

SUPPLEMENTARY FILE 2: Theory refinement phase of the realist-informed process evaluation

GENERAL DENTAL PRACTITIONER STAKEHOLDER GROUP CODING

Contractual: There are significant issues managing the patient journey due to therapists needing a GDP to open a Course of Treatment, chiefly, that a GDP needs to be on-hand when a DT is with a patient, this creates difficulties managing the books particularly when patients fail to attend or when the GDP or DT fall out of sync. GDPs were broadly in favour of improving access to DT as it would ‘free up resource’, make for a ‘more efficient practice’, and lead to ‘a better service for the patients’. However, concerns were raised regarding clinical oversight. GDPs need assurance that complex or difficult to identify issues will be identified and referred upwards (‘who’s checking?’). Direct access has been proven in theory and in practice under the private model, however the UDA system limits its implementation in NHS practice.

The UDA system was seen by GDPs not to reward preventative practice, as there are very few remunerative mechanisms available for non-intervention treatments, particularly performed by other members of the dental team. Oral health education was seen to be being delivered for ‘free’. Moreover, the NHS contract does not support the use of role-substitution or a team-based approach. The division of UDAs from associates to DTs provides a disincentive for most associate dentists from referring work on. GDPs would appreciate guidance on how to implement skills mix under the current system. Additionally, the target-driven nature (meeting ACVs) of the contract does not allow freedom or flexibility for GDPs to experiment with different models of care. There was a feeling amongst GDPs that the UDA system is more efficient in low-need areas, high-need areas can have lower UDA values and a greater demand for complex care (low associate earning potential).

In all cases where practices were using therapists, GDPs identified that they had to be innovative to make the system work for all stakeholders (owners, associate dentists, DTs and patients). Examples of innovation included the use of the private sector to supplement earnings for associates in exchange of a reduction in UDA earnings, or to allow patients access to a DTs once periodontal treatment has stabilised. Other examples of innovation included assigning associates responsibly for a proportion of a DTs salary based on their UDA target; charging associate

dentists to use a DT on an hourly rate; or, running a practice with only equity-owning partners and DTs (i.e. without associate dentists). There were also references to unsuccessful attempts to make role-substitution work for all team members, these typically either drove increased innovation or facilitated a return to the ‘standard’ model of dentistry. Even in instances where innovative practice was allowing role-substitution within the current contract, all identified that the system was ‘not perfect’.

The NHS contract creates a tension between associates and therapists because of the difference in remuneration structures (UDA vs. pay-per-hour). Examples were given of DTs earning more than associate dentists due to patients not attending appointments, or associate dentists delivering complex treatment plans. Associate dentists expressed concerns over referring treatments to DTs as it was ‘detrimental to their self-employed’ pay. There appeared to be no fundamental conflict between DTs and associate dentists, only that which was driven by the financial pressures of the NHS contract. If the financial pressures were relived (though innovative practice management) associate dentists would understand and appreciate the advantages of role-substitution and their role in the system.

Institutional Logic: DTs working to their full Scope of Practice can cause a professional challenge to associate dentists. Notwithstanding the potential for DTs to impact on associate dentists’ pay, clinical reasons were also cited as a reason for professional challenge. Working under prescription, makes resolving differences in clinical opinion more difficult, as it could be seen as a challenge to authority. However, examples were also given of instances where DTs did not want the additional responsibilities of working to their full Scope of Practice, making it difficult for GDPs to full utilise their skills.

A distinct difference was observed in the opinions of role-substitution between equity-owning practice owners (‘Providers’) and associate dentists (‘Performers’). Practice owners tended to fully support the use of role-substitution in practice as it represents a mechanism for increasing practice efficiency: meeting the needs of the local population using a less expensive workforce, whilst reserving the advanced skills of GDPs for cases where they are need most. Associate dentists predominantly resist the use of role-substitution due to the competition for work,

but also because of the perceived complexity of implementation. However, an exception to this was the referral of periodontal treatment, GDPs preferred to refer periodontal treatment for cultural reasons. Role-substitution was perceived well amongst equity-owning practice owners and associate dentists in practices that had implemented it effectively, however this was typically reported by practice owners not associate dentists. In these practices, the ‘culture’ of the practice (i.e. cultural change) was cited as an important lever for successful implementation.

Regulatory: The Scope of Practice of DTs was seen as barrier to them working as effectively as GDPs. Examples were given of how treatments initially appear to be within scope, which then turns out to be outside of their scope. In these instances, the inefficiencies caused by the need for GDP intervention outweigh the efficiencies gained by referring to a DT. If DTs had a wider scope, and accompanying training, it was thought that these instances would be less common. There was unanimous opinion that, when operating within their Scope of Practice, DTs could perform clinical tasks as well as GDPs. There was also the opinion that DTs could perform certain treatment more effectively than GDPs due to the frequency that they conduct these tasks. If DTs could prescribe, it was envisaged that the patient journey and practice efficiency would be improved. If DTs could report on radiographs, prescribe local analgesia and fluoride varnish, then it would allow them to work to their full Scope of Practice without needing to involve a GDP.

Patient Experience: GDPs can see the benefit of skills mix to the patient experience. Patients are likely to accept that treatments may be delivered by other members of the dental team. GDPs working with role-substitution can identify very few cases where the patients genuinely object to being treated by a DT. GDPs must effectively communicate the role of a DT to the patient, for patient to fully accept being treated by a DT. This is because patients are typically unaware of DT as a profession. The endorsement must come from the whole team (reception, nurse, associate, owner) for maximum effect. Patients typically care more about changing practitioner, than the title of the practitioner. Patients also prefer to be seen by a single practitioner, rather than being referred between practitioners.

Logistical: There are significant logistical, real-estate, barriers to the successful implementation of skills mix, primarily surgery space. GDPs found it hard to envisage how one/two chair practices could make skills mix work under the current contract. This was attributed to the scope of practice, and capacity for emergency cover amongst other things.

DENTAL THERAPIST STAKEHOLDER GROUP CODING

Contractual: There was a general feeling among the DTs interviewed that they were being under-utilised. A large part of this feeling caused by the need for a GDP to open a Course of Treatment (causing additional workload). A popular preferred model amongst DTs was that of upward referral (akin to medicine), whereby a DT could triage patients. A similar model suggested was that low-risk patients (previously assessed by GDP) book in directly with the DT who opens a Course of Treatment and maintains their oral health. It was recognised that both models require safeguarding through oversight by a GDP. Most DTs felt confident in recognising situations that were out of Scope of Practice, while others thought that additional training would be required (confident only with simple cases and/or children).

There was widespread recognition of the inefficiencies in the current referral system. DTs were highly frustrated by the time taken to refer a patient back to a GDP. At best the referral could be done on the day if DT was working alongside a GDP, however it would still require interruption to the GDP and prolonged chair time for the patient. At worst, the patient would need to be recalled to see the GDP for a RDE and then referred back to the DT, often taking months. Instances were identified when this could have serious implications for the patients' health (emergency & child caries). Additionally, patients were often confused and frustrated by the system, which caused the clinicians additional frustration. Practice financial implications of sub-optimal referral pathways were also recognised.

There was an overwhelming feeling amongst DTs that prevention is not incentivised within the current NHS contract. This is seen as a contributory factor to the under-utilisation of DTs. There were a number of behaviours that were identified as resulting from the limited rewards

available for prevention under the current contract, these included: DTs covering chair time for part-time GDPs and DTs working as DHs (privately). DTs felt that the UDA contract, coupled with the need for a GDP referral put them at the behest of GDPs.

Institutional Logics: DTs recognised that an increase in role-substitution in NHS dental practices may require a change in GDP work pattern, which may not be viewed favourably. These changes would involve an increased level of specialisation, a change in attitude towards referral and possible de-skilling in routine procedures. There was unanimous opinion that a supportive team approach was required for effective use of role-substitution. This centres on the GDP-DT relationship, but extends to all members of the dental team. Endorsement of DTs through trust, feedback and support was recognised as essential for effective implementation. There was also some recognition that GDPs often require time and experience working with a DTs to build the trust required for endorsement.

There was a general perception that certain groups of GDPs viewed DTs differently. Typically equity-owning practice owners were more supportive of DTs due to the potential financial benefits they can bring to the practice. Equally, younger dentists that had been trained in a skill-mix environment are more supportive of skill-mix as they have experience utilising DTs. Associate dentists were perceived to be the least supportive of DTs in NHS practice, attributed to the competition for work (and therefore payments) driven by the current UDA system.

DTs are commonly under-utilised in NHS dental practice and perform as DHs. There was a feeling of resignation amongst DTs that they would be fortunate to work to their full Scope of Practice in a typical NHS practice. This results in de-skilling of the DTs workforce leading to a loss of clinical confidence, and many DTs not returning to their full Scope of Practice. A further driver of this phenomenon is that DHs often earn considerably more than a DT. DTs feel demoralised that their additional skills are not fairly remunerated in the workplace.

Regulatory: Opinion was unanimous across the DTs that they were as effective as GDPs at performing treatments within their Scope of Practice. However, it was recognised by some that DTs may be slower at performing a given treatment, possibly due to differences in workload

compared with GDPs. Possibly the single largest frustration identified by DTs was their inability to prescribe. This was seen as out of alignment with the extent of their scope and training (typically fluoride, analgesia and x-rays). A number of issues were linked to the need for DT to obtain a prescription from a GDP. The inefficiencies caused by the requirement to gain a prescription from a GDP during an appointment was considerable. This could lead to re-booking the patient's appointment, which had significant financial implications. Some DTs identified mechanisms for working around the inefficiencies of obtaining a prescription, these typically involved leaving some ambiguity in the treatment plan, or GDPs issuing prescriptions post-hoc, based on a trusting clinical relationship with the DT. This led to a feeling of reducing professional autonomy amongst DTs.

Patients Experience: There was a sense amongst DTs that patients appreciated the type of healthcare delivered by DTs, predominantly due to the additional time that they are afforded and the opportunity that this provides for discussion and oral health education. Patients were thought not to be particularly concerned with the registered title of the clinician, but more with the level of access, the quality of care and the consistency of the person providing the treatment (not being bounced between clinicians). DTs felt that patients were happy to be seen by different members of the dental team (other than dentist) as this was similar to systems they were familiar with in medicine. DTs observed that patients typically had a poor understanding of what DTs could undertake clinically and that they often conflate DTs with DHs. Occasionally, this could result in a negative reaction if the patient felt that they were not being seen by the clinician they thought.

DENTAL COMMISSIONER STAKEHOLDER GROUP CODING

Contractual: It was recognised that there are inefficiencies in the current NHS dental contract. The inability of DTs to open a Course of Treatment presents a barrier to workforce optimisation within the practice. There was a suggestion of an intermediate performer level that would allow DCPs to open preventative courses of treatment within the NHS, within a broader recall structure. This broader recall structure may include extended recall periods, DT fluoride application and GDP oversight for clinical safeguarding.

There was widespread feeling that the current contract, payments according to UDA's, is not fit for purpose in contemporary dentistry. The UDA system does not support mixed dental teams, largely because of the lack of obvious remuneration structure for DTs. Examples were given of different payment models for DT and how they place a strain on the practice and its staff. GDS dental contract reform, and other innovative initiatives, were cited as an opportunity to re-align the remuneration system for DCPs away from UDAs. More broadly, it was suggested that the current contract did not sufficiently incentivise the level of access and the quality of care required by local populations. It was also thought that the current contract is driving DT away from the NHS and towards private DH practice.

Institutional logics: A comprehensive adoption of role-substitution would require a change to the working pattern of GDPs. Primarily, this would represent a shift towards GDPs undertaking more specialised and complex procedures. It was thought that individual GDPs would have individual opinions of this change to their work pattern: some would view it positively as it presents more challenges and opportunities to learn/progress, whilst others would view it negatively as they lose clinical diversity. It was also articulated that GDPs would have to adjust to referring more treatment to other members of the team and stepping back from much of the front-line dentistry. For some GDPs, this model could make space in their diaries for private treatments.

As an associate dentist has to refer treatment to a DT, they will usually apportion part of the UDA value to the DT and this adds a financial dimension to the relationship between these two professional groups. It was suggested that the concept of role-substitution and its associated advantages for all members of the dental team would need to be effectively communicated to associate dentists. Without this, internal resistance from associate dentists may inhibit implementation. More broadly, practice owners need to show leadership and as a result, a robust business model is critical. DTs are often used as a DH in practice, given the increased revenue that can be generated and GDPs historically are less keen on undertaking periodontal management and so are more inclined to refer these.

Regulatory: There was a sense amongst commissioners that the need for a prescription by the GDP limited the efficiency of using DTs in NHS practice. The inability of a DT to prescribe was seen to be misaligned with their Scope of Practice and often interrupted the patient journey. This dependence on a GDP support had the additional affect of reducing a DTs professional autonomy.

Logistical: It was widely accepted that the NHS practice infrastructure plays a large part in a practices capacity to implement role-substitution. The current model for role-substitution is predicated on NHS practices having sufficient surgical space for a DT. Small practices consisting of one or two dental chairs were identified as limiting the progression of role-substitution in NHS dentistry. Some suggestions were made as to how best to counter this, including: extended opening hours, building extensions and forming hubs for local health services in primary care, where capital resources would be pooled between providers to enable patients to access NHS dentistry, ophthalmology and pharmacy.

PATIENT STAKEHOLDER GROUP CODING

Trust in Clinicians: The patients interviewed were significantly influenced by the institutional elements of dental care. It was seen that they gave their trust based on the systems of governance associated with medicine and healthcare. These specifically included, the training that GDPs and DCPs received, and that there was understood to be a legal framework to back this up. Patients felt that they had too little knowledge of the system to question appropriateness of a clinician for performing certain tasks and expected that they would see the most appropriate person. Patients valued endorsement of the clinician from the rest of the dental team. Patients were able to site examples of instances where concerns the had surround new or existing clinical were allayed by comments made by other members of the dental team, including reception staff, DCP's and GDP's.

The personal relationship between a patient and a clinician was important to many of the patients when it comes to trusting a clinician: This relationship appeared to be embedded in cultural links, where references were made to the importance of language and identity. Many

patients identified a friendship with their clinician that was highly valued, often to the point of patients insisting on seeing certain clinician over others, or moving practices to follow a clinician.

Many patients had positive experiences seeing a new practitioner (including DCPs): Patients were often nervous about being seen by a new practitioner, but reservations were quickly overcome following successful treatment, leading to trust in the practitioner. Elements that build trust include, communication, clinical competence, experience, personality and relationships.

Patients often expressed concerns around inconsistency of clinician: Patients did not like to change clinician regularly, even if they had no problem with the treatment they received by different clinicians. Regular changes in staff raised concerns of the practice management and patients thought this could ultimately affect their quality of care. High staff turnover made it difficult for patients to build trust in their clinician. This was particularly important for anxious patients. Patients appreciate the fact that a consistent clinician will have a better understanding of their complete medical history.

Of the patients interviewed, most were accepting of the idea of seeing a non-GDP member of the dental team, providing they had the correct skills: Within this was the idea that it was the individual, not their registered title that was important. However, there were patients that felt it was important for them to see a GDP regardless of their situation. This seemed to be, in part, because of the educational and structural hierarchy within dentistry, the impression that the dentist is at the top. Patients also cite historical reason for wanting to see only their GDP – as that's how it's always been. Also, patients appeared to link the scope of practice of Therapist to that of Hygienists. A typical example of this would be that they are happy for Therapists to treat periodontal disease but not caries.

Individual Circumstances affect Thoughts on Skills-mix: Patients with complex health needs expressed more of a desire to see their GDP rather than another member of the dental team. Examples of this included family members with disabilities and patients that had complex needs

due to poly-pharmacy. Patients recognised that skills mix did not mandate that all patients should be seen by a Therapist, but were mindful that check and balances needed to be in place to prevent DCPs working outside of their scope.

It was recognised that there was a generational divide amongst patients as to their expectations of clinicians and the frameworks in which they operate: Older people generally had an established view of dentistry, typified by an older, usually male, practitioner who they would see for most of their life. The situation was often confounded by older patients also having complex oral health as well as general health needs. However, younger patients were more receptive to the idea of being treated by multiple clinicians, and there wasn't such an expectation/entitlement to an individual.

Anxious patients were more likely to care about which clinician they saw: These patients expressed concerns over being treated by different individuals but did not have a preference of registered title. The primary concern was that the clinician would give them enough time and treat them well (comfort and reassurance). Some patients suggested that Therapists may be better positioned to treat anxious patients if they were afforded more time, or had better communication skills, than the GDC.

Low risk regular attenders were more likely to accept the idea of skills-mix: This patient group understood that they may not need to see the most qualified member of the dental team every time they visit. However, some low risk patients were concerned that being labelled low risk may cause problems in the future as they may be discouraged to have such regular check ups until a problem has manifested. These patients were also interested in what the low-risk inclusion/exclusion criteria may be.

An Understanding Of Dentistry Makes Patients More Accepting Of Skills-Mix: Patients generally understood that the successful implementation of skill-mix could result in NHS cost savings. Amongst these patients, a cost saving for the NHS was not viewed negatively. It was expressed that if the finances of NHS care were made more transparent then patients may be more accepting of change. These patients

identified that they would prefer their dentist to conduct more complex treatments rather than more administrative tasks – ‘optimisation’. Some patients however did not view cost savings, and therefore skills-mix, positively as they feared it would create more room dentists in the private sector and dilute the quality of care under the NHS. Patients feared that NHS cost savings may be being prioritised over patient care.

There was a general lack of understanding surrounding the roles of the dental team: Most patients would prefer more education regarding the roles and responsibilities of the different members of the practice. This extended to the reception staff, whereby patients were unsure/uncomfortable giving them their medical information as they didn’t know how well trained they were to understand that information. Overall, a basic understanding of the role of a Therapist made them more likely to be receptive of dentist-therapist role-substitution. Currently, the term ‘Therapist’ may make some patients nervous, as it implies a lesser level of training. Patients most commonly confused Therapists with Hygienists – they find the terminology confusing. Patients felt that they would be more accepting of change (of clinician) if it was communicated effectively to them, rather than enforced.

Patients valued access to dentistry very highly: Any suggestion that skill-mix may improve access through, reduced waiting times or longer appointments was well received. Patients did raise concerns over therapists’ scope, and the associated loss of efficiency of having to have a dentist on hand for routine treatments. This extended to emergency treatments that couldn’t be completed by Therapists, although, others understood that a Therapist may, occasionally, need a second opinion.

The efficiency of treatment was important to the patients interviewed: Patients could site examples of where they had had to visit the dental practice on multiple occasions for treatment. Multiple visits placed and increased burden on those with jobs, children, disability or no convenient form of transport. Within this, some patients saw the benefit to the practice of using Therapists to improve the efficiency of the practice by freeing up GDPs to perform procedures rather than check-ups and procedures.

Patients articulated being more involved in their own health and oral health: This extended to the amount of time and detail they were afforded with the clinician to discuss their oral health needs. Patients who had received treatment from Therapists recognised an improvement in communication and oral health advice.

Some of the patients interviewed drew parallels between skill-mix in dentistry and other services: The most common comparison was with medicine. Patients recognised that the triage nurse as a successful implementation of skills mix in medicine, and on this level they could positively relate Therapists performing routine recall appointments. These comparisons added clarity to the procedural advantages of skills-mix.

Theory refinement for the realist-informed process evaluation

STAKEHOLDER	THEORY AREA	QUOTE
GDPs	CONTRACTUAL	<p>13.32 I think that in certain situations, therapists should be allowed to have that facility to open the course of treatment.</p> <p>And you work in a more trusting environment whereby they do become...or they do get into a situation where they're unsure, they would come and ask for assistance or get a second opinion.</p> <p>14.124 I guess the first point I asked, is a lot of these issues surrounding the use of therapists, are to do with, I guess, the limit of their scope, they can't open a course, they can't prescribe. So, then all of these impact on that patient journey</p> <p>14.545 if a therapist or hygienist is opening a new course of treatment, and they are able to do an exam, how then do you know that they are competent to look for oral cancer, for example? I'm being very dramatic here</p> <p>14.565 Because the argument then could be, well I haven't trained for years and years, and then you're asking me to do, you're saying that I can do it, but who's checking me, who's checking?</p> <p>16.29 So yes, there is all kinds of stuff doing points where it probably does affect the levels of patients. And a little bit more than it could do. It could certainly...would be more effective if there was a little bit more opportunity for direct access</p>

		<p>16.46 Sometimes we'll manage it where we'll actually book the patient in fact have an examination with a dentist. Now in that they're likely to apply periodontal treatments and we'll opt in the therapist appointment afterwards. So that's what...we tend to deal with it. Sometimes patients will kind of see the therapist on a private basis, within three months. We actually charge probably quite low fees, I suppose. .. I suppose that sometimes has a bigger impact and the patient doesn't come in for that appointment, it's just back to back the dentist and the therapist. You know, you're both losing time out of your diary</p> <p>16.116 our problem right now is that the therapist is booked up far into the future and we could get them in with the dentist now. Or equally like you're saying you've got to line up a slot where you've got the dentist and the therapist.</p> <p>16.123 You have issues where if the dentist happens to be behind, the patient's due to see the therapist, that back to back doesn't work quite as well. Whereas if that patient was just perhaps coming in to see the therapist, it's obviously there's less external factors that could go wrong. It tends to flow a little bit better as well.</p> <p>16.137 And then what happens is, where patients are meant to be coming perhaps in three months, if we're having the [inaudible 00:07:21] at the check-up and then line up a treatment appointment. Sometimes there's a bit more time lag and a bit of time delay and then it starts, you know, it might push out four months, five months</p>
		<p>13.225 Free up a huge amount of untapped resource but also more efficient practice and a much better...essentially a better service for the patients</p> <p>15.67 the associates are thinking rather than booking the patient in with the therapist, I might as well then a) do the filling today or b) bring the patient back and then it'll be completed, let's say on a second visit.</p>
		<p>13.528 private basis they've got direct access, you can ask a patient, actually forget the dentist, you don't need to see them every three months, you can go and see the hygienist directly and actually we can do it for less... I've worked in, like I say, an 80 per cent private practice, where the hygienist, therapist, is doing a lot of private perio. There's no issue in that regard, but you know, as it is, NHS contracts don't allow for this long spanning treatment</p> <p>14.517 There was a lot of debate then, with Direct Access. And then that sort of all fizzled away, because I don't really hear of patients going to see just a therapist or hygienist, I've never heard of that, I've never heard of anyone going just to solely see a therapist or hygienist, there were all sorts of [inaudible 00:34:38], even though the ability is there</p>

