

Dental practices' mystery shop report

Prepared by FDS International for the Office of Fair Trading, this survey report is supplementary information to OFT630 – The private dentistry market in the UK.

March 2003

OFT630c

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DENTISTS MYSTERY SHOPPING REPORT

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MANAGEMENT SUMMARY

A mystery shopping survey was conducted, across the UK, at 749 dental practices offering private or both private and NHS dental services.

It was important to find out about treatments, size and qualifications of the dental team, complaints procedures and charges, without practices being alerted to the 'survey'.

Details of complaints procedures are not widely advertised. Where available, information comprises mainly who to contact and procedures, but not response times.

Information about opening hours, number and qualifications of the dental team and treatments available is quite widely publicised - through leaflets, on a website and/or by notices around the practice.

About half the practices have leaflets, which include varying amounts of detail and information. Fewer have websites.

Charges for treatments are more difficult to find. Generally, it is necessary to ask for this - there is limited published information. The range of quotes is very wide. Bottom of the range prices seem particularly low in some cases, which may be due to quotes excluding time. Top end prices often relate to prestigious central London addresses.

Average prices tend to differ between private only practices and those offering both NHS and private services, the latter being less expensive.

Charging to register a new patient is not widespread, nor for an appointment at a popular time.

For an initial examination and treatment plan, most do charge. Half charge if the patient does not show up for their appointment.

Nearly half have an insurance or capitation scheme, mainly Denplan, although a sizeable minority have an in-house scheme.

About a third of practices have a dentistry accreditation – either Denplan Excel or BDA Good Practice.

Cosmetic dentistry, hygiene treatments and professional tooth whitening are available in a majority of practices. Checks for mouth cancers are offered at a lower level. Second opinions are not common.

Michele Silber
Director

October 2002

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1 INTRODUCTION

1.1. BACKGROUND

In accordance with its general duty to keep under review activities that may be detrimental to the economic interests of consumers, the Office of Fair Trading commissioned a mystery shopping exercise among private and mixed (private/NHS) dental practices. Its purpose was to examine areas such as price transparency, provision of information and complaints procedure.

A key requirement was that it should be carried out discreetly in order to avoid influencing the results. This was especially crucial since the profession was alerted to the existence of a comprehensive OFT investigation into this market on 23rd January 2002.

1.2. OBJECTIVES

Research covered dental practices in the private sector, including those that not only provide private treatment, but also treat NHS patients. Those which provide only for NHS treatments and patients fell outside the scope of this research.

Four main categories of information were collected. These are summarised as:-

- types of information available about the practice, its treatment, its employees and complaints procedures
- charges incurred by new patients
- costs of various standard treatments
- payment plans available.

The details which lie within these main requirements include leaflet and website information, the presence of special equipment, opening hours of the practice (including emergency arrangements), complaints procedure, qualifications of the partners and staff at the practice and the affiliation of the practice as a whole to various general accreditation or award schemes.

2 METHODOLOGY

2.1. SAMPLING

The sampling frame used for this research was obtained from The Business Database, which provides the most comprehensive listing of Dental Practices in the UK.

From their total of 9,985 Dental Practices, a fully representative list of 5,000 was supplied to FDS International and from this, 750 were selected in a random and unclustered manner as the primary targets for the research.

To verify the representativeness of this sample, the proportions in the postal codes of London and 13 other major cities were checked against the full list. In nearly every case the match was good, but a small adjustment was made for London, by adding in a further 27 practices to bring it exactly into line with the required proportion.

In this way, a fully representative sample was provided to the fieldforce. However, allowance then had to be made for Practices which:-

- had gone out of business
- necessitated a journey of 30 miles or more
- provided only NHS services and no private practice.

It had been agreed that the expected small minority in the last category should be excluded from the research. It was also permitted that up to 70 practices outside a journey range of a 30 mile round trip could be substituted for locations closer to mystery shopper home locations.

To cover all four eventualities above, a matching list of 750 substitutes for each of the Practices on the original list was also supplied to the fieldforce. In the event, only 18 of the substitutes had to be used for geographic coverage purposes.

Further substitutions were made for other reasons:-

- NHS only - 51
- Moved/ closed down - 18
- Not taking on any new patients (refused) - 8

2.2. UNDERTAKING MYSTERY SHOPS

Mystery shopping was undertaken across the United Kingdom. The Northern Ireland element was sub-contracted to MRC, who we use on a regular basis.

Geographic spread of mystery shops completed was broadly in proportion to their existence in the UK. No accurate list of dentists offering *private* practice exists.

In total, 749 shops were achieved. More were completed, but removed from the sample, as they had been able to elicit very little information. The geographic breakdown is as follows:-

Table 2.2/1: Geographic profile of mystery shops

	749 %
Northern Ireland	3
Scotland	8
Wales	4
North East	4
North West	13
Yorkshire & Humberside	6
East Midlands	4
West Midlands	8
South West	13
South East	15
East Anglia	4
London/Greater London	15

(Percentages add to less than 100 due to rounding)

Shoppers were provided with a list of practices and instructed to visit them as well as make a telephone call to ascertain the information required. If a web address was available, the shopper (or someone from Head Office, if the shopper did not have Internet access) also looked up available information on the website.

