

Dentistry Research

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08 October 2003

Prepared for



METHODOLOGY

Sample Definition: Adults aged 18+ in England and Wales

Sample Size: 1761

Fieldwork Dates: 19-25 September 2003

About Capibus

Capibus is Europe's number one weekly omnibus and is available each week in: Great Britain, France, Germany, Italy, and Spain.

The Capibus sample is representative of the adult population in each country; and the aggregated weekly sample of 7000 adults represents 86% of the EU population.

Selection of Respondents

The sample in every country is based on a random location design, employing a minimum of 80 sampling points and rising to over 225 points for the larger markets. This ensures interviewing is spread over a large geographical area rather than clustered around just a few centres.

In Britain we use c.160 sampling points randomly selected every week, and employ ACORN to set quota controls specific to each interviewer location. By using this proven sample design, we represent all sub-sectors of the population - at a national and regional level.

Interviewing

All interviewing for Capibus is carried out in-home by Ipsos interviewers using CAPI (Computer Assisted Personal Interviewing) for data collection. CAPI was pioneered by Ipsos in the early 1990's and provides more accurate data than conventional interviewing.

In Britain and Spain we use the very latest multi-media CAPI software (technology which was pioneered by Ipsos), allowing us to play show reels to respondents and display pack shots on-screen.

Data Processing

All Capibus data is processed in-house by Ipsos UK.

Quality Control

We employ the strictest quality control procedures. In all markets our interviewers are trained to a recognised standard and one in ten interviews are back-checked by telephone. Furthermore, we use the CAPI software to monitor both the overall length of each interview (the average interview length does not exceed 26 minutes) and the time taken over individual questions in the questionnaire.

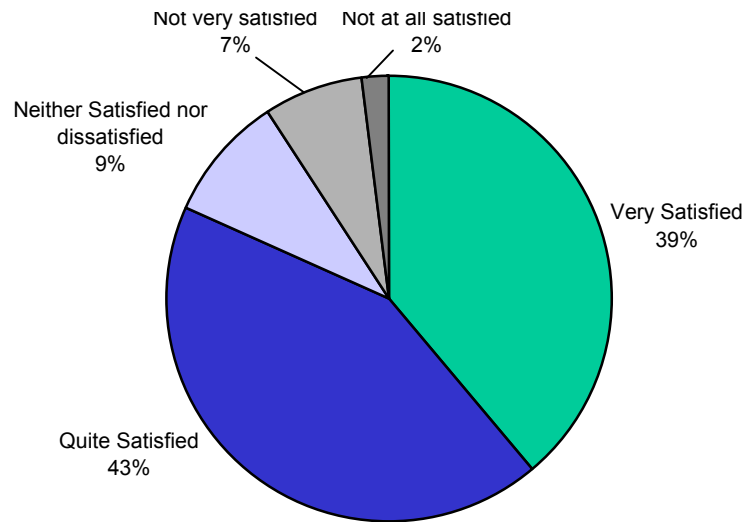
In Great Britain, Ipsos UK is ISO9001 and BS7911 accredited - a mark of our commitment to quality.

MAIN FINDINGS

1. General Behaviour

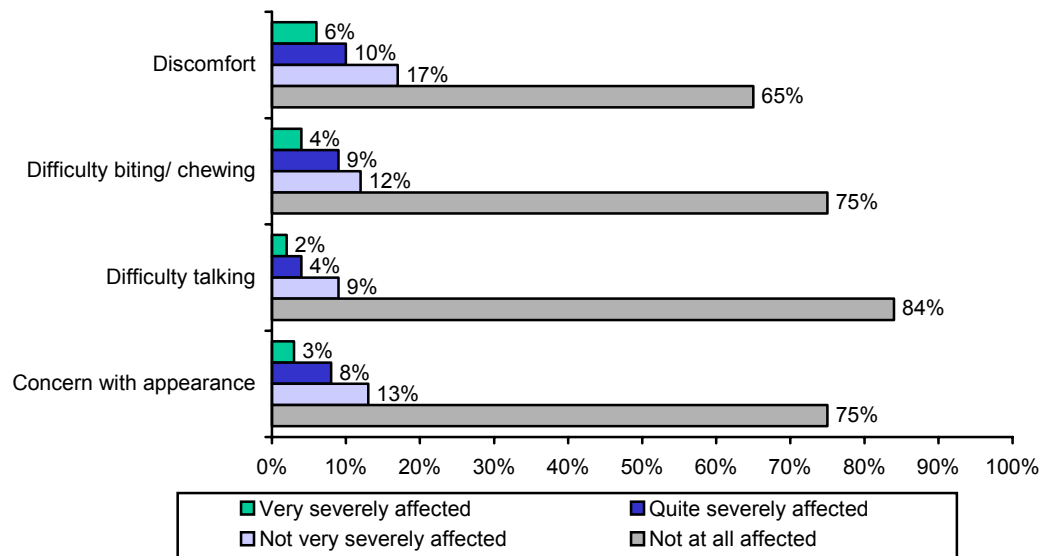
Most people are satisfied with the health of their mouth, teeth and gums, with eight in ten people saying that they are satisfied:

Chart 1: Satisfaction with overall health of mouth, teeth and gums



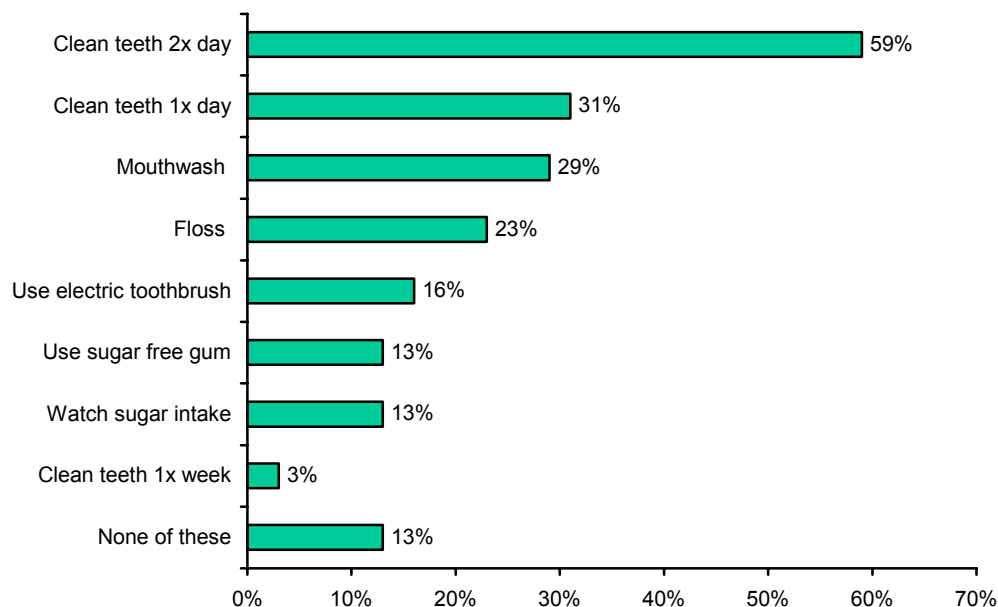
This is reflected in the number (23%) of people who have been affected by discomfort, difficulty biting and chewing, difficulty talking and concern with the appearance of their mouth, teeth or gums:

