

# Supplementary Dental Analysis from the GP Patient Survey – January to March 2025

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## About this release

Dental questions first included in the GP Patient Survey in January to March 2010, as the Department of Health wanted to understand more about demand for, and patient experience of, NHS dental services.

In addition to capturing information about respondents who access NHS dental services, the survey also collects information about respondents who had tried to access NHS dental services in the last two years, as well as respondents who have never used NHS dental provision.

In 2024, the GP patient survey underwent some significant changes and although the questions relating to dentistry changed very little, there were more significant changes between 2022 and 2023. In 2025, the scope of the analysis has been expanded, and several methodological changes have been implemented which are described towards the end of this document. As a result, all 2024 have been re-issued. This means that it is not appropriate to make comparisons with results from earlier years and although there are now two years' new data, there is not enough data to draw any conclusions about potential trends.

This paper provides a very high-level summary of some of the key findings.

## Introduction

In 2025, the GP Patient Survey was sent to 2.72 million randomly selected patients aged 16 or over who were registered with a GP practice in England. Responses were received from 702,837 individuals which is slight numerical increase on 2024, but at 25.8% is a lower response rate than last year. The survey was available for completion between January and March 2025.

Although the survey primarily relates to respondents' experiences of general practice it also includes a few questions about NHS dental and pharmacy services. This supplementary analysis provides more detail on the dental questions than is provided in the main survey results which are available from <https://gp-patient.co.uk/surveysandreports>.

In 2024, the survey changed, which means it is not appropriate to make comparisons with results from previous years.

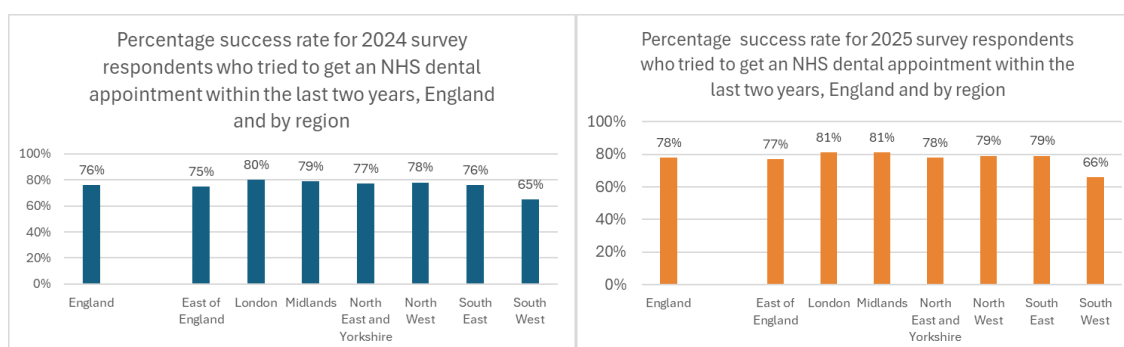
This year, we have expanded the scope of the analysis and introduced some methodological changes, and as a result the 2024 analysis has been reissued. However, care should be taken when comparing 2024 and 2025 results as there are not yet enough years' data to enable us to identify any trends in the data.

## Accessibility of NHS dental care

In 2025 51.2% of survey respondents said they had tried to get an NHS dental appointment for themselves within the last two years which is the interval recommended by the National Institute of Health and Care Excellence (NICE)<sup>1</sup>. This figure is lower than the 52.4% who said they had tried to get an NHS dental appointment in the 2024 survey.

78% of the 2025 survey respondents who had tried to get an appointment with an NHS dentist were successful, which is a two percentage point increase on the 2024 success rate.

Respondents in the South West region were the least likely to manage to get an NHS dental appointment, with a success rate of just 66% which is more than eleven percentage points below the other regions, and in three of the South West region's seven ICSs fewer than two thirds of respondents who tried to get an NHS dental appointment were successful.



