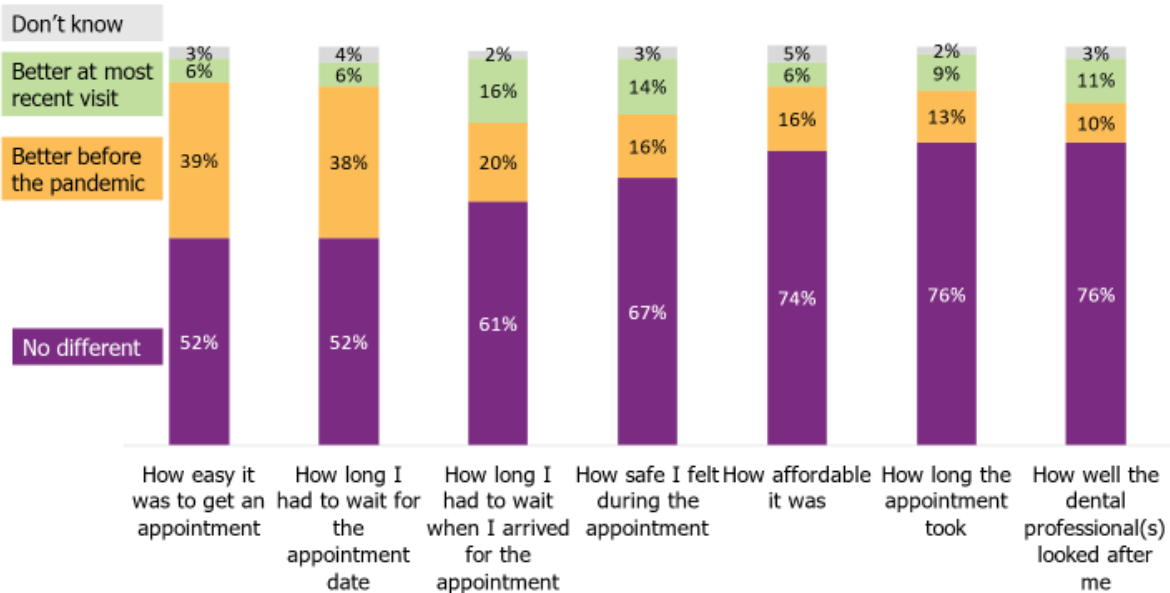


Figure 8 - Was this better in the last year or better before the pandemic, or was there no difference? (those who went to a dental practice= 1,108)

Whilst for most people their experience of receiving dental care was no different since August 2020, for over a third of respondents (39%) ease of getting an appointment was reported to be better before the pandemic.

Experiences during appointments were also better before the pandemic for some respondents; a fifth (20%) said the waiting time on arrival for an appointment was better previously. A tenth of people (10%) said they were looked after better by their dental professional before the pandemic and just over a tenth (13%) said how long their appointment took was better pre-pandemic.

Parents were more likely than non-parents to have found the ease of getting an appointment (45% vs 36%) and length of time waiting for an appointment date (44% vs 36%) better before the pandemic.

Sub-group differences

Across all aspects, bar affordability, private patients were more likely, than the sample as a whole, to say there was no difference between before the pandemic and their most recent visit. For example, with ease of getting an appointment, 69% of private patients said there was no difference, compared to 46% of patients who receive free NHS dental care, 48% of patients who pay for NHS care and 40% of those who receive a mix of NHS and private dental care.

Sub-group differences

I was told I need to see a hygienist and get a clean as soon as possible, but I was told I can't book this until next June!

Costs for PPE have been passed on to patients and COVID safe practice has changed the way we visit the dentist in general the costs appear to have risen.

All those who said they had visited a dental practice since August 2020 were asked if they had received a range of information from their dental practice. The types of information that were mentioned most frequently as not being provided were: information about additional costs (39%); and about how to raise a concern with the practice (28%) as shown below in Figure 9.

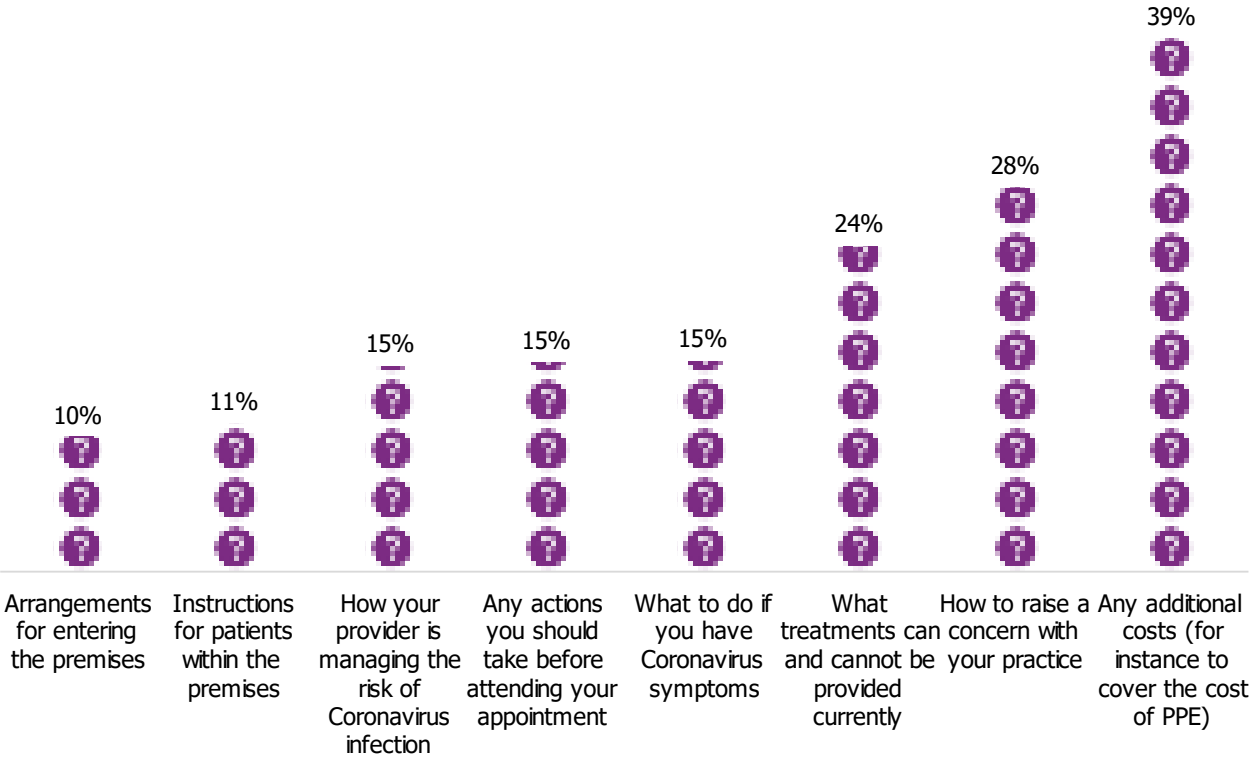


Figure 9 – No information was provided from dental service providers October 2021 (those who went to a dental practice 2021= 1,108)

4. Future Intentions and Feelings about Dental Care

Section Summary:

- When asked how their confidence in the way dental care is delivered has changed, as a result of Coronavirus, just under two thirds of people (64%) reported no change in their confidence.
- Sub-groups within the sample were more likely to say their feelings had changed to be more confident as compared to the 14% within the whole sample. These included respondents of Asian* (27%) and Black* (33%) ethnicity and those who had been to a dental practice since August 2020 (18%). Younger people were also more likely to feel more confident than older people (18% of 18-34s compared to 9% of those aged 65+).
- When asked how their feelings of safety had changed, when visiting a dental practice, as a result of Coronavirus, the proportion who felt (a little/a lot) 'less safe' in dental practices was around half what it was in the 2020 survey (17% vs. 32%).
- Fewer people reported that they were less likely to go for dental treatment, because of Coronavirus concerns, than was the case in August 2020. In October 2021, one in four (25%) said such concerns meant they were (a little/a lot) less likely to visit a dentist for a check-up (25%). In August 2020, the equivalent figure was more than one in three (34%).
- Respondents of Asian* ethnicity showed a lower likelihood of attending a dental practice. In fact, two fifths (40%) said they were less likely to go for a check-up because of Coronavirus concerns (vs. 25% of the whole population).
- Around half of respondents across private patients (46%) and NHS patients (54%) expected their spending on dental care to stay the same in the next 12 months. Of those who did expect it to change more expected it to increase than decrease.

4.1 Confidence and feelings of safety

When asked how their confidence in the way dental care is delivered has changed, as a result of Coronavirus, just under two thirds of people (64%) reported no change in their confidence (see Figure 10).

Compared to August 2020, there was a small increase in the proportion of those saying their confidence had grown (11% in 2020, compared to 14% in 2021), and a decrease in those saying they were less confident (17% in 2020 compared to 14% in 2021).

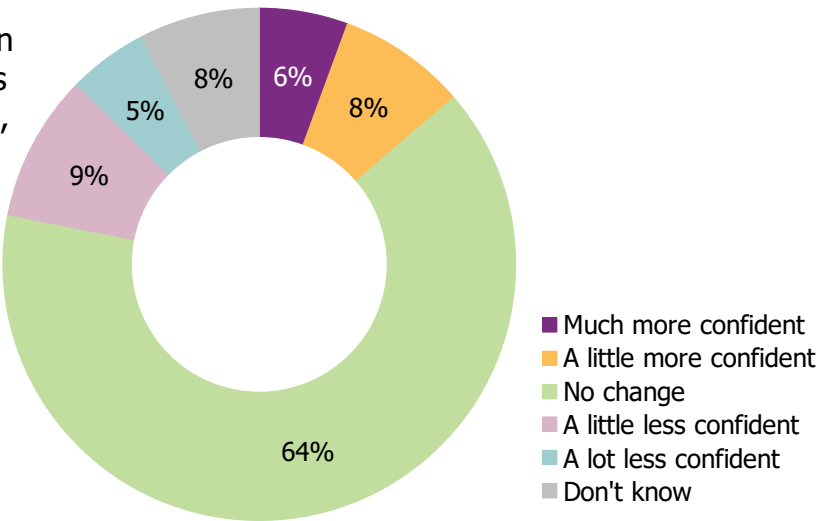


Figure 10 – Change in confidence in the way dental care is delivered, as a result of COVID-19

*See [p.9](#) for definitions of ethnic groups.

Sub-group differences

A number of sub-groups within the sample were more likely to say their feelings had changed to be more confident in the way dental care is delivered, as a result of Coronavirus compared to the 14% within the whole sample. These included respondents of Asian* (27%); and Black* (33%) ethnicity and those who have been to a dental practice since August 2020 (18%).

Staff at my dental practice have made great efforts to make me feel safe during my visits there.

Younger people were also more likely to feel more confident (18% of 18-34-year-olds were more confident compared to 9% of those aged 65+); as were those in cities (21% compared to 11% of those in towns or rural areas).

Respondents were asked whether, and if so, how their perceptions of safety while visiting a dental practice had changed as a result of the pandemic. As Figure 11 shows, responses in October 2021, when compared with those in 2020, show a higher proportion felt (a little/a lot) safer in 2021 (17% v 11%), and a lower proportion felt (a little/a lot) less safe (17% v 32%).

Conversely, those who are nervous of visiting the dentist in general were more likely to say that their confidence had reduced because of the virus (23% compared to 14% of the total sample).

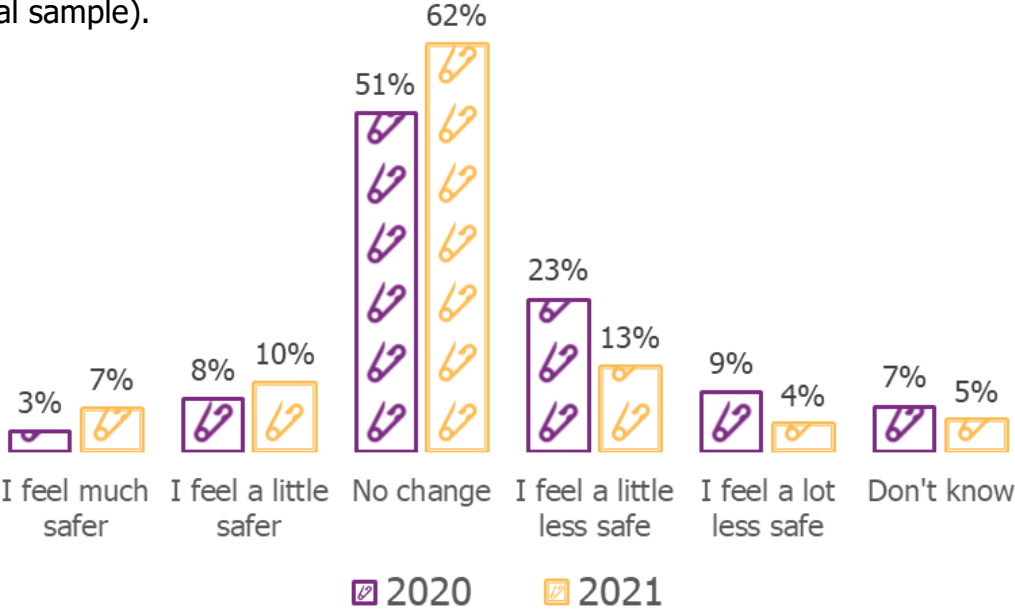


Figure 11- How have feelings of safety when visiting a dental practice, changed as a result of COVID-19 – August 2020 vs October 2021

Respondents of Asian* (32%) and Black* (30%) ethnicity were more likely than respondents of White British* ethnicity (15%) to say they felt a little/a lot safer when visiting a dental practice, as a result of COVID-19. Younger respondents - 18–34-year-olds - (22%) were also more likely to say they felt safer than those over the age of 65 (11%). Meanwhile, nervous patients were more likely to report feeling (a little/a lot) less safe when visiting a practice (25%), than the sample as a whole (17%).

Sub-group differences

*Since minority ethnic groups in the population (and in the sample) have a considerably younger age profile and are more concentrated in urban areas, further analysis would be required to identify if these outcomes interrelate. See [p.9](#) for definitions of ethnic groups.

When asked directly whether they currently (with Coronavirus still present) felt safer getting NHS dental care or private dental care; the responses were as follows:

- Just under two thirds (64%) felt the same degree of safety irrespective of the type of practice.
- 14% said they felt safer at a private practice.
- 9% said they felt safer at an NHS practice.