Chart 2: Those who are affected by symptoms affecting their mouth



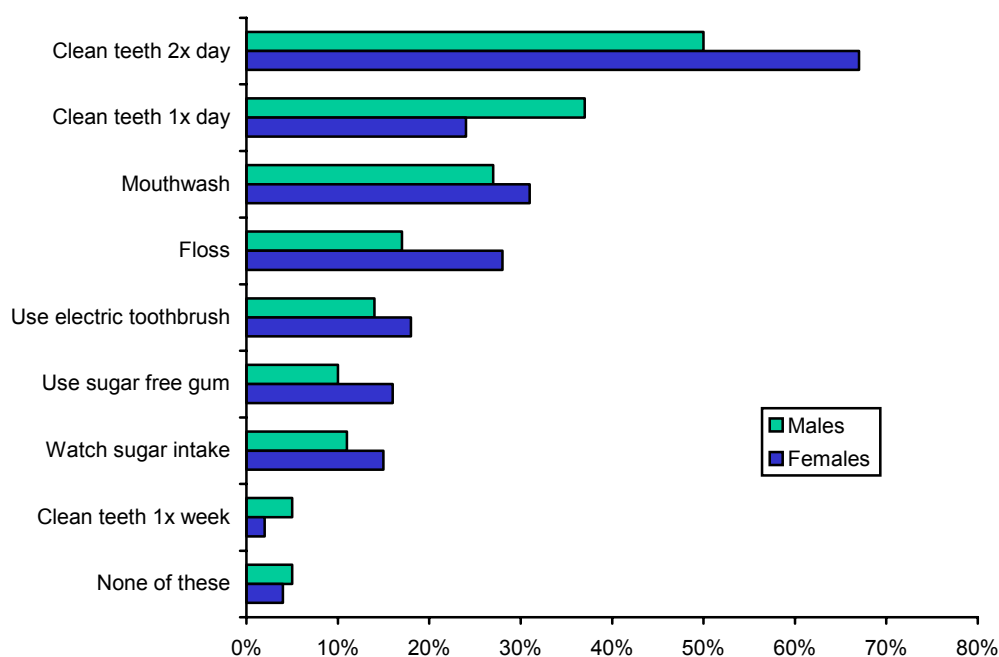
This overall healthiness of teeth, mouth and gums is likely to be related to the high number of people who maintain good oral hygiene practices:

Chart 3: Activities undertaken to maintain health of mouth, teeth and gums



Interestingly, females tend to take be more conscientious about oral hygiene, brushing their teeth more often than males and using other supposedly beneficial techniques more often as well:

Chart 4: Gender differences in oral hygiene practices



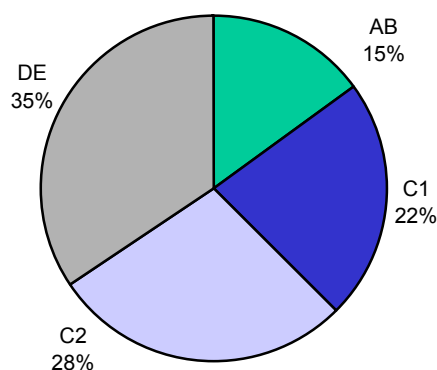
The differences between males and females are also reflected in the regularity with which people claim to visit the dentist. Just over half claim to visit at least every six months (55%), but more than a quarter (27%) of respondents visit less often than once a year:

Table 5: How frequently do you visit the dentist?

	Total	Males	Females
More often than every 6 months	11%	11%	11%
Every 6 months	44%	42%	46%
Less than every 6 months but at least once a year	18%	12%	19%
Less than once a year	27%	31%	24%
<i>Mean number of months between visits</i>	<i>7.17</i>	<i>7.13</i>	<i>7.2</i>

This is also the case with those of higher social grade with 66% of AB's visiting the dentist at least once every six months, while those of lower social grade are significantly more likely to visit less than once per year:

Chart 6: Social grade differences for those who visit the dentist less than once per year

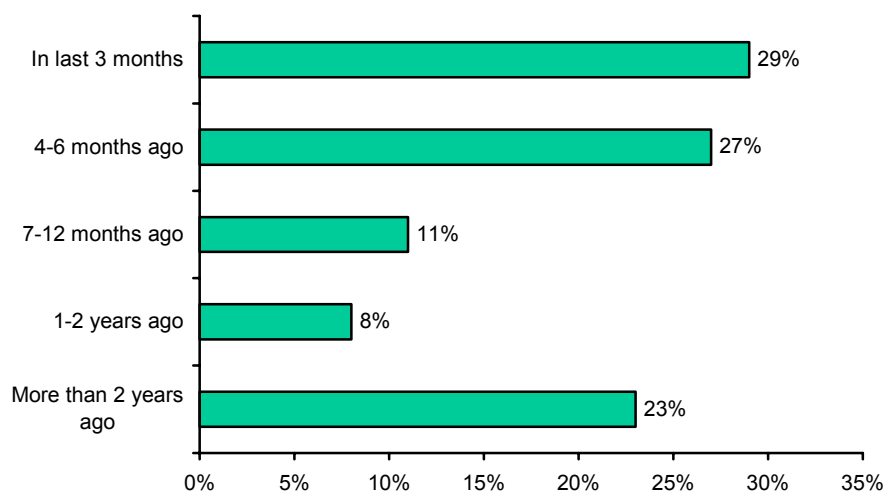


In contrast, people living in London visit their dentist less frequently than those from other parts of the country, with an average of 7.9 months between visits for Londoners, but only 7.29 months between visits for those from the South, 7 from the Midlands, 6.93 from the North and 6.9 from Wales.

Those over 65 are also less likely to visit regularly, with 41% claiming to have visited their dentist less than once a year.

Consequently, the majority of respondents claim to have visited the dentist in the last year (mean number of months since last visit is 11.4 months) and many in the last 6 months:

Chart 7: Approximately how long ago was your last visit to the dentist?



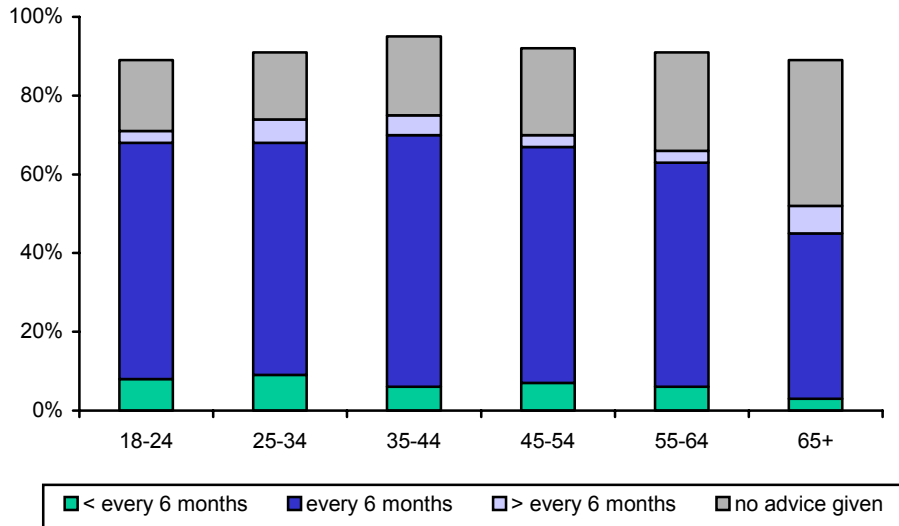
Again, the same trends apply, with females visiting more often than males (70% of females have visited their dentist in the last year, vs. 64% of males) and those of higher social grades claiming to have made their last visit to the dentist more recently (80% of AB have visited in the last year, vs. 65% of C1, 67% of C2 and 57% of DE).

Following the same trends, those who are aged 65+ are less likely to have made a recent visit to the dentist, with the average length of time since their last visit being over 14 months. Londoners are again less likely to have had a recent appointment, with only 58% having seen their dentist in the last year.

From cross referencing information on frequency of visit against recency of appointment, we can see some confirmation in the claims respondents have made. 89% of those who claim to visit at least once a year have had an appointment in the last 12 months. Of these, most (89%) of those who claim to visit the dentist at least once every 6 months, also claim to have made their last visit in the same time.

