

Views and experiences of dentistry

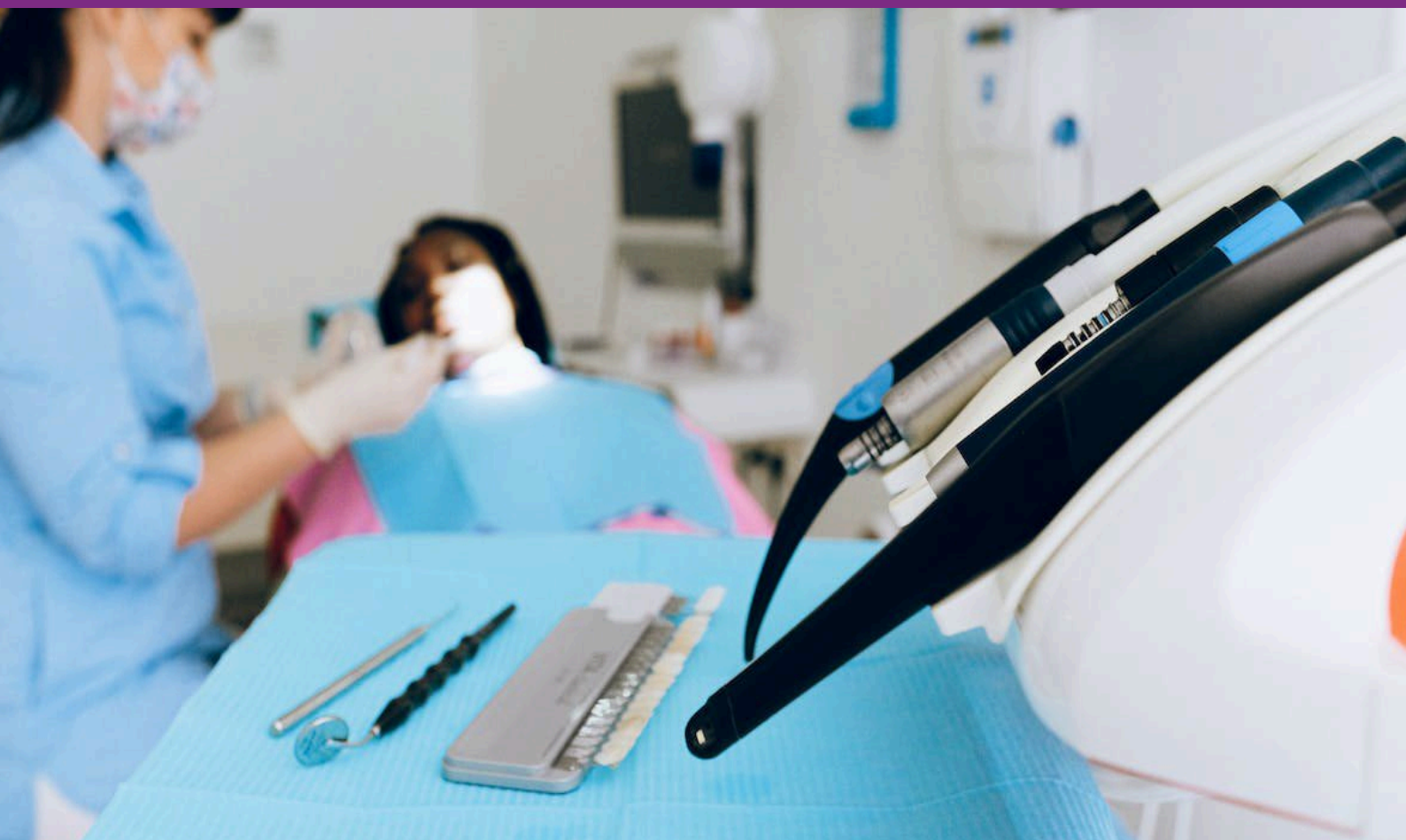
Survey of the UK public

August 2024



community
research

Bringing the voices of communities into the heart of organisations



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1. Executive summary

1.1 About this research

It is widely recognised and reported that the external shocks of Brexit, COVID-19 and the cost-of-living crisis continue to have an enormous impact on the UK's dental sector, which is resulting in high levels of uncertainty and concern about the future amongst dental professionals and the public. The General Dental Council (GDC) commissioned Community Research to conduct this research with the aim of monitoring the ongoing impact of these external factors on the public's views and experiences of dentistry and to explore changes over time, building on an initial study conducted in 2020, a second wave in October 2021 and a third in late 2022.

An online survey was conducted with a nationally representative sample of 2,415 members of the public across England, Scotland, Wales and Northern Ireland. This was supported by two phases of qualitative research – one before the survey, to inform questionnaire design and one after the survey to gather individual case studies. Respondents were drawn from the GDC Patient and Public Panel, which in turn comes from Panelbase's online market research panel. Survey fieldwork ran through January and early February 2024.

This report presents the main findings from the research, with key significant differences between groups reported throughout. The following is a brief summary of the findings.

1.2 Dental care in the last 12 months

- Just under two-thirds (64%) of respondents had visited a dental practice in the past year. This was stable compared to the 2022 survey.
- Findings in 2021 and 2022 indicated that, post lockdown, more people had started accessing private dental care. The 2024 survey suggests that this increased use of private care has been maintained but has not increased further.
- Of those who said they had received private care or a mix of private and NHS care in 2024, just over two-fifths (42%) reported that they had only started having private dental treatment in the past three years. Most who had made this move to private treatment had not done so because of a preference for private dental care but rather as a result of difficulties accessing NHS care.
- A small minority (6%) of all respondents had received dental care outside the UK in the last year. The most common reason was cost, with people having treatment outside the UK because it was cheaper.
- Overall, most respondents who had received dental care in the past year were satisfied with different aspects of their care. However, almost one-quarter (24%) said they were dissatisfied with the affordability of their treatment, and almost one-fifth (19%) were dissatisfied with how long they had to wait for an appointment.
- The most common reason for not receiving any dental care in the last 12 months, mentioned by 33% of those who had not received care, was that respondents did



not tend to go to the dentist all that often. Beyond this, however, concern about the cost of going to the dentist had been an issue for just under one-third (31%) of these respondents.

1.3 Access and affordability

- The majority (67%) of respondents said they currently had a regular dental practice for their dental care. However, three in ten (30%) did not have a regular dental practice.
- One-fifth (20%) of all respondents had tried to book an appointment for dental care or treatment during the past year and been unable to do so.
- In the last year, one in ten (10%) respondents had experienced a dental appointment cancellation and a slightly higher proportion (15%) had experienced a postponement. A small minority (3%) reported having experienced both of these issues.
- Higher proportions of young people, those from ethnic minority backgrounds and those living in urban locations experienced access issues compared to other groups.
- Of those with a regular practice, 61% agreed with the statement 'my dental practice has become more expensive'.
- The survey results suggest that many of those who were struggling most with the cost-of-living crisis have been prioritising treatment over preventative dental care.
- Almost three in ten (28%) of those cutting back on essentials agreed strongly that they will only go to a dentist in an emergency, compared to only 13% of those not cutting back.

1.4 Future intentions and expectations

- Almost one-quarter of respondents (24%) already had an appointment booked to see a dental professional in the next three months, a slightly higher proportion than was the case in 2022 (20%).
- Those respondents who had not visited a dental professional in the past year (either in the UK or abroad), and who also said that they were unlikely to make an appointment to see one in the next three months, were asked what the reasons were. Affordability was a key reason, with just over one-third (36%) saying that they couldn't afford to see a dental professional and / or that they were worried about the cost.
- The research indicates that some people are making an active choice to reduce their dental care. Just over half (53%) of respondents agreed or agreed strongly that they would leave a longer gap between dental appointments in the future. In total, 46% of respondents agreed or agreed strongly that in future they will only see a dentist in an emergency.

1.5 Confidence in dental care

- In both this survey and the previous survey in 2022, respondents were much more confident in the quality of dental care in the UK than in people's ability to



access that care. The results also show that confidence has reduced, in both of these respects, between the 2022 and 2024 surveys.

- Almost three in ten (29%) respondents said they felt more confident in the quality of private dental care provision than in the quality of NHS provision. This was almost double the proportion (15%) who expressed the opposite view.
- When asked how their confidence in the way dental care is delivered has changed in the last year, just over half (52%) of respondents reported no change in their confidence. However, almost one-quarter (24%) said they were less confident. These results are very similar to those seen in the 2022 survey.
- Amongst the 24% of respondents who said they were less confident in the way dental care was delivered than they had been a year ago, a small minority said this was because they felt the dental care they had personally received had worsened. A far greater proportion of these respondents, however, said the deterioration in confidence was because of access issues. This was particularly the case in relation to NHS provision, with respondents reporting, for example, not being able to get an appointment or find a dental practice accepting new patients, or perceiving that there simply aren't enough dentists and those remaining are overwhelmed. Some felt that they had no alternative but to go private. Rising costs were also cited by many as a reason for decreased confidence.

1.6 Complaints and regulation

- A minority (7%) of respondents had previously made a complaint about a dental professional.
- Just over half (53%) of those who had made a complaint said that if the exact same situation as led to their complaint were to happen now, they would be more likely to complain about the dental professional.
- A small proportion (16%) of respondents said they had definitely heard of the GDC before completing the survey and just over one-quarter (27%) thought they had done so, whilst almost half (48%) said they had not. Almost one in ten (9%) said they did not know. These figures were very similar to those in all three previous surveys.
- Most respondents who had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 13% very confident and 45% fairly confident.

1.7 Overall ratings of UK dental care

- Respondents were asked to rate their own overall personal experience of UK dental care and the state of dental care in the UK as a whole on a 10-point scale where 10 is 'excellent' and 1 is 'very poor'. Ratings for personal experience were much more positive than ratings for the state of UK dental care as a whole. Whilst about two in three (65%) respondents gave their personal experience a rating of between 7 and 10, the equivalent proportion for the state of dental care in the UK as a whole was about one in three (34%).



- Just under one-fifth (18%) of respondents rated the state of UK dental care between 1 and 3. However, when rating their own experience, only 6% rated it between 1 and 3.
- In total, half (50%) the respondents rated dental care in the UK as a whole, lower than they rated their own experience.
- Respondents were asked to explain the reasons for their scores. Responses highlighted issues surrounding lack of access; concerns around affordability; and perceptions that some had been left without the option of NHS care, being instead 'forced' to look to private providers.

1.8 Conclusions

Overall half of all respondents rated dental care in the UK, as a whole, lower than they rated their own experience of care. The research findings indicate that there are increasing access issues (particularly in terms of NHS care). Health inequalities and affordability concerns are also very apparent. These issues are affecting current public and patient experiences and behaviours, and they are having an increasingly negative impact on confidence in the sector.



2. Introduction

2.1 Context

The General Dental Council (GDC) is the UK-wide statutory regulator of just under 120,000 members of the dental team. As of February 2024, there were 44,412 dentists and 75,266 dental care professionals (DCPs), which includes dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists. The GDC works to protect patient safety and maintain public confidence in dental services. It does this by registering qualified dental professionals, setting and upholding professional standards, investigating concerns about dental professionals' fitness to practise, and quality assuring dental education.

It is widely recognised and reported that the external shocks of Brexit, COVID-19 and the cost-of-living crisis continue to have an enormous impact on the UK's dental sector, which is resulting in high levels of uncertainty and concern about the future amongst dental professionals and the public. The GDC wished to continue to monitor the impact of these external factors on the public's views and experiences of dentistry.

It should be noted that the research took place during a time when there was some negative national and local media coverage about the state of dentistry in the UK and its consequences for patients¹. This may have influenced perceptions, and particularly the responses to questions relating to overall confidence in dental care in the UK.

2.2 Aims and objectives

The GDC commissioned Community Research to conduct this research, building upon previous studies conducted in 2020, 2021 and 2022. The aim of this element of the GDC's wider research programme is to undertake primary research at the UK and nation levels and, in relation to equality, diversity and inclusion (ED&I) measures, to explore the public's experiences of the dental sector in the aftermath and in the context of the continuing impact of the external shocks mentioned above. The objectives of the research were:

- to explore the ongoing impact of external shocks in relation to:
 - public safety and confidence in the dental industry
 - the public's choices about their dental health (frequency and type of use)
 - the public's access to services that they need
- to explore the public's confidence in the sector, including regulation

¹ See for example: <https://news.sky.com/story/taylor-swift-tickets-easier-to-get-than-nhs-dentist-appointments-ministers-told-13044908> and <https://www.theguardian.com/society/2024/feb/05/queue-new-nhs-dental-practice-bristol-st-pauls>



- to measure change over time
- to provide evidence to inform GDC communications' forthcoming focus on the public in their strategy.

2.3 Research design and methodology

Overview of methodology

Figure 1 shows the overall methodology used for this research. A large-scale quantitative survey of the public was preceded by qualitative research to inform the design of the survey questionnaire. The survey was also followed by a further phase of qualitative research to gather individual case studies. The different elements of the methodology are explained in more detail below.

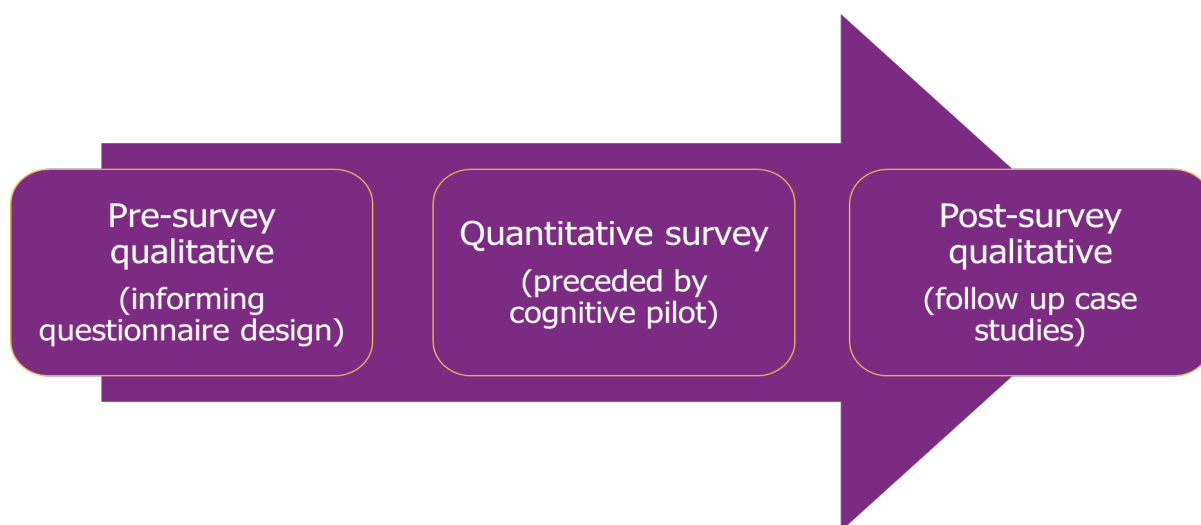


Figure 1: Overview of methodology

Quantitative methodology

The study was designed to provide a robust evidence base, ensuring that findings represent as accurately as possible the views of the UK public, and that analysis was able to identify differences in relation to a range of respondent characteristics. Some questions from the 2020, 2021 and 2022 surveys were repeated in this fourth study to allow for comparison of results over time at the all-study level.

An online survey was conducted with a nationally representative sample of 2,415 members of the public across England, Scotland, Wales and Northern Ireland. The sample was drawn from the GDC Patient and Public Panel, which in turn comes from Panelbase's² online market research panel. Community Research was responsible for the survey design and analysis of the data, whilst the data collection, survey mechanics and sample management were undertaken by Panelbase. Survey

² www.panelbase.net/about (further details about the Panelbase panel are provided in Technical Appendix 10.2)



fieldwork ran through January and early February 2024. Throughout the report the survey timing is referred to as January 2024.

Respondent recruitment

Panelbase recruits for surveys from its panel of approximately 300,000 active panel members. Quotas were set for each of the four UK nations to allow comparison with the overall UK results. As was done for the previous two surveys conducted by Community Research, the size of the samples in Wales and Northern Ireland were boosted to ensure that analysis by each nation would be possible. In this survey, the sample sizes for people from Indian, Pakistani, Caribbean and African ethnic backgrounds were boosted (as was also the case in 2021 and 2022). This time the sample sizes for people from Bangladeshi and Chinese ethnic backgrounds were also boosted in order to best ensure analysis explored responses across ethnic groups. The total sample data was then weighted to ensure that results were nationally representative for the UK. Quotas were also set to ensure that the sample was representative in terms of age, gender and socio-economic group. The proportions applied to the quotas were provided by Panelbase³ in line with their standard approach to polling for nationally representative samples in the UK. A full breakdown of the achieved sample is provided at Technical Appendix 10.1.

Qualitative methodology

In addition to the survey, Community Research conducted two stages of qualitative research comprising:

- a pre-survey online discussion groups with the general public to inform the design of the questionnaire
- post-survey in-depth interviews with individual survey respondents to explore views and experiences in more detail.

Pre-survey discussion groups

In November 2023, Community Research convened three online discussion groups (15 participants in total). Each session lasted 90 minutes and covered the following: spontaneous views of life in the UK and dental care in the UK currently; an in-depth exploration of access to, cost of, and trust in dental care; discussion about regulation; and expectations of the future. The groups were demographically mixed, with minimum quotas set for type and frequency of dental care and treatment. One group was held specifically with people at risk of health exclusion and / or struggling to access or afford dental care.

The research findings were used to inform the development of the survey questionnaire and ensure that the focus reflected issues which were of importance to the general public and patients. As such, findings from this stage of qualitative

³ Panelbase, whose parent company is Norstat, is a member of the British Polling Council. Further details are provided here: <https://norstat.co/resources/use-cases/public-perception-polls/>



research are not included in the main body of this report, but are condensed below, along with a summary of how these findings were incorporated into the survey questionnaire.

The pre-survey qualitative research found that **lack of access** was a major concern for research participants – many had no choice but to go private, and those with NHS dentists often considered themselves lucky. There was a prevalent misapprehension that there was a need to be registered with an NHS dentist and, as a result, those with an NHS practice were concerned about maintaining their 'status' as a 'registered' NHS patient.

The cost of private dental care – particularly treatments for major dental issues – was seen as **unaffordable**, and this was exacerbated by having to pay for private treatment if NHS treatment could not be accessed.

Regardless of their own experiences, most had heard of people struggling to access and / or pay for dental treatment, either by word of mouth, or via stories in the media.

People largely remained satisfied with the **quality** of care (they rarely had any concerns about safety) – but were worried about the future of NHS dental provision, and whether or not dental care would remain available for those who could not afford to access private treatment.

