

Summary of: Is any particular aspect of perceived quality associated with patients tending to promote a dental practice to their friends and colleagues?

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Aims To investigate the relationship between perceived quality and patients' tendencies to recommend a practice to friends and colleagues. **Methods** Data from 64 practices using the Denplan Excel Patient Survey (DEPS) were analysed. The Net Promoter Score (NPS max score 100), developed by Reichheld, is reported to each practice using DEPS. It is claimed that the NPS measures the likelihood that patients will recommend the practice to friends and colleagues. A Patient Perception Index (PPI max score 100) is also reported to practices. The PPI is calculated from the responses to the ten core questions of DEPS on perceived quality. The 64 practices were placed into three groups for data analysis according to their NPS result: group one practices receiving an NPS of less than 80, group two practices receiving an NPS of 80–89 and group three practices receiving an NPS of greater than 89. These groups represented practices scoring statistically significantly (to 90% confidence) below the mean NPS (group one), practices close to the mean NPS (group two) and practices statistically significantly (to 90% confidence) above the mean NPS. **Results** Group one practices scored a mean PPI of 73, group two scored a mean PPI of 76 and group three a mean PPI of 80. These differences in values of PPI between the groups are statistically significant (to 90% confidence). Of the ten constituent issues which contribute to PPI, the greatest difference in scoring between group one and group three was found to be around perceived value for money. **Conclusion** The probability of patients recommending a dental practice seems to rise in direct proportion to favourable perceptions of quality. A perception of 'ideal' value for money is the most highly correlated aspect with a high NPS.

EDITOR'S SUMMARY

What shapes our perceptions? A host of personal, cultural and biological factors swirl round us, many of which are subconscious, or at least we are unaware they are influencing us at any given time.

Perception is an important and valuable instinct in terms of daily life and of survival. A sense of danger or of security is central to our existence as much in the practice as in the street. It enables us to reliably make our usually very rapid and accurate assessment of each patient during the handful of seconds that it takes between them coming through the surgery door and sitting in the dental chair. Our perception of their mood, their likely understanding, their reason for attending and a host of other matters immediately dictates and moderates the way in which we communicate with them.

How effective we are in our perceptions then impacts directly on how they generate their perceptions of us and our practices. Perceptions that will already be forming as a result of phone calls, being greeted at the front desk, the condition of the waiting room and a basket full of other impressions and observations.

To recognise this is all well and good but to try to quantify it is quite another matter. This research takes some early and important steps in precisely this domain by attempting to convert qualitative perceptions into quantitative measures. This is a timely piece of initial work since, as pointed out in the paper, the push is on now more than ever before to define and measure quality in healthcare (the imminent NHS Family and Friends initiative for example) rather than the more concrete gauges of counting items, hours and throughputs.

And quality emerges as a key word and key perception in patients' likelihood to recommend a dental practice to family and friends. This is probably not surprising in the overall scheme of things but the tools or instruments to be able to narrow down what exactly contributes to the sense of quality are potentially very valuable. The authors intend to continue their work by reassessing the practices involved every three years and note that it will be particularly interesting in those who have been initially at the lower end of the range...if indeed they are still open for care.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 218 issue 6.

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IN BRIEF

- Explores the origins of the NHS Friends and Family Test in the Reichheld Net Promoter Score (NPS).
- Indicates that perceived value for money is the perceived quality most highly correlated to the likelihood of patients recommending a practice.
- Suggests that the Friends and Family Test might be a reasonable indicator of perceived quality.

COMMENTARY

I am constantly told that word of mouth is the largest route by which new patients come into my practices. How do I make my patients ambassadors in the first place? What am I doing right, what can I build on and what needs some extra work? Patient feedback is a great way to find out what your strengths and weakness are. The authors of this article take this concept a few stages further by evaluating the link between patient perceptions and the likelihood of them recommending their loved ones to come to see you. What are the factors that make patients promote your practice for you, that is to say what do patients value the most?

This study focuses on 64 general dental practices using the Denplan Excel Patient Survey (DEPS), in the first six months of 2014. The authors point out that this does not give a true comparison for all dental practices but it does give us an insight into what we could all find within our practices, if we looked deeper. With the looming Friends and Family testing starting across the NHS in April 2015 we may have to look sooner than we might like.

The practices completed their DEPS and achieved over 50 responses (10,810 patients responded in total). The practices were then grouped into Net Promoter Score (NPS) levels. The Patient Perception Index (PPI) was then compared for these groups.

The differences between the groups had a 90% significance and demonstrated that the patients were more likely to recommend your practice if they had a higher perception score.

Perceived value for money is highly correlated with the NPS. This result is statistically significant.

My favourite line in the article, 'as professionals and patients we often are reluctant to acknowledge or think about healthcare from a commercial perspective,' demonstrates the changing nature of dental practice. Comparing healthcare and industry is critical as this allows us benchmark ourselves. NHS dentistry is not free at the point of access, therefore, patients perceive value for money. So we must give it the importance it deserves.

The authors highlight how if our patient perception of our care is to improve, we must change our understanding of commercial practice. KPIs and benchmarking is vital in an age where recommendation is becoming so important.

Dr Ben Atkins
Clinical Director, Revive Dental Care

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

We have used the Net Promoter Score (NPS) methodology in our surveys since 2010. We wanted to test the likely hypothesis that practice recommendation to friends and colleagues was directly related to the level of perceived practice quality. It is obviously important for most practices in maintaining their success that these recommendations continue to flow. It is valuable to know which aspects of perceived quality are most likely to lead to practice promotion in this way. As the NHS Friends and Family test is derived from the NPS, we thought that it would be particularly timely to investigate these issues.

2. What would you like to do next in this area to follow on from this work?

We have already conducted a small study to investigate the hypothesis that practices scoring significantly below the benchmark in DEPS might be motivated to undertake practice development in areas highlighted by their results. As the database grows we plan to do a more extensive study in this area. We are now well into the second round of surveys (we started in 2010 and practices use the same instrument every three years). We will therefore soon be able to analyse the data from the majority of participating practices to measure the scale of perceived improvements over three years. It will be particularly interesting to do this for practices at the lower end of the score range in the first round.