An explanation for these trends may be reflected in the advice that respondents claim their dentist has given them. Over half (55%) of respondents claim to have been recommended a visit every 6 months, with a clear correlation between the advice given by the dentist and claimed frequency of visits. Almost three quarters (73%) of those who were advised to attend every six months, claim that they do see their dentist at least this often. However the advice does seem to vary for different ages, reflecting the same trends as have previously been seen in frequency of visits:

Chart 8: Age differences in the advice given regarding frequency of visits



For those who have not visited their dentists in the last two years, the main reasons are related to a lack of need for treatment. Lack of pain is most common amongst under 35's, while those over 55 are significantly more likely to say they have false teeth:

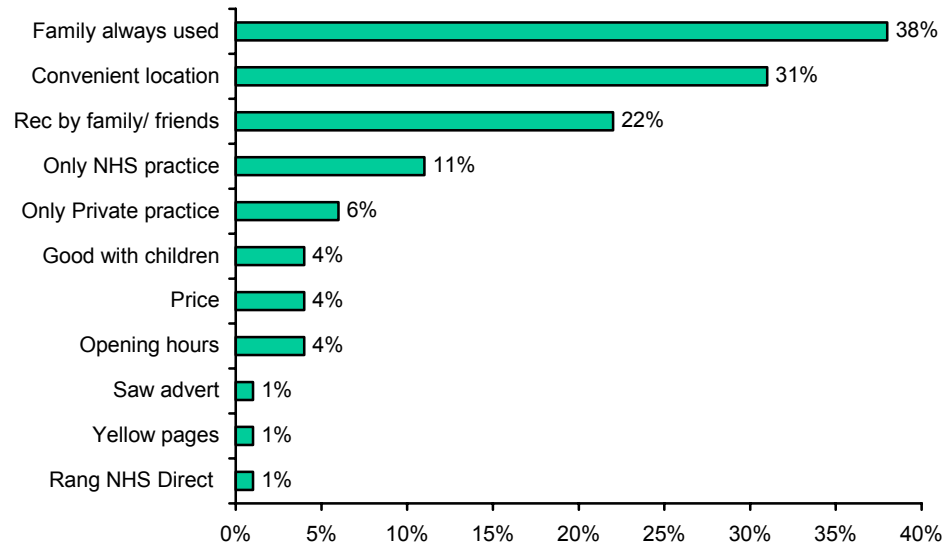
Table 9: Reasons for not visiting dentist in last 2 years

	TOTAL	18-34	35-54	55+
Only get treatment when needed	38%	44%	37%	35%
Haven't had any pain	21%	27%*	25%	16%
Too frightened	12%	11%	20%*	9%
Have false teeth	9%	~	3%	17%*
Too expensive	9%	17%*	10%	3%
No NHS dentist	7%	8%	4%	7%
Dissatisfied with last visit	3%	3%	5%	2%
No Private dentist	1%	1%	~	3%
Missed last appointment	1%	3%	~	~
Too busy	1%	1%	3%	~

* indicates significant differences

When it comes to making a decision about which dentist to use, many use the same dentist that their family have always visited. For some, the decision to choose a dentist is related to the convenience of the location, while for others it has come from recommendations by family or friends:

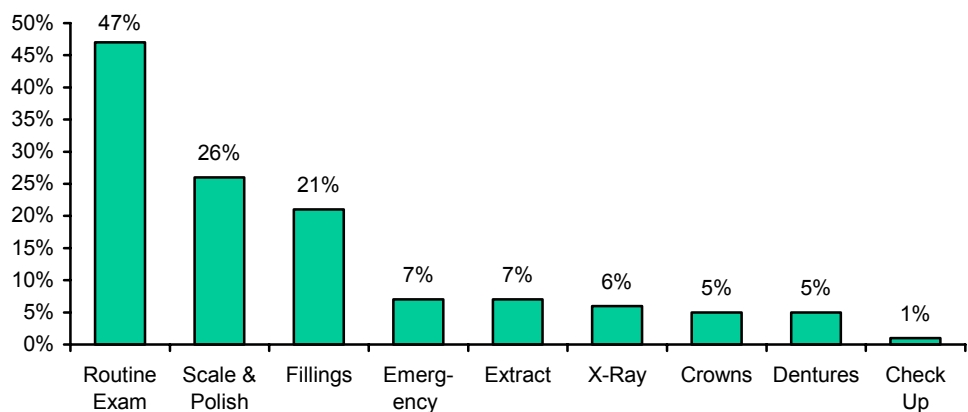
Chart 10: Reasons for choosing dentist



Males (42%) and those under 24 (53%) are significantly more likely to choose the dentist that their family have always used, while females are more likely to think about how good the dentist is with children (7%).

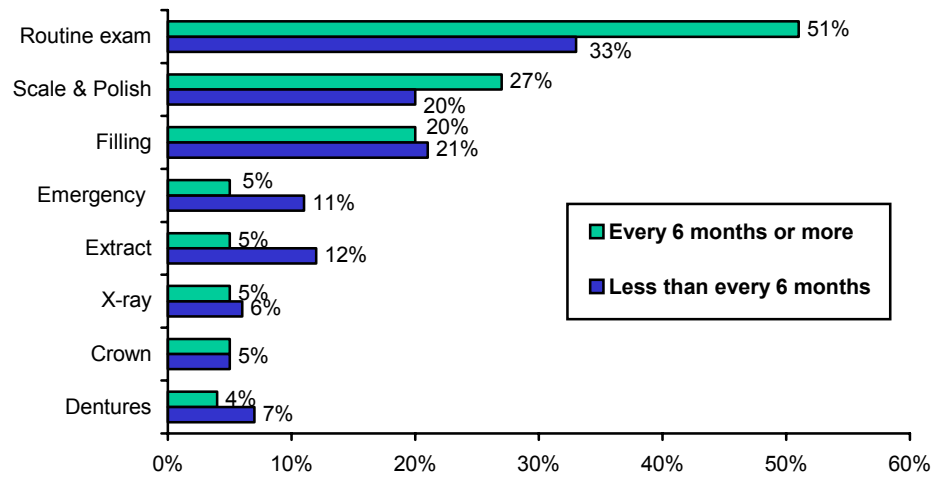
For almost half of people their most recent visit to the dentist was for a routine examination (47%), while others had a scale and polish (26%) or a filling (21%):

Chart 11: Reasons for last visit to dentist



Many of those people who claim to visit the dentist every 6 months or more often have been for a routine appointment, while a little over a quarter of them have had a scale and polish. Those who claim to visit less frequently than every 6 months are more likely to have had some treatment:

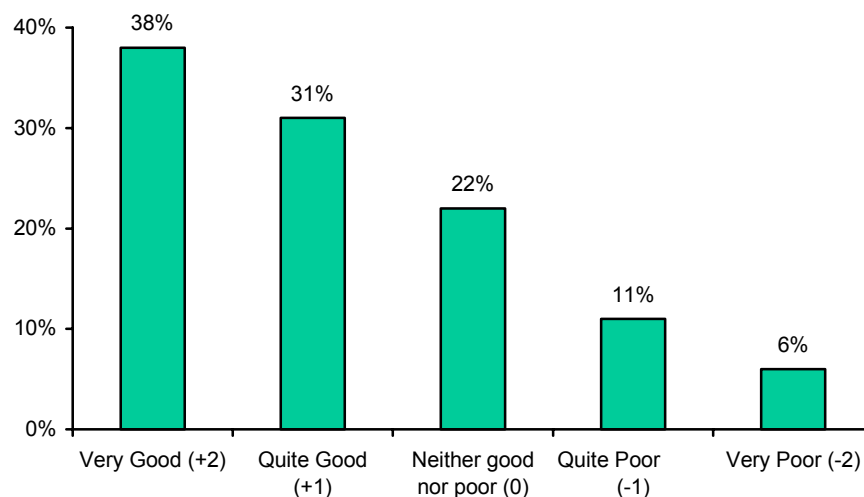
Chart 12: Differences in reasons for appointments for frequent and infrequent visitors



