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Academy for Health Equity, Prevention and Wellbeing

EVALUATION OF THE NHS GENERAL DENTAL SERVICES CONTRACT REFORM PROGRAMME IN WALES

INTERIM REPORT - THE VIEWS AND EXPERIENCES OF PATIENTS

Evaluation of the NHS General Dental Services Contract Reform Programme in Wales

Interim Report

The views and experiences of patients

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We would like to thank the participants for generously giving of their time and sharing their experiences.

April 2022

Summary

System reform in NHS general dental services in Wales aims to embed needs-led and value-based healthcare principles in dental care delivery. In 2019 an independent evaluation team, led by Bangor University, was commissioned to undertake a realist evaluation of the contract component of system reform. The focus of the evaluation is on 'what works, for whom, in what circumstances?'. The aim of our approach is to understand underlying mechanisms and explain how and why the programme works (or not).

Data collection and analysis, incorporating literature reviews, document analysis, qualitative interviews, visual ethnography, and vignettes, have elicited the views and experiences of multiple stakeholders at different levels in the system:

- National policy team
- Health Boards
- Local practices
- NHS patients

This document reports from interviews with NHS patients on some of the key principles and objectives of system reform in dental services.

Semi-structured interviews were conducted by telephone with 50 patients during August and September 2021. Participants were current NHS dental patients, stratified according to region and age.

Interviews used vignettes that depicted different scenarios based on the principles underlying dental care reform. Topics explored included:

  - Extended recalls according to need
  - Prevention and self-care
  - Skill mix
  - Conditional access

Findings are summarised below:

Summary of findings

Topic	
Extended recall intervals 	Patients value regular visits with the dentist. Regular visits are seen as part of a collaborative practice of oral health maintenance. There are concerns that disease could develop between visits if the recall interval is extended. Even where there is good oral health, patients feel that '18 months is a long time' - circumstances and behaviour that influence oral health could change in this time. Some patients believe they will lose access to an NHS dentist if they do not attend every six months. There is greater openness to a change in recall interval if the reasons are explained. Patients are more likely to accept a change to routine where there is a good relationship with the dentist.
Prevention 	Patients value advice on maintaining good oral health Dental staff need good communication skills so that patients do not feel judged.
Skill mix 	Many patients are familiar with skill-mix and onward referral from other services such as general practice. There is little knowledge of dental roles other than the dentist. Patients did not want to see skill-mix developed at the expense of access to local services.
Conditional access 	Patients believe it is important not to waste NHS resources but think that delaying treatment may lead to more costly interventions. Patients believe that there are things they can and should do to maintain their oral health. They also want NHS services to show understanding and support for individuals who face challenges looking after their health.

Key Messages

It is important that public communication not only explains the reasoning behind extended recall intervals but is sensitive to patient concerns and values.

Good relationships between dentists and patients are key. Good relationships foster trust and acceptance of new ways of working. Opportunities for dialogue between the dentist and patient enable changes to be discussed in a way that considers individual patient preferences, circumstances, and concerns.

There is scope to make more use of skill-mix, for example, by offering patients an appointment with another member of the team between appointments with the dentist. This could be an opportunity for advice on prevention, and for patients to discuss any concerns. Appointments could be made available using a range of different platforms to be inclusive and to appeal to different demographics (telephone, video call, in person).

We found a near-universal acceptance of the idea of personal responsibility for good oral health. At the same time, patients felt there needed to be exemptions for certain groups, such as those with learning disabilities or older people, and understanding for people who may be struggling, perhaps temporarily, to take care of themselves or their children, and would benefit from extra support.

Introduction

System reform in NHS general dental services in Wales aims to embed needs-led and value-based healthcare principles in dental care delivery. It follows the programme for health and social care of the 2016 to 2021 administration of the Welsh Government set out in the following documents:

- Prudent Healthcare
- A Healthier Wales: a long-term plan for health and social care
- The Wellbeing of Future Generations Act (Wales) 2015
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020

This programme was endorsed by the new minister, Eluned Morgan, in July 2021 (Written Statement July 2021). The strategic plan for dental services is set out in A Healthier Wales: The oral health and dental services response. The key policy objectives are to:

- Improve the oral health of the population
- Address persistent inequalities in health and access to dental services
- Sustain, develop, and value clinical teams
- Make efficient use of available resources by increasing the use of skill mix

In 2019 an independent evaluation team, led by Bangor University, was commissioned to undertake a realist evaluation of the contract component of system reform. The previous system for contracting between Health Boards and dental practices combined a mix of activity targets, performance monitoring, banded courses of treatment, and patient charges. Contract reform is based on the recognition that the balance of incentives in the system did not always support wider policy objectives. The aim of contract reform is to shift from a system that is based on activity to one that is based on patient needs and value for money.

The focus of the evaluation is on 'what works, for whom, in what circumstances' (Pawson & Tilley 1997). The aim of our approach is to understand underlying mechanisms and explain how and why the programme works (or not).

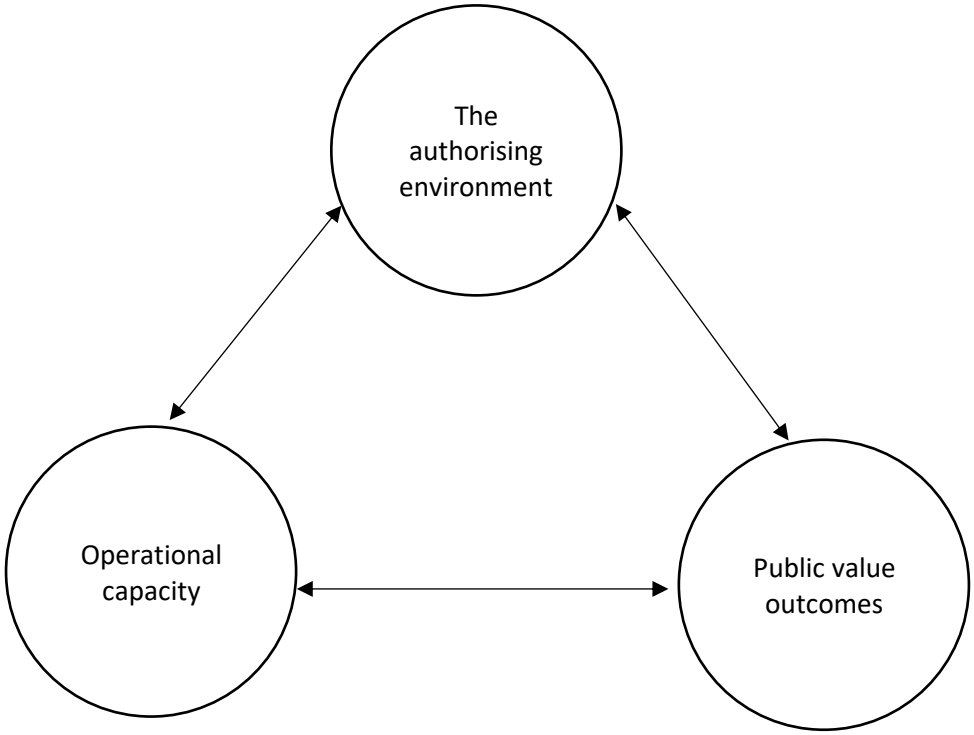
Data collection and analysis, incorporating literature reviews, document analysis, qualitative interviews, visual ethnography, and vignettes, have elicited the views and experiences of multiple stakeholders at different levels in the system:

