Engagement with the North Wales Local Dental Committee – part 1: current participation and opinions of its communication methods

Benjamin R. K. Lewis,*1,2,3 Daniel C. Naylor,4 Ravi Boojawon,5 Callum I. Smith5 and Daniel M. Prior5

Effectiveness of communication between an LDC and the dental community within a region is crucial in ensuring effective and sustainable delivery of clinical dental services. The current LDC methods of information dissemination are not reaching a minority of dentists within North Wales. Dentists within North Wales are unclear as to the roles of the LDC and if they are ‘allowed’ to be involved with the LDC.

Abstract

Aims To gather the views of North Wales dentists on the current communication methods of the North Wales Local Dental Committee (LDC) (NWLDC) and how this could be optimised to improve engagement from members.

Design Descriptive cross-sectional survey.

Setting Online electronic questionnaire.

Materials and methods Survey circulated via the NWLDC’s current communication channels, local professional groups, the local health board and Health Education and Improvement Wales’ Maxcourse distribution list.

Results A total of 167 unique responses were received from across North Wales. In total, 79.1% were from dentists, of which most were working in the general dental services (63.6%) on a mixed practice basis (61.9%). Furthermore, 69.5% of respondents felt they received too little information from the LDC, 71.3% never attended LDC meetings and only 15.6% attended more than one meeting a year. The pandemic has had no impact for 82.6% in increasing their engagement with the LDC.

Conclusions Communication between the LDC and the dental community within an area is crucial. This survey has shown that, despite the best of intentions, the current communication methods utilised by the NWLDC are not effective at maximising the inclusiveness and participation with the LDC. The survey revealed that there is a lack of clarity over the LDC’s role and who is ‘allowed’ to attend LDC meetings. It showed that although the dental practitioners practising within North Wales want to receive information and updates from the NWLDC, the communication methods which are currently being used are not reaching the majority of them.

Introduction

Local Dental Committees (LDCs) within the UK were established in 1948, at the inception of the NHS. In England and Wales, LDCs are statutory bodies, meaning that there is the requirement for them to be recognised and consulted which has been created through an Act of Parliament (NHS Act 1977).

LDCs represents all NHS primary care dental practitioners in their stipulated region and as such, the LDC has the statutory right to be consulted by the relevant local health board (LHB) and strategic health authority on issues relating to the dental profession, particularly on the provision of dental services. The LDC is an independent body paid for by primary care dentists themselves via a levy.

A levy is a payment to the LDC which is collected via the NHS Business Services Authority Dental Services. The levy is divided into statutory and voluntary levies, allowing LDCs to control how the money is collected.

Statutory levy

This applies to all general dental services (GDS) contracts and can be administered through Compass. There are three options for collecting the levy:

- **Percentage levy** – set percentage of the contract value. This is apportioned against performers’ gross pay for providers’ information
- **Fixed levy** – set amount per performer on the contract
- **Overall levy** – set amount to be collected for the LDC, that is, £5,000 collected which is apportioned across all GDS contracts. An apportionment is made against performers’ gross pay for providers’ information.
Voluntary levy

This applies to GDS contracts or performers that choose to contribute in addition to their statutory levy and to personal dental service contracts or performers who wish to contribute to the LDC.

The North Wales Local Dental Committee (NWLDC) is made up of 15 members and is open to nominations from, and is elected by, the dental practitioners practising within North Wales who contribute to the levy. The NWLDC stated aims are:

- To represent the interests of all primary care dental practitioners and dental professionals
- To promote and support the NHS interests of eligible practitioners and liaison with the Betsi Cadwaladr University Health Board in respect of those interests
- To promote and support the interests of patients and liaison with the LHB as appropriate
- To be a source of support, advice and reference for all dentists in North Wales.

The NWLDC usually hold four meetings a year and these are currently advertised via notifications placed upon the NWLDC website and Facebook page, along with targeted emails to those who have requested them. The participation in these LDC meetings for the last four years is shown in Table 1. There was concern among the committee that the LDC did not appear to be fully representative, with a small number of regular attendees and limited engagement from the wider dental community. The NWLDC committee have tried to introduce innovations to encourage participation from the wider dental community, such as holding an educational event, in conjunction with Health Education and Improvement Wales (HEIW), before the scheduled LDC meeting, but unfortunately this did not always lead to a good number of members of the dental team staying on for the LDC meeting after the educational event.