As a result of these initial findings, the survey questionnaire was amended as follows:

- The question about trying to find a dental practice was amended to allow people to say they have tried to join multiple practices rather than just one
- A new agree / disagree statement regarding expectations for the future was added: 'I will only see a dental professional if it is an emergency.'
- Questions asking people to rate their own experience of dentistry vs their impression of the state of dental care in the UK, as a whole were added.

Post-survey in-depth interviews

From amongst those survey respondents who consented to participate in follow-up qualitative research, the researchers identified 10 respondents to interview. Selections were based on the responses to the survey questionnaire which indicated that they had experienced issues in relation to recent dental care. These issues tended to be in relation to access and / or affordability. Across the 10 interviewees, a broad mix in terms of demographics and dental stories was achieved. Each interview lasted up to an hour and provided the participant with the opportunity to tell their story in detail, in order that some 'pen portrait' illustrations of patient experiences could be incorporated into this research report to help bring the findings to life. The interviews took place in February 2024.

Full details of the method and sample for the qualitative research stages can be found in Technical Appendix 10.3.



2.4 About this report

The analyses reported here come from an achieved sample of 2,415 survey respondents. Since a sample rather than the entire population of adults aged 18 and over living in the UK has been surveyed, all results are subject to sampling error. This can be measured. For a question where 50% of the sample responds with a particular answer, the chances are 95 in 100 that this result would not vary by more than + or – 2% from the result that would have been obtained from a census of the entire adult population of the UK – that is, there is a confidence level of 95%.

Different groups within a sample (e.g., men and women) may have different results for the same question. A difference must be of a certain size in order to be statistically significant. Throughout the analysis of the survey data, we tested if a difference in results between two groups within the sample was a statistically significant one, at a 95% confidence level. Where differences are not significant at this level they have not been drawn out in the findings. To be clear, any group differences highlighted within this report are statistically significant at a 95% confidence interval or greater.

 Group differences appear, throughout the report, in this format.

Percentages that derive from base sizes of less than 100 participants should be regarded as indicative. Where percentages do not sum to 100, this may be due to respondents being able to give multiple responses to a question or to computer rounding.

When references are made to respondents of 'Asian ethnicity', this incorporates those who indicated their ethnic group as Indian, Pakistani, Bangladeshi, Chinese or Any other Asian background. When references are made to respondents of 'Black ethnicity' this refers to those who picked Caribbean, African or Any other Black background when asked for their ethnic group. Where respondents of 'White ethnicity' are referenced, this is made up of those who indicated their ethnic group as English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; or Any other White background.

The AB, C1, C2, DE labels used in this report, are based on the system of social classification⁴ based on occupation, commonly used by market researchers in the UK.

The survey resulted in a large amount of data being available to the GDC. A full outline of the questionnaire with weighted results for the total sample is provided in Technical Appendix 10.4. Further detail about the methodology, including explanation about margins of error and statistical tests applied to the data, is provided in Technical Appendix 10.2.

⁴ [Social Grade | Advertising & Market Research | Census Data \(mrs.org.uk\)](https://mrs.org.uk)



For all figures within this report, the unweighted base sizes are 2,415 for 2024, 2,890 for 2022, 2,389 for 2021 and 2,176 for 2020 unless indicated otherwise.

During fieldwork, some respondents mentioned that they had found it difficult to 'register' with an NHS dentist, which is referred to in the findings that follow. It should be noted⁵ that whilst there is no system of registration for dental practices in England and Wales, this terminology was used by respondents throughout the research and has therefore been retained when presenting patients' responses about the challenges they have faced when attempting to be added to dental practice lists.

Verbatim quotes from the open-ended survey questions and pen portraits from the in-depth interviews are used throughout the report to bring colour to the findings and illustrate particular viewpoints.

⁵ This note has been revised since the original version of the report to clarify that this is only the case for England and Wales. Scotland and Northern Ireland do have a system of registration with NHS dental practices.



3. Dental care in the last 12 months

Section summary

- Just under two-thirds (64%) of respondents had visited a dental practice in the past year. This was stable compared to the 2022 survey.
- Findings in 2021 and 2022 indicated that, post lockdown, more people had started accessing private dental care. The 2024 survey suggests that this increased use of private care has been maintained but has not increased further.
- Of those who said they had received private care or a mix of private and NHS care in 2024, just over two-fifths (42%) reported that they had only started having private dental treatment in the past three years. Most who had made this move to private treatment had not done so because of a preference for private dental care but rather as a result of difficulties accessing NHS care.
- A small minority (6%) of all respondents had received dental care outside the UK in the last year. The most common reason was cost, with people having treatment outside the UK because it was cheaper.
- Overall, most respondents who had received dental care in the past year were satisfied with different aspects of their care. However, almost one-quarter (24%) said they were dissatisfied with the affordability of their treatment, and almost one-fifth (19%) were dissatisfied with how long they had to wait for an appointment.
- The most common reason for not receiving any dental care in the last 12 months, mentioned by 33% of those who had not received care, was that respondents did not tend to go to the dentist all that often. Beyond this, however, concern about the cost of going to the dentist had been an issue for just under one-third (31%) of respondents who had not received dental care in the last year.

3.1 Dental care received

Appointments attended

Just under two-thirds (64%) of respondents had visited a dental practice in the past year. As Figure 2 shows, this was stable compared to the 2022 survey (64%), which had seen an increase on the 2021 survey proportion (47%) of respondents who had been to a dental practice in a similar timeframe⁶. It also represented a return to the pre-COVID levels seen in a survey conducted for the GDC by Ipsos MORI in 2018.

⁶ Both the question wording and the timescales differ between survey waves. The Ipsos Mori survey conducted in 2018 asked 'When was the last time you went to the dentist'. The 2021 survey asked 'Since August 2020, have you been to a dental practice at all for dental care, check-ups or treatment?' August 2020 was chosen as this was when COVID-19 restrictions were lifted. The survey took place in October and November 2021, so the time elapsed was more than a year. The data for 2022 and 2024 is based on the question 'When was the last time you visited a dental professional?' and includes all those who said they had done so in the last year.



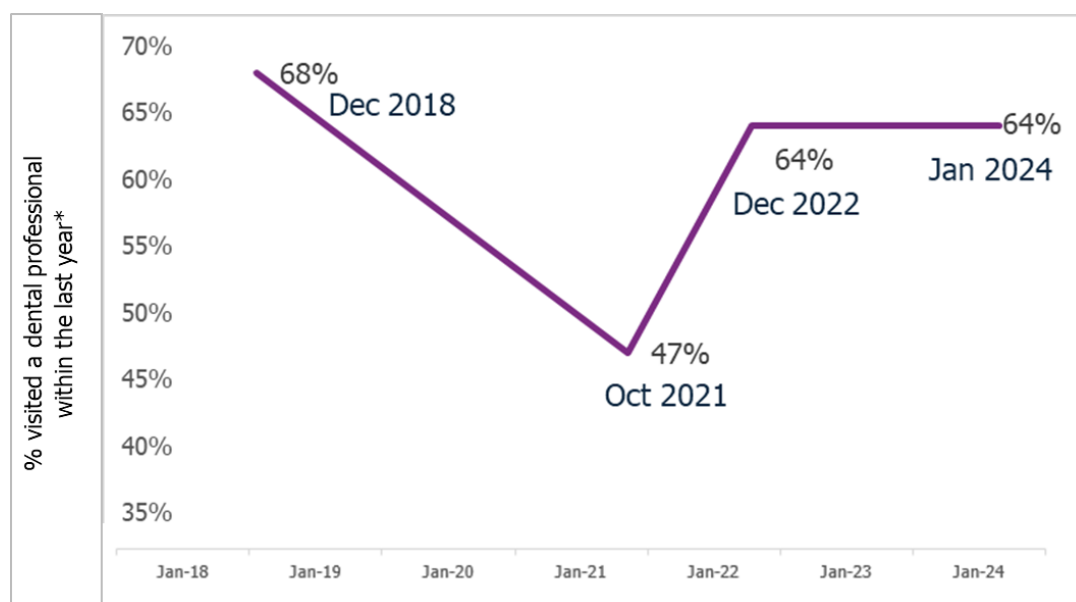


Figure 2: When was the last time you visited a dental professional? Base = total survey sample: Dec 2018 (1,539), Oct 21 (2,389), Dec 2022 (2,890), Jan 2024 (2,415)

*Question wording changes are outlined in footnote 5. Note that no equivalent question was asked in August 2020 because services had not been available.

- Those from higher socio-economic groups were more likely to have visited a dental professional in the past year (70% of ABC1s⁷ compared to 57% of C2DEs).

In 2024, the most common types of dental care received were a check-up (93% of those having dental care in the previous year having had at least one) and routine preventative care⁸ (60%). In previous years, these were also the most common types of visit.

Almost three in ten (29%) reported experiencing dental pain and 16% reported other issues (e.g., issues with dentures, braces, gum problems) in the last year. Of those reporting dental pain, just under half (47%) said they sometimes got dental treatment, about one-quarter (26%) said they always did, whilst just over one-quarter (27%) said that they never did. Those who never got treatment, despite experiencing dental pain or other issues, were more likely to be:

- of White British ethnicity (29% compared to 19% of respondents of Asian ethnicity and 21% of respondents of Black ethnicity)
- from a DE socio-economic background (35% compared to 20% of those from an AB socio-economic background)
- not in employment (42% compared to 23% of those in work)
- currently without a regular dental practice (49% compared to 15% of those with a regular practice).

⁷ The AB, C1, C2, DE labels used in this report are based on the system of social classification based on occupation, commonly used by market researchers in the UK – click [here](#) for more detail.

⁸ Routine preventative care includes hygienist appointments, scale and polish, fluoride.



Type of care received

Figure 3 compares responses from the 2024, 2022 and 2021 surveys to a question asking about the type of care received over the past year. In 2024 about two-thirds (67%) of those who had received treatment in the past year said that they had received NHS dental care (either paid-for or free), 23% said they had received private care only, and 8% said they had received a mix of private and NHS care.

Going back to 2021, 72% of respondents who had received dental treatment in the last year stated that the dental care they received before the first national lockdown during the Covid pandemic was from the NHS (50% paid-for and 22% free), 19% said it was private and 7% said it was a mix. Findings in 2021 and 2022 indicated that, post lockdown, more people had started accessing private dental care. The 2024 survey suggests that this increased use of private care has been maintained but has not increased further, as the year-on-year comparisons in Figure 3 show.

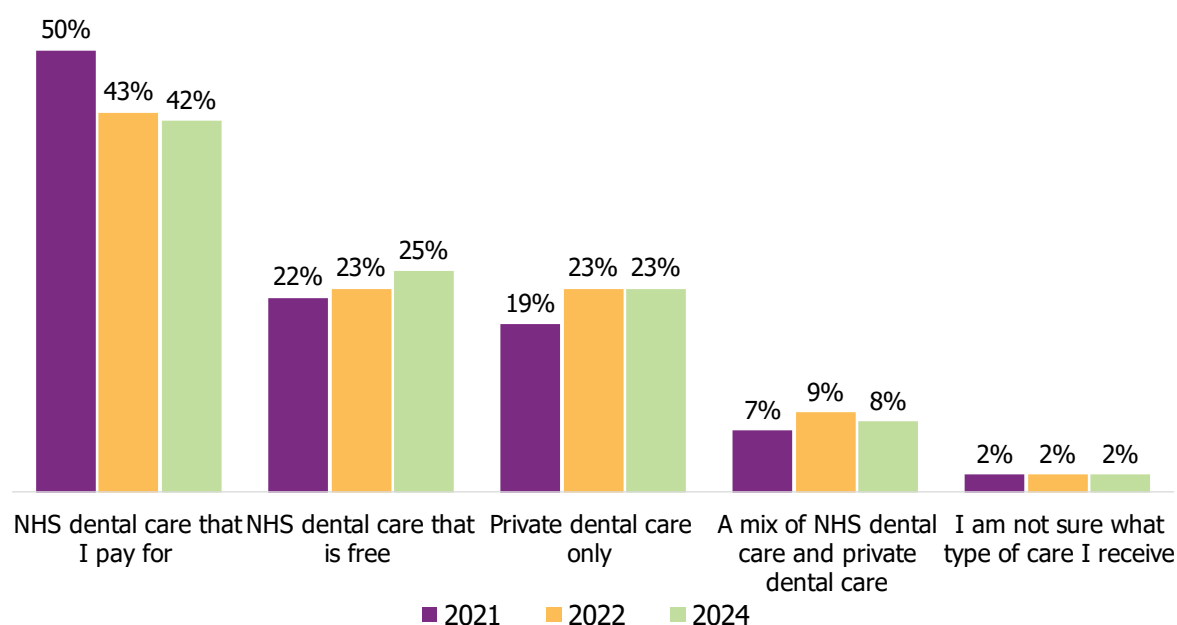


Figure 3: Thinking about the visit(s) you made to a dental practice in the last year, which of these describes the type of care you generally received? Base = those who had received UK dental treatment in past year: Oct 2021 (1,985), Dec 2022 (1,821), Jan 2024 (1,537)

Of those who said they had received private care or a mix of private and NHS care in 2024, just over two-fifths (42%) reported that they had only started having private dental treatment in the past three years (and half of them had only started doing so in the last year).

- 👤 The respondents who had started having private dental care most recently were more likely to be younger (31% of those aged 18-34 had started in the last year, compared to 15% of those aged 65+).



Most who had made this move to private treatment had not done so because of a preference for private dental care. As Figure 4 shows, when those who had started to receive private dental treatment in the last three years were asked why this was the case, 36% reported that they couldn't get NHS treatment at all, just under one-third (31%) couldn't get NHS treatment quickly enough, and one-quarter (25%) said that their dental practice or professional had stopped offering NHS treatment.



Figure 4: You said that you have started to receive private dental care in the last three years. Why is that the case? Base = those who have been having private dental treatment for three years or less: Jan 2024 (200)

John's story

John lives in Sunderland with his wife. He is over retirement age but still works part-time as a minibus driver. His wife has a long-term health condition and since she retired they have had less disposable income as their carers allowance was stopped. They have had to carefully monitor their use of heating because they can no longer afford it – they are constantly juggling when to put the heating on and how high to have it. This is problematic because his wife feels the cold because of her health issue.

John had an NHS dental practice and got free NHS treatment up until Christmas 2023 when he received a letter saying that the NHS dentist at the practice was leaving and only private care would be available in future. They tried to find an alternative NHS dentist but have been unsuccessful.

"Well, it was a bit of a shock because the prices they were quoting were sky high. Yes, because if we didn't do that [go on a monthly plan], we wouldn't have had any dentist to go to at all."

John has false teeth which need realigning regularly to avoid mouth ulcers. He and his wife have joined a private practice essentially to ensure that they have access for emergency care and false teeth realignment. His wife currently has two teeth that need extracting, but they cannot afford the £70 charge. They have decided not to do anything about getting treatment currently and she is going to wait until she is in pain. They are unable to borrow any money to pay for dental care as they would be unable to pay it



back. They are not intending to go for regular check-ups in future as they cannot afford this, which is a worry.

“Well, obviously we’re going to suffer at some point but if you haven’t got the money to pay for it, what do you do? You either do it yourself or try and save the money up. Well, you hear what’s on the news and papers about people pulling their own teeth out and know it can cause other problems, like infections and what have you, but if you’re one person on a pension, you can’t afford to pay the dentist, so you haven’t got any other choice, have you?”

John is happy with the quality of care provided by the practice and feels that the lack of government funding is responsible for his access issues rather than this being the responsibility of the practice. His main issue is his inability to get free NHS care and the subsequent cost of private dental care. The couple each pay £15 monthly to the dentist which John described as a ‘membership’ fee. The cost of any care is on top of this. This payment represents a large dent in their finances and one which they did not have to factor into their budgeting previously.

Dental tourism

All those who had visited a dental professional in the last year or were unsure when they had last seen a dental professional were asked whether they had received any dental care outside the UK in the last year. In total, 9% of these people, equating to 6% of all respondents, said they had done so.

- 👤 Younger respondents were more likely to have accessed treatment abroad than older respondents (18% of 18-34-year-olds had done so, compared to 0% of those aged 65+).
- 👤 Those from minority ethnic groups were also more likely to have accessed treatment abroad, particularly those from Other White⁹ (41%), Indian (19%) Pakistani (17%) Bangladeshi (24%) Chinese (20%) and Black African (21%) backgrounds. This compares to 6% of those from White British or Northern Irish backgrounds.
- 👤 The proportion of people who had received treatment outside of the UK was, furthermore, higher amongst respondents who reported having had access issues in the UK – for example, people who had tried and failed to join a regular dental practice (17%); people who had tried but failed to book an appointment (20%); and people who had had a dental appointment cancelled or postponed (17%).

Of those who had received treatment abroad in the last 12 months, very few (just 8 respondents) had made no visits to a UK dental professional at all in the same year.

Those who had sought dental treatment outside the UK, had been treated in nearly 30 different countries, with the most frequently mentioned countries being India (20

⁹ Those self-identifying as White who are not from English, Welsh, Scottish, Northern Irish, British or Irish backgrounds, and including those identifying as Gypsy and Roma.



respondents) and France (16 respondents). The most common reason was cost, with people having treatment outside the UK because it was cheaper.

Alex's story

Alex is in his early 50s and lives in the East Midlands. He is originally from Greece, and moved to the UK six years ago. When he moved here, he tried to join an NHS dentist, but having tried all his local practices, he had no luck. He ended up booking as a private patient instead. Even though he is a private patient, he still finds it hard to get an appointment, and he finds the costs very high.

"It's extremely expensive if you go privately, yeah. But you don't have a chance to book any appointment through NHS... When you compare prices between the UK and Greece... the cost is, here in the UK, it's double or triple compared to Greece. And the standards, I can tell you, are even higher in Greece. I mean you can be in [a dental] practice for a filling in the UK you will pay at least £150. In Greece you will pay €70."

Alex now builds in routine dental care with his holidays back in Greece. Recently he needed a filling and was in some pain, but he waited it out for a couple of weeks until his trip to Greece. He has read some horror stories of people getting dental treatment in Turkey, but this is not the case in Greece. He feels that the quality of dental care in Greece is much higher than in the UK – you can get an appointment easily, the equipment is newer and more high-tech, and costs are lower.

"You are in a developed country [the UK] and sometimes you feel like you are in the second or third world... I thought that in my country [Greece] the service is bad, but I realise that it is even worse here. Through the NHS it's impossible, but then even privately there is a lack of dentists."

He really worries about needing urgent treatment. A colleague had an experience with needing emergency dental care and struggling to access any. In the end, their infection became life-threatening, and they needed urgent hospitalisation. Recently, his wife had an infection and needed a filling. The earliest appointment available was two weeks away, even for an emergency. He found this hugely frustrating and stressful. Fortunately, she was offered a cancellation the next day, but the experience has left him feeling 'in danger'.

