healthwatch

The public's perspective

The state of health and social care

March 2026

Contents

Executive summary

Our aim

The NHS is saturated with statistics that aim to tell government, managers and clinicians how services are performing. Yet measuring areas like productivity, funding, and waiting times only tells part of the story.

What does care truly feel like for those receiving it? We aim to answer by drawing on the experiences of 390,000 people we heard from between October 2023 and September 2025, combined with external data.

The context

Many of the challenges NHS and social care services face today are similar to when we published our last stock-take of patient experience in 2023.

Despite progress in some areas, the core issues remain: record waiting lists, severe workforce shortages, and financial pressures, all compounded by rising demand and underinvestment in social care.

Yet change is in the air. This report arrives as the Government pursues an ambitious, complex ten-year plan to overhaul the NHS. The plan aims to fix care, but it won't succeed without understanding and addressing the issues that communities face.

We also publish this report ahead of Government legislation that is set to abolish Healthwatch. As our responsibilities shift to national and local governments and the NHS, we want to equip those stepping into our shoes with a clear understanding of the public's most pressing issues.

Government and NHS leaders must continue to listen to those using their services. By tracking and responding to the issues this report highlights, they can judge whether their actions are genuinely making a difference.

The issues we explore

We focus on ten key issues and areas that people raise with us time and again: GP services, dentistry, mental health, cancer care, elective care waiting times, adult social care,

winter pressures, digital healthcare, accessible information, and poor administration. In each chapter, we provide:

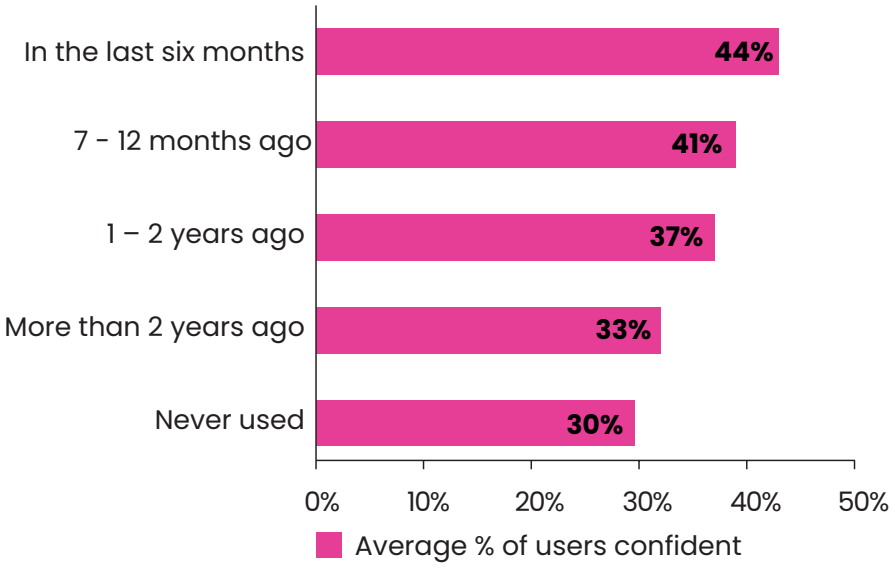
- A snapshot of what aspects of access, care, and support people say are working well, and where things are falling short.
- A look back at themes in feedback since Healthwatch began, showing how experiences have shifted over time and the impact we've made.
- Key steps policymakers can take to improve care.

Top five takeaways

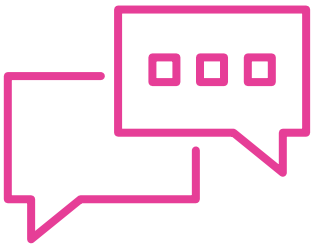
Since our last report, there are signs that people's care experiences have improved slightly. In a 2023 poll, we asked about people's confidence in accessing timely care across 13 key NHS services. The poll showed 31% on average across these services were very confident or completely confident in accessing timely care. In our latest polling, again carried out by Savanta in late 2025, average confidence increased to 35%.[1]

Recent users of services are more likely to express confidence in their ability to access timely care compared to non-recent users.

Average % confident in accessing timely care, by recency of use



However, when it comes to specific services, the picture is more complex. The difference in confidence between recent and non-recent users is substantial for NHS dentistry, GP out-of-hours and mental health services. In contrast, GP appointments, calling 999, and A&E show little variation; confidence remains similar regardless of how recently people used the service.



35%

of people are confident in accessing timely care

29%

of people are not confident they can access timely care

Despite slight improvements, many people are still not confident they can access timely care from most key services we asked about, such as A&E, GPs, dentists and hospitals. In our 2023 poll, 32% of people on average said they were not confident. In our latest research, the figure stood at 29%.

The five cross-cutting themes we have found in the experiences people share reflect this finding, and its impact.

1. **Access issues remain widespread:** Across GPs, dentistry, mental health, elective care, and social care, people face persistent difficulties getting timely appointments, referrals, treatment, and support. These delays often worsen health outcomes and increase reliance on emergency services.
2. **Inequalities in care persist:** People and communities already facing inequalities (such as those on low incomes, ethnic minorities, disabled people, and those with communication needs) experience disproportionate barriers to care, leading to poorer health outcomes and higher levels of unmet need.
3. **Waiting for care takes a toll on wellbeing:** Long waits for elective care, mental health support, and social care can seriously affect physical health, mental wellbeing, and financial stability. Many people report worsening conditions and a decline in quality of life while they wait.
4. **Digital transformation brings both opportunities and risks:** While digital healthcare innovations (e.g. NHS App, virtual wards) improve convenience for some, digital exclusion and poor system integration risk creating a two-tier system and unequal access to care.
5. **Administrative and communication failures undermine care quality:** Poor administration, inaccessible information, and ineffective complaint handling erode trust and the patient experience. Problems like missing records, lack of updates, and failure to meet accessibility standards persist.

Key findings by area

GP access	Dental care
• People have persistent difficulties booking timely GP appointments, especially face-to-face. The "8 AM rush" remains a major barrier.[2] • Unequal access for specific communities, including low-income, housebound, young and trans and non-binary people. • Initiatives like Pharmacy First ease pressure on GPs, with high satisfaction (86%) among users.	• Record-low public satisfaction and rising use of private care reflects widespread problems finding a regular NHS dentist. • Access issues are resulting in more pressure on urgent care. Urgent dental cases and A&E attendances for dental issues have surged. • Cost pressures and lack of routine or urgent appointments are driving inequalities and even self-treatment.

Mental health	Cancer care
• The access issues people report reflect soaring demand for mental health services, especially among young people. • People face long waits for ADHD and other mental health assessments and support, with little interim help. • Poor integration between services - like mental health and substance misuse leaves people without holistic care.	• Uptake for breast and cervical screening has declined. Barriers include inconvenient appointment times, fear and cultural stigma. • The NHS is failing to meet cancer waiting time standards. Delays in referrals and diagnostic results increase risk. • Positive treatment experiences contrast sharply with the poor administration and communication that often occur during the diagnosis stages.
Waiting for elective care	**Social care**
• "Hidden waits" before GP referral confirmation and "referral black holes" add to delays to tests and treatments. • Lack of support and communication while waiting can worsen health and wellbeing. • People facing inequalities report the worst experiences. • Initiatives such as Community Diagnostic Centres to speed up test and treatment times are well received.	• People face severe delays in assessments and care packages. • The funding process for initiatives like Continuing Healthcare is opaque and inconsistent. • Unmet and under-met needs are widespread, with many missing out on essential care. • Unpaid carers face unsustainable pressure, often without respite or involvement in care planning.
Winter pressures	**Digital healthcare**
• Ambulance handover delays and long waits in A&E persist. Corridor care is widespread and harmful. • Hospital discharge is often poorly managed, leaving patients and carers unsupported. • Vaccine uptake remains low among high-risk groups; access barriers and misinformation contribute.	• NHS App usage is growing, but poor integration with services and technical issues frustrate users. • While aspects of the digital-first approach are welcome, it risks excluding some, especially older people and low-income households. • People want a choice in how to access care, such as multiple booking options, not just digital-only systems.
Accessible information	**Poor administration and communications**
• Services often fail to meet people's communication needs, despite the requirements of the Accessible Information Standard. BSL users and those with learning disabilities face major barriers. • Interpreter shortages and poor-quality interpretation lead to cancelled appointments and unsafe care. • Lack of accessible formats for digital tools (e.g. the NHS App) excludes people with sensory impairments.	• Poor admin is widespread, from people having to chase test results to not being given contact information while waiting. • Inaccuracies in medical records are particularly concerning, as they risk compromising patient safety. • When things go wrong, most people don't complain, and if they do, many are dissatisfied with the outcomes.

Stopping the move towards a two-tier system

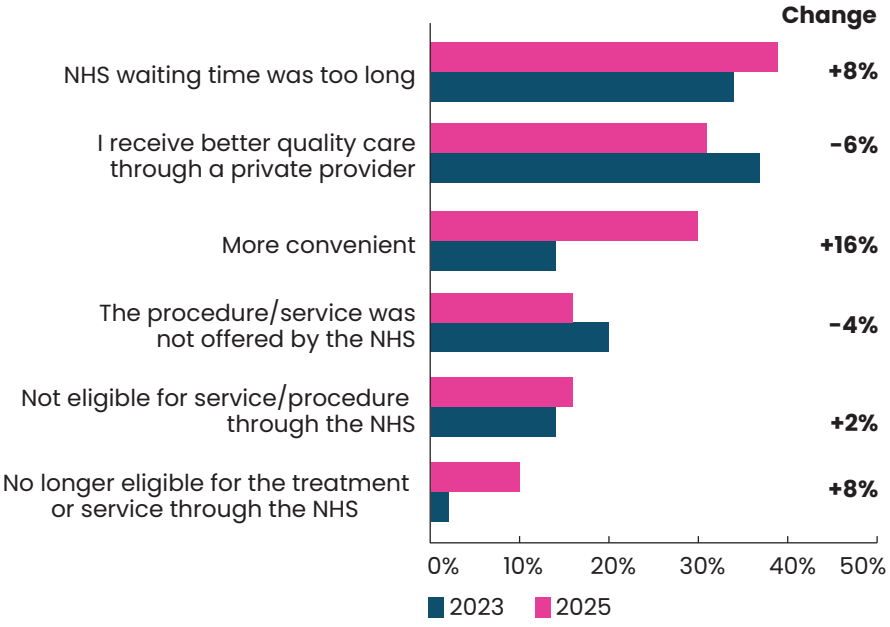
In 2023, we raised concerns that persistent issues with access and excessive waits for care, particularly for communities already facing inequalities, were creating a two-tier system, where only those who can afford it can access some healthcare. Over the last two years, use of private healthcare has increased significantly.

In 2023, 9% of those we polled had accessed private healthcare in the last year. By 2025, this figure nearly doubled to 16%. The use of private dental care increased from 22% to 32% over the same period.

The data reveals that people with higher incomes are much more likely to have accessed private healthcare. Just 10% of people earning less than £20,000 per year had gone private, while 35% of people on £80,000 or more had done so.

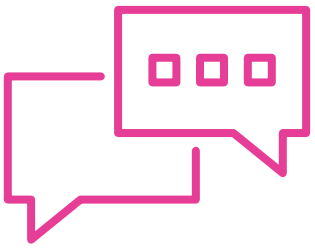
We asked people why they used private healthcare. Compared to 2023, the 2025 results show growing concerns around waiting times, convenience and eligibility.

Why did you decide to pay for private healthcare?



These findings highlight the urgency of addressing persistent issues people tell us about. The NHS 10 Year Health Plan aims to tackle many of the challenges highlighted in this report.

However, this work must happen faster if we are to improve patient confidence, prevent a permanent two-tier system and re-establish the NHS as a truly universal service, available to all. And it needs to be done in partnership with patients if the services of tomorrow are to meet people's needs.



16%

of people in our 2025 poll had accessed private healthcare in the last year – nearly double the 9% who reported this in 2023

Methodology

We drew this report's key issues from the 390,000 experiences of health and adult social care services people shared with us between October 2023 and September 2025.

