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Oral health survey of adults attending general dental practices 2018: evaluation of methods

A report on a process evaluation of the methods used to deliver the oral health survey of adults attending general dental practices 2018

Part of the National Dental Epidemiology Programme

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Executive summary

This report details the findings of a process evaluation of the methods used in the National Dental Epidemiology Programme oral health survey of adults attending general dental practices 2018¹.

It provides views on the challenges and successes of a novel, pragmatic method used to collect data from a representative sample of adults in England. The focus of this report is on the reflections gained from in-depth interviews with fieldwork teams and participating dental practices.

The findings reflect the challenges faced by fieldwork teams and their concerns about operational elements of the survey including administrative time, recruitment and collection of NHS dental data, uptake and awareness of the survey, representation in the sample and the usefulness of this data. Positive experiences were also reported by fieldwork teams, such as receiving support from dental practices on the day of data collection.

Fieldwork teams and general dental practices offered useful insights into improving the methods if the survey were to be repeated.

1. Introduction

1.1 The National Dental Epidemiology Programme

Public Health England (PHE) coordinates annual oral health surveys in England as part of the National Dental Epidemiology Programme. This programme supports local authorities' responsibility to monitor the health of their populations. The programme has focused primarily on children. Five-year-olds are surveyed every other year to inform the Public Health Outcomes Framework indicator on tooth decay levels². In contrast to this wealth of data on children, no recently published local data is available on the oral health of adults. This data is required to inform local assessments of oral health needs, which are used to plan and commission locally appropriate oral health improvement interventions and dental services for adults.

To produce data on the oral health of adults that would allow comparison at national, regional and local authority level, in the academic year 2017 to 2018, PHE carried out a national oral health survey of adults attending general dental practices who were willing to participate in the survey. This novel, pragmatic approach was adopted in response to the considerable challenges in the collection of useful data from a representative sample of adults. As a new survey method, it went through a process evaluation. This report details the findings.

1.2 Methods used in the oral health survey of adults attending general dental practices 2018

Overview of the survey

A planning group was formed and co-ordinated by PHE's National Dental Public Health Team to support the development of the survey methods. This group included representatives from PHE dental epidemiology coordinators (DECs), NHS England, the British Dental Association, the Local Government Association, local dental networks, local dental committees, the Faculty of General Dental Practice, the Office of Chief Dental Officer, dental service providers and academic partners. Local authorities as commissioners of the survey fieldwork were consulted to determine their priorities for the content of the survey. A national protocol was developed for the survey based on methods used in other National Dental Epidemiology Programme surveys^{3, 4}. The survey consisted of a self-completed questionnaire and a brief clinical examination. The NHS Health Research Authority provided ethical approval for the survey.

Survey population and sampling

The survey population was adults aged 16 years and older attending NHS, private or mixed NHS and private general dental practices in England who could give valid consent to take part. The primary sampling unit was lower-tier local authority areas.

A list of all dental practices by local authority area for England was compiled. This list formed the sampling frame for the survey. Practices were ordered by size of contracted or estimated activity levels, as a proxy measure for the number of patients seen by the practice. Practices offering only specialist care were excluded.

The sampling frame was provided to fieldwork teams, usually from community dental services. The teams were instructed to contact all practices, in listed order from the sampling frame, until they had visited a minimum of 10 practices, or all practices if there were fewer than 10 within a local authority area. The aim was to recruit and survey a minimum of 160 adults per local authority area at these practices. A pragmatic approach was advised, which involved sending out introductory letters to the first 3 or 4 practices on the sampled list and then approaching substitute practices where practices declined to take part, progressing incrementally until the minimum sample was reached. The introductory letter explained the purpose of the survey and what was expected from the practices and complemented communications from the British Dental Association, NHS England, local dental networks, local dental committees, the Faculty of General Dental Practice and NHS England prior to the start of the survey.

Dental practices that agreed to participate completed the response section and returned it to the fieldwork team in a paid envelope or by e-mail. If no response was received from a practice, then a follow-up telephone call was advised. If this approach failed, then the next practice on the list was approached. Where practices agreed to participate, a mutually convenient date was organised between fieldwork teams and the practices to run the survey in each practice.

Where there was an insufficient number of practices to produce robust samples at a lower-tier local authority level, a larger number of participants were recruited from existing practices. Teams were advised to discuss any challenges with their relevant dental epidemiology coordinator and consultant in dental public health who would have local knowledge of usual groupings of small local authorities. All adults attending the practice at the time of the survey visit had the opportunity to take part and no individual or group was excluded on grounds of race, gender, religious beliefs or sexual orientation. Written consent from patients who agreed to participate was taken prior to the clinical examination and/or the questionnaire.

