Public perceptions of choice in UK dental care: findings from a national survey

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By Martin Kemp, Fiona Wallace, and Henry Edwards

British Dental Association
64 Wimpole Street
London W1G 8YS
About the BDA
The British Dental Association (BDA) is the professional association for dentists in the UK. It represents more than 23,000 dentists working in general practice, in community and hospital settings, in academia and research, and in the armed forces, and includes dental students.

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Summary

This report describes some of the findings from a programme of research and analysis carried out by the British Dental Association (BDA) to investigate how well the UK dentistry market is working.

In November 2011, the BDA commissioned GfK NOP to survey a sample of adults from across the UK in order to learn more about how well the UK dentistry market is working for consumers.

The topics consumers were asked about included: dental health behaviour; use of dental services; barriers to access; and level of satisfaction with the quality of the care they received.

Eight questions were included in a GfK NOP Omnibus consumer survey of 1000 adults aged 16+ years. Fieldwork took place between 11th and 13th November 2011 and was conducted via telephone interviews. The demographic profile of the sample was representative of all adults in telephone owning households in the UK.

Respondents are classified in this report as either ‘consumers’ (all respondents) or ‘patients’ (those who have visited the dentist in the past two years).

The main findings from the survey include:

Patterns of attendance

- Almost 80 per cent, or four out of five, of consumers surveyed had visited their dentist during the previous 24 months, the maximum recall period recommended by the National Institute for Health and Clinical Excellence (NICE)\(^1\);
- Consumers in D and E social-grade categories were found to be less likely to have visited the dentist in the past two years compared to those in A and B categories – over 14 per cent fewer DEs compared to ABs;
- Just over 12 per cent visited only when they had a problem with their teeth or dentures and around seven per cent of consumers said they had never visited a dentist.

\(^1\) The NICE dental-recall guidelines indicate the number of months at which patients should be recalled according to their age and oral health, where the maximum time period is 24 months. An overview of NICE dental recall guidelines can be found at: [http://www.nice.org.uk/nicemedia/pdf/cg019niceguideline.pdf](http://www.nice.org.uk/nicemedia/pdf/cg019niceguideline.pdf) [Accessed 25th July 2012]
Reasons for not going to the dentist

- Among those who had not been to the dentist in the past two years, the most common reason reported for non-attendance was a belief that there was no need to go (two-thirds of consumers). This was a particularly common reason cited among men and younger age groups;
- The next two most common reasons for non-attendance were not being able to afford to go (17.2 per cent) and a fear of going to the dentist (16.2 per cent);
- Among non-attenders, women were more likely than men to say that they could not afford to visit a dentist (29.9 per cent compared to 6.7 per cent);
- Affordability as a reason for non-attendance also varied by social grade; for example, 27.3 per cent of consumers in social-grade categories D and E cited affordability issues, compared to only nine per cent of consumers in categories A and B;
- The likelihood of say that they were afraid of visiting the dentist was highest among older age groups and those in D and E social-grade categories;
- More than one out of every ten consumers who had not visited a dentist in the past two years said that it was because they could not find an NHS dentist;
- Almost six per cent of consumers did not attend due to their dentist changing to private.

Type of care received at last visit to dentist

- Approximately six out of every ten patients who had visited a dentist in the past two years said that they had only received NHS care at their last visit compared with one-third who received private care only;
- Around six per cent reported receiving a mixture of private and NHS care at their last visit to a dentist;
- Over two-thirds of women received NHS dental care at their last visit compared with just over half of men; men were correspondingly more likely than women to have had private treatment at last visit;
- Younger people were more likely than those in older age groups to say they had received NHS dental care at last visit, who were slightly more likely to have received private treatment;
- The type of dental care received at last visit varied by social grade; for example, 45.8 per cent of patients in the AB social-grade categories reported receiving private care at their last visit. By comparison, only 22.8 per cent of patients in DE categories reported receiving private care.
Reasons for choosing type of care

The main driver of patient choice of treatment was cost; for example, among those who received exclusively NHS care at their last visit, the most common reason they gave for choosing that type of care was financial; for example, 16.7 per cent reported choosing NHS care because it was cheaper than private care, 13.4 per cent chose NHS care because it was free, and 13.3 per cent said that they could not afford private care.

Among those who had received private care at last visit, the most common reason given (15.5 per cent) for receiving that type of care was a desire for continuity: they had decided to stay with their dentist when they had changed from NHS to private. In addition, 14.3 per cent said that they had received private care at their last visit because there had been no NHS dentists available in the area where they live or they had been unable to find an NHS dentist. Finally, another common reason given by patients for choosing private over NHS care was that they trusted their dentist and felt that they received a good quality service (12.7 per cent).

Patients’ evaluations of the care they received at last visit to a dentist

How well costs were explained
For the majority of patients who had attended a dentist in the past two years, the survey found a high level of satisfaction with the way costs were explained; almost eight out of ten of those who pay for their treatment rated how well their dentist explained fees and charges as ‘good’ or ‘very good’.

Value for money
- Over three-quarters of patients who had visited a dentist in the past two years thought that their treatment had been ‘good’ or ‘very good’ value for money at their last visit, with only four per cent reporting that value for money had been ‘poor’ or ‘very poor’. Overall, both NHS and private care were perceived to be ‘good’ or ‘very good’ value for money;
- Some of those who received mixed dental treatment felt that they had not received good value for money. This suggests the need for further research focusing specifically on the experiences of this patient group.

How cost affected choice of treatment
- Among those who attended a dentist in the past two years, 22.8 per cent said that their choice of treatment had been affected by cost;
- There was no difference between NHS and private patients in the likelihood of saying that cost had affected their choice of treatment;
• There was a clear social gradient in how likely cost of treatment affected patient choice; for example, more patients in social-grade categories D and E said that their choice of treatment had been affected by cost compared with those in A and B categories;
• Older patients (aged 65 or more) were least likely to say that their choice of treatment had been affected by cost compared with those in younger age groups.

**Feeling of involvement in treatment decisions**
• Three-quarters of patients said they had been involved in decisions about their treatment;
• Patients in social-grade categories A and B were more likely to say that they felt involved in treatment decisions compared with those in categories D and E;
• Eight out of every ten private patients felt involved in decisions at their last visit, compared with approximately seven out of every ten NHS and mixed dental care patients.

**Dentist explained treatment by dentist in a way that could be understood**
• Almost all patients said that their dentist explained the reasons for their treatment at their last visit in a way that could be understood;
• There was little variation in how well treatment decisions were explained by social grade, age group, or type of care received (NHS, private or mixed).

**Overall level of satisfaction with treatment received at last visit**
• Nearly 80 per cent of those patients who had seen a dentist in the past two years were highly satisfied with their treatment;
• Patients who had seen a dentist in the past two years reported an average satisfaction score of 8.5 (out of a maximum of 10) at their last visit;
• There was only a slight difference in levels of satisfaction between NHS and private patients;
• Recipients of mixed dental care were more likely to report a lower satisfaction score compared with those who had received exclusively NHS or private treatment;
• This again suggests the need for further research into the experiences of mixed dental care patients and the delivery of mixed dental care.

**Awareness of complaints procedure**
• Around 61 per cent of patients reported that they had been aware of their dental practice’s complaints procedure (at last visit to a dentist);
• Only nine respondents (one per cent) had made a complaint in the past two years; the subject of these complaints mostly related to the quality of treatment or care received. In addition, one patient complained about charges and another about waiting times.
1 Introduction and background

In September 2011, the Office for Fair Trading (OFT) announced its plan to conduct an investigation into the UK market for the provision of dental services (OFT, 2011). This report forms part of a wider contribution of evidence submitted by the British Dental Association (BDA) to the OFT investigation. Its evidence was based on a programme of research undertaken by the BDA between October and December 2011.

The research programme consisted of: a survey of 1,000 UK consumers commissioned from GfK NOP; an online survey of 1,723 dental practice owners; an in-depth case study of the dental market in the London Borough of Croydon which included three patient focus groups and eight semi-structured interviews with local practice owners; and five interviews with local stakeholders; and a rapid search of the research literature on choice and competition in UK dentistry.

This report describes the findings from the GfK NOP survey of UK consumers. The current section situates this survey in relation to the wider programme of work carried out by the BDA. This is followed in Section 2 by a description of the design and outcome of the survey. The final section describes the findings from the survey.

1.1 The OFT investigation of the UK Dentistry market

According to the OFT’s scoping document for the investigation, its purpose was

“to examine whether the UK dentistry market is working well for consumers. It will examine how dentistry services are sold and the extent to which there is access to accurate and impartial information to help make informed decisions. It will consider consumers’ ability to assess and act on the information that is provided, as well as the nature of competition between providers of dental services”. (OFT, 2011:3)

OFT (2010) define a market that is ‘working well’ in the following way:

“When markets are working well, firms compete to win business by achieving the lowest level of cost and prices, developing better products and services or exploiting their strengths, skills, and other advantages to meet consumers’ needs more effectively than their rivals. This process encourages innovation and provides consumers with increased choice. Competition is enhanced when consumers are empowered to shop around through access to readily available and accurate information about products and services.” (OFT, 2010:2)
That is, a healthy market is one that meets “consumers' needs”. Competition between firms results in lower costs and better quality services or products for consumers. By contrast, OFT describe the consequences of a market that is not working well in the following way:

“Markets that are not working well can result in serious negative effects for consumers, businesses and the economy. For example, consumers may be unable to make informed choices about prospective purchases, businesses may be deterred from improving their products or entering the market and productivity in the sector may be undermined.” (OFT, 2010:2)

Here, then, a market that is not working well is one where there is limited competition between firms. When consumers are not well informed and where the choices available to them are limited, this can lead to poorer quality services and products.²

When this thinking is applied to UK Dentistry, it implies that better informed patients and consumers, together with higher levels of competition and choice are likely to result in more affordable and better quality dental care for the UK population.

