



GDC Word of Mouth Online Panel

Appointments Feedback 2015

Topline results

Report delivered: January 2016

Contents

1. The headlines	3
2. Introduction	4
2.1 Background and objectives	4
2.2 Methodology	4
2.3 Data included in this report	5
3. The patient journey	7
3.1 Expectations vs. experience	7
3.2 Follow up	10
4. Professionals delivering against the standards	12
4.1 Principle 1: Put patient's interests first	12
4.2 Principle 2: Communicate with patients effectively	16
4.3 Principle 3: Obtain valid consent	22
5. Patient perceptions and feelings	23
5.1 The overall experience	23
5.2 Perceptions and feelings	24
6. Children's appointments	26
7. Conclusions	28
Appendix 1 – Full topline results	29

1. The headlines

Key findings at a glance are as follows:

The patient journey

1 in 4 reported that what happened at the appointment differed from their expectations

1 in 10 of those whose treatment differed from expectations did not understand why this was the case

Performance against standards

Around 1 in 3 patients having treatment did not recall receiving a written treatment plan

1 in 4 reported that costs were not explained in advance

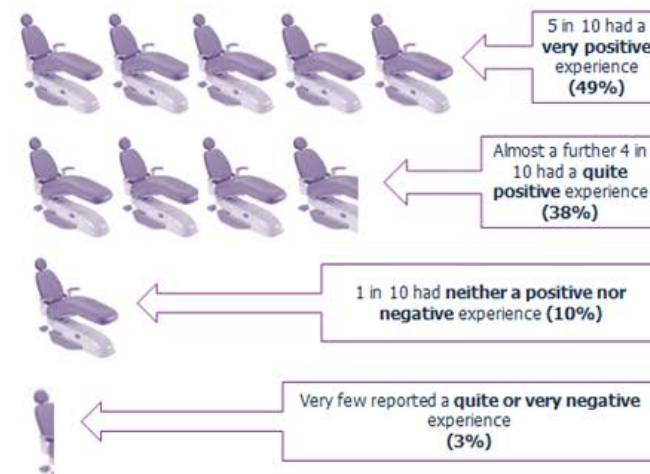
The vast majority of patients gave their informed consent to treatment

Almost 9 in 10 having planned treatment said the benefits & risks of treatment options were explained, or that this was not necessary

1 in 4 said they did not see a price list on display

Around 4 in 5 receiving treatment said what would be covered by NHS & what would need to be paid for privately was clearly explained, or that this was not necessary

Perceptions and feelings



Younger patients were less likely to rate their experience as very positive

2. Introduction

2.1 Background and objectives

The GDC sets out the standards of conduct, performance and ethics that govern dental professionals. It specifies the principles, standards and guidance which apply to all members of the dental team. It also sets out what patients can expect from their dental professionals.

There are 9 principles that registered dental professionals must keep to at all times. A GDC registrant must:

- Principle 1: Put patient's interests first.
- Principle 2: Communicate with patients effectively.
- Principle 3: Obtain valid consent.
- Principle 4: Maintain and protect patient's information.
- Principle 5: Have a clear and effective complaints procedure.
- Principle 6: Work with colleagues in a way that is in the patient's best interests.
- Principle 7: Maintain, develop and work within their professional knowledge.
- Principle 8: Raise concerns if patients are at risk.
- Principle 9: Make sure that their personal behaviour maintains patients' confidence in themselves and the dental profession.

The GDC is putting patients and public at the heart of their decision making and has established a patient and public online panel, with around 5,000 members. The 'Word of Mouth' panel is a vehicle for ongoing engagement with patients and the public and has now been used for several projects including an evaluation of the GDC website.

The Word of Mouth panel has been used to gain extensive feedback on patients' recent dental appointments.

This report will look at the patient's experience throughout the appointment and the extent to which professionals are meeting patient expectations and adhering to the **first three** professional standards in particular.

2.2 Methodology

The Word of Mouth panel was approached twice in 2015 to gain feedback on recent dental appointments. On each occasion, the whole panel was asked:

1. Whether they have a planned appointment in the next month?
2. Whether they are taking a child to an appointment in the next month?
3. Whether they had an unplanned / emergency visit in the last month?

Those who indicated 'Yes' to question 3 were immediately directed to a survey about their unplanned appointment. Those who had a visit planned in the following month were asked whether they would be happy to give feedback and, if so, they were re-approached after their appointment took place.

The survey first took place in March/April (covering appointments in February and March) it was repeated in September/October/December (covering appointments in September, October and November). Wave 2 took place over two phases due to an error in administration causing a low initial response rate.

In total, 1,052 online surveys were completed in 2015. The sample is sub-divided as follows:

- 743 planned appointments for adults.
- 125 planned appointments for children.
- 184 unplanned or emergency appointments.

Changes to the questionnaire were made between the waves, based on learning from Wave 1. These changes mean that key elements of the findings cannot be merged or compared across the two waves.

2.3 Data included in this report

Whilst the survey has occurred in two waves this was not necessarily designed as a tracking study. The staggering of the survey is rather because in any given month only a relatively small proportion of the Word of Mouth panel is likely to have had direct experience of a dental appointment that we can realistically ask them to recall.

However, the findings from the 2 waves have been compared to see whether any differences are apparent. There were few or no major differences between the two waves of data.

Given that this is the case the key benefit of adding further waves of data is to build a large cumulative dataset that is more robust and can be examined by detailed sub-groups. The data in this report is, therefore, cumulative (i.e. aggregated across the two Waves) unless stated otherwise. The exceptions to this are where changes to the questionnaire have made cumulative calculations impossible.

In addition, there are three cohorts within the sample – adults who had a planned appointment; adults who had an unplanned (emergency appointment) and those who are answering about an appointment where they were accompanying a child. The core data examined throughout this report is that of the first cohort – adults who had a planned appointment – because this is the largest group. Many of the findings are similar across all groups, but where differences have been identified these are clearly highlighted. In addition, Section 6 of the report highlights the key differences in the findings for appointments where the respondents was accompanying a child.

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. Because bases being referred to change frequently throughout the report, wherever a percentage is provided within the text the response is also shown as the raw number over the base size in square bracket and in a smaller font size. If the response being referred to is 50% and this finding comes from 25 respondents out of a total base of 50 people, this will be shown in the report as follows:

50% [25/50]

Percentages may not always 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.)

3. The patient journey

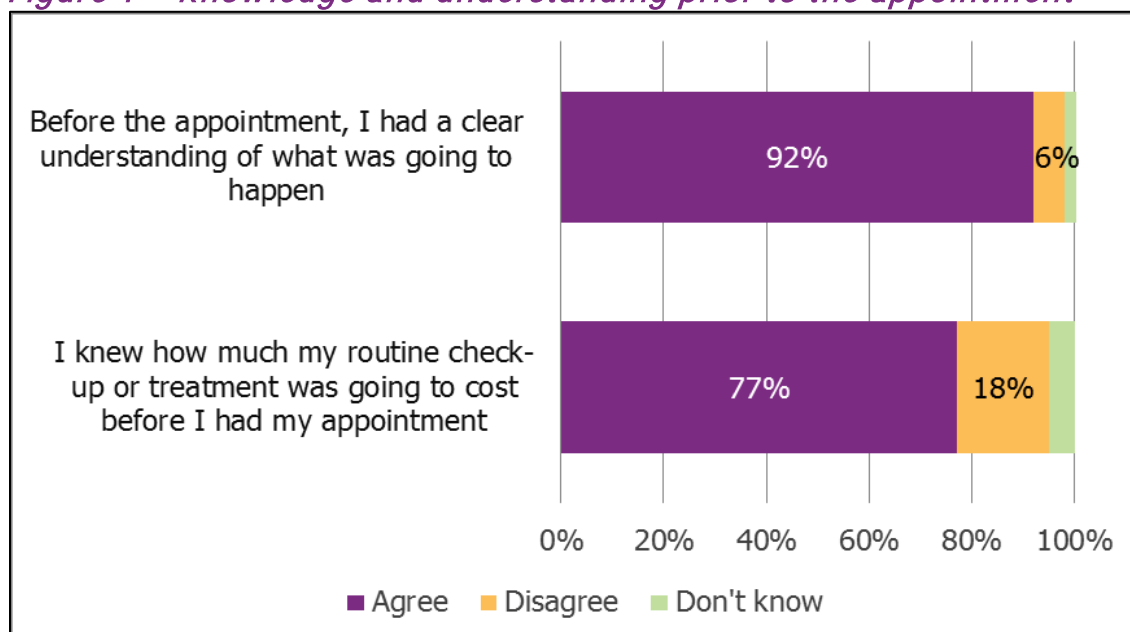
3.1 Expectations vs. experience

Before the appointment

The vast majority of patients (92% [683/743]) had a clear understanding of what was going to happen during the appointment from the outset. However, a lower proportion (77% [571/743]) knew how much their routine check-up or treatment was going to cost before the appointment (see Figure 1.)

