

Public attitudes to the NHS

An analysis of responses to questions in the
British Social Attitudes Survey

Ben Gershlick, Anita Charlesworth and Eleanor Taylor



About this report

NatCen Social Research has been running the British Social Attitudes (BSA) survey since 1983. It is an annual survey of a representative sample of adults aged 18 and over from across Great Britain. The 2014 survey received 2,878 responses.

The BSA survey explores the public's attitudes to a range of social issues. In this report we focus on the questions which explored people's views about NHS funding and care.

We analyse responses in light of people's support of four political parties: Conservatives, Labour, Liberal Democrats and UKIP. We were not able to report on other parties' results as the number of respondents was too small.

We also look at the extent to which people's attitudes vary by age.

Acknowledgements

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The views expressed are the authors' alone.

About NatCen Social Research

NatCen are Britain's largest independent social research agency. For the last 40 years they have worked on behalf of government and charities to find out what people really think about important social issues and how Britain is run.

www.natcen.ac.uk



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Key findings

1

This report analyses the results of a series of questions about the NHS that were included in the 2014 British Social Attitudes Survey, undertaken by NatCen Social Research. The survey took place in late summer/early autumn 2014 and 2,878 adults from across Great Britain were surveyed. The results show:

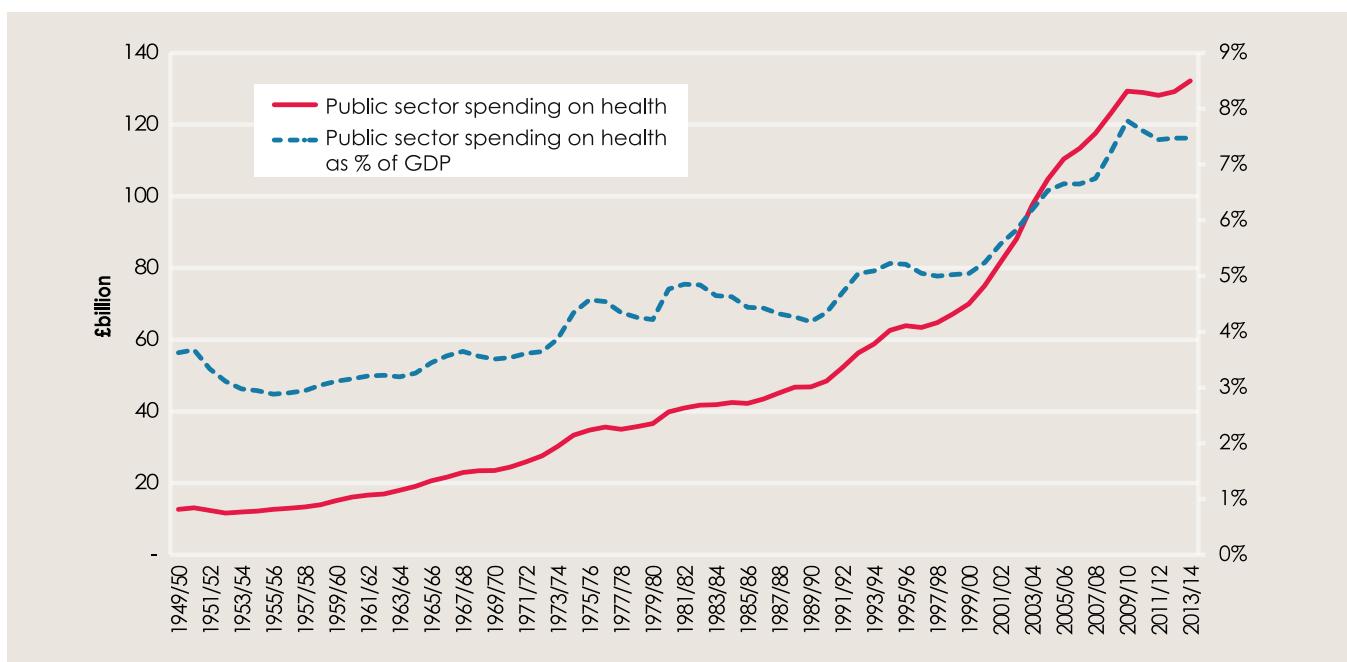
- There is strong support for the principles of the NHS across all sections of British society. Of those surveyed, 89% agree that the government should support a national health system that is tax funded, free at the point of use and that provides comprehensive care for all citizens.
- 43% of respondents think the NHS has neither improved nor deteriorated over the five years of the current parliament, while 26% think it has got better and 28% that it has got worse. UKIP supporters are most likely to believe that the NHS has deteriorated (41%), compared with 24-28% of supporters of the other three main political parties.
- While people support the funding principles of the NHS, they are much less attached to the idea of the NHS as their preferred provider of care. 39% of respondents prefer their care to be delivered by an NHS organisation, but even more people (43%) do not have a preference between receiving NHS-funded care from an NHS organisation, a private company, or a non-profit body such as a charity or social enterprise. However, responses vary markedly between generations, with younger generations less committed to the idea of the NHS as a provider of care than the older ones.
- Labour supporters are most likely to have a preference for NHS provision of their care but even then, more than half (52%) either do not have a preference or would prefer a private or non-profit provider. Conservative supporters (23%) are more likely than Labour supporters (13%) to prefer private provision, while Liberal Democrats (55%) are most likely not to have a preference.
- Among those who say they would prefer to be treated by a private or non-profit provider for their NHS-funded care (18%), around half would still have this preference even if it meant their local NHS hospital or clinic was at risk of being closed as a result of people using non-NHS providers.
- Just over half of the respondents (51%) think the NHS wastes money and (perhaps as a result) a majority (58%) would not support further cuts to other public services in order to provide additional funding for the NHS. Older generations are much more likely to think that the NHS wastes money (62% for those born before 1945 and 65% for those born between 1945 and 1965, compared to 51% for those born between 1966 and 1979 and just 31% for those born after 1980).
- Most people are willing to travel further away from home for higher quality specialist and complex care (86%). However, only 42% are willing to travel further for higher quality A&E services.

Introduction

2

After consistent real terms (adjusted for inflation) increases in health spending ever since it was established in 1948 (see Figure 1), NHS spending growth has now slowed sharply to the point where 2010/11 to 2020/21 is expected to be the most austere 10-year period in its history.¹ At the same time, the demands on the service are growing as a result of an ageing population with increasing rates of long-term conditions. NHS leaders recognise the scale of the challenge facing the health service and have recently called for transformational change in the way care is delivered and organised.²

Figure 1. Public spending on health in the UK, in real terms and as a percentage of national income.