At an ICB level, this percentage success rate ranged from 56% in Somerset (South West region) to 89% in Coventry and Warwickshire; these two ICSs also had the lowest and highest percentage success rates respectively in 2024.

Between 1 March 2024 and 31 March 2025, the New Patient Premium Scheme was in operation. This scheme offered dental practices a bonus payment (the premium) for treating new patients who had not seen an NHS dentist for more than two years. This premium was an extra payment in recognition of the additional time that may be needed to treat patients that had not received NHS dental care for 24 months or longer, and it was available in two tiers: £15 for Band 1 treatment, and £50 for treatment Bands 2 or 3.

A more detailed breakdown of the success rates of survey respondents during the twelve months shows that a slightly higher percentage were successful according to the 2025 survey than in the previous year.

Table 1: Percentage success rate for respondents who managed get an NHS dental appointment in the previous year, by 0-3, 4-6 and 7-12 months

	0-3 months	4-6 months	7-12 months
2025	84%	86%	75%
2024	81%	84%	73%

<sup>1</sup> <https://www.nice.org.uk/guidance/cg19/chapter/1-guidance>

## Success by patient characteristic

Although just over half the survey respondents were female, a higher percentage of their number had tried to get an appointment with an NHS dentist in the past two years; around 55% in 2025 compared to 47% of men and 48% of respondents who are non-binary or prefer to self-describe (figures grouped due to small numbers).

The success rate for getting an appointment increased by two percentage point for female and male respondents to 79% and 78% respectively between 2024 and 2025.

This is the first time we have reported by gender rather than respondent sex and although the numbers of non-binary/prefer to self-describe respondents are low – which increases uncertainty around survey responses – nonetheless, the fact that the percentage managing to get an NHS dental appointments is more than ten percentage points lower than male or female respondents is noteworthy.

White survey respondents were the most successful in getting an NHS dental appointment within the last two years compared to patients of other ethnicities and both white and mixed heritage respondents saw a slight percentage point increase on 2024.

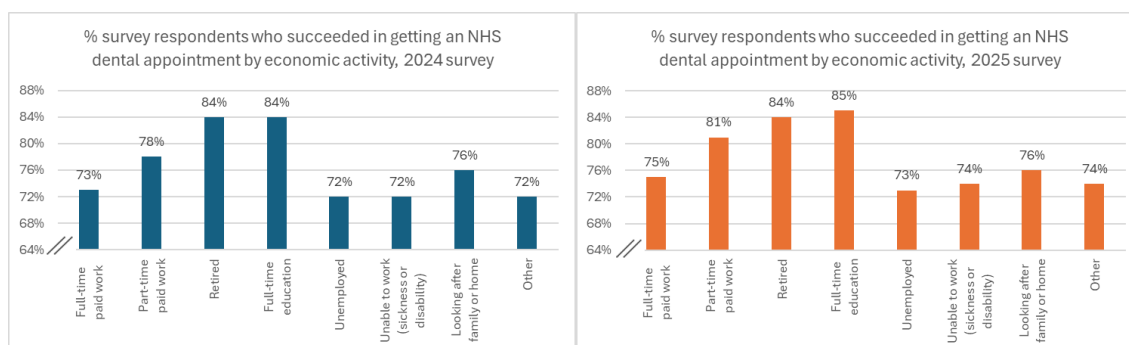
Black survey respondents were the least successful in getting an NHS dental appointment (71% in 2025) and in eight of the 42 ICSs, less than half of black survey respondents got an appointment.

Respondents aged between 25 and 54 tend to be less successful at getting an NHS dental appointment than older respondents and the 16-24 age group.