Clinical and questionnaire data was collected by trained examiners on the survey team. The clinical examinations took place in 1 of the host practices' surgeries that was not in use on the day of the survey. Data was captured onto paper and transferred to computer using a tailor-made data collection format in Microsoft Access. Dental epidemiology coordinators uploaded electronic files of the raw, anonymised data onto a secure folder on a PHE shared network drive. The national dental public health team collated, checked and cleaned the data then linked the clinical data with the questionnaire data using unique volunteer identifiers.

1.3 Participation rates

In total, 117 out of 152 upper-tier local authorities initially commissioned fieldwork teams to undertake the survey covering 236 out of 326 lower-tier local authorities. Data was finally collected in 107 upper-tier local authorities covering 212 lower-tier local authorities. In 10 upper-tier local authority areas either no practices agreed to host the survey or the survey was abandoned due to staff sickness.

The number of adults attending the host practices approached by the fieldwork teams to participate in the survey was 25,313. A total of 16,572 questionnaires and 14,270 clinical examinations were completed. Not everyone who completed the questionnaire had a clinical examination and not everyone who had a clinical examination completed the questionnaire. The response rate was 65.5% for the questionnaire and 56.4% for the clinical examination and 55.7% (n=14,098) completed both the questionnaire and the clinical examination

The full protocol for the survey can be found at:

<https://www.gov.uk/government/publications/oral-health-survey-of-adults-fieldwork-protocol>

The full report of the findings of the survey and tables of results can be found at

<https://www.gov.uk/government/collections/oral-health>

2. Process evaluation of the survey methods

2.1 Aims of the evaluation

The aims of the evaluation were to:

- establish a strategic approach to ensure a thorough evaluation of the survey method
- identify the stages of development of the oral health survey of adults attending general dental practice and the feasibility of each stage of the fieldwork
- identify a suitable sample of fieldwork and general dental practice teams
- undertake semi-structured interviews to capture opinions about the survey process
- produce a report describing the key findings of the evaluation of the survey
- recommend ways for improving the survey method for future use

2.2 Evaluation method

The evaluation followed a qualitative approach using semi-structured interviews to understand in depth the challenges and barriers that occurred during the survey. Face-to-face and telephone interviews were carried out with a sample of fieldwork teams and general dental practices who agreed to take part. Consent was taken from participants and the interview was recorded using a Dictaphone. Fieldwork teams with non-participating practices and the non-responding practices were also sampled and invited to take part. The interviews were carried out between January to March 2018.

Fieldwork teams and general dental practices were grouped into local authority areas then regions and sampled at regional level:

- North (North East, North West, Yorkshire and the Humber)
- Midlands and East of England (East Midlands, West Midlands and East of England)
- South (South East and South West)
- London

Local authority areas were further grouped according to the level of participation by dental practices that hosted the survey:

- high participation (9 or more practices hosted the survey)
- low participation (5 or fewer practices hosted the survey)

- no participation of dental practices in the survey

Sampled fieldwork teams were contacted through the relevant dental epidemiology coordinator and interviews were arranged with those who agreed to participate. In addition, requests were made for contact details of practices who participated in the survey in the sampled local authority. Practices were then sampled and contacted accordingly, with interviews being arranged with willing practices.

2.3 Evaluation participants

Three fieldwork teams in different lower tier local authorities were sampled from each of the 4 regions. Two general dental practices from each region were invited to participate in the evaluation.

Eight of the 12 fieldwork teams sampled and 4 of the 8 general dental practices sampled agreed to participate in the evaluation. In total 12 people were interviewed comprising of dental managers, dentists, dental epidemiology coordinators and dental nurses. The table below summarises the participants by region.

Table 1: Fieldwork team and general dental practice participation summary by region

Regions	Fieldwork teams		General dental practices
	Participation by level of returns	Number participating in evaluation	Number participating in evaluation
North	High	1	1
Midlands & East of England	High	1	0
	Low	1	0
South	High	1	1
	Low	1	1
London	High	1	1
	Low	1	0
	None	1	0

The main providers of the fieldwork were the community dental services across the country who often provide services across multiple local authority areas. Thus, participants sampled for 1 area could provide feedback on their experiences in other areas that their services covered.

2.4 Analysis of the findings

The data collected was analysed by themes and these form the basis of this report.

3. Findings

3.1 Fieldwork teams

3.1.1 Training and concerns about the survey

There was a mixed response to the training provided for the survey. Fieldwork teams who participated confirmed that the training was adequate, with the aims of the survey being clear. It was useful to have the same training team across the country.