- National policy teams
- Local health board teams
- Dental practice teams
- NHS dental patients

Data analysis is informed by established programme theory and uses the public value implementation triangle (Moore 1995) as a conceptual framework (Figure 1). This framework identifies key dimensions of implementation context, inputs, process, and

outcomes, namely authorising context (policy and public stakeholders), operational capacity, and public value.

Figure 1. The public value implementation triangle. Developed from Moore 1995.



This document reports from interviews with NHS patients on some of the key principles and objectives of system reform in dental services.

Aim

The aim of this phase of the evaluation was to explore the views and experiences of NHS patients with NHS contract reform in Wales.

Previous research

Policy-relevant research on the views and experiences of patients can take different forms:

> 'Top down' research concerned with patient views and experiences of specific programmes or polices.
>
> Broader 'bottom up' research concerned more generally with patient values and every-day practices that influence health.

Both forms of research can ensure that the perspectives of all stakeholders are included in policy evaluation and development and generate knowledge to improve the effectiveness, responsiveness, acceptability, feasibility, and equity of programmes and policies.

Little is known about the views and experiences of patients of specific policy initiatives in General Dental Services. The inclusion of patient views in previous evaluations of similar reforms in other nations have been limited to an attempt to measure changes in service quality. For example, the evaluation of NHS contract pilots in England (The Stationery Office 2014), used a single patient satisfaction metric to assess service quality. The evaluation found that patient satisfaction was universally high - 95.8% of patients of the contact pilots were satisfied, compared to a national mean of 92.2% for NHS dental practices. A baseline rate was not collected, making it difficult to interpret the finding. It has also been argued that universally high patient satisfaction rates suggest that this metric lacks responsiveness when used for this purpose (Brocklehurst et al 2020).

Change in service quality was also the focus of the evaluation of capitation pilots in Northern Ireland (Brocklehurst et al 2020). This evaluation used (1) a patient survey, co-designed with patients, and (2) focus groups with 14 patients recruited by practices participating in the capitation pilot. The evaluation concluded that 'patients did not appear to notice very much change' (Brocklehurst et al 2020, p vi). The focus groups revealed a strong degree of trust in the dentist and willingness to accept their advice.

Broader research on patient views and experiences, in the form of a patient consultation, was commissioned by the Patient and Client Council in Northern Ireland (Patient & Client Council 2011). The aim was to explore patient experiences with general dental services provided by the NHS. It found overall high patient satisfaction, fears about patient charges, and a desire for basic dental services to be provided by the NHS and to be easily accessible (Patient & Client Council 2011).

The current report follows on from earlier patient interviews included as part of our evaluation of system reform in general dental services in Wales. The aim of our earlier interviews with NHS patients was to explore their views and values in relation to oral health and general dental services. The findings were reported in August 2020 (Jones et al 2020). In summary, access was a priority, shaped by where the patient lived, their level of independence and financial position. Patents expected continuity of care from the General Dental Practitioner. The benefits of continuity were seen as the development of trust within a relationship, knowledge of the patient as a person, and continuity in information about the patient's care. Patients were typically less aware of other members of the dental team. When informed about the aims of skill-mix, patients were generally very accepting. Patients appreciated the opportunity for oral health education. They felt that providing information to children and supporting healthy habits was important for prevention. Childhood was seen as a time when people were at particular risk with regards to oral health, related to the duration of time that teeth could be exposed to sugar (e.g. from soft drinks and crisps). It was also seen as a formative time when people were open to learning and embedding routines and habits that promoted oral health. It was also suggested that children could be a source of information and behaviour change for other family members.

In this report we consider the views and experiences of patients in relation to some of the key principles underlying GDS reform.

Methods

The study used a qualitative research design. The aim of qualitative research is to understand the range and nature of perspectives and experiences (rather than measure relative prevalence) and to distil insights and learning for policy and practice. The sample size is based on the aims and scope of the research and the characteristics of the population (Malterud et al 2016). Recruitment stopped where no new themes or insights were identified.

Patients were recruited for this study using a national recruitment contractor (Future Focus Research Ltd., Cardiff, UK). Semi-structured interviews were conducted by telephone with 50 patients during August and September 2021. Participants were current NHS dental patients, stratified according to region (table 1) and age (figure 2).

Table 1. Interview study with NHS dental patients: regional distribution of sample

Region	**No.**
South East Wales	10
Valleys	10
Mid-Wales	10
North East Wales	10
North West Wales	10

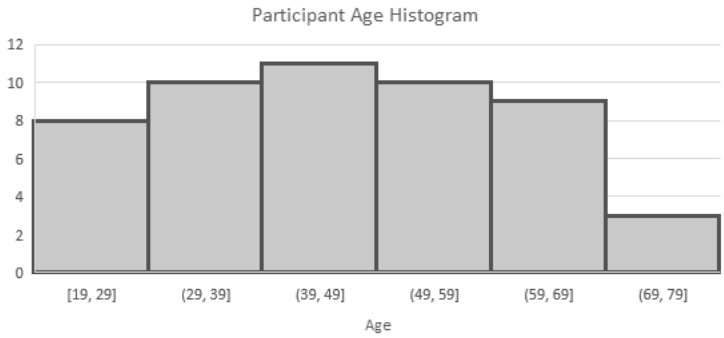


Figure 2: Interview study with NHS dental patients: Participant age distribution displayed as a histogram

Interviews used vignettes that depicted different scenarios based on the principles underlying dental care reform. Topics explored included:

- Extended recall intervals
- Prevention and self-care
- Skill-mix
- Conditional access

Vignettes are short stories about people and situations used to study perceptions, beliefs and attitudes. Vignettes are used for different purposes in social research, and as part of different research designs, including qualitative approaches (e.g. surveys), qualitative approaches (e.g. as part of a focus group or in-depth interview), and in mixed method approaches (Barter & Renold 2000). They can be used as a complementary technique alongside other methods to enhance data collection or to generate data on a topic not accessed by other methods. Within a qualitative approach they are often used to access cultural norms and highlight ethical frameworks and moral codes (Barter & Renold 2000). They are used with open questions that leave room for participants to define the situation in their own terms. We used them as part of a qualitative research design to enhance an in-depth interview with the aim of exploring the views of NHS patients on dental reform. We used the vignette as a technique to initiate and open-up a broad discussion on a range of topics based on the principles of dental reform in Wales.

