Statistical bulletin

Experiences of NHS healthcare services in England: September 2025

Overview of new questions added to the Health Insight Survey (HIS) exploring experiences of NHS healthcare services, including general practice, hospital waiting lists, community health services and dental care. These are official statistics in development.

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

Release date:
11 September 2025

Next release:
To be announced

Notice

8 October 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.

Table of contents

1. Main points

2. Overview of the Health Insight Survey

3. General practice

4. NHS hospital waiting lists

5. Community health services

6. Dental care

7. Data on experiences of NHS healthcare services in England

8. Glossary

9. Data sources and quality

10. Related links

11. Cite this statistical bulletin

1 . Main points

Self-reported data from the Health Insight Survey collected between 22 July 2025 and 13 August 2025 (Wave 14) show the following.

- 73% of adults who had tried to contact their GP practice in the last 28 days, for any reason, described their overall experience as “good”, with those who were trying to contact their GP practice to get a prescription significantly more likely to describe their overall experience as “good” (77.8%), compared with those contacting their practice for any other reason.
- Nearly a quarter (22.8%) of adults on an NHS hospital waiting list had a “good” overall experience of waiting for their hospital appointment, and over 39% of adults on a waiting list rated the administration of their care as “good”.
- Of those who had a “poor” overall experience of waiting for their hospital appointment, after shorter waiting times (73.0%), 64.6% responded that more regular updates about their wait could improve their experience and 50.9% responded that confirmation of their place on a waiting list could improve their experience.
- Over 84% of adults who had an appointment with an NHS community health service in the last 28 days described their experience as “good”; the two services with the highest percentage of adults reporting a “good” experience were district or community nursing services (92.1%) and rehabilitation services (91.1%).
- Over a quarter (27.7%) of adults who had a private dental appointment in the last month reported doing so because there were no NHS dental appointments available.

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 can be found on our About the Health Insight Survey (HIS) web page.

From Wave 13 (24 June 2025 to 16 July 2025), we added new questions to the survey questionnaire. This included additional questions on general practice, NHS hospital waiting lists and dentistry, and a new section with questions on NHS community health services.

In this bulletin we present an overview of the published estimates for the new questions, and the results of additional analyses aimed at gaining further insight into adults’ experiences of NHS healthcare services, using data from Wave 14 (22 July 2025 to 13 August 2025).

For the purposes of the bulletin, and in the accompanying dataset, we have aggregated the responses “good” and “very good” to “good”, and “poor” and “very poor” to “poor”. We have used the term “significant” or “significantly” to refer to statistically significant differences.

3 . General practice

Reason for contacting GP practice

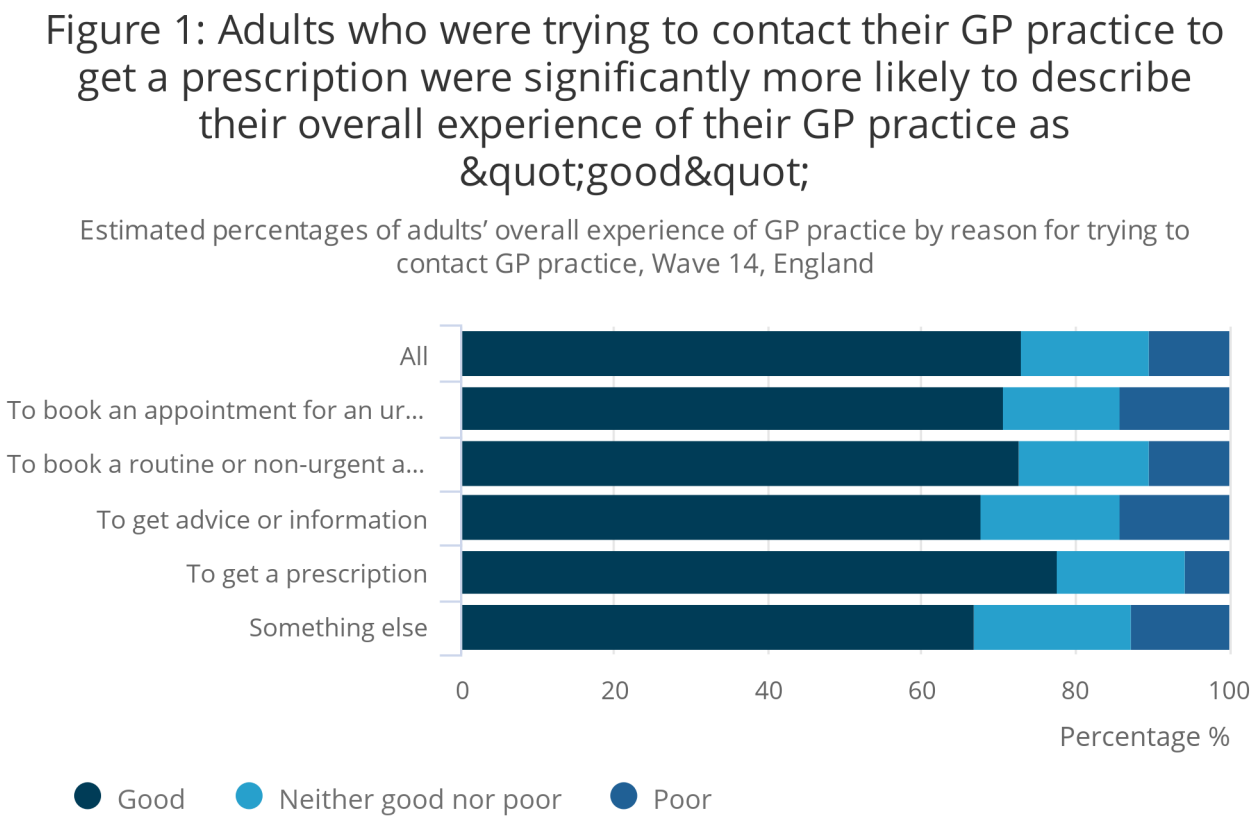
The two most common reasons for trying to contact a GP practice were to “book a routine or non-urgent appointment” (37.6%), and “to get a prescription” (27.5%). Booking an appointment for an urgent healthcare need was selected by 17.2%.

