

A public survey to inform the General Dental Services (GDS) Reform Programme in Wales: key findings

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Purpose and Summary of Document: To describe the summary of key findings from a public survey on oral health and use of dental services in Wales.

Acknowledgements: Many thanks to Public Health Collaborating Unit at the Bangor University that organised the public survey with special thanks to Kat Ford, Caspar Wynne, Catherine A Sharp, Paul Brocklehurst, Bangor University who provided a comprehensive report¹ on the public survey. Also many thanks to Raylene Roper, Karen Hughes, David Titley and Kate Eyre for their support.

¹ Kat Ford, Caspar Wynne, Catherine A Sharp, Paul Brocklehurst, Public perceptions on changes to dental services in Wales proposed through the Welsh General Dental Services (GDS) Reform Programme, Bangor University, Jan 2020

¹The research and the subsequent report was conducted and written prior to Paul Brocklehurst being appointed as Deputy Chief Dental Officer for Wales

1. Introduction

In 2018 the Welsh Government publication *The Oral Health and Dental Services' Response to A Healthier Wales* emphasised the need to put “patients and the public at the heart of everything we do” in order to:

1. Improve population health, oral health and well-being through a greater focus on prevention;
2. Improve access, experience and quality of dental care for individuals and families;
3. Enrich the well-being, capability and engagement of the dental workforce; and
4. Increase the value achieved from funding of dental services and programmes through improvement, innovation, use of best practice and eliminating waste.

Three key common areas of transformation for NHS services were identified: a step-up in prevention; developing dental services that are fit for future generations; and developing dental teams and networks. In line with the Welsh Government’s policy drive to reform dental services in Wales, the General Dental Services (GDS) Reform Programme² was developed. This programme aims to create a different dental service delivery model for NHS dentistry in Wales, with a number of objectives including the adoption of a continual improvement model and the delivery of evidence-based prevention and treatment.

A key element in the GDS Reform Programme was to engage with the public. This is important, given that public views are essential in order to understand their current experience and their expectations of NHS dentistry in Wales. The findings presented in this report stem from extensive engagement with the public across Wales and capture their views on the key changes that the GDS Reform Programme seeks to deliver (see Appendix 1)

2. Findings

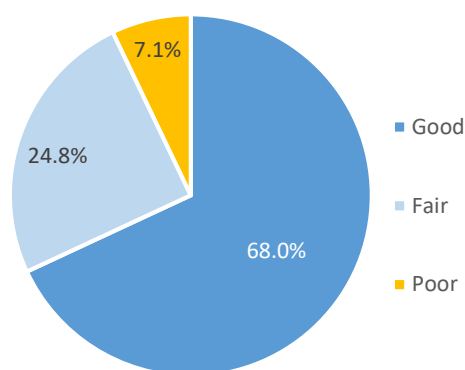
2.2 Oral health and oral health related behaviours

2.2.1 Self-reported oral health

Figure 1 shows that 68.0% of the survey participants rated their oral health as good (*good* or *very good*), 24.8% rated as fair and 7.1% reported that it was poor, very poor or don’t know.

² Further information on the GDS Reform Programme can be found at <https://primarycareone.nhs.wales/topics1/dental-public-health/>

Figure 1. How did survey participants rate their oral health?



Older adults (Figure 2) and people living in deprived communities (Figure 3) reported poorer oral health compared with young adults and people living in the lesser deprived communities.

Figure 2. Self-reported oral health by age group

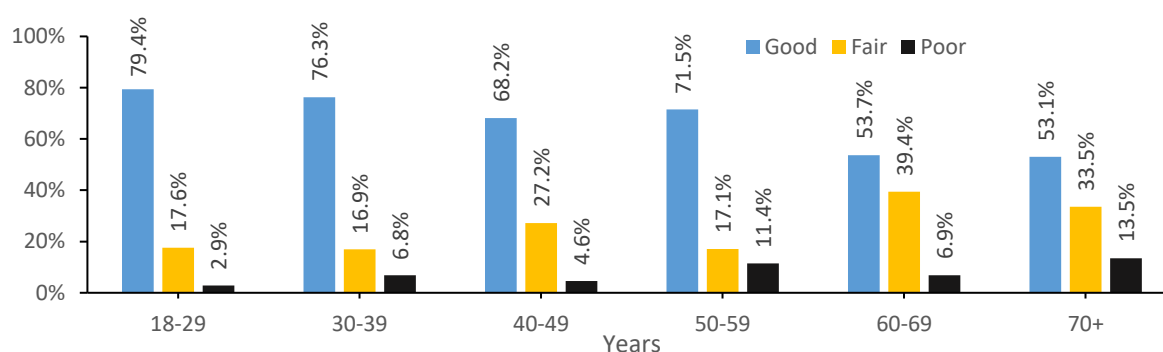
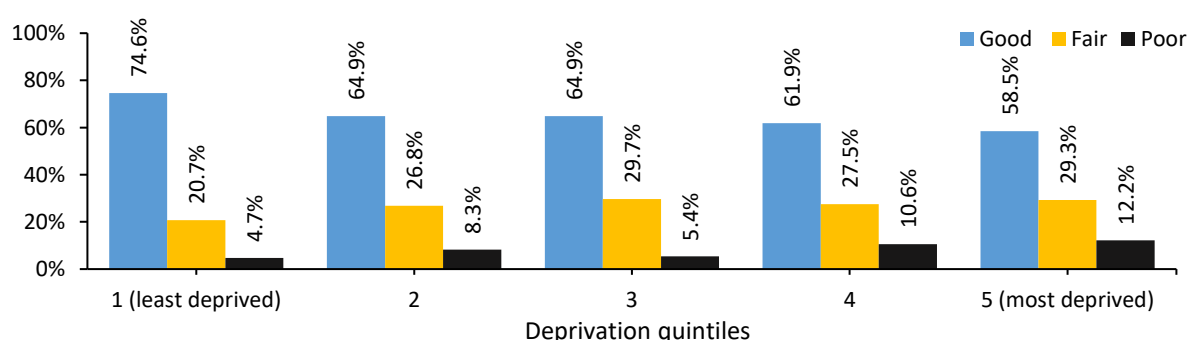