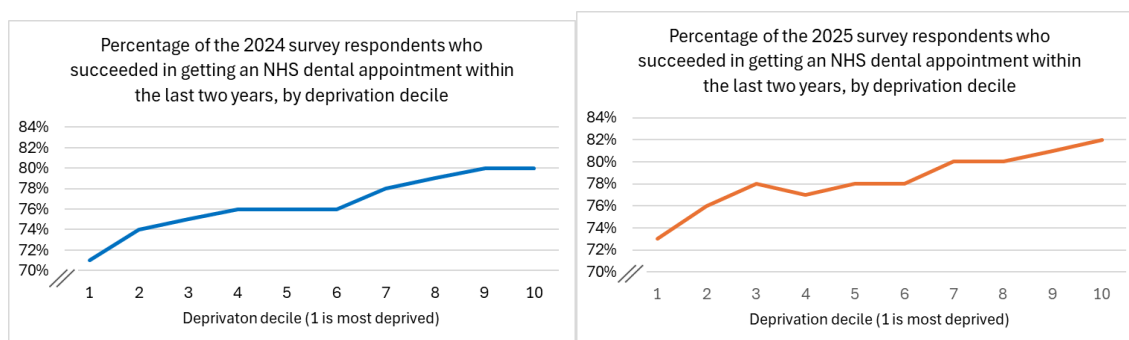
## Economic activity, deprivation, and rurality

Respondents who reported that they were unemployed or unable to work due to ill-health or disability were less likely to manage to get an NHS dental appointment than other respondents. Although we have no information about household income, this may suggest that respondents in low-income families struggle to access NHS dental services.

Retired respondents and those in full-time education were the most successful at getting an NHS dental appointment in both 2024 and 2025.



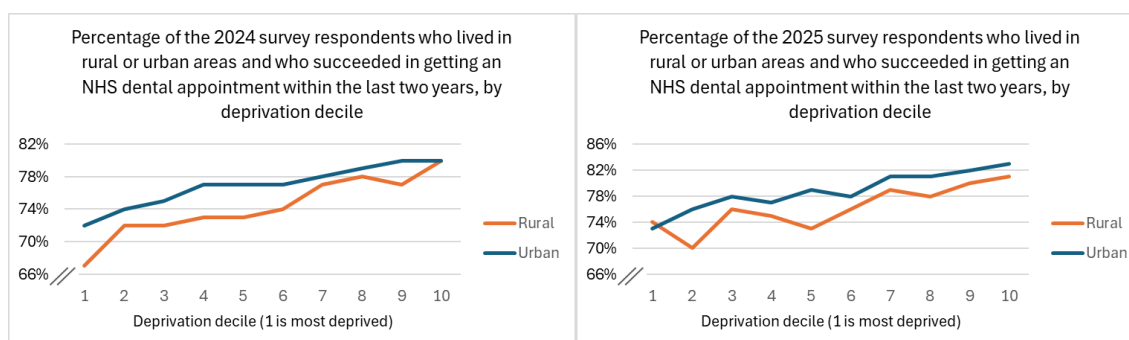
Deprivation appears to have little impact upon the percentage of survey respondents who tried to get an NHS dental appointment (between 51% and 53% of respondents) but there is a noteworthy difference between the percentage of respondents from deprived areas who managed to get an appointment compared to respondents in more affluent areas.



When asked about their experience of NHS dentistry, 86% of survey respondents who got an appointment and live in the most deprived IMD decile reported a fairly good or very good experience compared to 89% in the least deprived area.

Although there is variation at individual ICS level, the national percentages trying to get an NHS dental appointment by rurality were the same in 2025 with half of both urban and rural respondents trying to get an appointment, and their success rate differed by just one percentage point between urban respondents (78%) and rural respondents (77%); this gap is marginally lower than in 2024 when the urban and rural success rates were 77% and 75% respectively.

However, while some respondents in rural areas appear to have good access to NHS dentistry, no information is available about the distance they need to travel to access such provision and when considered alongside deprivation, it is evident that survey respondents in deprived rural areas are generally less likely to manage to get an NHS dental appointment than both rural respondents in more affluent areas and urban survey respondents.



