

# Public Attitude to NHS Dentistry

Survey findings



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**LDC**  
Confederation



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# Preface

Over the summer of 2024 the LDC Confederation, in association with the local Healthwatch in London, conducted an online survey of Londoners to ascertain their views on NHS dentistry.

Many surveys have been conducted in the past asking the public of their experiences of getting an appointment but none have asked the public what they actually expect from NHS dentistry, if they value NHS dentistry and how they think it should work.

More specifically, we asked Londoners questions such as: should dental services be available on the NHS and, if so, how important is it that they are available on the NHS? Should there be charges for NHS Dental services?

We have seen, since the pandemic, the increasing interest in NHS dental services in the news and from politicians. We have also seen the move of commissioning and management responsibility from NHS England to the Integrated Care Boards, away from the national and back to the local.

In this climate of change and opportunity we wanted to be able to provide decision makers with the opinion of people for whom services are commissioned to help them make decisions about the future direction of NHS dental services.

# Welcome from the Chair

The LDC Confederation was pleased to see such a strong uptake from our partners in local Healthwatch to support this survey. While not every Healthwatch took part, we saw a good response from each Integrated Care System area which gives a healthy overview of patient expectations.

Our member Local Dental Committees are committed to safeguarding and growing NHS dental services. They want to see a system in place which supports integration and holistic care to make sure that dentistry plays its part in reducing health inequalities and improving health outcomes. Dentists and their teams are proud of the life changing care they provide, and know that with greater support they could provide even more.

The impact of poor oral health on someone's life and their families can be significant but is avoidable with the right care and support. This is why Local Dental Committees fight hard for NHS dental services, to make sure that everyone has the care they deserve. But this fight would be misplaced if the public did not want it, or felt that resources would be best placed elsewhere.

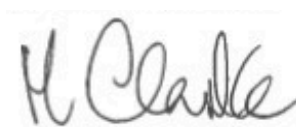
Our survey found, however, almost unanimous support for NHS dental services and that oral health is extremely important to the great majority of people.

NHS dental care is important and valued by the public. It should be by the NHS and Parliamentarians too.

We need to change the narrative from one of terrible headlines and distressing stories to one of optimism and a demonstration of the real and significant value NHS dentistry can play in reducing health inequalities and improving health outcomes.

Yes the public finances need managing; yes the dental profession is disillusioned with a failed contract; yes underinvestment has driven practices away from the NHS. But, commissioning has moved to Integrated Care Boards, there are more honest conversations about the NHS than ever before and we have a dedicated, professional and ambitious workforce that I'm sure will respond to positive change and engagement.

This survey shows the public have the appetite for NHS dentistry, I hope that the Government and NHS do too.



**Michael Clarke**  
**Chair, LDC Confederation**



# Introduction

The LDC Confederation is a membership body for Local Dental Committees (LDCs). LDCs in turn represent the primary care dental workforce providing care under a General Dental Services contract on behalf of the NHS. The LDC Confederation decided to conduct a public attitude survey of Londoners to find out how much they valued NHS dental care and their oral health in general.

Other surveys have focused on the impact of costs or availability of access, but not on whether people think dental care should be an NHS service or how important this is to them.

The findings from our survey show that oral health is important to people, that NHS dentistry is important to people, but the comments clearly show that there remain significant barriers. Where people are not satisfied with care, or expressed concern the main issue was money. Even NHS fees, which many respondents accepted, were considered a barrier to care. Successive governments have encouraged the existence of a competitive private dental market by underinvesting in NHS dental services. This has led to more dentists moving to the private market. Underinvestment in NHS dental services means that those practices who want to recruit dentists to work under an NHS contract have to offer substantial periods of time to provide care privately to compete with practices which focus solely on private care. This is reflected in the comments made by people who had difficulties getting an NHS appointment and had to attend privately. Dentists have long complained about the UDA treadmill, the focus on targets over care. This is reflected by patients who are now being treated by a demoralised workforce and feel that they are not getting the best care possible. This is a subjective reflection of an objective truth when care is premised on counting activity.