These results were in line with those seen in August 2020.

I feel a little less safe because I am worried about catching Covid at the dentist, but I am worried about catching Covid anywhere I go now.

4.2 Future visits

Respondents were asked the extent to which concerns about Coronavirus had changed the likelihood of their going for different treatments. Overall, a smaller proportion of the sample reported being less likely to go for dental treatment, because of COVID-19 concerns in 2021, than was the case in August 2020.

In October 2021, around one in four said concerns about the virus meant they were (a little or a lot) less likely to visit a dentist for a check-up (25%) or routine preventative work (26%); an improvement on 2020 when the corresponding figures were 34% and 36% respectively. A similar decrease in the proportion saying they were less likely to attend treatment because of Coronavirus concerns is evident for most other treatments, as shown in Figure 12.

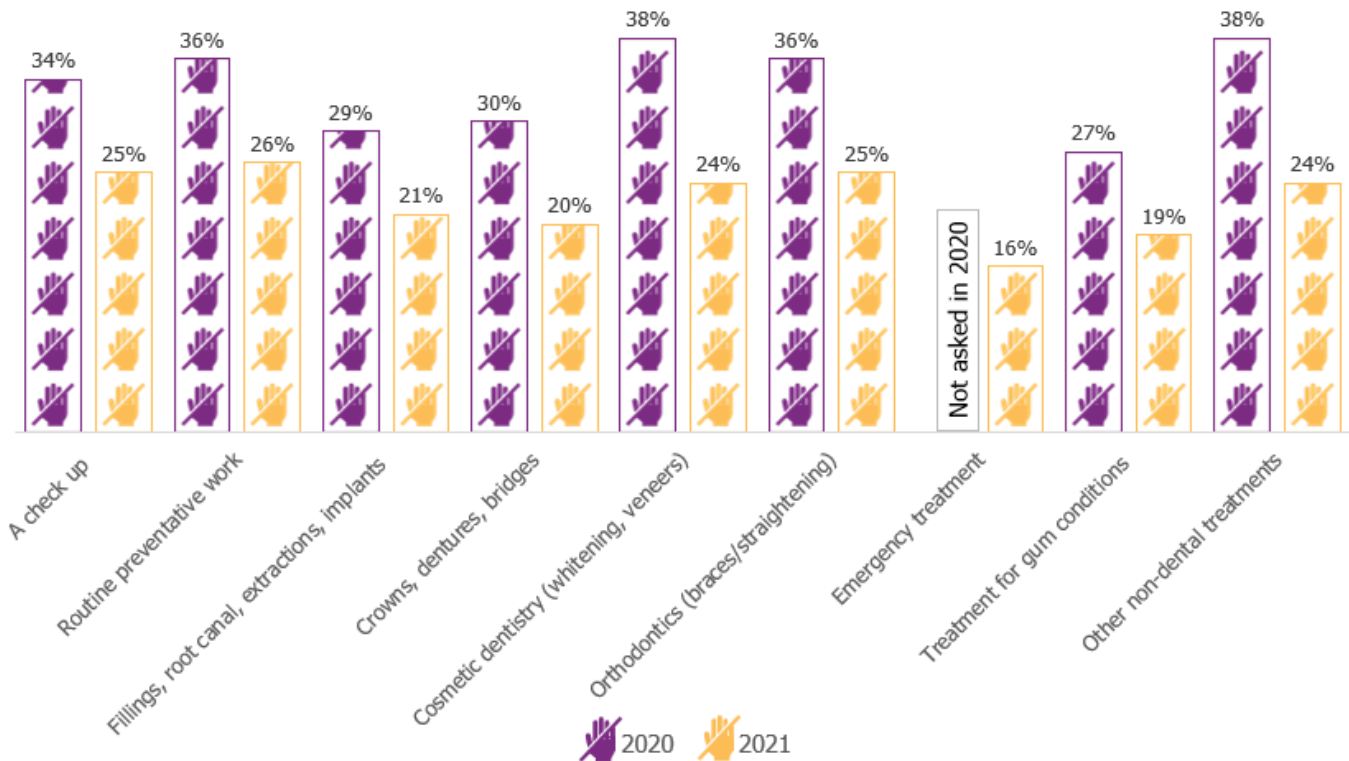


Figure 12 – (A little/a lot) less likely to go for each type of treatment because of Coronavirus concerns – August 2020 vs October 2021 (excludes those who would not have had that treatment regardless of Coronavirus = various base sizes)

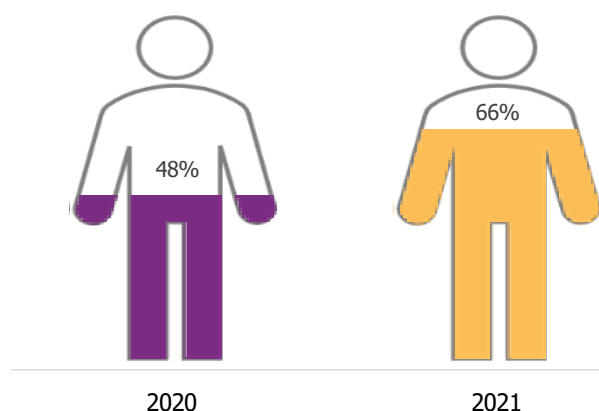


Figure 13 – Agreement with: In relation to Coronavirus, I have no concerns about visiting a dental practice – August 2020 vs October 2021

This apparent reduction in concern about visiting dental practices since 2020 was also evident in the responses seen to a number of agree/disagree statements in the survey. One clear example is shown in Figure 13. Whilst in August 2020, 48% agreed with the statement “in relation to Coronavirus, I have no concerns about visiting a dental practice”, in October 2021 the equivalent figure was 66%. Although this is a significant change, there remains almost a quarter (24%) of people who disagree with this sentiment.

Since vaccination rates are up and people are continuing to wear masks, it feels much safer.

However, amongst those of Asian* ethnicity, as was also the case in 2020, there was a different pattern. Respondents of Asian ethnicity showed a lower likelihood of attending a dental practice. Two fifths (40%) of respondents of Asian ethnicity said they were less likely to go for a check-up because of Coronavirus concerns (vs. 25% of the whole population). This greater propensity to express a reduced likelihood of attending a check-up was also apparent for all other kinds of treatment mentioned in the survey. Similarly, a higher proportion of people of Asian ethnicity disagreed with the statement: “I have no concerns about visiting a dental practice”, 32% disagreed with this compared to 24% of the sample as a whole.

Sub-group difference

These findings seem at odds with the fact that respondents of Asian ethnicity were more likely to say they felt more confident in the way dental care is delivered and they were also more likely, to say they feel safer visiting a dental practice, as a result of the pandemic (see [p.19](#)).

4.3 Reassurances

A large majority of people (80%) agreed with the statement ‘If I can be assured that it is safe to go, I would be happy to attend an appointment’.

Respondents were asked about a range of different safety measures and how reassuring they would find them. All eleven measures presented** were rated as (very or quite) reassuring by 75% or more. When asked to say which single measure would be the most reassuring, the two most commonly chosen were staff wearing PPE (28%) and providing clear information about control measures before the visit (26%) (Figure 14).

*See [p.9](#) for definitions of ethnic groups.

