

Views and experiences of dentistry

Survey of the UK public

May 2023



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. The General Dental Council (GDC) commissioned Community Research to conduct this research with the aim of understanding the impact of these external shocks on the public's views and experiences of dentistry and to explore changes over time, building on an initial study conducted in 2020 and a second wave in 2021.

An online survey was conducted with a nationally representative sample of 2,890 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 the other 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 December 2022 and early January 2023.

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

1.2 Dental care in the last 12 months

The research sought to explore the public's experiences of dental care during the 12 months prior to the survey:

- Just under two-thirds (64%) of respondents had visited a dental professional in the past year, an apparent¹ increase on 2021 (47%), with a check-up the most common type of dental care received (90%).
- Of those who had visited a dental professional in the UK, two-thirds (66%) received NHS dental care in the past year, a decrease compared to 2021 (72%).
- Findings in 2021 indicated that post lockdown, more people had started accessing private dental care. The 2022 survey suggests that this shift has been maintained. Of those who said they had received private care or a mix of private and NHS care in 2022, about two-fifths (41%) reported that they had only started having private dental treatment in the past three years. This move was largely due to not being able to access NHS dental care.

¹ 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-November 2021, so the time elapsed was more than a year. The data for 2022 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. Both the question wording and the timescales differ between the waves. Changes can therefore be seen as indicative only.



- A small proportion of the overall sample (3%) had received dental care outside of the UK in the last year.
- Overall, most respondents who had received dental care in the past year were satisfied with different aspects of their care. However, about one-fifth (21%) said they were dissatisfied with the affordability of their treatment. Just under one-fifth were dissatisfied with the ease of getting an appointment (17%), and how long they had to wait for an appointment (18%).
- While the most common reason for not having received dental care in the past year was that respondents did not tend to go to the dentist that often (27%), nearly one-quarter (23%) said that they had not done so because of concern about the cost of going to the dentist. Access had been an issue for some respondents (13% said they tried but could not get an appointment, 10% said they tried but were told only private appointments were available).

1.3 Access and affordability

Themes of access to, and affordability of dental care were also explored:

- The majority (71%) of respondents said they currently had a regular dental practice. Amongst the 27% who did not have a regular dental practice, just over one-fifth (22%) had tried to join one in the past year. When asked why their attempts to do so had been unsuccessful, most said that there had been no availability.
- One-fifth (20%) of all survey respondents had tried to book an appointment for dental care in the past year and had been unable to do so. The most common reasons for this were that their regular dental practice had a large backlog of appointments (32%) or that it was only accepting emergency appointments (29%).
- One-quarter of respondents (25%) had had dental appointments postponed (15%) or cancelled (10%) in the past year; this happened more than once for 32% of those who had experienced it. Although most were able to rebook and attend these appointments, 10% were not able to do so, 13% were referred to a different practice, and 5% found a different practice themselves.
- Most respondents assumed that access difficulties would continue in the future: 69% agreed that it will be harder to get an appointment at a dental practice in the future, and 75% agreed that it will be harder to have dental treatment on the NHS in the future.
- Over half (57%) of those with a regular practice agreed that their dental practice had become more expensive.
- Most respondents expected that costs would rise in future - 84% agreed that dental treatment would become more expensive.
- Analysis amongst those who said that they had had to cut back on key essentials due to the cost-of-living crisis indicated that those in financial difficulty were more likely to cut back on dental care. For example, when asking those who were unlikely to book a dental appointment the reasons for this, cost was cited by 38%



of those who had cut back on key essentials, compared to only 10% of those who had not had to cut back.

1.4 Future intentions and expectations

Research participants were also asked questions about their future intentions with regards to their own dental care and their expectations of dental care provision:

- One-fifth of respondents (20%) already had an appointment booked to see a dental professional in the next three months. One-fifth (20%) said they were very likely to book one and just over one-fifth (21%) said that they were quite likely to do so.
- Amongst those 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 book an appointment in the next three months, almost three in ten (29%) said they were worried about the cost. Just over one in ten (13%) said they could not get an appointment.
- Around half of adults agreed that they would be likely to leave a longer gap between dental appointments in the future (53%) and that they would go less often for routine dental appointments (49%).

1.5 Confidence in dental care

The public's confidence in dental care provision was also explored:

- Fewer than two-fifths (38%) of respondents were confident that people in the UK can get access to dental care when they need it.
- A majority of just over two-thirds (67%) were confident that when people do access dental care in the UK, it is of a high quality.
- More than one-third (37%) said they felt the same degree of confidence in the provision of dental care, regardless of whether the care is delivered privately or by the NHS. However, more than twice as many said they felt more confident in private dental care (30%) than NHS dental care provision (13%).
- Over half (54%) of respondents said their confidence in the way dental care is delivered had not changed in the past year. Nearly one-quarter (23%) said they were less confident, while 16% said they were more confident.
- Amongst those who said they were more confident, this was largely because they felt the service they received had improved (41%) while, amongst those who said they were less confident, this was frequently due to access issues (44%).

1.6 Complaints and regulation

The research also investigated views about regulation and asked some specific questions of those participants who had previously made a complaint about a dental professional:

- Amongst the minority of the sample who had previously made a complaint about a dental professional, 58% said that if the exact same situation were to happen now, they would be more likely to complain. Three in ten (30%) said they would



be neither less likely nor more likely to complain, and 7% said they would be less likely.

- Just under one-fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey (which was a similar level to previous years); under one-third (28%) thought they had done so, whilst 45% had not.
- Most respondents that had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 14% very confident, and 47% quite confident.

1.7 Conclusions

The proportion who visited a dental professional in the past year, appeared to be higher than had been the case in the 2021 survey – suggesting a gradual return to normality post-COVID. However, the research also showed that some people were choosing to avoid or reduce dental care. In addition, 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.

There has also 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.

Some of these choices and behaviours arise from changes and pressures in the sector – with system over-stretch in terms of NHS capacity and some dental practices no longer routinely reminding patients of the need to attend for check-ups.

For some respondents, choices around accessing dental services are the direct result of cost-of-living concerns and pressures. There are clear signs that many people are experiencing barriers to accessing dental care and particularly to NHS provision. 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.

Health inequalities in relation to access, as uncovered in the 2021 research, 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 is evidence that those struggling with the cost-of-living crisis, may already be prioritising treatment over preventative dental care, in order to save money.

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. 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.



Overall, the research indicates that whilst many are satisfied with the services they receive from dental care professionals and are also confident in the quality of UK dental care provision, there are increasing access issues. Health inequalities and affordability concerns are also apparent. These issues are impacting on both current public and patient experiences and behaviours and on confidence in the sector.

2. Introduction

2.1 Context

The General Dental Council (GDC) is the UK-wide statutory regulator of just over 114,000 members of the dental team. This includes approximately 43,000 dentists and 71,000 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. The GDC wished to understand the impact of these external shocks on the public's views and experiences of dentistry.

2.2 Aims and objectives

The GDC commissioned Community Research to conduct this research in 2022, building upon studies conducted in 2020 and 2021². This new piece of research is part of a wider study which aimed to address two key questions in relation to the impact of these external shocks:

1. What has the impact of COVID-19 been on the supply and demand of dental services and their availability and service accessibility?
2. What has the impact been on public confidence, safety, demand for services and future intentions?

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 after COVID-19 lockdowns and set in the context of the continuing external shocks. 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.

² These research studies focused primarily on the impact of COVID-19 on public confidence in dentistry.



- in relation to the public's choices about their dental health (frequency and type of use).
- on the public's access to services that they need.
- To explore the public's confidence in the sector, including regulation.
- To provide a post-COVID-19 baseline from which the GDC can 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

2.3.1 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.

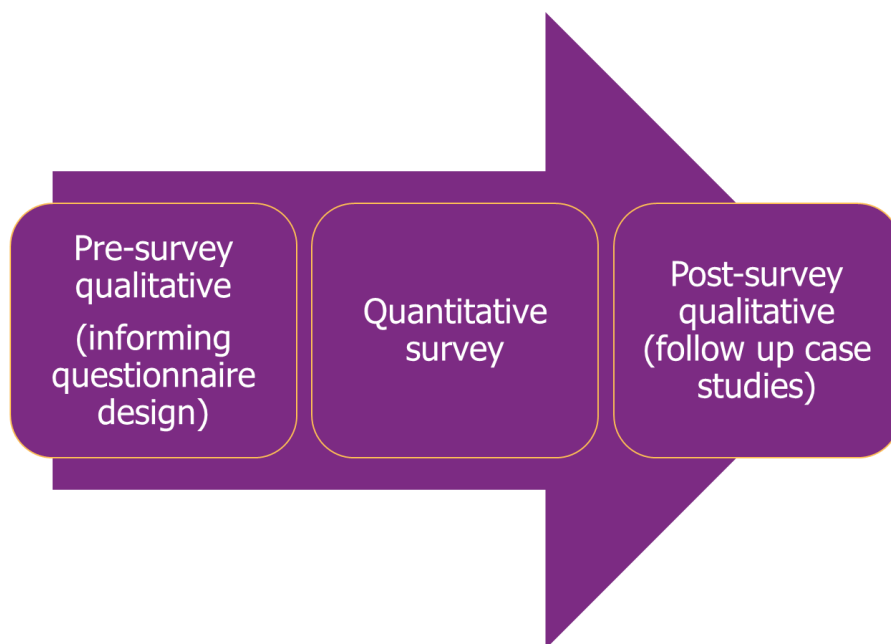


Figure 1: Overview of methodology

2.3.2 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 and 2021 surveys were repeated in this third 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 2,890 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's³ 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. Fieldwork ran through December 2022 and into early January 2023. Throughout the report the survey timing will be referred to as December 2022.

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, the size of the samples in Wales and Northern Ireland were boosted to ensure that analysis by each nation would be possible. In both this and the 2021 survey, the sample sizes for people from Indian, Pakistani, Caribbean and African ethnic backgrounds were also boosted in order to ensure analysis by these different ethnic groups would be possible. 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 Panelbase 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 9.1.

2.3.3 Qualitative methodology

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

- 1) Pre-survey online discussion groups with the general public to inform the design of the questionnaire; and
- 2) Post-survey in-depth interviews with individual survey respondents to explore views and experiences in more detail.

Pre-survey discussion groups

In November 2022, Community Research convened three online focus groups and one paired in-depth interview (15 participants in total). Each session lasted 90 minutes and covered: 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 around 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.

³ www.panelbase.net/about (further details about the Panelbase panel are provided in Technical Appendix 9.2)



The research findings were used to inform the development of the quantitative 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 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 quantitative survey design.

The pre-survey qualitative research found that while people were generally confident in the **quality** of dental care in the UK, **access** was a major concern for many. The main issues centred around people not being able to be **seen** by a dental professional and / or not being able to **afford** dental care. There was a concern that this would result in further issues down the line as people's dental issues were exacerbated, and a potential 2-tier system where only those who could afford to go private would be easily able to receive dental care.

As a result of these research findings, additional questions were incorporated into the quantitative survey, namely:

- A question to ascertain the extent to which respondents felt impacted by the **cost-of-living** crisis.
- Questions relating to **access/availability** including: whether they had been able to register with a regular practice; how easily they had been able to get appointments; whether they had moved to private care in recent years or had treatment abroad.
- Questions relating to **affordability** including: whether they had noticed prices increasing; whether they were reducing their dental care due to cost considerations.
- A question to explore if there was a relationship between people's confidence in the **quality** of UK dentistry and how easily people could **see** a dental professional.

Post-survey in-depth interviews

From amongst those survey respondents who consented to participate in follow up qualitative research, the researchers identified ten respondents whose responses indicated that their experiences or attitudes might be of particular interest. Across the ten interviews 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.

Full details of the method and sample for the qualitative research stages can be found in Technical Appendix 9.3.



2.4 About this report

The analyses reported here come from an achieved sample of 2,890. Since a sample rather than the entire population of adults aged 18 and over living in the UK has been interviewed, 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 more than + or – 2% from the result that would have been obtained from a census of the entire adult population of the UK (i.e., 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 though. Throughout the analysis of the survey data, we tested if a difference in results between two sub-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 within the findings. To be clear, any sub-group differences highlighted within this report are statistically significant at a 95% confidence interval or greater.



Sub-group differences appear, throughout the report, in this format.

Percentages which 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 White English, Welsh, Scottish, Northern Irish or British; White Irish; Gypsy or Irish Traveller; or Any other White background as their ethnic group.

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.

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 the Technical Appendix 9.4. Further detail about the methodology, including explanation about margins of error and statistical tests applied to the data, is provided in the Technical Appendix 9.2.