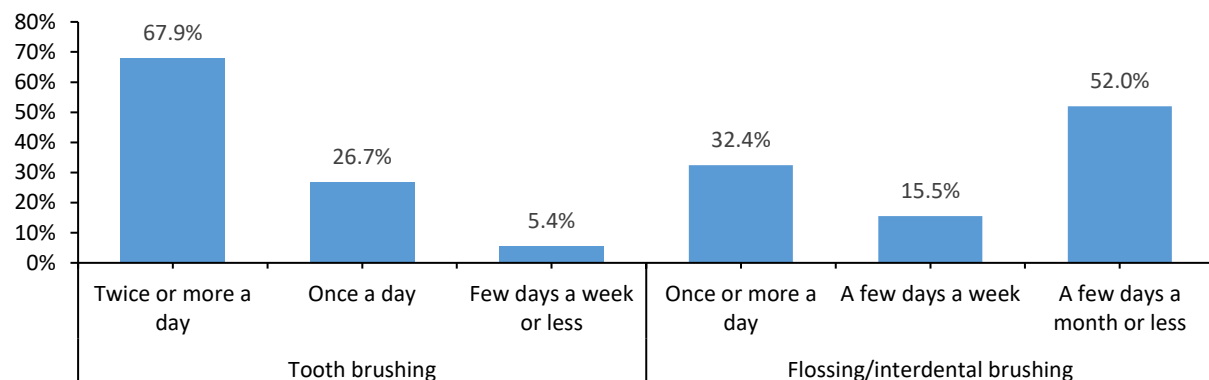
Figure 3. Self-reported oral health by deprivation



2.2.2 Frequency of tooth brushing

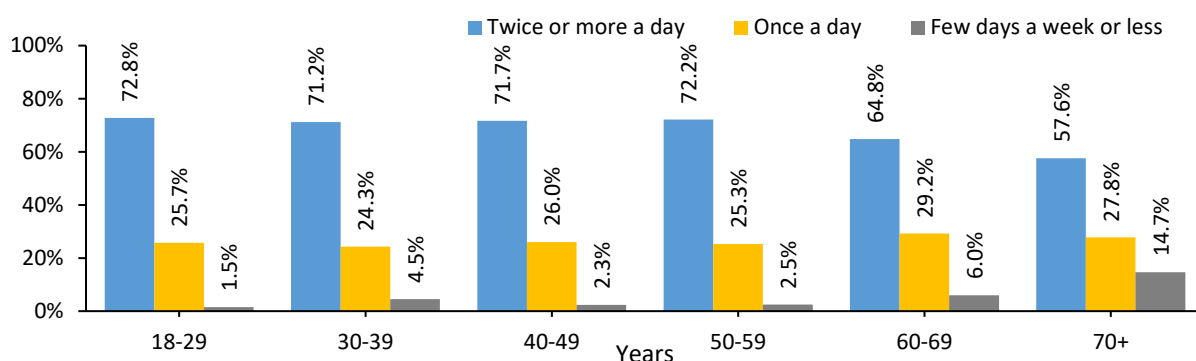
Over two thirds of the survey participants (67.9%) reported that they brush their teeth at least twice a day and therefore meet the recommended guidelines for tooth brushing. 5.4% of the survey participants reported that they only brush their teeth a few days a week or less. One-third (32.4%) of the participants reported using floss or use interdental brushes at least once a day (Figure 4).

Figure 4. Frequency of tooth brushing and flossing/use of interdental brushes amongst the survey participants



The majority of the participants reported that they brush their teeth twice a day (Figure 5). A lesser proportion of older people aged 60 years and older reported brushing at least twice a day (60-69 years olds: 64.8% and 70+ years: 57.6%) when compared with younger adults (Figure 5).

Figure 5. Frequency of tooth brushing by age



2.2.3 Consumption of sugary food and drinks

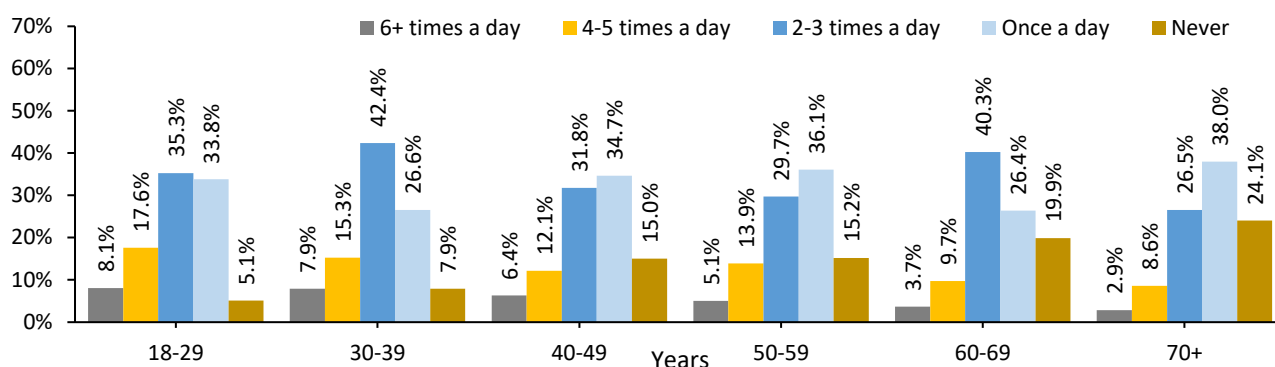
Overall, 54% of the survey participants reported eating sugary foods (e.g. cakes and sweets) and drinks (e.g. fizzy drinks and/or tea/coffee with sugar) 2-3 times a day or more (Table 2).