2. Attitudes towards Dentist

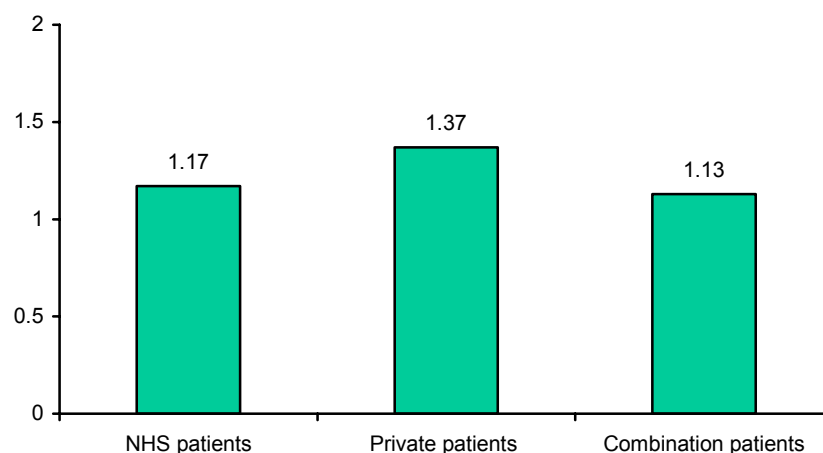
Over two thirds of people are satisfied with the advice they receive from their dentist, with almost two fifths rating their dentist as very good:

Chart 13: Satisfaction with the advice received from the dentist



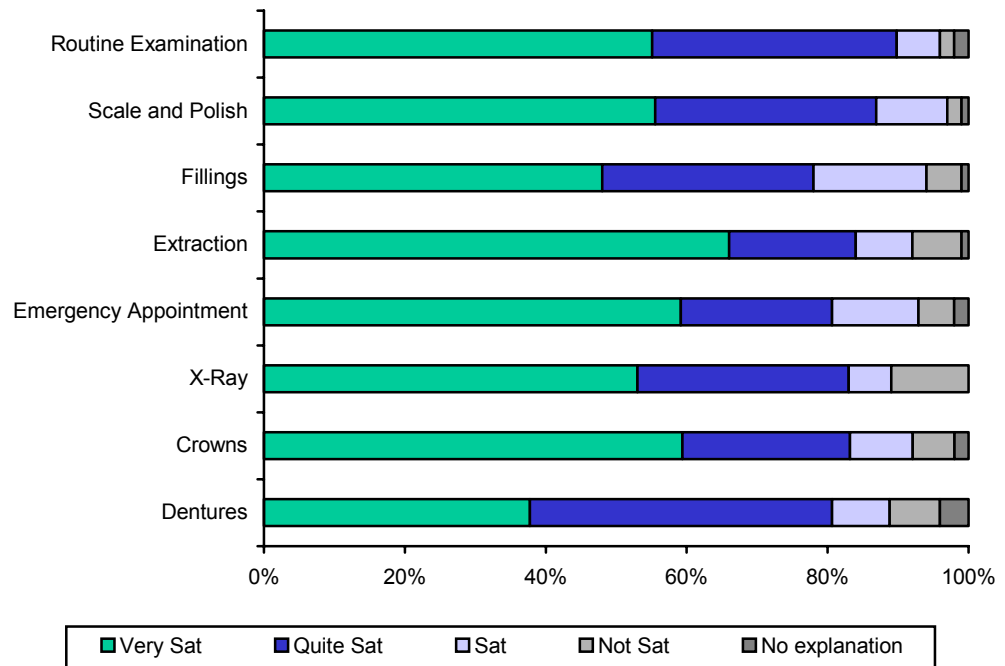
However, those in London score lower than elsewhere in the country with only 76% saying that the advice they receive is quite good or very good). There are also differences between NHS and private patients with those who have received private treatment rating the dentist significantly higher than those who had NHS:

Chart 14: Differences in mean score of satisfaction of explanations for Private and NHS patients (where very good = +2 and very poor =-2)



In general most people were satisfied with the explanation they were given for any treatment received at the last appointment. A little over half were very satisfied with the explanation they received. This applies to all treatments:

Chart 15: Level of satisfaction with the explanations given for various treatments

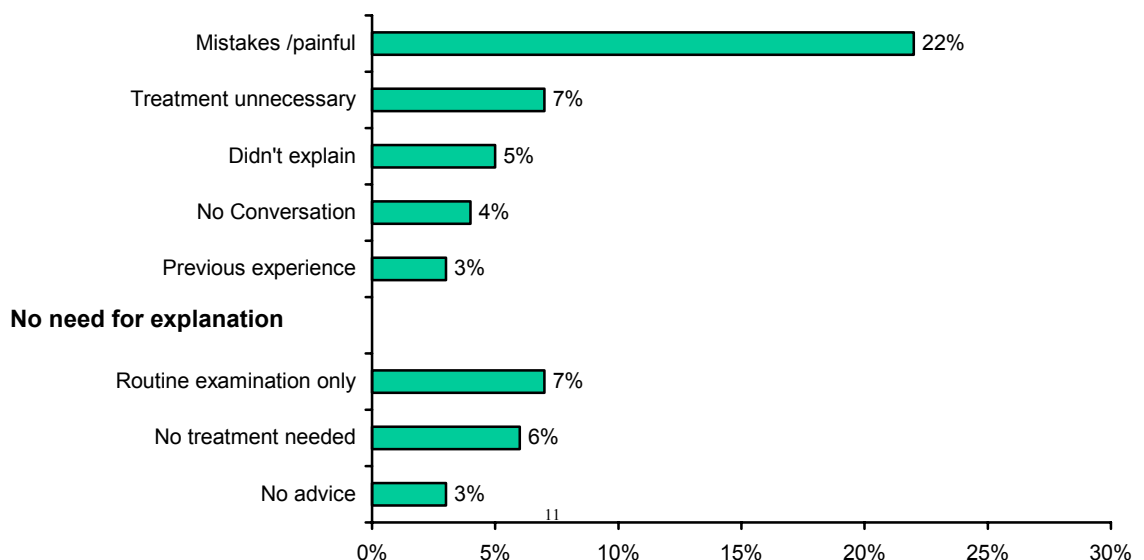


However, almost a third (30%) of those who were given no explanation felt that there was no need for explanation, or that it was only a routine examination with no treatment.

