Clear thinking in a complex world

Dental Contract Reform Pilots Evaluation

Research report for the Department of Health

April-June 2012

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	For Information
Gateway Reference	18199
Title	Dental contract pilots evaluation
Author	ICM
Publication Date	**05 October 2012**
Target Audience	PCT Cluster CEs, SHA Cluster CEs, Directors of PH, Local Authority CEs, PCT Cluster Chairs, Directors of Finance, primary care dentists & allied dental professionals
Circulation List	
Description	This report, commissioned by the Department of Health and produced by ICM, an indepent research agency, concerns the research undertaken with dental practice staff and with their patients as part of the evidence and learning from the first year of piloting elements of a new national dental contract.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	**N/A**
Contact Details	Elizabeth Lynam Dental & eye care services Skipton House 80 London Road London SE1 6LH 020 7972 1406
For Recipient's Use	

Contents

Executive Summary **2**

Introduction **7**
Background 7
Research objectives 7
Research methodology & sample: Stage 1 qualitative research 8
Research methodology & sample: Stage 2 quantitative research 8
Structure of the report 9
Acknowledgements 9

1. Responses to new Pathway approach **11**
1.1 Overall attitudes toward the Care Pathway 11
1.2 Impact of the Care Pathway 12
1.3 Improving the Care Pathway 18

2. The OHA appointment process **19**
2.1 OHA time length & appointment scheduling 19
2.2 Medical history / lifestyle questionnaire 21
2.3 Delivering the Pathway in the surgery 23
2.4 Reporting the patient RAG scores 25
2.5 Giving preventative advice & Self Care Plan 28
2.6 Completion of OHA appointment 37
2.7 Improving the OHA 37

3. The ICM follow-up appointment **39**
3.1 Patient understanding & feedback 39
3.2 Arranging & attending ICM appointments 41

4. Financial & professional implications for practices **44**
4.1 Staff skills mix and investment 44
4.2 DQOF 46
4.3 Professional satisfaction 47

5. Conclusions **49**

Appendices **51**
Appendix 1: Qualitative research discussion guide – patients 52
Appendix 2: Qualitative research discussion guide – dentists & practice staff 56
Appendix 3: Quantitative research – respondent numbers & profile 60
Appendix 4: Quantitative research – detailed question breakdowns 62
Appendix 5: Quantitative research – additional charts 72
Appendix 6: Quantitative research - questionnaires 75

Executive Summary

Background

The Department of Health is leading a programme aimed at developing a new way of delivering dental care linked to a new type of contract between the NHS and dental practices.

Under the new approach, the focus of dental treatment shifts to a preventative model of care delivered via a new Clinical Care Pathway, with patient communication and disease prevention as well as treatment. In the new contract payment model, remuneration is based on capitation (i.e. payment based on number of patients cared for) and quality of care outcomes. This moves away from the current contract model based on Units of Dental Activity (UDAs).

A pilot of the new approach in 70 dental practices across England began in Summer 2011. To support the capture of evidence and learning from the pilots, research was carried out by ICM Research in April - June 2012.

Research objectives and methodologies

The overall objective of the research was to investigate and understand the experiences and views of the key stakeholders of the dental contract pilot. These are dental patients, dentists and practice staff (clinical and administrative). The research aimed to explore how the new approach was working in terms of:

- Feedback on the Clinical Care Pathway;
- Implementation and delivery of the new approach within dental practices, including patient appointment scheduling and practice resourcing/staff skill mix; and
- The new approach's potential to motivate patients to improve/maintain their oral health.

The research began with a programme of exploratory qualitative research amongst the three key stakeholder groups. Fourteen group discussions and two in-depth interviews were carried out across different pilot locations. Patient respondents covered a range of ages and socio-economic groups, and included those with and without children.

The qualitative findings were quantified and developed via questionnaire surveys amongst pilot practice patients and staff. A postal, self-completion survey was completed by 3,321 patients who report having had a routine appointment since the start of the pilot. A mixed-mode online and postal methodology was used for dentists and practice staff; 320 responses were received.

Summary of main findings

1. Responses to the new Pathway

Overall, patient feedback on the Clinical Care Pathway approach is positive. The majority of those taking part in the research understand and appreciate that the new focus on advice and preventative treatment will help them avoid oral health problems.

- More than nine in ten (95%) patients (or carers/guardians/parents of patients) taking part in the survey describe themselves as satisfied with their experience of NHS dental care at their primary dental practice in the last nine months.
- Over seven in ten (72%) patients agree that, compared to previous NHS dental care, they now have a better understanding of how to look after their (or their children's) teeth and gums.

- The majority of patients (79%) also agree that the advice they have been given had been helpful (very or fairly) in terms of how they look after their oral health.

Dentists and practice staff also report positively on the new Clinical Care Pathway:

- In the practitioner survey, the majority of respondents agree that the pilot approach has the potential to improve the oral health of their patients (92%), and that the new way of working enables better care to be provided to patients (80%).

At the same time, responses from dentists and practice staff during the qualitative research revealed practical problems with the implementation of the new approach during the pilot:

- The new Pathway software was problematic for dental support staff. The very limited amount of training before the start of the pilot meant that dental nurses had to learn to navigate through the multiple stages of the complex software programme, inputting patient details, on the job.
- Gaps and glitches in the software made this harder, causing frustration and delays.
- The length of the new Oral Health Assessments (which replace routine check-up appointments) proved longer than anticipated, due to the unfamiliarity the new processes and IT software problems. This led to major scheduling problems at many practices.

2. Feedback on the Oral Health Assessment

Considering the impact of the Pathway, and specifically of the new Oral Health Assessments (OHAs), on patients, the research findings were encouraging:

- The majority (82%) of dentists and practice staff surveyed feel that OHAs enable them to deliver better care to patients.
- There is also general consensus among practitioners that the OHA will help them meet the new approach's key aims:
    - 87% of practitioners agree that it encourages patient self-care
    - 84% agree that it supports communication with patients
    - 80% agree that it enables evidence based personally focussed care

Considering what is involved during this new type of appointment, much of the patient and practitioner feedback is positive:

- The overwhelming majority (89%) of patients and carers/guardian/parents of patients think the length of time spent at the practice for an OHA is "about right".
- Patients understand why details of their medical history are required, and most work out (or understand the practice receptionist's explanation) why they are also being asked to provide additional information about their lifestyle.
- In the patient survey, two-thirds (67%) report being very or fairly comfortable completing the medical and lifestyle survey.
- The qualitative research feedback reveals that combining the medical history and lifestyle questionnaire into a single document generally works well. For example, some practices now collect the information required via a tick-box form on two sides of A4 paper.

Feedback on the new ways dentists use to inform patients about their oral health and how to improve it, following the physical examination, is positive. Specifically, the research endorses the use of traffic light colours (Red, Amber & Green or RAG) to report back to the patient at the end of their OHA.

- The colours and their meaning are familiar, and the qualitative research patients report finding it easy to understand how they "score" on each of the different aspects of oral health covered by the Pathway.
- In the patient survey, 83% of patients who recall using the RAG scores report finding it very or fairly helpful (43% of all patients surveyed).[1]
- The majority (83%) of practitioners also believe the RAG status is helpful in improving patients' understanding of their oral health**.**
- Both patient and dental staff survey findings suggest that RAG scores are likely to make it easier for patients to look after their teeth and gums on an on-going basis. Dentists and practice staff are the more optimistic with 75% sayings that the scores make it easier for patients, compared to 57% of patients.
- Considering how RAG scores are communicated, the qualitative feedback suggests that being able to see their scores visually can increase the efficacy of the RAG information to patients.
- A large proportion (85%) of dentists and support staff agree that it would be helpful for the dentist to be able to show patients the RAG status, either on screen or on paper, and talk them through the rating before they leave the surgery.

Following the reporting of the RAG scores, patients are given advice on how to improve or maintain their oral health, both verbally and in the form of a printed Self-Care Plan (SCP).

- The qualitative research found that most patients welcome such advice, especially as it usually involves fairly straightforward and easy to implement changes to their dental health regime. Patients are happy to be told (for example) the most effective way of brushing their teeth and how to get the most out of using fluoride toothpaste.
- There is also strong evidence that patients have followed the advice in the SCP. Two-thirds (65%) of patients who remember being given a SCP report that it had prompted them to change how they look after their teeth and gums.[2]
- In the practitioner survey, 84% of dental care professionals think the *concept* of the SCP makes it easier for patients to look after their oral health. This figure drops to 74% when staff are asked about the SCP *currently being used* in their practice.
- Moreover, 87% of the dental care professionals agree that having a *printed* SCP, which the patient can take away, makes it easier for patients to look after their oral health.
- Considering the role of the Self-Care Plan in the provision of advice, the qualitative research feedback suggests that patients are likely to find it easier to understand and take on board the dentist's advice if they are given their SCP when they are in the dentist's surgery (as opposed to when they pass through the practice reception on their way out). This is because it gives the patient the opportunity to ask questions if anything on the SCP is unclear.

The qualitative research identified some problems relating to the Self-Care Plan:

- The SCPs use coloured graphics to report the patient's RAG scores. However, not all dental practices have a colour printer. Printing the SCP in black and white effectively negates the benefits of using the three colours, as they are indistinguishable in black and white.
- In addition, not all practices have printers in each surgery, whether colour or black/white.
- While these problems can be solved by dental practices buying (additional) colour printers, dentists are very aware that there will be on-going financial implications due to the high running costs of colour printers and increased paper usage.
- From the patient point of view, some of language used in the pilot SCPs is problematic as it includes dental terminology which is unfamiliar and hard to understand (e.g. caries, perio).
- Given these problems, some dentists report not giving a copy of the SCP to all their patients.

[1] Half (52%) recall their dentist using the RAG rating during their appointment.

[2] A third (35%) of patients in the research remember being offered or given a SCP.

- The patient survey confirmed the currently limited use of the SCP: only a third (35%) of patients, or carers/guardians/parents of patients, remember being offered or given a SCP.

3. Feedback on Interim Care Management appointments

Following their Oral Health Assessment, patients may be invited to attend one or more Interim Care Management (ICM) appointments. Unlike current practice, ICM appointments may involve preventative treatment and/or advice, instead of (or as well as) treatment to address dental decay. The research found that patients broadly welcome the introduction of these appointments:

- In the patient survey, the majority of patients who had a preventative care appointment (82%) agree that such appointments are helpful in maintaining their oral health.[3]
- A similar proportion (83%) state they would continue to attend preventative care appointments in the future.
- The findings of the dentist and practice staff survey augment this view: 93% of dental professionals agree that appointments for preventative advice and treatment (e.g. a scale and polish) are a useful means of helping patients to look after their oral health.

The qualitative research feedback revealed a couple of problems with the practical arrangements of ICM appointments:

- The multiple ICMs recommended by the Pathway software for some patients need to be carried out within set time periods. This is not always possible as practice appointment schedules fill up (with ICMs and the longer OHA appointments) and there are no free timeslots available within the recommended timings.
- There is also considerable variation in patient attendance for ICM appointments. This tends to vary with the practice patient profile. As might be expected, those who are less interested in looking after their teeth and gums are more likely not to attend their ICM appointment, despite reminders from the practice.

4. Impact on dental practice staff and working practices

The majority of dentists and practice staff were clear that the Pathway, if implemented in its current form, will have some considerable impact upon the skills mix in each practice.

- The qualitative research feedback suggests that the increased pressure on appointment books means that practice staff are having to look at other ways of delivering some of the preventative treatment.
- Three-quarters (73%) of the dentists surveyed report that their practice has changed the skill-mix of staff to help deliver the new way of working. Changes mostly relate to the use of therapists and the training of dental nurses.
- Looking to the future, the majority (85%) of dentists say they would consider changing the skill-mix of staff at some point if the new way of working becomes permanent. More than half (55%) state they would definitely do so. The most likely change is the increased use of dental therapists.

For nearly all practitioners, both dentists and support staff, professional satisfaction has been either maintained or increased since the pilot began.

- In the practitioner survey, more agree than disagree that they now have greater professional satisfaction than before the pilot started (55% compared to 14%).

[3] Two in five (40%) patient respondents indicate that they have attended an appointment for preventative care or treatment since the pilot started.

- However, dentists' views about the impact of the pilot on their clinical autonomy are split: 30% say they have 'less' autonomy compared against 21% who state 'more'.
- The qualitative research feedback suggests that this is largely down to the increased level of contact that they have with patients. Not only do they generally enjoy the greater level of dialogue with patients, but the focus on preventative treatment is, for many, the way dentistry should be done.

Introduction

Background

The Department of Health is leading a programme aimed at developing a new way of delivering dental care linked to a new type of contract between the NHS and dental practices.

In line with NHS priorities, the new approach aims to ensure patients are provided with personalised dental care tailored to their needs, whilst also setting dentists and their staff free of current targets and enabling them to concentrate on helping their patients achieve good oral health.

In practice, the approach is seeking to change NHS dentistry in two key ways:

- The focus of dental treatment will shift to a preventative model of care, away from a reactive approach concerned mainly with repair work. This will be delivered via a new Clinical Care Pathway, supported by surgery-based IT software, and include greater patient communication and disease prevention as well as treatment; and

- The development of a new payment model with remuneration based on capitation (i.e. payment based on number of patients cared for) and quality of care (based on clinical outcomes, patient safety & patient experience measures). This is in contrast to the current contract model based on units of dental activity (UDAs).

The new approach is being piloted in 70 dental practices across England. Patients are being offered an initial Oral Health Assessment (OHA) and depending on the issues noted during the OHA, patients may be given a Self Care Plan (SCP) and/or Treatment Plan. Moreover, they may also be invited to attend one or more follow-up Interim Care Management (ICM) appointments.

Unlike current practice, the ICM appointments may involve preventative treatment and/or advice, instead of (or as well as) treatment to address dental decay. The Pathway process starts again the next time the patient attends for an Oral Health Review (OHR).

The pilot practices introduced the new Clinical Care Pathway in the Summer/Autumn 2011.

For more information about the Dental Contracts Pilot please click on the following link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122660

To support the capture of evidence and learning from the pilots, research was commissioned amongst patients, dentists and other dental staff within pilot practices. This report covers the findings of the research carried out by ICM Research between April and June 2012.

Research objectives

The **overall objective** of the research was to investigate and understand the experiences and views of the following stakeholders of the dental contract pilot:

- Dental patients
- Dentists and clinical/administrative practice staff.

Considering the more **specific objectives** set for the project, the research aimed to explore how the new approach was working in terms of:

- Feedback on the Clinical Care Pathway
- Implementation and delivery of the new approach within dental practices, including:
    - appointment scheduling
    - resourcing / staff skill mix
- The new approach's potential to motivate patients to improve/maintain their oral health

The research project began with a programme of exploratory qualitative research amongst the key stakeholder groups. The findings were then quantified and developed via questionnaire surveys amongst pilot practice patients and staff.

Research methodology & sample: *Stage 1 qualitative research*

The methodology chosen for this stage of the research was group discussions. Groups enable discussion & debate between research respondents, and so help maximise feedback and learning. However, during the recruitment phase, it was not always possible to recruit sufficient dentists and practice staff for full size groups. Therefore a mix of standard sized groups, mini groups and one-to-one depth interviews were carried out.

Given patient confidentiality requirements, recruitment was carried out by NHS Business Services Authority Dental Services (DS). Patients and practice staff were contacted by letter or email and invited to take part in the research being set-up in their local area.

Eight group discussions of **patients** were held during April and May 2012. A total of sixty-one patients attended across four locations: London, Manchester, Gateshead and Devizes.

The respondents spanned a range of ages and social economic groups. They included both men and women, with and without children in their household. Respondents were selected so as include patients who had attended a Oral Health Assessment appointment (OHA) for themselves and/or for one or more of their children, and also those who had attended a follow-up Interim Care Management appointment (ICM).

Three group discussions and two individual depth interviews were carried out with **dentists** during April/May 2012. A total of eighteen dentists attended, including principal dentists/ practice owners, associate dentists, and dentists working for corporate organizations. The research took place in Newcastle, Manchester, Leeds, London & Birmingham.

Three group discussions with other **dental practice staff** were also held in Newcastle, Manchester & Leeds. A total of eleven respondents attended. They included dental nurses, receptionists, practice managers & a business manager who were recruited from the same practices as the dentists taking part in the research.

The discussion guides for patients and dentists/dental staff are attached as appendices 1 and 2.

Research methodology & sample: *Stage 2 quantitative research*

For the quantitative stage of research (which followed the groups discussions and interviews), questionnaire surveys were carried out amongst patients and staff (dentists, nurses, practice managers etc.) at the pilot practices. The details of the methodologies used are as follows:

NHS Business Services Authority Dental Services (DS) posted self-completion questionnaires to 14,000 randomly selected **patients** (or parents/guardians/carers of patients), 200 from each of the seventy pilot dental practices. A total of 3,760 surveys were returned to ICM, representing a response rate of 26.9%. **Results in this report, however, are based on the 3,321 respondents who**

report attending a routine check-up since the pilot began. Fieldwork took place between 1st and 19th June 2012.

The survey of **dental practice staff** (practitioners) was conducted using a mixed-mode online and postal method. Email invitations containing a link to the survey were sent out by ICM to all 70 pilot dental practices, and each email contained a pdf version of the questionnaire. Dental staff could complete the survey online, return their questionnaire to ICM in the post or scan and email the completed questionnaire to ICM. As most of the email addresses were generic addresses for the practice overall rather than unique personal work addresses, recipients of the email were encouraged to forward the email/survey to all staff working in the practice.

A total of 320 surveys were returned to ICM, of which 237 were conducted via the internet and 83 were returned in the post. Fieldwork took place between 8th and 21st June 2012.

Full details of the survey respondent numbers and profiles are included in the appendix 4. The survey questionnaires are attached as appendices 5 and 6.

All responses have been analysed by a range of demographic, profile and attitudinal variables; detailed breakdowns have been provided in a separate volume of computer tables.

In addition, an analysis comparing the demographic profile of patients who did not respond to the survey compared against those who did is available under separate cover.

Structure of the report

This report is divided into an introductory section and five chapters. The **Introduction** gives the background to the research and details the research objectives & methodology.

- **Chapter one** reports responses to the new Pathway approach from patients, dentists and other practice staff. These qualitative and quantitative research findings reflect respondent experience since the pilot started, and includes their views on the new emphasis on preventative care/treatment.

- **Chapter two** details *how* the OHA appointments are working in practice, looking in detail at how new procedures have been introduced to patients, how they have in turn responded, and how the changes have impacted on practices as a whole. **Chapter three** covers feedback on, and views relating to, the new ICM appointment.

- **Chapter four** looks at the implications of the Pathway approach for practices in terms of skill mix and professional satisfaction. It also includes dentist feedback on the quality and outcomes framework being used in the pilots.

- Finally, we conclude in **Chapter five** with a summary of the overall research conclusions.

In addition, where appropriate the main body of the report refers to subgroup analysis for the quantitative research among patients and dental practice staff. More detailed breakdowns by different profile variables - including age, Index of Multiple Deprivation (IMD), appointment type, pilot type, corporate status, contract value, pilot skill mix and software provider - for selected questions can be found in the Appendices and in the data tables (under separate cover).

Acknowledgements

ICM would like to thank members of the 'Dental Contract Pilots Evidence and Learning Reference Group' for their help and advice in developing this project. Special thanks also go to all of the patients and dental practice staff who took part in this research.

ICM Research/210286
September 2012

Report prepared by:
Gregor Jackson
Graham Brown
Christine Garland
Laura Byrne

ICM Research
Berkshire House, 168-173 High Holborn
London WC1V 7AA

020 7845 8300
www.icmresearch.com

1. Responses to New Pathway Approach

1.1 Overall attitudes toward the Care Pathway

Overall, patient feedback on the pilot Pathway approach is positive. The majority of the qualitative research respondents understand and appreciate the new focus on giving advice and treatment that will help them avoid oral health problems.

"good idea … because it's prevention"
"… because it improves the UK's oral health"
"it's easy to understand"
"you go away with a bit more knowledge about dental health"
(Patients, London)

"I think it's a better service now, a much better one"
"the aftercare has suddenly improved"
(Patients, Devizes)

"if you feel your dentist takes greater care and is more professional in his approach … you'll take more notice and perhaps think about it more when you leave"
(Patient, London)

There were, perhaps not surprisingly for a pilot, some problems and concerns relating to the practical delivery of the new approach, which are detailed later in this report. However, overall, **the preventive concept of the new Pathway was endorsed by the qualitative research patient respondents**.

Some respondents thought during this stage of research that patients would probably be more likely to take note and respond positively if the official nature of the new approach had been communicated to them more clearly up front. Some patients did not appreciate that the pilot was actually exploring how the oral health of the whole country could be improved on an ongoing basis.

"My dentist, I think, is actually pretty brilliant. I just have this overall impression that he's always ahead of things and innovating and … trying to find solutions to things, being supportive. So I don't know if this was just a new update or just him being him, [if] you know what I mean?"
(Patient, London)

The questionnaire survey amongst pilot practice patients confirms the qualitative research feedback. Overall, more than nine in ten (95%) patients, or carers/guardians/ parents of patients, describe themselves as satisfied with their experience of NHS dental care at their primary dental practice in the last nine months, and most are very satisfied (74%) rather than fairly satisfied (21%). Just 3 per cent of patients speak negatively about their experience of NHS dental care on this measure.

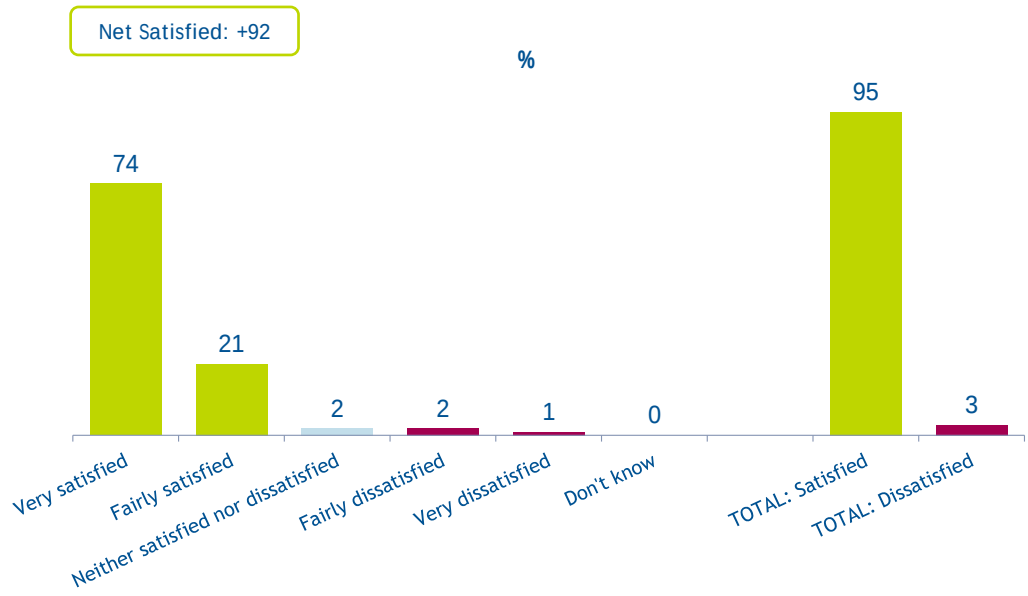
Those who have visited the dentist for preventative treatment are the most like to deliver a positive endorsement, with 98 per cent saying they are satisfied compared to 93 per cent of those who received urgent/emergency care.