		<p>13.53 you're allowed to claim units of activity that hasn't necessarily been involved with the specific examination of a dentist or an agent then I would guarantee you that far more children would benefit from oral health</p> <p>13.72 whatever quality measures you want to take, allow them to go on school visits and see children, talk to them but have some, sort of, remunerative mechanism available.</p> <p>13.86 within a system that didn't reward that intervention and/or certainly didn't reward or encourage or allow the skill mix to develop as well as it could've been.</p> <p>13.206 the current system, you feel like you're...one hand's always behind your back and you're always struggling to run against time, that walking through treacle, if you like, it always can be very frustrating</p> <p>13.250 if you see a patient who has a lot of changeable inflammation, flack and debris and they would benefit from 15 minutes of oral health education, there's nothing left in the pot. The dentist has claimed UDA, if we refer them to the therapist or a health educator or anyone else suitably trained, we're doing it for nothing</p> <p>13.280 they cant claim a UDA because the dentist hasn't seen them, you can't get the funding to do the oral health education because the dentist [has seen them, claimed UDA 17:22].</p> <p>13.276 What you really want to be able to do is work in close relationship with, say, a therapist who can do routine treatments, oral health education, periodontal care, all of that. But you're limited to...you've done the check-ups, the dentist claim that on UDA so you've got two left and that just isn't enough to allow the time. ... The UDA system is inflexible</p> <p>13.294 Or, we've already got our UDAs, we've done our target, that's in the bag, why would I want to bother, and that's where the ethics of the whole systems come into it and there's that pressure.</p> <p>13.305 Once they're in maintenance, the system doesn't allow continued, ongoing periodontal care 'cause they've now become stable. The NHS doesn't allow it, it tends to work towards that you need to be treated rather than preventing the problem.</p> <p>13,320 The UDA system stops the appropriate priority, if you like, or maybe direction of resources because you have to keep getting the dentist involved which is expensive; it's inflexible for everybody, it's one-size-fits-all</p>
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		<p>15.45 and I think maybe there's a lot of therapists usage in community services, isn't there and where its remuneration is slightly different sometimes or pressure might be slightly different</p> <p>15.482 if you're in a practice that perhaps has had clawback, they are probably thinking, well, you know, is it going to work to get a therapist in as an extra member of staff, is that going to help my clawback or worsen my clawback. I just think that everyone's just a bit fed up at the moment with the current system</p> <p>15.494 a lot of practices aren't necessarily taking on new patients, they've got an established list and if they are managing to complete the target, it's almost, like, why should I change anything 'cause this is working for now.</p> <p>15.107 Because we've got to jump through the hoops. So you jump through the hoops because we've got to open up that course of treatment because we've got to do an examination to go with that course of treatment as well.</p> <p>16.260 In the areas that are of highest need, where patients need that bit of extra care, they might need that bit of extra time, they've probably got a higher FDA rating, you've got more complicated social issues. We struggle, to be honest, financially. And weirdly enough, there's months where the therapists, because they're on a flat rate, I've got therapists that earn more than my dentists.... I've had dentists at the end of the month, you know, the associate pay statement comes out, in tears because they're working really, really hard and their remuneration just is, in a high need area of the UDA system, is completely inappropriate</p> <p>16.289 Whereas if you're a therapist, you get paid the flat rate no matter what. That kind of thing actually in the long term disincentivises me as a practice owner from running a therapist.</p> <p>16.294 I've got a dentist who is paying per UDA, instead of paying £10 per UDA. They build in a couple of UDAs and get paid £20 for it. It might be two hours' worth of work and effectively they're on £10 an hour. As a therapist, I've got a therapist who is on £23 an hour, they'll get paid £46, they'll earn more than double what the dentist would do</p> <p>16.310 For optimum morale, the NHS is not brilliant, I would say, the area that we work in. We've got a fantastic group of dentists, we've got a fantastic group of clinicians and it's hard to keep slogging away in a system that's just doesn't fairly remunerate them in terms of doing high-quality work on high-need patients</p> <p>16.462 I think we've got to somehow look at that, we've got to somehow look at that side of things so that it does become more affordable, to take a therapist into your practice than a dentist. Because otherwise if the system doesn't change, as I said before, it kind of almost makes more</p>
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		<p>sense for me to have an associate in the practice where I'm paying them based on production rather than paying just for their time in a high-need area... It's better for me to have my associates treat the time, actually. But then the morale of my associates is not fantastic, because they're doing loads of work for not huge amounts of remuneration. And it is, as I say, the whole health inequality thing then</p> <p>16.491 as I say, it can almost work out to an employer, a therapist and...sorry, cheaper to employ an associate dentist and a therapist</p> <p>28.286 Dentists are very scared, you know, with the new contracts because whether you do one filling or you do ten fillings, you still only get the same number of UDAs. So, they're very scared to take new patients that need a lot of work, but they're happier if somebody else is doing it.</p> <hr/> <p>13. 395 sometimes you just don't claim anything because you don't want to stick your head over the parapet but you do the treatment, you take the hit.... And they all agreed yeah, and in return, rather than paying them the full UDA value if you like, in return our bill was that I would use that extra money to help them with their training and also to employ an oral health educator and also a therapist and also with the therapist, nursing support as well... they knew that if a patient needed some treatment, they could be referred to the oral health educator, that didn't cost the dentist anything, they saw that as a bonus and if you referred the patient to the therapist, the therapist could do the routine treatments</p> <p>13.451 say to them a part of your contractual obligations to the practice is that you would be doing, say, seven and a half thousand UDAs but also that at least 15 per cent of your UDAs should be performed by the therapist.... Then when the therapist has seen the patient, we agree an hourly figure which we worked out at £48 and most of the appointments are 20 minutes which a therapist will help you with....But at the end of the month, the dentists were charged around about £7 after deductions, everything else, around about £7 and they were allowed then to claim the balance of the UDAs 'cause only one person can claim the UDAs.</p> <p>13.510 three months' reviews and all the rest of it and then you say, right and they go, right I'll find another appointment with the hygienist, you can't do that on the NHS anymore because you're now stable because your pockets have reduced</p> <p>13.617 the model works fine because the dentists are doing full-time, they're earning more money, the patients are happier, we can work it within the model, it's not perfect</p> <p>14.36 , I found that in the community, they sort of had the availability to do that, but in the general setting, I don't know how that would be done from my perspective</p> <p>14.146 I don't know how practice owners can even afford to have that type of model, unless like we've just discussed they have a longstanding well structured implementation</p>
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	INSTITUTIONAL LOGICS (CULTURE)	<p>13.465 Once we got that on board, once we showed them that would free up at least 15 per cent of their time to get involved in more interesting treatment</p> <p>13.1084 there are, unfortunately, too many dentists out there are a little bit arrogant, a little bit self-centred, they don't really see what possible role they have. I think there's a lot of practices, a lot of dentists who don't...I've done my UDAs, I'm off and that's it</p>
		<p>13.280 What you really want to be able to do is work in close relationship with, say, a therapist who can do routine treatments, oral health education, periodontal care, all of that. But you're limited to...you've done the check-ups, the dentist claim that on UDA</p> <p>14.92 I don't know where that would come into play, other than reducing the need for associates and I don't know if that's something that can even be done</p> <p>14.314 So, that is going to cause, no matter what you even start from, that is going to cause an initial rift, because if I get a failed appointment, mentally, I don't get paid for that. But, if the hygienist/therapist gets paid for a failed patient appointment, she's going to get paid for it, if she's salaried</p> <p>14.325 , if like I've said, you're been asked by the owner to send work over, your own work, and if that's detrimental to your self-employed pay, then of course it's going to cause some sort of, just straightaway, mental bias, isn't it?</p> <p>14.376 But that just adds another dimension to what is already a slightly tested relationship, 'cause there's also the financial thing behind it as well</p>

	<p>14.605 let's just say it's compulsory now, the contract says, let's just go the other end, and it's compulsory to have a hygienist or a therapist within your contract, what effect would that have on the associates and then would you have them, changing the need for associates then, is that having an impact on the need of actual dentists?</p> <p>16.204 The bits that we found, the two worlds collide a little bit, and we've got self-employed therapists referring to employee...sorry, self-employed dentists referring to employed dentists.</p>
	<p>13.871 I think some dentists will see that as a threat but that's just because they don't see the bigger picture and unfortunately we do have a system whereby you've got a lot of young dentists who are very blinkered</p> <p>13.921 Once you start working...showing them that, if you just impose [inaudible 58:51], if dentists don't understand their role then the practice owners don't see the benefit and they don't instil a culture.</p> <p>13.1057 you can actually give them a little bit of a glimmer of hope, you know what I mean, they can offload some of the routine stuff, yeah, you mean I don't have to do them, no. I actually don't have to pay the dentists more than that, no, you can improve that, make it more efficient, save a bit of money, win-win, isn't it.</p>
	<p>28.27 You know, they don't want the responsibility of having to diagnose anything. So, I think they see it as a bit of a threat because I think they're quite happy just working on our prescription and not having any responsibility.</p> <p>28.75 But I think for them, they're feeling that there's going to be more chance of litigation, more chance of complaints because they've actually diagnosed it and I think they just want to steer clear of all because you know what the climate is at the moment. There's litigation, there's the GDC.</p> <p>28.89 I've been having therapists for more than ten years, and there's only been one that was quite keen to accept responsibility. All the others have been of the sort of opinion that they want to have referrals for everything</p> <p>28.129 The whole culture at the moment in dentistry is all about blame... Therapists are scared. They don't want their indemnity to go up, they don't want their GDCs to go up, and they're just scared</p>
	<p>13.75 And you're using a workforce that wouldn't be that expensive to use but would be potentially very beneficial</p>

	<p>13.167 the dentists are the most expensive bodies in the practice and coming back to the reasons why we're talking about it, aren't necessarily used to the best of their abilities and capabilities when it's talking about routine stuff like how to brush your teeth, fluoride varnish application and smoking cessation</p> <p>13.944 Practices that stand still, they stagnate and there are, sadly, too many stagnant practices. Part of it is the dentists, part of it is the system, part of it is whatever it is.</p>
	<p>13.813 the majority of young dentists were nothing other than enthusiastic about working with the team of oral health educators, therapists and other dentists that they can learn from and have the, as I say, benefit from.</p> <p>13.860 I would say the only reason they might be wary is because I think they think that therapists are competing with them for jobs and that the available work</p> <p>14.69 if my boss introduced a therapist or a hygienist, I'd have to be very carefully aware of how that was all going to work, because in the practice that I work in now, it would never work, because I know that I'd be reducing my [PED 00:04:16] for the sake of an addition for the therapist. There'd be no way it would have any benefit for me, as an associate.</p>
	<p>13.216 my experience is the dentists do like it because they can offload some more routine work and the patients really don't ever complain</p> <p>14.234 So, I would presume the more advanced dentist is, that they would be happy to pass on the fillings, whereas in the practice that I worked in, I was passing just perio on, because I didn't really want to do the perio.</p> <p>14.245 Unfortunately a lot of associates, NHS, private, they find it's just a natural thing, they find perio a little bit cumbersome, and in terms of time, yeah, [doing stuff 00:16:36] they want to do... cosmetic or they want to do the private composites, more than they do want to scale teeth, and again, I reckon that's dental culture, that's culture here. I would even say that's starts from being in uni, with stuff like that, it's just like one of those things, isn't it, when dentists just don't like it?</p>
	<p>13.190 you're not just sitting at the behest of your dentist and your surgeon, you're actually taking control of the situation; you've got your own little room, you've got your own little cohort of patients that you're looking after and you're taking...you're building your part, fantastic</p>
	<p>REGULATORY</p> <p>14.124 I guess the first point I asked, is a lot of these issues surrounding the use of therapists, are to do with, I guess, the limit of their scope, they can't open a course, they can't prescribe. So, then all of these impact on that patient journey</p>

		<p>15.37 we have a lot of complaints from patients in that if it was something that was I deemed as a straightforward approval amalgam in an upper six, if for whatever reason it became less straightforward and the therapist then had to get us in to have a look at it, it then meant we had to rebook the appointment with the dentist because I have a patient in the chair and my colleagues have patients in chairs... From that point of view, patients were just a bit annoyed in a lot of them were working patients who'd taken time off</p> <p>15.72 a lot of the time your prescription was spot on but sometimes there were things where the therapist wasn't sure or she'd come across a problem then you were having to go in so it then became a problem for your patient sat in the chair.</p> <p>16.398 It's the scope, yes. So it's not that they haven't got the skills, I've got no doubt in all honesty that if they had the training to do so that a therapist couldn't eventually dress a pulp and enamelled tooth. I don't think they couldn't not do that at all, but it's just part of their scope of practice</p> <p>16.415 I'll tend to treat that myself, whereas if the therapist's scope is slightly wider, you'd be able to pass everything across to the therapist then.</p> <p>28.84 They need a referral for every little thing. You know, the patient comes every six months for scale and polish, but they still want this referral [putting 05.14] in and I think it's just madness, you know</p>
		<p>13.553 I would say that dentists like having the therapist, they believe them to be clinically capable</p> <p>13.711 If you've got a backup or therapist, then I think in my experience they're probably more capable of doing a lot of treatments than some of the young dentists I've seen</p> <p>14.430 To be fair, when I've worked with therapists or anything, or hygienists, I've never had any issue with clinical work....I've never, ever had that experience, ever. So, I can't really say there's anything negative in that respect.</p> <p>14.578 if it was a case that they were being encouraged financially, no person is going to put their hands up and say, oh I can't do that, they'll just have a go. They're going to have a go at doing it of their own accord, like anything, if it's in their scope, well nothing's stopping them, and if they're going to get a bit more money for it, then they're going to do it.</p> <p>15.448 Yeah, they probably can, you know, they probably can and probably no different than a junior associate or an associate, you know</p>
		<p>13.136 We actually buddied up with eight schools at the time. But also you can send your oral health educator or your therapist to local care homes and talk to staff,</p>

		<p>13.173 the dentist will think, oh that's pretty dull, boring, mundane work, I don't want to get a UDA for that, not really, I'll skip over it, skip the leaflet.</p> <p>13.555 I would say 99 per cent of dentists do not want to do periodontal hygiene care, certainly anything that can be offloaded in our department is definitely done.</p> <p>13.1084 I think they're a bit more accepting of change and I think they're a bit more dynamic and able to and welcoming and accommodating to change and to wanting to see the practice succeed</p> <p>16.368 But because they've got a more limited scope of practice, it enhances the skills that they've got, they're repeatedly doing fillings, they're repeatedly doing periodontal treatments. So because of doing that frequently and more often, their skill level of doing it, delivering that level of treatment is much higher potentially than myself who does exams, root canal treatment, extractions, dentures, I have a more fairly spread of skills</p> <p>28.228 I've only had minimal training on hygiene whereas they've had literally years of training and they're far better than me at it, and I get my hygienist to do my scaling</p>
		<p>13.225 Free up a huge amount of untapped resource but also more efficient practice and a much better...essentially a better service for the patients</p>
		<p>16. 157 The biggest problem happens with things like X-rays where it's like they'll be in with the therapist and you want the therapist to perhaps of their own bat if they decide if it's appropriate to take radiographs and to be able to report a radiograph... it might be that they were not in the practice, about taking the radiograph and then I have to look at the radiographs and then report on the radiographs and I might see something on the X-ray. And then I go out and speak to the patient about that, where the patient has got another appointment.</p>
		<p>16. 175 And it's freed me up then to probably do...to take on more new patients, to see more patients, to give more advanced treatment to the patients. But there is definitely some laggy frustration, that it's restricted because of what the NHS system does.</p>
		<p>16.439 We were noticing inefficiencies like is it better for a dentist to take the X-rays and then report on them there and then? Or refer to a therapist and timings and...it's all these things we try out as much as possible. But you're constantly trying to work around the limitations of the system.</p>

	PATIENTS' EXPERIENCE	13.225 Free up a huge amount of untapped resource but also more efficient practice and a much better...essentially a better service for the patients
	patients feel like they get excellent service, they see different people. I think they like to see different people and get [inaudible 31:37] what do you think about that, it gives them an opportunity to ask the therapist	
	13.705 Anybody who ever says that the patients don't want anybody else but me doing it is complete rubbish 'cause they've said never is it an issue	
	14.448 You'll always have that pocket of people who will want to see the dentist anyway... if it was a case that they were implemented into a practice that never had one, then that's just the case of having a new member of staff, rather than, I would say, patients being worried about who they're technically seeing in terms of, it's a dental therapist, or it's a dental hygienist. I can't see that being an issue,	
	13.1127 What we say is that we've got a team of highly skilled [indie 71:44] dentists who are really good at this because this is what they do all the time. They're really nice, why don't you go and see them, if you really don't like it, fine... Generally speaking, if you encourage them, if you suggest it, the patients trust you, then they'll go. But t's just getting that word across.	
	13.1140 you've got it on your practice website, we have a good skill mix, we use all sorts of people to provide you with the best standard of care and we have therapists because they do this, you explain, patient leaflets, patient information, all of that	
	16.363 even though the patients are told that yours is a therapist, they might not quite understand the difference between what a therapist is and what a dentist is	
	15.106 but even cases where the therapist wasn't sure or it just meant rebooking. We also had a couple of problems where the patient had seen the therapist, wasn't...had come back and reported with pain and then it was picked up by the dentist again and then the patient didn't want to see the therapist afterwards	
15.208 irrespective of whether that other colleague is a dentist or a therapist they will want to stay with you. ...And I think that's what you also have a problem with in practices that have been established for a long time		
15.220 I think if you've got patients that are new to the practice and haven't developed that rapport with a certain colleague and has been seeing them since they were a child, then I think you'd have them being more receptive and more open to the thought of seeing a different colleague, irrespective of it being a dentist or a therapist.		

	<p>15.251 I think the problem you've got is where you've got...you're trying to delegate work to a therapist from someone who's been used to seeing you for a long time and can't understand why you're now delegating work. I do feel that that would be a problem even if it was going to an associate</p> <p>15.277 he was saying, look I'm coming up to retirement, my son's taking over and even that caused problems because I think if you are a nervous patient or you have developed that rapport, a) it makes it easier for the dentist because you know that person's problems, anxieties, medical history, complications, you know, thoughts, beliefs and everything else</p> <p>28.99 What patients don't like is they don't like to see the dentist and then be referred on, but if they've met the therapist and the therapist has done the first introduction, they then don't mind having their fillings done by her.</p> <p>28.213 They may feel like they're paying for me and obviously there is a bit of a... I mean, I've been there for 25 years, so patients that I see... I don't see many new patients... Whereas, when we did it the other way, you know, where they saw the therapist first, then they were quite happy to carry on because it is fear of the unknown.</p>
	<p>15.250 but access is a problem and I think patients would then be...I don't know, maybe that's my thoughts, they'd be more willing...that they're happy seeing anyone</p>
	<p>15.392 I think communication at the front is all dependent on that greeting receptionist and I don't think it would have anything to do with the therapist, I think junior associates or associates coming into a practice would probably say exactly the same;</p>
	<p>16.351 You know, again if there were treatments on the spot is something that they have to bring a dentist in kind of report on it or give a second opinion on it, they're not allowed to have that kind of input. I think that does undermine a little bit of the confidence and trust of the patients... And that is...obviously you're constantly aware of the fact that you don't want to undermine the confidence of the patient</p> <p>16.382 it does potentially throw up those little issues where, you know, they might spot something, they need a second opinion and they can't...it looks a bit like for a trainee, I suppose, if they have to then say, I need to go and ask a dentist to come and look at this for me</p>
	<p>LOGISTICAL</p>
	<p>13.1047 small practices need to think about how they're going to implement it and our LDN is pushing quite a bit about collaborating and federating.</p>

		<p>14.29 Whereas I would think that in a small, general practice, that is not really possible, because I don't think a principal would have anyone just sitting around, ready for the dentist's treatment to be taken so quickly.</p> <p>14.107 the practice that I work in, it's very much a one man band practice. The UDA amount is more or less for one associate, for example I work four days and the principal works today</p> <p>14.185 There would be no scope for me to overlap working with that therapist or hygienist, 'cause there isn't a surgery spare for people.</p> <p>14.113 They're not going to want to try and recruit a therapist, who is restricted in certain elements, certain treatments as well. That would be my first thinking, what do we do in the scenario where we will have to have a therapist, but they can't carry on with the root canal, the patient that needs a denture,</p> <p>14.167 I work in a very high need area. I would maybe imagine that, if in a more affluent area, where more stable patients, I bet you there's associates that are very happy to pass on treatments to hygienists and therapists, but from a multiple treatment point of view, where the patient needs a lot of work, and needs like Band 3, a denture crown, it's going to be hard to distribute that work, I would have thought</p>
DTs	CONTRACTUAL	<p>17.427 Whereas if we could open the course of treatment, that intermittent check-up could be with us to keep the consistency and then we could then open another course of treatment in three months after that for the perio, and if we see anything else we could refer to the dentist</p> <p>17.460 I feel that if the therapists were like triage nurses, we do the check-ups, and if your crown is looking a bit dodgy, you go and see the dentist..., we refer up instead of referring down, because that's what we're doing at the moment and it's not working effectively</p> <p>17.83 So, because we're working as a team, I don't see why it could be that a therapist could see a patient [inaudible 00:05:16] [I actually hate the word 00:05:15] direct access, see the patient, prescribe and take that radiograph, work within our remit, which is okay, here we go, it's an [inaudible 00:05:25] restoration that's needed, I can do that for you now</p> <p>17.93 but we're more than qualified and well trained to actually identify something which is outside of our scope of practice and outside of our remit, which we would then go actually now I want you to book in for a check-up with the dentist</p> <p>18.618 I think if we could do the examinations, and we could open the course of treatment, and then we would refer on as appropriate... then the dentist could say, well you've been caries free now for, or, you've had mainly cavities in the past five years, you really don't need to be seeing me now, book in to see the dental therapist, I want you to see them every ten months, and if they see anything untowards, then they'll refer you back to me.</p> <p>19.105 I think for very straightforward treatment planning therapists could do so much more, could be utilised so much more.</p>

	<p>19.111 one of our senior dentists can very happily treatment plan and keep an eye on four therapists...If you've got a good pathway, a signpost, like the New Zealand therapist he used to do everything and refer it up. We're the other way.</p> <p>20.116 but I can't do the treatment so then it's deferred to the following week, which is using up time in my diary. And then obviously they still have to pay me for that one...And then with the UDA value factored in they're often making a loss on what they're actually doing.</p> <p>20.405 There are a lot of people who would be more than happy to provide dental care direct access but we can't</p> <p>21.52 that means another appointment, so it's actually prolonging their treatment and the amount of appointments that they need to see us, so that affects us quite a bit as a therapist. Sometimes, as well you might not have been able to do the treatment that's been suggested, and so then you have to refer back to the dentist, so again that's prolonging their treatment session</p> <p>21.84 it's really frustrating it's horrible, you know obviously, then you've got parents that are having to take time of work as well, so it's not, you know, it's not ideal</p> <p>29.618 So, based on that, I'd be more than happy to see children and open up a treatment plan for children. I wouldn't feel quite so confident today</p> <p>30.127 I think, by putting like, we didn't get any monetary benefit from it and I feel a bit like, if we start getting more responsibility then we've got more stress and we're not really getting anything for it, you know. Like I wanted to qualify as a therapist because I wanted to do that role I didn't want to be a dentist... for some therapists they want to just be a therapist and I feel like, doing the recall it's, kind of, branching out into being a dentist</p> <p>30.145 but we're going to end up getting all these extra responsibilities that we don't...not all of us really want</p> <p>30.182 I think, it should be almost like an optional thing where, you know, a therapist could train to do that if they wanted to, but I don't think it should be expected of them</p> <p>30.213 it's going to get a bit of a grey area further along the line when we start to treatment plan ... Will we be able to know when we see that patient and the tooth what they actually would be suitable for... But, then again, technically we're not allowed to diagnose so, do you know what I mean, for me it just feels like a very grey area.</p>
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		<p>30.524 sometimes they're seeing the dentist, they've opened the course of treatment and said, okay you need to see the therapist now for two appointments, so that's three appointments that they're going to have to come to</p> <p>12.743 that if we were to have performer numbers and the NHS were to pay us, it would probably be a cost saving exercise for the NHS, because they're already paying pensions and whatever on UDAs to the dentist but higher rate.</p> <p>18.19 I think that until you can open a course, so an emergency patient may come in, and you're right, okay, well I can do the treatment, and if that's private, and I had a patient group direction which I can quite easily use, I can do that treatment, and because of the NHS contract or the law</p> <p>19.62 Obviously there's got to be a safeguard so that course treatments aren't just opened. I can see people being worried, some dentists being worried what's going to be happening...Our therapists when they're working by themselves, with a nurse that is, without the dentist on the premises they're very, very experienced, they know when to ring another surgery, another clinic for advice,</p> <p>19.82 the experienced therapist knows a lot more what it looks like in the scope of practice, because you need to know when something is not right or when something should be flagged up</p> <p>29.664 the only time I would see people being bounced back is for example they come in and have a check-up, the dentist decides they need four fillings, takes some x-rays, this is my bugbear at the moment, take the x-rays before you refer the patient to me, don't send the patient to me and ask me to take the x-rays because by then if that's a cavity that's gone down to the pulp, they should be staying with you</p> <p>30.148 I like having somebody more qualified than me to have the last call on something</p> <p>19.199 Obviously an emergency is one situation, but generally just the dentist is on holiday or out of the office or whatever, it's the efficiency, isn't it, and the quality I think</p> <p>17.50 so if I'm seeing them privately for their hygiene appointments but they're an NHS patient, and I have to send them to the dentist to have a check-up who'll then look at the tooth and go, yeah, that needs a filling, and then send it back to me for another appointment, and it just wastes time. Whereas if I could open the course of treatment, I could do the check-up and the diagnosis there and then and skip that intermediate step of sending them back to the dentist</p> <p>17.70 I had to send it back to the dentist who then sent it back to me and it took about three weeks for that whole thing to happen because of appointment times</p>
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		<p>17.431 But the patients just get so confused with going backwards and forwards between clinicians because we can't treat it consistent.</p> <p>17.262 I might as well just pop some local in now, and it'll be done in five minutes because it's a really small occlusal. So, what's the point of referring that over?</p> <p>19.24 So, yeah it is a block...I think it's frustrating when you know you can help someone but you can't... and you can't do it there and then, often it's a discussion and the patient can be disappointed they can't get on with it and the clinician is disappointed as well... it can be quite wearing for the clinician</p> <p>19.180 They don't like to be discharged. In fact they'd rather just get on with it, that's the general feeling, they say, oh can't we just do that today.</p> <p>20.74 so I don't have access to a dentist on the day. Any issues where the patient comes in and the course of treatment isn't open or it's been closed then I can't do anything</p> <p>20.90 I just defer it and just say you have to come back another time. Again there are still financial implications; I'm still going to get paid for the time but the practice isn't because I'm not going to claim any UDAs.</p> <p>20.441 It's frustrating that they have all of these people trained sat and we're just not used</p> <p>12.40 So it becomes a two visit appointment and then that has implication on cost to the practice, cost to the patient, loss of time from work, you know, it goes on</p> <p>12.54 then have to bob in to see the dentist, the dentist say, oh, right, yeah, bob up and see Fiona. So there's little ways of working it like that but, you know, really it's a waste of time..., so they'll sort of come in on this day, you can see the dentist and then you can go up and see the therapist after. So there are ways around it.</p> <p>12.75 Whereas, yeah...and sometimes it can be frustrating for them if they've got to come back for a second appointment and say, why couldn't I have just come and see you straightaway. So yeah, patients do get...they get frustrated but generally they understand it's the regulation</p> <p>17.48 It's under-utilising the therapist's skill base, but it's almost causing more workload for the dentist.</p> <p>17. 67 so I don't see why we can't work within our scope of practice, and then refer on, and all x-rays, if we were to take on direct access</p>
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		<p>17.100 So yes, I could have said, oh, well let's do this privately, but why should that patient have to pay just because I can't open the course of treatment</p>
		<p>17.126 of people say to me, well, why can't you do NHS check-up because you're doing a mini check-up on your own with direct access, so why can't you, you know, people can't get their head around the fact that you can do it privately but not on the NHS.</p>
		<p>17.178 because if they're coming to see me direct access, generally first of all they come and see me for a hygiene appointment direct access and then they might say, well, can you do a check-up for me, and I'll do a check-up, I'll bring them back in, do a full check-up direct access, take X-rays, and then I can then do the treatment there and then without having to send it back to a dentist</p>
		<p>17.26 we're not supposed to treat private patients any better or worse than an NHS patient, and I think that the contract is actually meaning that a private patient can actually get a better quality of care, if a dentist for instance, is not available</p>
		<p>17.38 dentist is fully booked for two weeks, to do your filling, or three weeks, however you could see the therapist, but actually to see them privately to be able to do this restoration for you...If you want it done on the NHS, you'll have to wait to have your examination with a dentist</p>
		<p>17.56 I think there is inequality</p>
		<p>18.631 I don't see any issues because that's how hygienists have worked privately, for years anyway.</p>
		<p>19.170 But our therapists are quite frequently given a 12-month treatment plan and they work that through seeing the patients every three months, and they don't see the dentist again for a year.</p>
		<p>20.421 I don't have to worry, if I'm not sure about something I can approach the dentist, but I can just get on and do my job</p>
<p>17.444 And a lot of patients then go, well, a private hygiene is cheaper than a Band 2 perio, so I'll go and have a private hygiene in between having the NHS Band 2 perio</p>		
<p>17.504. , those who work part-time who work maybe one or two days a week or one and a half days a week, they do refer to me because they don't have the time to do it...I wouldn't be getting that money because I can't physically do the work because I'm not in the practice.</p>		

