Statistical bulletin

Experiences of NHS healthcare services in England: September 2024

Experiences of local GP services, NHS treatment waiting lists, dentistry and pharmacy services, analysing data from the Health Insight Survey (HIS) commissioned by NHS England. These are official statistics in development.

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Notice

10 September 2026

This bulletin does not contain the latest data. We will continue to publish the latest data every four weeks in our Experiences of NHS healthcare services in England dataset.

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1 . Main points

Self-reported data from the Health Insight Survey collected between 23 July 2024 and 15 August 2024 (Wave 1) show that:

- An estimated 94.3% of adults who attempted to make contact with their GP practice in the last 28 days were successful, and most (76.8%) made contact the same day.
- Of those who tried to contact their GP practice in the last 28 days, 67.4% of adults perceived their overall experience of their GP practice as either "Very good" or "Good".
- Over half of adults (52.1%) reported having an NHS dentist, and of those who attended an NHS dental appointment in the last 28 days, 89.5% were "Very satisfied" or "Satisfied" with the care they received.
- 90.6% of adults who did not have a dentist and who had tried to make an NHS dental appointment in the last 28 days, reported they were unsuccessful in making an appointment.
- The majority of adults (85%) who had used an NHS pharmacy service in the last 28 days were "Very satisfied" or "Satisfied" with the most recent service they had received; however, of those who had been dispensed an NHS prescription, 20.1% had a problem getting their prescription.
- Throughout the survey, levels of satisfaction tended to be higher among the older age groups, those living in the least deprived areas, those without a long-term health condition and those in the White ethnic group.

2 . Overview of the study

The Health Insight Survey is commissioned by NHS England and seeks to give adults the opportunity to offer regular feedback about their experiences of the NHS. Once a time series is available and an evaluation of the statistics is complete they can be used to highlight potential pressures for the NHS and to help support wider services. The study is a longitudinal survey, which started on 23 July 2024. Each participant will be asked to complete the survey once every "Wave", with each "Wave'" lasting four weeks. Wave 1 ran between 23 July 2024 and 15 August 2024.

The survey asks about adults' experiences on a range of topics, including access to local GP services, NHS treatment waiting lists and satisfaction with NHS services including dentistry and pharmacy.

All percentages presented in this release are weighted percentages. This means they have been adjusted to ensure that the sample reflects the larger population more accurately.

3 . GP practices

Contacting GP practice

In Wave 1, 47.1% of adults attempted to contact their general practitioner (GP) practice in the last 28 days, either for themselves or on behalf of someone else in their household. Almost all (94.3%) who attempted to make contact were successful, and most made contact the same day (76.8%).

The most likely action taken by those who were unable to make contact with their GP was to do nothing (36.9%). Alternatively, 19.8% self-managed, 9.8% visited a pharmacy, 6.3% contacted the NHS 111 telephone or online service, 2.2% went to accident and emergency (A&E) and 25.2% did something else.

Of those who successfully made contact with their GP practice, over half (52.1%) had made contact by telephone, while 33.5% used online methods (that is, GP website, NHS app, other app) and 12.9% made contact in-person.

Most adults who made contact with their GP practice reported that the process was "Very easy" or "Easy"' (60.9%); this varied slightly by method of contact, with online being considered easiest (67.5%) followed by in-person (62.7%). Of those who had made contact with their GP practice by telephone, 56.4% reported it as being "Very easy" or "Easy" to do so.

Figure 1: Perceived ease of contacting GP practice by method of contact

Estimated percentages of adults' perception of how easy or difficult it was to make contact with their GP practice by method of contact, Wave 1, England

Notes:

1. Percentages have been calculated in response to the questions, "Thinking of the last time you contacted your GP practice, how did you make contact?" and "How easy or difficult was it to make contact with your GP practice? ". Participants were given the option to respond, "In person", "By telephone", and "Online through the GP practice website", "Online through the NHS or other app", "Other" or "Do not know" to the former, and "Very easy", "Easy", "Neither easy nor difficult", "Difficult", and "Very difficult" to the latter.

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Actions after making contact with GP practice

The most common outcome after making contact with their GP practice was for individuals to be given a face-to-face appointment (42.0%). Meanwhile, 19.5% received what they needed online or by telephone and 19.3% received a call back from their GP or a healthcare professional.