Overall satisfaction is consistent by age although the proportion stating 'very' satisfied tends to increase with age: 87% of people aged 85+ compared to 59% of 25-34s.

Patients who describe their most recent check-up as either too short or too long speak less positively about their overall experience of NHS dental care in the last nine months than those who felt their appointment was about right.

[Please see the Appendices for a full break down by different profile variables including age, Index of Multiple Deprivation (IMD), appointment type, pilot type, corporate status, contract value, pilot skill mix and software provider.]

Figure 1: Satisfaction with NHS dental care in last 9 months (Patients)



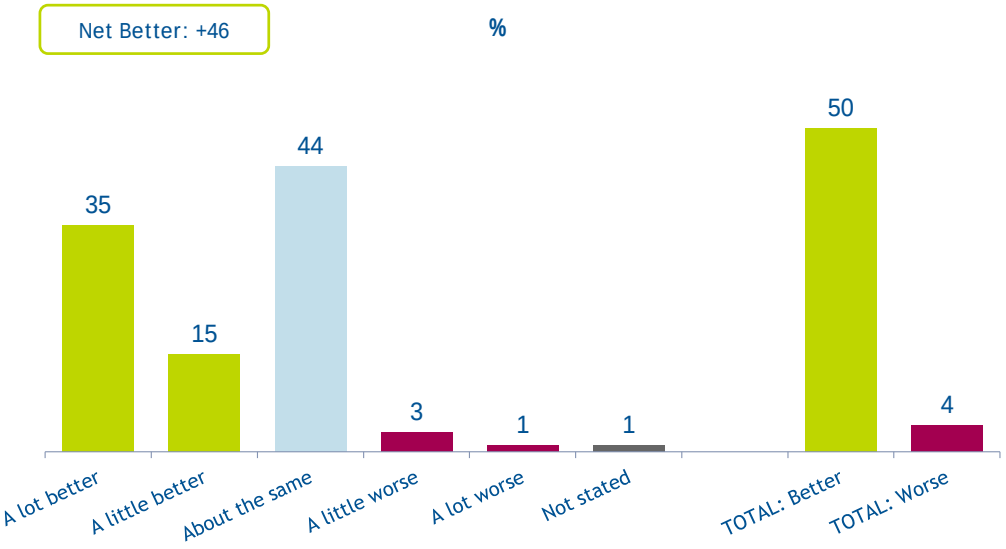
Q4. Overall, how satisfied or dissatisfied are you with your experience of NHS dental care at this dental practice in the last 9 months?
Base: All respondents who have had an appointment for a routine check-up (3,321).

1.2 Impact of the Care Pathway

Half (50%) of patients felt that **their recent NHS dental care had improved compared to previously**, including a third (35%) who believe it got 'a lot' better. Although a substantial proportion feel there has been no change (44%), just four per cent of patients state things have got worse in the last nine months (see Figure 2 overleaf).

Views are generally consistent by age and gender of the respondent as well as by pilot type and the Index of Multiple Deprivation (IMD) score of the practice. However, it is evident that those have had appointments for preventative advice in the last nine months are more likely than other groups of patients to believe things have got better (60% versus 50%). Moreover, patients at corporate practices (44%) and at practices with a large contract (47%) are less likely than patients at non-corporate and small contract practices to believe things have improved.

Figure 2: NHS dental care in last 9 months compared (Patients)

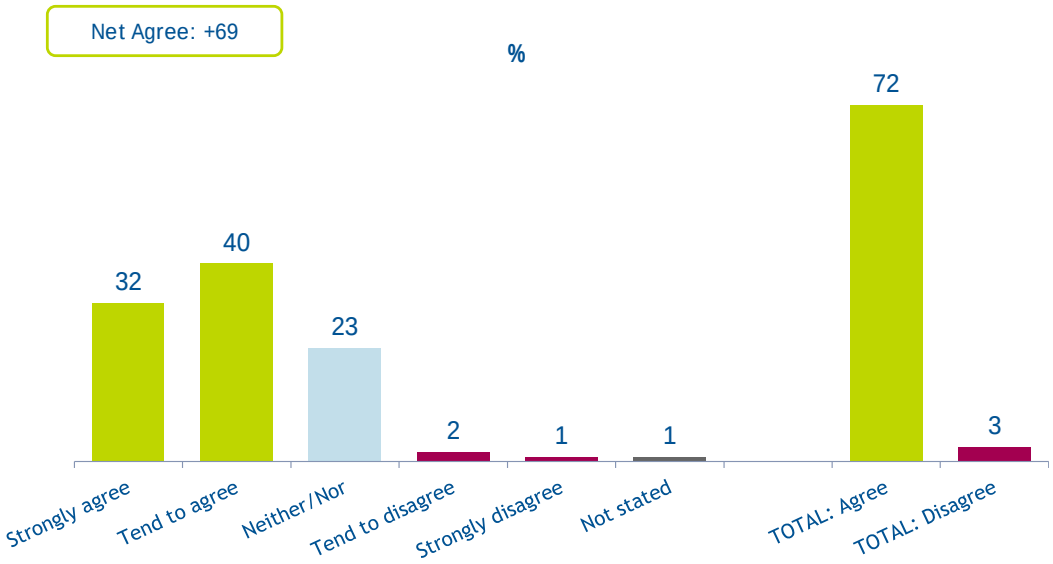


Q5. Generally speaking, how does your overall experience of NHS dental care at this dental practice in the last 9 months compare with your previous experience of NHS dental care? Was it better or worse, or about the same?
Base: All respondents who have had an appointment for a routine check-up (3,321).

Over seven in ten (72%) patients **agree that compared to previous NHS dental care, they now have a better understanding of how look after their (or their children's) teeth and gums** (as per Figure 3). Few disagree (3%) with the statement, but a significant minority (23%) say that they neither/agree nor disagree, perhaps signalling that they have not noticed a significant change in the last 9 months.

Those who have received preventative treatments (78%) or advice (90%) in the last 9 months are more likely than average to feel that they have developed a better understanding of how to look after their/their children's teeth and gums.

Figure 3: Change in understanding of teeth & gum care (Patients)



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.
Base: All respondents who have had an appointment for a routine check-up (3,321).

Indeed, three-quarters of patients recognise a change in their NHS dental care: 76% state that **their experience of NHS dental care at their practice in the last nine months has changed how they care for their oral health**. However, as Figure 4 demonstrates, patients are divided about the extent of change which has taken place.

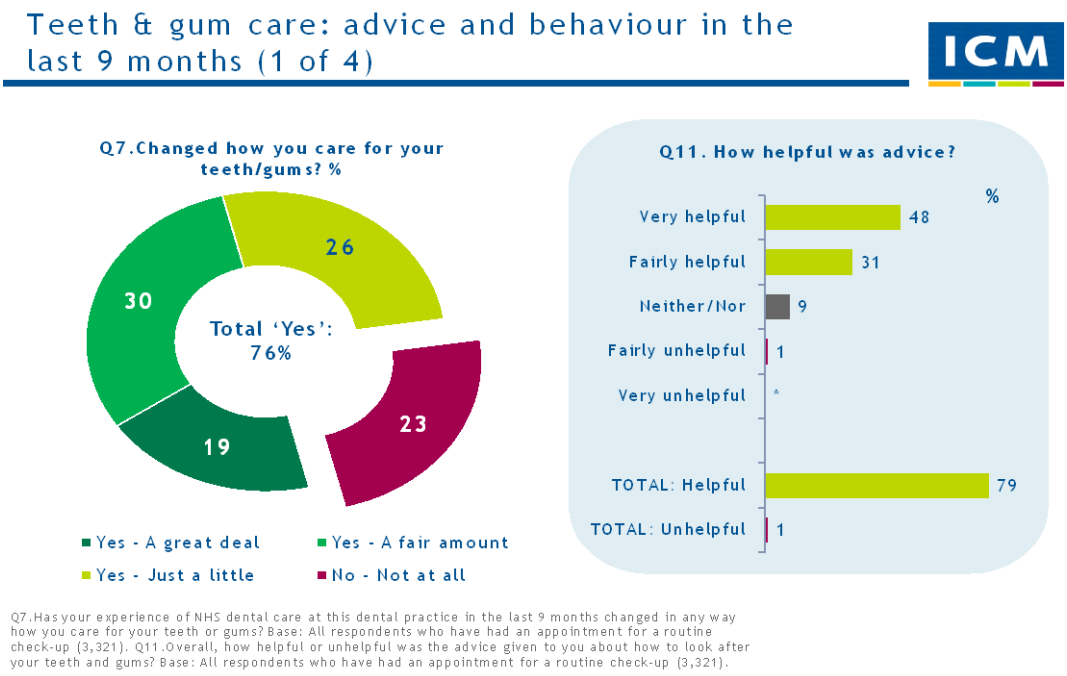
Appendix 4 has charts illustrating how the views of patients vary according to their RAG status. "Red" patients are the most likely to advise they have changed for their teeth and gums (Total 'Yes' of 83%) followed by "Amber" patients (74%) then "Green" patients (68%).

Patients at corporate practices and those with a large contract value (69% and 72%) are less likely than those at non-corporate practices and with a small contract value (77% and 81%) to acknowledge that their experience of NHS dental care at their practice has changed the way they look after their oral health.

The skill mix of the practice is a factor too: change is much more noticeable for patients at a practice without a skill mix than with a skill mix (81% compared to 75%).

It is also the case that the great majority of patients agree that the **advice they had been given had been very or fairly helpful in terms of how they look after their teeth and gums**. 79 per cent state that this is the case, including half (48%) who describe the advice as 'very' helpful, and this is a sentiment which is universally held among all groups of patient.

Figure 4: Teeth & gum care: advice and behaviour in the last 9 months (Patients)



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? Base: All respondents who have had an appointment for a routine check-up (3,321). Q11.Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums? Base: All respondents who have had an appointment for a routine check-up (3,321).

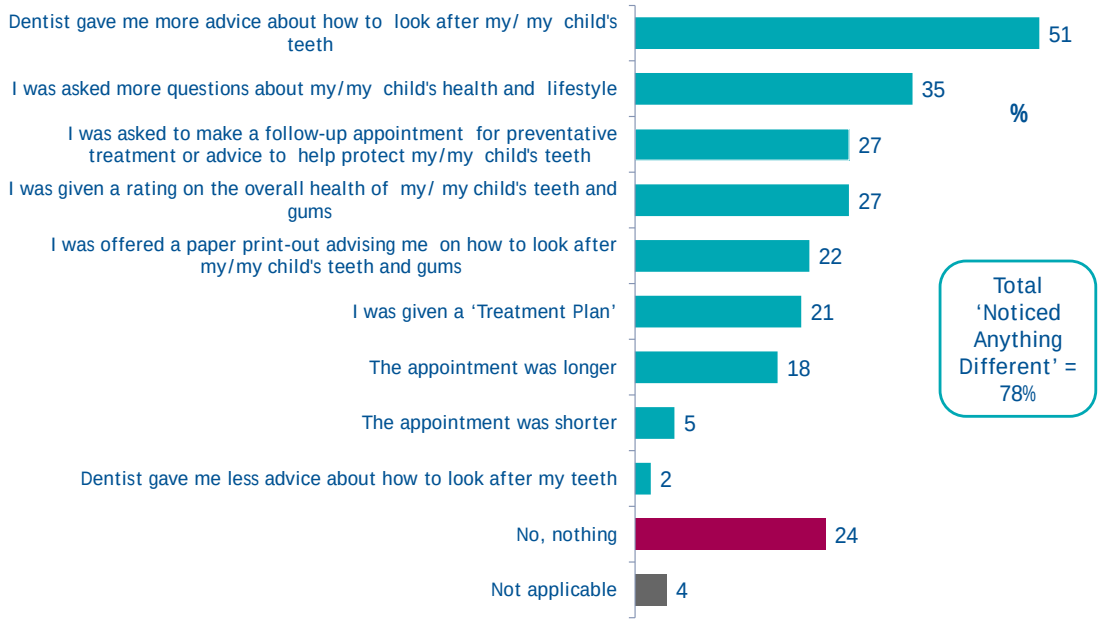
While half of patients state that their experience of NHS dental care at their practice in the last nine months has changed how they care for their oral health, many are also able to recall the new advice and prevention-related elements of the Pathway. Figure 5 illustrates how the preventative aspects of dentistry, the health and lifestyle questionnaire, the RAG status and the Self-Care Plan are all recalled by patients as something different compared to their previous experience of routine check-ups. Receiving more advice from the dentist about looking after dental health is the most commonly selected response among patients (51%).

At the same time, it is worth noting that a quarter (24%) did *not* notice any change, a trend more pronounced among:

- Older patients (aged 75-84, 34%; aged 85+, 47%);

- Patients living in an area with an Index of Multiple Deprivation score of 1 (36%) which is the most deprived area;
- Corporate practices (28%); and
- Pilots with a large contract value (27%).

Figure 5: Differences noticed compared to previous routine check-ups (Patients)

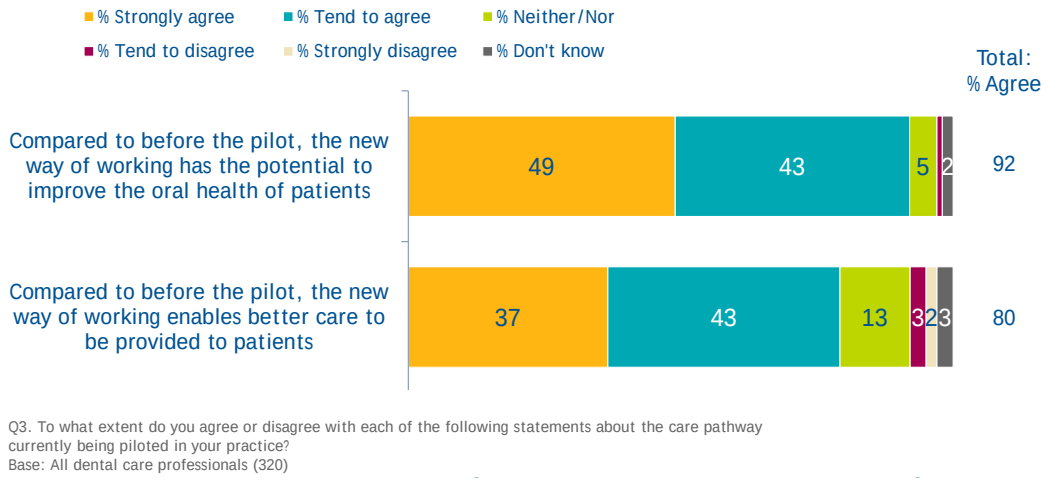


Q8. Compared to your previous experience of routine check-ups, did you notice anything different?
Base: All respondents who have had an appointment for a routine check-up (3,321).

Considering the **small minority who reported less than positively** at different points during the patient survey, the qualitative research identified a small group of patients who are less than interested in improving or maintaining their oral health, and are therefore less responsive to the new approach. The dental practice staff respondents reported that these patients often stop listening to the preventative information and advice they are being given during their appointments. The staff expect the least change in dental care behaviour amongst these patients. According to dental practice staff, these patients are more likely to be from socially deprived areas, and less interested in (and engaged with) health related issues generally. They include some people with drink/drug problems and some elderly patients.

Despite this minority who do not engage, **dentists and their practice staff report positively on the new approach** in both the qualitative and quantitative research. For example, the majority of the staff survey respondents agree that the Care Pathway approach has the potential to improve the oral health of their patients (92%) and that the new way of working enables better care to be provided to patients (80%), as per Figure 6.

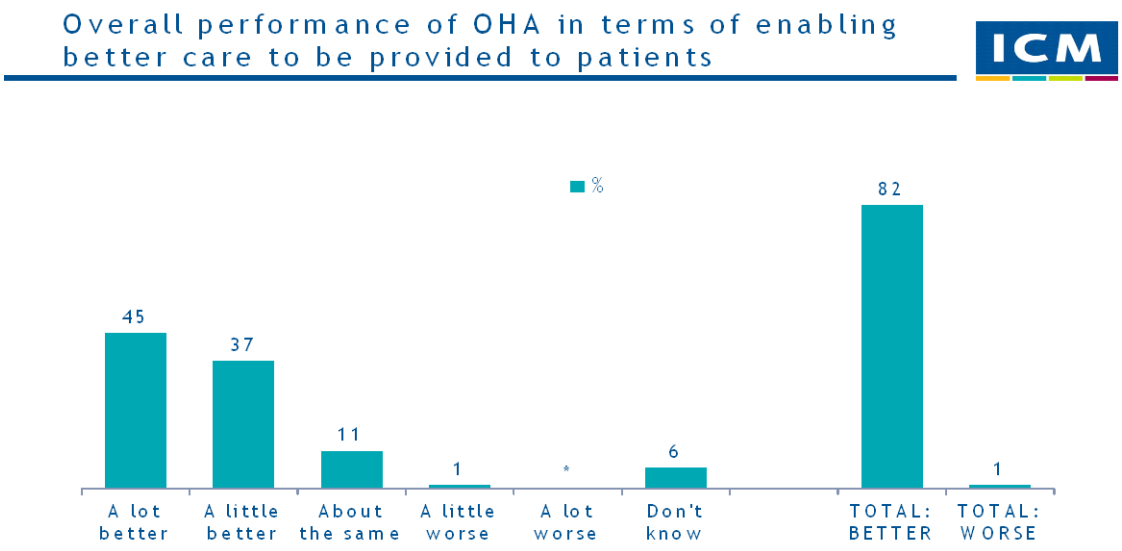
Figure 6: Overall attitudes towards the Care Pathway (Practitioners)



Q3. To what extent do you agree or disagree with each of the following statements about the care pathway currently being piloted in your practice?
Base: All dental care professionals (320)

More specifically, the dental practice staff survey finds that the majority (82%) of practitioners feel that the oral health assessments enable them to deliver better care to patients (Figure 7).

Figure 7: Overall performance of OHA (Practitioners)

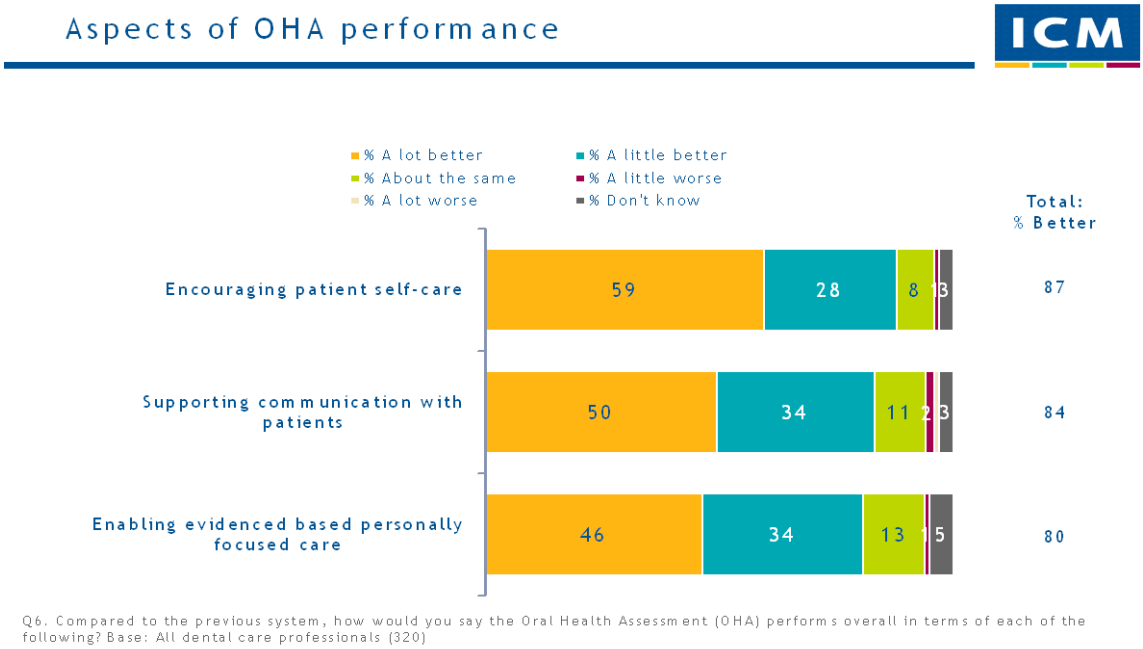


Q5. Compared to the previous system, how would you say the Oral Health Assessment (OHA) performs overall in terms of enabling better care to be provided to patients? Is it better or worse, or is it about the same?
Base: All dental care professionals (320)

When focusing on specific aspects of the Care Pathway it is evident that there is general consensus among practitioners that the OHA (Figure 8):

- Encourages patient self-care (87% agree, including 59% agreeing strongly);
- Supports communication with patients (84% and 50% respectively); and
- Enables evidence based personally focused care (80% and 46% respectively).