A pilot was first carried out, using four mystery shoppers calling on four dental practices in their local area, to test out the most suitable scenario to use and determine how feasible it is to collect the information required.

Since the amount of information required was so large, the original intention was for all shoppers to obtain information deemed to be ‘essential’ from all practices contacted. The remaining information would be evenly split and divided equally between the shoppers.

The pilot indicated that a scenario whereby the shopper stated their family was moving into the area was most appropriate. It was also apparent that depending on what information was available through leaflets or a website, and how forthcoming the (usually) receptionist was, the volume of information to be asked about varied from practice to practice.

In some cases, conversations determined what information was asked and the order of asking. Therefore, rather than split questions between shoppers, they were all given the full set and asked to prioritise if necessary using the order on the questionnaire as an indication of level of importance.

Fieldwork was conducted between 30th September and 7th October 2002.

In total, 173 shoppers carried out assignments of between one and (in one case) fourteen shops, depending on where they live in relation to the addresses of dentists provided.

A copy of the questionnaire used is included as Appendix A.

3 SUMMARY AND CONCLUSIONS

3.1 SUMMARY

Leaflets were quite widely available (53%), particularly at private only practices (62%). They were picked up more in the South East and at larger practices.

Although shoppers found them to be fairly helpful on average, leaflets tended to provide *some* (48%) rather than a lot (20%) or most (19%) of the information they were asked to collect.

The main contents tended to be about treatments available, opening hours and details of the dental team and their qualifications.

Two in three practices have notices, signs or certificates on show around the practice, giving information mostly about the dental team and opening hours. Emergency numbers are on display at a lower level.

Websites are more likely amongst private only practices, but currently at quite a low level (14%). Website information has more about treatments available, but otherwise tends to mirror that of leaflets – i.e. opening hours and details of the dental team.

Details of complaints procedures appear to be sparse. Where there is a website or a leaflet, information about who to contact and complaints procedures are higher, but still at low levels. Larger dental practices and those with dentistry accreditations are more likely to give details.

One in three have dentistry accreditations, which were mainly Denplan Excel (17%) and British Dental Association Good Practice (14%). Denplan Excel is more popular amongst private only practices. Very few have other forms of accreditation. There is also little evidence of awards amongst practices.

Most do not charge for registering (73%) or for an appointment at a popular time (84%). However, three in four charge for an initial examination and treatment plan and two thirds make a charge for not turning up for an appointment.

Charges for specific treatments vary enormously from quite low to very high prices. In one specific case, we are aware that prices quoted exclude the hourly fee, which clearly depends on how long the treatment takes. There is no actual evidence that this is widespread. Some higher end prices relate to prestigious central London addresses.

Average prices tend to be higher amongst private only practices. All averages are listed below, together with the lowest and highest in the range.

Table 3.1/1: Prices charged (£)

	Average: Total	Average: NHS/ Private	Average: Private only	Lowest	Highest
Registering new patients	29	25	36	5	95
Initial examination/ treatment plan	31	26	44	5	175
Scale and polish	27	25	34	8	150
No-show for an appointment	20	18	30	5	150
Tooth whitening*	258	246	300	6	800
Removing teeth	49	45	67	6	280
Root filling a molar	106	102	119	5	500

**Clearly a difference depending on number of teeth whitened.*

Larger practices and those with dentistry accreditations generally charge the same as others, except for registering new patients and root filling a molar, where they are a little more expensive.

When asking for prices, an unquantifiable proportion of customers are being given potentially misleading information. For example, when determining the price of tooth whitening, the number of teeth quoted for may not be clear; or the price of treatment may be quoted exclusive of time, charged on a per hour basis.

Nearly half have an insurance or capitation scheme, mainly Denplan, although a sizeable minority have an in-house scheme.

Cosmetic dentistry (66%), hygiene treatments (75%) and professional tooth whitening (65%) are available in a majority of practices.

Checks for mouth cancers are offered at a lower level (45%). Second opinions are not common (27%).

Three in four practices offer emergency treatments but emergency numbers are less widely advertised (41%).

Practices mostly open about 9am Monday to Friday for the first appointment. A large minority are open from 8am. Last appointments tend to be between 5pm and 6pm. The majority are closed on Saturdays.

Special equipment is used at about half the practices where it was possible to determine the information.

3.2. CONCLUSIONS

Private only practices are rather more proactive in terms of providing leaflets and having websites to access information. However, it appears that amongst all practices offering private dental care, there is greater concentration on marketing and selling aspects of a practice, such as treatments and how qualified they are, than on prices and complaints procedures.

Information most widely available without asking are details of the dental team – size and qualifications – and practical information such as opening hours, treatments available and emergency numbers.

Information about charges is less widely available, unless customers ask for it. Where specific details were determined, for example, for an initial examination and treatment plan, failure to show up for an appointment, tooth whitening, removals, and so on, there are enormous variations in prices.

In general, average prices amongst private only practices are higher than where NHS services are also offered. Often prices are dependent on a range of other circumstances, such as condition of teeth, duration of treatment, etc, and so a price range might be given, rather than a precise fee. Transparency of price would appear to be an issue.

Access to information about complaints procedures is low. Even when websites or leaflets are used to ‘advertise’ the practice, details about complaints procedures are unlikely to be included.