1 in 4 reported that what happened at the appointment differed from their expectations

Figure 1 – Knowledge and understanding prior to the appointment



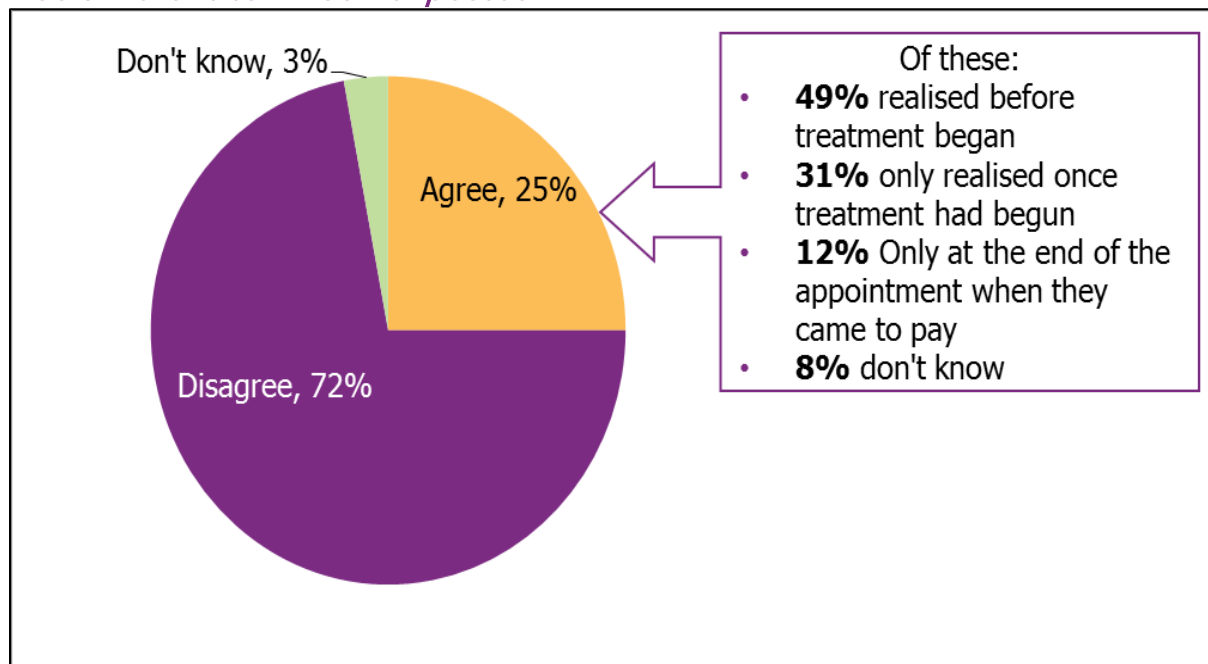
Base: All planned appointments (743)

During the appointment

Figure 2 highlights that 1 in 4 patients (25% [189/743]) went on to say that what happened during the appointment was different to what they had expected.

For those whose appointment did differ from their expectations, just under half (49% [92/189]) realised that their treatment was going to be different before the appointment began; almost a third (31% [59/189]) realised this when the treatment had begun; and 12% [22/189] realised at the end of the appointment, when they came to pay.

Figure 2 - 'What happened/the treatment I received during the appointment was different to what I expected'



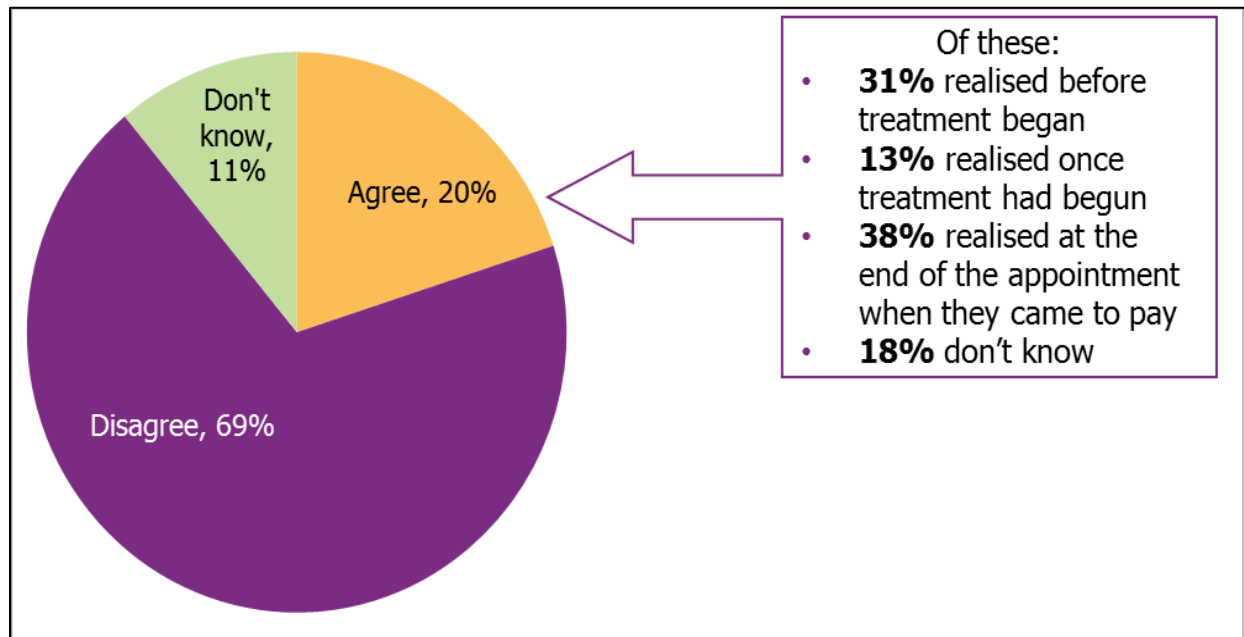
Base: All planned appointments (743); All who agree that what happened differed from expectations (189)

More than three quarters (80% [150/189]) understood why changes were made to their treatment. However, a small proportion (13% [23/189]) felt they did not understand why the treatment differed.

1 in 10 of those whose treatment differed from expectations did not understand why this was the case

Figure 3 shows that 1 in 5 patients (20% [147/743]) agreed that costs were different to what they expected. Of these, 38% [56/147] realised that costs differed only at the end of the appointment when they came to pay.