No-one seems to have asked the public if this is acceptable or what they expect. The first Key Principle of the NHS Constitution is: "The NHS provides a comprehensive service, available to all" <sup>(1)</sup>. This is clearly not true when it comes to NHS dentistry, yet this fact is continuously overlooked. NHS primary care dental services are significantly underfunded to the extent that only 40.3% of adults saw an NHS dentist in the last 24 months to June 2024 and 56.1% of children saw an NHS dentist in the last 12 months to June 2024 <sup>(2)</sup>. The second Key Principle is: "Access to NHS services is based on clinical need, not an individual's ability to pay -NHS services are free of charge, except in limited circumstances sanctioned by Parliament <sup>(3)</sup>." Yet there is no explanation for why a primary care service, which is premised on prevention, should be the one that charges despite all the evidence of the barrier to access that this creates. Nor does the current contract permit prejudiced access for those with the greatest clinical need. It is simply an open service for whoever manages to get an appointment.



Healthwatch England has clearly demonstrated that patient charges are a barrier to care <sup>(4)</sup> , and access data speaks for itself. Yet our survey data, while supporting this, suggests that despite charges acting as a barrier it is a barrier that people support to some degree. Why this is the case is not clear, so more research is needed to understand the public's attitudes to NHS dental charges.

(1) <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

(2) [https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/dental/dental\\_national\\_overview\\_23\\_24\\_v001.xlsx](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/dental/dental_national_overview_23_24_v001.xlsx)

(3) Ibid.

(4) <https://www.healthwatch.co.uk/news/2024-07-08/our-position-nhs-dentistry>

# Summary of key findings

- Over 98 per cent of respondents agreed that primary care dental services should be available on the NHS.
- Forty six per cent of those who felt dentistry should be available on the NHS also felt it should be free.
- Eighty seven per cent of those who felt dentistry should be free on the NHS rated oral health as important or very important to them.
- Thirty two per cent of those who felt dentistry should be available on the NHS agreed that people should be charged for complex treatments but not check ups.
- Almost 52 per cent of respondents were satisfied with the care they received from the NHS, 31 per cent had not accessed NHS dental care and 17 per cent were dissatisfied with the care they received on the NHS.
- The 17 per cent who were not satisfied with their NHS dental care cited costs, feeling rushed and a feeling that they were not getting the best care possible.
- Almost 88 per cent of respondents were aware that there were charges for accessing an NHS dentist but a significant minority of 12 per cent were unaware.
- There was an almost even split, 47 to 46 per cent who felt that dental charges were a barrier to care.
- Overall 49 per cent of respondents felt NHS dentistry should be free, 11 per cent felt people should pay for all NHS dental care, 12 per cent agreed people should pay for check ups but not complex care, and 27 per cent felt people should pay for complex care but not a check up.
- Overall 76 per cent of respondents were satisfied, very satisfied or extremely satisfied with their oral health while 24 per cent were dissatisfied, very dissatisfied or extremely dissatisfied with their oral health.
- Ninety three per cent felt their oral health was extremely important or very important to them, with a further six per cent saying it was important to them.
- Ninety per cent agreed it was extremely important or very important to them that dentistry is available on the NHS and six per cent stated it was important to them that dentistry was available on the NHS.

# Findings

Below we present and summarise the key findings from the survey. There was a total of 237 responses received from across London, the geographic and demographic data of responders is presented at the end.

## Accessibility and cost

Nearly everyone who responded to the survey felt that dental services should be available on the NHS. Of the four who disagreed two were concerned about efficiency, one was happy with the status quo and only one person actively felt dentistry should be excluded:

*"A small fee to stop time wasters booking appointments but not attending. But should be accessible and not a barrier to those on very low incomes."*

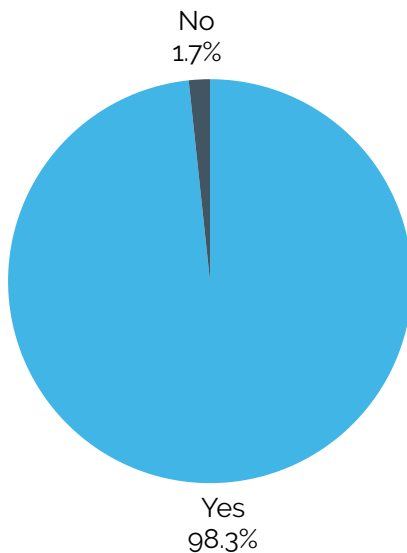
*"Too many appointments are wasted, a small charge would stop this."*