The main reason for dissatisfaction, was that the treatment was painful (22%), while a few others felt that not all of the treatment was necessary:

Chart 16: Reasons for dissatisfaction with explanations for treatment

Causes of dissatisfaction



Responses included:

“I just went to get a new plate, but he seemed to think a lot more needed doing than I thought”

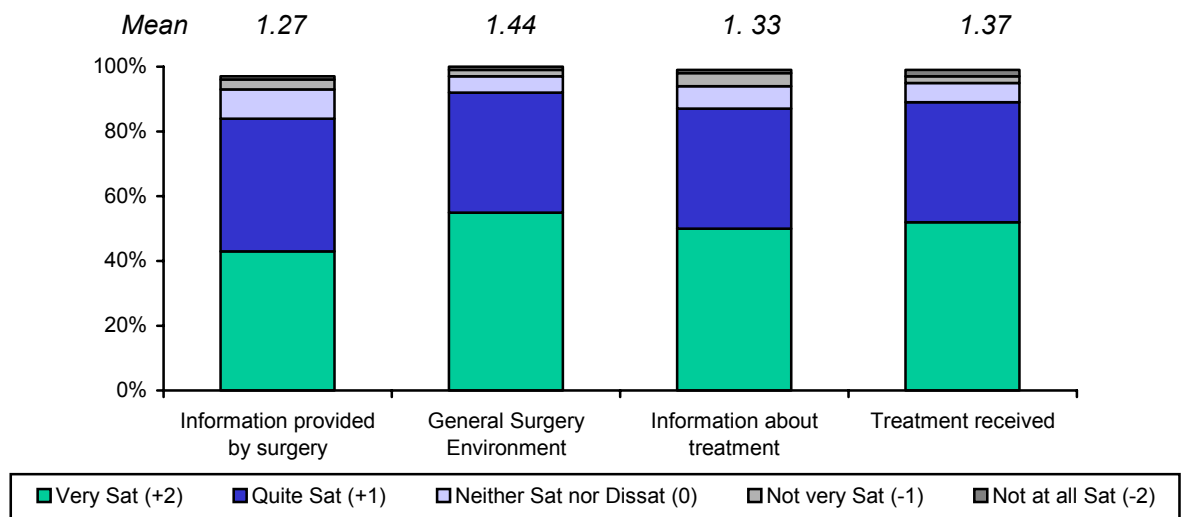
“The dentist broke my tooth while extracting it and left the root in”

“He just doesn’t say anything”

“It was not good work, they have had three attempts at my teeth”

When thinking about the services received from their dentist, the general surgery environment scores highest:

Chart 17: Satisfaction with services provided by surgery



Interestingly, although the differences were not significant, private patients did not rate their dentist higher on most of the above factors. In fact for all factors apart from the information provided by the surgery, private patients rated their dentist slightly lower than NHS patients:

Table 18: Differences in mean scores of satisfaction in services provided for Private and NHS patients (where very satisfied = +2 and not at all satisfied = -2)

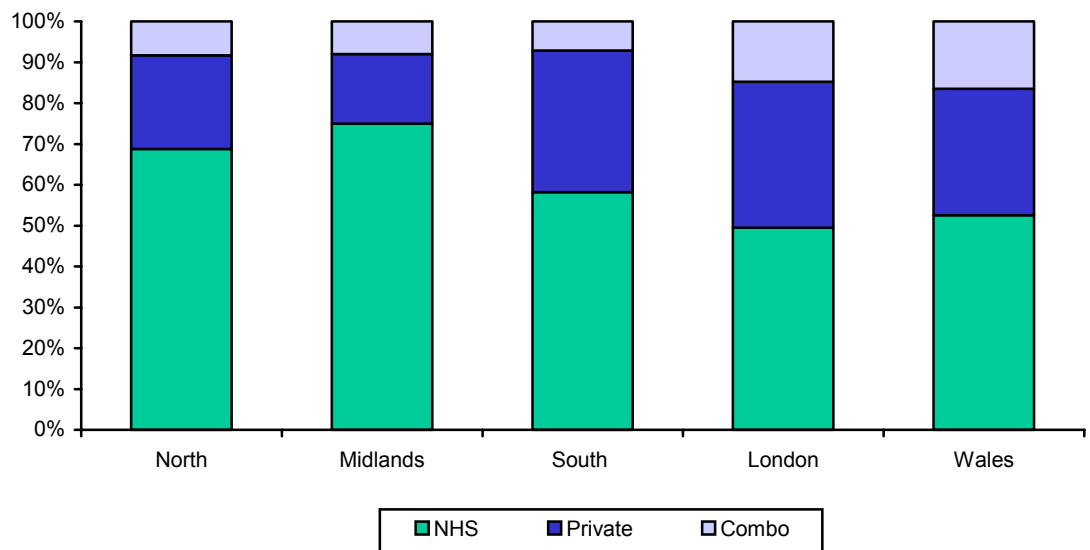
	NHS	Private	Combination
Information provided by surgery	1.27	1.3	1.24
General surgery environment	1.47	1.39	1.38
Information about treatment	1.37	1.3	1.28
Treatment received	1.4	1.33	1.31

3. Payment for treatment

For many (63%), the last treatment was carried out on the NHS, although a quarter had private treatment and there were a few who received a combination of NHS and private.

Significantly, more females had treatment on NHS (66% vs 59%), while those of lower social grade were also more likely to have had NHS treatment (71% C2DE vs 55% ABC1). Not surprisingly, there are more private patients based in London and the South:

Chart 19: Regional differences in Private and NHS patients



In most cases it was made clear that the patient would be receiving treatment on NHS or Private, although a few were not completely happy that they understood this before they were actually treated. Where there was uncertainty, this was most likely to be for those who had a combination of treatment, with 21% of these patients not clear about payment before treatment started:

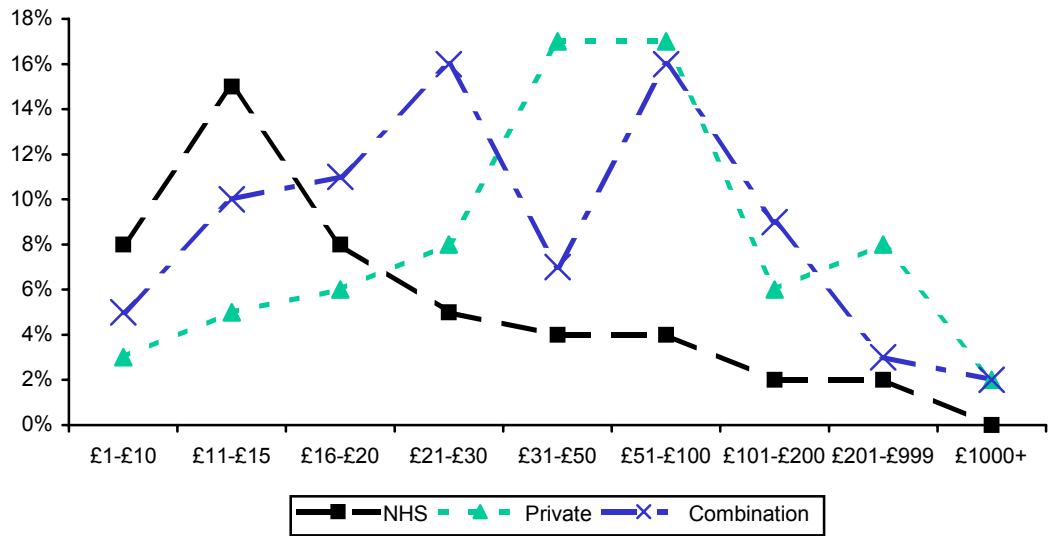
Table 20: Whether it was made clear to patients how the treatment would be paid before treatment started

	Total	NHS	Private	Combination
Yes	83%	87%*	83%	76%
No	21%	10%	14%	21%*
Don't Know	4%	3%	3%	3%

* indicates significant difference

The average cost of treatment was £41, although this was obviously higher for those who had private treatment and lower for NHS treatment. There were also a quarter of patients who were exempt from paying treatment:

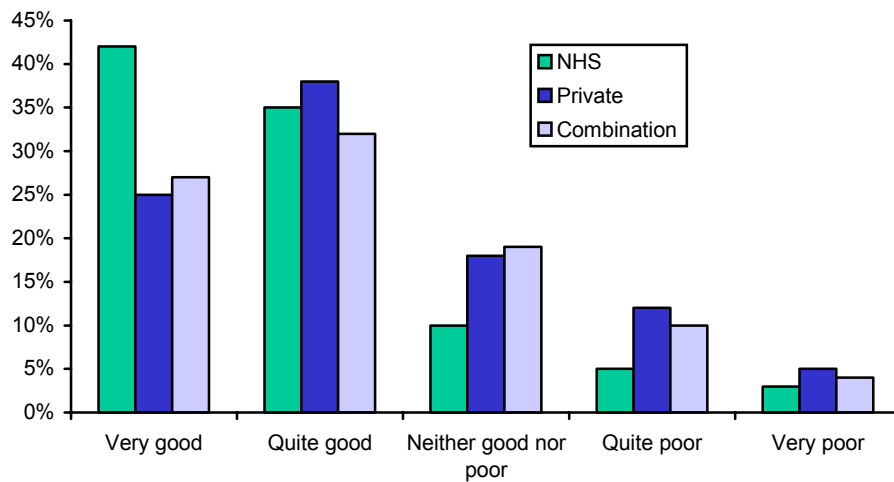
Chart 21: Cost of treatment for NHS and Private patients



Treatment is also more expensive in London than in any other region, with the average cost of treatment in London being £64. However, in London the differences in costs between NHS treatment and private treatment are noted with the average cost of NHS treatment at £18, but the average cost of private treatment £110.