Table 2. Consumption of sugary food and drinks

	6+ times a day	4-5 times a day	2-3 times a day	Once a day	Never
Percentage of population (n=1050)	5.5	13.1	35.4	32.3	13.7

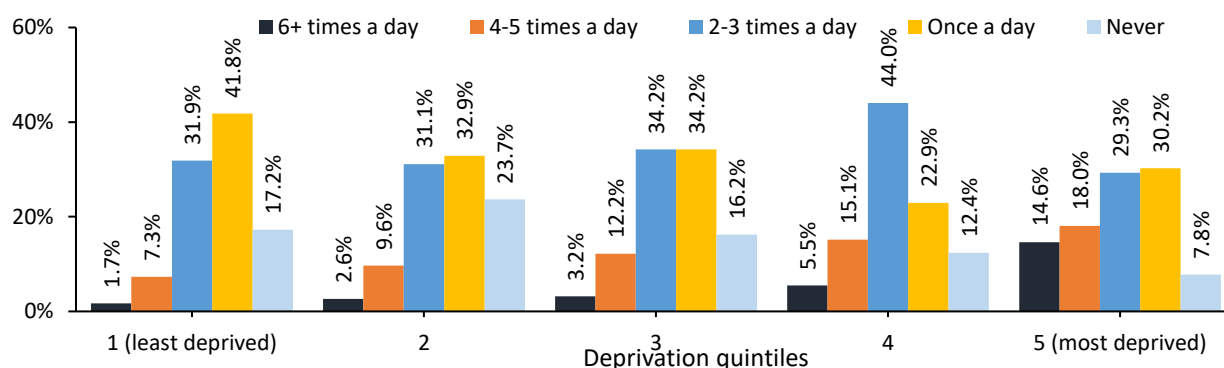
Proportion of participants reporting sugary food and drinks consumption of 2-3 times a day or more ranged from 38% in 70 years and over age group to 65.3% in the 30-39 years age group. Sugary food and drink consumption by different age groups has been presented in Figure 6.

Figure 6. Consumption of sugary foods and drink by age



Higher consumption of sugary drinks and food were reported by people living in deprived areas compared with people living in lesser-deprived areas (Figure 7). Consuming sugary food (e.g. cakes, sweets) and drinks (e.g. fizzy drinks, tea/coffee with sugar) two to three times a day or more was reported by 64.6% and 61.9% of people living in the next most deprived and most deprived quintile areas respectively.

Figure 7. Consumption of sugary foods and drink by deprivation

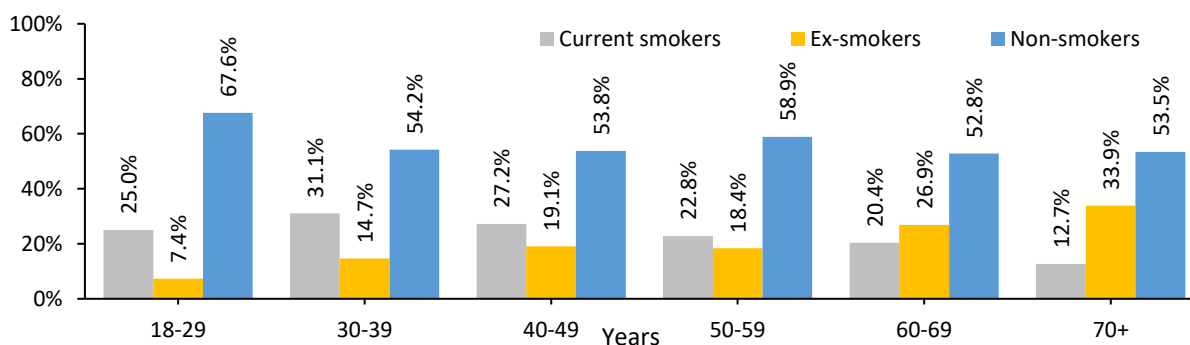


2.2.4 Smoking

Over half (56.8%) of the survey participants said they had never smoked, whilst 22.8% reported as current tobacco smokers, and 20.4% as ex-smokers.

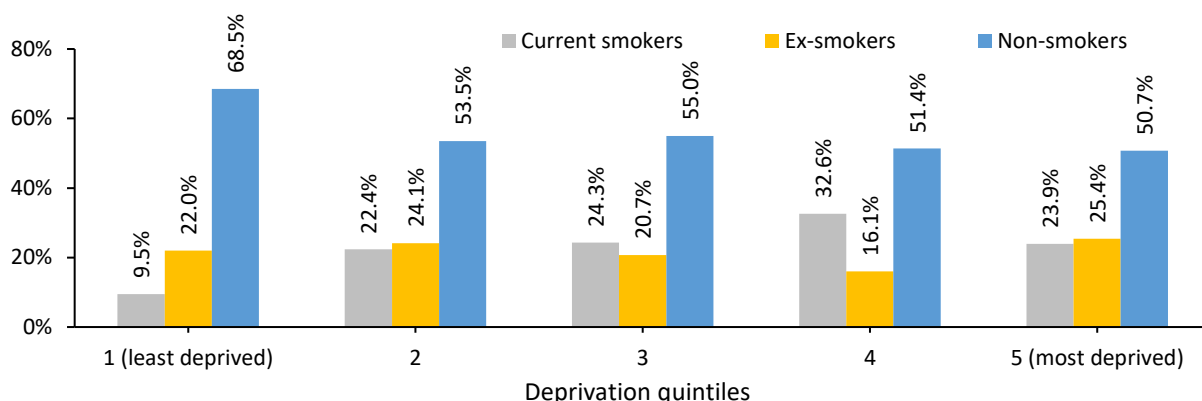
Smoking by age group has been presented in Figure 8.