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



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



3. Dental care in the last 12 months

Section Summary

- Just under two-thirds (64%) of respondents had visited a dental professional in the past year, an apparent increase on 2021 (47%), with a check-up the most common type of dental care received (90%)³.
- Of those who had visited a dental professional in the UK, two-thirds (66%) received NHS dental care in the past year, a decrease compared to 2021 (72%).
- Findings in 2021 indicated that post lockdown, more people had started accessing private dental care. The 2022 survey suggests that this shift has been maintained. Of those who said they had received private care or a mix of private and NHS care in 2022, about two-fifths (41%) reported that they had only started having private dental treatment in the past three years. This move was largely due to not being able to access NHS dental care.
- A small proportion of the overall sample (3%) had received dental care outside of the UK in the last year.
- Overall, most respondents who had received dental care in the past year were satisfied with different aspects of their care. However, about one-fifth (21%) said they were dissatisfied with the affordability of their treatment. Just under one-fifth were dissatisfied with the ease of getting an appointment (17%), and how long they had to wait for an appointment (18%).
- While the most common reason for not having received dental care in the past year was that respondents did not tend to go to the dentist that often (27%), nearly one-quarter (23%) said that they had not done so because of concern about the cost of going to the dentist. Access had been an issue for some respondents (13% said they tried but could not get an appointment, 10% said they tried but were told only private appointments were available).


3.1 Dental care received

Appointments attended

Just under two-thirds (64%) of respondents had visited a dental practice in the past year. This is an apparent increase on the proportion (47%) who had been to a dental practice in a similar timeframe in the 2021 survey⁴.

⁴ 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-November 2021, so the time elapsed was more than a year. The data for 2022 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. Both the question wording and the timescales differ between the waves. Changes can therefore be seen as indicative only.







 Those from higher socio-economic groups were more likely to have visited a dental professional in the past year (69% of ABC1s⁵ compared to 58% of C2DEs).

In 2022, the most common types of dental care received were a check-up (90% of those having dental care in the previous year, having had at least one) and routine preventative care⁶ such as a scale and polish (58%). In 2021, these were also the most common types of visit⁷ a check-up was the most common type of care received since lockdown restrictions had lifted (75%), followed by routine preventative work (37%).

Of those who had had treatment in the past year, over one in ten (13%) had received remote appointments or consultations (i.e., via the phone or by video conference). This is lower than the figure in 2021 (17%).

Around two-fifths (41%) of respondents had experienced dental pain or other dental issues in the past year (e.g., issues with dentures, braces, gum problems). Of those who had this experience, almost half (47%) said they sometimes got dental treatment; over a quarter (28%) said they always did; and one-quarter (25%) said that they never did so.

Those who never got treatment, despite experiencing dental pain or other issues were more likely to be:

-  Female (28% compared to 20% of males);
-  Of White ethnicity (30% compared to 14% of respondents of Asian ethnicity and 15% of respondents of Black ethnicity);
-  From a DE socio-economic background (36% compared to 16% of ABs);
-  Those who had tried, but failed, to join a dental practice in the past year (41%).

Type of care received

Figure 2 compares responses from the 2022 and 2021 surveys to a question asking about the type of care received over the past year. In 2022 two-thirds (66%) of those who had received treatment in the past year said that they had received NHS dental care (either free or paid for), 23% said they received private care and 9% a mix of private and NHS.

In 2021, 72% of respondents stated that the dental care they received before the first national lockdown was from the NHS (50% paid-for and 22% free), 19% said it was private and 7% a mix. Findings in 2021 indicated that post lockdown, more

⁵ 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.

⁶ For example, hygienist appointment, scale and polish, fluoride.

⁷ Again, question wording between the two survey waves was not directly comparable.



people had started accessing private dental care. The 2022 survey suggests that this shift has been maintained, as the year-on-year comparisons in Figure 2 show.

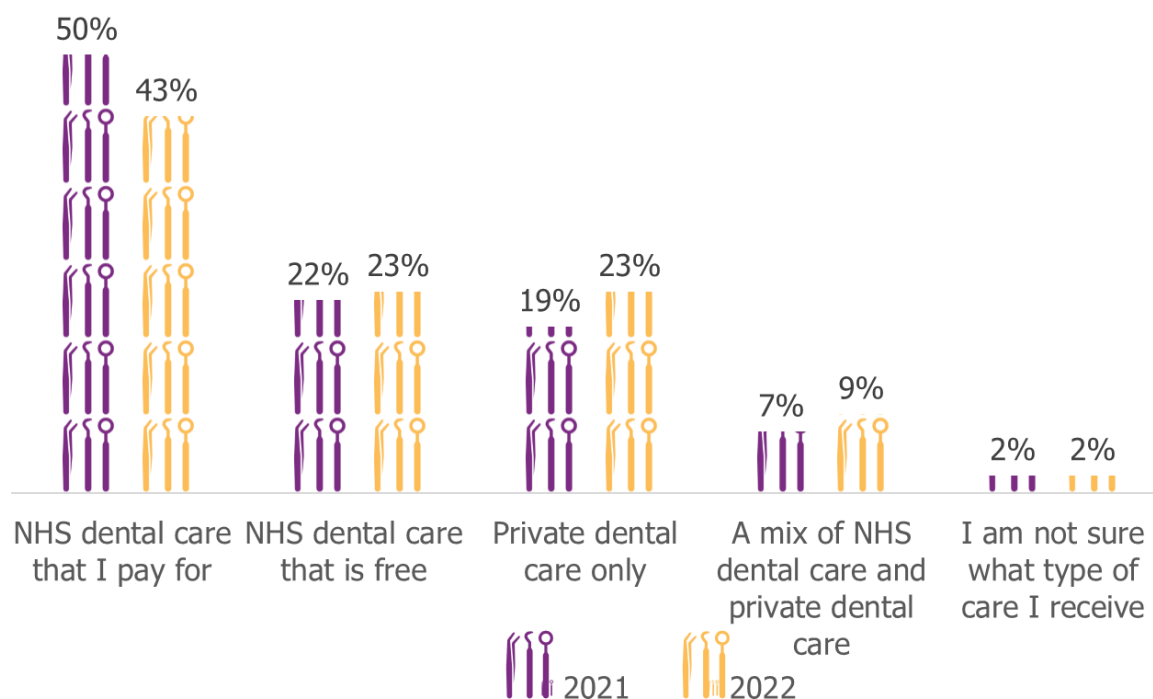



Figure 2: Thinking about the visit(s) you made to a dental practice in the last year, which of these describes the type of care you generally received? Base= those who had received UK dental treatment in past year Oct 2021 (1,985) vs Dec 2022 (1,821)

Indeed, of those who said they had received private care or a mix of private and NHS care in 2022, about two-fifths (41%) reported that they had only started having private dental treatment in the past three years (more than half of them, only in the last year).

 The respondents who had started having private dental care most recently were more likely to be younger (32% of 18-34s had started in the last year, compared to 16% of those aged 65+).

When those who had started to receive private dental treatment in the last three years (41%) were asked why this was the case, as Figure 3 shows, just under two-fifths (37%) reported that they couldn't get NHS treatment quickly enough; just under one-quarter (23%) couldn't get NHS treatment at all; and 20% said that their dental practice or professional had stopped offering NHS treatment.



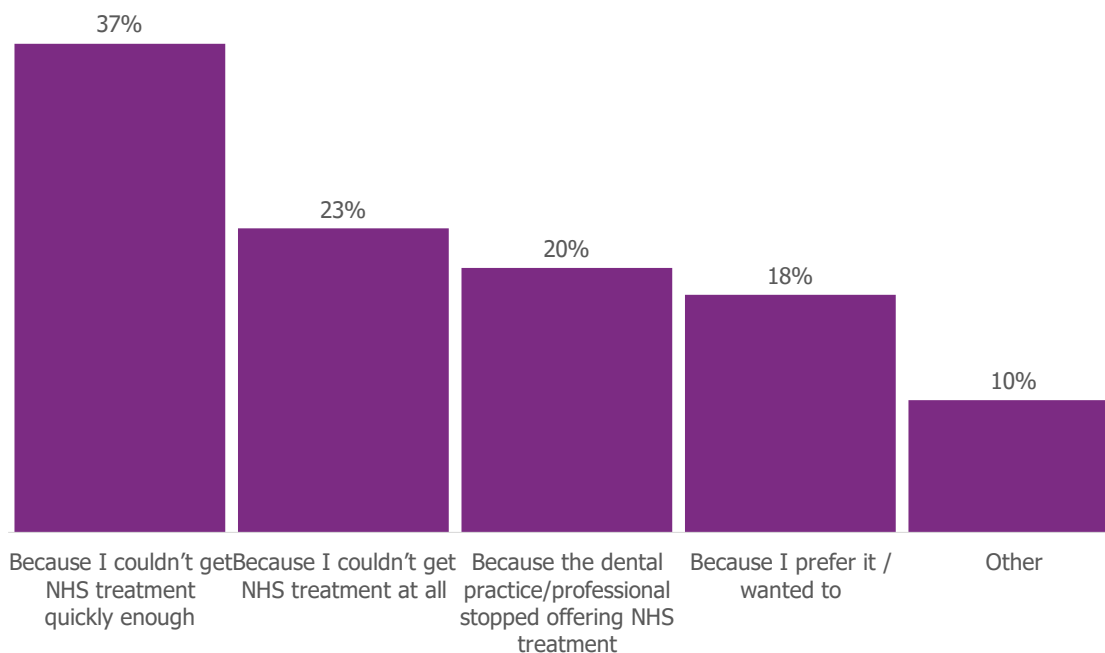


Figure 3: You said that you have started to receive private dental care in the last 3 years. Why is that the case? Base = those who have been having private dental treatment for 3 years or less (227)

Nishal works shifts on the railway. He has two children and lives in the West Midlands. He is aware of the challenges relating to getting NHS dental care so he, and his family, have elected to use private dental care.

He prioritises paying privately, although it is a stretch, as he values the peace of mind of knowing that he can get an appointment in an emergency. His working patterns mean that he needs a provider who can be flexible and give him appointment options which fit around his working day. He also feels it is important that he is not kept waiting when attending appointments – something which he has experienced at NHS practices.

"I've tried [to find an NHS dentist], but they said that you have to be on the waiting list or something like that, so I thought, 'When you need the treatment, you can't be on the waiting list; you want it to be done. Especially when there is an emergency or something; you need to go there ASAP.'"



He is aware that the costs of private dental care are very variable across different practices and he is also concerned that costs may go up in future, especially if there is more demand.

In an ideal world, he feels that care should be available on the NHS but he's made the pragmatic decision to prioritise paying for dental care as he feels there is no viable alternative.



Dental tourism

All those who had treatment 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, 5% of these people, equating to 3% of the entire sample said they had done so.

-  Younger respondents were more likely to have accessed treatment abroad than older respondents (6% of 18-34 year olds had done so, compared to just 1% of those aged 65+).
-  Those respondents of Asian ethnicity (10%) were also more likely to have done so, compared to those of White ethnicity (2%).

Of those who had received treatment abroad in the last 12 months, very few (just 6 respondents) had made no visits to a UK dental professional at all in the same year. However, one in three of those who had treatment outside the UK, had had a check-up or routine preventative work, but no other kinds of treatment, within the UK in the last 12 months. Amongst those who had sought treatment outside the UK respondents, dental treatment had been received in nearly 30 different countries, with the most frequently mentioned countries being India (18 respondents) and Pakistan (9 respondents). The most common reason was cost, with people having treatment outside the UK because it was cheaper in that country.

"I went [to India] for regular check-up and cleaning. I always have dental care outside the UK as it is much cheaper. I hardly know anyone who gets dental care in the UK unless it is an absolute emergency." Male, 25-34, West Midlands

Daria is 61, originally from Belarus, has lived in the London for over 33 years. She is entitled to free NHS dentistry as she is unemployed. She has successfully changed practices several times, her issue is not with access to a dentist but with the level of treatment offered to NHS patients. She says that they always want to extract a tooth rather than try and save it. She wanted to improve her problematic teeth.

"Here with the NHS I feel they don't really want to do anything - apart from pull your teeth out."

On a recent visit to her nephew, she made the decision to undergo extensive restorative work in Kyrgyzstan. This included the removal of a number of nerves. On returning to the UK, she suffered dental pain and had to make an emergency appointment with her dentist. The UK dentist said that the nerve was not removed correctly in Kyrgyzstan but that she was unable to now treat this on the NHS. Daria ended up paying £750 for private treatment which she put on her credit card. She seems resigned to that fact, rather than upset angry, although she does now question her decision about having such extensive treatment abroad.

"I had to do it because the pain was so unbearable and I had been taking too many painkillers. I also needed to save the tooth because it was a front one."





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. However, about one-fifth (21%) said they were dissatisfied with the affordability of their treatment. Just under one-fifth were dissatisfied with the ease of getting an appointment (17%), and how long they had to wait for an appointment (18%).

