

Appendix A: Online questionnaires:

Public Engagement Survey 2021

- 1 Which area do you live in?**
Please select one response below.

 - Derbyshire
 - Nottinghamshire
 - Leicester City, Leicestershire & Rutland
 - Lincolnshire
 - Northamptonshire

- 2 If you needed Intermediate Minor Oral Surgery eg complicated extraction, would you be happy to have treatment in a dental practice rather than an hospital?**

 - Yes
 - No

- 3 Would you be comfortable for the Specialist Oral Surgeon to be assisted by a Specialist Trainee?**

 - Yes
 - No

- 4 If you went to your dentist for treatment tomorrow, how would you feel?**
Please select one response below.

 - Not anxious
 - Slightly anxious
 - Fairly anxious
 - Very anxious
 - Extremely anxious

- 5 How important is it that the NHS specialist Intermediate Minor Oral Surgery service is easily accessible by public transport?**

 - Very Important
 - Important
 - Not very important
 - Not important

- 6 What would be important to you if you were referred into the Intermediate Minor Oral Surgery service? Please select all responses that apply below.**

 - Quality of care
 - Choice of provider
 - Location of services
 - Premises including disabled access, waiting area and facilities
 - Waiting time to treatment
 - Availability of car parking
 - Other, please state

- 7 How far would you be willing to travel to access specialist Intermediate Minor Oral Surgery service?** Please select one response below.
- 0-5 miles
 - 5-10 miles
 - 10-15 miles
 - 15-20 miles
 - More than 20 miles
- 8 If you were referred into the service, what time of day would you prefer to visit?** Please select all responses that apply below.
- Before 9am
 - 9am to 12 noon
 - Noon to 5pm
 - After 5pm
- 9 If you were referred into the service, when would you prefer to visit?** Please select all responses that apply below.
- Monday to Friday
 - Saturday
 - Sunday

We would like to take the opportunity to thank you for your time to complete the survey.

Equality and Diversity Questions

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

1. Where do you live?
2. Please describe where you live
 - Rural (in the country, village)
 - Urban (city, town)
3. Which of the following best describes you?
 - Female
 - Male
 - Non-Binary
 - Prefer not to describe myself
 - Prefer not to say

4. Is your gender identity the same as the sex you were registered at birth?

- Yes
- No
- Prefer not to say

5. What is your age?

- 16-24
- 25-34
- 35-59
- 60-74
- 75+

6. What is your ethnic group?

- Arab
- Asian or Asian British
- Black or Black British
- Chinese
- Gypsy/Romany/Irish traveller
- Mixed dual heritage
- White or White British
- Prefer not to say
- Other (please specify)

7. Do you look after, or give any help or support to family members, friends, neighbours or others? Please note this is not referring to the person you care for if you have specified carer or if you are completing this survey on behalf of someone else?

- Long-term physical or mental-ill health/disability
- Problems related to old age
- No
- Prefer not to say
- Other (please specify)

8. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Cancer
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Diabetes

- Hearing (such as due to deafness or partial hearing)
- Heart condition
- Memory
- Mental ill-health
- Mobility (such as difficulty walking short distances, climbing stairs)
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder, Asperger's' Syndrome)
- Stamina or breathing difficulty or fatigue
- Vision (such as due to blindness or partial sight)
- No
- Prefer not to say
- Other (please specify)

9. What is your sexual orientation?

- Bisexual
- Gay
- Heterosexual (straight)
- Lesbian
- Prefer not to say

* 10. Are you:

Living in a couple

- Married/civil partnership co-habiting
- Married (but not living with husband/wife/civil partner)
- Never married or partnered
- Not living in a couple
- Single
- Separated (still married or in a civil partnership)
- Divorced/dissolved civil partnership
- Widowed/surviving partner/civil partner
- Prefer not to say
- Other (please specify)

11. What is your religion or belief?

- Bahai
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu

- Jain
- Jewish
- Muslim
- No religion
- Sikh
- Prefer not to say
- Other (please specify)

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Patient Engagement Survey 2021

1 Which area do you live in?

Please select one response below.

- Derbyshire
- Nottinghamshire
- Leicester City, Leicestershire & Rutland
- Lincolnshire
- Northamptonshire

2 Are you the patient or responding on behalf of someone you care for?

Please select one response that applies.

- Patient
- Carer or guardian

3 Looking back at treatment, when your dentist said you or someone you care for needed to have Intermediate Minor Oral Surgery, did they offer choice as to where treatment could be provided? Please select one response that applies.

- Yes
- No

4 Were you or someone your care for involved in making a decision regarding your/their treatment? Please select one response that applies.