4 MAIN FINDINGS

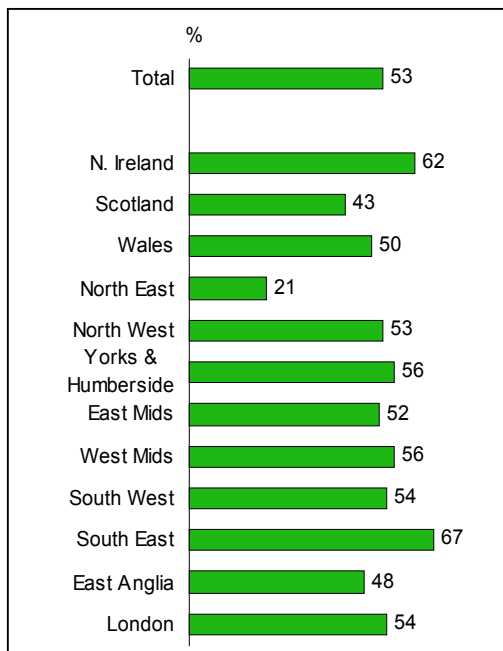
4.1. SOURCES OF INFORMATION AVAILABLE

4.1.1. Leaflets

At over half the practices, shoppers were able to find leaflets, which they found of some help in providing them with information they had been asked to find.

There were variations by area. Although bases are small (114 in London/Greater London down to 26 in Northern Ireland) there are indications that there is more likelihood of leaflets being available in the South East and a much lower likelihood in the North East.

Chart 4.1/1: Availability of leaflets – by area
(Base: All - 749)



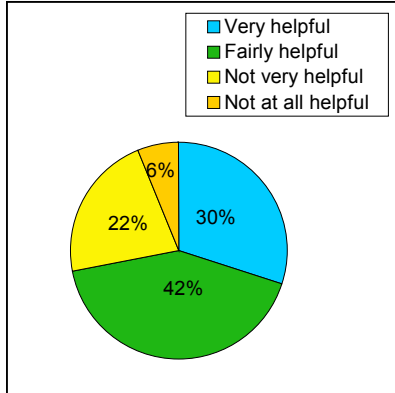
Leaflet availability also varies according to the size of the dental team. Where there are at least three dentists, nearly two in three (65%) practices have leaflets available. At smaller practices fewer than half have leaflets (46% - one dentist; 48% - 2 dentists).

62% of private only practices have leaflets. At NHS/private practices this is lower (51%).

Shoppers were asked to make an assessment of the leaflets in terms of how helpful they found them and how useful they were in providing the information they had to collect.

Although the majority did think they were very or fairly useful, there were some criticisms.

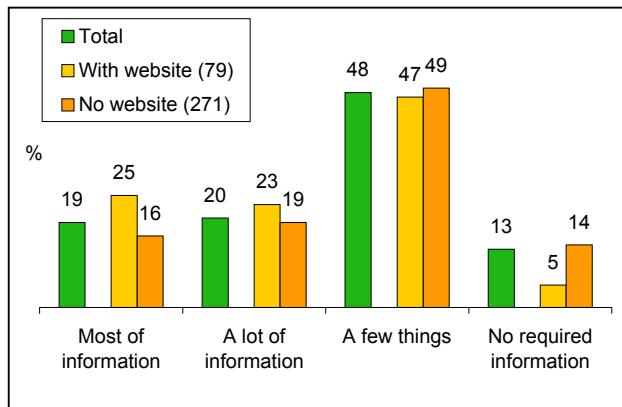
Chart 4.1/2: Shopper assessment of helpfulness of leaflet
(Base: All assessing leaflet - 376)



The amount of information contained in the leaflets was very variable. One in five shoppers found most of what they needed to know and one in five felt a lot of information was included. But the most frequent answer (nearly half) was that leaflets contained just a few of the things they wanted.

Practices with a website generally had more informative leaflets, possibly because these are the keenest to communicate effectively with (potential) customers.

Chart 4.1/3: Amount of required information
(Base: All assessing leaflet - 376)

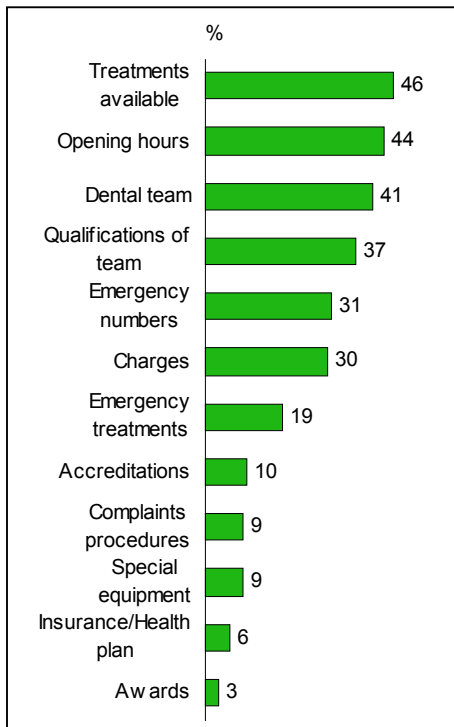


The information contained in the leaflets was considered clear and easy to understand (75% - all of it was clear and easy to understand; 24% - some of it).