Figure 8. Percentage reporting smoking habits by age



Higher proportion of people living in the deprived areas reported as current smokers compared to people living in the lesser deprived areas in Wales (Figure 9).

Figure 9. Percentage reporting smoking by deprivation

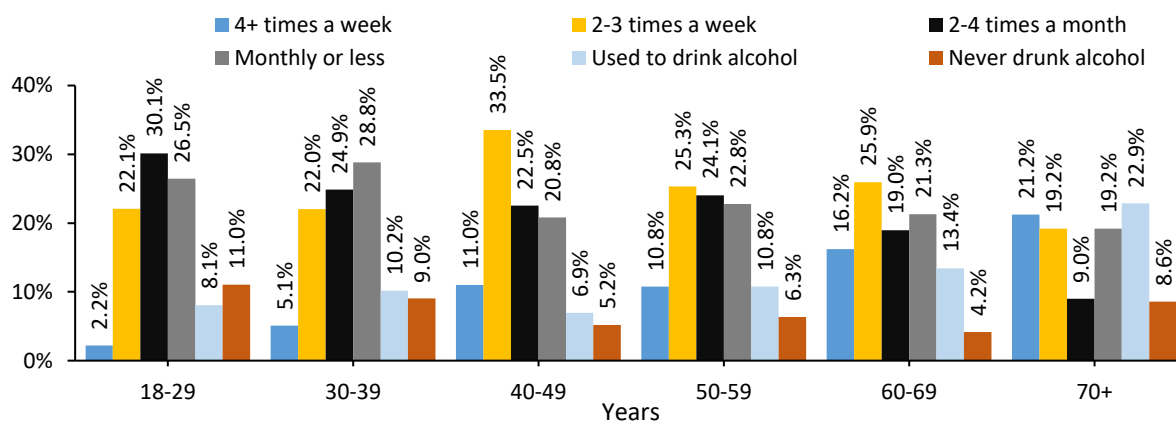


2.2.5 Alcohol consumption

A quarter of the survey participants (25.0%) reported drinking alcohol 2-3 times a week and 11.5% reported drinking alcohol 4 or more times a week. 21.2% reported drinking alcohol 2-4 times a month and 22.8% reported drinking alcohol once a month or less. Just over a tenth of participants (12.3%) used to drink alcohol but no longer do and 7.2% of respondents had never drunk alcohol.

Reported frequency of alcohol consumption by age groups has been presented in Figure 10. Higher proportion of people aged 60 years and over reported consuming alcohol four or more times a week. Of those aged 70+ years, 21.2% consumed alcohol four or more times a week, whilst only 2.2% of 18-29 year olds reported a similar drinking frequency.

Figure 10. Alcohol consumption by age

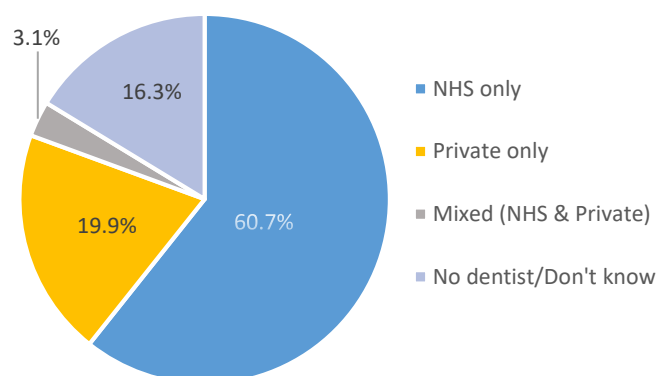


2.3 Dental service use in Wales

2.3.1 Use of NHS and Private Dental Services

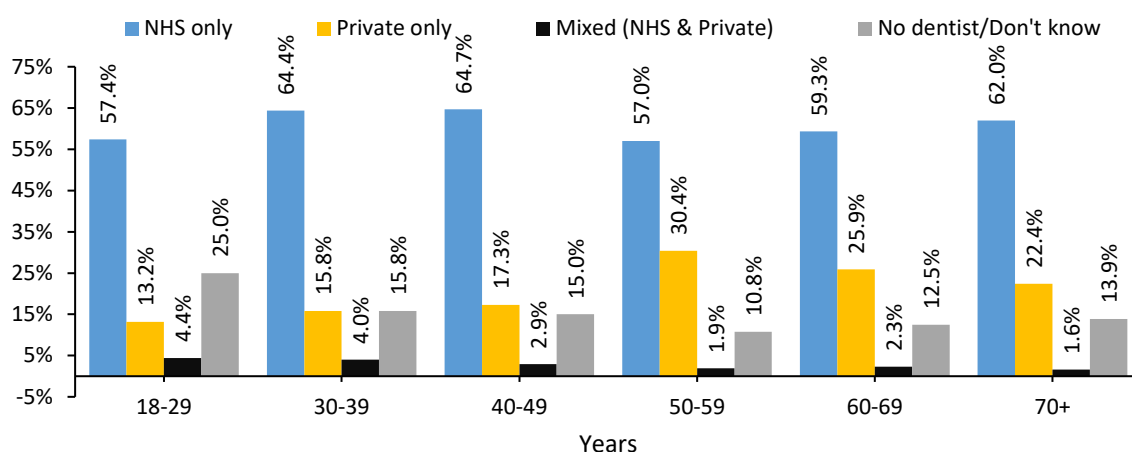
Overall, 60.7% of the survey participants reported that they usually receive dental check-up and/or treatment from the NHS dental services, whilst 19.9% use private dental services only and 3.1% used mixed service provision (Figure 11). The remaining 16.3% answered either 'I don't see a dentist' or 'don't know'.

