



GDC Patient and Public Panel Profiling and First Survey

Research Report

November 2014



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1. Executive Summary

1.1 Background, objectives and methodology

The General Dental Council (GDC) is putting patients and public at the heart of their decision making by establishing a patient and public online panel, with 5,089 participants. This panel will be a vehicle for ongoing engagement with patients and the public.

Recruitment to the panel has recently been conducted. Potential panellists, recruited from Research Now's Valued Opinions Panel, were asked a series of demographic and behavioural questions to ascertain their eligibility to join the GDC's panel. Those who met the required quotas, shown in Table 1 of Appendix A, were asked a number of supplementary attitudinal questions. The questionnaire used is provided in Appendix B. Results have been weighted back to the population profile of the UK (by gender, age, ethnicity, socio-economic group, country and type of dental care received)

As with any surveys, there is a margin of error associated with the results. Overall the results are accurate to +/- 1.4% at the 95% confidence level. This means that if 50% of the sample agreed with a specific question, the chances are 19 times in 20 that the true value (if the whole population had been interviewed) would be between 48.6% and 51.4%. However, it should be noted that, strictly speaking, this type of extrapolation should only be applied to a purely random sample.

1.2 Key findings

1.2.1 Satisfaction with dental care

Of respondents who visit a dentist at least once per year, a high proportion (93%) are very or fairly satisfied with their dental care. One in twenty (5%) is fairly dissatisfied and a further 1% is very dissatisfied

- Those in higher socio economic groups (SEG) and those only receiving private healthcare are more likely to be satisfied. Those from Black and Minority Ethnic (BME) groups are less likely to be satisfied, as are those living in urban areas, those with poor dental care, those who are less confident in regulation, those who are unlikely to complain about services or healthcare and those with limiting health conditions.

Amongst the 211 respondents who indicated that they are fairly or very dissatisfied, the main reasons for dissatisfaction are receiving poor quality treatment at a recent visit (30%), unreasonable costs (23%) and unprofessional behaviour/attitude in their treatment or care (18%). Respondents were provided with a list of options, which included an 'other' category to allow them to write in

if their reason was not included on the list. They could choose more than one option.

Panellists were asked to consider if they have any concerns with the quality of dental care (thinking about the dental profession as a whole and not just their own treatment) and/or the behaviour of dentists and dental care professionals generally in the UK.

- Just under one-third (31%) indicated that they have some concerns about quality.
- Just under one quarter (24%) indicated that they have some concerns about behaviour of dentists and dental care professionals.

Women are more likely than men to express concerns about both the quality of care and the behaviour of dentists and dental care professionals, as are those with children, BME audiences, younger panellists, those with poor dental health, those with limiting health conditions and those who are not very or not at all confident in regulation. Those living in urban areas are more likely to have concerns about the behaviour of dentists and dental care professionals than those living in rural or other areas (and were also more likely to have concerns about the quality of care than those living in other areas but not those living in rural areas).

These panellists who expressed concern relating to overall quality or the behaviour of dental care professionals were then asked to provide further details about the nature of the concern. Respondents could cite more than one concern. These unprompted comments were then analysed and categorised into common themes. The most common concerns are issues regarding doubts over dental professionals' skills or concerns about poor quality of work (16%) and expense and lack of consistency in pricing (15%). The detailed comments provided by panellists tend to focus on difficulties registering with an NHS dentist; pressures on dentists meaning that NHS care is inadequate or limited; dentists' poor communication skills (particularly those from overseas); inconsistent standards of care (between private and NHS care and between practices) and the recommendation of unnecessary treatments.

1.2.2 Attitudes to regulation, poor customer service and complaints

Panellists were given two options relating to how they would choose a new dentist and asked to indicate which one that they most agree with.

- Views are mixed, with 45% indicating that they most agree with the statement that all dental services are likely to be of a similar quality and they would choose dental practice most convenient for them.
- The remaining 55% most agree with statement two *'I think that the quality of dental services varies a lot and I would not necessarily choose the dental practice that is most convenient for me to get to.'*

Those most likely to feel that quality varies and for whom factors other than convenience influence their choice are those from higher socio-economic groups, older panellists, White British and those whose last dental visit involved private care. Those panellists who have visited the dentist most recently (within the last six months) were more likely to believe quality varies than those who have visited less recently. Panellists with a lack of confidence in regulation were also more likely to think that services are variable.

Overall 68% of panellists are very or fairly confident about regulation in general. Just over one-fifth indicated that they are not very or not at all confident.

- Women, those aged 16-34 and those very satisfied with their dental care are more likely to be confident in regulation. Those less confident include men, those aged 55+ and those with poorer dental health.

When asked about their propensity to complain, just under one-third (32%) indicated that they would be very likely to complain if they were to receive poor healthcare compared with 22% when receiving poor customer service more generally.

- Of all panellists, 4% indicated that they have made a formal complaint about a dentist /dental care professional and 10% have made a formal complaint about another healthcare professional.

Panellists were asked to think about receiving poor customer service (e.g. in a shop, from a service provider or anywhere else) and then to consider receiving poor healthcare (e.g. from their GP, from a hospital consultant, from their dentist or anyone else working in the health sector). They were asked to consider what they would do in the instance of both a fairly minor and a more serious issue. They were able to select as many options as they wished.

- In terms of a fairly minor issue, one in ten indicated that they would contact an appropriate regulator in the case of poor healthcare, compared to 5% of those receiving poor customer service generally. For a more serious issue, 26% indicated that they would contact a regulator in relation to poor healthcare compared with 15% for poor customer service more generally.

1.2.3 The panel's future work

Panellists were asked to vote on what the GDC's Online Patient and Public Panel should be called.

- The most popular response is 'Word of Mouth - Dental Patient and Public Panel' with around half (49%) of panellists selecting this option.
- Dental Discussion is the next most popular option (with 22% selecting this).
- Panellists were also asked to suggest their own names and around 300 did so. The most commonly suggested were names associated with puns related to dentistry, for example Open Wide, The Tooth of the Matter and Bite Back.

Panellists were asked if they could identify any issues that GDC should be asking their patient and public panel about.

- In total, 15% of panellists identify one or more issues. These issues were analysed and categorised into key themes.
- The most common response, of over a quarter of panellists (27%) is about costs, charges and pricing structures. Access to NHS dentists/treatments and quality of general service/treatment the next most popular suggestions (cited by 15% and 10% respectively).

After being asked to raise their spontaneous issues, panellists were presented with a number of prompted issues and asked to rate a number of them in terms of their perceived importance. The top three issues which are felt to be most important are:

- Making sure patients are clear about charges for dental treatment and give their consent for treatment knowing what the final bill will be (61% selected 'very important').
- How panellists might expect the GDC to make sure dentists and dental care professionals maintain their knowledge and skills after they complete initial training and prove they are still skilled enough to do the job (51% selected 'very important').
- The standards panellists expect when they visit a dentist and/or dental care professionals (47% selected 'very important').

Panellists were asked if they would be willing to participate in a range of research activities, both on and offline. The highest proportion of panellists (55%) would be willing to keep a diary or record of their last visit to a dentist. Half also indicated that they would be happy to take part in mystery shopping exercises (50%) and edit/comment on draft documents (50%).

1.2.4 Issues for consideration

Whilst satisfaction levels with dental care amongst those who have visited a dentist in the last year are high, some strong messages about issues/areas of concern are apparent. Concerns are voiced about pricing, standards falling and/or differential care being provided to NHS and private patients and dental professionals' poor communication skills. There are some underlying trust issues, with the perception that dentists are driven by financial imperatives rather than necessarily always recommending the appropriate treatment and/or concerns about the quality of treatments being provided. Analysis of the open comments suggests that there are issues for panellists relating to decision-making about choosing a practice and a sense that there is an inability to make an informed choice about which practice to visit and about treatment options.

There are also demographic differences in terms of behaviours relating to dental care, propensity to complain and levels of satisfaction which are interesting in terms of providing context for future research. Older panellists, those from higher socio-economic groups, those with no limiting health conditions and those from White British backgrounds are more likely to act as assertive consumers in this context in that they see quality as variable and decide on which dental practice to visit based on a number of factors rather than purely convenience. These groups also indicate that they would be more likely to voice complaints about poor healthcare if any arose and that they have visited the dentist recently (with the exception of BME audiences). There also appear to be some links between these behaviours and satisfaction, in that BME panellists, younger panellists, those with limiting health conditions and those least likely to complain are least satisfied with their dental care.

In terms of the panel, there is a clear favourite in terms of the panel name - 'Word of Mouth - Dental Patient and Public Panel'. Analysis of the open questions indicates that there is a mix of views in terms of whether panellists prefer a name which is a play on words and one which is more descriptive.

There is a relatively high level of interest in panel activities other than standard online surveys. The response indicates that there are some differences in levels of interest in participation by different demographic groups, with the very youngest and oldest, those who visit the dentist least often, those from lower socio-economic groups, those who are unlikely to complain, those who are not working, those with limiting health conditions and those without dependent children least interested in participating. However, there are also some differences in levels of interest by type of activity. For example, whilst 16-24 year olds are generally less willing to take part in additional activities, they indicate that they would be happy to do online discussion groups and mystery shopping exercises. These preferences could be taken into account when designing future research methodologies.

2. Background, Objectives and Methodology

2.1 Background and objectives

The General Dental Council is committed to using research to build an evidence base to inform the organisation's policy and practice. This is underpinned by the GDC's 2010-14 Corporate Strategy which adopts evidence-based policy as a corporate value, stating that *"policy is developed on the basis of consultation and evidence."*

The GDC has responded to the Francis and Keogh reports by recognising the need to ensure the views of patients and the public are more clearly heard in a systematic way about the work of the GDC and that these views effectively influence dental regulation. To this end, the GDC is, for the first time, establishing a patient and public panel that will provide a sustainable and regular method to hear the views of patients. It builds upon the programme of patient and public research already carried out by GDC (for example the Annual Patient and Public Survey) and forms a key element of the GDC's approach to patient engagement. The views of the panel will provide vital input for Council decision making and strategy development.

The overarching aims for the panel are to provide a permanent, flexible and cost effective method for the GDC for research and patient and public engagement; to establish a group of patients and the public whose knowledge and understanding of dentistry will grow over time to provide insight about public attitudes and perceptions of dental regulation and their experience of dentistry; and to provide an effective communications and engagement mechanism for the GDC with patients and the public. The three main objectives for the panel are to provide:

- Evidence about public views and perceptions of topical or current issues in dental regulation.
- Public and patient views on their experience of the quality of dental services.
- Public and patient feedback about regulatory policy initiatives or communications being developed or recently undertaken by the GDC.

The report details the findings of the first survey of the panel. The survey had two main purposes. Firstly, to carry out a profiling survey conducted as the first step in establishing the panel. This asks a series of demographic and behavioural questions so that a panel can be recruited that is as representative as possible of the UK population as a whole. Secondly, respondents were asked a series of attitudinal questions about their dental care and their views about the panel's future work.

2.2 Methodology

Community Research, working in partnership with Research Now, a major online panel provider, recruited a bespoke, nationally representative online panel of patients and the public from within Research Now's existing, national 'Valued Opinions' panel of 400,000 UK consumers.

Recruited panellists remain as "Valued Opinions" panellists and abide by the same terms and conditions and privacy policy and the same incentive programme. In effect, these panellists, each with their unique ID number, will be ring-fenced as GDC panellists, in terms of engagement rules, bespoke profiling, and desire to partake in the GDC's studies. This makes the panel cost effective since the online panellists are in a sense, already recruited.

This report is based on the 5,089 panellists who have been recruited to date. The current panel profile, in terms of demographic and behavioural characteristics, is shown in Appendix A. There are some demographic groups, particularly the youngest and oldest age group of panellists and those living in Northern Ireland, which are currently lower than the quotas set for recruitment. Recruitment to these groups is being kept open with the intention of increasing numbers over coming months.

The ten minute questionnaire was designed and then cognitively tested with a number of patients and public. Ten panellists (who had opted in to be contacted by Community Research following email contact from Research Now) were emailed a link to the draft survey, asked to complete it and then to provide detailed feedback to a researcher. This took the form of a telephone conversation, running through each question and discussing how it might be improved. There was a particular focus on areas of ambiguity, confusion and also for any gaps in question areas that patients and public feel may be important. This process resulted in a small number of amendments and improvements being made to the questionnaire. A copy of the final questionnaire used is provided in Appendix B.

The online survey was subsequently launched on Friday 9th August 2014. The findings have been weighted back to the population profile, with the weighting factors used shown at Appendix A.

Note on reading the report

The figures quoted in the tables and charts are percentages unless otherwise stated. Base sizes on which percentages are calculated are provided at the bottom of the chart or table. Percentages may not sum to 100% in all instances on account of rounding or because respondents were able to provide multiple responses.

The majority of questions were single response only i.e. the respondent was mandated to choose one option only. It is highlighted in the report where respondents were permitted to select more than one option.

Any differences cited between groups are statistically significant at the 95% confidence level. Other differences which are not statistically significant are not mentioned. (Please note that, strictly speaking, significance testing assumes a purely random sample, which was not used, although it is a convention in social and market research to use such tests as a rule of thumb with other samples).

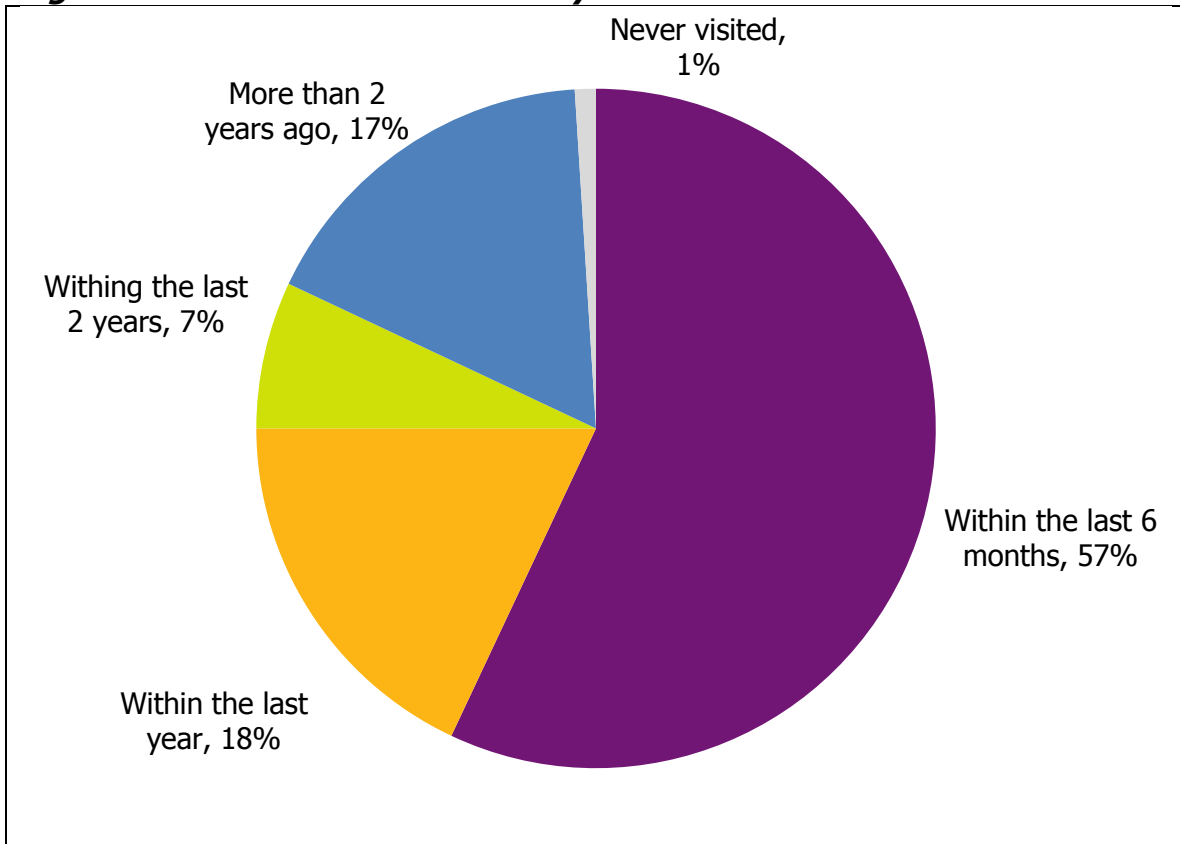
Also a test can be applied to establish sampling error. Overall the results are accurate to $\pm 1.4\%$ at the 95% confidence level. This means that if 50% of the sample agreed with a specific question, the chances are 19 times in 20 that the true value (if the whole population had been interviewed) would be between 48.6% and 51.4%. However, again strictly speaking this type of extrapolation should only be applied to a purely random sample.