## New and returning patients

In 2025, the success rate of respondents trying to get an NHS dental appointment with a new dental practice was almost 50 percentage points lower than for patients seeking an appointment at a practice they had attended before; this is largely unchanged from 2024.

However, in 2025, the percentage of would-be new patients that were told the dental practice was not taking new patients decreased from 35% in 2024 to 32%; the impact of the New Patient Premium on availability of appointments for new patients is yet to be fully quantified.

88% of survey respondents who got an appointment at a dental practice that they had attended before reported a fairly good or very good experience, compared to 74% of new patients; conversely, 12% of survey respondents who got an appointment at a practice they had not attended before reported a fairly poor or very poor experience compared to just 4% of respondents returning to a dental practice that they had attended before.

## Patient experience

Survey respondents can answer the question about their experience of NHS dental services regardless of whether they had managed to get an appointment in the past two years. Reporting overall patient experience is therefore potentially misleading.

For example, of all survey respondents, including those unable to remember whether they managed to get an appointment or not, 71% report that their experience of NHS dentistry was good or very good compared to 18% who report it as poor. When split by those who managed to get an appointment, comparable figures are 87% fairly good/very good and 6% fairly poor/very poor for those who managed to get an appointment and 16% fairly good/very good and 65% fairly poor/very poor for those who could not.

## Reasons for not trying to get an NHS dental appointment

In 2025, almost 60% of survey respondents who did not try to get an NHS dental appointment said they had never tried, compared to 58% in 2024. A fifth of those who had never tried to get an NHS appointment said they had not needed an appointment, a third said they preferred to see a private dentist and around a quarter said they did not think they would be able to get an appointment.

The remaining 40% of respondents that had not tried to get an NHS dental appointment had tried to do so two or more years ago, although there is no information about whether they were successful at that point. Of this group, almost 30% said they did not think they would be able to get an NHS appointment, 17% had not needed an appointment, and 7% were on a waiting list for an NHS dentist. 17% said they preferred to see a private dentist, which is around half the percentage for those who had never tried.

Overall, a quarter of those who had not tried to get an NHS dental appointment in the past two years said the reason was because they did not think they would be able to do so rather than saying they had no need which was the main reason given by less than a fifth of respondents.

The percentages of unemployed respondents and those unable to work due to long-term sickness or disability that preferred to see a private dentist were appreciably lower than for other respondents, while retired respondents were the most likely to consult a private dentist.

Respondents who cannot work for health or disability reasons were notably more likely to say that the reason they had not tried to get an appointment was because they do not like to go to the dentist. There is no further information about the reason for their dislike, but respondent mobility and issues in terms of the physical accessibility of dental premises could potentially be an issue.

Respondents living in the least deprived areas were four times as likely to say they had not tried to get an NHS dental appointment because they preferred to consult a private dentist than respondents living in the most deprived areas; the least deprived respondents were also more likely to respond that they did not think it would be possible to get an NHS appointment.

## What's new and methodological changes

### Percentage able to get an appointment/percentage success rate (tables 1 and 6)

For tables that report the percentage who managed to get an appointment, we have excluded respondents who did not answer the question (1910 and 1291 respondents in 2024 and 2025 respectively).

We have also excluded from the percentage calculations, respondents who said they had tried to get an NHS dental appointment within the past two years but could not remember if they had managed to do so; this excludes a further 11,729 respondents in 2025 and 11,367 respondents from 2024 figures.

Tables 1 and 6 include all possible responses, and in these tables, the percentage success rate should be used as it reports the percentage of respondents who managed to get an appointment excluding those who said they could not remember.