1.2 BDA response to OFT 2011/12

In response to the OFT investigation, the British Dental Association (BDA) submitted evidence which included relevant economic arguments, research, information, policy positions and recommendations (BDA, January 2012).³ This submission was grounded in the findings from a programme of research and analysis carried out to address the question at the heart of the OFT investigation: how well is the UK dentistry market working? This research programme sought to:

- Examine the extent to which information about dental services is accessible and transparent to consumers, enabling them to make informed decisions about their care;
- Assess whether the UK dentistry market supports consumer switching;
- Identify whether current mechanisms for complaint and redress are effective;
- Assess levels of competition in the UK dentistry market and how this affects quality and cost;
- Assess the extent to which there are barriers to entry into and the expansion of the NHS dentistry market.

³ The BDA’s submission to the Office of Fair Trading inquiry into the UK dentistry market can be found at: [http://www.bda.org/dentists/policy-campaigns/research/of/t/OFT.aspx](http://www.bda.org/dentists/policy-campaigns/research/of/t/OFT.aspx) (Accessed 18 July 2012)
These objectives cluster around three main themes which were the focus of the research programme:

- Information and choice;
- Competition;
- Complaints.

Our research sought to answer the following research questions:

- Is there sufficient transparency of information to enable consumers to make informed choices between dental practices, treatments, private and NHS provision, and different payment methods?
- Is this information provided in appropriate forms?
- Are effective mechanisms in place to support consumer switching? What barriers do consumers face when they want to switch dentists?
- How far are consumers aware of complaints procedures?
- How do practices compete – service, speed of appointments, etc.?
- How satisfied are patients with NHS and private dental care?
- What is the average price of common private treatment and is there a relationship between price and time taken?
- What are the barriers to entry into the UK NHS dental market?
- What are dentists’ attitudes to direct access to dental care professionals?

The research design consisted of four main elements:

- A survey of BDA member practice owners in the UK;
- A search and review of the policy and research literature on the themes above;
- An in-depth qualitative case study of the dentistry market in the London Borough of Croydon;
- A national survey of consumers of dental care (commissioned from GfK NOP).

The remainder of this report describes the main findings from the last of these: a survey of consumers about their dental health behaviour and their views about the dental care that they have received.
2 A National Consumer Survey of Dental Patients

This section gives an overview of the design and outcomes of the consumer survey commissioned from GfK NOP that contributed to the BDA's OFT submission.

The BDA commissioned GfK NOP to survey consumers nationally about their experience of using dental services. The topics consumers were asked about included: dental health behaviour; barriers to access; and level of satisfaction with the quality of the care they received (see Appendix for the list of questions asked).

Eight questions were included in a GfK NOP Omnibus consumer survey of 1000 adults aged 16+ years. The sample was selected to reflect the demographic profile of all adults living in telephone-owning households in the UK. This was achieved by setting quotas across a range of demographic variables including region, sex within age and social grade. GfK NOP measured social grade by asking every respondent for their actual job title and coding the job type by its allocated grade from A to E (see Table 2.1 for more information about the grading system used).

Although the quotas ensured that the demographic profile of the sample was close to the target population, post-survey weights were applied to the data so that it corresponded with the demographic profile of the UK adult population.

Telephone interviews were conducted by fully trained and monitored market research interviewers, using Computer Assisted Telephone Interviewing. Respondents were selected using random digit dialling. This meant that a random selection of phone numbers were chosen from a directory and then a ‘1’ was added to the last digit of the phone number. One in every ten interviews was supervised. The fieldwork dates were 11th-13th November 2011.

The final sample included even numbers of men and women. Most consumers were in the 25-44 and 45-64 age groups. Over 80 per cent were living in England. Similarly the 2010 Office of National Statistics Population Estimates for UK showed that 84 per cent of the UK population resided in England (ONS, 2010). By contrast, under one-fifth of consumers were from Wales, Scotland and Northern Ireland combined. There were more consumers in social grades A, B, and C1 than in social grades C2, D, and E (53 per cent and 47 per cent respectively). Just over 40 per cent of consumers worked full-time, with a further 12 per cent working part-time and almost half not working at all. Over half of the sample were married or living as married.
### Table 2.1 Demographic characteristics of the sample

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<th>unweighted</th>
<th></th>
<th>weighted</th>
<th></th>
</tr>
</thead>
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<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
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<td><strong>Sex</strong></td>
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<td>493</td>
<td>48.5</td>
<td>488</td>
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<tr>
<td>Female</td>
<td>51.0</td>
<td>513</td>
<td>51.5</td>
<td>518</td>
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<td></td>
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<td>11.3</td>
<td>114</td>
<td>12.7</td>
<td>128</td>
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<td>25-44</td>
<td>29.9</td>
<td>301</td>
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<td>332</td>
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<td>45-64</td>
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<td>338</td>
<td>32.4</td>
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<td>65+</td>
<td>25.1</td>
<td>253</td>
<td>21.9</td>
<td>220</td>
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<td><strong>Country</strong></td>
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<td></td>
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<td>82.5</td>
<td>830</td>
<td>84.1</td>
<td>846</td>
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<tr>
<td>Wales</td>
<td>5.2</td>
<td>52</td>
<td>4.7</td>
<td>47</td>
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<tr>
<td>Scotland</td>
<td>9.0</td>
<td>91</td>
<td>8.4</td>
<td>84</td>
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<tr>
<td>Northern Ireland</td>
<td>3.3</td>
<td>33</td>
<td>2.8</td>
<td>28</td>
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<td><strong>Social Grade</strong></td>
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<td></td>
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<td>AB (Intermediate or Higher managerial/professional/administrative)</td>
<td>22.6</td>
<td>227</td>
<td>22.0</td>
<td>221</td>
</tr>
<tr>
<td>C1 (Supervisory or clerical/junior managerial/professional/administrative, student)</td>
<td>30.5</td>
<td>307</td>
<td>31.3</td>
<td>315</td>
</tr>
<tr>
<td>C2 (Skilled manual worker)</td>
<td>20.4</td>
<td>205</td>
<td>21.8</td>
<td>219</td>
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<tr>
<td>DE (Semi-skilled or unskilled manual work, casual worker – not in permanent employment, housewife/homemaker, retired and living on state Pension, unemployed or not working due to long-term sickness, full-time carer of other household member)</td>
<td>26.5</td>
<td>267</td>
<td>24.9</td>
<td>251</td>
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<td><strong>Working status</strong></td>
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<td></td>
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<tr>
<td>Full time</td>
<td>40.7</td>
<td>409</td>
<td>43.9</td>
<td>441</td>
</tr>
<tr>
<td>Part time</td>
<td>11.8</td>
<td>119</td>
<td>13.9</td>
<td>140</td>
</tr>
<tr>
<td>Not working</td>
<td>47.5</td>
<td>478</td>
<td>42.2</td>
<td>425</td>
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<td><strong>Marital Status</strong></td>
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<td></td>
</tr>
<tr>
<td>Married/living as married</td>
<td>55.2</td>
<td>555</td>
<td>56.1</td>
<td>565</td>
</tr>
<tr>
<td>Single</td>
<td>21.8</td>
<td>219</td>
<td>22.4</td>
<td>225</td>
</tr>
<tr>
<td>Widowed/ Divorced/ Separated</td>
<td>23.1</td>
<td>232</td>
<td>21.5</td>
<td>216</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>1,006</td>
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<td>1,006</td>
</tr>
</tbody>
</table>

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4 Social grade refers to a classification system that derives from the British National Readership Survey, where all members of a household are classified based on the occupation of the Chief Income Earner (CIE). If the respondent is not the CIE but is working, then their individual social grade is also recorded. An overview of social grading can be found at: [http://www.ipsos-mori.com/researchpublications/publications/1285/Social-Grade.aspx](http://www.ipsos-mori.com/researchpublications/publications/1285/Social-Grade.aspx) (Accessed: 18th June 2012)
3 Findings

This section gives an account of what was learned from the survey.

3.1 Patterns of attendance

The first questions in the survey related to consumers’ dental health behaviour. Consumers were asked how often they attend the dentist, excluding any visits to a hygienist. Their responses are set out in Tables 3.1 and Figures 3.1 to 3.4.

