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Private or NHS General Dental Service care in the United Kingdom? A study of public perceptions and experiences

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Abstract

Background Recent changes in the NHS General Dental Service have led to a reduction in the availability of NHS dental care and increased charges. This study explores public and user views and experiences of NHS and private dental care in the light of these changes.

Methods The study employed a combination of quantitative and qualitative methods. The first phase involved a postal survey of a random sample of adults on the electoral registers in a county in Southern England, which yielded a response rate of 55 per cent ($n = 1506$). Follow-up face-to-face interviews were carried out with sub-samples ($n = 50$) selected from survey respondents.

Results The evidence shows greater satisfaction with certain aspects of private care than with NHS dental care and suggests that the decline in perceived quality of NHS care is less to do with the quality of dental technical skills and more to do with perceived access and availability. However, there was general support for the egalitarian principles associated with NHS dentistry, although payment for dental care by users was acceptable even though dentistry on the NHS was preferred.

Conclusion The shift in the balance of NHS and private dental care reflects the interests and preferences of dentists rather than of the public. It suggests, however, that a continued shift towards private practice is a trend that the public will not find acceptable, which might limit the extent of expansion of private practice.

Keywords: general dental care, users' views, private care

Introduction

Recent developments within the NHS General Dental Services (GDS) have led to a reduction in NHS dental care. In 1992, the Government cut the fees it pays dentists for providing NHS treatment, while increasing charges to users. This fuelled opposition to proposals for further changes to their remuneration system (in the Green Paper *Improving NHS dentistry*[1]). The Government's proposals were rejected by dentists, the Local Dental Committees and the General Dental Services Committee. The combination of this opposition to the proposed changes and financial difficulties led dentists to restrict the number of NHS patients they accepted.[2] According to the evidence available, the majority of UK dentists still carry out some NHS work but only half regularly accept all categories of NHS patients. There are parts of the United Kingdom where there is a significant reduction in the provision of NHS care.[3]

This change in the availability and accessibility of NHS dentistry, particularly in Southern England, appears to be 'supply' induced, i.e. instigated by a change in the provision of services, which resulted from government policy. This paper focuses on the impact this change has had on the public and users' views of dental services. Recently it was estimated that 35 per cent of the population in Britain had experienced difficulty finding an NHS dentist in their area.[4] As access has been found to be related to satisfaction,[5] this may explain the increasing dissatisfaction with NHS dentistry, which has accelerated in recent years, in contrast to other areas of the NHS, such as general practitioner services, where levels of satisfaction have shown little change.[6] Alternatively, this increase in dissatisfaction may be a product less of the public's first-hand experience of use of dental services, but caused by broader changes in public beliefs and values about health and social welfare brought about by wider social and economic changes.[7]

There is evidence that subscriptions to private dental insurance have increased in recent years,[8] which may indicate an increasing preference for private dentistry. This may be explained by rising disposable income amongst some groups, and associated with this an increased desire for autonomy and control in the consumption of health and welfare.[7] However, people making this 'choice' do not do so without consideration of whether the NHS can provide for them,[9] and, therefore, growth of the private sector is not likely to be entirely independent of the condition of the NHS. Yet, the so-called 'choice' between public and private dentistry is not so clear cut as that between NHS and private acute hospital care, as dentists can provide both private and NHS dentistry using the same facilities and sometimes in the same session.

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This paper, therefore, explores public and user views and experiences of NHS and private dental care in the light of the recent changes in the provision of dental health care.

Methods

These questions were explored in two stages: a postal survey using self-completed structured questionnaires followed up by face-to-face tape-recorded interviews using a semi-structured interview schedule. This two-stage approach was adopted given that user satisfaction explored through surveys tends to portray only a partial picture of users' views.[10] The questionnaire used in the postal survey included structured questions on general health, dental health, socio-demographic characteristics and questions on pattern of use of general dental care including mode of dental care used (i.e. public or private) and use of other dental services; user views, experience and satisfaction with different aspects of dental care; and attitudes to dentistry in general. Similar themes were explored in the follow-up interviews, although the questions were semi-structured, consisting of direct open-ended questions and probes that provided the informants with the opportunity to elaborate on their views in their own terms and to explore their perceptions and experiences in greater depth.