It was with this in mind that the NWLDC wished to investigate the LDC’s current communication with, and agreement from, the regional dental community and to ask the dental community their opinions on possible ways to improve this. The results of this investigation will be presented over two articles. Part 1 will discuss the current level of local practitioner participation with the LDC and the effectiveness of the LDC’s communications with them and Part 2 will present the practitioners’ preferences for the LDC’s future communication methods.

Materials and methods

The NWLDC set up a working group to investigate the memberships’ opinion of the LDC’s current communication methods and to ascertain viewpoints on possible strategies which could be utilised to try and improved them to facilitate great participation and engagement with the LDC.

Over several focus group meetings, the project objectives and methodology were determined. An online, anonymous, Google Forms questionnaire was created and piloted among selected members of the NWLDC committee and a number of dentists who were identified as ‘non-regular’ attendees. Subsequent amendments were made to improve readability and functionality.

The questionnaire consisted of a number of sections. The first section gathered anonymised demographic data including: sex; age range; professional role; area(s) of practice within dentistry; and location(s) of where that practice is undertaken. This aimed to ensure that the information obtained was from a wide breath of the target audience. The next section asked about how the respondent found out about the survey and their general awareness of, and participation in, LDC meetings and activities. The final section, which will be discussed in Part 2, focused on the respondents’ views on the possible methods of LDC communication, along with their opinions on the NWLDC website. The inclusion of the ‘website’ element was because the LDC felt that it would potentially form the backbone upon which all communication elements linked. The questionnaire utilised check boxes to maximise the survey’s user friendliness, along with free-text boxes to allow participants to provide additional information and comments.

The survey was originally distributed via the established NWLDC communication channels, including email distribution list (46 members), Facebook page (88 members) and advertising on the NWLDC website. However, the working party was acutely aware that the purpose of this investigation was to reach a wider audience than the current communication methods.

| Date of LDC meeting | Number of attendees | Number of apologies received |
|---------------------|---------------------|-----------------------------|
| 02/10/2017†         | 15                  | 5                           |
| 08/01/2018**        | 21                  | 2                           |
| 09/04/2018‡         | 24                  | 4                           |
| 02/07/2018‡         | 21                  | 5                           |
| 03/09/2018‡         | 9                   | 9                           |
| 26/11/2018†         | 23                  | 5                           |
| 28/01/2019‡         | 19                  | 1                           |
| 08/04/2019**        | 19                  | 7                           |
| 16/09/19†           | 17                  | 5                           |
| 09/12/2019†         | 23                  | 5                           |
| 09/03/2020**        | 31                  | 0                           |
| 06/07/2020**        | 64                  | 0                           |
| 14/09/2020†         | 20                  | 3                           |
| 07/12/2020†         | 27                  | 1                           |
| 08/02/2021†         | 27                  | 0                           |
| 10/05/2021†         | 28                  | 1                           |
| 19/07/2021†         | 23                  | 0                           |
| 04/10/2021†         | 24                  | 0                           |

Key:
† = transitional face-to-face meeting
** = educational meeting prior to a face-to-face LDC meeting
‡ = virtual LDC meeting
= virtual meeting with the Welsh Chief Dental Officer presenting the Welsh Government dental policy response to the COVID-19 pandemic and holding a Q&A session

Table 1 Attendance at the North Wales Local Dental Committee meetings
Results

Demographics

The survey yielded 182 responses. Once the data were 'cleaned' to remove duplications, it revealed that there had been 167 unique responses. Of this, 132 were primary care dentists and dental specialists which meant we had a response rate of 46.6% in this group. The other respondents included therapists, dental nurses, practice managers and secondary care providers.

Responses were gathered evenly from all the counties across North Wales, with 19.8% (n = 33) of practitioners working across multiple counties within North Wales and some further afield, including Powys, Cheshire and Liverpool. Figure 1 shows the sex and age range breakdown, with the majority of responses being from women (58.1%, n = 97) and aged between 25–50 years of age (58.7%, n = 98).