**See Technical Appendix C – Full Questionnaire - for the full list of measures.

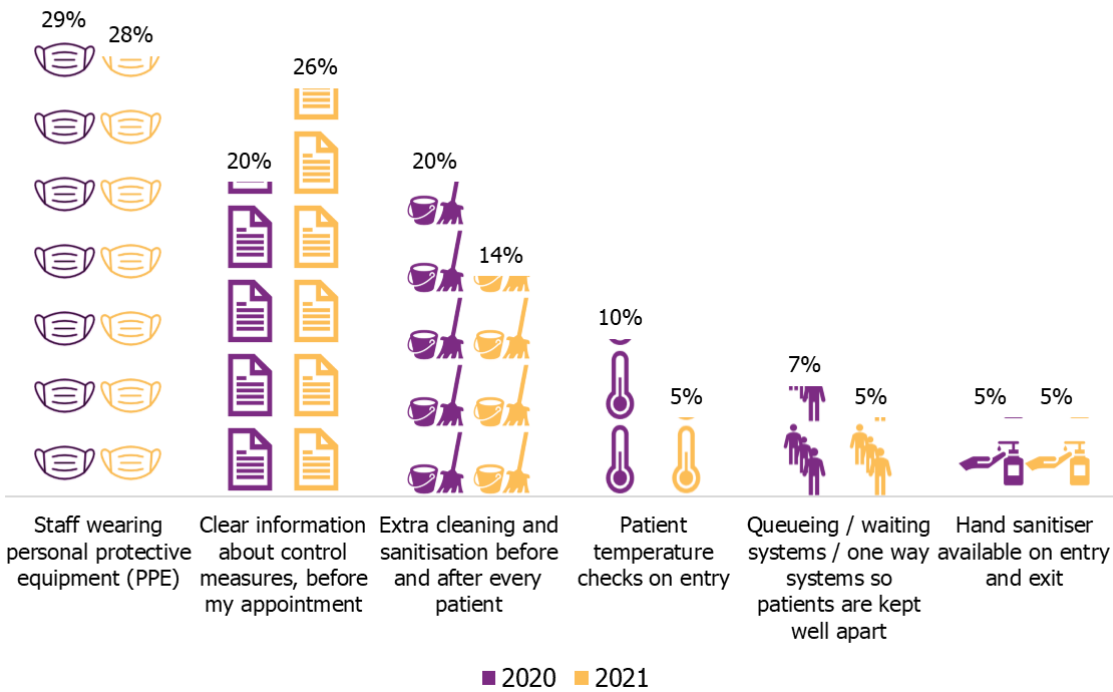


Figure 14 – Which of these measures would be most reassuring? - August 2020 and October 2021

As Figure 14 also shows, staff wearing PPE was seen by respondents to be the most reassuring measure overall in both 2021 and 2020 (28% in 2020 and 29% in 2021).

Compared to 2020 however, more patients (26%) said information prior to appointments was the most reassuring measure (20% in 2020); and fewer patients thought extra cleaning (14%) and patient temperature checks (5%) were most reassuring (20% and 10% respectively in 2020).

Similar proportions in both years saw queuing/waiting/one-way systems (5% compared to 7% in 2020) and hand sanitizer available on entry and exit (5% compared to 5% in 2020) as being most reassuring.

The practice was very safe, the dentist and staff all had PPE on and they used a large fan in the room; I saw them wipe everything down that had been touched.

4.3 Expected spending on dental care

Around half of respondents across private patients (46%) and NHS patients (54%) expected their spending on dental care to stay the same in the next 12 months, as shown in Figure 15. Of those who expected their spending on dental care to change, a higher proportion of respondents expected it would increase than decrease. This is the case amongst both those who pay for NHS dental care (23% thought they will spend a little or a lot more compared to 12% who thought they will spend a little or a lot less); and those who pay for private dental care (32% thought they will spend more; 15% thought they will spend less).

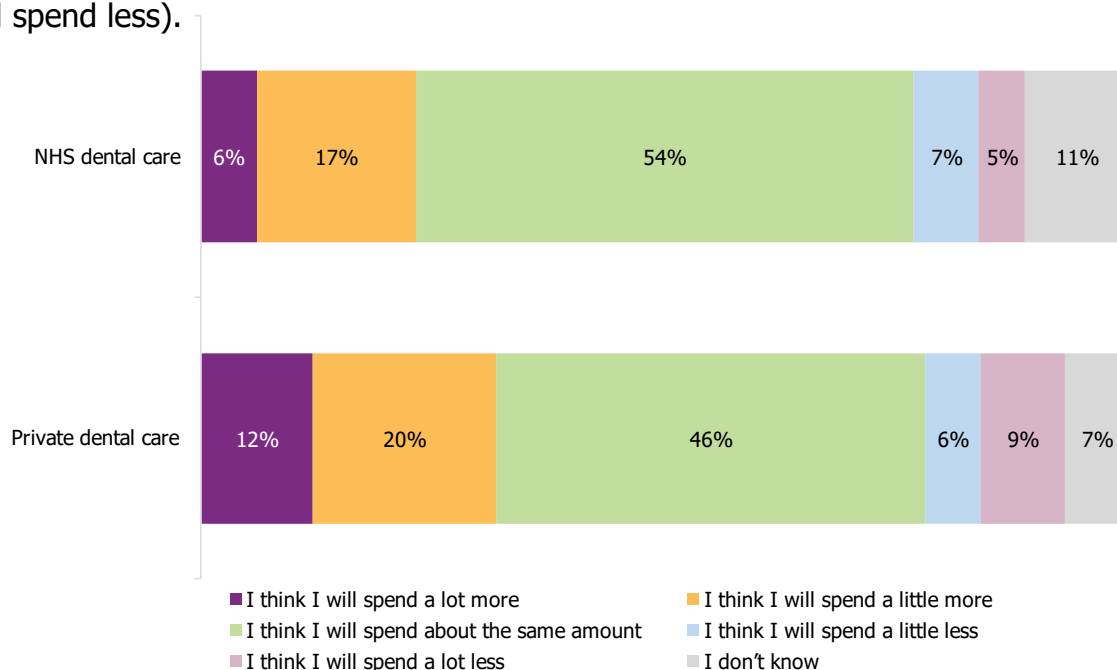


Figure 15 – Expected spend on dental care in the coming year

When asked why they expected to spend more on dental care in the next year, common unprompted reasons included:

- Needing more treatment because of neglecting dental care during the pandemic.
- Expectation that costs will have increased to ensure Coronavirus infection control.
- Being forced to seek private treatment due to pressure on the NHS.
- General increase in the cost of living, affecting the cost of dentistry.

I feel my teeth may have been neglected a bit because of lockdown. Usually they are cleaned etc., either every three months or at least every six, and this has not been the case because of lockdown. My teeth don't hurt but I suspect they'll need a good seeing to. Additionally, everything has gone up in price and I expect dentistry to be no different.

In my area, getting any kind of NHS treatment is nearly impossible and that combined with the additional COVID measures will escalate charges for all dental services.