The self-completed postal questionnaires were sent to a random sample representative of the adult population in summer 1996 living in a county in Southern England. Thirteen of the 365 wards in the county were randomly selected and a sample of 3092 (one in 28) people was then chosen at random from the wards using the current electoral register. Questionnaires with a covering letter and self-addressed, pre-paid envelope were then sent to the sample, followed by three further reminders. The original sample was reduced to 2747, as 8 per cent had moved, 1 per cent were deceased and 2 per cent too ill or too old, and an overall response rate of 55 per cent ($n = 1506$) was finally achieved with 8 per cent refusing. Telephone interviews with a sub-sample ($n = 50$) of those who had not responded showed that the main reasons for non-completion were the length of the questionnaire, lack of time and a belief that it did not apply to them (e.g. because they had worn dentures for many years or had not been to the dentist for a long time).

Compared with the background characteristics of the population of the county, the sample contained a slightly higher percentage of women (59 per cent as against 51 per cent) and a lower percentage of people who might be defined as living in deprivation, i.e. those without a car (19 per cent against 27 per cent), those without a job (4 per cent as against 9 per cent) and those living in rented accommodation (19 per cent as against 20 per cent). There was a higher percentage of people of pensionable age in the sample (25 per cent as against 19 per cent) but no differences in ethnic group. The data from the questionnaires (with the exception of age and age left full-time education) were either nominal or ordinal in nature. Therefore the data were analysed using non-parametric statistics in SPSS.

To explore informants' perceptions and experiences of general dental care in depth, a sub-sample was selected of those who appeared to have diverse views about dental care, i.e. those highly satisfied and dissatisfied as well as long-term non-attenders. These sub-samples were selected on the basis of a satisfaction score (DentSat), which was calculated from a score derived from survey respondents' answers on five-point Likert scales to five items measuring satisfaction with non-urgent access, cost of care, dentist's manner, technical and dental skills, and management of pain. The higher the score the greater the satisfaction; the mean score was 20.3 and individual scores ranged from seven to 25 with a standard deviation of three. The overall DentSat score correlated highly with its components and was found to be statistically reliable as a scale (reliability alphas 0.74). The plan was to select 20 respondents at random from those within the top 10 per cent of the DentSat scores and 20 at random from those within the bottom 10 per cent. A further 10 were selected at random from those who had not received dental care in the last five years but who also did not have full dentures. These quotas were finally achieved after 109 people had been approached for interview, of whom 59 refused, the main reason being a lack of time. The interviews were carried out by one of the investigators supported by a trained interviewer. The interviews were tape-recorded and the data were analysed using content analysis. The data were analysed by dividing up the responses by each open-ended question. These responses were then categorized and the number of responses for each category was noted.

Results

Mode of dental care: NHS or private dentist?

Eighty-four per cent reported that they were currently registered with a general dental practitioner and 60 per cent reported that they regularly attended the dentist. Those who were not registered with a dentist said that they were not registered because they did not have dental problems (22 per cent), had difficulty paying the cost of dental care (16 per cent), difficulty obtaining NHS dental treatment (9 per cent), fear of the dentist (5 per cent) and a dislike of the dentist (7 per cent).

Fifty-nine per cent said they saw their dentist as an NHS patient, 33 per cent as a private patient and 8 per cent were not sure. Only 25 per cent reported that they did not pay for their dental care and 2 per cent were unsure. Forty-seven per cent said they paid in full, 25 per cent in part and 13 per cent reported that they paid but were unsure how much. Twelve per cent had a private insurance policy for dental care costs and 81 per cent of these respondents reported that their policy paid only part of the treatment costs. The cost of this insurance policy was borne in the main by subscribers, as only 17 per cent reported that their employer paid all or some of the cost of coverage.