	<p>17.519 so I find that those who are doing less private work and more NHS, say if they do more Band 2s than Band 3s, they're happy to do their own, whereas those who do a lot of Band 3s and/or private work would rather refer to a therapist so they'd have more time to do their private work and their implants they're doing.</p> <p>17.545 But then in the area where we had a very high UDA rate and it was very socially deprived, they had a therapist five days a week and all she did was...I just covered her for sickness for a month and it was just therapy, NHS therapy five days a week, that was it, which is very rare and it was a lot of UDAs</p> <p>18.276 when it actually comes to the prevention side, it's definitely a second in their mindset, they actually want to get their units of treatment done and become operatory...I really do think the [contract 00:18:26] needs to be completely skewed around and actually if the perio resolves then actually you get paid more than if it doesn't, and actually if you need to extract the tooth, you hardly get paid anything compared to doing a root canal, so it's all about saving teeth</p> <p>18.542 I don't believe dentists used to overtreat, but I think there is an element of undertreat and watching caries, we'll watch this and we'll monitor this. That happens nowadays, and I think that's because they're not funded appropriately... so many crowns and root canals and extractions, and until that cycle has been broken where they're getting paid to do the preventative side, it's a conveyer belt which they can't jump off</p> <p>19.244 I think there's a lot to be said for advice in the dental course of treatment or in the situation where they could actually get some remuneration</p> <p>20.280 that's exactly it: it's not preventative orientated. It's just fix a short-term problem.</p> <p>20.474 But there needs to be the legislation to support the changes within the UDA system. We need to be able to prescribe local anaesthetic, have radiographs, and just have a bit more freedom</p> <p>12.310 Where I work, I'm paid an hourly rate and then the associates take a UDA and then the principal will take [inaudible 0:16:30]. Which, if it's a patient of low need, works in the principal's favour, but if it's a patient of high need, then it works in the associate's favour because obviously two or three appointments are paid, my time's paid for by the principal</p>
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	<p>12.380 I'll give you 50 per cent of three UDAs, but the person's got 17 fillings that need doing, well, that's...you know, potentially that's what you'd do, wouldn't it, if you wanted to make money, you didn't want to see that. So you have to get a system that works that's fair and that's, you know, not readily exploitable</p> <p>12.430 Whereas currently, you're just it's treatment, treatment, treatment, treatment, and slap in some prevention in between that.</p>
	<p>17.365 if they're an associate they have to pay the principal to use us in some practices, and people just can't be bothered to go through the whole faff of setting the therapist up to be honest.</p> <p>20.262 The short answer is that they just don't refer. That has been my experience of it. They're effectively taking money out of their pocket. It's not factored and designed around patient care long term; it's short-term fixes each time</p> <p>20.323 The associates effectively control what you can earn, which is why a lot of therapists will do maybe once or twice a week.</p> <p>12.420 . And the other problem is, of course, that we don't have control of our own book, you know, that's...we're just totally at the beck and call of what you've got sent</p> <p>18.265 there needs to be the funding there to have multiple therapists and one dentist, and I think that potentially you could turn around and say, there's too many dentists being trained</p> <p>19.391 And then if the therapist isn't working with that dentist on the same day I think that makes it tricky. You don't get that relationship. It seems to work if you're there in the next room</p> <p>20.217 dentists, unless they're trained with us, don't really know what we do, how to use us, they don't know how to pay us. We don't factor into the NHS payment scheme, the UDA value</p> <p>20.226 I think we've just been trained and then left, but no one really knows how to incorporate us within the new NHS scheme.</p> <p>20.283 I think it could potentially work well if you had one dentist who had a reasonably large contract and employed two therapists and just distributed it out. But I work in a corporate with a lot of dentists and it's been a challenge to get them to refer</p>
INSTITUTIONAL LOGICS (CULTURE)	<p>18.129 I see it much more like an orthodontic clinic, where you have specialist orthodontist, so you can translate that into general practice, so you've got your dentist, oversees a team of dental therapists. And where I work, my specialist orthodontist, does very little actual clinical work. He's using his brain, he's using his mind, and doing the really complex procedures, that are not within our scope of practice... It doesn't</p>

		<p>necessarily mean that he's watching over every single stage, he's not there for ever single appointment, 'cause he doesn't really need to, but he's always there.</p> <p>21.204 You know, so they're doing complex stuff all day, that could be quite exhausting, quite challenging</p> <p>19.345 I think that's competitive because they are so new to it and they're finding their own feet</p> <p>19.391 And to actually look at the patient and go, the therapist could do this or a health promoter could speak to them, the dental nurse could put varnish on, that takes maturity</p> <p>19.426 I have come across dentists saying they're earning less than they were last year and they're worried. So, everything becomes competition then, doesn't it?</p> <p>12.334 Between associates and therapists, yeah. Well, I think if you're touting for business, yeah, I think potentially. It's hard for me because we're just so busy that I think the associates would just welcome the fact that they've got somebody else to help them.</p> <p>21.176 I don't know maybe, she's unaware of our skill mix, I don't think that's the case, but maybe. Or, maybe, they just feel quite protective of their patients and want to do the treatment themselves or, maybe, also if that if they send all their treatments to a therapist, they're actually going to deskill as well</p> <p>17.354 because if they refer to us, again they have a responsibility for our work, they wouldn't want that because it's not their work and they're having to say that they've agreed that you are good enough to carry out the treatment</p> <p>18.507 And they come out taking that on the chin, of well actually, I'm going build the therapist's confidence, and they'll stay with me for a long time</p> <p>19.146 our consultants are obviously a lead for our group of therapists, but they work alongside the specialists and are treated very equally. So, in a way we've got a very good system of work...Some act on trust on an individual practice. You see that working really well: you've got that good level of trust</p> <p>19.568 And also the whole dental team would probably work better together. Again, for nurses as well, when nurses qualify some nurses haven't really worked with therapists and they need to learn that. Therapists need to know how to work with nurses, absolutely</p> <p>29.469 they don't have the same lunch hour as me, they start and finish at different times to me. If I need one of them to come through and see a patient, they come in, they see the patient and it's two words and they're gone again</p>
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		<p>17.569 . If you're forcing them to do it, I don't think it should be...and they sort of resent it, you know, if they want to do it...</p> <p>18.238 NHS dentists in London, I don't think do earn that much, their percentage of the UDA that they get, I think has actually dropped, because there are so many dentists that want to work in London, whereas I see up in Manchester and Liverpool, practices are crying out for associates. So, I think there's an inequality of the north, south divide as well</p> <p>19.333 The business model seems to be higher than the patient model in terms of there's an expectation of income. People say, oh it's quicker if I do it actually, I'll do it myself, we've got the patient here, let me just do it.</p> <p>18.584 we can do that on the NHS for you, you can see the hygienist, that's basically what they seem to do, then the practices are earning a considerable amount of money, but they're using therapists as hygienists</p> <p>20.209 towards the end of the course I've heard from friends, colleagues, actually there aren't that many jobs out there. So, they've almost resigned to the fact that they're not going to get a therapy job so they just start looking for hygiene jobs.</p> <p>21.138 but there's two therapists at this practice and they don't utilise our skills at all, they're really not interested</p> <p>21.166 But I know a therapist that has actually left because she's only seeing hygiene patients.</p> <p>30.442 there'll be a therapist, but they may only work as a hygienist in some practices, that's like one of my practices I'm a therapist, but I mainly just do hygiene work there... some therapists prefer doing fillings so they feel a bit under utilised when they're just doing, you know, hygiene work when they've qualified as a therapist as well</p> <p>12.449 The problem is, when you're newly qualified, it's very easy to de-skill and you de-skill really quickly, and then you lose your confidence</p> <p>18.490 but it's been so long since they finished university, and they haven't been able to get on to a VT scheme, so they're a little bit rusty, so it's 45 minutes to do their first restoration, whereas a dentist who's been working continuously flat out for five years, may be able to do that in 20 minutes, so they're saying, well it's not profitable for me to have one, because they're so [****] slow</p> <p>20.132 there are hardly any working in practice, there are hardly any working in community. We aren't that well utilised.</p> <p>20.146 So, the therapist then falls into the hygiene role and then just starts seeing hygiene patients, and then they lose their confidence and never practice again. It seems to be a vicious circle</p>
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	REGULATORY	<p>18.321 especially continue professional development, and [it seems by us 00:20:57] not being allowed, by having this rigid scope of practice, we end up having to learn new things, actually they're not particularly new, it's more refreshing yourself, and it almost becomes a pointless exercise going to the same person's lectures, because you have to get your hours.</p> <p>17.219 Whoever thought it up is, oh, it's the worst thing that's ever been invented in my opinion</p> <p>20.90 they come to the appointment and I can't open up a course of treatment or I can't give them LA because I don't have a prescription. It is incredibly frustrating. And I feel like our hands are tied; we know what we need to be doing, we can do it, we've proven that we've passed our exams and we're qualified. But because obviously it's all litigation we can't do what we know we should be doing</p> <p>20.102 The ones that have got a tight schedule and they're working and they want to come in to get the treatment and go yes, it's been an issue in the past, and I'm sure it will be in the future as well.</p> <p>20.364 I've turned I couldn't tell you how many people away because I just can't do treatment, I don't have a prescription. I know what I need to do, I can do that, I do it multiple times throughout the day, but I just don't have anything written on a piece of paper to say yes, you can do it.</p> <p>20.375 So, then that's taking my dentist's time. And after what we've just discussed about everyone feeling very squeezed and under pressure to deliver they're, as you can imagine, very reluctant to do it</p> <p>21.295 I know it's really frustrating especially as that I qualified as a hygienist, like, so many years ago, and we were actually able to administer local anaesthetic without a prescription</p> <p>21.321 I have to go to the surgery and say, can you write a prescription and then go back and, you know, and it's a lot of time wasting and frustration... I've done the radiography course, a prescription course so I'm able to prescribe and to report on X-rays</p>

		<p>12.151 So something that if you've got, you know, quite a busy book and you can't give that child the anaesthetic it needs at that time, then they come back three or four weeks later, potentially that tooth could have died off and they have an abscess and an infection... , there's a welfare impact and there's a pain impact as well, potential for pain</p> <p>12.216 if you trust your dentist, you could probably put a pop-up and say can you do this for me now, or they'll do it five minutes after the appointment. Which is fine, 99.9 per cent of the time, you know, the drugs we're dealing with are really, really safe</p>
		<p>17.228 Generally if I've done radiographs and I see caries or whatever, when the dentist does the report, they'll then do me a prescription for the local anaesthetic, and obviously we'll have a chat about it... and it slows things down so much</p> <p>17.272 because I have a good relationship with my dentists. Personally I've done the templates for the prescriptions, so the dentists just literally tick, delete what's appropriate and what they want rather than adding it in... that you can use a PGD for doing NHS patients, and then there's so many exemptions that a lot of my patients are children and a lot of them are elderly so I then have to get an individual prescription, so in the long-term it doesn't always work.</p> <p>29.565 when they write the treatment plan, they will write their LA script. They're a little bit ambiguous, they will say use this or this.</p> <p>12.92 And the amount of time wasted just on something as simple as just writing a prescription was massive. I can't remember the exact figures but it was millions over ten years</p> <p>12.126 if there's a dentist on the premises, I'll knock on the door, excuse me, can you right this up? Oh, yeah, I'll write it up, there you go. Off I go back upstairs and then I'm okay. Or in the worst case scenario, there's no dentist on the premises, then I have to reappoint.</p> <p>12.172 So for me to run downstairs, waste five minutes, run back upstairs, and then crack on, that puts a huge amount of stress on me, it puts stress on the nurse, it puts stress on, you know, the whole practice environment because when you're running late it puts stress on you...So there's more chance of me making a mistake because my train of thought has been disrupted and I've had to go and do this. But also, for the dentist that I'm disrupting to get that, there's an impact on them and their thought process, so potentially they could make a mistake as well</p> <p>12.490 So there's hygienists out there working have never taken the extended duty to give local anaesthetic, and they get on fine and they're happy like that</p>
		<p>17.256 dentist, the dentist has to assess the patient and say, yeah, that's fine, and write them a prescription for Duraphat</p>

		<p>17.295 and it [prescription exemption]also takes responsibility off them as well because if they're telling us to use a certain type of local anaesthetic and something happened, they're just as liable as we are, whereas if we say we're using it, it's nothing to do with them</p> <p>17.310 there are other dentists who are very anti-therapists and I've been in some practices where I've just done private hygiene and I've asked for prescription for anaesthetic and they've said that they don't want me doing anaesthetic practice</p> <p>17.601 the main issues would be the prescription, the prescribing rights, because even if we did at the check-up and we went to do a Band 2, we'd still need a prescription. So the autonomy is taken away from us there.... . Because the reason that it would work for therapists to be able to open a course of treatment is that as I say, we can do 80 per cent of the Band 2, whereas a hygienist can do a lot less</p> <p>30.255 I think, because of the way that dentistry is these days, you've got to be very wary of what you say to patients, how it's perceived, what you've promised, what they can actually have, 'cause there's a lot of, obviously, suing culture</p> <p>30.365 if there's more risk of something going wrong our insurance 'd go up so, I think, they should pay a bit more for us doing that as well.</p>
	<p>PATIENTS' EXPERIENCE</p>	<p>17.197 and I find that my appointment times are a lot easier to handle than the dentists', so they have a more opportunistic time to get in when they want, and it flows a lot easier.</p> <p>19.240 People, the general public are quite used to going to places and having a discussion about their hair, their car for example: your car needs this, I'd advise this, I'd advise that. And they expect that actually, they do accept that</p> <p>19.293 If you've got a 20-minute appointment I do not know how you can fill in dentals or deep scaling, all built in and advise, just recording all the data, accurate charting. I don't know how it's done with that amount, I really don't</p> <p>19.52 So, I think people are very accepting of seeing different people in general practice, a medical practice, practice nurse, smoking cessation, they're very acceptable for outpatients to see different people. So, I always think that actually the public would be fine with this in practice a lot more of the therapist opening courses of treatment</p> <p>12.734 Yeah, a lot of is about communication to the patients, but generally I don't know whether that's just because we're here and we've got a lot of access issues, but generally people are more than happy to see you.</p> <p>20.450 The benefit that we have is that often we're hygienists, so if they are referred to you with a treatment plan for gum disease and restorative treatment you can do the gum disease treatment first and almost acclimatise the patient to you as an individual, and they're a lot happier and a lot more willing to have the treatment because they trust you.... It's just trust. They just don't understand why they're not seeing a dentist and they're seeing someone else</p>

		<p>21.497 a lot of people don't know what a therapist is actually, so and then when you start doing the treatment they think you're a dentist...And, then when you start doing therapy then they can't understand why you can't do other things.</p> <p>29.392 patients come in and say apparently you're a therapist and I don't think I've ever seen a therapist before, what's the therapist do?</p> <p>30.562 , I feel like the patient sometimes tells the therapist or the hygienist or the nurse more than they do the dentist 'cause they're more scared of the dentist</p> <p>30.568 , sometimes some patients may feel a bit like, well why am I seeing you, why am I not seeing the proper dentist, you know, they'll be under the opinion of, you're not the proper dentist</p> <p>12.676 A lot of people say I've never heard of you before.....and then some patients, they've been told to coming to see the therapist and they'll say, okay...they'll think you're a dentist.</p> <p>17192 . I find that patients who come to see just me, it's probably the same for dentists as well, but they trust you a lot more than if they're sort of being pushed around the three different dentists</p> <p>19.472 when they're happy with a therapist they want to carry on and say, well could you do that because I've got a feeling of reassurance with you, and again not changing clinicians necessarily</p> <p>29.421 I think those fears are allayed as soon as they meet you and as soon as you interact with your patient.</p> <p>29.455 , and if you do it in a way that's painless and you're human and you're nice to talk to, they'll come back and see you every time</p> <p>12.720 But also, it's about if you're being referred a patient, so it depends how that dentist refers to you...she's going to do all your fillings and everything because that's what she does, and she can see you next week, blah-di-blah-di-blah, then the patient will go, okay, that sounds really good because the person that they trust is trusting you</p>
COMMISSIONERS	CONTRACTUAL	<p>9.53 the dentist is the gatekeeper to the NHS treatment plan without a performer number a therapist cannot have direct access, they cannot do regular preventative care on patients of low risk so without the dentist opening a course of treatment first.</p> <p>9.112 So, for example, if we're extended a low risk patient's examination recall for 12 months, I think it would still be useful to provide fluoride applications on children, for example, every six months in between that dentist recall</p>

	<p>9.122 it would require a patient education and justifying what we're trying to do but clearly making it obvious that if there was a significant problem during this extended recall period then they could still be seen by a dentist.</p>
	<p>9.57 the dentist's time is taken up unnecessarily, we feel, with some patients that jump the basic preventative care and if they did have a performer number and they could submit a preventative claim... that would work more efficiently</p> <p>9.85 But it would be useful not just for the therapist but for any other DCP, so nurses with extended duties, hygienists even as well, if they could apply this and do a sort of recall, a preventative based recall rather than a full examination recall.... But, yeah, at the moment our hands are tied</p> <p>10.58... So yeah, that's obviously a huge restriction on them being able to do more within the practice, I think, and allow the practice to allow them to do more.</p>
	<p>9.255... Yeah, so a percentage of the UDA that they are receiving would go to the therapist if it was performed by the therapist.</p> <p>9.281... To alleviate that if our other team members, therapists, et cetera, were funded by an external or an additional income stream then that would remove the fee to the associates perhaps and, therefore, remove the barrier that is the finance</p> <p>11.287 reduction in the level of UDAs would enable to think about a practice employing somebody in a different way and working in a different way, not in the UDA model... Contract reform would give more of an opportunity for a skill-mix approach</p> <p>11.331 It's the ability of the therapist to earn their money and how they are charged back to an associate depending on how they're employed. They might be employed by a practice but the partners get their money back by recharging some of that salary to associates who are referring to that particular therapist or hygienist</p> <p>11.482 You can use a therapist more in your private sector so maybe that frees up the dentist to be able to work on the NHS</p> <p>11.586 I think we're going to have to start thinking of moving away from UDAs, and I think it would have to be the number of patients we would expect to see and the levels of care we would expect to see them being provided. You couldn't go with a UDA model</p> <p>11.646 It's about the infrastructure, it's about the scope to act and it's about the culture really, of change, and it's about changing the business model and how long it takes to change that business model</p>

		<p>10.242... And a part of that innovation funding was to pay for [salaried] the therapist and a dental nurse with enhanced skills, and of course that allows... You know, they don't have to buy the time of that therapist... They can send off just what is appropriate to the therapist without having to worry about managing their own financial pressures of being</p>
		<p>10.66... we can't monitor therapists because they don't submit claims separately.</p> <p>10.82... if we were able to distribute funding based on skill-mix, then obviously it would give you a huge amount of data behind you, a) to prove it works, the practices who aren't using it, and b) to prove to our Health Board that this proposal is working going forward.</p> <p>10.101... Especially with all the data behind us, it would give us a very strong persuasive argument with practices to encourage a greater use of skill-mix.</p> <p>10.265... I mean, what that therapist is doing is effectively doing part of the treatment for the performer. So, as I understand it, the claim form will still be submitted in the performer's name, because obviously it can't be submitted under any other name at the moment, until such times change</p> <p>11.514 All I can do, all we can do is monitor from the FP17s now, is what treatment has been provided by another professional other than the dentist</p> <p>11.527 the FP17s that we need to track and it's happening through the FP17s now, there's that ability to mark on them that a DCP has actually provided some of the care, like put the fluoride varnish on or done some fillings if you're a therapist.</p>
	INSTITUTIONAL LOGICS (CULTURE)	<p>9.222... simpler work is being done by a therapist which frees up the dentist to do the more complex, possibly more financially rewarding work</p> <p>9.244... there's been some resistance to that initially from when we introduced a therapist a year ago, number one, I think it was getting out of a routine of doing the work themselves and remembering that they can actually refer some of this work to a therapist</p> <p>9.264... less diversity but I think it's also quite appealing that they're doing more complex, more demanding work as well because there's a little bit perhaps more enjoyment out of that as well, they're challenging themselves.</p> <p>9.267... There's also the opportunity to do perhaps more private work within that time that they would have been spending doing the routine NHS treatments.</p>

	<p>11.225 And the whole point of skill-mix for us going forward is, how do we remove that reliance on a dentist</p>
	<p>9.161... barriers to skill mix are financial... you're taking some of that funding and funding other team members. Now trying to change that in a way that doesn't upset the dentist or associate can be tricky</p>
	<p>9.248... it's going to incur a fee to them to utilise a therapist which is certainly a barrier, or was initially a barrier, to skill mix within the team.</p>
	<p>9.274... it comes at a cost so they have to offset that cost by doing more complex, financially rewarding work, whether that be NHS or private.</p>
	<p>9.297... at the moment the associate is contributing to the wage of the therapist but also the practice owners are as well, so it's sort of a split cost so the associate isn't paying it all but they're paying a proportion of it</p>
	<p>9.416... the biggest barrier is the financial implications of funding really and how popular that is with an associate dentist when you impose a fee for the use of a therapist, and I don't think that's popular initially until they see you're trying to make up the benefits of using a therapist. So that can be a hurdle</p>
	<p>9.431... it's communication and explaining the reasoning behind it and seeing the bigger picture, and if that's done properly I'm sure it can be explained effectively but initially you might get some objection to it.</p>
	<p>10.237... the financial elements of bringing in a therapist into a team to allow other performers in the practice to effectively...get the therapists to do their work for them, which is actually selling off part of their work</p>
	<p>10.282...Obviously the practice owner is the one who's divvying parts of that contract value down to the associates who work for him or her. And then if those associates then need to divvy what they're being paid between the therapists, then obviously there's less profitability from that</p>
	<p>11.306 But I think that in an NHS practice if the associate uses a therapist then they have to pay for the therapist's time, which is sometimes not of benefit to them because of the way that they earn their money in the number of UDAs they do</p>
<p>11.270 And potentially when they are qualified they tend to work in the private sector, because a therapist in the private sector can earn much better money than they could working in the NHS</p>	

		11.506 But it's how do we get the culture so that therapists can work in the NHS or change the regs really
		9.374... I think that possibly hygiene treatment is not popular amongst some dentists, they don't enjoy doing it, they don't enjoy the data collection aspect of periodontal charting
	REGULATORY	9.133... for administration of local anaesthetic and topical fluoride, inside that I think that should be within their remit to prescribe that, I think it's within their expertise, within their training, it's a scope of treatments that they've been trained to do so I think it's a little daft that they dentists have to prescribe for them.
		11.234 I think under the scope of what they're at sometimes they need a prescription from the dentist, don't they... is it a prescription to x-ray or a prescription to prescribe
		11.488 You need the dentist either actually writing the prescriptions to the therapist to work to, or delivering the care themselves. Whereas I think there might be a little bit more freedom to act in the private sector
		11.646 It's about the infrastructure, it's about the scope to act and it's about the culture really, of change, and it's about changing the business model and how long it takes to change that business model
		9.143 two problems, one is obviously they're having to see the dentist for that appointment to have that prescription written or entered into the notes for the therapist
		9.145... just professional autonomy really of an hygienist who is professionally registered, it's something that's within their capabilities so I think they should have the right to do that.
	PATIENT EXPERIENCE	9.311... I think some don't know why they're being referred to a therapist, don't know what a therapist is, others are quite clued up on it and they understand and they recognise the model from their GP practice
		9.380... whereas if you say you need a filling here, I'm going to refer you to my therapist, it might possibly need a bit of explanation of why the dentist isn't doing it
	9.311... and others then that will say, no, I want my dentist to do it, I don't want somebody else doing it. And they can't grasp the concept that DCPs are just as well trained in these aspects of dentistry.	