In this context, vignettes can have several benefits. They offer a concrete example which can be easier for people to talk about than an abstract principle. This is helpful in our study of dental reform where NHS dental patients may not yet have had direct experience of all the scenarios. This reduces the need to recruit a very large sample to ensure enough patients with experience on which to draw, and the difficulty of finding patients with direct experience of a topic. Vignettes represent a 'snap shot' of social reality containing selected information on which research participants are asked to comment (Hughes 1998). The limited information provided in the scenario often elicits an 'it depends' answer from research participants, encouraging participants to offer and define important contingent factors and contextual features (Barter & Renold 2000).

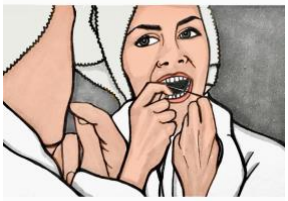
Vignettes can also offer a way to side-step the potential issue of social desirability bias. This is the tendency for people, when answering questions from strangers, especially in a way that is being recorded, to present their actions in line with their view of public morality, to avoid judgement or offence (Douglas 1971). The vignette offers the opportunity for the researcher to ask the participant to comment on the actions or beliefs of the fictional characters in the story, reducing the pressure to provide a socially desirable answer.

One limitation of the technique is that, as with interview accounts more generally, what people say they would do in a situation is not the same as what they actually do (for this reason observational methods may be a more suitable choice than interviews when the phenomenon of interest is real-world practices). The empirical evidence on this issue is equivocal, some studies show that responses to vignettes mirror how people act in real life (Barter & Renold 2000). This potential limitation is not relevant for our evaluation of dental reform because we are interested in exploring patient views and attitudes rather than practices. Even where patients are recalling experiences, the veracity of these accounts is less important than what they indicate in terms of patient concerns and values, and shared norms and ethical codes. Similarly, the scenarios themselves may not represent real- world dental practice. Their purpose is as a technique for initiating discussion to generate useful data for analysis. It is hoped that analysis will provide insights on stakeholder views and values to support implementation and policy development. The vignettes that were used in the study are given in table 2.

The semi-structured interviews were digitally recorded and transcribed and analysed to develop a patient-led understanding of dental reform.

The research was approved by the Bangor University Healthcare and Medical Sciences Academic Ethics Committee. All participants have been given a pseudonym.

Table 2. NHS patient interviews: Vignettes

Topic	Scenario
Extended recall intervals 	**A patient has been visiting the same dentist every 6 months for 10 years. The patient has never had a major issue with their teeth. The dentist explains to the patient that because their teeth are in such good condition, they won't need to see them again for the next 18 months, not event for a hygiene appointment**
Prevention 	**A patient attends the dentist and instead of receiving a standard check-up is given instructions on how to brush their teeth and is asked about their diet and lifestyle. The dentist then gives them advice on changes they should make to improve their oral health.**
Skill mix 	**A patient attends the dentist and is told they need a small filling. When they book their filling in, they are told it will be done by the dental therapist. They are informed by reception staff that the therapist is qualified and trained in this procedure**
Conditional access 	**A patient has gum disease and is told they need to actively change their teeth cleaning otherwise it will get worse. The patient returns to the dentist 3 months later and the dentist tells them that they will not treat the patients gum disease because the patient has not changed their cleaning habits. The patient is booked in for their regular check-up in 12 months' time.**

Box 1. Indicative interview questions to encourage discussion (used alongside vignette)

What are your thoughts? Why do you think the dentist has said this? What do you think the patient is thinking? Can you tell me about the last time you went to the dentist?

Findings

Extended Recall Intervals

A key policy objective is to improve access to NHS dental services for people who need treatment but who currently cannot or do not access dental care. To do this, dentists are expected to extend the recall period for patients with good oral health in line with NICE guideline recommendations. This could be up to a maximum of 2 years depending on individual risk and need.

Scenario 1: A patient has been visiting the same dentist every 6 months for 10 years. The patient has never had a major issue with their teeth. The dentist explains to the patient that because their teeth are in such good condition, they won't need to see them again for the next 18 months, not event for a hygiene appointment

Based on the first impressions to this scenario, it was broadly unpopular, with many patients commenting on the large and sudden jump from 6 to 18 months. The main concern was the potential for problems to develop between appointments.

> *I wouldn't be happy with that because, you know, I'm 72 and 18 months is a long time, isn't it? You know, I suppose you could ring up if you had an emergency within that time and they would probably see you. Anyhow, I prefer to be every six months really because there's stuff that could happen that you don't know anything at all about. You know, 18 months is a long time I think personally.* Chris

In the above example, Chris is concerned that his oral health could deteriorate during the 18-month interval. Chris suggests he is at an age where he is at risk of something serious happening and he is concerned that this would remain undetected and untreated if he were not to have regular checks by the dentist. Chris has a personal preference for visiting the dentist every six months.

> *You never know if their lifestyle has change, if illnesses can creep in and deteriorate the teeth and stuff like that, you know, infections. It's a long time for…not to be checked and to be seen*. Dafydd

Dafydd argues that a patient's vulnerability to disease does not stay the same over time. If the time between visits is 18 months, then a patient's lifestyle could change during this time in a way that makes them more vulnerable to disease.

Many patients felt that regular appointments were important because only a dentist would be able to identify serious illness such as gum disease or oral cancer. Some participants felt that this could in fact be a matter of life or death:

> *I've just lost a friend to mouth cancer, a young guy. I don't know whether he visited a dentist but I'm sure if he did, that would have been highlighted a lot quicker than the doctor did.* Neville

Patients felt that it was very important to have the option of seeing their dentist sooner than the 18-month period should any issues arise:

> *I suppose really if everything's been okay, you know, it's all right, as long as that person has got the availability if she, if he or she does have a problem that she can ring and get an urgent appointment.* Valerie

It was often assumed that the proposed change in the recall interval was due to a backlog of patients waiting for treatment due to the COVID pandemic. The COVID pandemic has meant that the NHS has focused on the treatment of COVID patients and providing COVID vaccinations. In some cases, routine health services were suspended. Some of the patients we interviewed had experienced increased waiting times for other types of health services due to the COVID pandemic (including high risk patients in need of urgent treatment) and assumed that an increase in recall interval in NHS dentistry had been introduced for the same reason. For example, in the interview extract below, Sam says that if she were told to come back in 18 months, she would think this was because of the backlog of patients from the COVID pandemic, rather than because she didn't need to be seen.

