

Independent Review of NHS Dentistry

Which? Submission, March 2009

About Which?

- 1 Which? is an independent, not-for-profit consumer organisation with around 700,000 members and is the largest consumer organisation in Europe. Entirely independent of Government and industry, we are funded through our membership and the sale of our *Which?* range of consumer magazines, online services and books.

Which? and dentistry

- 2 Our vision for dentistry is one of oral healthcare which is appropriate, easily accessible and of good quality, and available to all consumers in a place convenient to them, irrespective of their ability to pay. Whether care is provided on the NHS or privately, the possible options should be made clear and all patients should have unambiguous, transparent information about the nature and likely cost of treatment before it commences.
- 3 Which? has a long history of working to represent consumer interests with regards to dentistry, both NHS and private. In 2001 Which? submitted a super-complaint on the private dental market to the Office of Fair Trading, which accepted the complaint and made a number of recommendations to government following its investigation. Which? responded to the consultation on a new Dental Complaints Service in 2002, and was part of the Department of Health Advisory Group on reform of NHS dental charges that reported in 2004.¹
- 4 We regularly cover dentistry in *Which?* magazine in both features and investigations, including a survey of Primary Care Trust (PCTs) provisions for dentistry in 2006, 'mystery shopping' investigations into access to NHS care - most recently in 2007, and surveys of consumers' experiences of seeking dental care, most recently in 2007.

¹ Department of Health (2005) *Consultation on the draft National Health Service (Dental Charges) Regulations 2006* (London: DH) < http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4120073> [accessed 11 March 2009]

- 5 Latterly, Which? submitted evidence to the Health Select Committee in December 2007², noting that although most consumers seemed to be able to access NHS dentistry:
- > difficulties with access to NHS care persisted;
 - > there was significant regional variation in its availability;
 - > certain treatments were unavailable on the NHS;
 - > failure to get NHS care meant that consumers had the choice of going private or going without;
 - > PCTs had responded in 'mixed' fashion to the commissioning challenge; and
 - > consumers needed better information about services.
- 6 We welcome the opportunity provided by the Steele Review to revisit this area and discover where NHS dentistry is working for consumers - and how it can be improved where problems persist.
- 7 The Steele Review of NHS Dentistry has the following aims:
- > to identify ways the Government and local NHS can work together with dentists and other providers to increase access to dental services and improve the quality of services;
 - > to suggest how the Government can build on its work to reduce inequalities in oral health and ensure that dentists and other dental professionals can provide appropriate levels of preventive work;
 - > to recommend how funding for dentistry should be allocated to Primary Care Trusts to support these aims and meet the needs of local populations;
 - > to identify how over the next five years developments in workforce planning, training and regulation can best support the provision of high quality NHS dental services and enhance the working lives of dental professionals; and

² House of Commons Health Committee (2008) *Dental services: Vol. 2 Written evidence* (London: TSO) pp.97-100

- > to recommend how the Government can best address the issues raised in the Health Select Committee's 2008 report, including for example looking at trends in complex treatment and the suggestion that 'more treatment Bands are introduced'.³

8 As a consumer organisation, Which? is concerned with how dental services are working for consumers. We therefore focussed our research on looking at access to dental services, the quality of these services, any inequalities in oral health, and provision of preventive work.

Our Research

- 9** We carried out one piece of situation research ('mystery shopping'), in which 446 telephone calls were made to NHS dentists across England to see if they were taking on new NHS patients. We also conducted an online quantitative survey with 2,631 members of the general public aged 16 and over in England, which was weighted to ensure that it was representative. Some general questions were asked to a wider sample across the UK. Once the results had come back, we commissioned a follow-up omnibus survey among 896 adults aged 16 and over in England only to further explore issues of price and perceived value for money. In addition, Which? members and the general public were asked to share their experience of dentistry, both good and bad, with us via email or through our website. See the attached Appendices for more details of our research method and the questionnaires used.
- 10** Our results suggest that, rather than access to NHS dental service provision being the clear defining issue, the picture is rather more complex:
- > Problems accessing NHS dental services affect relatively few consumers, but those who had been affected and contacted us had experienced great detriment.
 - > Wider concerns with trust, quality and value emerged from the experiences consumers told us about.
 - > The public at large don't seem to be getting the information about the importance of dental care that would be expected under the new contract.

³ http://www.dh.gov.uk/en/Healthcare/Primarycare/Dental/DH_094048 [accessed 24 February 2009]

- > We grouped our findings by the following key themes:
 - Access to NHS dentistry;
 - Attitudes to NHS dentistry;
 - Quality, value and trust; and
 - Achieving good oral health.

Executive summary: Conclusions and Recommendations

Access to NHS Dentistry

Access overall is actually fairly good but finding a new dentist can be hard, especially in rural areas.

- 11 68 per cent of our survey sample had tried to get an NHS appointment, and around 9 out of 10 of them were successful. But the stories we have collected indicate that the minority who cannot access NHS services are severely affected. Those who need to find a new dentist in rural areas are more likely to find it difficult. In our survey, those in rural areas who didn't have an existing dentist were more likely to have had to call more than one dentist to get an NHS appointment. And our situation research showed that fewer dentists in rural areas are taking on new patients. Problems that exist are acute and localised, and must be fixed, whether the issue is an actual lack of local NHS dentists or simply a failure to route people to them.
- 12 The problems must be fixed not only because they cause severe detriment to those affected, but also because this actually relatively small issue is skewing the whole debate about NHS dentistry. Media coverage of access problems has fuelled negative perceptions of NHS dentistry. As a result, the debate has concentrated on whether NHS dentistry is viable rather than how it can work better for everyone.
- 13 Around nine in ten (88 per cent) of our survey respondents who had tried to make an NHS appointment were successful, with relatively little regional difference. As most people who were successful made an appointment with their existing dentist, we were unable to look at any regional differences in finding a new dentist due to insufficient sample size. Our situation research did find wide variation in the number of dentists taking on new NHS patients. The average was 42 per cent, with 78 per cent in the West Midlands open for new NHS business but only 12 per cent in Yorkshire and the Humber.

- 14 For the one in ten who did not manage to make an NHS appointment when they tried, the main recourse was private care - with 44 per cent making of them making use of that option.
- 15 Word of mouth was the main and most valued source of new NHS dentists, with 40 per cent of those seeking a new one relying on it and finding it useful.
- 16 Dental surgeries are not effective enough at signposting patients to other sources of help, with around three in ten (31 per cent) giving nothing but the most minimal assistance to callers who could not be taken on as NHS patients, and 32 per cent suggesting another practice, which may or may not have been useful.

Recommendations

- 17 *PCTs must ensure there are enough dentists open for new business in local areas and that everyone who wants NHS dental care can access it in a place convenient to them. There must be effective measurement of whether they are doing this. This does not mean that all dentists have to be taking new NHS patients but it does mean that some have to be, and they must be in locations that the local population can get to easily.*
- 18 *All PCTs must explicitly define the 'deal' they are offering local residents to meet their statutory requirements, and then purchase to meet this need. For example, everyone should be able to access a dentist in a place convenient to them. PCTs must define what is reasonable in terms of travel time and distance, and geographical location, for their particular population and environment - and their definition of 'convenient' must be one that local people agree with.*
- 19 *To effect this change, the government should explore whether creating local Dental Needs Assessments on the same model as Local Pharmaceutical Needs Assessments would help ensure that all PCTs manage NHS dental supply and demand more effectively.*
- 20 *As part of ensuring that PCTs deliver what their local population needs, the government could make it mandatory in the short-term for them to offer free transport to an NHS dentist which is outside their definition of 'convenient' for local people.*

- 21 *In areas where need is high yet demand is not currently sufficient to sustain a business, PCTs should consider employing salaried dentists as a short-term solution. This should be combined with targeted public health campaigns to convert need into demand. Mobile services are another option for areas which are geographically remote or otherwise difficult to reach. Best practice examples must be effectively communicated to PCTs where ongoing problems have been identified.*
- 22 *NHS dentists should not offer NHS appointments to children only. The message that NHS dentists are open for some but not others is not only confusing for people, it damages perceptions of the NHS because it suggests that treating children is conditional on treating parents as private patients.*
- 23 *Clear and well-publicised routes must be provided for people to find an NHS dentist.*
- 24 *Dentists not taking on NHS patients should be given an explicit duty to signpost people to the PCT. And PCTs must then direct them to a convenient local NHS dentist. As well as assisting consumers in their search, this would help ensure that the PCT has an accurate picture of unmet demand in their area.*
- 25 *Posters and leaflets publicising the PCT's 'find a dentist' number could be displayed in other local health services such as GP surgeries and pharmacies. Dental care should be more visible as a core function of the NHS system, integrated with other services.*
- 26 *NHS Choices should be better promoted and kept up-to-date. The dentist 'search' pages should be made more visible and user-friendly. When consumers search for a dentist near them, the default should be that the list displays dentists open for new business first. Adding a facility for user-generated content on dentistry onto the NHS Choice website would allow consumers to get the kind of word of mouth recommendations they find most useful, combined with information on which dentists are actually taking on new patients.*

Attitudes to NHS dentistry

A perception persists that accessing NHS care is not easy, and the quality is not good. This does not reflect people's actual experience.

- 27 There seems to be a general perception, well-illustrated in our case studies, that getting good NHS treatment is the exception not the rule, yet our survey told us that the reality was that two in three adults (68 per cent) had attempted to make an NHS appointment in the last two years, and around nine in ten of those had been able to do so.
- 28 It also showed that there is little positive demand for private dentistry. Only 8 per cent of those who had last been private patients stated that their main reason for doing so was 'I think I get better treatment from a private dentist than from an NHS dentist'. And satisfaction levels with private and NHS dentistry were very similar, with 86 per cent of those last receiving NHS care being very or fairly satisfied with their treatment compared to 88 per cent of those last receiving private care. Mixed care gets a lower satisfaction rating, with 77 per cent.
- 29 Not only do people use NHS dentistry, they support it. Reported behaviour reflects attitudinal statements supporting the NHS, with 62 per cent of all respondents in England disagreeing with the statement that 'NHS dentistry should only be for people who cannot afford private care'.
- 30 Almost half of adults in England (46 per cent) agreed that the NHS should not offer "cosmetic treatments e.g. whitening", but more work would be needed to define exactly what treatments people think should and should not be available on the NHS.

Recommendations

- 31 *Our data shows that getting good NHS dental treatment is not a rare thing, and consumers should not think it is. Remaining access problems need to be solved quickly and publicly.*
- 32 *Once this has been done, work must also be done to improve the NHS dentistry brand - clarifying what work NHS dentists do, the quality consumers can expect and the place that dentistry has in the health service family.*

- 33 *To reassure consumers that access to good quality NHS care is both possible and something they should expect, an explicit ‘NHS Pledge’ should be developed, detailing the services NHS dentists will offer and the specifics of the deal, for example, ‘I will never carry out work that is not clinically needed’. This should be developed with input from consumers to ensure that it contains the commitments they want and need.*
- 34 *Cross-referral from other points of access to the Health Service (e.g. GPs, pharmacists) will also help reinforce more positive perceptions of access to NHS dentistry.*

Quality, value and trust

The lack of clarity around the service level consumers should receive and the price they should pay leads to confusion and mistrust of dental services. Consumers also told us of their suspicions that ‘gaming’ was taking place within the system.

