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Dental Services

Private and Confidential

[Mr Joe Bloggs
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www.nhsbsa.nhs.uk/dental

Dear [Mr Bloggs (or carer of Mr Bloggs)]

Research on your recent experience of NHS dental care

Dental Practice: [XXX]

We are writing to you as a patient of the above dental practice, which is currently participating in a Department of Health sponsored national programme aimed at further improving NHS dental care.

The Department of Health have commissioned an independent company, ICM Research, to conduct a survey with patients (or their carers) on their experience of NHS dental care in the last nine months and would like to invite you to participate. The findings from this research will be used to further improve NHS dental care provided in the future.

The questionnaire consists of 7 pages and should take no longer than 10 minutes to complete. All feedback will be treated anonymously in line with the Market Research Society Code of Conduct. The research analysis will summarise responses from all respondents and will not include any information that could be used to identify individuals. Personal information such as names and addresses is not required and has not been shared with ICM Research, or the Department of Health.

Please feel free to contact Gregor Jackson at ICM Research, by emailing him at dentistry@icmresearch.com or contacting him on 020 7845 8300, if you have any questions or concerns about this survey. Please note, however, that ICM cannot answer questions about your dental care or dental practice.

The Department of Health would like to hear the views of as many patients as possible in order to continue to improve NHS dental care for everyone and would be very grateful for your help if you are able to participate. If you would like to participate, **please return the completed questionnaire in the pre-paid envelope provided as soon as possible or by Monday 18th June 2012.** You do not need a stamp.

Yours sincerely

For NHS Business Services Authority



Supporting the NHS, supplying the NHS, protecting the NHS

NHS Dental Services is a service provided by the NHS Business Services Authority

NHS Dental Care Patient Survey

IMPORTANT NOTE

- This questionnaire will be processed using a scanner. Help us by completing it carefully using a **black pen**. Mark the answer option boxes with a cross ☒ and not a tick ☑. If you make a mistake, shade the box ■ and mark the correct box(es). Please ensure no mark is outside the box.
- Please answer all the questions unless you are directed to skip questions.
- If you find that a question is not relevant to you please put a cross in the 'not applicable' option.

SECTION 1: RECENT APPOINTMENTS

Dental Practice: [XXX]

As you may already know, the above dental practice has been participating in a Department of Health sponsored national pilot programme aimed at further improving NHS dental care. We are interested in patients' experience of NHS dental care at this dental practice in the last 9 months during which the pilot programme has been running. We would like you to answer the questions in the survey based on the experience of the individual to whom the letter accompanying the survey was addressed. This may be yourself or someone on whose behalf you are completing the survey.

Q1. **Who are you completing the survey for?** PLEASE MARK ONE ANSWER ONLY

Yourself A child or someone you care for Someone else

Q2. **What type of appointment was your most recent appointment?** PLEASE MARK ONE ANSWER ONLY

- An appointment for urgent/emergency care
- An appointment for a routine check-up
- An appointment for planned treatment such as a filling
- A follow-up appointment for preventative treatment to protect your teeth (for example a scale and polish or a fluoride varnish)
- A follow-up appointment specifically aimed at providing advice on how to care for your teeth (for example advice on teeth brushing and oral hygiene)
-

Q3. **What other types of appointment have you had in the last 9 months?** PLEASE MARK ALL THAT APPLY

- An appointment for urgent/emergency care
 - An appointment for a routine check-up
 - An appointment for planned treatment such as a filling
 - A follow-up appointment for preventative treatment to protect your teeth (for example a scale and polish or a fluoride varnish)
 - A follow-up appointment specifically aimed at providing advice on how to care for your teeth (for example advice on teeth brushing and oral hygiene)
-

SECTION 2: OVERALL EXPERIENCE OF CARE IN LAST 9 MONTHS

Q4. **Overall, how satisfied or dissatisfied are you with your experience of NHS dental care at this dental practice in the last 9 months?** PLEASE MARK ONE ANSWER ONLY

- Very satisfied..... Fairly dissatisfied.....
 - Fairly satisfied Very dissatisfied
 - Neither satisfied nor dissatisfied
-

Q5. **Generally speaking, how does your overall experience of NHS dental care at this dental practice in the last 9 months compare with your previous experience of NHS dental care? Was it better or worse, or about the same?** PLEASE MARK ONE ANSWER ONLY

- A lot better..... A little worse.....
 - A little better A lot worse
 - About the same
-

Q6. **To what extent do you agree or disagree with the following statement? Compared to previous NHS dental care, I now have a better understanding of how to look after my (or my child's) teeth and gums.** PLEASE MARK ONE ANSWER ONLY