Face-to-face and call back appointments

For adults who were offered a face-to-face appointment, 38.9% were booked for the same day, 44.5% were booked within two weeks and 16.6% were booked for over two weeks after making contact with their GP practice.

Of those who were offered a face-to-face appointment, 24.4% were asked if they wanted to see a preferred healthcare professional, however, this varied by demographics. For example, older adults (75 years and over), those with a long-term health condition and those living in London, respectively, were the most likely to be asked if they wanted to see a preferred healthcare professional.

Of those who were offered a call back appointment, almost half were booked for the same day (47.9%), with 15.1% booked for the next day, 29.0% within two weeks and 8.0% over two weeks after contacting their GP practice.

Overall, most adults considered the time between when their request was made and when their face-to-face or call back appointment was booked for as "Reasonable" or "Very reasonable" (87.8%). This increased to 97.9% for those who were offered an appointment on the same day and remained relatively similar for appointments booked within two weeks (88.2%).

Of those who considered the wait time either "Unreasonable" or "Very unreasonable", almost half (44.0%) had appointments that were booked over two weeks after their request was made.

Overall perceived experience of GP practice

Of those who tried to contact their GP practice in the last 28 days, 67.4% considered their overall experience to be either "Very good" or "Good"; meanwhile 15.0% perceived their experience as either "Poor" or "Very poor".

Older adults were most likely to describe their experience as "Very good" or "Good" compared with those in the younger age groups. In addition, adults living in the most deprived areas (Quintiles 1 and 2) were more likely to report their experience as either "Poor" or "Very poor" compared with those in less deprived areas. Those from Asian ethnic groups were significantly more likely to perceive their experience as either "Poor" or "Very poor" compared with all other ethnic groups.

Figure 2: Adults’ perception of their overall experience of their GP practice, by demographic group

Estimated percentages of adults’ perception of their overall experience of their GP practice, by demographic group, Wave 1, England

Notes:

1. Percentages have been calculated in response to the question, "Overall, how would you describe your experience of your GP practice?". Participants were given the option to respond, "Very good", "Good", "Neither good nor poor", "Poor", "Very poor".

2. Percentages are calculated based on grouping those who answered either "Very good" or "Good" as Good; and those who answered either "Poor" or "Very poor" as Poor.

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In Wave 1, all participants were asked how the service provided by their GP practice has changed over the last 12 months. Most perceived that the service was "Neither better nor worse" (61.2%), meanwhile 14.9% considered the service was improving, and 23.9% perceived the service was worsening.

Females were significantly more likely to perceive the service provided was either improving (16.2%), or worsening (25.4%), compared with males (13.6% and 22.3%, respectively). Furthermore, individuals with a long-term health condition were significantly more likely to perceive the service was improving, compared with those without a long-term health condition.

Across NHS regions, those in the North West were most likely to report the service was improving over the last 12 months (17.8%), and this was significantly higher than all other regions except the Midlands (15.9%).

Hospital waiting lists and referral for specialist care

For those who were on a hospital waiting list, only 29.0% reported being "Very satisfied" or "Satisfied" or with the communication about their wait.

4 . Dental services

Type of dentist used

Overall, 52.1% of adults reported having an NHS dentist, 34.2% have a private dentist, 13.5% did not have a dentist and 0.2% used a dental hospital.

Females were more likely (54.1%) than males (50.0%) to have an NHS dentist, while males were more likely (16.0%) than females (11.1%) to not have a dentist.

Those aged between 16 and 24 years were significantly more likely to have an NHS dentist (70.9%), compared with all other age groups; meanwhile those aged between 25 and 44 years were significantly more likely to not have a dentist compared with all other age groups. Furthermore, those from Asian ethnic groups were significantly more likely to not have a dentist (20.1%), compared with White ethnic groups (13.2%).

When comparing NHS regions, those in the South East and South West were least likely to have an NHS dentist and most likely to have a private dentist. There was a significant association with deprivation, such that those in the least deprived areas were most likely to have a private dentist. Also, those in the most deprived areas (Quintile 1) were most likely to not have a dentist (23.0%), compared with those in the least deprived areas (Quintile 5; 8.9%). The effect of Index of Multiple Deprivation (IMD) and ethnicity on the likelihood of not having a dentist is still present when controlling for age and sex (see Data table 40 for further detail).