Source: Lloyd T. Funding overview: Historical trends in the UK. The Health Foundation, 2015.

Note: GDP deflators for 1949/50 to 1954/55 are estimated.

There are no obvious, clear-cut solutions to some of the challenges facing the NHS, and some hard choices will need to be made. In this context, it is essential to understand the views of those the service exists to support: the public. So what do the public think about the NHS, and what do they want from it?

To try to answer this, the Health Foundation included questions about the public's attitudes to the NHS in the 2014 British Social Attitudes survey, carried out by NatCen Social Research.

Methodology

NatCen Social Research's British Social Attitudes (BSA) survey is an annual survey of a representative sample of adults aged 18 and over from across Great Britain who live in private households. It is conducted through face-to-face computer-assisted interviews, each lasting about an hour, with some questions asked as part of a self-completed paper questionnaire.

The majority of field work for the 2014 survey was conducted between August and September 2014, with a small number of interviews taking place in October and November. The survey received 2,878 responses (a 47% response rate).

The overall margin of error* (for a 95% confidence level) is 1.8% for most questions, with higher margins of error on questions which have lower bases due to filtering (with a high of 4.3%). Some caution should be urged for the subgroup analyses (which look at political party supported, generation, and region), with two of the subgroups (Liberal Democrats and UKIP) having a margin of error greater than 5%. The margin of error does not take into account how the survey was conducted. Under the charts we note the 'maximum margin of error' – the theoretical margin of error which would be seen if the percentage of respondents expressing a view were exactly 50%. This gives some indication of where caution should be taken with results. In practice, no results have margins of error this high, as all results are less than or greater than 50%.

The comparisons we make in this report are significant at the 5% level. In a few cases we report sub-analyses where not all the results are significant at this level, but we have included them as they may be of interest as part of a wider trend.

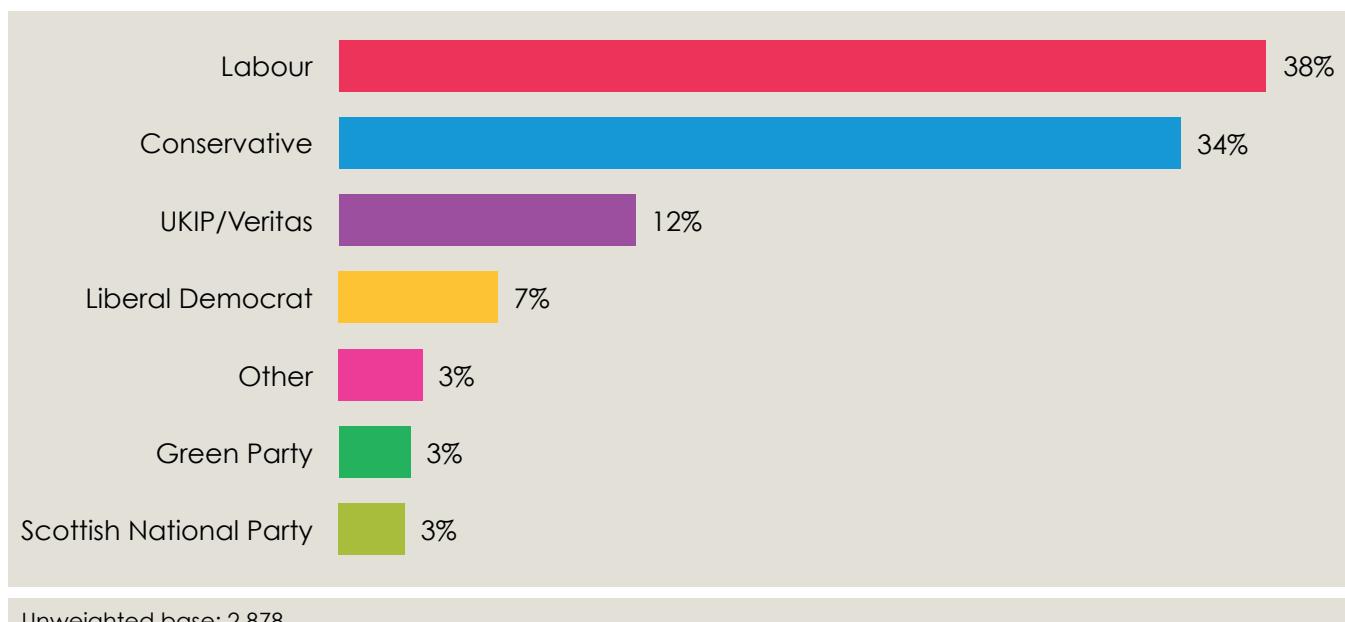
The data are weighted to correct for any unequal probabilities of selection, and for biases caused by differential non-response. The weighted sample is calibrated to match Great Britain's adult population in terms of age, sex and region. The BSA survey asks about the public's attitudes to a range of social issues, although in this report we focus on questions which covered attitudes towards NHS funding and care. Full information about the survey questions is available at www.natcen.ac.uk/our-research/research/british-social-attitudes.

* The margin of error is one side of a confidence interval. So a margin of error of 1.8% for a 95% confidence level means that if the survey were conducted 100 times, the data would be within 1.8 percentage points above or below the percentage reported in 95 of the 100 surveys.

Political affiliation

The BSA survey explores public attitudes across a range of socio-demographic characteristics. In this report we look at the relationship between people's political affiliations and their attitudes towards the NHS. We report results by respondents' affiliation to four political parties: Conservatives, Labour, Liberal Democrats and UKIP (these are the four parties with the most respondents, ordered by projected number of seats in Parliament).^{*} UKIP and Veritas[†] supporters are grouped together within the survey, but the shorthand of 'UKIP' is used throughout the report. Other parties could not be included due to the number of respondents being too small, with the next biggest party's data having a margin of error greater than 10% (with a 95% confidence level).