These experiences span every part of the health and adult social care system. For this report, we looked at the issues we have heard about most over the last decade, and newly emerging issues.

We reviewed and summarised our published research and unpublished insight on each topic conducted between 1 October 2023 and 30 September 2025.

For our "Long view" sections, we also looked at relevant research conducted prior to October 2023.

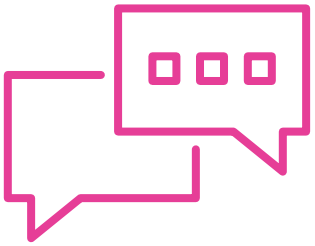
We supplemented this analysis with a poll of 2,593 people in England aged 18 and above. This included a boost of 500 people from ethnic minority backgrounds to enable detailed analysis by ethnic origin. Savanta ran the poll between 31 October and 7 November 2025.

We asked about the public's use of NHS and private health care, and their confidence in accessing timely NHS care.

Where possible, we have compared this to two polls carried out by Savanta in 2023:

- A poll of 1,758 people in England between 22 to 25 September 2023.[3] The questions concerned people's use of private healthcare services.
- A poll of 2,507 adults in England between 13 June and 7 July 2023. Data were weighted by gender, age, region and SEG (Social Economic Grade). The survey included a 500 boost for minority ethnic groups so that respondents from minority ethnic communities could be robustly analysed separately.[4] The questions concerned public confidence in specific health services.

By comparing Savanta's recent poll with previous work, we can see how patient experiences have changed in this timeframe.



390k

people's experiences helped inform this report

01

GPs

GP care has consistently been the area of health and care we've heard most about. It's accounted for 139,000 pieces of feedback in the past two years, and, on average, a third of our insights for the past nine years.

"Without [my GP's] care and attention, things would have been much more difficult to deal with."

— Story shared with Healthwatch England

As the gateway to the NHS, GPs both treat common medical conditions and refer patients for specialist care. In November 2025, 32.1 million GP appointments took place.[5]

While over three-quarters (75.4%) of patients in the 2025 GP Patient survey reported positive experiences of their GP practice overall, 12% reported their GP experience as poor.[6]

Access remains a challenge. Despite changes to the GP contract designed to encourage GPs to see more people more quickly,[7] BMA analysis shows that the number of GPs and practices has fallen over the last decade.[8]

What people are telling us

Getting a GP appointment

While people are generally happy with the quality of their care once they see a GP, they continue to report problems getting an appointment. The "8 AM rush" continues to be a barrier to booking timely appointments, particularly face-to-face ones.

"I was advised that for 5 days on the trot, there were no appointments. I was ringing at 8 AM, getting through at 8.15, and still no appointments. In the end, I had to beg the staff to look at my records and tell them I had concerns. I was still told to call back the next day. I called them 99 times repeatedly one day."

— Story shared with Healthwatch Halton

Appointments offered are often not as soon as people would like. This may be driving people who can afford or who have insurance to seek private healthcare. Our recent polling found the top reason for using private healthcare in the past 12 months was long waits (39%).

Despite these challenges, our polling also showed overall confidence in getting a timely GP appointment has increased slightly since 2023 (daytime GP appointment, 27% to 31%; out-of-hours GP

appointment, 18% to 20%), though confidence levels remained low. This year, confidence in regular GP services was almost the same regardless of how recently patients had used them.

Research by the University of Manchester found GP practices that provide face-to-face appointments are more likely to have satisfied patients than those that rely more on telephone appointments.[9] But we've heard face-to-face appointments are challenging to get.

"The receptionist pushed me to accept a phone call from my GP, even though I explained to him that I can't take a phone call in my workplace, and I wanted to book a face-to-face GP appointment."

— Story shared with Healthwatch Hammersmith and Fulham

In our research on choices in general practice, we also found only 30% of respondents always got a choice of appointment booking method, although GPs are expected to provide this choice. We also saw a disparity between the choices people want and those they get. We call this the "choice gap".[10]

Our polling showed convenience is a key reason people turn to private healthcare – 30% cited this as a reason in 2025, up considerably from 14% in 2023.

Unequal experiences

NHS data and our own insight highlight how GP access and experience of the service varies across different groups in society.

Trans and non-binary people

Our 2025 research shows many trans and non-binary people encountered persistent, unnecessary barriers to care at every step, often in addition to routine challenges like reaching a GP by phone. These hurdles were particularly pronounced for those transitioning their gender identity.[14]

Phoning for GP appointments or attending the surgery to book appointments could be a struggle. People were worried about being outed or made to feel uncomfortable.

"It is very difficult to get an appointment, you have to call on the day and as my voice gives me a lot of dysphoria this is uncomfortable. I also regularly get misgendered."

— Participant in our trans healthcare research

Respondents reported a mixed experience of GP care. Those who received good care reported healthcare professionals treating them with respect and compassion. But others experienced problems accessing gender-affirming care via their GP due to different interpretations of various guidelines.

A recent survey of healthcare professionals found that while 80% of GPs had been asked to prescribe gender-affirming hormones to trans patients, only 58% of these had actually done so. Only 30% had provided a bridging prescription while their patient waited for specialist gender-affirming care.[15]

People facing deprivation

Research shows that the most deprived 10% of areas have around 26% fewer GPs per head than the least deprived.[11] Poorer access to GPs may explain why 72% of people in the poorest 20% of areas rated their GP experience as good, compared with 78% in the least deprived 20%.[12]

Healthwatch Dorset's research into the experiences of people living in Boscombe, one of the most deprived areas of Southwest England, found that long phone waits and a lack of available appointments made it hard for people to see their GP.[13] If they had an appointment, it was often by phone rather than face-to-face.

People who are housebound

Many housebound people tell us they can struggle getting GP home visits. Individuals have told us about GPs suggesting getting a taxi to surgeries when they were financially or physically unable to do this.

"The patient has a chronic problem with her legs and requires dressings. The community nurses were concerned about a deterioration, so they contacted her GP and asked for a home visit. The GP did not attend, so the community nurses phoned for an ambulance, and the patient was admitted to hospital, staying there for nearly two months."

— Story shared with Healthwatch Isle of Wight

"Asked my GP for bridging treatment whilst on the waiting list. Was laughed at and told we don't do that here."

— Participant in our trans healthcare research

We welcome NHS England's recent launch of its first ever review to tackle health inequalities LGBT+ people experience, including primary care access.[16]

Alternatives to GP care: Pharmacy First

In response to pressure on GP services, and to tap into pharmacists' knowledge and skills, the Government launched Pharmacy First.[17] This allows pharmacies in England to provide treatment for common ailments including: ear infections, shingles, sinusitis, and uncomplicated urinary tract infections. By May 2025, 2.4 million people had received help via Pharmacy First.[18]

One year after launch, we found high levels of satisfaction with Pharmacy First services. Almost nine in ten (86%) reported a positive experience of visiting their pharmacy for support with one of the conditions the scheme covers.[19]

In our recent polling, 60% of people were confident in being able to get timely care from pharmacies. This was the highest score of all the services we asked about.

On the ground in Cornwall

Healthwatch Cornwall spoke to over 2,000 local people about their experiences of accessing GP services.[20] Their research highlighted problems with getting timely GP appointments and the impact of delays or not being able to access care at all. These included late or missed diagnoses and reliance on emergency services.

They also found geographical access barriers. People in remote areas discussed making long and stressful journeys to their GP, often involving multiple buses. For some, the cost was prohibitive.

Healthwatch Cornwall called for commissioned access support, including mobile services and transport subsidies, for people living in remote areas.

Key recommendations

Make booking easier and fairer

- GP practices should offer equitable ways to book appointments (online, phone and in person), to make access fair regardless of digital skills or working hours.

Young people

In the GP Patient Survey, 69% of people aged 16 to 24 reported a good experience with their GP practice, compared to 75% of all respondents. About 9% of young people felt the healthcare professional at their last appointment did not listen well, compared to 5% of those aged 35 and older.

"When I couldn't get a GP appointment, I visited the pharmacy and was offered their Pharmacy First service. The pharmacist was incredibly kind and professional; he assessed my symptoms, confirmed I had an infection, and provided the necessary medication."

— Story shared with Healthwatch Waltham Forest

Give people real choice

- Patients should be able to express a preference between face-to-face and remote appointments and be able to wait longer to see a preferred clinician.

Tackle barriers for specific groups

- Integrated Care Boards should address inequalities in access for housebound people, young people, and those from minority or low-income backgrounds.

Expand Pharmacy First

- The Government and NHS England should increase the number of services offered through Pharmacy First and ensure people know when and how to use it.

The long view on GP care

The feedback people have most commonly shared since Healthwatch began has been around challenges accessing GPs.

People want more timely and convenient access,[21] smoother admin processes and more transparent health information.

Thanks to their feedback and our work with policymakers, the public has secured changes over the past decade, including:

- The national rollout of the NHS App in 2018, allowing people to order repeat prescriptions, read their record summary and check test results from their smartphone or the NHS App website.
- GP guidance in 2021 emphasising that patients should be offered a choice of face-to-face or other types of appointments, after people faced restrictions of virtual-only appointments during the pandemic.
- Easier registration at GP surgeries for people experiencing homelessness or without a fixed address, under 2022's new national registration service that made clear people do not need ID, proof of address or proof of immigration status to sign up with a practice.
- New rules from 1 October 2025 to allow people to book appointments via online systems that must stay open throughout core practice hours, after the public spoke out about systems being switched off at random times.
- Influencing national guidance including the GP Forward View (2016), the NHS Long Term Plan (2019), the Fuller Stocktake (2022), and the Primary Care Recovery Plan (2023).
- Being formally consulted by the Government on the 26/27 GP contract.

During the contract talks, we highlighted the importance of ensuring the "analogue to digital" shift doesn't leave people with complex needs, low digital confidence or limited options facing additional barriers to care. The contract will require NHS GPs to give clinically urgent patients a same-day response and deal with non-urgent enquiries by the end of the next working day.

"The receptionist pushed me to accept a phone call from my GP, even though I explained to him that I can't take a phone call in my workplace, and I wanted to book a face-to-face GP appointment."

— Story shared with Healthwatch Hammersmith and Fulham

02

Access to dentistry

In the last two years, over 40,000 people shared experiences of dentistry with us. Many described pain, frustration and financial hardship, with people trying to manage worsening symptoms on their own, or turning to GPs or A&E for help, putting more strain on already stretched services.

"I rang up 111 because I had an abscess. The suggestion was for me to ring every single dental practice in the county..."
— Story shared with Healthwatch Barnet

The 2024 British Social Attitudes survey showed public satisfaction with NHS dentistry had fallen to the lowest of any NHS service – just 20%, down from 60% in 2019.[22]

Confidence in dental access

Our latest poll found that 35% of the public were confident they could access timely care from NHS dentistry, up from 30% in 2023.

Among those most likely to express confidence in being able to get a dental appointment were those who had accessed dental care in the last two years (43%) and/or who lived in urban areas (42%).

However, this still leaves a significant proportion of people who lack confidence in NHS dental access. Our polling also showed that the proportion of people who have turned to private dental care in the past year has grown from 22% in 2023 to 32% in 2025.

People who do get dental care often praise NHS dentists' professionalism and compassion. The latest GP Patient Survey showed that of those who tried to get an appointment in the last two years, 71% rated their experience as fairly or very good.[23] But too many still face barriers to registering, routine appointments, or urgent treatment.

What people are telling us

People struggle to get regular care

Affordable dentistry is vital. Poor dental health may harm respiratory health, organ function and other aspects of wellbeing. But we hear that people can't sign up with a dentist for regular check-ups or ongoing treatment on the NHS when local practices limit the NHS work they will provide.

Problems recruiting dentists in isolated areas and the unpopularity of low-paying NHS work among existing dentists means that getting routine care has become almost impossible in many parts of England.

People in so-called "dental deserts" report hopelessness about ever finding an NHS dentist. In the 2025 GP Patient Survey, one in eight adults in England (13%) reported that they hadn't tried getting an NHS dentist appointment in the last two years because they didn't think they would get one.[24]

Meanwhile, when dentists decide to stop working as NHS contractors, regular patients at dental practices can find themselves suddenly "de-listed" and left to either go without or seek private treatment. Our recent polling found a 10% increase in self-reported private dentistry use since 2023.