3. Satisfaction with Dental Care

3.1 Overall satisfaction

Over half of panellists (57%) had visited the dentist in the past six months, with a further 18% having visited within the last year.

Figure 1 - When was the last time you visited the dentist?



Base: All respondents (5,089). Weighted data. Single response

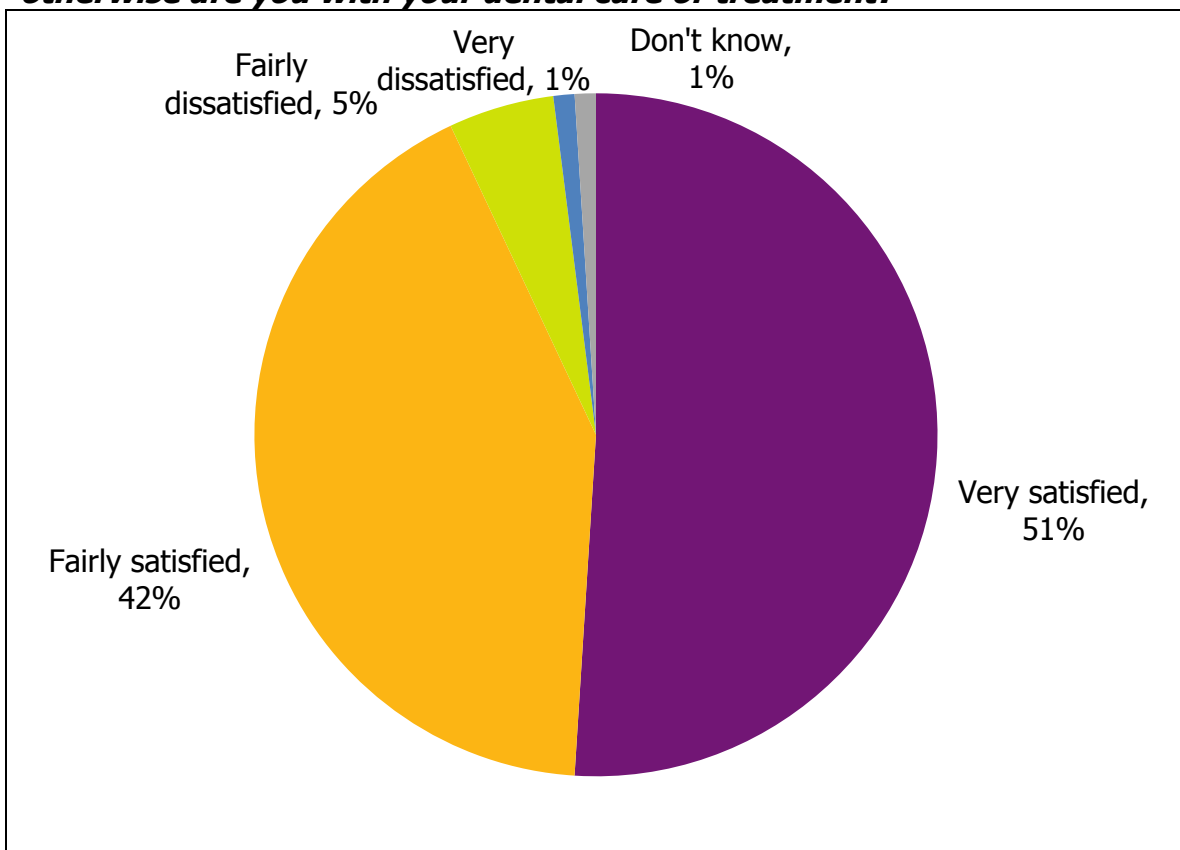
The following types of panellists were more likely to have visited the dentist in the past six months:

- **Older panellists** (63% of 55+ compared with 52% of 16-34 year olds and 58% of 35-54 year olds).
- Those with **good dental health** (72% very good dental health, 62% fairly good, 43% fairly poor and 30% very poor).
- Those who are **satisfied with their dental care** (78% of those who are satisfied compared with 65% who are not satisfied).
- Those with **most faith in regulation** (71% of those who are very confident in regulation, 60% of those who are fairly confident, 47% who are not very confident and 51% who are not at all confident).

- Those living in **non-urban areas** (51% in urban, 60% in rural and 59% in other areas.).
- Those with **no limiting health conditions** (59% compared with 53% of those with limiting conditions.)
- **AB and C2** socio-economic groups (63% and 60% compared with 54% C1 and 55% DE.)

Of respondents who visit a dentist at least once per year, a high proportion (93%) is very or fairly satisfied with their dental care. One in twenty (5%) is fairly dissatisfied and a further 1% is very dissatisfied¹.

Figure 2 - Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?



Base: All who go to the dentist at least once a year (3,712). Weighted data. Single response

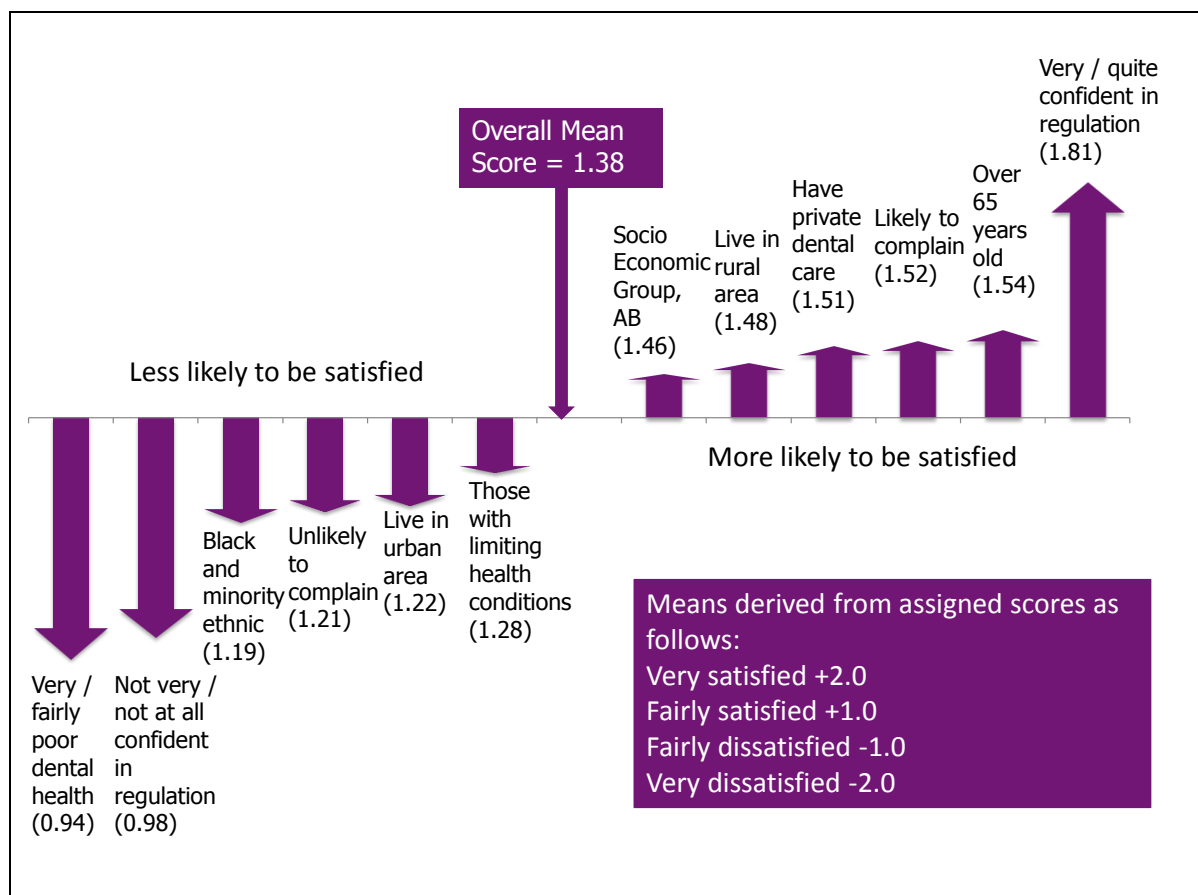
Analysis of how different panellists answers to this question, shows some interesting findings about the groups more likely and less likely to be satisfied

¹ The findings triangulate those of the GDC Annual Patient and Public Survey 2013 were 61% very satisfied, 35% fairly satisfied, 2% fairly dissatisfied and 1% very dissatisfied. Those from BME audiences were also found to have lower satisfaction levels than those from White British backgrounds as with this study.

with their dental care or treatment, as shown in Figure 3 below. Analysis has been conducted using mean scores. Each satisfaction rating is assigned a score ranging from +2.0 (for very satisfied) to -2.0 (for very dissatisfied). The total score for each demographic group is then calculated as the mean average across all ratings given by that group.

Those in higher socio economic groups (SEG) and those only receiving private healthcare are more likely to be satisfied as they have a total mean score which is higher than the overall mean average of 1.38. Those from Black and Minority Ethnic (BME) groups and those less prone to complaining² are less likely to be satisfied as they have a score lower than this.

Figure 3 – Mean satisfaction in dental care or treatment by type of panellist (Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?)



² Defined by combined answers to questions about propensity to complain if they have received poor customer services and or poor healthcare (see questionnaire questions 3.5 and 3.6)

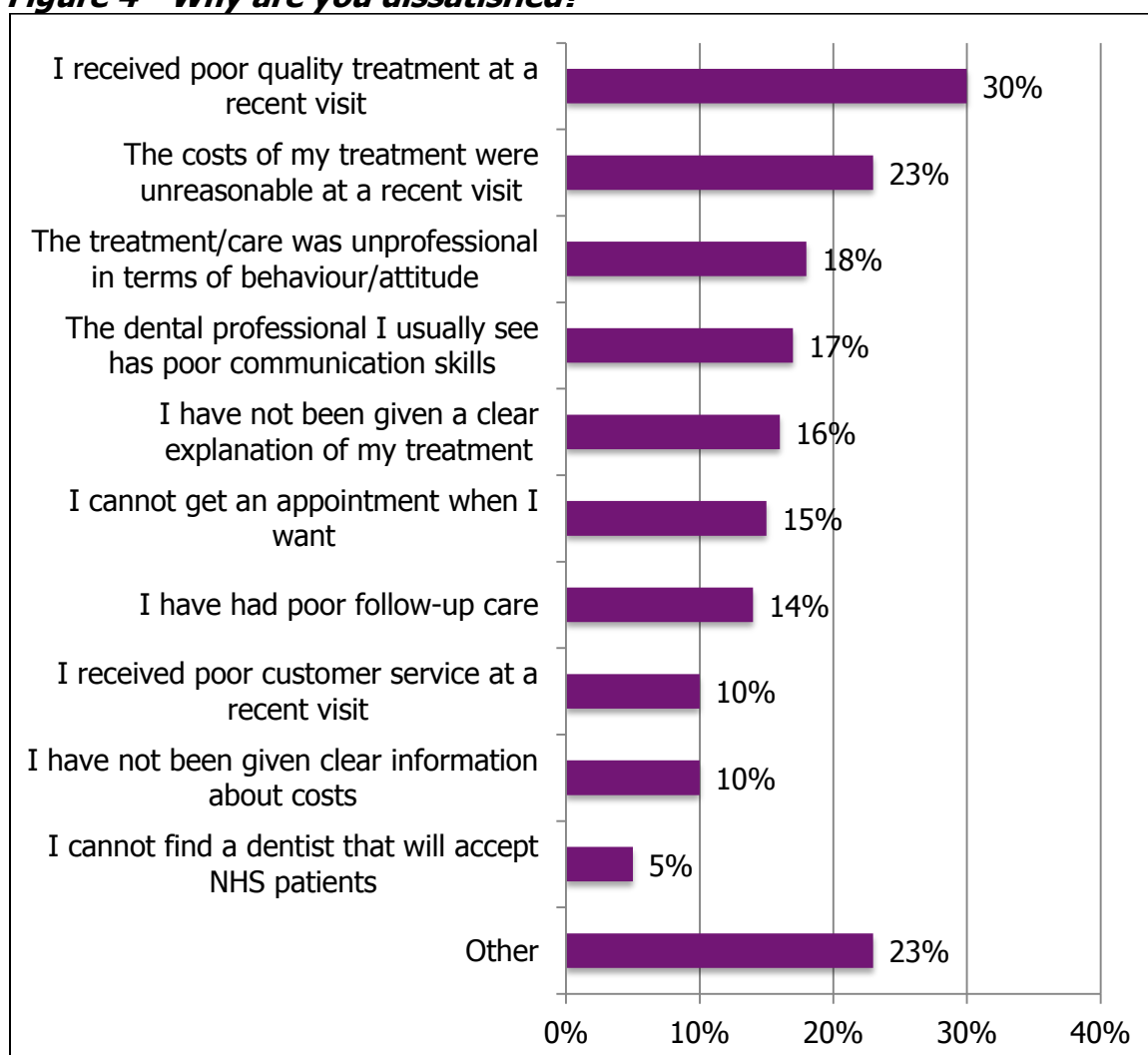
3.2 Reasons for dissatisfaction

Amongst the 211 respondents who indicated that they are fairly or very dissatisfied, the main reasons for dissatisfaction are receiving poor quality treatment at a recent visit (30%), unreasonable costs (23%) and unprofessional behaviour/attitude in their treatment or care (18%)³. Respondents were provided with a list of options, which included an 'other' category to allow them to write in if their reason was not included on the list. They could choose more than one option.

The 'other' category includes a range of issues, of which the most commonly cited were inadequate or quick examinations, issues with hospital appointments, problems with dentures and a lack of routine maintenance (i.e. scale and polish being done regularly and included in the check-up appointment).

³ Top three reasons for dissatisfaction in the GDC Annual Patient and Public Survey 2013 were very similar (poor quality treatment, cost and poor communication skills).

Figure 4 - Why are you dissatisfied?