- Strongly agree Tend to disagree.....
 - Tend to agree Strongly disagree.....
 - Neither agree nor disagree
-

Q7. Has your experience of NHS dental care at this dental practice in the last 9 months changed in any way how you care for your teeth or gums? PLEASE MARK ONE ANSWER ONLY

- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Yes – a great deal | <input type="checkbox"/> | Yes – just a little..... | <input type="checkbox"/> |
| Yes – a fair amount | <input type="checkbox"/> | No – not at all | <input type="checkbox"/> |

SECTION 3: YOUR LAST ROUTINE CHECK-UP

Now we would like to get your feedback on what happened when you last attended this dental practice for a routine check-up. If you have not attended this dental practice for a routine check-up in the last 9 months, please answer all questions in Sections 3 and 4 as 'Not applicable'.

Q8. Compared to your previous experience of routine check-ups, did you notice anything different? PLEASE MARK ALL THAT APPLY

- | | | | |
|---|--------------------------|---|--------------------------|
| No, nothing..... | <input type="checkbox"/> | I was given a 'Treatment Plan' | <input type="checkbox"/> |
| I was asked more questions about my/my child's health and lifestyle..... | <input type="checkbox"/> | I was given a rating on the overall health of my/my child's teeth and gums | <input type="checkbox"/> |
| Dentist gave me more advice about how to look after my/my child's teeth | <input type="checkbox"/> | I was offered a paper print-out advising me on how to look after my/my child's teeth and gums | <input type="checkbox"/> |
| Dentist gave me less advice about how to look after my/my child's teeth | <input type="checkbox"/> | Other (PLEASE WRITE IN) | <input type="checkbox"/> |
| The appointment was longer | <input type="checkbox"/> | | |
| The appointment was shorter | <input type="checkbox"/> | | |
| I was asked to make a follow-up appointment for preventative treatment or advice to help protect my/my child's teeth..... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |

Q9. How comfortable, if at all, did you find completing the medical and lifestyle survey? PLEASE MARK ONE ANSWER ONLY

- | | | | |
|--|--------------------------|--|--------------------------|
| Very comfortable | <input type="checkbox"/> | Very uncomfortable | <input type="checkbox"/> |
| Fairly comfortable..... | <input type="checkbox"/> | I did not complete a medical and lifestyle survey..... | <input type="checkbox"/> |
| Neither comfortable nor uncomfortable... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
| Fairly uncomfortable..... | <input type="checkbox"/> | | |

Q10. **What aspects of the medical and lifestyle survey, if any, did you feel uncomfortable talking to your dentist about?** PLEASE MARK ALL THAT APPLY

- | | | | |
|---------------------------------------|--------------------------|-------------------------|--------------------------|
| Diet..... | <input type="checkbox"/> | Other (PLEASE WRITE IN) | <input type="checkbox"/> |
| Alcohol consumption | <input type="checkbox"/> | | |
| Smoking behaviour..... | <input type="checkbox"/> | Nothing..... | <input type="checkbox"/> |
| Previous/current medical history..... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
-

Q11. **Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|------------------------------------|--------------------------|-----------------------|--------------------------|
| Very helpful | <input type="checkbox"/> | Fairly unhelpful..... | <input type="checkbox"/> |
| Fairly helpful..... | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Neither helpful nor unhelpful..... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
-

Q12. **Would you say the length of time you spent at the dental practice for your check-up was too long or too short, or was it about right?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|----------------|--------------------------|----------------------|--------------------------|
| Too long | <input type="checkbox"/> | About right..... | <input type="checkbox"/> |
| Too short..... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
-

SECTION 4: 'TRAFFIC LIGHT' RATINGS & SELF-CARE PLANS

Dental practices participating in the pilot programme are using a new way of giving patients feedback on the health of their teeth and gums based on a 'traffic light' (red, amber and green) rating.

Q13. **How helpful or unhelpful do you find the system of 'traffic light' ratings in helping you understand the health of your teeth and gums?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|------------------------------------|--------------------------|--|--------------------------|
| Very helpful | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Fairly helpful..... | <input type="checkbox"/> | Can't remember dentist using traffic light rating..... | <input type="checkbox"/> |
| Neither helpful nor unhelpful..... | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
| Fairly unhelpful | <input type="checkbox"/> | | |
-

Q14. **Which of the following statements best describes your view about the use of 'traffic light' ratings?** PLEASE MARK ONE ANSWER ONLY

- | | |
|--|--------------------------|
| Traffic light ratings make it <u>more difficult</u> for me to look after my teeth and gums | <input type="checkbox"/> |
| Traffic light ratings make it <u>easier</u> for me to look after my teeth and gums | <input type="checkbox"/> |
| Traffic light ratings make <u>no difference</u> to how I look after my teeth and gums | <input type="checkbox"/> |
| Not applicable | <input type="checkbox"/> |
-

Practices participating in the pilot programme may also be offering patients printed 'Self-Care Plans' containing the 'traffic light' ratings and advice on how to care for your teeth and gums. (This is different to a 'Treatment Plan', another printed document you may have been given summarising your planned treatment.)