“... the training was absolutely fine it seemed quite logical and quite straight forward.”
Participant 9

“The beauty of that was that training was all done by the same people, so you know people’s training methods do change and vary so the fact that obviously, it was the same team that went around and did the training was beneficial, because it was the same view point for everybody... I think that there was still a lot of questions when people left. There were a lot of questions that went to the national team that they would advise that they would look into and get back to people,” Participant 8

Although most reported that there was no calibration for examiners, 1 participant noted that this may have been beneficial.

“...it would be nice with surveys generally when you have the training, it would be nice to have a little bit of feedback of how you scored, so that you know whether you are in the right zone or not as it were...” Participant 3

There were also concerns at the time of the training around a new survey and how it would work logistically. Some fieldwork teams felt that a lot of questions from the training remained unanswered.

“...because it was different, it was in practices, we were a bit more reluctant or we had concerns because it was something which was new for us.” Participant 12

“we felt quite anxious after the training day because we thought it would actually be quite hard to do it...also sort of how it would work really, timing wise for the patients, would they be hanging around for too long... but until you try you don’t know... that it was going to be quite difficult to get the number of patients” Participant 11

Some participants highlighted concerns about lack of skills around engaging with patients to encourage participation.

“... so, there was some concerns that we would possibly have to promote ourselves and that’s something that we aren’t used to doing. There were concerns of how we are going to sell this, kind of attractive to the patients” Participant 11

“As dental staff and nurse are approaching patients, we’re not used to it, really felt like begging patients, please see us, please see us, and I don’t think we are very good at that...” Participant 12

“Sitting in the waiting room asking people to take part, I found that a little bit difficult personally, but maybe that was because it was initial and then I’d get used to doing it.” Participant 6

3.1.2 Recruitment of practices and challenges

Fieldwork teams participating in the evaluation reported that the recruitment of practices proved to be difficult. Challenges included contacting the practices and getting a response, speaking to the right person and lack of awareness of the survey, which are all explored further below.

A sampling frame was provided to all fieldwork teams. Some areas had fewer practices, others had a larger number of practices. Some fieldwork teams participating in the evaluation reported to have had to contact all practices due to few practices agreeing to participate in the survey.

“Because the participation was so low, sampling went out of the window because we had to contact all the practices... to get them involved, not just the first 10 on the list...” Participant 8

Administrative support staff

Fieldwork teams participating in the evaluation noted challenges with having adequate support staff when trying to recruit and contact practices, with an example of a fieldwork team raising this concern with their management. This role was adopted by dental nurses who also had clinical commitments, and in some cases, there were staff shortages. Newly employed staff, lack of consistency and time to follow up with practices made recruiting practices challenging.

“...we did raise them with our management but due to staffing it wasn’t possible to do anything about it.....so they [dental nurses] were given that task [contacting practices], and obviously, these dental nurses were in clinic as well...it’s supposed to be every week but it doesn’t always work that way because of being short staffed or people are off sick, so it can be quite sporadic when they have actual time to do it...” Participant 11

“...you know I would handle the appointments the way they are handled in most surveys, but it just happened for this one, we had a new member of staff and we thought we would give that piece of work to that new member of staff.” Participant 6

Methods of contacting practices

Fieldwork teams participating in the evaluation reported that their main methods of contacting practices followed the protocol, which was mailing the letter and following up with a telephone conversation. This was done mainly by the dental administrative team and dental nurses, with dentists supporting where necessary.

It was reported that there was difficulty in getting practices on board as they did not respond to telephone calls or mail. Some teams ended up dropping into practices and this proved to be beneficial.

“...last resort was myself and one of my colleagues went out to the practices and introduced ourselves and explained what it was all about and showed them the paperwork..., that was how we go into the practices.” Participant 5

Awareness of the survey

The participating fieldwork teams generally reported that dental practices had heard about the survey through local dental committees(LDCs), local dental networks and NHS England events in a positive way. However, some fieldwork teams mentioned that when speaking with practices, there appeared to be a lack of awareness and knowledge about the survey and there was 1 report of negative views about the survey.

“...the message was coming thorough from that (local dental networks and local dental committees), but also through other events,.....one dentist that I actually spoke to... he said, I do know about this because it was mentioned recently at an NHS England event...just speak to my practice manager tell me the dates and stuff and that should be fine...” Participant 12

“...they had heard about the survey from the LDCs, but in a very negative way. The LDCs said that it will be in dental practices, but really, it's not going to work, it's not feasible...they were not very positive feedback.” Participant 7

Others reported that calling up practices felt like it was cold calling due to the lack of awareness of the survey.

“Getting the practices on board was a massive challenge, it was very often hard to get them to accept that we weren't trying to sell them something or even talk to us.” Participant 3

“...when we did, it was like cold calling.” Participant 12

Several fieldwork teams reported that established links with practices helped to increase participation. This included familiarity through referral processes and use of personal contacts.