We asked our mystery shoppers to read through the leaflets they picked up to note the contents. Since the volume, size and nature of leaflets varied considerably, the following chart may not be a complete picture of everything contained. However, it indicates the range of information available.

Chart 4.1/4: Information contained in leaflets

(Base: All picking up leaflet - 400)

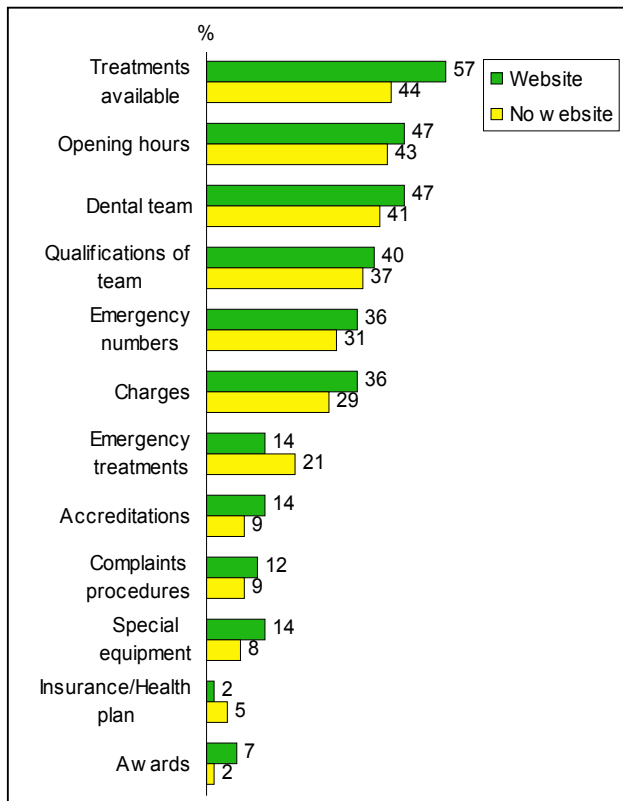


The most frequent information available from leaflets relates to treatments, opening hours and the size and qualifications of the dental team.

Generally, if a practice also has a website, there is also slightly more information contained in the leaflet.

Chart 4.1/5: Information contained in leaflets

(Base: All picking up leaflet - 400)

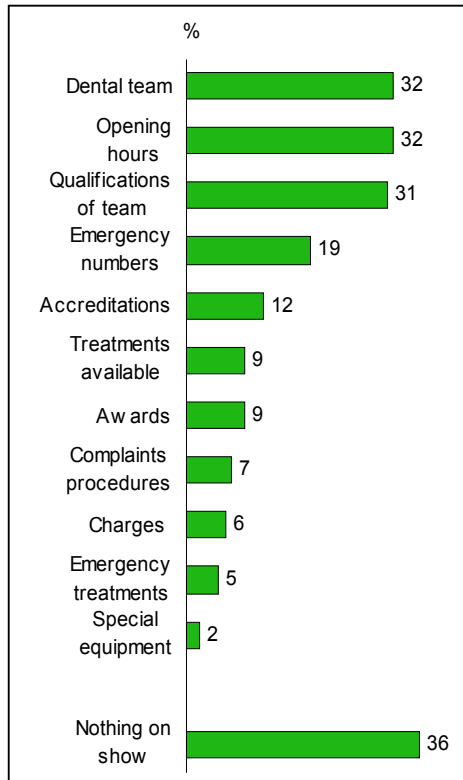


4.1.2. Notices

In two out of three practices there are signs, notices or certificates on the wall or on show around the practice, giving information. Our shoppers noticed the following information:-

Chart 4.1/6: Information on show around the practice

(Base: All - 749)



The types of information most likely to be on show - each noticed by one in three shoppers - are lists of the dental team, their qualifications and opening hours.

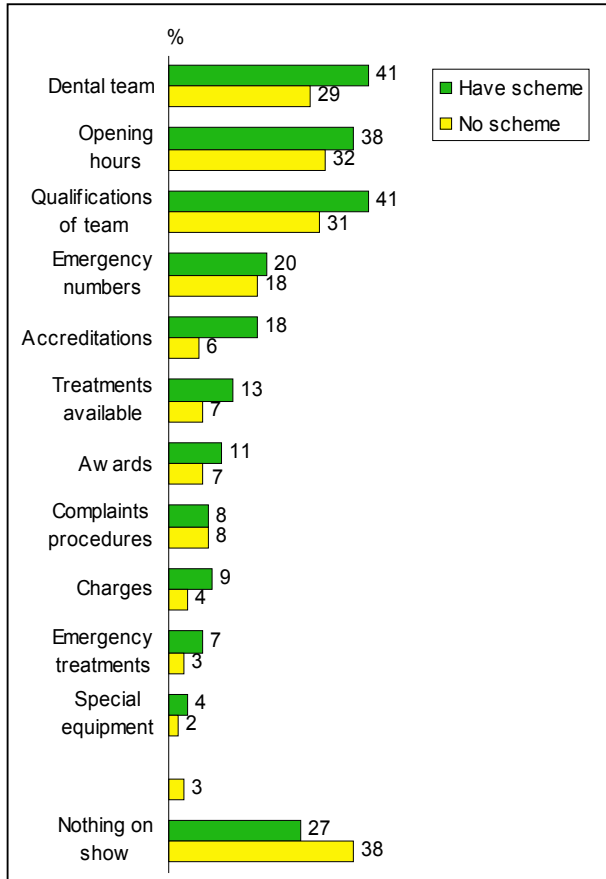
Very few show information related to charges (6%).

