



A Survey on NHS Dental Services in London

August 2007

A report for: LONDONASSEMBLY

Presented by: GfK NOP Social Research

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1 Introduction

1.1 Background and Methodology

The Greater London Authority recently commissioned GfK NOP Social Research to carry out a telephone survey about access to dental care in the capital.

A new NHS dental contract was introduced in April 2006. The objectives of this contract are to improve access to NHS dental care and make the charging system simpler and more transparent for patients. The new contract has just three charging bands, compared to the previous system of around 400 different charges. Therefore, this survey aimed to discover what impact the new contract had had on Londoners – in terms of access to NHS dental care, and in terms of the costs of NHS dental care.

In consultation with the GLA, GfK NOP Social Research planned and designed a 10 minute quantitative telephone survey asking about Londoners' experiences of dentistry. The survey was piloted in mid-June and after receiving interviewer feedback minor changes were made to the survey structure. The methodology was as inclusive as possible and translation services were set up to ensure that views from non-English speakers were collected. In addition, processes were in place to interview those who are deaf or have difficulty hearing on the telephone via Typetalk service.

From 20th June to 1st July 2007, GfK NOP administered 1000 telephone interviews with a representative sample of people ¹ living in London. Due to a higher than expected response from BME groups, corrective weights² were applied to the data set.

² Weighting figures were derived from the 2001 Census / un-weighted base sizes are quoted in the report





¹ Key demographics are shown in appendix 1

1.2 Objectives

This survey aims to give information about:

- The proportion of respondents and certain groups (e.g. disabled people, older people, people living in certain parts of London) who experience problems accessing NHS dentistry
- Whether the new pricing structure brought in with the new NHS dental contract in April 2006 has had any impact on Londoners
- Whether people feel informed about local NHS dental services, and where they get their information from.

The report addresses these issues under five key questions, as covered in section two.³

1.3 Definition of disability and social grade

Disability was defined by the presence of any self-reported long-term illness, disability or infirmity.

Social grade categories are explained in appendix 1.

 $^{^3}$ Due to rounding, please note that some figures do not equal 100% and * indicates percentages less than 0.5%





2 Accessing NHS dentistry

2.1 How often do Londoners visit a dentist?

Overall, 69% of Londoners had been to the dentist in the past year, 27% had been over a year ago and 4% had never been to a dentist.

We asked survey respondents to tell us when they last visited a dentist, to find out what proportion visit a dentist regularly, and what proportion do not. The table below shows how regularly respondents visit the dentist.

Table 1: Most recent visit to the dentist

	Number	%
Within the last year (since April 2006)	693	69
1-2 years ago	98	10
More than 2 years ago	171	17
Never	38	4

Base - All respondents (1000)

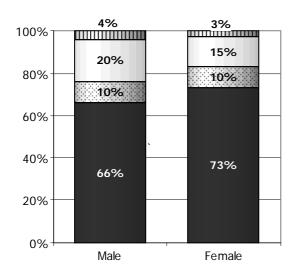
As shown by the charts below, men, young people, older people, and BME respondents and people in lower social grades were less likely to visit a dentist regularly than other groups.



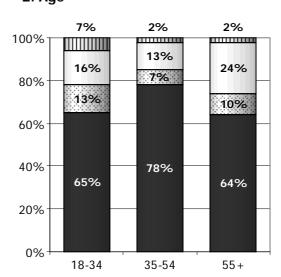


Charts 1-4: When did respondents last visit a dentist?

1. Gender

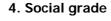


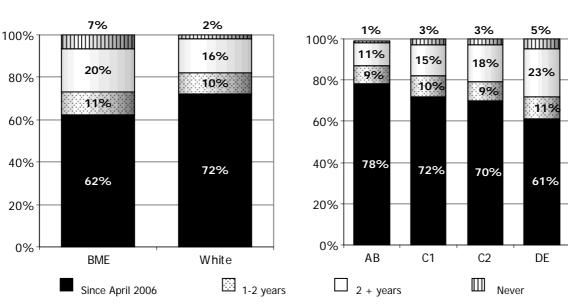
2. Age



3. Ethnicity







Base - All respondents (1000)





Respondents who had never visited a dentist were asked why this was. The most common responses were that they had never needed to go or had no dental problems (73%), that they visited a dentist while on holiday/abroad (13%), that they don't like dentists (3%), or that they found dentists too expensive (2%).