“...The only thing that did open the door a little bit was if you say you were from the community...they were like oh yeah, we know about the service because we send all of our referrals there...then it was calling on favours, like one of the clinical leads might have a practice who knows someone else, who they may know someone else and may ask that person. Initially they may say no, and then you get them to phone and they'll say fine okay you can come in then, so some private practices we went to, we got in via that route.” Participant 12

“...you always have the keen ones reacting first, usually they tended to react when they saw [University name], if they had been trained in (the university), they reacted, so there was an alliance there...so I think there was a need to contact dentists to dentists rather than an admin person, that sort of thing.” Participant 7

Having support from the consultants in dental public health and the LDCs had an impact on recruitment of practices.

“We rang them and asked them to ring me back and a lot of the practices didn't.... So, my next step was to email the dental epidemiology coordinator, consultant in dental public health and she gave me an email address to...the local dental committee, I emailed him...that we were having problems with and he emailed the practices and we did get a couple of responses...A practice which said no, changed their minds and said they would be willing to take part...” Participant 5

Difficulties in contacting the right person

All participating fieldwork teams reported difficulties in speaking to the right person in the dental practice particularly when contacting corporate practices. This was reported to be a challenging part of the survey, which often resulted in feelings of demotivation and frustration.

“It was often difficult to find the right person within a practice to talk to. Often, particularly with some of the corporate practices they got a practice manager who looks after several sites. And trying to nail that person down and talk to them was often difficult.... they are very often off site every time you ring them.” Participant 3

“If you get hold of the principal, and get the principal on board, of the smaller practices, they were hugely good and the principal was really keen to know what we were doing and how we are doing and wanted to know all the information, and were very happy to be involved.” Participant 15

Additionally, participants raised the challenges associated with getting corporate practices to participate in the survey. Although there was knowledge that a high-level discussion and agreement had taken place between the national epidemiology team and corporate bodies, this was not always disseminated to members of the dental team at practice level. A participant reported that their service, which covered a large geographical area with different corporate bodies, made arrangements with the head office of a corporate body to give fieldwork teams permission to participate in the survey and contact the practice.

“...our operational lead had conversations with that person (Strategic/information governance) within the corporate and we set up a whole agreement, it was basically a confidentially agreement between us, that we had to be prepared to sign, and then we would have to take that into the practice. And only once that was in place, did the corporate agree to take part.” Participant 8

Practices' reasons for refusing to participate in the survey

Participants discussed the reasons practices gave for refusing to participate in the survey. Most of these were around being too busy, not interested or having a spare surgery, out of fear, lack of awareness or just not responding.

“...she said they were not interested, they would say that they had no spare surgery, no time to fit us in.” Participant 9

“I mean they sort of said they were too busy, I actually feel myself, they were sort of almost fearful that we were there looking at them as a practice what they were doing, we were going to steal the patients, that sort of thing, some of them said they hadn't got a free surgery...that was the main thing saying they didn't have a spare surgery.” Participant 5

Fieldwork teams had had to provide assurance and legitimacy to invited or participating general dental practices. Examples included going out to visit the practice to introduce themselves and show paperwork, for example the British Dental Journal (BDJ) article or evidence of qualifications.

“We did reassure them, that's when we went out, showed them the paperwork, you know what we were sort of doing, sort of introducing ourselves, could see we were friendly people, we explained it more to them.” Participant 5

“and even when I got to some of the practices, even when I got there, I managed to keep hold of my BDJ that had your little thing in there of what you were doing, a lot of the principals or practice managers didn't know what we were doing there, they were sort of what is this all about, we had to reassure them that we were there to do the survey and not spying on them...they wanted to know all about who we were, all our qualifications, we had to give a letter...” Participant 15

Fieldwork teams participating in the survey reported a mixed success that face to face conversations or contact with the clinical lead, principal or practice manager had in recruiting general dental practices.

“...I think that's why we had a good response rate in some areas particularly, where the teams were free and managed to discuss with the clinical lead... so that the dentists could go around physically to practices...what I felt what was working very well particularly for the team...” Participant 7

“...I actually turned up physically in some places, and that didn't even make a difference. Actually, one of them I did, the practice manager was okay then, but the team physically

went there and chased it up, I think because the principal wasn't there, I think one of the biggest differences was if you met with the principals face to face, then they wouldn't have minded." Participant 12

Other challenges included going into practices which had free surgeries, however this meant that there were fewer patients attending than normal.

"Obviously, we had to go into practices when they had free surgeries which often meant, it limited when we could go in and...we had to time it to them rather than being able to work when we had staff free to go. ... because we were going on in the days when their dentists weren't working, by definition there was less patients attending that day"
Participant 3

3.1.3 On the day

Recruitment of patients

There was a mixed response from participants about recruiting patients to participate in the survey. Most teams had 2 assistants and 1 dentist, while others had 1 assistant and 1 dentist. For the latter, this proved to be slightly more challenging. In some practices, it was reported that the practice staff, particularly the practice dentist and nurse, were helpful in supporting with the recruitment of patients to participate in the survey; there were feelings that this was due to the relationship between the practice and their patients.