Base: All who go to the dentist at least once a year and who indicated that they are dissatisfied with their care (211). Weighted data. Multi-response

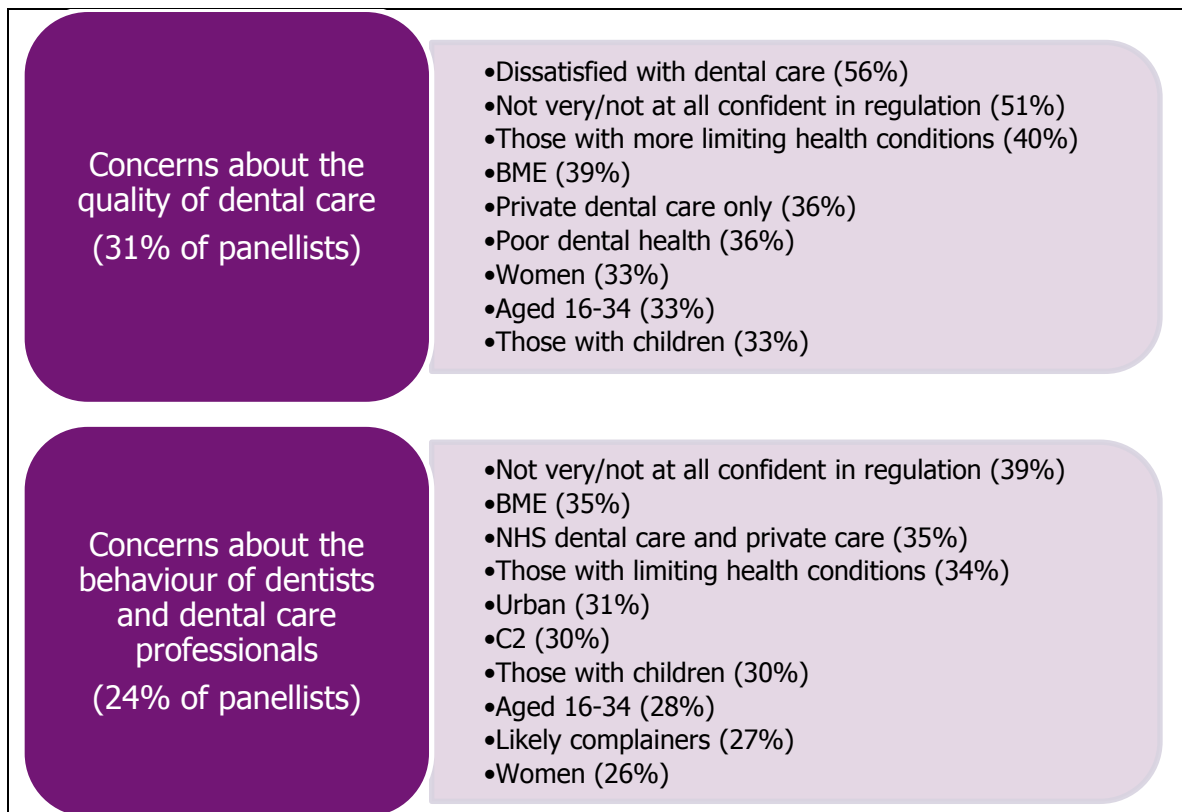
3.3 Concerns with the quality of dental care

Panellists were asked to consider if they have any concerns with the quality of dental care (thinking about the dental profession as a whole and not just their own treatment). Just under one-third (31%) indicate that they have some concerns about quality. Panellists were then asked to consider if they have any concerns about the behaviour of dentists and dental care professionals generally in the UK. Just under one quarter (24%) indicate that they have some concerns in this respect.

Figure 5 shows attitudinal differences by key audiences. Women are more likely than men to express concerns, as are those with children, BME audiences, younger panellists and those with poor dental health and limiting health conditions. It is interesting to note that panellists who are not very or not at all

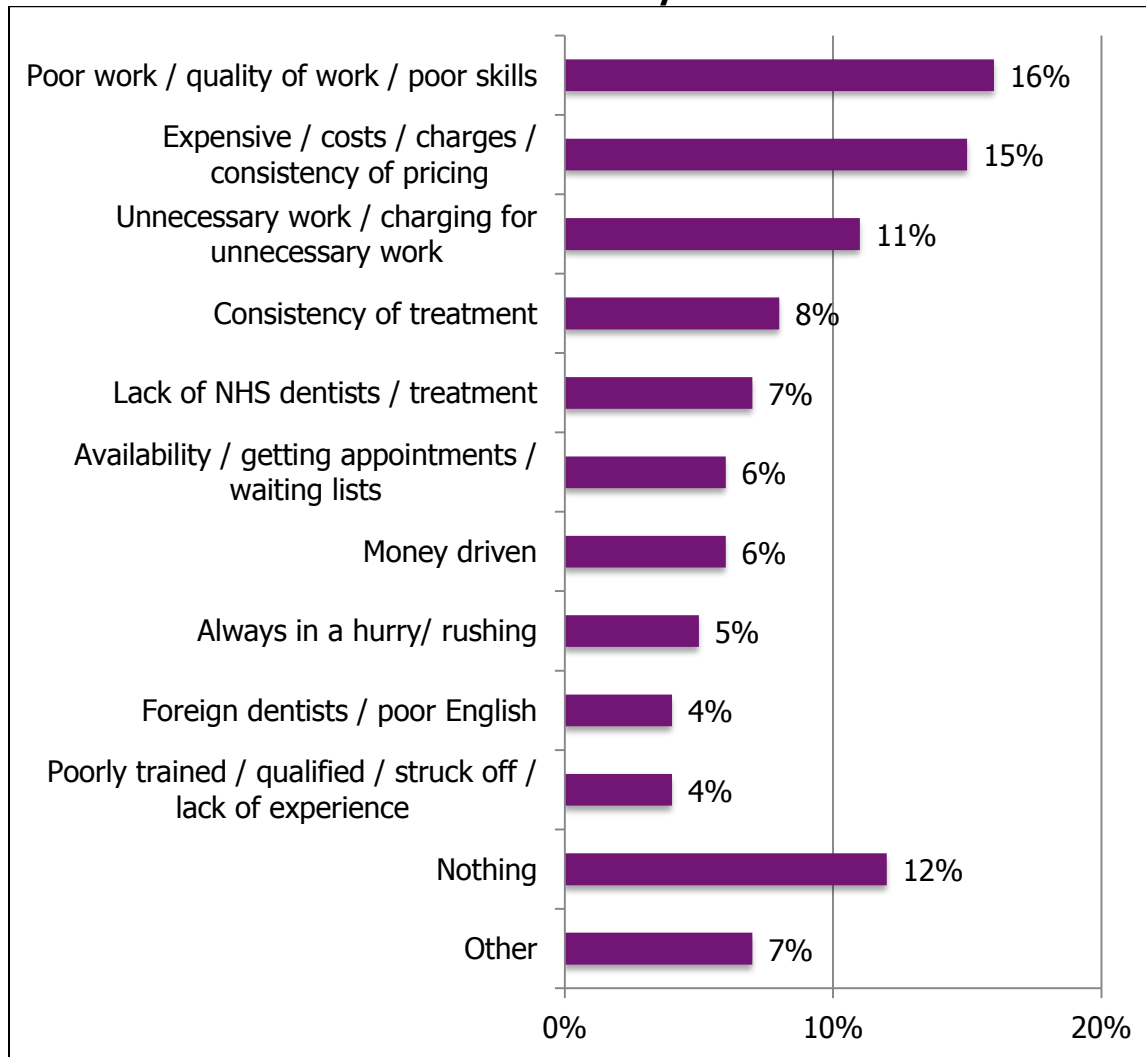
confident in regulation (in general) are also more likely to have concerns . Those living in urban areas are more likely to have concerns about the behaviour of dentists and dental care professionals, than those living in rural or other areas.

Figure 5 – Panellists with the highest levels of concerns (Do you have any concerns about the quality of dental care or behaviour of dentists and dental care professionals?)



These panellists who expressed concern relating to overall quality or the behaviour of dental care professionals were then asked to provide further details. Respondents could cite more than one concern. These unprompted comments were then analysed and categorised into common themes. The most common concerns are doubts over dental professionals' skills or concerns regarding poor quality of work (16%) and expense and lack of consistency in pricing (15%). 12% of panellists who initially indicated that they had concerns were unable to articulate them.

Figure 6 – What concerns do you have about the quality of dental care or behaviour of dentists and dental care professionals?



Base: All who indicated that they have concerns about the quality of care and/or the behaviour of dental care professionals (1,798). Weighted data. Open ended question (multiple coding⁴.)

Some examples of panellists' comments are provided below. These tend to focus on difficulties registering with an NHS dentist; pressures on dentists meaning that NHS care is inadequate or limited; dentists' poor communication skills (particularly those from overseas); inconsistent standards of care (between private and NHS care and between practices) and the recommendation of unnecessary treatments. Panellists also mention their inability to make an informed decision about which dentist to visit because of a lack of information.

⁴ Open ended responses mentioning more than one of these issues were coded under multiple items.

"I believe that some private dentists are only concerned with making as much money as they can from patients and will recommend unnecessary treatment to achieve this." (Female, 55-64, White British, AB, South West, typically visits the dentist at least every 6 months, NHS care that paid for)

"Think dentists vary in quality of care and some cut corners with NHS patients especially. Prices vary a lot and some dentists are just out to make money." (Female, 55-64, White British, C2, West Midlands, typically visits the dentist less often than every 2 years)

"The treatment is dependent on how much you can pay, the less you pay, the less you receive in good dental care. It's all about squeezing as much money out of one, and have to pay a variety of rates for even trivial procedures." (Male, 65-74, DE, Black & minority ethnic, Northern Ireland, typically visits the dentist at least once every 2 years)

"Never see the same dentist twice and some have very limited grasp of English." (Female, 45-54, White British, C2, South West, typically visits the dentist at least every 6 months, NHS care that paid for)

"Some dentists might be doing unnecessary work/some might be using inferior quality materials/hard to get trustworthy reviews of dentists in general..." (Male, 65-74, AB, White British, London, typically visits the dentist less often than every 2 years)

"The standard of care and treatment has droppedmoney comes before the patient and to complain about bad treatment leaves you vulnerable decent dentists even when paying privately are hard to find. I have been left with pretty bad dental problems after having spent almost £10,000." (Female, 65-74, White British, DE, East of England, typically visits the dentist at least once every 2 years, NHS care that was free)

"Went to an NHS dentist who told me I needed 5 fillings went back to my private dentist and I did not need any. Went to another NHS dentist who said I needed a filling for my sensitive teeth it still hurt so went to a private dentist who told me I needed a crown which is fine now I have lost faith in all NHS dentists." (Female, 35-44, White British, C2, South West, typically visits the dentist at least every 6 months, NHS care that paid for)

"Service can vary greatly between practices, there doesn't appear to be consistency. Dentists doing unnecessary work to claim more money e.g. X-rays every time I go despite the risks of cancer. Dentists that say they are NHS but say they can't offer that treatment this month because of a quota,

but they can offer it if I pay privately." (Male, 25-34, Black & minority ethnic, C2, North East, used to visit the dentist but no longer does so)

"I feel that treatment is rationed according to severity of cases, for example, dental hygienist treatment. I feel too that such low standards of dental hygiene are expected that dentists sometimes pass off cases where education and preventive treatment would make a difference. I think the simplified tiers of payment for NHS dentistry should include a 'nil' level to encourage good dental hygiene. It's unfair that those who take care of their teeth subsidize directly (as well as through taxation). Those who don't." (Female, 55-64, White British, AB, East Midlands, typically visits the dentist at least every 6 months, NHS care that paid for)

"NHS treatment is driven by cost & some treatments, like difficult root canals, are typically not undertaken by NHS dentists because the payment is insufficient." (Male, 55-64, DE, White British, South West, typically visits the dentist at least once a year, NHS care that paid for)

"Over-reliance on x-rays in some practices. False assumptions about what people want in relation to teeth. Recommend unnecessary work - my daughter avoided a lot of extractions/unnecessary orthodontic work as confirmed by far more experienced dentist when I queried the approach being taken." (Female, 45-54, C1, Black & minority ethnic, South East, typically visits the dentist at least every 2 years)

"For a start, they don't advertise treatment prices. And how do you know whether people are pleased or dissatisfied with their work?" (Female, 55-64, white, C1, London, typically visits the dentist at least every 6 months. Not sure if care was private or NHS)

"It is not consistent. Too little time with NHS dentists. NHS dentists move frequently, and there is then little continuity of care, as they don't read all notes thoroughly. I feel I am a number, more than a person. And it is ridiculous that dental records are not transferred of a patient moves." (Female, 55-64, White British, AB, East of England, typically visits the dentist at least once a year, NHS care that paid for)

"Dental practitioners know that it is difficult to get another dentist and are a captive market, they therefore do not really care how pleased you are or, otherwise with their work." (Male, 55-64, White British, C2, Scotland, typically visits the dentist at least once every 2 years)

"It is very difficult to find an NHS dentist to register with, and even more difficult to get an appointment within a reasonable timescale. Also, there is

not enough provision for out of hours dental care for things like painful toothache." (Female, 35-44, White British, C1, Wales, typically visits the dentist at least every 6 months, NHS care that paid for)

"Not all dentists have skill at providing crowns, dealing with children, etc, but I have not encountered a register that gives me information about this type of specialism. (I dare say such a register exists but I would not know where to find it)." (Female, 75+, White British, C1, South West, typically visits the dentist at least once a year, Private care only)

"Customer care issues - I have had some dreadful experiences with dentists going back to childhood, also a dentist told my mother to keep her dentures out over the weekend because he thought she had oral cancer and when she went back he told her he'd only told her that to make her comply with keeping her dentures out!" (Female, 45-54, White British, C1, Yorks & Humber, used to visit the dentist but no longer does so)

"Charging too much and doing far too little for NHS treatment. I have not been offered cleaning or scaling for over 5 years. £25 for a 5 minute check - dreadful." (Male, 35-44, White British, C1, West Midlands, typically visits the dentist at least every 6 months, NHS care that paid for)