Pressure on urgent care access

If people can't find a dentist who will see them as a regular NHS patient, they can miss out on care that prevents urgent problems. They also miss the opportunity to get timely help for new urgent problems from a dental team that knows them. In these circumstances they turn to NHS 111, GPs or A&E in a desperate struggle to get help.

People have told us about:

- Spending hours on hold to NHS 111. NHS 111 advised one person to call every dental practice in their county, rather than directing them to a practice that could help.
- Having to travel long distances to attend an out-of-area dentist who might have space to see urgent patients. One person described having to make a round trip of over 110 miles.
- Some areas having no provision at all, so having to seek treatment from other services for infections. Many patients report being passed between GPs, A&E, and emergency dentists without treatment.

"I've had major toothache since April 2024. No NHS appointment, been to the emergency dentist but just got antibiotics yet again… Yet when the swelling goes down, I can't get an appointment, so I'm stuck in a cycle of agony that's affecting my life, my mental health and looking after my…children."

— Story shared with Healthwatch England

National data reflects this shift. Urgent dental cases have increased as a proportion of all NHS activity, from 9.4% in 2019-20 to 10.3% in 2024-25.[25] More strikingly, A&E attendances for dental conditions rose 45%, from 81,773 in 2019-20 to 117,977 in 2023-24.[26]

The stopgap nature of urgent care with no follow-up often leads to temporary resolutions that don't address underlying issues. And when urgent care shifts from occasional safety net to default care route, patients suffer.

"I send 10 emails a month to dentists in a 30-mile radius of home and all we get is 'sorry we are not [taking] on any NHS patients…' …I do not know where to turn as I don't have many teeth left and it is starting to hurt when I eat"

— Story shared with Healthwatch Cambridgeshire

45%

A&E attendances for dental conditions rose 45% from 2019-20 to 2023-24

The impact of the access crisis

Restricted access to NHS dentistry has serious consequences: extreme pain, infections, sleep loss, and long-term dental damage. These problems hit hardest those with health conditions or those struggling financially.

We've heard from:

- Pensioners spending large portions of their pensions on dental care, and families borrowing money and getting into debt.
- People who can't get the free care they're entitled to under NHS dental charge exemptions – such as pregnant women who cannot find an NHS dentist locally to see them during their maternity qualifying period.
- NHS patients who need cancer treatment not being able to get vital oral health check-ups before and during radiotherapy, to help manage the associated oral health side-effects.
- People taking desperate measures, like borrowing antibiotics, taking out-of-date antibiotics, avoiding leaving the house, or removing their own teeth.

"...when my one remaining wisdom tooth gave up the fight, I developed an infection...I rang the emergency dentist EVERY DAY for a week at the specified time, but was unable to get an appointment. In the end, I treated myself by pulling the rotten tooth"

— Story shared with Healthwatch Dorset

The cost of dental care leads some to avoid treatment. In March 2024, we found 21% of people avoided the dentist due to cost,[27] up from 15% just months earlier. People struggling financially or who received benefits were more likely to avoid going to the dentist, as rising costs hit people on low incomes hardest.

NHS figures reveal a widening gap in dental care between different income groups. While the most deprived communities have seen their share of overall dental activity increase over the past two years, people in deprived areas are now 67% more likely to access urgent dental treatment compared to those in affluent areas – up from 40% in 2019.[28]

The latest Oral Health Survey revealed 72% of adults in the most deprived areas have tooth decay, compared with 50% in the least deprived, and only 42% attend routine checkups.[29]

Without action, cost pressures will continue widening inequalities, leaving many trapped in a cycle of pain and urgent care.

Children's dentistry

"We've not seen a dentist since lockdown...I have two children who have not seen one either. It's a joke."

— Story shared with Healthwatch Herefordshire

Parents tell us they value the professionalism, sensitivity and quality of the care their children receive from NHS dentists, but

"Money is a huge worry currently. Food, fuel, and bills are going up, but wages are not. ...I have not been able to get on [an] NHS dentist for myself or school-age children, and private is too expensive."

— Story shared with Healthwatch Cornwall

21%

of people avoided the dentist due to cost

finding a dentist to see them on the NHS is often a struggle. Concerningly, in a 2024 poll, 12% of parents told us they could only access NHS dental care for their child if they registered as a private patient.[30]

These barriers are harming children's health. Hospital admissions for tooth decay among five- to nine-year-olds rose 9% from the previous year, to over 20,000 in 2025, making tooth decay the leading cause of hospitalisation in this age group.[31]

Recent NHS data showed 57% of children have seen a dentist in the past year, approaching pre-pandemic levels.[32] These figures show progress, but underline the urgent need for sustained investment if the Government are serious about their prevention agenda.

On the ground in Leeds

Healthwatch Leeds heard from over 600 children, young people, parents and carers about the barriers families in hardship face to maintaining children's oral health, due to the cost of dental care and hygiene products.[33] They spoke to schools who reported negative impacts on pupil wellbeing and increased absences.

This work has informed new local investments, including community training and over £6.5 million to improve children's access to dental care.

Key recommendations

Give people the right to register permanently with an NHS dentist

- As part of dental contract reform, the Government should introduce a legal right for people to register with an NHS dentist for life, in the same way as they can with GPs.

Make NHS dentistry affordable

- Review NHS dental charges to ensure cost is not a barrier to care.

Monitor and tackle inequalities in dental access

- Integrated Care Boards should track and address differences in access between communities.

Improve communication about dental charges

- Ensure patients understand the costs of treatments and what the NHS covers.

9%

Hospital admissions for tooth decay among five- to nine-year-olds rose 9%

The long view on dentistry

The COVID-19 pandemic exacerbated longstanding access challenges. Public feedback about dentistry increased by 452% between July and September 2020.

After we spoke out about the difficulties the public faced in finding dentists, NHS England introduced a new contractual duty to require dentists to regularly update NHS appointment availability on the NHSE website's Find a Dentist tool.

National and local Healthwatch representatives gave evidence to a 2023 parliamentary inquiry into NHS dentistry, helping them to conclude that there was a full-scale "access crisis" and recommend a return to the right to register with a dentist for life.

These calls prompted the Government in early 2024 to launch a Dental Recovery Plan that aimed to improve access. But a National Audit Office investigation – to which we contributed evidence – found later that year that the plan's impact had been minimal.[34]

Our warnings about lack of access for children and dire stories of DIY dentistry from people unable to get help for broken teeth influenced the current Government's Dental Rescue Plan. This pledged a targeted supervised toothbrushing programme for three- to five-year-olds, and 700,000 extra dental appointments a year. This initially covered only urgent appointments, but recently changed to cover any type of NHS dental appointment.

There have been some signs of progress, with the GP Patient Survey showing, through its questions on dentistry, slightly increased success rates for getting an appointment. Our 2025 poll also showed 5% higher overall public confidence in access to dentistry than two years ago.

But we believe there must be fundamental reform of the dental contract, which dentists say doesn't incentivise them enough to take on NHS patients. Over half (54%) of respondents to national polling we published in December 2024 said they would like a system where they can register permanently with an NHS dentist as they can with a GP. Over two-thirds (68%) mistakenly believe they have this right already.

The Government has promised long-term reform. They must consult the public to deliver a system that can offer people a local, trusted dental service regardless of where they live or their ability to pay.

452%

The COVID-19 pandemic exacerbated longstanding access challenges – public feedback about dentistry increased by 452% between July and September 2020

03

Getting support for mental health

Over 17,800 people shared experiences of mental health care over the last two years, with access a significant challenge for many.

"I had to wait until I thought I was possessed and trying to kill myself to get referred to the crisis team."

— Story shared with Healthwatch England

Without timely, appropriate care, people's mental health can deteriorate further, sometimes leading to severe and enduring mental illness.

Mental health issues are widespread

In England, an estimated one in six adults has a common mental health disorder.[35] The economic and social costs of mental ill health is over £300 billion.[36]

But the right care can make a huge difference, and we've heard how mental health services have provided excellent, sometimes life-saving treatment.

However, our latest polling found that just one in five people (22%) are confident they can access timely care from mental health services, a picture that remains largely unchanged from 2023 (19%).

Confidence is strongly linked to recent use: people who had accessed mental health services in the last two years were more likely to express confidence (34%).

What people are telling us

People face long waits

Estimates suggest that 1.7 million people could be waiting for non-emergency, pre-planned mental health care.[37] The feedback we receive often reflects this. We hear about:

- Long waits for services for both adults and children and young people, with one 18-year-old who'd been trying to access support since they were 11.
- Those who are accepted sometimes waiting over a year both for a first appointment and further support.
- People being denied care despite seemingly significant mental health issues.

"We have been struggling with our daughter for three years to get her…support. Instead of being seen and thoroughly investigated, we have had multiple hospital visits, ambulances, A&E visits, declined referrals, referrals passed to and from different services…she now self-harms, does not attend school and is depressed…it shouldn't be a constant battle…"

— Story shared with Healthwatch Herefordshire

People trying to access mental health crisis services have issues too, struggling to get through to services or deemed not unwell enough to warrant crisis support.

Although people can now access 24/7 mental health crisis support from NHS 111, not everyone has found it helpful.

Our research on people's experiences of ADHD services showed that long waits affect people here too, but a diagnosis can be life-changing:[38]

- 84% said diagnosis helped them better understand their behaviour and the way their brain works.
- 58% said it gave them new strategies to manage their ADHD and made it easier to look after mental health.

But the wait between asking for a referral and getting an assessment could be long. Almost half (45%) had been waiting over a year. People often had to convince their GP to refer them at all.

"Trying to be understood/believed in the designated ten minutes is impossible for such a complex issue…being put on an endless waiting list would clash with managing my ADHD-related mental health…even if I did get a diagnosis, there's a shortage of meds… It all feels hopeless."

— Participant in our ADHD research

Limited or no support while waiting

A consistent theme in our evidence is the lack of support while waiting for care. We've heard that in some cases people's mental health has deteriorated during waits into more severe and enduring mental health issues. This can impact education and ability to work.

"I took an overdose at the end of January…It wasn't until early March that the service contacted me for an assessment…I am now on a waiting list for a workshop. That is the only support I have been given."

— Story shared with Healthwatch England

Research for the CQC found 40% of people didn't get support for their mental health between their assessment with the NHS mental health team and their first appointment for treatment.[39]

Our ADHD research found over two in five (43%) of those referred and awaiting an assessment received no information about managing their ADHD traits while waiting. A further 21% said the information they received was poor.

"My granddaughter is near a mental health breakdown. NHS 111 wasn't helpful during a mental health crisis – we waited two hours for a call back and heard nothing, so we took her to the hospital."

— Story shared with Healthwatch Hampshire

40%

of people didn't get support for their mental health between their assessment with the NHS mental health team and their first appointment for treatment

"Other than by googling coping mechanisms, there is no way to determine how best I should be managing this. In a way, feeling strongly that I have it but not knowing what I can do about it is almost worse than not knowing because I know I could be achieving so much more or at least not struggling so much."

— Participant in our ADHD research

Integration of services and personalised care

We hear from people who can't get mental health support because of addiction, despite research showing the majority of drug and alcohol users in community substance misuse treatment experience mental health problems.[40]

"...medical substance use is defined as a complex medical condition, but mental health services don't recognise it unless you get three months sobriety, then they're not going to work with you. The only way they're going to work with you is if you're suicidal."

— Story shared with Healthwatch Hertfordshire

And in feedback from people with ADHD and autism, we hear that services often seem to work against each other. For example, mental health services will tell a person their issues relate to neurodivergence, while ADHD and autism services tell them their problems relate to mental health. This means neither service takes responsibility for the person's support.

There can be a lack of clarity for those who need to move between services. We've heard from people who have:

- Lost CAMHS support but haven't been referred to adult services.
- Been referred back and forth between services.
- Been turned down from crisis or community mental health support without being referred elsewhere.

"I've been passed from pillar to post before finally being seen by a clinical psychologist and eventually commenced on an eight-session course of cognitive analytical therapy. An amazing therapist, but not long enough to make any real progress. Now back on waiting list for trauma-focused CBT."