Attitudes to financing of dental care

Data were collected from both the postal survey and face-to-face interviews about perceptions of dental care in the UK as a whole. Results from the survey (see Table 1) suggested respondents believed that dental care should be the joint responsibility of both the individual and the government. The interviewees (31) suggested that this was because of the cost:

'I don't think they should all be private, I think [the Government] should pay because they are quite expensive and the amount of people who don't go to the dentist now 'cos most of them are quite expensive.'

The minority who felt it was primarily the individual's responsibility, as the following informant explained, felt that individuals should give a higher priority to dental health:

'NHS [dental] care should only be for those who cannot afford it, but those who can afford it should pay for their own. The problem is that people who pay their National Insurance feel that they should get it free, but it [dental health] should be a higher priority for most people.'

Table 1 also shows that most (80 per cent) felt that dental care should be the same for everyone. The interviewees expressed this in terms of the unfairness of a two-tier system:

'I personally believe that everybody has a right to equal attention. I don't really feel that if you are a wealthy person you should be able to bunk the system. Private anything will never go away, but I don't think they should be together. One shouldn't take the resources of the other.'

'I don't think that it is wrong . . . but I don't think it should be at the expense of those people who can't afford private.'

Just under half felt private dental care was undermining NHS dental care (Table 1), although the interview data revealed that having both was attractive (38) because if offered choice:

'If you can afford it and feel that you want better treatment, it should be there for you.'

If money was not an issue, over one-third preferred to obtain free dental care (see Table 1). It appeared, from the interview data, that this preference for NHS dental care was mainly because it was less costly (29/40) and/or respondents were happy with NHS dentistry and did not see any benefits in obtaining private dental care (18/40):

'I could certainly go to a private dentist if I wanted to. I don't think that would be my choice. I'm quite happy with the one I've got.'

Further, the interviewees tended to feel that there should either be no charge for NHS dental care, or that those on low incomes should not pay; mainly because they felt they had already paid for it through taxes and National Insurance:

'Most people have paid their NHS contributions all these years and they are now having to pay a second time.'

Those who said they would prefer private dental care (9) most frequently (8/9) explained that this was because of better service, mainly in terms of speed of treatment:

'If I had more money I would probably use a private service because I would probably want to be seen quicker if I had a problem.'

Table 1 Attitudes to dental care

	%	*n*		
Main responsibility for ensuring people obtain adequate care				
Government	22	319		
Individual	26	379		
Both	49	707		
Don't know	34	34		
Other	<1	5		
		1444		
Dental care should be same for all	80	1170		
Able to pay for better	15	218		
Not sure	5	80		
		1468		
Ideally (if money was not an issue) would you prefer to				
Pay for private	23	336		
Pay for NHS	24	346		
To obtain free dental care	36	522		
No preference	17	244		
		1448		
	NHS		**Private**	
	%	*n*	%	*n*
Do you think that under NHS/private dental care patients are given				
More treatment	6	81	29	417
Less treatment	21	299	1	18
Right amount	51	750	40	581
Not sure	23	331	30	434
		1461		1450
	%	*n*		
Do you think private dental care				
Is undermining NHS dental care	44	635		
Complements NHS dental care	18	260		
Neither	15	219		
Not sure	23	335		
		1449		

However, the interviewees tended to feel that they did not have a choice between private and NHS dental care ($n = 33$); because of the high cost of private dental care (26), and the lack of dentists providing NHS dental care (23). Indeed, a frequent comment was concern regarding the lack of NHS dental care:

'It's a shame so many dentists have to go private. I think that must be a big off-putting thing to an awful lot of people . . . 'cos there are a lot more private dentists, from what I can gather, than NHS ones.'

Perceived differences between NHS and private dental care

Further examination of views about the differences between private and NHS dentistry, in the postal survey (Table 1), showed that there was a tendency to feel that patients were given less treatment than they needed under the NHS care yet more treatment than they needed under private dental care.