Figure 11. Proportion of survey participants using different types of dental services



Older age groups (50 years and older) seem to use more 'private only' dental service compared to the younger age groups (Figure 12).

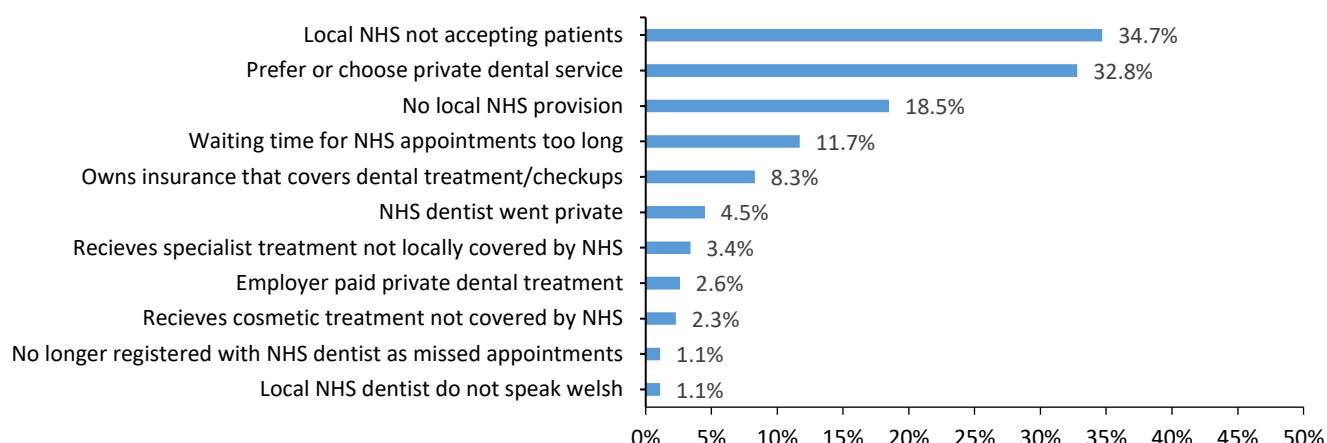
Figure 12. Types of dental service use by age groups



2.3.2 Reasons for not using NHS dental services

Survey participants who used private only or mixed dental service provision (n=265) stated that the most common reason for not using the NHS dental service was due to local NHS dentists not accepting new patients (34.7%). Other cited reasons were preference for receiving their care privately (32.8%), and no NHS dental service availability in their locality (18.5%). Further responses are outlined in Figure 13.

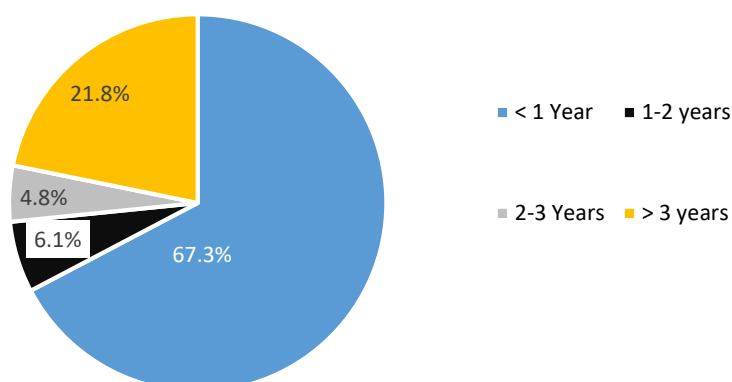
Figure 13. Reasons for not using NHS dental services



2.3.3 Regular dental 'check-up'

Over two thirds of the survey participants (67.3%) reported that they had visited a dentist for a dental 'check-up' (NHS, private or mixed) within the previous 12 months (Figure 14). However, 21.8% had not had a dental 'check-up' for more than 3 years.

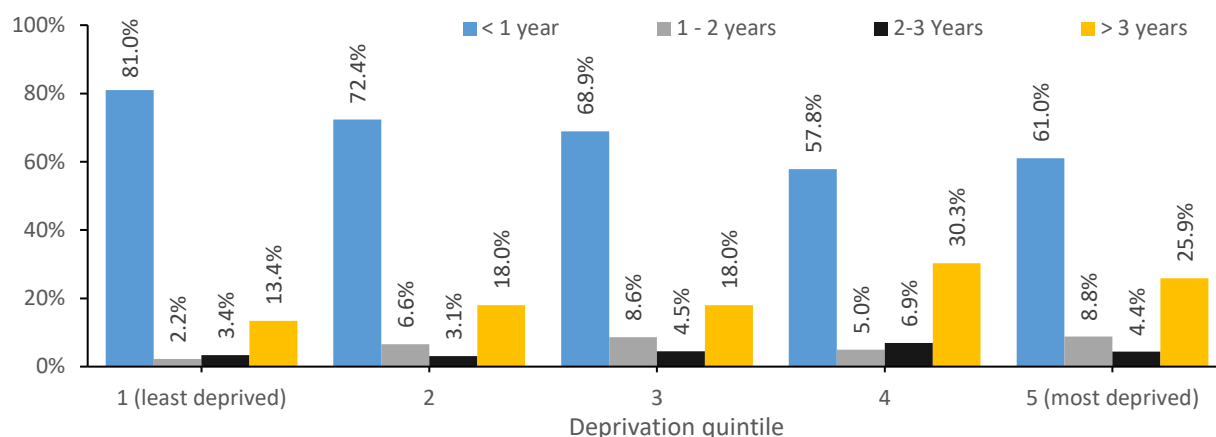
Figure 14. When was the last appointment for the dental 'check-up'?