— Story shared with Healthwatch England

"I have been diagnosed with Bipolar for 6 years and had a recent autism diagnosis. My GP said to talk to the mental health team. I called them and they told me to go back to my GP. The doctor refers me to mental health, and they see me, write me a letter and say I have been discharged..."

— Story shared with Healthwatch Warwickshire

On the ground in County Durham

Over 200 young people shared experiences of mental health support with Healthwatch County Durham.[41]

They shared that it could be difficult to reach out and get support because they felt judged and stigmatised. Often, it's left to them to negotiate a confusing, fragmented, and complex system to find appropriate support.

When children and young people seek information and advice, they often want to turn to people they know and trust, such as family members and friends.

Key recommendations

Improve support while people wait

- Mental health services should offer practical and emotional support to people waiting for treatment.

Expand community-based mental health care

- Integrated Care Boards should invest in local mental health services to reduce pressure on hospitals.

Improve crisis care

- The NHS should ensure people in mental health crisis can access timely, compassionate support wherever they are.

Tackle unfair barriers to care

- Services should address inequalities in access for minority ethnic groups, young people and those on low incomes.

Support carers of people with mental health needs

- Carers should be provided with clear information, respite options and emotional support.

The long view on mental health

Mental health has consistently been a priority for the public. A greater proportion of feedback about mental health care has tended to be negative compared to other areas of care.

We have highlighted particular issues regarding mental health. Research on maternal mental health found less than a third (30%) of women we spoke to could remember getting information about taking care of their mental health when having a baby.[42] This led to NHS England announcing a new wellbeing assessment for new mothers, with a focus on mental health.

Unfortunately, follow-up research found over one in ten respondents (16%) reported not getting this assessment,[43]

30%

of women we spoke to could remember getting information about taking care of their mental health when having a baby

leading to improved GP guidance on six-week post-natal checks.[44]

Our insight on children and young people's experiences of mental health support fed into a Care Quality Commission review on the issue. This led to the National Audit Office examining whether the Government was on track to meet its ambitions to improve children and young people's services.

Our data analysis on children and young people's experiences of mental health contributed to the release of the NHS primary care recovery plan. This intended to make it easier for people to navigate the early stages of seeking mental health treatment.[45]

We also sat on an independent ADHD taskforce in 2025, whose recommendations to Government included more training for GPs to recognise and manage ADHD, and additional funding for specialist services.

If fulfilled, the NHS 10 Year Plan's ambitions should make navigating mental health services simpler. But our past work shows the importance of continuing to talk to patients to understand if and how new processes are working.

04

Cancer care

Over the last two years we've heard from over 2,200 people about cancer care. Experiences people share about cancer care are typically positive. But the care journey can be drawn-out and frustrating, exacerbating an already difficult time for patients.

"I would have to keep phoning [my GP] until I got lucky, even though I'd described a potentially life threatening condition..."

— Story shared with Healthwatch Nottingham and Healthwatch Nottinghamshire

In 2024, cancer caused over a quarter of deaths in England and Wales (27%.[46] Early detection and intervention are crucial to survival rates,[47] but England's cancer care outcomes lag behind other countries, with lower screening uptake and longer waits for care.[48]

The NHS 10 Year Plan promised more targeted cancer screening, a clinical trial of a cancer vaccine, and reiterates other Government plans to reduce tobacco use and promote healthier lifestyles.[49] A new National Cancer Plan followed in early 2026, committing to faster diagnosis, quicker treatment, and better support for people to live well with cancer.[50]

What people are telling us

Cancer screening

In England, there are three national cancer screening programmes covering breast cancer, bowel cancer and cervical screening.

These aim to identify early signs of cancer in people without symptoms. They can help save lives by finding cancers early or even preventing them.

But evidence suggests the uptake of screenings for some groups is declining.

From 2001 to 2022, cervical screening uptake declined from 81% to 74% for 50- to 64-year-olds and 72% to 66% for 25- to 49-year-olds. Breast screening uptake declined from 76% to 66%.[51]

While bowel screening uptake rates were at 72% in 2022, recent figures show that uptake declined to 62.5% in quarter one of 2025-26.[52]

Our polling found that a significant proportion of people were not confident in their ability to access timely diagnostic tests and scans (28%). While this category does not only relate to cancer, the picture has somewhat improved since 2023.

Confidence was higher among those who had used diagnostic services in the last two years (32%) compared with those who hadn't (23%).

Reasons people don't take up screening opportunities are many and varied. In our 2024 research on barriers to cervical screening,[53] reasons for hesitancy among respondents included:

- Worries about physical discomfort.
- Embarrassment at undressing in front of healthcare professionals.
- Believing screening was unnecessary because they weren't currently sexually active.
- Not scheduling or missing appointments due to lack of convenient appointment times around work and childcare commitments. This was also the most common barrier to breast cancer screening in a review of international research to identify factors influencing uptake.[54]
- Cultural stigmas, lack of support for people who have experienced trauma and distrust of health services.

Improving accessibility and appropriateness of information about screening could help.

"The biggest barrier for me…is appointment times…and sorting childcare…And also sorting around your cycle – so disheartening when you've had to book so far in advance to then have to rearrange…"

— Story shared with Healthwatch Blackburn with Darwen

The NHS 10 Year Plan commits to increasing screening access and uptake. It promises to make booking possible via the NHS App and send a self-sample kit to women who haven't taken up a cervical screening offer.[55] These were both recommendations in our report.

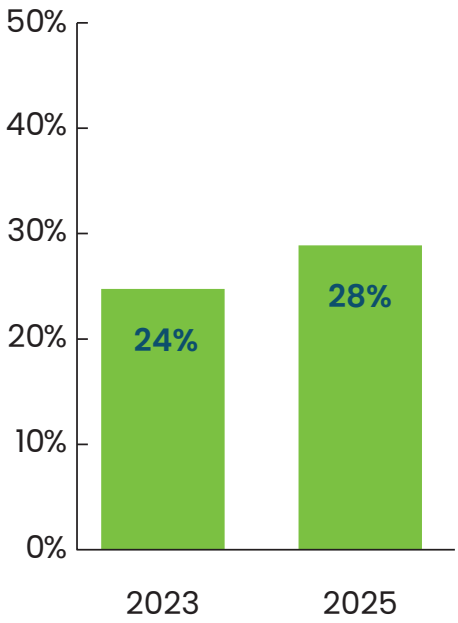
On the ground in Islington

Healthwatch Islington built on previous research on barriers to cervical screening uptake by working with communities experiencing health inequalities.[56] They delivered six women's wellbeing workshops and held conversations with 63 women who hadn't attended cervical screening and 16 who had.

The top reasons women didn't attend screening included cultural issues, bad previous experiences, and not understanding why it was necessary.

All women found the workshops helpful, and ten workshop participants subsequently booked a smear test.

Percentage of people confident they can access timely diagnostic tests and scans



New screening programmes

While the NHS 10 Year Plan commits to rolling out a new lung cancer screening programme, there is no national programme for prostate cancer.[57] Prostate cancer was the most commonly diagnosed cancer in 2022 with 54,732 new diagnoses.[58] Men aged 50 and over can ask their GP for a Prostate-Specific Antigen (PSA) test, but we've heard that GPs have either discouraged them from taking one or refused to provide one.

"...I was surprised that I had to request a PSA test...and equally surprised when the response I got was "Why? Do you have any symptoms?"...I did have symptoms, one of which had been discussed with GPs on several occasions, but the connection to a prostate issue had not been made. Following the PSA test, I have been diagnosed with stage T3b prostate cancer."

— Story shared with Healthwatch Dudley

Our August 2025 research found there was a high likelihood of men attending screening if a national programme were introduced: 79% of all men in our nationally representative poll said they would attend, and 81% of Black men.[59]

The UK National Screening Committee is now looking at options for a targeted national prostate cancer screening programme.[60]

Referral to specialist care

People tell us that significant barriers to referral for specialist cancer care are difficulty getting a timely GP appointment, GP teams not listening to their concerns, and delays with hospitals accepting referrals.

People who are worried they might have cancer symptoms need an urgent appointment for referral. But people share stories of returning to their GP several times before being referred, or of being misdiagnosed:

"The GP missed my bladder cancer...I had to keep going back three times and pushing them before they'd take me seriously. My cancer would have been less advanced if they'd picked it up earlier when I first went to them with symptoms."

— Story shared with Healthwatch England

We welcome the rollout of Jess's Rule, which aims to improve the process of diagnosing serious illness.[61]

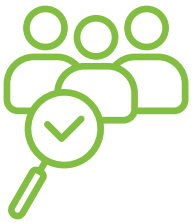
Long waits for answers

Since the COVID-19 pandemic, we've been hearing about people who had to wait both for diagnostic scans and tests and for the results.[62] National data reflects this, showing targets to diagnose or rule out cancer in 28 days and treat cancer within 62 days of referral are currently being missed.[63]

People describe feeling anxious during the wait, or assuming the long wait meant nothing was wrong:

"...it took five weeks from biopsy to results. This had put me in a false sense of security, thinking they would tell me if it was bad! However, I was then told I had invasive lobular breast cancer."

— Story shared with Healthwatch England



79%

of all men in our nationally representative poll said they would be highly likely to attend a new prostate cancer screening programme if they were invited

Cancers could worsen during the wait. One study estimated that a four-week delay to cancer surgery led to a 6 to 8% increased risk of dying.[64]

Experiences of cancer care

In the 2025 national cancer survey, respondents scored NHS cancer care services an average of 8.94 out of 10 – higher than the previous year.[65] People share many positive experiences, particularly after a quick referral, diagnosis and treatment.

People express gratitude for getting to access groundbreaking treatment and follow-up care. We hear about kind, patient, empathetic staff who take the time to explain treatment.

However, we also hear about poor experiences, such as staff under pressure who were curt with patients. Poor administration also affects people's perception of care – for example, having to chase up follow-up appointments, consultants not having access to diagnostic test results and mistakes with forms:

"Nurse was very rushed…so I signed what I thought was the consent form and she whisked it away. Later, the registrar and surgeon came to see me with the real form. I was about to sign when the registrar pointed out that it said 'left breast' when it should've been 'right breast'. Lucky she spotted this! But the whole thing left me feeling flustered."

— Story shared with Healthwatch Nottingham and Nottinghamshire

Key recommendations

Set more ambitious cancer waiting time targets

- The Faster Diagnosis Standard should rise in the long-term to 95%, with funding and workforce support, so people get faster answers.

Make PSA testing clearer and more consistent

- National guidance should clarify when and how men over 50 can request a PSA test, who decides, and what people can do if they're refused, so no one is left unsure or delayed.

Improve access and information for cervical screening

- NHS England should continue rolling out self-sampling kits, make appointment booking easier through the NHS App, and ensure information is inclusive, trauma-informed and culturally appropriate to help more women take up screening.

Invest in admin roles to improve cancer care

- The upcoming NHS workforce plan should include targets for recruiting admin and coordination roles, and the DHSC should measure progress on improvements to admin that are promised in the new National Cancer Plan, so people aren't left chasing results or referrals.

"The doctors, anaesthetist, nurses and staff at the breast clinic have been absolutely fantastic…I had my mastectomy, and because of rare illnesses, it was done by local anaesthetic. The surgeon was amazing, gentle and caring, [he] did all he could to make it as comfortable as possible."

— Story shared with Healthwatch Isle of Wight

Fund voluntary and community organisations supporting cancer patients

- Voluntary and community groups that provide peer and mental health support play a vital role in helping people navigate cancer treatment. They should have sustainable funding and a voice in planning decisions.

The long view on cancer care

In 2023, we examined the ease of obtaining a GP referral for cancer care. Almost half (45%) of respondents were not referred for treatment at their first GP appointment. Over a quarter (28%) waited up to a month after their first appointment to be referred. One in ten cancer referrals didn't directly progress to a hospital appointment, with some referrals rejected, lost or otherwise not booked.

We welcomed the simplified cancer waiting standards,[66] and the adoption by NHS England of many of our recommendations from our 2024 research on cervical screening.[67] But we must see greater ambition still when it comes to waiting time targets, and further action to encourage uptake not only of cervical cancer screening, but screening for other common cancers too.