Figure 8: Specific aspects of OHA performance (Practitioners)



Q6. Compared to the previous system, how would you say the Oral Health Assessment (OHA) performs overall in terms of each of the following? Base: All dental care professionals (320)

Similar findings emerged from the qualitative research with dentists and practice staff. Practitioners felt that the ideas behind the new initiative could definitely benefit their patients in the long term:

"The good things are freedom from targets which are related to invasive treatments … it's about delivering a good outcome for your patients"
(Dentist, Birmingham)

"They [patients] always say, I wish we could have had some of these things before"

"It frees us up to do more concentrated dentistry"
(Dentists, Manchester)

"You're giving each individual patient more of your time … in some ways we are becoming more like oral health educators ourselves"

"The principles are very good - to correct the disease processes in the mouth before you treat"

"It's getting away from getting the drill out to fix a problem … I would say this is a good attempt at addressing that, and the broad concept is good"
(Dentists, Leeds)

"I think we definitely should see a reduction in tooth decay, because we're really hammering the diet and the fluoride …"
(Dentist, Manchester)

"It's great for the kids, and I think a lot of the pilot practices are bringing in oral health educators, which is a really good idea"
(Dental practice staff, Manchester)

"I think it has improved oral health in our surgery, we've had a few patients come back and [they've] really have listened to what you've said"
(Dental practice staff, Newcastle)

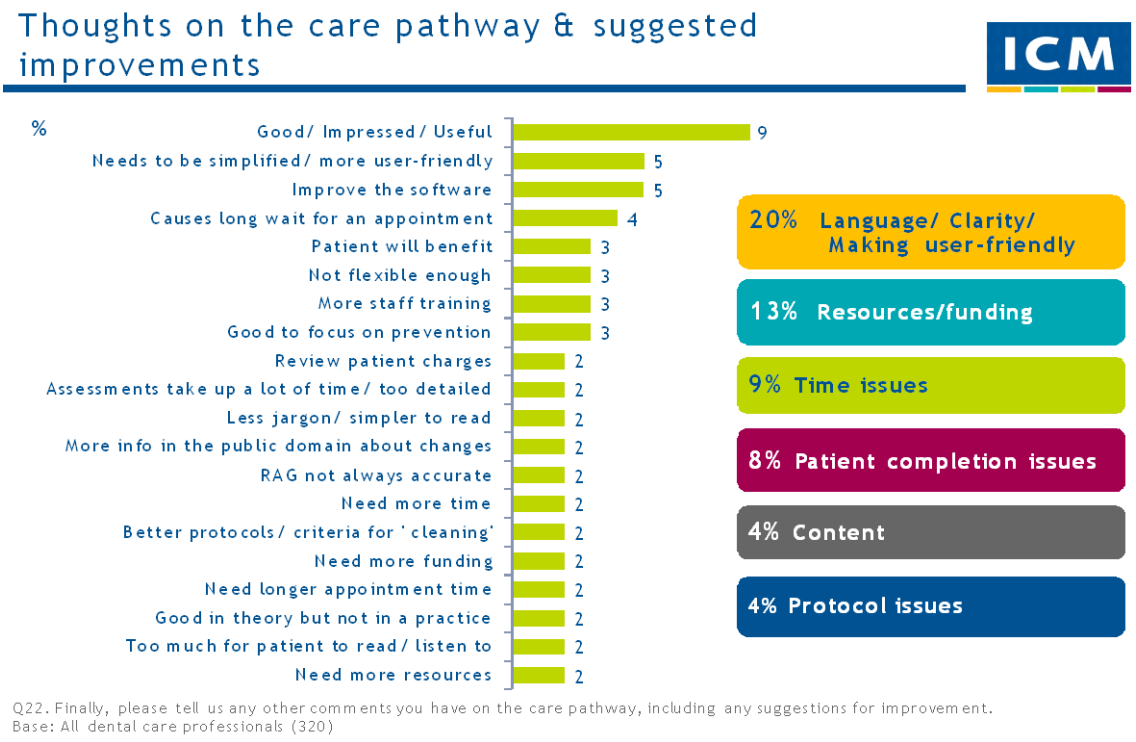
This is backed up by the practitioner survey: when asked if they have any suggestions for improving the Care Pathway, one in ten dental practice staff take the opportunity to praise the pilot and the new way of working (Figure 9 overleaf).

1.3 Improving the Care Pathway

However, it was also clear from the dental practice staff qualitative responses that there are a **number of problems with the practical aspects of the new approach**, and that these need to be addressed in order for dental staff to deliver the Pathway successfully on an on-going basis, and for the benefits outlined above to be enjoyed by patients. Indeed, Figure 9 from the quantitative survey shows that the improvements dental practice staff would most like to see made to the Care Pathway, most of which relate to its user-friendliness/language, resources/funding, appointment/ waiting times and patient completion issues.

The next two chapters of the report look in more detail at how the OHA and ICM appointments are working in practice, confirming which aspects of the new Pathway programme are running smoothly, and which are problematic and need review.

Figure 9: Suggested Improvements for the Care Pathway (Practitioners)



Q22. Finally, please tell us any other comments you have on the care pathway, including any suggestions for improvement.
Base: All dental care professionals (320)

2. The OHA Appointment Process

The OHA appointment can be considered as divided into three parts, reflecting the patient activity and dental practice staff involvement during the appointment. The diagram below shows the different stages of the OHA appointment process although the exact approach may vary by practice.

2.1 OHA time length & appointment scheduling

When discussing how the OHA is working in the qualitative research, initial feedback from practice staff and patients (albeit to a lesser degree) was typically led by comments relating to appointment length.

As can be seen from the diagram above, the OHA includes a number of stages that are completely new. As a result, **these appointments take longer than the previous check-up appointments** attended by patients in the past. For example, patients often expect to spend just ten minutes or so in the dentist's surgery when attending for a check-up (i.e. when not receiving any treatment). This is no longer the case.

At the start of the pilot (when the Pathway process was new to dentists and the software very unfamiliar to dental nurses), the OHA appointments were taking up to thirty minutes. Over time, many dental staff have worked hard to reduce this to about twenty minutes.

"Originally they had 30 minutes … but we've actually got it down to about eighteen"

"If you've got a mum with kids, it can take five minutes to get them in the room"
(Dental practice staff, Manchester)

The longer length appointment is acceptable to patients - as long as they know in advance. In the qualitative research, patients often reported (or envisaged) problems if they did not expect a longer appointment length. For example: overstaying their permitted car parking time or, for an appointment scheduled during a work lunch hour, not getting back to work in time.

Respondents felt that patients need to be forewarned about the new approach, and specifically that it involves a longer appointment length. If they know in advance, they feel that they can schedule their dental appointment so it doesn't interfere with or encroach on their other commitments.

The patient questionnaire survey results confirmed the qualitative research feedback. It finds that the bulk (89%) of patients and carers/guardian/parents of patients think the **length of time spent at the practice** is "about right" with only two per cent reporting that it is too long (Figure 10).

These views are uniformly held irrespective of age, appointment type, pilot type, corporate status, contract value, skill mix and software provider.

Figure 10: Opinion of length of time spent at dental practice for check-up (Patients)

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

Base: All respondents who have had an appointment for a routine check-up (3,321)

	%
Too long	2
About right	89
Too short	6
Not applicable	2

While advance notification can help avoid any patient problems with the longer OHA appointment length, the qualitative research identified a second potential harder-to-solve, time-related problem that was reported by both patients and dental staff. Within many of the pilot practices, the introduction of the new Pathway has led to **major scheduling problems**.

Not only does the longer appointment time length mean that fewer patients can be seen in a day, but the Pathway software often generates multiple ICMs for a patient which are required to be carried out within set time periods. This is not always possible as practice appointment schedules start to completely fill up and there are no free, suitable timeslots available.

This results in patients expressing dissatisfaction about arranging follow-up appointment(s), and dental practice receptionists voicing concern about having to cope with so many appointment demands which they can't satisfy. For example, some of the dental practices represented in the research were completely booked up for the next 3 – 4 months.

"I have to wait until June. I've been twice already as an emergency for them to temporary fill it. It doesn't seem logical"
(Patient, Devizes)

"… the next appointment they could give her was September"
(Patient, Manchester)

"They are complaining because they can't get an appointment. You send out a recall and you're booking them in two months later"
(Dental practice staff, Newcastle)

"There isn't a space in the appointment books to get the patients back quickly enough"
(Dental practice staff, Leeds)

As a result of these problems, some practices have reviewed their appointment scheduling procedures. For example, some have started to routinely ring-fence free time each week, for one or more dentists, specifically for work that can't be fitted in elsewhere.

"We're just going to start blocking an hour for every dentist … not for emergencies, just for routine treatments"

"Like a simple extraction, because you don't have an hour to do it"
(Dental practice staff, Manchester)

The report now considers the experience of patients, dentists and other practice staff for each of the different stages of the OHA appointment process.

2.2 Medical history/lifestyle questionnaire

Patients are used to being asked to provide details of their medical history when visiting the dentist, and understand why this information is required. The majority of the patient respondents in the qualitative research had also worked out (or understood the receptionist's explanation) why they were now being asked to provide additional information about their lifestyle.

A small minority did query why the lifestyle details were needed, and specifically information such as their smoking and drinking habits. The research feedback indicated that they felt that such questions were intrusive and/or unnecessary as they did not understand how this behaviour impacted on their dental health.

"If you're going to pay to go in and have nothing done, why should I fill in three pages of personal information?"

"Some of it is pointless …"
(Patients, Devizes)

"They hate the fact that they've got a form to fill in. Especially the elderly"
(Dental practice staff, Leeds)

The qualitative research suggests that these patients are more likely to be from more socially deprived areas, and people less interested in (and engaged with) health related issues, including their own oral health. They include those with drink/drug problems and also some elderly patients.

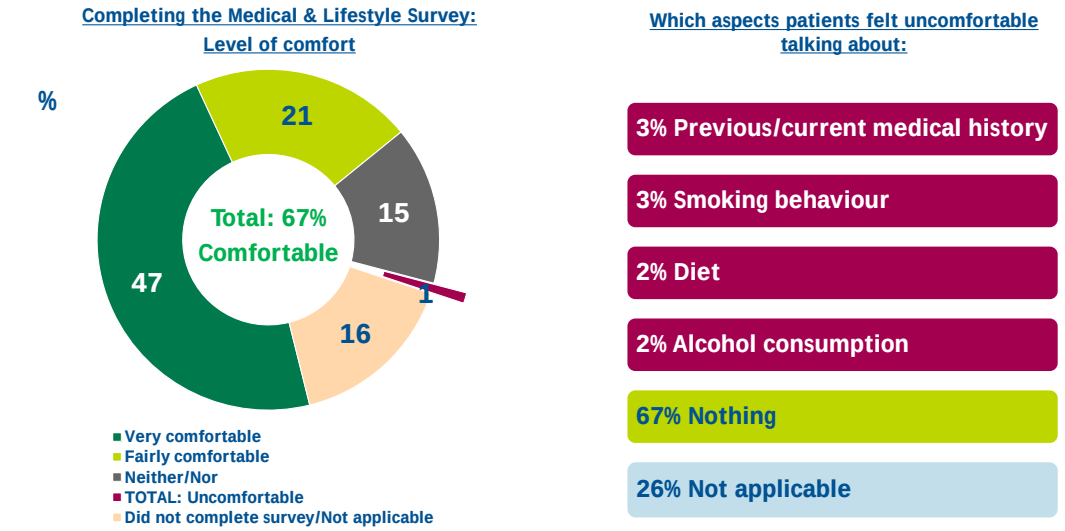
The qualitative research findings are confirmed by the follow-up patients' quantitative survey. Two-thirds (67%) of patients **report being very or fairly comfortable completing the medical and lifestyle survey** (Figure 11).

But, while hardly any patients describe themselves as uncomfortable, substantial minorities are unable to give an opinion either way or did not complete the medical and lifestyle survey.

Interestingly given the emphasis of the pilots on preventative oral health, patients who have had an appointment for preventative advice (78%) and, to a lesser extent, preventative treatment (72%) are more comfortable completing the medical and lifestyle survey than patients as a whole (67%).

When asked what **aspects of the medical and lifestyle survey they are uncomfortable with** (Figure 11), the highest mentions are previous/current medical history and smoking behaviour (both mentioned by 3%), followed by alcohol consumption and diet (both 2%).

Figure 11: Medical history & lifestyle questionnaire (Patients)



Q9. How comfortable, if at all, did you find completing the medical and lifestyle survey?
Q10. What aspects of the medical and lifestyle survey, if any, did you feel uncomfortable talking to your dentist about?
Q9/Q10 Base: All respondents who have had an appointment for a routine check-up (3,321).

More practically, the qualitative research revealed that **combining the medical history/lifestyle questionnaire into a single document generally works well**. For example, some practices now collect the information required via a tick-box form on two sides of A4 paper.

This combined approach means that, once in the dentist's surgery, the dentist can start to give explanation and advice on how the patient's lifestyle impacts on their oral health without the need to ask further questions, and the dental nurse can get on with inputting the data into the Pathway software.

However, the qualitative research respondents reported a **number of practical problems** relating to the medical history & lifestyle questionnaire:

- The longer form can take patients longer to complete. Some larger, busy practices now ask their patients to arrive ten minutes early in order to complete the form, and so avoid appointment start times delays.

- The language used on the form can be confusing. This is mainly due to the individual tailoring of questions by the software suppliers and/or pilot practices. For example, many patients are unfamiliar the term "dental caries"; others are unsure what "sibling" means. The question "Do you or have you ever smoked?" causes problems; patients who gave up smoking many years ago find they are being offered advice on how to quit when in the dentist's surgery.

- It can also be a problem if the patient has not been made aware of the need to complete such a form in advance of attending their appointment. The qualitative research feedback included examples of patients being unable to complete the form as they had not brought their reading glasses with them, and those who did not have full details of the prescription medications they were taking.

> *"People forget to bring their glasses … so we actually bought some [glasses] in the Pound Shop"*
> (Dental practice staff, Manchester)

- Some patient respondents reported that they had been asked to provide the same information in the past and did not understand why they had to do so again. They queried why the practice did not keep their details on record. In these cases, it was clear that practice staff had either

not fully explained about the pilot (and the need to use a new, longer form) and/or the need to need to check whether the patient's details had changed since their last appointment.

- The medical history & lifestyle questionnaire was particularly problematic when patients had literacy and language difficulties. The qualitative findings suggest that this is very location specific, and includes both areas where patients do not speak English and those where patients are not fully literate. Often it is not just about language or literacy, but is a combination of both factors.

"We have a lot of people who can't read or write"
(Dental practice staff, Leeds)

"You've got the old languages, old languages like Punjabi"

"Where we are, it's Polish and Czech people"
(Dentists, Manchester)

These problems are exacerbated by patient confidentiality requirements which means that reception staff are often unable to help an individual complete the form in the presence of other patients.

"If someone comes in who can't read or speak English, then we won't see them. They need to come back with an interpreter, because we have issues with consent"
(Dentist, Manchester)

Sometimes the form can be completed in the dentist's surgery where the dentist or nurse can read out the questions (for illiterate patients) or can translate the questions from English for non-English readers. However, this typically extends the appointment time length and can cause delays.

2.3 Delivering the Pathway in the surgery

The qualitative research feedback on the patient's experience in the dentist's surgery was generally positive. As previously discussed, most understand and appreciate the new preventative approach.

"He was logging information differently and the system was, like, measuring us, you know - how good we've been and how at risk are we. So I think he's getting a profile now, of whether he's spotting problems and managing risks and giving us, you know, red light, yellow light, green light, things like that"
(Patient, London)

However, there are a **number of practical issues which are currently hindering the Pathway delivery** and, therefore, the effectiveness of the new preventative approach.

Some of these are teething troubles relating to the introduction of the new Pathway procedures. Some are problems which dental staff are having to address on an on-going basis. All have implications for the successful roll-out of the new approach and, more specifically, for how the Pathway software is refined following the pilot.

For the dental support staff (specifically dental nurses), the complexity of the software is the main issue. Navigating through the different stages of the software programme, inputting patient details as required, is not very straightforward. The very limited amount of training before the start of the pilot also meant that the nurses effectively had to learn on the job.

"I think when we initially did that training … you sat in a room there with a screen. You talk through it, you can have a little play with it. It sounded alright at the time. But when you've got a patient in the chair…"

"We were running one hour behind before we'd noticed anything! You know, patients were just everywhere"
(Dental practice staff, Leeds)

"If you tick the wrong boxes, it's just mayhem"

"They need to do a lot more [software] training when they start everybody off"

"We only got one day"
(Dental practice staff, Manchester)

Some of these respondents reported that local peer support group meetings had been helpful, as problems could be shared and possible solutions suggested. However, not all dental practices represented in the research had been able to release their staff to attend such sessions.

One or more of the software providers had offered a telephone helpline. This was appreciated but its usage was often impractical (for example, in the middle of an appointment) as using it would cause delays.

Feedback from the dentists taking part in the qualitative research highlighted further problems with the new Pathway software. The thoroughness of the new approach meant that, for patients with multiple problems, the dentist was required to give him or her considerable amounts of information and advice. In some cases, the dentist was spreading this over more than one appointment in order to avoid overloading the patient at the initial OHA.

"If we can't complete the assessment on that visit, we just say to them, 'we've gone as far as we can, we'll need to reschedule you' … within that initial assessment, initial first fifteen minutes, if there is a problem … it's obvious that they need to come back"
(Dentist, Birmingham)

"Say, for example, the patient was a high needs patient ... do you disclose them four times a year? They'll have a list of about twenty things to do and you've got twenty minutes to do that. So disclosing in three months isn't going to be beneficial"
(Dentist, Newcastle)

"There is an over-ride on this, but it's left to discretion. The problem that we've got is: how much can we over-ride? … what impact will the over-riding have on the ultimate targets we've got?"
(Dentist, Birmingham)

At the same time, the software requires the dentist to complete the Pathway process in order to produce the patient's "scores" and the option of providing a Self Care Plan (SCP).

Gap and glitches in the software make this process harder and, again, cause some frustration and delay. For example, the software does not currently enable the dentist to record a broken tooth during the oral examination. One software variant also recommended ICM appointments for a fluoride varnish for every patient who had smoked in the past – even if they had dentures.

"*What's it going to be like when everybody's in the pilot, and everybody's ringing [the helpline]? … the software has got to be near perfect before this can [go] live"*
(Dental practice staff, Manchester)

The number of ICM appointments being recommended for some patients, and the number of different treatment scenarios being generated, has also caused some uncertainty about patient charges. Dentists would have welcomed more detailed guidance on this particular aspect of the Pathway.

"There isn't really any guidance to follow … you have to make a decision there and then"
(Dentist, Leeds)

In addition to these practical issues, the dentists and dental staff also noted that this new approach requires a completely different type of mind-set to the way they have previously worked. There was a general feeling that some dentists have been more able to change how they work with patients than others.

"Dentists need to have a really good chair-side manner"

"Some of them don't … they can't get the patient in and out quick enough. They don't want to talk to them"
(Dental practice staff, Manchester)

" … completely de-program your head in a way that you approach a patient … and it's very difficult if you've been in practice the best part of 30 years"
(Dentist, Leeds)

2.4 Reporting the patient RAG scores

The research **endorses the use of traffic light colours (Red, Amber & Green or RAG) to report back to the patient** at the end of their Oral Health Assessment.

Given the familiarity of the colours and their meaning, patients found it easy to understand how they were "scoring" on each of the different aspects of oral health covered by the Pathway. In the qualitative research, respondents thought that this approach was particularly effective for children who would not otherwise be able to understand and appreciate how healthy (or not) their teeth and gums were.

"*Some people are, you know, quite excited because they got a green one. 'Oh, I got a green one'"*
(Dental practice staff, Manchester)

"I think red, amber, green is good. It's kind of universal risk assessment"
(Dentist, Manchester)

The qualitative feedback suggests that being able to see their scores visually can increase the efficacy of the RAG feedback to patients. For example, it can help the patient appreciate the four different oral health areas being reported on by the Pathway, and which are referred to by the dentist when giving advice on how to improve (or maintain) these scores.

"It's a very quick visual explanation that's easy to understand"

"Having a visual and having someone say something doubles it up, doesn't it?"
(Patients, Devizes)

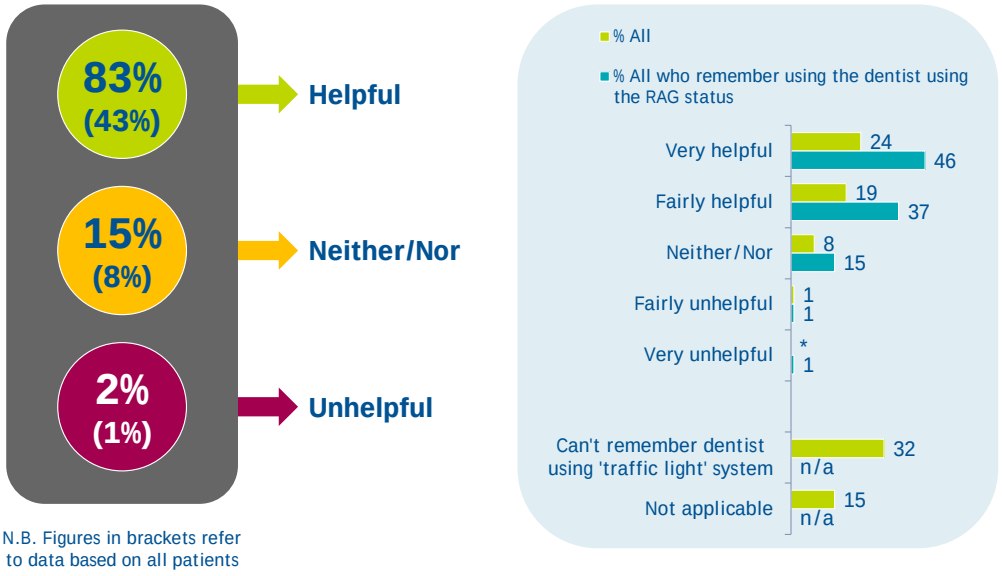
The practical set-up within dentist surgeries means that it was not always possible for the patient to see the computer screen (showing their RAG scores) from where they sit in the dentist's chair. On these occasions, the dentist may (or may not) use the printed out Self Care Plan to show the patient their RAG scores.

In the patient survey, just over half (52%) of respondents remember their **dentist using a system of traffic light ratings** to help them understand their oral health. Of these, over four in five (83%) believe that the RAG ratings have been either very or fairly helpful which equates to 43 per cent of all the patients taking part in the survey, irrespective of whether they can remember been given one (Figure 12).

The research shows that traffic light ratings – with a couple of exceptions - are universally regarded as helpful irrespective of the profile of the dental practice.

Elsewhere, the evidence suggests that those who have had an urgent or emergency appointment in the last nine months find the RAG status less helpful although ratings remain high across the board in absolute terms.