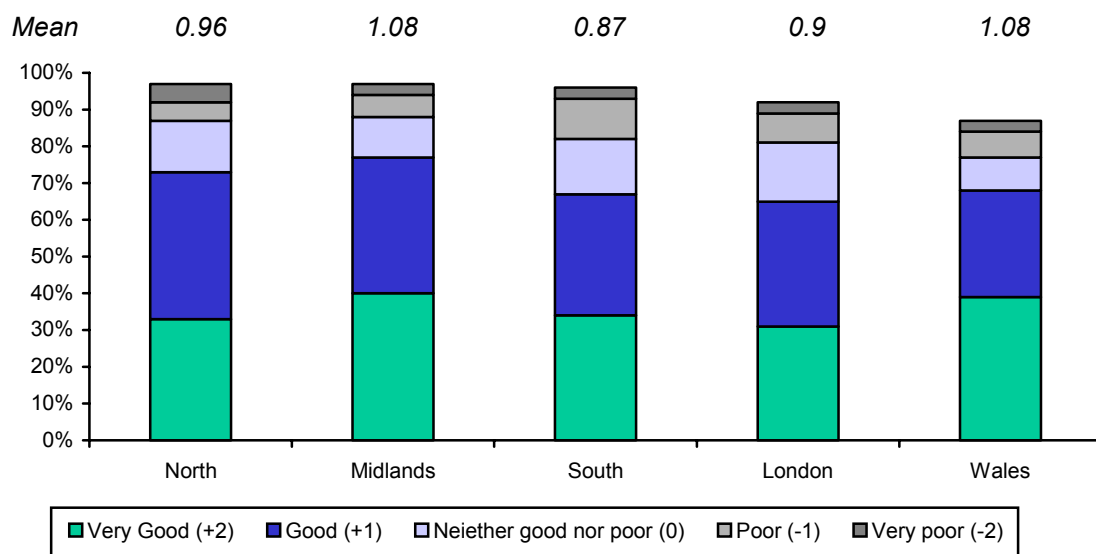
Consequently most people feel that their dental treatment is good value for money, with almost three quarters, rating it favourably (71% say very good or good). As might be expected, those who are NHS patients rate the value of treatment more positively than private patients, with over three quarters (77%) saying very good or good:

Chart 22: Differences in value for money between NHS and Private patients



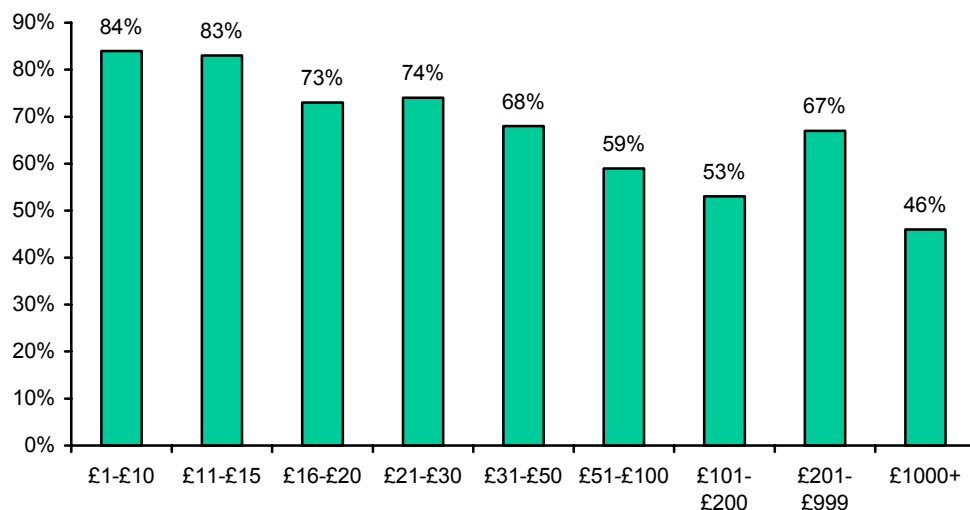
Surprisingly, although those who live in London are less likely to rate their dental treatment as good value for money, it is not as much as might be expected given the differences in cost, and the overall difference is minimal (especially in comparison to the rest of the South):

Chart 23: Differences in value for money across the regions



However as might be expected, value for money drops as the cost of treatment increases, with those who have paid £1,000 or more significantly less likely to feel that their treatment was good value for money than those who have paid £1-10:

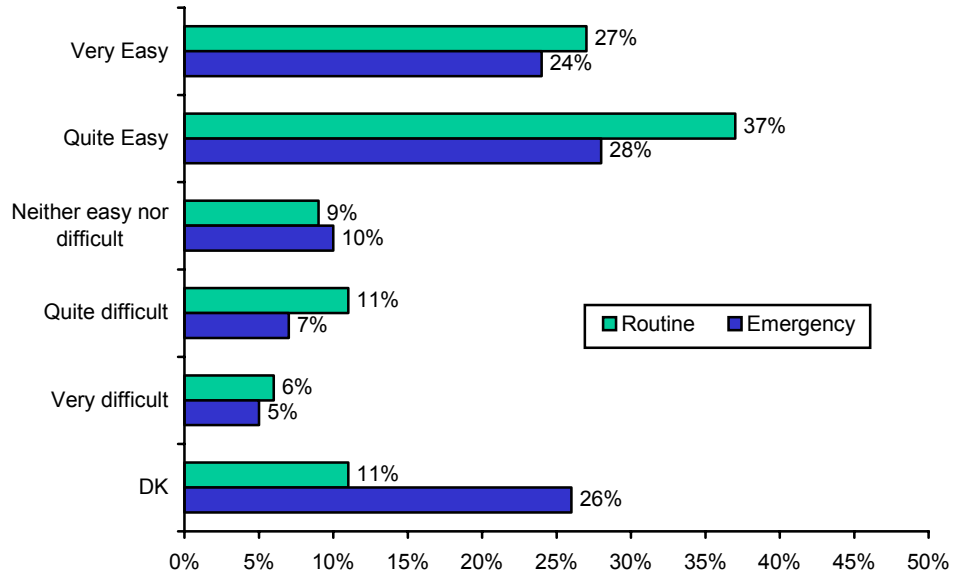
Chart 24: Differences in those who feel that treatment was good value for money reflecting the cost of treatment



