**DEVON LDC**

**Dental Clinical Audit**

**6. Patient Satisfaction Audit**

*(only one dentist per practice to complete this audit per year)*

**Audit start date:**

**Completion date:**

|  |
| --- |
| **Dental Clinical Audit report (tick) check list****All sections need to be completed:** |
| 1. **Completed Data capture sheet with percentages** page:4
 | [ ]  |
| **2.** **Completed information on audit findings** page:5 | [ ]  |
| **3.** **Aims & Objectives** page:6  | [ ]  |
| **3.1** **Action Plan** page:6  | [ ]  |
| **3.2** **Feedback section**  page:6  **(how useful you found the audit)** | [ ]  |

***Please note –when performing your audit do not include any Dentist, Practice or Patient demographic details.***

**6. Patient Satisfaction Audit**

**Clinical Audit of Patients' Perception of Quality of Care**

**Aims and Objectives**

Patient satisfaction surveys are an important component in monitoring your practice's quality of care in relation to costs and services. By understanding and identifying the principle drivers to patient satisfaction (and dissatisfaction), a dental practice can develop improvement programmes in relation to patient expectations and improve the level of care.

**So the aims are:**

* To monitor your patients’ perception of the quality of care provided by your practice.
* To identify the principle drivers to patient satisfaction (and dissatisfaction).

**And the objective is:**

* To enable the practice to develop programmes to improve the level of care.
* Patients appreciate being involved and like to think that their voice is being listened to.

**Method**

 A questionnaire is to be filled out by 100 randomly selected patients following their visit. So that the patients have confidence in their anonymity, they should be supplied with an envelope for their questionnaire.

This audit is not designed as a test which has to be passed but as a tool to help identify areas of practice that can be improved.

A space has been left for you to add any question that you feel is relevant to your practice.

After receiving the completed questionnaires we suggest that you compile a data sheet (an example is attached) so that the results can be easily interpreted. A practice meeting is probably the best way to involve all the staff in deciding whether and what changes should be made.

**Following the patient survey and analysis write a brief report on the response to each question and describe changes, if any, that your practice made as a consequence of** **this survey.**

**This audit is not suitable for more than one dentist to complete in the same practice in the same year.**

***Sources:***

BDA Website, Clinical Governance in General Dental Practice by R.Rattan, R. Chambers and G. Wakeley.

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**6. Patient Satisfaction Audit**

**Clinical Audit of Patients' Perception of Quality of Care**

**Patients Questionnaire**

We would appreciate your opinion on a number of aspects of our dental practice. We do not want your name and so an envelope is provided to protect your anonymity.

**Please answer the questions below by placing a circle around the answer that applies to your circumstance.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Are you an NHS or private patient? | NHS | Private | Not sure | Other |
| 2. | Does the practice offer convenient appointment times? | Usually | Not really | Always | Never |
| 3. | Do you find it easy to contact the practice to make, change or cancel an appointment? | Usually | Not really  | Yes  | No  |
| 4. | Were you made to feel welcome at reception? | Yes | No | Not sure |  |
| 5. | If you pay for your options, were the charges fully explained before treatment commenced? | Yes  | No  | Not sure | Do not pay |
| 6. | Were your treatment requirements fully explained? | Yes  | No  | Not sure |  |
| 7. | Have you discussed the frequency of your check up with the dentist? | Yes  | No  | Not sure |   |
| 8. | Are you aware of the 3 bands of NHS charges? | Yes  | No  | Not sure |  |
| 9. | Did the dentist discuss with you how to prevent dental disease? | Yes  | No  | Not sure |  |
| 10. | Do you feel confident about your treatment outcomes? | Yes  | No  | Not sure |  |
| 11. | Were you kept waiting too long without explanation?  | Yes  | No  |  |  |
| 12. | Which of the following would improve the waiting room: | Up to date magazines | TV on news channel | TV with dental education and information programme | Daily quality newspapers |
| 13 | Is the cleanliness of the Practice satisfactory? | Yes  | No  | Not sure |  |
| 14 | Are you aware of the Practice complaints procedures? | Yes  | No  | Not sure |  |
| 15 | Would you recommend this practice to your friends and family? | Yes  | No  | Not sure |  |

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**6. Patient Satisfaction Audit**