Lower levels of satisfaction in relation to these aspects of access and affordability were also apparent through the relatively lower proportions saying they were 'very satisfied' as opposed to 'quite satisfied', compared to other factors (see Figure 4).

-  Satisfaction with the affordability of treatment was particularly low amongst respondents of Asian ethnicity (30% dissatisfied compared to the overall average of 21%), and those paying for private dental care (32% compared to 19% of those with paid NHS care - rising to 43% of those who started private care because they were unable to access NHS care).
-  By contrast, satisfaction with affordability was highest amongst Scottish respondents (86% satisfied compared to 76% average) and people aged 65+ (82% compared to 75% of those aged 18-34).

When it came to access issues, the groups that were least satisfied were:

-  Younger people⁸ (23% of 18–34-year-olds were dissatisfied both with the ease of getting an appointment, and how long they had to wait for an appointment, compared to 5% and 6% respectively for those aged 65+);
-  Respondents of Asian ethnicity (27% were dissatisfied with the ease of getting an appointment, and 29% with how long they had to wait for an appointment, compared to 14% and 15% respectively of respondents of White ethnicity); and
-  Those living in urban areas (23% were dissatisfied with both the ease of getting an appointment, and with how long they had to wait for one, compared to 11% for each amongst those living in rural areas).

⁸ 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.



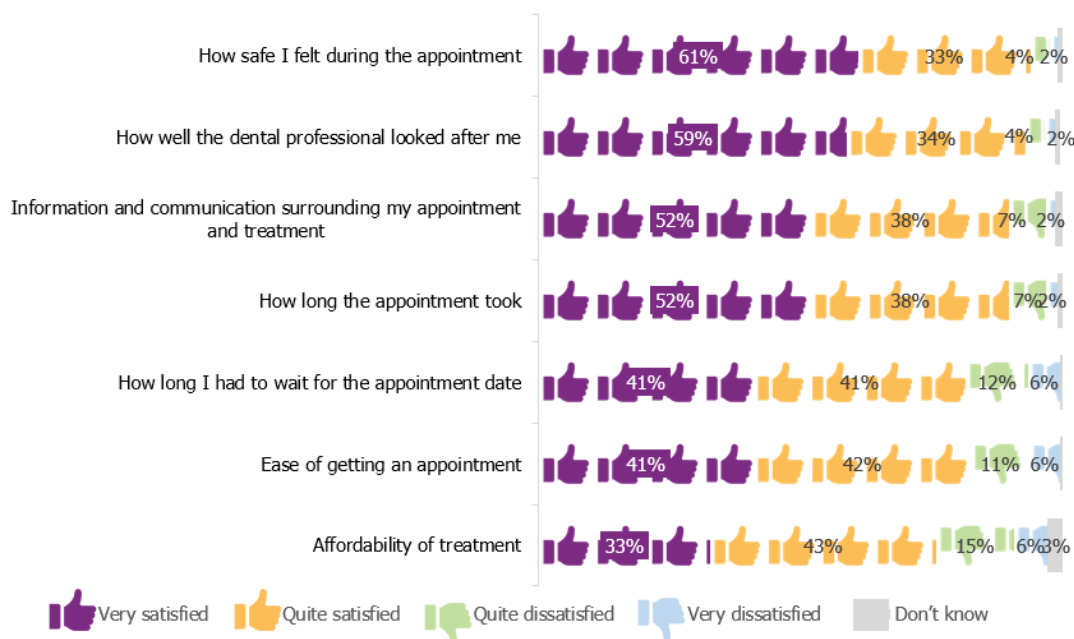




Figure 4: Based on your experiences of seeing a UK dental professional in the last year, looking at the aspects of your experience listed below tell us, for each one, how satisfied have you been? Base = those who had received UK dental treatment in past year (1,821)

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

Those who had not received dental care in the past 12 months were asked, from a prompted list of potential reasons for this, which were true for them. As can be seen from Figure 5, there were a variety of reasons provided.

The most common reason overall (27%), was that respondents did not tend to go to the dentist all that often.

Beyond this however, cost had been an issue for just under one-quarter (23%) of respondents who said that what had stopped them from getting dental care or treatment in the past year was concern about the cost of going to the dentist.

-  This figure was higher (30%) amongst disabled respondents.
-  Cost was also more likely to be cited as a reason (35%) amongst those who had experienced dental pain or other issues (with dentures, braces, gum problems) in the past year but had not had it treated.

Access had been an issue for some of these respondents, more than one in ten (13%) said that they tried but could not get an appointment. One in ten (10%) said they tried but were told only private appointments were available; 4% tried but could not get an appointment at a time that they could make; and 2% were not able to arrange travel to the appointment.

COVID-19 remained a concern for some, with 12% saying concerns around the pandemic stopped them from making an appointment (with 3% shielding and 1% self-isolating because of COVID-19 symptoms).



Almost one in ten (9%) gave a reason for not going to the dentist as being because they thought their practice would be in touch to remind them to go.

Just under two-fifths (37%) of respondents disagreed or strongly disagreed with the statement 'I have been getting regular reminders to book routine preventative appointments for my dental practice'.

The impact of not receiving such reminders was mentioned by some in the post-survey qualitative research where participants described, for example, not receiving a reminder to attend and this leading to being taken off practice lists and then not being able to get an appointment when they needed one.

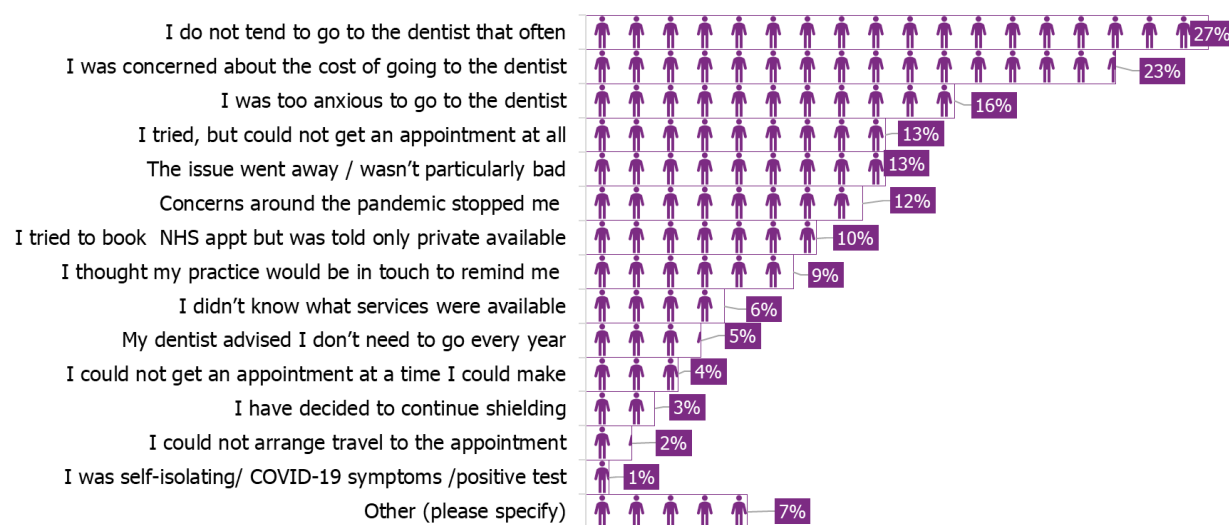


Figure 5: Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment in the last year – which, if any of these reasons, has been true for you? Base = those who had not received any treatment in or outside UK (1,062)

Some of the possible reasons for not receiving dental care in the last 12 months, suggested to respondents were repeated from the 2021 survey. Figure 6 highlights some key differences between the two waves. Concerns about costs were greater in 2022 (23%) than they were in 2021 (15%).

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

Conversely, doubt about what dental services were available was less frequently cited as a barrier to treatment in 2022 (6%) than was the case in 2021 (14%).



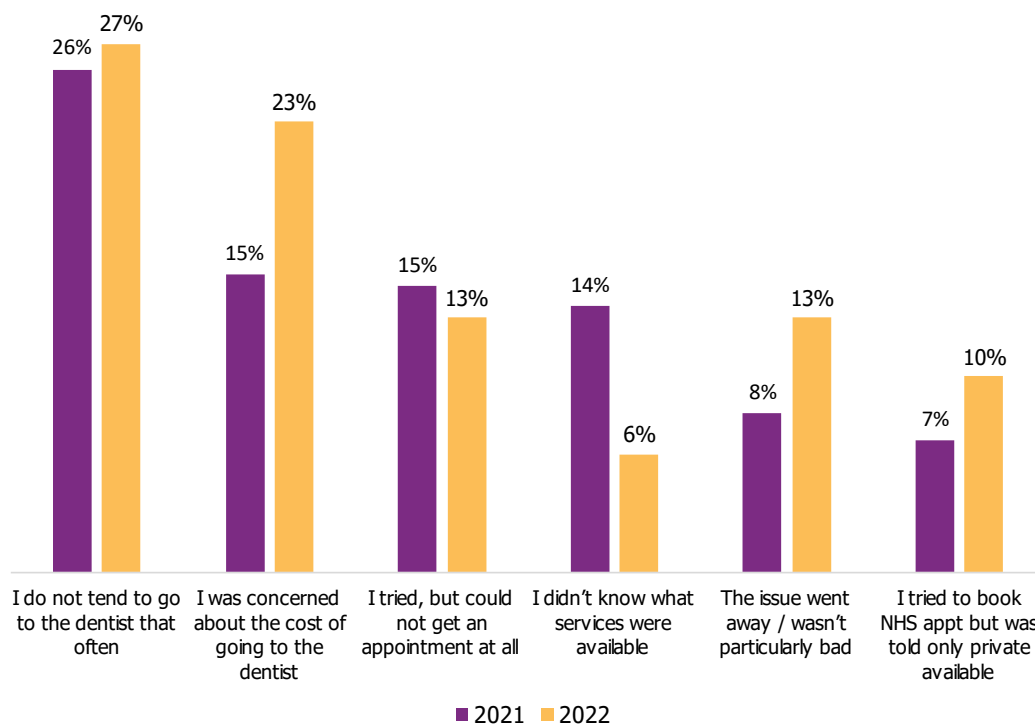


Figure 6: Here are some reasons that people have given to explain what has stopped them from getting dental care or treatment in the last year – which, if any of these reasons, has been true for you? Base = those who had not received any treatment in or outside UK, Oct 2021 (1,281) vs Dec 22 (1,062)



4. Access and affordability


Section Summary

- The majority (71%) of respondents said they currently had a regular dental practice. Amongst the 27% who did not have a regular dental practice, just over one-fifth (22%) had tried to join one in the past year. When asked why their attempts to do so had been unsuccessful, most said that there had been no availability.
- One-fifth (20%) of all survey respondents had tried to book an appointment for dental care in the past year and had been unable to do so. The most common reasons for this were that their regular dental practice had a large backlog of appointments (32%) or that it was only accepting emergency appointments (29%).
- One-quarter of respondents (25%) had had dental appointments postponed (15%) or cancelled (10%) in the past year; this happened more than once for 32% of those who had experienced it. Although most were able to rebook and attend these appointments, 10% were not able to do so, 13% were referred to a different practice, and 5% found a different practice themselves.
- Most respondents assumed that access difficulties would continue in the future: 69% agreed that it will be harder to get an appointment at a dental practice in the future, and 75% agreed that it will be harder to have dental treatment on the NHS in the future.
- Over half (57%) of those with a regular practice agreed that their dental practice had become more expensive.
- Most respondents expected that costs would rise in future - 84% agreed that dental treatment would become more expensive.
- Analysis amongst those who said that they had had to cut back on key essentials due to the cost-of-living crisis indicated that those in financial difficulty were more likely to cut back on dental care. For example, when asking those who were unlikely to book a dental appointment the reasons for this, cost was cited by 38% of those who had cut back on key essentials, compared to only 10% of those who had not had to cut back.




4.1 Access to a regular dental practice – for self and children

The majority (71%) of respondents said they currently had a regular dental practice for their dental care.

Just over one-quarter (27%) of respondents said they did not have a regular dental practice. This figure differed between population sub-groups, as follows:

-  Younger people were more likely to be without a regular dental practice (33% of 18–34-year-olds, compared to 20% of those aged 65+).



-  Respondents of Asian ethnicity were also more likely to be without a practice (37% compared to 25% of respondents of White ethnicity).
-  This was also the case for 31% of those living in urban areas (compared to 22% of those in rural areas).
-  Respondents in Scotland and Northern Ireland were, conversely, more likely to have a regular dental practice (79% compared to the average of 71%).

Amongst those who did not have a regular dental practice, about two-thirds (65%) said that they had had a regular dental practice in the past.

