Statistical bulletin

Experiences of NHS healthcare services in England: September 2026

Overview of new questions added to the Health Insight Survey (HIS) on experiences of NHS healthcare services, and analysis of data linked to Census 2021 on inequalities in GP practice experience. These are official statistics in development.

Contact:
Health Insight Survey team
Health.Studies@ons.gov.uk
+44 8081 961270

Release date:
10 September 2026

Next release:
To be announced

Table of contents

1 . Main points

Self-reported data from the Health Insight Survey collected between 21 July 2026 and 12 August 2026 (Wave 27) show that:

- Satisfaction with dental care was high among adults who had an NHS dental appointment in the last 28 days (89.9%); however, this was significantly higher among those who had a private appointment (93.5%).
- Among adults who had an NHS dentist and had an urgent dental need in the last 28 days, 90.5% tried to make an urgent NHS dental appointment; this included 86.6% who obtained an appointment and 3.9% who tried to obtain an appointment but were unsuccessful.
- Among adults who did not have a dentist and had an urgent dental need in the last 28 days, 53.4% tried to make an urgent NHS dental appointment; this included 16.0% who obtained an appointment and 37.4% who tried to obtain an appointment but were unsuccessful.
- Of those who had a consultation with an NHS pharmacist in the last 28 days, 94.9% trusted the advice given by the pharmacist.
- Between February 2026 to April 2026, adults experiencing different forms of socioeconomic disadvantage were more likely to report that they found it difficult to contact their GP practice.

2 . Overview of the Health Insight Survey

The Health Insight Survey (HIS) collects a wide range of data on individuals' self-reported experiences of NHS healthcare services in England. The survey is commissioned by NHS England, and more information is available on our Health Insight Survey webpage.

In this bulletin, we present an overview of the latest HIS data, collected in Wave 27 (21 July 2026 to 12 August 2026), for new questions added to the survey's dental care and pharmacy sections covering urgent dental need and satisfaction with pharmacy consultations. For further detail on these new questions, see the Wave 27 edition of our Experiences of NHS healthcare services in England dataset.

We also present additional analysis linking HIS responses in Waves 20 to 22 (February 2026 to April 2026) to Census 2021 responses. This one-off analysis was carried out to provide further insight into inequalities in GP practice experience between different demographic groups and adults in different socioeconomic circumstances, using additional data from Census 2021.

3 . Dental care

The information in this section is from self-reported data from the Health Insight Survey (HIS) collected between 21 July 2026 and 12 August 2026 (Wave 27).

Satisfaction with dental care

Satisfaction with dental care was high among adults who had an NHS dental appointment in the last 28 days (89.9%). However, it was significantly higher among those who had a private appointment (93.5%).

Urgent dental need

Just over 3% of adults who had an NHS dentist or who did not have a dentist (either an NHS dentist or a private dentist), had an urgent dental need in the last 28 days.

Compared with adults overall, urgent dental need was significantly more common among adults in the Black, African, Caribbean or Black British ethnic group (6.5%) and in the Other ethnic group (11.2%). This was the case among those living in the most deprived areas (4.6%), and among those whose long-term health condition reduced their ability to carry out day-to-day activities (6.6%).

Accessing urgent NHS dental care

Compared with those with an NHS dentist, adults who did not have a dentist were significantly less likely to try to make an urgent NHS dental appointment and to obtain one.