> *It's a bit long to be honest, and I know…are you talking in relation to COVID backlog? Because this is a precedent isn't it, so I would not be so confident that they're…I wouldn't be so confident that they're doing it once every 18 months because of the health of my teeth rather than the backlogs.* Sam

Some patients said that they would be willing to pay extra to be seen privately before their allocated recall appointment:

> *So, for me I think it would be fair enough with my current…well I believe my teeth are okay. So, if you moved it to 18 months, I still think that I should be given the option of, you know, if you want to see someone, and there's nothing wrong with you before that 18 months, then the NHS bit gets waived, and I'll pay the full whack. You know, don't get me wrong, I don't like parting with my money, but I also accept that, you know, you can't…like we said, it's got to be a bit of a compromise.* Craig

It was also suggested that gradual implementation of a change in recall intervals was preferrable, as it would enable patients to adjust.

> *Well, you know, they said for years and years about having to go every six months and why is it all of a sudden, even if your teeth are really good, that you would go every 18 months. I think I'd feel happier to do it in stages*. Margaret

Margaret's response above highlights the fact that patients may have been seeing the dentist every six months over many years, a routine reinforced by established public health messages about the importance of having a six-monthly dental check-up. Not only does the change in recall interval represent a contradiction to previous health messaging, but some patients inferred that they may have previously been seen unnecessarily, or subject to over-treatment:

If my dentist ...suddenly said to me, it's all looking okay now, see you in 18 months' time, I'd be starting to think well how come I've been coming every six months for the last X number of years. Pat

Some patients were concerned that if they didn't attend for an appointment every six months then they would lose access to an NHS dentist. This was a particular concern given that there are some parts of Wales where it is very hard to find a dentist willing to take on NHS patients. Two patients mentioned that their dentists removed patients from the list if they did not visit every six months. We did not ask directly about this, rather the information was offered voluntarily during the interview, therefore it is difficult to glean how widespread this practice is. The following is from an interview with Jane:

Jane: At the moment, my dentist's, if I don't go there every six months, they strike you off.

Interviewer: Oh, that's interesting.

Jane: Yeah, they do. Because if you don't go for your check-ups after every six months, they take you off. So, you know, I've got to do that, but if they did the 24 months, I don't know, it seems a long time to me. A very long time for you to get…you know, especially…how can I put it? Especially with mouth hygiene. It might make people a bit more lazy with their teeth, I don't know. It's very odd that, for such a long time. You know, so that's a bit too long time, 24 months.

In addition to her concern that she may be taken off the list, Jane suggests that regular check-ups may play a role in maintaining oral health by encouraging patients to care for their teeth. The appointment may act as a form of accountability, or a patient may be motivated by the desire to receive a 'good' report.

Janet also reports that she was taken of the list of her dentist because she did not attend every six months:

Interviewer: Can you tell me about the last time you went to the dentist and what happened?

Janet: Well, for me, at the moment that's a bit of a sore subject, the dentist. They've actually taken me off their books.

Interviewer: What happened?

Janet: They said I hadn't been and…but I was supposed to come, and I said I had to cancel because I was in a car accident.

According to Janet, the practice offered to see her as a private patient which she declined.

Janet: They said you're supposed to come every six months, but you don't send a reminder, you know, not even, like, a text message to say make sure you book. Nothing.

Interviewer: And did they say that, that you should probably come every six months?

Janet: Yeah, they said, they were quite horrible actually, 'you're supposed to come every six months', and that's how they were speaking, you know. But it was when she went, 'but if you want to come privately', she went, 'I could probably fit you in, in two or three weeks', and then it was, sort of, like, then the anger boiled over and then it was just…I wouldn't give you the satisfaction of that. But I regret it because now I've got to wait until October, but it was just the fact that they basically went, 'you can't come as an NHS patient anymore because we've booted you off, but if you want to be private, that's fine'. I didn't think they were allowed to do that...

Janet was unable to find another NHS dentist despite trying four other towns in North Wales where she lives. She has since paid to have the treatment privately at a different practice.

Most patients viewed extended recall intervals more favourably when the researcher shared the reasoning behind the change (i.e. to improve access for patients who needed treatment).

Interviewer: Would the explanation be necessary, in order to help the understanding?

Rita: Oh absolutely. Because I do think the first thing people think, that you know, we want to look after ourselves and we are used to the six-month check-up, those that do it. So yes, I think an explanation then, it does put you in a different place and you are more understanding. And I think if you can see a hygienist more regularly that helps too. That would put your mind at rest. At least you know that you would be getting looked after, yeah.

Interviewer: And if the dentist said that this was something that was based on the national guidance that they'd been given, that is based on research evidence, would you find that surprising?

Rose: No, probably a bit more reassuring. Because again, it's probably a habit, isn't it, that we've got into, you go to the dentist every six months. So then for them to turn round and say, well actually, three times that is actually okay, it'd be a bit of a surprise to start with. But if you then looked back and thought, well, I haven't had a problem for the last five or six years, I wouldn't have needed to have seen the dentist every six months, and if it's going to ease waiting times and patient numbers, I could see it makes sense based on research and statistics.

An extended recall interval for dental patients with no disease was recommended by a clinical guideline published by the National Institute for Clinical Excellence (National

Institute for Clinical Excellence 2004). Clinical guidelines make recommendations for practice after reviewing the available scientific evidence. When this information was shared with patients it appeared to support a more positive view on the change by detaching the decision from the individual clinician. However, the scientific rationale was not always accepted on blind trust. Michael's response below suggests a more sceptical form of trust (Brown 2008). He wants to assess for himself the virtue of the policy and the quality of the service:

> *I think if that's a fact then, you know, that would change my opinion a little bit. What I'd also like to know is, sort of, you know, is what's the sort of average, you know, across Europe and other countries as well, just to have a bit more of a, well it would just give me more of a sort of ballpark figure of, you know, what's reasonable and what's sort of not?* Michael

On the whole, extended recall intervals were seen as an unwelcome reduction in quality of service.