"We took two nurses with us when we went, so we had a member of staff who was recruiting patients some practices were really helpful and actively tried to recruit the patients for us, some practices we were very much left to do it ourselves" Participant 3

"...the dentists did all of the selling. So, it wasn't required from us at all. In fact, the times when the dental nurse did go into waiting rooms she didn't manage to recruit anybody, she tried, but the nurse said oh don't bother I'll just tell them. So, the dentist would be like oh could you just pop next door and see my colleague and every time the dentist did that, they all came in without question..." Participant 11

"... the private practices, the patients would consent a lot easier, so you'd go there and say we're doing the survey... they'll do it and then you'll have the examination, in some of the private practices it was 100% of all the patients that came in we saw, in some of the NHS ones we would have less than half if you're lucky" Participant 12

One fieldwork team member reported their experience of a lack of support from dental practice staff members.

"so even though the posters were there and the cards were there, one of the practice I was at, when I went out to the reception, one of our team members approached the patient, then the patient went up to the reception asking what is all of this, don't worry

you don't have to take part is what the receptionist replied....and she did that 4 or 5 times and it was very frustrating" Participant 15

Other factors reported to influence whether patients participated in the survey included availability of time and parking and their overall interest in sharing their views of the NHS.

"...staff were helpful but patients had limited time because they had car parking or had come in during a break at work... and although some of them would have liked to have gone ahead and helped us with the survey they didn't have time to do it." Participant 9

"...a lot of the patients we saw wanted to discuss the politics of the health service and things like that rather than sort of wanting to concentrate on what we were actually doing. So, if they were having problems of getting access to dental care, they saw us as somebody to vent their frustrations with...." Participant 3

"... patients were quite negative, some would be quite rude, so then after a while, 50 or 100 patients saying no, it gets quite draining as well." Participant 12

Facilities at the dental practice

Facilities provided by the dental practices were reported to be adequate by fieldwork teams participating in the evaluation aside from 1 incident. Teams reported to have followed the protocol in terms of bringing in their own instruments and infection control materials.

"...we made sure we took everything, we made sure that it was just the room, we cleaned, we had covers, we took our clinical waste away with us, everything, so they'd show us where the coffee/tea, very, very friendly/helpful, but I think that comes from the top.... The people who let you in were absolutely wonderful..." Participant 6

"...there were a couple of times where the surgery wasn't free on the day...and there was a time that a team had to literally clean the place for about an hour before, so they didn't always realise that we do an examination for patients, so it doesn't reflect well on the practice if it's awful..." Participant 7

Survey questionnaire

Feedback from the fieldwork teams on the survey questionnaire was varied. Some participating patients required support in reading the questionnaire or needed questions to be clarified. Some of the questions were reported to be intrusive and that it would have been useful to have a room away from the waiting room where patients could fill this out in private. Some patients were reported to have been put off from participating in the survey due to the length of the questionnaire resulting in them being partially completed. One participating fieldwork team provided feedback on the value of some of

the questions being asked and the perceived lack of clarity which had caused confusion.

“Some of the participants, the patients didn’t like the questionnaire. We had a few negative comments about the questionnaire...I know that some felt some of the questions were intrusive, particularly the ones about the financial situation I think, because I know there were questions of whether you had to pay for treatments, whether you could afford to pay for certain aspects of treatment...” Participant 3

“...we got some brilliant team members who were confident and competent to be able to explain the survey and encourage patient participation, but as soon as they saw the questionnaire and how long it was, it really put patients off...” Participant 8

3.1.4 Collecting NHS dental data

Since April 2017 general dental practitioners have been required to provide counts of the number of decayed, missing and filled teeth on all NHS treatment claim forms. Participating fieldwork teams in the evaluation reported mixed experiences of collecting this data from dental practices. The majority reported having collected available data on the day of visit and then contacting the practice later to collect the data for those patients who completed their course of treatment after the practice visit. The protocol was noted to be useful and this process was straightforward for some fieldwork teams.

“...in some cases, we had to, a few cases, we had to go back to the practice, and you know after the initial first couple of sessions you work your way around, I felt that the protocol of the survey was a very good guide to go through the computer.” Participant 7

For other teams, collecting this data presented a challenge. One participant reported that practices refused to provide information and were suspicious as to the reasons for collecting this data.

“...one practice in particular point blankly refused, and we would have to call them to get the information which was a bit silly, and they just said, no you can’t access that because that’s all confidential” Participant 8

There was also concern from fieldwork teams regarding the value of collecting the data.