Of those who tried to contact their GP practice to book an appointment for an urgent healthcare need, 53.8% were able to book an appointment for the same day, 9.7% for the day after their request and 18.6% for later than the day after their request. A further 13.9% either received what they needed online or by telephone, or were advised to do something else (for example, speak to a pharmacist or seek urgent treatment).

Of adults who had tried to contact their GP practice in the last 28 days, for any reason, 73.0% described their overall experience as “good”. Adults who were trying to contact their GP practice to get a prescription were significantly more likely to describe their overall experience of their GP practice as “good” (77.8%) – compared with those contacting their practice for any other reason – with 5.6% describing their experience as “poor”.

Figure 1: Adults who were trying to contact their GP practice to get a prescription were significantly more likely to describe their overall experience of their GP practice as "good"

Estimated percentages of adults’ overall experience of GP practice by reason for trying to contact GP practice, Wave 14, England



Source: Health Insight Survey from the Office for National Statistics

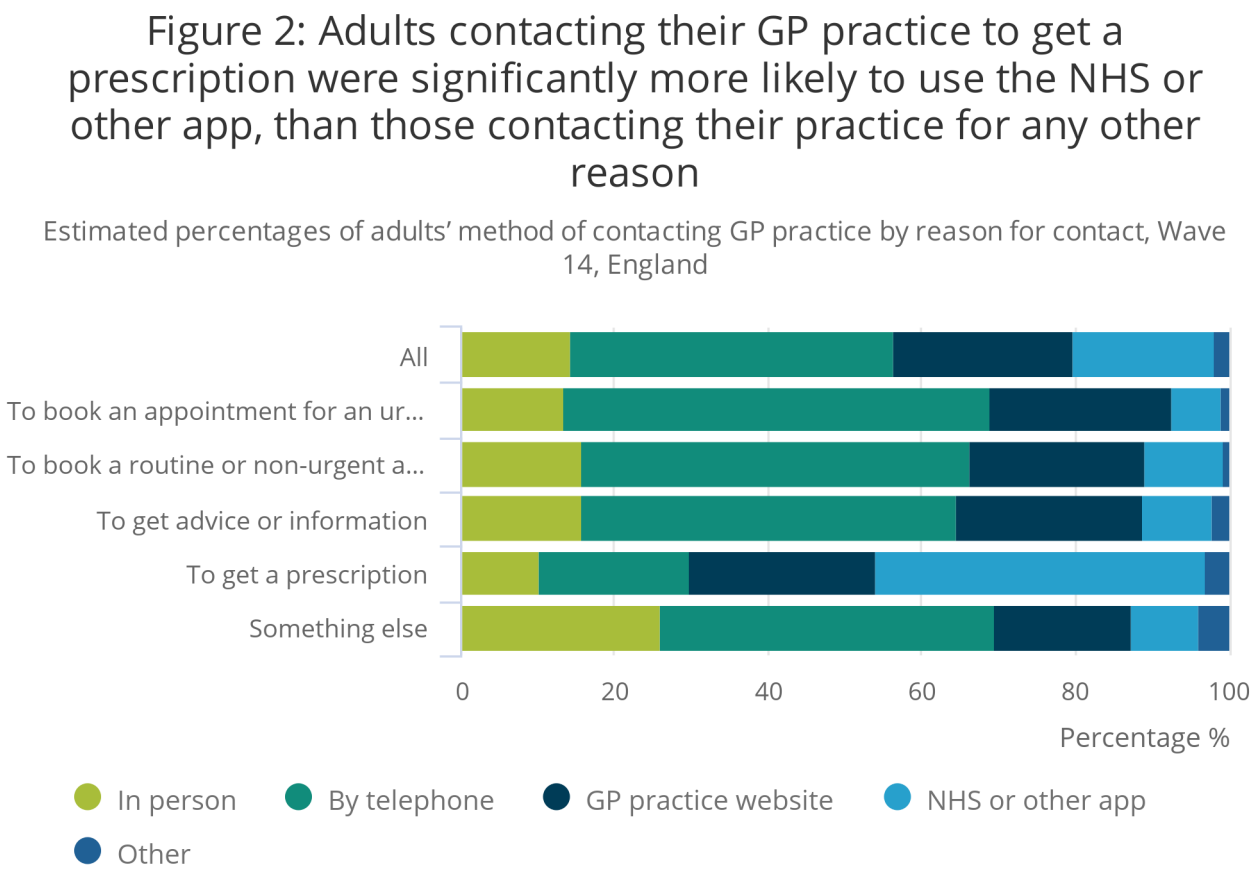
Method of contact

Adults who were trying to contact their GP practice to book an urgent appointment were significantly more likely to use the telephone (55.6%) than those contacting their practice for any other reason.