- 35 The picture initially looks positive. Although it is difficult for consumers to judge the quality of their dental treatment, in the same way as it is difficult for non-experts to judge the quality of any expert work, our survey found that people are generally satisfied with the quality of both NHS and private care. 86 per cent of those receiving NHS care were very or fairly satisfied with their last treatment, compared to 88 per cent of those receiving private care. Mixed care gets a lower satisfaction rating, with 77 per cent overall. Furthermore, 51 per cent of those receiving NHS care and 53 per cent of those receiving private care were very satisfied, compared to 38 per cent of those getting mixed care.
- 36 Yet satisfaction with value for money, while reasonable, is lower. Those who last visited an NHS dentist within the last two years are generally happy with the value for money, with 67 per cent rating it as excellent or good. In comparison, 60 per cent of those who last received mixed care stated that it was excellent or good, and 63 per cent rated their private care as excellent or good value for money.
- 37 Surprisingly low levels of price explanation upfront must contribute to this. Only 46 per cent who paid for NHS treatment said they had the charges explained to them before treatment began, and only a third of all NHS patients (33 per cent) said they were given a treatment plan.

- 38** Further insight comes from our case studies. Many of the people who contacted us did not seem to feel that they were given a meaningful choice or options over what treatment they were given. Others felt that they had paid more than they expected, or paid multiple charges that should have been included in a single charge. Making both the actual operation of, and the cost of, NHS dentistry consistent and transparent must be a priority.
- 39** Our situation research found that dentists' receptionists know the prices of the NHS treatment Bands but there are signs from the case studies we collected of variation in the way that NHS dentists interpret treatments provided within each Band and the crossover between NHS and private treatment. For example, not including scale and polish in the check-up and instead recommending the hygienist at extra cost.
- 40** Over half of the total sample (54 per cent) agreed that dental treatment on the NHS is too expensive, with NHS patients more likely to agree (57 per cent). These concerns are particularly significant for some, with three in ten people (30 per cent) saying the credit crunch has made them less likely to visit the dentist.
- 41** Our follow-up survey on value for money and pricing suggested that there could possibly be an appetite for changes to the Banding system. Although two in three people (64 per cent) said they would prefer to keep the current system than change to one with free check-ups but higher treatment costs, around a quarter (26 per cent) said they would prefer the latter, but the situation was far from clear-cut. We found that people tended to overestimate the current cost of Band 1 and Band 2 treatment but underestimate the cost of Band 3. General awareness of cost was low. However, if changes were to take place much more work would be needed. It would be essential that any changes were fair, transparent and implemented consistently.
- 42** People value a regular six-monthly appointment, with 58 per cent agreeing slightly or strongly that they like to have one, but there is room for manoeuvre if dentists explain the rationale of different recall periods as 65 per cent are happy to follow their dentist's advice on how often they should have an appointment.
- 43** Three out of five people (62 per cent) think it's important to see the same dentist each time, and are more likely to think so if they have attended in the last two years (67 per cent compared to 41 per cent who have not been).

- 44 Patient trust is a valuable commodity, with some patients who contacted us travelling long distances to go to a dental professional they trust.

Recommendations

- 45 *We need to get to a position where ‘NHS means NHS’. All of the NHS treatments listed as available to patients should be available from every NHS dentist, at the same transparent price. The Banding system creates transparency in theory, but only when adhered to in practice.*
- 46 *To tackle the suspicions that dentists are ‘gaming’ the system, NHS dentists could sign up to explicit Pledges - for example ‘As an NHS dentist I will never give you work you don’t need’ and ‘As an NHS dentist I will always recommend the best treatment for your long-term oral health’ to make patients feel more secure and could also inform them about routes of redress.*
- 47 *More work would be required before any changes to the Banding system could be made. If any changes are made, it is essential that they are fair, transparent and implemented consistently.*
- 48 *The Pledges could also include a government commitment to a rigorous system for evaluating dentists’ continuing clinical proficiency. Consumers cannot be expected to judge whether recommendations and treatment reach ‘best practice’ standards. A programme combining ‘mystery shopping’, ‘MOTs’ checking competence in key tasks and stringent Continuing Professional Development standards would renew confidence in a profession where trust has been eroded.*
- 49 *The remuneration structure for dentists should ensure that they are not incentivised away from doing NHS work or more complex treatments, and are adequately rewarded for the quality of the work they do. Perhaps there are potential benefits of exploiting the NHS brand - such as joint purchasing power for equipment - which would make NHS work more attractive to NHS dentists.*

- 50 *The Decennial Adult Dental Health Survey should be utilised to identify any trends in oral health relating to the types of treatments patients are given. This could be benchmarked against international data to get a picture of how trends in England compare to elsewhere - and where, if at all, they fall short against international best practice.*
- 51 *User-generated content giving feedback around hospital experiences has been available for some time from NHS Choices. The Review team should consider whether and how a similar system could be appropriate for dentistry. Done well, this would ensure that consumer voices are heard, that good practice is publicised and recognised, and that patients have a middle route between no action and a formal complaint to identify poor practice and inform the PCT of it. In addition, it could help consumers feel more empowered to ‘shop around’ for good treatment - we found that word of mouth is the main and most valued source of new dentists currently.*

Achieving good oral health

Messages around the importance of good daily oral hygiene habits (and what they are) and the importance of regular dental checks are not reaching all those who need to understand them. A significant minority of the population have not been to the dentist in the last two years and around a third only want to go when they have a problem. Not enough of those who did visit an NHS dentist got preventive advice.

- 52 16 per cent of our survey sample had not been to the dentist in the last two years. When asked why they had not been, we were not surprised to find that various ‘cost’ and ‘access’ issues were a significant part of the story. But equally important, and the single main reason given for non-attendance (cited by 20 per cent of them) was dislike of dentists. Furthermore, around a third of respondents (32 per cent) agreed that ‘I only want to go to the dentist if I have a problem with my teeth.’ These people do not appear to be even getting as far as thinking about trying to get regular check-ups.
- 53 Those who had not visited any dentist in the last two years were most likely to agree that dental treatment on the NHS is too expensive (67 per cent compared to 51 per cent of those who had visited the dentist in the last two years), which tallies with our finding that perceived cost may be dissuading some non-attenders. And they were more likely to agree that the credit crunch has made them less likely to visit the dentist (54 per cent compared to three 25 per cent of those who had visited the dentist in the last two years).

- 54 Only 57 per cent of NHS patients remembered being given preventive advice about oral health when they last visited the dentist.

Recommendations

- 55 *The government must define what the ideal level of attendance for regular dental check-ups is, taking into account the full cost implications for the NHS, such as early signs of mouth cancer and heart disease not being picked up. Only then will it be possible to make appropriate judgements about where to target incentives and services.*
- 56 *People who do not attend the dentist regularly risk missing out on early identification of problems and preventive oral healthcare information - from day-to-day guidance on teeth cleaning to more specialised advice on oral hygiene and disease. And we found that even those who do attend are not necessarily receiving appropriate guidance. A major public health campaign, well targeted and reinforced at all major points of entry to the health service, could produce real benefits for people's health, and benefit the NHS's bottom line. Better oral hygiene and early pick-up of problems would lead to less money being spent on expensive, complex treatments for dental problems and other conditions that have reached an advanced stage. For example, everyday guidance could be communicated in the style of the 'Five a Day' healthy eating campaign.*
- 57 *In terms of persuading those who do not want to go, targeted messages may help. For younger people, this may involve more flexible ways to book appointments. For the less well-off, messages about the value for money (and potential saving if problems are tackled early) may be more appropriate. Those who have dental phobias must be made aware that support is available, and signposted to it.*
- 58 *Oral health campaigns in schools would help establish good oral health habits in children.*
- 59 *Other health providers could take a role. For example, recommending dental attendance in Medicines Use Reviews and GP appointments.*

- 60 *The message that attending a dentist is important has not reached some consumers. We suggest that PCTs send two-yearly reminders - in the same way it does for public health screenings - to residents. This would prompt those who 'have not got round to it', reinforce dentistry as part of the PCT remit, and perhaps result in more accurate estimates of unmet need.*
- 61 *The posters and leaflets advertising the PCT's 'find a dentist' number that we recommend for GP surgeries and pharmacists could also contain information about the importance of seeing a dentist regularly and tips on oral hygiene*
- 62 *Part of the NHS 'deal' should be that individual preventive advice is routinely offered by dentists to their patients. This could be written into contracts.*

Background: Patterns of visiting the dentist and reasons for doing so

- 63 Four in five adults said they had visited a dentist in the last two years. 52 per cent said they had visited a dentist in the last six months - with only 1 per cent saying that they had never been.
- 64 Two in three (68 per cent) of those people who told us they had sought an NHS appointment in the past two years had wanted a routine check-up, 19 per cent wanted non-emergency treatment, and 12 per cent wanted emergency treatment.
- 65 Of those who had actually visited a dentist (private or NHS) in the last two years, more than three in five respondents (64 per cent) told us that their last visit had been for a check-up. Older respondents were more likely to have received major dental treatment (11 per cent compared to only 6 per cent of those under 45), perhaps a factor of their oral health needs increasing with age. Visits to the hygienist were much more likely for private patients (23 per cent) and those getting mixed care (22 per cent) than NHS patients (8 per cent).

Which? Research Findings in Full

Access

Access overall is actually fairly good but finding a new dentist can be hard, especially in rural areas.

- 66 Our survey results suggest that access overall is actually fairly good, but the stories we have collected indicate that the minority who cannot access NHS services are severely affected. Those who need to find a new dentist in rural areas are more likely to find it difficult. Problems that exist are acute and localised, and must be fixed, whether the issue is an actual lack of local NHS dentists or simply a failure to route people to them.
- 67 The problems must be fixed not only because they cause severe detriment to those affected, but also because this actually relatively small issue is skewing the whole debate about NHS dentistry. Media coverage of access problems has fuelled negative perceptions of the NHS. As a result, the debate has concentrated on whether NHS dentistry is viable rather than how it can work better for everyone.
- 68 In our situation research, only 42 per cent of NHS dentists contacted were unconditionally accepting new adult NHS patients, although an additional 1 per cent would give an initial appointment after which a decision would be taken. This shows a small increase from similar research in 2006, growing 6 per cent from 36 per cent then, although the comparison is not perfect as there was not a 'waiting list' option. Our situation research could not tell us what the unmet need for dentists might be in these areas, but it did serve as a guide to how easy - or difficult - it would be to find a new dentist if you did need one.
- 69 Around nine in ten (88 per cent) of our survey respondents who had tried to make an NHS appointment were successful, with relatively little regional difference. As most people who were successful made an appointment with their existing dentist, we were unable to look at any regional differences in finding a new dentist due to insufficient sample size. Our situation research did find wide variation in the number of dentists taking on new NHS patients. The average was 42 per cent, with 78

per cent in the West Midlands open for new NHS business but only 12 per cent in Yorkshire and the Humber.

- 70 One consumer who contacted us demonstrated the impact that living in a 'dental desert' can have:

"There are no NHS dentists where we live... If the news is to be believed constant stories of 100+ queues outside new dentists are common... I cannot afford to go to a dentist as I am aware that I have other cavities and the dentist will want to treat them as well leaving me with a massive bill. So I just live in the hope that the pain won't get worse. I am stunned that the government still thinks there is no problem; they clearly are not living in the same country as me."

When asked for their recommendation to improve the situation, this person responded:

"Make it free at the point of need, isn't that what the NHS is supposed to do?"

- 71 As our situation research identified, 57 per cent of dental practices across England were not taking on new adult patients. Those who would only take certain types of patient were mainly taking on children - in four in five cases (78 per cent) - or adults on benefits only in one in four cases (27 per cent). Only one practice offered to take the caller but not their child, and over half of those who would not take an adult on the NHS (55 per cent) would take a child. This figure seems surprisingly high given that the Department of Health has stated that child-only contracts for dentists are 'undesirable' and should be 'managed out'.⁴
- 72 In four in five cases (80 per cent) of dentists who did offer an appointment it was available within two weeks - with 53 per cent of all offered within seven days. Two in three surgeries (65 per cent) not taking on NHS patients could offer a private appointment within two weeks, but 23 per cent of them were not taking on private patients either. Trust between patients and dentists may

⁴ Department of Health (2008) *Government response to the Health Select Committee Report on Dental Services* (London: TSO)

p.11<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088955> [accessed 10 March 2009]

be eroded if patients are being told that NHS dentists are not open for new NHS patients, but will accept private ones, without a transparent explanation of why this is.