“But from my own experience.... that data...., I not sure what it reflects, because it very rarely reflects what’s happening.” Participant 6

3.1.5 Additional feedback from fieldwork teams

Practice attitudes

Overall there were mixed practice attitudes reported by participating fieldwork teams. Some felt that the practices were friendly, welcoming and helpful, whilst others reported that practices were suspicious of them and the survey.

“In my own personal experience, I found all the practices I went to were friendly, but I know some people, some of the other staff did comment that some of the practices they really were made to feel that they were in the way...” Participant 3

“...one of the practices we went to... a private practice, the person who owns it was very controlling and she said she would speak to the patients first contrary to what was needed. So, we ended up seeing 1 person, so yes, I think there was maybe a feeling of being checked up on, even though they would have had information that this wasn't the case.” Participant 9

Concerns around sampling method

A few of the fieldwork teams questioned whether the sample population was representative of the adult population.

“What we tended to notice was that there was certain demographics that were more likely to have the time to talk to us than others, so it wasn't relatively a representative survey. The people who were working and had to get back to work were less willing to spare us the time than those who were retired or not working” Participant 3

Dissemination of the survey findings

Fieldwork teams felt that having a short report or article in the BDJ would suffice for dissemination of the results of the survey. In addition, it was highlighted that it might be beneficial to send results to practices to support recruitment in any future similar surveys.

“well, I presume it will be on the normal public health website but also I presume there will be discussion at some point, when you hear the headlines on the radio sometimes about how the results show this that and the other...a short report would be absolutely fine, a few people that we managed to see over all, I don't think would justify much more material.” Participant 9

“yes, I could obviously do that (access the gov.uk website), which is fine... I'm not sure if the practices involved would find any of the information useful, if the ones that took part would want feedback and information...which you know could help in the future for recruiting, if you want to go back to the same practice again.” Participant 11

Remuneration for participating dental practices

It was reported that there were some difficulties with participating practices claiming the payment, or that there was a delay in this.

“I told them when we went out to visit...that they could claim that money, a couple of practices emailed me after we’d been in saying they had sent their form off and obviously, it was a little wait and they hadn’t had it” Participant 5

“...we were told that the practices would be paid fairly swiftly and so on, again, I mean we can’t go back on that, the problem, is that I still have practices phoning me today, saying they’ve not been paid, emailing me...” Participant 7

Participating fieldwork teams suggested alternative methods of remuneration as the method used was complicated. It was reported that instead of remuneration for time, a toothbrush or toothpaste could have been provided for participating patients or incentives for the dental staff in the participating practices for their support instead of the money going to the practice principal.

“...it wasn’t very clear what they had to do to collect the money, I did think it was quite complicated. It should have been easier, or maybe they should have automatically got it without having to apply for it. Once the data had been sent in or whatever, maybe they could have sent it automatically.” Participant 11

“...I think that something could have been given to the person who did the survey, like a toothbrush or tube of toothpaste, something for them more than the practice.” Participant 5

3.1.6 Learning for future surveys

For any similar future surveys, fieldwork teams reported that more work would be needed to promote the survey to dental practices to increase awareness and engagement earlier on. Although some were aware that there was advertising of the survey through the BDJ, there were further suggestions of publishing articles in other dental journals and publications earlier on, fieldwork teams going to practices and explaining the survey and seeking more support from PHE with recruiting practices.

“She [dental nurse] did feel that the survey could have been perhaps better promoted with the practices ahead of the survey, so that they were expecting calls when they got them rather than us ringing up and having to sort of start from scratch...” Participant 3

“I don’t know maybe, whether more support from PHE with getting the recruiting of the practices.” Participant 11

Some fieldwork teams reported that they would have approached the survey in a different way. This included a suggestion of surveying a different population to help understand more about accessing treatment.

“Well, I do wonder whether it would be better rather than looking at people in practice...if you want an idea of how much treatment is provided or not provided... getting questionnaires somewhere else might be better to why people can't access treatment and don't access this... I just wonder, if most people go to supermarkets these days, maybe a table at a supermarket entrance, you know please give us your ideas, because that's what's done when moving local hospital...” Participant 9

It was also suggested that there was need for a clear protocol for approaching and contacting practices and when to stop contacting practices after calling them several times.

“I think I would have had a much clearer protocol about how to contact the practices.... So very clear about they get the letter first, then the email, then the phone call, and how many further phone calls to identify the right person. And then what to do when you came to the end of your sample and you start moving on... And when to stop, when you decide you can't hassle a practice anymore.” Participant 6

3.2 Participating dental practices

The dental practices that took part in the evaluation all reported being contacted to participate by email, telephone or mail. Participants were satisfied with the way in which they heard about the survey and with the information provided. Any queries they had were answered satisfactorily. The main concerns had been about how long it was going to take or if it was going to impact patient appointments.