**Clinical Audit of Patients' Perception of Quality of Care**

**Completed Patients Questionnaires Data capture sheet**

**Include percentage within each answer**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Are you an NHS or private patient? | NHS      **%** | Private     **%** | Not sure     **%** | Other     **%** |
| 2. | Does the practice offer convenient appointment times? | Usually     **%** | Not really      **%** | Always     **%** | Never     **%** |
| 3. | Do you find it easy to contact the practice to make, change or cancel an appointment? | Usually     **%** | Not really      **%**  | Yes     **%** | No     **%** |
| 4. | Were you made to feel welcome at reception? | Yes     **%** | No     **%**  | Not sure     **%** |  |
| 5. | If you pay for your options, were the charges fully explained before treatment commenced? | Yes     **%** | No     **%** | Not sure     **%** | Do not pay    **%** |
| 6. | Were your treatment requirements fully explained? | Yes     **%** | No     **%** | Not sure     **%** |  |
| 7. | Have you discussed the frequency of your check up with the dentist? | Yes     **%** | No     **%** | Not sure     **%** |   |
| 8. | Are you aware of the 3 bands of NHS charges? | Yes     **%** | No     **%** | Not sure     **%** |  |
| 9. | Did the dentist discuss with you how to prevent dental disease? | Yes     **%** | No     **%** | Not sure     **%** |  |
| 10. | Do you feel confident about your treatment outcomes? | Yes     **%** | No     **%** | Not sure     **%** |  |
| 11. | Were you kept waiting too long without explanation?  | Yes     **%** | No     **%** |  |  |
| 12. | Which of the following would improve the waiting room: | Up to date magazines    **%** | TV on news channel      **%** | TV with dental education and information programme      **%** | Daily quality newspapers     **%** |
| 13 | Is the cleanliness of the Practice satisfactory? | Yes     **%** | No     % | Not sure     **%** |  |
| 14 | Are you aware of the Practice complaints procedures? | Yes     **%** | No     % | Not sure     **%** |  |
| 15 | Would you recommend this practice to your friends and family? | Yes     % | No     % | Not sure     % |  |

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**6. Patient Satisfaction Audit**

**Clinical Audit of Patients' Perception of Quality of Care**

**Audit findings**

**Discuss the audit findings of each response from the Patient’s Questionnaires with your colleagues and team members and decide**

**on any necessary actions.**

**Questions:**

|  |  |  |
| --- | --- | --- |
| **1.** | Are you an NHS or private patient? |       |
| **2.** | Does the practice offer convenient appointment times? |       |
| **3.** | Do you find it easy to contact the practice to make, change or cancel an appointment? |       |
| **4.** | Were you made to feel welcome at reception? |       |
| **5.** | If you pay for your options, were the charges fully explained before treatment commenced? |       |
| **6.** | Were your treatment requirements fully explained? |       |
| **7.** | Have you discussed the frequency of your check up with the dentist? |       |
| **8.** | Are you aware of the 3 bands of NHS charges? |       |
| **9.** | Did the dentist discuss with you how to prevent dental disease? |       |
| **10.** | Do you feel confident about your treatment outcomes? |       |
| **11.** | Were you kept waiting too long without explanation?  |       |
| **12.** | Which of the following would improve the waiting room: |       |
| **13** | Is the cleanliness of the Practice satisfactory? |       |
| **14** | Are you aware of the Practice complaints procedures? |       |
| **15** | Would you recommend this practice to your friends and family? |       |

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**6. Patient Satisfaction Audit**

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| --- |
| **Clinical Audit of Patient Satisfaction Audit feedback:** |
| **Were the following AIMS & OBJECTIVES ACHIEVED** | **Yes**  | **No** |
| **Were the AIMS met? They were:*** **To monitor your patients’ perception of the quality of care provided by your practice.**
 | [ ]  | [ ]  |
| * **To identify the principle drivers to patient satisfaction (and dissatisfaction).**
 | [ ]  | [ ]  |
| **Was the objective met? It was:*** **To enable the practice to develop programmes to improve the level of care.**
 | [ ]  | [ ]  |
| **Action Plan to include changes implemented as a result of your Clinical Audit:**      |

***Please note:*** *a copy of your completed Dental Clinical Audit should be retained by the practice*

 *as part of your practice clinical governance portfolio. Your NHS England Area Team or CQC may wish to examine your audit during any Clinical Governance practice inspections that may take place.*