> *Yeah, well that wouldn't be acceptable in my eyes then. If it was for your own benefit, for saving money every six months, or whatever, I think that would be acceptable. But if it was for the reasons nothing to do with you, for other people, and to earn more money, then I'd say that is totally out of order, because you've been a loyal customer for 10 years.* Simon

Some participants even felt as though they were being 'punished' for looking after their teeth:

> *I think, the people who've got, like, bad teeth and stuff through bad hygiene, I think it's self-inflicted anyway, so, like, I think somebody who has good teeth shouldn't be punished because of somebody who hasn't looked after their teeth themselves.* Luke

Of those who were most critical of the proposed changes, most commented that they would prefer to see greater investment in NHS dentistry rather than increasing recall intervals:

> *Yeah, I think they're just hiding the actual problem of there's not enough dentists, aren't they? or that there's too many privatised ones compared to the NHS ones really… And people can't afford these massive bills from dentists just to get your teeth sorted, so that's where I think this hiding the fact that there's not enough NHS dentists out there.* Dafydd

Dafydd, for example, argued that the problem was that there were not enough NHS dentists and if there were more NHS dentists then this would mean that more patients could be seen, and this would result in shorter waiting times. From Dafydd's point of view, increasing the number of NHS dentists is important because the alternative would be for patients to pay for dental treatment from the private sector, which could be very expensive and unaffordable for many people.

'Trust' emerged as an important theme from this line of questioning. Patient responses suggested that changes to recall intervals may have a negative impact on the patient-dentist relationship:

> *Interviewer: How do you think the patient might feel about this?*
>
> *Wendy: Well disappointed, if you've been going there for ten years and the dentist turns round and says, well I don't think I need to see you, I think they would be disappointed. Because over the years they have worked up a relationship with the dentist. No I think they would be dead disappointed.*

Wendy's response refers to the fact that patients may have been visiting the same dentist every 6 months for as long as 10 years. Over this time the patient has built a relationship with the dentist. Wendy thinks that in this context the patient would feel negatively, in this case 'disappointed'.

At the same time, patients who already had a positive relationship with their dentist, marked by a high level of trust, appeared more likely to accept a change in routine. Grace's response, for example, suggests that she trusts her dentist's clinical judgement and would therefore accept their guidance:

> *I suppose, yeah, you adapt to change really, don't you, if that's what the dentist is saying, we trust them, we just go along with their guidance.* Grace
>
> *Personally, I'd find that okay. I'd trust the dentist that my teeth were okay for 18 months, and I'd be quite happy, you know, not to have to spend the money on like unnecessary check-ups really.* Sam

On some occasions, however, this trust was based on a misunderstanding of the financial structures in place in dental practices. It was assumed that it would not be in the dentist's financial interest to extend the recall period for patients because this would mean they would be losing trade:

> *I mean it's his job and if he said that, I don't think he'd say it, and he's losing trade himself, isn't he, he's losing money himself. So, to me it's like as if he's looking after the patient.* Howard

Howard believes that the dentist will lose money by extending the recall period, this demonstrates to Howard that the dentist has the patient's best interests at heart.

Although the majority of patient perceived a change in the recall period negatively, especially before the reasoning was explained, one patient saw not needing to see the dentist as a 'badge of honour':

> *…my son very rarely goes to the dentist. I mean he's a mature adult now. But he would go for times when they would say don't come back for six, 12 months and it was always the same, a quick check-up and he was fine. He gets quite happy when*

they tell him not to come back for two years. He sees it as a sign of that he's in good health. Debbie

Prevention

Welsh Government policy aims to improve population health, oral health and well-being through a greater focus on prevention (Welsh Government 2018). Dentists are expected to give patients information and encouragement to maintain their oral health and prevent disease.

Scenario: A patient attends the dentist and instead of receiving a standard check-up is given instructions on how to brush their teeth and is asked about their diet and lifestyle. The dentist then gives them advice on changes they should make to improve their oral health.

Most patients we interviewed viewed the check-up appointment as the correct time to be delivering advice and said that dietary and oral hygiene advice would be welcomed as part of a trip to the dentist:

I think it's integral to be honest, because it is down to diet how your teeth are and to do with your daily routine. So, I would want that sort of advice from the dentist. I wouldn't want it just to be mechanical. I'd want the overall holistic approach as well. Debbie

Debbie says that advice on what patients can do to prevent disease is integral to good patient care and thinks that the dental appointment is the appropriate place to receive this advice.

Some patients said that receiving advice on prevention is something they are used to in their practice and have now come to expect:

...he always shows me how to brush my teeth. He says about how to clean them and getting through in between them. He's told me that drinking pop is no good for my teeth, things like that. Sarah

Parallels were made with GPs and other health practitioners where 'lifestyle advice' is routinely given:

Well, yeah, I'd assume that's sort of standard practice really. I mean, you know, I chat with my doctor, I chat with my dentist and, you know, things come up. Craig

It was, however, made clear that that this would only be acceptable in addition to a physical examination, rather than a replacement:

Yeah, I'd be quite comfortable with that, providing that the dentist has actually looked in my mouth and checked my teeth over and they're referring you on for some help and some guidance, I'd be quite comfortable with that. Grace

There was widespread acceptance of the idea that 'prevention was better than cure' and that patients could and should do certain things to stay healthy.

…for me personally, I would say, if you look after your car, the car looks after itself, and the same with teeth. Steph

However, some felt that lifestyle advice could potentially cause conflict between the dentist and patient, particularly if that relationship was already strained

Yes, I agree with the oral health thing, but when you start talking about dieting and things, it's quite a personal thing. And, yeah, a lot of overweight people are quite sensitive regarding their weight and who they talk to about dieting, and I think it's quite insulting for a dentist to say, you need to go on a diet, you fat git, basically. Simon

Because my dentist is very, very judgemental. Sometimes I just feel like walking out, but, especially when she tells me how to do this, and my children do that, and you are like, you try having my child for five minutes, trying to brush their teeth. It's not amusing. Alex

When the dentist tries to give Alex advice, she feels that the dentist is judging her, assuming that she is not trying or being a good mother. Her response suggests that she doesn't think it is the dentist's place to tell her how to look after her children or that the dentist doesn't understand how hard it can be to control the behaviour of children.

It was suggested that a dentist should choose their words wisely to avoid offending patients.

Yes, if they worded it right I think they would have every right to try and improve your heath for your mouth and your gums and everything. If they advised on something that would help you, as long as they use the right words, I think that would be absolutely fine. Simon

Michael felt that providing lifestyle advice would be a 'waste of time':

I think that's a bit of a waste of time, it's a bit of waste of time for the dentist and the customer. Michael

Interviews probed whether advice is more or less acceptable if given by another member of staff, such as a dental care practitioner. Many said they would be happy to accept advice from another member of the team providing that they were trained appropriately.