Those who had not visited a dentist in the last year (n = <100) were also asked 'why?' Again, the greatest proportion (45%) said that they only went when they had to, 11% feared the cost of treatment and 9% said they don't have time. A slightly smaller proportion of respondents (8%) feared the dentist or had had a bad experience in the past and 6% said that no dentists were available.

The survey went on to ask respondents whether they had ever gone without or delayed dental treatment. A third (35%) stated that they had, and the most commonly cited reasons for this were fear of costs (37%) or not being able to find an NHS dentist (20%).

Respondents working part-time, middle-aged people and people in social grade C2 were more likely to have gone without or delayed dental treatment because of costs. These groups may have particular issues with the costs of dental treatment.

Encouragingly, 65% had not delayed or gone without dental treatment. This rises to 71% of those not working and 73% of those in social grade DE, perhaps reflecting that these people are more likely to be in receipt of benefits and so free dental treatment on the NHS, which may increase the likelihood of making more frequent visits.





2.2 How easy is it for Londoners to find a dentist?

Over a half of respondents (52%) thought that it was easy to find an NHS dentist in London. Over a third (34%), thought that it was <u>not</u> easy

Participants were asked how easy they thought it was to find an NHS dentist in London, and why they thought this in order to gauge perceptions of the availability of NHS care in the capital.

In total, roughly a third (34%) of respondents thought that it was <u>not easy</u> to find an NHS dentist in London. More than half of all respondents (52%) thought that it was easy, whilst 14% did not know either way.

Table 2: How easy was it to find an NHS dentist in London?

	Number	%
Not easy	340	34
Easy	522	52
Don't know	138	14

Base - All respondents (1000)

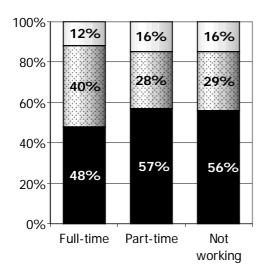
Certain groups were more likely to think that it was difficult to find an NHS dentist than others. As shown by the charts on the following page, people who worked full-time white people people in higher social grades and people aged 35-54 were more likely to think it was not easy to find an NHS dentist than other groups. This could show that it is more difficult for people who have to pay for NHS dental care to find a dentist than it is for those who receive free NHS treatment.



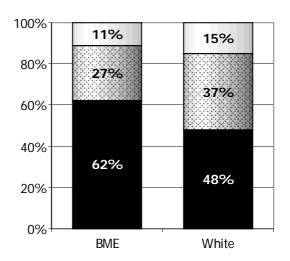


Charts 5-8: How easy was it to find a dentist?

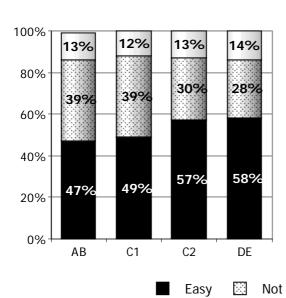
5. Working status



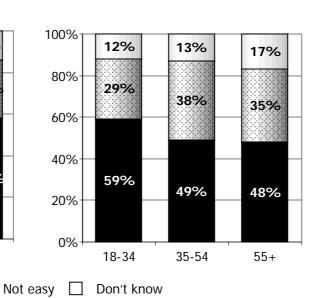
6. Ethnicity



7. Social Grade



8. Age



Base - All respondents (1000)

Respondents who thought it was easy to find an NHS dentist were asked why they thought that. The majority (91%) said that they knew it was easy to find an NHS dentist because of personal experience. Only 3% claimed that information in the media meant they knew it was easy to find an NHS dentist. Others thought that it was easy because there were a lot of dentists in the high street (2%) or because they have had their dentist (presumably NHS) for a long time (1%).





Respondents who thought it was difficult to find an NHS dentist were also asked why they thought this. A high proportion (87%) knew from personal experience (personal experience 84%, can't find any 3%) that it is difficult to find an NHS dentist. Only 6% mentioned the media and a further 6% that there just were not any so it was unclear how they knew this. Just 1% mentioned their source of information as a friend or relative.

