Introduction
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 dentistry market is working in the UK.

As part of this research programme, the BDA conducted a survey of dental practice owners in the UK in order to explore their views and opinions on a variety of topics relating to the dental market, including:

- Competition
- Patient decision making
- Cost and fees for private treatment
- Patient complaints and redress.

Findings
Fieldwork for this survey took place between 15th and 28th November 2011. An online mode of administration was used (using SurveyMonkey). The survey population included all dental practice owners who were members of the BDA and for whom the BDA had current and reliable information. Of the 5396 individuals who were invited to participate in the survey, 1804 responses were received, giving a response rate of 33 per cent. Of these, 1723 were valid cases.

The main findings from the survey were as follows:
UK practice owners and their practices

Practice owners were asked a series of questions about their main practice\(^1\). We found that:

- The majority of practice owners are aged over 35 years, with an average age of 50 years.
- Over three out of every four practice owners are male.
- On average, practice owners had been the owner of their current (main) practice for 16 years, with the majority (86.6 per cent) being the owner for five years or more.
- Just under two-thirds reported that their main practice has three or fewer dentists.
- Less than one in twenty owners said that their main practice is corporately owned.
- Around one in five practice owners described their main practice as fully private and only seven per cent as fully NHS, with the majority providing a mixture of NHS and private care.
- Respondents’ main practices in England are more likely to be wholly private than in the other three countries. Nonetheless, they are also more likely to provide care for exclusively NHS patients at their main practice.

Marketing practices

Those practice owners whose main practice provides care to private patients are more likely to advertise their practice; for example, four out of five owners of exclusively private practices were the most likely to report advertising their practice.

Practice owners reported using a variety of media to advertise their main practice. The most popular methods include: advertising via a practice website or the internet; the Yellow Pages or other local directory; signage or billboards.

Almost half said that their patients could book via email and 12 per cent via the internet.

Those providing private care are far more likely than exclusively NHS practices to accept bookings via email or the internet; for example, only 12 per cent of exclusively NHS practices said that they accept bookings via email. This compares with 72 per cent of practices providing exclusively private care.

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\(^1\) ‘Main practice’ refers to where you undertake the largest number of clinical sessions each week
Levels of patient demand

Owners reported that the median number of days before an appointment is available at their main practice is three days (Mean = 6.2 days; SD = 2.5). A small minority of practice owners reported very long waiting times (for example 120 days).

There is a clear difference between types of practices in appointment availability; for example, practices providing care to higher proportions of NHS patients have, on average, much longer waiting periods before any appointments are available.

Over half of the respondents reported a high current level of patient demand for their services compared with around 14 per cent who indicated a low level of demand.

There is a greater demand for dental care at NHS practices compared with private-only practices; for example, over 70 per cent of owners of practices providing exclusively NHS care reported experiencing high levels of demand. This compares with around 40 per cent of those providing exclusively private care.

Charging practices

Across all procedures and treatments, there is considerable variability in how much practices charge for private care. Among practices providing some private care, just over one-quarter said they set their charges in relation to what other practices charge. Most commonly, practices base their charges on what it costs to run the practice or on the practice owner’s own judgement. Less than one in ten said that they set their charges relative to NHS charges.

Almost all practice owners said that charges are discussed with patients prior to treatment. Around half said that they provide leaflets with information about their charges. Almost half of those who provide some private care said they display private fee information at reception. Only one in five said they provide a cost quotation or estimate within a treatment plan.

Duration of treatments

There is limited variability in the reported time it takes to complete simple treatments. By contrast, there is evidence of considerable variation in the amount of time respondents said it takes to perform more complex and cosmetic treatments.

There is only a moderate positive relationship between how long treatments take and the amount charged for them. However, this relationship is stronger for some treatments than for others; for example, the amount charged for a “hygienist simple scale and polish” is closely related to how long it takes to carry out this procedure - where more time is taken, the amount charged to the patient is higher.
Responding to complaints

Approximately 60 per cent (N=932) of all respondents reported receiving a complaint in the past two years (2010 and 2011), with a median of three complaints per practice during this period.

Almost nine out of ten practice owners who have a policy in place at their main practice said that it is based on BDA guidance. Over half said that it is based on NHS requirements. One in five said that they had developed their own in-house complaints policy.

Most commonly, practice owners communicate their complaints policy by displaying it in the waiting room or at reception or through patient information leaflets. Only one-third of practice owners said that they discuss the policy with patients and around one in five display their complaints policy on their website.

Those providing care to private patients are over twice as likely as those providing NHS care to communicate their policy in this way. Conversely, those practices providing some NHS care are more likely than private-only practices to communicate their policy in the waiting room or via a leaflet.

The owners of private practices reported on average slightly fewer complaints than those providing high proportions of NHS care. Practice owners whose main practice provides mainly NHS care alongside small amounts of private care reported the greatest number of complaints (a median of three over the preceding two years, compared with a median of two complaints for all other types of practice).

Among those who received a complaint(s) in the past two years, almost all (93 per cent) said that it had been dealt with in-house, within the practice. In addition, one in five practice owners said that patients had filed complaints with the PCT/Health Board/Local Health Board and one in ten had filed them with Patient Advice and Liaison Service.

Perceptions of the UK dentistry market

Respondents were asked about their level of agreement with a series of statements relating to competition in the UK dentistry market. We found that almost half of the practice owners agreed with the view that the dental market is working well in their area (where main practice is located). In addition, over one-third believe that the dental market in their area is overcrowded.

But there was some variation depending on the extent of NHS commitment; over one-quarter of owners whose main practice treats exclusively NHS patients agreed
with the view that the dental market in their area is overcrowded. This contrasts with almost half of those with no NHS commitment (delivering only private care).

Participants were also asked about their level of agreement with a series of statements relating to direct access to dental hygienists and therapists in the UK dentistry market.

Practice owners are strongly resistant to the idea that patients should be able to directly access hygienists or therapists without first being examined by a dentist; for example, around 80 per cent of respondents disagree with the view that patients should be able to directly access dental care professionals (DCPs) without being examined by a dentist first. However, around one in five practice owners said that they would not object if patients were able to directly access DCPs at their own dental practice.

Finally, practice owners were asked about their level of agreement with a series of statements relating to their perceptions of how well patients understand and are informed about aspects of their treatment.

Practice owners are evenly split on whether they believe that patients understand what treatments are available on the NHS. However, as the proportion of NHS care provided increases, they are more likely to believe that patients do not understand which treatments are available on the NHS; in other words, the majority of the owners with practices that have a high NHS demand feel that their patients are not clear about what is available on the NHS.

Just under half of all respondents agree that patients understand what is available privately, with around one in five believing that they do not. Owners of practices providing more private care were much more likely to agree with this view compared with those running NHS-only practices.

In general, practice owners do not think that patients are well informed about the cost of their treatment before treatment begins: for example, over four in ten agree with this view.

The majority (over three-quarters) of practice owners believe that patients are able to switch dentists easily. There are some moderate differences here by practice type, with those providing exclusively private care being more likely to ‘strongly agree’ with this statement than those providing care to either mixed or exclusively NHS patients.
Additional information

The full report relating to this research can be obtained from:

Alternatively, you can contact the British Dental Association’s research team on:
020 75634563

References


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