Figure 3 'The actual cost of the appointment was different to what I expected'



Base: All planned appointments (743); All who agree that what costs differed from expectations (147)

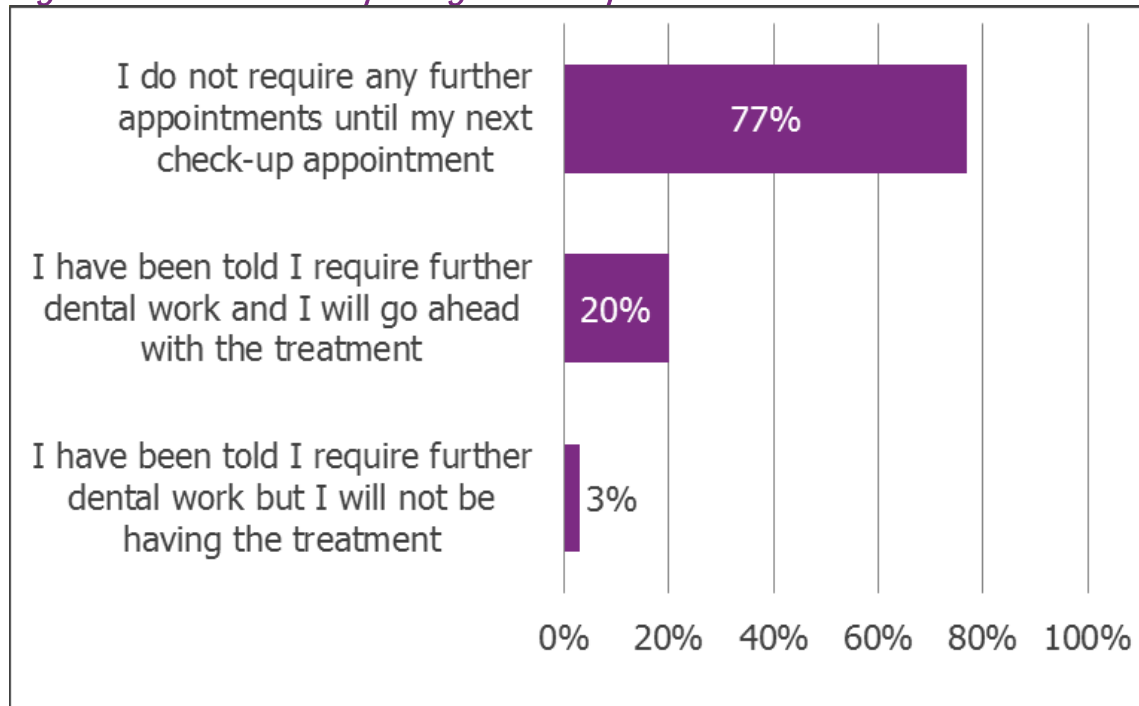
It appears that the earlier in the appointment that patients realised costs were going to differ from their expectations, the more understanding they had as to why the costs were different.

Of those who found out about changes to cost prior to their appointment almost all (93% [43/46]) agreed or agreed strongly that they understood why costs had changed. In contrast, of those who found out when they came to pay that costs were not as expected, a significantly lower proportion (68% [38/56]) agreed or agreed strongly that they understood why costs had changed.

3.2 Follow up

Very few (3% [24/743]) patients had been told they required further dental work but were not planning on going ahead with the treatment (see Figure 4.) A variety of reasons were given for not going ahead with the recommended treatment; however, only 1 of the 24 patients not going ahead with follow up treatment said they did not trust the dental professional's recommendation.

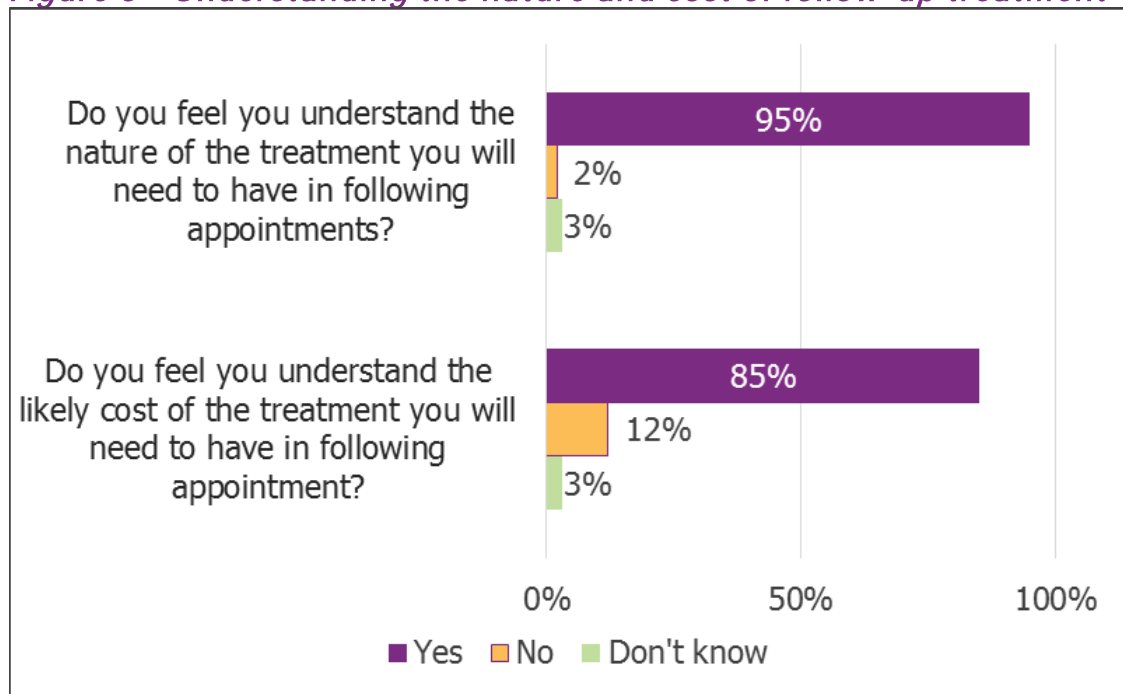
Figure 4 – Patients requiring follow up treatment



Base: All planned appointments (743)

The overwhelming majority (95% [143/150]) of those requiring more treatment felt they understood the nature of the treatment they will need to have; furthermore 85% [127/150] felt they understood the likely cost of the follow up treatment (Figure 5).

Figure 5 - Understanding the nature and cost of follow-up treatment



Base: All those with planned appointments requiring follow on treatment (150)

4. Professionals delivering against the standards

The GDC sets out the standards of conduct, performance and ethics that govern dental professionals. It specifies the principles, standards and guidance which apply to all members of the dental team. It also sets out what patients can expect from their dental professionals.

There are 9 principles that registered dental professionals must keep to at all times. A GDC registrant must:

- Principle 1: Put patient's interests first.
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- Principle 4: Maintain and protect patient's information.
- Principle 5: Have a clear and effective complaints procedure.
- Principle 6: Work with colleagues in a way that is in the patient's best interests.
- Principle 7: Maintain, develop and work within your professional knowledge.
- Principle 8: Raise concerns if patients are at risk.
- Principle 9: Make sure that their personal behaviour maintains patients' confidence in you and the dental profession.

Under each principle the GDC sets out both patient expectations and the specific standards that dental professionals must adhere to in order to meet these expectations.

This research included a number of questions relating to specific standards set out under Principles 1, 2 and 3 with the aim of highlighting how professionals are performing against these standards.

4.1 Principle 1: Put patient's interests first

Principle 1 of the GDC's standards relates to putting patient's interests first. Several questions in the survey relate directly to standards under this principle.

Treatment options, discussion and explanation

Relevant Standards:

1.1 Listen to your patients.

1.1.1 You must discuss treatment options with patients and listen carefully to what they say. Give them the opportunity to have a discussion and to ask questions.

Related questions in the survey:

- Sort the statements that may describe the way things happened into the categories*
 - All possible treatment options were discussed with us / me.
 - The dental professional explained the benefits and risks of each treatment option.
 - My child and I were / I was given the chance to ask questions.
 - Questions that were / I asked were answered in full.
 - The dental professional checked that my child / I understood things they had explained to us / me.