Adults who were trying to contact their GP practice to get a prescription were significantly more likely to use the NHS or other app (42.9%) than those contacting their practice for any other reason.

Figure 2: Adults contacting their GP practice to get a prescription were significantly more likely to use the NHS or other app, than those contacting their practice for any other reason

Estimated percentages of adults' method of contacting GP practice by reason for contact, Wave 14, England



Source: Health Insight Survey from the Office for National Statistics

4 . NHS hospital waiting lists

In Wave 14 (22 July 2025 to 13 August 2025), 16.1% of adults reported being on an NHS hospital waiting list. Responses are self-reported, so may differ from the percentage of the population on an elective hospital waiting list reported using other data sources.

From Wave 13 (24 June 2025 to 16 July 2025), respondents were asked additional questions about their experience while waiting for their hospital appointment or treatment and what could improve their experience.

For Wave 14, 43.6% of adults on an NHS hospital waiting list reported their experience as “poor”. Nearly a quarter (22.8%) of adults on an NHS hospital waiting list had an overall “good” experience of waiting for their hospital appointment.

Overall, 39.2% rated the administration of their care while on a waiting list as “good” and 27.6% rated the administration of their care as “poor”.

For adults on an NHS hospital waiting list, 58.4% were provided with information about one or more of the following: confirmation from the hospital that their referral had been received; information about how to amend their appointment; information about how to manage their condition or mental health, and/or who to contact if they needed more information. Of those provided with information about managing their condition or what to do if their condition gets worse, 80.1% agreed that they understood the information.

Of those on an NHS hospital waiting list, 56.0% responded that shorter waiting times could improve their experience while waiting for their hospital appointment, and 46.1% that more regular updates about their wait could improve their experience. Those in the younger age groups were significantly more likely to report that more regular updates about their wait would improve their experience compared with those in the older age groups.

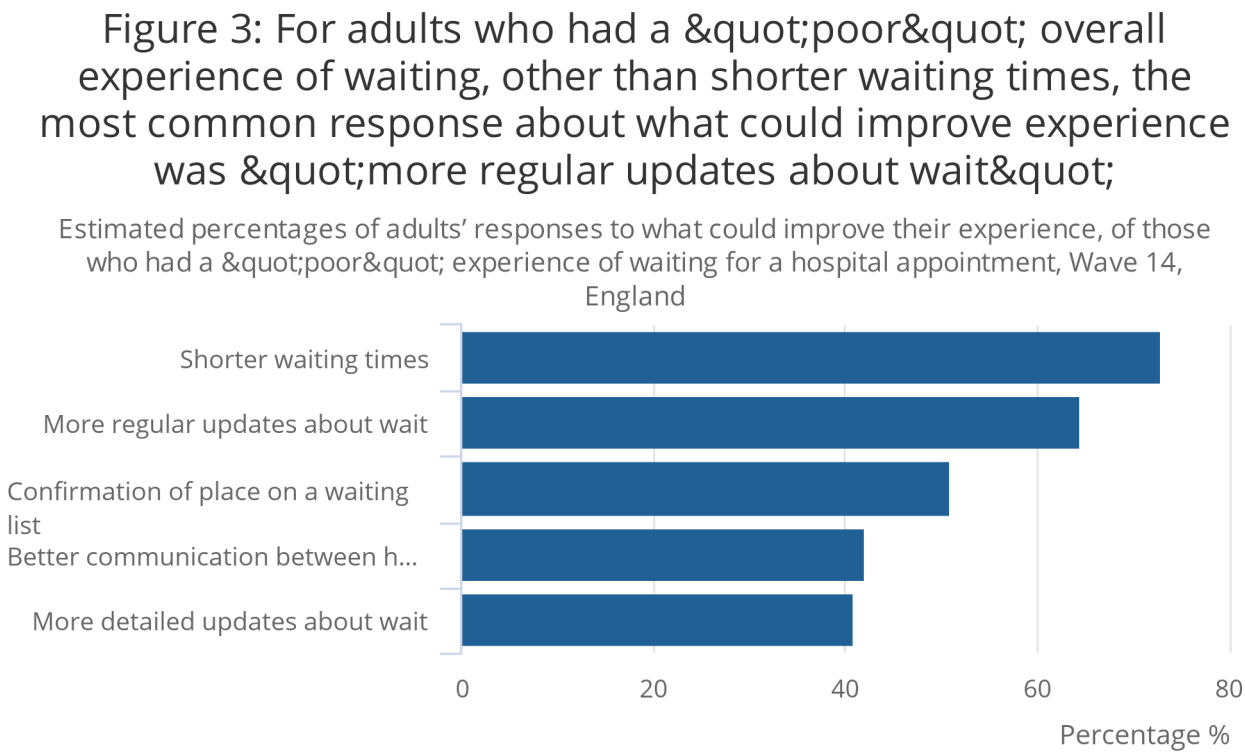
Overall experience of waiting while on an NHS hospital waiting list

Overall, adults on an NHS hospital waiting list were more likely to have a “poor” experience than a “good” experience.

Of those who had a “poor” overall experience of waiting: 73.0% responded that shorter waiting times could improve their experience; 64.6% responded that more regular updates about their wait could improve their experience; while 50.9% responded that confirmation of place on a waiting list could improve their experience.