Table 2 Views about the differences between NHS and private dental care

	Private care (%)	NHS care (%)	Same (%)	Not sure (%)	*n*
It is easier to register with a dentist	75	3	9	13	1404
Quicker to get an appointment	63	2	21	14	1425
More pleasant surroundings	46	1	36	18	1385
Dentists spend more time with patients	50	2	31	17	1402
Surgeries have superior equipment	41	2	36	21	1389
Dentists have a better manner	24	3	54	20	1390
Dentists are more highly skilled	13	2	71	13	1390
Dentists are better at reducing the pain of treatment	12	2	70	16	1390
It is less costly	1	79	4	16	1381

Also, as can be seen in Table 1, a large minority felt that private dental care was undermining NHS dentistry. The benefits of private dental care (see Table 2) were perceived mainly to be associated with easier access (easier to register, quicker to obtain an appointment) although it was seen to be more expensive. Also, around half felt that under private dental care dentists spent longer with patients (60 per cent) and the surroundings were more pleasant (55 per cent). Yet, most people felt that NHS and private dental care was about the same when it came to the dentist's technical skills, pain management skills and manner. This was also reflected in the interview data, as illustrated here:

'You sit in the same chair and see exactly the same dentist with exactly the same equipment. You may be seen slightly more quickly but there is absolutely no ostensible difference from the service that you are offered or the products that are used.'

'They are still doing the same job ... If you are private it might be posher. It is still the same dentist working on your teeth.'

It is interesting to note that, when asked to rank different aspects of dental care, most ranked dentist's technical skills as most important, followed by the dentist's availability in an emergency, the dentist's manner, the cost of care, availability for a non-urgent appointment, the manner of other dental staff's manner, waiting times (for an appointment) and, lastly, the surgery's facilities. However, there was no statistically significant difference between those who mainly received private or NHS dental care and their views about how important these aspects of dental care were.

The interviewees were asked further questions about private dental insurance (PDI). Many (41) had not given much thought to PDI and felt they would not take out PDI because they felt they did not need it:

Table 3 Mode of dental care and reported experience

	NHS		Private		χ^2
	%	*n*	%	*n*	significance level
Wait to see dentist					
<15 minutes	58	427	62	253	
15 to <30 minutes	34	253	34	138	
30 to <45 minutes	6	43	4	16	23.1, 8 d.f., $p < 0.01$
45+ minutes	1	8	1	4	
Wait for more urgent appointments					
Within 1 week	18	84	24	63	
1 to <2 weeks	32	150	32	84	
2 to <3 weeks	28	135	24	62	
4 to <8 weeks	9	43	8	22	28.1, 10 d.f., $p < 0.05$
8+ weeks	4	21	4	11	
Ability to pay					
Can afford to pay	58	394	64	246	21.7, 8 d.f., $p < 0.01$
Expense doesn't restrict frequency of attendance	34	229	35	134	27.3, 8 d.f., $p < 0.01$

'Because the treatment I have received has been very good, ... very adequate.'

Variations in experiences of using private and NHS dental care

Those receiving private dental care were only slightly more satisfied with their dental care as a whole than NHS patients ($\chi^2 = 17.1$, 8 d.f., $p < 0.05$). The relationship between satisfaction with specific aspects of quality of dental care and mode of dental care showed no consistent pattern. Those receiving private dental care were statistically significantly more likely to be satisfied with their dentist's manner ($\chi^2 = 23.2$, 8 d.f., $p < 0.01$), access for a non-urgent problem ($\chi^2 = 25.6$, 8 d.f., $p < 0.001$) and the facilities in the practice such as the treatment room ($\chi^2 = 16.1$, 8 d.f., $p < 0.05$) and the waiting area ($\chi^2 = 23.5$, 10 d.f., $p < 0.01$). However, in the areas which the users consider to be most important, such as the dentists' technical and pain management skills and the cost of care, there were no significant differences between the satisfaction levels of NHS and private patients.