- 73** Our situation researchers found no evidence of NHS appointment times being limited to certain times of day. First and last appointment times volunteered varied widely, with the most frequently mentioned first appointment time being 9am (54 per cent) and the most frequently mentioned last appointment time being 5pm (24 per cent). Appointment times not only varied between practices but were also complicated by the fact that they sometimes varied within a practice throughout the week - for example due to late evening opening or half days. Situation researchers asked between what times they could get an NHS appointment, so our research would not have shown up practices which may, for example, offer only private patients evening appointments.
- 74** Around nine in ten (88 per cent) of our survey respondents who had tried to make an NHS appointment were successful, with relatively little regional difference. As most people who were successful made an appointment with their existing dentist, due to insufficient sample size we were unable to look at any regional differences in finding a new dentist. Our situation research did wide variation in number of dentists taking on new NHS patients. The average was 42 per cent, with 78 per cent in the West Midlands open for new NHS business but only 12 per cent in Yorkshire and the Humber.
- 75** However, most people who had been successful in making an NHS appointment (84 per cent) had made one with their existing dentist, where the relationship is presumably well-established. If new NHS dentists can be as hard to find as our situation research suggests, then the fate of those who have lost access to their usual dentist - for example if they go private or retire - and those who have never gained access to the system, is a cause for concern. Young people, for example, may have less settled lifestyles - such as moving away from the family home for the first time - which increases their likelihood of either not forming that relationship with a dentist in the first place or of it being ruptured.
- 76** When we looked at respondents who did not already have their own dentist, they were more likely to have made their last NHS appointment for non-emergency treatment (25 per cent) or emergency treatment (22 per cent) than those who do have an existing dentist (17 per cent non emergency, 10

per cent emergency), and we found that emergency treatment could be more difficult to access. Those who did not have an existing dentist and wanted emergency treatment were more likely than those wanting non-emergency treatment to have to make 5 or more attempts to make an appointment (17 per cent of those wanting emergency treatment compared to 3 per cent of those wanting non-emergency treatment). This may reflect the fact that they were looking for appointments as soon as possible, or that they were seeking urgent care out-of-hours. There was no significant difference between those seeking emergency treatment and those seeking a routine check-up.

- 77 People in rural areas were more likely than those in urban areas to have been to the dentist in the past six months and the past two years - which is likely to be explained by their demographic profile. However, when we looked at rural respondents who had been successful in making an NHS appointment and excluded those who already had their own dentist, we found that they had to make more effort to get an appointment, although the numbers were small. People without a dentist in rural or fringe areas were less likely to be able to make an appointment with the first dentist they called (44 per cent compared to 65 per cent urban) and were therefore more likely to have made multiple attempts to find one (56 per cent compared to 35 per cent urban).
- 78 This is in line with our situation research finding that fewer dentists were open for new business in rural areas and reflected by the fact that consumers who lived in rural or fringe areas were more likely than those in urban areas to say that their main reason for getting private treatment was that they couldn't find an NHS dentist in their area (28 per cent compared to 20 per cent of urban residents). Unsurprisingly, rural residents were also more likely than urban residents to have travelled for more than an hour for their last dental appointment (5 per cent compared to 2 per cent urban and fringe), and to have paid for their travel (90 per cent rural compared to 63 per cent urban). Access problems are particularly acute for those in rural areas who have to find a new dentist.
- 79 Some consumers had gone to extreme lengths in order to secure NHS dentistry:

“Our dentist went private so we had difficulty finding a NHS one (with help from our MP), but our teeth suffered due to poor dentistry and three had to come out. We’ve found another NHS dentist now, thank goodness.”

- 80** Although according to one consumer who contacted us, perseverance was rewarded in the end:

“When my NHS dentist retired in May 2007, it took me 20 months and two waiting lists to find a new NHS dentist...but it was worth the wait.”

- 81** If the government believes it is important for the nation’s oral and wider health that more people go to the dentist regularly, it is unreasonable to expect consumers to go to such lengths to secure appointments and treatment, especially when others do have the benefit of accessible provision:

“By this time I’d moved, and it took me no more than five minutes to find an NHS dentist near by - a quick search online, and one phone call to my nearest surgery, which fitted me in at 9am the very next day. I’ve been twice since; the service has been fine and seems very good value at £16 for a check-up.”

- 82** For the one in ten who did not manage to make an NHS appointment when they tried, the main recourse was private care - with 44 per cent of them making use of that option. This reinforces the finding that private care is not always a free choice, but instead a ‘forced’ choice in light of no viable alternative.

- 83** Worryingly, around three in ten (31 per cent) of those who did not manage to make an NHS appointment went without, whereas 3 per cent went to Accident and Emergency.

- 84** Our results suggest not that access to NHS dentistry is a massive problem across the board, but that for that substantial minority who do find themselves outside the system, the risk of detriment is acute. Of the 16 per cent of all respondents who had not visited the dentist at all in the last two years, around three in ten (31 per cent) gave ‘I’ve looked for an NHS dentist in my area but I couldn’t find one’ as one of their reasons for not attending.

- 85** Word of mouth was the main and most valued source of new NHS dentists according to our survey, with 40 per cent of those seeking a new one relying on it and finding it useful. The top five information sources were:

- > Word of mouth (40 per cent)
- > NHS Direct (32 per cent)
- > Telephone directories (23 per cent)

- > Local NHS helpline (14 per cent)
- > NHS Choices (5 per cent)

86 Everyone who had used word of mouth had found it useful, although figures were high for the other sources too - 90 per cent had found a telephone directory helpful, 89 per cent had found the local NHS helpline helpful, and 89 per cent had found NHS Direct helpful. Several consumers who contacted us also mentioned their successful navigation of online sources, with this person demonstrating the belief that a good experience must be 'lucky':

"I am retired and have a choice of two forms of NHS dentists and one semi-private. I attend my usual local NHS dentist recently. I go two times per year or can get emergency treatment on the day of asking. Routine visit, inspection, scale and polish, several non-urgent possibilities offered, i.e. a few tooth deteriorations. I had a plate fitted recently: paid by Debit card, no long wait, out in about half an hour. I'm lucky."

There was limited evidence of PCTs making efforts to target local populations with information about dental services - around one in ten respondents (11 per cent) in England remembered receiving such information during the last six months, in the form of mail drops, local newspaper articles, articles in council newspapers and other sources. Those aged under 45 were more likely to remember receiving a mail drop (8 per cent) than those aged 45 and over (4 per cent). Black and Asian adults were also more likely to remember receiving a mail drop (14 per cent of black respondents compared to 9 per cent of Asian respondents and 5 per cent of white respondents), and mail drop recall was higher (7 per cent) in London than elsewhere (5 per cent) - which perhaps explains why more younger people and people from minority ethnic backgrounds remembered receiving it.

87 This consumer told us about a really positive experience of joined-up healthcare provision:

"Fortunately, our local Primary Care Trust runs a system for finding patients an NHS dentist. There was a poster up in our local GP surgery telling us who to contact and we applied accordingly. After only a couple of weeks we had letters from the dental surgery that had been found for us, offering us appointments to register and have an examination."

88 Whereas this one told us about an occasion where communication between PCT and patient had failed horribly:

“On registering with the dentist (all of the family) I was told that we had been allocated to them in February 2007 (13 months prior!) So we had been using emergency dentists when we were actually allocated to a local one but no-one had bothered to notify me! They had my mobile phone number, home phone number and contact numbers for my three sons but had not bothered to contact any of us to let us know!”

89 Dental surgeries are not effective enough at signposting patients to other sources of help, with around three in ten (31 per cent) giving nothing but the most minimal assistance to callers who could not be taken on as NHS patients, and 32 per cent suggesting another practice, which may or may not have been useful.

90 Around a third of those who could not take the situation researcher on as an NHS patient (32 per cent) suggested another practice, 28 per cent suggested NHS Direct, and 14 per cent suggested ringing the local PCT. However, 18 per cent only gave advice such as going through the phone book or ringing around, and 13 per cent gave no advice at all. This represents a potentially wasted opportunity to educate the public about how to navigate the system, and, crucially, to engage them in that system.

91 Consumers who contacted us also told us about long waiting lists and frustrating issues with poor communication from local health providers:

“I recently managed to find myself a dentist by chance, after almost five years waiting and ringing (every month) NHS Direct or the primary care trust. After hearing the same words from NHS Direct and the primary care trust about waiting lists etc I thought that every time I rang I was getting pushed to the back of the waiting list and this was the reason I couldn’t get anywhere... I didn’t smile for five years had no confidence wouldn’t talk to anyone I didn’t have to in case they could see my missing and broken teeth, I won’t say it ruined my life but it in no way made it easier and my dentist has told me that there is thousands in my town just like me.”

“You could say I am one of the lucky people to be on a list...”

92 The danger of relying on word of mouth is that it relies on patients speaking to other patients in their community who know of or are treated by NHS dentists - this approach may not be useful in areas of historically poor provision, or where populations are more mobile. Encouragingly, where

official sources are used they are often useful - but the challenge is to make everyone who needs to make a dental appointment aware of their existence.

Attitudes to NHS Dentistry

A perception persists that accessing NHS care is not easy, and the quality is not good. This does not reflect people's actual experience.

- 93** There seems to be a general perception, well-illustrated in our case studies that getting good NHS treatment is the exception not the rule, yet our survey told us that the reality was that around two in three adults (68 per cent) had attempted to make an NHS appointment in the last two years, and around nine in ten (88 per cent) of those had been able to do so.
- 94** A majority of people want to access dental treatment on the NHS, and most succeed in getting it - yet 27 per cent of those who had not been to the dentist in the last two years told us that one of their reasons for not going was that they had heard it was difficult to find an NHS dentist so had not looked. The focus on access may also lead consumers to put up with poor treatment, as they do not feel they have the option to seek another dentist - hence there is a negative effect on the market. Publicly fixing the remaining access problems would help stem the widely-held perception that access to NHS treatment is difficult, and help stop the debate about whether NHS dentistry is viable at all.
- 95** Women were more likely to have tried to make an NHS appointment than men (74 per cent compared with 62 per cent men). Adults without children were more likely to have tried to make an NHS appointment in the last two years than those who had children (74 per cent as opposed to 67 per cent), which suggests that having children does not in itself increase the likelihood that adults will access NHS dentistry.
- 96** Women (71 per cent) were also more likely than men (65 per cent) to have actually been NHS patients when they last visited the dentist, which again may reflect their increased opportunities as a group to access NHS services. Respondents from social groups C2DE were also more likely to have been NHS patients, with 75 per cent compared to 64 per cent of those from social groups ABC1. Evidently, there is still high demand for NHS dental services amongst financially better-off groups as well as those who are less well-off.

97 When asked to describe their most recent dental appointment, two in three adults (68 per cent) had last received NHS care and three in four (75 per cent) had received at least partly NHS care. In contrast, a quarter (24 per cent) had been private patients, with 30 per cent getting at least partly private care. While a substantial minority of respondents had accessed at least partly private care, relatively few of them had made a choice to do so based on its intrinsic merits.

98 When we sought stories from consumers via our website and our membership, this support for NHS dental services was reiterated, although it was often expressed in terms of feeling ‘lucky’ to have an NHS dentist or good treatment - suggesting a widely held perception that such experience is the exception rather than the rule:

“We consider that we are very lucky to have excellent treatment on the NHS.”