Table 3.1 Frequency of visits to the dentist

<table>
<thead>
<tr>
<th>Pattern of attendance</th>
<th>Column percentages (weighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequent attender</strong></td>
<td></td>
</tr>
<tr>
<td>At least once every six months</td>
<td>50.2</td>
</tr>
<tr>
<td>At least once every year</td>
<td>21.3</td>
</tr>
<tr>
<td><strong>Infrequent attender</strong></td>
<td></td>
</tr>
<tr>
<td>At least once every two years</td>
<td>4.7</td>
</tr>
<tr>
<td>Less frequently than every two years</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Emergency attender</strong></td>
<td></td>
</tr>
<tr>
<td>Only when having trouble with your teeth</td>
<td>12.3</td>
</tr>
<tr>
<td>and/or dentures</td>
<td></td>
</tr>
<tr>
<td><strong>Non-attender</strong></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>Don't know</strong></td>
<td></td>
</tr>
<tr>
<td>Don't know/can't remember</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
</tr>
<tr>
<td>Weighted base</td>
<td>1,006</td>
</tr>
<tr>
<td>Unweighted base</td>
<td>1,006</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+
Note: excludes visits to hygienist

Table 3.1 shows that around half of all respondents said that they went to the dentist at least once every six months with a further one-fifth attending at least once a year. These patients were identified as frequent attenders. Of those identified as infrequent attenders, five per cent visited the dentist at least once every two years and four per cent reported visiting less frequently than every two years. Around 12 per cent were emergency attenders who reported only attending when they had trouble with their teeth or dentures and seven per cent of consumers said that they never visit the dentist at all. This reflects the findings of the 2011 Consumer Attitudes towards Dentistry Survey (Denplan, 2011), where 47 per cent of consumers reported going to the dentist at least once every six months.
Figure 3.1 compares the attendance patterns of women and men. It shows that over three-quarters of women were frequent attenders compared with two-thirds of men. It also shows that men were twice as likely to say that they were emergency attenders compared with women (16.6 per cent and 8.3 per cent respectively).

Figure 3.2 compares patterns of attendance among consumers by age group. It shows that those aged between 25-64 years were most likely to report being frequent attenders, compared with the youngest and oldest age groups. The latter also reported the highest rates of non-attendance.

Figure 3.3 compares patients’ patterns of attendance by country of residence. There were more frequent attenders in Wales (80.9 per cent) and Northern Ireland (82.1 per cent) than in England (71.0 per cent) and Scotland (67.1 per cent) (Figure 3.3). The differences were also mirrored in the proportion of non-attenders, with more non-attenders in England and Scotland than in Wales and Northern Ireland. It should be noted here that the numbers of respondents living in Wales and Northern Ireland were small (N=52 and N=33 respectively) so a degree of caution should be exercised in extrapolating from findings.

Figure 3.4 shows how the frequency of visits to the dentist varies by social grade. There is a clear gradient visible with the likelihood of being a frequent attender increasing with social grade; for example, around 80 per cent of consumers in social-grade categories A and B were frequent attenders, compared with only two-thirds of consumers in D and E categories.
Figure 3.1 Frequency of visits to the dentist, by sex

Base: all adults aged 16+, excluding visits to the hygienist, N= 1,006

Figure 3.2 Frequency of visits to the dentist, by age group

Base: all adults aged 16+, excluding visits to the hygienist, N= 1,006
Figure 3.3 Frequency of visits to the dentist, by UK country of residence

<table>
<thead>
<tr>
<th>Country</th>
<th>Frequent attender</th>
<th>Infrequent attender</th>
<th>Emergency attender</th>
<th>Non-attender</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Wales</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Scotland</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+, excluding visits to the hygienist, N= 1,006

Figure 3.4 Frequency of visits to the dentist by social grade

<table>
<thead>
<tr>
<th>Social grade</th>
<th>Frequent attender</th>
<th>Infrequent attender</th>
<th>Emergency attender</th>
<th>Non-attender</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>C1</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>C2</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>DE</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+, excluding visits to the hygienist, N= 1,006
Consumers were then asked when they last visited a dentist (Table 3.2). The National Institute for Clinical Excellence (NICE) dental-recall guidelines indicate the number of months at which patients should be recalled according to their age and oral health\(^5\). The maximum time period is 24 months (NICE, 2004).

**Table 3.2 Length of time since last visit to a dentist, by socio-demographic characteristics**

<table>
<thead>
<tr>
<th>When last visited a dentist?</th>
<th>Attended in past 24 months</th>
<th>Attended &gt; 24 months ago</th>
<th>Don't know/can't remember</th>
<th>Total</th>
<th>Weighted Base</th>
<th>Unweighted base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>75.7</td>
<td>19.6</td>
<td>4.7</td>
<td>100.0</td>
<td>489</td>
<td>493</td>
</tr>
<tr>
<td>Female</td>
<td>81.9</td>
<td>15.3</td>
<td>2.9</td>
<td>100.0</td>
<td>518</td>
<td>513</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>67.2</td>
<td>26.6</td>
<td>6.3</td>
<td>100.0</td>
<td>128</td>
<td>114</td>
</tr>
<tr>
<td>25-44</td>
<td>79.3</td>
<td>16.2</td>
<td>4.5</td>
<td>100.0</td>
<td>333</td>
<td>301</td>
</tr>
<tr>
<td>45-64</td>
<td>86.8</td>
<td>12.3</td>
<td>0.9</td>
<td>100.0</td>
<td>325</td>
<td>338</td>
</tr>
<tr>
<td>65+</td>
<td>73.2</td>
<td>21.4</td>
<td>5.5</td>
<td>100.0</td>
<td>220</td>
<td>253</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>78.5</td>
<td>17.1</td>
<td>4.4</td>
<td>100.0</td>
<td>846</td>
<td>830</td>
</tr>
<tr>
<td>Wales</td>
<td>87.2</td>
<td>12.8</td>
<td>0.0</td>
<td>100.0</td>
<td>47</td>
<td>52</td>
</tr>
<tr>
<td>Scotland</td>
<td>74.1</td>
<td>24.7</td>
<td>1.2</td>
<td>100.0</td>
<td>85</td>
<td>91</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>89.3</td>
<td>10.7</td>
<td>0.0</td>
<td>100.0</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td><strong>Social grade(^6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB</td>
<td>86.0</td>
<td>12.2</td>
<td>1.8</td>
<td>100.0</td>
<td>222</td>
<td>227</td>
</tr>
<tr>
<td>C1</td>
<td>81.9</td>
<td>14.3</td>
<td>3.8</td>
<td>100.0</td>
<td>315</td>
<td>307</td>
</tr>
<tr>
<td>C2</td>
<td>75.5</td>
<td>20.0</td>
<td>4.5</td>
<td>100.0</td>
<td>220</td>
<td>205</td>
</tr>
<tr>
<td>DE</td>
<td>71.6</td>
<td>24.0</td>
<td>4.4</td>
<td>100.0</td>
<td>250</td>
<td>267</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>78.9</td>
<td>17.4</td>
<td>3.7</td>
<td>100.0</td>
<td>1,006</td>
<td>1,006</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+

Table 3.2 shows that almost 80 per cent, or four out of five, of consumers surveyed had visited their dentist during the previous 24 months, the maximum recall period recommended by the National Institute for Health and Clinical Excellence (NICE). Women were slightly more likely than men to report that they had visited a dentist recently. In addition, attendance within the NICE dental recall guidelines was highest in Northern Ireland and Wales, where almost nine out of every ten consumers had

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\(^6\) See Table 2.1 for a detailed breakdown of the social grades.
visited the dentist within the past 24 months, compared to around three-quarters of consumers in England and Scotland.

Table 3.2 also shows that recent attendance varied by social grade; with 86 per cent of consumers in A and B social-grade categories attending within the past 24 months, compared with only 71.6 per cent of those in D and E categories.

Throughout the rest of this report, a distinction is made between ‘consumers’ (all respondents) or ‘patients’ (those who have visited the dentist in the past two years).

3.2 Reasons for not going to the dentist

Those consumers who said that they had not attended a dentist over the past two years were asked about their reasons for not doing so. Table 3.3 shows the reasons they gave, disaggregated by sex, age, and social grade. Key findings include:

- Overall, two-thirds of consumers reported that they had not visited a dentist in the past two years because they did not believe there was any need for them to go, making it the most common reason for non-attendance. This reason was particularly common among men and younger consumers;
- The next two most common reasons for non-attendance were not being able to afford to go (17.2 per cent) and a fear of going to the dentist (16.2 per cent);
- Among those who had not attended in the past two years, women were more likely than men to report that they had not been able to afford to visit a dentist (29.9 per cent compared to 6.7 per cent);
- The likelihood of citing affordability as a reason for non-attendance varied by social grade, with 27.3 per cent of consumers in social-grade categories D and E reporting affordability as a reason for non-attendance, compared with only nine per cent of consumers in categories A and B;
- The likelihood of say that they were afraid of visiting the dentist was highest among older age groups and those in D and E social-grade categories;
- More than one out of every ten consumers who had not visited a dentist in the past two years said that this had been because they had not been able to find an NHS dentist;
- One quarter of consumers in the 45-64 age group reported that they could not find an NHS dentist; far higher than those in other age groups;
- Finally, around six per cent of consumers said that they had not attended because their dentist had changed to private.

