

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: 0845 126 8000  
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 your local Local Health Board (LHB), which is the organisation responsible for providing local NHS dental services.

We understand that you recently received NHS dental treatment and 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)**.

Your responses will be used to provide reports to your LHB 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](http://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 or local LHB directly. Their contact details will be in the telephone book or alternatively you can find them on the Health of Wales Information Service website [www.wales.nhs.uk](http://www.wales.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}



## Gwasanaethau Deintyddol

Ein cyf: {SampleID} {ProcessDate} {UniqueID}

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

**Prif Swyddfa**  
1 St. Anne's Road  
Eastbourne  
Dwyrain Sussex  
BN21 3UN  
Ffôn: 0845 126 8000  
e-bost: nhsbsa.dentalservices@nhs.net  
Gwefan: www.nhsbsa.nhs.uk/dental

**Dyddiad: {vToday}**

Annwyl {Title} {Surname},

### Arolwg o Gleifion Gwasanaethau Deintyddol y GIG

Rydyn ni'n cynnal arolwg yng nghyswllt gwasanaethau deintyddol y GIG ar ran eich Bwrdd Iechyd Lleol, sef y sefydliad sy'n gyfrifol am ddarparu gwasanaethau deintyddol lleol y GIG.

Cawn ar ddeall eich bod wedi cael triniaeth ddeintyddol drwy'r GIG yn ddiweddar, a byddem yn ddiolchgar petaech yn llenwi'r holiadur amgaeedig hyd y gallwch gofio a'i dychwelyd yn yr amlen barod a ddarperir (**gall rhiant, gwarcheidwad neu oedolyn cyfrifol lenwi'r holiadur os yw hynny'n briodol**).

Caiff eich ymatebion eu defnyddio i ddarparu adroddiadau i'ch Bwrdd Iechyd Lleol i helpu i adolygu ansawdd gwasanaethau deintyddol lleol y GIG a bodlonrwydd cleifion. Bydd yr adroddiadau'n crynhoi'r holl ymatebion ac ni fyddant yn cynnwys unrhyw wybodaeth y gellid ei defnyddio i wybod pwy ydych chi. I gael rhagor o fanylion, darllenwch ein datganiad polisi preifatrwydd yn [www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

Os hoffech chi roi unrhyw sylwadau yn ychwanegol at y cwestiynau yn ein harolwg, neu os ydych chi am gwyno am y gwasanaeth neu'r driniaeth a gawsoch chi, holwch eich practis deintyddol neu'ch Bwrdd Iechyd Lleol yn uniongyrchol. Bydd eu manylion cyswllt yn y llyfr ffôn, neu gallwch ddod o hyd iddyn nhw ar wefan Gwasanaeth Gwybodaeth Iechyd Cymru yn [www.cymru.nhs.uk](http://www.cymru.nhs.uk)

Sylwer na allwn ni brosesu, storio na dychwelyd unrhyw eitemau a anfonwch chi atom ni, nac ymateb i sylwadau unigol. Diolch yn fawr am roi o'ch amser i ddarllen y llythyr hwn a chymryd rhan yn ein harolwg.

Yn gywir

Ar ran Awdurdod Gwasanaethau Busnes y GIG

### Cofnod o Driniaeth:

- Enw'r Claf: {Forename} {Surname}
- Dyddiad Geni'r Claf: {DOB}
- Cyfnod y Driniaeth: {TreatmentStart} to {TreatmentEnd}
- Practis Deintyddol: {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](http://www.nhsbsa.nhs.uk/DentalServices/3023.aspx)

## Gwasanaethau Deintyddol

At ddefnydd y swyddfa yn unig

### Arolwg o Gleifion Gwasanaethau Deintyddol y GIG

Atebwch y cwestiynau isod hyd y gallwch gofio. **Mae modd i riant, gwarcheidwad neu oedolyn cyfrifol lenwi'r holiadur ar ran y claf, os yw hynny'n briodol.**

Rhowch groes yn y blwch i nodi eich ateb:

Os gwnewch gamgymeriad, llenwch y blwch yn llwyr:

C1 A aethoch chi at y deintydd ar neu rhwng y dyddiadau a nodir ar waelod y llythyr eglurhaol (adran cofnod triniaeth)?