“Well I may be one of a few but I can honestly say that when we first moved to Cheshire and I needed a dentist badly, I found an NHS through the Yellow Pages, who was absolutely great (if you can say that about going to the dentist). Now we have moved to Kettering and walking down the main street saw a dentist advertised and they too are absolutely great. They’re also NHS so I consider myself very lucky, I do go regularly every six months so they need to be good.”

99 There is little positive demand for private dentistry. Only 8 per cent of those who had last been private patients stated that their main reason for doing so was ‘I think I get better treatment from a private dentist than from an NHS dentist’. And satisfaction levels with private and NHS dentistry were very similar.

100 Of those who have been to the dentist in the last two years (82 per cent of the whole sample polled), a quarter (24 per cent) went private at their last appointment. Their main reasons for doing so were:

- > ‘I stayed with my dentist when they changed from NHS to private’ (27 per cent)
- > ‘I couldn’t find an NHS dentist that would take me on’ (25 per cent)
- > ‘I couldn’t get the treatment I needed on the NHS’ (11 per cent)
- > ‘I have dental insurance or belong to a dental scheme like Denplan’ (11 per cent)

101 As far as other ‘main’ reasons were concerned, 5 per cent said ‘I think private dentists are more convenient’ and 4 per cent said ‘I had more control over my treatment.’

102 This person, for example, felt ‘pushed’ into private treatment and on to a dental plan:

“About 18 months ago, our new dentist announced that he was also going private, citing the conditions of the NHS contract as his reason. As we knew that there was little chance of us finding another dental practice in the area that would accept us as NHS patients, we signed up to Denplan, the scheme that was suggested by our dentist, at a monthly cost of over £35. We are both pensioners and resented having to sign up to Denplan. Interestingly though we now think that it is costing us no more that when we were NHS patients as we used to always have to pay something every time we visited the dentist.”

103 Whereas this consumer accepted private treatment as a condition of their children getting NHS treatment:

“In order for my two children to continue as NHS patients with their current dentist I had to register as a private patient on a monthly dental plan...There is no such thing as free dentistry any more- why doesn’t the NHS let us all take out dental plans and give us tax relief on this.”

104 Others had been put off NHS treatment by bad publicity about the state of NHS dentistry:

“In the light of stories about NHS treatment being sometimes compromised to maximise the profits we opted for Tesco’s dental plan...”

105 Some felt cheated by what they saw as a government failure to provide them with the services they needed, with older people particularly annoyed:

“It seems to me that if I had known when I was younger that the State had no intention of ensuring availability of NHS dentistry, I could have started an insurance or other financial plan. What is really unacceptable is the NHS system failing to get sufficient resources after I’m old and my teeth have become uninsurable!”

- 106** One consumer told us that the advantage of private dentistry over NHS provision was that:
- “You are treated much more like a valued customer.”*
- 107** As far as main reasons for choosing private treatment were concerned, older patients seem to be more driven by familiarity, as they were more likely to rate staying with their dentist when they go private (34 per cent of those aged over 45 compared to 16 per cent of those aged under 45). Younger patients were more driven by convenience (9 per cent of those aged under 45 compared to 3 per cent of over 45s) and ability of private dentists to provide flexible appointment times (5 per cent of those aged under 45 compared to 1 per cent of those aged over 45).
- 108** Men seemed to struggle more to find an NHS dentist that would take them on (30 per cent of males compared to 21 per cent of females).
- 109** When asked to list 'all reasons' for going private, responses followed the same pattern, with a similar pattern of differences between subgroups being reproduced:
- > 'I stayed with my dentist when they changed from NHS to private' (50 per cent)
 - > 'I couldn't find an NHS dentist in my area that would take me on' (50 per cent)
 - > 'I couldn't get the treatment I needed on the NHS' (38 per cent)
 - > 'I have dental insurance or belong to a dental scheme like Denplan' (36 per cent)
 - > 'I think I get better treatment from a private dentist than an NHS dentist' (35 per cent)
- 110** Not only do people use NHS dentistry, they support it. Reported behaviour reflects attitudinal statements supporting the NHS, with 62 per cent of all respondents in England disagreeing with the statement that 'NHS dentistry should only be for people who cannot afford private care'.
- 111** Older people were more likely to disagree, with 66 per cent of them doing so compared to 55 per cent of those under 45. A number of those in the 45 and over group will have grown up with the NHS from its beginnings in 1948, which may explain their commitment to this concept - although many of them will

also have made tax and National Insurance contributions on the understanding that in return the health service would assist them when they needed it.

- 112** Respondents from social groups ABC1 (69 per cent) were also more likely to disagree than those from groups C2DE (50 per cent). One possible explanation for this is that at the moment they may feel more vulnerable to being ‘forced’ into private dentistry. Across the UK nations, the Scottish were most likely to disagree with the notion that NHS dentistry should only be for those who cannot afford private care, with 73 per cent disagreeing compared with 52 per cent in Wales.
- 113** The survey also gauged attitudes as to where the limits of NHS dentistry should be in terms of the types of treatment provision. We were interested to find out what relative values consumers put on NHS treatment being universal - i.e. accessible to all - relative to its being comprehensive - i.e. not necessarily accessible to all but providing a full range of dental treatments to those who were eligible.
- 114** **Almost half of adults in England (46 per cent) agree that the NHS should not offer cosmetic treatments such as whitening, but more work would be needed to define exactly what treatments people think should and should not be available on the NHS.**
- 115** When asked the extent to which they agreed with the statement ‘the NHS should not offer cosmetic treatments e.g. whitening’, nearly half of adults in England agreed, suggesting that whilst there is wide public support for universal provision of NHS services this does not translate into an expectation that the full range of dental treatments will be available on the NHS. This was consistent across all four UK nations. Private patients (60 per cent) were more likely to agree than NHS patients (41 per cent). One consumer who contacted us illustrated the unclear boundary between ‘cosmetic’ dentistry and that solely for oral health:
- “I would still say that the balance between what is needed and what is cosmetic is blurred.”*
- 116** Around a third of respondents (34 per cent) thought that teeth whitening should be covered by the NHS, so the verdict was by no means unanimous. There is certainly room for more work in determining exactly what consumers view as ‘cosmetic treatments’, and where their place might be in the NHS

system. Furthermore, whilst tooth whitening is a cosmetic treatment per se, we may not have got the same answer had we asked whether a more controversial treatment such as white fillings should be available on the NHS.

Quality, value and trust

The picture initially looks positive but the lack of clarity around the service level consumers should receive and the price they should pay leads to confusion and mistrust of dental services. Consumers also told us of their suspicions that ‘gaming’ was taking place within the system.

- 117 Although it is difficult for consumers to judge the quality of their dental treatment, in the same way as it is difficult for non-experts to judge the quality of any expert work, our survey found that people are generally satisfied with the quality of both NHS and private care. 86 per cent of those receiving NHS care were very or fairly satisfied with their last treatment, compared to 88 per cent of those last receiving private care. Mixed care gets a lower satisfaction rating, with 77 per cent.
- 118 Perhaps the lower scores for mixed care reflect cost confusion at the boundary of NHS and private provision. One consumer who contacted us was extremely pleased with the value and comprehensiveness of their NHS care:
- “After two visits I had had an inspection of my teeth, x-rays of my whole mouth (to be discussed at my next visit), the extraction and a cleaning up of my teeth at a cost of £44 (NHS) - very acceptable.”*
- 119 Of those who had last had private treatment, 8 per cent told us that their main reason for doing so was that they thought the quality of the treatment would be better than on the NHS, with over a third (35 per cent) giving it as one of all their reasons. Given the latter finding, the satisfaction rates in our survey for those who had actually had NHS or private care were surprisingly similar. But some of the consumers who contacted us disagreed:
- “I feel if that if you have an NHS dentist you get a second class service. We cannot afford to go private so we have no choice. At the moment I suppose we should count ourselves lucky we still have a local dentist.”*

- 120** Those receiving emergency treatment (either private or on the NHS) were less satisfied than others, with 79 per cent generally satisfied compared to 87 per cent of others. This gap may illustrate that those seeking emergency treatment are more likely to be in pain and less likely to get a simple solution to their problem than those seeking a check-up or a routine treatment, rather than showing that the emergency treatment itself was of poorer clinical quality.
- 121** If important measures of the quality of the dental service are to include whether dental practices are adhering to guidance on providing preventive tooth care advice and discussing a suitable recall period with patients, our results suggest that quality of appointment is low in too many cases. However, reported satisfaction with quality is high, which prompts us to consider the inexpert position in which consumers are placed when accessing oral healthcare. How is a consumer to judge what constitutes good quality dental treatment, aside from very basic measures of accessibility and freedom from pain and disease?
- 122** Satisfaction with value for money, while reasonable, is significantly lower than satisfaction with quality. Those who last visited an NHS dentist within the last two years are generally happy with the value for money, with 67 per cent rating it as excellent or good. In comparison, 60 per cent of those who last received mixed care stated that it was excellent or good, and 63 per cent rated their private care as excellent or good value for money.
- 123** NHS patients were more likely to feel their treatment was excellent value for money, with 35 per cent giving this rating compared to 25 per cent of those who went private and 24 per cent of those who had mixed care. It seems that those who have actually used NHS treatment - as opposed to those who have been put off by perceived high treatment costs - do rate its value for money. However, around one in ten (9 per cent) rated NHS treatment they had received as poor value for money, with this consumer contacting us to give their thoughts on this and their concerns for the future:

“I am often surprised at how expensive NHS treatments are. Whilst I am still working this is OK, but as a pensioner (in a couple of years) I will struggle to maintain a good level of dental health as my teeth have had a considerable amount of treatment over the past years and maintaining this is going to be expensive.”

- 124 NHS patients' view of the value for money of their last treatment did not vary enormously according to the type of treatment they received - opinions were instead divided.
- 125 More than a third of our respondents (35 per cent) had qualified for free or subsidised treatment last time they visited the dentist, and four in five of those (81 per cent) found it easy to get their financial assistance - although our survey did not pick up those who are still not aware that they qualify.
- 126 **Only 46 per cent who paid for NHS treatment said they had the charges explained to them before treatment began, and only a third of all NHS patients (33 per cent) said they were given a treatment plan.**
- 127 The reasonable satisfaction with NHS value for money - yet continuing suspicion that NHS prices are too high - could in part be explained by the fact that many consumers are still being treated whilst not in possession of the full breakdown of their treatment costs. Only two in five people (43 per cent) remembered seeing dental charges displayed at the dental practice they attended for their last treatment, with a third (34 per cent) saying they were not displayed and a quarter (24 per cent) unable to remember. More than three in five NHS patients (61 per cent) who remembered had seen dental charges displayed at their practice. This was higher than for those who had private care (41 per cent).
- 128 Around two in five (46 per cent) of those paying for NHS treatment said they were told the cost prior to treatment commencing. Only a third (33 per cent) of all NHS patients said they were given a treatment plan. These figures are very low considering that in other transactions it is generally assumed that the consumer will know in advance what they are paying for, and that part of the rationale behind the Bands was that charges would be more transparent to patients.
- 129 Dental charges were more likely to be displayed for NHS care (61 per cent) and mixed care (55 per cent) than for private care (41 per cent), but there is room for improvement in all three sectors in ensuring that costs are transparent and, crucially, comparable. The lack of a recommended scale of charges for private patients may leave them particularly liable to confusion:

“I was an NHS patient, but the senior practitioner only catered for private patients and the surgeon I saw was sub standard so I was almost forced to go private. I have found a good alternative private dental surgeon nearby and he is very good, he is also very expensive. Is there any code of practise for private dental surgeons, the surgeon I see does not have a published price list. Is there something in place that says he should have a price list?”