** Statements for this form of question were: YES, this happened; NO, this did not happen; (for statements related to appointments for treatment.) This happened at a previous, related appointment; This was not necessary; Don't know / not sure.*

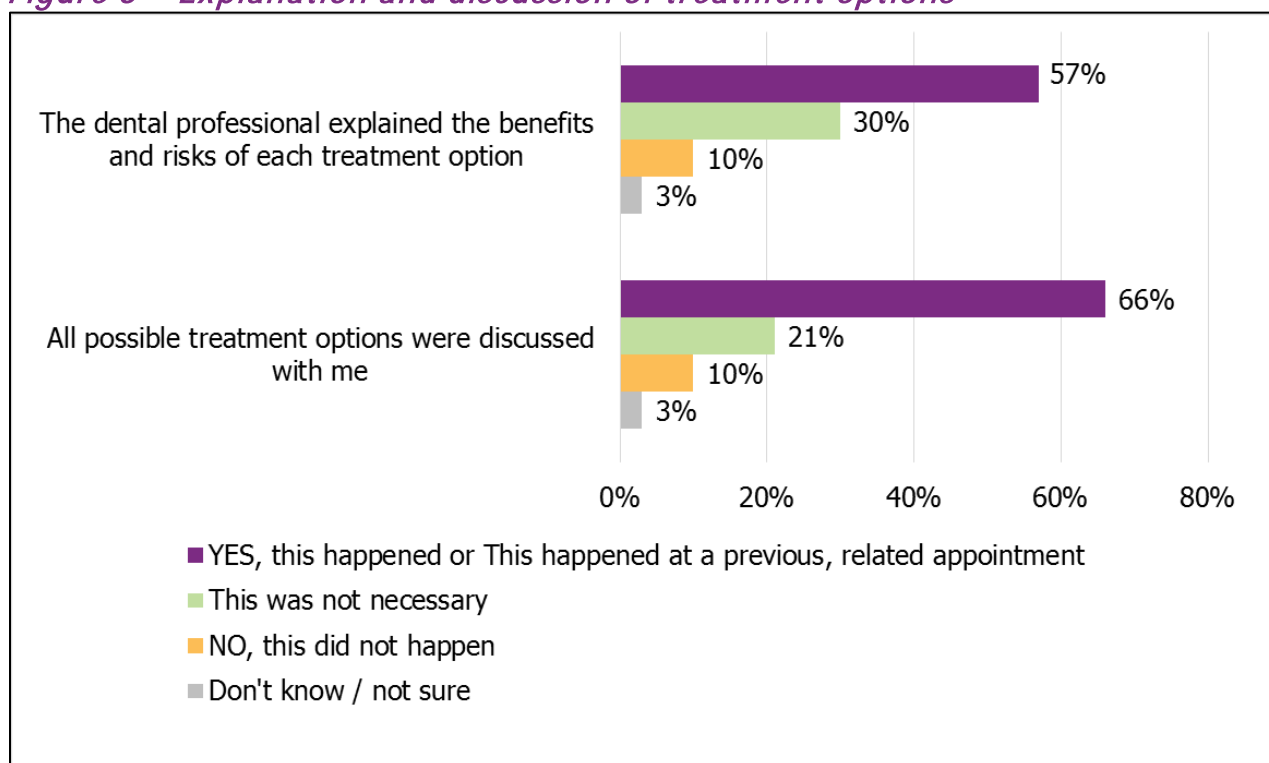
Almost 9 in 10 having planned treatment said the benefits & risks of treatment options were explained, or that this was not necessary

Since discussion of options for treatment is only relevant to patients attending an appointment for treatment, those attending for a check-up or hygiene appointment were not asked about the explanation of treatment options.

For the most part, patients report that dental professionals did discuss treatment options where necessary (see Figure 6) and explain the benefits and risks of the various options. However, in a minority (10% [6/63]) of planned appointments explanations of this kind did not happen.

Explanations about risks and benefits were significantly less likely to have happened within an unplanned (emergency appointment) where 19% [25/133] of patients said the dental professional did not explain the benefits and risks of each treatment option.

Figure 6 – Explanation and discussion of treatment options

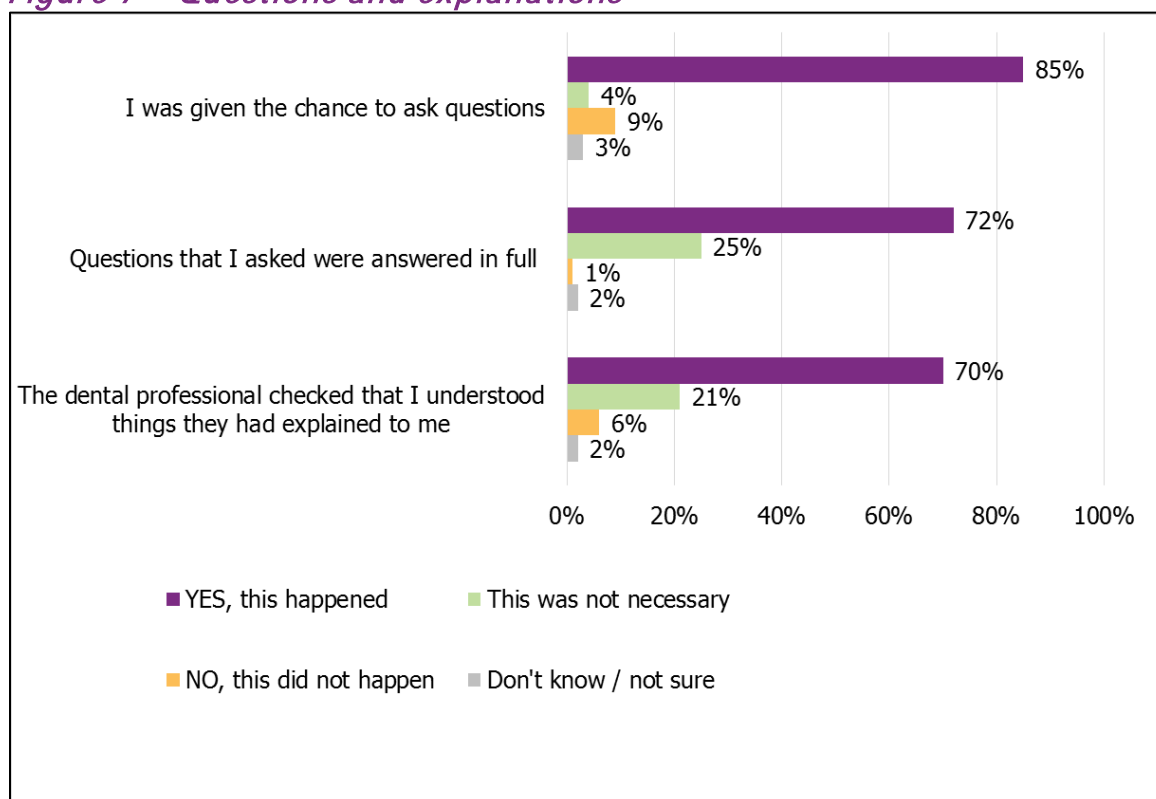


Base: All those receiving planned treatment in Wave 2 (63)

Being able to ask questions and have them answered is important for all dental patients, whether attending for treatment or just for a check-up.

The vast majority of respondents (85% [353/417]) reported that they did have this opportunity. In addition the majority of patients also reported that where necessary, questions were answered in full and the dental professional checked that their explanations had been understood. Figure 7 shows these results.

Figure 7 – Questions and explanations



Base: All those with a planned appointment in Wave 2 (417)

Treatment options – NHS vs. Private

Relevant Standards:

1.7 Put patients' interests before your own or those of any colleague, business or organisation.

1.7.2 If you work in a practice that provides both NHS (or equivalent health service) and private treatment (a mixed practice), you must make clear to your patients which treatments can be provided under the NHS (or equivalent health service) and which can only be provided on a private basis.

Related questions in the survey:

- Sort the statements that may describe the way things happened into categories:
 - The dental professional clearly explained my treatment options in terms of what would be covered by NHS and what would need to be paid for privately.

Around 4 in 5 receiving treatment said what would be covered by NHS & what would need to be paid for privately was clearly explained, or that this was not necessary

The explanation required under this standard was either confirmed as having been given (35% [22/63]) or was deemed as unnecessary (43% [27/63]) by most patients who had a planned appointment for treatment in Wave 2.

However, 17% [11/63] of these patients and 22% [29/133] of patients attending unplanned appointments said the dental professional did not clearly explain treatment options in terms of what would be covered by the NHS and what would need to be paid for privately.

4.2 Principle 2: Communicate with patients effectively

Effective communication

Relevant Standards:

2.1 Communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account.

2.2 Recognise and promote patients' rights to and responsibilities for making decisions about their health priorities and care.