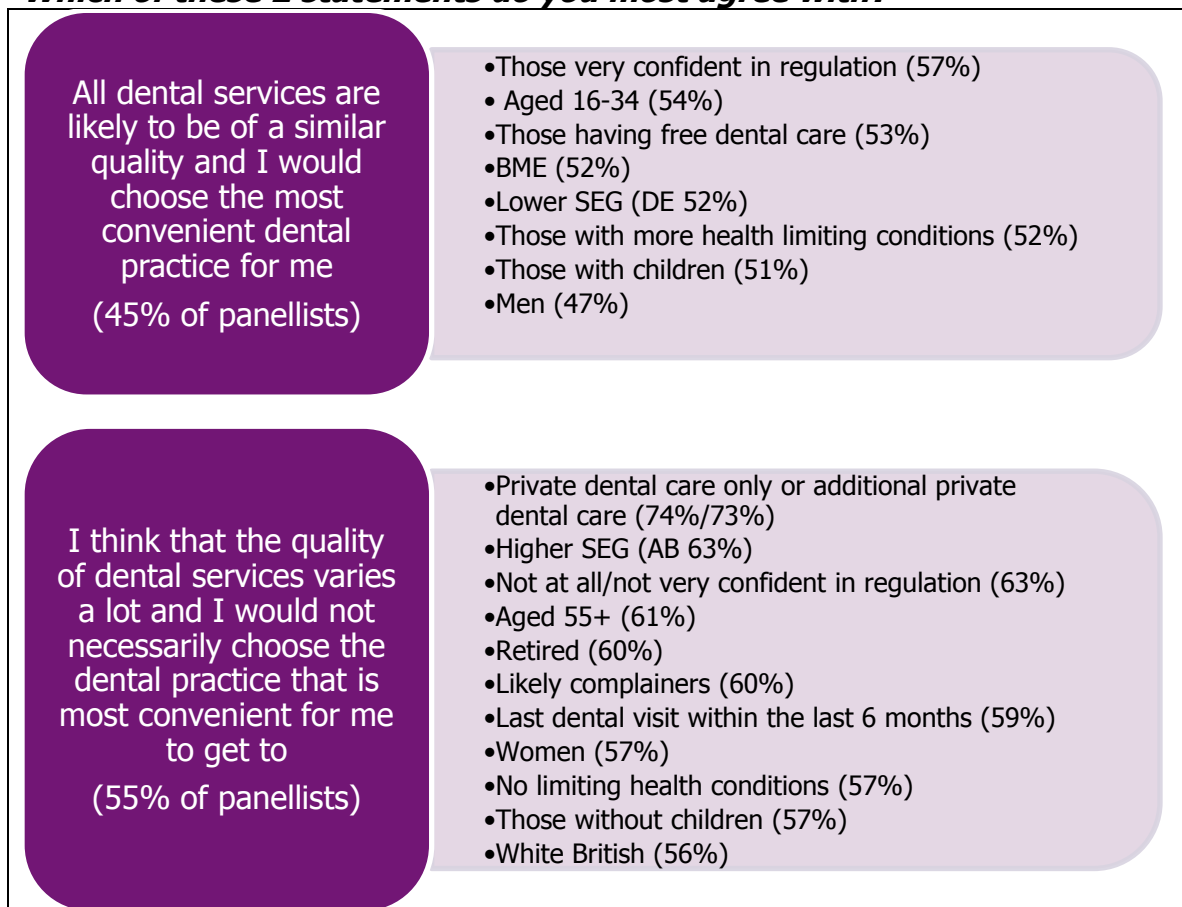
"I am concerned that there is a growing pressure for them to undertake expensive cosmetic work and neglect the basics of dental care." (Female, 55-64, AB, White British, North West, typically visits the dentist at least once a year, NHS care that paid for)

4. Attitudes to Choice, Regulation, Poor Customer Service

4.1 Attitudes to choice

Panellists were given two options relating to how they would choose a new dentist and asked to indicate which one that they most agree with. Views are mixed, with 45% indicating that they most agree with the view that all dental services are likely to be of a similar quality and they would choose the most convenient dental practice most convenient for them. The remaining 55% most agree with statement two *'I think that the quality of dental services varies a lot and I would not necessarily choose the dental practice that is most convenient for me to get to.'*

Figure 7 - Imagine you were thinking about choosing a new dentist. Which of these 2 statements do you most agree with?



Those most likely to feel that quality varies and for whom factors other than convenience influence their choice are those from higher socio-economic groups, older panellists, White British and those whose last dental visit involved private care. Those panellists who have visited the dentist most recently (within the last six months) were more likely to feel quality varies than those who have visited

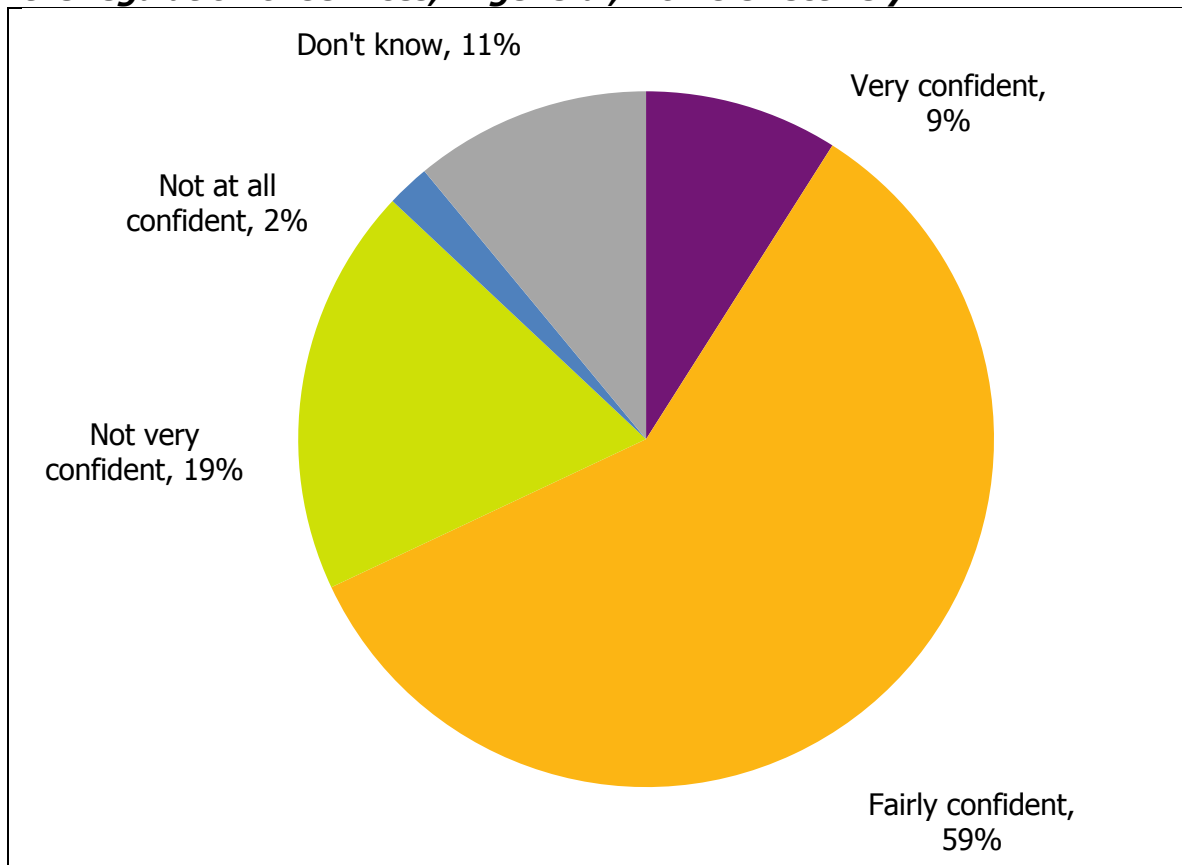
less often than this. A lack of confidence in regulation also related to a greater likelihood of feeling that services are variable.

Panellists with children and those with more limiting health conditions were more likely to choose the dental practice most convenient for them than those without children or those with no limiting health conditions (possibly because of logistical issues of travelling further afield).

4.2 Attitudes to regulation

Overall 68% of panellists are very or fairly confident about regulation in general. Just over one-fifth indicate that they are not very or not at all confident⁵.

Figure 8 - Now please think about services generally and not just dental care or healthcare services. How confident, if at all, are you that the regulation of services, in general, works effectively?

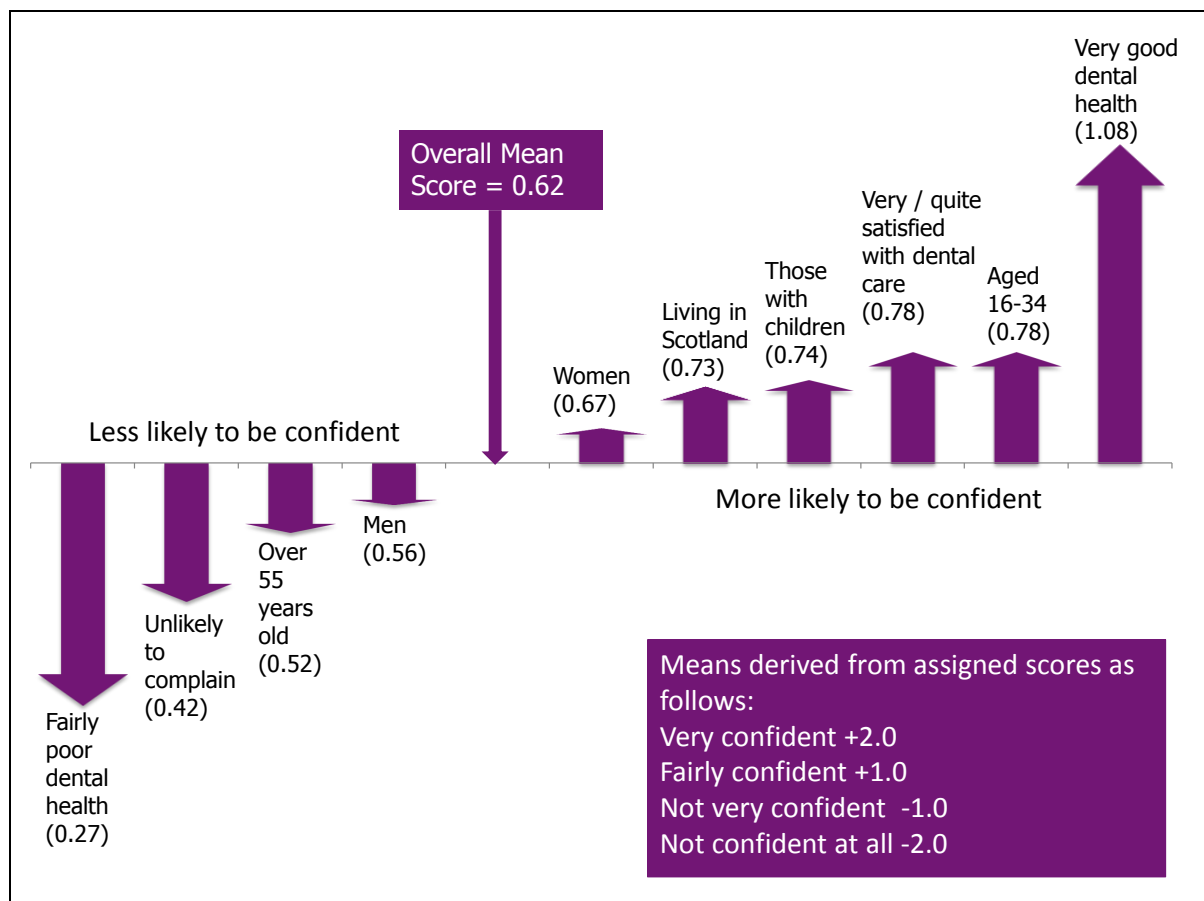


Base: All respondents (5,089). Weighted data. Single response

⁵ Equivalent data from the GDC Annual Patient and Public Survey 2013 was 14% very confident, 56% fairly confident, 21% not very confident, 3% not at all confident and 6% don't know.

Analysis of how different panellists answered this question shows which groups are more or less confident in regulation, as shown in Figure 9. For example women, those aged 16-34 and those very satisfied with their dental care are more likely to be confident in regulation. Those less confident include: men, those aged 55+ and those with poorer dental health.

Figure 9 – Mean confidence⁶ in regulation by different groups of panel members (Now please think about services generally and not just dental care or healthcare services. How confident, if at all, are you that the regulation of services, in general, works effectively?)

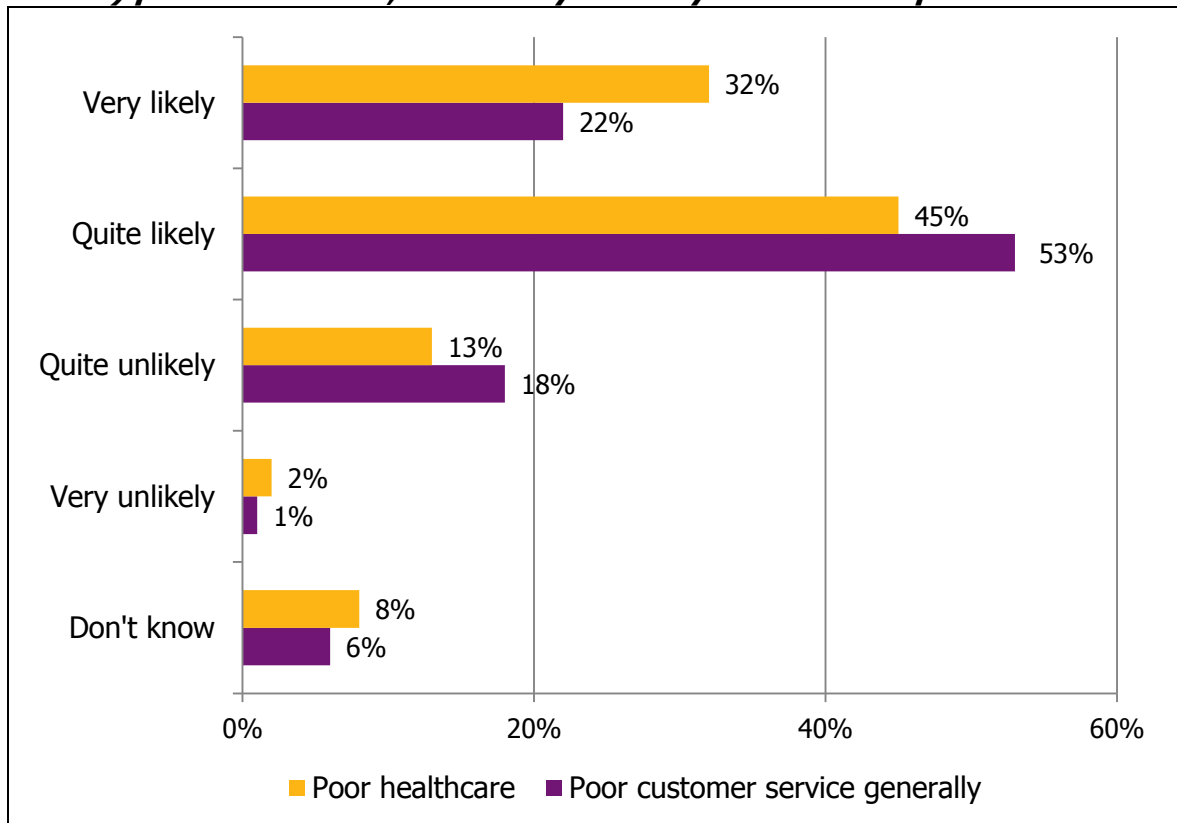


4.3 Propensity to complain

When asked about their propensity to complain, just under one-third (32%) indicate that they would be very likely to complain if they were to receive poor healthcare compared with 22% when receiving poor customer service more generally.

⁶ Please see explanation of the mean calculation in Figure 3

Figure 10 - In general if you were to receive a) poor customer service and b) poor healthcare, how likely would you be to complain about it?