"You are frustrated. You feel that you are in danger. And you really are. If you have an infection, you never know how it will end up if it is not treated. Even one day maybe life-threatening... I am always worried, if you need something urgent here, if you can have an appointment or not, even in a surgery where you are a client."

Alex sees problems with accessing affordable dental care amongst his colleagues and on the news (such as queues to join the list of a new NHS dentist in Bristol). He is confident in the care he receives but worries for people on low incomes who can't afford private dental care. He doesn't know what the solution is, or who could fix it, but he would like to see many more (affordable) NHS dental appointments available for people.

"Some of us can afford to pay but there are people who can't afford to pay, and they can't book an appointment. And then they leave their teeth for a long time untreated and that is not good for your general health. And they don't have any option to travel abroad... The system needs more practices, more dentists."



Satisfaction

Respondents who had seen a dental professional in the past year were asked how satisfied they were with different aspects of their dental care.

Overall, most respondents who had received dental care in the past year were satisfied with different aspects of their care (see Figure 5). However, almost one-quarter (24%) said they were dissatisfied with the affordability of their treatment, and almost one-fifth (19%) were dissatisfied with how long they had to wait for an appointment.

In addition, lower proportions of respondents indicated that they were 'very satisfied' as opposed to 'quite satisfied' for statements relating to access and affordability compared to other issues .

- 👤 Satisfaction with the affordability of treatment was lower amongst respondents of Asian ethnicity (29% dissatisfied compared to 23% amongst those of White ethnicity), and those paying for private dental care (32% compared to 25% of those having paid NHS care).
- 👤 Unsurprisingly satisfaction with affordability was lower amongst those cutting back on key essentials due to the cost-of-living crisis (31% dissatisfied compared to 16% of those not cutting back).
- 👤 By contrast, satisfaction with affordability was considerably higher amongst respondents from Scotland and Wales (85% satisfied and 81% satisfied respectively, compared to 72% for all respondents).
- 👤 People aged 65+ were also more likely to express satisfaction with affordability (81% compared to 70% of those aged 18-34).

When it came to access issues, the groups that were less satisfied with the length of time it took to get an appointment were:

- 👤 younger people¹⁰ (29% of 18-34-year-olds were dissatisfied with how long they had to wait for an appointment, compared to 7% of those aged 65+)
- 👤 respondents of Asian ethnicity (26% were dissatisfied with how long they had to wait compared to 17% of respondents of White ethnicity).

¹⁰ Since minority ethnic groups in the population (and in the sample) have a considerably younger age profile and are more concentrated in urban areas, further analysis would be required to identify if these outcomes interrelate.



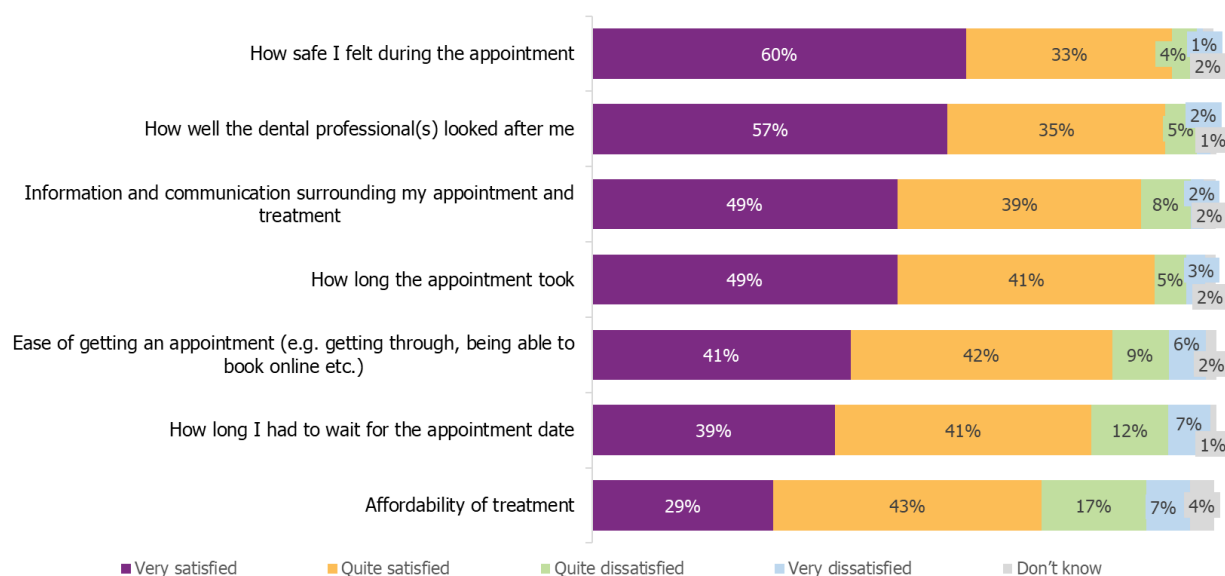


Figure 5: Based on your experiences of seeing a UK dental professional in the last year, looking at the aspects of your experience listed below tell us, for each one, how satisfied have you been? Base = those who had received UK dental treatment in past year: Jan 2024 (1,527)

3.2 Those who had not received dental care in last 12 months

Those who had not received dental care in the last 12 months were asked, from a prompted list of potential reasons for this, which were true for them. As can be seen in Figure 6, there was a variety of reasons provided. The most common reason overall (33%) was that respondents did not tend to go to the dentist all that often, while, for about one-quarter (26%) of respondents one reason for not attending was that it simply hadn't been a priority for them. Beyond this, however, concern about the cost of going to the dentist had been an issue for just under one-third (31%) of respondents who had not received dental care in the last year.

👤 Concern about cost was higher amongst those in younger age groups – 36% of 18-34-year-olds gave this as a reason compared to 26% of those aged 65+.

Access had been an issue for some non-attending respondents. Just over one in ten (12%) said that they tried but could not get an appointment, and 15% said they tried but were told only private appointments were available.

Almost one in ten (9%) respondents said they had not received dental care in the last year because they thought their practice would be in touch to remind them to go. This appears to be an issue affecting many people, with about one-third (34%) of respondents disagreeing or strongly disagreeing with the statement 'I have been getting regular reminders to book routine preventative appointments from my dental practice'.

The impact of not receiving such reminders was mentioned in the qualitative research in both 2022 and 2024. Some participants described not receiving a



reminder to attend and this leading to them being taken off practice lists and consequently not being able to get an appointment when they needed one.

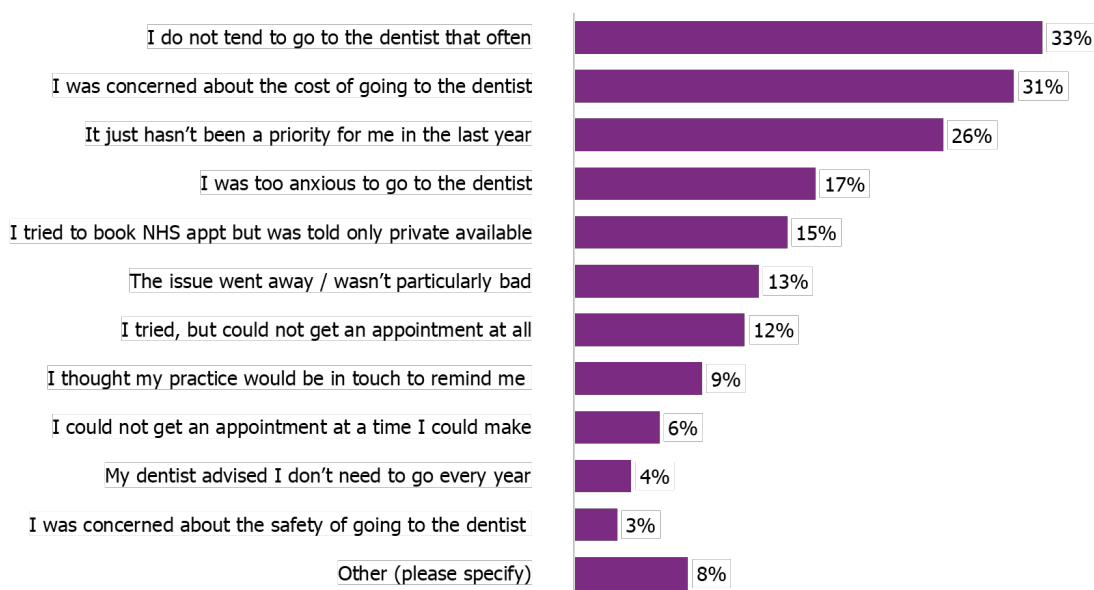


Figure 6: Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment in the last year – which, if any of these reasons, has been true for you? Base = those who had not received any treatment in or outside UK: Jan 2024 (839)

Figure 7 highlights some key differences in responses between 2022 and 2024.

Concerns about costs amongst those who had not received treatment in the last year were greater in 2024 (31%) than they had been in 2021 (15%) and 2022 (23%).

Whilst in 2022, COVID-19 remained an issue for some, with 12% saying concerns around the pandemic stopped them from making an appointment, in 2024 this kind of concern had diminished with only 3% citing concerns over safety¹¹ (e.g., infection risk) as a reason they had not had dental treatment in the last year.

Trying to book an NHS appointment and being told that only private treatment was available was also a more common reason (15%) in 2024 than was the case in 2022 (10%), and was now more than twice as high as in the 2021 survey (7%).

¹¹ Note question wording differences. 'I was concerned about the safety of going to the dentist (e.g. the risk of infection)' in 2024 vs 'Concerns around the pandemic stopped me from making an appointment' in 2022.



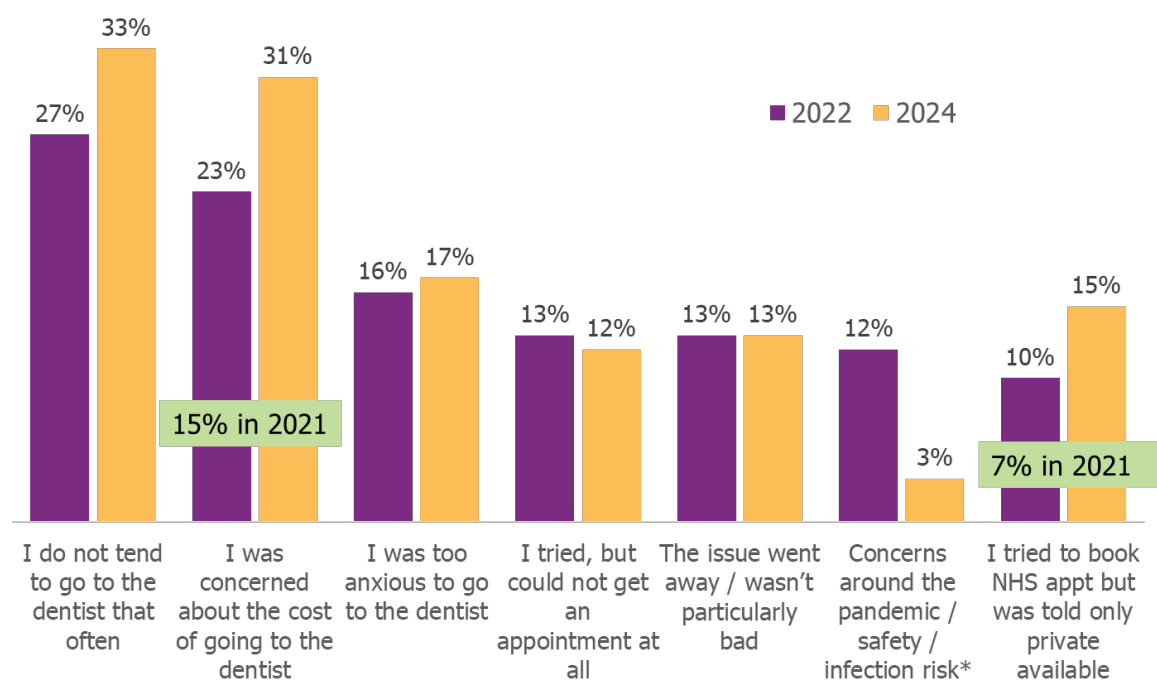


Figure 7: Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment in the last year – which, if any of these reasons, has been true for you? Base = those who had not received any treatment in or outside UK: Oct 2021 (1,281), Dec 22 (1,062) January 2024 (839)



4. Access and affordability

Section summary

- The majority (67%) of respondents said they currently had a regular dental practice for their dental care. However, three in ten (30%) did not have a regular dental practice.
- One-fifth (20%) of respondents had tried to book an appointment for dental care or treatment during the past year and been unable to do so.
- In the last year, one in ten (10%) respondents had experienced a dental appointment cancellation and a slightly higher proportion (15%) had experienced a postponement. A small minority (3%) reported having experienced both of these issues.
- Higher proportions of young people, those from ethnic minority backgrounds and those living in urban locations experienced access issues compared to other groups.
- Of those with a regular practice, 61% agreed with the statement 'my dental practice has become more expensive'.
- The survey results suggest that many of those who were struggling most with the cost-of-living crisis have been prioritising treatment over preventative dental care.
- Almost three in ten (28%) of those cutting back on essentials agreed strongly that they will only go to a dentist in an emergency, compared to only 13% of those not cutting back.

4.1 Access to a regular dental practice

The majority (67%) of all respondents said they currently had a regular dental practice for their dental care. However, three in ten (30%) respondents said they did not have a regular dental practice. This figure differed between population groups, as follows:

- Younger people were more likely to be without a regular dental practice (37% of 18-34-year-olds, compared to 22% of those aged 65+).
- Respondents of Asian ethnicity were also more likely to be without a practice (36% compared to 29% of respondents of White ethnicity).

As Figure 8 shows there were also some considerable differences in the proportion of those with a regular practice by country and region. The South-West of England had the lowest proportion of people with a regular practice at 55%, whilst in Northern Ireland 82% said that this was the case.



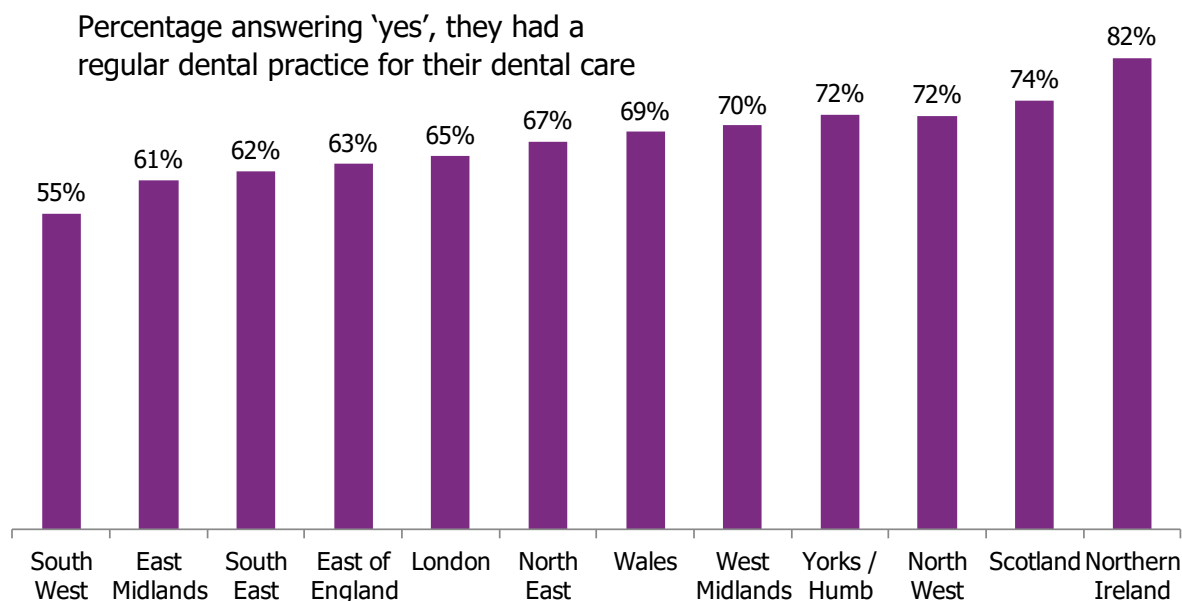


Figure 8: Do you currently have a regular dental practice for your dental care? Base = total survey sample: Jan 2024 (2,415)

Amongst those who did not have a regular dental practice, the majority (72%) said that they had had a regular dental practice in the past.

When asked why they stopped having a regular dental practice, the most common reason selected from a prompted list of potential explanations was that the respondent had moved house (44%). A further 17% said they had proactively chosen to leave the practice for another reason. However, 15% said that they were advised by their practice that they could not continue to see them as a patient. Almost one-quarter (24%) of respondents gave another (unprompted) reason as to why they no longer had a regular dental practice. Most of these explanations were to do with access problems, and included the following:

- Their practice was no longer offering NHS treatment.
- They could no longer afford dental treatment and had therefore stopped attending.
- Their practice had closed completely.
- They were not able to get an appointment.
- They had been removed from their dentist's books for not going regularly enough.

"My practice became non-NHS, and I could not afford to pay for private care."
(Female, 25-34, North-West)

"Because I didn't attend regularly, they removed me off their books." (Male,
45-54, Northern Ireland)

Those respondents without a regular dental practice were asked if they had tried to join one in the past year. Whilst almost two-thirds (65%) had not tried to join a



practice in the last 12 months, 17% had tried to join one and 18% had tried more than one.

When asked to explain why their attempt(s) had been unsuccessful, nearly all said that it was because there was no availability – either at all (26%) or specifically for NHS patients (73%).

Sarah's story

Sarah is in her 20s and lives at home with her parents in a small coastal town in Cumbria. She works full-time in an administrative role.

She had always had paid for NHS dental care up until last year when she received a letter informing her that her dental practice was going to offer private care only in future. She had had a good experience at the practice previously – she has always been able to get appointments quickly and has been very happy with the quality of care.

She was very angry and concerned about the development as she cannot afford to pay for the monthly insurance plan that they were offering. She disagrees with paying it on principle as she sees it as a payment just to get access to care – something that she got for free previously. She also felt that she was left in limbo as, at the time, she was waiting for a referral for a wisdom tooth extraction and was worried about having problems related to this.

"I was really angry and quite upset, because I think it was something like £16 a month they wanted and that was just basically for the pleasure of being their private patient... As an NHS patient, you still do pay, because I'm not like on benefits or anything, so they were still getting money. But now it's just obviously you've got that constant cost without even any treatment."

She spent considerable time phoning round different dental practices – she estimates that she called around fifty, some of which were an hour's drive away. She was irritated that there is no easy way of identifying which practices have NHS capacity.

"Yeah, there is no easy way to know other than just ringing, cold calling, to ask if they're accepting NHS patients. There is no way to know. I know they have an NHS dental website, but it's not very up to date or clear."

She has been left without a practice and is just trying to focus on keeping her teeth healthy – but is concerned as she knows how important prevention is.