2.3 Give patients the information they need, in a way they can understand, so that they can make informed decisions.

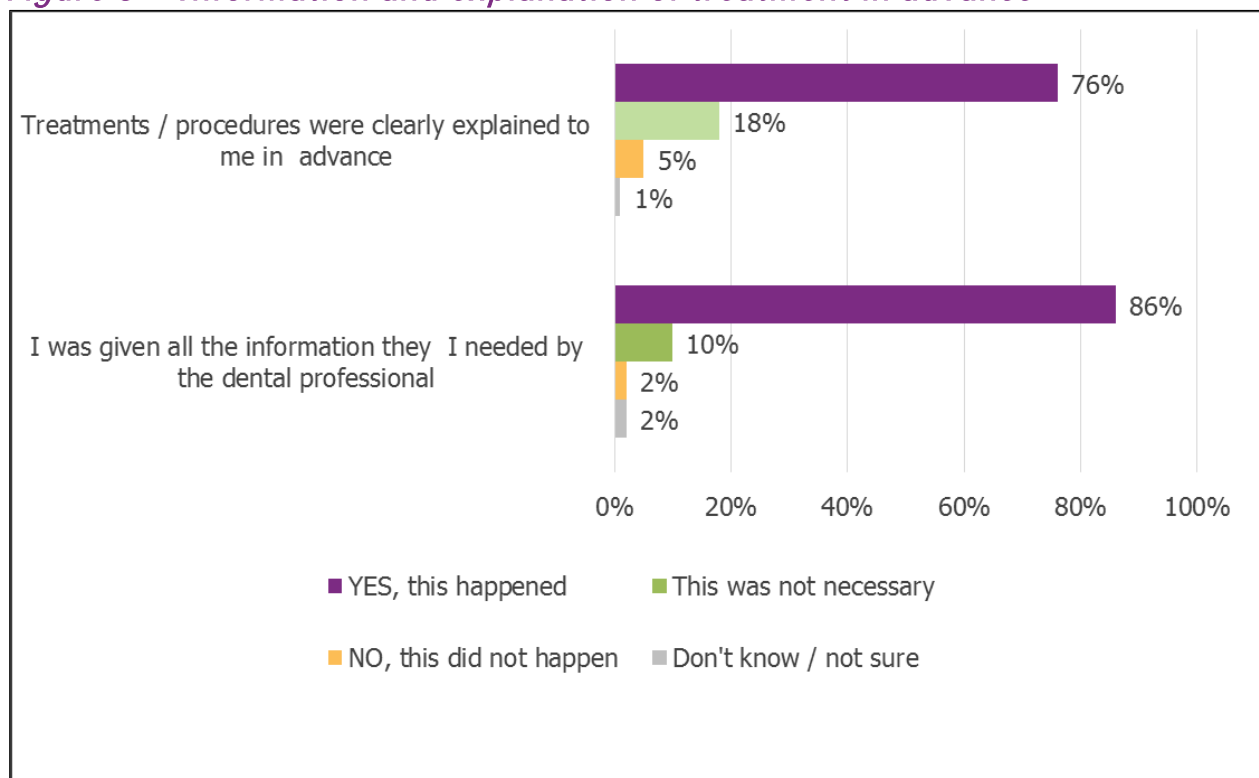
Related questions in the survey:

- Sort the statements that may describe the way things happened into categories:
 - The child / I was given all the information they / I needed by the dental professional.
 - Treatments / procedures were clearly explained to my child / me in advance.
- How far do you agree or disagree that:
 - I felt the dental professional communicated clearly with my child/me.
 - I felt able to make my own decision about my child's/ treatment.
 - I felt confident that I could ask questions.
 - I felt that my child/I was listened to.
 - I felt that my child/I understood all that they/I needed to.
 - I felt we were/I was given good advice by the dental professional.
 - The dental professional used language my child/I could understand.
 - The dental professional made time to discuss things with us/me.

It was clear that in the vast majority of cases, dental professionals explained treatments clearly in advance. As Figure 8 shows this was reported to happen or was deemed unnecessary by all but 6% (27 /417) of patients.

The clear majority of patients with a planned appointment also reported that they were given all the information they needed. However, amongst those who had attended an unplanned or emergency appointment, a larger minority reported this was not the case (8% [10/133] compared to just 2% [8/417] of those with a planned appointment.)

Figure 8 – Information and explanation of treatment in advance

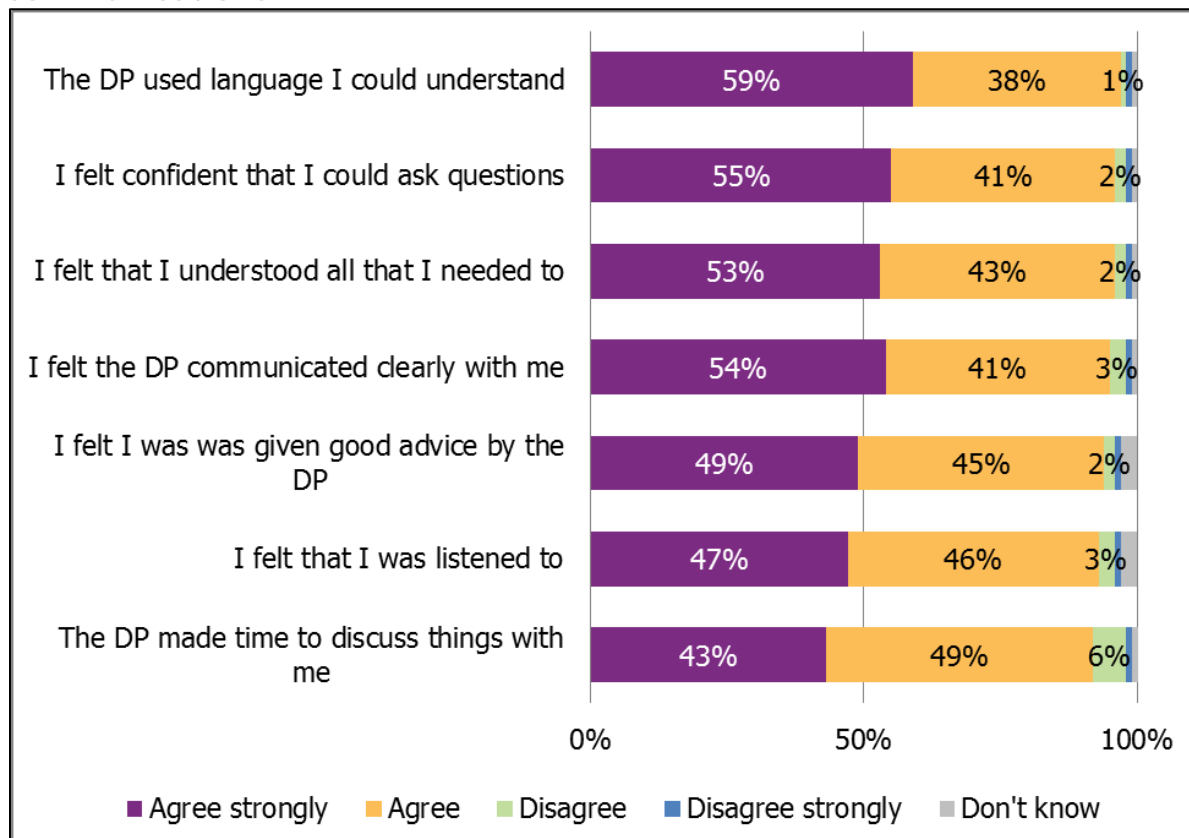


Base: All those with a planned appointment in Wave 2 (417)

A number of statements in the survey relate to communications and, therefore, provide a good indication of whether or not standards 2.1-2.3 are being adhered to. As Figure 9 shows, performance against these standards for those with planned appointments appears very strong with only very small proportions of patients indicating any degree of disagreement.

Whilst 97% [722/743] of those attending a planned appointment agreed (38% [282/743] or agreed strongly (59% [440/743]) that the dental professional used language they could understand; a lower proportion (though still a clear majority) of those who attended an appointment with a child agreed (37% [46/125]) or agreed strongly (50% [63/125]) that the professional used language that their child could understand.

Figure 9 – Agreement with statements about dental professionals' communications



Base: All those with a planned appointment (743)

Treatment plan

Relevant Standards:

2.3.6 You must give patients a written treatment plan, or plans, before their treatment starts and you should retain a copy in their notes. You should also ask patients to sign the treatment plan.