Base: All respondents (5,089). Weighted data. *Single response*

The following types of panellists were more likely to make a complaint about poor healthcare:

- **Older panellists** (80% of 55+ very/fairly likely compared with 77% of 16-34 year olds and 74% of 35-54 year olds)
- **Those with children** (80% compared with 76% without children)
- Those with **good dental health** (84% very good dental health, 79% fairly good, 70% fairly poor and 65% very poor)
- **Higher socio economic groups** (AB - 81%, C1 - 75%, C2 - 79%, DE - 75%)
- Those who have **visited the dentist most recently** (79% of those who have visited within the last 6 months likely to make a complaint, 78% of those visited within the last year, 76% who visited within the last two years and 69% who visited more than two years ago)
- Those who are **satisfied with their dental care** (80% likely to make a complaint compared with 65% who are not satisfied)
- Those with **most faith in regulation** (87% of those who are very confident in regulation, 81% of those who are fairly confident, 69% who are not very confident and 64% who are not at all confident)

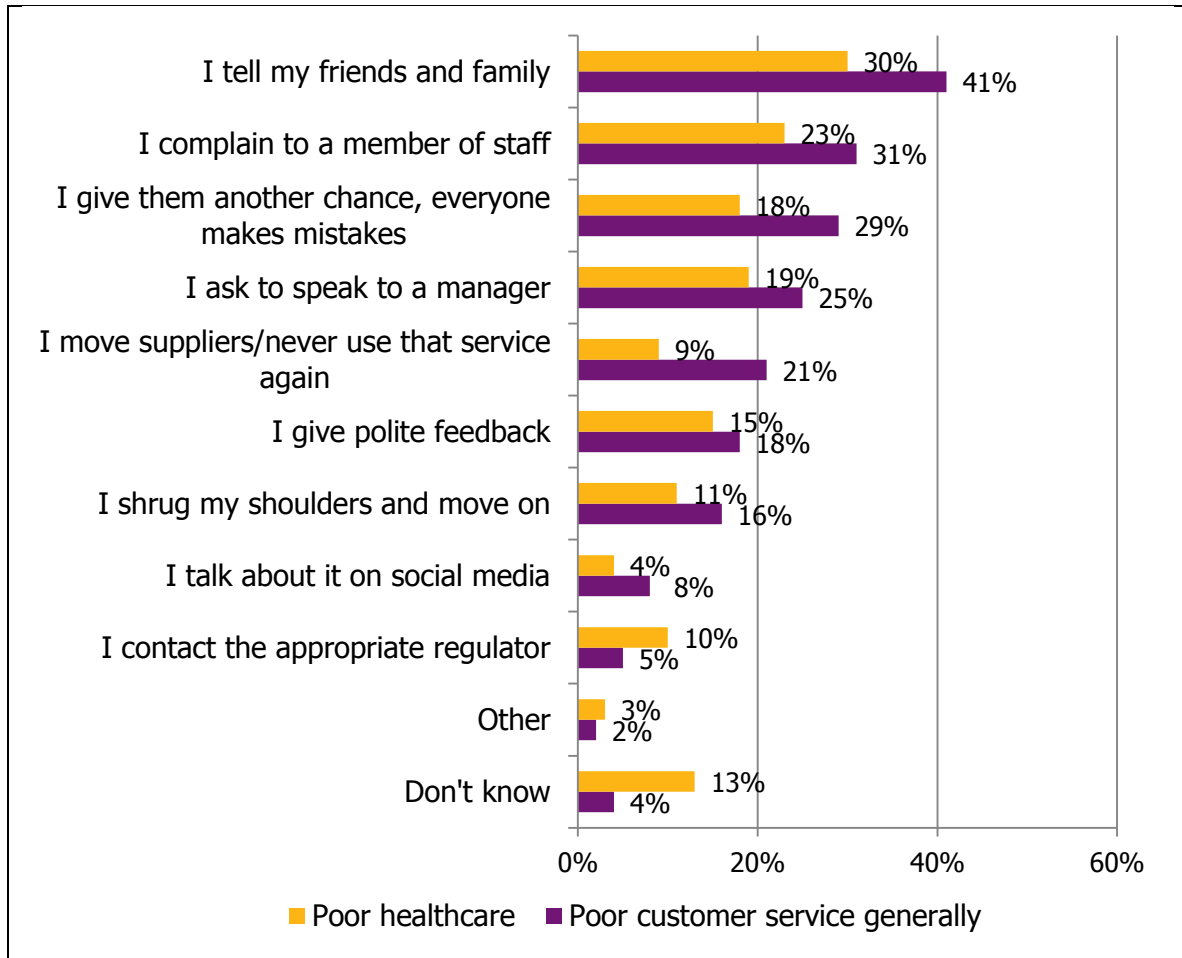
Of all panellists, 4% indicate that they have made a formal complaint about a dentist /dental care professional and 10% have made a formal complaint about another healthcare professional.

4.4 Response to poor customer service

Panellists were asked to think about receiving poor customer service (e.g. in a shop, from a service provider or anywhere else) and then to consider receiving poor healthcare (e.g. from their GP, from a hospital consultant, from their dentist or anyone else working in the health sector). They were asked to consider what they would do in the instance of a fairly minor issue. They could select as many options as they wished. Highest proportions would tell friends and family or complain to a member of staff in the instance of both poor customer service and poor healthcare.

10% indicate that they would contact an appropriate regulator in the case of poor healthcare, compared to 5% of those receiving poor customer service generally.

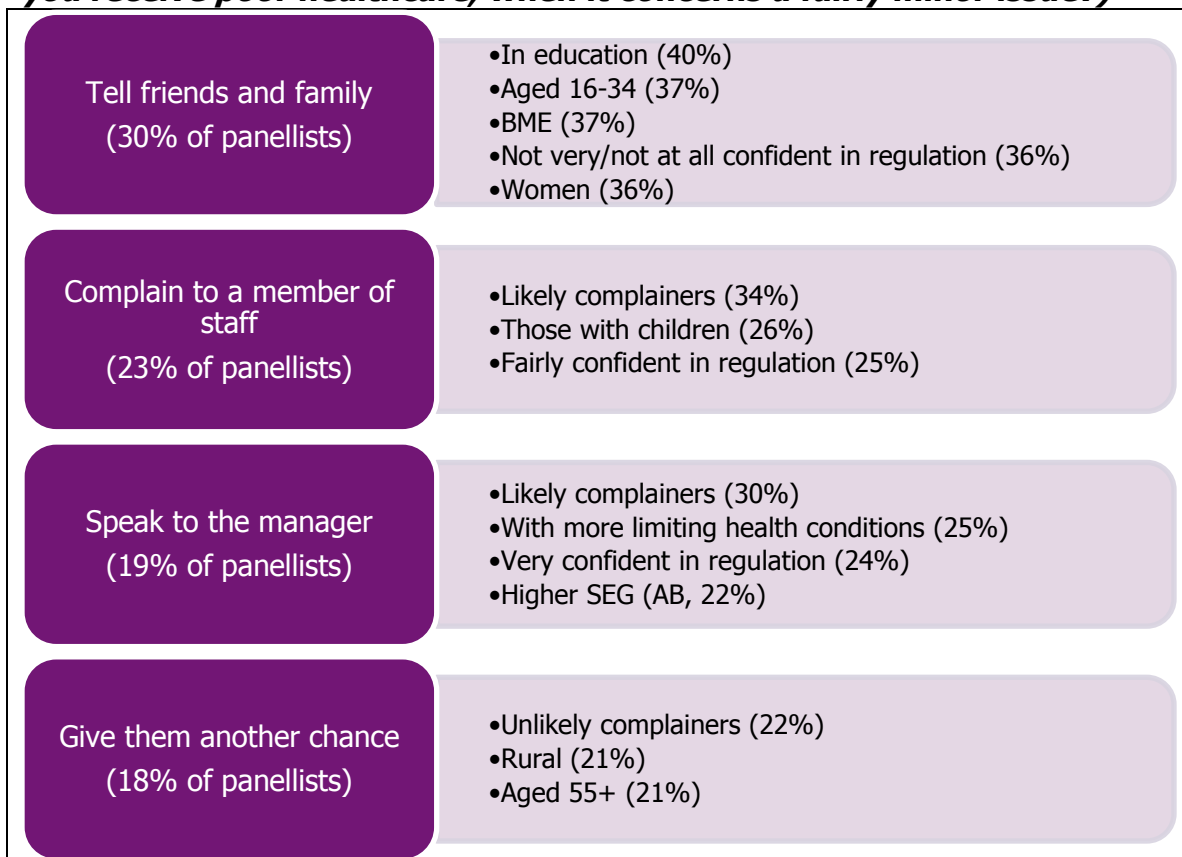
Figure 11 - Which of the following do you usually do when you receive poor customer service or poor healthcare, when it concerns a fairly minor issue?



Base: All respondents (5,089). Weighted data. Multi-response

Looking at response to poor healthcare specifically, analysis of different panellist types shows which groups are more likely to take certain approaches in response to poor service, when it concerns a fairly minor issue. For example, those in education, younger people (aged 16-34) and BMEs are more likely to tell friends and family; those in higher socio economic groups (AB) are more likely to complain to the manager; those who self-define as unlikely complainers and those aged 55+ are more likely to give the provider another chance.

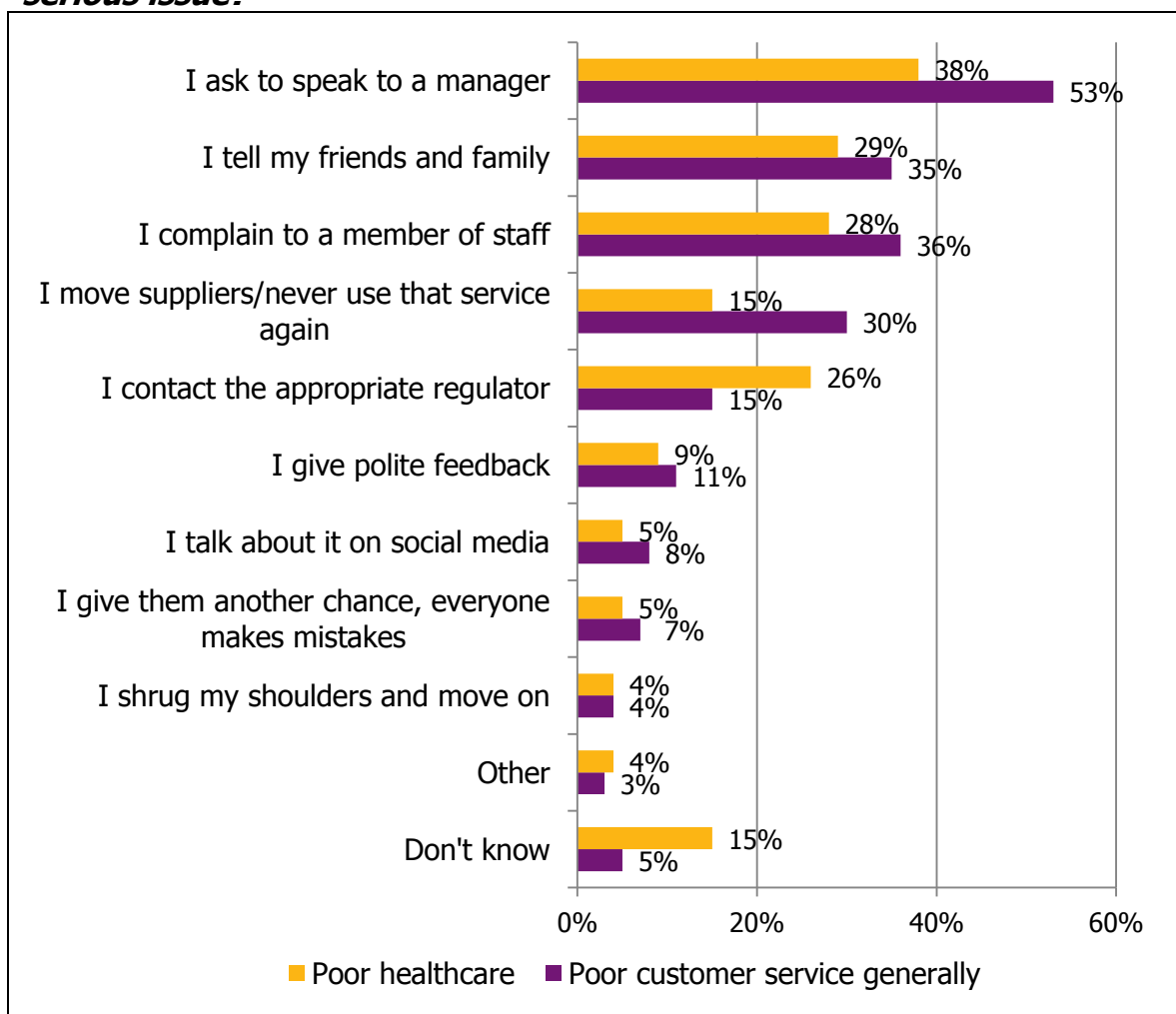
Figure 12 – When receiving poor healthcare, who are panel members more likely to contact? (Which of the following do you usually do when you receive poor healthcare, when it concerns a fairly minor issue?)



Panellists were then asked to consider what they would do in the instance of a more serious issue. Again they could select as many options as they wished. In this case, the highest proportion would ask to speak to a manager (53% when receiving poor customer service generally and 38% when receiving poor healthcare). Again, higher proportions indicate that they would contact a regulator in relation to poor healthcare (26%) than poor customer service more generally (15%). Respondents are less likely to use social media to report or tell people about a poor healthcare experience (5%) than an issue relating to poor customer service generally (8%).

It is interesting to note that three times as many (15%) indicate that they do not know what they would do in the case of experiencing poor healthcare compared with just 5% in the case of poor customer service more generally.

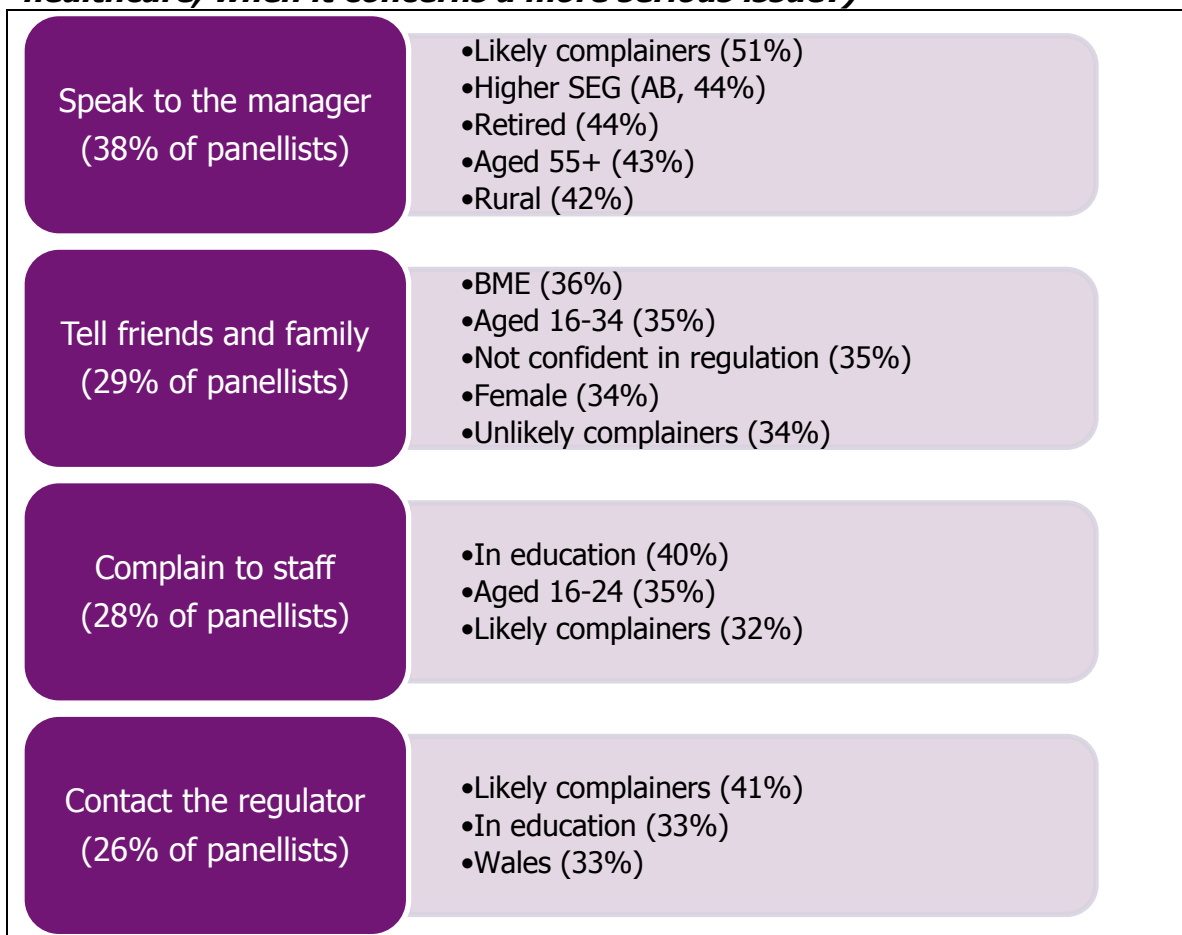
Figure 13 - Which of the following do you usually do when you receive poor customer service or poor healthcare when it concerns a more serious issue?