As deprivation increased, the proportion of survey participants who had been to a dentist for a routine dental 'check-up' within the previous 12 months decreased (most deprived = 61.0%; least deprived = 81.0%) (Figure 15).

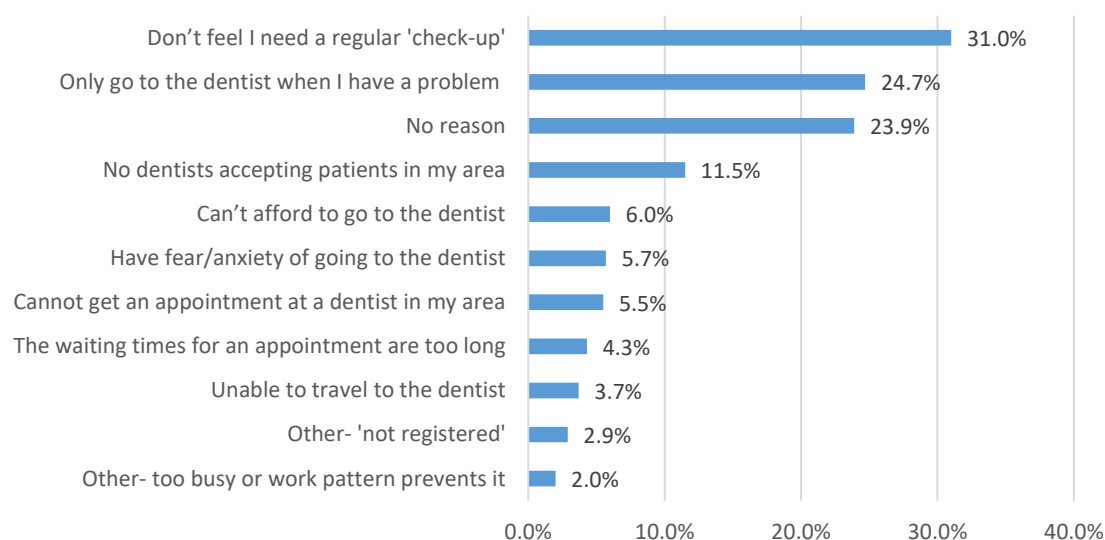
25.9% and 30.9% of people living in the most deprived and next deprived quintile areas respectively reported that they had not had a dental 'check-up' for more than three years.

Figure 15. Frequency of routine dental check-ups by deprivation



Multiple reasons were given by the survey participants for not attending for a routine dental 'check-up' (Figure 16).

Figure 16. Reasons why survey participants did not attend a routine dental 'check-up' in the last year

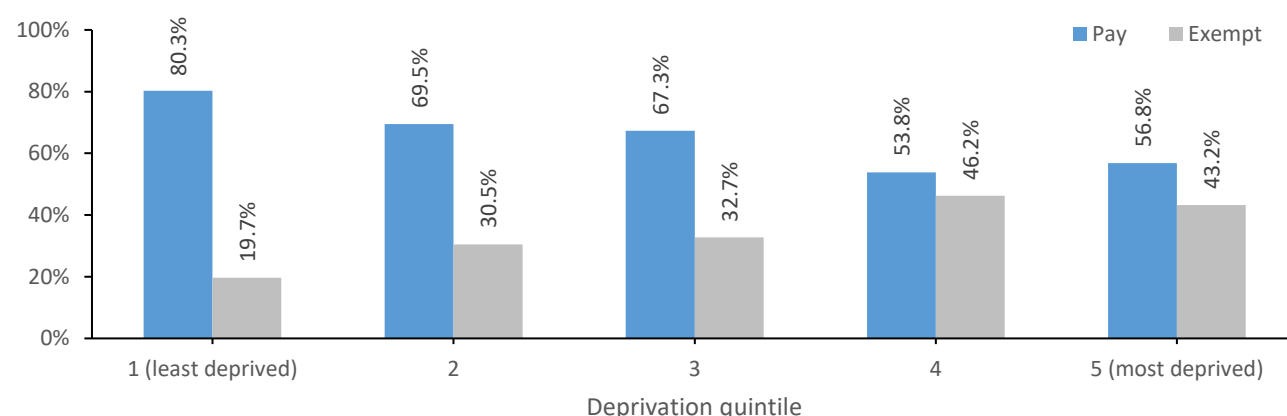


2.3.4 Eligibility for free NHS dental treatment

Of those who use an NHS dental service (including mixed service users; n=680), approximately a third (34.9%) reported that they were exempt from paying for their NHS dental treatment.

Eligibility for free NHS dental treatment reported by people living in different deprivation areas has been presented on Figure 17.

Figure 17. Free NHS dental service eligibility by deprivation



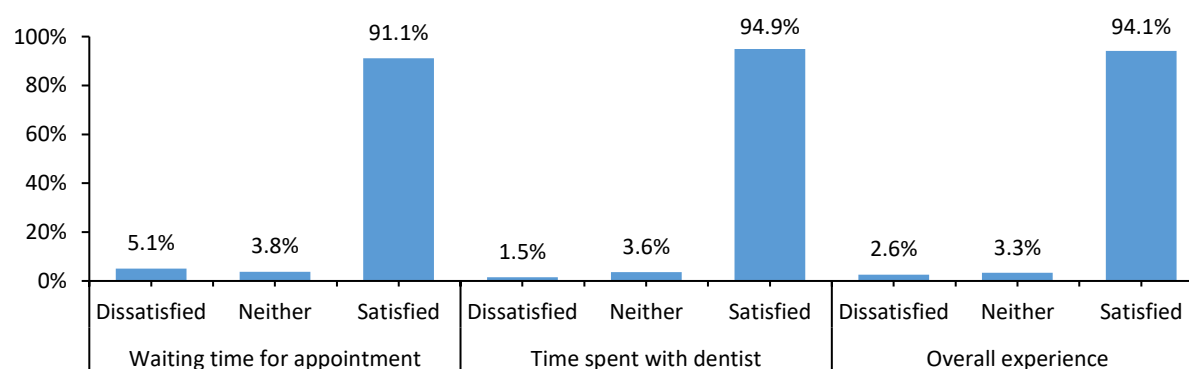
2.4 Dental service use

2.4.1 Satisfaction with the NHS dental service

Analysis in this section was limited to respondents who had visited a Welsh NHS dentist within the last three years (n=607).