Figure 12: Helpfulness of 'red/amber/green' ratings (Patients)

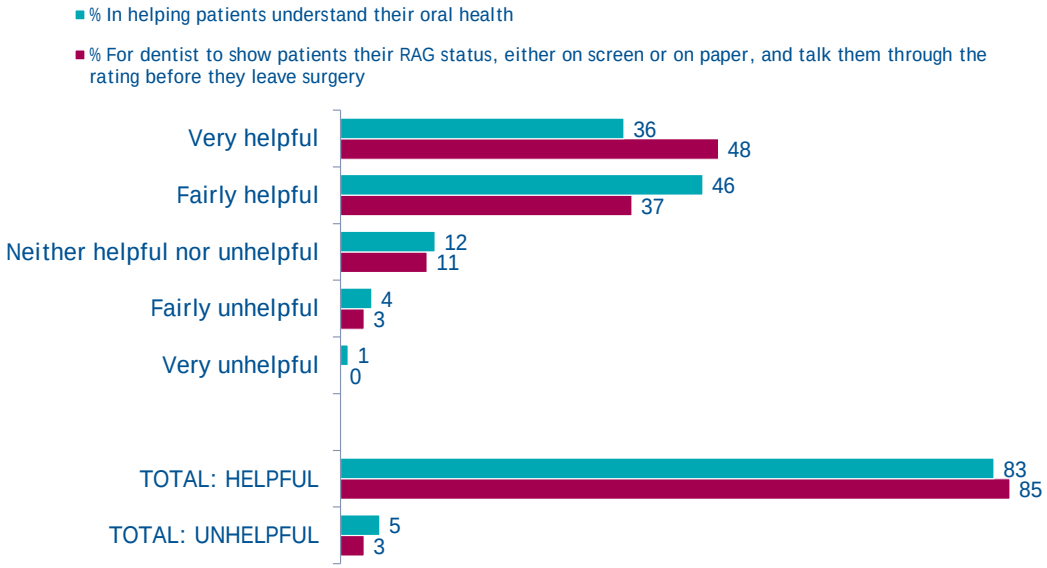


Q13. How helpful or unhelpful do you find the system of 'traffic light' ratings in helping you understand the health of your teeth and gums?
Base: All respondents who have had an appointment for a routine check-up (3,321). All using traffic light ratings (1,732).

The quantitative research amongst dentists and practice staff also **reinforces the helpfulness of using RAG ratings with patients.** Figure 13 shows that the great majority (83%) of practitioners believe the RAG status is helpful in improving patients' understanding of their oral health, a figure which is in line with the view among patients who recall their dentist using the traffic light rating (84%). However, it is interesting to note that dentists are less likely than other practice staff to state 'very' helpful (28% versus 42%).

A similarly large proportion (85%) of practice staff state that it would be helpful for the dentist to be able to show patients the RAG status, either on screen or on paper, and talk them through the rating before they leave the surgery. Indeed, more staff say this would be very helpful than the RAG status in general (48% compared to 36%). Again, the degree to which discussing the rating during an appointment is seen as helpful is lower among dentists than other staff practice (37% compared to 53% of clinical staff and 58% of receptionists/practice managers).

Figure 13: Helpfulness of 'red/amber/green' ratings (Practitioners)



Q8. As you may know, dental practices taking part in the pilot are using a new way of giving patients feedback on their oral health based on a 'traffic light' rating (red/amber/green or RAG status). Overall, in your view, how helpful or unhelpful is the red/amber/green status in helping patients understand their oral health?

Base: All dental care professionals (320)

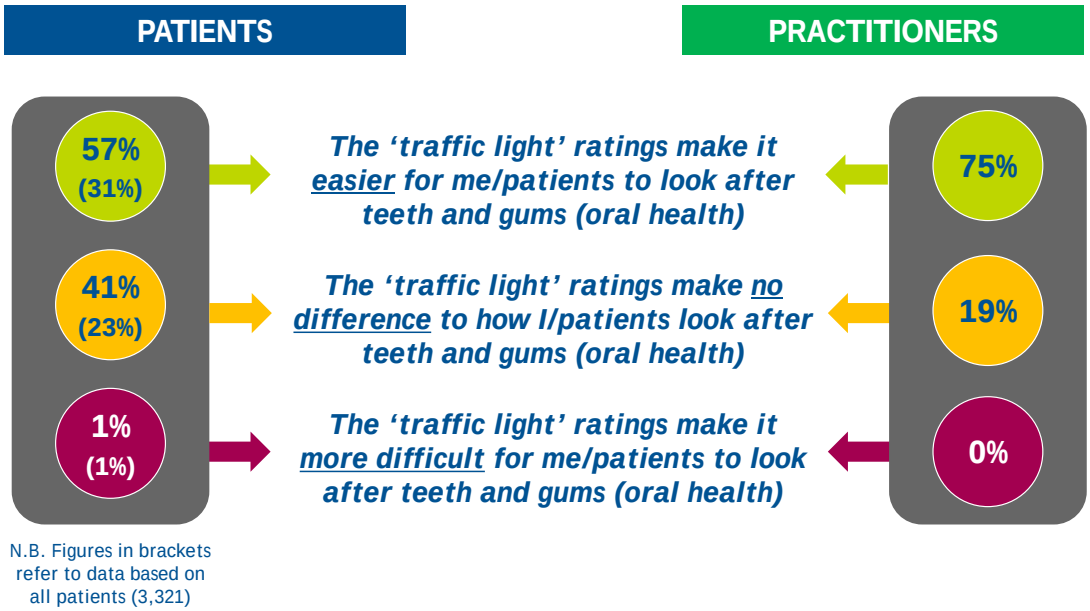
Q9. How helpful or unhelpful is it/would it be for the dentist to show patients their RAG status, either on screen or on paper, and talk them through the rating before they leave surgery?

Base: All dental care professionals (320)

Perhaps more importantly, both patient and dental staff survey findings suggest that RAG scores are likely to make it easier for patients to look after their teeth and gums. More than half (57%) of patients who recall using the RAG system say that they found it useful. However, there is a perception gap between patients and dental staff: dental professionals (75%) are more likely to say that the 'traffic light' ratings make oral health easier for patients than patients themselves (56%). Patients are also twice as likely (41% vs. 19%) to say that the RAG ratings make no difference to how they look after their teeth and gums. These findings are set out in Figure 14.

However, it is worth noting that dentists themselves (Dentist - Providers, 70%; Dentist – Associate performer, 65%) are far less likely than other dental professionals/support staff (81%) and practice managers (90%) to say that the RAG system is useful. Rather, providers/dentists are more likely than average to say that it makes no difference to how patients look after their oral health.

Figure 14: Views about the use of 'red/amber/green' ratings (Patients, Practitioners)



N.B. Figures in brackets refer to data based on all patients (3,321)

Patients: Q14. Which of the following best describes your view about the use of 'traffic light' ratings?
Base: All patients and carers/guardian/parents of patients who can remember using traffic light ratings (1,816)

Practitioners: Q10. Which of the following statements best describes your view about red/amber/green status?
Base: All respondents (320)

2.5 Giving preventative advice & Self Care Plan

Following the reporting of the RAG scores, patients are given advice on how to improve or maintain their oral health. Most patients welcome such advice, especially as it usually involves fairly straightforward and easy to implement changes to their dental health regime. For example, in the qualitative research, respondents were happy to be told the most effective way of brushing their teeth and how to get the most out of using fluoride toothpaste.

"Apparently you're meant to floss every day"
(Patient, London)

"Don't rinse your mouth out. Leave the toothpaste on your teeth"

"And don't use mouthwash after brushing"
(Patients, Devizes)

"She was going into quite a lot of detail … she gave me a prescription for a fluoride toothpaste which she'd never done before. She was explaining what to do with it, and how important flossing is"
(Patient, Manchester)

"It helped place the emphasis not just on the dentist to repair the damage, but [on] what you could do as prevention measures for your own dental health"
(Patient, Devizes)

There were only a few problems reported regarding the giving of advice. The Pathway software occasionally generates inappropriate advice due to the use of confusing questions (in the medical history/lifestyle questionnaire) or data gaps. For example, dental practice staff reported that an ex-smoker who answers YES to the question "Do you or have you ever smoked?" may be offered smoking cessation advice even though he quit smoking years ago.

As previously mentioned, the Pathway software generates a Self Care Plan (SCP) that can be printed out and given to the patient. This confirms his or her RAG scores and also summarises the advice about improving their oral health offered to the patient by the dentist.

Feedback on the idea of being offered written advice to take away with you was received positively in the qualitative research.

> *"There was probably too much for me to take in, walk out and remember everything she said in this case. If it had been, 'Your teeth might need cleaning next time,' or something, I wouldn't need a print-out. For something which was quite detailed, it was helpful"*
>
> (Patient, Devizes)

> *"There's always a certain amount of stress involved when you go to the dentist, and quite often you come out and you don't remember anything that's been said. Whereas if you had it in black and white, you'd be much more likely to take it in"*
>
> (Patient, London)

The qualitative research feedback also suggests that patients are likely to find it easier to understand and take on board the dentist's advice if they are given their SCP when they are in the dentist's surgery, rather than when they pass through the practice reception on their way out. Specifically, it gives the patient the opportunity to ask questions if anything on the SCP is unclear.

> *"I think she let me read it through, then she went through it with me"*
>
> *"I think it's better that she runs through it with you. Lays it out for you"*
>
> (Patients, Devizes)

> *"As soon as we've done the assessment we say, 'You get a print out now of how your health is,' and then we go through it in detail with them, so they don't really have a problem"*
>
> (Dental practice staff, Newcastle)

> *"If I was given it by the receptionist on your way out, it would just end up put in the bin on the way out, honestly … I think it's part of the appointment time and I think that extra minute works"*
>
> (Patient, Devizes)

When discussing the practical matter of printing out the SCP for patients, a number of problems were reported:

- The three pilot SCPs reviewed in the research use coloured graphics to report the patient's RAG scores. However, not all dental practices have a colour printer. Printing the SCP in black and white effectively negates the benefits of using the three colours (as they are indistinguishable in black and white).
- Not all practices have printers in each surgery, whether colour or black/white. This means that, if the dentist wishes to use the SCP with the patient, the dental nurse has to leave the surgery to go and collect the SCP. In one large practice where the printer is in the downstairs reception, the dental nurse has to "run downstairs" and then back up again every time a patient's SCP is printed-out.
- While these problems can be solved by a dental practice buying (additional) colour printers, there will be on-going financial implications due to the "high running costs" of colour printers and increased paper usage.

In addition, the qualitative research feedback suggests some problems with the content and language of the SCPs. These varied with the different design of SCP produced by the different software being used across the pilot practices.

- The main problem relates to the language used in all the SCPs. It includes dental terminology which is unfamiliar and hard to understand.

> *"You get caries, perio. They don't understand that. Instead it should say, like, 'decay'. Everybody knows what decay is. And then instead of perio, [it should say] gum health"*
>
> *"It needs to be more layman terms. They don't understand"*
> (Dental practice staff, Manchester)
>
> *"Who knows what caries is if you don't work at a dentists?"*
>
> *"We have to explain what soft tissues are as well; they don't understand that soft tissues are the mouth"*
> (Dental practice staff, Newcastle)

- One version of the SCP is very long and detailed if the patient scores badly in all four oral health areas (i.e. 3 pages). This is felt to be rather off-putting, especially for patients with little interest in their oral health to start with (who are also likely to be those with the poorest RAG scores).

- A second version of the SCP gives only very abbreviated advice which is felt to be limited in terms of its helpfulness to patients.

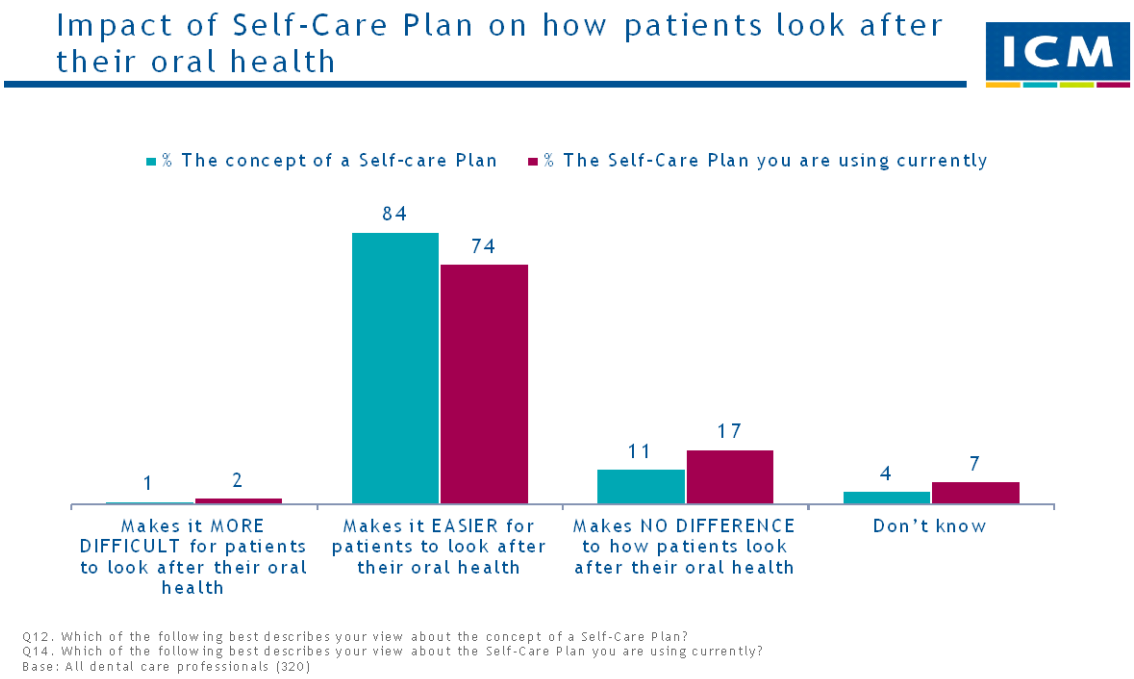
Given the problems detailed above, some dentists reported not giving a copy of the SCP to all their patients. At one pilot practice, the dentists' views on the rather limited usefulness of the SCP available from their Pathway software was confirmed by the number of plans which patients were throwing away as they left after their appointment.

> *"We started in find loads of computer plans in the bin"*
> (Dentist, Manchester)
>
> *"We're not giving it out because we don't think it's patient appropriate … because it uses words … they don't understand"*
> (Dentist, Manchester)

It should be noted that these dentists (and their staff) were not rejecting the idea of having a SCP for patients attending an OHA. This was confirmed by the findings of the practice staff questionnaire survey: 84 per cent of dental care professionals agree that **the SCP makes it easier for patients to look after their oral health**, compared to 11 per cent who say it makes no difference and 4 per cent who say it actually makes it more difficult. However, it is worth noting that dentists themselves are more likely to feel that the SCP makes no difference than those with other jobs roles (16% compared to 8%).

Furthermore, the idea that some practitioners are more favourable towards the idea of a Self-Care Plan in principle rather than the SCP currently available in their practice is reinforced by the findings in Figure 15 which show a 10 percentage point gap in the proportion stating *the concept* and *SCP currently in use* 'makes it easier' for patients.

Figure 15: Impact of Self-Care Plan on how patients look after their oral health (Practitioners)



At the same time, the patient survey confirmed the current limited use of the SCP: only a third (35%) of patients, or carers/guardians/parents of patients, remember being offered or given a SCP (Figure 16 overleaf). In most cases, those who do remember were offered a SCP by their dentist during their appointment (27% select this response, compared to 4% who mention a dental nurse and 3% a receptionist at the end of the appointment).

It is evident that patients in pilot type 3 (39%) are more likely than those in types 1 and 2 (34% and 32%) to recall being offered or given a SCP.

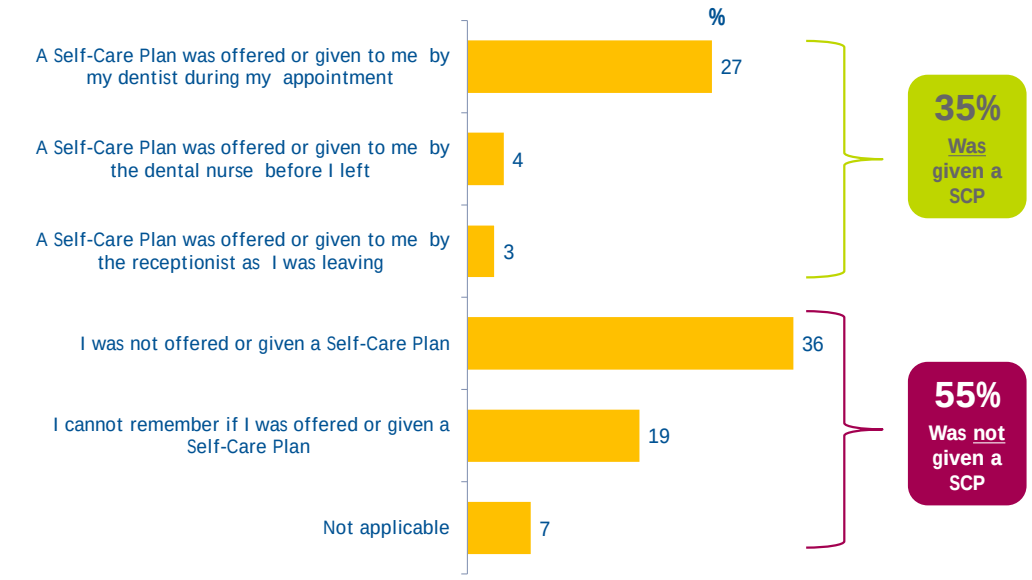
Patients, who were not offered/given a SCP, cannot remember being offered one, or say it does not apply to them, tend to be from practices with the following attributes:

- Index of Multiple Deprivation scores 1 (65%), 2 (64%) and 4 (57%)
- With a skill mix (60%)
- Large and medium contract values (58% and 59%)
- Corporate (60%).

Conversely, patients who were offered or given a SCP are from:

- Non-corporate practices (36%)
- Practices without a skill mix (58%)
- Practices with a small contract value (44%).

Figure 16: Views on the Self-Care Plan (Patients)



Q15. Which of the following statements best applies to you?
Base: All patients and carers/guardian/parents of patients (3,321).

Furthermore, patients responding to the survey **speak positively about the information included in their Self-Care Plan** in terms of its quantity, clarity and helpfulness.

Patients overwhelmingly believe that the amount of information in the SCP is about right (94% - Figure 17), while a slightly smaller proportion agree that the information in the SCP is clear and easy to understand (85% - Figure 18).

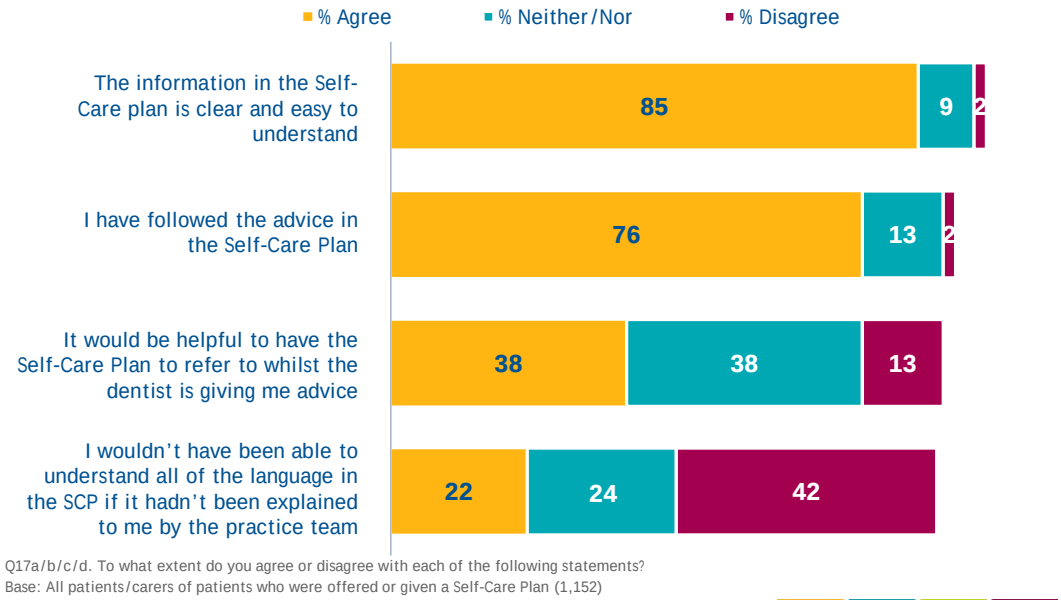
Figure 17: Amount of information in SCP (Patients)

Q16. Would you say the amount of information in the Self-Care Plan is too much or too little, or is it about right?	
Base: All patients or carers of patients who were offered or given a Self-Care Plan (1,195)	
	%
Too much	3
Too little	3
About right	94

There is no consensus view as to whether patients would have understood the content of the SCP without guidance from the dentist. While a quarter agree (22%) that they would *not* have been able to understand all of the language in the SCP if it hadn't been explained to them by the practice team, two in five (42%) disagree with this sentiment and over a third do not express an answer either way (35% neither agree nor disagree/not stated responses).

What is clearer, however, is that more patients agree than disagree that it would have been helpful to have had the SCP to refer to whilst the dentist gave them advice (38% compared to 13%). Again, though, around half of patients are undecided about this issue.

Figure 18: Views on information in the Self-Care Plan (Patients)



Q17a/b/c/d. To what extent do you agree or disagree with each of the following statements?
Base: All patients/carers of patients who were offered or given a Self-Care Plan (1,152)

In addition, there is strong evidence to demonstrate that patients have followed the advice in the Self-Care Plan. Three-quarters (76%) of patients state this is the case although most 'tend to' agree rather than 'strongly' agree (Figure 18).