Figure 2. Political party supporter representation in the BSA survey results



Unweighted base: 2,878

Maximum margin of error: 1.8%

Those that do not support a political party are not shown

* www.electoralcalculus.co.uk/homepage.html

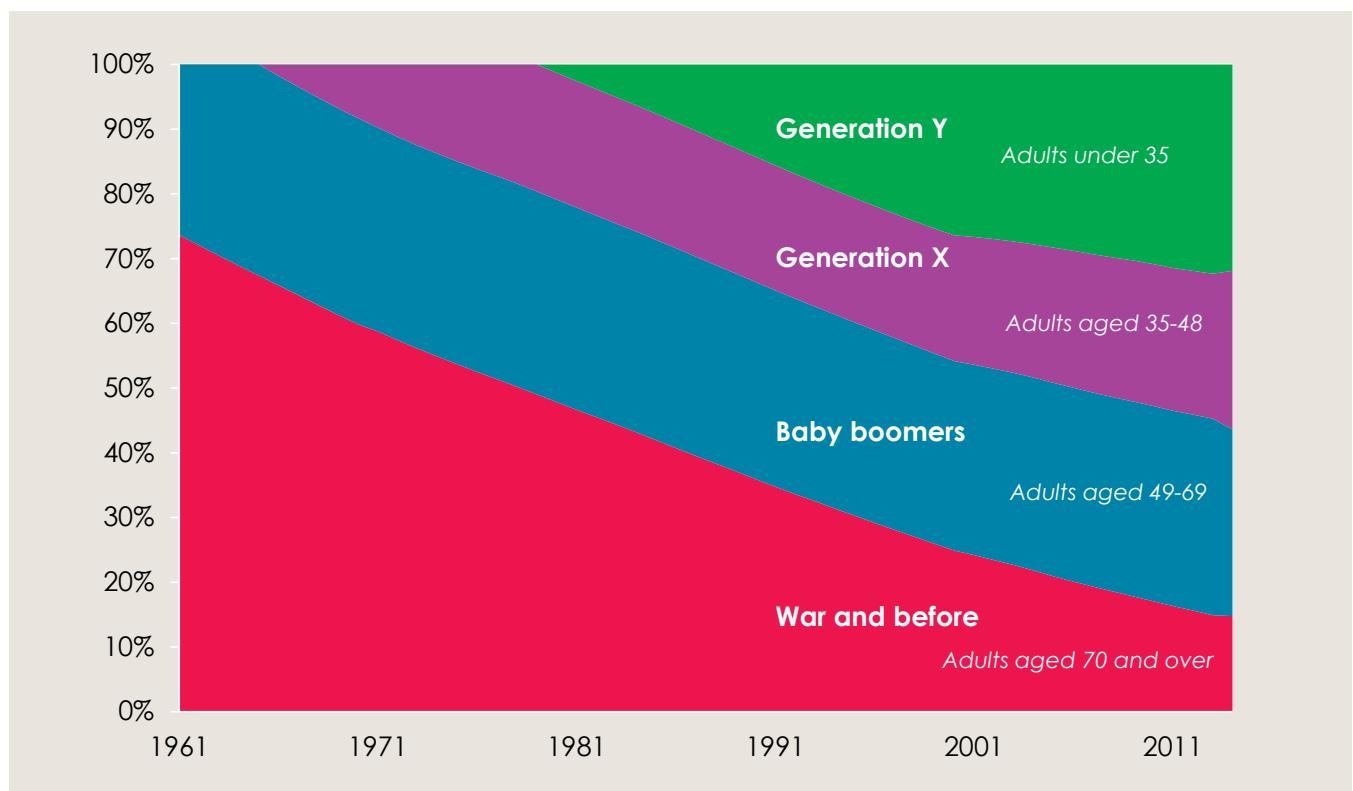
† A party created following a split from UKIP

Generations

In this report we have also looked at the extent to which people's attitudes vary by age. The NHS came into being in 1948. It is interesting to consider what people who knew a time before the NHS think about the service and its principles, and how this compares with subsequent generations. As discussed, in this report we have used conventional generational banding to divide people into four generation groups: *

Generation	Year of birth	Age
War and Before (WAB)	pre-1945	70+
Baby boomers (BB)	1945-65	49-69
Generation X (GX)	1966-79	35-48
Generation Y (GY)	1980-2000	35 or under

Figure 3. Percentage of population (born before 2001) belonging to each of the four generations since 1961



Source: ONS population estimates England & Wales: 1838 to 2013

* These bandings are used throughout this report as they are the conventional generational bandings. The sample, however, does not cover people born after 1996, so the views of 14-17 year olds are not included.

This approach has been used by Ipsos MORI in their ‘Generations’ work* which explored generational differences in attitudes. In their research, Ipsos MORI found that the pre-war generation ('war and before') is the most supportive of further redistribution of wealth among the population, followed by baby boomers, then generation X then generation Y. When looking at satisfaction with the NHS, the pre-war generation is significantly more satisfied than subsequent generations, at least since the late 1980s. This gap remains pretty consistent, which suggests that being older or ageing – in and of itself – is not the primary explanation. Ipsos MORI suggested three distinct factors shaping opinion over time:

- Period effects: where everyone changes because of external events or a general cultural shift that affects all age groups. For instance, the creation of the NHS, or the civil rights movement.
- Lifecycle or ageing effects: where an individual’s views change as they grow older or go through different life-stages. For instance, ageing and increased reliance on the NHS may change a person’s views on it. This can also be seen in our analysis of results by political affiliation.
- Cohort or generational effects: where opinions are set by the formative experiences of a generation, and aggregate opinion changes over time because the composition of the population changes (sometimes called generational replacement). For instance, if those born before the creation of the NHS, and in a time without universal health coverage, fundamentally think of it differently than those in other generations.

In the BSA survey, the differences in attitudes between generations vary, but in some cases seem to suggest a movement away from certain views by younger generations. The BSA survey results provide data on a snapshot in time. As a result we cannot determine how much of the variation in attitudes between our different age groups is the result of ageing or generational effects. In all likelihood, there is some element of both underlying the differences observed.