21% of all practices have neither a leaflet nor any information on show around the practice.

Those with a website are more likely to have information about accreditations (20%) and treatments available (18%) than those without one (11% and 9% respectively), but otherwise show no difference.

Those with an insurance or capitation scheme are also more likely to have various types of information on show.

Chart 4.1/7: Information on show around the practice – by whether or not have insurance/ capitation scheme
(Base: All – 749)



4.1.3. Website

14% of practices have a website, this figure being higher amongst private only practices (21%) than those offering both private and NHS (12%).

Regional variations indicate the highest incidence occurs in London (21%) and the South East (21%). The lowest incidences are in Scotland (6%), the South West (8%), Northern Ireland (8%) and Yorkshire & Humberside (9%).

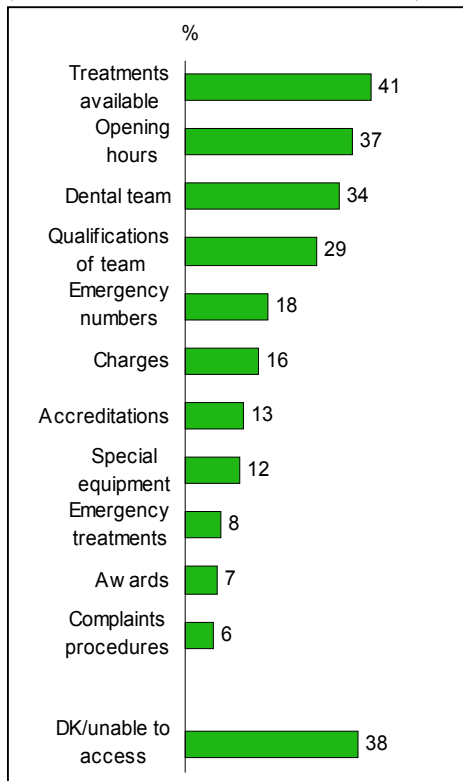
Those providing leaflets are more likely to have a website (21% vs 7% offering no leaflets). Those providing more detailed leaflets are also more likely to have a website (29%) than where the leaflet offers only limited information (20%).

Websites are also more common in practices with at least three dentists (20% vs 12% in practices with two dentists and just 9% where there is only one).

Shoppers became aware of the website mainly by asking (62%) or from the leaflet (43%). A smaller proportion noticed the information around the practice (18%).

Website information available is charted below.

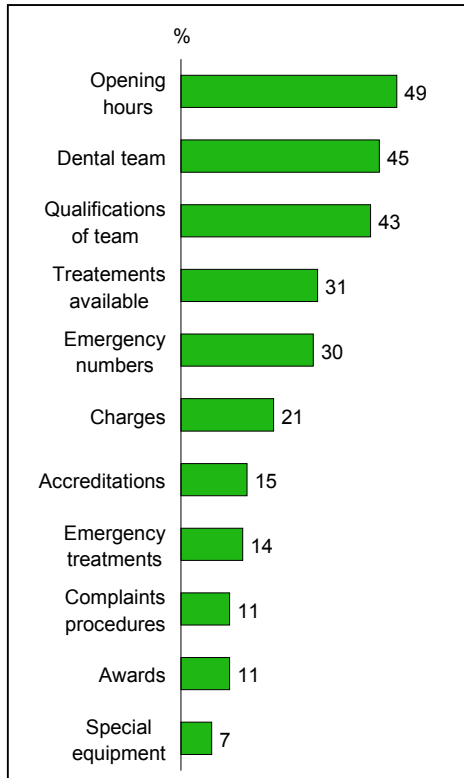
Chart 4.1/8: Website information available
(Base: All aware of website - 105)



Treatments, opening hours and details of the dental team are again most frequently available.

By adding together what information was able to be found using leaflets, looking around practices and from the website, we can see more of the ‘big picture’ as far as what weight is given by practices to the kind of information they offer.

Chart 4.1/9: Total published information available
(Base: All - 749)



Clearly, practical issues and those that sell the practice head the list. The top three, found by almost half are:-

- opening hours
- list of the dental team
- qualifications of dental team.

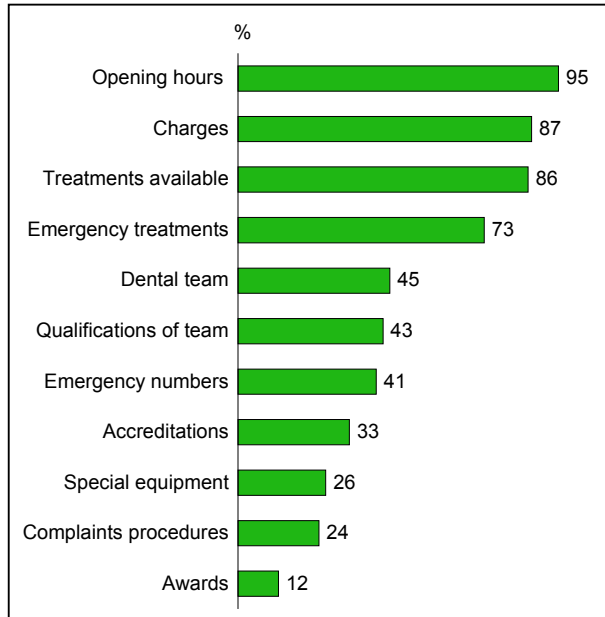
About one in three found:-

- treatments available, and
- emergency numbers to ring.