The respondents were asked which area(s) of dentistry they worked in and what their professional role was. These results are shown in Table 2 and indicate that the majority of the respondents were dentists (74.3%, n = 124) working in the GDS (74.3%, n = 124) on a mixed practice basis (61.9%, n = 60).

When asked about how the respondents had heard about the survey, 46.7% (n = 78) stated they had heard about if from an LDC email, with the next most popular response being from a colleague (30.5%, n = 51). The full range of responses is provided in Table 3.

Involvement in the LDC

The majority of respondents (69.5%, n = 116) felt that they received too little information from the LDC, with 29.9% (n = 50) receiving the right amount and one individual (0.6%) feeling they received too much. The sort of information the respondents would like to receive were included in the following broad themes:

- Updates on local and national policy/contractual changes which affect dentists and their teams
- Updates on specialist service provision, referral pathways and succession planning
- Advanced notice of the LDC meeting agenda and the minutes of the previous meeting
- Reminders of forthcoming meetings
- A general summary of what has been discussed at each LDC meeting and the outcomes
- Information on educational continuing professional development (CPD) events for both dentists and the other members of the team
- Information on the ‘support’ offered by the LDC.

When asked about how the respondents become aware of the LDC meetings, the survey
revealed that 48.5% (n = 81) of respondents never hear about them. Of those that did, they usually became aware via email alerts (23.4%, n = 39), word of mouth (21.6%, n = 36) or notifications on Facebook (18.6%, n = 31), with 9.6% (n = 16) reporting notifications from multiple sources (Table 4).

The survey indicated that 71.3% (n = 119) of respondents never attended LDC meetings and only 15.6% (n = 26) attended more than one meeting a year (Table 5).

When asked why the respondents attended the LDC meetings, thematic analysis revealed that the main reasons for attending were: to get to know what is happening in dentistry in North Wales; to get wider professional information and advice; to keep up-to-date; networking; and feeling a professional responsibility to attend.

We asked about effects of the elements which the LDC have introduced to increase LDC meeting attendance. The survey indicated that the introduction of a Maxcourse educational event before the LDC made no impact on the respondents’ likelihood of attending the subsequent LDC meeting for 90.4% of people (n = 151), with 1.2% (n = 2) actually reducing their attendance and only 8.4% (n = 14) increasing their attendance.

Thematic analysis of the free-text comments revealed the following may encourage a greater attendance at the LDC meetings:

- Knowing about them
- Being invited/made to feel welcome
- Reminders
- Shorter meetings
- Meetings held virtually
- Having the time
- CPD/educational content.

The impact of the COVID-19 pandemic also appears to have had a limited effect on altering behavioural patterns, with 82.6% (n = 138) of respondents indicating the pandemic had no impact on their likelihood of attending LDC meetings, with 12% (n = 20) increasing their attendance and 5.4% (n = 9) decreasing their attendance.

Role of the LDC

The survey asked if the respondents understood what the role of the LDC was: 55.7% (n = 93) stated they didn’t and, out of the 44.3% (n = 74) who felt they did, 23% (n = 17) couldn’t actually state what it was. Thematic analysis of what the respondents felt the LDC’s roles were coalesced around the following main areas:

Table 2: Role and area(s) of dentistry within which the respondents work

| Role                        | Number | Percentage |
|-----------------------------|--------|------------|
| Dentist                     | 124    | 74.3       |
| Dental specialist           | 12     | 7.2        |
| Dental therapist/hygienist  | 9      | 5.4        |
| Orthodontic therapist       | 1      | 0.6        |
| Dental nurse                | 20     | 12.0       |
| Dental technician           | 1      | 0.6        |
| Practice manager            | 5      | 3.0        |

Table 3: How did you hear about the survey?

| Source                        | Number | Percentage |
|-------------------------------|--------|------------|
| Email from LDC                | 78     | 46.7       |
| Email from health board       | 24     | 14.4       |
| LDC website                   | 1      | 0.6        |
| LDC Facebook page             | 8      | 4.8        |
| From colleague                | 51     | 30.5       |
| From HEIW/Maxcourse           | 17     | 10.2       |

Table 4: How do you become aware of the LDC meetings?