* www.ipsos-mori-generations.com

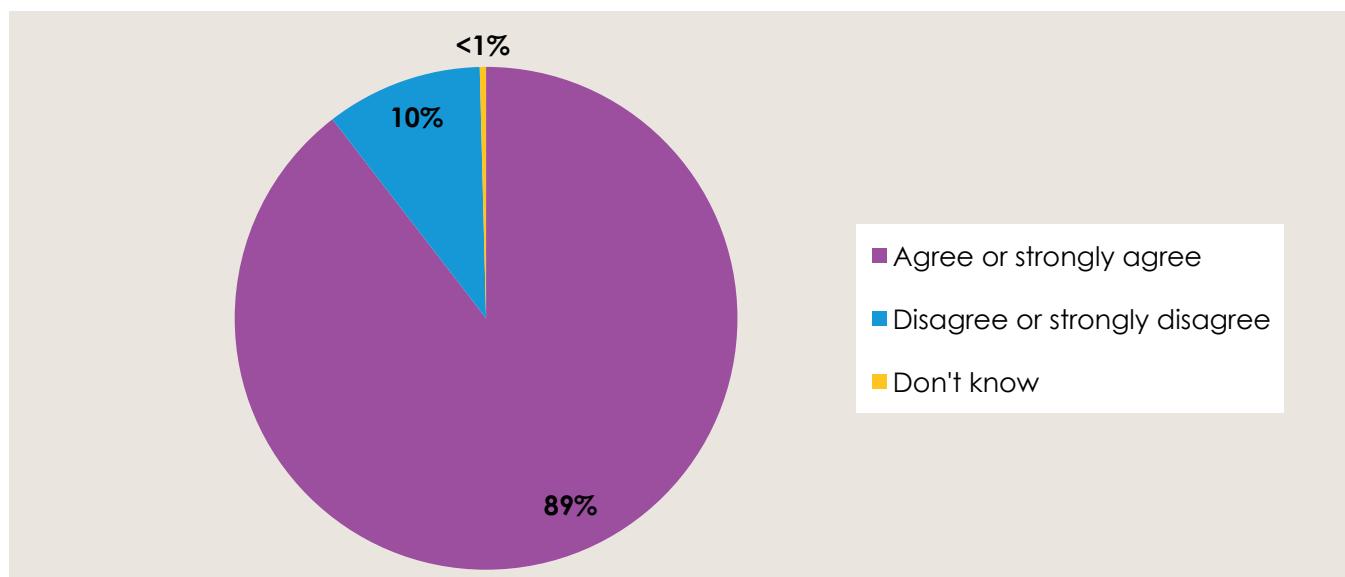
Results

4

Principles of the NHS

In total, 89% of BSA respondents either agree or strongly agree that the government should support an NHS which is tax funded, free at the point of use and which provides comprehensive care for all citizens. Just 2% of respondents strongly disagree. There seems to be a national consensus about the way the NHS should be funded, and the 'offer' to citizens. This pattern of opinion is relatively consistent across the generations.

Figure 4. View on whether the government should support a national health system that is tax funded, free at the point of use, and providing comprehensive care for all citizens*†



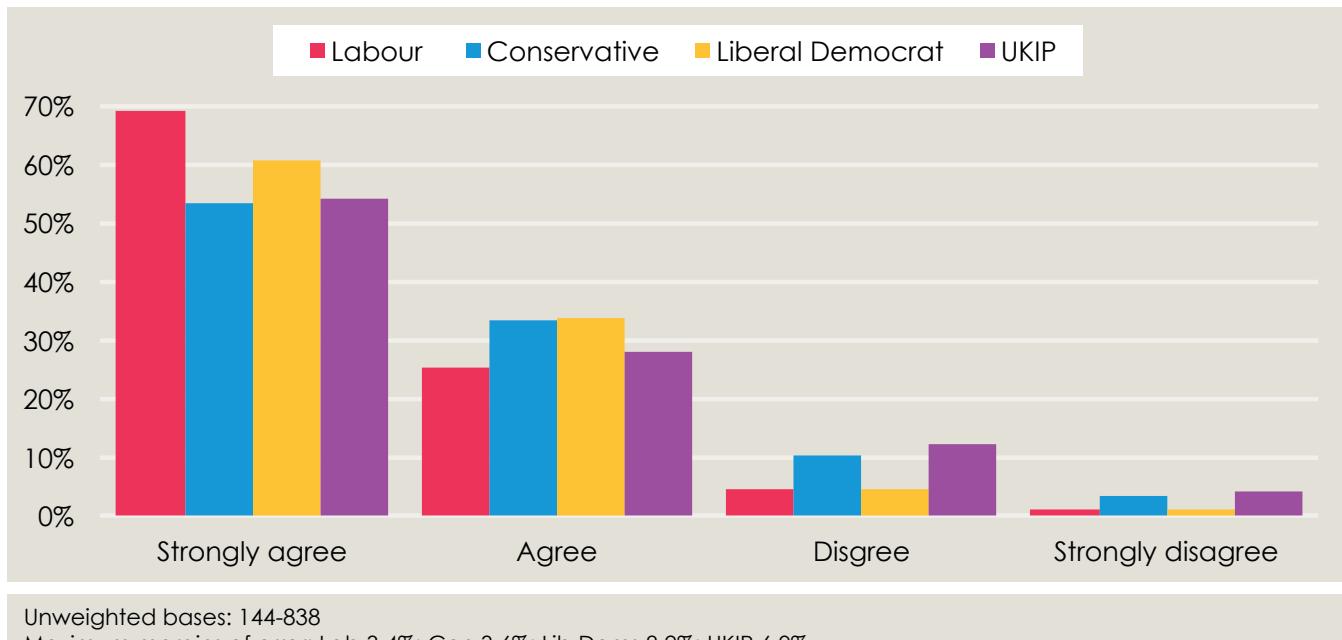
Unweighted base: 2,878
Maximum margin of error: 1.8%

* This question was asked on a 1-10 scale, which has been grouped into four bandings: 1-2 on the scale were coded as strongly disagree, 3-5 as disagree, 6-8 as agree and 9-10 as strongly agree.

† Under the charts we note the 'maximum margin of error' – the theoretical margin of error which would be seen if the percentage of respondents expressing a view were exactly 50%. This gives some indication of where caution should be taken with results. In practice, no results have margins of error this high, as all results are less than or greater than 50%.

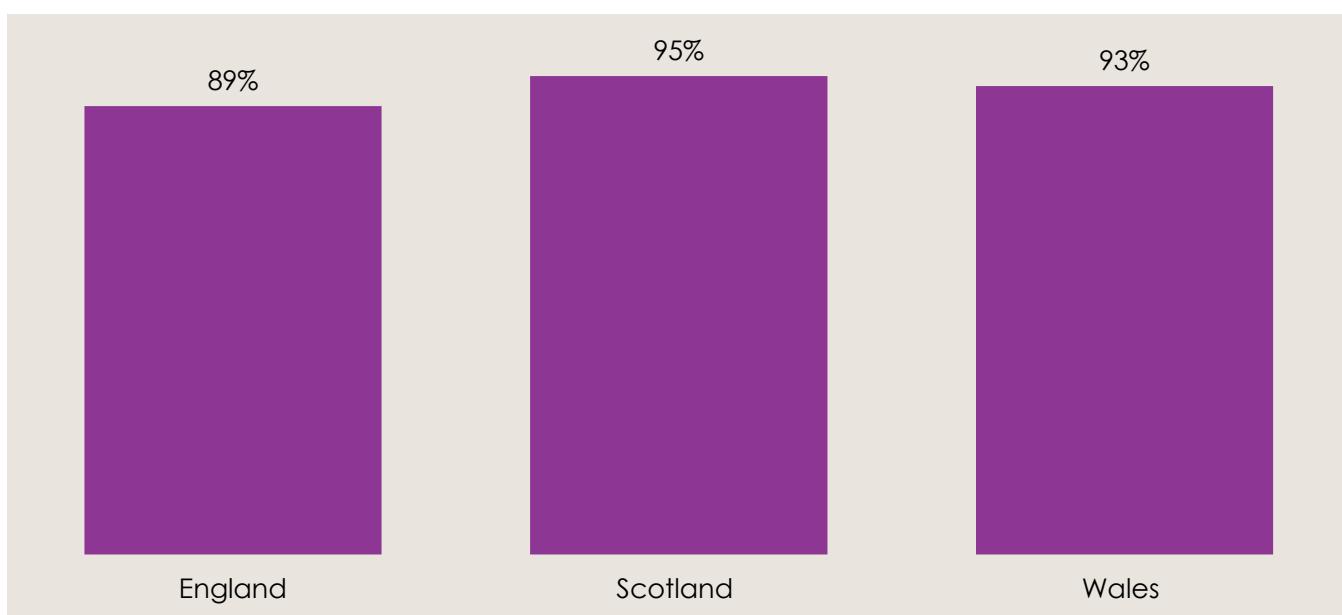
Support for the principles of the NHS does not vary greatly by political affiliation. It is strongest among Labour and Liberal Democrat supporters, with 94% agreeing or strongly agreeing (and 69% of Labour supporters strongly agreeing). UKIP supporters are the least in favour, with 16% disagreeing or strongly disagreeing (compared to 6% of Labour supporters). However, this is still a relatively low level of disagreement.