*"I have never thought dentistry should be on the NHS -- that is for purely medical matters which dentistry is not. Most Dentists are not part of the NHS and it is the reason why you can get an appointment as Dentists work as professionals which these days none of the NHS employees do."*

The comments above from three of those who felt that dentistry should not be available on the NHS suggest that two of the responders are frustrated by how patients interact with NHS dentistry rather than objecting to its availability *per se*. The final comment too, seems to suggest a frustration with the NHS as a whole and a degree of support for the efficiency experienced in the private dental market.



## Do you think dental services should be available on the NHS?

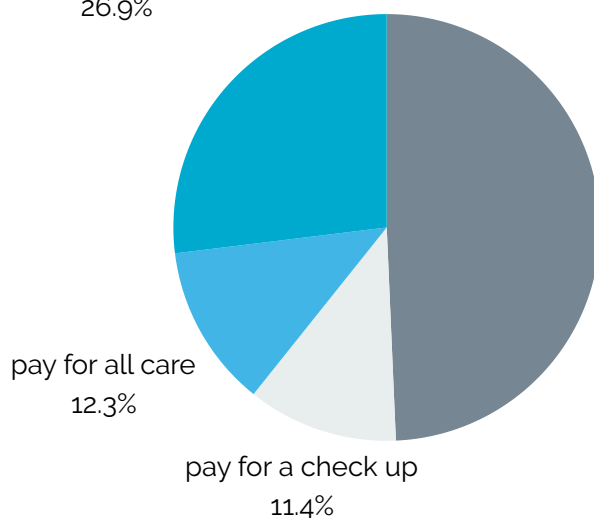


Of the 233 people who stated that dental services should be available on the NHS, just under half (108 respondents, 46 per cent) stated that there should be no charge for accessing dental care on the NHS and of these 94 felt that oral/mouth/tooth health was important or very important to them. Contrastingly, 25 respondents who felt dental services should be available on the NHS felt that people should pay for check ups, but not complex treatment, and 74 respondents felt that people should pay for complex treatment but not a check up.

This suggests that while the majority opinion (46 per cent) is that NHS dental care should be free, a very sizeable group (32 per cent) presumably feel that oral health is a personal and preventable issue that people should pay for if they have had a check up but their oral health has deteriorated.

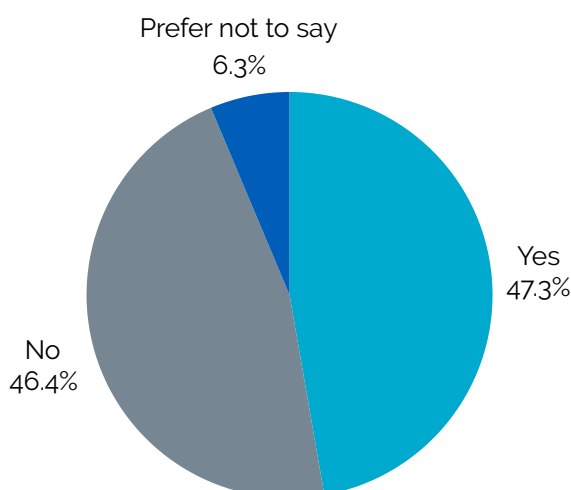
## Should you have to pay to access NHS dental care?

pay for complex treatments  
26.9%



No - it should be free at the point of service to all  
49.3%

## Is cost a barrier to accessing preventive dental care such as check-ups?



Of the 110 respondents who didn't consider cost a barrier to care, 22 felt it should be free at the point of service. This compared to the 112 who felt that cost was a barrier of whom 55 felt that NHS dentistry should be free. What this suggests is that even among those who consider cost to be a barrier there is a significant agreement that a fee for services is acceptable.

The reality for 78 (33 per cent) of our respondents, however, was that they had missed out on dental care since January 2022 because of costs.