Figure 3: The type of dentist used by adults, by demographic group

Estimated percentages of the type of dentist used by adults, by demographic group, Wave 1, England

Notes:

1. Percentages have been calculated in response to the question, “Do you have a dentist?”. Participants were given the option to respond, “Yes, an NHS dentist”, “Yes, a private dentist”, “I go to a dental hospital”, or “No, I do not have a dentist”.

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Timeframes for last NHS dental appointment

Almost half (42.1%) of adults with an NHS dentist had an NHS dental appointment between one and six months ago, 26.6% last had an appointment between six and 12 months ago, 16.9% had an appointment less than one month ago and 6.1% last had an appointment over two years ago.

In contrast, almost half (43.8%) of adults without an NHS dentist last had an NHS dental appointment two years ago or longer, 18.9% had never had a dental appointment, and 12.8% last had an appointment between one and two years ago.

Reasons for accessing NHS dental care

Of those with an NHS dentist who had a dental appointment in the last 28 days, the most common reason for accessing NHS care was for a routine check-up (69.3%).

For adults without a dentist but who tried to access NHS dental care in the last 28 days, almost half (48.4%) had tried to schedule a routine check-up, 27.0% tried to access NHS dental care for an urgent need because they were in pain, and 13.6% tried to access dental care for an urgent need but they were not in pain.

Satisfaction with NHS dental care

The majority (89.5%) of adults with an NHS dentist and who had an NHS dental appointment in the last 28 days were either "Very satisfied" or "Satisfied" with the care they received. Those from White ethnic groups were significantly more likely to be satisfied (90.5%), compared with those from Asian or Asian British ethnic groups (73.9%).

Adults without an NHS dentist but who tried making an appointment

Of those who did not have a dentist but tried to make an NHS dental appointment, 90.6% were unsuccessful. Of those who were unsuccessful at making an NHS dental appointment, the majority did nothing (77.4%), 10.7% went to a private dentist, 1.3% went to accident and emergency (A&E), 1.2% went to their GP practice and 9.4% did something else.

5 . Pharmacy services

Type of pharmacy used

Overall, 59.8% of adults reported using NHS services from a pharmacy in the last 28 days. This was significantly higher for females, older adults, and those with a long-term health condition, respectively.

Most tended to use a pharmacy they could walk to (77.5%). This was significantly higher for females (80.0%) compared with males (74.8%) and those aged over 55 years compared with younger age groups. Alternatively, 6.6% tended to use an online pharmacy and 13.0% reported that they did not use a specific pharmacy.

Use of NHS services from a pharmacy

People were most likely to use NHS services at a pharmacy either "Very rarely or never" (27.2%), once a month (26.7%), or every two to three months (23.4%). Individuals from Asian (35.2%) and Black (35.7%) ethnic groups were more likely to "Very rarely or never" use a pharmacy, compared with White ethnic groups (26.4%).

Overall, very few adults (5.2%) reported using a pharmacy several times a month, except for those with a long-term health condition which affected their day-to-day activities a lot (20.4%).

In the last 28 days, the most frequently used NHS services from a pharmacy were:

- the dispensing of prescriptions (55.8%)
- advice and guidance on minor conditions (5.2%)
- a discussion of current medication (2.9%)
- blood pressure checks (1.6%)
- Pharmacy First services (1.4%)
- oral contraception services (1.2%)
- coronavirus (COVID-19) vaccinations (0.5%)
- flu vaccinations (0.3%)
- other services (6.4%)

Issues with NHS prescription services at a pharmacy

The majority (79.9%) of adults who used prescription dispensing services at a pharmacy in the last 28 days did not have a problem. However, 13.6% had to return to the same pharmacy on a different occasion, 3.6% had to try multiple pharmacies, 3.2% had to visit a different service (that is, GP or urgent care) and 1.8% could not access a pharmacy but took no further action.

Of those who encountered a problem getting their NHS prescription, 13.4% were resolved the same day, 28.5% the next day, 36.1% three to four days later, 8.3% six days or later, and 13.6% took seven days or longer.

