

Our Ref: {SampleID} {ProcessDate} {UniqueID}

{Title} {Forename} {Surname}
{AddressLine1}
{AddressLine2}
{VAddressLine3}
{VAddressLine4}
{VAddressLine5}
{VPostcode}

Head Office
1 St. Anne's Road
Eastbourne
East Sussex
BN21 3UN
Telephone: 0300 330 1348
e-mail: nhsbsa.dentalservices@nhs.net
Website: www.nhsbsa.nhs.uk/dental

Date: {vToday}

Dear {Title} {Surname},

NHS Dental Services Patient Survey

We are carrying out a survey about NHS dental services on behalf of NHS England, which is the organisation responsible for providing NHS dental services.

We understand that you recently received NHS dental treatment we would be grateful if you would complete the enclosed questionnaire to the best of your recollection and return it in the pre-paid envelope provided **(the questionnaire can be completed by a parent, guardian or responsible adult if appropriate)**.

Alternatively, you can access and complete the questionnaire in the following ways:

- Online at: www.nhsbsadental.nhs.uk/survey/nhsds8
- Scan the barcode located on the top right of the questionnaire using a smart phone/tablet

Your responses will be used to provide reports to NHS England to help review the quality of local NHS dentistry services and patient satisfaction. The reports will summarise responses from all respondents and will not include any information that could be used to identify you. For further details please read our privacy policy statement at www.nhsbsa.nhs.uk

If you would like to provide any comments in addition to the questions in our survey, or if you wish to complain about the service or treatment you received, please contact your dental practice in the first instance. Alternatively contact NHS England, their contact details can be found on their website www.england.nhs.uk

Please note that we are unable to process, store or return any items you send in or to respond to individual comments. Thank you for taking the time to read this letter and participate in this survey.

Yours sincerely



For NHS Business Services Authority

Treatment Record:

- Patient Name: {Forename} {Surname}
- Patient DOB: {DOB}
- Treatment Period: {TreatmentStart} to {TreatmentEnd}
- Dental Surgery: {PracticeAddress}



Official use only

NHS Dental Services Patient Survey

Please complete the questions to the best of your recollection. The questionnaire can be completed on behalf of the patient by a parent, guardian or responsible adult if appropriate.

Please put a cross in the box to indicate your answer:

If you make a mistake fill the box in completely:

Q1 Did you visit the dentist on or between the dates shown at the foot of the covering letter (treatment record section)?
Yes No Cannot Remember

Q2 Did you visit the dental practice shown at the foot of the covering letter (treatment record section)?
Yes No Cannot Remember

Q3 Can you confirm that the following information as shown at the foot of the covering letter (treatment record section) was correct at the time you last visited the dentist?
Name: Yes No
Date of birth: Yes No

Q4 Did you have? (Please cross one box)
Just NHS Treatment Combination of NHS and Private Treatment
All private treatment Unsure

Q5 Was all the treatment you required available at this practice under NHS arrangements?
Yes No Not sure

Q6 What NHS treatment did you have? (Cross all that apply)
Examination X-ray(s) Scale & polish Filling(s)
Root filling(s) Crown(s) Extraction(s) Denture(s)
Bridge(s) Sedation Orthodontic Veneers
Other

CONTINUED OVER THE PAGE

Q7 Did you pay a charge for your NHS treatment?

Yes No

How much did you pay for your NHS treatment?

£ . P

Which band was the treatment?

1 2 3 Don't know

Were you given a receipt?

Yes No Cannot Remember

Q8 Did you see any information about patient charges for NHS dentistry at the surgery?

Yes No Cannot Remember

Q9 How do you feel about the length of time taken to get an appointment with the dentist? **(Please cross one box)**

It was as soon as necessary
It should have been a bit sooner
It should have been much sooner

Q10 How satisfied are you with the NHS dentistry you received? **(Please cross one box)**

Completely satisfied Fairly satisfied
Fairly dissatisfied Very dissatisfied

Please use the pre-paid envelope supplied to return your completed questionnaire. If you have lost the envelope, you can post this form to: Patient Questionnaires, NHS Dental Services, Bridge House, Pilgrim Street, Newcastle, NE1 6SN

Please note that we are unable to process, store or return any items that you send in, or to respond to individual comments.

If you would like to send us some feedback about this survey please complete our online feedback form at www.nhsbsa.nhs.uk/DentalServices/3023.aspx