Table 3 – Percentages showing why respondents thought that it was easy or difficult to find a dentist

	Easy %	Difficult %
Personal experience	91	84
Information from the media	3	6
Most have gone private/there aren't any	-	6
Lots in the high street/local ones	2	-
Can not find a dentist that will take us on/they are all full	*	3
Friend or relatives experience	*	1

Base - All who think it easy (532) / not easy (332) to find a dentist

The survey went on to ask about the area in which respondents had seen a dentist. Over three quarters (77%) said that they had seen a dentist in their local area, one in seven (15%) had gone elsewhere in London, while 6% went further afield. A higher proportion of those seeking private only treatment compared to NHS only treatment had travelled outside their local area or further to see a dentist (34% v.s 12% respectively).

Respondents who had seen a dentist recently in another area of London, rather than in their local area were asked which London borough they visited. The answers were fairly spread over the 29 boroughs mentioned. The most commonly mentioned boroughs were Westminster (10%), Southwark (7%), Camden, the City of London and Lambeth (all 6%). This is likely to be linked to the fact that these boroughs all have large daytime working populations.





2.3 How do Londoners find out about NHS dentistry?

Nearly a half of respondents (46%) had not seen or heard any information about NHS dentistry

59% of respondents who had visited an NHS dentist did not know about the new three band NHS dental charging scheme

To find out how informed respondents were about NHS dentistry, they were asked whether they had seen any information about NHS dentistry, and if so where. NHS patients were also asked if they were aware of the new pricing scheme.

When respondents were asked to describe where they had seen any information about NHS dentistry, nearly half said that they had not (46%). Of those who had seen information, the most commonly mentioned sources were a poster in a dentist's surgery (mentioned by 14%) information in a newspaper (13%) and something on television (10%). Much smaller proportions mentioned other things. Fewer people with a disability recalled seeing a poster in a dentist's surgery (9% v.s 15% of those without a disability), perhaps reflecting that measures are in place to treat those with a disability at home because they cannot make it in to the surgery.

Respondents who had recently had NHS care were asked how they had found their NHS dentist. Over a third (36%) mentioned that a friend or relative had informed them, 12% had found an NHS dentist through their local PCT and 9% said that they knew of an NHS dentist in their area. A full breakdown of their responses can be found on the next page.

Respondents who said they had been unable to find an NHS dentist or one that would take new patients were asked how they had gone about trying to find one. The common methods mentioned by this group are more 'formal' that those reported by respondents that had visited an NHS dentist. For example, nearly a quarter (21%) had contacted the NHS direct website or phone line and nearly one in five (18%) had used the yellow pages, local phone book or spoke to a friend or relative (17%). A full breakdown is shown on the following page.





Table 4: Methods used by respondents to try to find an NHS dentist

	0.
Base – All who have been to an NHS dentist since April 2006 (475) Through a friend or relative	% 36
Through my local PCT – Primary Care Trust	12
Within area/local	9
Through the local PALS (Patient Advice and Liaison) Service	9
Pass on way to work/when passing by/just walked in	7
Through NHS direct website/phone line	5
Using the yellow pages or local phone book	5
Have been with [dentist] for a long time	3
Other	2
Para All order have made have able to God on NUC doublet (00)	
Base – All who have not been able to find an NHS dentist (98)	%
Through NHS Direct website / Phone line	% <u>%</u> 21
Through NHS Direct website / Phone line	21
Through NHS Direct website / Phone line Using the yellow pages or local phone book	21 18
Through NHS Direct website / Phone line Using the yellow pages or local phone book Through a friend or relative	21 18 17
Through NHS Direct website / Phone line Using the yellow pages or local phone book Through a friend or relative Through my local PCT – Primary Care Trust	21 18 17 11
Through NHS Direct website / Phone line Using the yellow pages or local phone book Through a friend or relative Through my local PCT – Primary Care Trust Website	21 18 17 11 9
Through NHS Direct website / Phone line Using the yellow pages or local phone book Through a friend or relative Through my local PCT – Primary Care Trust Website Through the local PALS (Patient Advice and Liaison) Service	21 18 17 11 9 8
Through NHS Direct website / Phone line Using the yellow pages or local phone book Through a friend or relative Through my local PCT – Primary Care Trust Website Through the local PALS (Patient Advice and Liaison) Service Have not looked OR passing by	21 18 17 11 9 8 4

Awareness of the new NHS pricing scheme was also assessed. Respondents who may have paid for dental treatment using this scheme were given a short explanation and asked if they were aware of it. Nearly six in ten (59%) were not aware of the new pricing scheme, compared with 39% who were.