5. Complaints and regulation

Section Summary:

- The 110 people in the survey who had ever 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 pandemic still happening. While over half (54%) said they would be neither more nor less likely to do so, a third (35%) said they would be even more likely, while only 6% said they would be less likely to do so.
- Fewer than a fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey; under a third (29%) thought they had done so; whilst 44% had not. One in ten (10%) did not know if they had heard of the GDC before.
- Whilst 44% of all respondents were confident that the GDC was regulating dentists and dental care professionals effectively; this figure has reduced from August 2020 when 54% gave this response.

5.1 Complaints

The 110 people in the survey who had ever 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 pandemic still happening.

As Figure 16 shows, while over half (54%) said they would be neither more nor less likely to do so, over a third (35%) said they would be even more likely, while only 6% said they would be less likely to do so.

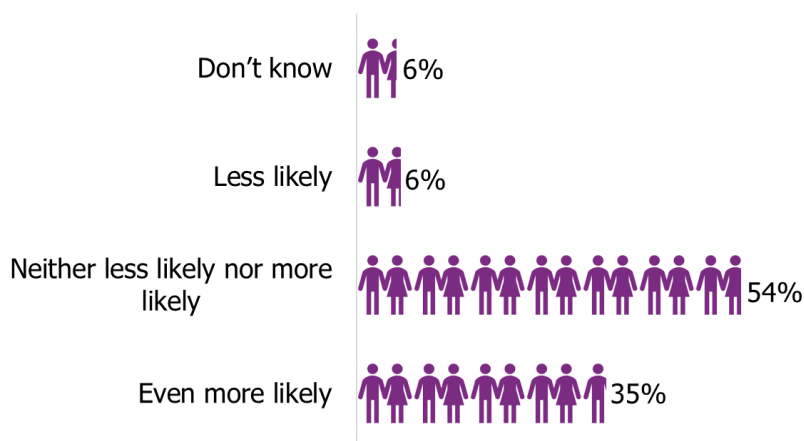


Figure 16 – Likelihood of complaining, if the exact same situation were to happen now, with the Coronavirus pandemic still happening

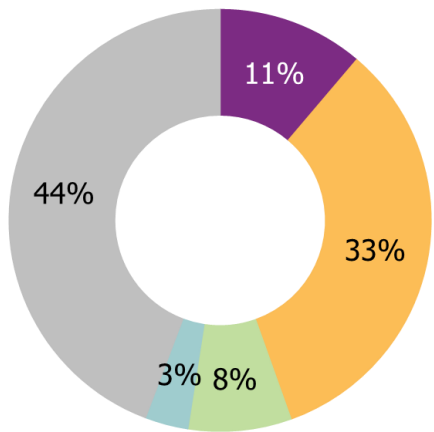
If I have a right to complain I would, COVID or no COVID.

A dentist has a duty of care to provide the correct treatment to the patient regardless of the situation. Negligence is never acceptable.

5.2 Regulation

Fewer than a fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey; under a third (29%) thought they had done so; whilst 44% had not. One in ten (10%) did not know if they had heard of the GDC before. These figures were very similar to those from the August 2020 survey.

Younger respondents (those aged 18-34) were more likely than older respondents not to have heard of the GDC prior to completing the survey (58% compared to 24% of those aged 65+).



- Very confident
- Fairly confident
- Not very confident
- Not at all confident
- I don't know

Figure 17 – Confidence that the GDC is regulating dental professionals effectively

Whether or not they were previously aware of the GDC, all respondents were asked about their confidence that dental professionals were being regulated effectively by them.

Whilst 44% were confident that the GDC was regulating dentists and dental care professionals effectively – 11% were very confident and 33% were fairly confident (Figure 17).

This figure has reduced from August 2020 when 54% gave this response. A larger proportion of people in October 2021 were unsure. In 2021, 44% answered 'don't know' to this question, compared to 35% in August 2020.

6. Conclusions

In 2021, given the ongoing impacts of COVID-19 on the dental sector, the GDC commissioned 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 continued impact of COVID-19 on the public's choices about their dental health. This study aimed also to explore changes over time building on an initial study conducted in 2020.

6.1 Going back to dental care

Using a survey, the research explored public and patients' experiences of returning to dental practices after restrictions had been eased. By October 2021, just under half of patients had been back to a dental practice since August 2020. By October 2021, just under half of patients had been back to a dental practice since August 2020. However, half had not done so yet, meaning that (given there was limited access to dental care during lockdown) a very large proportion of the public would not have seen a dental professional at all for 18 months or more. Even though dental services had been widely available for more than a year, there remained, in October 2021, almost a quarter of the public who did not know whether dental practices were fully open and a similar proportion unsure as to what kind of dental services were being offered. Most said they would seek information from their own dental practice on this, so it will be important for practices to communicate what services are available.

While many patients had begun to visit their dental practice much as they had before the pandemic, a minority (albeit somewhat smaller than it was in August 2020) remained nervous about doing so, due to concerns about COVID-19, and still expressed an intention both to avoid visiting and/or to reduce the frequency of their visits.

For some, at the time of the survey, there had been a return to pre-pandemic behaviour with regards to visiting dental professionals, whilst for others, this may still take some time.

6.2 Access to services and cost issues

The research also explored the degree to which patients might be facing barriers to accessing dental care.

There was evidence of access issues, with some patients saying they had been unable to get an appointment and others experiencing cancellations or postponements. The time it takes to get an appointment and the ease of getting one at all, were perceived, by many, to have worsened compared to pre-pandemic times. Access to routine and preventative care had been problematic for some.

These access issues may also be exacerbating inequalities, with those from younger and minority ethnic groups within the patient population, as well as parents, more likely to report problems. There is also evidence that some patients may be having to seek private treatment due to challenges in securing NHS appointments.

Costs may also be an increasing concern. Whilst not the primary reason, some of those who had not yet returned to a dental practice cited concerns about costs as a barrier.

Whilst most expected their spending on dental care to remain steady over the next year, amongst those that expected it to change in the year ahead, most expected it to increase.

In general, then, findings indicate that obstacles to accessing dental treatment are being experienced by many, but they are not affecting all groups within the population to the same extent.

6.3 Confidence in the dental industry and reassurances

The research also explored the public's feelings about receiving dental care after lockdown restrictions had eased.

An increasing proportion and the majority of people felt just as confident, or indeed even felt more confident, in dental services than they did before the pandemic. By October 2021 more patients than was the case in August 2020 agreed they had no concerns at all about visiting a dental practice, in relation to COVID-19.

However, there remain some groups in the population – particularly people of Asian ethnicity - amongst whom a larger proportion expressed lingering concern. Those who tended to feel nervous about visiting the dentist in general, were also more likely than others to say that their feelings of confidence and safety had declined since the pandemic.

The most reassuring measures for patients visiting dental services were staff wearing PPE and the provision of clear information about control measures prior to attending an appointment, as was the case in the first study. Pre-appointment information will continue to be an important tool in helping to reassure patients, especially for those who remain hesitant about visiting a dental practice.

Whilst overall levels of confidence in dental services have increased, there remain significant numbers of patients who will still need reassurance before they are likely to feel as comfortable with visiting a dental practice, as they did before the pandemic.

6.4 The big picture

Looking back at this project's objectives, the results show that some patients remain uncertain whether all dental practices are open and offering the full range of services or not. Many had returned to their dental practice, but considerable numbers of patients were yet to do so.

Whilst overall, confidence amongst patients had increased since August 2020, and for many their experience of dental care had returned to pre-pandemic normality; for a large number of people the pandemic (and its ongoing impacts on people and the sector) continues to make it harder to access dental services.