05

Waiting for elective care

Bringing down elective care waiting lists has been top of the Government's agenda. But we continue to hear that people referred for NHS specialist treatment often face long waits for an appointment, let alone care.

"It's affecting every aspect of my life. I can barely cope with day-to-day things. I don't feel like I'm living life, I'm just existing."

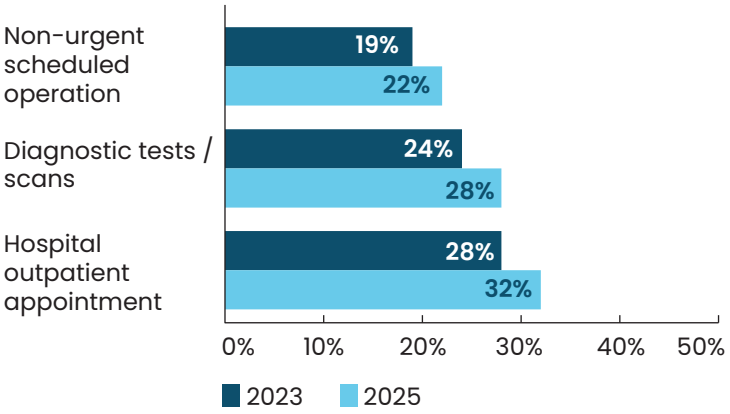
— Story shared through our survey on referrals

There were over 20 million referrals between October 2024 and October 2025, and in the last two years we've heard from over 6,700 people about elective care referrals and waiting lists.

Long waiting times can be physically and mentally difficult, leading to poorer health and disillusionment with the NHS.

According to our latest polling, only a minority of the public are confident in being able to get timely access to non-urgent operations, diagnostic tests or scans or hospital outpatient appointments, although figures have improved since 2023.

% confident they can access timely care



What people are telling us

Getting a referral

Waiting time statistics only include stage 4 of the graphic above. But the time it takes to see and get a referral from a GP and for a specialist to receive and confirm the referral adds to the overall wait for elective care.

In our 2025 referrals research, only 59% of people whose GP had referred them for specialist care in the last 12 months were referred during their first appointment.[68]

Even after referral, one in ten were still waiting for the hospital to confirm the referral. Of those, 12% had been waiting over six months.

We also found that:

- 16% people end up in a referral "black hole", with their referral delayed, lost, rejected, or not sent.
- 64% of delayed referrals and 9% of rejected referrals were only reported after people chased for updates, so the total number could be higher.

Around six in ten (62%) were satisfied with the referral process. Referral at the first GP appointment, quicker confirmation, the right information and choices, and regular updates and support all drove good referral experiences.

Getting diagnosed

Community Diagnostic Centres (CDCs) are an alternative to hospitals for specialist or scheduled tests or scans after referral, often located in community settings like shopping centres. They aim to relieve pressure on acute hospital testing sites and have led to an increase in diagnostic tests. In August 2025, 2,370,800 total tests were carried out, an increase of 18,600 from August 2024.[69]

In 2024, local Healthwatch teams visited CDCs across England and interviewed people using diagnostic services about their expectations and preferences.[70] We also commissioned a representative poll of 2,060 people in England. Feedback about CDCs was overwhelmingly positive.

"A patient…said they are very efficient, and if you have an appointment at 10.20, you will be seen at 10.20. She also had a blood test due and they accommodated this on the same day"

— Story shared with Healthwatch North East Lincolnshire

When asked their main priority when choosing where to go for a diagnostic test, people's top answer was getting tests done quickly (31%). While CDCs make this possible for more people, they may wait longer than expected for results.

"A woman…waited for 2 months for the MRI, but months later has yet to receive any communication on the results. Her GP says that MRIs take weeks to months to get reported on – so it's normal NOT to have any information for over 3-4 months."

— Story shared with Healthwatch Doncaster

One issue could be a shortage of radiologists. In 2024, England's radiology workforce grew by around 5%, yet the number of CT and MRI examinations grew by 8%.[71]

Waiting for elective care

National data shows demand for elective appointments consistently outstrips capacity. Despite the waiting list reducing, an estimated 6.2 million people were still awaiting non-urgent care at the end of November 2025. Currently, just under 2.8 million people have waited longer than 18 weeks for elective care.[72]

The Government's recent elective care reform plan outlined several measures aimed at reducing waiting times and improving people's experiences.[73] For non-urgent hospital care, there is a

"The mental health is worse than the pain. Waiting years to see someone and getting bounced from department to department and starting from the bottom of a list, do doctors not actually know how to communicate?"

— Respondent to our research on waiting for elective care

national target for 92% of people to wait no longer than 18 weeks from referral to starting treatment by March 2029, with an interim target of 65% by March 2026.[74]

Nevertheless, we continue to hear about long waits: 33 weeks for gynaecological care, 14 months for back issues and three years for hernias. We've heard waiting times are increasing due to cancellations, which sometimes happen last-minute.

In quarter two of 2025-26, 0.9% of all elective operations were cancelled, and 21.2% of affected patients were not treated within 28 days of cancellation.[75] Although the numbers are small, cancellations significantly impact patients' lives.

"I was diagnosed in January with a detached retina. I was told it was urgent, and my operation was scheduled for February, then cancelled two days before. It's now been seven months. I'm not allowed to fly or go to the gym."

— Story shared with Healthwatch Warwickshire

The impact of waiting

Long waits can have a profound impact. People report worsening conditions and increasing pain and discomfort. In some cases, people needed more radical treatment than planned after their condition worsened while waiting.

The Adult Inpatient Survey 2024 found that 25.2% of elective patients felt their health got 'a bit worse' while waiting. A further 17.7% said it got 'a lot worse'.[76]

People tell us long waits have a significant financial impact, often forcing people to reduce work hours or leave their jobs altogether.

"I was referred for a spinal surgery assessment in early March 25. Twenty weeks later, I was seen by a very apologetic advanced practitioner. Now I have to wait to see a consultant. I have now been absent from work for seven months. As an experienced nurse, I have let my patients and colleagues down as well as cost my NHS trust money."

— Story shared with Healthwatch England

In 2025 we looked at people's experience of waiting for specialist eye care. The impact of long waits was clear:

- 69% of people said their mental health and wellbeing had deteriorated while waiting for specialist care.
- 48% said the wait impacted their ability to socialise.
- 70% of people stated that their vision had worsened; for more than half of these, this affected their ability to work (54%) and carry out daily household tasks (52%).[77]

Our polling indicates that long waits are one of the key drivers for people paying for private healthcare. In 2023, 9% of those we polled had accessed private healthcare in the last year. By 2025, this figure was 16%.

Of those who had accessed private healthcare, 39% told us they had done so due to long waits for NHS care. This was the top reason people selected for going private.

25%

of elective patients felt their health got a bit worse while waiting

69%

of people said their mental health and wellbeing had deteriorated while waiting for specialist care

Lack of support to wait well

Despite these long waiting times and their impact, people tell us they get little support or information while waiting. They want information on managing their condition while they wait, pain relief, and regular, accurate updates on the length of the wait. People who get some additional support feel it isn't appropriate.

"My wife has been waiting…for a bilateral total knee replacement. Since seeing the consultant, she has attended a short (six weeks) exercise class, which was too little too late. Since then, she has received no enquiries into her wellbeing or further support…"

— Story shared with Healthwatch England

In our 2025 research on waiting for eye care, only 4% of those currently waiting reported getting information to help with day-to-day activities. Just 9% said the NHS kept them updated about their waiting time for treatment.[78]

It's concerning that the only contact people mentioned receiving was a text to ask if they still needed care:

"I was told there was a 20 week wait and to contact them if I didn't hear anything. I called the number and was told I am still on the waiting list. I had a text – 'Do you still want to see the consultant?' Yes, I do. It is now 26 weeks and I have not heard anything."

— Story shared with Healthwatch Warwickshire

On the ground in Suffolk

Healthwatch Suffolk surveyed over 1,000 local people on their experiences of waiting for hospital care, following up on their 2022 report.[79] They found that waiting affects every part of people's lives and shrinks their worlds.

Some people waiting for treatment faced unbearable pain, but information about pain management was lacking. It was unclear whose responsibility it was to coordinate and provide the care that enables people to wait well.

As the impacts of waiting vary, support should be tailored to people's needs.

"After [a] month of…not having heard anything… chasing with the booking line who weren't able to tell me anything other than your referral was being reviewed and feeling extremely anxious, I sought [a] private allergy and immunology consultant at a cost of £981."

— Story shared with Healthwatch England

Key recommendations

Help people to wait well

- NHS teams should ensure people can access pain relief, physiotherapy, mental health and practical support to help them manage while waiting.

Keep people informed while they wait

- Hospitals should provide regular updates on waiting times and expected treatment dates.

Tackle unfair differences in waiting times

- Integrated Care Boards should monitor and address inequalities in elective care waiting times.

Make communication clearer and more joined up

- Services should ensure patients receive consistent information across different departments and providers.

Invest in admin and coordination roles

- Recruit more admin staff to improve scheduling and reduce delays caused by poor coordination.

The long view on elective care

Public feedback has helped shine a light on the problems people can face while trying to get a test, scan or treatment. However, it has also shown how specific groups often disproportionately feel the impact.

We have found women, disabled people, and people from ethnic minority backgrounds, on lower incomes or with less education were all more likely to have had a poorer experience while waiting for elective care.[80]

Joint research with the King's Fund revealed those living in the most deprived areas were nearly twice as likely to wait over a year for treatment as those living in the least deprived areas.[81]

We have also repeatedly highlighted the "hidden waiting list" – the time taken to get on an NHS waiting list – and the "referrals black hole" where GP referrals to specialist care are lost, rejected or not followed up.[82]

After we and other organisations called for an urgent response to hospital waiting lists, and better interim communication and support, the NHS set out a recovery plan to address the backlog.

More recently, the NHS began publishing a demographic breakdown of people on elective care waiting lists, something we have called for.[83] But further steps are crucial to tackle inequalities and ensure people have real support while waiting.

"I was told the current wait time is a few weeks…it is longer than four months now, and I am still waiting."

— Respondent to our research on waiting for elective care

06

Social care

We have heard over 15,774 social care experiences in the past two years. Social care helps many elderly and disabled people live the lives they want – to stay well, work or volunteer, care for their families, and remain active in their communities.

"I'm having to cut down on my care to buy food. On the days I can't afford the carers, I can't shower or dress."

— Story shared with Healthwatch England

Tailored support can be life-changing. But long waits, confusing processes, and unaffordable costs leave people's needs unmet and lead to a growing reliance on unpaid carers.

Adult social care funding is limited. Councils overspent by £774 million in 2024-25, the highest level in the past decade.[84]

Successive Governments have promised reform that so far hasn't materialised. The current Government has established an Independent Commission on Adult Social Care, chaired by Baroness Louise Casey, with interim findings due in 2026 and final recommendations in 2028.[85]

This is a chance to reset the system on a cross-party basis, but practical improvements cannot wait.

What people are telling us

Difficulties with access

People report long waits for social care assessments from their local council. One person waited nine months and suffered further injuries without support at home.

People struggle to apply for and get Continuing Healthcare, which provides NHS-funded support outside hospital for people with high care needs primarily related to their health.

The Nuffield Trust's recent research echoed these experiences, highlighting a postcode lottery, "opaque" rules, and "financial cliff-edges" people face when accessing funding for vital care.[86]

"We won funding (paying out over £8,000 for legal help) and yet still – over a year after it was agreed that she qualified and five months after she passed away – we have not seen a penny."

— Story shared with Healthwatch Wirral

People who have moved to another local authority area experience particularly long waits for

assessment for social care or home adaptations. They describe having to undergo assessments twice, increasing the delay before they get help.

Even after people have been assessed to receive social care, they experience delays in receiving care packages. Sometimes no care follows.

All of this makes the system difficult to navigate – particularly for those who don't read or write English, those seeking support for themselves, and those trying to find information in a crisis.