Base: All respondents (5,089). Weighted data. Multi-response

Looking at the response to healthcare specifically, analysis of different panellist types shows which groups are more likely to take certain approaches in response to poor service, when it concerns a more serious issue. For example, likely complainers, those in higher social economic groups (AB) and the retired are more likely to speak to the manager; those in Black and Minority Ethnic groups, those aged 16-34 and those not confident in regulation are more likely to tell friends and family; those in education and the youngest panellists (aged 16-24) are more likely to complain to staff.

Figure 14 – When receiving poor healthcare, who is more likely to do what? (Which of the following do you usually do when you receive poor healthcare, when it concerns a more serious issue?)

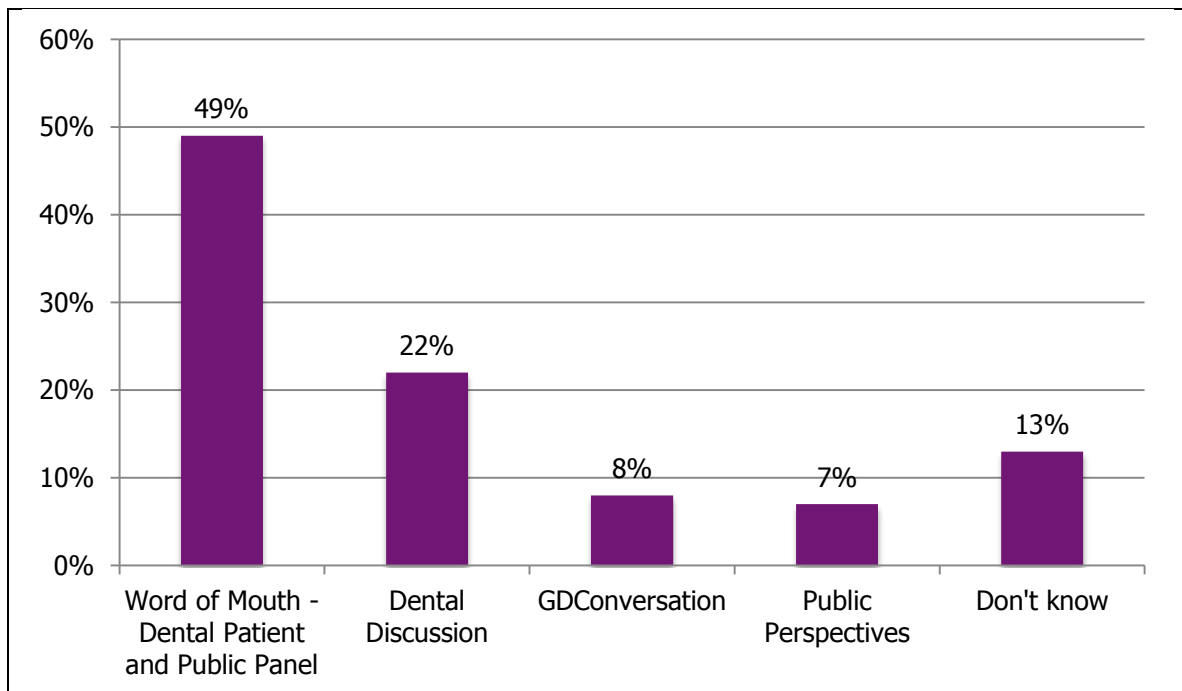


5. The Panel's Future Work

5.1 Panel name

Panellists were asked to vote on what the GDC's Online Patient and Public Panel should be called. The most popular response is 'Word of Mouth - Dental Patient and Public Panel' with around half of panellists (49%) selecting this option. Dental Discussion is the next most popular option (with 22% selecting this).

Figure 15 - Which of the following names do you think would be best for the General Dental Council's online panel?



Base: All respondents (5,089). Weighted data. Single response

Panellists were also asked to come up with their own suggestions and around 300 did so. Most common were names associated with puns related to dentistry, for example:

- The Tooth of the Matter/Extracting the tooth
- Bite Back/Soundbites
- Dental Patients' Mouthpiece
- Open Wide
- Talking Teeth

"It needs to be a play on words to attract interest" (Male, 35-44, DE, White British, Wales, typically visits the dentist at least every 6 months, NHS care that paid for)

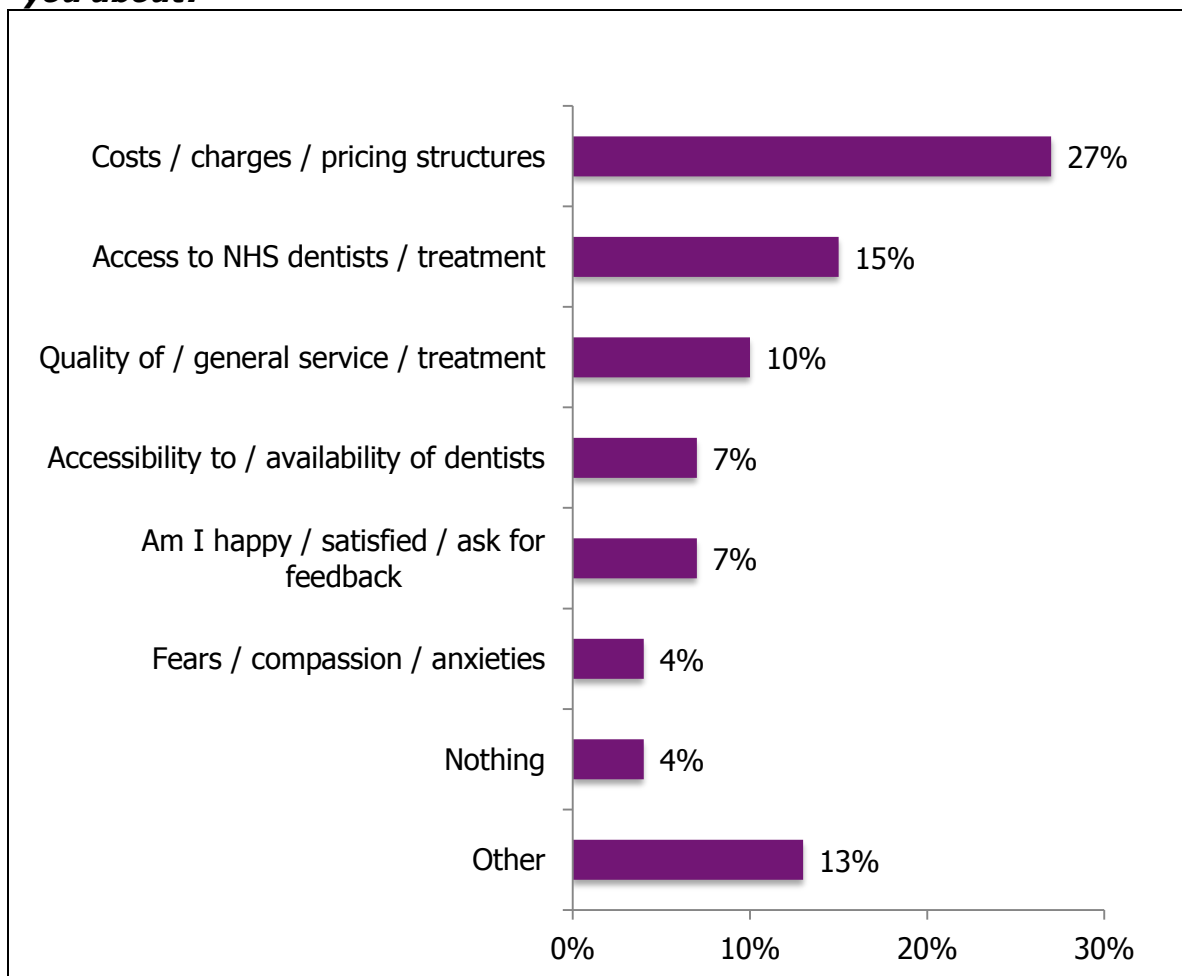
However, a sizeable minority of those who commented suggested a descriptive form of words (such as GDC Patient and Public Panel) and asked that the name 'says what it does on the tin'. A typical comment was:

"Whatever you do avoid something that is totally naff and trendy" (Male, 65-74, AB, White British, South East, typically visits the dentist at least every 6 months, Private care only)

5.2 What issues should we ask the Panel about?

Panellists were asked if they could identify any issues that GDC should be asking their patient and public panel about. In total, 15% of panellists identify one or more issues. The comments were then analysed and categorised into themes. The most common response, of over a quarter of panellists (27%) is about costs, charges and pricing structures.

Figure 16 – What issues do you think that the GDC should be asking you about?



Base: All respondents who identified an issue (604). Weighted data. Open-ended comment

Some example comments are shown below. A number of comments relate to the lack of clarity over pricing structures and also whether dental patients receive different standard of care depending on whether they are NHS or private patients. Some also point to issues relating to the 'bedside manner' of dentists for patients in general but also those with particular conditions, such as learning disabilities.

"Quality of NHS treatment - do the dentists take as much care over NHS patients as they do private?" (Female, 55-64, AB, White British, East Midlands, typically visits the dentist at least once a year, NHS care that paid for)

"Varying costs of dental services and too easy for dentists to 'fine' people for cancelling or late for appointments when they themselves never see you on time." (Female, 44-54, AB, White British, London, typically visits the dentist at least every 6 months, NHS care that paid for)

"Regular surveys of customer satisfaction. It is no good saying that you represent the patient if the only time you get to talk to most of them is when something serious has gone wrong" (Male, 65-74, AB, White British, South East, typically visits the dentist at least every 6 months, Private care only)

"I am concerned about the cost of seeing a dental hygienist. On the one hand I am told it is an essential service without which I will certainly lose my teeth but on the other it is not covered by the NHS. I have a very low income and cannot afford the extra expense of seeing a hygienist. This is not a life style choice I simply do not have the extra money." (Female, 45-54, DE, Black & minority ethnic, South West, typically visits the dentist at least once every six months, NHS care that is free)

"Satisfaction with services received e.g. pain control, thoroughness of treatment (e.g. scale and polish), availability of emergency appointments" (Female, 55-64, AB, White British, Yorks & Humber, typically visits the dentist at least every 6 months, NHS care that paid for)

"If you complain about your dentist is it true that it will be hard to find another dentist to put you on their books because they can find out that you have complained? I think people are genuinely scared of complaining." (Female, 45-54, DE, White British, South East, typically visits the dentist at least once a year, NHS care that was free)

"It's unclear what is covered by NHS treatment to me and I think it's hard to know what you can ask the dentist to do as they can just say it's not covered"

(Female, 35-44, DE, White British, South East, typically visits the dentist at least every 6 months, NHS care that was free)

"Why can't dentists have a star rating so the public can make a decision about their treatment?" (Male, 65-74, C1, South East, typically visits the dentist at least every 6 months, NHS care that was free)

"That I am being offered a variety of treatments and have a full understanding of which treatment is best for me, then being allowed to make my own choice without factoring in the convenience/earnings related to the individual dentist/surgery." (Female, 45-54, C2, White British, South West, typically visits the dentist at least once a year, Private care only)

"Making patients feel at ease when they are nervous, explaining to patient what they are doing during treatment. Telling patients that if they feel uncomfortable during treatment to let them know." (Female, 35-44, C2, White British, North West, typically visits the dentist at least every 6 months, Not sure if care was private or NHS)

"Ease of accessing care, professionalism, unnecessary procedures." (Female, 45-54, AB, Black & minority ethnic, Scotland, typically visits the dentist at least every six months, NHS care that is free)

"Don't understand the payment system when it comes to the private and NHS system. The cost puts me off going to the dentist and I feel held to ransom a bit. It would be good if the system was clearer and easier to access and understand." (Female, 25-34, DE, White British, South West, typically visits the dentist at least once a year, Private care only)

"How qualified are foreign dentists working in the UK. Do their qualifications equate to those of individuals who qualified in Britain?" (Male, 35-44, C1, White British, Wales, typically visits the dentist at least once a year, NHS care that was free)

"I have Aspergers and I cannot go to the dentist because I cannot stand how close the dentist gets to me and I am very sensitive to pain and I cannot stand having my mouth and teeth touched and messed with. I would like dentists to provide heavy sedation and pain medication for examinations and general anaesthetic when I have to have any procedure done as I find it very distressing." (Female, 35-44, DE, White British, West Midlands, used to go to the dentist but no longer do so)

"As a parent, grandparent, and support worker for adults with learning disabilities, I have experienced some distressing situations where the dentist

had no communication skills or compassion for the patient's feelings of being nervous or even basic good manners. When this was challenged it usually ended up in bad feeling and changing to another dentist. I have encountered this lack of basic but extremely important skill from other professionals and complained...often it's a matter of doing no more than necessary and fobbed off." (Female, 55-64, DE, White British, Scotland, typically visits the dentist at least every 6 months, NHS care that paid for)

"Regular unexpected under cover inspections." (Male, 35-44, C1, White British, East Midlands, typically visits the dentist at least every 6 months, NHS care that paid for)

"Being treated as an individual and not just a means of income." (Female, 45-54, AB, White British, South East, typically visits the dentist at least every 6 months, Private care only)