*"The cost of dental care or procedures is unclear and frankly daunting for many - especially when some of these visits are last minute and unplanned due to pain & discomfort etc. This doesn't give people to 'save' or plan for the cost of treatment. Not knowing the cost of these treatments or care is worrying for people and therefore are less likely to attend and more likely to suffer in pain or discomfort."*

*"Fear of needing extensive treatment or unnecessary treatment that has in the past been worse than what I went in with at significant cost."*

*"I'm in pain. I have rotten teeth I need out. But I can't afford it. I can't get in to see a dentist."*

*"My front teeth are heavily filled and the old (NHS dental fillings) discoloured over time. As they were sound (under NHS examination) the NHS dentist wasn't able to replace these without me paying for cost-prohibitive private dental care. This situation was impacting my mental health and social confidence. My NHS dentist eventually responded to my situation and replaced the fillings with new - but I still had to pay the NHS charges for doing so."*

*"I work full time in NHS which is a general level wage by the time bills are paid and food bought I'm too scared to go in case I need anything done."*

What is clear is that many people, unable to get to an NHS dentist have felt forced to attend a private dentist and with that have faced costs that are simply prohibitive. This is due to a lack of NHS availability, not an active and positive choice on the part of the patient.

*"Too costly as I have a private dentist. Even check ups are pricey."*

*"I need an implant and 6 crowns replaced - I would have had them treated one or two a year but the misplaced lockdowns stopped all treatment. I have delayed private treatment (NHS dentists not tackling the problems fully) and now I have taken out a huge loan. It is interest free but at £8000 is hard for a pensioner even with an occupational pension."*

*"Only a private dentist offered an appointment under very strict covid precautions, I had only the most important treatment done, deferring the rest."*

*"Have found a private dentist took me on as a patient as my family are already registered. I need a lot of treatment as I am 77 years old but can only afford to see the dentist once a month and then pay off some of the cost. If I had been able to access a dentist before I would not have needed so much treatment."*

*"Cannot access an NHS dentist and private is so costly I will put up with the pain if I can."*

## Satisfaction with services and awareness

Of the 69 per cent who reported having accessed NHS dental care, 75 per cent were satisfied with the care received. Twenty five per cent were, however, not satisfied. The remaining 31 per cent of respondents had not accessed NHS dental care, and, as seen from the comments above for many people this will not have been from choice but necessity. In fact 26 people, 11 per cent, had not accessed an NHS dentist and had not received care since January 2022 because of costs. Eight of the 26 (31 per cent) had also had to access emergency or hospital care showing the impact of insufficient access to NHS dentistry.

Furthermore, all eight of those who had had to access emergency dental care because they had not accessed an NHS dentist reported that dentistry on the NHS was extremely important to them and they all felt very unsatisfied with their oral health.

## When you access an NHS dentist are you satisfied with the care you receive?

Of those who were not satisfied with their NHS treatment, the majority cited issues of cost, rushed appointments and feeling like they were not getting the best service available unlike if they had attended privately. One hundred and twenty two people were satisfied with their NHS care and of these 55 felt it should be free and 18 that people should pay for all aspects of dental care. Of the 40 people who were not satisfied with their NHS dental care 20 felt it should be free at the point of service, and only three felt that they should pay for all NHS dental care.

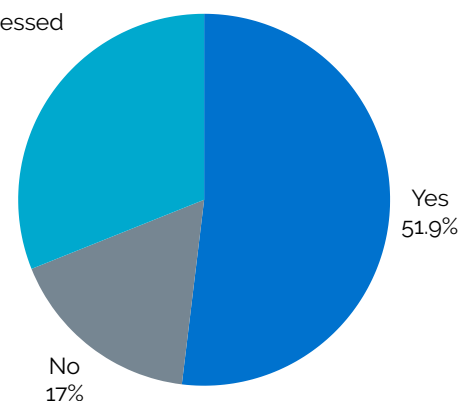
This is supported by some of the responses about lack of satisfaction which often related to NHS charges and a restriction on services which people feel should be included in NHS treatment:

*"You pay £26.80 for a NHS dental check up only for them to quickly check your teeth for a max of 5 minutes! They then ask if you want to have a deep clean but would cost you an extra £60 or so for which, I think some people do not have the money to be able to spend on this. That is why most of the time, I just go to have my teeth cleaned when I go on holidays outside of the UK - privately. Cheaper costs and better service."*