- Yes
- No

5 How far did you or someone you care for have to travel to access Intermediate Minor Oral Surgery service? Please select one response below.

- 0-5 miles
- 5-10 miles
- 10-15 miles
- 15-20 miles
- More than 20 miles

6 Was the distance travelled to access services acceptable to you or someone you care for? Please select the response that applies.

- Yes
- No

7 How did you or someone your care for travel to access Intermediate Minor Oral Surgery service? Please select all responses that apply below.

- Car
- Walk
- Cycle
- Public transport

- 8 How long did you or someone you care for have to wait from seeing your/their regular dentist to receiving oral surgery treatment?** Please select the response that applies.
- Within a week
 - Up to 3 months
 - 3 to 6 months
 - Longer than 6 months
- 9 Were you or someone you care for satisfied with the amount of time waited for Intermediate Minor Oral Surgery treatment?** Please select the response that applies.
- Yes
 - No
- 10 Were you or someone you care for happy with the day and time of the appointment offered to you/them?** Please select one response that applies.
- Yes
 - No
- 11 Did the service accommodate your or someone you care for physical and personal needs, such as a disability, communication need or management of patient or anxiety?** Please select one response that applies.
- Yes
 - No
 - Please provide further detail:
- 12 How did you or someone you care for receive aftercare advice following oral surgery treatment?** Please select one response that applies.
- Verbally
 - I was given a leaflet
 - Verbal and leaflet
 - I did not receive any aftercare advice
- 13 Were there any complications following treatment?**
Please select one response that applies
- Yes
 - No
 - If yes, please can you provide details.
- 14 How satisfied were you or someone you care for with the treatment received?**
Please select one response below.
- I was extremely satisfied
 - Satisfied
 - Somewhat satisfied
 - Not at all satisfied

15 What was important to you or someone you care for when visiting the specialist service? Please select all responses that apply below.

- Quality of care
- Location of services
- Choice of Provider
- Premises including disabled access, waiting area and facilities
- Appointment Availability
- Waiting time to treatment
- Availability of car parking
- Other, please state

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11. What is your religion or belief?

- Baha'i
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- No religion
- Sikh
- Prefer not to say
- Other (please specify)

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Dental Profession Engagement Survey 2021

1 Which area do you work in?

Please select one response below.

- Derbyshire
- Nottinghamshire
- Leicester City, Leicestershire & Rutland
- Lincolnshire
- Northamptonshire

2 Please can you select one of the below to describe you?

- General Dental Practitioner
- Level 2 IMOS Provider or Performer (plus Level 2 Qs 10-14)
- Level 3 Oral Surgery Provider or Consultant or Specialist Registrar
- Other, please state:

3 Do you have access to the following imaging facilities within your practice/Trust? Please select the responses below that apply.

- Orthopantomogram (OPG)
- Computed tomography (CBCT)
- Digital Radiography

4 Do you use digital radiography to transfer images?

Please select one response below.

- Yes
- No

5 Do you provide Conscious Sedation for NHS patients?

Please select one response below.

- Yes
- No

6 If yes, please indicate the type(s) of sedation you provide for NHS patients?

Please select responses below that apply.

- Oral Sedation
- Relative Analgesia (RA)
- Intravenous Sedation (IV)
- General Anaesthetic (GA)

7 If your Referral Management System has clinical triage, is this beneficial?

Please select one response below.

- Yes
- No

8 If your Referral Management System does not have clinical triage, would it benefit from having clinical triage? Please select one response below.

- Yes
- No

9 What would you do to improve the current Level 2 Intermediate Minor Oral Surgery provision? Please select the top 3 from the list of themes below and provide details.

- Service model
- Clinic Access
- Referral Management Process
- Staffing and Training
- Waiting Times
- Fees and Funding
- Procurement Process and Contracts
- Other, please state

Please state your rationale for choosing your top 3 improvements:

10 Would you be comfortable in approaching a colleague for advice and guidance? Please select one response below.

- Yes
- No

Level 2 IMOS Providers Only

11 Do you have an Oral Surgeon available every working day?

Please select one response below.

- Yes
- No

12 If no, please explain the provision in place to provide advice and care to a patient for the 48 hours following a surgical procedure?

13 Are you able to take emergency referrals within 24 hours for treatment such as failed extractions or patients in acute pain?

- Yes
- Most of the time
- Sometimes
- No

14 Are you providing Level 3a procedures in a primary care setting?

Please select one response below.

- Yes
- No

15 If so, please can you list the type of Level 3a procedures are being provided:

We would like to take the opportunity to thank you for your time to complete the survey.