3.3 Type of care received

The next set of questions related to patients’ last visit to a dentist, excluding any visits to a hygienist. Patients who had attended a dentist in the past two years were asked whether they had received private, NHS, or mixed care (Table 3.4).
Table 3.3 Reasons for not visiting a dentist in past two years, by sex, age, and social grade

Reasons for not visiting a dentist

<table>
<thead>
<tr>
<th>Reason for not visiting a dentist</th>
<th>Male</th>
<th>Female</th>
<th>16-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65+</th>
<th>AB</th>
<th>C1</th>
<th>C2</th>
<th>DE</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was no need for me to go to the dentist</td>
<td>77.0</td>
<td>48.3</td>
<td>79.8</td>
<td>62.7</td>
<td>59.5</td>
<td>58.1</td>
<td>66.9</td>
<td>73.5</td>
<td>65.9</td>
<td>54.3</td>
<td>64.0</td>
</tr>
<tr>
<td>I haven't been able to afford to go</td>
<td>6.7</td>
<td>29.9</td>
<td>10.2</td>
<td>16.1</td>
<td>31.2</td>
<td>11.5</td>
<td>9.0</td>
<td>13.1</td>
<td>12.6</td>
<td>27.3</td>
<td>17.2</td>
</tr>
<tr>
<td>I am afraid of going to the dentist</td>
<td>13.3</td>
<td>19.6</td>
<td>3.8</td>
<td>14.2</td>
<td>23.7</td>
<td>20.8</td>
<td>10.1</td>
<td>13.1</td>
<td>11.6</td>
<td>24.5</td>
<td>16.2</td>
</tr>
<tr>
<td>I keep forgetting / haven't got round to it</td>
<td>10.4</td>
<td>17.4</td>
<td>16.8</td>
<td>17.8</td>
<td>6.5</td>
<td>12.3</td>
<td>14.0</td>
<td>9.8</td>
<td>12.8</td>
<td>16.7</td>
<td>13.5</td>
</tr>
<tr>
<td>I couldn't find an NHS dentist</td>
<td>9.6</td>
<td>13.4</td>
<td>3.9</td>
<td>7.7</td>
<td>25.0</td>
<td>9.2</td>
<td>20.4</td>
<td>8.6</td>
<td>4.2</td>
<td>14.5</td>
<td>11.3</td>
</tr>
<tr>
<td>I've had a bad experience with a dentist in the past</td>
<td>9.6</td>
<td>13.1</td>
<td>1.5</td>
<td>15.7</td>
<td>15.0</td>
<td>9.7</td>
<td>0.0</td>
<td>10.7</td>
<td>12.9</td>
<td>15.3</td>
<td>11.2</td>
</tr>
<tr>
<td>I haven't had the time to go</td>
<td>10.2</td>
<td>8.9</td>
<td>14.9</td>
<td>12.4</td>
<td>9.0</td>
<td>3.1</td>
<td>20.5</td>
<td>1.9</td>
<td>11.6</td>
<td>9.1</td>
<td>9.6</td>
</tr>
<tr>
<td>I have only needed to visit the hygienist</td>
<td>10.1</td>
<td>7.8</td>
<td>8.1</td>
<td>11.2</td>
<td>5.8</td>
<td>10.3</td>
<td>2.4</td>
<td>10.0</td>
<td>16.4</td>
<td>6.1</td>
<td>9.1</td>
</tr>
<tr>
<td>My dentist changed to private</td>
<td>4.2</td>
<td>7.8</td>
<td>1.5</td>
<td>10.0</td>
<td>2.6</td>
<td>6.9</td>
<td>4.2</td>
<td>6.6</td>
<td>10.1</td>
<td>2.8</td>
<td>5.8</td>
</tr>
<tr>
<td>It's difficult to get to / from the dentist</td>
<td>4.6</td>
<td>3.0</td>
<td>1.5</td>
<td>5.6</td>
<td>1.5</td>
<td>5.8</td>
<td>5.0</td>
<td>2.1</td>
<td>3.8</td>
<td>4.8</td>
<td>3.9</td>
</tr>
<tr>
<td>Other</td>
<td>4.8</td>
<td>12.8</td>
<td>10.8</td>
<td>1.3</td>
<td>8.0</td>
<td>15.2</td>
<td>0.0</td>
<td>2.5</td>
<td>6.2</td>
<td>18.2</td>
<td>8.4</td>
</tr>
<tr>
<td>None of these reasons</td>
<td>0.6</td>
<td>6.0</td>
<td>0.0</td>
<td>2.7</td>
<td>0.0</td>
<td>8.3</td>
<td>0.0</td>
<td>2.7</td>
<td>6.6</td>
<td>2.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Base N (weighted)</td>
<td>96</td>
<td>79</td>
<td>34</td>
<td>54</td>
<td>40</td>
<td>47</td>
<td>27</td>
<td>45</td>
<td>44</td>
<td>60</td>
<td>175</td>
</tr>
<tr>
<td>Base N (unweighted)</td>
<td>103</td>
<td>82</td>
<td>31</td>
<td>54</td>
<td>42</td>
<td>58</td>
<td>25</td>
<td>47</td>
<td>42</td>
<td>71</td>
<td>185</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who have not visited a dentist during the past two years. Note that 35 cases that responded ‘don’t know/can’t remember’ when asked they last visited the dentist were excluded.

*Note that consumers were able to give more than one response to this question so the percentages in the table do not add up to 100 per cent.
Table 3.4 Type of care received at last visit, by socio-demographic characteristics

<table>
<thead>
<tr>
<th></th>
<th>NHS dental care</th>
<th>Private dental care</th>
<th>Mixed private and NHS</th>
<th>Another type of care(^7)</th>
<th>Don’t know/can’t remember</th>
<th>Total</th>
<th>Weighted Base</th>
<th>Unweighted base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52.7</td>
<td>38.1</td>
<td>7.8</td>
<td>*</td>
<td>1.1</td>
<td>100.0</td>
<td>370</td>
<td>368</td>
</tr>
<tr>
<td>Female</td>
<td>64.9</td>
<td>27.1</td>
<td>5.0</td>
<td>1.4</td>
<td>1.7</td>
<td>100.0</td>
<td>424</td>
<td>418</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>67.8</td>
<td>27.6</td>
<td>2.3</td>
<td>0.0</td>
<td>2.3</td>
<td>100.0</td>
<td>87</td>
<td>76</td>
</tr>
<tr>
<td>25-44</td>
<td>63.3</td>
<td>28.4</td>
<td>5.3</td>
<td>1.5</td>
<td>1.5</td>
<td>100.0</td>
<td>264</td>
<td>237</td>
</tr>
<tr>
<td>45-64</td>
<td>55.0</td>
<td>35.8</td>
<td>7.4</td>
<td>0.7</td>
<td>1.1</td>
<td>100.0</td>
<td>282</td>
<td>292</td>
</tr>
<tr>
<td>65+</td>
<td>54.7</td>
<td>34.8</td>
<td>8.1</td>
<td>1.2</td>
<td>1.2</td>
<td>100.0</td>
<td>161</td>
<td>181</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>59.3</td>
<td>31.9</td>
<td>6.8</td>
<td>0.9</td>
<td>1.1</td>
<td>100.0</td>
<td>664</td>
<td>648</td>
</tr>
<tr>
<td>Wales</td>
<td>61.0</td>
<td>29.3</td>
<td>9.8</td>
<td>0.0</td>
<td>0.0</td>
<td>100.0</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>Scotland</td>
<td>64.1</td>
<td>31.3</td>
<td>0.0</td>
<td>1.6</td>
<td>3.1</td>
<td>100.0</td>
<td>64</td>
<td>66</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>34.6</td>
<td>46.2</td>
<td>3.8</td>
<td>3.8</td>
<td>11.5</td>
<td>100.0</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td><strong>Social grade(^8)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB</td>
<td>43.7</td>
<td>45.8</td>
<td>8.4</td>
<td>0.5</td>
<td>1.6</td>
<td>100.0</td>
<td>190</td>
<td>198</td>
</tr>
<tr>
<td>C1</td>
<td>59.5</td>
<td>30.5</td>
<td>6.2</td>
<td>1.9</td>
<td>1.9</td>
<td>100.0</td>
<td>259</td>
<td>250</td>
</tr>
<tr>
<td>C2</td>
<td>63.3</td>
<td>28.9</td>
<td>6.0</td>
<td>0.0</td>
<td>1.8</td>
<td>100.0</td>
<td>166</td>
<td>154</td>
</tr>
<tr>
<td>DE</td>
<td>71.1</td>
<td>22.8</td>
<td>4.4</td>
<td>1.1</td>
<td>0.6</td>
<td>100.0</td>
<td>180</td>
<td>184</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>59.1</td>
<td>32.2</td>
<td>6.3</td>
<td>1.0</td>
<td>1.4</td>
<td>100.0</td>
<td>795</td>
<td>786</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who attended a dentist in the past two years

\(^7\) ‘Another type of care’ could mean hospital care (i.e. wisdom teeth removal) or perhaps care in the CDS.