*"NHS dentist fees don't cover nearly all treatments needed."*

*"Feel more thorough cleaning should be done at an appointment rather than book another appointment for hygienist which costs more privately."*

Have not accessed  
31.1%



*"The cost is prohibitive and it is difficult to get an appointment."*

*"Have to pay for treatment when it should be free on the NHS for those people who are or have paid their NI contributions."*

Other feedback relates to the difficulties of getting an appointment or a feeling of being rushed and not a priority:

*"No appointment and waiting times are horrendous."*

*"Hardly get an appointment."*

*"Minimum service. Quality not always good can never get a dentist. My pregnant daughter unable to get an appointment anywhere."*

*"2 minutes maximum check up, felt rushed."*

Still others had had some significantly disappointing experiences of care. This didn't relate to the provision of dental care in the practice, but to the broken referral system in NHS dentistry which lags behind the rest of the NHS.

*"My dentist cannot fix my tooth as they said they don't have the experience or the tools. Have referred me to a hospital. It's taken almost 4 years to get to this point and it still hasn't been fixed, putting me at further risk of dental problems. I'm being sent from pillar to post."*

*"The Dentist gave me severe earache about the problems he encounters working for the NHS. I felt under pressure to become a private patient."*

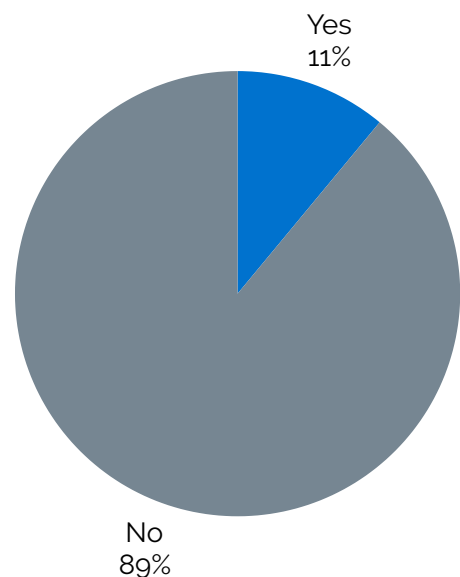
## Have you accessed emergency or hospital dental care in the last year because you could not get an appointment with a primary care dental provider?

Twenty six respondents had accessed emergency or hospital dental care because they could not access primary care dentistry. Of these half felt NHS dentistry should be free and half that a level of payment should be required. All, however, felt that having dentistry on the NHS was important to extremely important to them. Given some of the comments made this is not surprising:

*"Can't get on an NHS list. Dentist only takes on private patients."*

*"Due to cost I haven't visited a dentist for over 10 years. This resulted in me having to get 3 teeth extracted. Since then I have been saving money to get crowns for those teeth, for the past 3 years. This causes a lot of anxiety and further issues with my teeth. Again, I feel the NHS has to step up and private dentistry should not be an option. In the same way as private GPs should not be an option."*

*"Hopeless trying NHS. Have had to take a loan to catch up on lack of treatments over 4 years of Covid and extended dental lockdowns. As an OAP aged 76 I resent needing a loan to keep teeth healthy via private dentistry. Feel sorry for children missing out on checks."*



## Are you aware that the NHS charges patients to access an NHS dentist (unless the patient meets exemption criteria)?

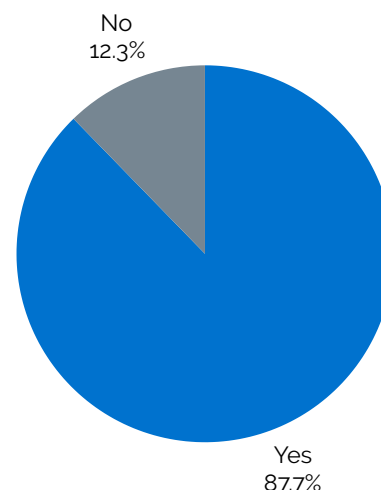
Of those who were unaware that there are NHS dental charges (29 respondents), 14 felt that there shouldn't be any charge, but 15 were in favour of charges for either checkups or complex care. Of the original 29 respondents, 13 indicated that cost was a barrier to care but still a significant subset of six people felt that there should be charges despite the barrier that cost represents. Furthermore, out of all respondents (those who knew there were NHS dental charges and those who didn't), 112 felt that cost was a barrier compared to 110 who didn't think cost was a barrier. But of the 112 who felt it was a barrier still 51 felt that there should be charges.