Barriers to access were apparent for treatment, but also for routine preventative care, which may see an increase in more acute dental health problems within the population in future years. Our study also suggests that health inequalities are potentially being exacerbated.

The dental profession can provide significant reassurance to increase levels of confidence and encourage greater numbers of patients to return for dental care through COVID-safe practices and patient information prior to appointments.

Technical Appendix A - Sample

Sample

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:

	Number	%
Gender		
Male	1,100	46
Female	1,282	54
Other	5	*
Prefer not to say	2	*
Age		
18-24	273	11
25-34	439	18
35-44	388	16
45-54	428	18
55-64	359	15
65-75	288	12
75+	214	9
Socio economic group		
AB	685	29
C1	720	30
C2	380	16
DE	604	25
Location		
City	701	29
Town or suburb	1,297	54
Rural area	391	16
Region/country		
London	367	15
South East	322	14
North West	237	10
West Midlands	221	9
Yorkshire	180	8
Scotland	179	8

Technical Appendix A - Sample

	Number	%
Region/country cont.		
East Anglia	171	7
Northern Ireland (Boosted)	156	7
East Midlands	155	7
Wales (Boosted)	153	6
South West	148	6
North East	100	4

Figures may not add up to 100% due to rounding. The symbol * = less than 0.5% but more than 0%.

Technical Appendix A - Sample

Technical Note on Ethnicity data

There was an error in the way the ethnicity question was shown in the online survey environment. Whilst all categories were visible, the headings (White, Asian, Black), as shown in the table below, were not visible. It is therefore possible that some people may have coded a different ethnicity, had the question been shown correctly. The survey data has been checked against previous panel records and these checks have shown that any discrepancies could have made no more than 1% difference to any of the ethnic sub-group findings reported.

Ethnicity		
White		
English, Welsh, Scottish, Northern Irish or British	1592	67
Irish	58	2
Gypsy or Irish Traveller	2	*
Roma	1	0
Any other white background	142	6
White and Black Caribbean	22	1
White and Black African	18	1
White and Asian	19	1
Any other mixed or multiple background	9	*
Asian		
Indian (Boosted)	101	4
Pakistani (Boosted)	104	4
Bangladeshi	8	*
Chinese	26	1
Any other Asian background	14	1
Black		
Caribbean (Boosted)	100	4
African background (Boosted)	104	4
Any other Black, Black British, African or Caribbean background	23	1
Arab	2	*
Any other ethnic group	8	*
Prefer not to say	36	2
NET Asian	253	11
NET Black	227	10

Technical Appendix B - Methodology

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 into 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.

As a sample and not the entire population of adults aged 18 and over living in the UK 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 95 in 100 that this result would not vary more than + or – 2% 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 were 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 level or greater.

Technical Appendix C – Full Questionnaire with Overall Results

GDC CORONAVIRUS QUESTIONNAIRE 2021

All data is weighted. Base sizes are unweighted. *% = less than 0.5% but more than 0%.

SECTION 1 – DENTAL CARE BEFORE THE PANDEMIC

As was the case with many aspects of our daily life, dental care has been affected by the Coronavirus pandemic. Restrictions on what dental practices could do were put in place across the country from late March 2020 and changes to those restrictions have been implemented since then. This questionnaire will ask you about your experiences and thoughts about dental care before, during and after the Coronavirus pandemic.

We will start with your experiences **before the first lockdown occurred in March 2020.**

- Thinking about how often you used UK dental care services during the 12 months before the first national lockdown in March 2020 please estimate the number of times you received the following kinds of dental care or treatments in the UK?**

	No visits for this kind of treatment	Once	2-3 times	4 or more times	Don't know
A check up	21%	38%	36%	4%	1%
Routine preventative work (e.g., hygienist appointment, scale and polish, fluoride)	48%	26%	19%	3%	4%
Fillings, root canal work, extractions, implants	65%	23%	7%	2%	3%
Crowns, dentures, bridges	83%	9%	4%	1%	3%
Cosmetic dentistry (whitening, veneers)	89%	5%	2%	1%	3%
Orthodontics (braces/straightening)	91%	3%	2%	2%	2%
Treatment for gum (periodontal) conditions	87%	6%	4%	1%	2%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	93%	2%	2%	1%	2%
Base: Total sample (2,389)					

2. You said that you had some orthodontic treatment or cosmetic dentistry in the year before the first national lockdown in March 2020. 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	83%
Remote	11%
A combination of remote and in person	6%
Base: All who had Cosmetic/Orthodontic treatment before the first nation lockdown (369)	

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 first national lockdown in March 2020, which of these describes the type of care you generally received?

NHS dental care that I pay for	50%
NHS dental care that is free	22%
Private dental care only	19%
A mix of NHS dental care and private dental care	7%
I am not sure what type of care I receive	2%
Base: All who received dental care at least once at Q1 (1,985)	

4. Thinking about how much money you spent in dental practices during the 12 months before the first national lockdown in March 2020, 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	8%	44%
£51-£100	22%	30%
£101-£200	25%	14%
£201-£500	26%	6%
£501-£1,000	6%	1%
£1,001-£2,500	4%	*0%
More than £2,500	4%	0%
I don't know	5%	5%
Base:	Selected 'Private dental care only' or 'A mix of NHS dental care and private dental care' (499)	Selected: 'NHS dental care that I pay for' or 'A mix...' (1,098)

SECTION 2 – DENTAL CARE IN THE LAST YEAR

In this section we will be asking about your experiences of dental care since lockdown restrictions were eased and began to lift for dental practices last year (from around August 2020). We recognise that you may have had treatment during the first lockdown (between March and July 2020), but we will not cover that period in this questionnaire.

5. Since August 2020, when lockdown restrictions for dental practices began to lift, have you experienced any dental pain or other dental issues?

Yes – I have experienced dental pain	24%
Yes – I have experienced other issues e.g., issues with dentures, braces, gum problems etc.	16%
No	61%
Don't know	1%
Base: Total sample (2,389)	

6. You said you have experienced pain or another issue since August 2020. When this happened, did you always, sometimes or never get dental treatment?

Always	31%
Sometimes	41%
Never	29%
Base: All experienced dental pain or other issues (912)	

7. Since August 2020, have you tried to book an appointment for dental care or treatment and been unable to do so?

Yes	22%
No	76%
Don't know	2%
Base: Total sample (2,389)	

8. What dental care or treatments were you unable to get an appointment for?

A check up	66%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	24%
Fillings, root canal work, extractions, implants	21%
Emergency treatment for dental pain or other urgent issues	15%
Crowns, dentures, bridges	7%
Treatment for gum (periodontal) conditions	7%
Orthodontics (braces/straightening)	3%
Cosmetic dentistry (whitening, veneers)	2%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	1%
Base: All tried to book an appointment and been unable to do so (548)	

9. Why were you unable to book an appointment?

My regular dental practice was only accepting emergency appointments	46%
My regular dental practice had a large backlog of appointments	26%
My regular dental practice was closed	19%
I tried to book at a new dental practice and was told they were not accepting new patients	13%
I tried to book an NHS appointment at my regular dental practice but was told only private appointments were available	12%
I tried to book an NHS treatment at a new dental practice but was told only private appointments were available	11%
I was not given a reason	5%
Other (please specify)	3%
Base: All tried to book an appointment and been unable to do so (548)	

10. Since August 2020, have you been to a dental practice at all for dental care, check-ups or treatment?

Yes	47%
No	52%
Don't know	1%
Base: Total sample (2,389)	

11. You said that before the first lockdown, the care you generally received was {pipe in answer from Q3}. Has this changed since then?