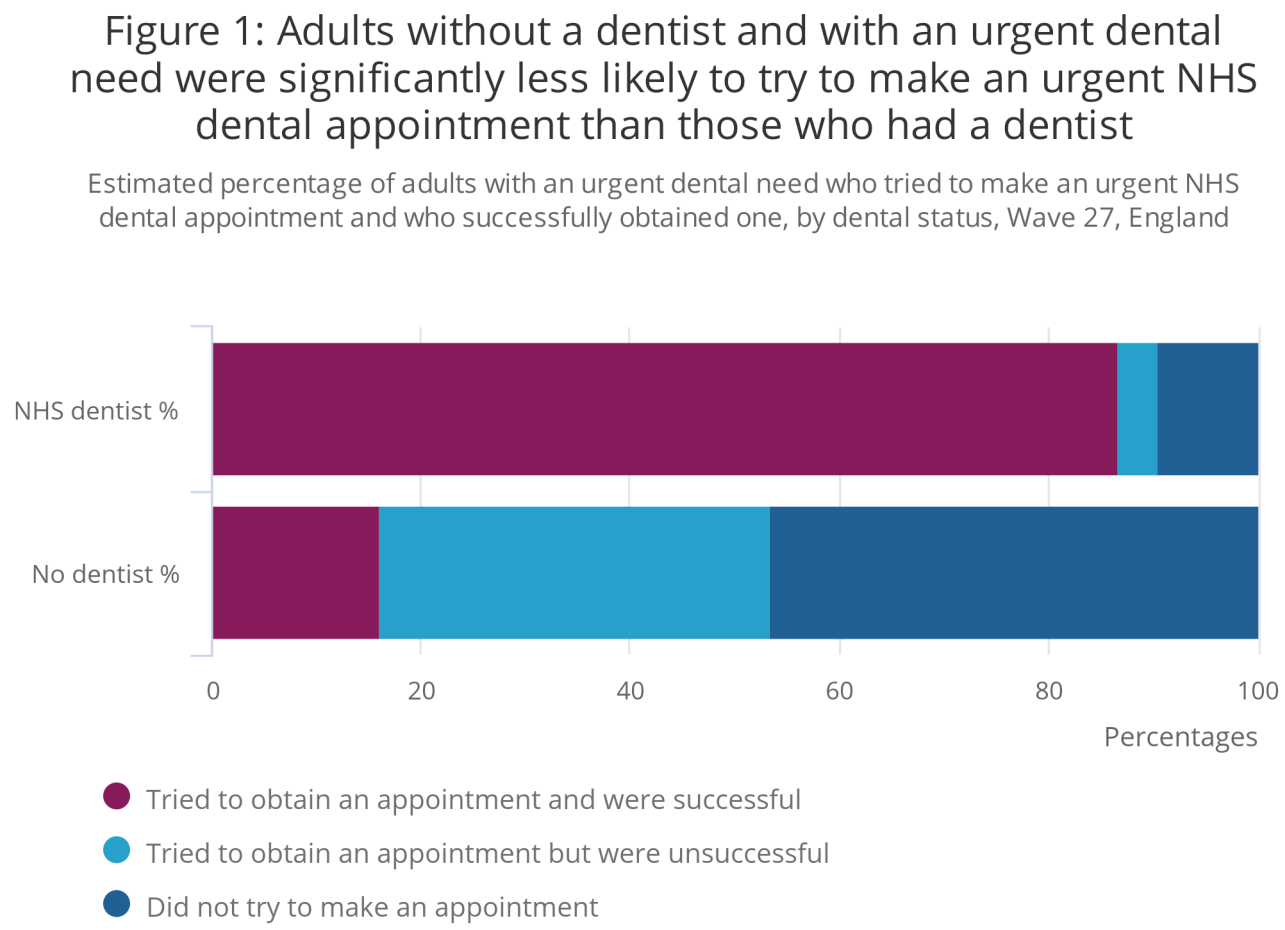
Among adults who had an NHS dentist and had an urgent dental need in the last 28 days, 90.5% tried to make an urgent NHS dental appointment. This included 86.6% who obtained an appointment and 3.9% who tried but were unsuccessful. Just under 10% of adults who had an NHS dentist did not try to make an appointment.