4. Future Expectations

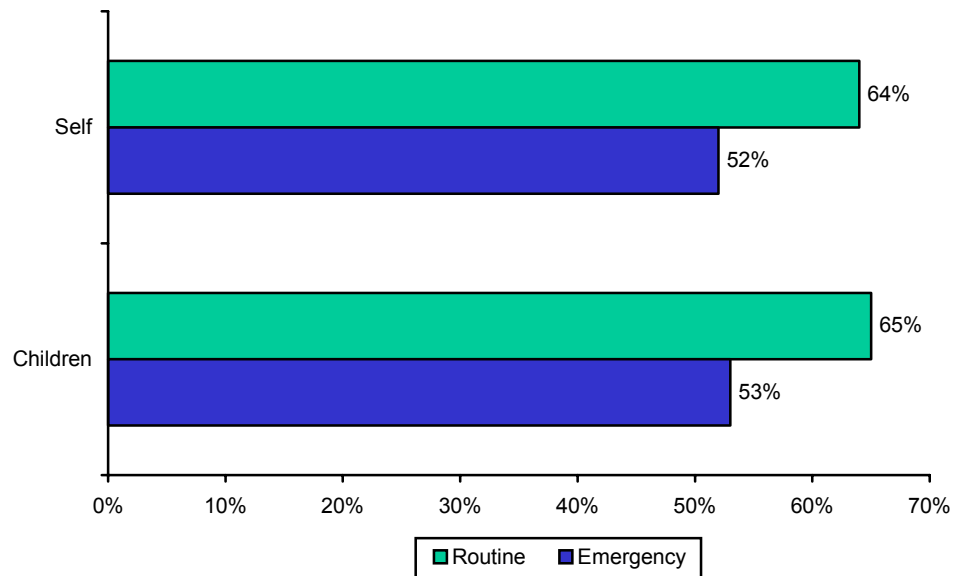
Most people find it relatively easy to get an appointment to see their dentist at a time that suits them, although it is generally deemed easier for a routine appointment than for an emergency appointment:

Chart 25: How easy it is to get an appointment to see the dentist



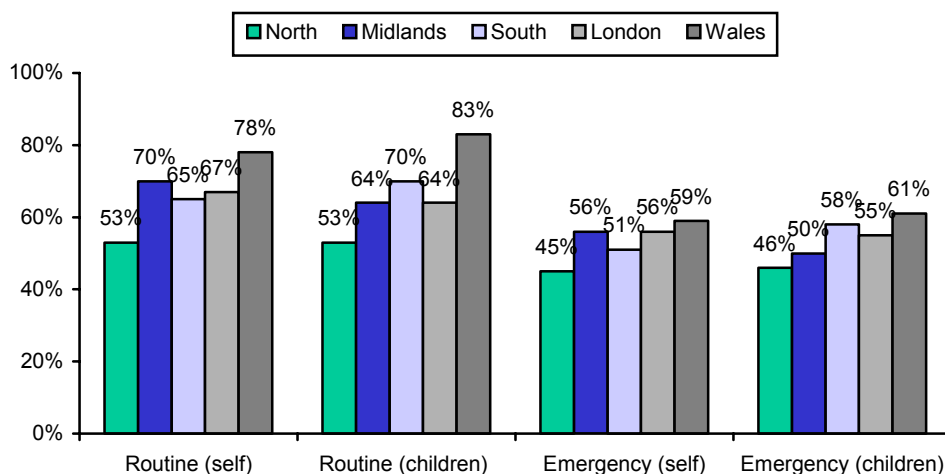
For parents trying to get an appointment for their children, the situation is very similar with 65% saying it is easy to get a routine appointment and 53% saying it is easy to get an emergency appointment.

Chart 26: Those who think it is either very easy or quite easy to get an appointment for themselves or their children



Interestingly, it seems that it is harder to get an appointment – either routine or emergency, in the North than it is in any other region. This applies to both adults and children although the difference is not as great for emergency appointments as it is for routine appointments:

Chart 27: Regional differences for those who find it easy to get an appointment for themselves or their children



Surprisingly, there was very little difference in ease of making an appointment for themselves between private and NHS patients. However, when trying to make an appointment for their children, significantly more parents who have private treatment claimed to find it easy to get an appointment for their children in an emergency, and slightly more for a routine appointment:

Table 28: Differences in those who find it easy to get appointments for private and NHS patients

	Total	NHS	Private	Combination
Routine (self)	64%	76%	76%	70%
Routine (children)	65%	70%	78%	55%
Emergency (self)	52%	63%*	58%	51%
Emergency (children)	53%	54%	71%*	49%

* indicates significant difference

For many of those who find it difficult to get an appointment, this is claimed to be due to a lack of dentists in the local area (18%), although others suggest that they often have a long wait (5%), or the dentists are always busy (6%)

There were however very few people (7%) who claimed to have found it difficult to get an appointment for their child. The reasons given for these problems are likely to be that there are long waiting lists or big patient lists

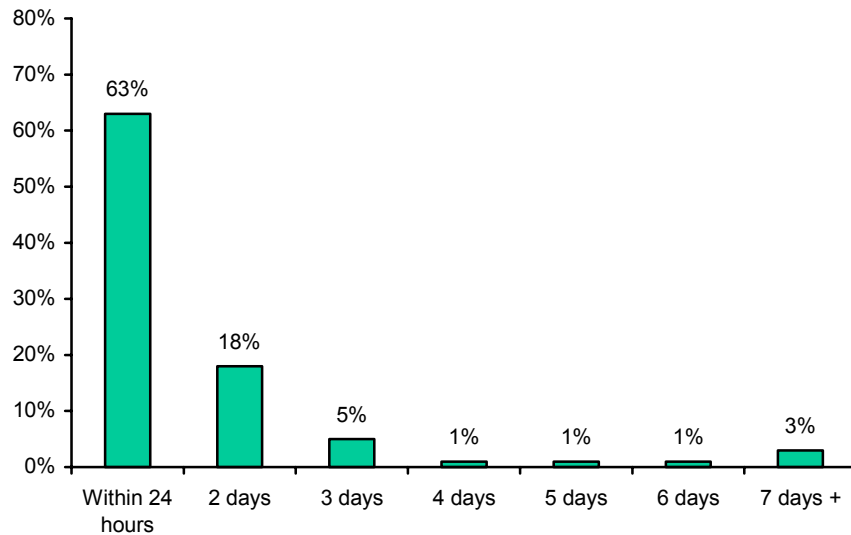
(12%), and so the dentists are very busy. However for a number of those who claimed it was difficult they were unable to give a reason. Comments included:

'I just can't get an appointment'

'It takes days to be seen'

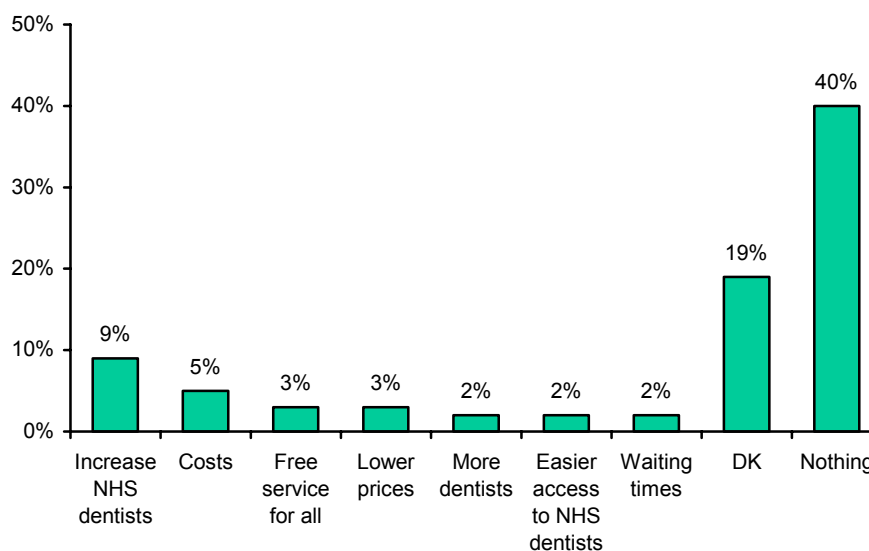
As can be seen by these responses, many feel that they have to wait an unreasonable length of time for an appointment. However in an emergency almost two thirds would expect to be seen within 24 hours and a further 18% within 48 hours:

Chart 29: Length of time believed to be reasonable to wait for an appointment in an emergency



Consequently, when asked what they would like to change about the current dental system, the majority of responses related to increasing the number of available dentists or cost of treatment. However, there are a large number of people who do not see the need for any changes to the current dental system:

Chart 30: Changes to the current dental system



There is some disagreement about whether it is more important to have your own dentist who sees you regularly, or to be able to get dental treatment when you want it. A little over half (55%) think it is more important to see their own dentist, while the remainder (45%) would put more significance on getting treatment when they want it.

