DEFINING 'GOOD' IN HEALTHCARE

SUMMARY REPORT OF FINDINGS: DENTAL CARE SERVICES

1. INTRODUCTION, BACKGROUND TO THE RESEARCH AND OBJECTIVES

In April 2013, CQC published its new strategy *'Raising Standards, Putting People First'*. In this document, CQC stated its intention to redevelop its inspection methodology and the information that is provided to the public following an inspection. This change focuses not only on how services are inspected, but also the five key questions which inspectors will ask about services: Are they safe? Are they effective? Are they caring? Are they well led? Are they responsive to people's needs?

CQC is working to develop new fundamental standards that focus on these five questions. As part of this work, CQC seeks to define the criteria that will be used to assign a rating to a service provider – in other words, understanding the features of a service that is considered 'inadequate', a service that 'requires improvement', is 'good' and 'outstanding'.

For this new inspection model to be credible with the public, it is essential that these criteria reflect the public's expectations. There is a particular focus on understanding what the public expects 'good' and 'outstanding' services to look like, across all care settings, and at all service levels.

Qualitative research was commissioned to provide a clear understanding of what the public and service users think 'good' and 'outstanding' look like in Dental services. In addition, the research explored what information requirements the public have in relation to inspection reports about all of the above services. The business objective was:

To inform the criteria that are developed for rating services and to inform the development of a new style of inspection reports for each of these services.

2. DENTAL SERVICES SUMMARY

2.1 Method and sample

- In total, **4 triad interviews** (3 respondents per triad) were conducted during w/c 5th and 12th January 2015:

	NHS services	Private services
General dentistry	Paired depth 1	Paired depth 2
Specialist services	Paired depth 3	Paired depth 4

In addition, the sample contained:

- Inclusion of more vulnerable users e.g. old and young, people with learning disabilities
- A mix of ethnic minority groups (including those with English as a second language)
- A mix of socio economic group
- A mix of male and female
- A mix of urban and rural locations

2.2 Care standards experienced

The care standards experienced included examples of 'outstanding' through to 'inadequate' care – although experiences of inadequate care were minimal. A number of respondents had experienced a *range* of standards of care and some had even switched surgeries as a direct result of what they perceived was care that had 'required improvement'. Dissatisfaction tended to be linked to unclear pricing arrangements at private dental surgeries, as well as cynicism regarding the clinical need for recommended procedures.

A small minority described their overall dental care as 'outstanding'. Experience of 'outstanding' care was limited to patients who had relied heavily on services, including repeat visits for major surgical procedures. In these cases, trust had been established between the patient and the dentist via ongoing care, including support and communication throughout the treatment:

"I think probably the most important thing is explaining everything properly. There's so many things and words that they use that you just don't understand… My dad was petrified of the dentist for years. He had gone to our dentist and really liked the fact that when he left he understood what was going on. I think that's why a lot of the time people get scared - if things aren't explained to them. If I go to my dentist and I need treatment, I know why I'm having it and what's going to be involved in it… I think that's really important".

(Dental patient, Private dental practice)

Dentists themselves were key to respondents' judgements about their experiences and, overall, experiences were typically 'good' or 'outstanding'. Whilst there was still an expectation that other staff (e.g. hygienists) should be professional and polite, there was less expectation of a relationship building experience.

2.3 Spontaneous definitions of 'outstanding', 'good', 'requires improvement' and 'inadequate' care

Overall, visiting the dentist was an 'uneasy' experience for most, regardless of demographic (although children were seen to be particularly vulnerable, as were people with learning disabilities and people for whom English is a second language). Dentists were therefore expected to be expert at 'patient-handling' and dental staff were expected to be able to cater to individual patient needs, including concerns about discomfort.

'Outstanding' care was spontaneously described as:

- The dentist knowing their patients personally (and their children), as evidenced by their manner e.g. *'knowing exactly what to say and when';*

- Individual comfort being prioritised e.g. the dentist avoiding heavy-handedness, and checking on patient comfort throughout procedures;
- The dentist explaining everything, and providing good preventative advice;
- The dentist taking time to present treatment options clearly – particularly where costs are involved;
- Services are accessible, particularly in emergency situations;
- The practice provides entertainment (e.g. TV in waiting room and above dentist's chair) to help distract more nervous patients from their surroundings.