Among adults who did not have a dentist and had an urgent dental need in the last 28 days, 53.4% tried to make an urgent NHS dental appointment. This included 16.0% who obtained an appointment and 37.4% who tried but were unsuccessful. Despite needing urgent dental care, nearly half (46.6%) of adults who did not have a dentist did not try to make an appointment with an NHS dentist.

Among those who had an urgent need and who tried to get an appointment in the last 28 days, adults who had an NHS dentist were significantly more likely to obtain one than those who did not have a dentist (95.6% compared with 29.9%, respectively).

Figure 1: Adults without a dentist and with an urgent dental need were significantly less likely to try to make an urgent NHS dental appointment than those who had a dentist

Estimated percentage of adults with an urgent dental need who tried to make an urgent NHS dental appointment and who successfully obtained one, by dental status, Wave 27, England



Source: Health Insight Survey from the Office for National Statistics

For those who did not have a dentist and who tried to make an urgent NHS dental appointment in the last 28 days, the most common methods of choosing which NHS dental practice to contact were to find a practice using an online search (30.9%), the NHS website (25.5%), or another method (28.7%). It was less common to be recommended a practice (3.5%).

Among adults with an urgent dental need who were unable to obtain an urgent NHS dental appointment, taking no further action was the most common response. This was more common among those who did not have a dentist (69.0%) than among those who had an NHS dentist (51.6%). Among those who took further action, seeking treatment from a private dentist was the most common action. This was more common among adults who had an NHS dentist (31.1%) than among those who did not have a dentist (15.7%).

Demographic differences in accessing urgent NHS dental care

Among adults with an urgent dental need who either had an NHS dentist or who did not have a dentist, these were the differences in access to urgent NHS dental care across demographic groups:

- adults aged 65 years and over and those living in the least deprived areas were significantly more likely than average to both seek and obtain an urgent NHS dental appointment
- adults in the Asian or Asian British and Black, African, Caribbean or Black British ethnic groups were significantly less likely than average to both seek and obtain an urgent NHS dental appointment
- adults whose long-term health condition reduced their ability to carry out day-to-day activities, and those living in the most deprived areas, were significantly less likely than average to obtain an urgent NHS dental appointment

To better understand whether adults with an urgent dental need in different ethnic groups were more or less likely to seek an urgent NHS dental appointment, we carried out logistic regression. Adults in the Asian or Asian British and Black, African, Caribbean or Black British ethnic groups remained less likely to seek an urgent NHS dentist appointment after adjusting for age, sex, region, and whether they already had an NHS dentist.

The results of the logistic regression can be found in Table 12 of Wave 27 of our Experiences of NHS healthcare services in England dataset.

4 . Pharmacy

Consultation with a pharmacist

The information in this section is from self-reported data from the Health Insight Survey collected between 21 July 2026 and 12 August 2026 (Wave 27).

Of adults who used NHS pharmacy services in the last 28 days, 13.1% reported having a consultation with an NHS pharmacist. This included both formal consultations and quick conversations, such as asking a pharmacist for advice at the counter and online or phone consultations.

Among adults who used NHS pharmacy services in the last 28 days, the proportion of those who had a consultation with an NHS pharmacist was significantly higher than the average (13.1%) among these groups:

- females were more likely to use NHS pharmacy services and, among those who did, were also more likely to have a consultation (15.4%)
- younger adults were less likely to use NHS pharmacy services but, among those who did, those aged 25 to 34 years (17.4%) and 35 to 44 years (19.1%) were more likely to have a consultation
- adults in the Asian or Asian British (19.1%), Black, African, Caribbean or Black British (21.9%), and "Other" (28.9%) ethnic groups were less likely to use NHS pharmacy services overall, but more likely to have a consultation when they did

Of those who had a consultation with an NHS pharmacist, 94.9% trusted the advice given by the pharmacist. Levels of trust were high across all demographic and socioeconomic groups.