Related questions in the survey:

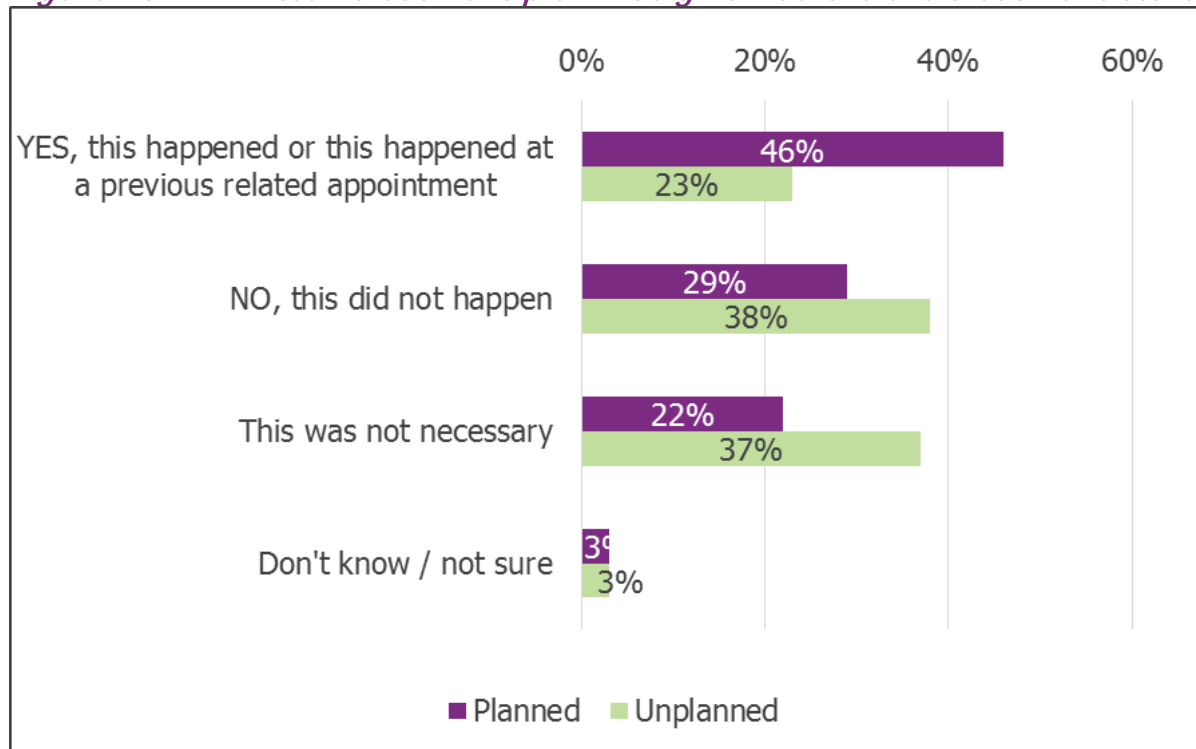
- Sort the statements that may describe the way things happened into categories:
 - A written treatment plan was given before the treatment started.

The survey results highlight that approximately 1 in 3 patients receiving treatment do not recall being presented with a written plan before treatment started (see Figure 10).

- Almost half (46% [29/63]) of all patients attending a planned appointment for treatment received a written treatment plan; however, 29% [18/63] said that this did not happen.
- 38% [50/133] of patients attending an unplanned appointment reported that they did not receive a written treatment plan.

Around 1 in 3 patients having treatment did not recall receiving a written treatment plan

Figure 10 - A written treatment plan was given before the treatment started



Base: All those with a planned appointment for treatment in Wave 2 (63)

Information about costs

Relevant Standards:

2.4 Give patients clear information about costs.

2.4.1 You must make sure that a simple price list is clearly displayed in your reception or waiting area. This should include a list of basic items including a consultation, a single-surface filling, an extraction, radiographs (bitewing or pan-oral) and treatment provided by the hygienist. For items which may vary in cost, a 'from - to' price range can be shown.

Related questions in the survey:

- Sort the statements that may describe the way things happened into categories:
 - The cost of my appointment was clearly explained to me in advance.
- During your time at the dental practice did you see a list of treatment costs displayed at any point (e.g. waiting room, reception, dental surgery)?
- Was the list of costs clearly displayed?

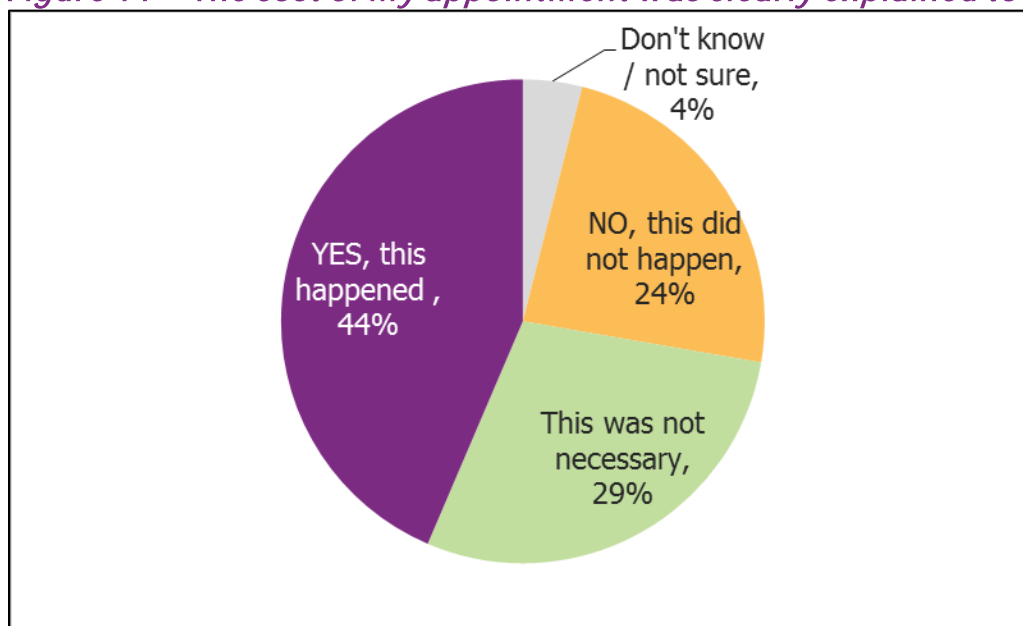
The GDC's standards state that patients should be given clear information about costs. The survey asked whether the cost was clearly explained in advance and whilst this was the case for 44% [183/417] of those with planned appointments and a further 29% [120/417] deemed this unnecessary; for nearly a quarter (24% [99/417]) this did not happen (see Figure 11). A similar proportion of those with unplanned appointments (26% [35/133]) also reported that this did not occur.



1 in 4
reported that
costs were
not explained
in advance

This finding is also similar to the responses given to the earlier statement "I knew how much my routine check-up or treatment was going to cost before the appointment" where 77% [571/743] agreed but 23% [172/743] disagreed or did not know (see Figure 1 IN Section 3.1).

Figure 11 – The cost of my appointment was clearly explained to me in advance



Base: All planned appointments in Wave 2 (417)

1 in 4 said they did not see a price list on display

The survey also explored whether patients noticed that a list of treatment costs was on display. Some of those with planned appointments were asked at the end of the screening survey to look out for the price list.¹

The responses from those with planned appointments were

as follows:

- 36% [267/743] said 'yes' they saw the price list
- 25% [187/743] said 'no' they did not see it.
- 34% [256/743] said they did not look for it
- 4% [33/743] said they didn't know.

Furthermore, patients attending a planned appointment for NHS care that was paid for, were significantly more likely to say that they had seen a price list (43% [158/371]), than those who received private dental care in a planned appointment (26% [53/205]).

Of those with planned appointments that saw the price list, 94% [250/267] said that it was clearly on display, with 5% [13/267] saying this was not the case and 1% [4/267] saying they couldn't remember or didn't know.

¹ Those who were re-contacted to participate in the full survey were asked to look for the price list. Some respondents during Wave 2 went straight on to complete the survey as their appointment for planned treatment had already happened.

Further questions in the survey explored whether dental professionals explained any changes to the costs, and the reasons for them. These questions were, of course, only asked where such cost changes had occurred and sample numbers are currently too small for this data to have any validity.