Figure 3: For adults who had a "poor" overall experience of waiting, other than shorter waiting times, the most common response about what could improve experience was "more regular updates about wait"

Estimated percentages of adults’ responses to what could improve their experience, of those who had a "poor" experience of waiting for a hospital appointment, Wave 14, England

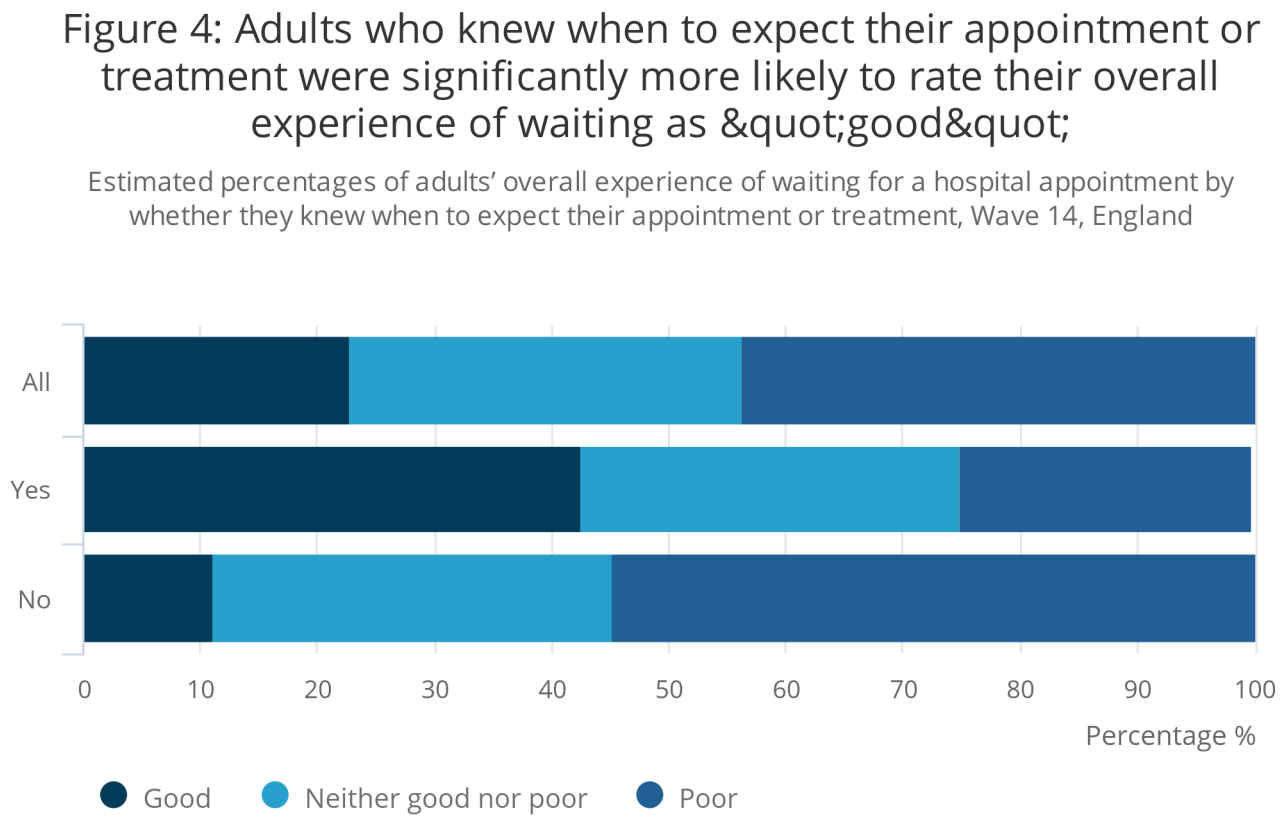


Source: Health Insight Survey from the Office for National Statistics

Adults who knew when to expect their appointment or treatment were significantly more likely to rate their overall experience of waiting as “good” (42.5%), compared with those who did not (11.1%).

Figure 4: Adults who knew when to expect their appointment or treatment were significantly more likely to rate their overall experience of waiting as "good"

Estimated percentages of adults' overall experience of waiting for a hospital appointment by whether they knew when to expect their appointment or treatment, Wave 14, England