Q15. Which of the following statements best applies to you? PLEASE MARK ONE ANSWER ONLY

A Self-Care Plan was offered or given to me by my dentist during my appointment	<input type="checkbox"/>	PLEASE ANSWER Q16 – Q20
A Self-Care Plan was offered or given to me by the dental nurse before I left	<input type="checkbox"/>	
A Self-Care Plan was offered or given to me by the receptionist as I was leaving	<input type="checkbox"/>	
I was <u>not</u> offered or given a Self-Care Plan		PLEASE SKIP TO Q21
I cannot remember if I was offered or given a Self-Care Plan		
Not applicable		

➤ PLEASE ANSWER IF YOU WERE OFFERED OR GIVEN A SELF-CARE PLAN.

Q16. Would you say the amount of information in the Self-Care Plan is too much or too little, or is it about right? PLEASE MARK ONE ANSWER ONLY

Too much Too little About right

➤ PLEASE ANSWER IF YOU WERE OFFERED OR GIVEN A SELF-CARE PLAN.

Q17. To what extent do you agree or disagree with each of the following statements? PLEASE MARK ONE ANSWER ONLY FOR EACH STATEMENT.

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
a) The information in the Self-Care Plan is clear and easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I would not have been able to understand all of the language in the Self-Care Plan if it hadn't been explained to me by the practice team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) It would be helpful to have the Self-Care Plan to refer to whilst the dentist is giving me advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I have followed the advice in the Self-Care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ PLEASE ANSWER IF YOU WERE OFFERED OR GIVEN A SELF-CARE PLAN.

Q18. **Overall, how helpful or unhelpful do you find the Self-Care Plan in helping you understand how to look after your (or your child's) teeth and gums?** PLEASE MARK ONE ANSWER ONLY

Very helpful Fairly unhelpful.....

Fairly helpful..... Very unhelpful

Neither helpful nor unhelpful.....

➤ PLEASE ANSWER IF YOU WERE OFFERED OR GIVEN A SELF-CARE PLAN.

Q19. **Which of the following statements best describes your view about the Self-Care Plan you were given?** PLEASE MARK ONE ANSWER ONLY

The Self-Care Plan has changed how I look after my teeth and gums

The Self-Care Plan has made no difference to how I look after my teeth and gums

➤ PLEASE ANSWER IF YOU WERE OFFERED OR GIVEN A SELF-CARE PLAN.

Q20. **And which of the following best applies to you?** PLEASE MARK ONE ANSWER ONLY

I did not take a printed Self-Care Plan when it was offered

I have kept the Self-Care Plan and have referred to it since the appointment

I have kept the Self-Care Plan but have not referred to it since the appointment

I did take a Self-Care Plan but have not kept it

SECTION 5: PREVENTATIVE CARE APPOINTMENTS

Dental practices participating in the pilot programme are providing patients with preventative care appointments where treatment and advice is given. This is aimed at protecting teeth and gums to prevent decay and disease.

Q21. **Have you or your child had any appointments specifically for preventative care in the last 9 months?** PLEASE MARK ALL THAT APPLY

Yes, an appointment for preventative treatment (for example, a scale and polish or fluoride varnish) and advice

PLEASE GO TO Q22

Yes, an appointment for preventative advice only (for example advice on teeth brushing and oral hygiene)

No, did not have any appointments specifically for preventative care

PLEASE SKIP TO Q23

Cannot remember

➤ PLEASE ANSWER IF YOU HAVE HAD A PREVENTATIVE CARE APPOINTMENT

Q22. To what extent do you agree or disagree with each of the following statements?
PLEASE MARK ONE ANSWER ONLY FOR EACH STATEMENT.

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree
a) The purpose of follow-on appointments for preventative care was clearly explained to me by the dental practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Preventative care appointments are helpful in maintaining or improving the health of my teeth and gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I would continue to attend preventative care appointments in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: FINAL THOUGHTS

Q23. Finally, thinking about experience of NHS dental care at this dental practice in the last 9 months, what do you think would improve your experience and the care provided? PLEASE WRITE IN BELOW

Nothing

Thank you very much for taking part in this survey. Please return in the envelope provided.