4.3 Principle 3: Obtain valid consent

Relevant Standards:

3.1 Obtain valid consent before starting treatment, explaining all the relevant options and the possible costs.

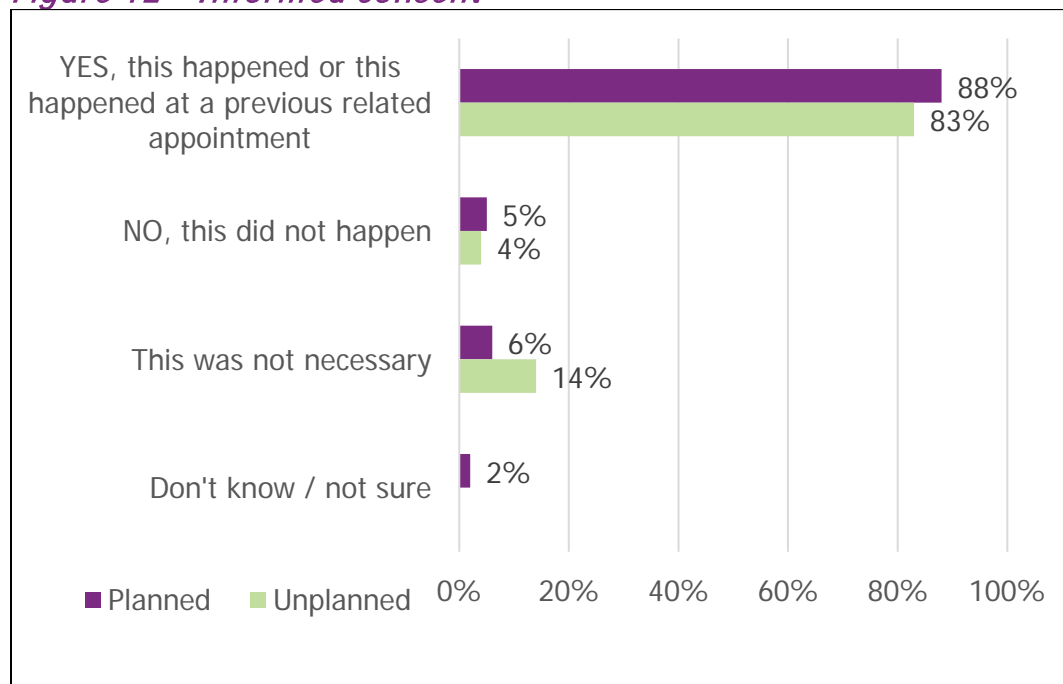
Related questions in the survey:

- Sort the statements that may describe the way things happened into categories:
 - I gave informed consent to my child's / my treatment

The vast majority of patients gave their informed consent to treatment

As Figure 12 shows, the vast majority of patients attending both planned and unplanned appointments reported that they had given their informed consent to treatment.

Figure 12 - Informed consent



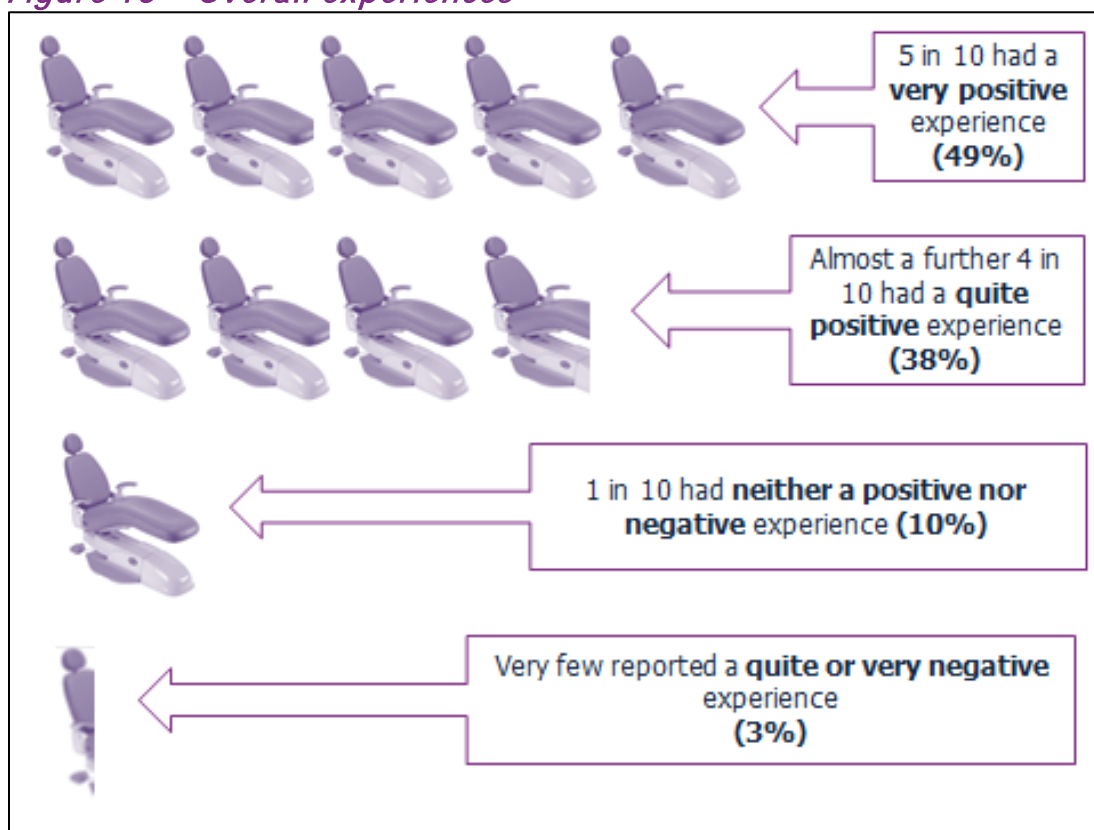
Base: Planned is all those who have received treatment in Wave 2 (63), Unplanned in Wave 2 (133)

5. Patient perceptions and feelings

5.1 The overall experience

Overall, the vast majority of patients (87% [650/743]) rate their overall experience as very (49% [367/743]) or quite (38% [283/743]) positive. Very few (just 3% [19/743]) say their overall experience was quite (2% [13/743]) or very (1% [6/743]) negative.

Figure 13 – Overall experiences



Base: All those with a planned appointment (743)

However, looking at this question in more detail reveals the following differences:

- 16-34 year olds were less likely to rate their overall experience as very positive (33% [36/109]) compared to 35-54 year olds (48% [138/289]) and 55+ year olds (56% [193/345]).
- Patients receiving private dental care were more likely to rate their overall experience as very positive (57% [117/205]) compared to those receiving NHS care that they paid for (44% [165/371]).

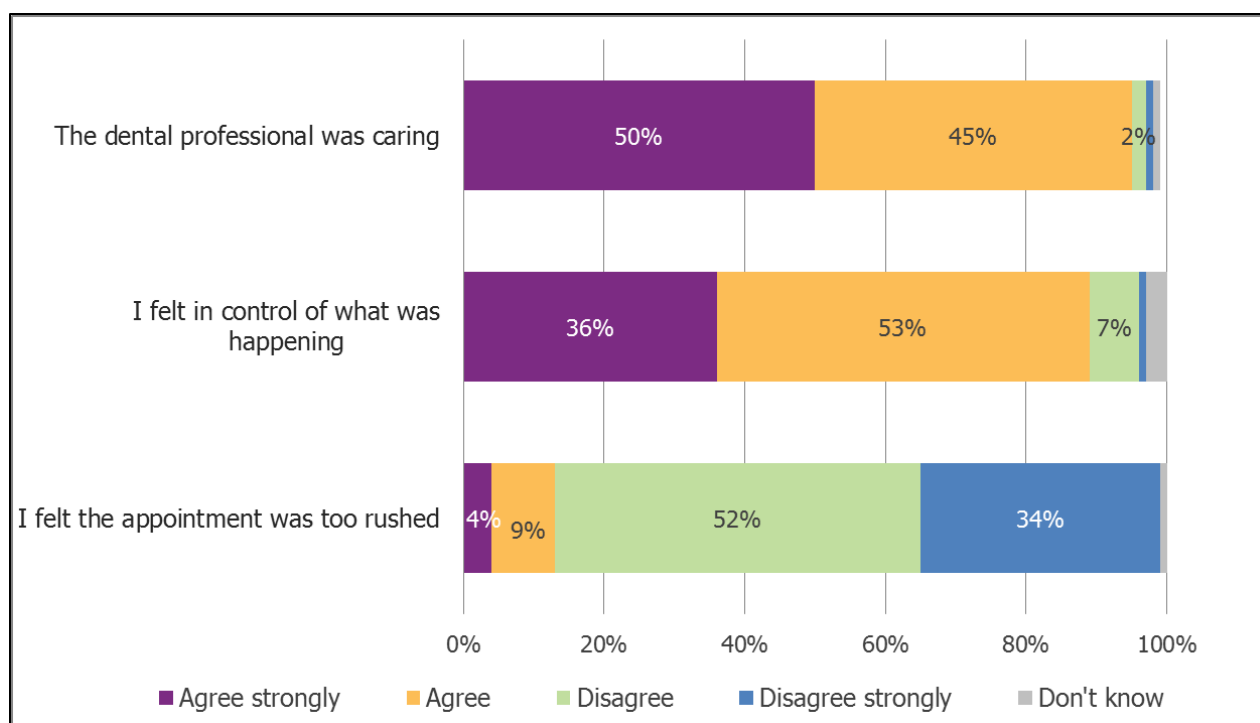
Younger patients were less likely to rate their experience as very positive