So for me personally, I feel as long as I knew that person was trained medically to know, 'cause obviously, as you said, hygienists aren't necessarily a dentist who do the

same work but they still can give you similar advice. So I feel as long as I have that confidence in knowing the person I am speaking to is trained, they know what they are talking about, then I would feel okay. Chelsea

Others felt the institution gives credibility to all staff and therefore the wouldn't question the qualifications of a member of staff entrusted to give advice on prevention:

Absolutely fine, yeah…They still know what they're talking about, that's what their profession is. Hannah

It was apparent from interviews that many participants had experienced little or no direct communication with a dental nurse and initially couldn't imagine a scenario in which they would ever speak to a dental nurse. When the possibility of using dental nurses and dental hygienists more was explored with patients this was a popular scenario.

When talking about different models of care, some patients suggested that oral health education appointments delivered by dental care practitioners (either in person or by telephone) could be scheduled in-between extended recall intervals.

I'd say it doesn't have to be during an appointment time, they can arrange phone calls or ask somebody specifically to do these phone calls and I'm sure if it was set, that that was their job, it would be as a task to somebody to say, right, you educate the patients and see if we can bring down certain issues, like, fillings or stuff like that. John

Only a small number considered it important that they received advice directly from the dentist:

I don't want to seem, sort of like, snobbish here, but people do tend to see the dentist as, like, the main guy so take more notice of him. Not taking anything from all the rest of the staff. John

They expressed a feeling of being 'short-changed', commenting on a perceived reduced quality in service:

I wouldn't be happy with that, personally, because I'm paying for a service that I want to know that my teeth are healthy and that everything is okay.

<u>Skill-mix</u>

National policy aims to make effective use of skill mix in dental teams to deliver efficient prevention-led dental care. This means encouraging all members of the dental teams, including dentists, hygienists, therapists and dental nurses to undertake training to extend their skills and work to the extent of their scope of practice. The intended benefits of skill mix include improvements in recruitment and retention of the dental workforce in Wales,

creating employment opportunities for local communities, and better working across the boundary between primary and specialist dental care (Welsh Government 2018).

Scenario 3: A patient attends the dentist and is told they need a small filling. When they book their filling in, they are told it will be done by the dental therapist. They are informed by reception staff that the therapist is qualified and trained in this procedure

Patients understood the justification for this model to be about improving efficiency, which would in turn reduce waiting times for appointments and improve access:

> *...it's improving efficiency, so it reduces waiting times, et cetera which, you know, goes back to the first question, I'd prefer to see someone who's not a dentist, who's suitably qualified rather than wait 24 months for a check-up*. Iestyn

With some of the participants we interviewed however, there was a limited understanding of the roles within the dental team, and the move was perceived as receiving a second-rate service

> *I wouldn't like that though, a therapist. That's like the person who tells you to eat less fatty foods* Oli

> *I think we're basically Guinea pigs. We are their training. It's the same issue. You're driving a Merc, you take it into the garage for a service, the service is about £200 quid, at least, you expect to see a factory trained mechanic work on your motor, not an apprentice.* Neville

In instances like these, explanation of the role of a Dental Therapist by the researcher was required to gain more support. But when given a choice they would rather have a procedure carried out by the most senior person available.

> *No way, absolutely no way 100 per cent no way. I never had…I've only had fillings…I've had two fillings both when I was a teenager, and I'm almost 50 now. So, if I was going to have anybody to drill in my mouth it would have to be the proper proper dentist. I don't know how many qualifications people have in dentistry and who's qualified in what, but if someone's going to put a drill in my mouth, I really really want them to be the best.* Linda

It was apparent that many people we spoke to had limited knowledge or experience of other members of the dental team. While most could recall a dental nurse assisting the dentist, there was less familiarity with the independent role of dental nurses, or other members of the team.

Among patients who were already familiar with the various roles within the dental team, many were in support of upward referral and skill-mix models and likened it to the model of care that's used in medicine and other services.

Yeah, it's the same as when you ring the doctors, nine times out of ten, you ain't going to see a doctor, you are going to see a nurse practitioner. But they are highly trained, with doctor scenarios, if that sort of, makes sense. It's the same as a nurse practitioner in the doctors, you wouldn't refuse to see one of them because they are not a doctor. And if they needed help, they would go on to get a doctor. Like if a hygienist needed help, they would go on to get a dentist. Simon

Overall there were high levels of support for the increased use of dental therapists if benefits were explained. Improved access to services and efficiency improvements stood out as the most obvious advantages to patients in increased use of skill-mix:

And, you know, prioritising the dentists workload, you know, streamlining any way you can is definitely a good thing and I don't think the public is going to complain about, you know, using taxpayer's money efficiently and fairly. Michael

Additionally, participants were keen to support general dental practitioners working at the top of their scope of practice and some commented that this could mean seeing a practitioner with a more focused skill set:

Yeah, I've got no issue with that. At the end of the day you could have a qualified mechanic changing tyres all day, most of the day, but then you might have an apprentice that's more than capable of changing a tyre I guess. That's the way I look at it. Craig

It was noted by some patients that for a lot of practices, this model doesn't fit, because of the size of the premises, or challenges recruiting staff. Others expressed concerns that it may dilute the service that they currently have locally:

I'm probably getting off track a bit but if you're saying that there's going to be incentives for dentists to basically form bigger and bigger practices, I'm not in favour of that because by necessity a bigger practice needs a bigger building, a bigger building is probably going to be not necessarily particularly local. Yeah, if they amalgamate, some community's losing its dentist because they're going somewhere else and one lucky community's getting a big practice plonked in the middle of it. That just doesn't seem right to me. Pat

Patients who expressed concerns about skill-mix if it meant that local practices closed and merged with larger, centralised practices, were mostly from rural areas. Patients noted that it was very difficult to recruit these diverse teams, particularly in areas away from large dental schools:

If my local dentist…well he has closed, I'm waiting for the new one to start, but my local dentist has closed, I don't have a dentist. I mean the fact that he may have closed here and opened up 15 miles away, well that's basically put me in a worse position for my dental healthcare than I was. Pat

Some questioned whether in the quest for overall efficiencies there is a potential for erosion of services at a local level, especially those provided by single-handed practices:

> *I can imagine with dentists, if they're a one-man band that's probably because they want to be a one-man band and…well I suppose in some cases if they're close to retirement, they might leave the profession early or you might have a number of dentists, probably a small number that are just unhappy and possibly therefore not performing as well as they would have done if they were just left on their own.Pat*

Pat suggests that the requirement to implement a policy that is impossible to implement in the local circumstances will put pressure on the remaining single-handed practices, encouraging them to leave or retire. The consequence would be to further entrench recruitment and retention problems and reduce local dental services.