2.4 Why do some Londoners choose private rather than NHS dentistry?

Most common reasons cited for attending a private dentist were a lack of NHS dental care and the quality of service at private dental practices

Men, white respondents, full-time workers and those in highter social grades were more likely to have visited a private dentist than others

Respondents who had visited a dentist within the past 2 years were asked whether they had private, NHS dentistry or a mixture of both private and NHS treatment. Respondents who chose private care were also asked why they had made this choice.

At their last visit to the dentist, over half of respondents (51%) had received NHS treatment only, roughly a third (31%) had private treatment and only one in seven (16%) received a mix of private and NHS treatment. Encouragingly, only 2% did not know.

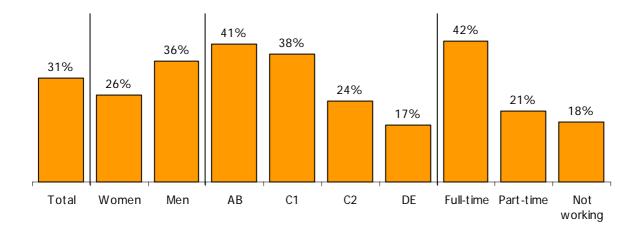
Table 5: Type of dental treatment received at last visit to the dentist

	Number	%
NHS only	405	51%
Private only	242	31%
Mix of NHS and private treatment	127	16%
Don't know	17	2%

Base - Those who have seen a dentist in the last 2 years (788)

As the chart below demonstrates, men those working full-time and those in higher social grades i.e. A, B and C1 were more likely than others to have <u>private only</u> treatment.

Chart 9: Percentage of groups opting for private only treatment



Base - All who have seen a dentist within the last 2 years and opted for private only treatment (242)





When asked why they had chosen private treatment, the most common reasons respondents gave were a lack of NHS dental care (44%), or the superior quality of treatment or service at private practices (18%).

People who had private treatment were asked whether they would have NHS treatment if there was an NHS dentist local to them that was taking on new patients. Nearly three quarters (72%) said that it was likely that they would, and 23% said that it was unlikely.

Since the new pricing contract was implemented, the proportion of respondents accessing private, NHS or a mix of practices has not changed.

Table 6: Type of dental treatment received by date of last visit

	Since April 2006	Within 2 yrs~
NHS only	51%	52%
Private only	31%	30%
Mix of NHS and private treatment	17%	12%
Don't know	2%	6%

Base - Those who have seen a dentist in the last 2 years (791)

It was important to determine if the people who had last seen a private only dentist had ever seen an NHS dentist, and if so when. Roughly half (49%) of the respondents that had seen a private only dentist had seen an NHS dentist in London in the past, equally 49% had not, and only 1% did not know. Of those who had visited an NHS dentist in the past, 4% switched to private care during 2007, 30% between 2005-06, 34% between 1999 and 2004, and 25% before 1998. Therefore, the new contract does not appear to have had a major impact on people switching to private care, which echoes the finding above that the proportions of people accessing different kinds of care have not significantly changed since the new contract was introduced.





[~] indicates small base size

2.5 What do Londoners think about the quality of care received?

Private patients were more likely to be offered oral health advice and more likely to be satisfied with the treatment they received than NHS patients

In order to assess the quality of the dental care patients receive, respondents who had visited a dentist since April 2006 were asked how satisfied they were with the service they had received on their last visit to the dentist. They were also asked whether their dentist had given them advice on keeping their teeth, mouth and gums healthy.

Nearly nine in ten (88%) respondents who had visited a dentist since April 2006 were satisfied with the quality of service that they had received (62% very and 25% fairly satisfied). A higher proportion of women (91%) compared to men (84%) and white (89%) versus those in BME groups (83%) held this opinion. As shown by the table below respondents who had NHS treatment were more likely to be dissatisfied with the quality of care they received than those who received private care.

Table 7: Satisfaction with dental care by type of practice

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Net satisfied	Net dissatisfied
Private	-						
only	73%	18%	4%	3%	2%	91%	6%
NHS only	57%	29%	3%	5%	6%	86%	11%
Mix	58%	28%	5%	5%	5%	86%	10%

Base - Those who visited a dentist since 2006 (682)

The fact that private patients are less likely to be dissatisfied with the quality of care they receive echoes the finding in section 2.4 that many people chose to go private because they believe the quality of service and treatment is superior.