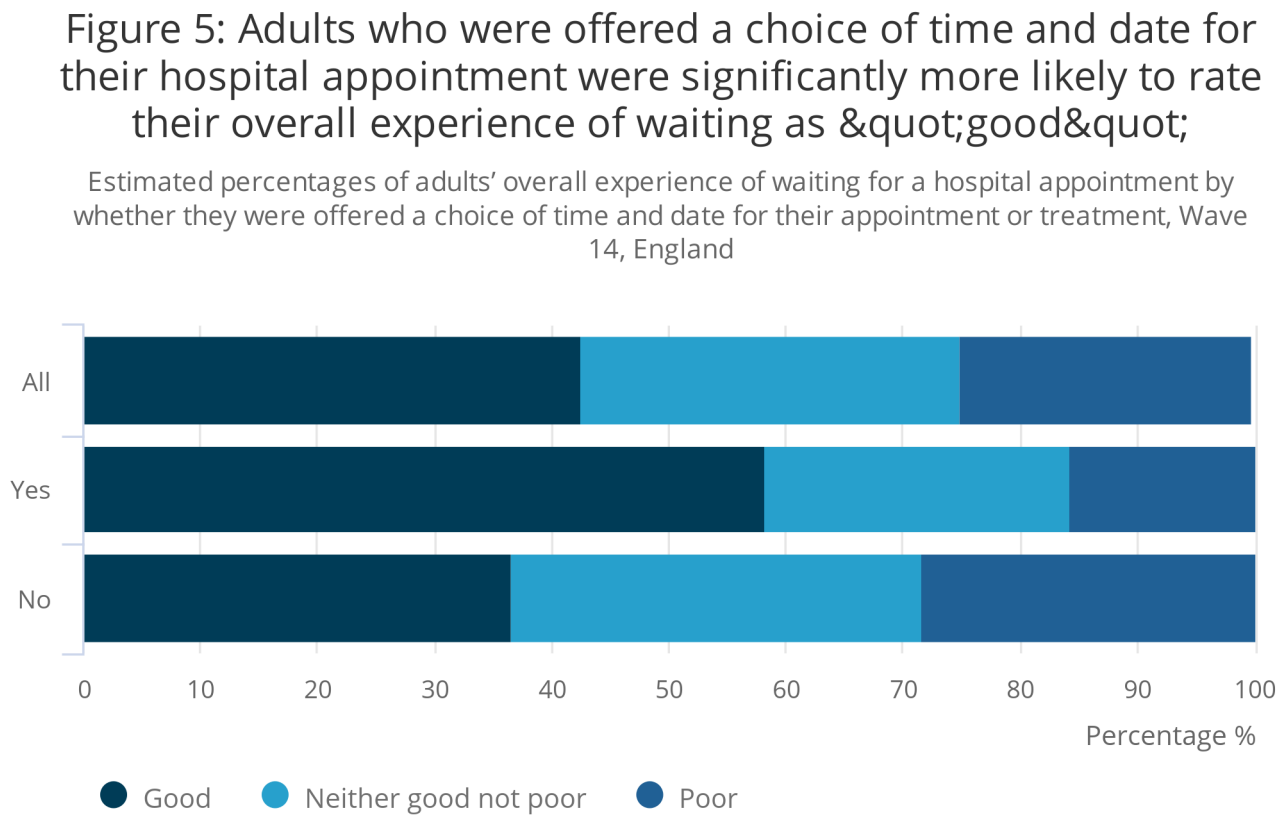


Source: Health Insight Survey from the Office for National Statistics

Adults who were offered a choice of time and date for their hospital appointment were significantly more likely to rate their overall experience of waiting as "good", compared with those who were not (58.2% compared with 36.6%).

Figure 5: Adults who were offered a choice of time and date for their hospital appointment were significantly more likely to rate their overall experience of waiting as "good"

Estimated percentages of adults' overall experience of waiting for a hospital appointment by whether they were offered a choice of time and date for their appointment or treatment, Wave 14, England