Her friends and family don't have an NHS dentist either – she mentioned her father who recently got treatment at an emergency dental clinic because he had no other option, and others, for example friends with children and her grandmother who just has a state pension to live on, who have no alternative but to go private.

She struggled to understand the reasons for the issues and why something isn't being done about it. She couldn't comprehend why dentists could decide to go private when GP practices couldn't.

"Why are the NHS dentists becoming extinct? Why is nothing being done to stop them from, you know, removing patients and going private?"



Most (81%) parents said that their child(ren) had a regular dental practice for their dental care.

- Amongst the 18% of parents who said their children did not have a regular practice¹², 33% said they had had one in the past.
- The main reasons for children no longer having a regular dental practice were that they had moved house (43%) or that they had been advised by the practice that they could no longer continue to see their child (20%)¹³.

Almost one-third (34%) of parents who had a child with no regular dental practice had tried to get their children into one dental practice in the past year, and a further 15% had tried more than one practice. Similarly to adults without a practice, the main reason parents' attempts had been unsuccessful was a lack of available places – that is, the practices they had tried were not taking on new NHS patients, or sometimes not taking new patients at all.

4.2 Unsuccessful attempts to get an appointment

One-fifth (20%) of respondents had tried to book an appointment for dental care or treatment during the past year and been unable to do so. This is similar to 2021 and 2022 when 22% and 20% of respondents respectively had tried to book an appointment and been unable to do so.

Likewise, almost one-fifth (19%) of respondents in the 2024 survey with a regular practice disagreed or disagreed strongly with the statement 'I have easily been able to get an appointment at my dental practice when I needed one'.

The groups who were most likely to have tried but been unable to book an appointment were:

- females (23% compared to 17% males)
- young people (28% of those aged 18-34 compared to 9% of those aged 65+)
- those from a minority ethnic background (25% of respondents of Black ethnicity, and 23% of those of Asian ethnicity compared to 19% of people of White ethnicity)
- those in urban locations (24% compared to 18% of suburban respondents and 17% of rural respondents)
- those in the North-East and South-West regions of England (30% of respondents, compared to 15% in London and 14% in Scotland, for example).

Most commonly the desired appointment was for a check-up. This was the case for around two-thirds (67%) of those who had tried unsuccessfully to get an appointment.

¹² A small number of parents did not know whether their children had a regular practice or not.

¹³ These figures should be treated with caution as they are based on a low base size of just 38 people.



As shown in Figure 9 the main reason for not being able to book an appointment was that their regular dental practice had a large backlog of appointments (29%).

As Figure 9 also shows, the pattern of reasons for not being able to book an appointment differed from that recorded in the 2022 survey results. A smaller proportion of respondents reported that their practice was only accepting emergency cases (15%) than had done so in 2022 (29%). However, a larger proportion reported being turned away when trying to book at a new practice because they were not accepting new patients (25% compared to 14% in 2022). A larger proportion also said they had tried to book for NHS treatment but had been told that only private appointments were available (23% compared to 12% in 2022).

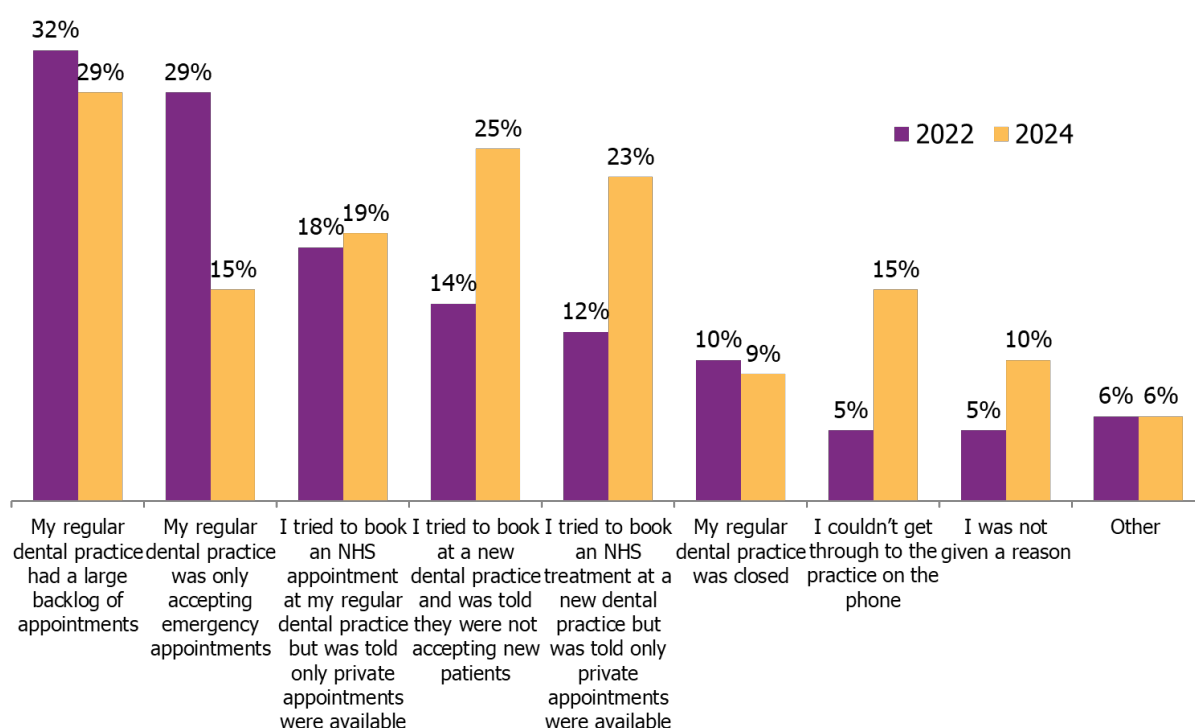


Figure 9: Why were you unable to book an appointment? Base = those who had tried and been unable to book an appointment: Dec 2022 (582), Jan 2024 (481)

4.3 Postponements and cancellations

In the last year, one in ten (10%) respondents had experienced a dental appointment cancellation and a slightly higher proportion (15%) had experienced a postponement. A small minority (3%) reported having experienced both of these issues. Most commonly, this kind of disruption (cancellation or postponement) affected check-ups.

- Younger people were more likely to have experienced a cancellation or postponement (86% of those aged 65+ said they had not had any appointments postponed or cancelled, compared to 67% of 18-34-year-olds).



- Those of Black ethnicity and Mixed ethnicity were also more likely to have had these experiences (78% of those of White ethnicity said they had had no appointments postponed or cancelled, compared to 68% of those of Black ethnicity and 63% of those of Mixed ethnicity).
- Respondents in urban areas were also more likely to have had this experience (72% had not had any appointments postponed or cancelled, compared to 79% of suburban respondents and 80% of rural respondents).

One-third (33%) of those who had experienced a postponement or cancellation had experienced this more than once. Although most were able to rebook on the most recent occasion, about one in ten (11%) of those who had experienced this were not able to do so, whilst others had had to attend appointments elsewhere (9% had been referred to a different practice and 3% had found a different practice themselves).

4.4 Views about dental care access

Much of the data in Sections 4.1, 4.2 and 4.3 points to the prevalence of access issues, particularly in relation to experiences of NHS treatment. As well as seeking information on their experiences, the survey also sought respondents' views and opinions of access to dental care.

When asked how far they agreed or disagreed with a series of statements about their own practice, 65% of respondents with a regular practice agreed or agreed strongly with the statement 'it seems to be harder to arrange NHS care compared to private care' compared to 13% who disagreed or disagreed strongly. When those who answered 'don't know' in response to this statement are discounted, 83% of those expressing an opinion agreed or agreed strongly that NHS care seems to be harder to arrange (vs 17% who disagreed or disagreed strongly).

Many expected these access issues to continue in the future. When asked how far they agreed or disagreed with a series of statements that might describe their expectations of visiting dental professionals in the future:

- more than three-quarters (79%) of all respondents agreed that it will be harder to have dental treatment on the NHS in the future (45% agreed strongly, and 34% agreed)
- just under three-quarters (72%) of all respondents agreed or agreed strongly that it will be harder to get an appointment at a dental practice (32% strongly agreed, and 40% agreed)
- just over one-third (35%) of those not currently solely receiving private care agreed or agreed strongly with the statement 'I will have more private dental care in future'.



As Figure 10 shows, agreement (the proportion saying they agree / agree strongly) with all of three of the above statements has increased since the 2022 survey.

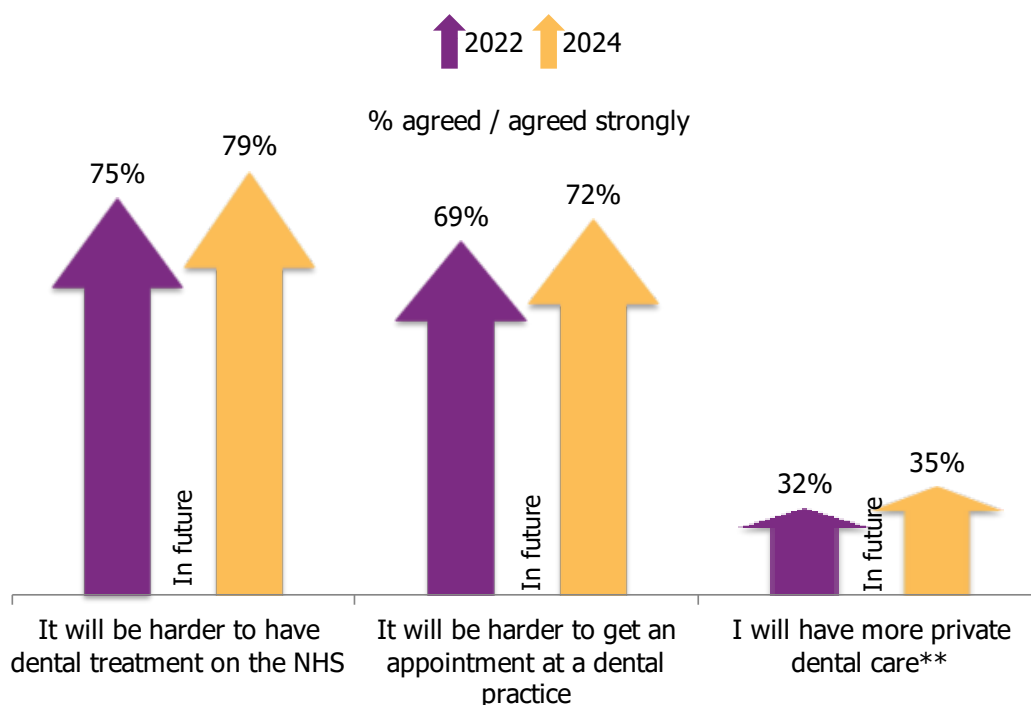


Figure 10: Here is a series of statements that might describe your expectations of visiting dental professionals in the future. Please indicate your level of agreement with each statement. Base = total survey sample: Dec 2022 (2,890), Jan 2024 (2,415); **those not already having solely private care: Dec 2022 (2,206), Jan 2024 (2,069)

4.5 Current and expected future costs of dental care

Of those respondents with a regular practice, 61% agreed with the statement 'my dental practice has become more expensive'. When 'don't know' responses were excluded, this rose to 81%.

- 🌈 The proportion agreeing that 'my dental practice has become more expensive' was higher in the South of England (67%) than in the North of England (59%), Scotland (51%) or Wales (55%).

Looking to the future, a clear majority (87%) of all respondents agreed or agreed strongly with the statement 'dental treatment will become more expensive' in relation to their expectations of visiting dental professionals in the future. Just under half agreed (48%) strongly with this statement.

Regardless of the type of dental care they received, the majority of respondents expected to spend more or the same amount on their dental care over the next year, compared to the previous 12 months, as shown in Figure 11.

All those who had spent money on private dental care in the last 12 months were asked whether they expected to spend more, less or about the same amount on private treatment in the year to come. Amongst this group, 15% said they expected



to spend 'a lot more' on private dental care, 36% said they expected to spend 'a little more', and 27% said they expected to spend the same amount.

A similar question was asked of all those who had spent money on NHS care in the last year – that is, did they expect to spend more, the same amount or less on NHS dental care over the next year. Amongst this group¹⁴, 13% expected to spend 'a lot more' on NHS dental care, 34% expected to spend 'a little more', and 36%, a higher proportion than was the case for private care (27%), expected to spend about the same amount on NHS care in the year to come.

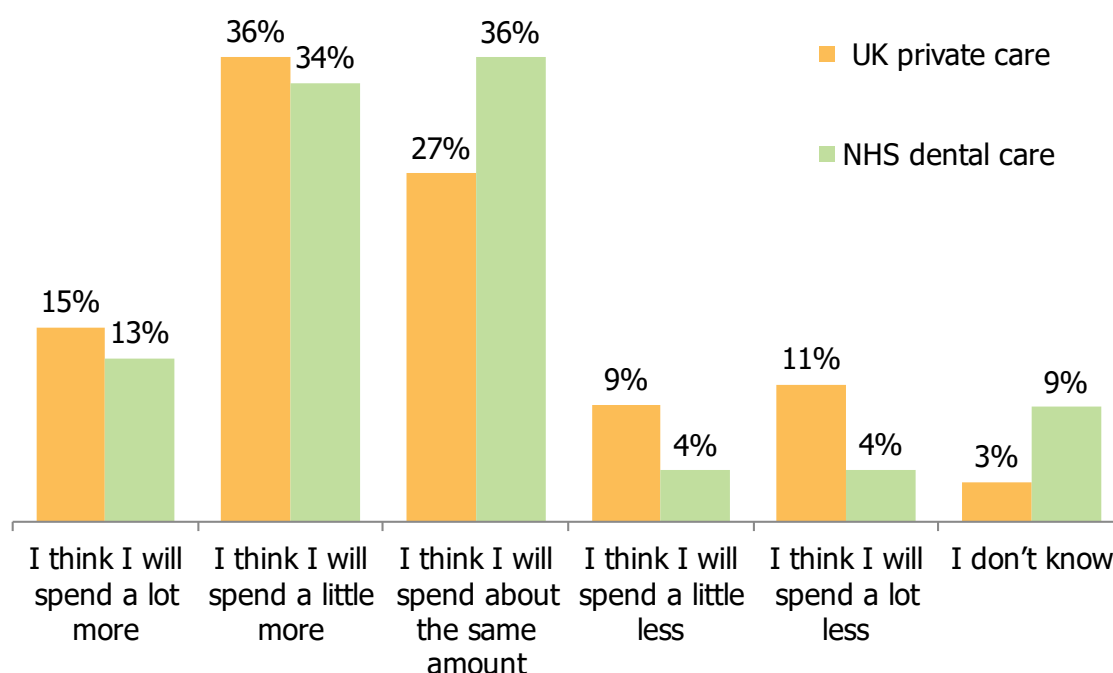


Figure 11: Thinking ahead, over the next year, please indicate how you expect your spending on each type of dental care, over the next year, to compare [to last year]. Base = those who had spent money on private care: Jan 2024 (434); those who had spent money on NHS dental care: Jan 2024 (736)

The most common reason given by people who expected to spend more was that prices would be going up because of inflation, the general increase in the cost of living and market pressures (high demand and lack of supply).

"Inflation and increased demand for private dental care due to lack of NHS provision." (Male, 65-74, South-East)

Amongst the minority of people who expected to spend less in the next year (20% of those who had spent money on private care and 8% of those who had spent money on NHS care) the most frequent reason given was that they expected to have

¹⁴ The two groups were not mutually exclusive as some respondents had spent money on both private care and NHS care and so were asked this question for both types of care.








fewer dental care needs. Open responses to the survey show that some respondents were deliberately intending to cut back their dental treatment for cost reasons.

“Because I intend to put up with the pain for now and delay going as I cannot afford to.” (Female, 45-54, East of England, expected to spend a lot less)

4.6 Views and experiences of those having to cut back on key essentials

The GDC continues to undertake research related to health inequalities and, in light of the cost-of-living crisis, this research sought to explore the views and experiences of those who are struggling the most with their finances. Participants were asked to identify whether they have had to cut back on key essentials (e.g., food, heating) because of the current crisis, whether they have been able to afford key essentials but had cut back elsewhere to do so, or whether they have been able to afford key essentials without having to make cuts. Some key differences for these groups were as follows:

-  Amongst those respondents who had seen a dental professional in the past year, the results suggest that many of those who were struggling most with the cost-of-living crisis have been prioritising treatment over preventative dental care. For example, people who had to cut back on key essentials were more likely to have gone for emergency treatment at least once in the past year than those who had not cut back (27% compared to 13%). Likewise, they were more likely to have had fillings in the last year (43% compared to 26% of those who had not cut back). By contrast, people who had to cut back on key essentials were less likely than those who had not cut back to have gone for more than one check-up (40% compared to 47%).
-  Furthermore, many of those cutting back on key essentials intended to reduce their dental care in the future. A higher proportion agreed or agreed strongly that they would go less often for routine dental appointments (58%) compared to those who had not cut back (35%).
-  Almost three in ten (28%) of those cutting back on essentials agreed strongly that they would only go to a dentist in an emergency compared to only 13% of those not cutting back. This was despite the fact they were actually more likely to think they would need treatment if they visited a dental professional tomorrow (53% compared to 33% of those not cutting back).
-  Affordability of dental care was an issue for many of those struggling with their finances. Amongst those who had not been to see a dental professional in the past year, about one-fifth (21%) of those who had not cut back said concern about cost was a reason for not doing so, whilst this was true for just over one-third of those who were cutting back (36% of those who had cut back on non-essentials and 33% of those who had cut back on key essentials).
-  When asked why they said they were unlikely to book an appointment in the next three months, 43% of those who had cut back on key essentials and 40% of those who had cut back on non-essentials said that they could not afford to see a dental professional (compared to 23% of those who had not cut back).



- Amongst those who had been to a dental professional in the past year, a greater proportion of respondents who said they had cut back on key essentials (31%) were dissatisfied with the affordability of treatment, than was the case amongst those who had not cut back (16%).
- Those who had cut back were also more likely to have experienced access issues. Around one-third (34%) of those who had cut back on key essentials said that they did not have a regular dental practice (compared to 25% of those who had not had to cut back).

Aarav's story

Aarav lives in a town in Bedfordshire with his wife and two children who are aged under 10. He is a field engineer, so his work involves quite a lot of travelling and unpredictable hours.

Whilst his children have regular check-ups because they are free, he and his wife do not go to the dentist unless they feel that it is absolutely necessary. He did visit the dentist in early 2023 because he had an issue but had not been to the dentist for 15 years prior to this.

He feels that going to the dentist is an unaffordable expense so can only justify going if there is a problem that he cannot live with. Last year, his tooth fell out when he was eating and so he needed to be seen urgently. He had to wait to get an appointment because of long waiting lists and his tooth was eventually filled six weeks later. During this period, he was in pain and struggled to eat properly. He is concerned that, with the recent government announcement of increased payments to NHS dentists for treating more patients in England, he might have to wait even longer for future treatment as the number of patients at each practice increases.