When asked why they stopped having a regular dental practice from a prompted list of potential explanations, the most common reason was that they had moved house (42%). A further 17% said they had proactively chosen to leave the practice for another reason. However, 16% said that they were advised by their practice that they could not continue to see them as a patient.

One-quarter (25%) gave another (unprompted) reason as to why they had stopped to have a regular dental practice. Most of these explanations were to do with access problems, such as:

- their dentist had closed down;
- they were not able to get an appointment;
- they had been removed from their dentist's books for not going regularly enough.

"Didn't book an appointment within a certain amount of time so they dropped me." Male, 25-34, South West

"My dentist retired and the practice went private. No NHS Dentists in my area." Female, 55-64, East Anglia

Smaller numbers of people cited the expense as an explanation for not having a regular dental practice any longer and a handful said they no longer had a dentist because they felt they no longer had a need for dental care.

Those respondents without a regular dental practice were asked if they had tried to join one in the past year. Over one-fifth (22%) said that they had. This equates to 6% of the total survey sample being without a regular practice and having sought unsuccessfully to join one in the last 12 months.

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, or specifically for NHS patients.

"I called 20 dentists; none are accepting NHS patients and I cannot afford private treatment." Female, 25-34, Northern Ireland

"Nobody would accept NHS clients. I am currently on several waiting lists which are 3 years long." Female, 45-54, Yorkshire



Most (79%) 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 practice⁹, 31% said they had had one in the past.
- The main reasons for children no longer having a regular dental practice were that they had been advised by the practice that they could no longer continue to see their child (43%) or that they had moved house (32%)¹⁰.
- Around one-third (34%) of parents who had a child with no regular dental practice had tried to get their children into a dental practice in the past year. Similarly to the adult respondents, the main reasons their attempts had been unsuccessful was a lack of available places, i.e., that practices they had tried were not taking on new NHS patients, or sometimes not taking new patients at all.

Abdul is of Pakistani heritage and lives in Bradford. He lives with his wife and three girls, ranging in age from 21 to 12. His oldest daughter has just left home to get married. He has worked in the finance industry but is not working at the moment.

The family was previously registered at an NHS dental practice but have not visited since before COVID-19. They did not receive any reminders for check-ups and, when Abdul called for an appointment because he was in pain, he was surprised to find that they had all been taken off the patient list. This was extremely stressful as his tooth was cracked and infected.

He tried to join a number of practices locally but was told that there is a two-year waiting list. He has also tried practices further afield, half an hour's drive away, with no joy.

"No-one tells us anything; all we're told is just to keep trying and ringing them. But the message that we keep getting overall is that they have ridiculous waiting lists. I mean 2 years in advance, people having to put their name on the list. It's frightening because of that emergency we've had and since then, it's given me more motivation to get on the list as an NHS patient...but what else can we do?"

In order to resolve his issue, he ended up calling 111 and got an emergency appointment. He was quite worried about going down this route as he wasn't sure if they would be able to help and it can be difficult getting through to speak to someone. He did get seen but he felt the experience wasn't ideal – he had to travel to the appointment and had to go twice as the first time was only a quick consultation. He felt that the care was also more limited than what he would have received if it had been a regular practice.

⁹ A small number of parents did not know whether their children had a regular practice or not.

¹⁰ These figures should be treated with caution as they are based on a low base size of just 47 people.



"They said to me themselves at the practice for the emergency appointment that they are limited on what they can do. 'If you want the full thing doing on your tooth, we can only advise and put an injection in the tooth or just take it out, but apart from that, after care and other available options are through the NHS'."

His eldest daughter had a similar experience and had to get an emergency appointment and travel to Leeds to get problems with her wisdom tooth resolved.




He wants to be able to join a dental practice near to home to have peace of mind about future care. He is worried about the fact that his youngest daughter has not had a check-up for several years and also concerned the inability to get NHS care is a widespread issue. He feels that the lack of NHS dental care is more of an issue for deprived communities, like the one in which he lives in, as many people simply do not have the alternative of private health care. He is considering going private and whether some sort of payment plan is affordable for him.

4.2 Unsuccessful attempts to get an appointment

One-fifth (20%) of all survey respondents had tried to book an appointment for dental care or treatment during the past year and been unable to do so. Most commonly the desired appointment was for a check-up, this was the case for over half (59%) of those who had tried. This is similar to 2021 when 22% had tried to book an appointment and been unable to do so.

Likewise, almost a quarter (23%) of respondents in the 2022 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 to have been unable to book an appointment were:

-  Young people (29% of 18-34s compared to 9% of those aged 65+);
-  Those from a minority ethnic background (33% of respondents of Black ethnicity and 30% of respondents of Asian ethnicity compared to 16% of respondents of White ethnicity);
-  Those in urban locations (28% compared to 15% of rural respondents).

As shown in Figure 7 the main reasons for not being able to book an appointment were that their regular dental practice had a large backlog of appointments (32%); their regular dental practice was only accepting emergency appointments (29%); and that they had tried to book an NHS appointment but had been told that only private appointments were available (18%).



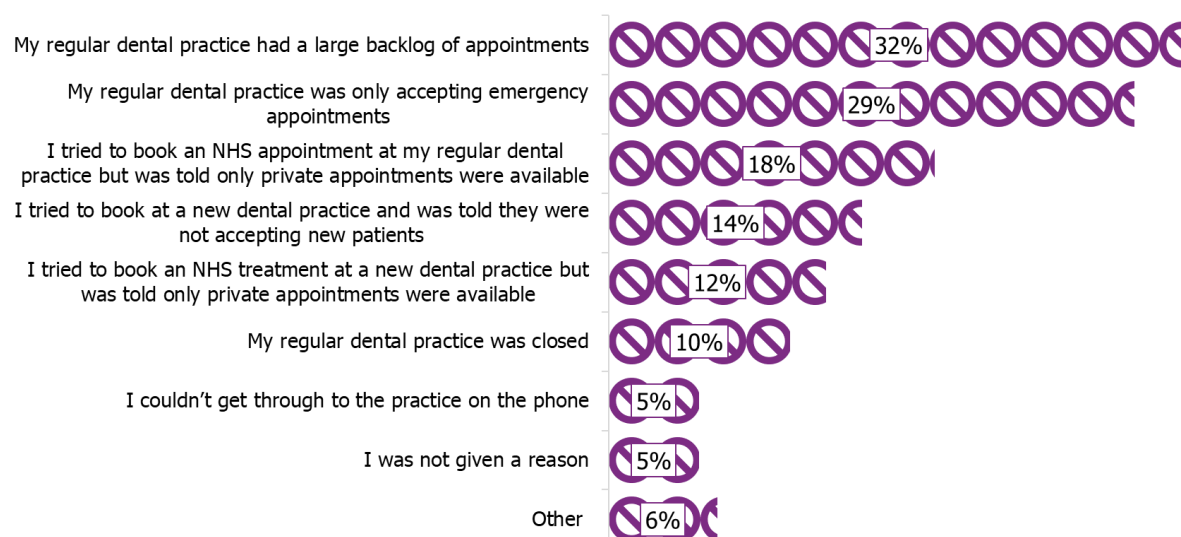






Figure 7: Why were you unable to book an appointment? Base = those who had tried and been unable to book an appointment (582)

4.3 Postponements and cancellations

One-quarter of respondents (25%) had had dental appointments postponed (15%) or cancelled (10%) in the past year, most commonly this was for a check-up.

-  Younger people were much more likely to have experienced this. Almost one-fifth (19%) of those aged 18-34 had had an appointment postponed and 13% had had one cancelled, compared to 12% and 4% of those aged over 65 respectively.
-  Respondents from ethnic minorities were also more likely to have done so. About one-fifth (21%) of respondents of Asian ethnicity and almost one-quarter (24%) of respondents of Black ethnicity compared to 13% of respondents of White ethnicity had experienced a postponement. The figures for cancellations amongst these three groups were 15%, 12% and 8% for respondents of Asian, Black and White ethnicity respectively.
-  Those living in urban areas were also more likely to have had these experiences (19% having had postponements and 12% cancellations).
-  People in Scotland were, however, less likely to have experienced these issues than those in all other countries and regions (11% had experienced a postponement and only 5% a cancellation).

Nearly one-third (32%) of those who had experienced a postponement or cancellation had this happen more than once.

Although most people were able to rebook and eventually attend these appointments, one in ten (10%) were not able to do so, and many had to attend appointments elsewhere (13% were referred to a different practice and 5% 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 NHS treatment.

Further evidence from the survey amplifies these findings, in terms of people's views and expectations of their own practice and the system in general:




When asked how far they agreed or disagreed with a series of statements about their own practice, 59% 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 16% who disagreed. In fact, when those who answered 'don't know' in response to this statement are discounted, 78% of those expressing an opinion agreed or agreed strongly that NHS care seems to be harder to arrange (vs 22% who disagreed).

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:

- Over two-thirds (69%) in the sample agreed or agreed strongly that it will be harder to get an appointment at a dental practice (31% strongly agree, 38% agree).
- Three-quarters (75%) agreed that it will be harder to have dental treatment on the NHS in the future (39% agreed strongly, and 36% agreed).
- Almost one-third of those not currently receiving private care only (32%) agreed or agreed strongly with the statement: 'I will have more private dental care in future'.

4.5 Current and expected future costs of dental care

Over half (57%) of those with a regular practice agreed with the statement 'my dental practice has become more expensive'. When 'don't know' responses were excluded, this rose to almost three-quarters (74%).

-  This was higher (62%) amongst 18–34-year-olds (compared to 52% of those aged 65+).
-  It was also higher (74%) amongst those who had started receiving private care because they were not able to access NHS care.
-  By contrast, however, just 37% of respondents in Scotland agreed with this statement.

Looking to the future, the majority (84%) 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, 44% agreeing strongly.



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, as they had in the previous 12 months, as shown in Figure 8.

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, 16% said they expect to spend 'a lot more', while 29% said they expect to spend the same amount.

A similar question was asked of all those who had spent money on NHS care in the last year – i.e., would they expect to spend more, the same amount or less on NHS dental care over the next year. Amongst this group¹¹ a lower proportion (11%) expected to spend 'a lot more' on NHS dental care and a higher proportion expected to spend about the same amount on NHS care in the year to come.

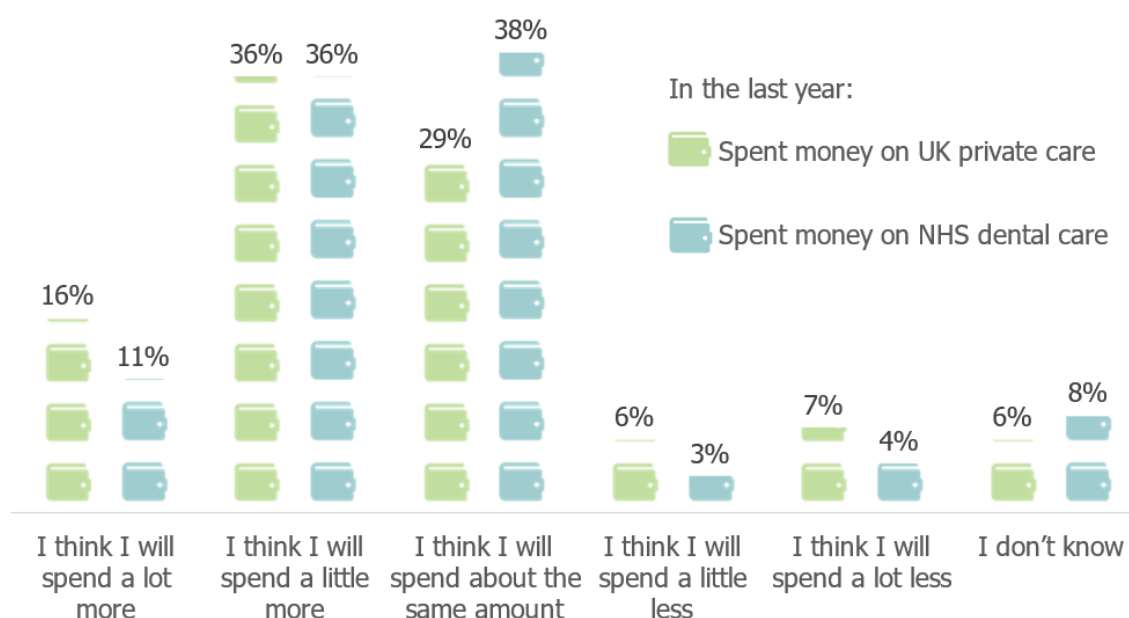


Figure 8: Thinking ahead, over the next year, please indicate how you expect your spending on each type of dental care, over the next year, to compare [to last year]. Base = those who had spent money on private care (552) and NHS dental care (925)

The most common reason amongst people who expected they would spend more was that prices would be going up because of inflation. Amongst the minority of people who expected to spend less in the next year (13% of those who spent money on private care and 7% of those who spent money on NHS care) the most frequent reason was an expectation that they would have 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.