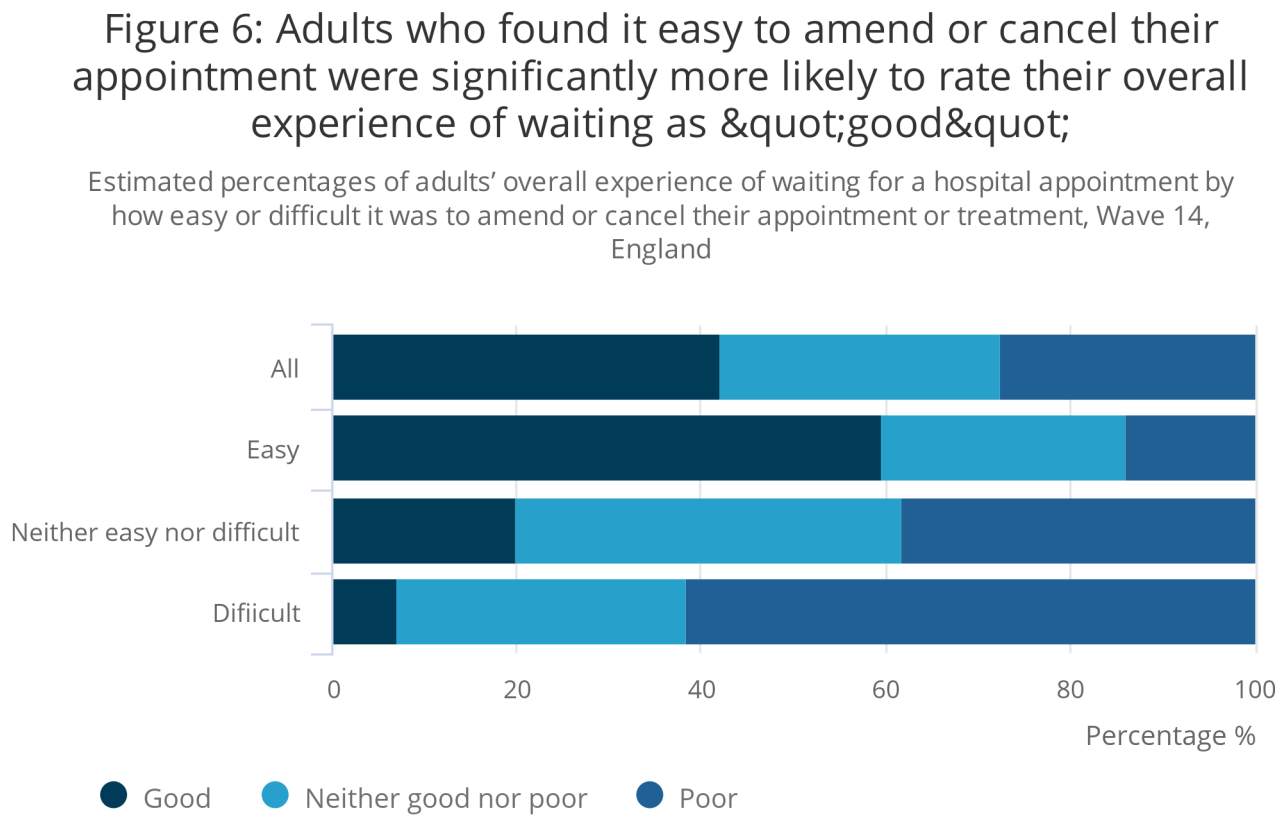


Source: Health Insight Survey from the Office for National Statistics

Adults who found it "easy" to amend or cancel their hospital appointment were significantly more likely to rate their overall experience of waiting as "good", compared with those who found it "difficult" (59.7% compared with 7.1%).

Figure 6: Adults who found it easy to amend or cancel their appointment were significantly more likely to rate their overall experience of waiting as "good"

Estimated percentages of adults' overall experience of waiting for a hospital appointment by how easy or difficult it was to amend or cancel their appointment or treatment, Wave 14, England



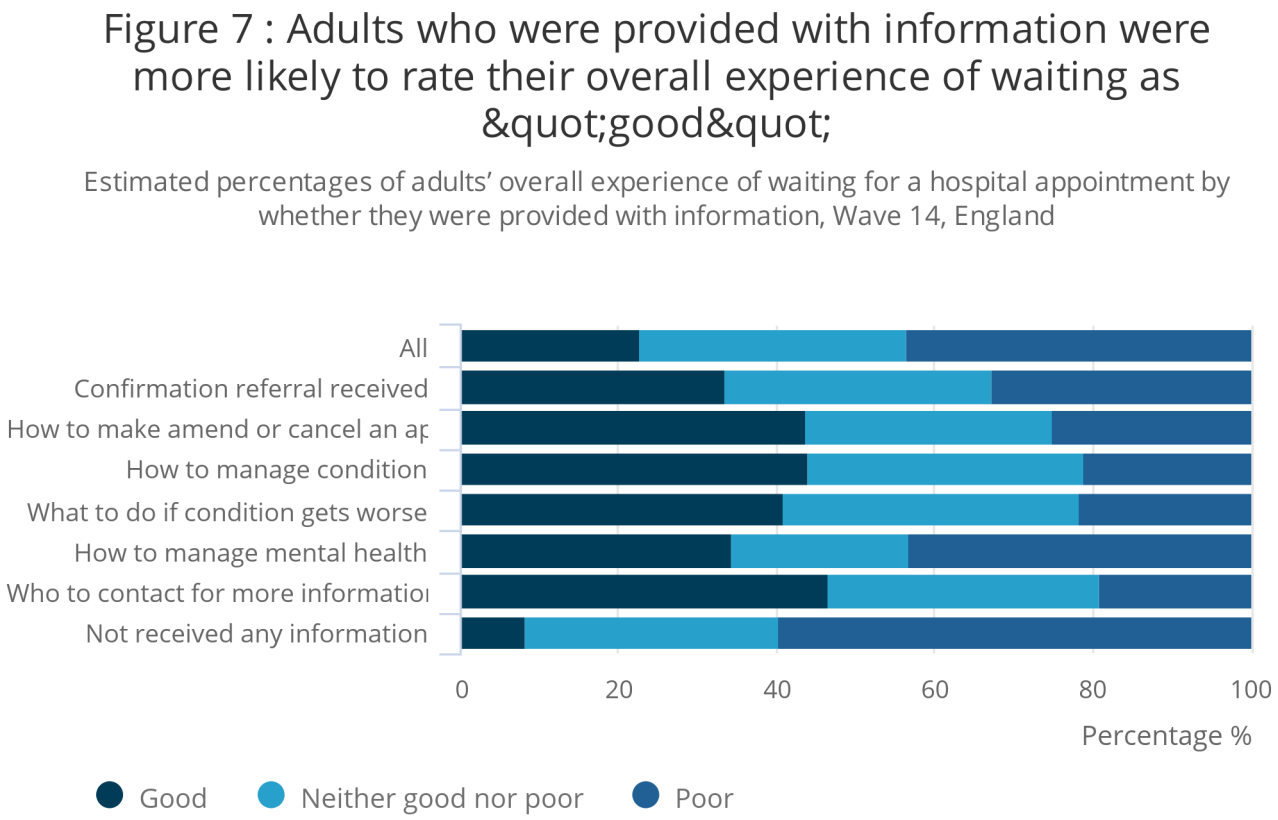
Source: Health Insight Survey from the Office for National Statistics

Adults who received the following information were most likely to rate their overall experience of waiting as "good": who to contact if need more information; information about how to manage their condition; or information about how to make, amend or cancel an appointment.

People who had not received any information were significantly more likely to report their experience as "poor" (59.6%), rather than "good" (8.3%).