The combined analysis of the importance of NHS dentistry, awareness of cost and assessment of cost, suggests that most patients agree that there should be some level of patient charge.

Why this is requires further assessment but it seems reasonable to suppose that the preference for charges on complex treatment, despite many favouring this cost requiring complex treatment themselves or stating that cost is a barrier to care, is due to a feeling of personal responsibility and the preventability of oral health issues.

Given the demographic makeup of our respondees, predominantly retired and well educated, this may explain less paternalistic attitudes to health and a stronger emphasis on self-reliance and responsibility. This is borne out by one of the qualitative statements we received:

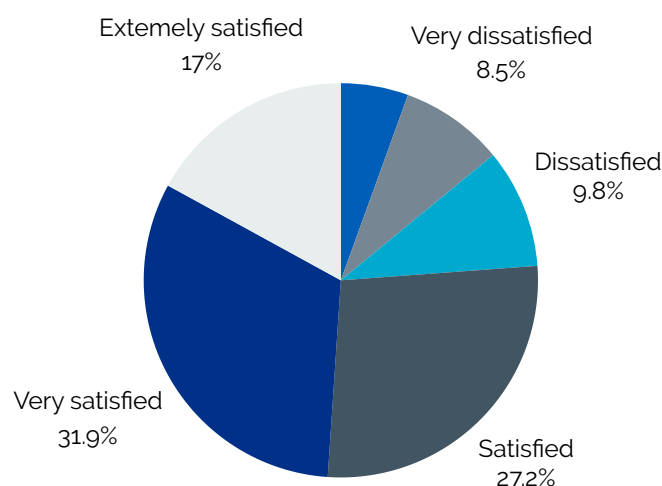
*"I look after my teeth so that I do not cost the NHS much money - but believe we should be able to access NHS dentistry services"*



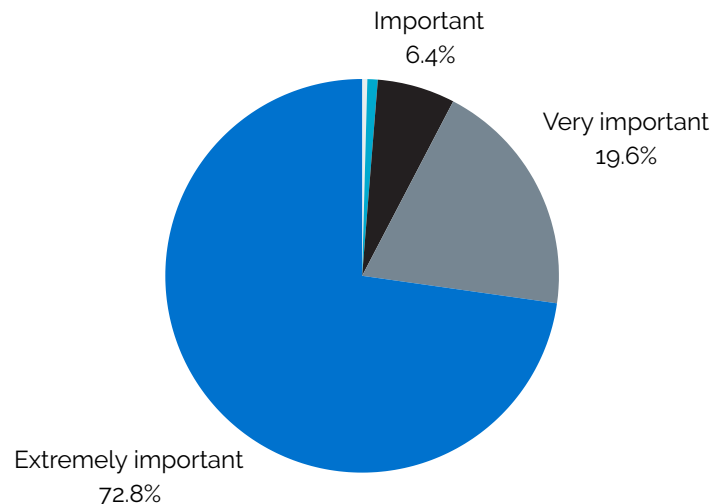
## Oral Health

The overwhelming majority of those who responded to the survey were happy with their oral health, which given the overwhelming level of importance attached to their oral health is encouraging. Even those who had had a poor experience of NHS dentistry were at least satisfied with their oral health, and considered it very important to them.