Growing unmet and under-met need

In 2024, we found as many as 1.5 million adults of working age in England could be eligible for social care or other support, but aren't receiving it.[87] Age UK estimates that 2.6 million people aged 50+ in England have an unmet need for care.[88]

The extent to which social care needs were met differed. People described needing care they couldn't afford so they couldn't access the full extent of the social care they needed, or waiting months for adaptations.

"I need help getting showered and dressed because of seizures and falls. Since I left hospital last year, I still haven't had any care package. I'm having to pay for it from my attendance allowance. However, the cost comes to nearly £170 per month more than my benefits. Social Services say I'm not disabled enough to qualify for any help."

— Story shared with Healthwatch England

Some people from ethnic minority backgrounds weren't aware they could get care, or were concerned it wouldn't be culturally appropriate.

Unsustainable pressure on unpaid carers

Carers tell us they are routinely expected to "fill the gaps" left by inconsistent paid care services. They are often excluded from decisions about their loved one's care and left without respite care for themselves.

"Trying to get a Carers Assessment and a Care Plan…has proved impossible so far. No one joins the dots; no formal assessments done. I am excluded from discussions so they have only a partial picture. I am 72, so this is not sustainable long-term."

— Story shared with Healthwatch Richmond upon Thames

We hear that some social care professionals assume informal care/family care is sufficient. This has knock-on consequences for carers and their wellbeing. The ADASS Spring Survey of directors of adult social care found that over three-quarters had seen an increase in the number of unpaid carers seeking support in the past year.[89]

Research by Carers UK found caring comes at significant personal cost, especially without adequate support.[90]

"…I had to be in isolation, and I live alone. At discharge, I would have liked to go to intermediate care. My family are all busy and work, so this would have helped me, especially if someone could speak to me in my preferred language."

— Story shared with Healthwatch Kirklees

On the ground in Calderdale and Kirklees

Healthwatch Calderdale and Healthwatch Kirklees engaged with 123 people from ethnic minority backgrounds to understand why they weren't accessing intermediate care and re-enablement.[91]

People had little understanding of what these services could offer. There was very little information available and none in community languages. Staff in hospitals relied on patients' family and friends to translate information about post-discharge services.

There was also uncertainty about costs, and stigma about accepting paid care in the home or in a care home.

Key recommendations

Comprehensively reform social care

- The Casey commission must set out a future structure for social care that genuinely and sustainably meets people's needs. Government must then adopt and fund this.

Make social care easier to navigate

- Local authorities should provide clear, accessible information on how to access social care and what support is available.

Improve hospital discharge into social care

- Hospitals and councils should work together to ensure smooth transitions from hospital to social care.

Support the social care workforce

- The Government should invest in pay, training and career development for care workers.

Tackle unmet need

- Councils should monitor and address gaps in social care provision to ensure people receive the help they need.

Fix Continuing Healthcare (CHC)

- The NHS should improve and standardise CHC information, forms and timelines, and the Casey independent commission on social care should fully consider CHC.

"The daughter feels that the…expectation is that she can manage with her mother, but this is not the case, and she feels afraid and exhausted. They are even talking about closing the case as she has family care. The house…is uninhabitable without some help, and her mother is increasingly unpredictable, and the daughter feels she has nowhere to turn."

— Story shared with Healthwatch Bristol

The long view on social care

We have been highlighting concerns about social care for most of our existence. Our insight has supported progress on social care, including influencing the Government's announcement of an additional £5m in funding for local organisations to test new ways of providing information and advice on social care.[92]

But in September 2022, we published nationally representative polling highlighting that over 40% of people didn't know where to get advice on social care. Nearly a third (30%) said they had additional needs, but only 12% of these had accessed, wanted, or tried to access social care services.[93]

As we have shown, there is considerable evidence of unmet need. Addressing this will take both practical short-term measures and long-term reform.

"I've been waiting more than 12 months for a carer. I've had one assessment which didn't take my complex needs into consideration. I was offered an insanely low amount to find a carer…I could have died in this last year waiting for care, if it wasn't for family flying over from abroad."

— Story shared with Healthwatch Kensington and Chelsea

07

Winter pressures

Winter brings a surge in seasonal viruses and more people with acute conditions or fragile health seeking care. Every part of the health and care system faces extra pressure, highlighting the limited extra capacity available.

"...we sat in the back of the ambulance...listening to pleas from [the] call handlers for any staff available for critical calls. No one was able to go."

— Story shared with Healthwatch England

NHS England asks hospital and ambulance trusts to implement winter plans[94] to ensure they meet commitments to provide urgent and emergency care.[95] Vaccination programmes and other initiatives also aim to reduce pressure on services.

Yet we still hear about ambulance delays, long waits in A&E, corridor care, and hospitals being almost full. Newspaper headlines about the severe pressure the NHS faces have become the norm, eroding public confidence in accessing timely care.

The Royal College of Emergency Medicine expressed worry about the 2025-26 winter season.[96] Our analysis of over 15,300 experiences shared over the last two years, as well as polling we've undertaken, indicates that despite signs of improvement, many issues persist.

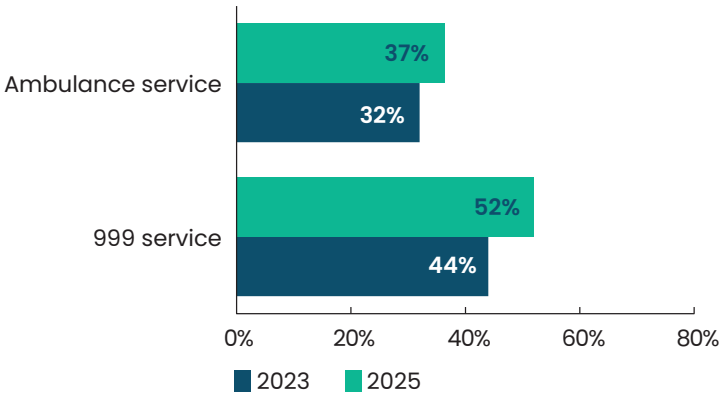
What people are telling us

Ambulance response times

In recent months, ambulance response times have improved compared to December 2024, but haven't yet met average response time targets. In September 2025, the average response time for life-threatening incidents was 8:01 minutes, and 30:46 minutes for emergencies such as strokes.[97]

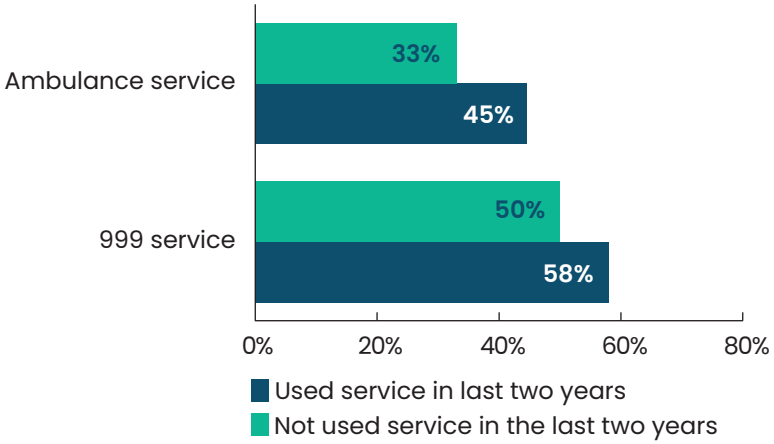
Public confidence in getting timely access to an ambulance or 999 services has also improved since we last polled the public in 2023.

% confident they can access timely care



Our latest polling also shows that confidence is likely to be higher among those who have used an ambulance or 999 service in the last two years.

% confident they can access timely care by recency of use



But a significant proportion of people still lack confidence in their ability to access these services promptly. The varied experiences we hear about reflect this issue:

- Some people report ambulances arriving within minutes, others wait hours.
- When ambulance waiting times are long, 999 call handlers sometimes tell people to arrange their own transport to the hospital.
- People can find themselves waiting in an ambulance outside A&E for hours because there isn't enough space in the waiting room.

Long and uncomfortable waits in A&E

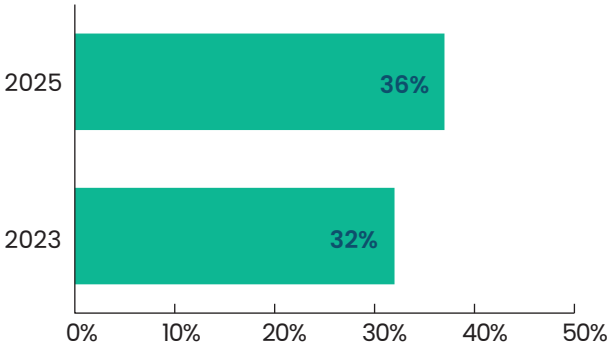
Waiting times for A&E also show slight signs of improvement but are still lower than long-term targets. The NHS aims to admit, transfer, or discharge 78% of A&E patients within four hours. In November 2024, they met this target for 72% of patients. By November 2025, the figure had risen to 74%.[98]

There are also signs that public confidence in being able to access timely care from A&E services is improving. But this still leaves a large proportion of those we polled not feeling confident about accessing timely A&E care. The latest NHS performance data is still behind long-term government aims to ensure 95% of people are seen within four hours.

"The paramedics were brilliant and the ambulance response time excellent for my 90-year-old dad, but then we sat in the back of an ambulance for six hours, listening to pleas from their call handlers for any staff available for critical calls."

— Story shared with Healthwatch England

% confident they can access timely A&E care



People often tell us they had to wait a long time to be seen – 20 hours, in one case. Sometimes, people give up because they've waited so long. People often aren't clear how much longer they'll need to wait.

Waiting conditions also vary. Some people experience a clean waiting room, with access to food and drink if needed. In other stories, people report long waits in hot, dirty, overcrowded waiting rooms without access to refreshments.

On the ground in Manchester

Healthwatch in Greater Manchester analysed 485 pieces of feedback about people accessing healthcare in urgent situations.[99] Most were negative, focusing on difficulties in getting GP appointments that led to attendance at Urgent Care or A&E, long waiting times, or poor communication.

Many people reported waiting hours in A&E with little to no communication from staff. Others felt dismissed or not taken seriously.

More positive experiences involved kind, caring staff and high-quality treatment.

Corridor care

The NHS doesn't currently publish statistics on the extent of corridor care. However:

- In 2025, the number of patients admitted to hospital who had to wait more than 12 hours for a bed increased by 7% year-on-year.[100]
- In January 2025, a Royal College of Nursing membership survey reported that seven in ten respondents were delivering care in unsuitable places such as corridors.[101] In October 2025, a Royal College of Physicians survey found 59% of respondents reported delivering care in a temporary environment between June and August 2025.[102]

Whatever the scale of the issue, the stories people share with us about corridor care highlight crowded conditions, difficulties obtaining pain relief, food, or water, and a lack of dignity. Waiting

"A man took his mother to A&E and was appalled by the conditions. There were not enough seats… it felt cramped, and there was no ventilation. They left after waiting a few hours and without being seen by anyone."
— Story shared with Healthwatch Cumberland

while in pain for an ambulance, to be seen at A&E and for a bed can be very distressing.

The importance of safe hospital discharge

Every winter, the NHS is under pressure to free up beds. However, getting hospital discharge wrong can harm both patients and services.

Official guidance for hospitals says that they should ensure patients are medically fit to leave, have the necessary information and any care and support they need in place, and are involved in the planning.

When this happens, people tell us they feel supported:

"They were asked if there was anything they needed…They have a direct dial number for the unit at the hospital, and also know that they can call on the Red Cross for support/aids for home mobility. The comment was, 'The service from the NHS has been outstanding'."

— Story shared with Healthwatch Hull

However, there is evidence that the guidance is not followed in many cases. Research by the Care Quality Commission found that:

- 28% of people said they weren't involved enough, or at all, in decisions about leaving the hospital.
- 23% felt they didn't receive enough support from health and social care services to help them manage their condition after leaving the hospital.[103]

Feedback reflects these findings. People share stories about being discharged without themselves or their family's involvement to ensure they have the right support and information.

"[The caller's] husband has been told that he will be discharged home from hospital. He is in extreme pain and on oxygen. The caller is recovering from surgery herself and is not able to care for him if he returns home. None of this has been discussed with family."