¹¹ The two groups were not mutually exclusive, some respondents had spent money on both private care and NHS care and so were asked this question for both types of care.



“With the cost of living at the moment, dental care will be at the bottom of my list of priorities. Will only have a check-up once a year.” Female, 65-74, Yorkshire, expected to spend a lot less




“Reducing expenditure in every area where we can. Going to dentist will be as and when needed instead of at fixed periods.” Female, 35-44, East Midlands, expected to spend a little less

4.6 Analysis amongst those having to cut back on key essentials



Given the cost-of-living crisis that has emerged since the last public survey, the GDC was keen to specifically explore the experiences of dentistry amongst those who are struggling the most with their finances.

Participants were asked to identify whether or not they have had to cut back on key essentials (e.g., food, heating) because of the current crisis, whether they had been able to afford key essentials but cut back elsewhere to do so, or whether they had been able to afford key essentials without having to make cuts.

Some key differences for this sub-group were as follows:

-  Fewer of those who said they had to cut back on key essentials (59%) had been to a dental professional in the past year, than was the case amongst those who had not cut back (68%).
-  Amongst those respondents who had seen a dental professional in the past year, a pattern indicated that amongst those who were struggling with the cost-of-living crisis, some may 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 in the past year than those who had not cut back (27% compared to 12%) or fillings (42% compared to 27%); by contrast they were less likely to have gone for check-ups (83% compared to 93%). Furthermore, many intended to reduce their dental care in the future: twice as many of those who had cut back on key essentials agreed that they would go less often for routine dental appointments than those who had not cut back (64% compared to 31%). This is despite the fact that those who had had to cut back on essentials were much more likely to say they thought they would need treatment if they went to the dentist tomorrow (51% compared to 28% of those who had not cut 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, only 12% of those who had not cut back said concern about cost was a reason for this (compared to 29% of those who had cut back on non-essentials and 23% 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, 38% of those who had cut back on key essentials and 36% of



- those who had cut back on non-essentials said that they could not afford to see a dental professional (compared to 10% of those who had not cut back).
-  Amongst those who had been to a dental professional in the past year, more respondents who said they had cut back on key essentials (30%) were dissatisfied with the affordability of treatment, than was the case amongst those who had not cut back (12%).
 -  Those who had cut back were also more likely to have experienced access issues. Nearly one-third (32%) of those who had cut back on key essentials said that they did not have a regular dental practice (compared to 21% of those who had not had to cut back). 31% of those who had cut back on key essentials said they had tried and been unable to book a dental appointment, compared to 10% of those who had not cut back, and among those people, this was more likely to be for emergency treatment (24% compared to 11%). Amongst those who had been able to see a dental professional in the past year, 23% said they were dissatisfied with the ease of getting an appointment (compared to 9% of those who had not cut back).

Jamal, who lives in London, lost his job during the pandemic. He is well educated and was previously financially secure, working in a professional capacity. Since being an adult, he has always used private dental care. When he lost his job, he could no longer afford to go private and sought out a dental practice as he was experiencing constant pain, wobbly teeth and gum disease. The pain is always there but is sometimes searing rather than a dull ache.

He tried to get an appointment at a number of different dental practices local to him without success. He was told to come back in a month's time and not offered a place on a waiting list. He has not had a dental appointment for over 2.5 years and is trying (rather unsuccessfully) to self-manage his condition – through more frequent brushing, different food choices and specific toothpaste. He is resigned to living in pain and the fact that he will probably lose some teeth.

"I do wake up, like most mornings, wondering how my teeth are still on me. I expect them to drop any time and I think one of the anxieties I have is that my next dental session's actually going to be a teeth pulling session."

Other problems in his life are starting to dwarf his dental care issues – he is living in poverty, has mental/physical health issues and is about to be made homeless. His lack of dental care access, whilst a smaller issue than the others he is currently facing, is a contributing factor to his anxiety and stress.

"It's [lack of access to dental care] is only one aspect of why you don't want to be living in poverty in today's Britain, I suppose."

He doesn't feel that, at the moment, has the agency or energy to act to resolve things unless things escalate and he is forced to try to get an emergency dental appointment.



5. Future intentions and expectations

Section Summary

- One-fifth of respondents (20%) already had an appointment booked to see a dental professional in the next three months. One-fifth (20%) said they were very likely to book one and just over one-fifth (21%) said that they were quite likely to do so.
- Amongst those 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 book an appointment in the next three months, almost three in ten (29%) said they were worried about the cost. Just over one in ten (13%) said they could not get an appointment.
- Around half of adults agreed that they would be likely to leave a longer gap between dental appointments in the future (53%) and that they would go less often for routine dental appointments (49%).

5.1 Appointments booked / likely

As shown in Figure 9, one-fifth of respondents (20%) already had an appointment booked to see a dental professional in the next three months, on a par with 2021 (also 20%). One-fifth (20%) said they were very likely and about one-fifth (21%) said that they were quite likely to make an appointment in the next three months. This was most commonly said to be for a check-up (70%) or routine preventative work (23%).

Three in ten (30%) said they were fairly (14%) or very (16%) unlikely to make an appointment in the next three months.

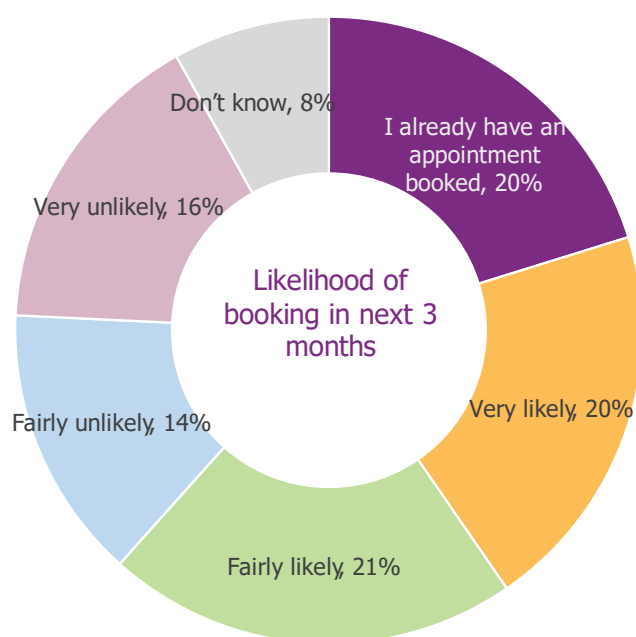



Figure 9: Thinking about the next three months, how likely is it that you will make an appointment to see a dental professional? Base = total sample (2,890)



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 for this.

As can be seen in Figure 10, affordability was a key reason for some, with almost three in ten (29%) saying that they couldn't afford to see a dental professional and / or they were worried about the cost.

 This rose to over one-third (35%) amongst disabled respondents, and to just over two-fifths (42%) amongst those who'd had dental pain or other issues (with dentures, braces, gum problems) in the past year but had not had it treated.

Just over one in ten (13%) gave the reason that they could not get an appointment.

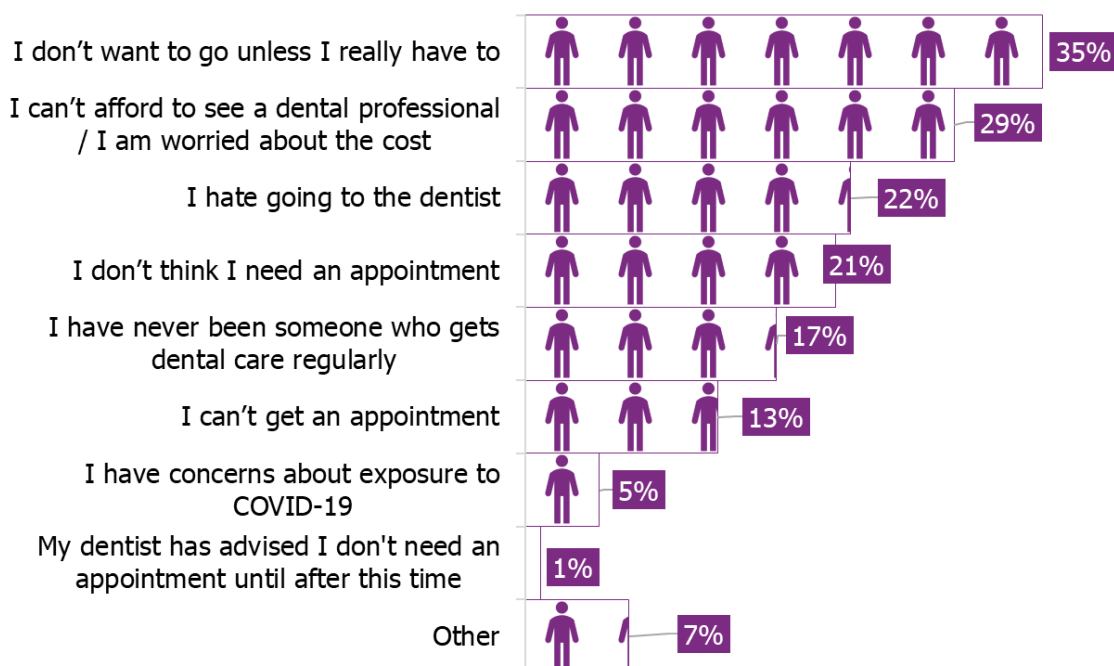


Figure 10: You say you are unlikely to book an appointment with a dental professional in the next 3 months, and you also indicated that you haven't been to a dental appointment in the last 12 months. Which of the following are reasons for this? Base = those who have not received dental treatment and are unlikely to (663)



Izzy is a 24-year-old student at the University of Nottingham. She was previously a patient at a dental practice in Norfolk where she had regular appointments. During the pandemic she lived with her father in Cambridgeshire but didn't manage to join a practice there. She knows that other people in the area also struggled to access care and, in some cases, had to travel to Peterborough.

She has been looking to join an NHS practice in Nottingham since starting university without success. She has looked as far afield as Derby. She is worried about the fact that she hasn't been seen by a dentist for over four years and whether she is storing up dental problems for the future. She lives in a house share with five other students and none of them have been able to join a practice either.

"I've been, basically, calling a long list of dentists, trying to find somewhere to take the NHS patients; but everywhere's just private at the moment. And as a student, it's very hard to afford private dental treatment, so it's basically waiting now until the problems get a lot worse and then having to fork out for emergency appointments to get something fixed."

A few months ago she was in pain and realised that she had a mouth abscess. She called 111 hoping to access emergency care and they gave her a list of practices to try. She ended up paying privately for emergency treatment which cost £75 for a five-minute consultation and prescription. They tackled the immediate issue but didn't check her other teeth.

"It was just: 'This is your problem. Yes, you have this problem. OK, here, have this, now go.' I wish they had a proper look in my mouth, just to make sure there was nothing else."

She hasn't had any problems since and is trying to maintain good dental hygiene but is concerned about her lack of access to care. She is considering taking out a dental care plan at a practice which costs £25 per month but gives her guaranteed access. As she is a student, she will have to cut costs elsewhere which will be difficult as she has very limited funds. However, she feels it is perhaps worth doing as she doesn't want to be in the situation she was previously.


"There are so many people out there who haven't seen dentists in over 5 years, myself included, and it's just not on, I guess. Like there needs to be something to be looked into, to see why this has happened and what can be done to make it more accessible."


5.3 Expectations for the future (not access/cost)

The research indicates that some people are making an active choice to reduce their dental care.

Around half of adults agreed that they would leave a longer gap between dental appointments in the future (53%) and that they would go less often for routine dental appointments such as check-ups (49%).



 Those groups who 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 these statements, as were those who said they were cutting back on key essentials.

 By contrast, people in Scotland (who were generally more satisfied) were less likely to agree.

A similar, though less pronounced pattern, emerged for parents with around two-fifths (41%) agreeing that they would take their child(ren) for routine appointments less often in the future and leave a longer gap between their children's appointments (40%).




6. Confidence in dental care


Section Summary


- Fewer than two-fifths (38%) of respondents were confident that people in the UK can get access to dental care when they need it.
- A majority of just over two-thirds (67%) were confident that when people do access dental care in the UK, it is of a high quality.
- More than one-third (37%) said they felt the same degree of confidence in the provision of dental care, regardless of whether the care is delivered privately or by the NHS. However, more than twice as many said they felt more confident in private dental care (30%) than NHS dental care provision (13%).
- Over half (54%) of respondents said their confidence in the way dental care is delivered had not changed in the past year. Nearly one-quarter (23%) said they were less confident, while 16% said they were more confident.
- Amongst those who said they were more confident, this was largely because they felt the service they received had improved (41%) while, amongst those who said they were less confident, this was frequently due to access issues (44%).