5 . Inequalities in GP practice experience using linked Census 2021 data

We linked responses from Waves 20 to 22 (February 2026 to April 2026) of the Health Insight Survey to Census 2021 responses. We then carried out logistic regression analyses to provide further insight into the differences in GP practice experience between different demographic groups and adults in different socioeconomic circumstances, using additional data available from Census 2021.

More details on how these one-off analyses were carried out, including the limitations, and details of the model specifications, including the outcome, predictor, and confounding variables, can be found in our Experiences of NHS healthcare services in England: supplementary analysis from the Health Insight Survey dataset.

Demographic and socioeconomic inequalities in difficulty contacting GP practice

The following groups (as defined on Census Day, 21 March 2021) were significantly more likely to report difficulty contacting their GP practice, compared with their respective reference group, after adjusting for other characteristics included in the model:

- respondents with no qualifications were 23% more likely to report difficulty contacting their GP practice than those with degree-level qualifications or higher
- respondents in routine occupations were 23% more likely to report difficulty contacting their GP practice than those in higher managerial occupations
- respondents were more likely to report difficulty contacting their GP practice if they rented from a council or Local Authority (46%), rented from another social landlord (51%), or owned their home with a mortgage, loan, or shared ownership (17%), compared with those who owned their home outright

Respondents classified as recent migrants in the Census 2021 data (those born outside the UK and arriving after 2016) were no more likely to report difficulty contacting their GP practice than those who were not recent migrants.

Respondents who self-identified as lesbian, gay, bisexual, or under "other sexual orientation" were also no more likely to report difficulty contacting their GP practice than those who self-identified as straight or heterosexual.

Figure 2 shows whether adults with different levels of qualification were more or less likely to report difficulty contacting their GP practice than those with degree-level qualifications or higher, after adjusting for other factors that may influence the results.

Figure 2: Respondents with no qualifications were more likely to report difficulty contacting their GP practice than those with degree-level qualifications or higher

Odds ratios and 95% confidence intervals for reporting difficulty contacting a GP practice, by highest level of qualification, adjusted for confounding factors, Waves 20 to 22, England

Notes

1. The values shown in the dot chart are odds ratios. These represent the odds of reporting difficulty contacting a GP practice within the previous 28 days for each highest level of qualification group, compared with the reference group by degree-level qualifications or higher (Level 4 qualifications or above).
2. An odds ratio greater than 1 indicates higher odds of reporting difficulty contacting a GP practice than the reference group, while an odds ratio less than 1 indicates lower odds.
3. The chart shows the odds ratios and 95% confidence intervals from an adjusted model. The model was adjusted for age and socioeconomic class.

Demographic and socioeconomic inequalities in overall poor experience of GP practice

The following groups (as defined on Census Day, 21 March 2021) were significantly more likely to report a poor overall experience of their GP practice, compared with their respective reference group, after adjusting for other characteristics included in the model:

- respondents were more likely to report a poor overall experience of their GP practice if they had no qualifications (33%), secondary school-equivalent (Level 2) qualifications (19%), or A level-equivalent qualifications (15%), compared with those with degree-level qualifications or higher (see Figure 3)
- respondents were more likely to report a poor overall experience of their GP practice if they were in routine occupations (21%), lower supervisory and technical occupations (31%), or small employers and own-account worker occupations (20%), compared with those in higher managerial occupations
- respondents were more likely to report a poor overall experience of their GP practice if they rented from a council or Local Authority (26%), rented from another social landlord (31%), rented from a private landlord (12%), or owned their home with a mortgage, loan, or shared ownership (11%), compared with those who owned their home outright
- respondents who self-identified as lesbian, gay, bisexual, or under "other sexual orientation" were 25% more likely to report a poor overall experience of their GP practice than those who self-identified as straight or heterosexual

Respondents classified as recent migrants in the Census 2021 data (those born outside the UK and arriving after 2016) were no more likely to report an overall poor experience of their GP practice than those who were not recent migrants.