Figure 5. View on whether the government should support a national health system that is tax funded, free at the point of use, and providing comprehensive care for all citizens, by political party supported



This commitment is seen across England, Scotland, and Wales. It is highest in Scotland where 95% of people agree or strongly agree, compared to 89% in England.

Figure 6. Percentage of respondents agreeing that the government should support a national health system that is tax funded, free at the point of use, and providing comprehensive care for all citizens

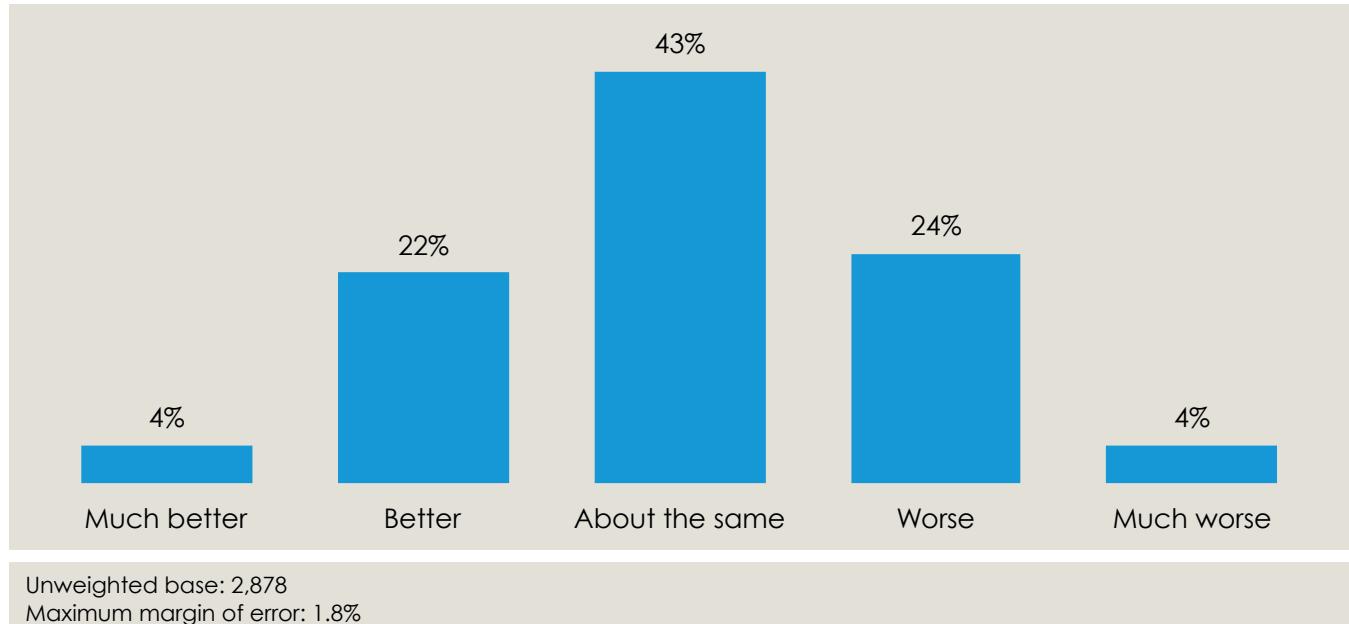


Is the NHS getting better?

In the final year of the current parliament, it is interesting to look back on the past five years. Findings from the 2010 BSA survey showed overall satisfaction with the NHS to be 70% – the highest since the survey began. In 2011, this dropped to 58%, although the latest figures show some recovery to 65%.³

Public opinion seems to be split on how standards of NHS care have changed under the coalition government. 43% of respondents say that the general standard of health care in the NHS is about the same as it was five years ago. 26% think it is better or much better, while 28% think it is worse or much worse (however, this difference is not statistically significant).

Figure 7. View on how the general standard of care has changed over the last five years*



There is also a geographical effect in play: the public in Wales are much more likely to think that the standard of care has deteriorated (35%) than those in England (28%) or Scotland (23%). This is mirrored in lower levels of satisfaction with the NHS in Wales than in England and Scotland.³