- 130** Patients who did pay for their treatment were more likely to be told the cost before treatment for mixed care (60 per cent) and private care (55 per cent) than for NHS care (46 per cent). Similarly, people were more likely to be given a treatment plan for mixed care (54 per cent) and private care (40 per cent) than for NHS care (33 per cent).
- 131** Around two in three dental patients (65 per cent) agreed that they understood exactly what they were paying for last time they visited the dentist. Private patients (71 per cent compared to 64 per cent of NHS patients) are more likely to understand exactly what they are paying for. As part of the rationale for introducing the three NHS treatment Bands was to ensure that consumers know what they were paying for, the NHS should strive to improve this performance.
- 132** Further insight comes from our case studies. Although our situation research found that dentists’ receptionists know the prices of the NHS treatment Bands, there are signs from the case studies we collected of variation in the way that NHS dentist interpret treatments provided within each Band and the crossover between NHS and private treatment. Many of the people who contacted us did not seem to feel that they were given a meaningful choice or options over what treatment they were given. Others felt that they had paid more than they expected, or paid multiple charges that should have been included in a single charge. Making both the actual operation of, and the cost of, NHS dentistry consistent and transparent must be a priority.
- 133** Practically all surgeries taking on NHS patients who were contacted during our situation research correctly gave the cost of £16.20 for a check-up, suggesting that such information is available when solicited. In addition, four in five dentists (82 per cent) who were taking on NHS patients would definitely offer a crown on the NHS - with a further 15 per cent of cases where the caller was told ‘it depends’, and in practically all cases the correct standard price of £198 was quoted.

- 134 Dental patients may suspect that NHS dentists will under-treat them to save money and time, whereas private ones will over-treat for profit. As the consumer by definition lacks the clinical knowledge to make judgements unless the case is very clean-cut, it is hardly surprising that they come to disillusioned conclusions:

“My NHS dentist told me that I needed treatment for gum disease to prevent bone loss. He told me that the treatment was not available on the NHS and referred me to a private dentist who charged me £90 for a 20 minute examination and told me that the treatment would cost £1,000. I found out that any essential treatment must be provided by the NHS and could be done in the local dental hospital. I asked my dentist to refer me there and after some prompting he did so. The treatment was done promptly and effectively. I made a formal complaint that I had not been told that the treatment was available on the NHS, and asked whether the dentist had a duty to do so. I got an evasive reply.”

“An NHS dentist couldn’t be bothered to do the work so told me that it didn’t need doing. They get the same amount of money whether they do one filling or 25 fillings. I thought their main job was ‘preventative’ work.”

“I feel like they really rush my NHS check up and try to get me to pay for private appointments instead. E.g. they only do the most basic clean and recommend you see their hygienist for a private clean which costs £52!”

- 135 Theoretical access to NHS dentistry must therefore not be the sole measure of whether consumers are getting access to the right treatments. Consumers should know that the ‘deal’ offered by the local NHS dentist includes all NHS services:

136

“It is all very well seeing an NHS form that says root canal treatment etc is available but if your ‘NHS’ dentist doesn’t offer it you’re stuck with either paying out a lot of money, having the tooth removed or resorting to DIY. I wouldn’t be surprised if hospitals and doctors are now seeing more people with dental problems because of this.”

- 137 The fact that this patient found a treatment plan a ‘novelty’ lends weight to our suggestion that not enough NHS patients receive information about the cost and extent of their treatment before it begins:

“I was given a detailed treatment plan (a novelty), and the total cost of the initial consultation, x-rays and all treatment to make me dentally fit is approximately £500, which compares well with what I would have paid had I agreed to my NHS dentist’s recommendations. I am free to discuss anything with the private dentist regarding the recommended treatment, and it is entirely up to me at what pace this is undertaken.”

Others felt that NHS dentists were making the most of opportunities to perform private treatment, with this person saying that if they could do one thing to improve dentistry it would be to:

“Provide more NHS dentists who don’t try to cross-sell expensive private treatments.”

- 138** Other consumers had poor experiences of dental practice policies with regards to private and NHS patients, and felt caught in the middle of an argument between dentists and the government:

“I signed up with a newly opened dental practice after a while they decided they were only doing private patients, so my options were to leave or join their scheme at a cost of £9 per month and pay extortionate prices for treatment, this year a filling dropped out, so I visited, had it replace for a mere £95 and was told I needed one more! So I decided to ring the government line advising who was taking on NHS patient in my area, guess who was taking on, you guessed it my dentist! So I rang and asked to be returned to the NHS, at which point they said no problem, it would cost me £17 to re register for the NHS! Needless to say I have found another dentist. I don’t know why the dentists are having a problem with the NHS, but whatever it is please ask the government to sort it out, people are very obviously suffering both physically and financially.”

- 139** Other consumers had more positive tales to tell:

“I don’t feel that I’ve ever been asked to have any work that was not needed, so I am totally satisfied.”

- 140** Some dentists seemed to be maximising their profits at expense to consumers by utilising the recall system:

“Last year during my normal check-up the dentist told me that I needed a filling renewed; I had had no problems but he is the dentist! I went out to reception and booked the appointment and paid the £19. This is what has happened in the past the check-up and the return appointment included in this one charge. Unfortunately what he had not told me that the NHS has now changed and on the return appointment I was told that there would be a further payment of £42. I nearly passed out when I was told this, I could not afford it and had I been informed at the check-up about how much it would be I would have said that I could not afford it and taken my chances by leaving it and trying to save for the next check-up.”

141 Or doing less work on exempt patients:

“I have visited the same dental surgery for several years on a six monthly basis, each time I visit I was told, I needed my teeth cleaning and having to pay an extra charge. Eighteen months ago I started to receive Working Tax Credit. This allows me free dental treatment. On the three visits I have made since then, my teeth have not needed to be cleaned. I have not changed the way I clean my teeth, so obviously when you get free treatment the condition of your teeth improve! I would therefore recommend that everyone apply for W.T.C. to improve the condition of their teeth.”

142 One consumer who wrote to us felt that low provision and a lack of competition in their local area had resulting in dentists:

“Being able to charge whatever they can get away with.”

There was a particular lack of clarity over what should be included in an NHS check-up, increasing suspicion that consumers were being ripped off, and not getting value for money:

“This dentist is unwilling to carry out the scale and polish which is listed in NHS literature as being part of the Band 1 treatment at £16.20. Instead, we are advised to visit the hygienist privately at a cost of £36. We question the correctness of this; surely such a referral implies that scale and polish is needed and these should be carried out without us incurring additional expenditure.”

143 Several were concerned that dentists were ‘gaming’ the system by doing less work for their fee than they had in the past:

“While I consider the charge is quite fair for a six monthly check-up dentists don’t always carry out what that charge covers. In the past they have always cleaned and polished my teeth as this is included in the fee. They don’t seem to do this anymore as a matter of routine but should one request it one gets a strange look! If they are not going to carry this out then the fee should be reduced.”

- 144 This person certainly found it hard to access urgent care on the NHS, but was able to get what they needed privately at the same dentist, for a high cost:

“I recently experienced severe dental pain which left me in acute pain and unable to sleep at all over several nights in a row. My dentist told me I would have to wait for more than a week for the required treatment (root canal work) under the NHS, and was unwilling to prescribe stronger painkillers. I was advised to take paracetamol and ibuprofen which had no effect. In the end, I had to call my GP in order to obtain stronger painkillers. At the suggestion of NHS Direct, I telephoned my local community hospital, who told me they were unable to help, as I was already registered with a dentist. In the end, I agreed to private root canal treatment at the same practice, which cost several hundreds of pounds and was completed to a high standard.”

- 145 Some people who contacted us expressed their confusion, anger and frustration about the difficulty in accessing NHS services to which they felt entitled, especially as they appeared to be covered by the standard charges:

“There are specified patient charge for NHS patients, so bridges and crowns must be available somewhere. So the next search to find another dentist who not only does fillings as NHS work but also bridges etc. You just come out of the surgery feeling that somehow you are being ripped off/held to ransom for something that should be your right to receive. Something somewhere is wrong.”

- 146 The reality for some people may be that although NHS dental services are available, it is at the individual dentist’s discretion whether or not they offer NHS treatments. The greater range of treatments now available may also threaten the relationship of trust between dentist and patient, with the financial transaction coming to the fore for these consumers:

“It used to be that you would trust a dentist like a doctor to tell you what was wrong and what needed to be fixed to set things right. The current situation with dentists trying to sell you private treatment feels more like being sold a pair of shoes and then being persuaded to buy cleaning treatments that are not necessary.”

- 147** Over half of the total sample (54 per cent) agreed that NHS charges were too expensive, with NHS patients more likely to agree (57 per cent). These concerns are particularly significant for some, with three in ten people (30 per cent) saying the credit crunch has made them less likely to visit the dentist.
- 148** Further work is needed to explain whether this apparent contradiction - that treatment is good value but still too expensive - can be explained by the charging system for different types of treatment. There was no variation in opinion of the expense of NHS dentistry depending on what NHS treatment the respondent had.
- 149** Private patients were less likely to agree that NHS charges are too expensive (36 per cent), reflecting our finding that many of them may have opted for NHS treatment had they found it to be available. They may also feel that dental care is worth more outlay. In addition, there is a lack of clarity over the cost differential between private and NHS care, and some consumers may ‘risk’ slightly more expensive treatment for perceived better quality:
- “Although I resent having to pay, in fact the NHS conditions are so bad now that one has to pay quite a lot towards NHS treatment so that the difference is not that much; also, under the NHS dentists cannot always do what they think is needed”*
- 150** Younger people (51 per cent of those aged under 45 compared to 57 per cent of those aged 45 and above) and men (52 per cent compared to 56 per cent of women) were also less likely to agree that NHS charges were too expensive. English respondents seemed more concerned about the cost of NHS dentistry than other nations; in Scotland only four in ten (41 per cent) of respondents agreed that NHS charges were too expensive, compared to 54 per cent in England.

- 151** When we carried out a follow-up survey to look in more detail at perceived and actual cost, we found that there was low overall awareness of the actual costs attached to the three Bands of NHS dental charges. Respondents tended to overestimate the cost of the lower two Bands - the mean estimate for Band 1 was £33 compared to the actual price (at the time of the research) of £16.20, and the mean estimate for Band 2 (£44.60 at the time of the research) as was about £60. Despite these underestimates, 66 per cent felt that the Band 1 charge was 'about right' when they were told the correct amount, with 47 per cent thinking Band 2 was 'about right.' Significant minorities thought the actual charges were too expensive - 22 per cent for Band 1 and 44 per cent for Band 2. However, respondents underestimated the cost of Band 3 - a mean estimate of £181 compared to an actual cost of £198 - and as such 63 per cent said that this actual price was 'too expensive'.
- 152** They were then asked whether they would be willing to pay more for treatment if check-ups were free. 64 per cent told us they preferred the current system but a significant minority (26 per cent) supported this idea. 58 per cent of respondents said they would not be prepared to pay any more for Band 3 treatments if check-ups were free, compared to 49 per cent who would not be prepared to pay any more for Band 2 treatments if check-ups were free.
- 153** We asked whether the current financial crisis would have an impact on people's likelihood of visiting the dentist. Whilst three in ten (30 per cent) agreed that the credit crunch had made them less likely to visit the dentist, those most likely to agree were those who had in any case not visited the dentist in the last two years (44 per cent compared to a quarter (25 per cent) of those who had attended in the last two years). Younger people were also more likely to agree (37 per cent of those under-45 compared to 25 per cent of those aged 45 and above), as were Asian adults (41 per cent compared to 30 per cent of white adults).
- 154** Whilst there is clearly a possibility that a worsening economic situation may impact on general attendance rates, the figures for non-attenders and young people suggest that this effect will serve to reinforce existing behaviour among - and exacerbate the risks to oral health of - those who already do not go.
- 155** People value a regular six-monthly appointment, with 58 per cent agreeing slightly or strongly that they like to have one, but there is room for manoeuvre if dentists explain the rationale of different recall periods as

65 per cent are happy to follow their dentist's advice on how often they should have an appointment.