| Source                          | Number | Percentage |
|---------------------------------|--------|------------|
| Via email alerts                | 39     | 23.4       |
| Via website                     | 4      | 2.4        |
| Via word of mouth/minutes of previous meetings | 36 | 21.6 |
| Via Facebook                    | 31     | 18.6       |
| Via Instagram                   | 0      | 0          |
| Via Twitter                     | 0      | 0          |
| I never hear about them         | 81     | 48.5       |

Note: multiple sources = 16
Voice of the local primary care dentists  
To provide support and guidance for local dentists and their teams  
Help improve the quality and provision of dentistry within North Wales  
Provide information on contractual/policy changes (both national and regional) which affect the dentists of North Wales and their teams  
Act on the primary care dentists’ behalf in dealings with the LHB.

Discussion

The purpose for undertaking this survey was to investigate the effectiveness of the NWLDC’s current communication strategy (Part 1) and to gather opinions on what the dentists of North Wales wanted from the LDC and how its communication methods could be improved (Part 2). The varied distribution methods which were used yielded a response rate of 40.6% of primary care dentists within North Wales, with almost half the respondents (48.5%) not normally receiving communications from the LDC. This response rate is above the average reported for electronic surveys of 34.6%.1

The demographic information obtained showed that we obtained a relatively even spread of opinions of dentists across all six counties of North Wales. The age ranges demonstrated the classic ‘bell shaped curve’, with sex ratios in line with the expected demographics of the dental workforce. The majority of respondents (74.3%) worked in the GDS on a mixed practice basis (61.9%). However, the survey also gathered opinions from practitioners working in other dental environments, such as the community dental service and specialist services (both in primary and secondary care environments). This enables the results of this survey to be more generalisable and applicable to all dentists practising within North Wales, as well being more inclusive of the whole dental team, including non-dentists, which would be important in helping to inform decisions of the NWLDC going forward.

The survey dissemination method was far more effective at reaching the dentists of North Wales than the normal communication methods used by the NWLDC, with 48.5% of all respondents stating that they did not normally receiving any communication from the LDC. This is an interesting finding, as the survey also indicated that 46.7% of respondents heard about the survey from an LDC email, whereas normally, only 23.4% reported receiving LDC email notifications. This suggested that the LDC survey email had been forwarded onto colleagues who do not normally receive them.

All the respondents wanted information from the LDC, with 69.5% (n = 116) feeling that they received too little information and 29.9% (n = 50) receiving the right amount. This is not surprising, considering the fact that almost half of the respondents reported not normally receiving any LDC communication.

The type of information that the respondents wanted to receive from the LDC were understandable and mostly included what the NWLDC currently tries, but apparently fails, to successfully disseminate to the dentists of North Wales. This is despite the NWLDC currently using a combination of LDC open meetings, email notifications, Facebook notifications and regular updates on the LDC website. This failure information dissemination appears to be due to a combination of a lack of awareness from the dentists of North Wales, along with the insufficient reach of the current communication methods of the LDC.

Table 1 demonstrates the limited attendance at NWLDC meetings. The survey indicated that 71.3% of respondents never attended LDC meetings and only 15.6% attended more than one meeting a year. This is now understandable considering that 48.5% of respondents also state they have not been notified of the LDC meetings occurring. The current LDC committee have tried to improve meeting attendance by incorporating HEIW CPD/educational events before the LDC meetings. However, this made no impact on improving participation at the LDC meetings as, although dentists and their team attended the educational events, they often failed to stay on for the LDC meetings, despite additional incentives, such as refreshments halfway through the LDC meetings. The survey results confirm this attitude, with 90.4% of respondents indicating the holding of an educational meeting before the LDC meeting would not increase their likelihood of staying on for the LDC meeting.

One of the most surprising results of the survey was the fact that the COVID-19 pandemic appears to have had such a limited effect on altering the behavioural patterns of the respondents’ engagement with the LDC. It was postulated this ‘once in a generation’ event, along with the complete disruption to professional life, would have motivated dentists, both principles and associates, practising within North Wales, to maximise their engagement with the LDC as a source of comprehensive information/guidance during the pandemic. However, the survey showed that for 82.6% of the respondents, the pandemic made no difference in their interactions with the LDC, with only 12% increasing their attendance at LDC meetings. This could be due to the ‘advertising’ of the LDC meetings, as the virtual meeting where the Welsh Chief Dental Officer attended to provide an overview of the Welsh government’s response to and advice regarding the COVID-19 pandemic, along with a question and answer session, resulted in tripling of the attendance when compared to the pre-pandemic attendances.