This relationship between satisfaction and mode of dental care was then examined to establish whether it was due to a difference in reported experience. First, aspects of access and availability were examined (see Table 3). Those who generally visited a private dentist were significantly more likely to report that they received a non-urgent appointment within one week and were more likely to have only a 15 minute wait for an appointment. They were significantly more likely to feel they were able to afford to pay for dental care and feel that the expense did not restrict how frequently they attended. (There was no statistical relationship between mode of dental care and a perception of whether expense restricted the type of treatment received.) Those who received private dental care were also more likely to receive urgent dental care from their own practice and were significantly more likely to attend regularly.

Further, as can be seen in Table 4, those who received private dental care were significantly more likely to feel that their dentist explained things well, gave enough information, examined their teeth thoroughly, reduced the pain of treatment, spent enough time and carried out infection control precautions. However, there was no significant relationship between mode of dental care and the perceived ability of dentists to relieve dental problems.

Discussion

This study explored public and users' views and experiences of NHS and private dental care in the light of evidence of recent changes in the provision of dental care in the United Kingdom.[11] Evidence from national attitudes surveys indicates a decline in public satisfaction with NHS general dental care.[6] The evidence from this study comparing NHS and private dental care suggests this decline might be explained mainly because of problems of accessing NHS dental care. The study showed the public to be more satisfied with some aspects of private care, and these focused on access and availability, and the quality of practice facilities. Evidence from both public perceptions and users' experiences suggest that, at least in South East England, it was easier to register as a private patient, to obtain an appointment with a private dentist and to see a private dentist once you arrived at the surgery. However, once the dentist was 'accessed' there was no evidence that users perceived that they received markedly different levels of quality of care in the NHS or private care, at least in the key areas such as perceived quality of technical care and the ability to relieve problems.[12,13]

This might explain why, despite the higher levels of satisfaction with certain aspects of private dentistry, it was not perceived by the majority of the respondents as the preferred option. There was general support for the egalitarian principle (free at the point of use) associated with NHS dentistry, and some concern that private dental care was undermining NHS dental care. However, dental care was perceived to be the joint responsibility of both the government and the individual, and, although NHS dentistry was preferred, payment for dental care by users was also seen as acceptable.

Evidence about the actual extent and nature of the shift away from NHS dentistry and towards the private sector is in short supply, as are the reasons for dentists making decisions to restrict their NHS work.[14] The limited available evidence[15]

Table 4 Mode of dental care and views about dentists' skills

Dentist skills (% agreement)	NHS %	NHS *n*	Private %	Private *n*	χ^2 level of significance
Examines teeth thoroughly	86	606	92	349	34.3, 8 d.f., $p < 0.001$
Gives enough information	79	540	86	324	27.7, 8 d.f., $p < 0.001$
Explains things well	88	637	92	368	19.2, 8 d.f., $p < 0.05$
Reduces pain of treatment	68	475	72	281	23.9, 8 d.f., $p < 0.01$
Carries out infection control	95	679	97	383	24.2, 8 d.f., $p < 0.01$
Spends enough time	84	595	88	343	20.6, 8 d.f., $p < 0.01$

suggests that dentists find NHS work stressful because of the government remuneration scheme, feeling undervalued and the increasing need to be business oriented. On the other hand,[16] 'independent' practice brings further control over work, with less time spent on 'peripheral' tasks such as administration. However, the evidence from the study presented here shows that the shift towards private dental care was not a change that the public wanted or would have chosen, and suggests that the shift reflects the changing circumstances and/or preferences of dentists rather than those of the public. The evidence showed few major differences between users' perceptions of the quality of dental care in the NHS and the private sector, particularly in the crucial area of technical skills of the dentist. However, one of the attractions of the private sector was in its perceived accessibility, which confirms that the increasing public dissatisfaction with NHS dentistry reflects particular problems with supply rather than other aspects of quality of dental care. Certainly, according to this evidence, further expansion of the private general dental care would not be supported through demand from the public.

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