The Department of Health⁴ recommends that to ensure good oral health everyone should be given advice about how to keep their teeth, mouth and gums healthy. When those who had visited a dentist in the last year were asked to think about their last appointment, three quarters (75%) said that they had been given some information about this. Choice of dental practice was an important determinant of whether respondents received any information. Advice was given to over eight in ten (86%) respondents receiving private treatment compared with 72% of patients who received a mix of treatment and only 69% of NHS only patients. A full breakdown is shown in the table on the following page.

⁴ 2005. *Choosing better oral health*, Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4123770





Table 7: How informed were respondents about how to keep their teeth mouth and gums healthy?

_	Yes		No _		Can't remember	
	Number	%	Number	%	Number	%
Private only	184	86%	29	13%	1	*
NHS only	242	69%	103	29%	8	2%
Mix	83	72%	29	25%	3	3%

Base - All respondents (1000)



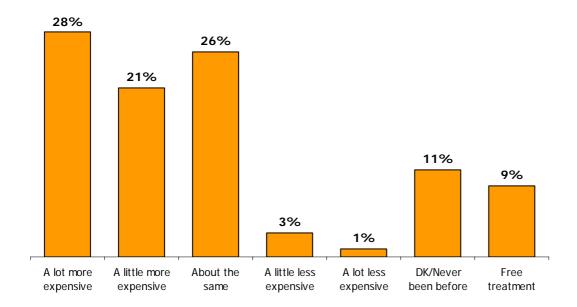


2.6 What impact has the new contract's pricing structure had on Londoners?

Half of Londoners (49%) thought that the price of dentistry had gone up in the past 2 years, only 5% thought that it had gone down.

In order to gauge the impact of the new contract's pricing scheme, people who had been to an NHS dentist since April 2006 were asked to state whether the costs of NHS dental treatment had gone up, down or remained the same over the past two years. As the chart on the following page shows, over 10 times as many respondents thought that it had gone up compared with those who thought they had gone down – the largest proportion (49%) said that they thought it was more expensive, whilst only 5% said that it had gone down. Others either thought it was about the same (26%) or didn't know, either because they hadn't been to a dentist before (11%) or because they receive free treatment (9%).

Chart 10 – Is NHS dentistry more expensive, less expensive, or about the same as it was two years ago?



Base - All who have visited a dentist since April 2006 (469)

When respondents who did not know or who received free treatment were removed from the analysis, the proportion who thought that NHS dental treatment was now more expensive rose to 62%.





Appendix 1

Demographics breakdown of weighted sample (1000)

Demographic	%
Gender	
Male	49
Female	51
Working status	
Employed full-time	49
Employed part-time	15
Not working or retired	35
Ethnicity	
White	70
BME groups	30
Age	
18-34	36
35-54	36
55+	28
Disability	
People with	19
People without	80
Ref	1
Social Grade	
AB	20
C1	32
C2	18
DE	27
Ref	3





Social grade definitions

- A <u>Higher managerial, administrative or professional</u> (e.g. Barrister, Chief Constable, Medical Consultant, GP with own practice, Chief Executives, Town Clerk, Head teacher of a large school 750+ pupils, University professor).
- B <u>Intermediate managerial, administrative or professional</u> (e.g. Air Traffic Controller, Detective Inspector, HEO in the Civil Service, University lecturer, Parson, Press Officer in PR, Squadron Leader in the RAF).
- C1 <u>Supervisory or clerical, and junior managerial, administrative or professional</u> (e.g. AA in Local Government, Bank cashier, Cameraman, Detective Constable, MR interviewer, Receptionist, RSPCA inspector, Telephone operator).
- C2 <u>Skilled manual workers</u> (e.g. Skilled labourer, Janitor responsible for staff, Bus driver, Barber, AA patrolman, Higher grade postman, Piano tuner, Woodworking machinist).
- D <u>Semi and unskilled manual workers</u> (e.g. Window cleaner, Waiter/tress, Fork lift truck driver, Auxiliary nurse, Minicab driver, Warehouseman).
- E <u>State pensioners or widows (no other earner), unemployed for more than 6 months, casual or lowest grade workers.</u>