Patients argued that any proposed changes needed to consider that there is not a single model of a dentist or a dental practice and that efficiency gains for some areas may mean local practices to close in other areas. And if a local practice closes then the policy is disadvantaging the very people the practice was there to serve in the first place.

<u>Access conditional on patient engagement</u>

National policy is to focus resources on interventions that will be effective. Dentists are advised that 'wherever possible, care plans should ensure that disease processes are stabilised, and these should take account of a patient's response to behavioural modification advice and context in which care is provided.' (Welsh Government 2018).

Scenario 4: A patient has gum disease and is told they need to actively change their teeth cleaning otherwise it will get worse. The patient returns to the dentist 3 months later and the dentist tells them that they will not treat the patients' gum disease because the patient has not changed their cleaning habits. The patient is booked in for their regular check-up in 12 months' time.

On first impressions this scenario received a very mixed reaction from patients. Support for the principle was based on a belief in personal responsibility, with some patients making connections with the earlier scenario about advice on prevention:

> *To be honest, when you first asked the question, the first question you asked me, that's the first thing I thought. The doctors will advise you if you need to change your lifestyle, for example, blood pressure, cholesterol, et cetera. So, yeah, I think it is feasible.* Rob

Some participants drew parallels between dentistry and other areas of healthcare such as requirements to stop smoking or make dietary changes before a gastric band is fitted, and used these analogies to argue in favour of conditional access:

It's, like, if you're a smoker and you've been given advice to not smoke and then you expect an operation, you know, with regards to your lungs or whatever, and there's people who have not smoked, or they've quit, then perhaps they should be the priority, and I think oral health is no different to that, really. Charlie

A bit harsh, but I suppose it's the equivalent of telling someone that's morbidly obese to lose weight before they can get a gastric band and to lose weight, so you have to help yourself before we can help you. Tori

Patients observed that there are some treatments in medicine that require patients to meet a certain threshold of change before they qualify, because they need that for it be successful. Patients also supported the measure on the basis of fairness and so as to not 'waste time' or NHS resources:

Well it's a waste of time, isn't it? You know, you've got to look at that from a dentist's point of view. He's thinking, I'm wasting my time here which I could use in a more productive way looking after somebody that's respecting what I'm saying. He is wasting his time, isn't he?... It's not going to get any better, and especially if she gets free treatment as well on the NHS, or he or she I should say, it's a waste of resources as well, isn't it? Chris

Patients sometimes referred to a current strain on the system, a theme which had been present throughout the earlier interview questions also:

Yes, the NHS are struggling as it is and if the doctors and nurses and the dentists are willing to help, then the patient should be willing to help. Phil

Here Phil suggests that the NHS is facing challenges meeting demand with current resources and that patients should help to conserve NHS resources. Some patients recognised that the situation a lot of dentists face is of constant cycles of treatment for certain patients, which costs a lot of money. Stopping this pattern of treatments not just frees up time but also saves the NHS money that could be used on other measures.

Many of those who initially supported the premise of encouraging patients to have more responsibility, then waivered when the details of conditional access were explored. Sian, for example, suggested that there were some patient groups, such as people with learning disabilities, who should be exempt and argues for the need to consider each case individually:

...I'm just thinking but, then again, it does depend a lot on the actual person we're talking about, maybe there'll be someone with some learning disabilities or something that haven't quite understood the situation the first time around. So everything has to be taken per case basically. But, no, otherwise if the person was totally aware of what they should have done I can't see any reason for not...they're abusing the system then, aren't they? Sian

Jane also argues that certain groups would need to be exempt, such as older people and children:

> *Older people, younger people, you know, kids. And then 18 plus, that know what they're supposed to be doing. But definitely learning difficulty, if you're disabled, they should be exempt.* Jane

Of those who were initially supportive of the principle of conditional access most were conflicted by the concept when the realities were examined and instinctively felt that it was unfair:

> Interviewer: *How is that one?*
>
> Bob: *I think it's diabolical, basically, because at the end of the day, they can't…well, it's a difficult one, it's a catch 22, isn't it? No, I'll have to disagree with that.*

Reticence from patients was on compassionate grounds and based on the NHS principle of service for all:

> *There must be a lot of people like that in this country. They don't change their lifestyle and their diet and every time they come in every six months, they know they're going to get it cleaned and their treatment done. Well, it has to be done. Yes, I know what you mean, but it is the National Health. Even if this person has neglected themselves, it's still the responsibility of the dentist to do it rather than sending them away and making things worse.* Steve

> *I think you've going have a bit of a human rights situation, like a dictatorial state, you know. It's going to feel like the government's dictating and we're used to living in a democracy, so it kind of goes against that. There's a fine balance. Something has to change, and why not make people more accountable for their own actions? I think so long as it's well advertised, it shouldn't become a problem.* Rose

Patients suggested that the full context or reasons for non-compliance may not be visible or known by the dentist. Other patients we spoke to argued that non-compliance may not be wilful or due to laziness but may arise from complex mental health and socio-economic conditions. Grace argues that for these reasons conditional access would not be fair:

> *I don't think that's fair, everybody deserves treatment. Again, you know, it is going back to people are struggling. What if that patient can't afford to change their lifestyle habits and change their diet? What about if there's underlying factors, what about if the patient has got some kind of illness which is causing the gum disease? No, I don't think that's fair.* Grace

Another argument was that the measure may be a 'false economy' if in refusing to treat patients they were then pushed into using other, more costly, NHS services, such as

emergency or acute care. In general patients did not think it was it was prudent to ignore a health problem:

> *At the end of the day with a gum disease, you know, your gums are quite vascular things and they can, sort of, lead into your sepsis routes, it can lead into anything really and at the end of the day it's going to be a 999 call with a very ill patient.* Dafydd

> *That's a bit brutal. Yeah, well where does that person go to then to be seen to? I mean that would be bad. I think there should be a bit more encouragement and help. I don't know. To tell somebody you are not going to treat them, because they haven't looked after themselves, maybe they should have a bit of a warning, but I think that would be a bit of a scary one, just withdraw and not go to the dentist because of embarrassment and the situation would just get worse.* Rita

Rita observes that if treatment was based on patient behaviour, then patients may feel that they have not been a 'good patient' or have failed in some way. This could have negative implications for health if it meant that patients were then too embarrassed to seek help.

Some would prefer to adopt a *'middle ground'* approach captured in the phrase *'three strikes and you're out'*. This was thought to be fairer by giving patients more warning and an opportunity to improve.