	LOGISTICAL	<p>9.168... there's infrastructure as well, having the space to put other team members into a surgery.</p> <p>9.173... skill mix can be difficult if you're limited with your surgery space and surgery chair time.</p> <p>9.176... if you trained your nurse to apply fluoride and you haven't got another chair for them to do that in is that really that efficient?</p> <p>9.182... it wouldn't be as efficient, I don't believe, as having another surgery with a nurse sitting there and patients coming in and out just having their fluoride application</p> <p>9.201... Yeah, I can't see any way around that with a therapist, you have to have a chair spare, there isn't any other option.</p> <p>10.432... I can think of examples of practices where there is going to be a problem because they have only one or two surgeries, and the only way you can really move around without having building work undertaken is to expand the hours and for the performers within the practice to change their working practices... So even though they're not actually doing more hours, the surgery is utilised for more hours</p> <p>10.464... So yeah, you are quite restrained really, if you have a small practice, on how you're able to change things going forward, unless you physically change the building</p> <p>11.359 They tend to be used in the bigger practices where they have more income, but they have the infrastructure as well, so they've got a surgery with a nurse where a therapist can work. So, if you're a two-chair practice with two dentists there's no way you're ever going to have a therapist because you've got nowhere for them to work... They're small practices usually in a terraced house [inaudible 18:53] surgeries</p> <p>11.384 I presume in the longer term, it could be if we were developing resource centres we might ask a dental practice would they like to work in a resource centre and give them the opportunity to review skill-mix... it's infrastructure to support that staff and make sure that they've got somewhere safe and up to date to work, meeting the correct standards</p> <p>11.646 It's about the infrastructure, it's about the scope to act and it's about the culture really, of change, and it's about changing the business model and how long it takes to change that business model</p>
PATIENTS	TRUST IN ESTABLISHMENT (INSTITUTION)	<p>22.33 I probably wouldn't be bothered who I saw in the first place, as long as you knew there was a structured approach</p>

		<p>22.44 But I've never been explained, so I don't really know, it's very difficult to make an opinion and try to be logical about it, and as long as I felt I was receiving treatment, I don't think I'd mind</p> <p>22.520 I go to the dentist hoping that he's got the qualifications and the skill set to do it, and I trust that he's got it, I probably never have seen his qualifications, I go there as a point of trust</p> <p>22. 525 it's just accepted that if I go to see any medical person that person is trained to do that job</p> <p>22.586 It's probably a confidence factor more than anything else, if it comes over well</p> <p>22.624 Yes, my thought processes are probably institutionalised. I accept the way they're working because of the way they work and this probably changed anyway, if I was to think about from when I first went, and if this is the way it's going, you would adapt to it</p> <p>22.636 but if I went somewhere else, I would accept the way they worked straightaway, almost certainly, and probably without question.</p> <p>22.675 acceptance if I go to them, they will be qualified because legally they'll have to be to be</p> <p>25.132 I would have faith in the profession, that they would do that. It's not as if you just drag somebody off the street and say, fill this bloke's teeth. They have been trained.</p> <p>25.164 if a lay person sees somebody in a white coat, they presume that they know what they're doing, and therefore whatever they were told to do, I mean, we put ourselves in their hands anyway, don't we? We don't ask to see their certificates when we sit in a dental chair, we just assume that they are qualified, and well qualified, and able to do the job</p> <p>25.213 I think it would be a brave person would question a dentist</p> <p>25.227 If somebody comes to see me in A&E in hospital, I don't know whether he's a consultant or a junior doctor or what, or a nurse practitioner, I don't know...I wouldn't like the element of doubt that they're trying to explain what the dental therapist was introduced. I would go there in expectation that I was going to be seen by the most appropriate person for my condition... I wouldn't want to know, I'd just expect, it's like if the car mechanic said, which of our mechanics would you like to do your car</p>
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		<p>26.822 And even if they're poking around and it's a bit uncomfortable, it doesn't really bother me that much, I just have faith that they know what they're doing</p> <p>27.459 I would make the assumption that once you'd asked the question, they were qualified to deal with what was wrong, and off you go, give it a try</p> <p>If they can't fit you in fair enough but they do seem to try and say, "Come long. You may have a half an hour wait or so but we'll fit you in, even if it's just a quick look and then we do another appointment," but they are willing to do for you. In fact the whole family have ended up here now.</p> <p>I think all the dentists that I've seen here I've been very happy with. I've tended to stick with the same one until they maybe have left the practice and then they would offer me somebody else but I've always been very happy with all of them.</p> <p>You should have gone to a practice that are in trouble and then we would have started complaining, wouldn't we? We all think this is a wonderful practice.</p> <p>Every time I've come to see a dentist, irrespective of who they are, they always ask me at the end of the session, "Do you have any issues? Are you worried about anything? May I give you advice?" Now I think that is better. I don't have a problem with dental therapists.</p> <p>I've seen several dentists here and they've all performed the same service.</p> <p>I think familiarity and confidence in whoever, the practice you're with, counts for a tremendous amount.</p> <p>They are very nice. I haven't met anyone who hasn't inspired me, they've actually got my interests at heart.</p> <p>Obviously I'm not in favour of private medicine or anything. I'm not in favour obviously of seeing the dental clinician, technician, whomsoever. But by the same token, if there was something wrong with me and I went to Arrowe Park and I saw a nurse clinician, I would see her. So on one hand I won't and on the other hand I will. Basically, they're both looking at healthcare professionals. It's difficult.</p> <p>Yeah, I would assume that they work at that practice and they are qualified to work at that practice, and that is fine.</p> <p>And if you thought you were personally seeing someone who was costing the NHS less money, would you feel short changed?</p>
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	<p>DENTAL TEAM ENDORSEMENT</p>	<p>22.25 it's the receptionist which is the first face that you meet, which is probably the person that can make the difference probably more so, for me,</p> <p>22.450 if I think now, if you go anywhere, you usually see a picture of the team, don't you, now, most...I think you even see it in Tesco's</p> <p>22.659 It's the confidence in the team, isn't it</p> <p>22.764 To a team, and I've got to have confidence in the team</p> <p>22.248 you had a real sense that the dental surgeon, who specialised in complex things, that he was the leader of a team... it feels a bit more democratic, because they've delegated this role of monitoring dental health to, I'm calling them administrators, they might prefer another title.</p> <p>25.277 It wasn't brutal, but it was quick. And I mentioned to him that she'd done it, he looked at the tooth and he said, she's done a very good job. So, that consoled me a bit.</p>

		<p>25.608 he's always very good if there's an emergency as well, if you lose a filling, you know that if you phone in, he'll fit you in sometime, which gives you a level of confidence in him</p> <p>25.639 is that if that's the person that's the frontline member of staff, then it's their job to build the reputation of the surgery, so to give people confidence, but also bad mouthing other team members, or saying that the experience is going to be terrible, of their team, collectively you are a member of that team.</p> <p>But I did go to the dentist hospital - well I used to go when I first started working at the medical school – and they did whack the x-ray machine off my head. [Laughter]. When they were changing sides, yeah, that hurt. [Laughter]...But other than that I haven't really had any disastrous experiences.</p> <p>I know I have said before that I would rather see the dentist, but it's continuity and them getting to know me and me getting to know them that matters to me. So, yes, I suppose if I knew that my dentist was in charge – there was a team as it were – then I suppose I would be content, but I wouldn't be happy with it, but I would be content with that, yes.</p> <p>Well, a chat might be useful. But I suppose from the dentists point of view – I know our practice has newsletters up the surgery and our surgery has a TV screen, so that might be an idea of how to promote.</p>
	<p>TRUST FROM PERSONALITIES / RELATIONSHIPS (CULTURAL LINKS)</p>	<p>22.586 It's probably a confidence factor more than anything else, if it comes over well</p> <p>23.354 my judgement would be that the people are a bit more relaxed because of that genuine interaction rather than the rather business-like approach</p> <p>25.172 Put our faith in the system. So, I would, unless the person that was treating me was very indecisive or didn't look the part, or looked a bit rough or something, which gave me doubt as to their proficiency, then otherwise I'd accept that the dental practice knew what they were doing</p> <p>25.202 Every time he moves, we move with him, for years and years now. And I know the family and everything you know?</p> <p>25.273 . You know, he talks and allows you to talk if you can, with the thing in your mouth, but I mean, as I say, I know the family, I know him.</p>

		<p>25.281 the trouble is, when you're treated by someone who's foreign, prejudice immediately kicks in</p> <p>25.640 . I mean his treatment is going to be as good, whether he's talking English or Welsh, it's just the additional cushion</p> <p>26.473 if English is a second language, that also can be an issue can't it? Because people can come across as being quite blunt, but it's just that they don't have the language to be able to expand enough, or to reassure.</p> <p>27.153 You know, he remembers us, we remember him. Yes, I don't...I think it's maybe a little bit more unusual arrangement where you say, oh yes, we always see the same guy, but yes, we do... and it's really good, because, like, one of the children has been going there since a baby and toddler, so for him that familiarity's really good.</p> <p>If they can't fit you in fair enough but they do seem to try and say, "Come long. You may have a half an hour wait or so but we'll fit you in, even if it's just a quick look and then we do another appointment," but they are willing to do for you. In fact the whole family have ended up here now.</p> <p>I think all the dentists that I've seen here I've been very happy with. I've tended to stick with the same one until they maybe have left the practice and then they would offer me somebody else but I've always been very happy with all of them.</p> <p>You should have gone to a practice that are in trouble and then we would have started complaining, wouldn't we? We all think this is a wonderful practice.</p> <p>Every time I've come to see a dentist, irrespective of who they are, they always ask me at the end of the session, "Do you have any issues? Are you worried about anything? May I give you advice?" Now I think that is better. I don't have a problem with dental therapists.</p> <p>I've seen several dentists here and they've all performed the same service.</p> <p>I think familiarity and confidence in whoever, the practice you're with, counts for a tremendous amount.</p> <p>They are very nice. I haven't met anyone who hasn't inspired me, they've actually got my interests at heart.</p> <p>You can't see what's going on, can you? You break your arm, you know your arm is bust or you have a deep gash somewhere on your anatomy, you can see it. But you don't know what's going on in your mouth. I wouldn't say so anyway.</p>
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		<p>Yeah, I trust that they know what they are doing.</p> <p>Because I was aware of the difference. If a NHS check-up is £26 – did you say – and I am paying £50, which is almost double, then I would feel a bit short changed, for the want of a better word...But again, for me it's still more about the personality – I know that doesn't sound...</p> <p>A quite knowledgeable dentist as well, like they can explain a process to you or how things work with your teeth and why things happen and what you can do about it, etc, etc. And if, for example, being accommodating, so I will be getting a filling on Wednesday – not a fan of needles and obviously I will have to get one in the gums and I mentioned that to my dentist – and she said that is alright because we can put numbing gel on beforehand, and then the needle in and you will be fine.</p> <p>Yeah, you would, it would be suitable to trust the judgement of a healthcare professional, so yeah, I would.</p> <p>I was happy with the practice. I mean, going back to the hairdressing story, sometimes if you are a women – or whoever – you just get nervous if somebody else, do you know what I mean?</p> <p>I think the relationship is slightly different with the dentist because I think I am in awe of him, really. The rest of the dental team are quite chatty, so you get to hear more about their family life and things – like I was saying about the distraction thing.</p> <p>I think trust, because unfortunately you do hear stories of some people having to go to the dentist and pay for lots and lots of treatment. And sometimes you wonder do you need the treatment, sort of thing? Because I suppose it's one of those things that you can't really tell unless you have got some actual pain or concern about your mouth, you know?</p> <p>No, when I had to make an appointment because I was worried about my gums I did see another dentist and he was lovely. And the same with the hygienists but they are all lovely anyway the that I normally go to was on maternity leave, but in the corridor and waiting room they say hello. I think what is really nice as well is they have coffee mornings and do fundraising for local things and do things like the bike challenges and strongman challenges, so it's quite nice because you feel they are embedded in the community.</p> <p>Locality, and the fact that my husband's family have been going for years', and their reputation.</p> <p>Yeah, we a get a text and you can book within a week or two – the waiting times are really quick. And the receptionist is friendly, all the staff are friendly and helpful if there has ever been a problem, and my children go there.</p>
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		<p>So, I couldn't believe she went out of her way to do that for me.</p> <p>I: And when you don't see the same dentist, have you been happy with the other people you have seen at the practice?</p> <p>R: They have all been lovely, yeah.</p> <p>I think they just have to be reassuring, I think it's a scary time for quite a lot of people, isn't it?</p> <p>And especially since my son is autistic and they are really calm with him and explain everything to him because he doesn't like sudden noises or the environment, and they are lovely with him – they understand.</p> <p>I think I would probably accept that the practice had made the decision in my best interest.</p>
	RECOMMENDATIONS	<p>22. 591 either be somebody's recommendation or somebody close, but I think now it would probably</p> <p>I would definitely suggest that you want to have a little try of the therapist.</p>
	PATIENTS DON'T MIND WHO THEY SEE PROVIDING THERE IS TRUST/RELATIONSHIP	<p>23.168 I actually think I've got a better relationship with the dentist in Scotland than in Wales, because of this extension of her role [not using skills mix], but not extending so far that it doesn't allow the admin staff to play a role in dental care as well</p> <p>P1: I think all the dentists that I've seen here I've been very happy with. I've tended to stick with the same one until they maybe have left the practice and then they would offer me somebody else but I've always been very happy with all of them.</p> <p>P2: The same with me.</p> <p>P3: You get to know them and you're able to talk to them. As a stranger you might feel a bit inhibited telling them the true problem or whatever.</p> <p>I: I guess the two things there are people who know your dental history and some I guess negativity about seeing a different practitioner.</p> <p>P: Trust maybe.</p> <p>P: What I mean is if you're used to going to that dentist, well for me, I'm always nervous with the dentist, you take time to get to know them and trust them, don't you? So if I had to go to someone new like that, I'm not saying they wouldn't know what they were doing but I don't think I'd trust them the same.</p>

		<p>I don't like dentists but I like the person here. I was nervous and worried. When I was younger, the dentist that we went to every appointment he did fillings even if you didn't need them. He did. A lot of people complained about him because he literally... so I'm paranoid because I feel like I have got horrible teeth because of all that.</p> <p>Yes, definitely. I know I wasn't the only one, there was a lot of people. In my day, I didn't have juices, we hardly had sweets. They said there was probably nothing wrong with my teeth at the time. So I like to come here because as I say, the people here, different dentists, you get used to them but I do feel they are nice people. It's not them, "I don't want to see you." It's just you're frightened of what's going to be said. You want to have your confidence in your dentist and know your dentist, if you know what I mean.</p> <p>I've used it. It was probably about eighteen months, two years ago. I called up as I had a problem with a filling that had come out. I was asking if they had an appointment. I usually Mr Ellison and they said, "We can fit you in today but it will be with the dental hygiene therapist." I was reluctant to see him. In fairness he was great. He was really, really good.</p> <p>I mean I was anaesthetised too much and blinded in my eye by one dentist for twelve hours. That's the reason I went to *current dentist*. He put faith back into me because it was a really bad experience</p> <p>So to find a dentist with that experience, that's what it comes down to, to instil a trust</p> <p>I've had a bad time and I have a lot of trouble with my teeth. My teeth are very, very sensitive and I've got receding gums as well. The dentist I've got now is absolutely wonderful with me, he really is. He keeps stopping and saying, "Are you alright?"</p> <p>So really I wouldn't go to anybody else but him. As I say, he knows my mouth inside out as it were and he knows me and what have you so I really wouldn't go to anybody else.</p> <p>Or getting to know the patient before, like you said. Even if the dentist comes in to say you've had problems, it's that type of thing that you know when you go to the dentist, your own dentist, he knows your history. That's the only thing.</p> <p>But I always find that, if you do have a bad experience, there is always another dentist. Then once I got on to *current dentist*, I didn't let him go.</p> <p>Trust. 99% trust and well competence as well but I think they're hand in hand.</p>
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	<p>P1: Can I ask, if you were asked to have more treatment, would you prefer a dentist to do it if it was a filling or tooth extraction? How would you feel?</p> <p>P2: It wouldn't bother me.</p> <p>P1: It wouldn't bother you, even though you're nervous?</p> <p>Yes, she's lovely. But *name of therapist*, if you're going to say the whole experience, I would say the dentists were 9 out of 10 and she was 10 out of 10. She was very competent to me. I wouldn't feel that she couldn't do... obviously they've got their limitations on what they can and they can't do. She oozed confidence to me. I don't know what you felt about her. If she'd have said to me, "Look, your teeth are a disgrace and this, this and this," I would have believed her.</p> <p>I don't know, maybe it's just because – this is terribly British, isn't it – it's a doctor, so you automatically have that – I don't know – stiff upper lip relationship with them, I don't know, really.</p> <p>Whereas with this one because everything is okay now I only see him every six months, so it has probably back to hello, yes, I am fine. [Laughter].</p> <p>Like I say, I am necessarily bothered about somebody who chit chats and makes small talk. As long as they seem to know what they are doing. I suppose if they tell what they are doing that is always nice, you know, for somebody to explain what it's they are doing and the tools they are picking up. But yeah, I don't think I have ever had a bad dentist experience where I have come home and thought I wasn't particularly happy about that – I don't think I have, anyway.</p> <p>No, it's almost like going to your GP these days where you don't actually see the same person, it's whoever is there at the time. And I feel that is sad that I don't have that relationship anymore, it's just seems to be whoever is on at the time.</p> <p>But dental experience is a very personal experience and I would say it's like your doctor – in my case – a hairdresser, you get used to a personal trainer. You build up relationships over the years and they know you before you have walked in the room – it's a very intimate thing, dentists to it every day but you don't have things going in your mouth very often. [Laughter]. So, you have got to trust them, so for a lot of people it's very anxiety provoking – for me personally it doesn't bother me so much, but to have somebody who you know, and trust is really important.</p> <p>They really listen to what you are saying and are with you in that moment – not to dismiss the fact that it's uncomfortable for you – and don't say it's just your wisdom teeth coming through and that is what you have to live with – some sort of sympathy and understanding.</p>
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		<p>Yeah, it does make sense, Matt, I think that they listened – which I have said – and take the time to explore what I was telling them or clarify points – it’s all good communication skills, isn’t it, what I am driving at.</p> <p>They would do what I see as a thorough examination and if they were spraying bits and bobs about and attacking my teeth they would tell me they were going to do that – warning me in advance and telling me why – and explaining the whole process as they went along. And then feeding back what they have done and why they have done it and what the position was at the end of the process. So, feeling it was a thorough examination. [Laughter].</p> <p>If I said I had a sensitive tooth and it was a dentist who did it recently and they were putting the stuff on the end of the thing that makes you go yelp – which I hadn’t had in the past – I would feel she has given me a really good examination and I am happy she has looked into everything – that was the dentist.</p> <p>I go to my dentist because I like my dentist and I trust him, so I don’t want to go to somebody else.</p> <p>Yeah, it’s not the qualifications, it’s the person. I mean, you assume they are qualified, but they are good with me.</p> <p>I: So, a bit of geographical location and now you are with someone you trust? R: Yes, it’s trust and cost. I: Okay. R: And also the fact that they can take the whole family as well.</p> <p>I see him every six months, just purely – I don’t like dentists – because I want to keep the teeth I have got, but he is nice, gentle, trusting and whatever work I have had done it has been good – pain free.</p> <p>No, that is it, really, I mean he is tolerant, very patient and very caring – he puts you at ease.</p> <p>I liked his approach and he didn’t mind asking how you were and having a little chat, it wasn’t just in and out, he seemed to have an interest in me as a person – that sort of thing.</p> <p>And he said if I was nervous or worried to put my hand up and he would stop – I found him very reassuring actually.</p>
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	<p>And I know they are much busier than they used to be, but you, sort of, feel that it's important to have an good relationship with the dentist like you would with the doctor.</p> <p>I usually see the same dentist every time, so I feel like he knows my background and about any issues I have had with my teeth.</p> <p>So, I guess there is somewhat of a good relationship there.</p> <p>Probably their knowledge, so if I did ask any questions how well they answered them – as I mentioned earlier, it wasn't just to clean your teeth twice a day, kind of thing.</p> <p>For a routine check-up I have no problem, but if it was a filling I would be a bit more... If I had had a good experience with one dentist and I got changed, I would be a bit wary as to how painful it would be. But if it was just a routine check-up and the knowledge was there – and I would assume it would be if they have trained for three years – I wouldn't have an issue.</p> <p>My issues are more about the relationship I have with the person, about 10 or 15 years ago my dentist gave up the practice and I transferred to another one, and I didn't have a very pleasant experience. And the guy I go to now I have a good relationship with – it's about relationships for me, I really need to have trust in somebody who is doing anything inside my mouth.</p> <p>I: Okay. So, you would be reluctant to change practitioner – not necessarily because of their qualifications, just because it's somebody who you didn't know?</p> <p>R: From who I built up the trust with, yeah.</p> <p>It does to me because I prefer to see that man I have got the relationship with – that dentist.</p> <p>She is young, she is good, with this root canal thing she didn't press me to have it. We discussed it and I said no, after she had laid out various options, and that was that. I was happy with her.</p> <p>I know I have said before that I would rather see the dentist, but it's continuity and them getting to know me and me getting to know them that matters to me. So, yes, I suppose if I knew that my dentist was in charge – there was a team as it were – then I suppose I would be content, but I wouldn't be happy with it, but I would be content with that, yes.</p>
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		<p>I think there is an element of a lack of trust, but I think that is pretty low down, because maybe I am trivialising a dentists job. But I would have thought you don't have to have a lot of trust in terms of, does that hurt? Yes, I am sitting in pain and it's bleeding, you know?</p> <p>But what they would do about it if they poked and it bled to a certain degree, or they put the thing down and said there was a gap of... No, I wouldn't have faith in them carrying out the necessary treatment.</p> <p>I said to him, "I have been coming to you for 40-odd years and your teeth don't reach a situation where they have to come out without any signs that this was happening, and you couldn't have done something about it." And he got all the x-rays out and pointed at the x-rays and talked me through it, but I wasn't 100% convinced, but obviously I stayed with him.</p> <p>So, anyway, the relationship and do I trust him – not 100%. [Laughter].</p> <p>Whereas the dentist has been there for a long time, so he has seen my mouth history since goodness knows when. And it's the same with the therapist, so I think it's a more settled environment.</p> <p>Yeah. And because obviously she seems to know what I needed, but no, I would be fine, I think I would just make up a relationship with the next person.</p>
	<p>SEEING CONSISTENT PRACTITIONER</p>	<p>23.199 there were a couple of dentists who lasted only a year, I think one of them was labelled as a locum, so I had more feeling of a danger of discontinuity in that practice</p> <p>23.208 we'd seen four dentists in about three years, so that was disconcerting</p> <p>23.260 I suppose the time when there were seen to be regular changes of staff, that was the only real time when one was a little worried about continuity</p> <p>23.277 there was a worry, at the time they would have been moving through those dentists who replaced each other</p> <p>23.291 when something happens untoward, you think, is this a consequence of the fact that they're changing staff so frequently?</p>