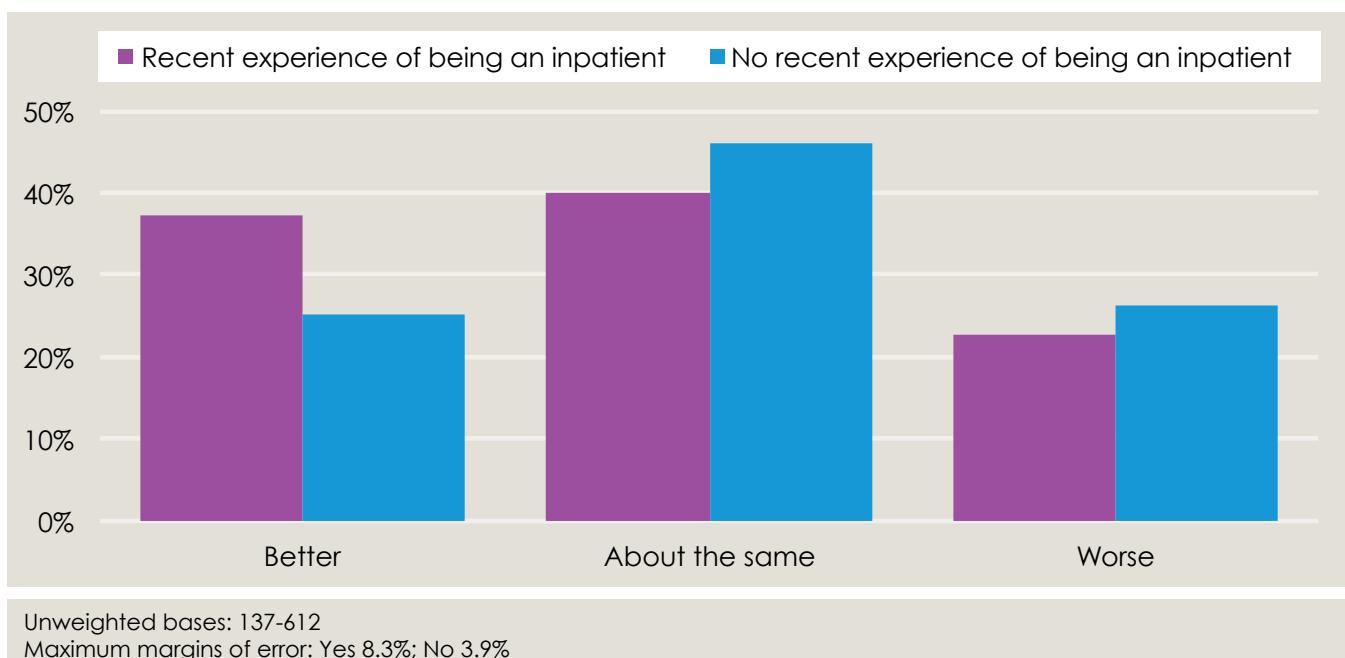
* The question asked was 'Please say how much better or worse you think the general standard of health care on the NHS has been getting over the last five years'

The survey shows that baby boomers (those aged 49-69) are the most likely to report a change in the performance of the NHS over the last five years, compared with the other three generations. Just 38% of baby boomers think care is ‘about the same’ as it was. They are generally more likely to say care has deteriorated: 35% of baby boomers report this compared to 20% of generation Y (those under 35).

For the most part, the different political party supporters are largely in agreement about the extent to which quality of care has changed during the parliament. The exception is UKIP supporters, who are significantly more likely to believe that the NHS has deteriorated during the current parliament, with 41% responding this way, compared with 24-28% for supporters of the other parties. Supporters of the two coalition parties, the Conservatives and the Liberal Democrats, are not significantly more positive about the performance of the NHS during this parliament than Labour supporters.

One factor which does influence views about how quality of care has changed is the amount of contact people have had with the service. 37% of those who have been an inpatient in the past year think the standard of NHS care has improved, compared to 25% of those who have not.

Figure 8. View on how the general standard of care has changed over the last five years, by experience of being an inpatient in the last year or not



It is important to note that 2014/15 has been one of the most challenging winters in the recent history of the NHS, with finances squeezed and the four-hour A&E target missed across many hospitals. This may have influenced public perceptions of the NHS. The fieldwork for this survey was conducted before the winter crisis and so its impact will not be reflected in these results.

NHS provision

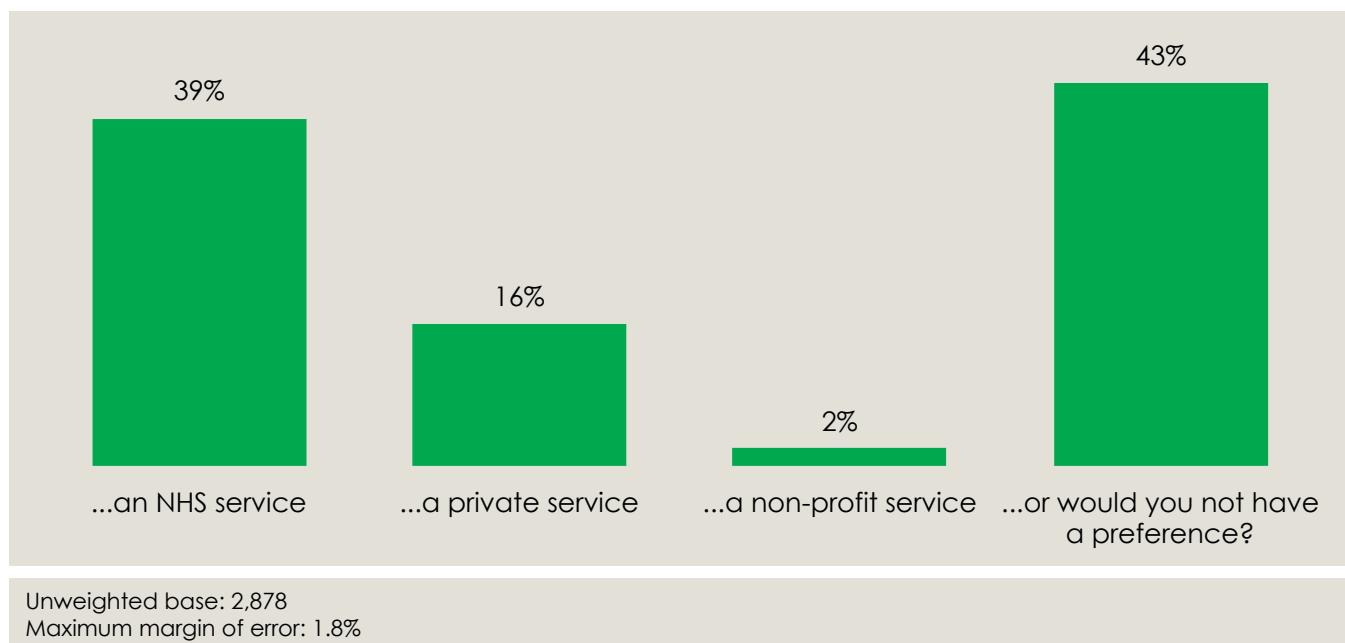
The majority of NHS-funded care is provided by organisations owned and run by the NHS – although from its very first days, most of primary care (GP services, pharmacy and dentistry) has been delivered by privately owned businesses. However, there has been a rapid growth in the amount of NHS-funded care delivered by non-NHS providers in recent years.

NHS spending on care supplied by non-NHS providers (private, voluntary and local authority organisations) has risen by an average of 6.2% a year in real terms between 2009/10 and 2013/14. The amount spent by NHS commissioners (primary care trusts, NHS England and clinical commissioning groups) on non-NHS providers rose from £8.2bn in 2009/10 to £10.4bn in 2013/14 in real terms.⁴

The most common view among BSA respondents (43%) is not to have a preference about who delivers their NHS-funded treatment. 39% prefer their NHS-funded care to be delivered by an NHS organisation, 16% prefer a private service while only 2% prefer a non-profit service.