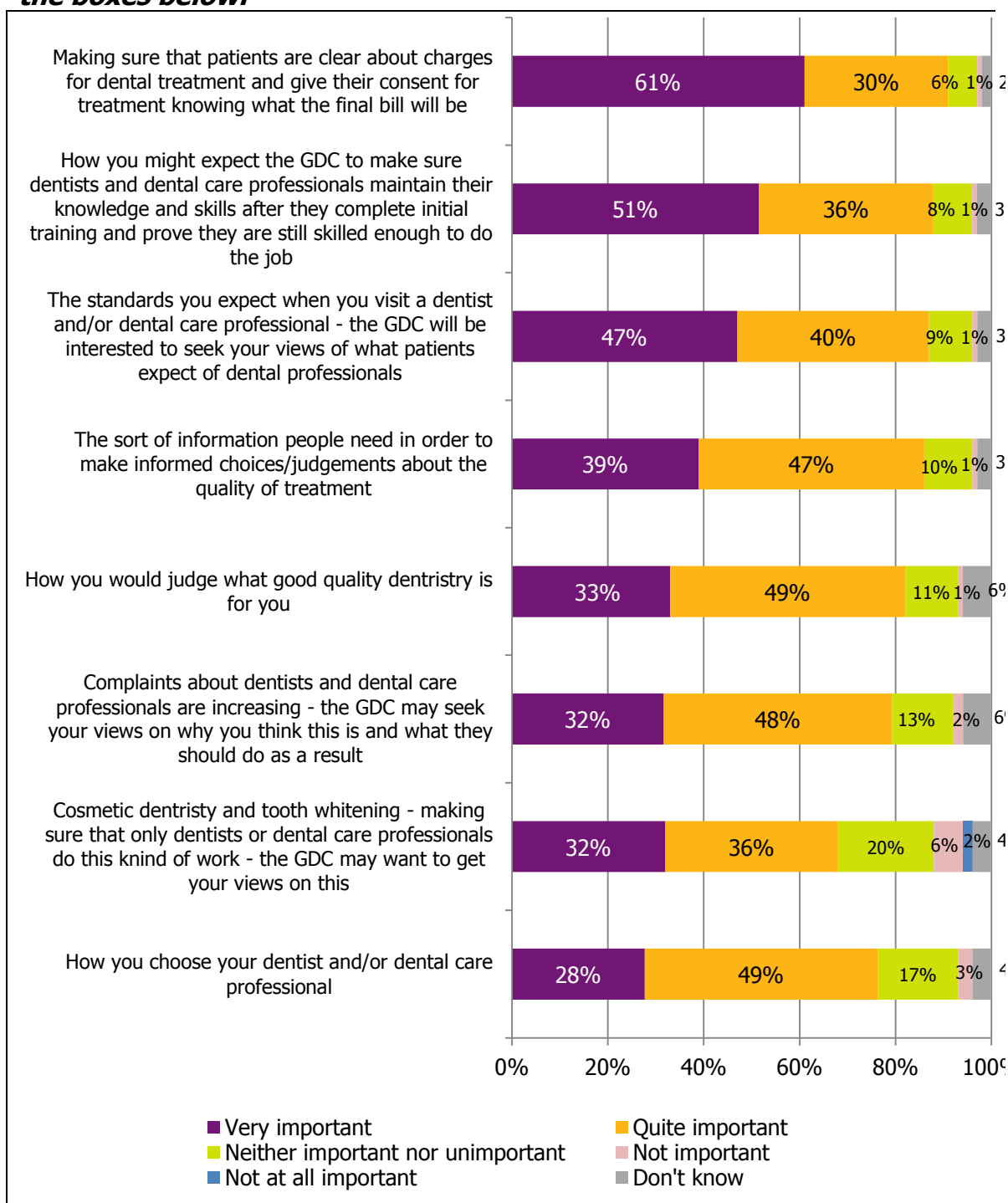
"I believe there should be more random checking of dentists' work. I don't know how good or bad a dentist is until something goes wrong, and then it is serious." (Female, 55-64, AB, Black & Minority ethnic, South West, typically visits the dentist at least once every six months, NHS care that is free)

After being asked to raise their spontaneous issues, panellists were presented with a number of prompted issues and asked to rate them in terms of their perceived importance. The top three issues which are felt to be most important are:

- Making sure patients are clear about charges for dental treatment and give their consent for treatment knowing what the final bill will be (61% selected 'very important').
- How panellists might expect the GDC to make sure dentists and dental care professionals maintain their knowledge and skills after they complete initial training and prove they are still skilled enough to do the job (51% selected 'very important').
- The standards panellists expect when they visit a dentist and/or dental care professionals (47% selected 'very important').

The emphasis on cost reflects the importance placed on cost in the previous spontaneous question about issues the GDC should be asking about. These responses also reflect the spontaneous responses from panel members earlier in the survey, when asked about their concerns about dental care and the behaviour of dentists; the top two responses were about poor quality of work and expense (see Figure 6).

Figure 17 - Below is a list of issues that the GDC may want to ask you about in future. Thinking about the dental profession in general, please indicate how important you think each of these is, by sorting them into the boxes below.

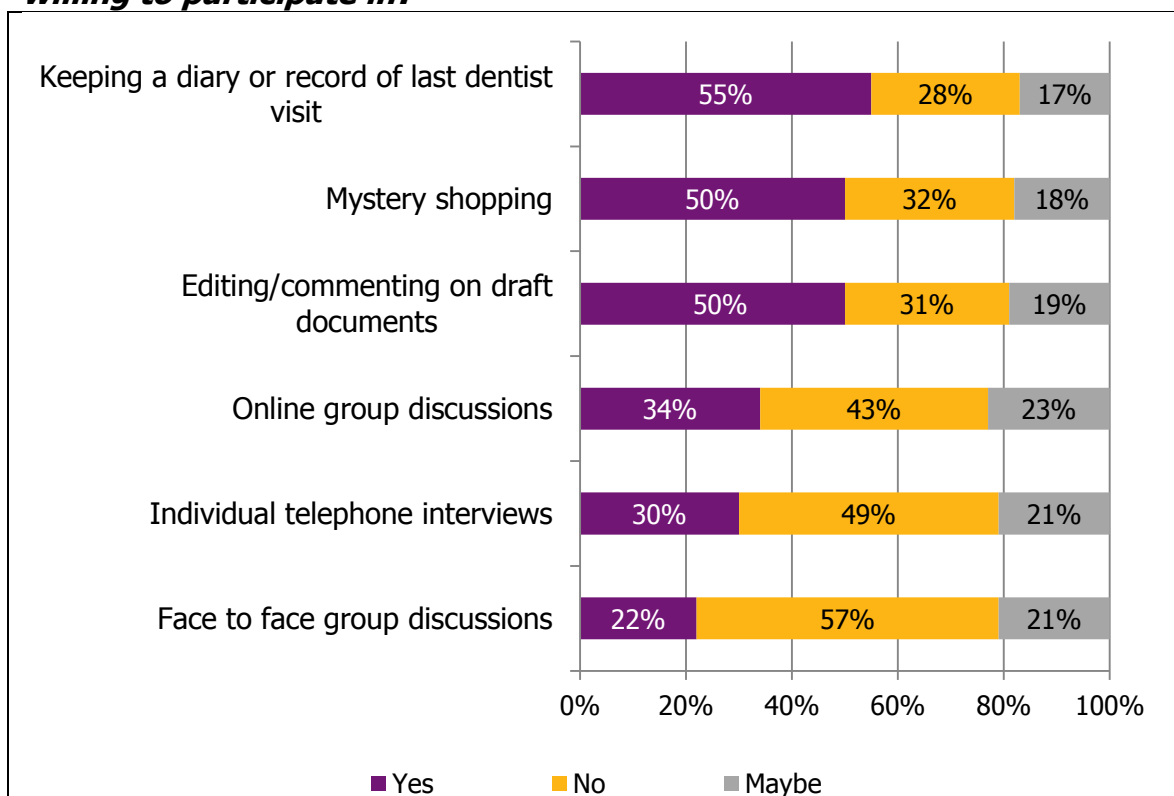


Base: All respondents (5,089). Weighted data. Single response for each statement

5.3 Participation in research activities

Panellists were asked if they would be willing to participate in a range of research activities, both on and offline. Figure 18 shows that the highest proportion of panellists (55%) would be willing to keep a diary or record of their last visit to a dentist. Half also indicate that they would be happy to take part in mystery shopping exercises (50%) and edit/comment on draft documents (50%).

Figure 18 - Being part of the GDC's Public and Patient Panel will give you the opportunity, if you want, to take part in a wide range of different and interesting activities, not just online surveys. You will always receive rewards to thank you for your time. Which of the following (in addition to online surveys) do you think you might be willing to participate in?



Base: All respondents (5,089). Weighted data. Single response for each activity

Interest in participating in activities other than online surveys varied by demographic audience. Generally those least interested in participating were the following groups:

- The very youngest and oldest age groups of panellists.
- Those who visit the dentist least frequently or never.
- Those from lower socio-economic groups.
- Those without dependent children.

- Those with limiting health conditions.
- Those who are unlikely to complain.
- Those who are not working.

However, there are some differences in levels of interest by type of activity. For example, whilst 16-24 year olds are generally less willing to take part in additional activities, they indicate that they would be happy to do online discussion groups and mystery shopping exercises.

Appendix A: Panel Profile

Hard quotas have been set on a number of key characteristics to ensure that the panel is representative of the UK population as a whole. The profile of the panel recruited to date is shown in Table 1 below. The factors used for weighting are highlighted in bold.

Table 1 - Patient and Public Online Panel Profile

Hard quotas	Panel numbers to date	Panel %	Target %
Gender			
Male	2116	42	49
Female	2973	58	51
Age			
16-24	367	7	14
25-34	914	18	17
35-54	1960	39	35
55-64	967	19	15
65-74	675	13	11
75+	206	4	9
Country			
England	4176	82	76.5
Wales*	353	7	7.5
Scotland*	408	8	8.5
Northern Ireland*	152	3	7.5
Socio-economic group			
AB	1473	29	23
C1	1671	31	31
C2	834	16	21
DE	1111	22	26
Ethnicity			
White British	4584	90	87
BME	505	10	13
Economic activity			
Economically active	3204	63	70
Economically inactive	1885	37	30
Children present at home			
Yes	1231	24	31
No	3858	76	69
Frequency of visit to the dentist			
Once every six months	2513	49	47
Once every year	1199	24	21
Every 1-2 years	376	7	8
Less than every 2 years	507	10	11
Used to go/never visited	494	10	9

Type of dental care			
NHS dental care that I paid for in the last 12 months	1858	37	33
NHS dental care that was free in the last 12 months	874	17	16
Private dental care only in the UK in the last 12 months	768	15	14
NHS dental care and additional private dental care	155	3	4
Don't know or care abroad in the last 12 months	57	1	1
Visited less than every 12 months	883	17	19
Used to go/never visited	494	10	9

** Upweighted from the actual population data for the panel recruitment and then weighted to the actual figures for the survey reporting*

Some additional soft quotas were also set. These are variables that are important to monitor but will not be used for weighting purposes.

Table 2 - Soft quotas for monitoring purposes only

Soft quotas	Panel numbers	Panel %	Minimum %
<i>Type of care received at last visit</i>			
Check up only	1394	27	5
Routine preventative work	543	11	5
Fillings, root canal work, extractions	661	13	5
Crowns, dentures, bridges	228	4	5
Cosmetic dentistry	28	1	5
<i>Presence of limiting health conditions</i>			
Day to day activities limited a lot	388	8	8
Day to day activities limited a little	826	16	9
Day to day activities not limited	3875	76	60
Severe dental anxiety/phobia	266	5	5
<i>Satisfaction with oral health provision</i>			
Satisfied (fairly or very)	3482	68	60
Dissatisfied (fairly or very)	211	4	3
<i>Location</i>			
Rural	592	12	10

Appendix B: Topline Findings

NOTE: BASE FOR ALL QUESTIONS IS FULL SAMPLE (5,089) UNLESS STATED OTHERWISE. DATA SHOWN IS WEIGHTED.

SECTION 1 – ABOUT YOU

1.1. What is your gender?		
Male		49%
Female		51%
1.2. How old are you?		
Under 16		Screen out
16-24		14%
25-34		17%
35-44		14%
45-54		21%
55-64		15%
65-74		11%
75+		9%
1.3. Do you have any children, under 16, living in your household?		
Yes	Go to Q1.4	24%
No	Go to Q1.5	76%
1.4. What ages are your children? ALLOW MULTICODE		
<i>Base: All with children in the household (1,231)</i>		
Aged 0-3		32%
Aged 4-5		21%
Aged 6-9		31%
Aged 10-15		54%

1.5 Which, if any, other adults live in your household? Please include all those over 16. ALLOW MULTICODE		
I live on my own		21%
My partner/spouse		59%
My child/children (16 or over)		15%
My parent/parents		14%
Other relatives (aunts, uncles, nephews, nieces, grandparent etc)		5%
My friend / friends		3%
A lodger/s		1%
Someone/people I care for professionally		*0%
Someone who cares for me professionally		*0%
1.6 Which, of the following best describes your ethnic group		
White British		87%
White British Other		5%
Black/African/Caribbean/Black British		2%
Asian/British Asian		4%
Mixed/Multiple ethnic groups		1%
Other ethnic group		1%
1.7. Where do you live?		
England (please specify)	North East	5%
	North West	12%
	Yorkshire and the Humber	10%
	East Midlands	6%
	West Midlands	9%
	East	9%
	London	8%
	South East	16%
	South West	9%
Wales		5%
Scotland		8%
Northern Ireland		3%

1.8. What is your working status? (SINGLE CODE)		
In paid work (<i>please specify</i>) <i>Please include employment and self-employment</i>	Working full time	42%
	Working part time	17%
	On maternity/paternity leave	*%
Unemployed (<i>Looking for work</i>)		4%
Long-term sick or disabled		5%
Looking after home or family		4%
Student		7%
Retired		20%
Other, please state		1%
1.9 What is the occupation of the chief income earner in your household? (to establish SEG)		
AB		23%
C1		31%
C2		21%
DE		26%

PRE-SCREEN (ROTATE LIST)	
Are you or any members of your immediate family employed by any of the following professions?	
Dentistry (e.g. Dentist, Dental Hygienist; Dental Nurses; Dental Technicians; Dental therapists; Orthodontic Therapist etc.) or dental regulation	SCREEN OUT
Medicine (doctor, psychiatrist, surgeon, GP etc.) or medical regulation	2%
Education (teacher, teaching assistant, educational psychologist, lecturer, professor, schools inspector etc.) or education regulation / inspection	10%
Social care (e.g. social worker, care workers etc.) or social work regulation	3%
Veterinary care (e.g. vet, veterinary nurse etc.) or veterinary regulation	*%
Legal profession – (e.g. lawyer, barrister, solicitor, legal secretary etc.) or legal regulation	2%
Accountancy / Finance (e.g. accountant, book-keeper, accountancy clerk, finance officer etc.) or financial regulation	3%
Nursing or Midwifery (e.g. nurse, sister, midwife etc.) or nursing regulation	3%
None of the above	80%

Introduction screen

As a member of the Valued Opinions Panel, you are already asked to give your views on a regular basis. Now there is a further opportunity for you to take part in surveys and also to give your views in other ways. We know that healthcare is an important issue for Valued Opinions Panel members and we can now offer you a chance to have your say about the issues relating to dental care and dental professionals **by joining the General Dental Council's Public and Patient Sub-Panel** (run within the Valued Opinions system that you are already part of).

The General Dental Council (GDC) is the independent organisation set up to protect dental patients by regulating the dental profession. By law all dentists and dental care professionals⁷ must be registered with the GDC in order to work in the UK. The GDC sets standards for the quality of dental care that patients should receive. They want to put the public and patients, like you, at the heart of their decision making by setting up a Public and Patient Sub-Panel.

There will be regular surveys to contribute to and as a panel member, you may also be invited to take part in more open discussions – either online or, from time to time, in person. Other activities may include mystery shopping, where, as part of a visit to a dentist or dental care professional, you might be asked to look out for certain things or ask certain questions and report back.

