



Dental Pilot Staff Survey

As part of their efforts to capture the evidence and learning from the dental contract pilots, the Department of Health have commissioned ICM (<http://www.icmresearch.com/>) to conduct a survey of pilot practice staff to capture their views on the new care pathway being tested in the pilots and its potential for improving patients' oral health.

The Department of Health would like to hear the views of as many staff as possible. The survey is applicable for practice managers and administrative staff as well as dentists and other dental practitioners. **Please encourage other staff in your practice to complete the survey.**

The survey is 6 pages long and should take no longer than 10 minutes to complete. **All feedback will be treated anonymously (i.e. nobody's comment's will ever be attributed back to them personally, in line with the Market Research Society Code of Conduct).**

Completed surveys should be posted to **ICM Research, Dental Pilot Staff Survey, Berkshire House, 168-173 High Holborn, London, WC1V 7AA**. If you require a reply-paid envelope then please contact ICM using the contact details below. Alternatively, you can email the completed questionnaire to ICM.

Please return the completed survey as soon as possible or by Monday 18th June 2012.

Please feel free to contact Gregor Jackson at ICM Research, by emailing him at dentistry@icmresearch.com or contacting him on 020 7845 8330, if you have any questions or concerns about this survey.

Q1. **What is your main role in the practice?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| Dentist – Practice owner / Principal | <input type="checkbox"/> | Dental technician | <input type="checkbox"/> |
| Dentist – Associate / Performer | <input type="checkbox"/> | Other dental care professional | <input type="checkbox"/> |
| Dental nurse | <input type="checkbox"/> | Dental practice manager | <input type="checkbox"/> |
| Dental hygienist | <input type="checkbox"/> | Receptionist | <input type="checkbox"/> |
| Dental therapist | <input type="checkbox"/> | Other dental practice administrative staff | <input type="checkbox"/> |
-

Q2. **How long have you worked at your current practice?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|---------------------|--------------------------|------------------|--------------------------|
| Less than 12 months | <input type="checkbox"/> | 8-9 years | <input type="checkbox"/> |
| 1 year | <input type="checkbox"/> | 10-14 years | <input type="checkbox"/> |
| 2-3 years | <input type="checkbox"/> | 15-19 years | <input type="checkbox"/> |
| 4-5 years | <input type="checkbox"/> | 20 years or more | <input type="checkbox"/> |
| 6-7 years | <input type="checkbox"/> | | |
-

Q3. **To what extent do you agree or disagree with each of the following statements about the overall care pathway currently being piloted in your practice?** PLEASE MARK ONE ANSWER ONLY FOR EACH STATEMENT.

- | | Strongly agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Strongly disagree | Don't know |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| a) Compared to before the pilot, the new way of working enables better care to be provided to patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Compared to before the pilot, the new way of working has the potential to improve the oral health of patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Compared to before the pilot, I have greater professional satisfaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
-

➤ PLEASE ANSWER THIS QUESTION IF YOU ARE A DENTIST (EITHER A PRACTICE OWNER/ PRINCIPAL OR ASSOCIATE/PERFORMER). OTHERS PLEASE SKIP TO Q5.

Q4. **Compared to before the pilot, would you say you have more or less clinical autonomy, or is it about the same?** PLEASE MARK ONE ANSWER ONLY

- | | | | |
|----------------|--------------------------|---------------|--------------------------|
| A lot more | <input type="checkbox"/> | A little less | <input type="checkbox"/> |
| A little more | <input type="checkbox"/> | A lot less | <input type="checkbox"/> |
| About the same | <input type="checkbox"/> | | |
-

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? PLEASE MARK ONE ANSWER ONLY

- | | | | |
|-----------------|--------------------------|----------------|--------------------------|
| A lot better | <input type="checkbox"/> | A little worse | <input type="checkbox"/> |
| A little better | <input type="checkbox"/> | A lot worse | <input type="checkbox"/> |
| About the same | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

Q6. Compared to the previous system, how would you say the **Oral Health Assessment (OHA)** performs in terms of each of the following? PLEASE MARK ONE ANSWER ONLY FOR EACH STATEMENT.

	A lot better	A little better	About the same	A little worse	A lot worse	Don't know
a) Supporting communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Encouraging patient self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Enabling evidence based personally focused care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. If you could make one or two recommendations for improving the **Oral Health Assessment (OHA)**, what would they be? PLEASE WRITE IN BELOW

Nothing

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)**.