Most respondents reported that they were *satisfied* or *very satisfied* with their overall experience (94.1%), the time they had to wait for an appointment (91.1%) and the time dentists had spent with them (94.9%, Figure 18).

Figure 18. Welsh NHS dental service users' satisfaction of last routine 'check-up'



2.4.2 Patient centred dental care

Respondents were asked whether any member of the NHS dental team had engaged in a conversation with them about their risks of dental diseases, their role in prevention and involved them in the decisions about improving their dental health. Findings have been presented in Table 3.

Table 3. Proportion of participants reporting their NHS dentist or a dental team member took account of different aspects of patient centred care.

	Yes	
	n	%
Explanation of personal risk in terms of developing dental diseases (tooth decay, gum disease, mouth cancer) in the future	321	52.9
Took account of patient personal circumstances that may be relevant to dental health or dental treatment (e.g. medical history, social circumstances, dental anxiety/phobia)	329	54.2
Involved the patient in decisions about improving their dental health	413	68.0
Explained the importance of the patients own role in good dental health	432	71.2

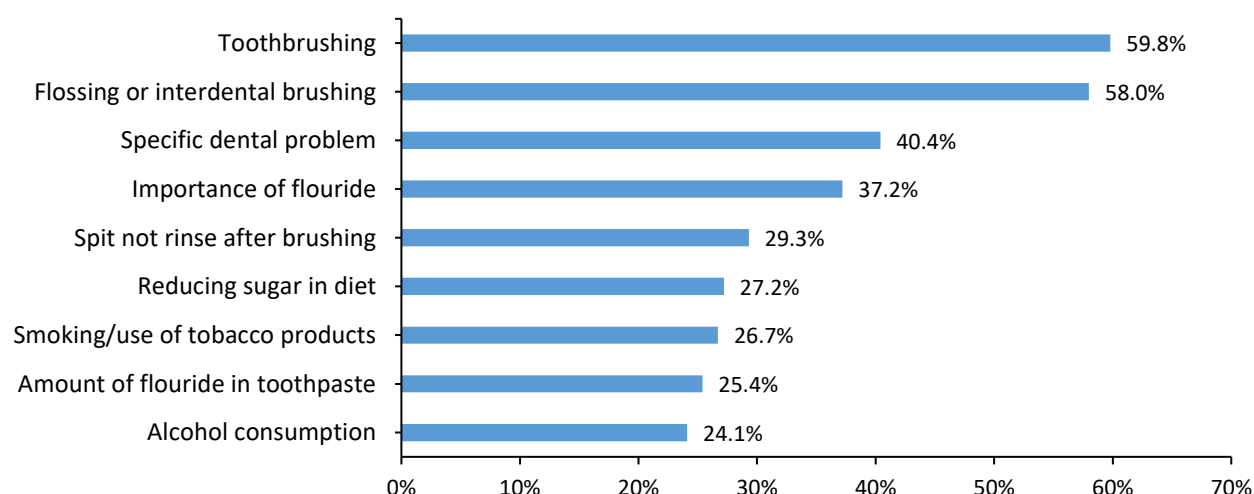
2.4.3 What preventative information was provided?

NHS dental service users who had visited a dentist within the last three years (n=607) were asked if their NHS dentist had discussed a range of preventative topics with them at their last routine 'check-up' appointment. The three most commonly reported topics were:

- i. information on how to brush their teeth (59.8%),
- ii. information on how to clean between their teeth (58.0%) and
- iii. advice on a specific dental problem (40.4%).

All topics asked are shown in Figure 19.

Figure 19. Preventative topics discussed between the dentist and Welsh NHS dental service user at last routine appointment



2.5 Perceptions on changes to NHS dental services

2.5.1 Frequency of check-up, cost and use of skill-mix

The views were sought on three changes proposed through the General Dental Service Reform Programme (1) frequency of being seen at an NHS dentist if low-

risk; (2) being seen by other members of the NHS dental team and (3) a reasonable charge for routine 'check-ups' in the NHS.

66.9% of NHS (and mixed) dental service users reported that they would be happy to be seen less frequently (e.g. every 12 months) if a detailed assessment deemed them to be at low risk of developing dental disease.

At the time of the survey, for those who paid for NHS treatment in Wales, a routine dental 'check-up' cost was £14.30 (price is inclusive of x-rays, scale and polish, and planning for treatment)³. Survey participants were asked what they thought a reasonable charge for a six-monthly check-up should be and charge of an enhanced assessment and 'check-up' every 12-months.

The average price suggested by the full sample (those that saw a NHS dentist, those that were seen privately and those that received mixed service provision) for a standard 'six-monthly check-up' was £16.46. Welsh NHS dental service users suggested slightly lower average price of £15.29.

The average price suggested by the full sample for the enhanced assessment and 'check-up' and assessment every 12-months was £22.60. NHS dental services users suggested a slightly lower price at £21.10.

68% of participants reported being happy to be seen and treated by a trained dental team member other than a dentist (Table 4).