— Story shared with Healthwatch North East Lincolnshire

Vaccination against seasonal illnesses

Every winter, the NHS vaccinates millions against seasonal infections. Flu vaccines alone are estimated to have prevented up to 120,200 people from being hospitalised last winter.[104]

Much of the feedback we get about getting vaccinated is positive. People value the ease and efficiency of being contacted about jabs, friendly, professional staff, and the convenience of simultaneous flu and COVID-19 jabs.

However, we also heard people face problems getting vaccines, including having to travel long distances, and only learning they aren't eligible for a COVID vaccine when trying to book. COVID

23%

felt they didn't receive enough support from health and social care services to help them manage their condition after leaving the hospital

vaccines are no longer offered to adults between 65 and 74, following an assessment of cost-effectiveness.[105]

Improving vaccine uptake

The NHS 10 Year Plan aspires to improve vaccine uptake and plans to give health visitors and community pharmacy a bigger role in delivery.[106]

This is welcome, as uptake is low among some groups. Nearly 75% of adults aged 65 and over received a flu vaccine in 2024-25, but only 40% of adults and children at clinical risk.[107] COVID vaccine uptake is low among Pakistani, Bangladeshi and Black British African communities.[108]

Research by local Healthwatch into the reasons for poor vaccine uptake suggests that this isn't just related to anti-vaxx attitudes. Other factors that negatively influence vaccine uptake include:

- Not knowing how to book.
- Lack of awareness among parents that young children can get the flu vaccine via nasal drops.
- Uncertainty about whether annual COVID vaccines are still needed.
- Concern about previous reactions to vaccines.

Trusted advice from healthcare professionals, especially GPs, strongly influenced uptake. People wanted healthcare staff to give them a balanced picture:

"They should first explain what happens after vaccines, like what is normal – fever or cold."

— Story shared with Healthwatch Ealing

Key recommendations

Collect real-time feedback in A&E

- Alongside clinical targets, A&E teams should gather and review patient experience data, including triage speed, access to food, water and pain relief, and communication while waiting.

Eradicate corridor care

- Using NHSE actions recommended in March 2026 and data expected to be published from May 2026 on the number of patients treated in unsuitable spaces, hospitals and NHSE should work at pace to end this unacceptable form of care.

Follow national discharge guidance

- NHSE must ensure services follow existing hospital discharge guidance. This includes providing people with clear information, arranging transport, signposting them to support, and involving family and carers in decision-making.

Make vaccination easier and fairer

- The NHS should expand local access to flu and COVID-19 vaccines, including through community pharmacies and health visitors, and run clear public campaigns on eligibility.

"I am the full-time carer to an immunocompromised 85-year-old, and yet I'm not eligible? This is after waiting an hour for my jab, due to the NHS booking system going down…

— Story shared with Healthwatch England

Improve communication during waits

- Hospitals should keep patients informed about delays and provide basic comfort like food, water and pain relief while they wait in A&E or to be admitted.

The long view on NHS winter pressures

The NHS "winter crisis" now follows a familiar pattern that dominates news headlines. The true picture is more complex. The NHS has progressed in some areas, but stalls in others due to inconsistent implementation of change and pressure in other areas of care, such as effective hospital discharge.

In 2015, we highlighted the human cost of inadequate hospital discharge practices, hearing from patients distressed by lack of support upon discharge.[109] Our work contributed to the Government establishing a programme to develop a vision for improving hospital discharge.[110]

Our 2017 analysis of local NHS data found poor discharge practices persisted, with a significant increase in emergency readmissions after discharge.[111] In response, NHS England reintroduced emergency readmissions measurement to understand how well services worked together.[112]

Joint research with the British Red Cross found hospitals weren't always following new discharge guidance introduced in response to COVID-19.[113] People later shared that key discharge steps were often missed. Government continued to update guidance in response to our work,[114,115] including our recommendation for more detail on support for carers.

In the present, while many share good hospital discharge experiences, people still say the NHS failed to provide them with proper support or information.

The recurring winter crisis is likely to affect public confidence. In 2014, we found two-thirds were concerned about the NHS's ability to cope with pressure on urgent and emergency care.[116] Our latest polling, which looks at people's confidence in being able to access timely NHS care, indicates that confidence in services could be stronger.

The NHS is trying to break the cycle. But as the story of hospital discharge highlights, only by taking a system-wide, consistent approach will faster progress be possible.

08

Digital healthcare

Digital healthcare has the potential to make support for patients faster, more convenient, and more efficient.

"I downloaded the Patient Access and NHS apps but cannot link them...I even went to the [GP] reception with it and they couldn't link it either."

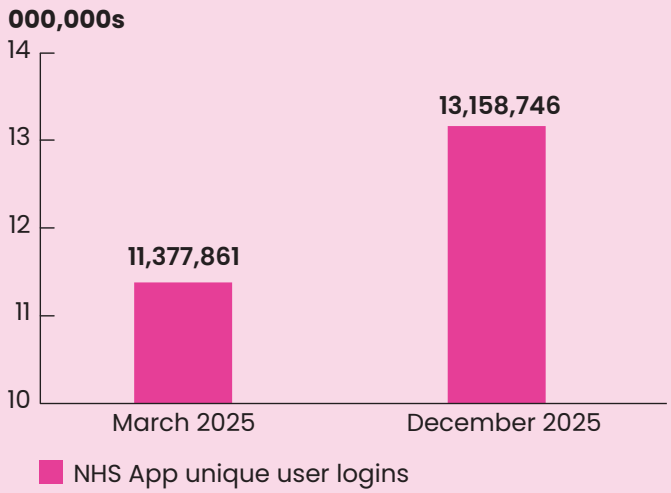
— Story shared with Healthwatch England

This 2019 NHS Long Term Plan included major step change to upgrade and enable digital healthcare across the NHS.[117]

The NHS has seen significant expansion in access to virtual services, smart equipment for home use, video GP appointments and the NHS App.

Rapid expansion of the NHS App

The App started its public rollout in 2019, and now has nearly 40 million registered users.[118]



The NHS 10 Year Plan envisages further digital innovation. It will make the NHS App the "front door to the NHS", creating a single patient record and a fully digitally enabled service enabling 24/7 care.

But rapid digital expansion brings challenges. Technology works inconsistently across services, digital skills and confidence vary widely, and some people cannot or do not want to use online systems.

What people are telling us

Ensuring technology works as it should

Many people welcome greater use of digital healthcare.

- People who have used virtual wards and their carers appreciated being able to recover at home with remote support when needed.
- People like being able to use apps to book appointments, order repeat prescriptions and view letters, test results and records.
- They find digital services convenient and flexible.

However, some are frustrated at GPs', dentists', and hospitals' different uptake levels and usage of the NHS App.

- People experience issues with bugs, can't sign up, or can't transfer all their data when switching GP practices.
- Some services don't share records via the NHS App, leading people to manage their health records via several apps.

"It is hard having at least three apps to go between. I have the NHS App, Patients Know Best…and one for my dentist. I sometimes get the same message in two or three, and sometimes I don't get any messages at all."

— Story shared with Healthwatch England

Ensuring everyone can use technology

While the Government plans to make digital healthcare as accessible as possible, there will be people who cannot or don't want to use online healthcare systems. Recent research found 5% of people in the UK don't have internet access, and 8% of internet users lack confidence online.[119] For this group, alternative ways to access services are essential.

However, the wider public also want to be offered choice over service access.

In our 2025 research on the choices people have and want when accessing their GP, 66% wanted a choice of booking method, and 62% wanted a choice between face-to-face and remote appointments.[120]

"You can no longer ring at 8 AM for an appointment unless it is an emergency. You cannot call into the surgery to book an appointment. Patients are told to use the online booking system only, and they will respond within three days. I can use online services, but not…this system."

— Story shared with Healthwatch Sefton

Access to the internet and confidence in using online services are not the only challenges that can hinder digital healthcare. Public feedback highlights the range of issues that specific groups face.

- People who speak little or no English can need help booking appointments or ordering repeat prescriptions online.

"The patient finds the NHS App to be absolutely fantastic. He can see all his repeat prescriptions listed, and in a matter of seconds, he has ordered the necessary medications. The other information on the App is also extremely useful…"

— Story shared with Healthwatch Somerset

62%

wanted a choice between face-to-face and remote appointments

- People living in overcrowded homes can lack the privacy needed for remote appointments.
- People in remote areas with poor broadband and mobile coverage can struggle to use online services.

Poverty is also a major barrier. Around a quarter of UK households (26%) experienced difficulties affording communication services in May 2025.[121] People on low incomes have told us about struggling to access digital healthcare because they cannot afford the cost of devices, phone contracts, or broadband. If they do have a phone, it may not be able to run the NHS App.

"I have an old phone that uninstalls apps to save on memory. I ended up missing out on being referred, because I was only sent a message on the NHS App and never received a notification."

— Story shared with Healthwatch Leeds

On the ground in Brighton and Hove

Healthwatch Brighton and Hove spoke with older people from ethnic minority communities about their experiences with digital technology in healthcare.[122]

Poor reliability due to loss of connection, "crashing", and confusion over passwords dampened people's confidence. But the main barrier to using digital technology was distrust of digital systems.

Most people either preferred making GP appointments directly or had tried booking online with great difficulty. Further problems were not knowing when the GP would return their call, not using or understanding the NHS App, and not being able to reply to a letter online. The complexities of making an appointment and having to wait meant some people went to A&E for help instead.

Reading letters, messages, emails and using the NHS App was impossible for those who didn't speak English or weren't fluent. Even if a person's understood English well, understanding test results from online records was problematic.

"I think the internet is creating an unfair two-tier system. I have to help older neighbours order prescriptions."

— Story shared with Healthwatch Liverpool

Key recommendations

Keep traditional care options alongside digital

- Health and care services should offer face-to-face appointments alongside remote options such as phone and online consultations, allowing people to choose their preferred approach.

Invest in digital skills support

- The NHS should fund programmes to help people develop the skills they need to use apps and remote care.

Protect patients' rights in remote care

- Clear guidance should ensure that care moving online doesn't disadvantage people with access or support needs.

Be transparent about data handling

- Health services must explain how they collect, store and share personal health data so people can make informed choices.

The long view on digital healthcare

The NHS is at the forefront of utilising technology to enhance healthcare. But when people feel excluded or uninformed, or a system fails to meet their needs, trust in digital initiatives falls. We have consistently shown the public is open to innovation, provided their needs and concerns are addressed.

For example, the NHS has repeatedly encountered problems when attempting to collect and share anonymised data without first asking people what they think:

- 2014: Care.data paused after Healthwatch raised concerns about a lack of clarity for the public around data use.
- 2016: We sought people's views on sharing their health data to help medical research.[123] Two-thirds would be happy to share anonymised data, but only one in five felt sufficiently informed about its intended use.
- 2018: We reported people's concerns about data sharing to NHS Digital, highlighting the need for transparent information and more time for the public to opt out of data sharing. In response, the NHS postponed the scheme until it met stricter criteria.[124]
- 2021: Follow-up research found considerably reduced willingness to share data, following NHS plans to better use data held by GPs to support planning, research, and potentially insurance and marketing. Only 53% were in favour, compared to 73% in 2018.[125] NHS delayed plans after we and other organisations raised concerns that not enough had been done to explain the scheme or how to opt out.

The NHS plans much greater digital transformation in the coming years. To avoid past pitfalls, it must ensure it engages the public so people feel part of the journey and not left behind by rapid change.

09

Accessible information

Everyone needs clear, understandable information to help make decisions about health and care and get the most out of services. Some people need extra support, especially disabled people, those with an impairment or sensory loss or who don't speak English as a first language.

"I don't think they all understand what support people with a learning disability need."
— Story shared with Healthwatch Camden

The Accessible Information Standard (AIS), introduced in 2016, requires all health and social care providers to support people with a disability or sensory impairment to understand information. Under separate guidance, the NHS is also expected to provide translation and interpretation services for patients where language is an issue in discussing health matters.

Why is communications support needed?

- Around 1 million people in England can't hear most conversational speech.[126]
- More than two million people in the UK have sight loss.[127]
- Over 1 million adults and children in England have a learning disability.[128]
- Around 880,000 people in England and Wales can't speak English well.[129]

However, many people who need communications support tell us that they can struggle to get the clear and accurate information they need.