- 156** The 58 per cent who strongly or slightly agreed that they valued a regular six-monthly appointment outweighed the 32 per cent who said they only wished to go when they had a problem. As might be expected, regular 6 monthly appointments were much more popular with those who had actually visited a dentist in the last two years (68 per cent compared to only 13 per cent of those who had not been).
- 157** Although a high level of support was expressed for the traditional 6-monthly check up, our figures also suggested that patients could be flexible on their approach to this if the rationale of less frequent appointments was explained to them. Almost two thirds of respondents (65 per cent) agreed that 'I am happy to follow my dentist's advice on how often I should have an appointment'.
- 158** There are evidently segments of the population who value a traditional dental relationship but also a significant minority who do not, with 13 per cent disagreeing strongly or slightly that it was important for them to see the same dentist on each visit, and a third (33 per cent) agreeing slightly or strongly that they only want to go and see the dentist if they have a problem with their teeth. Targeting services, rather than offering a 'one size fits all' approach, might help ensure that all these segments get the kind of service they want. If this is unfeasible, more effective targeting and incentivising of these groups needs to take place.
- 159** Three in five people (62 per cent) think it's important that they see the same dentist each time, and are more likely to think so if they have attended in the last two years (67 per cent compared to 41 per cent who have not been).
- 160** Private patients (73 per cent compared to 65 per cent of NHS patients) were also more likely to think it's important that they see the same dentist each time, as were older people (65 per cent compared to 57 per cent of those aged under 45), and women (66 per cent compared to 56 per cent of men) Our figures suggest that at least some of those private patients would have been so loyal that they followed their dentist from the NHS.
- 161** One consumer listed for us the virtues of the 'perfect dentist', which he had believed he had found:

“I believe I have found the perfect dentist!

- 1. His work is excellent. He takes a lot of trouble to do a perfect job.*
- 2. He explains everything before he starts, and as he goes along, and what to expect next at every stage.*
- 3. Before I leave the surgery he explains exactly what to expect during recovery and asks me to call if recovery doesn't go to plan or if anything doesn't seem right. For some procedures (e.g. a root canal treatment or an extraction) he gives me an A4 sheet to take home with instructions, just in case I misunderstood or wasn't listening properly. As a result of these simple measures he takes all the anxiety and fear out of a visit to the dentist.”*

- 162** Clearly dentists who take the time and trouble to care for their patients as individuals can have an enormously positive effect on their patients. On the other hand, patients who had negative experiences were angry and upset at their treatment, asking for:

“Communication before treatment explaining process and generally being human not treating you as a slab of meat!!”

- 163** Our findings suggest a ‘virtuous circle’, whereby those who value regular dental appointments will also be those who are more likely, by virtue of their demographic, to have a regular dentist and an existing relationship of trust. Whereas those who have not attended for whatever reason, are younger, are men or are in different social groups are less likely to want to attend for regular check-ups and less likely to do so.
- 164** They are less likely to value their relationship with a particular dentist, but in the current system these factors increase their risk of not accessing suitable dental treatment. If regular checks are important, this needs to be communicated persuasively to consumers, perhaps by means of handouts at walk-in centres.
- 165** Consumers who responded to our survey or contacted us through their membership or our online area raised cost as an important issue, with regards to the cost of treatment and perceived value for money, but also the clarity of the cost they had been charged.
- 166** Patient trust is a valuable commodity, with some patients who contacted us travelling long distances to go to a dental professional they trust.

- 167 Consumers who contacted us independently demonstrated both the loyalty some patients feel to a trusted healthcare professional, and the sense of feeling that one is ‘lucky’ to get good NHS treatment:

“I am blessed with a dentist I have had for over 30 years and am increasingly worried about what I will do when he retires...I now drive nearly 30 miles each way to visit him (I moved - not him) and it is worth every mile.”

Achieving good oral health

Messages around the importance of good daily oral hygiene habits (and what they are) and the importance of regular dental checks are not reaching all those who need to understand them. A significant minority of the population have not been to the dentist in the last two years and a third only want to go when they have a problem. Not enough of those who did visit an NHS dentist got preventive advice.

- 168 16 per cent of our survey sample had not been to the dentist in the last two years. When asked why they had not been, we were not surprised to find that various ‘cost’ and ‘access’ issues were a significant part of the story. But equally important, and the single main reason given for non-attendance (cited by 20 per cent of them), was dislike of dentists. Furthermore, around a third of respondents (32 per cent) agreed that ‘I only want to go to the dentist if I have a problem with my teeth.’ These people do not appear to be even getting as far as thinking about trying to get regular check-ups.
- 169 Once remaining access issues have been dealt with as a matter of priority, some consumers may still not want to go to the dentist. We fear that this may have consequences for their oral health and mean that they do not receive the preventive healthcare the new system was intended to deliver. We are also concerned that the consequences of non-attenders may be increased costs for all consumers in the long run as patients may need more complex treatment than they would have had if problems were picked up early. We need more information on what the optimum level of attendance is.
- 170 Around one in six people (16 per cent) had not been to the dentist at all in the last two years. Those aged under 45 were less likely to have been to a dentist in the last six months, with 47 per cent saying they had compared with 56 per cent for those aged 45 and over. One reason may be an increased

likelihood that older people will have an ongoing relationship with a regular dentist, or a more settled lifestyle. Men are both less likely to have visited in the last two years (79 per cent compared to 85 per cent for women), and to have been more recently (49 per cent had been in the last six months compared with 55 per cent of women).

- 171** Those from social group C2DE are less likely to have been in the past two years (78 per cent compared with 84 per cent ABC1s). Black adults are also less likely to have been to the dentist in the last two years, with 74 per cent saying they have compared with 82 per cent of white adults, 84 per cent of Asian adults and 87 per cent from the 'other' group.
- 172** The response that 'I only want to go to the dentist if I have a problem with my teeth.' was prevalent amongst those not attending in the last two years (70 per cent compared to 24 per cent who had been), younger people (38 per cent compared to 28 per cent of those aged 45 over), men (37 per cent compared to 29 per cent of women), and those in social groups C2DE (35 per cent compared to 31 per cent of ABC1s and 50 per cent of Asian adults compared to 30 per cent of white adults). Just over half (52 per cent) of respondents disagreed with this statement - 34 per cent strongly - suggesting that several segmented groups with strong preferences exist. The Department of Health must decide how important it is to the health and wealth of the nation that dental attendance is increased, and incentivise these segments accordingly.
- 173** We asked all those people who had not visited a dentist for the last two years what their main reason was for not attending, and for all other reasons that applied. As many people (20 per cent) said their main reason for not attending was dislike of dentists as gave the following reasons combined:
- > 'I've looked for an NHS dentist in my area but been unable to find one' (9 per cent)
 - > 'I couldn't get an NHS dental appointment' (7 per cent)
 - > 'I heard it is difficult to find an NHS dentist so I haven't looked for one' (5 per cent)
- 174** Similarly, around one in five (20 per cent) said that they had not visited mainly due to cost reasons - either the cost of NHS dental treatment (12 per cent), the cost of private treatment (8 per cent) or the cost of travelling (1 per cent). It seems that mistrust and fear of the dental system is as great a deterrent as access or cost issues in the minds of consumers.

- 175 Those who had not visited any dentist in the last two years were also most likely to agree that NHS charges are too expensive (67 per cent compared to 51 per cent of those who had visited a dentist in the last two years), which tallies with our finding that perceived cost may be dissuading some non-attenders. And they were more likely to agree that the credit crunch has made them less likely to visit the dentist (54 per cent compared to 25 per cent of those who have visited a dentist in the last two years).
- 176 Other ‘main’ reasons given for not going to a dentist in the last two years included ‘I have not had any problems with my teeth so it had not been necessary’, which 14 per cent of respondents gave. This shows that the importance of regular preventive care does not seem to have been communicated to a significant minority of patients. If it is important to their health that they attend regularly, then dentists and local health providers need to communicate this.
- 177 When asked for all other reasons, over a quarter (27 per cent) said that one factor had been that they had heard it was difficult to find an NHS dentist so had not looked. Over a quarter (27 per cent) had said that they thought a dentist would suggest unnecessary treatment, displaying a lack of trust in the dental services system.
- 178 There were also some demographic differences in the reasons given. Those from social groups C2DE were more likely to say they didn’t like dentists (24 per cent main reason, 51 per cent all reasons) than those from social groups ABC1 (16 per cent main, 39 per cent all). Younger people were more likely to say they hadn’t got around to it - with 7 per cent of those under 45 giving this as a main reason (compared to 3 per cent of those aged 45 and over) and 38 per cent as one of all reasons (compared to 25 per cent of those aged 45 and over). Clearly, there is a need to target these groups with appropriate messages that it is important for them to attend.
- 179 Often a number of different reasons for not attending interacted, as summed up by this man who contacted us:
- “I have not seen a dentist for more than two years. I can’t afford. I’ve not been able to find an NHS dentist in my area. I’ve not really looked. I’m terrified of the dentist.”*
- 180 This consumer reminded us that patients who are afraid of the dentist need to be made aware of the help available for them, asking for:

“A campaign run highlighting dental phobia so people don't feel so alone. Phobics need to know it's a common problem and that dentists are capable of treating them.”

- 181** For others the barriers might be lifted simply by offering a more flexible system of appointments:

“More walk-in facilities or short-notice booking facility (e.g. on line like booking a theatre seat or airline place).”

- 182** Our survey found no evidence of large numbers of people resorting to treatment abroad. Only 4 per cent of English adults said they had dental treatment abroad, and a further 7 per cent have considered this.
- 183** Only 57 per cent of NHS patients were given preventive advice on their oral health when they last visited the dentist. When we probed respondents more about the details of their last dental experience, four in five patients (82 per cent) said they had been given advice as to when their next appointment should be (as recommended by Nice),⁵ but only three in five (62 per cent) said they were given advice on caring for their teeth. This is concerning, as it suggests that consumers are not receiving important messages about preventive oral healthcare.
- 184** It is more concerning that private dentists were more likely to say when the next visit should be (87 per cent compared with 81 per cent NHS) and to give advice on tooth care (75 per cent compared to 57 per cent NHS), as another aim of the 2006 NHS dental contract was to increase the emphasis that dentists gave to preventive care. This sense that preventive care is lacking is reinforced by one consumer's experience of not getting the personalised advice she needed on the NHS:

“I was always happy with my NHS dentists and actually never struggled to find one, but I didn't get the time and attention to my dental (including cosmetic) health that has made all the difference.”

- 185** Emergency patients were less likely to be given tooth care advice and to have a discussion regarding the timing of their next appointment, with 70 per cent

⁵ ‘When should my next dental check-up be?’

<<http://www.nice.org.uk/nicemedia/pdf/CG019publicinfoenglish.pdf>> [accessed 10 March 2009]

discussing the timing of their next visit (compared to an average of 82 per cent) and only 53 per cent receiving advice on how to look after their teeth (compared to an average of 62 per cent). Considering our survey's suggestion that a significant minority of people only want to visit the dentist when they have a problem - and that presumably they are more likely to need emergency treatment - this is especially worrying.