Table 4. NHS (and mixed) dental service users' response to being seen and treated by a trained member of the dental team other than a dentist (n=607)

	Percentage in agreement
Yes, happy to be seen and treated by a trained dental team member other than a dentist	48%
Yes, happy to be seen and treated by a trained dental team member other than a dentist if they could rebook with a dentist if they were unhappy	20%
No, I would want everything I need to be done by a dentist or Not sure	32%

2.5.2 NHS dental care priorities

Survey participants were asked to choose top five priorities for the NHS dental services. Top five priorities chosen by the public were:

- Access to a local NHS dentist;
- Urgent or emergency dental treatment when required;
- Affordable dental treatment if required;
- 'Check-up' on a regular basis;

³ Current costs of NHS dental treatment in Wales is available from: <http://www.healthcosts.wales.nhs.uk/nhs-dental-charges>

- Advice and access to early prevention.

2.5.3 Opinions on future involvement in dental services improvement

The majority of the public were willing to provide input to inform future NHS dental service improvements in various ways.

Amongst the NHS dental service users (n=607), 37.5% would prefer to be involved via regular surveys, 28.7% opted for post-appointment feedback via online or paper form, 10.7% would get involved in focus groups, and 5.1% were not sure. However, 34.7% said they would prefer not to get involved.

3. Summary of key findings

In the context of the GDS Reform Programme, the key findings are provided below:

- 68% of the survey participants reported their oral health to be good or very good. However, only 53% of adults aged 60 years and older and 58.5% in the most deprived quintile areas reported that their oral health was good.
- 68% of the survey participants reported brushing twice a day. However only 57.6% of people in 70 years and older age group reported that they brush their teeth twice a day.
- One third of the survey participants reported using floss or interdental brushes every day.
- Overall 54% of the survey participants reported eating sugary foods (e.g. cakes and sweets) and drinks (e.g. fizzy drinks and/or tea/coffee with sugar) 2-3 times a day or more.
- 56.8% of the survey participants said they had never smoked, whilst 22.8% reported as current tobacco smokers and 20.4% as ex-smokers. Prevalence of smoking was higher in deprived areas in Wales.
- 22.8% of the survey participants reported drinking alcohol once a month or less and further 19.5% had never drunk alcohol or no longer drink alcohol. Only 2.2% 18-29 years olds reported drinking alcohol four or more times a week compared to 21% in 70 years and older people.
- Overall, 60.7% of the survey participants reported they usually receive dental check-ups and/or treatment from the NHS dental services, whilst 19.9% use private dental services only.
- 52% reported that the NHS dental teams had explained their personal risk of developing dental diseases, 71% had received explanation about their own role in dental health and 68% reported being involved in decisions about improving their dental health.
- 60% reported that the NHS dental teams had provided advice on how to brush their teeth but only 37% had received advice about fluoride use (toothpaste or mouthwash with fluoride) and 27% had received advice on reducing sugar in diet.
- 94% of people who had used NHS dental services were satisfied with their overall dental experience.

- Main reasons for not using NHS dental services were: NHS dental services not accepting new patients, NHS dental service not available locally and preference to use the private dental service.
- 25.9% and 30.9% of people living in the most deprived and next deprived quintile areas respectively reported that they have not had a dental 'check-up' for more than three years.
- Top five dental priorities for the public were:
 1. Access to a local NHS dentist;
 2. Urgent or emergency dental treatment when required;
 3. Affordable dental treatment if required;
 4. 'Check-up' on a regular basis;
 5. Advice and access to early prevention.

Appendix 1

Methods

This public survey interviewed a cross-sectional sample of Welsh adult residents between October and December 2019. The study was conducted by the Public Health Collaborating Unit at Bangor University on behalf of Public Health Wales NHS Trust, with fieldwork commissioned from BMG Research, a private market research company. All interviews followed the Market Research Society (MRS) Code of Conduct. Ethical approval for the study was obtained from Bangor University's Health Sciences and Medical Sciences Ethics Committee.

A random probability sampling approach was used to identify a nationally representative household sample of approximately 1,050 Welsh residents aged 18 and above. In addition, a boost sample of 55 adult residents in Powys was added to ensure representation across all the Health Boards in Wales. The final sample size was 1,105 (1,050 nationally representative sample, 55 boost sample).

Measures used

Respondents were asked a range of questions across three broad domains to capture their:

- Understanding of their current oral health;
- Patterns of dental attendance and treatment;
- Opinions on changes to NHS dental services in Wales.

Demographic information was also collected in the survey.

The data collected as part of the nationally representative sample was used to calculate estimates of oral health, dental service use and opinions of changes to the NHS dental service in Wales. The data was weighted to reflect the national population [using mid-2017 population estimates for Lower Super Output Areas (LSOAs)] by sex, age group and deprivation quintile (Welsh Index of Multiple Deprivation). The full sample (including the boost sample) was used in all other analyses.

Demographics

Table A presents the demographic details of the nationally representative respondents who undertook the survey (n=1,050).

Table A. Demographic details of the people who took part in the survey.

		Survey Sample (n=1,050)		Welsh Population*	
		n	%	n	%
Gender	Male	506	48.2	1,221,764	48.8
	Female	544	51.8	1,282,814	51.2
Age group (Years)	18-29	136	13.0	489,071	19.5
	30-39	135	15.7	364,857	14.6
	40-49	166	15.8	385,297	15.4
	50-59	153	14.6	430,719	17.2
	60-69	204	19.4	377,147	15.1

	70+	226	21.5	457,547	18.3
Ethnicity	White	1027	97.8	2,928,253	95.6
	Other	23	2.2	135,203	4.4
Deprivation quintile	1 (least deprived)	224	21.3	502,039	20.0
	2	198	18.9	519,242	20.7
	3	214	20.4	520,677	20.8
	4	215	20.5	491,386	19.6
	5 (most deprived)	199	19.0	471,234	18.8

*population estimates mid 2017 and 2011 census for ethnicity