'**Good' dental care focussed on staff (particularly the dentist), who were expected to be friendly, careful and considerate.** Additional extras, such as waiting room entertainment, were less of an expectation for a 'good' standard of care. These 'extras' were assumed to involve additional cost, and were therefore associated with private surgeries.

'Good' care was described as:

- A dentist who resolves the dental issue and provides further preventative advice;
- Friendliness, consideration and approachability from all practice staff;
- Availability of check-up appointments within 1-2 weeks;
- Availability of emergency appointments on the day;
- Priority being given to children and staff knowing how to deal with children;
- A clear dental care pathway including referral for specialist treatment;
- Text, email and letter reminders (i.e. 6 monthly and 1 day before);
- Good parking facilities.

Care that 'requires improvement' was described as involving:

- 'Cold' patient handling, particularly during procedures;
- A lack of clarity about recommended treatment options, which had the potential to make people feel uncertain about giving their consent;
- Difficulties accessing appointments during peak times (e.g. half term and Christmas);
- Unclear fee structures, where fees were perceived to be hidden or understated or a lack of clarity regarding eligibility criteria for free care.

An 'inadequate' standard of care was perceived to involve:

- **Surgical procedures not resulting as planned**. From experience, these situations were rare, swiftly resolved and not met with dispute. However, they still caused pain, discomfort and inconvenience for the patient.
- **Administrative errors** such as appointment errors and poor communication about appointments or procedures.
- **Consensual issues,** for example, patients feeling that they had been 'told' what treatment they needed without feeling that they had any choice in the matter, nor an understanding of why a particular course of treatment was being recommended.
- **Poor patient manner**, particularly difficulties knowing how to engage with more vulnerable groups e.g. children or older people.

2.4 Definitions of 'good' care within the five domains

2.4.1 Safe

For the general public, perceptions of 'good' within the safe domain were weighted towards cleanliness, including the cleaning and regular maintenance of equipment. Perceptions of 'safe' care were focussed on protecting the physical environment (e.g. operating equipment and clothing) safe from infection. Respondents also felt it was important for dentists to have a good knowledge of potential hazards, including those specific to individual patients (e.g. allergies, adverse effects, or heightened sensitivity to discomfort). Visual evidence of qualifications (e.g. certificates) was a manifestation of safety which helped put patients' minds at ease.

All agreed with CQC's working description of 'safe'.[1] The elements that respondents identified as being especially important were: *'The provider identifies and analyses events, incidents, errors and near misses to establish what caused them'; 'There is openness and transparency when things go wrong. If a person's treatment goes wrong they receive a full*

[1] *Provided in the appendix to the Provider Handbook (Consultation, November 2014)*

explanation of what went wrong and why.' All other elements were accepted, but not mentioned spontaneously.

2.4.2 Effective

General public priorities for good care within the 'effective' domain focussed on clinical effectiveness (i.e. fixing problems and resolving pain) and operationally sound service (e.g. accessible booking service and good communication). Respondents felt that an effective dental service would diagnose problems accurately, provide a clear route to a solution and enable the patient to reach that solution – ideally in one visit. Effective care was also felt to extend to preventative treatment and advice e.g. visits to the hygienist, preventative solutions to avoid the need for further treatment.

Although all agreed with the description of 'effective', the elements from the Appendix to the Provide Handbook (Consultation, 2014) which respondents identified as particularly relevant to their needs were: *'Assessments reflect current legislation and guidance such as NICE, etc.'; 'The provider has made information and support available to help people understand the care and treatment options';* and *'There is evidence of a comprehensive assessment to establish individual needs. This should include an up-to-date medical history, explanation of the presenting complaint or purpose of the appointment, a clinical assessment and treatment options.'* All other elements were accepted, but not mentioned spontaneously.

2.4.3 Caring

Good within the 'caring' domain largely pertained to the behaviour of all staff at the surgery. Caring was defined as staff being demonstrably empathetic, compassionate, gentle, understanding (in terms of people's individual needs and/or concerns), and having the necessary 'people skills' to deal with people of all ages. The general public expected to leave the surgery feeling clear about their treatment, happy with the way in which they had been treated and feeling relatively free of discomfort.