What people are telling us

Lack of support for communication challenges

People with a disability or sensory impairment have told us that the NHS is often not meeting the AIS.

Information not provided in an accessible format

People have told us about getting inaccessible or inappropriately formatted information, which can have a real impact on their care. For example:

- British Sign Language users struggled to read and act on bowel cancer screening information provided in English. Information in standard English can be difficult for BSL users to understand, as it is an entirely different language.[130]

- Women with learning disabilities told Healthwatch Redbridge that cervical screening information was not accessible, meaning they found the procedure intimidating and were anxious about what to expect.[131]

Lack o interpretation support
People have also told us about services failing to contact D/deaf people in the right way, provide BSL interpreters, or the quality of the interpretation not being good enough. This has led to cancelled appointments or healthcare staff trying to communicate via writing, resulting in important information being missed.

Problems accessing services
Patients have also told us that lack of support can make it harder to access in-person and online services. During our 2024 review of community diagnostic centres, patients shared accessibility issues, such as lack of support for people with hearing loss.[132] We also heard from people who struggled to read information on the NHS App:

"...The size of the print is awfully small and not readable on my phone, as I have macular degeneration. It's not easy."

— Story shared with Healthwatch Hertfordshire

Lack of awareness and need for better systems
Feedback indicates health and social care staff don't always know about their duties under the AIS.[133] Wider research echoes this, finding significant variation in awareness of the AIS among NHS staff.[134]

Even when staff are aware, the systems they use can still cause problems. For example, Healthwatch in South West London found most local GP staff had some level of AIS awareness and training on how to apply it, but different ways of flagging people's communication needs on record systems often meant these needs were missed.

Issues with community language interpreters

Other feedback shows issues with community language interpreters. Interpreters might not turn up or might speak the wrong language. People are also told to bring their own interpreter if required. They must resort to using an English-speaking family member or Google Translate.

"There is no telephone conversation with an interpreter at our GP. They don't do it. When I go to the GP, I go to Google Translate, write there, and show what I wrote to the doctor. For example, I don't know the English word for sneeze, I found it on Google..."

— Story shared with Healthwatch Islington

"I can see it is the hospital ringing my phone. Because I'm deaf, I can't answer. I then wait ages to get a letter. I've been taken off the list for failing to make an appointment. Back to square one!"

— Story shared with Healthwatch Rochdale

How this impacts patients

Across every area of care, people report that insufficient communication support results in disempowerment, reduced independence, and increased anxiety about care. Not meeting accessibility needs also leads to delays in care, including difficulty booking appointments and appointments needing to be cancelled.

"In the appointment, the doctor spoke to my parents in writing. Because of this, a lot of information was missed…[My mum] was prescribed another medication for her blood pressure, but when my parents collected it, they didn't know what it was for or when to take it."

— Story shared with Healthwatch Leeds

On the ground in Lancashire

Healthwatch Lancashire explored experiences of deaf BSL users when accessing health and social care services, gathering feedback from 149 people.[135]

People told them it was impossible to book an appointment via phone or if phone appointments were the only option. BSL interpreters weren't always available, and sometimes video interpretation was unreliable. People had to ask family members to interpret, and medical professionals would shout or write things down for them.

There was also a disparity in support between and within services, including whether services provide BSL interpreters or whether people must arrange their own.

Most professionals had received deaf awareness training, but felt written materials needed to be more accessible for BSL users.

Key recommendations

Improve IT systems for communication needs

- NHS services should upgrade their systems so staff can consistently record and share patients' communication needs.

Train staff on accessible information

- All frontline staff should receive training on the AIS and how to meet it.

Monitor compliance with the standard

- Integrated Care Boards should regularly check that services are meeting the AIS.

The Accessible Information Standard should become fully mandatory

- The Government and NHS should continue to work towards making the AIS a mandatory Information Standard so it can be better implemented and enforced.

The long view on accessible information

Over the years, we've heard of persistent barriers for people with sensory and communication needs. The AIS aimed to help address these, giving disabled people and people with a sensory loss the right to health and social care information they can understand and communication support if needed.

But feedback showed the AIS was not having the intended impact. People continued to receive inaccessible information, and staff frequently lacked awareness or training to meet communication needs.[136] Deaf people often struggled to book interpreters for GP appointments, causing confusion about managing conditions and taking medication.

There has been some progress. In 2018, we persuaded NHS England to provide Easy Read and large-print registration forms to GP practices. And during the pandemic, we successfully called for provision of government information in formats such as BSL.

However, improvements have not gone far enough. Our 2022 review of people's experiences of the AIS found only 35% of NHS trusts were fully AIS-compliant.[137] This evidence helped lead to NHS England reviewing the AIS, and an updated standard being published in 2025.

The updated AIS could significantly improve support for patients if implemented effectively. However, unless its implementation is mandatory, people will likely continue to face obstacles when accessing care.

35%

Only 35% of NHS trusts were fully AIS-compliant

10

Getting the basics right

People should expect efficient NHS services, including prompt communication and accurate patient records. If care does go wrong, people should feel confident that if they complain, the NHS will seek to learn any lessons and use this information to improve care.

"...[I] am still waiting for [test] results and it is impossible to get the department to answer their phone...I don't know what to do as my GP receptionist says that they can't help."

— Story shared with Healthwatch Windsor, Ascot and Maidenhead

People consistently tell us poor NHS admin has delayed or interrupted their care. Errors such as appointment letters not arriving, lost referrals, and incorrect medical records can seriously impact their health and wellbeing.

And despite patients' right to complain, we also hear about people's low confidence in the NHS complaints system's ability to improve the quality of care.

What people are telling us

Poor administration

When it comes to people's experience of using the NHS and judging how well it's working, getting admin basics right matters, especially for patients waiting for tests or treatment.

Yet a survey we conducted in late 2024 with the King's Fund and National Voices about people's experiences of NHS administration over the previous year found that:

- 32% of people said they'd had to chase for test, scan or X-ray results.
- 32% said they had not been kept updated on how long they would have to wait for care or treatment.
- 23% had not been told who to contact regarding their care while waiting.[138]

"I have chased [my referral] up multiple times...but no one can tell me where I am on the waiting list. I was advised to expedite the referral with my GP, who received a snotty email from the consultant's secretary saying that I had to wait. I understand that the service is busy, but there should be a regular update to advise on the wait."

— Story shared with Healthwatch England

Poor administration not only impacts patients, but it also wastes NHS resources. Research we conducted in February 2024 into NHS appointment letters found that

one in five people (20%) we polled reported receiving an invitation to an appointment after the scheduled date.[139] People with long-term health conditions and people struggling financially were more likely to experience this.

"My appointment letter arrived after the appointment date! I rang the hospital and was told it was my fault as I didn't keep the appointment."

— Story shared with Healthwatch England

Incorrect patient records

Accurate patient medical records are crucial to delivering effective and efficient care. Healthcare professionals rely on medical records to support them in providing patients with the necessary treatment.

In 2025, we conducted a public poll on patient records and found evidence of alarming inaccuracies, including incorrect, missing, or lost information. Nearly a quarter of people (23%) reported having inaccuracies in their medical records.[140]

"My GP put that I have gestational diabetes on my record, but I've never been pregnant and am prediabetic."

— Story shared with Healthwatch Portsmouth

The impacts of incorrect or missing information in people's medical records include the frustration of having to correct medical professionals, poor or incorrect treatment or care, or being refused treatment. Research by the Health Services Safety Investigations found the risk of patient misidentification could have serious consequences, such as the wrong surgery being carried out.[141]

Low confidence in the NHS complaint system

In 2024-25, written complaints about NHS care rose 6% to reach a new high.[142] However, our research suggests this may still be the tip of the iceberg.[143]

A representative survey of the public we conducted in 2024 found that 24% of people had experienced poor care in the previous 12 months, but just one in ten of this group (9%) made a formal complaint.[144]

Low confidence prevents people from complaining. Of those who didn't complain after poor care:

- 34% believed the NHS wouldn't use their complaint to improve services.
- 33% thought organisations wouldn't respond effectively.
- 30% felt the NHS wouldn't see their concern as "serious enough".

Although the Parliamentary and Health Service Ombudsman provides comprehensive guidance to NHS organisations on complaint standards and handling complaints,[145] people have poor experiences of the process. Over half the people in our research (56%) who made a formal complaint were dissatisfied with both the process and the outcome.

6%

In 2024-25, written complaints about NHS care rose 6% to reach a new high

Complaints can also take too long to resolve. Our analysis of NHS Integrated Care Boards (ICBs) complaints handling found that, on average, ICBs took 54 working days to respond to complaints they handled as commissioners of NHS services. Response times ranged from 18 to 114 working days.

On the ground in Rutland

Healthwatch Rutland researched people's experiences of NHS communications following reports of dissatisfaction.[146]

People felt that services weren't acting on their preferences regarding communication. They spent a lot of time and energy chasing responses from healthcare providers, such as test and scan results.

There appeared to be limited understanding of how to formally complain, and potential concern that complaining might negatively impact their quality of care.

A recent review of patient safety also found that the current system for complaints and concerns is confusing and could be more responsive. It recommended that Government should take responsibility for managing and learning from complaints.[147]

Key recommendations

Fix the complaints system

- The Department of Health and Social Care should consult the public on a new complaints system that responds quickly, treats people with empathy, and learns from mistakes.

Ask about admin in patient surveys

- National patient experience surveys should include questions on administration, following the example of the Cancer Patient Experience Survey.

Set a national ambition for better admin

- Government and NHS bodies should work with patients and staff to define and deliver a clear ambition for improving NHS administration.

Clarify rights on medical records

- People's right to correct inaccurate medical records must be clearer, along with the legal reasons services may need to retain contested information.

"I submitted a complaint and had a Zoom meeting the next month, where I was told to expect a response within 40 days. Six months later, I've received no update, despite raising the issue with the deputy CEO at the local health forum."

— Story shared with Healthwatch Cambridgeshire and Peterborough

The long view on NHS complaints handling

The need to fix the NHS and social care complaints system has been a long-standing issue that people have shared.

In 2014, we published two reports that highlighted the number of unreported incidents of poor care, the complexity of the complaints system, and the need to simplify it.[148,149]

In 2019, we examined how effectively councils learned from complaints about social care by reviewing their annual complaints reports. We found reports tended to focus on the number of complaints rather than identifying root causes.[150] We identified similar themes when examining the reporting of hospital complaints by NHS acute trusts in 2020.[151]

Our work helped improve NHS handling of complaints data[152] and led to new principles for patient-led good complaints handling being developed. But while there have been some improvements, more fundamental changes are needed.

Conclusion

This report does not just reflect the current state of patients' experiences with health and social care services. It highlights issues we have consistently brought to light over more than a decade – and key points stand out across the whole system.

Our concerns about a two-tier system, which we raised in our stock-take of patient experience in 2023, have not gone away. Government and NHS leaders must do more to prevent people reaching a point where they can only access care if they can afford to pay.

The issues we've raised affect some groups more significantly than others. Research and NHS figures show that for those in the most deprived areas, it can be harder to access some of the most basic and essential services. We've shown inequalities in care for women, trans and non-binary people, those from ethnic minority backgrounds, and disabled people.

These inequalities are not new, and the issues we've highlighted not exhaustive. We have repeatedly found that already marginalised groups frequently face greater barriers to access, lower quality of care, and worse health outcomes compared to the general population.

We have always stood for every person's right to get high-quality, timely care. Our recommendations in this report are, as ever, based on listening to what the public has to say about their experiences.

With the publication of the NHS 10 Year Health Plan, the Government is preparing to move our statutory functions into the Department of Health and Social Care, and those of the Healthwatch network into Integrated Care Boards and local government. As they work to overcome the challenges facing our health and social care system, they must base the changes they make on more than just data.

The health and social care system should serve everyone. To make a real difference, it's essential that those taking up our work continue to listen, to reach out to all communities, and to amplify the public's voice.

The health and social care system should serve everyone. To make a real difference, it's essential that those taking up our work continue to listen, to reach out to all communities, and to amplify the public's voice.

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