Appendices

Appendix 1: Research method

Four strands of research were carried out:

Situation research

The first was a piece of situation research ('mystery shopping'), in which we called 446 NHS dentists in England between 19 and 27 January 2009 to see if they would take on the caller as a new adult NHS patient. Where applicable, dental surgeries were also asked:

- > how long the caller would have to wait for an NHS appointment;
- > the price of a check-up;
- > whether the practice would accept a child as an NHS patient;
- > the earliest and latest NHS appointments available;
- > how long they would have to wait to be taken on as a private patient instead;
- > whether a crown was available on the NHS;
- > and if so how much this would cost; and
- > where possible, dental surgeries that could not provide an NHS appointment were asked for sources of help in finding an NHS dentist.

A minimum of 40 calls to dental practices were made in each Strategic Health Authority (SHA) in England, with calls split between two randomly selected PCTs. Due to the size of London, twice the number of calls were carried out to four PCTs from the same SHA. Where there were too few dental practices in a selected PCT, additional dental practices in a PCT from the same SHA were selected to provide sufficient sample. To source the dental surgeries, we accessed the list of NHS dentists available for each PCT on the NHS Choices website at www.nhs.uk/ServiceDirectories/Pages/PrimaryCareTrustListing.aspx. Calls were made from Monday to Friday and were split roughly between the morning and the afternoon. Fieldworkers were encouraged to avoid calling at lunchtime.

Survey

The second piece of research was a quantitative survey of the general public aged 16 and above, carried out on Lightspeed's online access panel between 19th January and 4th February 2009. Weighting was applied to ensure that the sample was representative of adults in the UK. As the Review is concerned with NHS dentistry in England, the whole questionnaire went to adults in England, with adults in the rest of the UK getting a shorter questionnaire. Results from the rest of the UK are therefore available for comparison where appropriate. In all, 2631 adults in England

were surveyed, with the whole UK sample numbering 3053. Respondents were asked a range of questions including:

- > when was the last time they visited a dentist;
- > why they had not gone to the dentist in the last two years if this was the case;
- > whether they had tried to make an NHS appointment in the last two years and if so whether it had been successful;
- > whether they remembered receiving any information about how to get NHS dental treatment from their local health service;
- > what information sources had been used to find an NHS dentist and how useful they were;
- > what kind of dental appointment they had last attended;
- > what reasons they had for getting private treatment if applicable;
- > the value for money and quality of their last treatment from a dentist;
- > details of how they had travelled to the dentist; and
- > a number of attitudinal statements about dental treatment and dentistry.

Qualitative story capture

To complement our survey work, we appealed to Which? members to send us their stories, good and bad, concerning dentistry, and created an online 'story share' where the general public were asked to leave their stories and recommendations for the future of dentistry. In total at the time of writing we had received 180 case studies via these methods. Some details have been changed to protect privacy.

Follow-up survey

In order to build on the initial research on dentistry, we carried out a face to face omnibus survey of 896 adults aged 16 and above in England from 11th to 15th March 2009. Results were weighted to be representative of adults aged 16 and above in England. Questions were asked to cover:

- > Estimates of current NHS Band costs.
- > Reactions to actual costs.
- > Reactions to a proposed system of free check ups and more expensive treatment.

The quantitative and situation research surveys, and the latest text of the online story share, can be found in the further Appendices below.

Appendix 2: Main survey questionnaire

Dentists 2009 - final quantitative questionnaire - 15th January 2009

We are going to ask you some questions about going to the dentist. We would like to know about appointments you tried to make or made for yourself and would only like to know about appointments that took place in **[PIPE IN FROM HIDDEN VARIABLE England/Northern Ireland/Scotland/Wales.]** (insert relevant country depending on where respondent is located if possible)

NB: The following questions: 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, and 28-33 onwards should go to ALL ACROSS THE UK. The remaining questions should only go to those in ENGLAND ONLY.

[ASK ALL]

1. When was the last time you visited a dentist? **Single code**

1. Within the last six months
2. Six months to a year ago
3. A year to eighteen months ago
4. Eighteen months to two years ago
5. Between two and five years ago
6. Between five and ten years ago
7. Between ten and fifteen years ago
8. More than fifteen years ago
9. I have never visited a dentist
10. Don't know/can't remember

If Q1 = 5-9

2. Which of the following sentences describe why you have not visited a dentist in the last two years? **(Please randomise)**

Rows DO NOT ALLOW A ROW TO BE SELECTED IN BOTH 'Main reason' COLUMN 1 AND 'Other reason' COLUMN 2.

1. I couldn't get an NHS dental appointment
2. I have not had any problems with my teeth so it hasn't been necessary

3. I had problems with my teeth but didn't think they were bad enough to see a dentist
4. I no longer have any of my natural teeth
5. I've looked for an NHS dentist in my area but I couldn't find one
6. I heard it is difficult to find an NHS dentist so I haven't looked for one
7. The cost of travelling to an NHS dentist puts me off
8. The difficulty of travelling to an NHS dentist puts me off
9. The cost of NHS dental treatment puts me off
10. The cost of private dental treatment puts me off
11. I think that the dentist will suggest unnecessary treatment
12. Going to the dentist is not important to me
13. I haven't got around to it
14. I don't like dentists
15. Other _____ Please specify **TEXT BOX**
16. Don't know

COLUMNS

1. Main reason **Single code**
2. Other reason **Multi code EXCEPT 'DON'T KNOW' WHICH IS (SC)**

ASK ALL

3. Now thinking specifically about NHS dentists, have you tried to make an NHS dental appointment for yourself in the last two years? **Single code**

1. Yes
2. No
3. Don't know/ can't remember

If Q3 = 1

4. Thinking about the last time you tried to make an NHS appointment for yourself, were you successful?

1. Yes, and I went to the appointment
2. Yes, but I didn't go to the appointment
3. No
4. Don't know/ can't remember

If Q3 = 1

5. Thinking about the last time you tried to make an NHS dental appointment for yourself, what were you making the appointment for? **Single code**

1. Routine check-up
2. Non-emergency treatment
3. Emergency treatment
4. Don't know/ can't remember

If Q4 = 1/2

6. Thinking about the last time you tried to make an NHS dental appointment for yourself, please choose the answer below which best fits you: **Single code**

1. I already had an NHS dentist, with whom I made the appointment
2. The first new dentist I tried gave me an appointment
3. I had to make between two and four visits or phone calls to make an appointment
4. I had to make five or more visits or phone calls to make an appointment
5. Don't know/ can't remember

If Q4 = 3

7. Last time you tried to get an NHS dental appointment for yourself you weren't successful. What did you do instead? **Single code**

1. I went without an appointment
2. I visited A and E
3. I made a private appointment
4. Other _____ Please specify
5. Don't know/ can't remember

ASK ALL

8. In the last six months, have you received any information about how to get dental treatment on the NHS from your local health service? **Multi code**

1. Yes - mail drop
2. Yes - article in local newspaper
3. Yes - article in council newspaper

4. Yes - Other _____ Please specify **TEXT BOX**
5. No **Single code**
6. Don't know/can't remember **Single code**

If Q3 = 1 AND Q6=2-5

9. What sources of information did you use to find an NHS dentist who would give you an appointment? **Multi code**

1. NHS Direct
2. NHS Choices
3. Other website _____ Please specify **TEXT BOX**
4. Local NHS helpline
5. Phone book/ Yellow Pages
6. Another dentist
7. Word of mouth - family or friend
8. Local newspaper article
9. Other _____ Please specify **TEXT BOX**
10. None/ Don't know **(SC)**

10. For each of the sources you used, please rate them as to how useful they were in finding an NHS dentist who would give you an appointment?

COLUMNS (MC)

1. Very useful
2. Fairly useful
3. Not very useful
4. Not at all useful
5. Don't know

ROWS (SC)

SHOW ALL SELECTED AT Q9 EXCEPT 10 [none/ don't know]

If Q1 = 1-4

11. Thinking about the last time you visited a dentist (whether NHS or private), what sort of treatment did you receive? **Multi code**

1. Routine check up

2. Minor treatment, e.g. a filling (non emergency)
3. Major treatment, e.g a crown or bridge (non emergency)
4. Emergency treatment
5. Hygienist
6. Cosmetic treatment (e.g. tooth whitening)
7. Can't remember/ Don't know **Single code**

If Q1 = 1-4

12. Thinking about the last time you visited a dentist (whether NHS or private), which of the following best describes the service you received? **Single code**

1. NHS dental care
2. Private dental care
3. A mixture of NHS and private care
4. Other_____ Please specify **TEXT BOX**
5. Don't know/ can't remember

If Q12 = 2/3

13. Which of the following, if any, are your reasons for getting private dental treatment? **(Please randomise)**

Rows DO NOT ALLOW A ROW TO BE SELECTED IN BOTH 'Main reason' COLUMN 1 AND 'Other reason' COLUMN 2.

1. I think I get better treatment from a private dentist than an NHS dentist
2. I couldn't find an NHS dentist in my area that would take me on
3. I stayed with my dentist when they changed from NHS to private
4. I couldn't get the treatment I needed on the NHS
5. My dentist recommended that I pay for private treatment
6. I had more choice about when my appointment would be
7. I had more control over my treatment
8. I think private dentists are more convenient
9. I have dental insurance or belong to a dental scheme like Denplan
10. I didn't realise it was private treatment at the time
11. Other_____ Please specify **TEXT BOX**
12. Don't know

COLUMNS

1. Main Reason **Single code**
2. Other reason **Multi code EXCEPT 'DON'T KNOW' WHICH IS (SC)**

If Q1= 1-4

15. Thinking about the last time you visited a dentist (whether NHS or private), how much did the treatment cost? **Single code**

1. It was free
2. Up to £20
3. £21-£50
4. £51-£100
5. £101-£200
6. £201-£500
7. £501-£1000
8. £1001 or more
9. Don't know/ can't remember

If Q1= 1-4

16. Thinking about payment, which of the following statements applied to you the last time you visited a dentist? **Single code**

1. I qualified for free treatment
2. I qualified for subsidised treatment
3. I paid the full amount
4. Don't know/can't remember

If Q16=2/3

16b. Was at least part of the cost of your dental treatment covered by a dental plan (e.g. Denplan) or dental insurance?