"Honestly, I think that's even worse because then like my appointment took well obviously six weeks in total, and that might take double the time if they have more patients."

The dental treatment cost him £170 in total which was difficult to afford – he likened it to two weeks of food shopping bills. This was compounded by the fact that he had to see the dentist during working hours and so he lost money that he could have earned. He said that he wouldn't have had the treatment, but he couldn't live with the tooth how it was. He was offered a guarantee for the treatment if anything went wrong for an additional £60 but he couldn't afford to take this up.

"Well, coming back to the same situation last year, it cost me, that one filling, I think about £170, which was – well it had to be done but it's a crazy price... I think last time I had been to the dentist was maybe 15 years ago because obviously you have to pay maybe £50 or £60 just for a check-up and then x-ray is on top, so I just go when I need to, like, for example, that filling."

He thinks he is unlikely to go to the dentist again in the foreseeable future and feels strongly that those on benefits (he receives working tax credits, but his income is above the threshold for eligibility for free dental care) should be able to receive NHS dental care at a reduced rate.



5. Future intentions and expectations

Section summary

- Almost one-quarter (24%) of respondents already had an appointment booked to see a dental professional in the next three months, a slightly higher proportion than was the case in 2022 (20%).
- Those respondents who had not visited a dental professional in the past year (either in the UK or abroad), and who also said that they were unlikely to make an appointment to see one in the next three months, were asked what the reasons were. Affordability was a key reason, with just over one-third (36%) saying that they couldn't afford to see a dental professional and / or that they were worried about the cost.
- The research indicates that some people are making an active choice to reduce their dental care. Just over half (53%) of respondents agreed or agreed strongly that they would leave a longer gap between dental appointments in the future. In total, 46% of respondents agreed or agreed strongly that in future they will only see a dentist in an emergency.

5.1 Appointments booked / likely

As shown in Figure 12, almost one-quarter of respondents (24%) already had an appointment booked to see a dental professional in the next three months, a slightly higher proportion than was the case in 2022 (20%). Just under one-fifth (18%) said they were very likely to make an appointment in the next three months and the same proportion (18%) said they were fairly likely to do so, whilst just over one-third (34%) said they were fairly or very unlikely to do so (16% and 18% respectively).

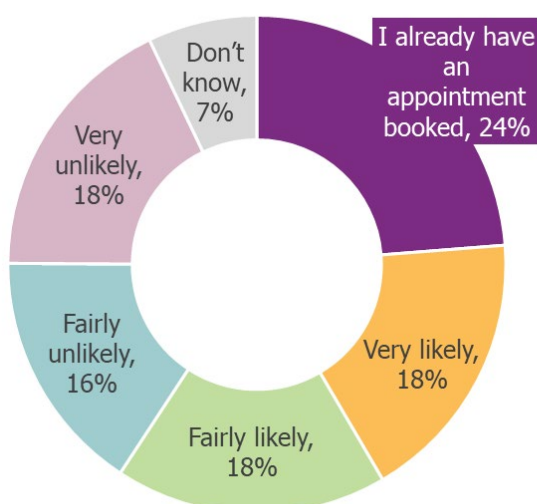


Figure 12: Thinking about the next three months, how likely is it that you will make an appointment to see a dental professional? Base = total survey sample: Jan 2024 (2,415)



5.2 Reasons for being unlikely to make an appointment

Those respondents who had not visited a dental professional in the past year (either in the UK or abroad), and who also said that they were unlikely to make an appointment to see one in the next three months, were asked (from a prompted list) what the reasons were.

As can be seen in Figure 13, affordability was a key reason for some, with just over one-third (36%) saying that they couldn't afford to see a dental professional and / or that they were worried about the cost.

46% of those who said they think they would need dental treatment if they were to see a dentist tomorrow say the reason that they don't have an appointment booked is that they can't afford to see a dental professional or they are concerned about the cost. This compares to 16% of those who say they don't think they would need treatment.

Just over one in seven (15%) of those who hadn't been to a dental appointment in the last 12 months and who indicated that they were unlikely to book an appointment in the next three months said this was because they could not get an appointment.

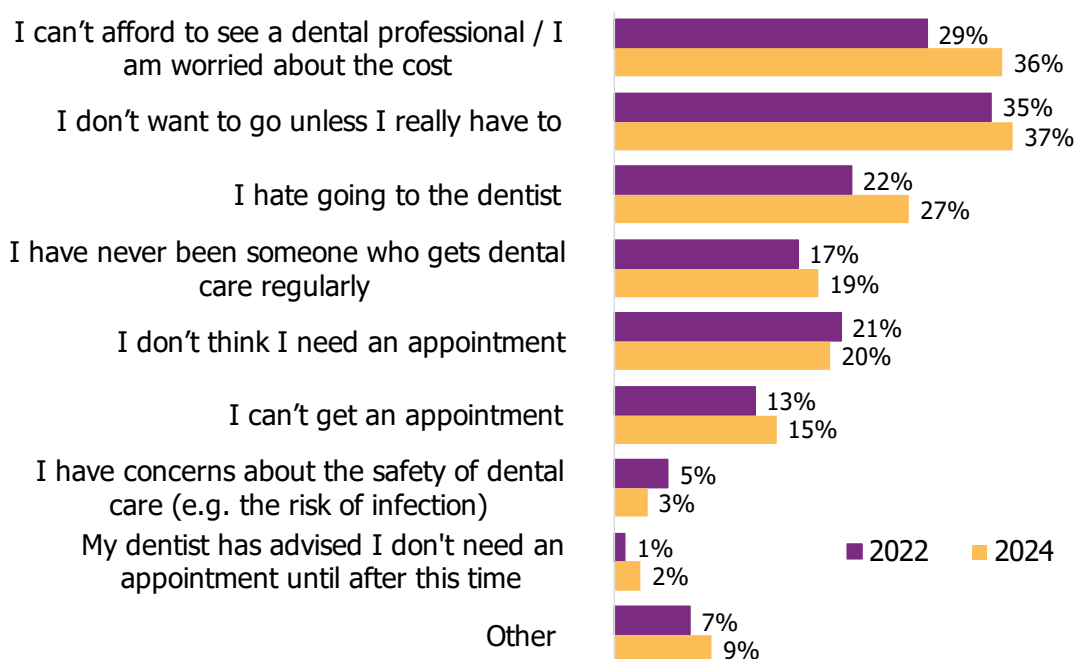


Figure 13: You say you are unlikely to book an appointment with a dental professional in the next three months, and you also indicated that you haven't been to a dental appointment in the last 12 months. Which of the following are reasons for this? Base = those who have not received dental treatment and are unlikely to make an appointment: Dec 2022 (663), Jan 2024 (564)



Asma's story

Asma is in her late 30s and lives with her parents in South Yorkshire. She is currently unemployed and looking for work, but she also cares for her parents.

It is several years since Asma last went to the dentist. The last time she went, she had a poor experience with some unpleasant procedures, and she found the staff unfriendly and uncaring. This has put her off and she would now only use a dentist in an emergency.

Beyond finding the dentist 'scary', she has several concerns about dental care. Primarily, she worries about costs. She is on a low income, and she knows that dental care can be really expensive. She doesn't know if she'd be eligible for free NHS care but knows other people who say you still have to pay a lot, even for a check-up. She can't remember if she paid last time, and she finds the whole issue of costs very confusing. It's a further reason to avoid the dentist.

"It's a bit confusing and I don't know what's what anymore. Even back then when I did go, I wasn't even sure what I was paying, if I was paying anything... I'm not quite sure who is eligible and who is not. I mean I always thought, with the NHS, if you're with the NHS, you know, it's free but then it doesn't seem that's quite so simple from what I've heard from other people."

She is also worried about finding a dentist if she needs one. She remembers helping a cousin who was in a lot of pain and needed an emergency appointment. It was really hard to find a dentist who could take her and deal with her issue quickly. She knows that there are long waiting times for an appointment, even if you have an NHS dentist. She is also reliant on public transport, which is a further consideration.

"It can be really hard to get registered to a dentist. Like it's just a very... it's a long waiting game with these dentists, yeah... just the thought of not being registered and trying to get to a dentist in an emergency is very difficult."

Asma is concerned about the potential long-term problems of not receiving regular dental care. She knows other people have regular check-ups and routine treatment for their teeth and thinks that she should also be having routine dental care.

"It does worry me in that I'm thinking, even though – because from other people's experience and I see other people going – I just think maybe it's something I need to do but I'm just scared."

She hasn't heard anything about dental care in the UK in general, but from what she's heard from people she knows, it is hard to get an appointment. She thinks this is an issue in the NHS as a whole, and she suspects the care is better – and potentially cheaper – abroad. To return to regular dental care, she would need a guarantee that it would be affordable, and as painless an experience as possible.



5.3 Expectations of the frequency of future dental care

The research indicates that some people are making an active choice to reduce their dental care. Just over half (53%) of respondents agreed or agreed strongly that they would leave a longer gap between dental appointments in the future. Almost half (49%) agreed or agreed strongly that they would go less often for routine dental appointments such as check-ups.

- Those groups that had experienced issues with access and / or affordability of dental care (younger people, people of Asian ethnicity and people living in urban areas) were significantly more likely to agree with both of these statements, as were those who said they were cutting back on key essentials.

Even though dental care for children is free on the NHS, some parents similarly seem to be reducing the frequency of their children's visits. Just under two-fifths (38%) agreed or agreed strongly that they would take their child(ren) for routine appointments less often in the future; and about one-third (34%) agreed or agreed strongly that they would leave a longer gap between their children's appointments.

In total, 46% of respondents agreed or agreed strongly that in future they will only see a dentist in an emergency.

- Younger people were more likely to agree that they will only see a dentist in an emergency (55% of 18-34-year-olds agreed or agreed strongly compared to 31% of those aged 65+).
- Respondents of Asian ethnicity were also more likely to agree or agree strongly (64%, compared to 46% of all respondents).
- Those with no regular practice were also, unsurprisingly, more likely to agree or agree strongly that this was the case (71% agreed or agreed strongly compared to 34% of those with a practice).
- Those in Northern Ireland were more likely to disagree or disagree strongly that they will only see a dentist in an emergency (54% of respondents disagreed or disagreed strongly compared to 44% of all respondents).



6. Confidence in dental care

Section summary

- In both this survey and the previous survey in 2022, respondents were much more confident in the quality of dental care in the UK than in people's ability to access that care. The results also show that confidence has reduced, in both of these respects, between the 2022 and 2024 surveys.
- Almost three in ten (29%) respondents said they felt more confident in the quality of private dental care provision than in the quality of NHS provision. This was almost double the proportion (15%) who expressed the opposite view.
- When asked how their confidence in the way dental care is delivered has changed in the last year, just over half (52%) of respondents reported no change in their confidence. However, almost one-quarter (24%) said they were less confident. These results are very similar to those seen in the 2022 survey.
- Amongst the 24% of respondents who said they were less confident in the way dental care was delivered than they had been a year ago, a small minority said this was because they felt the dental care they had personally received had worsened. A far greater proportion of these respondents, however, said the deterioration in confidence was because of access issues. This was particularly the case in relation to NHS provision, with respondents reporting, for example, not being able to get an appointment or find a dental practice accepting new patients, or perceiving that there simply aren't enough dentists and those remaining are overwhelmed. Some felt that they had no alternative but to go private. Rising costs were also cited by many as a reason for decreased confidence.

In 2022 and 2024, respondents were asked two sequential questions about their confidence in dental care in the UK. Firstly, they were asked how confident they were that people in the UK can get access to dental care when they need it and, secondly, they were asked how confident they were that, when people in the UK do get dental care, it is of a high quality.

As Figure 14 shows, respondents were much more confident in the quality of dental care in the UK than in people's ability to access that care, and this was the case in both 2022 and 2024. The results also show that confidence has reduced, in both respects, between the 2022 and 2024 surveys.



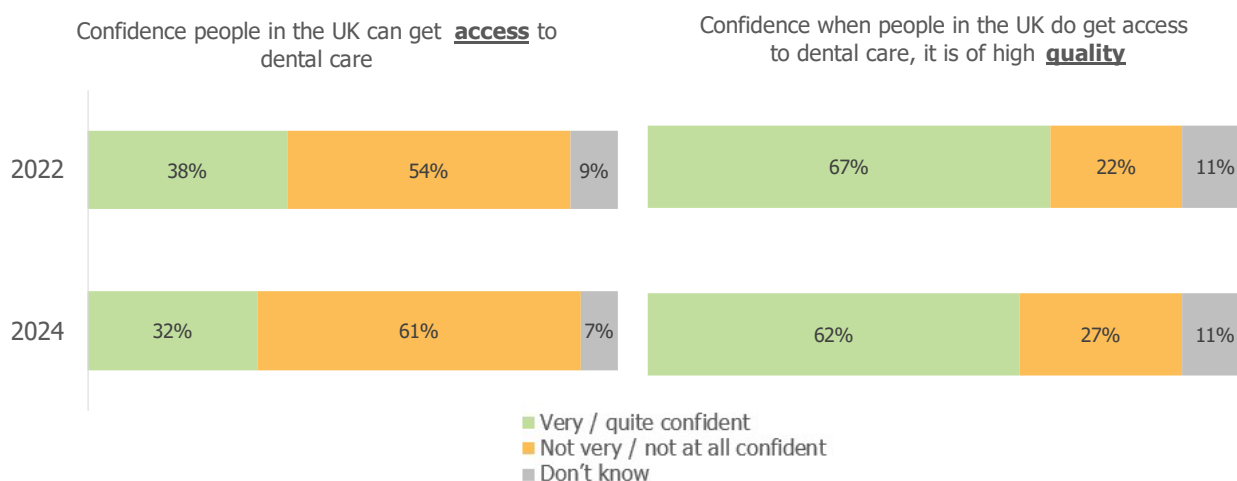


Figure 14: How confident are you that...? Base = total survey sample: Dec 2022 (2,890), Jan 2024 (2,415)

Whilst in 2022 just under two-fifths (38%) of respondents were confident that people in the UK could get access to dental care when they need it, in the 2024 survey this figure was lower, at just under one-third (32%).

In the latest survey a majority of 62% of respondents were confident (very or quite) that when people do access dental care in the UK, it is of a high quality; this was a lower proportion than was seen in 2022 (67%).

Unsurprisingly, confidence levels were lower amongst those who had experienced access issues themselves: whilst 61% of all respondents in 2024 said they were not very or not at all confident that people in the UK can get access to dental care when they need it, this figure rose to 74% of those who had tried and failed to join a practice, and 75% of those who were dissatisfied with the ease of getting a dental appointment.

Looking at demographic differences in 2024, levels of confidence in access to dental care were lower amongst older respondents (15% of those aged 65+ were very or quite confident compared to 45% of 18-34-year-olds), and respondents of White ethnicity (29% were very or quite confident compared to 43% of respondents of Asian ethnicity and 39% of those of Black ethnicity). This is despite the research indicating that younger people and those from ethnic minority backgrounds were more likely to have experienced access issues themselves. Similar findings came through in previous surveys, when younger people, and people of Asian and Black ethnicity were more likely to feel confident in dental care, despite being more likely to have experienced issues getting a dental appointment.

Respondents were also asked whether they felt more confident in the quality of provision of NHS dental care or private dental care, or if there was no difference. As shown in Figure 15, two-fifths (40%) said they felt the same degree of confidence regardless of whether the provision was private or from the NHS. However, almost three in ten (29%) respondents said they felt more confident in the quality of private



dental care provision than in the quality of NHS provision. This was almost double the proportion (15%) who expressed the opposite view. These results are very similar to those observed in the 2022 survey.

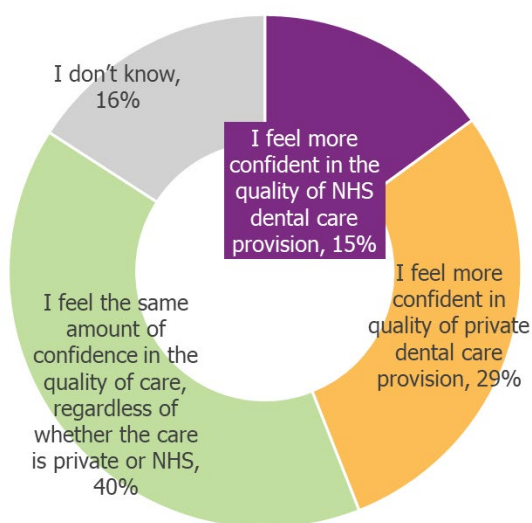


Figure 15: When it comes to quality of dental care, would you feel more confident in NHS dental care or private dental care, or is there no difference? Base = total survey sample: Jan 2024 (2,415)

When asked how their confidence in the way dental care is delivered has changed in the last year, just over half (52%) of respondents reported no change in their confidence, as shown in Figure 16. However, almost one-quarter (24%) said they were less confident, compared to 16% who said they were more confident. These results are very similar to those seen in the 2022 survey.

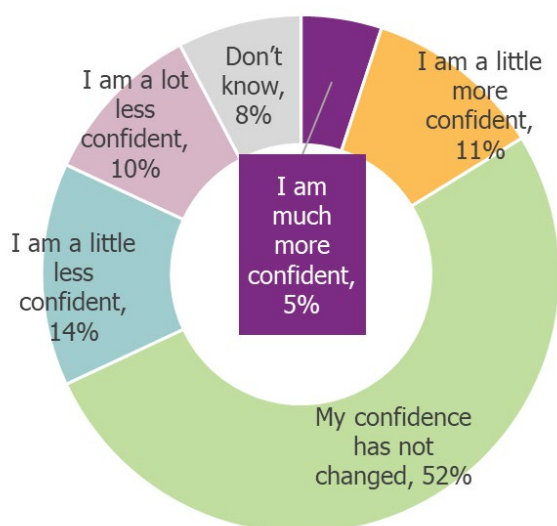


Figure 16: How, if at all, would you say your confidence in the way dental care is delivered has changed in the last year? Base = total survey sample: Jan 2024 (2,415)



Respondents were asked why their confidence in the way dental care is delivered had changed. Amongst those (17%) who said they were more confident, this was most frequently due to feeling that the dental care that they had received personally had improved.

Amongst the 24% of respondents who said they were less confident in the way dental care was delivered than they had been a year ago, a small minority (fewer than one in ten)¹⁵ said this was because they felt the dental care they had personally received had worsened. A far greater proportion (closer to half) of these respondents, however, said the deterioration in confidence was because of access issues. This was particularly the case in relation to NHS provision, with respondents reporting, for example, not being able to get an appointment or find a dental practice accepting new patients, or perceiving that there simply aren't enough dentists and those remaining are overwhelmed. Some felt that they had no alternative but to go private. As also seen in the qualitative research, even if they themselves are not encountering problems, many are aware of friends and family having access issues. Rising costs were also cited by many as a reason for decreased confidence.