Elsewhere, adherence to the advice in the SCP is strongly linked to age: just 64 per cent of patients aged 75 years and over say they have followed the advice in the Self-Care Plan, compared to 80 per cent those aged 44 years and under.[4]

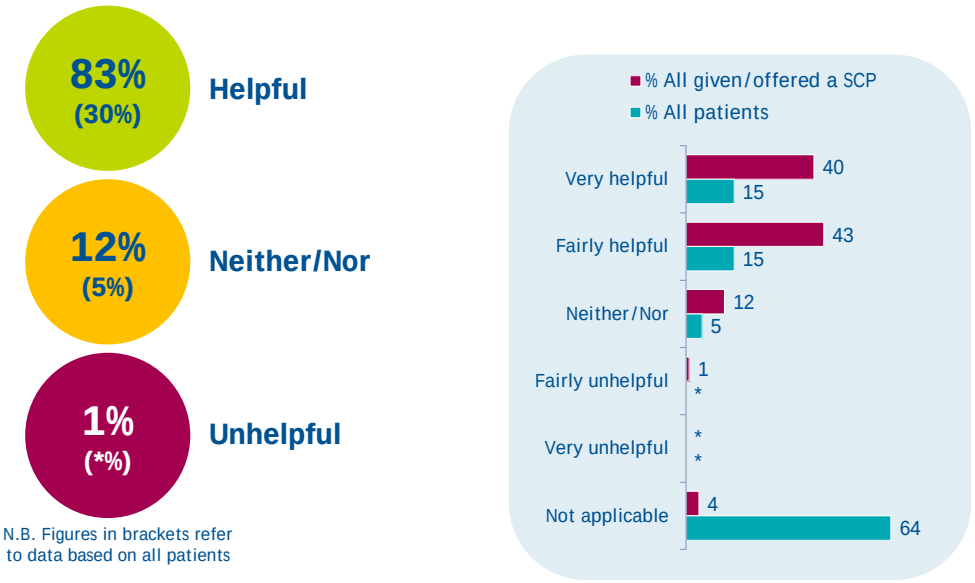
Patients at non-corporate (77%) practices are more likely to say that they followed the advice than those at corporate practices (70%). However, there are no statistically significant differences by practices' contract value and software provider.

The large proportion of patients responding to the survey who claim to have followed the advice in their Self-Care Plan will partly explain why the SCP is positively regarded by most of those who have been offered or given one. More than four in five (81%) describe the SCP as helpful in helping them understand how they look after their oral health, with opinion equally split between 'very' and 'fairly' helpful (Figure 19 overleaf). Only one per cent states that the information was unhelpful.

On the other hand, while views are generally consistent across all groups of patients and irrespective of the profile of the practice, it is evident that patients who have attended an appointment for preventative advice find the information most helpful (56% say 'very' helpful versus 40% of patients overall).

[4] Although the figure among patients aged 18-24 years is 72%.

Figure 19: Helpfulness of Self-Care Plan (Patients)

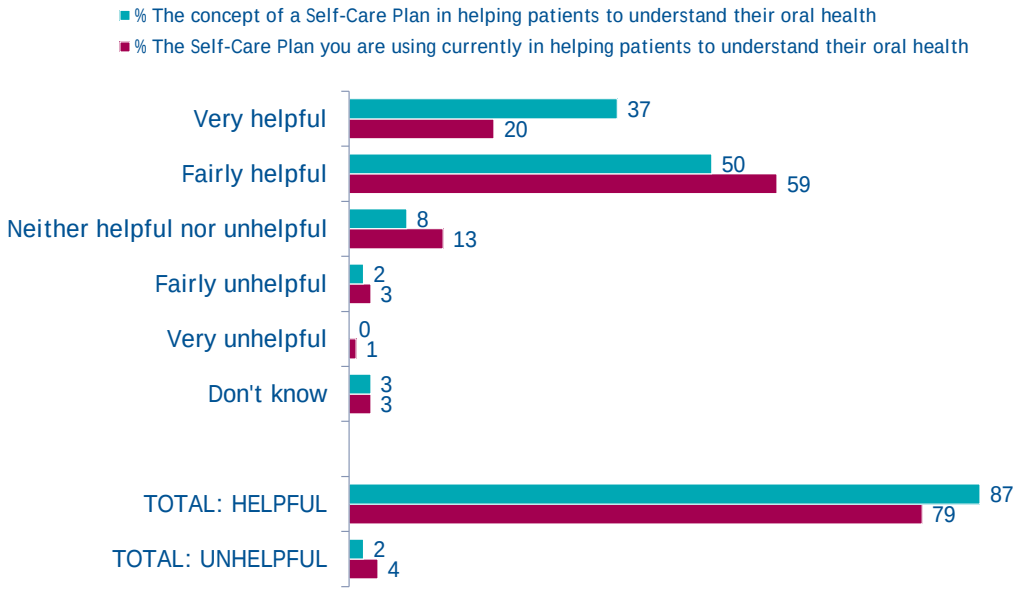


Q18. Overall, how helpful or unhelpful do you find the Self-Care plans in helping you understand how to look after your (or your child's) teeth and gums?
Base: All patients and carers/guardian/parents of patients who were offered or given a self care plan (1,152), Base: All respondents who have had an appointment for a routine check-up (3,321).

Figure 20 shows that patients' views on the helpfulness of the SCP are more or less in line with the opinion of dental professionals.

The great majority (87%) of professionals feel that the concept of a SCP is helpful for patients to understand their oral health. However, a slightly lower proportion (79%) feel that the SCP that is currently in use at their practice is helpful, suggesting that many support the idea of a Self-Care Plan but feel that the current format is ineffective. This was a sentiment which emerged strongly in the qualitative research among practitioners.

Figure 20: Helpfulness of SCP in helping patients understand their oral health (Practitioners)



Q11. Overall, in your view, how helpful or unhelpful do you consider the concept of a Self-Care Plan in helping patients understand their oral health?
Q13. Overall, in your view, how helpful or unhelpful do you consider the Self-Care Plan you are using currently in helping patients to understand their oral health?
Base: All dental care professionals (320)

While it is not possible to relate these findings to the different designs of the SCP currently being used, it is encouraging to report that two-thirds (65%) of patients who remember being given a SCP report that it had **prompted them to change how they look after their teeth and gums**. This represents 23 per cent when *expressed as a proportion of patients overall*.

While just three in ten (30%) patients admit that the SCP has made no difference to how they look after their oral health, this percentage is higher among patients aged 75 years and over (35%) and those whose practice falls within Index of Multiple Deprivation (IMD) Level 1 (46%).

In contrast, compared with patients overall, people who have attended an appointment for preventative advice since the start of the pilot are by a considerable margin the most inclined to have changed the way they look after their oral health (79% versus 65%).

Figure 21 reveals how a majority of patients who feel the information contained in the SCP is too short or too long believe the SCP has made no difference.

Figure 21: Impact of SCP on patients' oral health behaviour (Patients)

Q19. Which of the following statements best describes your view about the Self-Care Plan you were given?

Base: All patients and parents/guardians/carers of patients who were offered or given a SCP (1,152)

	Total: All offered/ given a SCP %	***Total: All patients who attended a routine appointment %***	**Q16. Amount of Information in SCP**		
			Too much %	Too little %	About right %
The SCP has changed how I look after my teeth and gums	**65**	***23***	35	40	68
The SCP has made no difference to how I look after my teeth and gums	**30**	***11***	58	57	29
Not stated/not applicable	**5**	***66***	8	3	3

Of those who were offered or given a Self-Care Plan, the great majority (88%) took it away, three-quarters (76%) have kept it and two in five (43%) have actually referred to it (Figure 22). Fewer patients who feel the amount of information is too little or too much have referred to it since their appointment. The use of Self-Care Plans is generally consistent by patient group and type/profile of practice.

Figure 22: Proportion of patients offered and kept SCP (Patients)

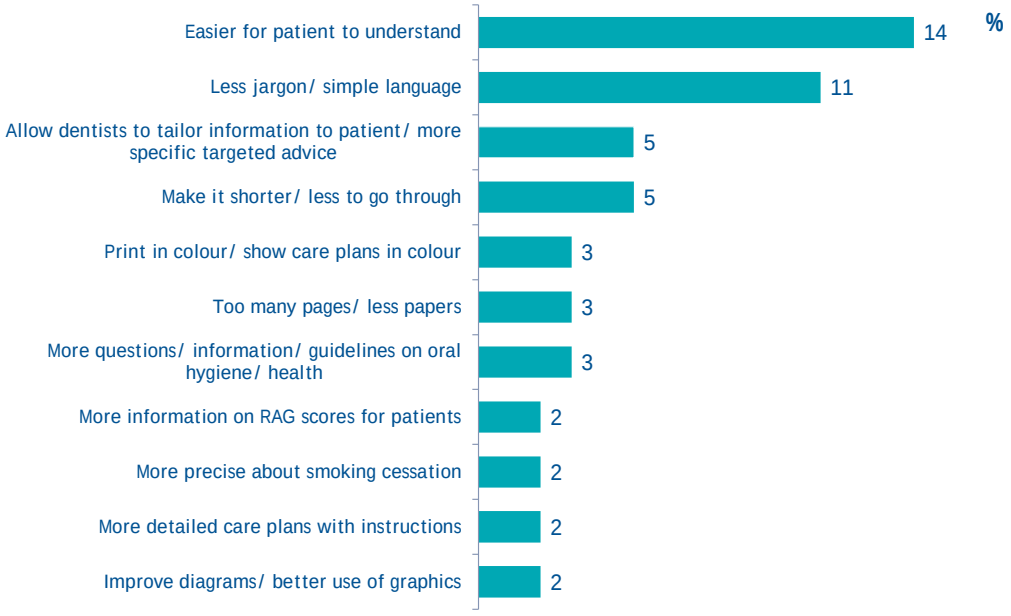
Q20. And which of the following best applies to you?

Base: All patients and parents/guardians/carers of patients who were offered or given a SCP (1,152)

	Total: All offered/ given a SCP %	*Total: All patients who attended a routine appointment %*	Q16. Amount of info. in SCP		
			Too much %	Too little %	About right %
I did not take a printed Self-Care Plan when it was offered	6	*2*	4	10	6
I have kept the Self-Care Plan and have referred to it since the appointment	43	*15*	23	30	45
I have kept the Self-Care Plan but have not referred to it since the appointment	33	*11*	46	40	33
I did take a Self-Care Plan but have not kept it	12	*4*	19	13	12
Total: Took away a printed SCP	**88**	***31***	**88**	**83**	**90**
Total: Took away a printed SCP & kept it	**76**	***26***	**69**	**70**	**78**

Practitioners highlight making the SCP user-friendly as a key priority for improving the SCP (Figure 23). 14 per cent say that it should be made easier for patients to understand, and similarly 11 per cent suggest less jargon/simple language. Length is also named as an issue: 5 per cent of practitioners advise making it shorter and 3 per cent say that there are too many pages at present.

Figure 23: Recommended changes to SCP (Practitioners)



Q15. If you could make one or two recommendations for improving the Self-Care Plan, what would they be? N.B responses <2% are not displayed. Please refer to tables for full data set.

Base: All respondents (320)

2.6 Completion of OHA appointment

One of the main aims of the new Pathway approach is to encourage patients to be more pro-active in their oral self-care. To achieve this, patients need to leave their OHA suitably motivated with the appropriate oral healthcare information and/or follow-up treatment plan.

Feedback from the qualitative research suggests that the positive impact of the dentist consultation is potentially diminished by the patient's experience as they leave the practice:

- Patients returning to the reception desk in the waiting room to arrange follow-up ICM appointments may find it difficult (if not impossible) to book an appointment within the specified timescale. This can lead to patient and receptionist frustration.

- Patients may be given their SCP by the receptionist as they pass through the waiting room on their way out of the practice. In order to be able to follow its advice fully, the patient needs to understand the unfamiliar dental terminology used. However, the only person available to ask at this point is the practice receptionist who may not have the knowledge and/or time to answer patient questions.

> *"Ninety nine percent of the time reception are giving it [to patients] & none of my reception [team] have got any dental nursing background. So when they hand it over … they'll say 'What's that for then? What does that mean?'"*
>
> (Dental practice staff, Leeds)

If the patient leaves without their questions answered, the SCP is likely to be of limited use.

> *"It just gets shoved in your bag, doesn't it?"*
>
> (Dental practice staff, Manchester)

- In some practices, the patient is given multiple leaflets, print-outs etc. to take away with them after their appointment. This is felt to be confusing, and likely to put the patient off finding and re-reading the self-care advice.

> *"At the maximum, sometimes, they're going out with five pieces of paper … I'm sure there are better ways, IT-wise, of delivering this information"*
>
> (Dentist, Leeds)

> *"Here is DBOH3 … that's a separate document. That's another one that we have to print off"*
>
> (Dentist, Leeds)

> *"Lots of print-outs when we leave of what to do and what not to do"*
>
> (Patient, London)

2.7 Improving the OHA

Making the OHA software easier to use is the most frequently cited recommendation from practitioners (8% - Figure 24). However, many point to the style and content of the assessment, suggesting more questions/information/guidelines on oral hygiene/health (6%), making it shorter (6%), and cutting down on jargon (5%).

Figure 24: Recommended changes to OHA (Practitioners)

Q7. If you make one or two recommendations for improving the Oral Health Assessment (OHA), what would they be? N.B responses <3% are not displayed. Please refer to tables for full data set.

Base: All respondents (320)

3. The ICM follow-up appointment

3.1 Patient understanding & feedback

Patients broadly welcome the introduction of appointments for preventative treatment/advice appointments.

In the qualitative research, patients interested in improving their oral health not only reported that the dentist's advice (at the OHA) had helped them understand how they can look after their teeth and gums better, but many were also aware that dentists now offer extra appointments specifically to cover preventive care issues.

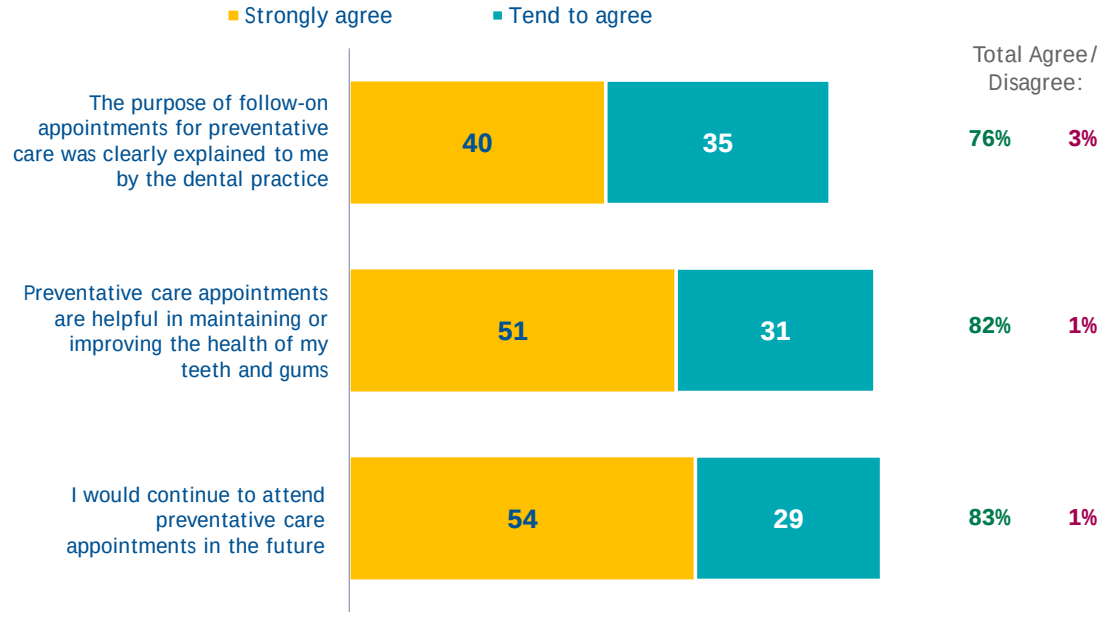
> *"I have just been to the hygienist, but I have got a thing called a review in about two months' time for about quarter of an hour"*

> *"She discussed a plan with me and that's why I have got appointments for the next month, four appointments … the complete package"*
> (Patient, Devizes)

This qualitative feedback was confirmed by the findings of the patient questionnaire survey. The majority of patient respondents *who had a preventative care appointment* understand **how preventative care appointments can help**, and expressed interest in attending (Figure 25).

Specifically, four in five agree that preventative care appointments are helpful in maintaining oral health (82%), and a similar proportion state they would continue to attend preventative care appointments in the future (83%). Three-quarters (76%) believe the purpose of follow-on appointments for preventative care were clearly explained to them by the dental practice. Hardly any patients disagree with these statements. Appendix 4 has charts illustrating how patient views are consistent irrespective of whether the preventative care appointment was for preventative advice only or for preventative advice and treatment. Moreover, the level of agreement for all three statements is broadly consistent by patient subgroups and practice profile.

Figure 25: Agreement with statements about preventative care (Patients)



Q22a/b/c. To what extent do you agree or disagree with each of the following statements?
Base: All patients and carers/guardian/parents of patients who had a preventative care appointment (1,344)

Feedback from qualitative research respondents who had received follow-up preventative care was also generally positive. Those who had received a fluoride varnish (for themselves or their children) were particularly positive as they had not expected it to be covered by the OHA appointment charge.

> *"He gave her [child] a disclosing tablet and he showed her how bad her teeth were … I think it was quite good … I think she does understand how important it is. I might have to go a lot for fluoride"*
>
> (Patient, Manchester)

> *"it was some sealant stuff that they put on my teeth … then they go over it with that little torch thing to make sure it's properly dry"*
>
> (Patient, Devizes)

> *"My kids have been given fissure sealants … it's to stop any potential filling getting worse"*
>
> (Patient, London)

> *"[the hygienist] … de-scaled. Basically gave me some more advice on using [an] electric toothbrush and to do bit more of flossing on the middle bottom ones where they're very close together"*
>
> (Patient, Devizes)

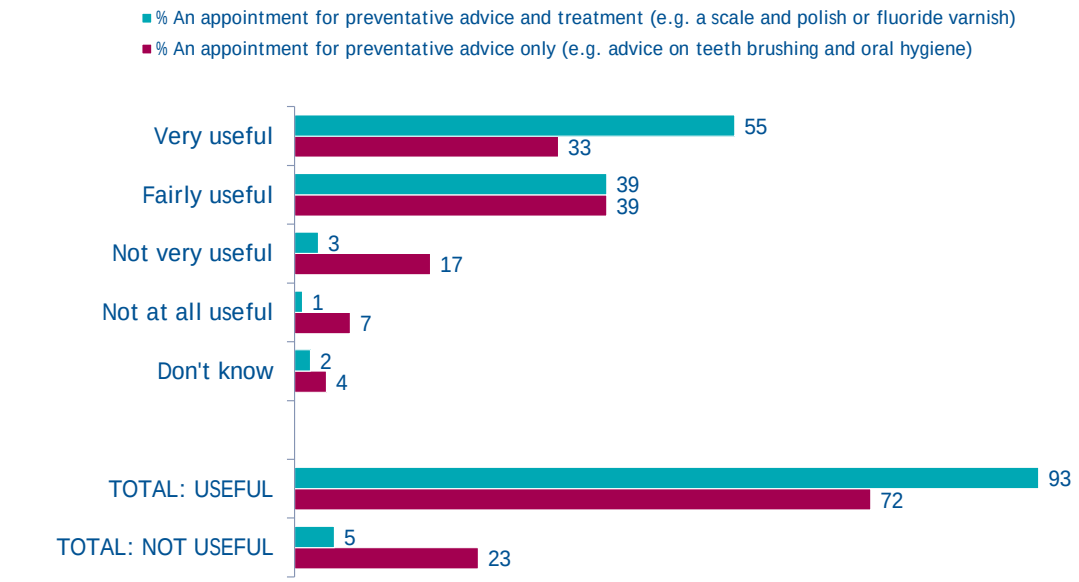
Overall, it was clear that patients hope that, by following the advice they are given and by returning for some form of preventative treatment when recommended, it will decrease the need for fillings (or other form of repair work) in the future.

The findings of the dentist and practice staff survey augment this view (Figure 26). There is a strong consensus (93%) amongst dental professionals that appointments for preventative advice and treatment (e.g. a scale and polish) are a useful means of helping patients to look after their oral health. What is more, over half (55%) describe the appointments as very useful. This view is consistent across job roles and pilot types.

A majority also agrees that appointments for preventative advice only (e.g. advice of teeth brushing) are useful (72%), although support is lower for the advice-only option than for the advice and treatment combination (above: -11). Indeed, 23 per cent of dental professionals believe that the advice-only appointments are not helpful, compared to only 5 per cent who say the same about the combined approach. Interestingly though, patients who have had an appointment for preventative advice are more positive about the Care Pathway than patients who have attended other types of appointments.

Support for advice-only appointments is greatest amongst 'other dental professionals/support staff' (including hygienists, nurses and technicians): 85 per cent describe them as useful, compared to a smaller 64 per cent of dentists and 67 per cent of managers/receptionists.

Figure 26: Usefulness of interim care management (ICM) (Practitioners)



Q16. This next question is about Interim Care Management (ICMs). How useful, if at all, Is each of the following in helping patients look after their oral health?
Base: All dental care professionals (320)

Despite the generally positive feedback from all the sample groups, the qualitative research did reveal a couple of potentially problematic issues when the way that preventative care/treatment is delivered by dental practices was discussed.

It was apparent that while some patients are familiar with hygienists providing de-scaling & polish treatments, others have only ever been treated by their dentist and are unaware that other dental staff can provide this sort of care. A few clearly would prefer to be treated by the dentist, suggesting that some patient education may be needed.

The appointment name is also unfamiliar and not immediately understandable or memorable, so dentists and practice staff usually have to describe what the appointment is for in order to explain how it differs from a standard check-up.

"They wouldn't have a clue what 'interim care appointments' are. Even if we explained to them at the chair-side … most will forget"
(Dentist, Birmingham)

"They mentioned the word 'maintenance check' at one of the meetings, so I stuck with that"

"I call it a review"

"I use [the term] an interim appointment"
(Dentists, Leeds)

3.2 Arranging & attending ICM appointments

The patient questionnaire survey finds that two-fifths (40%) of patients have attended an appointment for preventative care or treatment since the pilot started. Most preventative care has been treatment and advice, rather than solely advice (Figure 27 overleaf).

As identified earlier in the report, it is evident that patients who have attended an appointment for preventative advice speak more positively about the new way of working than patients who have

attended other appointment types. For instance, they are more likely to find the information in the Self-care Plan helpful (59% say 'very' helpful versus 42% of patients overall).

Figure 27: Incidence of preventative appointments (Patients)

Q21. 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. Have you or your child had any appointments specifically for preventative care in the last 9 months?

Base: All respondents who have had an appointment for a routine check-up (3,321)

	%
TOTAL: Yes	40
Yes, an appointment for preventative treatment (for example, a scale and polish or fluoride varnish) and advice	36
Yes, an appointment for preventative advice only (for example advice on teeth brushing and oral hygiene)	7
No, did not have any appointments specifically for preventative care	51
Cannot remember	5

The qualitative research feedback revealed some problems with the practical logistics of ICM appointment arrangements, and specifically with practice workload and patient attendance.

Dentists and other practice staff report that ICM appointments are increasing their workload. **Many practices are struggling to fit all the ICMs recommended by the Pathway software into the appointment book**.