> *You wouldn't want to jeopardise your appointments with a dentist by being stupid and not taking on board their advice. I mean, even if you went to the dentist and they said, 'oh look I'm going to refuse you treatment because you haven't done this', maybe compromise with the dentist and say, 'okay, can you see me in six months and I will make a conscious effort?' Maybe try and compromise.* Jess

Others felt that it was important to give support to those who are unable to comply but that understanding the reasons why this might be the case would be complex and may require collaboration with other organisations. It was felt that linking with other health services could be beneficial in understanding the complex needs of specific individuals:

> *The only other thing I would say is, depending on who the patient is, if the dentist thinks that it's someone that needs a bit more help, if there was some way to contact another help body that could go in maybe and see them and try to help them through this. Because it's affecting their health. I mean, I don't know if there is something like that exists at the moment that dentists could refer to, saying, look, this person really needs someone to help them get on this track because it's their whole health is affected, rather than just their teeth. That's a possibility, if it exists*. Catherine.

> *I can see that side of things but that's where maybe potentially the dentist could bring in other professionals, for example, like the dietician, maybe a social worker and then they all get together and they all put their heads together and come up with some kind of treatment plan for that patient.* Grace

I think then they should have like a dental nurse that can see them regularly. Maybe a little bit more regularly, to give them a bit of help and support rather than dismiss them completely. Rita

Following on from that, it was suggested that some people might need personalised training, and in some cases the appropriate equipment, to better care for their own oral health:

Even get an interactive app that kind of gives you an alarm every day to go and clean your gums. Something where you're still hooked in but you're taking personal responsibility. Debbie

I mean, that 30 second clip would remind them, remind them, remind them and then it'd break them out of the habit that they've got and, you know, their new habit would become brushing your teeth correctly. Luke

After exploring the scenario further most participants felt that there needs to be a range of measures in place that don't penalise particular people who face particular challenges or haven't been given fair opportunity to change. Most were keen to see the service demonstrate compassion and were mindful that leaving something to get worse could end up costing more money to the NHS in the long run.

Discussion

The six-monthly 'check up' was an established routine for most patients, reinforced by historical public health messaging. Regular appointments with a dentist were valued by patients as a way of encouraging healthy habits. In this way they were viewed as a collaborative practice of *maintaining* good oral health. They were also an important source of reassurance that anything serious, such as oral cancer, would be detected early enough to be treated.

For some, failing to attend every six months brought with it the risk of being taken off the list of their NHS dentist. This was a shared concern for many patients in areas of Wales where it was reported to be difficult to find an NHS dentist.

Extending recall intervals was therefore unpopular and seen as a reduction in quality. The thought of losing the safety net of regular check-ups led patients to feel vulnerable, abandoned, and unrewarded for their loyalty. In some cases, patients questioned the motives of their dentist. This suggests that the change has the potential to negatively affect the patient –dentist relationship and engender distrust.

Many patients were more accepting of extended recall intervals once the reasons behind the change were explained. Patients were more likely to accept the idea where there existed a good relationship with their dentist. In this situation they trusted their dentist's advice. In healthcare trust in healthcare professionals is associated with the experience of patient-focused care (Calnan and Sanford 2004). These findings suggest that it is important that public communication not only explains the reasoning behind extended recalls but is sensitive to patient concerns and values. It also suggests that dentists should take time to discuss and agree the recall period as part of a dialogue so that patients can express any concerns and receive reassurance.

Patient education and lifestyle advice was valued by patients. Most patients were also familiar with the use of skill-mix and onward referral from general practice and other services and accepted it within dentistry. The exception was when this implied a change in the regional distribution of services where patients felt it was important for communities to be served by a local practice. This appeared to relate not just to their own individual access but to a broader concern for local communities and access for other people who might need it, such as the elderly.

Although patients were, for the most part, open to the idea of skill-mix, our study found that there was limited direct knowledge or experience of other members of the dental team. This suggests that there is scope for more use of skill-mix. Skill-mix may help to address the sense of loss of service from extended recall intervals if patients were offered an appointment with another member of the team between appointments with the dentist. This could be an opportunity for a discussion about prevention, and for patients to discuss any concerns. This option may be welcomed by patients given the value currently given to patient education and regular attention from dental staff as a way of maintaining healthy habits. Appointments with another member of the dental team, such as a therapist, could

be made available using a range of different platforms to be inclusive and to appeal to different demographics (for example telephone, video call, in person).

We found a near-universal acceptance of the idea of personal responsibility for good oral health. At the same time patients felt there needed to be exemptions for certain groups, such as those with learning disabilities or older people, and compassion and understanding for people who may be struggling, perhaps temporarily, to take care of themselves or their children, and would benefit from extra support.

On the topic of conditional access patients often agreed that resources should not be wasted but at the same time argued that delaying treatment due to a failure to comply with behaviour change may lead to more costly interventions further down the line.

Responses from patients reflect a mix of 'taxpayer-citizen', 'individual-consumer' and 'patient' perspectives (see table 3). People often gave responses that included a combination of perspectives. From a 'taxpayer-citizen' perspective, patients were open to arguments for efficiency savings and increasing access and equity. However, at the same time an 'individual- consumer' perspective was also important. From this perspective patients wanted the highest quality service for themselves and their family. A patient perspective characterised by trust in the dentist was also evident. This combination of perspectives may stem in part from the complex mix of governance mechanisms in contemporary social policy (Jones 2016), the mixed economy in dentistry, and the fact that NHS dentistry itself involves both delivery free at the point of use and patient charges.

For practitioners and policy makers, the relative frequency of each perspective is less important than the range of different perspectives that may be encountered, and that people may hold a combination of perspectives. In this context good relationships between patients and dentists are key. Good relationships foster trust and acceptance of new ways of working. Opportunities for dialogue enable changes to be discussed in a way that considers individual patient preferences, circumstances, and concerns.

Table 3. Different patient stakeholder perspectives

	Citizen-taxpayer	Individual consumer	Patient
Extended recall	The NHS is under pressure and people need to help conserve resources People with greatest need should be prioritised	I value regular appointments to help me maintain healthy habits I value regular appointments for screening	I trust the advice of my dentist I value continuity
Prevention	People can and should do things to maintain their oral health	I value advice to stay healthy	
Skill-mix	Resources should be used efficiently People should have local access to a dentist	I want the best for myself and my family I want local access to a dentist	I trust that the practitioner is qualified to do the work
Conditional access	People can and should do things to maintain their oral health Some people may face particular challenges and should be exempt or receive additional support Resources should not be wasted Delaying treatment may cost more further down the line The service should be available to all		

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