"The dental industry has fallen apart, it's nearly impossible to get seen, there are few dentists available and they're so overworked and stressed that their work is affected." (Female, 25-35, South-West, a lot less confident)

"I have family members who can't register, and their kids have never seen a dentist, and one is six years old. Disgraceful." (Female, 45-54, Northern Ireland, a little less confident)

Some respondents specifically mentioned the perception that NHS patients are being deprioritised by dental professionals and that those who cannot afford to pay for private care are either completely unable to get care or receive poor quality treatment.

"Dentistry is expensive, and people cannot afford it. The NHS dentist is becoming a rare breed." (Female, 45-54, East of England, a lot less confident)

"Chance would be a fine thing, seeing as it's easier to travel into space than get an appointment with a dentist. They're only interested in making money, dental appointments are only available if you go private. They're propelled by greed and greed alone." (Female, 35-44, East of England, a lot less confident)

"The dentists only seem to be bothered with their private patients rather than NHS patients because of the money which they can make for themselves." (Male, 55-64, West Midlands, a little less confident)

¹⁵ The proportions cited in this section are based on a broad thematic analysis of open comment responses rather than a fully structured coding and counting of responses.



Ruth's story

Ruth is in her late 30s and lives with her two teenage daughters. She has a range of health problems, including spinal issues and lesions on her brain. She is also experiencing significant dental issues, such as cavities, broken teeth and receding gums. She experiences acute dental anxiety following some bad experiences in childhood and in adulthood too. This is part of the reason for her dental health being poor, as she avoided dentists for many years. She has not had a regular dentist since she was a teenager, and she has not been able to find an NHS dentist despite many and frequent attempts. She is on benefits and has no hope of affording private dental care.

"I've rung multiple dentists and asked if they're taking on NHS patients and it's always the same thing. I check the website where you can put in your postcode and find out if there is anybody taking on in your area and it's always the same thing, 'We are not currently taking on NHS patients, we are not currently taking on NHS patients'."

As a result, she manages as best she can on her own and dreads an infection or abscess that she can't treat with painkillers and salt water. In these cases, she calls the emergency dental line and hopes they'll just prescribe her antibiotics without having to see her.

"I only ever ring a dentist if it's a complete and utter emergency. I would rather not even bother sometimes because it's just too much hassle."

More recently, Ruth has been a frequent visitor to her local dental hospital. They have been pretty good, but currently they have no NHS dentists since one retired and the other left. As a result, she might be referred to other dentists, including those she had poor experiences with. She is fearful of seeing dentists she doesn't know, so she will put it off as long as possible. When she has to go, Ruth relies on public transport, and a trip to the dentist often means an hour-long bus journey each way (as long as the bus shows up – she has had to cancel appointments before when the bus didn't appear).

She has been told she needs most of her teeth removed and has been assessed for dentures. This will involve surgery under general anaesthetic, but any treatment is on hold until she has further medical tests to establish whether she is fit enough. Ruth is despairing of her situation. She is desperate to have the procedure to address her problems and wishes she could afford to get it done now. Her bad teeth affect her confidence, and she is always worrying about infection.

"I wish I could afford a dentist. I really wish I could get this treatment done. If I could, I would get my teeth fixed in an instant and it would be over finally, because it's been an ongoing battle for years and I'm 37 years old and I feel like I've had this problem since I was a teenager, so 20 plus years... I'm terrified of getting an infection and it's getting worse, because I already have enough health issues, I don't want more. That is my biggest fear, getting an infection in my teeth."

However, she also worries about aftercare once she has dentures. She has heard that, as soon as she has the dentures, the local dental hospital will discharge her, and won't see her again unless it's an emergency.

"I feel like, unless you can afford it, you can't get the treatment that you need. And I mean I've been told that... when they've done the dentures, they will discharge me and that's it. That is their job done. I will have to get my own dentist to take care of me after that. And that's impossible to do right now. So that's another fear in my mind, is when I get my dentures, who is going to help me afterwards?"



Her confidence in UK dental care is much lower than it used to be, particularly given her own experiences and what she has read about people pulling their own teeth out with pliers. She can't believe that – if you can't pay – you can't get dental treatment in the UK.

"It's heartbreaking that we're in a society where... you feel like you're not good enough because you're not working. I mean, I used to work. I used to work hard and now, because of my health, I'm not allowed to work. And I feel like, because of that, I'm not allowed a dentist because... everywhere you ring it's like, 'We do not take NHS patients'. It's always private patients and I can't afford that sadly."



7. Complaints and regulation

Section summary

- A minority (7%) of respondents had previously made a complaint about a dental professional.
- Just over half (53%) of those who had made a complaint said that if the exact same situation as led to their complaint were to happen now, they would be more likely to complain about the dental professional.
- A small proportion (16%) of respondents said they had definitely heard of the GDC before completing the survey and just over one-quarter (27%) thought they had done so, whilst almost half (48%) said they had not. Almost one in ten (9%) said they did not know if they had. These figures were very similar to those in all three previous surveys.
- Most respondents who had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 13% very confident and 45% fairly confident.

A minority (7%) of respondents had previously made a complaint about a dental professional. The equivalent figures in 2021 and 2022 were 5% and 6% respectively.

In 2024, of those who had made a complaint, 53% said that if the exact same situation as led to their complaint were to happen now, they would be more likely to complain about the dental professional, as shown in Figure 17. This is higher than was seen in 2021 when 35% said they would be more likely to complain, but slightly lower than in 2022 (58%). However, it should be noted that the question was worded slightly differently in 2021¹⁶ compared to 2022 and 2024. In the 2024 survey, just under two-fifths (37%) of respondents said they would be neither less likely nor more likely to complain, and 6% said they would be less likely to do so.

¹⁶ In 2021, the question was worded as follows: 'If the exact same situation as led to your complaint were to happen now, ***with the Coronavirus pandemic still happening***, would you be more likely or less likely to complain about the dental professional?' (our bold / italics).



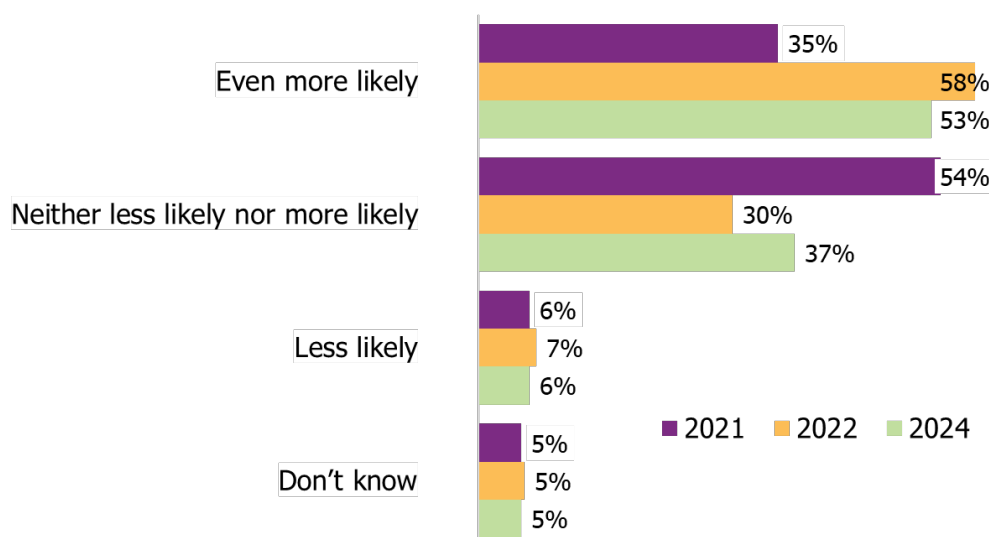


Figure 17: If the exact same situation as led to your complaint were to happen now, would you be more likely or less likely to complain about the dental professional? Base = those who had previously made a complaint: Oct 2021 (110), Dec 2022 (169), Jan 2024 (166)

A small proportion (16%) of respondents said they had definitely heard of the GDC before completing the survey and just over one-quarter (27%) thought they had done so, whilst almost half (48%) said they had not. Almost one in ten (9%) said they did not know if they had heard of the GDC. These figures were very similar to those in all three previous surveys.

Most respondents who had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 13% very confident and 45% fairly confident, as shown in Figure 18. Almost one-quarter (24%) said they did not know, 14% said they were not very confident, and 4% said they were not at all confident. These results are very similar to the results in 2022.



Figure 18: How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively? Base = those aware of the GDC: Jan 2024 (1,040)



8. Overall ratings of UK dental care

Section summary

- Respondents were asked to rate their own overall personal experience of UK dental care and the state of dental care in the UK as a whole on a 10-point scale where 10 is 'excellent' and 1 is 'very poor'. Ratings for personal experience were much more positive than ratings for the state of UK dental care as a whole. Whilst about two in three (65%) respondents gave their personal experience a rating of between 7 and 10, the equivalent proportion for the state of dental care in the UK as a whole was about one in three (34%).
- Just under one-fifth (18%) of respondents rated the state of UK dental care between 1 and 3. However, when rating their own experience, only 6% rated it between 1 and 3.
- In total, half (50%) the respondents rated dental care in the UK as a whole lower than they rated their own experience.
- Respondents were asked to explain the reasons for this. Responses highlighted issues surrounding lack of access; concerns around affordability; and perceptions that some had been left without the option of NHS care, being instead 'forced' to look to private providers.

For the first time in the 2024 survey, respondents were asked to give two overall ratings out of 10 (where 10 is 'excellent' and 1 is 'very poor') to (i) their own overall personal experience of UK dental care, and (ii) the state of dental care in the UK as a whole. All respondents were asked to do this, regardless of how much care they had themselves received in the UK, but they had the option to indicate 'don't know' to either or both questions. These questions were asked towards the end of the survey so that responses could be informed by respondents' previous answers.

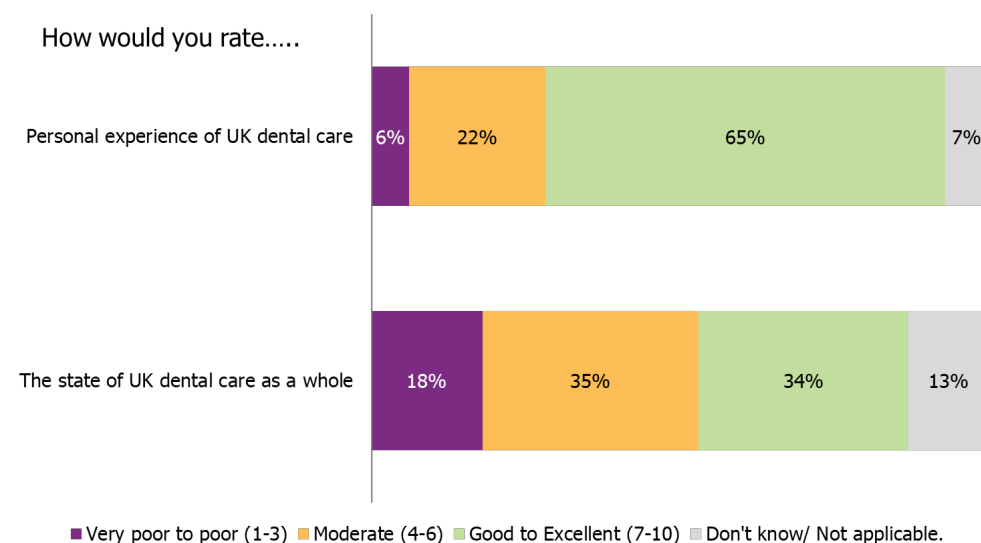


Figure 19: Finally, how would you rate your own personal overall experience of UK dental care on a scale of 1-10 where 10 is in excellent and 1 is very poor? And how would you rate the state of dental care in the UK as a whole, on a scale of 1-10 where 10 is an excellent state and 1 is a very poor state? Base = total survey sample: Jan 2024 (2,415)



As Figure 19 shows, ratings for personal experience were much more positive than ratings for the state of UK dental care as a whole. Whilst about two in three (65%) respondents gave their personal experience a rating of between 7 and 10 on the 10-point scale, the equivalent proportion for the state of dental care in the UK as a whole was about one in three (34%). Just under one-fifth (18%) of respondents rated the state of UK dental care between 1 and 3. However, when rating their own experience, only 6% rated it between 1 and 3.

Some groups were more likely to rate their own personal experience towards the excellent end of the scale (i.e., between 7 and 10) including:

- 👤 older people (75% of those aged 65+ gave this rating compared to 59% of 18-34-year-olds)
- 👤 people of White ethnicity (67%) compared to people of Asian ethnicity (58%) or Black ethnicity (59%)
- 👤 those in Northern Ireland (75%), Scotland (72%) and Yorkshire / Humberside (71%), especially compared to those in the South-West (56%) and the East of England (57%).

Those who had reported experiencing access issues elsewhere within the survey were more likely to rate their own personal experience of dental care towards the very poor end of the scale (i.e., between 1 and 3) – for example:

- 👤 Amongst those who had, within the last 12 months, tried to book an appointment but been unable to do so, 15% gave a rating of between 1 and 3, compared to only 6% of all respondents.
- 👤 Amongst those without a regular dental practice, 11% gave a rating of 1-3 (with a further 16% saying 'don't know'), compared to 3% of those with a current practice.

The groups most and least happy with their own experiences did not necessarily align directly with those most and least likely to give similar ratings to the state of dental care as a whole in the UK – for example:

- 👤 Whilst people aged 65+ were more likely to rate their own experience highly, they were, at the same time, less likely than younger people to give the state of dental care in the UK as a whole the same high rating of 7-10 (24% did so, compared to 41% of 18-34-year-olds).
- 👤 Similarly, whilst rating their own experiences less favourably, people of Asian ethnicity (43%) were more likely than people of White ethnicity (33%) to give a rating of between 7 and 10 for the state of dental care in the UK as a whole.
- 👤 Those without a regular dental practice were less likely to give a rating of 7-10 to the state of dental care in the UK as whole with (26% compared to 39% of those with a regular practice).
- 👤 Those who had made a failed attempt to book an appointment were more likely to give a low rating (1-3) for the UK as whole (29%) compared to all respondents (18%).



In total, half (50%) the respondents rated dental care in the UK as a whole lower than they rated their own experience. Respondents were asked to explain the reasons for this. The answers highlighted issues surrounding lack of access, concerns around affordability, and perceptions that some had been left without the option of NHS care, being instead 'forced' to look to private providers, all of which were apparent in the wider survey findings.

Many of those who had had good experiences of dental care said they felt lucky to have done so. Their wider perception was that many people simply cannot find a dentist or afford treatment. Some example responses are provided below:

"My reason for scoring low on the overall state of dental care in the UK is because it is so difficult to get in with an NHS dentist. Going to a private dentist is so expensive that you don't really have a choice other than lessening the amount of times you see the dentist. I scored a 6 for my own experience purely because the process of making an appointment with a private dentist was fairly straightforward, but I would much rather prefer to be given the possibility of joining an NHS dentist seeing that I contribute towards NI for such benefits." (Female, 25-34, South-West)

"People removing their own teeth because they can't get an appointment. My experience of dental care relates mostly to the NHS destroying my dental health by not giving me adequate treatment or advice over more than 50 years. It also relates in part to the private treatment I have been forced into through the non-availability of NHS dentists in the area where I live. That care is considerably better than NHS treatment but phenomenally expensive. No dentist in this area is accepting new NHS patients, as far as I am aware." (Female, 65-64, South-West)

"I've accessed emergency treatment a few times and have always been treated quickly and well. The issue is finding an NHS dentist for the general treatment I need such as fillings and an extraction." (Male, 35-44, Wales)

"People are struggling to get dentists. There are not as many appointments available for people. The quality of dental care is going downhill due to long lists of patients and the dentists not having enough time and feeling overworked." (Female, 25-34, East of England)

"Too many people lack access to basic dental services. I got lucky (I suppose) after 10 years of being on a waiting list, to have been finally approached. Too many still don't have that luxury." (Male, 45-54, South-West)



9. Conclusions

This research broadly investigated three overarching themes related to dental care with the UK public:

- behaviours and choices
- access to and affordability of care
- confidence in the sector and in its regulation.

9.1 Behaviours and choices

The proportion of survey respondents who visited a dental professional in the past year was similar to that seen in the previous 2022 survey. However, the research also showed that some people were choosing to avoid or reduce dental care. Even amongst those who have experienced pain or other issues with their teeth, there is a group who have not sought any treatment.

Many respondents revealed that they are planning to make an active choice to reduce their dental care – either leaving longer gaps between dental appointments or going less frequently for routine dental appointments such as check-ups. Some say they intend only to go to a dental professional in an emergency. In addition, a small proportion of patients, mostly those with family or cultural connections abroad, are seeking dental treatment outside the UK.

Over the course of four studies commissioned by the GDC (in the period 2020 to 2024), there has been a shift towards private dental care provision and away from the NHS. Much of this reported shift towards private care has occurred in the last three years.

This study suggests that some of these choices and behaviours arise from changes and pressures in the sector – with system over-stretch in terms of NHS capacity, practices no longer offering NHS care, and dental practices no longer routinely reminding patients of the need to attend for check-ups. In addition, for some respondents, choices around accessing dental services are the direct result of cost-of-living concerns and pressures.

9.2 Access and affordability

The clear signs seen in the previous wave that many people are experiencing barriers to accessing dental care, and NHS provision in particular, are replicated in this research.

This research shows that whilst most people are accessing the dental services they need, for many their experience has not been smooth, with reports of failed attempts to book appointments, cancellations and postponements. A considerable number of people reported having no regular dental practice, with some people reporting repeated unsuccessful attempts to join one. Furthermore, many expect challenges with accessing dental services to worsen in the future, with a widespread belief that getting appointments and having NHS treatment will only get harder.



Health inequalities in relation to access, as uncovered in the 2021 and 2022 surveys, also remain apparent. Younger people, people from ethnic minority communities (especially those of Asian ethnicity), and people living in urban areas appear to be experiencing more challenges and barriers. There are also some regional variations with access in the South-West of England looking particularly difficult. Of course, inequalities are not a simple picture, and the research shows multiple individual and community factors – geographic, demographic and economic – affecting access, affordability and attitudes.

There is strong evidence, as also seen in the 2022 survey, that those struggling with the cost-of-living crisis, may be prioritising treatment over preventative dental care, in order to save money. This is potentially compounded by the widely expressed expectation amongst respondents that dental care will become more expensive in the future.

9.3 Confidence and overall ratings

A higher proportion of respondents had confidence in the quality of dental care in the UK than had confidence that people can access dental care when they need it. In both respects confidence has lessened compared to 2022.