5.2 Perceptions and feelings

Some of the statements in the survey examined patients' feelings and perceptions of their experiences. As illustrated in Figure 14, almost all (95% [710/743]) of patients attending planned appointments agreed (45% [335/743]) or strongly agreed (50% [375/743]) that their dental professional was caring. Furthermore, the majority (89% [662/743]) of patients attending planned appointments strongly agreed (36% [265/743]) or agreed (53% [397/743]) that they felt in control of what was happening.

In terms of how rushed the appointment felt, only 13% [97/743] of those who had planned appointments agreed (9% [70/743]) or strongly agreed (4% [27/743]) that they felt the appointment was too rushed. However, this level of agreement was higher amongst those attending children's appointments (24% [30/125]).

Figure 14 - How much do you agree or disagree with the following statements regarding how you felt about the appointment?



Base: All planned appointments (743); All children's appointments (125)

Of all the age groups, 16-34 year olds were less positive across a number of other statements in the survey. Positive feelings across many statements appear to increase with the age of the patient; as shown in the examples below:

- "The dental professional was caring" - (28% [30/109] of 16-34 year olds agreed strongly, compared to 48% [140/289] of 35-54 year olds and 59% [205/345] of those over 55.)
- "I felt I was given good advice" – (27% [29/109] of 16-34 year olds agreed strongly compared to 44% [127/289] of 35-54 year olds and 60% [208/345] of those over 55.)

- “I felt confident I could ask questions” – (28% [30/109] of 16-34 year olds agreed strongly compared to 54% [157/289] of 35-54 year olds and 63% [218/345] of those over 55.)

6. Children's appointments

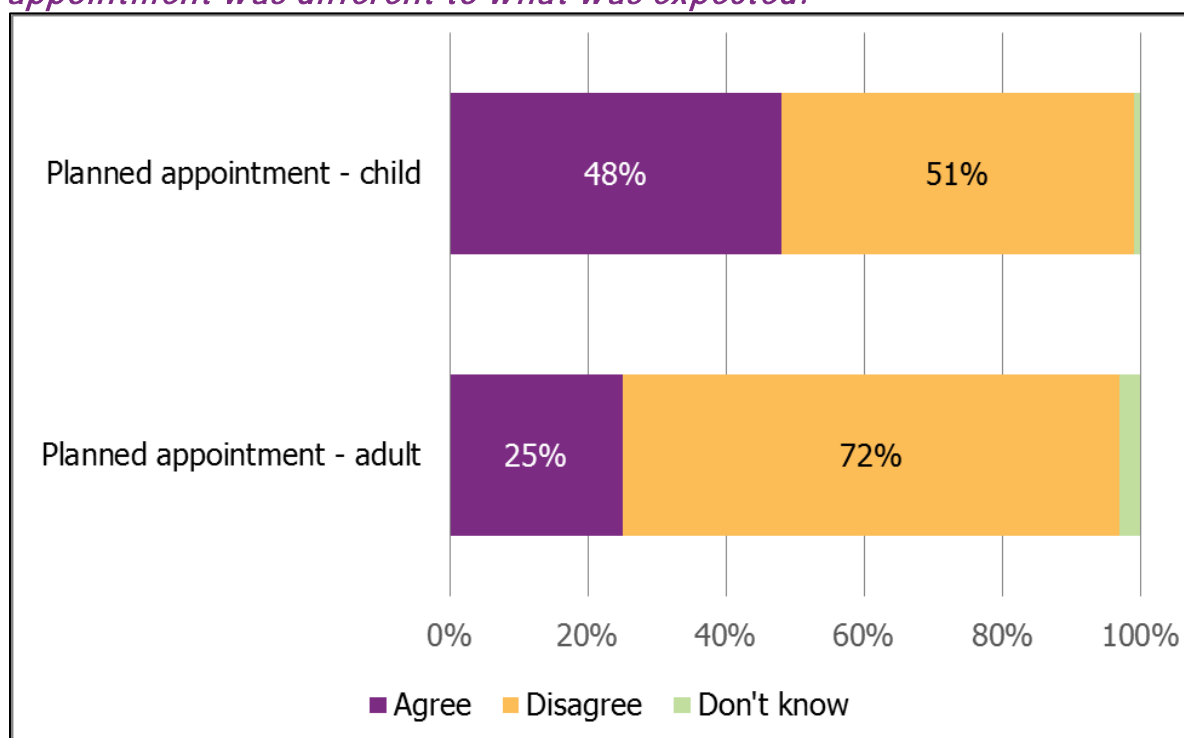
To date there have been 125 responses from adults who accompanied a child to a recent dental appointment. Of these:

- 47% [59/125] accompanied 12-16 year olds
- 31% [39/125] accompanied 8-11 year olds
- 22% [27/125] accompanied 5-7 year olds
- 19% [24/125] accompanied 0-4 year olds

Over three quarters (78% [98/125]) of children's appointments were originally booked for a routine check-up.

Findings from adults accompanying a child to an appointment are broadly in keeping with findings from planned adult appointments. However, those attending children's appointments were significantly more likely to agree with the statement that 'What happened during the appointment was different to what was expected', as Figure 15 shows.

Figure 15 - Please indicate whether or not you agree with the following statement - What happened / the treatment the child/I received during the appointment was different to what was expected.



Base - All planned adult appointments (743); All planned children's appointments (125)

Adults attending a children's appointment were also more likely to feel that the appointment was rushed. As mentioned in Section 5.2 only 13% [97/743] of those who

had planned adult appointments agreed (9% [70/743]) or strongly agreed (4% [27/743]) that they felt the appointment was too rushed. However, this level of agreement was higher amongst those attending children's appointments, where just under a quarter (24% [30/125]) agreed or strongly agreed that the appointment felt rushed.

Those attending children's appointments were also less likely than those attending planned adult appointments to notice any treatment costs on display. Amongst those attending planned adult appointments 25% [187/743] said 'no' they did not see any treatment costs on display, compared with 36% [45/125] amongst those attending a child's appointment. This may, in part, be because the vast majority of children's dental treatment is provided free of charge and therefore the patient is less likely to look for the information.

Unfortunately, it is not possible to look at issues regarding children's treatment as only 13 of the 125 appointments for children were for treatment.

7. Conclusions

A positive picture

The majority of patients surveyed rate the overall experience of their recent dental appointment as very or quite positive. The survey evidence suggests that dental practitioners are largely adhering to the professional standards and successfully meeting patient expectations. What is more, 95% of patients felt that their dental professional was caring.

Dental professionals are, on the whole, communicating effectively with patients and putting patients' interests first. They are also ensuring that patients feel confident that they can ask questions and feel listened to.

Possible areas for monitoring and improvement

There appears to be some room for improvement in the communication of costs. One quarter of adults attending a planned appointment did not see any treatment costs on display and a similar number reported that costs were not clearly explained in advance.

Whilst the vast majority of patients report that they did give their informed consent to treatment; there is some evidence to suggest that written treatment plans are not always being given to patients (or perhaps patients are not explicitly aware that they have been given a such a treatment plan.)

Appendix 1 – Full topline results



Planned & children's
questionnaire marked



Unplanned
questionnaire marked