\(^8\) See Table 2.1 for a detailed breakdown of the social grades.
Table 3.4 shows that around six out of every ten patients who had visited a dentist in the past two years said that they had received only NHS care at their last visit, compared with one-third who received private care only. Only 6.3 per cent said they received a mix of NHS and private care.

Table 3.4 also shows that over two thirds of women received NHS dental care at their last visit compared with just over half of men; men were correspondingly more likely than women to have had private treatment at last visit.

Younger people were more likely than those in older age groups to say they had received NHS dental care at last visit; for example, almost seven in every ten of 16-24 year olds said that they had received NHS care, compared with just over half of those in the 45-64 and 65+ age groups. Correspondingly, patients in the 45-64 and 65+ age groups were more likely than younger patients to report receiving private care at their last visit to the dentist (Table 3.4).

A larger proportion of patients in Northern Ireland received private dental care at their last visit (around 46 per cent) compared to England, Wales and Scotland (approximately 30 per cent). It should be noted here that the number of patients included in the survey from Northern Ireland was small (N=29) so caution should be exercised in extrapolating from these figures.

Finally, Table 3.4 also shows that the type of dental care received at last visit varied by social grade; for example, 45.8 per cent of patients in the AB social-grade categories reported receiving private care at their last visit. By comparison, only 22.8 per cent of patients in DE categories reported receiving private care.

3.4 Patients’ reasons for choosing type of care at last visit to a dentist

Patients were then asked the reasons for choosing the type of care they received on their last visit. Tables 3.5 to 3.7 display these reasons, by type of dental care received. Note that patients were free to identify more than one reason for choosing a particular type of care.
### Table 3.5 Reasons for choosing type of care among those who received NHS dental care at last visit

<table>
<thead>
<tr>
<th>Reasons given</th>
<th>Percentage of cases (multiple response included)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial reasons</strong></td>
<td></td>
</tr>
<tr>
<td>It is cheap/cheaper/ NHS is cheaper</td>
<td>16.7</td>
</tr>
<tr>
<td>It is free (due to being a student/ on benefits etc.)</td>
<td>13.4</td>
</tr>
<tr>
<td>I can't afford it/ it is expensive/ can't afford to go private</td>
<td>13.3</td>
</tr>
<tr>
<td>It is affordable/ I can afford it</td>
<td>3.1</td>
</tr>
<tr>
<td>Because of the cost/ price (unspecified)</td>
<td>1.3</td>
</tr>
<tr>
<td>You pay for NHS dental care (if you work)</td>
<td>*</td>
</tr>
<tr>
<td><strong>Routine care</strong></td>
<td></td>
</tr>
<tr>
<td>I just go for a regular/ routine check up</td>
<td>14.6</td>
</tr>
<tr>
<td>To have routine treatment on my teeth (any mention)</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Good dentist/quality of service</strong></td>
<td></td>
</tr>
<tr>
<td>A good dentist/ practice/ good service/ I like/ trust them</td>
<td>9.6</td>
</tr>
<tr>
<td>Don't have to wait/ can get an appointment quickly</td>
<td>0.6</td>
</tr>
<tr>
<td>It is the best/ better quality dental care</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>Convenience</strong></td>
<td></td>
</tr>
<tr>
<td>It is local/ nearby/ convenient</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Registration</strong></td>
<td></td>
</tr>
<tr>
<td>I use/I've always used/am registered with the NHS</td>
<td>8.5</td>
</tr>
<tr>
<td>I am registered with him/ her (unspecified)</td>
<td>1.9</td>
</tr>
<tr>
<td><strong>Historical reasons</strong></td>
<td></td>
</tr>
<tr>
<td>I have been going to the same dentist/practice for years/ a long time/ most of my life</td>
<td>5.6</td>
</tr>
<tr>
<td>That is what I've always used/ done (unspecified)</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td></td>
</tr>
<tr>
<td>It is what is available/ no alternative</td>
<td>5.4</td>
</tr>
<tr>
<td>No NHS dentist available in area/ can't find an NHS dentist</td>
<td>*</td>
</tr>
<tr>
<td><strong>Immediate need for care</strong></td>
<td></td>
</tr>
<tr>
<td>Had a toothache/ in pain/ tooth was loose/ had come out</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Just prefer a particular type of care (NHS/Private)</strong></td>
<td></td>
</tr>
<tr>
<td>I believe in the NHS/ I don't believe in private treatment</td>
<td>3.4</td>
</tr>
<tr>
<td>It is what I choose/ this is what I prefer (unspecified)</td>
<td>1.6</td>
</tr>
<tr>
<td>I use a private dentist/ this is what I choose/ prefer</td>
<td>*</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>Recommended to me/ personal recommendation</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Continuity of provider</strong></td>
<td></td>
</tr>
<tr>
<td>My dentist changed from NHS to private (I wanted to stay with the same dentist/ dental practice)</td>
<td>*</td>
</tr>
<tr>
<td><strong>Entitlement</strong></td>
<td></td>
</tr>
<tr>
<td>I am entitled/ eligible to NHS treatment</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>I have a dental plan/ pay monthly</td>
<td>*</td>
</tr>
<tr>
<td>The dentist is a friend/ a family friend</td>
<td>*</td>
</tr>
<tr>
<td>Others</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>No reason/don’t know</strong></td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>1.5</td>
</tr>
<tr>
<td>No particular reason</td>
<td>0.9</td>
</tr>
<tr>
<td>Don't know</td>
<td>*</td>
</tr>
<tr>
<td><strong>Base N (weighted)</strong></td>
<td>458</td>
</tr>
<tr>
<td><strong>Base N (unweighted)</strong></td>
<td>456*</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who respondents who have received some dental care over the past two years

*less than 0.5 per cent

*missing cases N=10
Table 3.6 Reasons for choosing type of care among those who received private dental care at last visit

<table>
<thead>
<tr>
<th>Reasons given</th>
<th>Percentage of cases (multiple response included)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuity of provider</strong></td>
<td></td>
</tr>
<tr>
<td>My dentist changed from NHS to private (I wanted to stay with the same dentist/dental practice)</td>
<td>15.5</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td></td>
</tr>
<tr>
<td>No NHS dentist available in area/ can't find an NHS dentist</td>
<td>14.3</td>
</tr>
<tr>
<td>It is what is available/ no alternative</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Good dentist/quality of service</strong></td>
<td></td>
</tr>
<tr>
<td>A good dentist/ practice/ good service/ I like/ trust them</td>
<td>12.7</td>
</tr>
<tr>
<td>It is the best/ better quality dental care (better than NHS)</td>
<td>6.3</td>
</tr>
<tr>
<td>Don't have to wait/ can get an appointment quickly</td>
<td>5.1</td>
</tr>
<tr>
<td><strong>Just prefer a particular type of care (NHS/Private)</strong></td>
<td></td>
</tr>
<tr>
<td>I use a private dentist/ this is what I choose/ prefer</td>
<td>11.2</td>
</tr>
<tr>
<td>It is what I choose/ this is what I prefer (unspecified)</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>Routine care</strong></td>
<td></td>
</tr>
<tr>
<td>I just go for a regular/ routine check up</td>
<td>7.7</td>
</tr>
<tr>
<td>To have routine treatment on my teeth (any mention)</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Historical reasons</strong></td>
<td></td>
</tr>
<tr>
<td>I have been going to the same dentist/practice for years/ a long time/most of my life</td>
<td>7.2</td>
</tr>
<tr>
<td>That is what I've always used/ done (unspecified)</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Financial reasons</strong></td>
<td></td>
</tr>
<tr>
<td>It is cheap/cheaper/ NHS is cheaper</td>
<td>1.6</td>
</tr>
<tr>
<td>I can't afford it/ it is expensive/ can't afford to go private</td>
<td>0.5</td>
</tr>
<tr>
<td>It is free (due to being a student/ on benefits etc.)</td>
<td>0.9</td>
</tr>
<tr>
<td>It is affordable/ I can afford it</td>
<td>3.4</td>
</tr>
<tr>
<td>You pay for NHS dental care (if you work)</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Immediate need for care</strong></td>
<td></td>
</tr>
<tr>
<td>Had a toothache/ in pain/ tooth was loose/ had come out</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Convenience</strong></td>
<td></td>
</tr>
<tr>
<td>It is local/ nearby/ convenient</td>
<td>3.9</td>
</tr>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
</tr>
<tr>
<td>Recommended to me/ personal recommendation</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Registration</strong></td>
<td></td>
</tr>
<tr>
<td>I use/I've always used/am registered with the NHS</td>
<td>*</td>
</tr>
<tr>
<td>I am registered with him/ her (unspecified)</td>
<td>*</td>
</tr>
<tr>
<td><strong>Entitlement</strong></td>
<td></td>
</tr>
<tr>
<td>I am not entitled to NHS dental care</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>I have a dental plan/ pay monthly</td>
<td>5.1</td>
</tr>
<tr>
<td>The dentist is a friend/ a family friend</td>
<td>1.7</td>
</tr>
<tr>
<td>Others</td>
<td>6.9</td>
</tr>
<tr>
<td><strong>No reason/don’t know</strong></td>
<td></td>
</tr>
<tr>
<td>No particular reason</td>
<td>0.5</td>
</tr>
<tr>
<td>Don't know</td>
<td>*</td>
</tr>
<tr>
<td>No answer</td>
<td>1.2</td>
</tr>
<tr>
<td>Base N (weighted)</td>
<td>251</td>
</tr>
<tr>
<td>Base N (unweighted)</td>
<td>251^1</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who respondents who have received some dental care over the past two years