> *"If you're a smoker or, you know, [drink] more than a couple of units, it can throw anything from one to six interim cares out"*
> (Dental practice staff, Leeds)

Some practices have stopped sending recall letters to other patients in order to be able to book ICMS, or are prioritising different types of appointments in order to ensure that those with most need are able to get an appointment without too much delay.

Even practices with part-time therapists or dental nurses who are trained to deliver some of the ICM treatment and advice (e.g. fluoride varnishes) can find it hard to manage the workload. In some cases, the practice cannot afford to increase the therapist's hours or to pay for an dental nurse in addition to the ones working with the dentists in their surgeries. More practically, there is often no available space for the nurse or therapist to use (unless one of the dentists is not working).

> *"I think we've only had two sessions actually with the nurse with special duties doing the fluoride etc. It's going down quite well with the patients, if you explain a bit. It's early days … she's having to use the surgery when the dentist is having a day off"*
> (Dental practice staff, Leeds)

As a result, patients who respond positively to the new Pathway approach (and are happy to return for advice or preventative treatment) can be disappointed to find that there is a long wait for their follow-up appointment.

The qualitative research also found that there is **considerable variation in patient attendance for ICM appointments**. This tends to vary with the practice patient profile. As might be expected, those who are less interested in looking after their teeth and gums are more likely not to attend their ICM appointment, despite reminders from the practice.

As previously mentioned, these tend to be people in the lower socio-economic groups who are less interested in health per se. Those working in hourly paid jobs may also find such appointment difficult to attend as it would mean taking more time off work. Some patients simply do not feel it worthwhile going to the dentist unless there is a tangible need (i.e. they have tooth pain that needs to be addressed).

> *" … in our area, they're quite poor, aren't they? Once that particular patient has had that dental extraction, you'll say, 'Right, we'll have to see you in three [months].' They won't come back!"*
>
> (Dental practice staff, Leeds)

> *"We've found that people returning for the fluoride varnish appointments tend to value that appointment less than the visit to the dentist, and more inclined to fail [to attend]"*
>
> (Dentist, Leeds)

4. Financial & Professional Implications for Dental Practices

4.1 Staff skills mix and investment

The majority of dentists and practice staff were clear that the Pathway, if implemented in its current form, will have some considerable impact upon the skills mix in each practice.

A number of pilot practices are already making small changes to the way that preventative care is delivered. There are two main drivers for this:

- The increased pressure on appointment books means that practice staff are having to look at other ways of delivering some of the preventative treatment;
- Some practitioners feel that it is not a good use of a dentist's time to be delivering preventative treatment.

A number of practices are currently up-skilling dental nurses to become Oral Health Educators, and training them to deliver non-clinical treatments such as fluoride varnishes. Dentists and practice staff agree that this will reduce the demands on the dentist's time for such treatment. The staff being up-skilled are also very positive about this as it gives them a greater degree of responsibility and opportunities to develop their careers further.

"I think, in an ideal world, it would be good to have the dentists treating, doing the scale and polish, doing the fillings … the interim care done all by nurses who are qualified to do that, because that's something a nurse can do. We are very skilled now!"
(Dental practice staff, Newcastle)

More generally, these dental practitioners feel that the Pathway will create a greater role for all levels of auxiliary staff including therapists, hygienists and nurses. Some practices are already planning to bring in these resources, or extend their hours. Others are unwilling to make these changes at the moment as they require investment and reorganisation - and the Pathway is only at the pilot stage.

"Where's the therapist's wage going to come from?"
(Dentist, Manchester)

"For this to work, the investment within each practice has to increase"

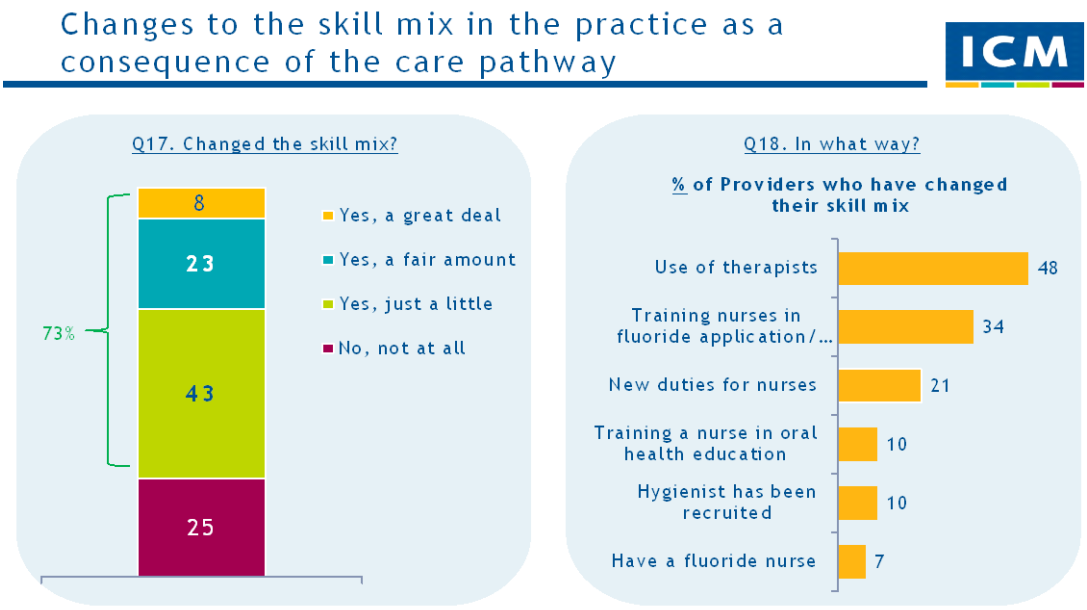
"A practice who wants to invest … when they approach a funding body such as a PCT, there is no extra money"
(Dentists, Leeds)

"We are going to be changing our opening hours and opening longer hours and bringing in therapists, but we had to restructure the whole practice in order to do that"
(Dental practice staff, Manchester)

The qualitative research feedback was confirmed by the findings of the dentists/practice staff questionnaire survey. Three-quarters (73%) of providers report some form of **change to their practice's skill-mix of staff to help deliver the new way of working as part of the Care Pathway**. However, most say there has been 'just a little' change (43%). Only eight per cent report 'a great deal' of change to the practice skill-mix with a quarter (23%) mentioning 'a fair amount'.

Of the providers who report a change to the skill-mix, almost half (48%) say that they have altered their practice's use of therapists (Figure 28). At the same time, many of these changes focus on nurses, in terms of giving them new duties (21%) and training them in fluoride application (34%) and oral health education (10%).

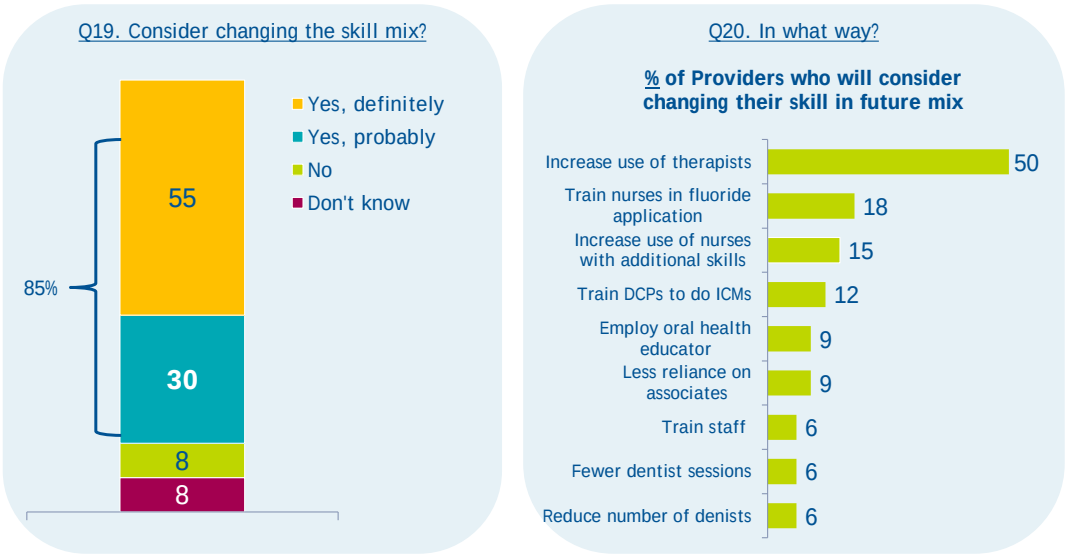
Figure 28: Changes to the skill mix in the practice as a consequence of the Care Pathway (Providers)



Q17. Has your practice changed the skill mix of staff to help deliver the new way of working as part of the care pathway? This could be through up-skilling existing staff or by changing the staffing model. Base: All providers (40)
Q18. In what way has your practice changes the skill mix of staff to help deliver the new way of working?
Base: All providers who say 'yes' at Q17 (29).

Looking to the future the bulk, (85%) of providers say they would consider changing the skill-mix of staff at some point if the new way of working becomes permanent (Figure 29). More than half (55%) state they would definitely do so. The most likely change is the increase in the take-up of therapists.

Figure 29: Changes to skill mix in the practice if Care Pathway becomes permanent (Providers)



Q19. Would you consider changing the skill mix of staff at some point if the new way of working becomes permanent? Base: All providers (40).
Q20. How might your practice change the skill mix of staff in the future to help deliver the new way of working? Base: All providers who say 'yes' at Q19 (34).

While there is agreement that the Pathway will change the skills mix long term, this brings challenges and concerns beyond that of simply paying for this extra resource alone.

The qualitative research feedback suggests that non-dentist staff delivering preventative treatment will require a nurse to be present, as well as having the space within the practice to accommodate another chair and equipment. Cultural challenges also exist in being able to convince a patient that a member of staff who is not a dentist is able to deliver these preventative treatments. Given the fact that, for some patients, the experience of being at the dentist can be either highly personal or stressful, some dentists are concerned that some patients will refuse to be treated by anybody other than whom they have built up a number of years' trust.

> *"There are always going to be patients that aren't going to want to see a nurse. They put their faith in the dentist. It's inconvenient, but I'll see them because you just have to"*
>
> (Dentist, London)

Some dentists also reported concerns from associates that the latter may be 'relegated' to simply conducting OHAs and ICMs, with the more complex clinical work being retained by the more experienced dentists and principals. And in the longer term, a small number of dentists questioned whether the overall number of dentists will drastically reduce in the coming years, with the focus of the Pathway being to make use of cheaper, preventative resource.

Overall, it is agreed that the pilot is having an impact on the optimum skills mix required for many practices. Some of those who took part in the qualitative research are positive about the opportunities this presents for evolving the way the practice works. Others are concerned about the impact this will have on the hours available for clinical staff, as well as having concerns about the way this change in resource will be transitioned in a busy practice that may have limited extra space.

> *"Certainly we talked about ... [installing] a preventative dental unit. I have plans to do it but I am torn, especially about £8,000 to do a full kit out - but is it going to be a white elephant come April?"*
>
> (Dentist, Newcastle)

4.2 DQOF

The Dental Quality and Outcomes Framework (DQOF) assesses the performance of the practice against measures relating to patient safety, clinical effectiveness and patient experience. A practice's overall remuneration is weighted based on their performance in relation to the DQOF. Many of the dentists taking part in the qualitative discussions are able to recall the three main measurements being covered by the DQOF framework, although none were able to elaborate upon them in much detail.

When pressed upon whether the DQOF measures were effective and relevant, these practitioners typically feel they are unable to comment. The pilot has not yet got to the point where changes in oral health can be realistically measured, and the 'month 12' DQOF evaluation and variable payment had not yet happened. There is also a view amongst some that the first few months' data from the pilot will not be representative due to start-up issues.

> *"We were working so much slower, it was all new. There are major issues with IT … that slowed us on everything for the first few months. I don't see how they're going to use the first three to six months to work out the DQOF"*
>
> (Dentist, Manchester)

There are a small number of dentists that question whether patient satisfaction is a valid measure to take into account. It is noted by many that some patients have it in their nature to complain about issues that are not related to the dental care they receive, and those who respond to

satisfaction surveys may be self-selecting and have an axe to grind. While this was not a majority view, it remains an issue for some.

Some of the nurses and practice managers involved on the research have heard of the DQOF, but are not able to comment on it further.

4.3 Professional satisfaction

For nearly all practitioners, both dentists and support staff, professional satisfaction has been either maintained or increased since the pilot began. This is largely down to the increased level of contact that all have with patients; not only do they generally enjoy the greater level of two way dialogue with patients, the focus on preventative treatment is for many the way dentistry 'should be' done.

"… though I'm probably working as hard as I did on the UDAs, I'm definitely enjoying it more"
(Dentist, Manchester)

Non-dentist staff report that they have particularly enjoyed working with the pilot. Many state that the pilot has required major changes to the way they work, as well as an increase in workload and the number of appointments to fit in, all with very little training or time to adjust.

"Yes, we were really excited to do a new scheme and it was more from the patient's point of view, because you deal with more patients than you were doing. You were giving them more time, you know?"
(Dentist, Newcastle)

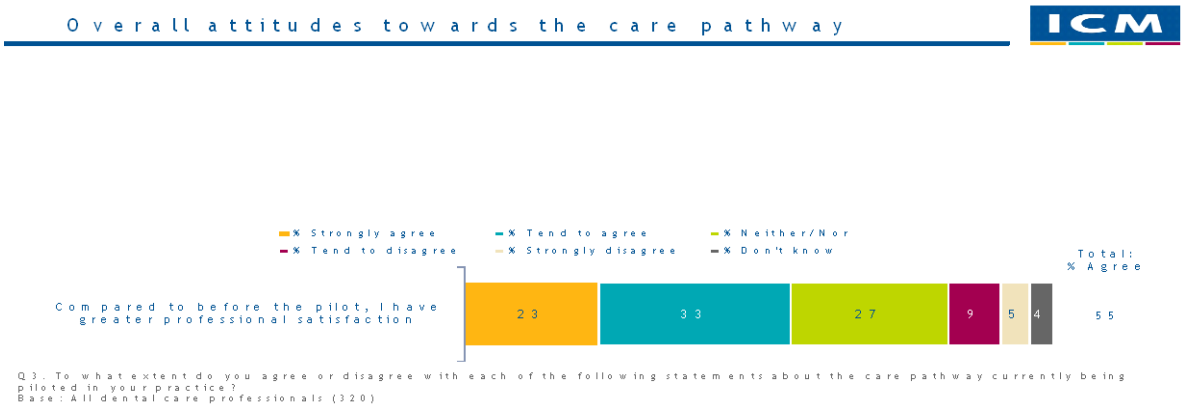
While many admit this has been challenging, it has provided a challenge that they have been happy to rise to. As indicated in the previous section, it has also offered some support staff the opportunity to up-skill themselves and take on more responsibility.

Dentists themselves, while in some cases struggling to keep up with their appointments, feel that the general spirit of the pilot better suits what they have been trained to do (i.e. prevention). While a small number initially felt that they were talking too much and treating too little, this has changed as patients have progressed through the pathway. Similarly, the pilot is not thought to have impacted upon clinical autonomy, as it is felt that there is sufficient flexibility to adapt the Pathway recommendations as necessary.

"[I] actually feel more free to do what the patient requires."
(Dentist, Leeds)

The results from the quantitative research among practice staff echo the findings from the qualitative research. Encouragingly, more practitioners agree than disagree that they now have **greater professional satisfaction than before the pilot started** (55% compared to 14%, Figure 30).

Figure 30: Professional satisfaction compared to before the pilot (Practitioners)

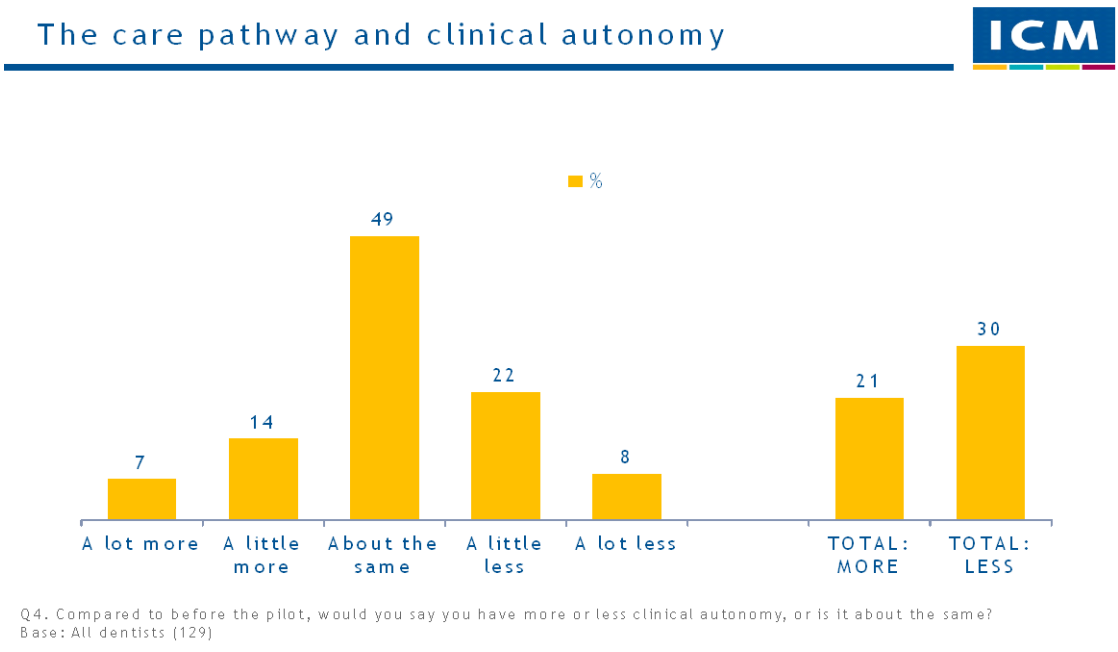


Dentists (62%) are more positive on this measure than other dental practice staff and managers/ receptionists in particular (56% and 43%).

Furthermore, staff with less than one years' service at the practice (66%) exhibit more professional satisfaction as a result of the Care Pathway than practitioners in general and those with 6-19 years' service in particular (55% and 48% respectively). This is likely to reflect the fact that there are staff who have no long term experience at the practice with which to compare the pilot.

However, it is also the case that *dentists* do not speak with one voice when asked about the impact of the pilot on their clinical autonomy. By a small margin dentists are more likely to say they have **less rather than more clinical autonomy** (30% versus 21%), while half say nothing has changed since August 2011 (Figure 31).[5]

Figure 31: The Care pathway and clinical autonomy (Dentists)



[5] This question asked of dentists only.

5. Conclusions

The research set out to investigate and understand the experiences and views of the three key groups involved in the NHS Dental Contracts pilot: patients, dentists and other practice staff. It looked in some detail at how the new approach is working, using a number of qualitative and quantitative methodologies.

The findings of the research are summarised below, along with details of the areas that need to be reviewed and/or improved in order to address the problems identified in the group discussions, face-to-face interviews and questionnaire surveys.

The new Clinical Care Pathway (based on a preventative model of dental care/treatment) is being understood and received positively by both patients and dentists/practice staff. For dental practitioners, the rationale behind (and content of) the new Pathway is very much in line with clinical best practice and also the way they prefer to work with patients. Specifically, they welcome the move away from UDA targets and agree that, in the long term, the new approach should help patients improve and maintain their oral health.

The majority of patients also feel that the new approach will be beneficial, and are open to receiving advice and preventative treatments from dentists and practice staff. Feedback suggests that the minority who are less likely to engage are people (typically from more social deprived areas) who have little or no interested in improving their health per se, and often only attend the dentist when they have a problem to be addressed (i.e. in pain).

However, for the majority of patients, their experience during the pilot period has left them better informed about how to look after their teeth and gums, and many are now more motivated to do so. Both the longer medical history/lifestyle questionnaire and the longer OHA appointment time length are acceptable (as long as they are forewarned about the latter in advance). They find the new Red/Amber/Green oral health "scores" to be an easy way of understanding any problems with their teeth and gums. The offer of both verbal and written advice is generally welcomed.

It is also noteworthy – bearing in mind the focus of the pilot on encouraging preventative treatment – that patients who have attended an appointment for preventative advice only since August 2011 are generally more positive about all aspects of the new way of working than those who have attended other types of appointment.

Considering the implementation of the new approach within practices and the practical logistics of OHA and ICM appointments, the research suggests that the following problem areas need to reviewed and addressed:

- The lack of dental practice staff training on the complex Pathway software before the pilot went live resulted in major timing problems when carrying out OHAs. This was exacerbated by on-going glitches and gaps in the software.

- Practice staff were not prepared for the impact of the new ICM appointments on their appointment scheduling. Guidance is needed to help avoid major patient and receptionist dissatisfaction which results when dentists become completely booked up for several months ahead.

- Problems with the new medical history/lifestyle questionnaire can be addressed by removing unfamiliar language and dental terminology, and clarifying the wording of some questions which are leading to inappropriate Pathway recommendations later on during the OHA.

- Appointment scheduling guidelines (or patient throughput expectations) may need to be reviewed in areas where there are major language and/or literacy issues as these patients typically need extra help in completing the new medical history/lifestyle questionnaire and so take longer to complete their OHA.

- For patients to fully benefit from the RAG score feedback and related advice, it helps for them to be able to see the "traffic light" scores, either on the surgery computer screen or on their printed-out Self Care Plan whilst they are with the dentist. This has implications for practice investment in printers and surgery layout.

- The unfamiliar dental terminology currently being used in all versions of the Self Care Plan is impacting on patient understanding of its advice, and its likely future usage after the patient leaves the surgery. As a result, dentists are deliberately limiting the SCPs to those patients who they feel will be able to understand and benefit from having it.

- The length and design of some versions of the SCP is less than helpful. Some dentists also feel that their patients are being given too many bits of paper to read/respond to when they leave the practice (up to five items).

- The research feedback suggests that, in order to maximise the SCP's effectiveness, it is worth considering the introduction of a single design that is clearly named, with NHS (rather than software supplier) branding, and which uses graphics that work in both colour and black & white, and with patient appropriate language throughout. In addition, patients are more likely to engage and use the SCP if it is given to them by the dentist whilst in the surgery, so it can be discussed and queries addressed, rather than handed to the patient as they pass through the waiting room on their way out.

- Patients are likely to need on-going education and explanation about the new preventative treatments, the new type of interview appointments and, in some cases, reassurance about the new type of staff who will be giving such advice/treatment. The research feedback suggests that, in some areas, there are likely to be on-going ICM attendance problems due to the priorities of patients (which typically do not include preventative health measures and/or visits to dentists unless they are in pain).