Interestingly, females think that seeing their own dentist is more important, while males are more evenly split:

Table 31: Gender differences in factors of most importance

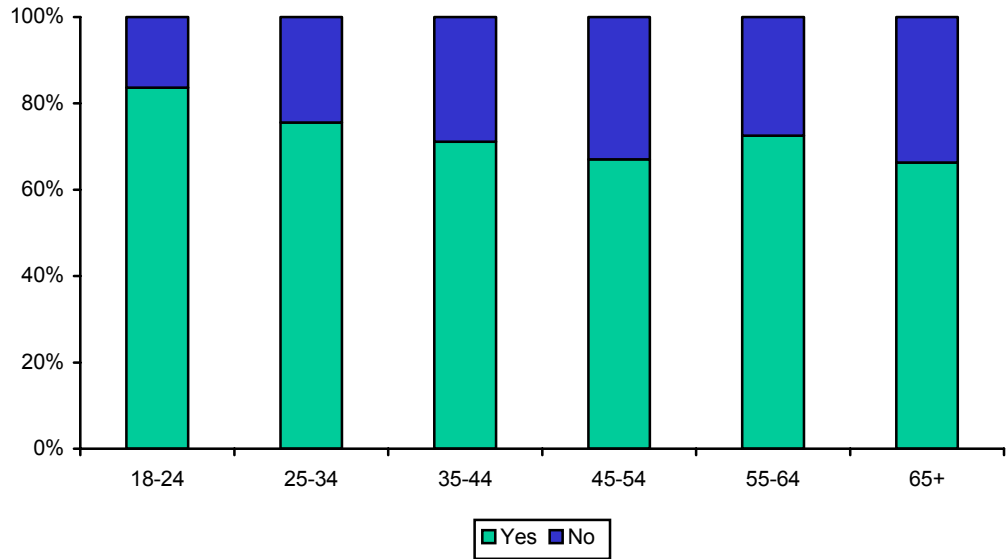
	Total	Male	Female
Own dentist who sees you regularly	55%	50%	59%*
Able to get dental treatment when you want it	45%	50%*	41%

*indicates significant difference

5. Reaction to proposal

Overall, two thirds of people (66%) would be happy for their treatment plan to include a routine examination every 12 or 18 months, with more frequent visits to the hygienist. This is most likely to be the case for males (69%) and those of higher social grade (71% of AB). There are also trends across the age differences:

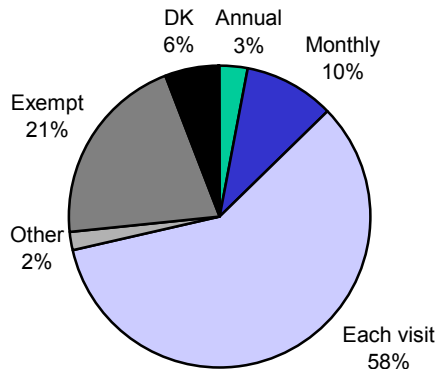
Chart 32: Age differences in those who would be happy to have less frequent routine examinations but more frequent hygienist visits



Likewise, many people (62%) would be happy to have more of their treatment carried out by hygienists and dental therapists, but there are some differences in age, with 75% of 18-24 year olds being happy for this situation, but only 50% of 65+.

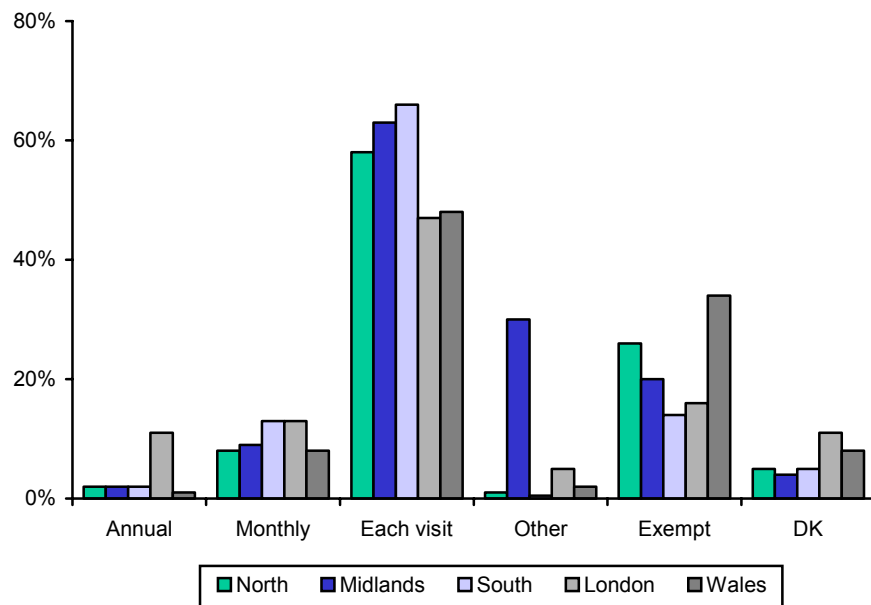
When thinking about paying for future treatment such as that outlined, most people would prefer to pay for each visit (59%):

Chart 33: Preferences in future payment for NHS Dentistry



There are significantly fewer Londoners and Welsh who would prefer to pay on every occasion. Those from Wales are significantly more likely to be exempt from payment, while Londoners are more likely to prefer an annual payment:

Chart 34: Regional differences in preference of methods of payment



There are also some differences between NHS and private patients, with those who have had private treatment significantly more likely to say they would prefer to make monthly payments than those who have had NHS treatment (16% private prefer monthly vs. 9% of NHS patients)

CONCLUSIONS

Most people do pay a regular visit to the dentist, with the majority of people having seen their dentist in the last year. This reflects the advice given by the dentist, with most people claiming to visit their dentist as frequently as they are advised. For those who have not visited their dentist in the last two years, this is likely to be because they feel there has been no need – either because they do not need treatment or they have not suffered any pain.

Consequently most people are very positive about their dentist on a number of factors – the advice they receive, the explanations for treatment and the services provided by their dental surgery. Even difficulty getting an appointment at a time that suits is not as much of a problem as could be expected, but this does vary in different parts of the country. Specifically, those who live in North find it harder to get appointments than those who live in other parts of the country.

More than half of the respondents have most recently had treatment on the NHS, but this is not necessarily consistent across the country. Specifically those in Midlands are more likely to have NHS treatment. Consequently the average cost of treatment does fluctuate, with the highest costs in London, where the least number of people have NHS dental treatment.

As might be expected those who have had NHS treatment feel that treatment is better value for money than those who have had private treatment. However, most people still feel that treatment is good value for money, even with almost half of those who have paid £1000 or more saying that they feel the treatment was good value.

Given the high satisfaction with dental services in England and Wales, there are a large number of people who feel unable to suggest any changes. It is hardly surprising that those changes suggested are related to cost of treatment, waiting lists and access to NHS services.

Regarding the proposed changes to dental services, most people would be happy to see the dentist less often, and a hygienist more often. They would also be happy to see hygienists or dental therapists as an alternative to the dentist. This is most acceptable to younger people (those under 35) but is generally acceptable to all age groups.