^less than 0.5 per cent

^1 missing cases N=5
Table 3.7 Reasons for choosing type of care among those who received mixed private and NHS dental care at last visit

<table>
<thead>
<tr>
<th>Reasons given</th>
<th>Percentage of cases (multiple response included)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine care</strong></td>
<td></td>
</tr>
<tr>
<td>I just go for a regular/ routine check up</td>
<td>15.8</td>
</tr>
<tr>
<td>To have routine treatment on my teeth (any mention)</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Good dentist/quality of service</strong></td>
<td></td>
</tr>
<tr>
<td>A good dentist/ practice/ good service/ I like/ trust them</td>
<td>10.3</td>
</tr>
<tr>
<td>It is the best/ better quality dental care</td>
<td>3.3</td>
</tr>
<tr>
<td>Don't have to wait/ can get an appointment quickly</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>Immediate need for care</strong></td>
<td></td>
</tr>
<tr>
<td>Had a toothache/ in pain/ tooth was loose/ had come out</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Financial reasons</strong></td>
<td></td>
</tr>
<tr>
<td>Because of the cost/ price (unspecified)</td>
<td>8.2</td>
</tr>
<tr>
<td>It is cheap/cheaper/ NHS is cheaper</td>
<td>5.6</td>
</tr>
<tr>
<td>It is affordable/ I can afford it</td>
<td>4.1</td>
</tr>
<tr>
<td>You pay for NHS dental care (if you work)</td>
<td>2.0</td>
</tr>
<tr>
<td>It is free (due to being a student/ on benefits etc.)</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Convenience</strong></td>
<td></td>
</tr>
<tr>
<td>It is local/ nearby/ convenient</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Historical reasons</strong></td>
<td></td>
</tr>
<tr>
<td>I have been going to the same dentist/practice for years/ a long time/ most of my life</td>
<td>5.0</td>
</tr>
<tr>
<td>That is what I've always used/ done (unspecified)</td>
<td>1.8</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td></td>
</tr>
<tr>
<td>It is what is available/ no alternative</td>
<td>4.8</td>
</tr>
<tr>
<td>No NHS dentist available in area/ can't find an NHS dentist</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Registration</strong></td>
<td></td>
</tr>
<tr>
<td>I am registered with him/ her (unspecified)</td>
<td>2.8</td>
</tr>
<tr>
<td><strong>Just prefer a particular type of care (NHS/Private)</strong></td>
<td>2.0</td>
</tr>
<tr>
<td>I use a private dentist/ this is what I choose/ prefer</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Continuity of provider</strong></td>
<td></td>
</tr>
<tr>
<td>My dentist changed from NHS to private (I wanted to stay with the same dentist/ dental practice)</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>I have a dental plan/ pay monthly</td>
<td>4.8</td>
</tr>
<tr>
<td>Others</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>No reason/don't know</strong></td>
<td></td>
</tr>
<tr>
<td>No particular reason</td>
<td>3.8</td>
</tr>
<tr>
<td>Base N (weighted)</td>
<td>49</td>
</tr>
<tr>
<td>Base N (unweighted)</td>
<td>44</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who respondents who have received some dental care over the past two years
*less than 0.5 per cent
1 missing cases N=1

Table 3.5 shows that the main driver of patient choice of treatment was cost. The main reasons given for choosing NHS care were financial; for example, 16.7 per cent chose it because it was cheaper; 13.4 per cent because it was free; and 13.3 per cent said they could not afford private care.

Other commonly cited reasons included: a desire to continue with routine care (14.6 per cent); the quality of the service they receive and trust or confidence in their dentist (9.6 per cent); or convenience (8.7 per cent).
Among those who had received private care at last visit, the most common reason given (15.5 per cent) for receiving this type of care was that their dentist had changed from NHS to private, and they had wanted to stay with the same dentist (Table 3.6); this suggests the high value placed on continuity of care among some patients.

Moreover, 14.3 per cent said that they had received private care because there had been no NHS dentists available in the area where they live or they had been unable to find an NHS dentist. In addition, one in twenty of those who received private care at last visit said they had no alternative or that private care was all that was available to them.

Another common reason given by patients for choosing private over NHS care was trust or confidence in their dentist as well as the good quality of service (12.7 per cent).

Finally, some private patients (11.2 per cent) expressed a general preference for private over NHS dental care, and 6.3 per cent expressed a belief in the better quality of private care (Table 3.6).

Among those patients who received a mix of private and NHS dental care at their last visit (Table 3.7), the most common reasons for doing so were that they had attended for a routine check-up (15.8 per cent) or routine treatment (12.9 per cent). As with private and NHS patients, liking or trusting the dentist or practice was another common reason given for receiving this type of care (10.3 per cent).

**3.5 Patients’ evaluations of the care they received at last visit to a dentist**

Patients who had visited a dental practice within the past two years were asked to rate how well the information on fees and charges had been explained by the practice prior to the treatment taking place at their last visit (Figure 3.5).

Among patients who paid for their dental care, almost eight out of ten rated how well the practice explained the fees and charges as “good” or “very good” (Figure 3.5). Patients who received private care at their last visit to a dentist were only slightly more likely to give a “very good” rating compared with those who had received NHS care. However, those who had received mixed NHS and private care were markedly more likely than both groups to rate this aspect of their patient experience as “poor” or “very poor”. Nonetheless, it is important to note that there were only 42 respondents who received mixed NHS and private care and who also responded to this question, so these results need to be interpreted with some caution.
Patients who had visited a dentist in the past two years were also asked to rate the care or treatment they had received at last visit for value for money (Figure 3.6).

Figure 3.6 shows that around three quarters of patients who had visited a dentist in the past two years rated their treatment as “good” or “very good” value for money, with just four per cent reporting that value for money had been ‘poor’ or ‘very poor’.

Both NHS and private care were rated similarly for “good” or “very good” value for money (80 and 77 per cent respectively). By comparison, only 62 per cent of those receiving a mix of private and NHS care at their last visit perceived that they had experienced “good” or “very good” value for money. Conversely, around 15 per cent of these patients (those receiving mixed care) rated the care they received at their last visit to a dentist as “poor” or “very poor” value for money. Again, it should be noted here that the number of patients who received mixed care at their last visit was relatively small (N=42) so a degree of caution should be exercised in extrapolating from these findings. Nonetheless, the finding that many of those who received mixed dental treatment felt that they had not received good value for money suggests the need for further research in this area focusing specifically on the experiences of those receiving mixed care.
Figure 3.5 Patients’ ratings of how well fees and charges were explained by their dental practice prior to treatment at last visit to a dentist

Figure 3.6 Value-for-money rating of care or treatment received at last visit (excluding visit to hygienist)
Patients were asked whether the cost of treatment affected their choice of treatment at their last visit (Table 3.8).

Table 3.8 Did cost affect the type of treatment chosen at last visit, by type of care, age group, and social grade?

<table>
<thead>
<tr>
<th>Type of care received at last visit</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Total</th>
<th>Base weighted</th>
<th>Base unweighted</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS care</td>
<td>20.1</td>
<td>78.4</td>
<td>1.5</td>
<td>100.0</td>
<td>389</td>
<td>388</td>
</tr>
<tr>
<td>Private care</td>
<td>21.4</td>
<td>76.6</td>
<td>2.0</td>
<td>100.0</td>
<td>248</td>
<td>248</td>
</tr>
<tr>
<td>Mixed care</td>
<td>50.0</td>
<td>47.9</td>
<td>2.1</td>
<td>100.0</td>
<td>48</td>
<td>42</td>
</tr>
<tr>
<td>Other type of care&lt;sup&gt;9&lt;/sup&gt;</td>
<td>0.0</td>
<td>75.0</td>
<td>25.0</td>
<td>100.0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Don't know</td>
<td>36.4</td>
<td>54.5</td>
<td>9.1</td>
<td>100.0</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

Social Grade<sup>10</sup>

| AB                                 | 18.4 | 81.0 | 0.6        | 100.0 | 179           | 186            |
| C1                                 | 19.4 | 79.7 | 0.9        | 100.0 | 227           | 221            |
| C2                                 | 26.8 | 71.1 | 2.0        | 100.0 | 149           | 138            |
| DE                                 | 29.4 | 65.0 | 5.6        | 100.0 | 143           | 148            |

Age group

| 16-24                             | 30.6 | 69.4 | 0.0        | 100.0 | 62            | 55             |
| 25-44                              | 20.8 | 78.3 | 0.9        | 100.0 | 226           | 206            |
| 45-64                              | 25.5 | 73.0 | 1.5        | 100.0 | 263           | 269            |
| 65+                                | 17.7 | 76.9 | 5.4        | 100.0 | 147           | 163            |

| All                                | 22.8 | 75.2 | 2.0        | 100.0 | 698           | 693            |

Base: all adults aged 16+ who have visited a dentist during the past two years

*less than 0.5 per cent

Table 3.8 shows that around 23 per cent of patients said that their choice of treatment was affected by cost. However, there was some variation by the type of care received; for example, half of those who received mixed dental care at their last visit reported that their choice of treatment was affected by cost. By comparison, one fifth of those who received NHS or private dental care said that their choice of treatment was affected by cost.