		<p>26.82 with the dentist I've seen it's been really random who I see anyway, because they'll have left a practice, so I don't have consistency of seeing the same person.</p> <p>26.193 But, I think it's really important, particularly for younger people and for children, and people that have got anxiety, to be able to sit with someone that's going to be the same person, but also to have extra time in there.</p> <p>26.691 , it's such a high turnover of staff, the people on reception, there's one person on reception that I've consistently seen on the reception for the past three years, say, but the dentists have been different, the hygienists have been different, the other staff in the background have been different, so a high turnover of staff doesn't, not always, but quite often indicates people aren't very happy where they are... But, yeah, why are people leaving? It's not just about personality conflict or team dynamics, there will be other things.</p> <p>26.730 If you're constantly in a cycle of change, and you're constantly having to get to know people, like you're saying, and build a relationship and build trust, and then somebody else has left, and you're replacing that person, and you're doing it all the time, it's not a good state to be in, is it, to be constantly going through that trust cycle</p> <p>27.196 So, it doesn't make a difference about the job title, I think, particularly for young children growing up... the fact it's the same person, I think for him, made it a bit easier.</p> <p>I must admit, I've come here for nineteen, twenty years. I mean the lady I saw, *dentist 3*, she was here, then she left and then she came back again. She knows because I've had different things going on with my teeth. I prefer to see her because she knows my history without me going through everything again. So I would still want to stick with her. I mean if there was an emergency, something happened, yes, I'd see somebody else but if I'm making a routine, I'd rather stick with her because she knows me, she knows my history, she knows things that have gone on in the family, etc., etc. That's what I prefer.</p> <p>P1: Yes. I mean I've had problems with my teeth and as I say, without going through everything all over again, she knows. As I say, I also had things last year in my life that happened. She knows all that. I think I'd rather stick with her. I don't mean it against somebody who is coming in trained and whatever. I suppose if she wasn't available, yes, I'd see them but I do tend to like to stick...</p> <p>P2: I agree with all that. I think if suddenly a filling came out or something like that, I would then see somebody rather than wait, if it was just something simple. But I agree with *participant 1 name*, yes.</p> <p>P3: I'm exactly the same. I think when I ring up for a routine appointment, they automatically know who I've seen before. I go for that dentist.</p>
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	<p>P4: That's the same as me. I mean I've been coming 50 odd years and I have seen different dentists but once I've got to a new dentist, they know everything, I'd rather come back. As you say, they know who I usually have. I feel more confidence.</p> <p>But I'm wondering whether to change my doctor because I like my doctor I had before. She's left now. Not that I go to the doctor very often, thank goodness, but you get a different one all the time so you might as well go somewhere else if you're going to have a strange doctor.</p> <p>I mean I was anaesthetised too much and blinded in my eye by one dentist for twelve hours. That's the reason I went to *current dentist*. He put faith back into me because it was a really bad experience</p> <p>P1: Whereas if each dentist had a triage therapist and you knew you were dealing with the same... they're not overloaded work wise and one thing and another, that would ease it so I would say that more than look at each dentist have their own therapist.</p> <p>P2: Or know your history as well, as you say. Know what's happened to this person before you come in.</p> <p>P: I would rather see the same dentist.</p> <p>I: Is that for continuity?</p> <p>P: You try and build a relationship with them, don't you?</p> <p>On the other hand, if I had a raging toothache, I'd see anybody.</p> <p>I: do you have a single dentist who you see?</p> <p>R: Erm, I think... That is terrible isn't it? It shows that I don't have a relationship with them. I think it's the same guy, but he has always got a mask on and his goggles on when I go in. [Laughter]. It is definitely the same hygienist that I see, but I will honest I wouldn't be able to name him.</p> <p>I: Okay, yeah. So, if you saw a new dentist you wouldn't be particularly worried that he doesn't know my history?</p> <p>R: No, no.</p> <p>You build up relationships over the years and they know you before you have walked in the room – it's a very intimate thing, dentists to it every day but you don't have things going in your mouth very often. [Laughter]. So, you have got to trust them, so for a lot of people it's very anxiety provoking – for me personally it doesn't bother me so much, but to have somebody who you know, and trust is really important.</p> <p>I: Yes. So, was it as much it was another person – if it had been another dentist would it have made a difference?</p>
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	<p>R: No, no, it was just the fact it was another person – it could have been anybody.</p> <p>Unfortunately I am from the era where children’s teeth weren’t looked after by the dentist – if you know what I mean? It was really just a case of fill – any slight thing you fill. So, there for I have got a mouth full of fillings, so he keeps an eye on them and he knows what is not going to survive and what is – that sort of stuff.</p> <p>Yes that is right, I would prefer my own dentist for fillings, yes.</p> <p>I usually see the same dentist every time, so I feel like he knows my background and about any issues I have had with my teeth.</p> <p>I don't think so – too much – because it happens with the doctors, so I don't see why it should matter at the dentist.</p> <p>I think as long as they had my background files and they know what is happening. I mean, I would prefer it if I had a choice – it would make things easier to see the same one – but I wouldn't cause a fuss or anything. [Laughter].</p> <p>For a routine check-up I have no problem, but if it was a filling I would be a bit more... If I had had a good experience with one dentist and I got changed, I would be a bit wary as to how painful it would be. But if it was just a routine check-up and the knowledge was there – and I would assume it would be if they have trained for three years – I wouldn't have an issue.</p> <p>My issues are more about the relationship I have with the person, about 10 or 15 years ago my dentist gave up the practice and I transferred to another one, and I didn't have a very pleasant experience. And the guy I go to now I have a good relationship with – it's about relationships for me, I really need to have trust in somebody who is doing anything inside my mouth.</p> <p>I prefer that continuity of care where you see the same person, whether that is with – I am going to call them an advanced hygienist because it just makes it easier for me to remember – that person or the dentist, as long as you are seeing – most of the time – the same person. Obviously there is holidays and things, so someone has to stand in, but I feel you do... I don't know, it's that continuation of care is important to me, but I know it isn't always possible. And this last dentist when we used to go – me and my mum – were all very professional and we usually either saw the hygienist person or the dentist. But we knew the faces and you seemed to be their patient, so I would say that is important.</p> <p>I would like not to have to be passed from one person to another. So, for example, let's say it's root canal treatment as I mentioned earlier, I would much rather the person who had done the check-up did the treatment. So, probably no, I can understand the reason for it, but I would</p>
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	<p>much rather have continuity of treatment by one person, so they and I got to know each other better. And she or he got to know my teeth, what I needed and so on.</p> <p>I don't mind the dentist referring me to somebody, but what I would feel uncomfortable about is somebody referring me to the dentist.</p> <p>I have been with the practice for a while, but my dentist no. The practice chops and changes all the time and people leave and other people come, so I haven't had the continuity that I would really like because I would like to see the same person year after year, and I haven't had that.</p> <p>I: So, you don't know who you are going to see when you make an appointment?</p> <p>R: Yes, I know that I am going to see the same person if they are going to be there. [Laughter]. The problem is sometimes I find that they have gone – moved on.</p> <p>I know I have said before that I would rather see the dentist, but it's continuity and them getting to know me and me getting to know them that matters to me. So, yes, I suppose if I knew that my dentist was in charge – there was a team as it were – then I suppose I would be content, but I wouldn't be happy with it, but I would be content with that, yes.</p> <p>I think so, I suppose if I had an urgent appointment I have seen someone else, and I accept that with the way things are. But I have not had to accept seeing someone else, so I don't know how I would feel.</p> <p>I know going to the doctors you do feel that you see something different every time, and that gets a bit frustrating, so I certainly don't have that at the dentist.</p> <p>To be honest it's just like the way I think of the doctors, I would go to the same practice, but I wouldn't mind seeing a different doctor every time as long as I am getting seen too.</p> <p>Because I think in a way you get an appointment – which is one of the few convenient times I can do – and if you get a different doctor or dentist I just think I can't be picky with my appointment, so I just go for it – I don't mind either way.</p> <p>R: Yes, I always see the same person, obviously I haven't over the 40-odd years – actually it's 50 years – but in the periods while that dentist was still in practice and before they retire or move out. Then yes, I see the same dentist every time.</p>
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	<p>I: Okay.</p> <p>R: And that is pleasing as opposed to doctors, for example, where if you want to see the same doctor the next appointment is about five years away, but you can see someone else tomorrow.</p> <p>It is probably both of those things, but it's more that he should know me and my teeth. And if he doesn't when he gets the record up he will remember more quickly.</p> <p>And I have also said comparing the service to my GP, the GPs are always changing. At one time we used to have the same doctor for life, you know, it would be the family doctor, and now my practice has a couple of doctors who have been there for a while, but they don't seem to have enough doctors for the community, and they get locums in.</p> <p>Whereas the dentist has been there for a long time, so he has seen my mouth history since goodness knows when. And it's the same with the therapist, so I think it's a more settled environment.</p> <p>I am sure that is more for the private sector. And I think as well if something happened to my dentist there is another dentist nearby and that is NHS now, so that would be easy to change over. But I think you just get used to seeing the same people and you feel as if they know your mouth history going back a long time.</p> <p>I think you go to the doctors these days – one time you had a pile of notes – and they look at the screen all the time, so there is possibly not as much interaction. And because you are seeing different doctors all the time they haven't got this picture about you about all the things that have happened to you over your life time. And I think as well with the doctors now they, sort of, say you are only allowed so many minutes for an appointment, and I think you are only allowed to say one thing, you have to make another appointment for something else.</p> <p>Oh, definitely. I think as well because I have seen the therapist for a few years, it's not as if there is a new person coming into my life.</p> <p>But it was different because I saw here again – normally it's a different dentist each time – and it was nice that I saw the same dentist.</p> <p>I: In what sense was it good to see the same person again?</p> <p>R: Because I felt more reassured and he didn't have to go through all my medical history again. And she seemed like she knew what she was doing.</p>
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		<p>I: Okay, so typically you would see a new practitioner and you would have to go through what medications you are on and everything?</p> <p>R: Yeah, even if I seen a dental hygienist it would have been the same, it doesn't matter because their title is different, it's just because it was the same person.</p> <p>R: Well, to be fair, the appointment is not the same for everyone mine is two is two sheets long and I have got to add to it and change it every time I go. But obviously I have got to go in and explain why I am there, but at least when I saw the same person I don't have to do that.</p>
	<p>PATIENTS WANT EFFICIENT CARE (ACCESS, MINIMUM INTERRUPTION TO NORMAL LIFE)</p>	<p>23.321 In other words, they weren't operating entirely independently, the way I arranged my appointments... the way I did it, there was a real feeling that they had the opportunity to communicate and that was a clear advantage</p> <p>24.419 it's the travelling really and the time is quite difficult, because if you can't drive, you can either hitchhike or catch a bus or catch a train. Your best bet is trying to get in an hour before somewhere, or try and phone them an hour before to make sure you get there, because you could miss the appointment altogether then.</p> <p>24.577 One journey is easier.</p> <p>24.629 Yeah, you're best off [getting treatment done on the day], because you might have to wait for about six months again then.</p> <p>24. the waiting list is astronomical, about a year or something now, and even if they look at your teeth, they charge you £25</p> <p>26.72 one of the things that really drives me nuts is that appointments are cancelled with the dentist quite often, because they won't use a different team member, and because obviously if the dentist is off sick, and you're booked in with the dentist, that's it, you're stuffed... She had to take time off work for that as well</p> <p>Or there was a slight problem which they could deal with, that's fine. But if there was something that did need seen by that dentist, you're in that route to see the dentist quicker than waiting for an appointment. That's how I see it.</p> <p>I was only going to say, if they introduced the dental hygiene therapists into the practice, if they're there to complete the minor routine stuff, that then frees up the role of the dentist to take on more serious. That was my perception of it.</p>

	<p>I was putting down I know it's cost effective to the practice to employ, you can employ possibly two, three hygiene dental therapists for the price of a dentist and I get that. The other side of it is it is cheaper labour. That's my only concern.</p> <p>I mean the top dentist did do it and he did it so efficiently and so fast it was unbelievable. I was grateful for that, very grateful.</p> <p>Again, that will bring the price of stuff down, people getting preventative. If you're preventative then it slows down the actual treatment and things like that. So again, hopefully they're looking at that in the future, once we've got these triage practitioners coming through that there is other outreach work and everything, it's not just about getting cheap labour and churning it out for the masses and in education and everything, from the time you get teeth to the time you lose them but then again, if it's done like that then you're not losing them so much later on. I always think when you see a new idea, it's what can branch of that idea before it's hijacked and ruined into the floor.</p> <p>So suppose the dental therapist extracts the tooth and they need antibiotics, he or she has got to go next door, get the dentist out so the dentist can look at her work, then prescribe antibiotics. It seems, to me, a long way around to do something.</p> <p>P1: To me, that's exactly how I would expect them to work, somebody would look at it and say, "You need an extraction," so you go and see somebody more qualified. If that was what the study is all about, I'm quite happy.</p> <p>P2: It just seems a long way around to be honest.</p> <p>Perhaps they should have a system which says you must see a dentist once every two years so you would see three therapists and then even if there was nothing wrong you should see a dentist every couple of years.</p> <p>Yes, she's lovely. But *therapist name*, if you're going to say the whole experience, I would say the dentists were 9 out of 10 and she was 10 out of 10. She was very competent to me. I wouldn't feel that she couldn't do... obviously they've got their limitations on what they can and they can't do. She oozed confidence to me. I don't know what you felt about her. If she'd have said to me, "Look, your teeth are a disgrace and this, this and this," I would have believed her.</p> <p>I: Mm-hmm.</p> <p>R: What was the other thing you mentioned?</p> <p>I: How long it takes to get an appointment.</p>
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		<p>R: Well, that is another thing, it's taking much longer than it used to because I had a check-up and I had to wait another month for an appointment, so I was rather surprised.</p> <p>Erm, a bit cost related, but also in a sense that there doesn't seem like there is anything wrong and I feel bad – I guess I am not wasting their time in a sense. And if I want to go back I have to go back to Cumbria.</p> <p>No, I guess some part of me would think they need so many, it's probably easier to get trained up as a therapist rather than a dentist – or available quicker. But I wouldn't really see it as a negative thing, I would see it more around the demand.</p> <p>Yeah, just like that one-off, if it was just a little bit of pain and it didn't feel like anything bad – but I don't know how you would know that without having any knowledge. I don't know how I would know myself if it was actually something serious or me just worrying about it. So, yeah, I would like something, maybe if you could call the surgery and they could call you back and you could explain what the symptoms were. And then they could be like it sounds most likely to be this, so we will keep you on low-risk for now, but we will get it checked out next time. And next time if it's something bad you can see the high-risk person – you can see the dentist this time, maybe.</p> <p>I suppose I would be a bit wary as to whether it was going to incur an additional cost for me, or whether the cost would be the same if I was a NHS patient.</p> <p>I: Okay. If you were seeing...?</p> <p>R: If I went to see the therapist and then perhaps then had to go to the dentist, would that be two consultation charges – that is what I would wonder about?</p> <p>I: Okay. I am assuming it wouldn't, but I suppose the other point would be if that was a big inconvenience if you had to attend two different appointments?</p> <p>R: No, no.</p> <p>I: I guess lots of times you have to attend twice anyway if you need anything done.</p>
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		<p>R: Not unless I thought it wasn't necessary. I mean, it's always an inconvenience when you have to do two things, but no, it wouldn't stop be going back or anything.</p> <p>Well, presumably for a routine check-up that would be perfectly logical and if there was anything that seemed to need attention, then pass the patient onto the dentist.</p> <p>Well, I suppose my feeling is my records would show that I don't very often have any problems, it's more likely to be a tooth that is broken because it has got brittle. And I am saying help, rather than anything else. And I suppose if I saw the dentist once a year a therapist in between checks, that would seem to me to be a perfectly ordinary way of going about things.</p> <p><Files\\Interviews\\191111_0028 - HTR2-010> - § 3 references coded [2.79% Coverage]</p> <p>And then obviously reserve the dentists for the more highly intense jobs because they have had longer training, etc, etc. So, it's like in the realm of making use of your resources to full efficiency.</p> <p>So, it would, kind of, reassure me as well that I wasn't actually taking up specialist time because there will be people out there – I mean, I am assuming dentists can do crowns and full tooth extractions, etc, etc. And I would like to think I am not going to be in that position for a long, long time anyway.</p> <p>We do have a growing population, some of these older generations have got three to four health issues at a time, so they are going to need more intensive care – that obviously makes resources stretched, etc, etc. So, I wouldn't think of it as cost cutting, more just better resource planning.</p> <p>So, I have a distrust of dentists anyway. I am not quite sure this will match what I am about to say, but it was partly financial. I thought hang on, I pay extra to see a therapist or hygienist and if that person sees something, I then have to make another appointment for another time to see another dentist and pay again. So, there was the double whammy of time and money.</p> <p>I would have faith in them doing that, but in the steps that need to follow that I would expect the dentist to do it again, so therefore I would think it was pointless somebody else doing it in the first place.</p> <p>Exactly, especially – apart from outside of normal routine visits – if you went to the dentist because your gums are bleeding and the hygienist pokes and says you gums are bleeding, you haven't even made progress from when you left the house. And then you still have to back.</p>
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		<p>Right, okay. So, if it was part of a more efficient system, that is one thing, but if it's just literally there is less money for dentistry that is a different issue?</p> <p>To be honest I think it has changed a lot from my early years and I must admit I didn't look after my teeth when I was younger – I have lots of fillings and things. But I think in my mind I just saw the dentist all the time and the dentist did everything, so it seems to me there is a few more roles popping up here which seems sensible in my mind in that the dentist is probably highly qualified and is doing work that can be successfully done by other members of the practice, you know, cost savings and things?</p> <p>so sometimes I wasn't really aware I was in for 15 minutes or so. But all that seemed to happen in my head was he seemed to be counting the teeth in terms that I didn't really understand and having a good look around the mouth. And then he told various directions – that sort of thing – and say that is fine, go and see the hygienist because we now have the two appointments together. And I must admit how I see the dentist now – I don't know if it's a yearly thing or six monthly for me – is now I see the hygienist on a more regular basis. So, I would say that the hygienist or the therapist is more my first port of call.</p> <p>I guess so, but just to know that I am on top of things. And like I say she told me I have missed a little bit on the bottom left and then I have made a determined effort to do that. And then for some reason I have missed somewhere else. And I think as well one report from the hygienist was you are doing a really good job of your teeth, and then when I went to see the dentist – three months after that – he said I have marked a score down – a score for you mouth, top, middle and right and the same for the bottom – and I said I think I am doing the same as I normally do. And I think the only thing what had happened was using an electric toothbrush, which I thought would have been better, but I think I was not using the correct pressure for it – I have strayed a bit.</p>
	<p>PATIENTS JUST NEED TO KNOW THAT THE PRACTITIONER HAS THE CORRECT SKILLS (MEETS PATIENT NEEDS).. IRRESPECTIVE OF QUALIFICATIONS</p>	<p>26.48 But generally for the dentist, for the things that I need doing, I just want somebody to sort it out, so it wouldn't really bother me at all... It's just somebody that's going to sort your teeth out, so it wouldn't matter to me</p> <p>26.355 I've absolutely no preference who I see. I know some people are really adamant that they only want to see the person that's the most specialised, but I think that's just ignorance as to what that person can do really.</p> <p>26.682 Maybe it's looking at, right, okay, you're the best person to deal with the general public, could you do that job? And then, let's look at, we've got these people in today, we'll take the pressure of the dentist, transfer them over to this person, they can see a different person in there</p>

	<p>27.328 I don't think the qualifications are so relevant. I think it's more about their outcomes and, you know, almost like a triage service. For this you need this person, or...I think that would be more than enough.</p> <p>27.341 You know, say, there was problem with their teeth, they would just want it to be a situation where there was an outcome and that sorted.</p> <p>27. 432 I mean, really, we're perfectly happy with our arrangement, but I mean, you know, that could change, and I don't think that would be a negative thing necessarily. It's just different, and it would be something else to get used to. But, so, no that wouldn't bother me</p> <p>Can I also say something? The dentist who does it normally, she might not put notes on the system but she knows what your gums, your teeth are like whereas somebody new will see something and go, "Well what's this?" I'm digressing a little bit but my friend's daughter was quite ill for six months and the doctors kept on saying to her, she was just getting ready to go to the grammar school. She went to her dentist who knew her and as soon as she opened her mouth and he saw her gums he said, "These gums aren't what I'm used to seeing in your mouth." He actually told her to get to a hospital. She ended up with leukaemia but he spotted it. He hadn't even started poking around or anything.</p> <p>You have this slightly lesser trend. One does five years, one does three or four, whatever it is. There is an element of that involved, isn't there, for seeing somebody who hasn't quite got the full experience.</p> <p>Yes. Physically she was very calm, very gentle. She didn't rag round your teeth with a sharp implement. She's left and the new dentist was slightly rougher. You could feel the tension there. I'm living with it now. She's beginning to understand that I raise my hand on the pain. She's being gentle with you because it's a fearful experience anyway.</p> <p>Yes. If they said you can go to, I'll say *dentist 3* and *dentist 1* because those are the dentists I've been to. So you go *dentist 3*, "She was alright," and *dentist 1*, "Yes, she was alright. I don't mind either of those," even though one is a dentist and one is the therapist. I think it's just being told that that person's the therapist, it puts you off a little bit, doesn't it? You would think then that they're not qualified. They're qualified to do the job they're doing or they wouldn't be there. If you can understand what I'm...</p> <p>I think if they know your history, like the dentist has the screen up with everything on when he's actually with you, I don't see any difference a hygiene therapist doing it if he's got your history on the computer, the same as the dentist. It would be different if they didn't know your history or what you've had done. I'd be a bit wary then if I was just fitted in with no background knowledge.</p>
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	<p>She was fabulous, very nice, very thorough, professional. I had a couple of queries, she answered everything wonderfully and took the time to show me exactly what she meant, exactly like you. I thought, "Yes, she's doing a really good job."</p> <p>I think so, yeah, as long as someone was qualified to the level that they needed to be qualified at, that would be fine.</p> <p>And then straight onto a case – thankfully I have never needed it – but if a referral was needed, then that is done prompt and I would know what would happen in that case and they were clear in explaining things and reassuring me that what the next steps were that were going to be taken.</p> <p>I think I would be alright about that, I mean, if they have had three years training - providing they could take x-rays I would assume it would show anything up that needed doing.</p> <p>I: Okay. So, would that be because you would feel – I know you mentioned if they had the three years training that sounds okay. So, would your concern be that they would be okay to identify problems, but maybe not as qualified as the dentist to do something like a filling?</p> <p>R: Yes, I think that about sums it up. I wouldn't want to degrade their experience, it's just that somehow if you have your own dentist you have got more confidence in them – that would be it, really.</p> <p>I think if it was a therapist who had had three years training, then I wouldn't mind seeing somebody like that for a check-up if they have had three years training. Providing - it gets back to what I said before about this Diamond Airflow cleaning – I feel they have enough interest in me as a patient, that would be my only worry, that it would be somebody I didn't know, and I would have to be convinced that they had the professional expertise. And providing they had good training and professional expertise and had good people skills I wouldn't mind, but I would want to feel I was just being side-lined – if you know what I mean?</p> <p>I think it's important that they have professional standards, so you know that you are seeing somebody who you u know is good at what they do. Yeah, I think those factors are important as well, not just dealing with the teeth, but the other factors come into it.</p> <p>R: Yeah, if I wasn't requiring any actual procedures and I was just an x-ray or something I would be happy, because if they have been trained to do it, then...</p> <p>I: So, would you be comfortable in their ability to identify problems and refer if necessary?</p> <p>R: Yeah, generally because they have been trained to do that as well, so...</p>
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		<p>Yeah, like if I was getting an x-ray I wouldn't mind – either can do that. But you have mentioned if I thought it was the same dentist, I would be a bit wary if it was an actual procedure. Can therapists do fillings and things?</p> <p>So, I understand that, and I think it's a really good idea especially with the low-risk patients. Now, I don't know if you just want me to talk or if you want to specifically ask what you need to populate your...?</p> <p>R: Yes, because what you don't want people thinking is I am getting a lesser treatment.</p> <p>I: No, no.</p> <p>R: Which from how you have explained the role, they wouldn't be.</p> <p>I: No.</p> <p>R: But I think it's how people perceive is important.</p> <p>Whereas what you are talking about, with the dentist and this advanced practitioner working with them, I feel that is a bit different because they are both appropriately qualified to do the job. I think, again, they have got to do a bit of a selling thing with not seeing the GP, because I think people's mindset is you ring the doctor to see the doctor.</p> <p>Well again, I think anyone who is reasonably trained – I would be happy with the advice. Because this dentist I go to in fact, there has been a couple of spells where he didn't have a hygienist and he then gave me the advice – I have been with them about ten years now – and he would occasionally do the scale and polish. And that is fine.</p> <p>Yeah, I feel if someone is properly trained there is no reason why they shouldn't do those straightforward bits of work.</p> <p>I would be fine with a dental therapist because they still know what they are doing – they have still gone through multiple years of training – so they can still provide adequate care and give advice.</p> <p>I have not long moved into the area, so I have had to set up with a new dentist anyway, but I had a quick google and there is probably three dental practices that came up in my area. But the one I go to is more highly rated in terms of reviews. They seem to have quite a lot of transparently on their own website about their employees and the difference between dental therapists and the actual dentists. Like some of the people in there will have PhDs in dentistry and they have been working in the field for 30-odd years. And then there are people who are not as experienced but have still got good qualifications and still got good experience.</p>
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		<p>I would still be okay with that, I, kind of, think of it as I don't know them – but that might not be a particularly good or bad thing – but I will judge them on their ability, rather than not seeing them before.</p> <p>So, I am assuming within their time frame of training they would not only have been trained on how to do care on teeth, but also how to be a reassuring person to make sure a dental experience can be as easy as it can be for patients. So, the main thing is to make sure I am not feeling jittery or anxious about going to see a dental therapist, and just making sure that it's fine and nothing bad is going to happen. It is just looking at your teeth and if there are problems there are ways around it and making it as least...</p> <p>You have asked two questions and one was is it more important, well it probably is more important that they are competent. But they are both important.</p> <p>If it was somebody I didn't like, I couldn't have a conversation with them – well we don't have much of a conversation, but it's a good morning, how you doing and how is your wife? So, yeah, I think that is reasonably important, but not as important as being competent. [Laughter].</p> <p>The prime measurement would be against what had happened to me previously with dentists, so how did that measure up to what the dentist had previously been doing.</p> <p>Possibly, I think it might be a cost cutting exercise because it might be a bargain for the patient to go that route they are suggesting. And obviously they could say changing practices and the therapist is qualified to do these things, just to give a bit more comfort.</p> <p>Absolutely yeah, obviously they have gone through the right training and qualifications to be qualified to do that.</p>
		<p>26.371 I think if you did give people choices, there would always be a certain number of people who go, fine, I don't want to, I want to see a dentist.</p> <p>27.268 I don't think it's the job title or...it's just the situation. You know, it's fine, I don't think it matters who's doing it, as long as they can meet the needs, and that's what's happening... You know, they want to know they've seen the right person for it to be resolved</p> <p>27.537 I paid into a system, why shouldn't I be seen by the top person? The reality is, people don't need to be, but I don't think everybody would take that really well, if you understand.</p>