Figure 3: Respondents with no qualifications, secondary school-equivalent qualifications and A level-equivalent qualifications were more likely to report a poor overall experience of their GP practice than those with degree-level qualifications or higher

Odds ratios and 95% confidence intervals for reporting a poor overall experience of GP practice, by highest level of qualification, adjusted for confounding factors, Waves 20 to 22, England

Notes

1. The values shown in the dot chart are odds ratios. These represent the odds of reporting a poor overall experience of a GP practice within the previous 28 days for each highest level of qualification group, compared with the reference group by degree-level qualifications or higher (Level 4 qualifications or above).
2. An odds ratio greater than 1 indicates higher odds of reporting a poor overall experience than the reference group, while an odds ratio less than 1 indicates lower odds.
3. The chart shows the odds ratios and 95% confidence intervals from an adjusted model. The model was adjusted for age and socioeconomic class.

Downloac

6 . Data on experiences of NHS healthcare services in England

Experiences of NHS healthcare services in England
Dataset | Released 10 September 2026
Experiences of local GP services, NHS hospital waiting lists, community health services, dentistry and pharmacy services, analysing data from the Health Insight Survey commissioned by NHS England. These are official statistics in development.

Experiences of NHS healthcare services in England: supplementary analysis from the Health Insight Survey
Dataset | Released 10 September 2026
Experiences of local GP services, NHS hospital waiting lists, community health services, dentistry and pharmacy services, supplementary analysis from the Health Insight Survey commissioned by NHS England. These are official statistics in development.

7 . Glossary

Confidence interval

Confidence intervals use a standard error to derive a range in which we think the true value is likely to lie.

A confidence interval gives an indication of the degree of uncertainty of an estimate and helps to decide how precise a sample estimate is. It specifies a range of values likely to contain the unknown population value. These values are defined by lower confidence limits and upper confidence limits.

The width of the interval depends on the precision of the estimate and the confidence level used. A greater standard error will result in a wider interval. The wider the interval, the less precise the estimate is.

Directed Acyclic Graphs

Directed Acyclic Graphs (DAGs) are diagrams used to show assumed relationships between variables. They can help identify which variables may confound the relationship between a predictor variable and an outcome variable. Therefore, they should be accounted for in adjusted analysis.

Logistic regression

Logistic regression is a method of analysis used to predict the odds of a binary response variable using one or more outcome or predictor variables.

Odds ratio

Odds ratio is the ratio of the odds for a binary variable between two groups. For example, finding it "difficult" to contact a GP practice versus finding it "not difficult" to contact a GP practice. Odds ratios are useful for interpreting the associations between belonging to a particular demographic or socioeconomic group and responses. An odds ratio different than 1 suggests there is an association.

Statistical significance

The terms "significant" or "significantly" refer to statistically significant changes or differences. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between estimates indicate the difference is unlikely to have arisen from random fluctuation.

A fuller explanation of these terms is available in our Uncertainty and how we measure it for our surveys methodology.

Urgent NHS dental care

Urgent NHS dental care refers to the assessment and treatment of non-life-threatening dental conditions that require immediate attention, typically within 24 hours or as soon as practicably possible.

In our analysis, this relates to data collected from the Health Insight Survey between 21 July 2026 and 12 August 2026 (Wave 27), with respondents defined as:

- having an urgent dental need if they had an appointment for an urgent dental need in the last 28 days, or had required urgent dental treatment in the last 28 days
- having tried to make an urgent NHS dental appointment if they had an appointment for an urgent dental need in the last 28 days, or had attempted to access NHS dental care for an urgent need
- having successfully obtained an urgent NHS dental appointment if they had an appointment for an urgent dental need in the last 28 days, or had successfully obtained an urgent NHS dental appointment

8 . Data sources and quality

Health Insight Survey

The Health Insight Survey (HIS) is commissioned by NHS England and seeks to give adults aged 16 years and over the opportunity to offer regular feedback about their experiences of the NHS. The study is a longitudinal survey, which started on 23 July 2024. Each participant is invited to complete the survey once every "wave", with each wave lasting four weeks.