Do .....  Naddo.....  Ddim yn cofio .....

C2 A aethoch chi i'r practis deintyddol a nodir ar waelod y llythyr eglurhaol (adran cofnod triniaeth)?

Do .....  Naddo.....  Ddim yn cofio .....

C3 A allwch chi gadarnhau bod yr wybodaeth ganlynol, fel y nodir ar waelod y llythyr eglurhaol (adran cofnod triniaeth) yn gywir pan aethoch chi at y deintydd ddiwethaf?

	Oedd	Nac oedd
Enw:	<input type="checkbox"/>	<input type="checkbox"/>
Dyddiad geni:	<input type="checkbox"/>	<input type="checkbox"/>

C4 Pa un o'r canlynol a gawsoch chi? **(Rhowch groes mewn un blwch yn unig)**

Triniaeth drwy'r GIG yn unig..... <input type="checkbox"/>	Cyfuniad o driniaeth drwy'r GIG a thriniaeth breifat .. <input type="checkbox"/>
Triniaeth breifat yn unig..... <input type="checkbox"/>	Ddim yn siŵr ..... <input type="checkbox"/>

C5 A oedd yr holl driniaeth roedd ei hangen arnoch chi ar gael yn y practis hwn dan drefniadau'r GIG?

Oedd .....  Nac oedd.....  Ddim yn siŵr.....

C6 Pa driniaeth a gawsoch chi drwy'r GIG? **(Rhowch groes ymhob blwch sy'n berthnasol)**

Archwiliad ..... <input type="checkbox"/>	Pelydr X..... <input type="checkbox"/>	Digennu a sgleinio..... <input type="checkbox"/>	Llenwad(au)..... <input type="checkbox"/>
Llenwad(au) gwraidd .. <input type="checkbox"/>	Corun(au) ..... <input type="checkbox"/>	Tynnu dant/dannedd... <input type="checkbox"/>	Dant/dannedd gosod .. <input type="checkbox"/>
Pont(ydd)..... <input type="checkbox"/>	Llonyddiad ..... <input type="checkbox"/>	Orthodontig..... <input type="checkbox"/>	Argaenau..... <input type="checkbox"/>
Arall..... <input type="checkbox"/>			

PARHAD DROS Y DUDALEN

C7 A daloch chi ffi am eich triniaeth drwy'r GIG?

Do .....  Naddo .....

Faint a daloch chi am eich triniaeth drwy'r GIG?

£  .  P

Pa fand oedd y driniaeth?

1 .....  2 .....  3 .....  Ddim yn gwybod.....

A gawsoch chi dderbynneb?

Do .....  Naddo.....  Ddim yn cofio .....

C8 A welsoch chi unrhyw wybodaeth am ffioedd i gleifion am driniaeth ddeintyddol y GIG yn y practis?

Do .....  Naddo.....  Ddim yn cofio .....

C9 Sut ydych chi'n teimlo am yr amser a gymerodd hi i gael apwyntiad gyda'r deintydd?  
**(Rhowch groes mewn un blwch yn unig)**

Roedd mor gynnar ag yr oedd angen.....

Dylai fod wedi bod ychydig yn gynharach .....

Dylai fod wedi bod yn gynharach o lawer .....

C10 Pa mor fodlon ydych chi â'r driniaeth ddeintyddol a gawsoch chi drwy'r GIG?  
**(Rhowch groes mewn un blwch yn unig)**

Cwbl fodlon .....  Gweddol fodlon .....

Gweddol anfodlon .....  Anfodlon iawn.....

Defnyddiwch yr amlen barod a roddwyd i chi i ddychwelyd eich holiadur ar ôl ei llenwi. Os ydych chi wedi colli'r amlen, gallwch bostio'r ffurflen hon i: Patient Questionnaires, NHS Dental Services, Bridge House, Pilgrim Street, Newcastle, NE1 6SN

Sylwer na allwn ni brosesu, storio na dychwelyd unrhyw eitemau a anfonwch chi atom ni, nac ymateb i sylwadau unigol.

Os hoffech chi anfon adborth atom ni am yr arolwg hwn, llenwch ein ffurflen adborth ar-lein yn [www.nhs.uk/DentalServices/3023.aspx](http://www.nhs.uk/DentalServices/3023.aspx)