Q8. Overall, in your view, how helpful or unhelpful is the **red/amber/green status** in helping patients understand their oral health? PLEASE MARK ONE ANSWER ONLY

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Very helpful | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
| Neither helpful nor unhelpful | <input type="checkbox"/> | Not using red/amber/green status | <input type="checkbox"/> |
| Fairly unhelpful | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

Q9. **How helpful or unhelpful is it/would it be for the dentist to be able to show patients the red/amber/green status, either on screen or on paper, and talk them through the rating before they leave the surgery? PLEASE MARK ONE ANSWER ONLY**

- | | | | |
|-------------------------------|--------------------------|----------------------------------|--------------------------|
| Very helpful | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> | Not applicable | <input type="checkbox"/> |
| Neither helpful nor unhelpful | <input type="checkbox"/> | Not using red/amber/green status | <input type="checkbox"/> |
| Fairly unhelpful | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
-

Q10. **Which of the following statements best describes your view about red/amber/green status? PLEASE MARK ONE ANSWER ONLY**

- The red/amber/green status makes it more difficult for patients to look after their oral health
- The red/amber/green status makes it easier for patients to look after their oral health
- The red/amber/green status makes no difference to how patients look after their oral health
- Don't know
-

The next few questions are about 'Self-Care Plans' which contain details of a patient's red/amber/ green status and a summary of the dentist's advice about how the patient can improve their oral health. We are seeking your views firstly on the concept of a Self-Care Plan and secondly on the Self-Care Plan currently being generated on your practice systems.

Q11. **Overall, in your view, how helpful or unhelpful do you consider the concept of a Self-Care Plan in helping patients to understand their oral health? PLEASE MARK ONE ANSWER ONLY**

- | | | | |
|-------------------------------|--------------------------|------------------|--------------------------|
| Very helpful | <input type="checkbox"/> | Fairly unhelpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Neither helpful nor unhelpful | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
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Q12. **Which of the following statements best describes your view about the concept of a Self-Care Plan? PLEASE MARK ONE ANSWER ONLY**

- A Self-Care Plan makes it more difficult for patients to look after their oral health
- A Self-Care Plan makes it easier for patients to look after their oral health
- A Self-Care Plan makes no difference to how patients look after their oral health
- Don't know
-

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? PLEASE MARK ONE ANSWER ONLY**

- | | | | |
|-------------------------------|--------------------------|------------------|--------------------------|
| Very helpful | <input type="checkbox"/> | Fairly unhelpful | <input type="checkbox"/> |
| Fairly helpful | <input type="checkbox"/> | Very unhelpful | <input type="checkbox"/> |
| Neither helpful nor unhelpful | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |
-

Q14. Which of the following statements best describes your view about the Self-Care Plan you are using currently? PLEASE MARK ONE ANSWER ONLY

- A Self-Care Plan makes it more difficult for patients to look after their oral health
- A Self-Care Plan makes it easier for patients to look after their oral health
- A Self-Care Plan makes no difference to how patients look after their oral health
- Don't know

Q15. If you could make one or two recommendations for improving the Self-Care Plan, what would they be? PLEASE WRITE IN BELOW

Nothing

Q16. This next question is about Interim Care Management appointments (ICMs). How useful, if at all, is each of the following in helping patients look after their oral health? PLEASE MARK ONE ANSWER ONLY FOR EACH STATEMENT.

	Very useful	Fairly useful	Not very useful	Not at all useful	Don't know
a) An appointment for preventative advice only (for example advice on teeth brushing and oral hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) An appointment for preventative advice <u>and</u> treatment (for example, a scale and polish or fluoride varnish)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

➤ PLEASE ANSWER THIS QUESTION IF YOU ARE A 'DENTIST - PRACTICE OWNER / PRINCIPAL'. IF NOT, PLEASE SKIP TO Q21.

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. PLEASE MARK ONE ANSWER ONLY

- Yes, a great deal
- Yes, a fair amount PLEASE ANSWER Q18
- Yes, just a little
- No, not at all PLEASE SKIP TO Q19

➤ PLEASE ANSWER THIS QUESTION IF YOU ANSWERED 'YES, A GREAT DEAL/A FAIR AMOUNT/ JUST A LITTLE' AT Q17. IF NOT, PLEASE SKIP TO Q19.

Q18. **In what way has your practice changed the skill mix of staff to help deliver the new way of working?** PLEASE WRITE IN BELOW

Nothing

➤ PLEASE ANSWER THIS QUESTION IF YOU ARE A 'DENTIST - PRACTICE OWNER / PRINCIPAL'. OTHERS PLEASE GO TO Q21.

Q19. **Would you consider changing the skill mix of staff at some point in the future if the new way of working becomes permanent?** PLEASE MARK ONE ANSWER ONLY

Yes, definitely

PLEASE ANSWER Q20

Yes, probably

No

PLEASE SKIP TO Q21

Don't know

➤ PLEASE ANSWER THIS QUESTION IF YOU ANSWERED 'YES, DEFINITELY' OR 'YES, PROBABLY' AT Q19. IF NOT, PLEASE GO TO Q21.

Q20. **How might your practice change the skill mix of staff in the future to help deliver the new way of working?** PLEASE WRITE IN BELOW

Nothing

Q21. Please tell us about any significant challenges you and/or your practice have experienced during the transition to the new way of working and suggestions for how those challenges could be better addressed. PLEASE WRITE IN BELOW

Nothing

Q22. Finally, please tell us any other comments you have on the care pathway including any suggestions for improvement? PLEASE WRITE IN BELOW

Nothing