	<p>The only way I would go and see the therapist would be if I was desperate, if I was in agony, if I just needed a filling or something. I would still prefer to have my own dentist.</p> <p>P1 I would just stick with the dentist whatever the cost.</p> <p>P2: Even if it was £35 as opposed to £15?</p> <p>P1: Yes, I would.</p> <p>P2: Interesting.</p> <p>If you're the one who goes there, that's going to radically alter your opinion. If they say, "We can't fit you in. There's a dental therapist," well I wouldn't go. I would not after the trouble I've had. That's just me. Whether 100 other people would do it or not, I don't know. But that would put me off.</p> <p>If there was a dental practice that had a number of dentists in it and amongst all those there were a few dental therapists, I wouldn't mind seeing a dental therapist for routine check-ups but I would like to go and see a proper dentist if that therapist said, "You need something doing."</p> <p>I would just cut out, as it were, the middle person and go straight and see the dentist because whilst there's nothing wrong with my teeth, the dentist always advises on some form of dental technique.</p> <p>I think for your scrape and polish and your routine things that were all supposed to be in that group where we don't need teeth out or whatever, we come every six months, every three months or whatever, I'm quite happy to see *therapist name*, the therapist, whatever. If she then says, "Right, well I think you actually now need a tooth out," I would then prefer to go to the dentist. But for routine things, I am quite happy and I would prefer to see her than I would the dentist.</p> <p>I would agree with you on that point of view but that surely is their area of particular expertise, isn't it, so I would expect them to be that good. I saw the hygiene therapist and again, I was impressed. She was lovely, very thorough, gave me lots of advice and what have you. But my worry is am I always going to be a simple, straight forward patient with no issues? Who is referring me to her in the first place and who is going to check up on her to make sure she's still working within her remit? Do I have reviews with the dentist?</p> <p>Well I suppose in some ways it's a justification but if we're talking personal, and I don't have any issues whatsoever with the hygiene therapist, I would always choose the dentist simply because...</p>
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	<p>Perhaps they should have a system which says you must see a dentist once every two years so you would see three therapists and then even if there was nothing wrong you should see a dentist every couple of years.</p> <p>Yes. I mean the chances of me having to see an orthodontist now I would imagine are extremely remote but no, I would just pay for seeing, if you like, a more qualified person. That's just my opinion. As you might have gathered, I won't be shifted, not really.</p> <p>Obviously I'm not in favour of private medicine or anything. I'm not in favour obviously of seeing the dental clinician, technician, whomsoever. But by the same token, if there was something wrong with me and I went to Arrowe Park and I saw a nurse clinician, I would see her. So on one hand I won't and on the other hand I will. Basically, they're both looking at healthcare professionals. It's difficult.</p> <p>I just prefer to see a dentist. I don't have any problem with somebody qualifying to be a dental therapist but while I've got the choice, I'll see a dentist. I wouldn't deride somebody who'd spend three years at university and achieving that degree of proficiency, no. I wouldn't deride them at all. It's just that while I have a choice, my choice is that way.</p> <p>I think it's emotionally that I find difficulty with that having had 50 years of going to the dentist – because I have gone regularly since I was a child – it's hard to actually accept that change, as much as my logical brain tells me it would be okay.</p> <p>I want my dentist, I have always had my dentist. [Laughter].</p> <p>R: I mean, she was perfectly nice, but I go to see my dentist, do you know what I mean?</p> <p>I: Yeah, yeah.</p> <p>R: At the time I didn't realise when he said, and when I went I thought hmm, no. I go to see my dentist and I felt like I was being fobbed off.</p> <p>R: He made me an appointment, and at the time I didn't think about it, I just did it. And afterwards I was thinking hmm, and when I actually turned up I thought you pay your money, do you know what I mean?</p> <p>I: Yeah, yeah.</p> <p>R: I go to my dentist because I like my dentist and I trust him, so I don't want to go to somebody else.</p> <p>I: No, okay.</p> <p>R: No, I pay my money and I like to get who I want.</p>
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	<p>No, no, I think it's some role that has been created, it's a bit like doctors giving nurse practitioners or whatever... No, sorry, if I go to a dentist I want to see a dentist – sorry.</p> <p>I would not be happy, now whether or not I would because I am full of, “Yes I would.” But at the time I don't like to make a fuss, so would I go or not – I don't know? Maybe I wouldn't now knowing what I know now, so maybe I would say, “What is going on? I made my appointment with Joe Bloggs and I want my appointment with Joe Bloggs.”</p> <p>I: Would it make a difference if it was a different price, so you can see a dentist for X pounds or a therapist for X pounds? R: No, I would still like to see a dentist. I: Okay. I am not trying to change your mind. R: No, no, no, I think if you go to the dentist, I want to see a dentist.</p> <p>I: would there be anything that would make you feel comfortable in being seen by a therapist? R: No. I: Okay. R: No, unless the whole system changed and there was no choice. I: Right. R: Because I believe you have to see a dentist and there for you have to go. But I wouldn't be happy, and I just think it's another thing – I don't know who created these roles, you know? I: Yeah. R: I can't put it into words actually, but no, I hope I never happens – I hope it doesn't happen because I think it's just not right.</p> <p>I would be quite happy with that, but I wouldn't want them to do the filling themselves, but I would be quite happy for them to do the check-up.</p> <p>For a routine check-up I have no problem, but if it was a filling I would be a bit more... If I had had a good experience with one dentist and I got changed, I would be a bit wary as to how painful it would be. But if it was just a routine check-up and the knowledge was there – and I would assume it would be if they have trained for three years – I wouldn't have an issue.</p> <p>If I had made an appointment to see the dentist and the dentist wasn't there, what they do at the moment is they just cancel the appointment and put me in as soon as they can when the dentist has recovered from their illness or whatever. If I arrived to see the dentist and I was told I was seeing a therapist I might say well, in that case book me in for an appointment with the dentist when she is better.</p>
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		<p>I suppose if I saw the dentist once a year a therapist in between checks, that would seem to me to be a perfectly ordinary way of going about things.</p> <p>R: No, I think I would accept that as long as it was not every time.</p> <p>E: Yeah, so there was some dentist involvement?</p> <p>R: Yeah</p> <p>I think what I said about still wanting to maintain contact with the dentist for their expertise. And I would expect this to be discussed – not just landed on me, those are the two things.</p> <p>A number of things, firstly if I am going to see a dentist I want to see a dentist and bearing in mind my age and a lot of us do not trust dentists because in the 50s and 60s they were paid per filling and gave people fillings just for the hell of it.</p> <p>But initially the main thing was I have come to see a dentist. I felt probably incorrectly to be honest it was like seeing the receptionist when you go and see a doctor.</p> <p>I would have faith in them doing that, but in the steps that need to follow that I would expect the dentist to do it again, so therefore I would think it was pointless somebody else doing it in the first place.</p> <p>I think would afterwards if I wanted to change my mind and see a dentist afterwards, I mean, you could always ring the practice afterwards and say I want to see the dentist next time, so to be honest I think I would be quite happy with it.</p>
	<p>COMPLEX NEEDS REQUIRE DENTIST</p>	<p>22.42 it would only be important to me if I was in pain who I met</p> <p>22.212 I have an autistic son who does, I would say you would get less than ten per cent out of that meeting, so it's not just financial, it's maximising the most information that [we] could get out of that.</p> <p>27.131 you're in a more complex situation, maybe having bridges...which, touch wood, you know, we're not in, then I can understand why somebody might feel that they needed a particular person. But people like us, we wouldn't mind at all, we wouldn't be bothered. We'd be quite happy</p>

		<p>27.449 Yes, so, yes I think in that situation. And also, if you've got a persistent problem, you really would want it fixed... So, I think that, you know, if it was really bothering you, you'd see whoever could solve it, you wouldn't mind</p> <p>Well as you're getting older, your teeth are getting older your teeth are getting older obviously. Mine are getting old. Touch wood, I haven't had a filling for a long, long time but each time I go I think, "I've got a little twinge here. Is this going to be it?" So I think I'll stick to the dentist.</p> <p>Because of my history with heart things, if I'm going in as an emergency, you'd be rushed to a dentist in any case in an emergency, wouldn't you? You've got to treat me very carefully with antibiotics because anything going in the blood, I'll lose all the graft they fitted, all the valves they fitted with infection. I couldn't risk that because I wouldn't know how good these dentists were, these hygienists were.</p> <p>P1: I would. I hear what you're saying and I do agree with triage but in my case, it would be an emergency if I had a septic tooth. It's got to be treated straight away with antibiotics now, not wait until I see the dentist tomorrow.</p> <p>P2: There again, people with medical conditions, would they still be able to see a therapist to take that chance? If you know there's a medical condition...</p> <p>P3: Would the therapist take you on with those conditions? They should look at, like someone said here, before (unclear 00:10:24) and they should know to say, "No, thank you."</p> <p>I've had this heart problem and I went there new, having just had the heart operation. I had to go and have another tooth out up here. You couldn't get it out because it was going into the sinuses. He thought I was scared. I was sat there about two hours in the end. He did get it out. There was no problem. I wasn't scared at all. It was the best tooth taken out ever, it truly was. He was brilliant. But then I said to him, "Do I need antibiotics now if I feel it." He said, "I don't know but I'll find out." He must have had a neighbour who was a consultant cardiologist. He rang me. Before I got to the house, back home, he'd rung to say, "Come back. I've got antibiotics." So he did liaise between the two, only because I opened my gob I suppose though.</p> <p>There are a lot dental problems caused by medication. There are certain things straight to the heart from infection from your mouth. I had a thing where it was tracking down my neck and I had to have a course of antibiotics but toing and froing from a dentist to a doctor, you're not well enough to do that really. Again, here's another way in with these therapists, they have got the time to liaise.</p> <p>Yeah, I think so. I think I would just be mindful of I am low risk, but I know in the past I have had issues, but that would be my responsibility if after a few months I thought I actually do need to see a dentist, I would request to see a dentist.</p>
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		<p>Yeah, I think that is a good way of doing it, because obviously if you are high-risk you would feel that it's better to see someone who has trained for a bit more because they should have knowledge on those kind of things, so I think that is fair. And if you are low-risk why should you take up a dentist's time instead of someone who is high-risk, when you can just get the same service off a therapist. My only concern is how often would they make sure that you are still classed as low-risk and not high-risk? But I guess you would know that anyway because a therapist would notice something, but then would you get classified as high-risk, or...?</p> <p>I think that would be okay, I would be fine with that. It is when you start getting to these higher fees – certainly the big one – that you would be expecting that it would be the dentist, I think.</p> <p>Yeah. And that goes with the fact that I might be 78, but I have always enjoyed good health – I don't take any medication for anything.</p> <p>So, for example, I wouldn't expect my wife to be seen by one because she is on blood thinners and I wouldn't expect someone to be poking in her mouth and making her bleed. I would expect them to be more trained, yeah.</p>
	<p>OLDER PATIENTS LIKE STABILITY</p>	<p>22.289 that's probably one thing that will probably affect the changes more than anything else is that somebody my age probably for simplicity expects the same person because it's stability, it's a sense of comfort.</p> <p>22.300 for me as an individual I felt as long as I feel secure and I'm explained how it works, as an individual I'd be quite happy</p> <p>25.206 I'm sort of from a generation that trusts professions and you know, you expect them to know what they're doing, and in your experience, they do know what they're doing.</p> <p>25.423 Perhaps older people who are more used to seeing, the dentist, you know, the authority figure, man, usually, traditionally, might be a bit wary, perhaps the other people, not so much.</p> <p>Perhaps if you asked somebody a lot younger than us, they would probably be fine with it I'm sure. I think as you're getting older, you have more problems and you want somebody who is really qualified to see that.</p> <p>Yes, I would think so because they don't think they're ever going to be ill or have any problems when</p> <p>Well as you're getting older, your teeth are getting older your teeth are getting older obviously. Mine are getting old. Touch wood, I haven't had a filling for a long, long time but each time I go I think, "I've got a little twinge here. Is this going to be it?" So I think I'll stick to the dentist.</p>

	<p>P1: Perhaps if the young people started going to these well as they grow older and older, they won't think any different. They're not going to accept it.</p> <p>P2: Also, I mean I've been to check-ups and everything has been fine and then in between this time, I've had two teeth out and a filling as an emergency but the check-up was fine. It doesn't always work.</p> <p>I feel younger people probably would be a lot happier with the hygiene therapy whereas we are more of the cohort that are more likely to have had a dentist our entire life so why should we settle for something that isn't a dentist now, in certain instances.</p> <p>I think it's emotionally that I find difficulty with that having had 50 years of going to the dentist – because I have gone regularly since I was a child – it's hard to actually accept that change, as much as my logical brain tells me it would be okay. [Laughter]. (Over-speaking) fairly normal sort of health and of good health otherwise.</p> <p>R: Yes, it has to be, otherwise you go through the same thing again. Unfortunately I am from the era where children's teeth weren't looked after by the dentist – if you know what I mean? It was really just a case of fill – any slight thing you fill. So, there for I have got a mouth full of fillings, so he keeps an eye on them and he knows what is not going to survive and what is – that sort of stuff.</p> <p>I: Okay. So, the negative perceptions about seeing a different practitioner – I think you mentioned two aspects, which were the fact they weren't a dentist and also the fact that you lose the continuity. Is there anything else?</p> <p>R: No, I think that is it, really.</p> <p>R: Yeah. I mean, you see kids now and they have got fabulous teeth – everything is perfect – and my children don't have a filling at the age of 30.</p> <p>I: That is good.</p> <p>R: Whereas most of mine were filled by then, by the time I was a teen.</p> <p>I: Yeah, yeah.</p> <p>R: So, maybe it's changing, but for me and the golden oldies maybe we should still see a dentist.</p> <p>bearing in mind my age and a lot of us do not trust dentists because in the 50s and 60s they were paid per filling and gave people fillings just for the hell of it.</p>
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		<p>I was going to say, I would be in the say position as you – just guessing really. You are in the opposite generation and you would be able to guess looking at my experience and think that will impact you differently – I don't know.</p>
	<p>ANXIETY</p>	<p>26.188 so having a different person every time she goes to the dentist, it increased her anxiety... But, I think it's really important, particularly for younger people and for children, and people that have got anxiety, to be able to sit with someone that's going to be the same person, but also to have extra time in there.</p> <p>26.197 I'm not remotely phobic about dentists, but I've got a friend who really is, so for her to know that she could chat to the person beforehand about the kind of treatment that was happening or her worries, rather than being chucked in the room, being seen within a five minute timeframe, and then booted out again, with all the slobber and everything hanging out of your mouth. I think that would be really reassuring to her</p> <p>26.228 When you're just going into get your teeth cleaned, you just need to have someone that's friendly, and is going to smile at you, and is going to be warm, that's going to stop your anxiety from going through the roof</p> <p>26.246 I think that anything that dentists can do to decrease people's anxiety and to put going to the dentists in a more positive light, is a really good thing.</p> <p>26.457 you're used to talking in certain language, that language sometimes is quite exclusive and also the language can raise anxiety,</p> <p>I'm always very nervous with a dentist. I don't feel nervous if I've got to go to the doctors. I've been coming here 52 years and I still feel nervous when I'm coming to the dentist but I've only really had two different dentists here, one that's retired, *dentist 4*, and a new one, the one I'm coming to now. So if it was an emergency, okay. If you were in pain you'd do it, wouldn't you? But with being nervous, I'd prefer to see the person that I've settled down with. I think that's the difference with the doctor and the dentist.</p> <p>P: What I mean is if you're used to going to that dentist, well for me, I'm always nervous with the dentist, you take time to get to know them and trust them, don't you? So if I had to go to someone new like that, I'm not saying they wouldn't know what they were doing but I don't think I'd trust them the same.</p> <p>P: It's just not knowing them. As this lady says, we've not experienced it so we don't know really.</p> <p>I: But you might have the same feeling if it was a different dentist?</p> <p>P: Maybe being nervous, I'd be very nervous.</p>

	<p>I don't like dentists but I like the person here. I was nervous and worried. When I was younger, the dentist that we went to every appointment he did fillings even if you didn't need them. He did. A lot of people complained about him because he literally... so I'm paranoid because I feel like I have got horrible teeth because of all that.</p> <p>P1: I also think people have bad experiences with dentists to start with, on the whole. P2: We all have.</p> <p>I was petrified of coming here. I had palpitations walking through the door. I really hate it but everyone is so lovely. They made everything so much easier for me, as you said,</p> <p>I'm a nervous person around the dentist. I was advised to come here. I used to come in before I went to work at 8 o'clock.</p> <p>I think the thing that's interesting, for me personally, as you know, I've just told you I'm a nervous patient. I think that the hygienist, I have no qualms all the years that I was with *HCP* or with the other lady but the hygienist showed up the dentist if you like because they gave me better service on a routine scrape and polish job than the dentist did because they're just getting you out, doing it.</p> <p>Yes. I get a bit nervous and the dentist is very good because he talks me through it – he keeps talking as he is doing it – which is reassuring. And also, I know it sounds silly, but I prefer a male dentist – it's like people like male hairdressers, it's just psychological, you know?</p> <p>I never used to be nervous, but it's when you get this clamp on and I found him very reassuring, so it helped me a great deal, you know? And I was quite happy with the way he carried out the treatment.</p> <p>I am quite a worried person – I worry about things anyway – so to be able to ask him questions about my oral health and things like that, so I think that is the main things for me – to feel like he is down to earth enough to be able to ask those questions. And to get (unclear 12:35), rather than just a bog standard answer.</p> <p>I: And how would you describe a routine dental check-up? R: Nerve racking. [Laughter]. I: Oh dear. [Laughter].</p>
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		<p>R: I am not a particularly calm patient.</p> <p>So, there might be some kind of recommendation to help with the worlds nervous patients.</p> <p>I think he is very good with nervous patients, he is very calm and has a little chat with you to settle you down, he explains everything that is going on as he is doing it. I think that is it really, yeah.</p> <p>They don't take things too far and they try to reassure you, because they are aware that there are a lot of people out there who are not a fan of coming to the dentist anyway and people have a fear of going to the dentist.</p> <p>Just that the whole experience from start to finish was pleasant, because I would assume any dental therapist or dental hygienist or even any dentist would know from working in the field and what they have been told from study's that a lot of people don't like going to the dentist and a lot of people don't end up going to the dentist, which causes more problems.</p> <p>So, the main thing is to make sure I am not feeling jittery or anxious about going to see a dental therapist, and just making sure that it's fine and nothing bad is going to happen.</p> <p>Actually I want to go back to that question – sorry. [Laughter]. It is not so much that you are different generation to what used to happen, I think younger people of today don't worry as much anyway. I know my younger son – I am positive – would see an oral hygienist as happily as a dentist.</p> <p>I was happy with the practice. I mean, going back to the hairdressing story, sometimes if you are a women – or whoever – you just get nervous if somebody else, do you know what I mean?</p>
	<p>LOW RISK REGULAR ATTENDERS</p>	<p>27.233 Yes, you're in there for a little while, so we feel like all our needs are met. You don't feel like you're pushed out, but it doesn't feel time rushing anyway, because invariably for us it's quite a quick process... So, because we have that time block and it's just, kind of, right, you're next, you're next, you're next, it doesn't feel rushed</p> <p>I wonder how many people go though regularly twice a year and they just go, like my husband does, he's elderly now but he goes check-up, nothing doing, check-up, nothing doing. A lot of people do go just for a check-up and there's nothing doing so that could fill that gap in a way.</p>

		<p>Because probably you have just been coming for scrape and polish for the last however many, I don't know. That's all I've been doing for... I don't think I've ever had a tooth out here and I've probably been coming here at least fifteen years. It's always been scrape and polish so I presume that's why I'm low risk.</p> <p>If somebody said to me, "You're high risk," I wouldn't be very happy seeing a hygiene therapist. If they said, "You're low risk," I'd be quite happy.</p> <p>Yeah, I think so. I think I would just be mindful of I am low risk, but I know in the past I have had issues, but that would be my responsibility if after a few months I thought I actually do need to see a dentist, I would request to see a dentist.</p> <p>Yeah. You would assume that if every six months you are going into the dentists and seeing them for three or four minutes then leaving, you would assume that you were low risk. So, you probably didn't need to see the expert at the practice.</p> <p>R: No, because it still feels like you are being fobbed off, you are second change just because at the moment your teeth are reasonably good. You know, who is to say next year that they are not, and do you then get put back on the risk?</p> <p>I: Okay.</p> <p>R: Yeah, I think they are just using cheap labour.</p> <p>R: I wonder if you were classified as low-risk if people would think I am low-risk, so I don't really need to go.</p> <p>I: Right, okay, so it could have the effect of discouraging people to come at all?</p> <p>R: Yeah, because if I was classified as low-risk, I might think it doesn't matter if I leave it to next year because of the time and money and things, I don't know if it might make people think everything is fine, so there is no need to go for a check-up. I don't know if that might...</p> <p>I think because generally speaking I don't have problems, so I don't get bothered about going to the dentist, so I don't get bothered about having treatment – I am fairly laid back about it.</p> <p>The other thing is somebody like me wouldn't hesitate to ring and say I have got a problem – in between check-ups and so on – so I am confident, comfortable and happy to do that. So, in that sense that would make me a lower risk person because on the assessment there would be confidence that I would come forward of my own accord if I had a problem. Whereas somebody who is more anxious about going to the dentist or had a lot of work or having other problems might not be quite so confident about saying help at this moment.</p>
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		<p>I have got one filling – I am almost 70 – and two teeth out, that is it.</p> <p>I would look at the criteria for determining low-risk and see whether that I think I am low-risk according to that criteria.</p> <p>I was slightly younger – this is painful, I know, it's anal I know – and this situation came up I would be looking at how they determined – not for me, how the system – what the risks were. And be looking at it and thinking do I agreed that, that is a fair way of determining risk? And then if I agreed with it I would be there measuring me against that risk to see if I agreed with that risk, so it would be a two way thing.</p>
	PRIVATE VS NHS	<p>27.555 Yes, if that cost reduction was passed on to yourself, yes, sure, I think most people would snap it up.</p> <p>Well there is a huge swing to private as well. Where I went has just went private and said, "See you, bye. Either sign up to me or go and find an NHS one somewhere."</p> <p>My last dentist went private so it was sign up, be private. I'm anti that. I pay my taxes and went with the NHS. I think I passed by one day and just called in and asked and they said, "Yes, we take NHS patients." That was the driver.</p> <p>There was a period when everybody went searching for an NHS dentist. I suppose you could reverse that. If they went private here tomorrow, would I stay? Would I have that much love for them? I'd go searching for an NHS one.</p> <p>There is a natural assumption because it's NHS that it's covered by your taxes, isn't it? You walk in, have your treatment, walk out.</p> <p>Coming to the NHS dentist, they expect to walk in, have their treatment and walk out but they still have to cough up.</p> <p>Yes, the NHS principles. I'm not doing private medicine. I'm going to my doctor under the NHS wing but it's owned privately. The one I go to the guy has two practices and he's raking in £100,000 a year and he's not even attending. It doesn't seem quite right that, does it? The dentist world is the same. They earn fabulous salaries, £100,000 a year.</p> <p>It is cheaper than being private but it's still dear. It's still too dear for people on low incomes.</p> <p>They get the choice, if they want to go into the private and the sparkly teeth and thousands of pounds or stay within the NHS or combine the two. It's up to them. They're working the twelve hour shifts.</p>