Throughout the pandemic, LDC meetings have, like most other professional meetings, been held virtually. However, this has, as best, only increased the attendance modestly. This is at odds with the survey results, which indicated that 55.7% of respondents would be more likely to attend the LDC meetings if they were held virtually. This discrepancy between reality and the survey results may be due to the lack of knowledge about, and dissemination of, the LDC meetings, even during the pandemic.
The survey alerted the investigators to some of the misconceptions that the respondents had over attending LDC meetings, such as they had to be ‘invited’ to attend them, and also highlighted some of the factors which could put them off attending, including rumours that they lasted an excessively long time.

The importance of the LDC within the professional functioning of dental services within a region cannot be overstated, yet when it came to the respondents’ understanding of the role of the LDC, only 44.3% indicated they knew what it was, and out of them, only 77% stated what the purpose was when asked. This lack of clarity may be part of the reason why there is reduced engagement from local dentists. If the majority of dentists in North Wales do not know what the role of the LDC is, and even among those who felt they did, there appeared to be varying level of knowledge it is unsurprising then that the LDC is considered ‘just another committee’ and has little impact on the professional lives of the dentists and their teams practising in North Wales.

Following analysis of the results found in Part 1 of the survey, the following actions are being enacted by the NWLDC:

- To clarify the role of the LDC with the dentists practising within North Wales
- Continue with a virtual element to the LDC meetings to ensure maximum opportunity for participation
- To consider arranging an annual face-to-face ‘LDC day’ within North Wales, to combine educational activities and political updates/discussions, along with an opportunity for networking between dental practitioners and their teams from across a wide geographic area
- To set time limits on the lengths of the LDC meetings to encourage better attendance.

Conclusions

Communication between the LDC and the dental community within an area is crucial. This survey has shown that, despite the best of intentions, the current communication methods utilised by the NWLDC are not effective at maximising the inclusiveness and participation with the LDC.

The survey revealed that there is currently a significant lack of clarity over the LDC’s role and who is ‘allowed’ to attend LDC meetings. It demonstrated that although the dental practitioners practising within North Wales want to receive information and updates from the NWLDC, the communication methods which are currently being used are not reaching the majority of them.

The respondents indicated that there was a greater chance of engagement with LDC meetings if they could be accessed virtually. However, even with this innovation, approximately one-quarter of dentists are unlikely to attend any LDC meeting. This highlights the importance of utilising a variety of methods to ensure information is distributed as widely as possible and this will be discussed in Part 2.

Ethics declaration

The authors declare no conflicts of interest.

This study was devised to evaluate the current communication strategies of the North Wales Local Dental Committee with the individuals who were invited to complete the survey being the dental professionals served by the LDC. As such, the study did not require ethical approval as it was a service evaluation and not considered research as per the Medical Research Council/NHS Health Research Authority. Consent to participate was implied by individuals proceeding to complete the survey.

Acknowledgements

The authors would like to thank Jeremy Williams, Chairperson, along with the other members of the North Wales Local Dental Committee, for their insight in recognising the potential communication issues which were present; along with their vision in accepting the working party recommendations which will hopefully result in improved collaboration between the LDC and its members within North Wales.

Author contributions

Benjamin R. K. Lewis: working group member, survey design and construction, survey circulation, results analysis and article write-up. Daniel C. Naylor: working group member chair, survey design and tester, survey circulation and contribution to article write-up. Ravi Bootawon: working group member, survey design and tester, survey circulation and contribution to article write-up. Callum I. Smith: working group member, survey design and tester, survey circulation and contribution to article write-up. Daniel M. Prior: working group member, survey design and tester and survey circulation.

References

1. Cook C, Heath F, Thompson R L. A Meta-Analysis of Response Rates in Web- or Internet-Based Surveys. Educ Psychol Measure 2000; 60: 821–836.