A clear social gradient in how likely cost of treatment affected patient choice is visible in Table 3.8; for example, more patients in social-grade categories D and E said that

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<sup>9</sup> Please refer to footnote 6

<sup>10</sup> See Table 2.1 for a detailed breakdown of the social grades.
their choice of treatment had been affected by cost compared with those in A and B categories.

Finally, older patients (aged 65 or more) were least likely to say that their choice of treatment had been affected by cost compared with those in younger age groups. Conversely, younger patients (aged 16-24) were most likely to say that cost had influenced their treatment choice.

All patients who had visited a dentist in the past two years were then asked whether they felt involved in treatment decisions (Table 3.9).

### Table 3.9 Feeling of being involved in treatment decisions at last visit, by type of care, age group, and social grade

<table>
<thead>
<tr>
<th>Felt involved in treatment decision?</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Total</th>
<th>Base weighted</th>
<th>Base unweighted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of care received at last visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS care</td>
<td>71.4</td>
<td>27.7</td>
<td>0.9</td>
<td>100.0</td>
<td>469</td>
<td>466</td>
</tr>
<tr>
<td>Private care</td>
<td>80.1</td>
<td>19.9</td>
<td>0.0</td>
<td>100.0</td>
<td>256</td>
<td>256</td>
</tr>
<tr>
<td>Mixed care</td>
<td>68.0</td>
<td>32.0</td>
<td>0.0</td>
<td>100.0</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Other type of care&lt;sup&gt;11&lt;/sup&gt;</td>
<td>87.5</td>
<td>12.5</td>
<td>0.0</td>
<td>100.0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Don't know</td>
<td>54.5</td>
<td>36.4</td>
<td>9.1</td>
<td>100.0</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td><strong>Social grade&lt;sup&gt;12&lt;/sup&gt;</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB</td>
<td>82.7</td>
<td>17.3</td>
<td>0.0</td>
<td>100.0</td>
<td>191</td>
<td>198</td>
</tr>
<tr>
<td>C1</td>
<td>78.3</td>
<td>20.9</td>
<td>0.8</td>
<td>100.0</td>
<td>258</td>
<td>250</td>
</tr>
<tr>
<td>C2</td>
<td>68.7</td>
<td>30.7</td>
<td>0.6</td>
<td>100.0</td>
<td>166</td>
<td>154</td>
</tr>
<tr>
<td>DE</td>
<td>63.7</td>
<td>35.8</td>
<td>0.6</td>
<td>100.0</td>
<td>179</td>
<td>184</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>71.3</td>
<td>26.4</td>
<td>2.3</td>
<td>100.0</td>
<td>87</td>
<td>76</td>
</tr>
<tr>
<td>25-44</td>
<td>76.1</td>
<td>23.9</td>
<td>0.0</td>
<td>100.0</td>
<td>264</td>
<td>237</td>
</tr>
<tr>
<td>45-64</td>
<td>74.8</td>
<td>24.5</td>
<td>0.7</td>
<td>100.0</td>
<td>282</td>
<td>292</td>
</tr>
<tr>
<td>65+</td>
<td>70.8</td>
<td>28.6</td>
<td>0.6</td>
<td>100.0</td>
<td>161</td>
<td>181</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>74.0</td>
<td>25.4</td>
<td>0.6</td>
<td>100.0</td>
<td>794</td>
<td>786</td>
</tr>
</tbody>
</table>

Note: Excludes visits to the hygienist
Base: all adults aged 16+ who have visited a dentist during the past two years
*less than 0.5 per cent

Table 3.9 shows that three-quarters of patients said they had been involved in decisions about their treatment. Involvement in treatment decisions varies by social

<sup>11</sup> Please refer to footnote 6
<sup>12</sup> See Table 2.1 for a detailed breakdown of the social grades.
grade; for example, 82.7 per cent of patients in social-grade categories A and B reported that they felt involved in decisions, compared with 63.7 per cent of patients in categories D and E.

Eight out of every ten private patients felt involved in decisions at their last visit, compared with approximately seven out of every ten NHS and mixed dental care patients.

Patients who had visited a dental practice within the past two years were asked whether the dentist had explained their treatment in a way they could understand at their last visit to a dentist (Table 3.10).

**Table 3.10 Reasons for dental care explained by dentist at last visit in a way that could be understood, by age group, type of care, and social grade**

<table>
<thead>
<tr>
<th>Row percentages (weighted)</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Total</th>
<th>Base weighted</th>
<th>Base unweighted</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Type of care received at last visit</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS care</td>
<td>94.7</td>
<td>4.5</td>
<td>0.9</td>
<td>100.0</td>
<td>469</td>
<td>466</td>
</tr>
<tr>
<td>Private care</td>
<td>95.7</td>
<td>4.3</td>
<td>0.0</td>
<td>100.0</td>
<td>256</td>
<td>256</td>
</tr>
<tr>
<td>Mixed care</td>
<td>94.0</td>
<td>6.0</td>
<td>0.0</td>
<td>100.0</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Other type of care</td>
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<td>0.0</td>
<td>100.0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
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<td>18.2</td>
<td>0.0</td>
<td>100.0</td>
<td>11</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Social grade</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>96.8</td>
<td>3.2</td>
<td>0.0</td>
<td>100.0</td>
<td>190</td>
<td>198</td>
</tr>
<tr>
<td>C1</td>
<td>94.6</td>
<td>4.6</td>
<td>0.8</td>
<td>100.0</td>
<td>259</td>
<td>250</td>
</tr>
<tr>
<td>C2</td>
<td>95.2</td>
<td>4.2</td>
<td>0.6</td>
<td>100.0</td>
<td>165</td>
<td>154</td>
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<td>DE</td>
<td>93.3</td>
<td>6.1</td>
<td>0.6</td>
<td>100.0</td>
<td>179</td>
<td>184</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Age group</strong></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>95.3</td>
<td>4.7</td>
<td>0.0</td>
<td>100.0</td>
<td>86</td>
<td>76</td>
</tr>
<tr>
<td>25-44</td>
<td>94.7</td>
<td>4.5</td>
<td>0.8</td>
<td>100.0</td>
<td>264</td>
<td>237</td>
</tr>
<tr>
<td>45-64</td>
<td>95.4</td>
<td>4.2</td>
<td>0.4</td>
<td>100.0</td>
<td>283</td>
<td>292</td>
</tr>
<tr>
<td>65+</td>
<td>93.8</td>
<td>5.6</td>
<td>0.6</td>
<td>100.0</td>
<td>161</td>
<td>181</td>
</tr>
</tbody>
</table>

| **All**                                | 94.9  | 4.6    | 0.5        | 100.0 | 794           | 786             |

Ninety-five per cent of patients felt that their dentist had explained the reasons for their treatment in a way they could understand (Table 3.10). This compares with the 2010 Which? survey of private dental services in England that found that 91 per cent

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13 Please refer to footnote 6

14 See Table 2.1 for a detailed breakdown of the social grades.
agreed slightly or strongly that ‘my dentist explained why he was recommending/carrying out this treatment’; and 86 per cent that ‘overall I felt confident this was the best treatment for me’ (Which?, 2011). There was little variation in how well treatment decisions were explained by type of care, social grade or age group.

Patients who had seen a dentist in the past two years were asked to rate how satisfied or dissatisfied they had been with the care they had received – they were asked to rate their level of satisfaction with their care on a scale between one and ten (where ‘one’ is extremely dissatisfied and ‘ten’ is extremely satisfied). Patients were able to use any number in between (Table 3.11).

Table 3.11 Level of satisfaction with last visit, by type of care received

<table>
<thead>
<tr>
<th>Treatment satisfaction rating</th>
<th>1-4</th>
<th>5-7</th>
<th>8-10</th>
<th>Don’t know</th>
<th>Total</th>
<th>Mean satisfaction score</th>
<th>Weighted base</th>
<th>Unweighted base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of care received at last visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS care</td>
<td>2.1</td>
<td>17.9</td>
<td>79.5</td>
<td>*</td>
<td>100.0</td>
<td>8.5</td>
<td>469</td>
<td>466</td>
</tr>
<tr>
<td>Private care</td>
<td>2.0</td>
<td>12.2</td>
<td>85.9</td>
<td>0.0</td>
<td>100.0</td>
<td>8.7</td>
<td>255</td>
<td>256</td>
</tr>
<tr>
<td>Mixed care</td>
<td>2.0</td>
<td>36.0</td>
<td>62.0</td>
<td>0.0</td>
<td>100.0</td>
<td>7.9</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Other type of care&lt;sup&gt;16&lt;/sup&gt;</td>
<td>0.0</td>
<td>37.5</td>
<td>62.5</td>
<td>0.0</td>
<td>100.0</td>
<td>8.9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Don't know</td>
<td>0.0</td>
<td>54.5</td>
<td>45.5</td>
<td>0.0</td>
<td>100.0</td>
<td>7.2</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>All</td>
<td>2.0</td>
<td>17.9</td>
<td>79.9</td>
<td>*</td>
<td>100.0</td>
<td>8.5</td>
<td>793</td>
<td>786</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who have visited a dentist during the past two years
<sup>*</sup>less than 0.5 per cent

Patients who had seen a dentist in the past two years reported an average satisfaction score of eight and a half out of ten at their last visit (Table 3.11). Similarly, Denplan’s Consumer Attitudes towards Dentistry Survey (2011) showed that satisfaction was high across all types of dental care with 88 per cent of regular patients reporting satisfaction with their last visit. In a recent General Dental Council patient and public survey, 95 per cent of patients were satisfied with their treatment and 94 per cent were confident in the dental treatment they received (GDC, 2011).