1. Yes - dental plan
2. Yes - dental insurance
3. No
4. Don't know

If Q16 = 1-2

17. How easy was it to get free/subsidised treatment the last time you visited a dentist? **Single code**

1. Very easy
2. Fairly easy
3. Neither easy not difficult
4. Fairly difficult
5. Very difficult
6. Don't know/can't remember

If Q1 = 1-4

18. Thinking again about the last time you visited a dentist, how did you rate your treatment for value for money? **Single code**

1. Excellent
2. Good
3. Fair
4. Poor
5. Very Poor
6. Don't know/can't remember

If Q1 = 1-4

19. And how satisfied were you with the quality of the treatment last time you visited a dentist? **Single code**

1. Very satisfied
2. Fairly satisfied
3. Neither satisfied not dissatisfied
4. Fairly dissatisfied
5. Very dissatisfied
6. Don't know/ can't remember

If Q1 = 1-4

20. Last time you visited a dentist, were the standard dental charges displayed somewhere where you could see them? **Single code**

1. Yes
2. No

3. Don't know/ can't remember

If Q16 = 2-4

21. Were you told what any treatment would cost before it was done last time you visited a dentist? **Single code**

1. Yes
2. No
3. Don't know/ can't remember

If Q1 = 1-4

22. Last time you visited a dentist were you given a sheet to take away with you which showed information such as any treatment you had and the cost of it, if you had to pay? **Single code**

1. Yes
2. No
3. Don't know/can't remember

If Q1 = 1-4

23. When you last visited a dentist did he or she advise you about roughly when your next visit should be? **Single code**

1. Yes
2. No
3. Don't know/ can't remember

If Q1 = 1-4

24. Last time you visited a dentist did he or she offer you advice about how to look after your teeth? **Single code**

1. Yes
2. No
3. Don't know/ can't remember

If Q1 = 1-4

25. Last time you visited a dentist, how did you get there? **Single code**

1. Walk
2. Car
3. Public transport
4. Other (please state) **TEXT BOX**
5. Don't know/ can't remember

If Q1 = 1-4

26. Last time you visited a dentist, how long did it take you to get there? **Single code**

1. Half an hour or less
2. Between thirty minutes and an hour
3. Between an hour and, an hour and a half
4. Over an hour and a half
5. Don't know/ can't remember

If Q1 = 1-4

27. How much did your journey to the dentist cost (not including the cost of other people's travel)? **Single code**

1. It was free (I walked or travelled on public transport with a free pass)
2. £5.00 or less
3. £5.01-£10.00
4. £10.01 or more
5. Can't remember/ don't know

ASK ALL

28. Thinking about the last two years, which of the following statements best describes you? **Single code**

1. I have considered having dental treatment outside the UK, but have not yet had any treatment outside the UK
2. I have had dental treatment outside the UK
3. I have not considered having dental treatment outside the UK
4. Don't know

29. Please tell us to what extent you agree/disagree with the following statements?

Multi code

Columns (MC)

1. Agree strongly
2. Agree slightly
3. Neither agree nor disagree
4. Disagree slightly
5. Disagree strongly
6. Don't know

Rows (SC)

1. NHS dentistry should only be for people who cannot afford private care
2. The NHS should not offer cosmetic treatments e.g. whitening
3. [SHOW IF q1-1-4] I understood exactly what I was paying for when I last visited the dentist
4. Dental treatment on the NHS is too expensive
5. The credit crunch has made it less likely that I will go to the dentist
6. I like to have a regular six-monthly appointment with a dentist
7. I am happy to follow my dentist's advice on how often I should have an appointment
8. I only want to go to a dentist if I have a problem with my teeth
9. It's important to me that I see the same dentist on each visit

And now thinking of dental care more generally ...

30. Have you or anyone you know ever tried DIY Dentistry - trying to treat your own dental problems yourself? (SC)

1. Yes - I have
2. Yes - someone I know has
3. No
4. Don't know

IF Q30=1/2

31. Did you or the person you know ... (MC)

1. Try to pull out a tooth with pliers

2. Use a household glue to stick down a filling or crown
3. Use a temporary dental first aid kit
4. Try to stick your filing back in with chewing gum
5. Whiten your teeth with cleaning products
6. 'Pop' your ulcer with a pin
7. Try to pull out a tooth by using string and a door
8. Try to mend or alter your dentures
9. Other (Please specify) **TEXT BOX**
10. Don't know **(S/C)**

32. And which of the following would you rather do? (Single coded) (please randomise)

1. Go to the dentist
2. Go to Ikea on a Saturday
3. Visit the doctor
4. Open household bills
5. Check your bank balance
6. Go the Gym
7. None
8. Don't know

33. And finally, which of the following towns do you live closest to? (SC)

1. Belfast
2. Birmingham
3. Brighton
4. Bristol
5. Cardiff
6. Edinburgh
7. Glasgow
8. Leeds
9. Liverpool
10. London
11. Manchester
12. Newcastle
13. Nottingham
14. Norwich
15. Plymouth
16. Sheffield
17. Southampton

- 18. None of these
- 19. Don't know

Appendix 3: Situation research questionnaire

Your name	
Region	
Dentist name	
Dentist address	
Dentist postcode [enter clearly]	
Dentist telephone number	
Date & time of your call	_____ January 2009 _____/____am/pm

Q1. "Good morning / afternoon. I am looking for an NHS dentist. Can I make an appointment to have a check-up?" [NB: do not actually make an appointment - say you need to check with work and will call back]

<input type="checkbox"/> Yes - can make an appointment (<i>open to all</i>) - GO TO Q3
--

Yes - can make an appointment but decision to take you on as an NHS patient will be made following this - GO TO Q3

No- but we can put you on the waiting list - GO TO Q2

No - we only take on certain NHS patients (mark as appropriate)

<input type="checkbox"/> Children (all)	}
<input type="checkbox"/> Children for orthodontic treatment only	

- Those on benefits or exempt (e.g. on maternity)
- The elderly
- Other - Please write in: _____

GO TO Q5

No, not currently taking on NHS patients

Q2. Can you tell me how long I'll have to wait?

- Within the next month*
- in 1-2 months time*
- in 3-4 months time*
- in 4-6 months time*
- in 6-12 months time*
- More than 12 months time*
- The receptionist doesn't know*

GO TO Q5

Q3. "Can you tell me how much I'll have to pay for my first check-up?"

Enter amount £_____ for check-up only

(IF NEEDED: Enter amount £_____ if treatment required)

GO TO Q4

Don't know

Q4. "How soon can I get an appointment for a check-up?"

- Within next 7 days*
 - In 1-2 weeks*
 - In 3-4 weeks*
 - In 1-2 month's time*
 - In 3-4 month's time*
 - Longer than 4 months - please*
- } GO TO Q6
- } GO TO Q5

Q5. "What about if I got an appointment as a private patient - how soon could I have a check-up?"

- Within the next 7 days*
 - In 1-2 weeks*
 - In 3-4 weeks*
 - In 1-2 month's time*
 - In 3-4 month's time*
 - Longer than 4 months- please write in: _____*
 - Do not /not currently taking on private patients*
- } If they said yes to NHS, go to Q6.

Q6. "I work full-time so I'd need either the first or last NHS appointment of the day, if possible. Between what times of the day can I get an NHS appointment?"

First appointment: _____ am / pm

} GO TO Q7

Last appointment: _____ am / pm

Q7. "My last dentist told me that I probably need to have a crown. Would I be able to have that on the NHS? (IF NECESSARY: providing my new dentists agrees it is required)"

- Yes
- GO TO Q8



No
GO TO Q9

Depends (please write in: _____) GO
TO Q8

Don't know
GO TO Q8

“How much does it tend to cost to have a crown?”

- Enter amount £_____ on NHS
- (IF NEEDED: Enter amount £_____ as a private patient) **GO TO Q9**
- Don't know

Q8. “I also have a daughter (aged 12) - will she be able to get an NHS appointment?”

- Yes
- No
- If yes to NHS, thank and close.
If no to NHS, go to Q10.

Ask question Q10 if dentist will not take them on as an NHS patient (IF Q1 = NO)

Q9. “Can you suggest anywhere I can go to find an NHS dentist?” (Tick all that apply)

- Yes - NHS Direct (by phone or online)
- Yes - to your PCT (please write in below)
- Yes - another practice (please write in below)
CLOSE
- No - but other advice offered (please write in below)
- No - and no advice offer



THANK AND

Write in here:

CLOSE CALL - Thank receptionist, explain that you'll call back, or pop in, and end the call. CONTINUE BELOW

Please make a note of anything else that was said below:

Do you have any other comments about your call to this dentist?



Please sign and date below and return this form to **Kaylee Smith** in the envelope provided.

Your signature: _____ Date: ____/____/____

Appendix 4: Follow-up survey questionnaire

TNS Consumer Omnibus 09/03/09 - Final
SHOW SCREEN

Q1. Have you been to the dentist in the past 2 years?

- 01: Yes - as an NHS patient
- 02: Yes - as a private patient
- 03: Yes - receiving mixed NHS and Private care
- 04: No
- DK

I would now like to talk to ask you some questions about dental care. It doesn't matter whether you have been to the dentist in the last 2 years or not or if you are registered with a dentist or not, it is your views we are interested in.

At the moment there are three standard Bands of NHS charges for dental care. NHS patients who don't get free or subsidised treatment pay one of these three charges depending on how complex the treatment is.

The following questions are all about these charges, assuming that patients don't get free or subsidised treatment.

SHOW SCREEN

Band 1 covers check ups, including x-rays and a scale and polish if needed.

Q2. How much do you think patients pay at the moment for this?

Please give your best estimate

(Scripter: Please provide 2 boxes that allows two digits each for £s and Ps.)

DK

SHOW SCREEN

Band 2 covers the next level of treatment, for instance fillings and extractions.

Q3. How much do you think patients pay at the moment for this?

Please give your best estimate

(Scripter: Please provide 2 boxes that allows two digits each for £s and Ps.)

DK

SHOW SCREEN

Band 3 covers the more complex kinds of treatment, such as a crown or dentures.

Q4. How much do you think patients pay at the moment for this?

Please give your best estimate

(Scripter: Please provide 2 boxes that allows two digits each for £s and Ps.)

DK

SHOW SCREEN

Q5. Band 1 (covering a check up including x-rays and a scale and polish if needed) currently costs £16.20 on the NHS. For this amount of treatment, do you think this price is ...

- 01: Much too expensive
 - 02: Slightly too expensive
 - 03: About right
 - 04: Slightly too cheap
 - 05: Much too cheap
- DK

SHOW SCREEN

Q6. Band 2 (covering simpler treatments, such as fillings and extractions) currently costs £44.60 on the NHS. For this amount of treatment, do you think this price is ...

(list as Q5)

SHOW SCREEN

Q7. Band 3 (covering more complex treatments, such as crowns and dentures) currently costs £198 on the NHS. For this amount of treatment, do you think this price is ...

(list as Q5)

SHOW SCREEN

One possible option for the future would be that all check ups (Band 1) would be free for all, but the price of the other treatments (Bands 2 and 3) would have to go up.

Q8. If this happened, and you knew you would get advice on how to look after your teeth at your check-up, how much **more** would you be prepared to pay for the following?

SHOW SCREEN

(Scripter: Do not randomise)

....For Band 2 (e.g. fillings - currently £44.60)

....For Band 3 (e.g. crowns - currently £198)

01: Nothing more

02: £1-5

03: £6-10

04: £11-15

05: £16-20

06: £21-30

07: £31-40

08: £41-£50

09: £51-£75

10: £76- £100

11: £101-£150

12: £151-£200

13: £201-£300

14: £301-£400

15: £401-£500

16: £501-£750

17: £751-£1000

18: £1001+
DK

SHOW SCREEN

Q9. If you had a choice, would you prefer to keep the system as it currently is (3 Bands, starting at £16.20 for a check up) or move to having free check-ups but more expensive treatments (Bands 2 and 3).

01: Current system

02: Free check ups and more expensive treatments

DK

Appendix 5: Text of story share

The story share can be found at https://secure.securewhich.co.uk/www_dentistry/submit_story.php and the latest wording is below:

‘SHARE YOUR DENTISTRY STORY

The government has set up a review of NHS dentistry and we want to make sure they hear what consumers think. Tell us your views and we'll pass them on, but time is running out - the deadline is Friday 20th March.

Have you had trouble finding a dentist for you or your family? Are you confused about what you should and shouldn't pay for? Or are you happy with your dentist? Whatever your story is about, whether it's good or bad, we'd like to hear.

[Share your dentistry experiences](#)

In accordance with Which?'s Data Protection Policy, the information you supply will only be used by Which? and for the purposes stated and will not be passed to any third party for marketing.

Tell us your stories

Take action

Share your experiences

1. Step 1

2. Complete!

Fill in the form below

(* Denotes a mandatory field)

First name *

Last name *



Your town *

Email address *

Postcode

Sex *

Age

Your experience *

Words left:

My story is about

- Finding a dentist
- Quality of dental treatment
- Cost
- Waiting time for treatment
- How far I have to travel for treatment

If I could do one thing to improve dental treatment it would be:

Words left:

- I'm happy for my comments to be published on the Which? website or quoted elsewhere (alongside my first name and town only)
- Yes, please keep me up to date on the campaign.'