Figure 4: The percentage of adults who had problems getting an NHS prescription at a pharmacy, in the last 28 days

Estimated percentages of adults who had problems getting an NHS prescription at a pharmacy, in the last 28 days, Wave 1, England

Notes:

1. Percentages have been calculated in response to the question, “In the last 28 days, have you had any problems getting an NHS prescription at a pharmacy?”. Participants were given the option to select all that apply from the following list: “Yes, I had to return to the same pharmacy on a different occasion”, “Yes, I had to try multiple pharmacies”, “Yes, I was not able to get my prescription dispensed and had to visit a different service - For example go back to a GP practice for another prescription, or an urgent care setting", “Yes, I was not able to get my prescription dispensed and took no further action” OR “No”.

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Satisfaction with NHS services received at a pharmacy

The majority (85.0%) of adults who used a pharmacy in the last 28 days reported being either "Very satisfied" or "Satisfied" with the service they received, and this was relatively stable across demographic categories.

One exception was that White (85.6%) and Black (88.3%) ethnic groups, respectively, were significantly more satisfied than Asian ethnic groups (73.7%). There was a correlation between levels of satisfaction and age, such that older adults were significantly more satisfied compared with those in the younger age groups.

6 . Data on experiences of NHS healthcare services in England

Experiences of NHS healthcare services in England
Dataset | Released 12 September 2024
Experiences of local GP services, NHS treatment waiting lists, dentistry and pharmacy services, analysing data 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 and upper 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.

Statistical significance

The term "significant" refers 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 appears on our Uncertainty and how we measure it for our surveys page.

8 . Data sources and quality

In Wave 1 (23 July 2024 to 15 August 2024), a total of 104,109 people aged 16 years and over living in England completed the survey.

Of those that responded to the survey, 54,662 people reported attempting to contact their GP practice for either themselves or on behalf of someone else in their household in the last 28 days. In addition, 9,395 reported having an NHS dental appointment in the last 28 days and 74,171 reported using a pharmacy in the last 28 days.

All percentages are weighted to ensure the survey sample reflects the larger population accurately. This means percentages have been adjusted for response rates of demographic groups, which could otherwise cause under-representation in the sample.

Further breakdowns showing responses to questions by sex, age, ethnic group, NHS region and Integrated Care Board can be found in the datasets accompanying this release.

The results presented in this release may differ compared with those reported in other surveys such as the GP Patient Survey (GPPS) and the Opinions and Lifestyle Survey (OPN). This may be explained by differences between the questionnaires such as sample characteristics that have not been fully adjusted for in the weighting methodology, wording of questions and the ordering of when questions were asked.

This survey collects information which aims to provide an understanding of people's experience of being on an NHS waiting list. The data collected should not be used to monitor the number or proportion of the population in England who are currently on a hospital waiting list; this information can be found in the NHS England Waiting List Minimum Data Set (WLMDS).

Our Health Insight Survey Quality and Methodology Information article provides further information around participant recruitment, the survey design, how we process data and how data are analysed.

Study dates and coverage

The Health Insight Survey covers England only and started on 23 July 2024. The study is structured as a longitudinal panel survey, with each participant sent a questionnaire to complete every four weeks. The data used in this publication were collected during Wave 1, which ran from 23 July 2024 to 15 August 2024.

Official statistics in development

These statistics are labelled as "official statistics in development". Until September 2023, these were called "experimental statistics". Read more about the change in the Guide to official statistics in development (opens in a new tab).

We are developing how we collect and produce the data to improve the quality of these statistics. Once the developments are complete, we will review the statistics with the Statistics Head of Profession. We will decide whether the statistics are of sufficient quality and value to be published as official statistics, or whether further development is needed. Production may be stopped if they are not of sufficient quality or value. Users will be informed of the outcome and any changes.

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

9 . Related links

GP Patient Survey
Dataset | Last updated 11 July 2024
An annual independent survey run by Ipsos on behalf of NHS England. Covers health, pharmacy, NHS dentistry and GP practice services.

Public opinions and social trends, Great Britain: GP practice access
Dataset | Released 16 August 2024
Indicators from the Opinions and Lifestyle Survey (OPN) related to people's experiences of GP practice access in Great Britain.

Waiting List Minimum Data Set (WLMDS)
Dataset | Released weekly
The Waiting List Minimum Dataset (WLMDS) is a weekly data collection relating to demand, activity and waiting lists for elective care, published by NHS England.

10 . Cite this bulletin

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