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

The responses to these questions show that people were much more confident in the quality of dental care in the UK than in people's ability to access it. While fewer than two-fifths (38%) of respondents were confident that people in the UK can get access to dental care when they need it, a majority of just over two-thirds (67%) were confident that when people do access dental care in the UK, it is of a high quality.

- 

Unsurprisingly, confidence levels were lower amongst those who had experienced access issues themselves: while 54% of the overall sample said they were not confident that people in the UK can get access to dental care when they need it, this figure rose to 76% of those who had tried and failed to join a practice, 66% of those who had started private dental care because of not being able to get NHS care, and 69% of those who were dissatisfied with the ease of getting a dental appointment.
- 

Levels of confidence that people in the UK can get access to dental care when they need it were lower amongst older respondents (24% of those aged 65+ were confident compared to 50% of 18–34-year-olds).
- 

Confidence that people in the UK can get access to dental care when they need it was also lower amongst respondents of White ethnicity (31% were confident compared to 58% of respondents of Asian ethnicity and 55% of respondents of Black ethnicity).
- 

These results were 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 the 2021 survey, when younger people, and those of Asian and Black ethnicities were more likely to feel increased confidence in dental care, despite also being more likely to have experienced issues getting a dental appointment.

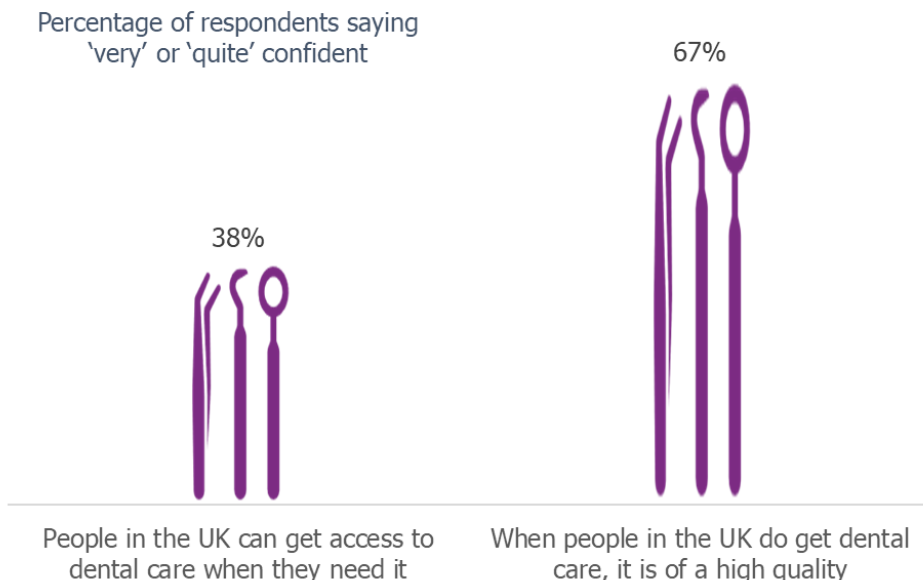


Figure 11: How confident are you that...? Very or quite confident. Base = all respondents (2,890)

Respondents were asked whether they felt more confident in the provision of NHS dental care or private dental care, or if there was no difference. As shown in Figure 12, although more than one-third (37%) said they felt the same degree of confidence regardless of whether the provision was private or from the NHS, one in three (30%) said they felt more confident in private dental care provision and this was more than double the proportion (13%) who said they felt more confident in NHS dental care provision.

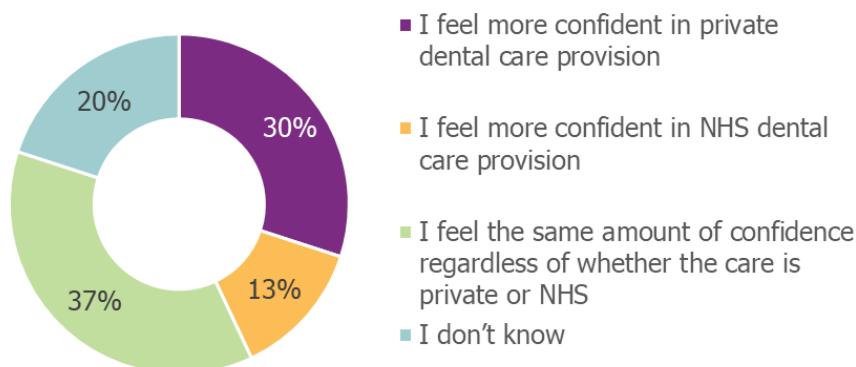


Figure 12: Do you feel more confident in the provision of NHS dental care or private dental care, or is there no difference? Base = all respondents (2,890)



When asked how their confidence in the way dental care is delivered has changed in the last year, over half (54%) reported no change in their confidence, as shown in Figure 13. Nearly one-quarter (23%) said they were less confident, compared to 16% who said they were more confident.

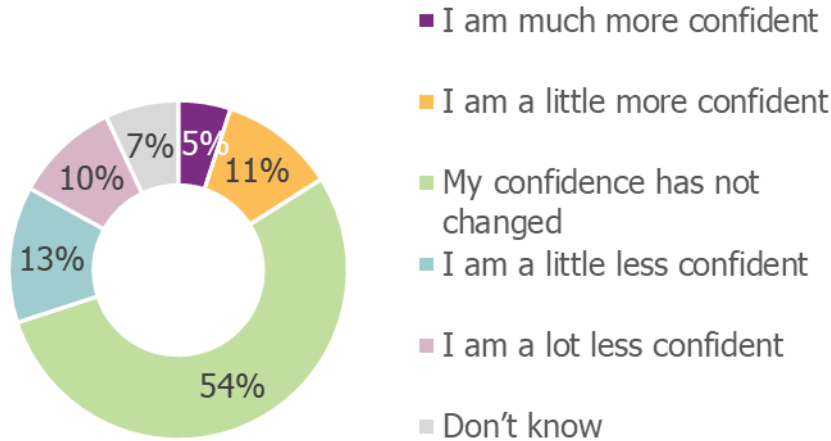


Figure 13: How, if at all, would you say your confidence in the way dental care is delivered has changed in the last year? Base = all respondents (2,890)

In 2021 this same question (about how confidence had changed over time) was asked with direct reference to COVID-19¹² and the latest results indicate an increase, over time, in the proportion of respondents who say they're less confident than they were in the past, as shown in Figure 14.

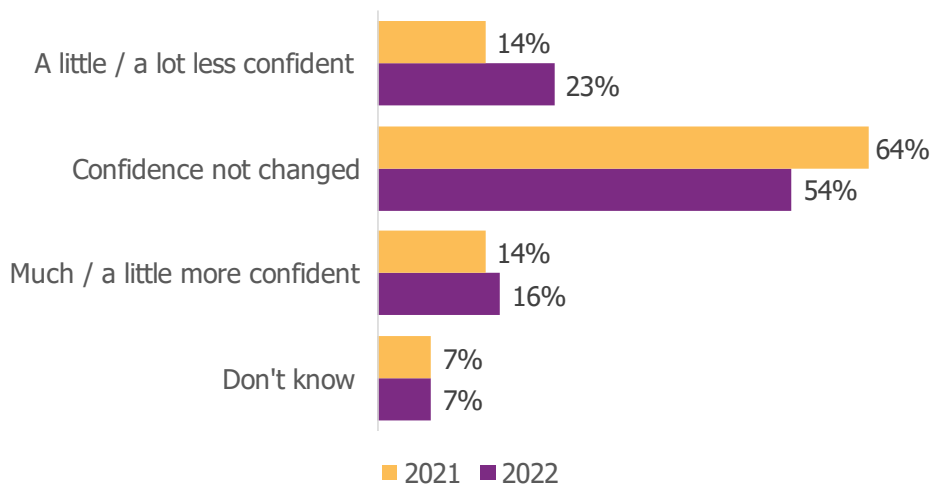


Figure 14: How, if at all, would you say your confidence in the way dental care is delivered has changed as a result of Coronavirus (2021) / in the last year (2022)? Base = all respondents October 2021 (2,389), December 2022 (2,890)

¹² The exact question wording was 'How, if at all, would you say your confidence in the way dental care is delivered has changed, as a result of Coronavirus?'



Respondents were asked why their confidence in the way dental care was delivered had changed.

Amongst those (16%) who said they were more confident, this was most frequently due to feeling that the dental care that they had received personally had improved (the main reason for 41%).

Amongst those (23%) who said they were less confident in the way dental care was delivered than they had been a year ago, about one in ten (11%) said it was because they felt the dental care they had personally received had worsened. However, for a much larger proportion of these respondents, their deterioration in confidence was because of access issues (44%), for example, not being able to get an appointment, or register with a dental practice. Just over one in ten of these respondents (12%) said their confidence was less because there weren't enough dentists.

*"You can't get an appointment with a dentist anywhere at the moment, it is terrible. I am at the point of being in extreme pain with a wisdom tooth and even thinking of pulling it out myself. My son 11 is also going to suffer by not having regular check-ups. This is awful but I can't afford to go private."
Female, 45-54, South West, a lot less confident*

"The dental treatment itself isn't the problem, it's the access to it that is getting worse." Non-binary respondent, 18-24, South West, a lot less confident

Joy is 74 years and lives on her own. She has worked all her life and receives a state pension of about £172 a week. She understands that she is entitled to free NHS dental care as she is in receipt of pension credit.

She has looked after her teeth and believes she has few issues for her age. However, about 8 years ago she moved to live closer to her daughter and since then has found it impossible to access a dentist for check-ups. There is no dental practice in the village where she lives and, although there is a bus to the nearest town 5 times a day, the dental practices there have all told her they are not taking on NHS patients. Transport links are limited so she is not in a position to look for a dental practice further afield. She feels discriminated against because of her age and the fact that she is entitled to free treatment – she thinks the dental practices see her as liability and finds this quite upsetting.

"We have five buses a day. They all go to Scunthorpe; that's the only place it goes and the last one goes at teatime. So, if you want to go anywhere, like if I go to the hospital and my appointment's late, I can't get back without getting a taxi home because we've got no buses."

It is not just access to check-ups that is a problem. Joy had an issue about 6 months ago whereby she lost a filling that she had had since her childhood. She called round the dental practices (again) but still no one was willing to see her. One asked her if



she was in severe pain and Joy believes that, if she had lied, they might have seen her. She did not want to lie.

"I have a feeling that she might have done something for me, but that was my own fault, you know; I should have said, 'Yes, I'm in agony'."

The situation has not changed, Joy is still missing a filling and keeping an ear to the ground to find out if any local practices have started taking on NHS patients. She worries what will happen to her teeth in the future and how she will ever be able to access a dentist.



7. Complaints and regulation

Section Summary

- Amongst the minority of the sample who had previously made a complaint about a dental professional, 58% said that if the exact same situation were to happen now, they would be more likely to complain. Three in ten (30%) said they would be neither less likely nor more likely to complain, and 7% said they would be less likely.
- Just under one-fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey (which was a similar level to previous years); under one-third (28%) thought they had done so, whilst 45% had not.
- Most respondents that had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 14% very confident, and 47% quite confident.

A minority (6%) of respondents had previously made a complaint about a dental professional. The equivalent figure in 2021 was 5%. Of those who had made a complaint, 58% said that if the exact same situation as led to their complaint was to happen now, they would be more likely to complain about the dental professional, as shown in Figure 15. This is higher than was seen in 2021 (albeit the question was slightly differently worded¹³), when 35% said they would be more likely to complain.

Three in ten (30%) said they would be neither less likely nor more likely to complain, and 7% said they would be less likely to do so.

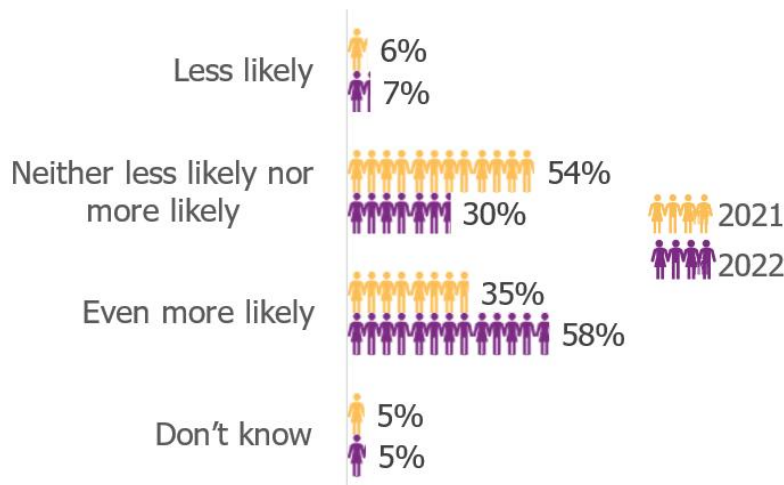


Figure 15: If the exact same situation as led to your complaint were to happen now, would you be more likely or less likely to complain about the dental professional? Base = those who had previously made a complaint, Oct 2021 (110) vs Dec 2022 (169)

¹³ In 2021, the question was worded '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]



Just under one-fifth (17%) of respondents said they had definitely heard of the GDC before completing the survey; just over one-quarter (28%) thought they had done so, whilst 45% had not. Almost one in ten (9%) said they did not know. These figures were very similar to those from the 2021 and 2020 surveys.