This shows that a large section of the population is open to the idea of independent providers delivering NHS-funded care. However, where people do express a preference, it is for NHS-provided care – just over two-thirds (68%) of those with a preference say they would prefer NHS provision.

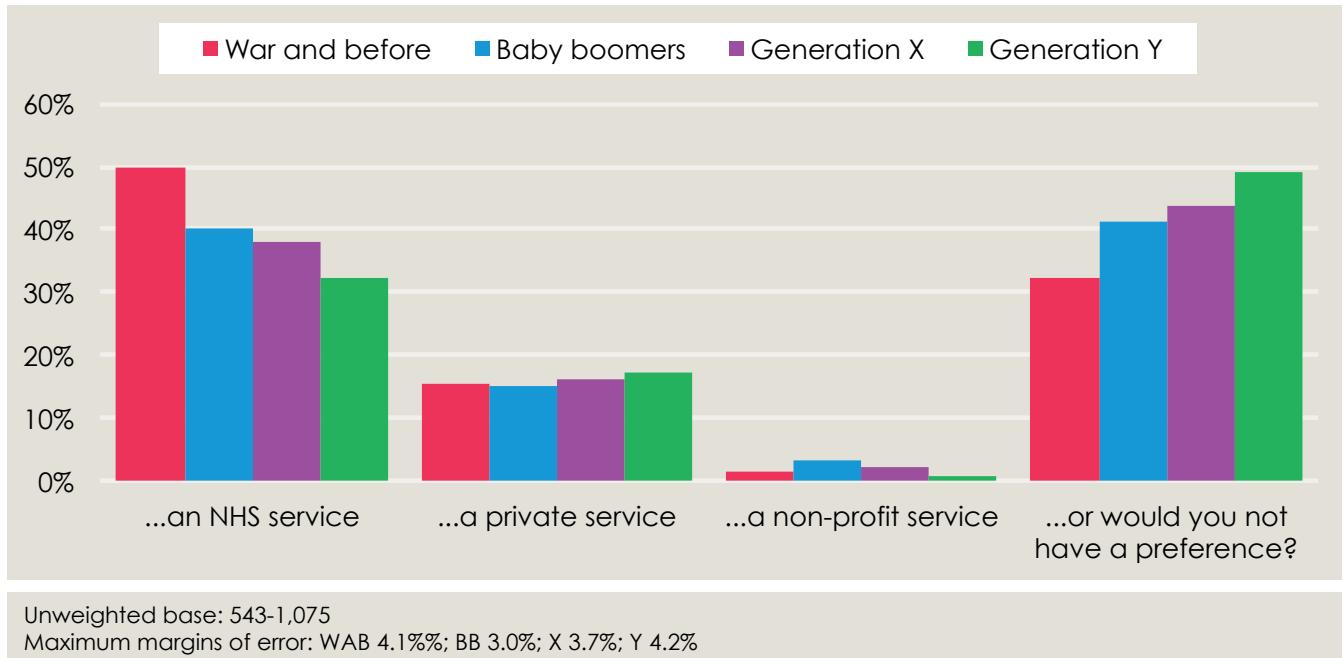
Figure 9. View on where people would like to receive NHS-funded treatment*



* The question asked was 'Imagine you were a patient about to have hospital treatment and that this treatment was being paid for by the NHS. Would you prefer to receive treatment from...'

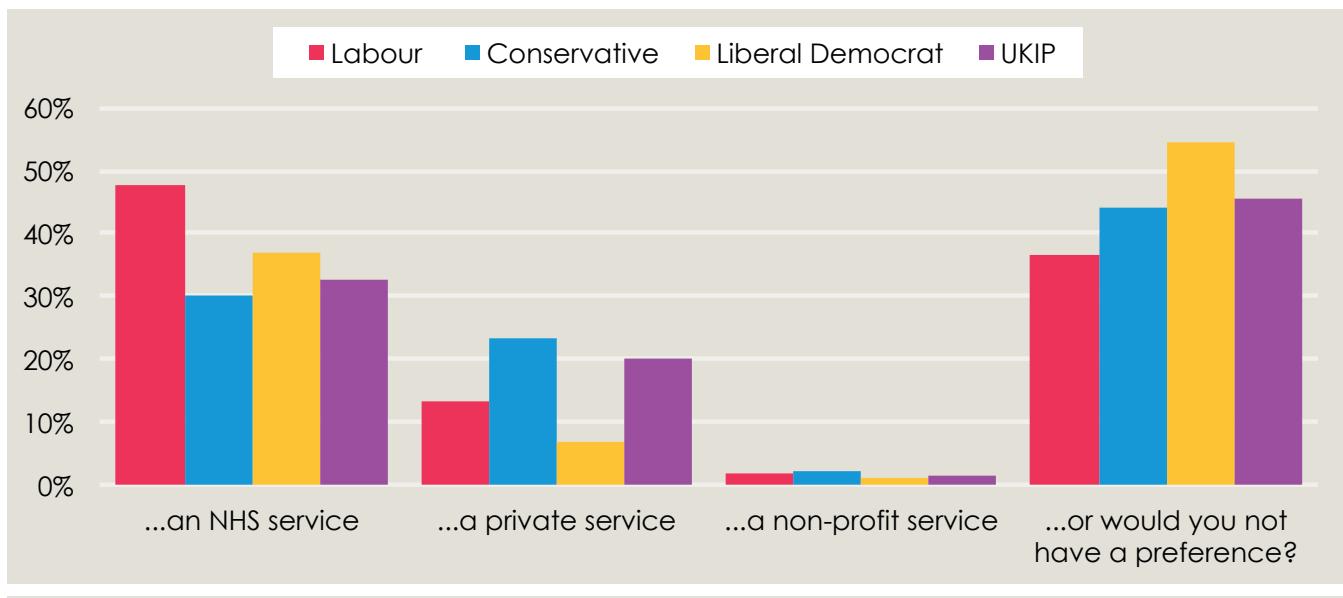
There is a marked difference between the generations about where people would prefer to receive treatment. Each generation is less committed than the previous one to the idea that the NHS provides (as well as funds) care. Likewise, each generation is more likely to be more indifferent to who provides their care than the previous one. This ordering is stark: 50% of the ‘war and before’ generation prefer NHS provision, but this drops to 40% for baby boomers, 38% for generation X and 32% for generation Y. In future surveys it will be interesting to see how – if at all – the views of the younger generations change as they age.