Even adding across these three sources, information about charges is rather low – just one in five determined at least some of this information – and details of complaints procedures are even more scarce, at just over one in ten.

We can go one step further and add into the data, where information was obtained specifically from asking either by visiting the practice or telephoning. The chart below therefore gives the total available information for each of the subjects being examined.

Chart 4.1/10: Total available information
(Base: All - 749)



"Charges" now appears to be much higher, but includes any price information obtained, rather than its quantity or quality.

4.2. COMPLAINTS PROCEDURES

As we have seen, just under one in four were able to determine at least the presence of complaints procedures. Finding more details was particularly difficult to ascertain, since asking directly would have been likely to draw attention to the motives of the shopper. Therefore information was mostly obtainable through leaflets, websites or information or notices around the practice.

Details were obtained from 22% of practices. This covered:-

- who to contact (20%)
- procedures themselves (14%)
- response times (8%)

(NB. These percentages are based on *all* practices).

In practices with other sources of information available to customers, shoppers were more able to ascertain details of who to contact and the procedures in the event of a complaint.

Table 4.2/1: Details of complaints procedures

	Website 105 %	No website 579 %	Leaflet 377 %	No leaflet 361 %
Who to contact	30	19	28	12
Procedures	20	15	19	10
Response times	9	9	10	7

In larger practices, there are more complaints details available:-

**Table 4.2/2: Details of complaints procedures
– by size of dental team**

Size of dental team:	1 191 %	2 192 %	3+ 321 %
Who to contact	17	17	27
Procedures	10	11	21
Response times	7	7	11

Practices with dental accreditations also show a greater tendency to provide information about complaints:-

**Table 4.2/3: Details of complaints procedures
- by dental accreditation**

Have dental accreditation:	Yes	No
	250	499
	%	%
Who to contact	27	16
Procedures	19	12
Response times	14	5

4.3. DENTAL TEAM

The study covered a cross section of practices in terms of the size of dental team. One in four had just one dental practitioner, one in four had a team of two and over two in five had at least three in the team. In 6% of cases, the shopper was unable to determine the size of the dental team.

Private only practices are slightly more likely to have a sole dentist (31%) than where NHS services are also offered (24%).

It tends to be larger practices that have a website or provide a leaflet.

Table 4.3/1: Size of dental team

Size of dental team:	Website	No website	Leaflet	No leaflet
	105	579	377	361
	%	%	%	%
1	16	28	21	30
2	22	27	24	28
3+	61	42	52	34

Practices with dental accreditations are also likely to have a larger dental team. 56% of them have a team of at least three, compared to only 38% with no dental accreditations.

4.4. ACCREDITATIONS AND AWARDS

4.4.1. Dentistry accreditations

Shoppers were asked to find out what accreditations the practice has, either for dentistry or any other accreditations.

One in three practices has at least one dentistry accreditation. These were mainly:-

- Denplan Excel (17%) and
- British Dental Association Good Practice (14%)
- BUPA (6%)

Included in the figures above, a few practices claim to have more than one dentistry accreditation:-

- Denplan Excel and BDA Good Practice (4%)
- Denplan and BUPA (3%)
- BDA Good Practice and BUPA (2%)

Denplan Excel is more popular amongst private only practices (24% vs 15% offering both private and NHS).

Numbers in some regions are too small to make statistically reliable comments; however, there are some notable observations:-

BDA Good Practice accreditations seem high in:-

- North East (39% - base: 33)
- Yorkshire & Humberside (33% - base: 45)

Denplan Excel also seems higher than average in Yorkshire & Humberside (36%).

Indeed, Yorkshire & Humberside appears to have a higher number of practices with dentistry accreditations than other parts of the country.

Size of dental team also impacts on the likelihood of having dentistry accreditations – the larger the team, the more likely this is.

Those with an insurance or capitation scheme more frequently have Denplan Excel (32%) than those without a scheme (just 4%).

4.4.2. Other accreditations

The majority (94%) either have no other accreditations or the information was unobtainable. 4% have Investors in People.

4.4.3. Awards

There is little evidence of awards amongst dental practices – information was gained for just 7%.

It is somewhat higher if the practice also has a dentistry accreditation (14% vs 4% where there is none), but even here the level is quite small.

Awards, where they existed, tended to be mounted on the wall (60%), more than on or near reception (28%). In 11% of cases, they were not displayed at all.

4.5. CHARGES

We asked shoppers to find out as much information as they could about charges for a wide range of treatments and situations. How much they were able to ascertain depended largely on how easy it was to either find the information by themselves or how forthcoming staff were at the practice, without making them suspicious of why they were being asked.