Yes	13%
No	84%
Don't know	3%
Base: All receiving dental care before first lockdown (1,930)	

12. Which of these describes the type of care you have received since August 2020?

NHS dental care that I pay for	36%
NHS dental care that is free	25%
Private dental care only	23%
A mix of NHS dental care and private dental care	11%
I am not sure what type of care I receive	5%
Base: all whose choice of care has changed since first lockdown (281)	

13. Approximately how many times have you been to a dental practice since August 2020?

Once	45%
2-3 times	48%
4 or more times	7%
Base: All been to a dental practice since August 2020 (1,108)	

14. And when was your most recent visit to a dental practice?

In the last 3 months	56%
Between 4 and 6 months ago	29%
Between 7 and 9 months ago	9%
Over 9 months ago	6%
Base: All been to a dental practice since August 2020 (1,108)	

15. Since August 2020 what dental care or treatments have you received?

A check up	75%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	37%
Fillings, root canal work, extractions, implants	28%
Crowns, dentures, bridges	9%
Cosmetic dentistry (whitening, veneers)	2%
Orthodontics (braces/straightening)	3%
Emergency treatment for dental pain or other urgent issues	9%
Treatment for gum (periodontal) conditions	4%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	*%
Base: All been to a dental practice since August 2020 (1,108)	

16. You said that you had some orthodontic treatment or cosmetic dentistry since August 2020. 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	94%
Remote	3%
A combination of remote and in person	4%
Base: All received Cosmetic or Orthodontic treatment since August 2020 (60)	

17. Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment since August 2020 – which, if any of these reasons, has been true for you?
18. And which of these has been the most important reason for you?

	Q17	Q18
I preferred to wait for pandemic to end	30%	22%
I do not tend to go to the dentist that often	26%	20%
I was concerned about the cost of going to the dentist	16%	11%
I tried, but could not get an appointment at all	15%	11%
I didn't know what services were available	14%	9%
ONLY THOSE WHO HAD ISSUE AT Q6 The issue went away / wasn't particularly bad	8%	5%
I tried to book an NHS appointment but was told only private appointments were available	7%	5%
I was in a high-risk group and have been actively shielding, and I still did not want to go	4%	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%	2%
I tried, but could not get an appointment time that I could make	3%	2%
I was offered an appointment, but did not want to attend it because of a fear of catching/spreading Coronavirus at the appointment	3%	1%
I was self-isolating because I had Coronavirus symptoms / a positive test, so I could not go	1%	1%
I could not arrange travel to the appointment	1%	*0%
Other (please specify)	9%	8%
Base: All who have not been to a dental practice since August 2020 (1,281)		

19. Since August 2020, have you had any dental appointments which were postponed or cancelled?

Yes	17%
No	81%
Don't know	2%
Base: Total sample (2,389)	

20. What was /were the cancelled appointment(s) for?

A check up	68%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	25%
Fillings, root canal work, extractions, implants	13%
Crowns, dentures, bridges	5%
Emergency treatment for dental pain or other urgent issues	5%
Orthodontics (braces/straightening)	4%
Cosmetic dentistry (whitening, veneers)	2%
Treatment for gum (periodontal) conditions	2%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	*%
Base: All with an appointment postponed or cancelled since August 2020 (413)	

- 21. We'd like to understand more about your most recent experience of seeing a dental professional and how you might feel this differed from your experiences of dental care before the pandemic. Look at the aspects of experience listed below and tell us, for each one, was this better in the last year or better before the pandemic, or was there no difference?**

	Better at my most recent visit	Better before the pandemic	No difference between before the pandemic and my most recent visit	Don't know
How affordable it was	6%	16%	74%	4%
How easy it was to get an appointment	6%	39%	52%	3%
How long I had to wait for the appointment date	6%	38%	52%	4%
How long I had to wait when I arrived for the appointment	16%	20%	61%	3%
How safe I felt during the appointment	14%	16%	67%	3%
How long the appointment took	9%	13%	76%	2%
How well the dental professional(s) looked after me	11%	10%	76%	3%
Base: All who have received dental care since August 2020 (1,108)				

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SECTION 3 – CURRENT DENTAL CARE PROVISION

In this section we will be asking about your views on dental care now.

- 24. 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	47%
Some dental practices are now open	23%
All dental practices are closed – no service is available	1%
Dental services are only available through a specialist Urgent Dental Care Centre / Clinic	2%
I don't know	27%
Base: Total sample (2,389)	

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

All dental care services are available	40%
Services that are deemed as being at low risk of spreading Coronavirus are available	20%
Emergency or very urgent procedures are available	13%
Other (PLEASE WRITE IN)	*%
I don't know	30%
Base: Total sample (2,389)	

26. Thinking about visiting a dental practice now, which of these statements best describes the extent to which concerns about Coronavirus have changed the likelihood of your going for the following treatments?

	I am a lot less likely to go for this treatment now	I am a bit less likely to go for this treatment now	There has been no change in how likely I would be to go for this treatment	I would never have had this kind of treatment, regardless of Coronavirus	Don't know
A check up	11%	13%	66%	4%	6%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	11%	12%	59%	10%	8%
Fillings, root canal work, extractions, implants	8%	11%	63%	8%	10%
Crowns, dentures, bridges	8%	9%	58%	13%	12%
Cosmetic dentistry (whitening, veneers)	10%	7%	42%	30%	11%
Orthodontics (braces/straightening)	10%	8%	41%	31%	10%
Emergency treatment for dental pain or other urgent issues	7%	8%	68%	8%	9%
Treatment for gum (periodontal) conditions	8%	9%	59%	13%	11%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	9%	6%	35%	38%	12%
Base: Total sample (2,389)					

27. If you were seeking information about the current situation regarding availability of dental care services where you live (now that travel and contact restrictions have been lifted) which of these would you do?

I would call my own dentist / go to my own dentist's website	67%
I would get advice from another health source/professional (NHS111, GP, Hospital)	19%
I would search online (PLEASE SPECIFY WHERE) -----	11%
I would seek information informally / by word of mouth (acquaintance, family member)	11%
I would seek information in print/broadcast media (newspapers, television, direct mailing)	4%
Other (PLEASE WRITE IN) _____	1%
I don't know	9%
Base: Total sample (2,389)	

- 28. Compared to the choices you made before Coronavirus, and thinking about the likelihood of taking your child/children to visit a dental practice now, which of these statements best describes how you feel?**

	I am a lot less likely to take my child/ children for this treatment now	I am a bit less likely to take my child/ children for this treatment now	There has been no change in how likely I would be to take my child/ children for this treatment	My child/ children would never have had this kind of treatment, regardless of Corona virus	Don't know
A check up	6%	15%	73%	1%	5%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	7%	14%	68%	4%	7%
Fillings, root canal work, extractions, implants	7%	8%	68%	9%	8%
Cosmetic dentistry (whitening, veneers)	8%	8%	52%	22%	10%
Orthodontics (braces/straightening)	7%	9%	64%	10%	10%
Emergency treatment for dental pain or other urgent issues	5%	9%	73%	6%	7%
Treatment for gum (periodontal) conditions	8%	8%	66%	10%	8%
Base: All with children under 16 in the household (721)					

- 29. Earlier in this questionnaire we asked you to estimate how much money you spent in dental practices during the 12 months before the Coronavirus pandemic started.**

You estimated that you had spent {PIPE IN ANSWER} on Private Dental care and {PIPE IN ANSWER} on NHS Dental Care. Thinking ahead, over the next year and assuming things remain the same as they are now 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	12%	6%
I think I will spend a little more	20%	17%
I think I will spend about the same amount	46%	54%
I think I will spend a little less	6%	7%
I think I will spend a lot less	9%	5%
I don't know	7%	11%

- 30. Please explain why you think you'll spend a different amount on dental care in the next year than was the case before Coronavirus?**

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SECTION 4 – FUTURE SERVICES

In this section we will be asking about your views on using dental services in the future.