"Often they talk to you in dentistry language, and you kind of think, what's that all about? So it's about making sure that the patient understands what's happened or what needs doing – not using jargon." (Dental patient, Specialist dentist)

"It's having a dentist that talks to children at their own level, offers them stickers and makes them feel at ease." (Dental patient, Specialist dentist)

Although all agreed with the description of 'caring', the elements from the Appendix to the Provide Handbook (Consultation, 2014) which respondents identified as particularly relevant to their needs were: *'People report that they are treated with dignity and respect at all times. The environment is conducive to supporting people's privacy.'; 'People report that staff respond to pain, distress and discomfort in a timely and appropriate way';* and *'Treatment is fully explained, and people report they are given enough time to think about their consent to care and treatment.'* The following elements were expected as standard: *'People report that they felt the dentist or other members of the dental team listened to them.'* and *'Staff recognise and respect people's diversity, values and human rights.'* The following elements were expected, but not mentioned spontaneously: *'Privacy is maintained at all times.'* and *'Confidentiality or information disclosure is taken into account in assessing individual circumstances.'*

2.4.4 Responsiveness

General public perceived 'responsiveness' in terms of access to services. They therefore prioritised easy access to appointments (e.g. check-ups, dental hygiene and emergency), as well as out-of-hours options and onward referral. This response suggests that the general public perceived the 'responsive' domain to overlap with the 'effective' domain. That said, respondents also felt that a responsive service would mean reacting to a problem appropriately and with the appropriate degree of urgency.

Although all agreed with the description of 'responsive'[2], the elements which respondents identified as particularly relevant to their needs were: *'There is evidence that the provider gathers the views of patients in the running of the service'* and *'All reasonable efforts/adjustments are made to enable patients to receive their care or treatment.'* The following were also considered important, but expected as standard: *'The provider makes patients aware of how they can access emergency treatment, including out of normal hours'; 'Patients have access to and receive information in the manner that bests suits them and that they can understand'; 'Care and treatment is designed to ensure it meets all of the patient's needs';* and *'A clear plan of treatment should be developed to enable appropriate planning, including appointments.'*

The following were not immediately associated with 'responsive', since complaints were not spontaneously identified as part of the 'responsive' domain: *'Patients know the steps they can take if they are not satisfied with the findings or outcome once the complaint has been responded to'; 'Providers take timely and appropriate action in response to any failures identified'; 'Providers make reasonable adjustments such as to the environment, choice of dentist, or treatment options to enable patients to receive care and treatment'* and *'There is openness and transparency about reporting of errors and incidents.'*

2.4. Well led

General public priorities for 'well-led' were: maintaining standards consistent with other dental practices, staying "ahead of the curve" in terms of new technologies, innovation, treatment and equipment; and providing opportunities for regular training and career progression. Respondents found it easier to conceptualise a dental practice as a small business (much like a GP surgery) needing to be managed and governed appropriately. Essential to this was the culture within the surgery, inspired by the lead dentist, which respondents felt should be consistent with the quality standards expected within the 'caring' domain.

[2] [2] *Provided in the appendix to the Provider Handbook (Consultation, November 2014)*

"… there's a diverse amount of people in this world so if people have special requirements and special needs you're likely to feel confident that, the practice being managed properly, they would be able to cover anybody and everybody that walks through the door." (Dental patient, Specialist dentistry)

The description of well-led from the Appendix to the Provider Handbook was reasonably well understood and largely accepted by all respondents.

2.5 Information requirements

Respondents felt that information in the form of summary reports would be used, but only if they did not have access to word-of-mouth recommendation, for example if new to an area.

Overall, the content that was of most interest to this sample was focused on service 'practicalities' and 'qualifications/expertise':

- How long do I wait for a check-up/emergency appointment?
- What equipment is available and for what kinds of procedures?
- What types of staff and subsequent services are available? Any specialisms?
- What qualifications/expertise do the dentist(s) and other staff have?
- How will I be treated by all staff? To what extend will they understand my particular needs?