The ranges of prices looks surprising, particularly the lower end. In one case, we are aware that prices quoted exclude the hourly fee, which clearly depends on how long the treatment takes. This may also be true in other cases, but it would be difficult for mystery shoppers to clarify this without laying themselves open to suspicion, especially if they are not confident about asking so much detail.

Some higher end prices relate to prestigious central London addresses.

It is of concern that we found instances of customers who were being given potentially misleading information.

4.5.1. Charges for registering new patients

In the majority of cases (73%) there was no charge for registering if you are a new patient. Private only dentists are more likely to charge for this (17%) than those offering both private and NHS services (11%).

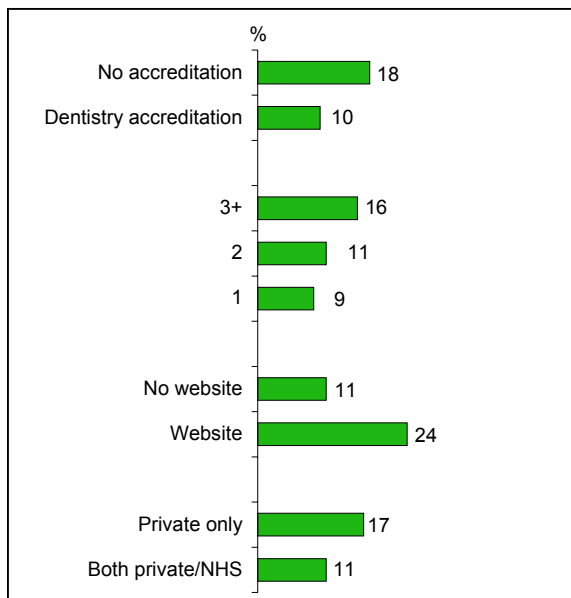
No charge for registering new patients

In East Midlands, virtually no practices charge for registering new patients (96%).

Dental practices with websites and, to a lesser extent, with dentistry accreditations, are more likely to charge for registering, as are larger practices.

Chart 4.5/1: Charging for registering new patients

(Base: All - 749)



Where there is a charge, the most common price is £30 (15%), however, there is a wide range from just £5 up to £95. 7% each have a price of £8, £15, £25 and £50. All other answers are by 3% or less.

The actual calculated average price is £29 - £36 amongst private only practices; £25 amongst NHS/private practices.

4.5.2. Charges for initial examination and treatment plan

The majority (74%) charge for an initial examination and treatment plan; higher amongst private only practices (81%).

Those providing a leaflet are more likely to charge (81%) than those not offering leaflets (68%).

Neither the size of the dental team nor presence of dentistry accreditations has any bearing on charging for an initial examination/treatment plan.

On average the price is £31, but there is enormous variation. The lowest started at £5; the highest price reached £175. There is little commonality, although £30 was mentioned by 12%. Other individual figures were mentioned at much lower levels.

Private only dentists also charge a much higher price on average - £44 - than private/NHS dentists - £26.

Charging for an initial examination and treatment plan is common

4.5.3. Charges for scale and polish

The average price is £27, with a huge range of prices from £8 (lowest) up to £150 (highest). Private only practices charge £34 on average; amongst private/NHS dentists the average is £25.

12% of practices would not give a price stating it varies according to the state of the patient's teeth.

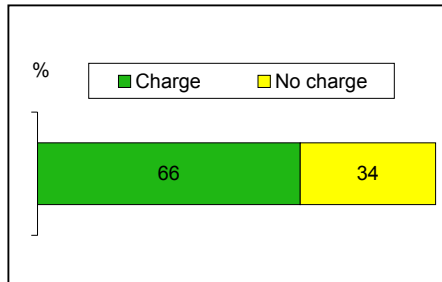
4.5.4. No-show charges

This information was collected from three in four of the practices visited.

Two in three of them charge if the patient does not show up for an appointment.

Chart 4.5/2: No - show charges

(Base: All where information obtained - 569)



Charge usually made for not turning up for an appointment

A charge is more likely in the South East and West Midlands (82%). It is much less likely in the North East (38%).

Practices with a website charge more frequently for not showing up for an appointment.

Table 4.5/3: No - show charges

	Website 82 %	No website 474 %
Charge	80	64
No charge	20	36

Prices charged for a no-show vary. In over a third of practices, shoppers were not given a specific price but were told the price varies. Where a price was given, once again there was huge variation, from £5 up to £150. The average price was £20, although higher for private only practices (£30 vs £18 amongst those also offering NHS service).

4.5.5. Tooth whitening charges

This information was obtained from a little under half of the total sample.

Overall, 12% were told the price for tooth whitening varies. The actual range given went from £6 up to £800, but is likely to refer to different numbers of teeth included. More specific information was difficult to ascertain without making the practice suspicious.

Where price information was given, the overall average was £258, ranging from £300 amongst private only practices and £246 where NHS services are also offered.

4.5.6. Charges for tooth removal

On average, the charge to take out a tooth is £49 (£67 for private only; £45 for NHS/private practices).

The lowest quoted price was £6, the highest was £280.

Huge variation in quoted prices for tooth whitening, extractions, root filling a molar

4.5.7. Charges for root filling a molar

Prices were found from about half the practices visited. The average was £106, with little difference between private only and private/NHS practices (£119 and £102 respective averages).

Prices ranged from £5 up to £500.