More quality and methodology information (QMI) on the strengths, limitations, appropriate uses, and how the HIS data were created is available in our Experiences of NHS healthcare services in England QMI.

Census 2021

We selected demographic and socioeconomic variables not collected in the HIS but considered likely to be associated with reported GP experience. More details on the variables used in the analysis are available in our Experiences of NHS healthcare services in England: supplementary analysis from the Health Insight Survey dataset.

Further information on the Census variables and the National Statistics Socio-economic classification (NS-SEC) is available in the Variables by topic entry of our Census 2021 dictionary and in our National Statistics Socio-economic classification (NS-SEC) guidance.

Data on sexual orientation is now collected as part of the HIS survey for participants recently added to the study. In the future, it will be possible to update this analysis without census linkage for new participants.

Data linkage

We used data from Waves 20 to 22 of the HIS as our population base. This was filtered by respondents who contacted their GP practice for themselves, rather than for someone else. If someone had more than one response across the three waves (20 to 22), the earlier response was selected for analysis.

There was a high linkage rate, with over 98% of HIS respondents in Waves 20 to 22 being linked to Census 2021.

Regressions models

We carried out logistic regression analyses to provide further insight into the differences in GP practice experience between different demographic groups and adults in different socioeconomic circumstances, using linked census data. We also used Directed Acyclic Graphs (DAGs) to identify plausible confounders before running the adjusted regression models.

Full details of the model specifications, including the outcome, predictor and confounding variables, are available in our Experiences of NHS healthcare services in England: supplementary analysis from the Health Insight Survey dataset.

Limitations of the analysis

- Census 2021 data may be out of date, as some demographic and socioeconomic characteristics will have changed in the five years since collection.
- The recent migrant category includes a small number of respondents, and the most recent migrants will not be identified because of the time elapsed since Census 2021; this may reduce the precision of estimates and the statistical power of the models to detect significant effects.
- While we accounted for confounders that we identified through the causal DAGs, there are likely additional confounders that may impact the results that we don't have the data for, so we did not control for them.
- We could not test many other interesting variables because of sample sizes, both predictor and outcome variables; for example, we could not test English as a second language as a predictor, or specific GP practice experiences such as being able to see a preferred healthcare professional.

Official statistics in development

These statistics are labelled as "official statistics in development". Until September 2023, these were referred to as "experimental statistics". Read more about this change in our Guide to official statistics in development.

We are developing how we collect and produce the data to improve the quality of our statistics. Once this development is complete, we will review the statistics with the Statistics Head of Profession. We will then decide whether the statistics are of sufficient quality and value to be labelled as "official statistics", or whether further development is needed. Production may be stopped if they are not of sufficient quality or value. We will inform users of the outcome and any changes.

We value your feedback on these statistics. Contact us at Health.Studies@ons.gov.uk.

9 . Related links

Census 2021: variables by topic
Topic page
Variables for use with research and analysis using Census 2021 data.

Experiences of NHS healthcare services in England QMI
Methodology | Released 26 February 2026
Quality and Methodology Information (QMI) for the Health Insight Survey (HIS), including the strengths and limitations of the data, methods, and data uses.

Health Insight Survey
Corporate information
The Health Insight Survey is designed to give patients the opportunity to offer regular feedback about their experiences of the NHS. It is being conducted by the Office for National Statistics (ONS) and funded by NHS England.

The National Statistics Socio-economic classification (NS-SEC)
Methodology
The NS-SEC has been constructed to measure the employment relations and conditions of occupations. It has been rebased on SOC2010.

10 . Cite this statistical bulletin

Office for National Statistics (ONS), released 10 September 2026, ONS website, statistical bulletin, Experiences of NHS healthcare services in England: September 2026