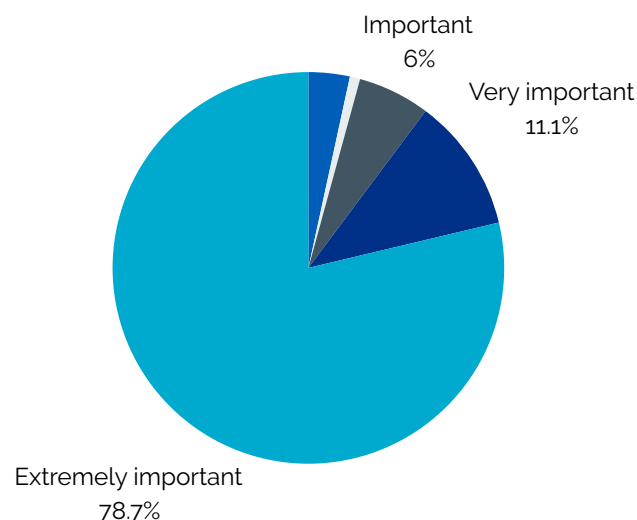
## How do you feel about your oral health?



## How important is your oral/mouth/tooth health to you?



## How important is it to you that dental care is available on the NHS?



Of the 56 respondents who were extremely dissatisfied, very dissatisfied or dissatisfied with their oral health 51 felt it was important or very important to them that dentistry was available on the NHS. Of the 115 people who were happy with their oral health, 98 felt it was very important or extremely important to them that dentistry was available on the NHS. This shows that those who are happy with their oral health want NHS dentistry, and those who are unhappy with their oral health want access to NHS dental care, clearly showing how access to good dental care is a universal concern.



# Conclusion

While the sample is small it shows an overwhelming level of support for NHS dental care to be available to as many people as possible.

The main take aways from the survey are that oral health is important to people, as is its availability on the NHS.

With this in mind we make the following recommendations:

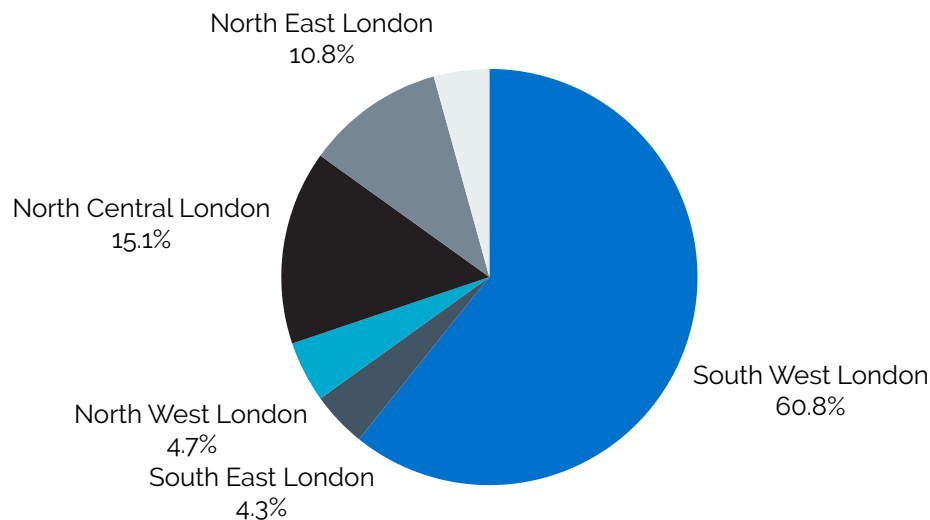
1. Absolute commitment to NHS dentistry from the government with a reformed contract to bring NHS dentistry in line with the rest of the NHS.
2. Improvements to flexible commissioning guidance for Integrated Care Boards support integration of dental services with the rest of the NHS.
3. NHS dental charges to be affordable for all, so as not to be a barrier to care.
4. Improved communication from government and the NHS about patient charges and what is included in NHS dental care.

Ultimately what is required to ensure the continued delivery of NHS dental care is the dental profession. This means significant, meaningful and sustainable contract reform to be delivered as soon as possible in conjunction with the dental profession.

# Methods

The survey questions were written by the LDC Confederation and developed in consultation with members from the local Healthwatch in London. The proposal was agreed with the South West London healthwatch in February 2024, and taken to all Healthwatch in London in July 2024 for comment. The survey was launched in July 2024 and closed September 2024. The survey was disseminated by the local Healthwatch through newsletters and social media.

## In which area of London do you live?



# Limitations

The survey was only available online, which may have led to reduced participation from digitally excluded groups. Also, compared to the London population, our sample was more likely to be White race (65% versus 54%) and 65+ years (45% versus 12%).