Figure 7 : Adults who were provided with information were more likely to rate their overall experience of waiting as "good"

Estimated percentages of adults' overall experience of waiting for a hospital appointment by whether they were provided with information, Wave 14, England

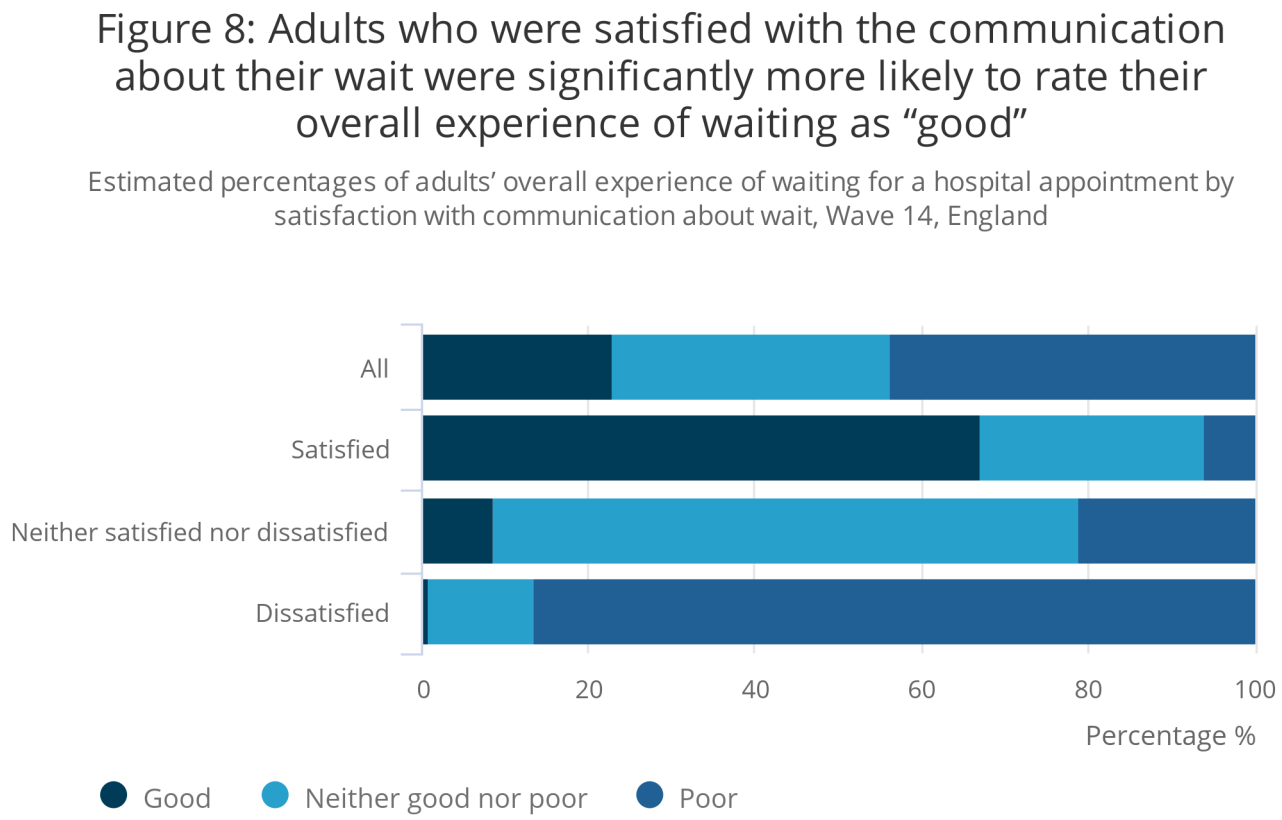


Source: Health Insight Survey from the Office for National Statistics

Adults who were satisfied with the communication about their wait were significantly more likely to report their experience as "good" (67.0%) compared with those who were dissatisfied (0.7%).

Figure 8: Adults who were satisfied with the communication about their wait were significantly more likely to rate their overall experience of waiting as “good”

Estimated percentages of adults’ overall experience of waiting for a hospital appointment by satisfaction with communication about wait, Wave 14, England