	<p>It's like NHS chiropractors. That's the only way I can explain it. They will literally dig into your feet, they've got an allocated ten or fifteen minutes and then you're out whether your toes are bleeding or not.</p> <p>Because the dentist I was going to before decided to go private. This was the only dental practice local to where I live that was still doing NHS. That's why I came.</p> <p>P: But I don't think, for 90p a week, you can argue. I wouldn't go private if I lost all my teeth because that's the thin end of the wedge.</p> <p>P: Even here they charge a lot more than the standard, if you want things like implants.</p> <p>I: If you go outside the NHS services.</p> <p>P: Which is fair enough.</p> <p>P: Oh yes, if you want to go private, go private.</p> <p>P: I mean it's just the same as opticians, isn't it? Why do a pair of plastic frames cost £250?</p> <p>Obviously I'm not in favour of private medicine or anything. I'm not in favour obviously of seeing the dental clinician, technician, whomsoever.</p> <p>R: Yeah.</p> <p>I: Is that privately?</p> <p>R: Yeah, I pay for that.</p> <p>I: Right. And is that an NHS practice?</p> <p>R: Yeah, it's NHS, but I obviously pay for my treatments.</p> <p>I think so, yeah. I think if you went anywhere – if you went to the States or America, anywhere like that you would pay significantly more than that, so I think it does, yeah.</p> <p>I was with my dental practice for approximately 40 something years, and they were an NHS provider and they turned them totally private. So, my finances and principles said that I wanted to go to a NHS dentist, which meant after 40 years – even though obviously over that period of time the dentists had changed significantly, I would have the same dentist for a period of time until they move on or retire – I then did change dentists. So, I was influenced by the fact they were no longer an NHS provider, so it was the push away from the dentist to a pull towards somewhere that was able to take me</p>
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		<p>My husband does have private dental care and it causes friction in the household. [Laughter].</p> <p>It is a bit of both – principle and cost – because we cannot afford to go private, and as a principle we all contribute to the NHS, don't we?</p> <p>Not right now, I don't think, I wouldn't potentially rule out seeing a private one, but for the foreseeable future at least I will probably stick with NHS dentists.</p> <p>I really don't go regularly, my dentist was NHS and then he changed to private, so now I just go if I have an issue.</p> <p>I do recall a long time before my mum had dementia, she actually left the dental practice she was in because she felt she wasn't being treated the same way as people who were paying privately.</p> <p>I used to have a very good dentist – which was a bit closer – but the practice went private, so my wife and I said no way and we went to a NHS dentist – who is now owned by a private company, but you can't find a real NHS dentist any longer, around here anyway.</p> <p>It was the nearest that we could find that was a NHS dentist and hadn't gone completely private like this other one. They were good, but in my view unethical.</p> <p>but what we are talking about is a system whereby the dental part of the NHS is being privatised, basically, and that is a terrible, terrible idea. If it were a team of dentists all working together I wouldn't have any problem at all – that was Bevan's idea in the beginning, and I wouldn't have any problem with that.</p> <p>R: Yeah, I have had an implant and cost did come into then because it's a massive cost – a quite absurd cost.</p> <p>I: And that has to be done on a private basis?</p> <p>R: Yes, it was an NHS dentist, but a cooperate – because none of the dentists in my practice were qualified to do it, so I was referred outside to another dentist. They were a NHS dentist but run by a cooperate body of some kind – I don't know which one it was this time.</p> <p>I think I could probably have found an NHS dentist in the area, but once I was on that system I just kept going.</p> <p>Yeah, I think I would be fine using the NHS because at the minute I don't have any serious health risk problems or anything like that. And to be honest when I bought my place I actually took out private health and life insurance anyway, so it's not like a major cost to me anyway because I</p>
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	NHS COST SAVING	<p>22.121 I wouldn't mind if I went to see someone and they said, oh, well, it looks as if that tooth is going to need to be replaced in six months, or...let's book you in to see the dentist. Now it's far better for that to have that situation then if I see the dentist and they're going to have the same conversation because they've only booked a ten-minute slot</p> <p>22.131 you couldn't do anything because they'd only booked ten minutes or whatever it was, which in a way, thinking about it, fiscally that's not good practice, is it?</p> <p>22.463 and in terms of financial, it would probably save everybody money, but yes, I'm sure with today it's an easy explanation. It doesn't have to be a big hoo-hah</p> <p>23.135 had the impression that the dental professionals, whether they've been the surgeons or the therapists, actually spent some time on administrative things, and the way that, at first sight in Scotland, you're thinking, well if the dentists are doing these things, what's happening to the budget?</p> <p>26.53 And if it was going to save the NHS money, 'cause I looked at the pay bands obviously, and what a dentist can earn, and then what a therapist can earn, and so it's obviously going to be a saving, so yeah, I think that would be a good thing.</p> <p>26.362 And I suppose if people knew how much it cost per hour to see a GP or what that appointment costs in terms of all of the admin time, and you know, 'cause it's not just that GP's time, it's everything else involved with the appointment. And then they did a comparative thing, and showed somebody getting basically exactly the same service, if not better in some respects, but this is what this person's, and this is the same as the NHS. I don't think people would be able to argue that really.</p>

	<p>26.840 I think most people only understand it in terms of money, so if you talked about the money that it's saving the NHS by not using dentists for unnecessary things, people would understand that argument, more people would...say to people, it's because, this is how much a dentist costs, this is what...but what this translates to is that, ten per cent more people can have appointments on that day, because it costs less to recruit more members of staff that are at that skill level, rather than this skill level, so you won't wait as long, and you won't have your appointments cancelled as much, and you might have consistency of a staff member, then people are just going to say, great, that's fantastic</p> <p>27.38 But it would make sense, you know, all the things you read about the NHS, for it to be more cost effective</p> <p>27.528 I think if, maybe not if you tell them it would cost less, but certainly more efficient service, I think that would appeal to most people.</p> <p>P1: Well it smacks of cheapness, doesn't it? That's what it's about, cost cutting, isn't it?</p> <p>P: What are they freeing the dentist up to be doing? Are they going more towards cosmetic dentistry? Is that giving them more time to be doing that and the hygiene therapist is taking over a big role of what the dentist was doing in the first place?</p> <p>P1: Well there is a huge swing to private as well. Where I went has just went private and said, "See you, bye. Either sign up to me or go and find an NHS one somewhere."</p> <p>I: Which wasn't always easy to do.</p> <p>P1: No. It's obviously cost is at the root of it all.</p> <p>That's talking about a new form of madness then, aren't we? Just bring the costs down all round rather than... I can see taking a strain off the system.</p> <p>Yes, the NHS principles. I'm not doing private medicine. I'm going to my doctor under the NHS wing but it's owned privately. The one I go to the guy has two practices and he's raking in £100,000 a year and he's not even attending. It doesn't seem quite right that, does it? The dentist world is the same. They earn fabulous salaries, £100,000 a year.</p> <p>P1: They deserve it, especially the NHS. I've got an insight because my brother in law is an orthodontist so you have a little bit of exposure to incomes and things like that. I think they've been to university for five years, they've practiced, they're employed by the NHS and they've probably got private patients as well. I've got no problem with it at all.</p> <p>P2: And they deal with Joe public.</p> <p>P3: They get the choice, if they want to go into the private and the sparkly teeth and thousands of pounds or stay within the NHS or combine the two. It's up to them. They're working the twelve hour shifts.</p>
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	<p>On their own, without the interference of a... as long as they've got the work mapped out, this is what you're going to be doing. Again, my thoughts are it undervalues the role of the teacher.</p> <p>P1: It has both. It has a knock-on effect on the dental profession but it also has a knock-on effect on the patient because they're being kept away from a dentist. If they need to see one, they would need to see one and I get that but I suppose I just don't like anybody's role being undervalued or diluting the importance of that role.</p> <p>P2: I think the therapist would feel that as well surely, if they were being used as the dentist but not getting the ways of a dentist. I mean it's all well and good to say, "Yes, you can do my check-up," but I want the work carried out by my dentist. That's different altogether then, isn't it? It would make you feel a bit undermined if you were the therapist, "I'm doing everybody's check-up but I'm not doing any work." Unless they didn't know the people, somebody new comes in. Whether they start that with new patients, "Right, from when these new patients start, the therapist does the check-ups." But as older patients of that certain dentist, you like the work carried out because he knows what your needs are basically.</p> <p>I see a guy, because of whatever, I go to Walton Neurological Centre and they're so good. I wouldn't mind, it wouldn't bother me if the surgeon came in in an Armani suit each day of the week and drove a Ferrari because he was the best, irrespective that the NHS can provide.</p> <p>I: Okay. And if you thought you were personally seeing someone who was costing the NHS less money, would you feel short changed?</p> <p>R: No, no, I personally wouldn't think that way.</p> <p>I am concerned about the contracting arrangements that mean it would appear as an outside and hearing certain stories that the cost it's given as part of an NHS contract means that it's very difficult to run a NHS dental practice. Which as meant that in our area a lot have gone over to fully private practices, which means that it puts a squeeze on the existing services and creates more of a two-tier system between us who can afford to pay for it and those who are not. And is it just going to be the poor of the poorest who are going to end up with the NHS services? And principle people who then feel guilty about taking it away from the poorest of the poor.</p> <p>R: I mean, to me you are either a dentist or your not, and this is just a role they have created. I mean, do they say dentists are really busy – I don't know? Or is this just cut backs?</p> <p>I: There is a financial incentive.</p> <p>R: I bet they don't get paid as much as a dentist.</p> <p>I: No, no, they won't.</p>
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	<p>R: There you go then, that is it.</p> <p>R: I am against private, yes, definitely.</p> <p>I: Okay. Is that a principle thing or a cost thing?</p> <p>R: It is a bit of both – principle and cost – because we cannot afford to go private, and as a principle we all contribute to the NHS, don't we?</p> <p>R: No, because it still feels like you are being fobbed off, you are second change just because at the moment your teeth are reasonably good. You know, who is to say next year that they are not, and do you then get put back on the risk?</p> <p>I: Okay.</p> <p>R: Yeah, I think they are just using cheap labour.</p> <p>Yeah. I tell you the other thing in more general terms, I think it's sad in a way because you end up more like a consumer than a patient if you know what I mean? It is like going into a shop and you become a consumer, and I would be rather sad if that affected your professional relationship with your dentist because they are a medical person like a doctor. And I know they are much busier than they used to be, but you, sort of, feel that it's important to have a good relationship with the dentist like you would with the doctor. It is a bit like universities, it's changing the whole ethos of universities, money is coming into it too much and it's altering things. And I feel that is rather a worry really, if it becomes too consumerist. You want to be a patient rather than a consumer like in a shop.</p> <p>R: To save costs for the NHS you mean?</p> <p>I: Yeah, yeah.</p> <p>R: Yeah, I think I maybe would think that is why they are using therapists instead of dentists, because I would assume they get paid less, so it's about costs – I would probably think that, yes.</p> <p>I: And would that be a bad thing?</p> <p>R: No, I guess some part of me would think they need so many, it's probably easier to get trained up as a therapist rather than a dentist – or available quicker.</p> <p>R: Yes, it seems to me the way the NHS is going everything is moving down to a less qualified person.</p> <p>I: And what are your thoughts on that?</p> <p>R: If the training is there and it has been validated, I think it's probably the way it's going to have to go – the service.</p>
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	<p>So, yes, I mean, some patients on the board who would advise the hospital on how they think things are going, and some people are very opposed to this in the NHS. But they are told that it brings money into the hospital, so similarly does this bring money into the dentist by having private patients and it means that dentist can stay on the high street?</p> <p>It would go through my mind because I consider it similar to wanting to go and see your GP and you are told that the nurse practitioner will see you. And because I have had some personal experience where that hasn't worked very well. Maybe a bit of that was your preconceptions, but a bit of that also was I feel I am getting a lesser service. But I think there is a differential between a GP and dentists, so I personally wouldn't – now you have explained the role – have an issue.</p> <p>Oh yes, definitely. [Laughter]. I mean, it's what Bevan wanted in the first place, he wanted this kind of system. And if it was set up for the patient that is fine, but when the Tories come along and say we have got to save money on this or rather we have got to cut the money we want to put into it, well, then I become suspicious of how it's actually going to work. Because if it's set up in order to cut costs, then it's not a good idea. If it was set up for the benefit of the patient that is different, and the two ways of approaching it will have different outcomes it seems to me.</p> <p>Yeah, but what we are talking about is a system whereby the dental part of the NHS is being privatised, basically, and that is a terrible, terrible idea. If it were a team of dentists all working together I wouldn't have any problem at all – that was Bevan's idea in the beginning, and I wouldn't have any problem with that. The problem comes when it's all cooperate and the company is actually running things, and therefore would almost certainly say look, have the lower paid person do most of the work and use the dentist only occasionally for the more complicated operations that the therapist is not allowed to do. And I wouldn't be happy at all, but then I am not happy in which way the Tories are destroying an enormously wonderful machine, which was set up however long ago – 70 years ago.</p> <p>I: if you were then told you were seeing a therapist – would that be even worse value?</p> <p>R: Definitely, if they are less qualified and less well paid,</p> <p>Yes, it does depend upon the whole ethos of the system, if the ethos is to extract money from patients and there is a system whereby in order to qualify for free treatment or lower cost treatment you have to go through lots of hoops – like the hoops people have to go through for Universal Credit – then that is immoral, unethical and all kinds of other things. And it's a terrible system, if however it is set up for the benefit of the patient – every patient from the beginning – then it seems to me it's different. I know that people will favour the first one and say what is the difference – they are both the same? But no they are bloody not, because it all depends upon the intention.</p>
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		<p>I think I would probably think about it as a possible/probable cost cutting exercise, but it wouldn't affect me in the sense that I would make any changes.</p> <p>I feel that health professionals generally are not valued enough, now I don't know how much they are paid and it all fits in. I just think they are not valued enough in the sense of people work very hard to look after the rest of us and are often taken for granted.</p> <p>And then obviously reserve the dentists for the more highly intense jobs because they have had longer training, etc, etc. So, it's like in the realm of making use of your resources to full efficiency.</p> <p>I: And is that a bad thing?</p> <p>R: Well, it wouldn't be a bad thing – and I almost said this on the last question – if I had any trust and faith that those cost savings would actually be reflected in the price going down for other things that the real dentists are seeing you for, so they are averaged out. Because those prices you are paying over and above, so therefore those ones should come down to balance it out, but I can't see that happening.</p> <p>To be honest I think it has changed a lot from my early years and I must admit I didn't look after my teeth when I was younger – I have lots of fillings and things. But I think in my mind I just saw the dentist all the time and the dentist did everything, so it seems to me there is a few more roles popping up here which seems sensible in my mind in that the dentist is probably highly qualified and is doing work that can be successfully done by other members of the practice, you know, cost savings and things?</p> <p>I think as well if people do pay for appointments they might think it's a cheaper rate to see that – a therapist rather than a dentist.</p> <p>Possibly, I think it might be a cost cutting exercise because it might be a bargain for the patient to go that route they are suggesting. And obviously they could say changing practices and the therapist is qualified to do these things, just to give a bit more comfort.</p>
	<p>ROLES OF DENTAL TEAM (AND EXPLANATION OF THE DENTAL SYSTEM) INCLUDING IS THE MEMBER OF STAFF QUALIFIED TO MAKE THIS ASSESSMENT</p>	<p>22.33: I probably, in all honesty, wouldn't have any knowledge of each individual role, in all honesty</p> <p>22.97 With technology there must be something that I can watch or see or read that would give me the insight to all that's available for me</p> <p>22.484 but I see a dentist as a Kwik Fit fitter, I only see them when I want something done, I never see him as part of my healthcare, and it's wrong considering my teeth have always been so bad, I don't see that part of my healthcare as inclusive to me, and I think anything that might help me think that way would be more beneficial</p>

		<p>23.92 but the practice certainly reinforced that by saying, I'm the man to do the bridge work, but the therapist will do these other things.</p> <p>23.433 neither of the practices I've been talking about is very good at displaying information about the way that the whole thing works... neither of them are very good at the visual display that you can look at while you're waiting, to understand what's going on.</p> <p>24.407 Yes, I am. [Inaudible 0:22:17]. I always think if you go to a dentist, you don't think about therapists or hygienists, you think separate jobs, but I think this dentist who I go to, he must do the lot really</p> <p>25.38 the non-hazardous stuff or the non-risk stuff, that can be done by someone who's not as well qualified although they probably will be as well qualified as dentists were years ago, and so I would have no qualms, I don't think, about being treated by a dental therapist rather than a dentist</p> <p>25.475 whereby the receptionist asks you, well what's wrong with you, you know what I mean?... And you think, I'm not telling her what's wrong with me, you know? ...I certainly would feel resentment if she asked me, what's wrong with you? Because I wouldn't feel that the receptionist was sufficiently well qualified to ask, and I would want to only say that to the doctor</p> <p>25.126 I would have no qualms about being treated by someone who was doing a job that was suitable for their qualifications.</p> <p>25.136 the dentist can then get on with the complicated stuff, I suppose, crowns and whitening, and perhaps the more dangerous stuff</p> <p>25.503 . I wouldn't mind saying to the nurse what was wrong with me, but I wouldn't want to tell the receptionist, because I wouldn't feel that she was qualified.</p> <p>25.656 I mean, the dentists themselves are up there, they don't need to be up there for most of the stuff that needs to be done, they can be down there, and the dental therapists can do that. They can do the money stuff... society wants to treat the people down here who can't afford that, and if that means they're having dental therapists, then, okay, it's better than not being treated. Better that they have a dental therapist to treat them efficiently, because most of the stuff is pretty bog standard I suppose</p> <p>26.67 I hadn't heard of that term [therapist] no</p> <p>26. 268 it's probably less with the individual, and more with the practice, because you lose trust when people cancel appointments willy nilly, or where you're not seeing the same person, or you're given a treatment that you don't actually need,</p>
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	<p>26.803 now you're making an assessment as to whether or not I should be seen, but what's your clinical background to do that? It should be someone triaging, on a desk, that's actually got some knowledge of it</p> <p>27.23 But as for therapists, I don't know what the difference is. It's not something I've encountered. I don't know if it's the areas I've lived in, but it's always been for me dentist, dental nurse</p> <p>27.121 As long as you ask the question [what is a therapist], you know, yes, why not, I can't see the issue at all. I'd be perfectly happy with that. You know what I mean, it'd be fine</p> <p>27.371 And the staff at the desk are perfectly nice. The nurse is perfectly nice, but, for example, I don't know the nurse's name, but I know the first name of my dentist, or our dentist. So, yes, for us we're going to the dentist... Not really chatted with them much [dental nurses], more so the dentist</p> <p>Is it like a nurse practitioner?</p> <p>How long have they been around? I'd never heard of one.</p> <p>What we're getting slightly confused about is we're still thinking hygienist because we don't know what a hygiene therapist... you've told us now what their role is but we've not been used to that. We're thinking hygienist who just cleans your teeth.</p> <p>Yes. If they said you can go to, I'll say *dentist 3* and *dentist 1* because those are the dentists I've been to. So you go *dentist 3*, "She was alright," and *dentist 1*, "Yes, she was alright. I don't mind either of those," even though one is a dentist and one is the therapist. I think it's just being told that that person's the therapist, it puts you off a little bit, doesn't it? You would think then that they're not qualified. They're qualified to do the job they're doing or they wouldn't be there. If you can understand what I'm...</p> <p>P: Do they have the same qualifications as a dentist, the hygienist, or are they lower down the ladder shall we say?</p> <p>P1: We're all getting it confused with the hygienist.</p> <p>P2: Yes, you'll have to change the name I'm afraid.</p> <p>I can see what they're trying to do but again, it does need clarifying so people know exactly what this person is because once you've got it sorted in the doctors, that Sister Jackie was the first point of call, brilliant. Again, if the doctor that you want to see, you can't see them, you go and see</p>
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	<p>Sister Jackie. In the end, she's knocking on that same doctor's door, giving you the same as what you would have done if you'd have had an appointment with them. If the dental system had it that way, then very much it would work, very much so. Actually you'd be able to take on more patients because you can divide it.</p> <p>So again, knowing you puts you at ease as well because it can't just be conveyor belt and that's what worries me</p> <p>I would think the hygiene therapist would have to be called something different. They wouldn't want to say, "I'm not the same as her." If you have better training, you wouldn't...</p> <p>They don't get as much training or knowledge on the teeth. Hygiene is not as complex, maybe the hygiene but not the dental stuff. That's my understanding.</p> <p>Could I just get you to clarify? I mean I'm fairly sure these are just hygienists as they would have been previously called as opposed to dental therapists, aren't they?</p> <p>What's the difference between a hygienist and a dental therapist then?</p> <p>P: If that's the case that a dental therapist can do extractions and a dentist has to oversee that, well why do you need two? Why not just go straight for the person who can not only complete the procedure but, should something arise out of that procedure, they can put it right. Can the dental therapist write out prescriptions?</p> <p>I: No.</p> <p>P: So suppose the dental therapist extracts the tooth and they need antibiotics, he or she has got to go next door, get the dentist out so the dentist can look at her work, then prescribe antibiotics. It seems, to me, a long way around to do something.</p> <p>I've got the wrong impression about this because as it happened I was seeing a dentist and they split the whole thing into two. I saw the dentist and it made no difference to me at all. But I thought the other group were seeing a hygienist because I see the word hygiene here</p> <p>Midwives only get about two years these days so people are highly trained when they get through these courses.</p> <p>I wouldn't go to one. I wouldn't go to a practice that didn't have a fully qualified dentist.</p>
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		<p>the therapist, she was ten times better than *name of other HCP* for what she gave me and what I got out of this. I now know how to clean my teeth properly. I now know about my receding gums and what to do about those. She showed me how to brush them. It was a whole different ball game. I hate dentists.</p> <p>my feeling was that the hygienist therapist would be more thorough, having a good look round and a better clean and so on. But if he or she had then said, "You've got a problem here," then I would be happy about the hygienist therapist going back to the dentist.</p> <p>I think for your scrape and polish and your routine things that were all supposed to be in that group where we don't need teeth out or whatever, we come every six months, every three months or whatever, I'm quite happy to see the therapist, whatever. If she then says, "Right, well I think you actually now need a tooth out," I would then prefer to go to the dentist. But for routine things, I am quite happy and I would prefer to see her than I would the dentist.</p> <p>I would agree with you on that point of view but that surely is their area of particular expertise, isn't it, so I would expect them to be that good. I saw the hygiene therapist and again, I was impressed. She was lovely, very thorough, gave me lots of advice and what have you. But my worry is am I always going to be a simple, straight forward patient with no issues? Who is referring me to her in the first place and who is going to check up on her to make sure she's still working within her remit? Do I have reviews with the dentist?</p> <p>I'd like to do both. I'd like to see a hygienist, pay for that and if I needed any care from the dentist. I would go to both.</p> <p>You would hope that the hygienist, they would say, "Look, you need to have a tooth out," so then you'd go to see the dentist.</p> <p>Perhaps they should have a system which says you must see a dentist once every two years so you would see three therapists and then even if there was nothing wrong you should see a dentist every couple of years.</p> <p>I've never had the treatment that you've had, someone telling me exactly what's what and showing you where you might be going wrong. That's great to be able to have that. I went to the dentist you see.</p> <p>My issue is with them having full control of your case. That's where I want the dentist to be in charge of me, not the therapist. But I thought the therapist did a fabulous job.</p>
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	<p>I think the thing that's interesting, for me personally, as you know, I've just told you I'm a nervous patient. I think that the hygienist, I have no qualms all the years that I was with *HCP* or with the other lady but the hygienist showed up the dentist if you like because they gave me better service on a routine scrape and polish job than the dentist did because they're just getting you out, doing it.</p> <p>I: So, before the first question, do you have any understanding of the role of a dental therapist?</p> <p>R: Is that a hygiene therapist?</p> <p>I: Yes.</p> <p>R: A hygienist?</p> <p>I: Well, no, it's, sort of, in between. And this is what the other interviews have thrown up that the terminology is really confusing, so there is a dental hygienist and then there is – sometimes they are called – a dental hygiene therapist</p> <p>The dentist I used to attend – until quite recently – had dental therapists who when I have been to see a dentist on one occasion I needed a routine filling. And the dentist said that they could get somebody who had a high level of skill but wasn't a qualified dentist to carry out this filling. So, that is the context where I have come across what I understand to be dental therapists.</p> <p>I: Did you have the filling done by the therapist?</p> <p>R: I did, yeah. At first I was pretty apprehensive that it wasn't going to be a qualified dentist as I saw it, you know?</p> <p>R: Because I am not at work now, this is an honest view isn't it? I would be apprehensive, Matt, about it, I don't know, I just wouldn't feel quite as confident in them being able to pick up on things the same as a qualified dentist would.</p> <p>I: Okay. I mean, is that based on your past experience?</p> <p>R: I think to some extent, but it's just an institutionalised view of what a dentist does, and their skill set and it's picking up on diseases and things that aren't just necessarily the obvious things.</p> <p>R: Yes, you mean a dentist and a dental hygienist?</p> <p>I: Not a hygienist, a therapist.</p> <p>R: Oh, no actually that was something new to me.</p> <p>I am not entirely sure what a therapist does, that is just my general view of a dentist.</p>
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		<p>Well, I understand dentists, yeah, having lived my life going to dentists, but dental therapists I am not so sure of, no.</p> <p>So, do you have an idea of what they do and what the difference is between them and a dentist?</p> <p>Well, I am saying yes, I see the dental hygienist – is that the same person?</p> <p>Are these all professional qualifications? And are the examinations carried out by the profession or independently?</p> <p>Well, I think I am a bit confused because we always used to call them hygienists and I think the therapist might have a slightly different role, so it will be good to be told if there is a difference and what that is.</p> <p>Right, okay. Can I just ask, who is responsible for restoration Is that the dentist or therapists role now – the restoration?</p> <p>Yes, I think so, I seem to see them on a more regular basis, and I think sometimes dentists might be intimidated when you go and see them and I think the hygienists have a softer level in the middle, sort of thing.</p> <p>I think what would be useful as well is something in a pack to say what the various grades of staff are qualified to do.</p> <p>So, I don't know if they are saying now the dentists are going to concentrate more on the cosmetic things, and possibly the therapists will take on some of those duties as well.</p>
	<p>IMPROVED ACCESS (INCLUDING LONGER APPOINTMENTS)</p>	<p>22.155 I broke a tooth, so then I went to an appointment to see the dentist, and all in honesty, I know he's not going to do anything, he's just going to review what I need to do</p> <p>22.165 So if I'm being honest, it might as well be with somebody else so that when I do see the dentist, I see the person with the right skills, with the right time, with the plan for me</p> <p>22.196 I know that in most cases, the dentist which is the best qualified person in the practice won't have the time to treat me</p> <p>22.812 And probably quicker because the person who's doing the job is doing what he should be doing, not just seeing me at a time when</p> <p>24.555 For the National Health there's a waiting list for about 12 months.</p>