- 31. 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	20%
Very likely	18%
Fairly likely	22%
Fairly unlikely	14%
Very unlikely	16%
Don't know	10%
Base: Total sample (2,389)	

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

A check up	72%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	32%
Fillings, root canal work, extractions, implants	16%
Crowns, dentures, bridges	8%
Cosmetic dentistry (whitening, veneers)	3%
Orthodontics (braces/straightening)	3%
Treatment for gum (periodontal) conditions	4%
Other non-dental treatments (such as face fillers like botox) conducted at a dental practice	*%
Base: All who have appointment or very likely to book one (1,449)	

33. 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)?

[illegible]

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

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Base Variable for each statement:
I will not go to a dental practice at all, unless I have an urgent issue	19%	34%	21%	11%	15%	1,209
If I can be assured that it is safe to go, I would be happy to attend an appointment	37%	43%	7%	3%	10%	2,389
I will wait several months before going to a dental practice due to my concerns about possible infection	9%	25%	27%	18%	21%	1,209
In relation to Coronavirus, I have no concerns about visiting a dental practice	29%	37%	17%	7%	10%	2,389
I expect it to be much harder to get an appointment at a dental practice, while the risk of Coronavirus infection persists	23%	37%	19%	6%	15%	2,389
I think dental appointments will last a lot longer, while the risk of Coronavirus infection persists	10%	32%	26%	8%	24%	2,389
I think dental appointments will be a more unpleasant experience for patients, while the risk of Coronavirus infection persists	8%	26%	34%	16%	16%	2,389
I expect to go less often for routine dental appointments such as check-ups and hygienist appointments	12%	30%	32%	15%	11%	1,938
I expect to take my child/children less often for routine dental appointments such as check-ups and hygienist appointments	12%	27%	34%	19%	8%	641

SECTION 5 – SAFETY PRACTICES

In this section we will be asking about your views on safety practices provided by dental services.

35. 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?

	Very reassuring	Quite reassuring	Not very reassuring	Not reassuring at all	Don't know
Clear information about control measures to reduce the risks of contracting Coronavirus from the dental practice, before my appointment	41%	44%	5%	1%	9%
Staff wearing personal protective equipment (PPE)	53%	34%	4%	2%	7%
Hand sanitiser available on entry and exit	48%	37%	6%	2%	7%
Queueing / waiting systems / one-way systems so patients are kept well apart	41%	42%	6%	2%	9%
Perspex screens at reception	41%	41%	7%	3%	8%
Information about how long the wait is for an appointment	36%	43%	8%	3%	10%
Information about why there is a wait for an appointment	33%	43%	9%	3%	12%
Information about waiting times when arriving for your appointment	36%	43%	8%	3%	10%
Patient temperature checks on entry	39%	36%	11%	4%	10%
Information about how the practice ensures the treatment area is kept free from the virus (e.g. cleaning and sanitisation before and after every patient)	44%	38%	7%	3%	8%
Clear information about how you can raise concerns about safety practices with the dental practice	36%	41%	9%	3%	12%
Other (PIPE IN RESPONDENT'S SUGGESTION)	14%	18%	7%	2%	59%
Base: Total sample (2,389)					

36. Which of these would be most reassuring?

	Most
Staff wearing personal protective equipment (PPE)	28%
Clear information about control measures to reduce the risks of contracting Coronavirus from the dental practice, before my appointment	26%
Extra cleaning and sanitisation before and after every patient	14%
Hand sanitiser available on entry and exit	5%
Patient temperature checks on entry	5%
Queueing / waiting systems / one-way systems so patients are kept well apart	5%
Information about how long the wait is for an appointment	3%
Information about waiting times when arriving for your appointment	3%
Clear information about how you can raise concerns about safety practices with the dental practice	3%
Information about why there is a wait for an appointment	2%
Perspex screens at reception	2%
Other (PIPE IN RESPONDENT'S SUGGESTION)	4%
Base: Total sample (2,389)	

SECTION 5 – COMPLAINTS / OVERALL CONFIDENCE

Finally, we'd like to ask you about how confident you are overall in dental services nowadays.

ASK ALL

37. Have you ever made a complaint about a dental professional?

Yes	5%
No	94%
Don't know	1%
Base: Total sample (2,389)	

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

MULTI CODE OK

Poor conduct / behaviour of a dental professional	31%
Concerns about clinical treatment provided by dental professional	31%
Poor communication from a dental professional	15%
The cost of dental treatment not being explained before a treatment	10%
Concerns about infection control/cross infection	8%
Not being given the chance to give proper informed consent for a procedure	7%
Poor patient record keeping by a dental practice	7%
Advertising / mis-selling of dental care / services	5%
Poor health of a dental professional undertaking the treatment	3%
Employment related – i.e. poor working conditions for staff	1%
Fraud or dishonesty from a dental professional	1%
Something else (PLEASE WRITE IN)	18%
Base: All made a complaint (118)	

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

Even more likely	35%
Neither less likely nor more likely	54%
Less likely	6%
Don't know	5%
Base: All made a complaint (118)	

40. Why do you say that?

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41. 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	6%
I am a little more confident	8%
My confidence has not changed	64%
I am a little less confident	9%
I am a lot less confident	5%
Don't know	8%
Base: Total sample (2,389)	

42. Why do you say that?

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43. 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	6%	7%
I am a little more confident	9%	9%
My confidence has not changed	71%	76%
I am a little less confident	9%	5%
I am a lot less confident	6%	4%
Base: Total sample (2,389)		

44. 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	7%
I feel a little safer	10%
My feelings of safety have not changed	62%
I feel a little less safe	13%
I feel a lot less safe	4%
Don't know	4%
Base: Total sample (2,389)	

45. Why do you say that?

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46. **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	14%
I feel the same degree of safety regardless of whether the care is private or NHS	64%
I don't know	13%
Base: Total sample (2,389)	

47. **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	17%
I think I have heard of the General Dental Council before	29%
I have not heard of the General Dental Council before	44%
I don't know	10%
Base: Total sample (2,389)	

48. **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	33%
Not very confident	8%
Not at all confident	3%
I don't know	45%
Base: Total sample (2,389)	

49. **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? Have you experienced any other changes to the dental treatment you have received, that has not been captured in this questionnaire?**

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