Most respondents that had heard of the GDC were confident that the organisation was regulating dentists and dental care professionals effectively, with 14% very confident, and just under half (47%) quite confident, as shown in Figure 16.

About one-fifth (21%) said they did not know, 14% said they were not very confident, and 4% said they were not at all confident.

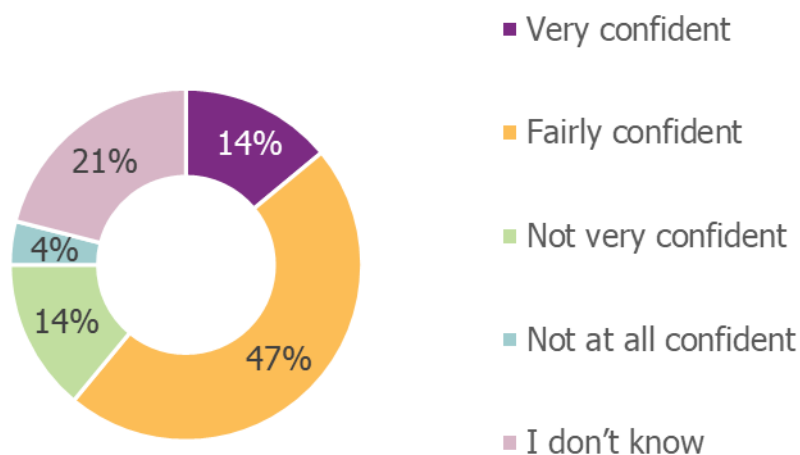


Figure 16: How confident, if at all, are you that the General Dental Council is regulating dentists and dental care professionals effectively? Base = those aware of the GDC (1,331)



8. Conclusions

This research broadly investigated three overarching themes amongst the UK public about dental care:

- Behaviours and choices – including the degree to which behaviours are changing in response to external shocks.
- Access to and affordability of dental care.
- Confidence in the sector and in its regulation.

8.1 Behaviours and choices

The proportion who visited a dental professional in the past year, appeared to be higher than had been the case in the 2021 survey – suggesting a gradual return to normality post-COVID.

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 cohort who have not sought any treatment.

In addition, 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.

Over the course of three studies commissioned by the GDC, there has been a continued 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. In addition, a small proportion of patients are seeking their dental care outside the UK.

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 and some dental practices no longer routinely reminding patients of the need to attend for check-ups. While for some respondents, choices around accessing dental services are the direct result of cost-of-living concerns and pressures.

8.2 Access and affordability

There are clear signs within this research that many people are experiencing barriers to accessing dental care and particularly to NHS provision.

This research shows that while 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 research, 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. Looking across the nations, respondents from Scotland appear to be faring better. Of course, inequalities is not a simple picture the research shows multiple individual and community factors - geographic, demographic and economic - affecting access, affordability and attitudes. These will bear further exploration.

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

8.3 Confidence

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.

Whilst for most people their level of confidence in the way dental care is delivered remained the same as it was a year ago, a higher proportion reported being less confident than was the case in 2021.

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.

Overall, the research indicates that whilst many are satisfied with the services they receive from dental care professionals and are also confident in the quality of UK dental care provision, there are increasing access issues (particularly in terms of NHS care). Health inequalities and affordability concerns are also apparent. These issues are impacting on both current public and patient experiences and behaviours and on confidence in the sector.



9. Technical appendices

9.1 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 was as shown in the table below:

	Number	%
Gender		
Male	1,219	42%
Female	1,660	57%
Other	5	0%
Prefer not to say	6	0%
Age		
18-24	321	11%
25-34	492	17%
35-44	535	19%
45-54	479	17%
55-64	447	15%
65-74	339	12%
75+	277	10%
NET: 18-34	813	28%
NET 65+	616	21%
Socio economic group		
A	189	7%
B	634	22%
C1	738	26%
C2	584	20%
D	423	15%
E	322	11%
NET: ABC1	1,561	54%
NET: C2DE	1,329	46%
Location		
Town or suburb	1,522	53%
City	880	30%
Rural area	488	17%
Region / country		
London	457	16%
South East	352	12%
North West	309	11%
West Midlands	279	10%
Yorkshire	236	8%
Scotland	223	8%
East Anglia	214	7%
East Midlands	200	7%
South West	186	6%



Northern Ireland	163	6%
Wales	161	6%
North East	110	4%
NET: England	2,343	81%
NET: Southern England	538	19%
NET: Northern England	655	23%
NET: Midlands	479	17%
Ethnic background		
English, Welsh, Scottish, Northern Irish or British	2,004	69%
Indian	153	5%
African background	141	5%
Pakistani	126	4%
Caribbean	114	4%
Chinese	47	2%
Irish	44	2%
Bangladeshi	42	1%
White and Asian	38	1%
White and Black Caribbean	18	1%
White and Black African	11	0%
Arab	11	0%
Gypsy or Irish Traveller	1	0%
Any other white background	74	3%
Any other Asian background	29	1%
Any other mixed background	9	0%
Any other Black background	3	0%
Any other ethnic group	5	0%
Prefer not to say	20	1%
NET: White	2,123	73%
NET: Asian	397	14%
NET: Mixed/multiple	76	3%
NET: Black	258	9%

9.2 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 of these potential biases is in the make-up of the panel and how far it reflects to 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 was 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 further 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 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 has been interviewed, 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. regional or demographic sub-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 sub-groups in the cross tabulations. It then reveals if there are any significant differences between how the different sub-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 sub-group differences highlighted within this report are statistically significant at a 95% confidence level or greater.

9.3 Qualitative methodology

Pre-survey discussion groups

Three online groups and one online paired in-depth interview¹⁴ were conducted in October 2023, moderated by researchers from Community Research. Participants were recruited purposively by specialist recruitment agency, Central Fieldwork¹⁵. In total 15 participants took part; the demographic breakdown is 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 to 34	5
35 to 54	5
55 to 74	4
74+	1
Have children living at home	6
England	12
Wales	-
Scotland	2
Northern Ireland	1
Minority ethnic background	6
AB	3
C1C2	5
DE	7
Has a disability or long-term condition	6
NHS dental care (paid for)	5
NHS dental care (free)	8
Private dental care	1
Other (e.g. mix of private and NHS)	1
Have seen dentist in the last 12 months	13
Have sought planned or emergency treatment (as opposed to routine check-up/ hygiene appointment)	10

¹⁴ An additional group was conducted due to the fact that there were a number of drop outs from one focus group, which was subsequently treated as a paired depth

¹⁵ <https://www.centralfieldwork.com/>



Post survey in-depth interviews

Respondents from the quantitative survey were asked if they would be willing to do follow up research in the form of individual telephone or Zoom interviews.

Community Research reviewed the responses of those who had indicated that they would be willing and identified potential respondents. Selections were based on the responses to the survey questionnaire which indicated that they had experienced issues in relation to their recent dental care. Whilst a range of demographics were included, there is some weighting towards those audiences who are more likely to have experienced issues, for example those from minority ethnic backgrounds. We also ensured that many of them said they were having to cut back on key essentials in the face of cost-of-living pressures. A full breakdown of the ten interviewees can be found in the table below:

Characteristic	Number
Total	10
Male	4
Female	5
Non binary	1
18 to 34	1
35 to 44	5
45 to 54	2
55 to 74	2
Have children living at home	5
England	9
Wales	1
Scotland	-
Northern Ireland	-
Minority ethnic background	5
AB	1
C1C2	4
DE	5
Has a disability or long-term condition	6
NHS dental care (paid for)	1
NHS dental care (free)	1
Private dental care	3
Other (e.g. mix of private and NHS)	2
Have seen <u>dentist</u> in the <u>last 12 months</u>	7
Have sought planned or emergency treatment (as opposed to routine check-up/ hygiene appointment)	6

* questions about type of dental care only asked to those who have had care in the past 12 months



9.4 Full questionnaire with overall results

All data is weighted. Base sizes are unweighted. *% = less than 0.5% but more than 0%.

PROFILING

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

Within the last two months	24%
Within the last three-six months	21%
Within the last six months to a year	19%
More than a year ago but within the last two years	10%
More than two years ago	24%
Never	1%
Don't know	1%
Base: Total sample	2,890

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

Within the last two months	28%
Within the last three-six months	26%
Within the last six months to a year	23%
More than a year ago but within the last two years	7%
More than two years ago	5%
My child / children have never been to a dental professional	8%
Don't know	3%
Base: All respondents with children under 16 in the household	850

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	21%
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	4%
Base: Total sample	2,890



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

Yes	38%
No	45%
Don't know	16%
Base: Total sample	2,890

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	55%
Don't know	8%
Base: Total sample	2,890

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	44%
I have been able to afford key essentials without having to make cuts elsewhere	29%
Don't know	2%
Base: Total sample	2,890



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

Yes	71%
No	27%
I don't know	2%
Base: Total sample	2,890

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

Yes	65%
No, I have never had one	32%
Don't know	3%
Base: All respondents who do not have a regular dental practice	768

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

I moved house so I left my previous regular practice	42%
I was advised by the practice that they could not continue to see me as a patient	17%
I chose to leave the practice for another reason	16%
Other (PLEASE SPECIFY) _____	25%
Base: All respondents who do not have a regular dental practice but had in the past	505

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

Yes	22%
No	77%
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	746



5. Please explain briefly why your attempts to join a dental practice were unsuccessful.

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

Yes	79%
No	18%
I don't know	3%
Base: All respondents with children under 16 in the household	850

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	31%
No, they have never had one	67%
Don't know	3%
Base: All respondents with children under 16 in the household whose children don't have a regular dental practice	150

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	32%
We chose to leave the practice for another reason	9%
Other (PLEASE SPECIFY) _____	15%
Base: All respondents with children under 16 in the household whose children don't have a regular dental practice but did in the past	47



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

SINGLE CODE

Yes	34%
No	64%
Don't know	2%
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	146

10. Please explain briefly why your attempts to get your child(ren) to join a dental practice have been unsuccessful.

SECTION 2 – DENTAL CARE IN THE LAST YEAR

In the last year, dental care has still been affected somewhat by COVID-19 and, like every other aspect of life in the UK, it is also being affected by changes to the cost of living. 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	9%	48%	37%	4%	1%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	40%	35%	21%	3%	2%
Fillings	63%	25%	9%	2%	2%
Root canal work	83%	8%	4%	2%	2%
Extractions	79%	14%	4%	1%	2%
Implants	90%	4%	3%	2%	2%
Crowns, dentures, bridges	83%	9%	4%	2%	2%
Cosmetic dentistry (whitening, veneers)	87%	6%	4%	1%	2%
Orthodontics (braces/straightening)	87%	5%	4%	2%	2%



Treatment for gum (periodontal) conditions	85%	8%	5%	1%	2%
Other non-dental treatments (such as face fillers or botox) conducted at a dental practice	90%	4%	3%	1%	2%
Emergency treatment for dental pain or other urgent issues	78%	14%	5%	1%	2%
Base: All respondents who visited a dental professional in past year or who were unsure when their last visit was	1,883				

- 12. Have any of your appointments or consultations with dental professionals in the last year been undertaken remotely (i.e. via the phone or by video conference, Zoom / Teams etc.) (not including calls to make or change appointments).**

Yes	13%
No	87%
Base: All respondents who received treatment from a dental professional in past year	1,821

- 13. You said that you had some orthodontic treatment or cosmetic dentistry in the in the last year. Was this treatment undertaken in person at a dental practice you visited, or was it a remote service delivered by post / online, or a combination of the two?**

In person – at a dental practice	76%
Remote	13%
A combination of remote and in person	11%
Base: All respondents who received cosmetic / orthodontic treatment in past year	285



- 14. 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	43%
NHS dental care that is free	23%
Private dental care only	23%
A mix of NHS dental care and private dental care	9%
I am not sure what type of care I receive	2%
Base: All respondents who visited a dental professional in past year	1,821

- 15. You said that in the last year, the care you generally received was {answer from Q14} how long have you been having private dental treatment?**