The rewards for surveys will be the same as you gain from the Valued Opinions Panel surveys and you will remain a part of the Valued Opinions Panel. Other activities will earn you individual rewards; these will be made clear to you each time you are invited to take part. Of course, you do not have to take part and can say no to invitations at any time, in the normal way.

It is really important that we include a wide range of people on the panel, including people who never, or rarely go to the dentist for whatever reason, so even if you don't feel like you have strong views, please still consider taking part.

By taking part, you will find out a little more about the General Dental Council and its work. The General Dental Council is also very interested in understanding what you see as the most important issues facing you as a patient where it should focus its attention. It is committed, also, to providing feedback to panel members about how what you have said, influences what they do.

⁷ Dental Care Professionals are all the dental professionals other than Dentists who provide dental care and treatment. They comprise Clinical Dental Technicians; Dental Hygienists; Dental Nurses; Dental Technicians; Dental therapists; and Orthodontic Therapist

The General Dental Council online panel is being managed by the independent research company, Community Research. If you are interested in becoming part of this important Public and Patient Panel please complete the following survey.

SECTION 2 – YOU AND YOUR DENTAL CARE

Q2.1 Thinking about the general state of your teeth, would you say that your dental health is?

Very good	16%
Fairly good	59%
Fairly poor	19%
Very poor	4%
Don't know	2%

2.2 Which of the following describes how you feel about going to the dentist?

I don't mind going to the dentist at all	38%
I don't like going, but it doesn't make me nervous	18%
I am a little nervous of going to the dentist	21%
I am very nervous of going to the dentist	11%
I am so nervous of going to the dentist, that it sometimes stops me from going	5%
I never go to the dentist because I have an anxiety / fear of dentists / dental treatment	6%

2.3 When was the last time you visited your dentist?

Within the last six months		57%
Within the last year		18%
Within the last two years		7%
More than two years ago		17%
I have never been to the dentist	Go to Q2.10	1%

2.4 And how often do you typically go to the dentist?*Base: All who have ever been to the dentist (5,062)*

At least, once every six months		49%
At least, once every year		23%
At least, once every two years		8%
Less often than once every two years		10%
I used to go to the dentist, but I don't anymore	Go to Q2.10	10%

2.5 How long have you been with your dentist?*Base: All still go to the dentist (4,541)*

One year or less	9%
Over one year, up to two years	9%
Over two years, up to five years	24%
Over five years, up to ten years	21%
Over ten years, up to fifteen years	12%
Over fifteen years, up to twenty years	8%
Over twenty years	13%
Don't know	5%

If select 'less often than once every two years' at Q2.4, go to Q2.10

2.6. (ASK ALL THOSE WHO VISIT EVERY ONE YEAR OR MORE).

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

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

Base: All who visit the dentist every one year or more (3,640)

NHS dental care that I paid for	Go to Q2.7	48%
NHS dental care that was free	Go to Q2.7	27%
Private dental care only, in the UK	Go to Q2.6a	19%
NHS dental care and additional private dental care, in the UK	Go to Q2.6a	4%
I had treatment abroad	Go to Q2.7	1%
I am not sure what type of care I received	Go to Q2.7	1%

2.6a Thinking about your private dental care, do you:

Base: All who have received private dental the last time they visited the dentist (846)

Pay each time you receive private dental care/treatment from a Dentist/Dental Care Professional?	63%
Pay as part of a dental insurance scheme/subscription?	35%
Don't know	1%

2.7 (ASK ALL THOSE WHO VISIT EVERY ONE YEAR OR MORE).**What did your last visit to the Dentist involve?***Base: All who visit the dentist every one year or more (3,640)*

Check up only	38%
Routine preventative work (scale and polish, fluoride) only	14%
Check up and routine preventative work	27%
Fillings, root canal work, extractions	18%
Crowns, dentures, bridges	6%
Cosmetic dentistry (whitening/straightening)	1%
Referral to specialist for further care	1%

2.8 (ASK ALL THOSE WHO VISIT EVERY ONE YEAR OR MORE).**Now thinking about your own experience, how satisfied or otherwise are you with your dental care or treatment?***Base: All who visit the dentist every one year or more (3,640)*

Very satisfied	Go to Q2.10	51%
Fairly satisfied	Go to Q2.10	42%
Fairly dissatisfied	Go to Q2.9	5%
Very dissatisfied		
Don't know	Go to Q2.10	1%

Q2.9 Why are you dissatisfied? (PRECODED QUESTION, MULTIPLE ANSWERS CODED)*Base: All who are fairly or very dissatisfied with dental treatment (222)*

I received poor quality treatment at a recent visit	30%
The costs of my treatment were unreasonable at a recent visit	23%
The dental professional I usually see has poor communication skills	17%
I have not been given a clear explanation of my treatment	16%
The treatment/care was unprofessional in terms of behaviour/attitude	18%
I have had poor follow-up care	14%
I cannot get an appointment when I want	15%
I cannot find a dentist that will accept NHS patients	5%
I received poor customer service at a recent visit	10%
I have not been given clear information about costs	10%
Other, please state	23%

Q2.10 When is/will you make your next dentist appointment?	
Within the next month	16%
In the next 2-3 months	25%
In the next 4-6 months	29%
In the next 7-9 months	6%
In the next 10-12 months	4%
In a year or more	2%
I am not planning to make a dentist appointment	17%

SECTION 3 – YOU AS A PATIENT

3.1. Imagine you were thinking about choosing a new dentist. Which of these 2 statements do you most agree with?	
All dental services are likely to be of a similar quality and I would choose the most convenient dental practice for me	45%
I think that the quality of dental services varies a lot and I would not necessarily chose the dental practice that is most convenient for me to get to	55%

A regulator is an organisation responsible for overseeing a specific area of law. Regulation means 'rulemaking' (making and ensuring rules and regulations are kept to for the benefit of the public). A few 'regulators' you may have heard of include:

- The General Medical Council – regulating doctors.
- The Food Standards Agency – regulating the food industry.
- Ofcom – regulating the communications industries (e.g.TV and Internet).
- The Financial Conduct Authority – regulating financial services like banks.

3.2 Now please think about services generally and not just dental care or healthcare services. How confident, if at all, are you that the regulation of services, in general, works effectively:	
Very confident	9%
Fairly confident	59%
Not very confident	19%
Not at all confident	2%
Don't know	11%

3.3 We would now like you to think about receiving poor customer service (e.g. in a shop, from a service provider or anywhere else).		
Which of the following do you usually do when you receive poor customer service when it concerns a) a fairly minor issue and b) a more serious issue ALLOW MULTICODE		
	a) a fairly minor issue	b) a more serious issue
I complain to a member of staff	31%	36%
I ask to speak to a manager	25%	53%
I tell my friends and family	41%	35%
I move suppliers / never use that service again	21%	30%
I shrug my shoulders and move on	16%	4%
I give them another chance, everyone makes mistakes	29%	7%
I talk about it on Social Media	8%	8%
I give polite feedback	18%	11%
I contact the appropriate regulator	5%	15%
OTHER, please state	2%	3%
Don't know	4%	5%

3.4 We would now like you to think about receiving poor healthcare (e.g. from your GP, from a hospital consultant, from your dentist or anyone else working in the health sector).		
Which of the following do you usually do when you receive poor healthcare when it concerns a) a fairly minor issue and b) a more serious issue ALLOW MULTICODE		
	a) a fairly minor issue	b) a more serious issue
I complain to a member of staff	23%	28%
I ask to speak to a manager	19%	38%
I tell my friends and family	30%	29%
I move suppliers / never use that service again	9%	15%
I shrug my shoulders and move on	11%	4%
I give them another chance, everyone makes mistakes	18%	5%
I talk about it on Social Media	4%	5%
I give polite feedback	15%	9%
I contact the appropriate regulator	10%	26%
OTHER, please state	3%	4%
Don't know	13%	15%

3.5 In general if you were to receive poor customer service, how likely would you be to complain about it?

Very likely	22%
Quite likely	53%
Quite unlikely	18%
Very unlikely	1%
Don't know	6%

3.6 If you were to receive poor healthcare, how likely would you be to complain about it?

Very likely	32%
Quite likely	45%
Quite unlikely	13%
Very unlikely	2%
Don't know	8%

3.7 Have you ever made a formal complaint about a service provided to you or about something you have purchased (for example, about your gas, electricity or water bill/supply, postal delivery, transport, plumbing/building work you've had done, transport, a holiday or etc.)?

By formal complaint, we mean you took things further than complaining to the member of staff concerned by complaining to the organisation/management or going through an official complaints process with the expectation of receiving a response to your complaint.

Yes	48%
No	42%
Don't know / can't remember	10%

3.8 Have you ever made a formal complaint about the services provided by the following? MULTI CODE (TOP 2)

By formal complaint, we mean you took things further than complaining to the member of staff concerned by complaining to the organisation/management or going through an official complaints process with the expectation of receiving a response to your complaint.

A dentist / dental care professional	4%
Another healthcare professional (e.g. doctor, nurse)	10%
None of the above	82%
Don't know / can't remember	5%

SECTION 4 – YOUR PRIORITIES FOR THE PANEL

The General Dental Council (GDC) is the UK's dental regulator. By law, dentists and dental care professionals⁸ (both NHS and private) must be registered with the GDC to work in the UK. The GDC exists to protect patients and to make sure that all dental professionals meet the GDC's standards for dental care and treatment. This panel will enable you to have your say and help the GDC to understand the issues that are most important to patients and the public about dental care and the dental profession.

Q4.1 Thinking now about the dental profession in general (and not just about your own dental treatment) do you have any concerns about:

	The quality of dental care generally in the UK?		
Yes	GO TO 4.2	31%	
No		58%	
Don't know		11%	
	The behaviour of dentists and dental care professionals generally in the UK?		
Yes	GO TO 4.2	24%	
No		64%	
Don't know		12%	

Dental Care Professionals are all the dental professionals other than Dentists who provide dental care and treatment. They are Clinical Dental Technicians; Dental Hygienists; Dental Nurses; Dental Technicians; Dental therapists; and Orthodontic Therapist

4.2 What concerns do you have about the quality of dental care or the behaviour of dentists and dental care professionals? (OPEN QUESTION, MULTIPLE ANSWERS CODED)

Base: All who indicated that they have concerns about the quality of care and/or the behaviour of dental care professionals (1,798).

Poor work / quality of work / poor skills	16%
Expensive / costs / charges / consistency of pricing	15%
Unnecessary work / charging for unnecessary work	11%
Consistency of treatment	8%
Lack of NHS dentists / treatment	7%
Money driven	6%
Availability / getting appointments / waiting lists	6%
Always in a hurry/ rushing	5%
Poorly trained / qualified / struck off / lack of experience	4%
Foreign dentists / poor English	4%
Other	7%
Nothing	12%
Don't know	2%

4.3 Are there any particular issues that you think that the GDC should be asking you about?

Yes	Go to Q4.4	15%
No	Go to Q4.5	85%

4.4 What issues do you think that the GDC should be asking you about?(OPEN QUESTION, MULTIPLE ANSWERS CODED)

Base: All respondents who identified an issue (604).

Costs / charges / pricing structures	27%
Access to NHS dentists / treatment	15%
Quality of / general service / treatment	10%
Am I happy / satisfied / ask for feedback	7%
Accessibility to / availability of dentists	7%
Fears / compassion / anxieties	4%
Other	13%
Nothing	4%

ROTATE LIST

4.5 Below is a list of issues that the GDC may want to ask you about in future. Thinking about the dental profession in general, please indicate how important you think each of these is, by sorting them into the boxes below.

	Very important	Quite important	Neither important nor not important	Not important	Not at all important	Don't know
Complaints about dentists and dental care professionals are increasing – the GDC may seek your views on why you think this is and what they should do as a result	32%	48%	13%	2%	*%	6%
How you might expect the GDC to make sure dentists and dental care professionals maintain their knowledge and skills after they complete initial training and prove they are still skilled enough to do the job	51%	36%	8%	1%	*%	3%
The standards you expect when you visit a dentist and/or dental care professional – the GDC will be interested to seek your views of what patients expect of dental professionals	47%	40%	9%	1%	*%	3%
Cosmetic dentistry and tooth whitening – making sure that only dentists or dental care professionals do this kind of work – the GDC may want to get your views on this	32%	36%	20%	6%	2%	4%
Making sure that patients are clear about charges for dental treatment and give their consent for treatment knowing what the final bill will be	61%	30%	6%	1%	*%	2%

ROTATE LIST

4.5 Below is a list of issues that the GDC may want to ask you about in future. Thinking about the dental profession in general, please indicate how important you think each of these is, by sorting them into the boxes below. CONTINUED

Quite important	Neither important nor not important	Not important	Not at all important	Don't know					
How you choose your dentists and/or dental care professional		28%		49%		17%	3%	*%	4%
How you would judge what good quality dentistry is for you		33%		49%		11%	1%	*%	6%
The sort of information people need in order to make informed choices/judgements about the quality of treatment		39%		47%		10%	1%	*%	3%

4.6. Being part of the General Dental Council's Public and Patient Panel will give you the opportunity, if you want, to take part in a wide range of different and interesting activities, not just online surveys. You will always receive rewards to thank you for your time. Which of the following (in addition to online surveys) do you think you might be willing to participate in?

	Yes	No	Maybe
Online group discussions - interacting with others in online chats and discussions. You don't need any special technology to be able to do this - just access to the internet.	34%	43%	23%
Mystery shopping - we might ask you to undertake specific tasks at your next dental appointment and report back to us on them (via an online questionnaire)	50%	32%	18%
Keeping a diary or a record about your last visit to your dentist	55%	28%	17%
Editing / commenting on draft documents – we might ask you to read and make comments on materials or documents the GDC is drafting for patients and the public	50%	31%	19%
Face to face group discussions - these would either be held somewhere local to you and / or suitable arrangements for your travel would be made.	22%	57%	21%
Individual telephone interviews - with one of our researchers	30%	49%	21%

4.7 The General Dental Council want to give their online panel a name and would like panellists to help them decide on the best one.

ROTATE LIST

Which of the following names do you think would be best for the General Dental Council's online panel?	
Public perspectives	7%
Word of Mouth – Dental Patient and Public Panel	49%
GDConversation	8%
Dental Discussion	22%
Don't know	13%

4.8 Do you have any other suggestions for the General Dental Council's online panel name?

Yes	Go to Q4.9	7%
No	Go to Section 5	93%

4.9 Please make your own suggestions for the General Dental Council's online panel name below.

OPEN QUESTION NOT CODED

SECTION 5 – SOME FURTHER DETAILS ABOUT YOU

5.1 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (including problems related to old age)?

Yes, limited a lot	7%
Yes, limited a little	17%
No	75%

5.2 Do you look after or give any help or support to family members, friends or neighbours or others because of....

	Yes	No
Long-term physical or mental ill-health or disability?	17%	83%
Problems related to old age?	17%	83%

5.3 Which best represents you (and your partner's) total net income from all these sources after deductions for income tax and national insurance? (If unsure, please estimate.)

Weekly	Or Annual	
Up to £99	Less than £5,199	6%
£100-199	£5,200-£10,399	9%
£200-£299	£10,400-£15,599	13%
£300-£399	£15,600-£20,799	11%
£400-£499	£20,800-£25,999	12%
£500-£599	£26,000-£31,199	11%
£600-£699	£31,200-£36,399	8%
£700-£999	£36,400-£51,999	11%
£1,000 or more	£52,000 or more	7%
Don't know		13%