“...I think I asked them if there were any implications for those patients who were waiting to be seen by our dentists, I did ask if it would hinder the treatment that we were going to do, and it didn't...” Participant 10

3.2.1 Motivations for taking part in the survey

Practices reported that the decision to take part in the survey was dependent on whether there was a spare surgery and timing of the survey, with some noting that the financial aspect was also a motivation. They also felt a need to support the NHS by providing information that could improve patient care.

“...obviously, there was the money motivation to it, which is why the principal wanted to do that, but I think also to give information back to the NHS really.” Participant 10

“Well we had a spare surgery on that day, luckily, so yeah, took advantage of it...I think in helping out and the payment, yeah.” Participant 2

One of the corporate practices reported that the agreement to participate in the survey had been arranged through the area manager and that they would have preferred to have been informed of the survey beforehand.

“I would have preferred it if they had contacted our practice manager, and it was like we will participate, we were a bit like well what’s it about, and if you’ve got an area manager who’s not knowledgeable about what’s involved, you get a bit then, like what is it that you’ve said we’ll do, so I think it’s beneficial to contact at practice level.” Participant 1

3.2.2 Day of the visit

Dental practices said that the fieldwork teams carried out sessions at their practice in a full day or in two half days. They found the fieldwork teams to be flexible and accommodating when organising a date. They reported the fieldwork teams were provided with the necessary infrastructure and that they had brought the necessary equipment and instruments and did not interfere with the work of their practice.

“...they did their own thing, they had their own instruments, they didn’t really involve us much or get in our way much at all.” Participant 2

Participating practices reported being supportive and helping with recruitment of patients, with providing and handing out leaflets on reception and redirecting patients to the fieldwork teams. All participants said that the day went smoothly.

“...we had already been instructed to inform the patients from the reception point of view that when they come in, that we had survey people on site and they might be asked to do the survey. Some of them were happy, some of them were a bit like, because they had forms to fill in, that they weren’t really interested in spending more time here than necessary, but it was done well, they didn’t really get in our way at all, they did their own thing in the corner...” Participant 2

“...the receptionist probably spoke to the most people, but she and I both mentioned to the patient and directed them into the other room... we booked the day a little bit lighter than usual, because normally we book so many people in, and in they came to have a check-up. I did the check-up and asked would you mind just spending another 5 minutes doing the survey and then directed them into the hygienist room. I’m sure nearly everybody said yes that’s fine, people were accommodating.” Participant 4

In terms of providing the NHS dental data, this was reported to be straight forward, but in some cases required further follow up between the practices and the fieldwork teams to complete this section of the data collection form.

“I think they had to phone in and request some later, they got most on the day. But they knew how to access it more than we did to be honest, in terms of getting it quicker... on our software....” Participant 2

3.2.3 Dissemination of the survey findings

Dental practices' suggestions for dissemination of the findings included by email or in a journal article. Some of them were not aware that the results would be disseminated.

“So, if it was a big survey, I would expect to read about it in the BDJ, I don't particularly need results sent to me, I get the journal, and I expect every dentist does, and I would expect to come across it in there.” Participant 4

“Anyway really, either email or I'm not sure, I wasn't aware that we would be sent back any information, I thought it was all confidential... just a link to the report would be fine.” Participant 10

3.2.4 Additional feedback from dental practices

Overall, the practices participating in the evaluation found the survey straightforward. Some participants reported that the survey did not need any improvement, whilst others made suggestions for future surveys or offered other comments. These included providing plenty of notice and awareness of the survey, particularly to allow for dissemination of information through large groups of practices or for corporates.

“I don't think that there is any improvement necessary, it was all really well communicated and really well led and like I said, there wasn't any hindrance to our dentist in the work place, everything went quite smoothly at the practice.” Participant 10

“Just give plenty of notice of the practice, contact the practice directly, because sometimes you can contact the area manager and they'll say we'll do it but we don't know what it's about, which could detriment the whole process of organising it because I think it should be smooth not just for us but for you guys as well...” Participant 1

Overall, practices participating reported the fieldwork teams to be professional.

“I think it was fine, it was done well, it was quite professional, people were friendly, it was fine.” Participant 4

“The teams didn't have any disruption in any way, they were very friendly, so from that point, they did you all proud there was no issues at all, from that side of things and patients were happy...” Participant 1

4. Evaluation challenges

There were several challenges with organising interviews and getting participation in the evaluation of the survey methods. These challenges are explored below.

4.1 Organising interviews

Interviews were organised by email or telephone calls. In some cases, multiple emails and telephone calls were required to reach the relevant person and get their agreement to participate. PHE dental epidemiology coordinators were contacted for support in contacting fieldwork teams where necessary.