### Reasons patients could not get an NHS dental appointment (tables 1 and 6)

Tables 1 and 6 report the reason respondents were unable to get an NHS dental appointment. Respondents were able to select multiple options from:

- No appointments were available
- The dentist was not taking new patients
- Another reason

This meant that in some cases, the same patient was counted against more than one of the “could not get an appointment” categories. We have therefore introduced “No for multiple reasons” which resolves the issue of double-counting. The numbers of patients selecting multiple options is low at 2.41% of respondents in 2025 and we do not believe it is helpful to break these responses down further although they are summarised as follows:

- No appointments were available AND the dentist was not taking new patients (1.67%)
- No appointments were available AND another reason (0.26%)
- Dentist was not taking new patients and another reason (0.25%)
- All three reasons (0.23%)

### Gender (table 2)

Previous analysis has reported the number of respondents trying to get an NHS dental appointment and the percentage able to do so by sex. We have changed this to by gender broken down by:

- Female
- Male
- Non-binary/prefer to self-describe (which had to be grouped into a single category due to low numbers)

Respondents who did not answer the question or who said they preferred not to say are excluded.

### Ethnicity (table 3)

We have expanded the analysis by ethnicity to report at the five main groups by ICS level as well as at region and England level.

Respondents who did not answer the question or answered that they preferred not to say are excluded.



### Economic Activity (table 4)

We have expanded the economic activity analysis to include all eight categories collected on the survey as follows:

- In full-time paid work (30+ hours per week) including self-employment
- In part-time paid work (under 30 hours per week) including self-employment
- Retired
- Full-time education (school, college or university)
- Unemployed
- Unable to work due to long-term sickness or disability
- Looking after family or home
- Other

Although the survey allowed respondents to select as many categories as were applicable, we have excluded responses where more than one option was selected for data quality purposes. We have also excluded respondents who did not answer this question.

### Outcome for new and returning patients (table 6)

Details of patients trying to get an appointment with a dental practice that they had been to before and for those trying to get an appointment with a new practice are provided in table 6 along with percentages of those able to do so, percentages by the reason they were unable to get an appointment, percentage cannot remember and the percentage success rate.

### Deprivation decile and rurality analysis (tables 7a – 7c)

We have used the patient IMD decile to provide figures on the percentage trying and able to get an NHS dental appointment by IMD decile, rurality, and IMD decile with rurality. This is new analysis and enables us to explore the impact of deprivation.

Not all respondents could be mapped to an IMD decile and in 2024, some respondents had no information about rurality.

### Patient experience (tables 8a-8c)

Respondents are asked whether their experience of NHS dentistry is:

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

This question can be answered regardless of whether the respondent had managed to get an appointment within the past two years, so we have broken this down in **table 8a** into those who got an appointment, those who did not, respondents who could not remember, and overall patient experience.

Some respondents who managed to get an appointment did not answer this question.

**Table 8b** presents patient experience for new and returning patients and **table 8c** presents patient experience for respondents in the most deprived IMD decile (decile 1) and the least deprived decile (decile 10).

### Reason respondent had not tried to get an NHS dental appointment (tables 9a-9c)

Previous releases have presented reasons survey respondents had not tried to get an NHS dental appointment by patient sex and overall. We have replaced this with **table 9a** which looks at the reason patients have not tried to get an appointment overall and split by those that had tried more than two years ago versus respondents who have never tried to get an NHS dental appointment.

**Table 9b** presents England-level reasons survey respondents had not tried to get an NHS dental appointment overall, those who tried more than two years ago and those who have

never tried by economic activity, and **table 9c** presents these figures at England-level by IMD decile.

### Weighting

We report weighted responses in this analysis. This is because although surveys give some useful insight, since we cannot survey everybody we cannot necessarily be confident that the results accurately reflect the population in England. We use weighting to mitigate for the differences between the entire population registered at a general practice and the sub-set of patients that participate in the survey. Please refer to the <https://gp-patient.co.uk/weighted-data> for more detail on how weighting is applied.

### Useful links

More information about the survey is available from:

- <https://gp-patient.co.uk/faq>
- <https://www.gp-patient.co.uk/technical-annex-introduction-2025>
- <https://www.gp-patient.co.uk/data-quality-statement-2025>