Only in the last year	24%
For more than a year, but less than 3 years	17%
For more than 3 years, but less than 5 years	14%
For more than 5 years	43%
I don't know	3%
Base: All respondents who received private or mix of private and NHS care in past year	575

- 16. You said that you have started to receive private dental care {timeframe answer from q15} why is that the case?**

I have started to have private dental care because I prefer it / wanted to	37%
I have started to have private dental care because I couldn't get NHS treatment quickly enough	23%
I have started to have private dental care because the dental practice / professional I go to stopped offering NHS treatment	20%
I have started to have private dental care because I couldn't get NHS treatment at all	18%
Other (PLEASE SPECIFY)	10%
Base: All respondents who have been having private dental care for less than 3 years	227



17. Have you received any dental care outside of the UK in the last year?

Yes	5%
No	95%
Base: All respondents who visited a dental professional in past year or who were unsure when their last visit was	1,883

18. In which country did you receive dental treatment?**19. Please briefly explain the circumstances that led to you having dental care outside the UK, including the kind of treatment you received.****20. 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	8%	40%	29%
£51-£100	21%	29%	19%
£101-£200	27%	15%	20%
£201-£500	24%	11%	14%
£501-£1,000	9%	2%	10%
£1,001-£2,500	4%	*0%	4%
More than £2,500	3%	*0%	0%
I don't know	4%	2%	4%
Base:	All those who received private care (575)	All those who received paid NHS care (948)	All those who received treatment abroad (92)



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

Yes – I have experienced dental pain	27%
Yes – I have experienced other issues e.g. issues with dentures, braces, gum problems etc.	17%
No	58%
Don't know	1%
Base: Total sample	2,890

22. 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	28%
Sometimes	47%
Never	25%
Base: All respondents experienced pain or dental issue in past year	1,183

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

Yes	20%
No	78%
Don't know	2%
Base: Total sample	2,890

24. What dental care or treatments were you unable to get an appointment for?

A check-up	59%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	23%
Fillings	21%
Emergency treatment for dental pain or other urgent issues	16%
Extractions	11%
Treatment for gum (periodontal) conditions	8%
Crowns, dentures, bridges	7%
Root canal work	7%
Implants	3%
Cosmetic dentistry (whitening, veneers)	3%
Orthodontics (braces/straightening)	2%
Other non-dental treatments (such as face fillers or botox) conducted at a dental practice	2%
Base: All respondents who tried and were unable to book appointment	582



25. Why were you unable to book an appointment?

My regular dental practice had a large backlog of appointments	32%
My regular dental practice was only accepting emergency appointments	29%
I tried to book an NHS appointment at my regular dental practice but was told only private appointments were available	18%
I tried to book at a new dental practice and was told they were not accepting new patients	14%
I tried to book an NHS treatment at a new dental practice but was told only private appointments were available	12%
My regular dental practice was closed	10%
I couldn't get through to the practice on the phone	5%
I was not given a reason	5%
Other	6%
Base: All respondents who tried and were unable to book appointment	582

26. 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?**27. And which of these has been the most important reason for you?**

	Q26	Q27
The issue went away / wasn't particularly bad (only asked of those who had issue at q21)	13%	9%
Concerns around the pandemic stopped me from making an appointment	12%	7%
I didn't know what services were available	6%	3%
I tried, but could not get an appointment at all	13%	10%
I tried, but could not get an appointment at a time that I could make	4%	2%
I tried to book an NHS appointment but was told only private appointments were available	10%	7%
I have decided to continue shielding	3%	2%
I could not arrange travel to the appointment	2%	1%
I was self-isolating because I had COVID-19 symptoms / a positive test, so I could not go	1%	*%
I do not tend to go to the dentist that often	27%	18%
I was concerned about the cost of going to the dentist	23%	14%
I was too anxious to go to the dentist	16%	10%
I thought my practice would be in touch to remind me to make an appointment	9%	6%
My dentist advised I don't need to go every year	5%	4%
Other (please specify)	7%	7%
Base: All respondents who have not received any dental treatment in past year	1,062	1,062



28. In the last year, have you had any dental appointments which were postponed or cancelled?

Yes - postponed	15%
Yes - cancelled	10%
No	75%
Don't know	1%
Base: Total sample	2,890

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

Once	64%
More than once	32%
Don't know	4%
Base: All respondents who had a dental appointment cancelled or postponed	672

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

Yes, at the same practice	70%
Yes, at a different practice that I was referred to	13%
Yes, at a different practice that I found	5%
No	10%
I don't know	2%
Base: All respondents who had a dental appointment cancelled or postponed	672

31. What was /were the cancelled / postponed appointment(s) for?

A check-up	61%
Fillings	16%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	15%
Extractions	7%
Root canal work	6%
Treatment for gum (periodontal) conditions	4%
Crowns, dentures, bridges	4%
Implants	4%
Emergency treatment for dental pain or other urgent issues	3%
Cosmetic dentistry (whitening, veneers)	2%
Orthodontics (braces/straightening)	2%
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	672



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

A check-up	52%
Routine preventative work (e.g. hygienist, scale and polish, fluoride)	15%
Fillings	13%
Extractions	5%
Crowns, dentures, bridges	3%
Root canal work	2%
Orthodontics (braces/straightening)	2%
Treatment for gum (periodontal) conditions	1%
Implants	1%
Cosmetic dentistry (whitening, veneers)	1%
Other non-dental treatments (face fillers or botox)	0%
Emergency treatment for dental pain or other urgent issues	5%
Base: All respondents who visited a UK dental professional in past year	1,821

33. For that particular emergency appointment, how long did it take for you to be seen from when you first contacted the dental service to arrange the appointment?

A week or less	63%
Over a week to a month	21%
Over a month to 3 months	7%
Over 3 months to 6 months	1%
More than 6 months	1%
Don't know / can't remember	6%
Base: All respondents who had emergency treatment appointment	84

34. 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 dissatisfied	Very dissatisfied	Don't know
Affordability of treatment	33%	43%	15%	6%	3%
Ease of getting an appointment	41%	42%	11%	6%	1%
How long I had to wait for the appointment date	41%	41%	12%	6%	1%
How safe I felt during the appointment	61%	33%	4%	2%	1%



How long the appointment took	52%	38%	7%	2%	1%
How well the dental professional(s) looked after me	59%	34%	4%	2%	1%
Information and communication surrounding my appointment and treatment	52%	38%	7%	2%	2%
Base: All respondents who visited a UK dental professional in past year	1,821				

35. 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	25%	44%	15%	8%	9%
My dental practice has become more expensive	21%	36%	17%	3%	23%
I have been getting regular reminders to book routine preventative appointments from my dental practice	22%	32%	21%	17%	9%
It seems to be harder to arrange NHS care compared to private care	31%	27%	12%	4%	25%
Base: All respondents with a regular dental practice	2,060				



SECTION 3 – FUTURE SERVICES

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

ASK ALL

36. 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	20%
Very likely	20%
Fairly likely	21%
Fairly unlikely	14%
Very unlikely	16%
Don't know	8%
Base: Total sample	2,890

37. If have appointment: What kind of treatment is your next booked appointment for?

If likely to book: What kind of treatment are you likely to book in for?

A check-up	70%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	23%
Fillings	14%
Extractions	5%
Root canal work	5%
Crowns, dentures, bridges	4%
Treatment for gum (periodontal) conditions	3%
Orthodontics (braces/straightening)	3%
Cosmetic dentistry (whitening, veneers)	3%
Implants	2%
Emergency treatment for dental pain or other urgent issues	2%
Other non-dental treatments (such as face fillers or botox) conducted at a dental practice	1%
Base: All respondents who have appointment booked or are likely to	1,762

38. 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	35%
I can't afford to see a dental professional / I am worried about the cost	29%
I hate going to the dentist	22%



I don't think I need an appointment	21%
I have never been someone who gets dental care regularly	17%
I can't get an appointment	13%
I have concerns about exposure to COVID-19	5%
My dentist has advised I don't need an appointment until after this time	1%
Other (please specify)	7%
Base: All respondents who have not visited dental professional in past year and say they are unlikely to in next 3 months	663

39. 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	17%
Very likely	33%
Fairly likely	24%
Fairly unlikely	10%
Very unlikely	8%
Don't know	8%
Base: All respondents with children under 16 in the household	850

**40. If have appointment: What kind of treatment is your child's/ children's next booked appointment for?
If likely to book: What kind of treatment are you likely to book your child(ren) in for?**

A check-up	79%
Routine preventative work (e.g. hygienist appointment, scale and polish, fluoride)	15%
Fillings	10%
Orthodontics (braces/straightening)	7%
Extractions	5%
Root canal work	4%
Emergency treatment for dental pain or other urgent issues	3%
Treatment for gum (periodontal) conditions	1%
Other	*%
Base: All respondents with children under 16 in the household who already have appointment or are likely to	633



- 41. 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? Which of the following are reasons for this?**

I don't think my child(ren) needs an appointment	32%
I can't get an appointment for my child(ren)	22%
I don't want my child(ren) to go unless they really have to	19%
I have never taken my child(ren) for dental care regularly	16%
I have concerns about my child(ren)'s exposure to COVID-19	6%
My child(ren) hate going to the dentist	6%
My dentist has advised my child(ren) don't need an appointment until after this time	2%
Other (please specify)	13%
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	51

- 42. 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	39%	36%	9%	2%	14%
It will be harder to get an appointment at a dental practice	31%	38%	14%	3%	13%
Dental treatment will become more expensive	44%	40%	5%	1%	9%
All except fully private patients: I will have more private dental care in future	10%	22%	22%	21%	26%
I will go less often for routine dental appointments such as check-ups and hygienist appointments	20%	29%	24%	12%	15%
Parents only I will take my child/children less often for routine dental	15%	26%	31%	20%	8%



appointments such as check-ups and hygienist appointments					
I will leave a longer gap between dental appointments in future	21%	32%	21%	10%	15%
Parents only I will leave a longer gap between my child(ren's) dental appointments in future	14%	26%	31%	19%	10%
Base: Total sample / Parents / Non-Private patients					Varied

43. 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	Dental care outside UK
I think I will spend a lot more	16%	11%	18%
I think I will spend a little more	36%	36%	39%
I think I will spend about the same amount	29%	38%	24%
I think I will spend a little less	6%	3%	3%
I think I will spend a lot less	7%	4%	9%
I don't know	6%	8%	7%
Base:	All those who spent money on private care (552)	All those who spent money on NHS care (925)	All those who spent money on care outside UK (89)

44. 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.

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

Yes	6%
No	93%
Don't know	1%
Base: total sample	2,890

46. What was the complaint you made about a dental professional about?

Concerns about clinical treatment provided by dental professional	39%
Poor conduct / behaviour of a dental professional	26%
Poor communication from a dental professional	24%
Concerns about infection control/cross infection	15%
The cost of dental treatment not being explained before a treatment	15%
Not being given the chance to give proper informed consent for a procedure	11%
Fraud or dishonesty from a dental professional	5%
Poor patient record keeping by a dental practice	5%
Advertising / mis-selling of dental care / services	4%
Poor health of a dental professional undertaking the treatment	2%
Employment related – i.e. poor working conditions for staff	2%
Something else (PLEASE WRITE IN)	12%

Base: all respondents who have ever made a complaint about a dental professional	169

47. 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	58%
Neither less likely nor more likely	30%
Less likely	7%
Don't know	5%
Base: all respondents who have ever made a complaint about a dental professional	169



48. Why do you say that?

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

Very confident	8%
Quite confident	30%
Not very confident	32%
Not at all confident	21%
Don't know	9%
Base: total sample	2,890

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

Very confident	15%
Quite confident	53%
Not very confident	16%
Not at all confident	5%
Don't know	11%
Base: total sample	2,890

51. Do you feel more confident in the provision of NHS dental care or private dental care, or is there no difference?

I feel more confident in NHS dental care provision	30%
I feel more confident in private dental care provision	13%
I feel the same amount of confidence regardless of whether the care is private or NHS	37%
I don't know	20%
Base: total sample	2,890

52. 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	54%
I am a little less confident	13%
I am a lot less confident	10%
Don't know	7%
Base: total sample	2,890



53. Why do you say that?

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54. 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	17%
I think I have heard of the General Dental Council before	28%
I have not heard of the General Dental Council before	45%
I don't know	9%
Base: total sample	2,890

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

Very confident	14%
Fairly confident	47%
Not very confident	14%
Not at all confident	4%
I don't know	21%
Base: all respondents who were aware of GDC	1,331

56. 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?

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57. Finally, we may wish to do some follow up research to explore your experiences of accessing dental treatment over the past year. If you would be happy for us to recontact you in relation to this, please provide your contact details. Details on how we use your data are provided below.