	<p>25.401 but this person is an additional person, therefore my perception would be that there was more attention being paid to me rather than less.</p> <p>26.126 when I was in with the dentist, I was probably in for not even ten minutes, probably five minutes... when I was in with the dental therapist... I was in probably for about 45 minutes... they did a scale and polish, but they just explained to me, and it didn't feel like I was being rushed in and rushed out again</p> <p>26.442 I think if that reduced the number of dental appointments that are cancelled, the length of the waiting times, the length of waiting times when you're actually in the practice, I think that most people would be happy with that</p> <p>26.515 I think the time element's really important</p> <p>27.91 I think for most people, your issue is, can I be seen...if there's a problem, can I have help... It wouldn't bother me at all. I'd just be far more bothered about myself and the children being seen on a regular basis and making sure everything's okay</p> <p>27.580 Because people's needs are being met and, yes, and it saves money, and of course, that means there's more resources for different things. And it sounds like a more prioritised structure where the people that really need the care have it quicker</p> <p>So would they work the same hours as the dentist? They wouldn't be working when no one else is there. They do need a back-up, don't they?</p> <p>If you're desperate in pain, you would say okay because then you may get pushed through quickly, if you're in a bad way. Normally when you see the dentist, he says, "I'll do that for you now," sometimes, if you're clearly in pain.</p> <p>They put the time in more than your dentist as well I find. Once they do roll them out, they will have more time to be with you and to roll over. But my only thing is, like you were saying about it being run like a business, they get these in and they're on half the wage that the dentist was on and they've got double the workload.</p> <p>The other thing is, I've been seen a number of times, three or four times by a nurse practitioner. I'm not joking, they have trained so high that they can tell me everything. They go in the operating theatre - it will be Mr Donoghue - and they know exactly what's going on. They have more time to tell you what you want to know because he's too busy to explain. They talk in jargon you don't understand half the time.</p>
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		<p>my feeling was that the hygienist therapist would be more thorough, having a good look round and a better clean and so on. But if he or she had then said, "You've got a problem here," then I would be happy about the hygienist therapist going back to the dentist.</p> <p>I've heard that your hygiene therapist is very good, telling people techniques. Instead of seeing the dentist next time, may I see the therapist? Can I do that?</p> <p>one of my friends works in the dental profession and she said, "Always try and see the latest trainee dentist because they've just come out of college or university and they've got the latest techniques." I don't know about you lot but they've started testing your necks for cancer and stuff. That was the trainee doing that. The trainee identified gum disease in my mouth that *HCP* had missed after two years of checking my mouth. So I try and do that. Well apart from this trial, I would always see the latest trainee. That's going to be good and bad because there is going to be the odd one that's going to be rubbish.</p> <p>For the appointments available that they had to take my child as well at the same time – they only did nine to five, Monday to Friday, and the odd Saturday appointment. So, I changed to one to that was local to me</p> <p>I haven't needed to have an emergency appointment, but I do at the practice that I am at they have got quite a few dentist on their books. So, I think if it was a genuine emergency situation I think you would get in because it's quite a big practice.</p> <p>Yeah, she is there full-time. Whereas at my other dentist practice she was there once a week, so obviously the appointments would get booked up really quickly. But yeah, there is someone there five days a week.</p>
	<p>IMPROVED TREATMENT EFFICIENCY</p>	<p>22.173 he would have more time to deal with the actual repairing of my teeth, rather than looking at my teeth to make a decision</p> <p>22.199 I do want the best but I'm living in the real world, I never get that, because of the fact that we all want to see the dentist, so at the moment, I have no choice, I only go to see whoever's available, but I think for me, I would hopefully if it was better controlled I would get a better treatment,</p> <p>23.89 it seemed natural that you would release the dentist to do those really complex things by getting therapists to do much more routine, I think I can use that word</p> <p>23.313 It was my habit to arrange one appointment after the other, the dental appointment and then the hygienist... In other words, they weren't operating entirely independently, the way I arranged my appointments</p>

		<p>26.117 it wasn't necessary for the dentist to do that, and if I just knew that I had to book one of those in every year, then it would save a dentist's appointment anyway, because I'm sure that they would pick up if there was something that needed to be referred to a dentist.</p> <p>27.577 For cost saving, for efficiency, you know, maybe for children, what you were saying about therapists, I think that's a really good idea</p> <p>Also, these dental therapists, if they could have a bit more talking with medical because you find that with the dentist anyway, that what's going on for you medically, they don't liaise.</p> <p>my feeling was that the hygienist therapist would be more thorough, having a good look round and a better clean and so on. But if he or she had then said, "You've got a problem here," then I would be happy about the hygienist therapist going back to the dentist.</p> <p>You can just ring up and somebody will help you out. If they can't give you a definite appointment, you'd go and see anybody, wouldn't you, if you had a raging toothache. Come here, somebody will see you. I couldn't care less if I have to sit here for two hours knowing that as soon as there is a space free that somebody will see me. It's not a question of I can't be bothered. So I'd rather do that.</p> <p>I think for me the dentist is just doing what he is there to do, and quickly in and out if that is suitable for you, no, I am not bothered about the chit chat. I would rather just go in for what I am there for and just leave.</p> <p>R: To save costs for the NHS you mean? I: Yeah, yeah.</p> <p>R: Yeah, I think I maybe would think that is why they are using therapists instead of dentists, because I would assume they get paid less, so it's about costs – I would probably think that, yes.</p> <p>I: And would that be a bad thing? R: No, I guess some part of me would think they need so many, it's probably easier to get trained up as a therapist rather than a dentist – or available quicker.</p>
	<p>MORE ORAL HEALTH ADVICE / COMMUNICATION</p>	<p>22.47 And that person had communication skills because probably in most experiences of healthcare, it's the person who's articulate and can communicate does the more beneficial to the patient than probably the person with qualifications</p>

		<p>22.55 You know, you tend to find that the person at the top in general has got less communication skills</p> <p>22.75 with dentistry or any healthcare, it's I've got questions and it's the ability for that person to answer the question</p> <p>22.83 We never have that conversation, which probably...and I know they might not have the time for that but if that conversation was held with a less...I don't want to use that word...qualified, but a rounder qualification person, that would probably be more beneficial for me</p> <p>22.128 it wouldn't have mattered to me now if it was somebody a step underneath the dentist who can explain that and then I go and see the dentist to have the root filling</p> <p>22.135 so it might as well be somebody who can communicate that better and maybe has got 15 minutes</p> <p>22.224 but I think if over the year you could go in and have the conversation, if you had wanted a conversation, that might be more beneficial for me</p> <p>22.352 it's more of the communication, and I always think that's lacking</p> <p>22.391 if you went there and there was something, a tablet for you to press and for you to be explained, or when you go to see the doctors now there's always a screen if you went there and there was something, a tablet for you to press and for you to be explained, or when you go to see the doctors now there's always a screen</p> <p>22.454 "this is what we can do, so you can come to see me for your six monthly check-up and then if you need any treatment we can talk about a plan, which includes to see the dentist"</p> <p>23.362 it probably promotes a more positive relationship and you feel a bit more, you know, if you need to ask a question when you ring up and you speak to those people, it's a first point of increasing your relationship</p> <p>23.455 because the receptionist is exactly that, and nothing more, if you wanted more information you'd have to wait until you were with the dentist</p> <p>24.476 You should have more [oral health education]. Yeah, I would actually because you could be using the wrong thing, like Corsodyl or salt water, and you could be using your toothbrush, and if you're brushing your gums away without knowing that you're doing it</p>
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		<p>Yeah. I think you go for more preventative reasons, rather than actually fixing anything because hopefully they would prevent anything happening in the first place.</p> <p>As I said earlier it's more like a preventative mechanism – hoping that if you go every six months they would spot something, rather than - you could fix it beforehand – having surgery or something.</p> <p>So, an example– a very specific example – of what I could tell you is I usually clean my teeth and rinse my mouth out because I have this stupid idea that toothpaste has got sugary stuff in. And of course that is not what they want you to do. You clean your teeth and leave the toothpaste on the teeth – obviously you spit out most of it, but you leave what is on the teeth because it's the fluoride in the toothpaste that is protecting your teeth. So, I would imagine they would give advice like that.</p>
	<p>SIMILARITY WITH OTHER SERVICE SYSTEMS</p>	<p>22.282 It's going to be a difference from somebody my age to somebody 15, probably expects it to be done through their phone, who will have a different approach and different interaction and will never have known that they would see the same doctor, they will never know that they've seen the dentist,</p> <p>22.344 Or the fact that if you look at generally dentistry will reflect everything else in the world that probably there is a skill gap, there is a number gap and probably to keep going a dentist practice will have to depend on shorter-houred people so somebody of my age will probably be more willing to do two days a week to balance it, and also somebody who is early on in life will want to do for family reasons two days a week, so they've got to be more reactive</p> <p>25.82 using people who are less qualified, in fields that used to be run by the professionals, if you can call them that, is happening in other spheres, you get in medicine where you get nurse practitioners who do a lot, the NHS is trying to get chemists to do more as a first line, rather than go to the doctor. You see it in teaching, which was my field, where you get classroom assistant, and then if a teacher's away sometimes the classroom assistant will take the class</p> <p>25.104 You know, I've seen real academics, doctors and so, from Cambridge and whatever, useless in front of a class. And somebody else who doesn't have a degree, gone to a normal college say, with five O Levels, a perfectly good teacher, a fine teacher</p> <p>26.41 So you might see an advanced nurse practitioner, you might see an occupational therapist, you might see, I can't think who else they've got in there, but they've got a range of different people. So, they go in, they assess you, and then they decide who they're going to allocate you to in the team</p>

	<p>27.89 I think it's rather like when you're first asked if you'll see a nurse practitioner, rather than a GP</p> <p>27.108 it would be a little bit like a GP arrangement, where they do it, oh would you mind if I ask, that kind of triage thing. That would make sense to me, and I would be quite happy with that</p> <p>27.303 Because in a GPs, it may be because it's more familiar, we all access them more often, you kind of know, you know, what the difference is. You see the nurse for, like, if you're just having injection. If you're not too poorly you'll see the nurse practitioner, if they're available. And then, you know, if there's a problem problem, you go to the GP</p> <p>Is it like a nurse practitioner?</p> <p>It's a bit like seeing a doctor, isn't it? I never see the same doctor but I'm glad to see a doctor. Some of them are 12 years old but I'm glad to see them. Similarly, they've got my records and they can read so there is that argument.</p> <p>I think with a routine check-up, you're prepared to wait for when that dentist is free. A doctor's appointment, you want to see a doctor as soon as possible. So more often than not you'll take whoever is there but you're prepared to wait for a dentist.</p> <p>I disagree because my daughter is fanatical about her teeth. She likes to have them checked. She's a head teacher. She said to me, because I was coming to do this today and she said, "I would take a classroom assistant on as a teacher." She was thinking from that aspect.</p> <p>It's just like the practice nurse, isn't it? They're training more and more nurses up to be..</p> <p>But I'm wondering whether to change my doctor because I like my doctor I had before. She's left now. Not that I go to the doctor very often, thank goodness, but you get a different one all the time so you might as well go somewhere else if you're going to have a strange doctor.</p> <p>I'd say more like the triage at the doctors. Our doctors just introduced that last year and I was dubious, like you said, *participant name*, that you were a bit dubious at first. But it's a quicker inroad in. If you do need the treatment, you will see a dentist quicker by going through a hygienist therapist. Now that you know the difference, to me, that would be like a triage dentist. That system works brilliantly at our doctors and again, the A&E department.</p> <p>Absolutely. I mean I have been in pain in the past and rather than see anybody else, I've actually waited until I could see...</p>
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		<p>It's like NHS chiropodists. That's the only way I can explain it. They will literally dig into your feet, they've got an allocated ten or fifteen minutes and then you're out whether your toes are bleeding or not. That's my concern about introducing therapists. If you've got a good therapist, yes, brilliant.</p>
	<p>CHANGING WORKFORCE WORKING PATTERNS</p>	<p>22.757 we've had the same optician for 20 years, the same dentist for the last 15 years, the doctor, I don't have the same doctor now for more than six months, and I probably won't have these two, so I've got to move away from the individual if I'm realistic</p>
	<p>COMMUNICATION OF CHANGE</p>	<p>22.785 But as long as I was explained the benefits I would receive, and I think they've got to be, if that was projected that way, then I would probably see that</p> <p>22.835 I think, but it's got to be explained, and once it's explained or it's pushed upon you, then you will adapt, but I would feel as an individual I would get a lot out of it</p> <p>I: I guess there is a lot of being sold, being given information about a role and who it is. P: You've got to know more.</p> <p>I would want the dental appointment before to say we have introduced a new system and it's a therapist – as I say that is the joke now of not being at work, you can say how you really feel. [Laughter]. There is something about the kudos or reliability of a professional who is handing over your care to somebody else and reassuring you that this is going to happen.</p> <p>It would be about information about the therapist and what their level of training is - you have explained the differences about it – and for me to know that they had had three years training and they are specialist in blah, blah, blah. And they were able to – if they were uncertain – refer to the dentist on that day or have a discussion on that day, so that there was the insurance – the back-up systems – if a therapist was unsure at that time what to do. What else would I want to know? I would want to know in advance because I am a natural planner, I like to adjust to things, but that is my personality as well. If they sprung it on me as I walked through the door – you are not seeing a dentist, you are seeing a therapist – I be like hmm, I need to adjust in my head over this. [Laughter].</p> <p>If I got some helpful information it would be helpful to know in advance and have all the explanation about what their role was and the reason behind it. Yeah, I would come around to it and a bit of a huffy tuff... [Laughter].</p> <p>Yeah, yeah. I think I wouldn't be too fussed, I would maybe like an explanation as to why they have changed things, but again I would be happy to do – I would just want to know why things had changed.</p>

		<p>Yeah, I probably would want to know what... If it didn't involve any actual procedures – it was just x-rays, check-ups, that kind of thing – I probably wouldn't be so bothered. But if it involved the cleaning or any injections I would want to know what they had done previously and things like that, because I just don't like things like that. [Laughter].</p> <p>Yeah, the it's probably better to give that explanation and make people aware that the therapist can still do all of that stuff and they are still trained up. So yeah, I think an explanation as to why you are going to see the therapist rather the dentist is because you are low-risk.</p> <p>R: I would want an explanation of why, and I would ask about their qualifications. I: Okay. R: And then I would make my own judgement about whether I wanted to see that person again, or not.</p> <p>you said you would want some information about things like qualifications and why that was appropriate for you - you need to be given that information by your... I guess who would be best placed to give that information – your dentist, the receptionist, a dental nurse?</p> <p>I would probably be happy enough to get something written from the receptionist to read through.</p>
	<p>PATIENTS UNDERSTAND THAT DIFFERENT BUSINESS MODELS CAN BE EFFECTIVE</p>	<p>23.183 one gets a feeling that another dentist could come in and take over that role, which because of the extended functions that they perform, taking on some dental therapist role, or dental hygienist role, that it's a more rounded care, and I think next time I went, they said, oh yes, the usual one's on holiday</p> <p>23.263 looking back, two different models of care, but I've no strong preference, I ended up thinking, I'm getting good care, slightly different, but I'm getting good care in each way.</p> <p>Because they run businesses and I realise that. Dentists are all running like businesses. I suppose [s.l. this is very coarse 00:32:21] but they're making more profit off the back of it.</p> <p>This new system, if it is a new system, is to relieve the pressure off the dentists.</p> <p>If there was nothing required, fine, carry on. But if they saw something that needed doing, they wouldn't do it. I thought then they'd have been referred to a dentist.</p>

		<p>To me, that's exactly how I would expect them to work, somebody would look at it and say, "You need an extraction," so you go and see somebody more qualified. If that was what the study is all about, I'm quite happy.</p>
	<p>PATIENTS WANT AFFORDABLE DENTISTRY</p>	<p>25.45 the NHS principle of treating people from birth to death, seems to have been pushed out for dentists, for some reason..., it's because people find difficulty finding NHS dentists, therefore they have to pay, they don't want to pay, so they make their teeth a low priority and therefore they don't go</p> <p>What suddenly made mine go private was the cash. He just suddenly said, "We're private, sign here."</p> <p>She was in *location 1*. Then she was private and we thought, "Well this is a bit ridiculous." As I say, I was recommended here.</p> <p>P: I think that lots of people don't go to the dentist because of the cost. P: Definitely, yes.</p> <p>I must admit, it is fairly expensive. I don't work but I don't claim anything either so I do find it is quite expensive what you pay now. I was a carer for my mum and dad but I've just lost them both in the last six months so I'm just going through all that. So at the moment I'm not but even when I was looking after them, I wasn't getting a lot of money for doing that. If I suddenly had a filling or something else, it went up to £200. It's a lot of money.</p> <p>There is a natural assumption because it's NHS that it's covered by your taxes, isn't it? You walk in, have your treatment, walk out. You don't pay (unclear 00:30:24), do you, at your local hospital?</p> <p>That's what they're slipping into. My neighbour next door has medieval teeth. He never seems to go to the dentist. He's only a young man but he diverts that money, as you say, to other things. It's the cost, as we talked about with eyesight as well. That went haywire, didn't it? A lot of small problems developed because people wouldn't pay for their treatment. Coming to the NHS dentist, they expect to walk in, have their treatment and walk out but they still have to cough up.</p> <p>It's not known. There are not any plans that a hygiene therapist will suddenly be created and there'll be £15. Would it affect your opinion or would you still pay... supposing you were just coming for a check-up...</p> <p>I was going to say, if you're a dentist and this thing comes in and starts undercutting your cost, well obviously your bottom line is going to go then, isn't it? You're not making much money anymore.</p>

		<p>The check-up bit, to me, isn't the bad bit. It's the jump up. It's a big jump to £50 or whatever it is now. Then from that to £250, there's nothing in between.</p> <p>We don't begrudge them their skills, their caring and sharing but yes, the system says they can have £400,000 a year. As you're paying, you're thinking, "No wonder."</p> <p>Again, if they put the anaesthetic cream on before the injection so that you're not bolting upright. If all that information is there, then I'm sure that the dental therapist would see all that and be able to implement those things as well. So I think it is gaining trust but again, I don't pay, I mean I'm exempt but what would the cost be? Would they be cheaper to see, the triage, is it the same?</p> <p>P1: They charge the national health anyway. They're part of the country, aren't they? P2: Again, people working and that, they're paying full whack. P3: I'm a pensioner and still paying full whack. P4: It gets worse the older you get.</p> <p>I can see it is very much value for money to what it costs but it's still not accessible to a lot of people.</p> <p>But don't you think there should be between the £56 and the £256, don't you think there should be another category in the middle of it?</p> <p>You're seeing the main man with the dentist so you expect to pay the £20, whatever it is. But I think if you were seeing a therapist that's not classed as a dentist, I think there should be some type of discount.</p>
	<p>MULTIFUNCTIONAL TEAMS</p>	<p>23.103 I've mentioned I've now come back to an NHS dentist who does cleaning and polishing, and I thought, oh, how old-fashioned</p> <p>Yes, and acted like a triage, as in medical, that would be easier, it would to me anyway, exploration of seeing a hygiene therapist before the dentist. It would be quicker, like *participant name* experienced at our dentist. Again, if that was offered to me, I would certainly take that up. Now I know the hygiene therapist is confusing, I would rather have that as dentistry triage, explained as. I mean your understanding of you're seeing someone highly trained than a dental nurse but under the dentist. It makes it clearer.</p>

		<p>I'm sure if they liaised with the dentist. If you came into the chair and you said, "Yes, I'll see the therapist," but then there was a bigger problem that they couldn't do, I'm sure they would go and see your dentist and liaise with them, if they work with them. I think it will be different say if they were working on their own.</p> <p>I was putting down I know it's cost effective to the practice to employ, you can employ possibly two, three hygiene dental therapists for the price of a dentist and I get that. The other side of it is it is cheaper labour. That's my only concern.</p> <p>Every dentist has their own hygienist now so wouldn't he feel undermined by having this therapist come in and doing his work as well?</p> <p>Again, that will bring the price of stuff down, people getting preventative. If you're preventative then it slows down the actual treatment and things like that. So again, hopefully they're looking at that in the future, once we've got these triage practitioners coming through that there is other outreach work and everything, it's not just about getting cheap labour and churning it out for the masses and in education and everything, from the time you get teeth to the time you lose them but then again, if it's done like that then you're not losing them so much later on. I always think when you see a new idea, it's what can branch of that idea before it's hijacked and ruined into the floor.</p> <p>R: Yes, it seems to me the way the NHS is going everything is moving down to a less qualified person.</p> <p>I: And what are your thoughts on that?</p> <p>R: If the training is there and it has been validated, I think it's probably the way it's going to have to go – the service.</p> <p>Yes, I think that is a good idea, I mean, they have obviously had the training to do that, so why not use it?</p>
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