There were challenges with organising interviews with fieldwork teams including:

- identifying a suitable time to complete the interview with participants
- staff involved in the survey had left the service
- staff involved in the survey were on annual leave
- a lack of response from fieldwork teams

There were also challenges organising interviews with dental practice staff including:

- identifying a suitable time to complete the interview with participants, with the interview being carried out before or after clinics, during lunch hours or a cancelled appointment
- inability to contact practices as telephone calls were not answered or there was no response to messages
- staff members who dealt with the survey but had subsequently left their post

4.2 Timing of the evaluation

Participants provided as much insight that they could remember, however, the timing of the evaluation posed a challenge to fieldwork teams and practices to recall information as the survey had taken place some months before. Participants were advised if they were unable to recall the information to inform the interviewer.

4.3 Recruiting non-participating practices to participate in the evaluation

As part of the evaluation, fieldwork teams with non-participating practices and non-responding practices were sampled. However, it was difficult to speak with practices who had not responded to requests from fieldwork teams to host the survey, as they were least likely to agree to be interviewed for the evaluation.

4.4 Support with claiming remuneration

Some practices complained that they were having difficulties claiming their remuneration for participating in the survey. The evaluator put the practice in touch with their relevant Clinical Research Network contact.

5. Summary and recommendations

Overall there were mixed comments from participating fieldwork teams and general dental practices regarding how the oral health survey of adults attending general dental practices was carried out. Although comments regarding the training suggested the survey seemed straightforward, there were numerous challenging steps in the process. This was not surprising as it was the first time this type of national dental survey was carried out. The fieldwork teams participating in the survey were largely aware of this and had their own concerns which were mainly addressed in the training sessions.

The main challenges reported by fieldwork teams around recruiting dental practices to host the survey was the lack of support staff to help with contacting the practices. Many relied on dental nurses who had clinical commitments in addition to this role. Newly employed staff, difficulties in contacting the right person and having time to follow up with practices all contributed to the challenges of recruitment. Although awareness of the survey was raised through messages in the British Dental Journal and at local dental committees and local dental networks meetings, this information did not always reach practice staff.

Fieldwork teams reported some helpful tips to support the successful recruitment of practices. These included visiting the practice to introduce themselves and the survey, personal contacts and time to carry out the engagement work that was needed.

Some fieldwork teams felt that agreement to host the survey by dental practices was influenced by the geographical area that the fieldwork teams were based in. In addition, it was also influenced by the fieldwork teams themselves, including their service, motivations and amount of time and resources that the services could invest in recruiting practices.

On the day of carrying out the survey, fieldwork teams reported that having the support of the dental practices helped the recruitment of patients. However, the level of support had varied from practice to practice. Other influences on patient participation included having the time to complete the survey questionnaire, access to suitable parking and an interest in sharing their views on the NHS. A few fieldwork teams reported their concerns on their lack of skills around engaging with patients to encourage participation in the survey. Participating dental practices mainly reported that the survey was non-interfering.

In most cases, it was reported by fieldwork teams that accessing and collecting the NHS dental data was straightforward, however, in some cases there were challenges to this.

These challenges were mainly about why the data was being collected, concerns about providing the information due to data protection regulations and questioning the value of this information. A few practices simply refused to provide data.

Lastly, it was felt by fieldwork teams that the remuneration process was complicated, caused confusion and that there was delays in making the payments. Fieldwork teams also highlighted that not all practice staff participating in the survey benefitted from this remuneration. Alternative suggestions of remuneration were provided such as free toothbrushes and toothpaste to give to the survey participant or incentives for dental practice staff. Some general dental practices participating in the evaluation also raised queries about claiming their remuneration and support was provided to these practices.

Overall, this evaluation has provided valuable insight on the methods used in the oral health survey of adults attending general dental practices. Participating fieldwork teams and practices provided useful insights into how, if this survey were to be repeated, it could be improved and support future surveys.

Based on the findings of this evaluation, recommendations for any future surveys include:

- use additional methods of communication with dental practice management and staff, especially corporate practices, so that all staff members are aware of the survey
- ensure that practices are given plenty of notice about the survey and that they are aware of the purpose and methods of collecting the survey data
- ensure that fieldwork teams are trained to better engage with patients to encourage participation
- explore how incentive payments could be better organised and how the dental practice staff could benefit from this so that they are recognised for their contribution
- ensure that survey participants, fieldwork teams and practices are provided with summary findings of the survey so that they are aware of the results of the survey. This could be through an infographic or a one-page summary that is understandable to all
- carry out the evaluation as soon as the survey is completed so that information is gathered in a timely manner

6. References

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