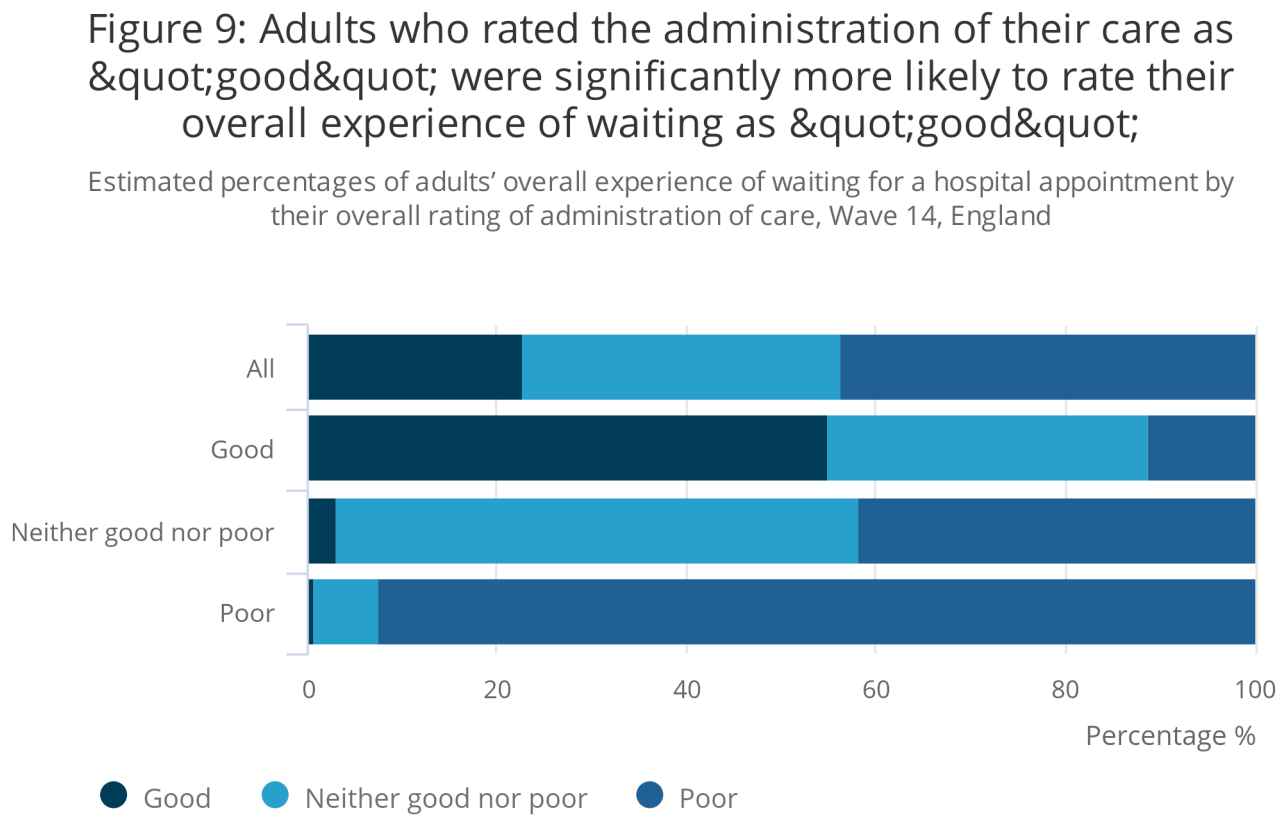


Source: Health Insight Survey from the Office for National Statistics

Adults who rated the administration of their care (for example, getting letters at the right time, NHS staff having the right notes or tests results) as “good” were significantly more likely to rate their overall experience of waiting for a hospital appointment as “good”, compared with those who rated the administration of their care as “poor” (54.9% compared with 0.8%).

Figure 9: Adults who rated the administration of their care as "good" were significantly more likely to rate their overall experience of waiting as "good"

Estimated percentages of adults' overall experience of waiting for a hospital appointment by their overall rating of administration of care, Wave 14, England



Source: Health Insight Survey from the Office for National Statistics

Generally, adults who knew when to expect their appointment, were offered a choice of time and date, found it "easy" to amend or cancel their appointment, and were provided with information about who to contact and how to manage their condition were most likely to have an overall "good" experience of waiting.

5 . Community health services

In Wave 14 (22 July 2025 to 13 August 2025), 11.9% of adults had an appointment with at least one NHS community health service in the last 28 days. Females, older adults and those with a long-term health condition that reduces their ability to carry out day-to-day activities were significantly more likely to have had an appointment.

Of those who had an appointment with an NHS community health service, 84.6% had an overall "good" experience of their appointment. The services with the highest percentage of adults reporting a "good" experience were district or community nursing services (92.1%) and rehabilitation services (91.1%).

6 . Dental care

Satisfaction with NHS dental care has been high and stable, over time; in Wave 14 (22 July 2025 to 13 August 2025), 90.0% of those who had an NHS dentist, and who had an NHS dental appointment in the last month, were satisfied.

Two additional questions were introduced in Wave 13 (24 June 2025 to 16 July 2025) asking those who had a private dental appointment in the last month, their main reason for using a private dentist.

In Wave 14, of those with a private dentist (31.8%), just over a fifth (21.6%) reported having a private dental appointment in the last month. Over 62% of adults who had a private dental appointment in the last month did so by choice; over a quarter (27.7%) reported doing so because there were no NHS dental appointments available. Those in the South West were significantly more likely than the national average to report having had a private dental appointment as there were no NHS dental appointments available (39.8%).

7 . Data on experiences of NHS healthcare services in England

Experiences of NHS healthcare services in England
Dataset | Released 11 September 2025
Experiences of local GP services, NHS treatment 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.

8 . 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 confident limits (LCL) and upper confidence limits (UCL).

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.

9 . Data sources and quality

Content

The Health Insight Survey (HIS) is commissioned by NHS England and seeks to give adults 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.

From Wave 13 (24 June 2025 to 16 July 2025), new questions were added to the survey questionnaire. This included additional questions on general practice, NHS hospital waiting lists and dentistry, and a new section with questions on NHS community health services. Details of these changes are documented in the Change Log and Question Lookup of the Wave 13 dataset.

From Wave 14 (22 July 2025 to 13 August 2025), the sample was boosted by just over 15,000 participants; alongside existing participants, new participants are invited to complete the survey once every wave.

Quality

All percentages are weighted to ensure the survey sample more accurately reflects the wider population. However, the HIS sample, as with all surveys, may still be subject to possible bias that is not fully addressed by the weighting methodology.

Findings in the survey are based on self-reported responses from individuals and the estimates, in particular, those estimating the number of people using the different types of NHS services may differ from administrative data sources used to collect activity data.

More quality and methodology information

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

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.

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.

10 . Related links

Health Insight Survey
Web page | Published by the ONS
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.

About us: NHS England
Web page | Published by NHS England
Overview of the structure and roles and responsibilities of NHS England and the NHS regional teams.

11 . Cite this statistical bulletin

Office for National Statistics (ONS) released 11 September 2025, ONS website, statistical bulletin, Experiences of NHS healthcare services in England: September 2025.