- While dentists and practice staff appreciate how appointment scheduling problems can be addressed via changes in skill-mix (and, in some cases, increased space availability for the practice), the lack of funding specifically for such changes is likely to limit investment by many practices until more is known about the Department of Health's post pilot plans.

APPENDICES

Appendix 1: Qualitative research – discussion guide – patients

Moderator Note:

- Introduce self and the topic of the group
- Informal discussion, no right or wrong answers, want to hear about experiences
- Discussion will take about 90 minutes
- Explain about tape recorder – only for our purposes, reassure anonymity in reporting
- No views or comments will in any way impact upon future treatment at their practice
- Ensure all mobile phones in room have been switched to silent

Introductions (5 minutes)

- First name?
- Basic background – tell me a little bit about yourself (as appropriate to audience)?
- Icebreaker – *what might you be doing if you weren't here tonight?*

Kicking off the discussion (15 minutes)

- [Begin with a general discussion]
    - *"Tell me about your visits to the dentist."*
    - [If not mentioned, probe on frequency of visits – whether regular or reactive – what are their motivations for visiting the dentist, what do they expect from their dentist]
    - [Establish patient types sensitively – i.e. are any patients phobic – and subsequently capture whether the pathway has helped them to be less phobic in any way]
    - [Establish at this point if any improvements to patients dental care has been noticed without any reference to the pilot and ask patients what these improvements are]

General perceptions of care within the new programme (20 minutes)

- *"There is currently a national programme being implemented to improve dental care in the UK."*
- *Have you noticed any general differences in the overall dental care that you have received in recent months?*
    - *If yes, what differences have you noticed? Please describe them to me.*
- *Have you noticed any differences in the treatment that you have received at your dental practice recently? In which elements of your overall treatment have you noticed differences?* Allow for spontaneous responses then prompt:
    - *Have you noticed any differences in the **length** of your most recent appointments (whether with your dentist or another member of practice staff, such as dental nurses or hygienists)?*
        - *If yes, please describe what you have found to be different?*
    - *Have you noticed any differences in **what happens during** your most recent dental appointments (whether with your dentist or another member of practice staff, such as dental nurses or hygienists)?*
        - *If yes, please describe what you have found to be different?*
    - *Have you noticed any differences in the **information provided to you during or after** your most recent dental appointments?*
        - *If yes, please describe what you have found to be different?*
- *Overall, do you feel that your oral health has improved in any way since in the past six months?*

- *Overall, do you feel that the dental care that you are receiving now is any better or worse than the dental care that you received more than six months ago?*

The new programme in detail (30 minutes)

- *"The new programme for delivering dental care consists first of an extended check-up appointment with your dentist, where they will inspect your dental health as they have previously, and also ask a number of questions related to your lifestyle. Once this is completed, you will be provided with what is called a self-care plan, which will highlight certain aspects of your oral health as red, amber or green depending on how healthy they are, and will also provide you with detailed information on how to maintain and improve your oral health. As well as the check-ups and any treatment there may also be follow up appointments at various intervals to give you preventative treatments and advice and guidance, depending on what the dentist decides that you would benefit from."*
- [For any changes in experience subsequently identified as a result of description, acknowledge within discussion.]

- **Extended check-up session** – *What are your views on the extended check-up sessions?*
    - *What do you like about the extended check-up session?*
    - *Is there anything about the extended check-up session that you are less keen on?*
    - *Do you feel that they are useful way of informing patients about their oral health?*
        - *Why/why not?*
        - Probe on:
            - Explanation given to them by their dentist/practice staff about the reason for the extended check-up
            - Explanation given to them by their dentist/practice staff about what would happen during the extended check-up
            - Perception of what aspects of their oral health were assessed as part of the OHA/R
            - Asking additional lifestyle questions as part of the extended check-up
    - *Did you understand why your dentist was asking you these lifestyle questions?*
    - [If not mentioned] *Do you remember being given a 'status' for different aspects of your oral health?*
    - *How well did you feel you understood the red, amber or green status of various aspects of your oral health?*
    - *Was it clear why you were given a red, amber or green status for different aspects of your oral health?*
    - *Is there anything that you have done differently in terms of your oral health since being given the red, amber or green status?*
    - [Those that are carers of young children] *How did your children react to being given a red, amber or green status for different aspects of their oral health?*
        - *Has their behaviour changed in any when with regard to their oral health since being given red, amber or green status?*
    - *Do you feel like you have a good understanding overall of what the extended checkups are meant to achieve?*
    - *Do you feel like the extended checkups are a good way of helping you to better maintain your oral health? How does it compare to previous experiences of visiting your dental practice?*

- **Self-care plans** – *Do you remember receiving a 'self-care plan' at the end of your extended check-up?*
    - [Hand out examples of the self-care plan]

- *What are your views on the self-care plan that you were provided with at the end of your check-up?*
    - *What do you like about the self-care plan?*
    - *Is there anything about the self-care plan that you are less positive about?*
    - *Do you feel that the self-care plan is a useful way of informing patients about how to maintain or improve their oral health?*
        - *Why/why not?* Probe on:
            - How well the self-care plan was explained as a way of helping patients to improve oral health?
        - *How clear was the information provided in your self-care plan?*
            - *Was the explanation of what you need to do to maintain or improve your oral health easy to understand? (Probe on recommendations and reasons given for recommendations)*
            - *Were the next steps in your treatment plan easy to understand?* (Probe on ICMs/future appointments and reasons for them)
        - [For those that specifically remember receiving a self-care plan] *What action have you taken as a result of receiving your self-care plan? Have you followed any of the advice in it?*
            - *How easy or difficult has it been to follow the advice in the self-care plan? Why do you say that?*
    - *Overall, do you feel like the self-care plan gives you the information that you need in order to better maintain or improve your oral health?*
        - *Is there anything you would do to improve it?*

- **Further preventative treatment and advice sessions**– *What are your views on receiving further preventative treatment and advice (as opposed to treatment that is necessary to fix something that is already a problem) to keep your mouth healthy?*
    - *Have you been to your dentist in the past six months to have any preventative treatment?*
    - *What do you see as the benefits of this?*
    - *Are there any drawbacks to this?*
    - *Do you feel that the preventative treatment provides you with or will provide you with an acceptable programme of additional treatment, in combination with your self-care plan?*
    - *What are your views on the intervals between visiting your dental practice for these treatments (f you have had them)?*
        - *Do they feel appropriate?*
    - *Do you feel like you have a good understanding overall of what such preventative treatment is meant to achieve?*

- ***Overall pathway*** *- What is your overall view of the new dental care programme?*
    - *Do you feel you understand how it works?*
    - *What are the benefits?*
    - *What are the drawback*
    - *Do you have any other comments?*

Charges (10 minutes)

- *What are your views on the way that you are currently being charged for your dental care?*
- [Allow for very short discussion of NHS dentistry not being 'free' compared to other NHS services if raised, then move discussion on]
    - *Do you feel that you are getting value for money with the current programme?*
        - [Encourage patients to consider whether the charges are in line with the benefits that they see from treatment, both in the short and long term]

- *Do you feel that it is appropriate to charge different amounts for routine and complex types of dental care?*
  - [Encourage patients to give examples of care they have received, and weigh up the benefits against the charges]
  - *Should charges vary according to whether you are having checkups/assessments vs. preventative vs. restorative care?* [Give examples of how these types of care may differ]

Registration and right of return (5 minutes)

- *Is anybody aware as to whether they are actually registered with their dental practice or not?*
- *Is anybody aware of the rights that registration gives you?*
- *In fact, since 2006, patients have not been able to actually register with a dental practice. Is this something that you were aware of? What do you think about this?*
- *Registration with a dental practice in fact gives you a 'right of return' meaning that if you return to a dental practice within a specific time period, they must treat you. If registration was re-introduced, what do you think would be a reasonable 'right-of-return' period?*
  - *Why do you say that?*

Wrapping up (5 minutes)

- *Overall, do you feel like you are currently able to access the right level of oral and dental care that you feel you need?*
- *Do you feel that this has changed in any way in the past six months?*
- *Overall, do you feel you are able to understand your oral health better than you did more than six months ago?*
- *Do you feel the new programme helps to create a better two-way relationship with your dentist?*
  - *Do you feel that you are more motivated to look after your oral health than you might have been before?*
- *Are there any other comments that you would like to make about dental services?*

Thanks and close

Appendix 2: Qualitative research – discussion guide – dentists & practice staff

Moderator Note:

- Introduce self and the topic of the group
- Informal discussion, no right or wrong answers, want to hear about experiences
- Discussion will take about 90 minutes
- Ensure all mobile phones in room have been switched to silent
- Explain about tape recorder – only for our purposes, reassure anonymity in reporting
- Explain that the purpose of the group is to get views specifically on the clinical pathway and its potential effectiveness in improving oral health rather implementation issues experienced in the transition to the new way of working (training, IT etc). The purpose of the group is not to explore in detail the issues of remuneration models and practice economics. There will be subsequent focus groups looking at this areas in detail although we will note any comments people make today to inform those sessions.

Introductions

- First name?
- What practice do you work in and what is your role?
- Please give some background on the patient profile of the practice you work in to give some context to the discussion
- What types of staff members do you have in the practice that you work in? [Number of Associates, therapists and other staff, number of chairs, full time and part time – for context when discussing the skills mix]

Kicking off the discussion

- [Begin with a general discussion]
    - *"Tell me about how you think the pilot is working."*
    - [Isolate the key issues that naturally arise from what respondents say, prompting and probe as necessary on what is and is not important]
    - [Allow for a very short expression of any issues with implementation and then move the discussion on]

General perceptions of the new pathway

- *Do you feel that the new pathway has the potential to have a positive overall impact on oral health among your patients?*
    - *Why/why not?*
    - *What is it that makes you say this? What are the indicators?*
- *Overall, do you feel that the new pathway helps you and others within your practice to provide better care to your patients?*
    - *Why/why not?*
- *What impact has the extended care pathway had on your ability to accommodate the patients that require dental care in your practice?*
    - *Has this changed in any way since you began the pilot?*
- *Has the way that you have been administering the new pathway changed in any significant way since you began the new pilot?*
- *Are there specific elements of the pathway that facilitate the provision of better care than others?*
    - *Which elements and why?*

The new pathway in detail

- *I'd now like to ask you about the individual elements of the pathway and how well each element works*

- **Oral Health Assessment or Review** – *What are your views on the OHA/R?*
    - *What has been going well in offering OHAs and are benefits?*
        - *For your patients?*
        - *For you as a clinician delivering dental care?*
    - *What has gone less well in providing OHAs and could be seen as drawbacks?*
        - *For your patients?*
        - *For you as a clinician delivering dental care?*
    - *Do you feel that the OHA/R is an appropriate method for gathering the required level of information to better care for your patients?*
        - *Why/why not?*
    - *Are there any ways in which you have changed or made improvements to the OHA since you began the pilots?*
        - [If not mentioned] *Approaches to data collection (e.g. at the pre surgery stage]*
        - *Appointment length*
        - *Change in roles (e.g. therapists and nursing staff taking on additional/different roles)*
    - *Are there any ways in which you might suggest making improvements to the OHA/R?*

- **Self-care plans** – *What are your views on the self-care plans that you provide to your patients?*
    - *What has been going well in providing SCPs and are benefits?*
        - *For your patients?*
        - *For you as a clinician delivering dental care?*
    - *What has gone less well in providing SCPs and could be seen as drawbacks?*
        - *For your patients?*
        - *For you as a clinician delivering dental care?*
    - *Do you feel that the self-care plan is a useful way of informing patients about how to maintain or improve their oral health?*
        - *Why/why not?*
    - *Do you feel that the information contained within the self-care plan is comprehensive enough to inform patients about their oral health and any actions required?*
        - *Why/why not?*
    - *Do you feel that the self-care plan is clear enough for patients to understand?*
        - *Why/why not?*
    - *Overall, do you feel like the self-care plan is of benefit to patients? In what way*
    - *Are there any ways in which you have changed or made improvements to the SCP since you began the pilots?*
    - *Is there anything you would do to improve the self-care plan?*

- **RAG status** - *Do you feel that the RAG status is an appropriate way of informing patients about the state of their oral health?*
        - *Why/why not?*
    - *How are patients reacting to the RAG status? What kind of reaction does it provoke?*
    - *How do young children react to the RAG status? Is it something that they can understand?*

  - *Do you feel that the RAG status allows you as a practitioner to effectively communicate the status of a patient's oral health?*
    - *Why/why not?*
  - *For those that have had an OHR, have you seen any improvements to oral health in the areas where they receive a red or amber status?*
  - *Do you think that the RAG status overall is a good way of motivating patients to improve certain elements of their oral health?*
  - *Is there anything that you would do to improve or change the RAG status*

- **Recall intervals for check-ups** – *Do you feel that the recall intervals for patients are appropriate?*
  - *Why/why not?*
    - *For your patients?*
    - *For you as a clinician delivering dental care?*
  - *Have you been able to set what you consider to be clinically appropriate recall intervals for patients since you began the pilot?*
  - *Is there anything that you would do to change the recall intervals?*

- **Interim Care Management** – *What are your views on the ICMs?*
  - *What has been going well with ICMs and are benefits?*
    - *For your patients?*
    - *For you as a clinician delivering dental care?*
  - *What has gone less well with ICMs and could be seen as drawbacks?*
    - *For your patients?*
    - *For you as a clinician delivering dental care?*
  - *Do you feel that the ICMs allow you to provide your patients with the right preventative care in an efficient and well-structured way?*
    - *Why/why not?*
  - *Do you feel that your patients understand what the ICMs are designed to achieve?*
- ***Overall pathway*** – *Do you think that the new pathway in its entirety, is helping you to provide better care to your patients and improve oral health generally?*
  - Probe on capacity to accommodate patients onto the pilot
  - *Is there anything that you might change about the new pathway?*

Skill mix

- *Do you feel that the mix of skills in the practice you work in is appropriate to enable you to deliver against the new pathway?*
  - *Why/why not?*
- *Are all roles being used to their best capabilities?*
  - *Why/why not?*
- *Are there any changes to the skills mix in your practice that would help you better deliver the new pathway?*
  - *What are these?*

DQOF

- *What are your views on the new DQOF?*
- *Do you feel that the DQOF takes into account the appropriate measures?*
  - *Why/why not*
    - *For your patients?*
    - *For you as a clinician delivering dental care?*
- *For each aspect of the DQOF: Safety, Clinical outcomes and effectiveness, Patient experience, what are your views on the way outcomes are measured?*
  - *Are there any changes you would make? Why?*

Professional satisfaction

- *What kind of impact has the new pathway had on you professionally?*
- *Does it provide a greater degree of professional satisfaction?*
    - *Why/why not?*
    - *In what way?* Probe on:
        - *General day to day tasks and activities*
        - *Ongoing professional development*
        - *The outcomes of the work that you do*
        - [Do not raise explicitly but acknowledge and probe any mention of loss of clinical freedom]
- [If not mentioned] *"Do you feel the new way of working impacts clinical autonomy in any way?"*
- *Are there any changes that you would make to the pathway that you think would provide you with a greater degree of job satisfaction?*
    - *What are these?*

Changes to clinical practice

- *Do you feel that the new pathway has impacted the clinical care you provide in any way?*
    - *In what way?*
    - [Allow for spontaneous responses. Acknowledge any probe all responses, including any related to changes in private care provision as a result]
- *Have the levels of complex care delivered changed in any way?*
- *Have the levels of private treatment changed in any way?*

Wrapping up

- *Overall do your feel that staff in the practice you work in are well engaged with the new pathway?*
- *Overall do you think that the patients at your practice are well engaged with the new pathway?*
- *Do you have any longer term clinical concerns about how the pathway works?*
- *Do you have any other comments that you wish to make?*

Thanks and close

Appendix 3: Quantitative research – respondent numbers & profile

Sample Profile: Patient Survey					
		All patients		All patients who have attended a routine appointment	
		Number of respondents	Percentage	Number of respondents	Percentage
Total		**3,760**	**100.0**	**3,321**	**100.0**
Sex	Male	1,652	43.9	1,453	43.7
	Female	2,107	56.1	1,868	56.3
Age	Under 18	389	10.3	358	10.8
	18-24	91	2.4	82	2.5
	25-34	211	5.6	182	5.5
	35-44	350	9.3	316	9.5
	45-54	634	16.9	561	16.9
	55-64	838	22.3	733	22.1
	65-74	811	21.6	716	21.5
	75-84	372	9.9	326	9.8
	85+	60	1.6	47	1.4
Multiple Deprivation (IMD)	1	326	8.7	292	8.8
	2	382	10.2	333	10.0
	3	834	22.2	759	22.9
	4	344	9.1	312	9.4
	5	359	9.5	316	9.5
	6	370	9.8	328	9.9
	7	343	9.1	300	9.0
	8	345	9.2	288	8.7
	9	313	8.3	263	7.9
	10	143	3.8	130	3.9
Pilot type	Pilot type 1	2,466	65.6	2,162	65.1
	Pilot type 2	612	16.3	561	16.9
	Pilot type 3	680	18.1	596	18.0
Corporate	Corporate	694	18.5	615	19.1
	Non-corporate	3,064	81.5	2,704	84.0
Contract value	Small	1,043	27.7	922	27.8
	Medium	1,365	36.3	1,210	36.4
	Large	1,350	35.9	1,187	35.8
Skill mix	Yes	3,107	82.6	2,730	82.3
	No	651	17.3	589	17.7
Software provider	DentsysXML	437	11.6	394	11.9
	Carestream	1,599	42.5	1,415	42.6
	EXAct	1,722	45.8	1,510	45.5

Sample Profile: Practice Staff Survey			
		Number of respondents	**Percentage**
Total		**320**	**100.0**
Job Role	Dentists	129	40.3
	Other dental professionals/ support staff	110	34.4
	Manager/ receptionist/ Admin	81	25.3
Length of service	1 year or less	79	24.7
	2-5 years	90	28.1
	6-9 years	60	18.8
	10-19 years	50	15.6
	20+ years	40	12.5
Pilot type	Pilot type 1	153	47.8
	Pilot type 2	21	6.6
	Pilot type 3	34	10.6
Corporate	Corporate	17	5.3
	Non-corporate	191	59.7
Contract value	Small	39	12.9
	Medium	74	23.1
	Large	95	29.7
Skill mix	Yes	169	52.8
	No	39	12.9
Software provider	DentsysXML	100	31.3
	Carestream	103	32.9
	EXAct	5	1.6

Appendix 4: Quantitative research - detailed breakdowns to selected questions

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

Base: All respondents who have had an appointment for a routine check-up (3,321).

		% Very satisfied	% Fairly satisfied
Total		**74**	**21**
Age	Under 18	74	21
	18-24	71	21
	25-34	59	33
	35-44	67	26
	45-54	71	24
	55-64	75	18
	65-74	79	16
	75-84	77	19
	85+	87	12
IMD	1	71	24
	2	75	18
	3	73	22
	4	75	20
	5	74	22
	6	74	20
	7	70	24
	8	77	17
	9	78	18
	10	75	18
Appointments in last 9 months	Urgent/emergency	70	23
	Routine check-up	74	21
	Planned treatment	72	22
	Preventative treatment	79	19
	Preventative advice	82	13
Pilot type	Pilot type 1	71	23
	Pilot type 2	79	17
	Pilot type 3	80	16
Corporate	Corporate	71	22
	Non-corporate	75	20
Contract value	Small	76	19
	Medium	73	21
	Large	73	21
Skill mix	Yes	73	22
	No	78	16
Software provider	DentsysXML	75	20
	Carestream	76	20
	EXAct	72	22
Length of check-up	Too long	41	41
	Too short	22	48
	About right	78	18

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?

Base: All respondents who have had an appointment for a routine check- up (3,321).

		% Total: Better (a lot/a little better)	% About the same	% Total: Worse (a lot/little worse)
Total		**50**	**44**	**4**
Age	Under 18	47	47	3
	18-24	49	43	6
	25-34	49	40	8
	35-44	48	44	7
	45-54	51	44	4
	55-64	50	43	5
	65-74	52	45	1
	75-84	48	45	4
	85+	49	49	2
IMD	1	46	47	4
	2	48	46	5
	3	51	43	5
	4	49	45	4
	5	48	45	5
	6	53	43	3
	7	48	47	4
	8	54	41	3
	9	52	42	4
	10	44	52	4
Appointments in last 9 months	Urgent/emergency	51	41	7
	Routine check-up	50	44	3
	Planned treatment	53	40	7
	Preventative treatment	57	39	3
	Preventative advice	60	34	7
Pilot type	Pilot type 1	49	44	5
	Pilot type 2	50	45	3
	Pilot type 3	51	44	2
Corporate	Corporate	44	48	7
	Non-corporate	52	43	4
Contract value	Small	53	42	3
	Medium	50	44	4
	Large	47	46	5
Skill mix	Yes	49	45	4
	No	54	41	3
Software provider	DentsysXML	46	47	4
	Carestream	51	45	4
	EXAct	51	43	5
Length of check-up	Too long	35	49	16
	Too short	23	48	26
	About right	52	44	2

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.

Base: All respondents who have had an appointment for a routine check-up (3,321).

		% Strongly Agree	% Tend to Agree	% Total: Disagree
Total		**32**	**40**	**3**
Age	Under 18	35	36	5
	18-24	42	33	0
	25-34	31	37	5
	35-44	32	39	3
	45-54	31	41	3
	55-64	33	39	4
	65-74	32	45	1
	75-84	25	43	3
	85+	30	40	0
IMD	1	23	40	4
	2	27	42	4
	3	30	39	4
	4	29	41	5
	5	32	44	4
	6	33	40	3
	7	36	37	2
	8	35	44	1
	9	42	39	3
	10	33	39	2
Appointments in last 9 months	Urgent/emergency	29	38	5
	Routine check-up	32	40	3
	Planned treatment	32	40	3
	Preventative treatment	39	39	3
	Preventative advice	48	42	2
Pilot type	Pilot type 1	31	41	3
	Pilot type 2	33	39	4
	Pilot type 3	34	39	5
Corporate	Corporate	24	41	6
	Non-corporate	34	40	2
Contract value	Small	36	41	1
	Medium	32	42	3
	Large	28	37	4
Skill mix	Yes	30	40	4
	No	40	41	2
Software provider	DentsysXML	32	44	2
	Carestream	31	40	3
	EXAct	32	40	4
Length of check-up	Too long	20	28	9
	Too short	10	32	17
	About right	34	42	3

Q7. How 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 and gums?