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<sup>15</sup> These figures come from an online panel survey of 1,821 people conducted by Which? in 2010. The research assessed how far the private healthcare market has improved for consumers since the Office of Fair Trading made its recommendations in 2003. A summary of the findings can be found at: [http://www.which.co.uk/documents/pdf/oft-private-healthcare-market-study-which-comments-255807.pdf](http://www.which.co.uk/documents/pdf/oft-private-healthcare-market-study-which-comments-255807.pdf)

<sup>16</sup> Please refer to footnote 6
There was a slight difference in levels of satisfaction between NHS and private patients. However, recipients of mixed dental care were more likely to report a lower satisfaction score compared with those who had received exclusively NHS or private treatment (Table 3.11). As was mentioned previously, the number of patients reporting receiving mixed care at last visit was relatively small (N=45) so a degree of caution should be exercised in extrapolating from these findings.

In a way this is what might be expected: greater satisfaction for higher fees and greater ability of those who choose to pay to obtain the quality of care to which they aspire. NHS dentists are working under activity targets of one kind or another and this impacts on some elements of quality of care, such as time spent with the patient.

3.6 Awareness of complaints procedure

Patients were asked whether they were aware of the practice’s complaints procedure (the practice at which they had their last visit) (Table 3.12).

Table 3.12 Awareness of practice’s complaints procedure, by age group, type of care, and social grade

<table>
<thead>
<tr>
<th>Aware of complaints procedure?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Total</th>
<th>Base weighted</th>
<th>Base unweighted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of care received at last visit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS care</td>
<td>61.4</td>
<td>38.4</td>
<td>0.2</td>
<td>100.0</td>
<td>469</td>
<td>466</td>
</tr>
<tr>
<td>Private care</td>
<td>60.0</td>
<td>38.8</td>
<td>1.2</td>
<td>100.0</td>
<td>255</td>
<td>256</td>
</tr>
<tr>
<td>Mixed care</td>
<td>60.0</td>
<td>40.0</td>
<td>0.0</td>
<td>100.0</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Other type of care</td>
<td>62.5</td>
<td>37.5</td>
<td>0.0</td>
<td>100.0</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Don’t know</td>
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<td>50.0</td>
<td>0.0</td>
<td>100.0</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td><strong>Social grade</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB</td>
<td>59.2</td>
<td>40.8</td>
<td>0.0</td>
<td>100.0</td>
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<td>198</td>
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<tr>
<td>C1</td>
<td>58.1</td>
<td>41.1</td>
<td>0.8</td>
<td>100.0</td>
<td>258</td>
<td>250</td>
</tr>
<tr>
<td>C2</td>
<td>61.4</td>
<td>38.6</td>
<td>0.0</td>
<td>100.0</td>
<td>166</td>
<td>154</td>
</tr>
<tr>
<td>DE</td>
<td>65.4</td>
<td>33.5</td>
<td>1.1</td>
<td>100.0</td>
<td>179</td>
<td>184</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>76.7</td>
<td>23.3</td>
<td>0.0</td>
<td>100.0</td>
<td>86</td>
<td>76</td>
</tr>
<tr>
<td>25-44</td>
<td>59.1</td>
<td>40.5</td>
<td>0.4</td>
<td>100.0</td>
<td>264</td>
<td>237</td>
</tr>
<tr>
<td>45-64</td>
<td>56.0</td>
<td>44.0</td>
<td>0.0</td>
<td>100.0</td>
<td>282</td>
<td>292</td>
</tr>
<tr>
<td>65+</td>
<td>62.7</td>
<td>35.4</td>
<td>1.9</td>
<td>100.0</td>
<td>161</td>
<td>181</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>60.7</td>
<td>38.8</td>
<td>0.5</td>
<td>100.0</td>
<td>794</td>
<td>786</td>
</tr>
</tbody>
</table>

Base: all adults aged 16+ who have visited a dentist during the past two years

17 Please refer to footnote 6
18 See Table 2.1 for a detailed breakdown of the social grades.
Well over half of patients indicated that they had been aware of the practice’s complaints procedure at their last visit to a dentist. Patients who received NHS and private care were equally likely to say they were aware of their practice’s complaints procedure (Table 3.12). There was some variation by social grade, with 59.2 per cent of those in categories A or B saying that they were aware of their practice’s complaints procedure compared with 65.4 per cent of those in categories D or E.

Only one per cent (N=8) of patients had made a complaint about their dental practice in the past two years. These respondents were asked for more information about the complaints they made. Their responses included:

“Lack of care”

“Do not spread dental care over a period of time”

“Didn’t like the dentist or his manner or his charges so changed”

“Had to wait too long for appointment”

“Student dentist worked on braces and due to the work she had done a part of it broke and they didn’t let him fix it for 6 weeks”

“It was about the dentures. I wanted to get top as well as bottom teeth but he only gave me the top one and they wouldn’t fit and fall off. Also because my daughter had complained about him before he was nasty”

“Orthodontist. The way I was treated”

As the excerpts show, the subject of these complaints mostly related to the quality of treatment or care received. In addition, one patient complained about charges and another about waiting times.
Bibliography


Appendix Omnibus Questions

1. How often do you go to the dentist? Please do not count visits to the hygienist in your response. Would you say...

[select one category only]

At least once every six months
At least once every year
At least once every two years
Less frequently than every two years
Only when having trouble with your teeth and/or dentures
Never
Don’t know/can’t remember

Again, for the rest of the questionnaire please do not count visits to the hygienist.

2. How long ago is it since you last visited a dentist? Was it

[select one category only]

Within the last 6 months [Skip to Q4]
Within the last 7-12 months [Skip to Q4]
More than 1, but less than 2 years ago [Skip to Q4]
More than 2, but less than 5 years ago [Go to Q3 then close]
More than 5, years ago [Go to Q3 then close]
Don’t know/ can’t remember [Go to Q3 then close]

3. Which of these, if any, are the reasons why you have not visited a dentist during the last two years?

[select as many as apply]

There was no need for me to go to the dentist
I couldn’t find an NHS dentist
My dentist changed to private
I haven’t been able to afford to go
I haven’t had the time to go
I am afraid of going to the dentist
I keep forgetting / haven’t got round to it
It’s difficult to get to / from the dentist
I’ve had a bad experience with a dentist in the past
I have only needed to visit the hygienist
OTHER (PLEASE SPECIFY)
None of these reasons

[Skip to End for all responses to Q3]

The next set of questions relate to your last visit to the dentist, again excluding any visits to the hygienist.

4. Thinking about the last time you visited your local dentist, what type of care did you receive? Was it...

[select one category only]

NHS dental care
Private dental care
A mix of private care and NHS dental care (for example, NHS dental care followed by additional private dental care)
Another type of care
Don’t know/can’t remember

[Skip to Q6]

5. What were your reasons for using that form of care?
INTERVIEWER: PROBE FULLY.
[Open text response]

6. How would you rate your dental practice in their explanation of fees and charges prior to the treatment taking place? Would you say they were....

[select one category only]

Very Good
Good
Fair
Poor
Very poor
Or did you not pay for your dental treatment
Don’t know/can’t remember

[Skip to Q9]

7. How would you rate the care or treatment you received for value for money? Would you say it was....

[select one category only]

Very Good
Good
Fair
Poor
Very Poor
Don’t know/can’t remember

8. Did the cost affect the type of treatment you chose?
[select one category only]
Yes
No
Don’t know/can’t remember

9. Did you feel involved in any decisions about your dental care or treatment you received?
[select one category only]
Yes
No
Don’t know

10. Did the dentist explain the reasons for any dental care or treatment in a way that you could understand?
[select one category only]
Yes
No
Don’t know

11. Are you aware of your practice’s complaints procedure?
[select one category only]
Yes
No
Don’t know

12. Have you made a complaint about your dentist or dental practice in the last 2 years?
[select one category only]
Yes
No
[Skip to 14]
13. What was your reason(s) for the complaint?
INTERVIEWER: PROBE FULLY.
[Open text]

14. Still thinking about your last visit to the dentist, how satisfied were you with the care you received?
Please use a scale from 1 to 10, where “1” is extremely dissatisfied, “10” is extremely satisfied and you can use any number in between.

[1-10]
Don’t know

End