Of the relatively small proportion of respondents who indicated they were aware of the GDC, most were confident that the organisation was regulating dental professionals effectively. This confidence was at a very similar level to that seen in the previous survey.

Ratings for personal experience of dental care were much more positive than ratings for the state of UK dental care as a whole. There are clearly widespread concerns about access and affordability, even amongst those who have so far had only good experiences of the system themselves.

Overall half of all respondents rated dental care in the UK, as a whole, lower than they rated their own experience of care. The research findings indicate that there are increasing access issues (particularly in terms of NHS care). Health inequalities and affordability concerns are also very apparent. These issues are affecting current public and patient experiences and behaviours, and they are having an increasingly negative impact on confidence in the sector.



10. Technical appendices

10.1 Quantitative sample

Recruitment was via the GDC's Patient and Public Panel which in turn is recruited from Panelbase's online market research panel. The final unweighted sample profile is shown in the table below. *% = less than 0.5% but more than 0%.

| Gender | Number | % |
|-----------------------------|--------|-----|
| Male | 1,058 | 56% |
| Female | 1,356 | 44% |
| Other | 0 | 0% |
| Prefer not to say | 1 | *% |
| Age | | |
| 18-24 | 292 | 12% |
| 25-34 | 535 | 22% |
| 35-44 | 394 | 16% |
| 45-54 | 419 | 17% |
| 55-64 | 364 | 15% |
| 65-74 | 204 | 8% |
| 75+ | 207 | 9% |
| NET: 18-34 | 827 | 34% |
| NET 35-64 | 1,177 | 49% |
| NET 65+ | 411 | 17% |
| Socio-economic group | | |
| AB | 742 | 31% |
| C1 | 718 | 30% |
| C2 | 345 | 14% |
| DE | 610 | 25% |
| Location | | |
| Town or suburb | 1,230 | 51% |
| City | 796 | 33% |
| Rural area | 389 | 16% |
| Region / country | | |
| London | 301 | 12% |
| South-East | 277 | 11% |
| North-West | 254 | 11% |
| West Midlands | 249 | 10% |
| Yorkshire | 188 | 8% |
| Scotland | 194 | 8% |
| East of England | 162 | 7% |
| East Midlands | 175 | 7% |
| South-West | 164 | 7% |
| Northern Ireland | 155 | 6% |
| Wales | 201 | 8% |
| North-East | 95 | 4% |



| Ethnic background | | |
|---|-------|-----|
| English, Welsh, Scottish, Northern Irish or British | 1,556 | 64% |
| Indian | 165 | 7% |
| African background | 105 | 4% |
| Pakistani | 102 | 4% |
| Caribbean | 99 | 4% |
| Chinese | 62 | 3% |
| Irish | 48 | 2% |
| Bangladeshi | 51 | 2% |
| White and Asian | 30 | 1% |
| White and Black Caribbean | 33 | 1% |
| White and Black African | 27 | 1% |
| Arab | 4 | * |
| Gypsy or Irish Traveller | 3 | * |
| Roma | 1 | * |
| Any other White background | 71 | 3% |
| Any other Asian background | 31 | 1% |
| Any other Mixed background | 11 | * |
| Any other Black background | 11 | * |
| Any other ethnic group | 5 | * |
| Prefer not to say | 0 | 0% |
| NET: White | 1,679 | 70% |
| NET: Asian | 411 | 17% |
| NET: Mixed / Multiple | 101 | 4% |
| NET: Black | 215 | 9% |

10.2 Quantitative methodology

About the GDC Patient and Public Panel and the Panelbase panel

All samples and all methodologies are subject to bias. In the case of online panel research, one potential bias is in the make-up of the panel and how far it reflects the wider population of non-panel members. Panelbase employs a broad range of recruitment techniques, including offline approaches, to maximise the representation of hard-to-reach and minority groups. As their panel offers research opportunities that are both online and offline, ongoing engagement is not solely reliant on frequent internet access or high levels of IT capability.

For each survey, sample selection is aligned with the target specification, taking into account all demographic and other attributes of the target population and constructing detailed sample selection plans. Panelbase calculates likely responsiveness per respondent, using their historical survey activity, in order to ensure correctly balanced sample deployments and throughput of sample on entry to each survey. Panelbase only supplies sample for market research purposes.



Questionnaire development and testing

The questionnaire was drafted by Community Research, in close consultation with the GDC. A near-final draft of the questionnaire was programmed and then subjected to a cognitive testing process whereby five panellists were asked to complete the questionnaire and then discuss their experience with researchers. Feedback was given on each question to ensure that it was comprehensible, clear and user-friendly.

Following this small-scale cognitive test, some amendments were made. The survey was then subject to a 'soft launch' whereby the first 50 responses were gathered and checked to make sure that all aspects of the survey were working as expected, prior to fully launching the survey online.

Analysis

Data was cleaned and checked using Panelbase's standard procedures which include proprietary algorithms to automatically identify any potential rogue respondent activity such as straight lining, speeding, and providing poor verbatim responses. Subsequent analysis was undertaken by Panelbase to a specification provided by Community Research and approved by the GDC. The data was weighted to ensure that results were nationally representative for the UK.

As a sample and not the entire population of adults aged 18 and over living in the UK was surveyed, all results are subject to potential sampling tolerances (or margins of error). For a question where 50% of the sample responds with a particular answer, the chances are 95 in 100 that this result would not vary more than + or – 2% from the result that would have been obtained from a census of the entire adult population of the UK. It should be noted that these tolerances apply only to random samples with an equivalent design effect. Although the Panelbase panel itself is non-random, it is accepted statistical and industry practice to treat the sample as random and apply the confidence interval tests as described. It should also be noted that the margins of error for smaller sub-samples (e.g., at regional level or by specific demographic groups) will be higher.

Once cross-tabulated, significance testing was conducted using Pearson's Chi-Square test. This test allows researchers to calculate whether two variables in a sample are independent. It looks at an observed distribution of the responses across the total sample and calculates an expected distribution across each of the groups in the cross tabulations. It then reveals if there are any significant differences between how the different groups have answered any given question.

Where differences were not significant at this level they have not been drawn out within the findings. Again, strictly speaking the tests for significance apply only to random samples but in practice they are used as a helpful rule of thumb to decide whether findings should be highlighted or not. Any group differences highlighted within this report are statistically significant at a 95% confidence level or greater.



10.3 Qualitative methodology

Pre-survey discussion groups

Three online discussion groups were conducted in November 2023, moderated by researchers from Community Research. Participants were recruited purposively by a specialist recruitment agency, Fieldmouse Research¹⁷. In total 15 participants took part, with the demographic characteristics of participants shown in the table below. One of the groups was held specifically with people at risk of health exclusion and / or struggling to access or afford dental care.

| Characteristic | Number |
|--|-----------|
| Total | 15 |
| Male | 7 |
| Female | 8 |
| 18-35 | 4 |
| 35-65 | 7 |
| 65+ | 4 |
| Has children living at home | 7 |
| England | 10 |
| Wales | 3 |
| Scotland | 1 |
| Northern Ireland | 1 |
| Minority ethnic background | 5 |
| ABC1 | 4 |
| C2DE | 11 |
| Has a disability or long-term condition | 8 |
| NHS dental care (paid for) | 3 |
| NHS dental care (free) | 7 |
| Private dental care | 3 |
| Other (e.g. mix of private and NHS) | 2 |
| Has seen <u>dentist</u> in the <u>last 12 months</u> | 15 |
| Has sought planned or emergency treatment (as opposed to routine check-up / hygiene appointment) | 11 |

Post-survey in-depth interviews

Respondents to the quantitative survey were asked if they would be willing to take part in follow-up research in the form of an individual telephone or online interview. Community Research reviewed the responses of those who had indicated such willingness and identified potential interviewees. Selection was based on the

¹⁷ <https://www.fmresearch.co.uk/>



responses to survey questionnaire which indicated that individuals had experienced issues in relation to recent dental care. Whilst a range of demographics were included, there is some weighting towards those groups who are more likely to have experienced issues – for example, those from minority ethnic backgrounds and those from lower socio-economic groups. We also ensured the inclusion of those who said they were having to cut back on key essentials in the face of cost-of-living pressures. A full breakdown of the characteristics of the 10 interviewees can be found in the table below:

| Interview | Information taken from quant survey | Gender | Age | SEG | Ethnicity | Country |
|-----------|---|--------|-------|------|---------------|------------------|
| 1 | Has paid for NHS dental care but only attends for emergencies as struggling to afford this; experienced a delay in getting an appointment when needed | Male | 45-54 | DE | Indian | England |
| 2 | Has become a private dental patient because unable to access NHS care; is struggling to afford this | Male | 65-74 | DE | White British | England |
| 3 | Has become a private dental patient because unable to access NHS care | Female | 65-74 | AB | White British | England |
| 4 | Has become a private dental patient because unable to access NHS care | Male | 65-74 | C1C2 | White British | Northern Ireland |
| 5 | Concerned about waiting times and affordability of care | Female | 35-44 | DE | Bangladeshi | England |
| 6 | Has had dental care abroad having found it difficult to access UK dental care | Male | 45-54 | AB | Indian | England |
| 7 | Does not have access to dental care because her practice is now private | Female | 25-34 | DE | White British | England |
| 8 | Does not have access to NHS dental care; very concerned about cost and his dental health | Male | 35-44 | C1C2 | White British | Wales |



| | | | | | | |
|----|--|--------|-------|----|---------------------|---------|
| 9 | Has had dental care abroad having found it difficult to access UK dental care | Male | 45-54 | DE | White Other (Greek) | England |
| 10 | Does not have access to NHS dental care and cannot afford private; very poor dental health and complex dental needs; using emergency dental care to manage flare-ups | Female | 35-44 | DE | White British | England |



10.4 Full questionnaire with overall results

All data is weighted. Base sizes are unweighted. *% = less than 0.5% but more than 0%. All questions are single code (i.e. the respondent could only select one response) unless otherwise stated.

PROFILING

i. When was the last time you visited a dental professional?

| | |
|--|--------------|
| Within the last two months | 22% |
| Within the last three to six months | 21% |
| Within the last six months to a year | 21% |
| More than a year ago but within the last two years | 10% |
| More than two years ago | 23% |
| Never | 1% |
| Don't know | 1% |
| Base: Total sample | 2,415 |

ii. When was the last time your child / children visited a dental professional?

| | |
|--|------------|
| Within the last two months | 28% |
| Within the last three to six months | 32% |
| Within the last six months to a year | 19% |
| More than a year ago but within the last two years | 6% |
| More than two years ago | 4% |
| My child / children have never been to a dental professional | 11% |
| Don't know | 1% |
| Base: All respondents with children under 16 in the household | 697 |

iii. Which of the following describes how you feel about going to the dentist?

| | |
|---|--------------|
| I don't mind going to the dentist at all | 38% |
| I don't like going, but it doesn't make me nervous | 20% |
| I am a little nervous of going to the dentist | 22% |
| I am very nervous of going to the dentist | 10% |
| I am so nervous of going to the dentist, that it sometimes stops me from going | 6% |
| I never go to the dentist because I have an anxiety / fear of dentists / dental treatment | 5% |
| Base: Total sample | 2,415 |



iv. **If you went to the dentist tomorrow, do you think you would need any treatment?**

| | |
|---------------------------|--------------|
| Yes | 42% |
| No | 43% |
| Don't know | 15% |
| Base: Total sample | 2,415 |

v. **Are you usually entitled to free NHS dental treatment? (the rules are slightly different in each UK country, but you might be eligible for free NHS dental treatment if you are a young person, including a full-time student; you are pregnant or have just had a baby; or you or your spouse receive certain benefits / are on a very low income.)**

| | |
|---------------------------|--------------|
| Yes | 38% |
| No | 54% |
| Don't know | 18% |
| Base: Total sample | 2,415 |

vi. **Thinking about the recent rise in the cost of living, which of the following best describes your situation when it comes to paying for key essentials (e.g., food, housing, heating)?**

| | |
|---|--------------|
| I have had to cut back on key essentials | 25% |
| I have been able to afford key essentials, but have had to make cuts elsewhere to do so | 45% |
| I have been able to afford key essentials without having to make cuts elsewhere | 28% |
| Don't know | 2% |
| Base: Total sample | 2,415 |



MAIN SURVEY**SECTION 1 – YOU AND YOUR DENTAL PRACTICE****1. Do you currently have a regular dental practice for your dental care?**

| | |
|---------------------------|--------------|
| Yes | 67% |
| No | 30% |
| Don't know | 3% |
| Base: Total sample | 2,415 |

2. You say you do not currently have a regular dental practice, have you had a regular dental practice in the past?

| | |
|--|------------|
| Yes | 72% |
| No, I have never had one | 24% |
| Don't know | 4% |
| Base: All respondents who do not have a regular dental practice | 714 |

3. Why did you stop having a regular dental practice?

| | |
|--|------------|
| I moved house so I left my previous regular practice | 44% |
| I was advised by the practice that they could not continue to see me as a patient | 15% |
| I chose to leave the practice for another reason | 17% |
| Other (PLEASE SPECIFY) _____ | 24% |
| Base: All respondents who do not have a regular dental practice but had in the past | 496 |

4. Have you tried joining a dental practice in the last year?

| | |
|--|------------|
| Yes, I have tried to join one practice | 17% |
| Yes, I have tried to join more than one practice | 18% |
| No | 65% |
| Don't know | 1% |
| Base: All respondents who do not have a regular dental practice excluding those who do not know if they'd had one in the past | 686 |



**5. Why were your attempts to join a dental practice(s) unsuccessful?
MULTI CODE OK**

| | |
|---|------------|
| The practice(s) I tried were not accepting NHS patients | 73% |
| The practice(s) I tried were not accepting any patients at all - neither NHS or private | 26% |
| Other reasons (PLEASE EXPLAIN) | 4% |
| Base: All respondents who tried to join a dental practice in the last year and do not have a regular dental practice | 116 |

6. Does your child(ren) currently have a regular dental practice for their dental care?

| | |
|--|------------|
| Yes | 81% |
| No | 18% |
| Don't know | 1% |
| Base: All respondents with children under 16 in the household | 697 |

7. You say your child(ren) do not currently have a regular dental practice, have they had a regular dental practice in the past?

| | |
|--|------------|
| Yes | 33% |
| No, they have never had one | 65% |
| Don't know | 2% |
| Base: All respondents with children under 16 in the household whose children don't have a regular dental practice | 130 |

8. Why did your child stop being registered with a practice?

| | |
|--|-----------|
| We moved house so we left my previous regular practice | 43% |
| We were advised by the practice that they could not continue to see my child(ren) as a patient | 20% |
| We chose to leave the practice for another reason | 20% |
| Other (PLEASE SPECIFY) _____ | 17% |
| Base: All respondents with children under 16 in the household whose children don't have a regular dental practice but did in the past | 40 |



9. Have you tried to get your child(ren) to join a dental practice in the last year?

| | |
|---|------------|
| Yes, I have tried to get my children to join one practice | 34% |
| Yes, I have tried to get my children to join more than one practice | 15% |
| No | 51% |
| Don't know | 0% |
| Base: All respondents with children under 16 in the household whose children don't have a regular dental practice but did in the past, excluding don't knows | 127 |

10. Why were your attempts to get your children to join a dental practice unsuccessful? MULTI CODE OK

| | |
|--|-----------|
| The practice(s) I tried were not accepting NHS patients | 65% |
| The practice(s) I tried were not accepting any patients at all – neither NHS or private | 31% |
| Other reasons (PLEASE EXPLAIN) _____ | 9% |
| Base: All respondents with children under 16 in the household who don't have a regular dental practice but did in the past and have tried to get them to join a practice in the last year | 41 |



SECTION 2 – DENTAL CARE IN THE LAST YEAR

We'd like to start by asking you about your experiences of dental care during the last year.

11. Thinking about how often you used UK dental care services in the last year, please estimate the number of times you received the following kinds of dental care or treatments in the UK?

| | No visits for this kind of treatment | Once | 2-3 times | 4 or more times | Don't know |
|--|--------------------------------------|------|-----------|-----------------|------------|
| A check-up | 6% | 50% | 39% | 4% | 1% |
| Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride) | 39% | 35% | 21% | 3% | 1% |
| Fillings | 62% | 27% | 8% | 2% | 1% |
| Root canal work | 87% | 7% | 3% | 1% | 1% |
| Extractions | 80% | 13% | 4% | 1% | 1% |
| Implants | 92% | 4% | 1% | 1% | 1% |
| Crowns, dentures, bridges | 84% | 9% | 4% | 1% | 1% |
| Cosmetic dentistry (whitening, veneers) | 89% | 6% | 3% | 1% | 1% |
| Orthodontics (braces / straightening) | 89% | 4% | 2% | 3% | 1% |
| Treatment for gum (periodontal) conditions | 86% | 8% | 3% | 2% | 1% |
| Other non-dental treatments (such as face fillers or botox) conducted at a dental practice | 92% | 3% | 2% | 1% | 1% |
| Emergency treatment for dental pain or other urgent issues | 79% | 14% | 4% | 1% | 1% |
| Base: All respondents who visited a dental professional in past year or who were unsure when their last visit was | 1,579 | | | | |



- 12. As you're probably aware, dental care in the UK is available both through the NHS and privately. Sometimes during one visit to the dentist or dental care professional, you may even have a combination of NHS and private treatment. Thinking about the visit(s) you made to a dental practice in the last year, which of these describes the type of care you generally received?**

| | |
|---|--------------|
| NHS dental care that I pay for | 42% |
| NHS dental care that is free | 25% |
| Private dental care only | 23% |
| A mix of NHS dental care and private dental care | 8% |
| I am not sure what type of care I receive | 2% |
| Base: All respondents who visited a dental professional in past year | 1,541 |

- 13. You said that in the last year, the care you generally received was {answer from Q12} how long have you been having private dental treatment?**

| | |
|---|------------|
| Only in the last year | 21% |
| For more than a year, but less than 3 years | 21% |
| For more than 3 years, but less than 5 years | 12% |
| For more than 5 years | 43% |
| Don't know | 3% |
| Base: All respondents who received private or mix of private and NHS care in past year | 464 |

- 14. You said that you have started to receive private dental care only within the last few years, why is that the case? MULTI CODE OK**

| | |
|--|------------|
| I have started to have private dental care because I prefer it / wanted to | 18% |
| I have started to have private dental care because I couldn't get NHS treatment quickly enough | 31% |
| I have started to have private dental care because the dental practice / professional I go to stopped offering NHS treatment | 25% |
| I have started to have private dental care because I couldn't get NHS treatment at all | 36% |
| Other (PLEASE SPECIFY) | 10% |
| Base: All respondents who have been having private dental care for less than 3 years | 199 |



15. Have you received any dental care or treatment abroad – i.e., in a country other than the UK – in the last year?

| | |
|--|--------------|
| Yes | 9% |
| No | 91% |
| Base: All respondents who visited a dental professional in past year or who were unsure when their last visit was | 1,579 |

16. In which country or countries did you receive dental treatment in the last year? MULTI CODE OK

| | |
|--|------------|
| Bangladesh | 5% |
| Bulgaria | 4% |
| Croatia | 5% |
| Cyprus | 9% |
| France | 11% |
| Hungary | 4% |
| India | 14% |
| Ireland | 4% |
| Pakistan | 6% |
| Poland | 5% |
| Portugal | 5% |
| Spain | 4% |
| Turkey | 7% |
| USA | 9% |
| Another country (Please specify) _____ | 25% |
| I did not go outside the UK for dental treatment (I made a mistake on the previous question) | – |
| Base: All respondents who received treatment abroad in past year | 163 |

17. Please briefly explain the circumstances that led to you having dental care outside the UK, including the kind of treatment you received.