Base: All respondents who have had an appointment for a routine check-up (3,321).

		% Yes - A great deal	% Yes - A fair amount	% Yes - Just a little	% Total Yes
Total		**19**	**30**	**26**	**76**
Age	Under 18	19	30	29	78
	18-24	21	30	34	85
	25-34	17	30	30	77
	35-44	18	29	27	74
	45-54	17	33	28	78
	55-64	22	28	28	78
	65-74	19	31	23	73
	75-84	18	30	20	68
	85+	23	23	26	72
IMD	1	12	24	30	66
	2	17	26	31	74
	3	14	32	30	76
	4	19	32	24	75
	5	19	32	30	81
	6	24	29	27	80
	7	23	31	21	75
	8	25	32	22	79
	9	28	33	20	81
	10	18	30	19	67
Appointments in last 9 months	Urgent/emergency	19	29	26	74
	Routine check-up	19	30	26	75
	Planned treatment	20	31	27	78
	Preventative treatment	25	33	24	82
	Preventative advice	38	39	17	94
Pilot type	Pilot type 1	19	31	26	76
	Pilot type 2	19	29	28	76
	Pilot type 3	19	30	25	74
Corporate	Corporate	13	29	27	69
	Non-corporate	21	30	26	77
Contract value	Small	22	33	26	81
	Medium	19	30	27	76
	Large	17	29	26	72
Skill mix	Yes	18	29	27	74
	No	23	34	24	81
Software provider	DentsysXML	19	31	23	73
	Carestream	19	30	26	75
	EXAct	20	31	28	79
Length of check-up	Too long	11	20	32	63
	Too short	6	23	23	52
	About right	20	31	27	78

Q9. How comfortable, if at all, did you find completing the medical and lifestyle survey?

Base: All respondents who have had an appointment for a routine check-up (3,321).

		% Very comfortable	% Fairly Comfortable	% Total: Uncomfortable
Total		**47**	**21**	**2**
Age	Under 18	45	16	1
	18-24	40	24	0
	25-34	45	24	1
	35-44	46	19	3
	45-54	49	22	2
	55-64	47	20	2
	65-74	48	22	1
	75-84	45	19	2
	85+	51	13	0
IMD	1	41	16	2
	2	44	21	0
	3	45	20	2
	4	51	21	3
	5	39	24	3
	6	50	19	1
	7	53	21	1
	8	51	23	1
	9	52	21	1
	10	48	21	1
Appointments in last 9 months	Urgent/emergency	47	19	2
	Routine check-up	47	21	2
	Planned treatment	47	20	2
	Preventative treatment	51	21	2
	Preventative advice	55	23	2
Pilot type	Pilot type 1	45	21	2
	Pilot type 2	50	17	2
	Pilot type 3	49	22	1
Corporate	Corporate	42	22	2
	Non-corporate	48	20	1
Contract value	Small	51	21	2
	Medium	47	19	1
	Large	43	21	2
Skill mix	Yes	45	20	2
	No	54	22	1
Software provider	DentsysXML	47	22	2
	Carestream	48	20	2
	EXAct	45	21	1
Length of check-up	Too long	28	21	4
	Too short	27	22	3
	About right	49	21	1

Q11. Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums?

Base: All respondents who have had an appointment for a routine check-up (3,321).

		% Very Helpful	% Fairly Helpful	% Total: Unhelpful
Total		**48**	**31**	**1**
Age	Under 18	46	34	1
	18-24	50	30	0
	25-34	41	37	2
	35-44	48	34	1
	45-54	46	34	1
	55-64	51	30	2
	65-74	51	29	*
	75-84	48	25	1
	85+	49	25	0
IMD	1	39	33	*
	2	44	33	*
	3	44	35	1
	4	51	26	*
	5	45	35	2
	6	51	29	2
	7	51	30	1
	8	56	28	1
	9	63	22	1
	10	52	30	1
Appointments in last 9 months	Urgent/emergency	45	31	1
	Routine check-up	48	31	1
	Planned treatment	47	32	1
	Preventative treatment	55	32	1
	Preventative advice	69	24	1
Pilot type	Pilot type 1	47	32	1
	Pilot type 2	52	27	1
	Pilot type 3	49	32	*
Corporate	Corporate	42	31	1
	Non-corporate	50	31	1
Contract value	Small	53	34	1
	Medium	49	30	1
	Large	44	30	1
Skill mix	Yes	46	32	1
	No	59	27	*
Software provider	DentsysXML	46	35	1
	Carestream	50	29	1
	EXAct	48	32	1
Length of check-up	Too long	25	42	4
	Too short	16	32	5
	About right	52	31	1

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?

*Base **(A)**: All patients or carers of patients who can remember the dentist using traffic light ratings (1,408).*
*Base **(B)**: All respondents who have had an appointment for a routine check-up (3,321).*

		a) All who remember dentist using traffic light system			b) All patients/ carers of patients	
		% Very Helpful	% Fairly Helpful	% Total: Helpful	% N/A	% Can't Remember
Total		**46**	**37**	**83**	**15**	**32**
Age	Under 18	47	38	85	14	32
	18-24	51	41	92	15	40
	25-34	46	42	88	10	41
	35-44	45	42	83	11	35
	45-54	45	35	84	10	32
	55-64	47	35	82	14	31
	65-74	43	37	80	18	31
	75-84	48	39	88	28	32
	85+	56	28	83	34	28
IMD	1	31	49	79	20	38
	2	41	41	82	17	35
	3	42	39	81	13	32
	4	46	34	80	18	29
	5	47	36	83	17	29
	6	49	36	85	14	34
	7	54	33	87	14	34
	8	47	39	87	15	29
	9	55	34	89	13	30
	10	56	26	82	18	38
Appointments in last 9 months	Urgent/emergency	45	34	78	18	32
	Routine check-up	46	37	83	15	32
	Planned treatment	43	41	84	17	34
	Preventative treatment	47	35	82	12	32
	Preventative advice	52	34	85	12	26
Pilot type	Pilot type 1	45	38	83	16	34
	Pilot type 2	49	37	86	16	35
	Pilot type 3	47	35	82	14	25
Corporate	Corporate	40	40	81	17	36
	Non-corporate	47	37	84	15	32
Contract value	Small	50	36	86	15	27
	Medium	46	38	84	16	36
	Large	42	38	80	18	33
Skill mix	Yes	44	38	82	17	36
	No	52	34	86	8	16
Software provider	DentsysXML	49	44	93	20	48
	Carestream	46	38	84	16	31
	EXAct	45	36	81	13	30
Length of check-up	Too long	28	31	59	8	38
	Too short	15	46	62	16	46
	About right	48	37	85	15	32

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?

Base: All patients or carers of patients who were offered or given a Self-Care Plan (1,152).

		% Very helpful	% Fairly helpful
Total		**40**	43
Age	Under 18	44	42
	18-24	44	44
	25-34	44	41
	35-44	39	48
	45-54	36	47
	55-64	42	44
	65-74	40	39
	75-84	37	37
	85+	38	23
IMD	1	33	46
	2	43	39
	3	38	46
	4	35	47
	5	40	38
	6	33	44
	7	47	42
	8	44	39
	9	45	42
	10	50	34
Appointments in last 9 months	Urgent/emergency	38	42
	Routine check-up	40	43
	Planned treatment	40	44
	Preventative treatment	43	41
	Preventative advice	56	33
Pilot type	Pilot type 1	37	45
	Pilot type 2	48	37
	Pilot type 3	44	41
Corporate	Corporate	37	43
	Non-corporate	41	43
Contract value	Small	42	44
	Medium	41	42
	Large	37	42
Skill mix	Yes	38	43
	No	45	42
Software provider	DentsysXML	38	42
	Carestream	41	41
	EXAct	39	39
Length of check-up	Too long	18	45
	Too short	10	48
	About right	42	42

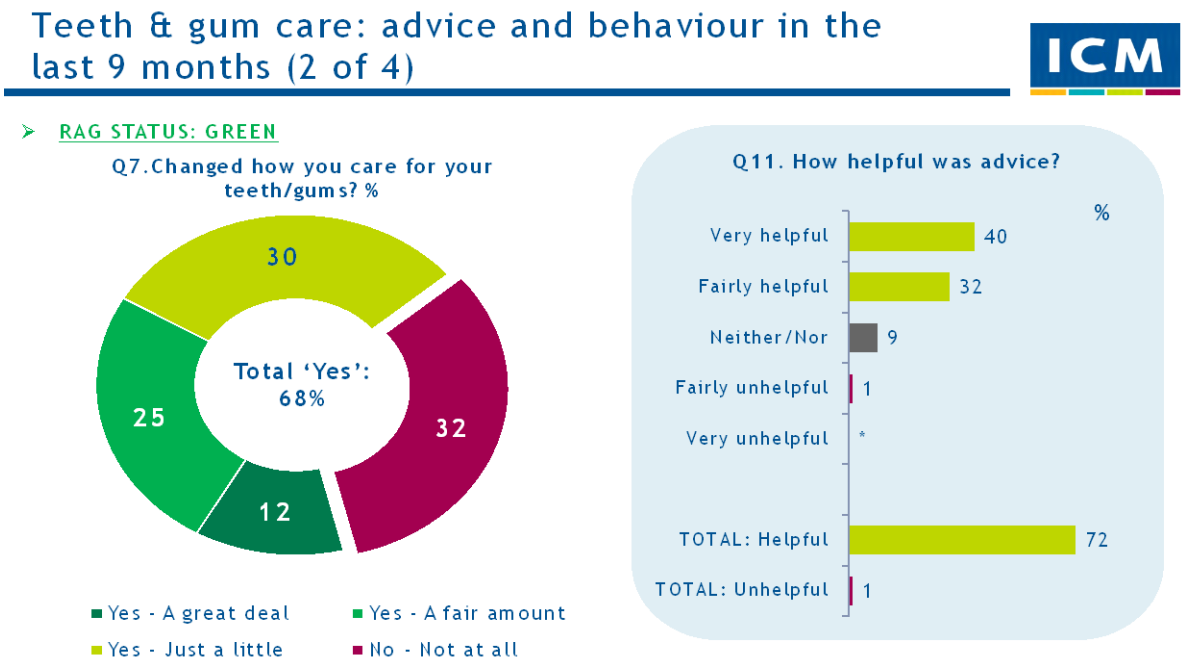
Q19. Which of the following statements best describes your view about the Self-Care Plan you were given?

Base: All patients or carers of patients who were offered or given a Self-Care Plan (1,152).

		% SCP has changed the way I look after my teeth & gums	% SCP has made no difference to how I look after my teeth & gums
Total		**65**	**30**
Age	Under 18	64	31
	18-24	72	24
	25-34	69	30
	35-44	64	32
	45-54	69	28
	55-64	69	29
	65-74	63	31
	75-84	53	34
	85+	31	38
IMD	1	51	46
	2	60	34
	3	63	32
	4	72	23
	5	69	28
	6	60	31
	7	71	27
	8	64	30
	9	68	28
	10	70	23
Appointments in last 9 months	Urgent/emergency	62	33
	Routine check-up	65	30
	Planned treatment	65	29
	Preventative treatment	70	27
	Preventative advice	83	15
Pilot type	Pilot type 1	64	30
	Pilot type 2	64	31
	Pilot type 3	68	29
Corporate	Corporate	61	35
	Non-corporate	66	29
Contract value	Small	65	30
	Medium	64	32
	Large	66	29
Skill mix	Yes	63	31
	No	68	29
Software provider	DentsysXML	64	28
	Carestream	64	32
	EXAct	66	30
Length of check-up	Too long	45	50
	Too short	34	66
	About right	67	29

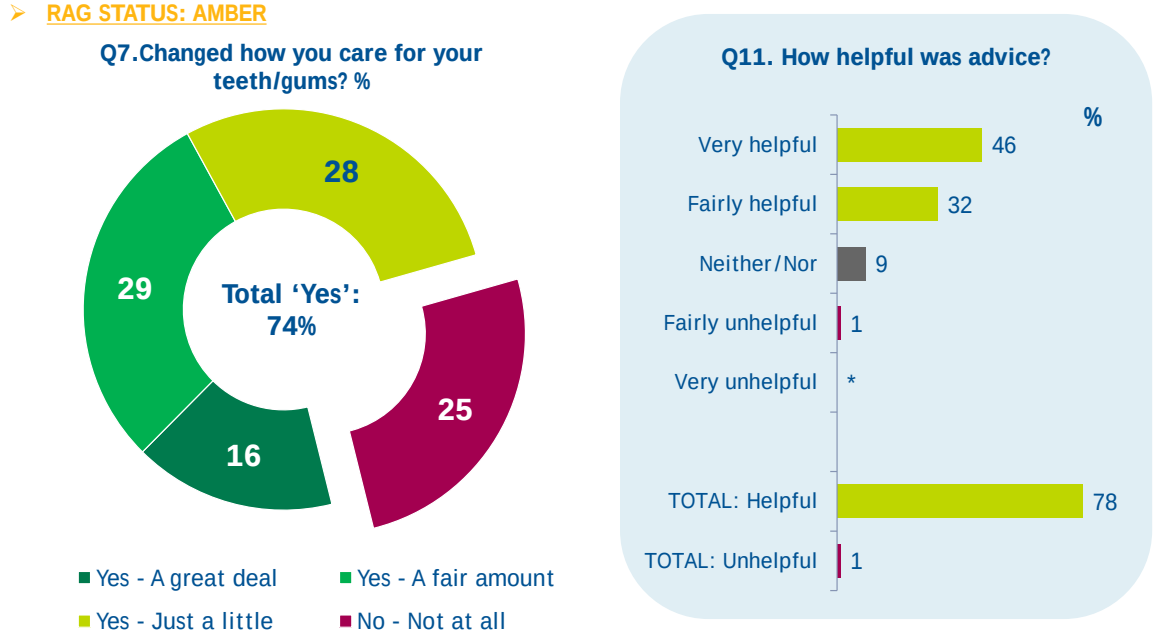
Appendix 5: Quantitative research - additional charts

Figure 32: Teeth & gum care: advice and behaviour in the last 9 months (Patients)



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?
Q11.Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums?
Base: All respondents who have had an appointment for a routine check-up. RAG status: Green (416).

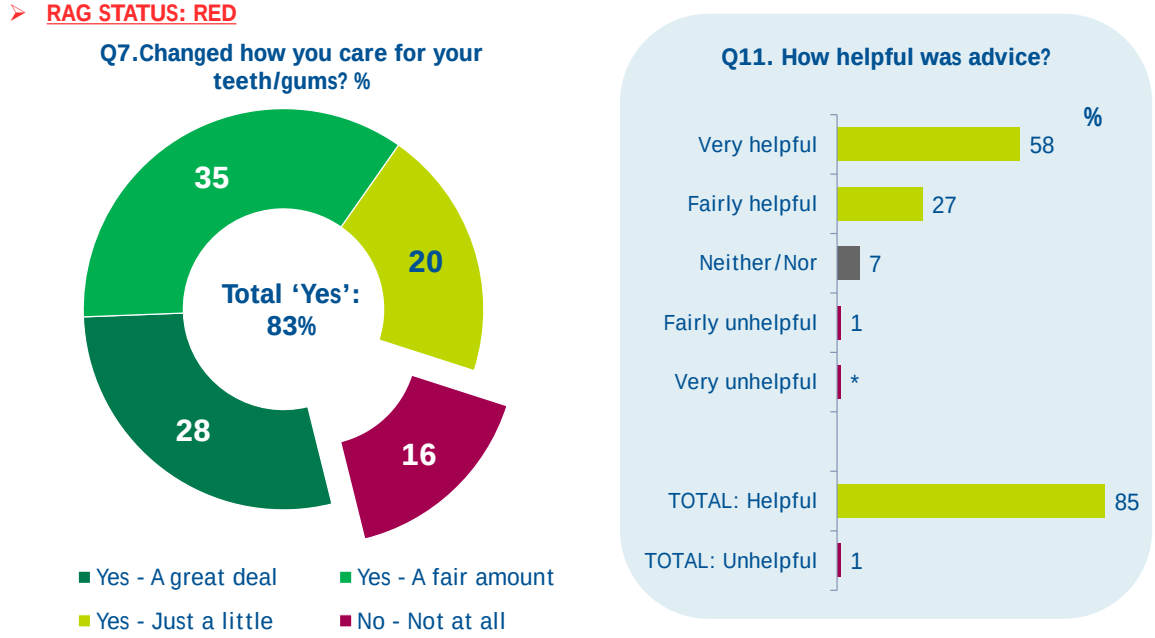
Figure 33: Teeth & gum care: advice and behaviour in the last 9 months (Patients)



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?
Q11.Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums?
Base: All respondents who have had an appointment for a routine check-up. RAG status: Amber (1,838).

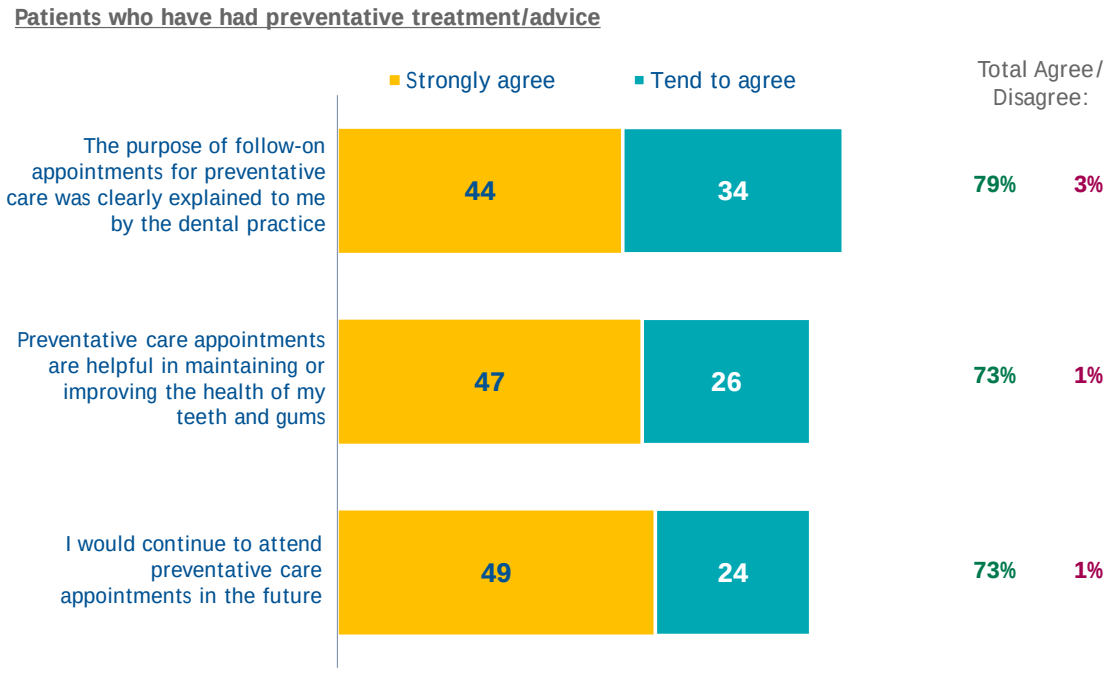
Figure 34: Teeth & gum care: advice and behaviour in the last 9 months (Patients)

➢ RAG STATUS: RED



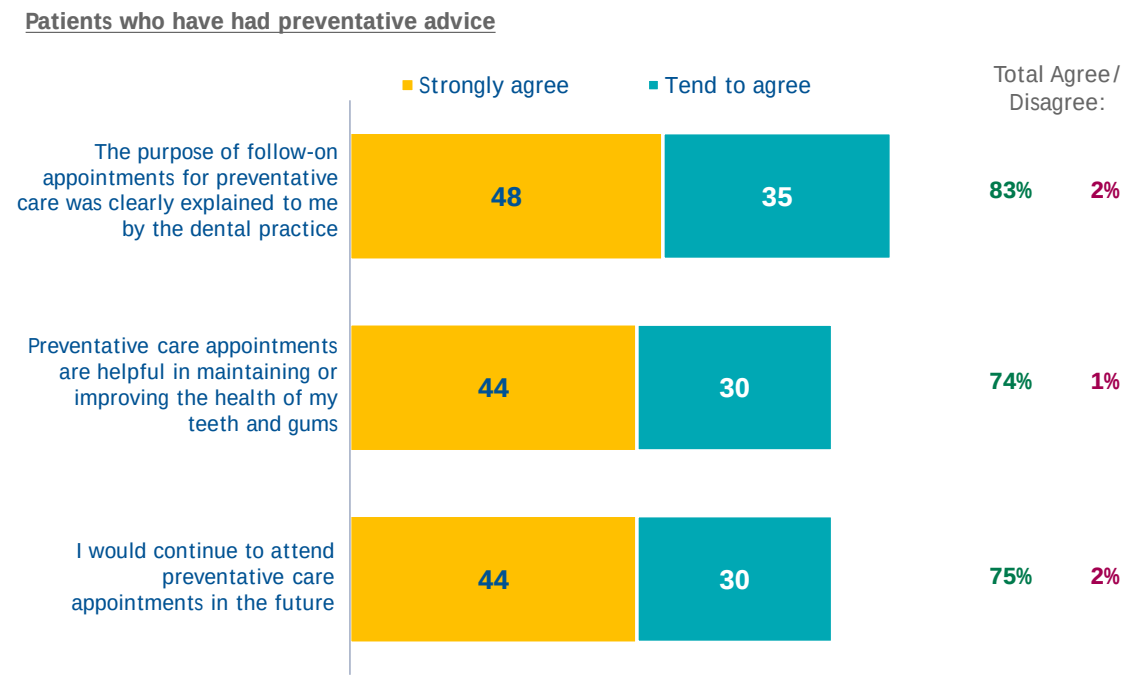
Q7.Has your experience of NHS dental care at this dental practice in the last 9 months changed in any way how you care for your teeth or gums?
Q11.Overall, how helpful or unhelpful was the advice given to you about how to look after your teeth and gums?
Base: All respondents who have had an appointment for a routine check-up. RAG status: Red (910).

Figure 35: Agreement with statements about preventative care (Patients)



Q22a/b/c. To what extent do you agree or disagree with each of the following statements?
Base: All patients and carers/guardian/parents of patients who had an appointment for preventative treatment/advice (739)

Figure 36: Agreement with statements about preventative care (Patients)



Q22a/b/c. To what extent do you agree or disagree with each of the following statements?
Base: All patients and carers/guardian/parents of patients who had an appointment for preventative advice (241)

Appendix 6: Quantitative research - questionnaires (patients and practice staff)