Larger practices charge a little more (£114 vs £95 in solo dentists). Similarly, those with dentistry accreditations are also a little more expensive on average (£120 vs £97).

4.5.8. Charges for appointments at more popular times

This was not widely practised - only 2% made a charge for a popular time appointment. Shoppers were unable to comfortably determine the charge made in these few cases.

4.5.9. Summary of charges

Table 4.5/4: Prices - in pounds - where payable

(Base: All determining prices)

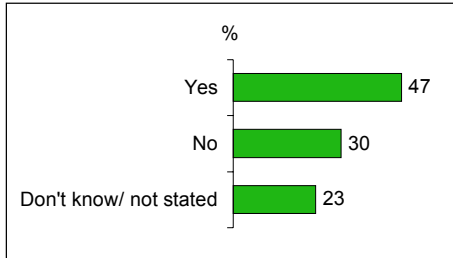
	Average: Total	Average: NHS/ Private	Average: Private only	Lowest	Highest
Registering new patients	29	25	36	5	95
Initial examination/ treatment plan	31	26	44	5	175
Scale and polish	27	25	34	8	150
No-show for an appointment	20	18	30	5	150
Tooth whitening	258	246	300	6	800
Removing teeth	49	45	67	6	280
Root filling a molar	106	102	119	5	500

4.6. PAYMENT ARRANGEMENTS

Nearly half (47%) of practices visited have an insurance or capitation scheme.

Chart 4.6/1: Payment arrangements

(Base: All - 749)



It is more likely to have such a scheme if it is a private only practice (58%).

Incidence is also higher where the practice has a website (64%), offers leaflets (62%) and particularly where the practice has a dentistry accreditation (71%).

In the London area, incidence is lower (29%).

The scheme is principally Denplan (68% of practices with a scheme). 18% have an in-house scheme.

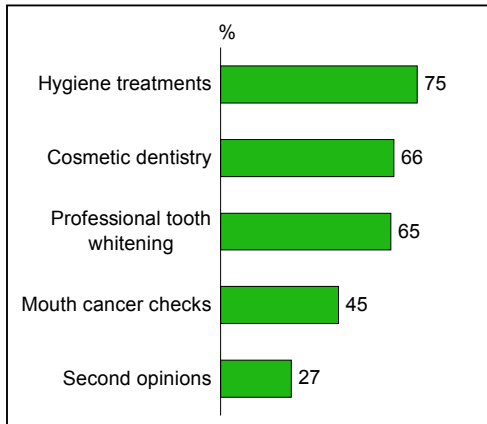
Other schemes mentioned were at low levels, including:-

- HAS/Healthwise/Superplan (4%)
- Westfield (1%)
- Medex (1%)
- PPP (1%)
- Boots (1%)

4.7. TREATMENTS

Cosmetic dentistry, hygiene treatments and professional tooth whitening are available in a majority of practices. Checks for mouth cancers are offered at a lower level. Second opinions are not common.

Chart 4.7/1: Treatments available
(Base: All - 749)



A list of other treatments recorded included:-

- crowns and bridges
- implants
- preventive dentistry
- home visits
- composite/mercury-free/amalgam fillings
- managing nervous patients.

Private only practices are more likely to offer:-

- hygiene treatments (82% vs 73% NHS/ Private)
- cosmetic dentistry (76% vs 64%).

Practices with dentistry accreditations are also more likely to offer all treatments:-

- hygiene treatments (86% vs 69%)
- cosmetic dentistry (75% vs 62%)
- professional tooth whitening (70% vs 63%)
- mouth cancer checks (52% vs 41%)
- second opinion (36% vs 23%).

4.7.1. Emergency treatments

Nearly three in four practices (72%) offer emergency treatments. This is regardless of type of practice or whether or not they have a website or provide leaflets.

However, emergency numbers were not widely noticed around the practice (19%). Overall, two in five practices (41%) had numbers available to the public through their leaflets, website or on display at the practice.

4.8. OPENING HOURS

The most common time to open is 0900 and last appointments are generally between 1700 and 1800 during weekdays.

Two out of three practices are closed on Saturdays (69%).

Table 4.8/1: Most common times of first and last appointments

Base: All	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	749	749	749	749	749	749
	%	%	%	%	%	%
<i>First appointment:</i>						
0800	9	10	10	9	11	2
0830	18	18	18	17	17	3
0900	53	52	50	51	50	17
0930	5	5	4	5	5	1
<i>Last appointment:</i>						
1700	26	26	24	27	26	1
1730	21	22	23	21	17	1
1800	15	13	13	12	8	*
1830	2	1	2	2	1	-
1900	4	5	3	3	1	
Closed	2	1	2	2	3	68

*Less than 0.5%

Information about opening hours was only on display at the practice in a third of cases (31%). Most frequently, it was necessary to ask (58%). For one in five practices (19%), details are provided in their leaflet.

4.9. SPECIAL EQUIPMENT

At one in four practices, mystery shoppers established that special equipment is used, such as intra-oral cameras. However, it was only possible to discern this information from under half the dentists visited, and therefore, the true figure may be higher or lower than this.

Re-percentaging the results based on those finding out definitely (yes or no), over half (53%) have special equipment.

APPENDIX
THE QUESTIONNAIRE