- 18. Thinking about how much money you personally spent in dental practices on your own dental treatment in the last year, please estimate your total spend in dental practices for each of the types of service below?**

| | UK private dental care | NHS dental care | Dental practices outside the UK |
|------------------|---|--|---|
| Less than £50 | 10% | 35% | 19% |
| £51-£100 | 15% | 32% | 15% |
| £101-£200 | 25% | 16% | 15% |
| £201-£500 | 23% | 9% | 19% |
| £501-£1,000 | 10% | 2% | 14% |
| £1,001-£2,500 | 6% | 1% | 6% |
| More than £2,500 | 5% | 1% | 5% |
| Don't know | 7% | 3% | 7% |
| Base: | All those who received private care: 464 | All those who received paid NHS care: 774 | All those who received treatment abroad: 156 |

- 19. In the last year, have you experienced any dental pain or other dental issues?**

| | |
|--|--------------|
| Yes – I have experienced dental pain | 29% |
| Yes – I have experienced other issues e.g. issues with dentures, braces, gum problems etc. | 16% |
| No | 57% |
| Don't know | 1% |
| Base: Total sample | 2,415 |

- 20. You said you have experienced pain or another issue in the last year. When this happened, did you always, sometimes or never get dental treatment?**

| | |
|--|--------------|
| Always | 26% |
| Sometimes | 47% |
| Never | 27% |
| Base: All respondents who experienced pain or dental issue in past year | 1,032 |



21. In the last year have you tried to book an appointment for dental care or treatment and been unable to do so?

| | |
|---------------------------|--------------|
| Yes | 20% |
| No | 78% |
| Don't know | 2% |
| Base: Total sample | 2,415 |

22. What dental care or treatments were you unable to get an appointment for? MULTI CODE OK

| | |
|--|------------|
| A check-up | 67% |
| Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride) | 19% |
| Fillings | 19% |
| Root canal work | 9% |
| Extractions | 13% |
| Implants | 5% |
| Crowns, dentures, bridges | 7% |
| Cosmetic dentistry (whitening, veneers) | 5% |
| Orthodontics (braces / straightening) | 4% |
| Treatment for gum (periodontal) conditions | 6% |
| Other non-dental treatments (such as face fillers or botox) conducted at a dental practice | 2% |
| Emergency treatment for dental pain or other urgent issues | 13% |
| Base: All respondents who tried and were unable to book appointment | 501 |

23. Why were you unable to book an appointment? MULTI CODE OK

| | |
|--|------------|
| My regular dental practice had a large backlog of appointments | 29% |
| My regular dental practice was only accepting emergency appointments | 15% |
| I tried to book an NHS appointment at my regular dental practice but was told only private appointments were available | 19% |
| I tried to book at a new dental practice and was told they were not accepting new patients | 25% |
| I tried to book an NHS treatment at a new dental practice but was told only private appointments were available | 23% |
| My regular dental practice was closed | 9% |
| I couldn't get through to the practice on the phone | 15% |
| I was not given a reason | 10% |
| Other | 6% |
| Base: All respondents who tried and were unable to book appointment | 501 |



24. Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment in the last year – which, if any of these reasons, has been true for you? MULTI CODE OK

| | |
|--|------------|
| The issue went away / wasn't particularly bad (only asked of those who had issue at Q19) | 13% |
| It just hasn't been a priority for me in the last year | 26% |
| I tried, but could not get an appointment at all | 12% |
| I tried, but could not get an appointment at a time that I could make | 6% |
| I tried to book an NHS appointment but was told only private appointments were available | 15% |
| I was concerned about the safety of going to the dentist (e.g. the risk of infection) | 3% |
| I do not tend to go to the dentist that often | 33% |
| I was concerned about the cost of going to the dentist | 31% |
| I was too anxious to go to the dentist | 17% |
| I thought my practice would be in touch to remind me to make an appointment | 9% |
| My dentist advised I don't need to go every year | 4% |
| Other (please specify) | 8% |
| Base: All respondents who have not received any dental treatment in past year | 836 |

25. In the last year, have you had any dental appointments which were postponed or cancelled? MULTI CODE OK FOR TOP TWO OPTIONS

| | |
|---------------------------|--------------|
| Yes – postponed | 15% |
| Yes – cancelled | 10% |
| No | 77% |
| Don't know | 1% |
| Base: Total sample | 2,415 |

26. Did this happen once or more than once in the last year?

| | |
|--|------------|
| Once | 65% |
| More than once | 33% |
| Don't know | 2% |
| Base: All respondents who had a dental appointment cancelled or postponed | 553 |



27. Thinking about the most recent occasion, were you able to rebook and eventually attend the appointment(s)?

| | |
|--|------------|
| Yes, at the same practice | 76% |
| Yes, at a different practice that I was referred to | 9% |
| Yes, at a different practice that I found | 3% |
| No | 11% |
| I don't know | 1% |
| Base: All respondents who had a dental appointment cancelled or postponed | 553 |

**28. What was /were the cancelled / postponed appointment(s) for?
MULTI CODE OK**

| | |
|--|------------|
| A check-up | 67% |
| Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride) | 20% |
| Fillings | 15% |
| Extractions | 7% |
| Root canal work | 6% |
| Treatment for gum (periodontal) conditions | 4% |
| Crowns, dentures, bridges | 6% |
| Implants | 3% |
| Emergency treatment for dental pain or other urgent issues | 2% |
| Cosmetic dentistry (whitening, veneers) | 3% |
| Orthodontics (braces / straightening) | 4% |
| Other non-dental treatments (such as face fillers or botox) conducted at a dental practice | 1% |
| Base: All respondents who had a dental appointment cancelled or postponed | 553 |

29. Thinking about your most recent visit to a UK dental professional, what was that for?

| | |
|--|-----|
| A check-up | 65% |
| Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride) | 22% |
| Fillings | 11% |
| Extractions | 6% |
| Crowns, dentures, bridges | 4% |
| Root canal work | 3% |
| Orthodontics (braces / straightening) | 2% |
| Treatment for gum (periodontal) conditions | 2% |
| Implants | 1% |
| Cosmetic dentistry (whitening, veneers) | 2% |
| Other non-dental treatments (face fillers or botox) | 1% |
| Emergency treatment for dental pain or other urgent issues | 5% |



| | |
|--|--------------|
| Base: All respondents who visited a UK dental professional in past year | 1,531 |
|--|--------------|

30. Based on your experiences of seeing a UK dental professional in the last year, looking at the aspects of your experience listed below tell us, for each one, how satisfied have you been?

| | Very satisfied | Quite satisfied | Quite dis-satisfied | Very dis-satisfied | Don't know |
|--|-----------------------|------------------------|----------------------------|---------------------------|-------------------|
| Affordability of treatment | 29% | 43% | 17% | 7% | 4% |
| Ease of getting an appointment | 41% | 42% | 9% | 6% | 2% |
| How long I had to wait for the appointment date | 39% | 41% | 12% | 7% | 1% |
| How safe I felt during the appointment | 60% | 33% | 4% | 1% | 2% |
| How long the appointment took | 49% | 41% | 5% | 3% | 2% |
| How well the dental professional(s) looked after me | 57% | 35% | 5% | 2% | 1% |
| Information and communication surrounding my appointment and treatment | 49% | 39% | 8% | 2% | 2% |
| Base: All respondents who visited a UK dental professional in past year | 1,531 | | | | |



31. Here is a series of statements about your regular dental practice, please indicate how far you agree or disagree with the following:

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / not applicable |
|---|-----------------------|--------------|-----------------|--------------------------|------------------------------------|
| I have easily been able to get an appointment at my dental practice when I needed one | 28% | 46% | 13% | 6% | 8% |
| My dental practice has become more expensive | 21% | 40% | 12% | 2% | 25% |
| I have been getting regular reminders to book routine preventative appointments from my dental practice | 25% | 35% | 20% | 14% | 6% |
| It seems to be harder to arrange NHS care compared to private care | 36% | 28% | 9% | 4% | 22% |
| Base: All respondents with a regular dental practice | 1,639 | | | | |

SECTION 3 – FUTURE SERVICES

In this section we will be asking about your views on using dental services in the future.

ASK ALL

32. Thinking about the next three months, how likely is it that you will make an appointment to see a dental professional?

| | |
|--------------------------------------|--------------|
| I already have an appointment booked | 24% |
| Very likely | 18% |
| Fairly likely | 18% |
| Fairly unlikely | 16% |
| Very unlikely | 18% |
| Don't know | 7% |
| Base: Total sample | 2,415 |



33. You say you are unlikely to book an appointment with a dental professional in the next 3 months, and you also indicated that you haven't been to a dental appointment in the last 12 months. Which of the following are reasons for this?

| | |
|--|------------|
| I don't want to go unless I really have to | 37% |
| I can't afford to see a dental professional / I am worried about the cost | 36% |
| I hate going to the dentist | 27% |
| I don't think I need an appointment | 20% |
| I have never been someone who gets dental care regularly | 19% |
| I can't get an appointment | 15% |
| I have concerns about the safety of dental care (e.g. the risk of infection) | 3% |
| My dentist has advised I don't need an appointment until after this time | 2% |
| Other (please specify) | 9% |
| Base: All respondents who have not visited dental professional in past year and say they are unlikely to in next 3 months | 547 |

34. Parents only: Thinking about the next three months, how likely is it that you will make an appointment for your child(ren) to see a dental professional?

| | |
|--|------------|
| I already have an appointment booked | 30% |
| Very likely | 40% |
| Fairly likely | 15% |
| Fairly unlikely | 5% |
| Very unlikely | 6% |
| Don't know | 3% |
| Base: All respondents with children under 16 in the household | 406 |

Note: Due to a survey programming / routing error, this question was only shown to a subset of parents and the base size is lower than it should be.

35. You say you are unlikely to book an appointment for your child(ren) with a dental professional in the next 3 months and you also indicated that they haven't seen a dentist in the last 12 months. Which of the following are reasons for this? MULTI CODE OK

| | |
|--|-----|
| I don't think my child(ren) need an appointment | 42% |
| I can't get an appointment for my child(ren) | 21% |
| I don't want my child(ren) to go unless they really have to | 35% |
| I have never taken my child(ren) for dental care regularly | 3% |
| I have concerns about the safety of dental care for my child(ren) (e.g. the risk of infection) | 2% |
| My child(ren) hate going to the dentist | 8% |



| | |
|---|-----------|
| My dentist has advised my child(ren) don't need an appointment until after this time | 10% |
| Other (please specify) | 18% |
| Base: All respondents with children under 16 in the household who have not been to dental professional in past year and unlikely to in next 3 months | 26 |

Note: Due to a survey programming / routing error, this question was only shown to a subset of parents and the base size is lower than it should be.

36. Here is a series of statements that might describe your expectations of visiting dental professionals in the future. Please indicate your level of agreement with each statement.

| I expect... | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|--|----------------|-------|----------|-------------------|------------|
| It will be harder to have dental treatment on the NHS in future | 45% | 34% | 6% | 1% | 13% |
| It will be harder to get an appointment at a dental practice | 32% | 40% | 13% | 3% | 12% |
| Dental treatment will become more expensive | 48% | 40% | 3% | 1% | 8% |
| All except fully private patients: I will have more private dental care in future | 11% | 24% | 19% | 17% | 29% |
| I will go less often for routine dental appointments such as check-ups and hygienist appointments | 17% | 32% | 23% | 10% | 17% |
| Parents only I will take my child / children less often for routine dental appointments such as check-ups and hygienist appointments | 15% | 23% | 28% | 24% | 9% |
| I will leave a longer gap between dental appointments in future | 18% | 35% | 21% | 10% | 17% |
| Parents only I will leave a longer gap between my child(ren's) dental appointments in future | 13% | 21% | 31% | 24% | 11% |
| I will only see a dentist if it is an emergency | 19% | 27% | 26% | 18% | 10% |



| | | | | | |
|---|--------|--|--|--|--|
| Base: Total sample / Parents / Non-private patients | Varied | | | | |
|---|--------|--|--|--|--|

37. Earlier in this questionnaire we asked you to estimate how much money you spent in dental practices during the last year.

You estimated that you had spent {answer given} on private dental care and {answer given} on NHS dental care. Thinking ahead, over the next year, please indicate how you expect your spending on each type of dental care, over the next year, to compare.

| | Private dental care | NHS dental care |
|--|--|--|
| I think I will spend a lot more | 15% | 13% |
| I think I will spend a little more | 36% | 34% |
| I think I will spend about the same amount | 27% | 36% |
| I think I will spend a little less | 9% | 4% |
| I think I will spend a lot less | 11% | 4% |
| Don't know | 3% | 9% |
| Base: | All those who spent money on private care: 429 | All those who spent money on NHS care: 741 |

38. Please explain why you think you'll spend a different amount on dental care in the next year



SECTION 4 – COMPLAINTS / CONFIDENCE

Finally, we'd like to ask you about how confident you are overall in dental services nowadays.

39. Have you ever made a complaint about a dental professional?

| | |
|---------------------------|--------------|
| Yes | 7% |
| No | 92% |
| Don't know | 1% |
| Base: Total sample | 2,415 |

40. What was the complaint you made about a dental professional about? MULTI CODE OK

| | |
|---|------------|
| Concerns about clinical treatment provided by dental professional | 32% |
| Poor conduct / behaviour of a dental professional | 30% |
| Poor communication from a dental professional | 25% |
| Concerns about infection control / cross infection | 15% |
| The cost of dental treatment not being explained before a treatment | 20% |
| Not being given the chance to give proper informed consent for a procedure | 15% |
| Fraud or dishonesty from a dental professional | 7% |
| Poor patient record keeping by a dental practice | 12% |
| Advertising / mis-selling of dental care / services | 7% |
| Poor health of a dental professional undertaking the treatment | 9% |
| Employment related – i.e. poor working conditions for staff | 6% |
| Something else (PLEASE WRITE IN) _____ | 14% |
| Base: All respondents who have ever made a complaint about a dental professional | 181 |

41. If the exact same situation as led to your complaint were to happen now, would you be more likely or less likely to complain about the dental professional?

| | |
|---|------------|
| Even more likely | 53% |
| Neither less likely nor more likely | 37% |
| Less likely | 6% |
| Don't know | 5% |
| Base: All respondents who have ever made a complaint about a dental professional | 181 |



42. Why do you say that?

| |
|--|
| |
|--|

43. Overall, how confident are you that people in the UK can get access to dental care when they need it?

| | |
|---------------------------|--------------|
| Very confident | 6% |
| Quite confident | 25% |
| Not very confident | 34% |
| Not at all confident | 28% |
| Don't know | 7% |
| Base: Total sample | 2,415 |

44. How confident are you that, when people in the UK do get dental care, it is of a high quality?

| | |
|---------------------------|--------------|
| Very confident | 13% |
| Quite confident | 49% |
| Not very confident | 21% |
| Not at all confident | 6% |
| Don't know | 11% |
| Base: Total sample | 2,415 |

45. When it comes to quality of dental care, would you feel more confident in NHS dental care or private dental care, or is there no difference?

| | |
|---|--------------|
| I feel more confident in NHS dental care provision | 15% |
| I feel more confident in private dental care provision | 29% |
| I feel the same amount of confidence regardless of whether the care is private or NHS | 40% |
| Don't know | 16% |
| Base: Total sample | 2,415 |

46. How, if at all, would you say your confidence in dental care in the UK has changed in the last year?

| | |
|-------------------------------|--------------|
| I am much more confident | 5% |
| I am a little more confident | 11% |
| My confidence has not changed | 53% |
| I am a little less confident | 14% |
| I am a lot less confident | 10% |
| Don't know | 8% |
| Base: Total sample | 2,415 |



47. Why do you say that?

| |
|--|
| |
|--|

48. Which of the following best describes how aware you are of the General Dental Council?

| | |
|--|--------------|
| I have definitely heard of the General Dental Council before | 16% |
| I think I have heard of the General Dental Council before | 27% |
| I have not heard of the General Dental Council before | 48% |
| Don't know | 9% |
| Base: Total sample | 2,415 |

49. How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively?

| | |
|--|--------------|
| Very confident | 13% |
| Fairly confident | 45% |
| Not very confident | 14% |
| Not at all confident | 4% |
| I don't know | 24% |
| Base: All respondents who were aware of GDC | 1,049 |

50. Finally, how would you rate your own personal overall experience of UK dental care on a scale of 1-10 where 10 is in excellent and 1 is very poor

| | |
|---|--------------|
| 1 | 2% |
| 2 | 1% |
| 3 | 3% |
| 4 | 4% |
| 5 | 8% |
| 6 | 11% |
| 7 | 17% |
| 8 | 22% |
| 9 | 13% |
| 10 | 12% |
| Don't know / not applicable / no experience | 7% |
| Base: Total sample | 2,415 |



51. And, how would you rate the state of dental care in the UK as a whole, on a scale of 1-10 where 10 is an excellent state and 1 is a very poor state.

| | |
|---|--------------|
| 1 | 6% |
| 2 | 5% |
| 3 | 8% |
| 4 | 9% |
| 5 | 13% |
| 6 | 13% |
| 7 | 15% |
| 8 | 11% |
| 9 | 4% |
| 10 | 4% |
| Don't know / not applicable / no experience | 13% |
| Base: Total sample | 2,415 |

THOSE GIVING THE SAME OR LOWER RATING AT Q50 THAN AT Q51

52. You have rated the state of dental care in the UK as a whole as {PIPE IN SCORE FROM Q51} why did you give that rating?

THOSE GIVING A HIGHER RATING AT Q50 THAN AT Q51

52. You have rated your own experience of dental care as {PIPE IN SCORE FROM Q50} but you have given a lower rating of {PIPE IN SCORE FROM Q51} for the state of dental care services as a whole in the UK. What specifically have you heard that makes you think that the general state of UK dental does not match up to your own experience?

53. Do you have any other comments or experiences you wish to share about how dental care is being delivered in the UK at the current time? Have you experienced any other changes to the dental treatment you have received, that has not been captured in this questionnaire?