Figure 10. View on where people would like to receive NHS-funded treatment, by generation



Attitudes to private and non-profit organisations delivering NHS-funded care also vary by party support. Labour supporters are most likely to have a preference for NHS provision of their care but even then, more than half (52%) either do not have a preference or would prefer a private or non-profit provider. Conservative supporters (23%) are more likely than Labour supporters (13%) to prefer private provision, while Liberal Democrats (55%) are most likely to not have a preference.

Figure 11. View on where people would like to receive NHS-funded treatment from, by party supported

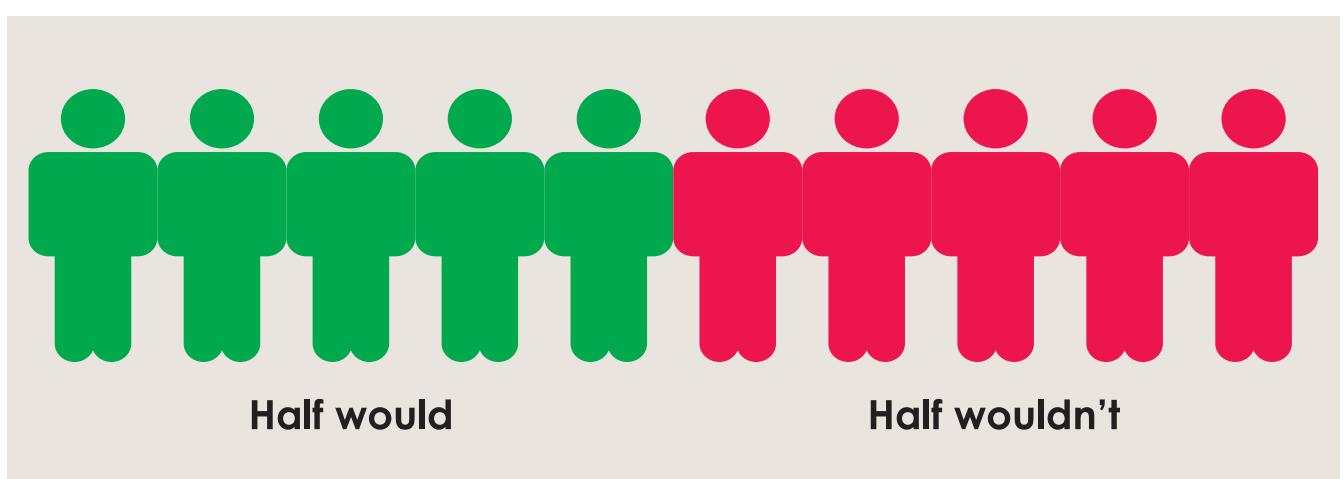


Unweighted base: 2,075

Maximum margins of error: Lab 3.4%; Con 3.6%; Lib Dems 8.2%; UKIP 6.0%

Those who expressed a preference to be treated in a private or non-profit organisation (18%) were asked if they would still be happy to be treated there **even if** it meant their local NHS organisation was at risk of being closed. Almost half (49%) say that they would. In the light of ongoing controversy over closing of local hospitals and A&Es, it is perhaps surprising that so many would still use non-NHS providers even when it puts their local NHS services at risk of closure. It is not clear why this is. However, only a subset of respondents (around 1 in 5) was asked this question so only a small proportion of respondents overall have expressed this view.

Figure 12. View on still being happy to be treated in non-NHS organisations even if this meant that your local NHS hospital or clinic was at risk of being closed as a result of people using other providers



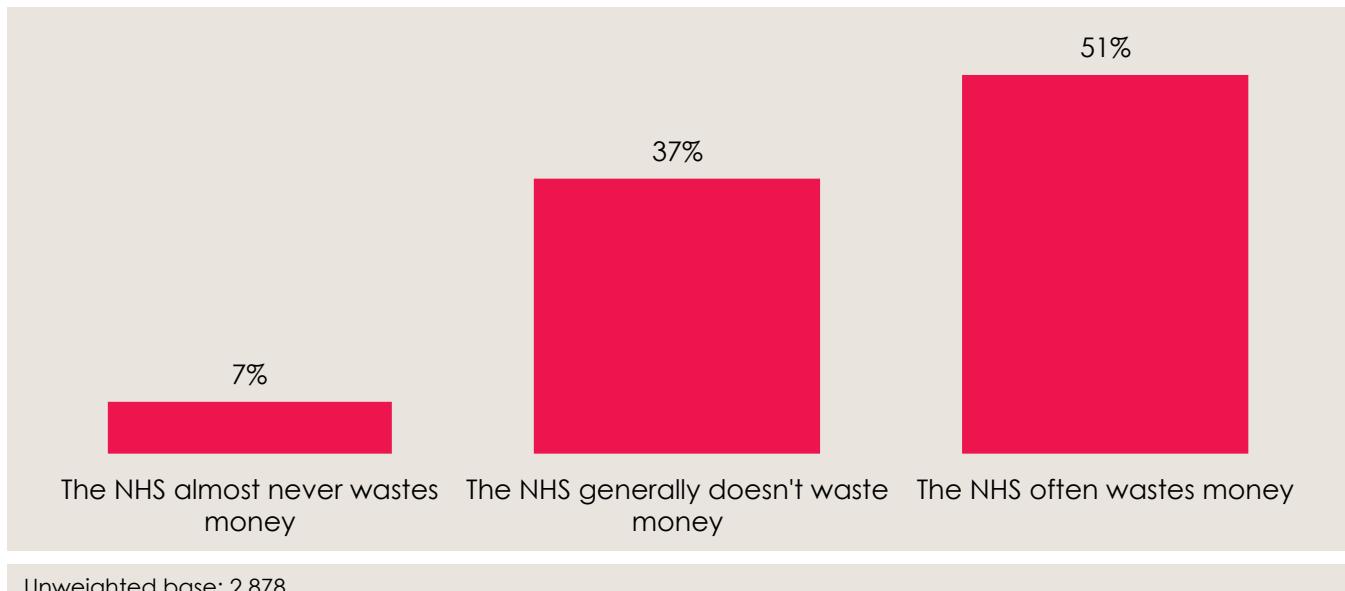
Unweighted base: 506

Maximum margin of error: 4.4%

NHS funding

The survey results show that the public is not convinced that the NHS always makes best use of its funding – just over half of respondents (51%) think that the NHS often wastes money. This presents a real challenge for the NHS when so many hospitals are failing to balance their books and the Treasury has been forced to inject more funding into the NHS.⁵

Figure 13. View on the way the NHS uses money*

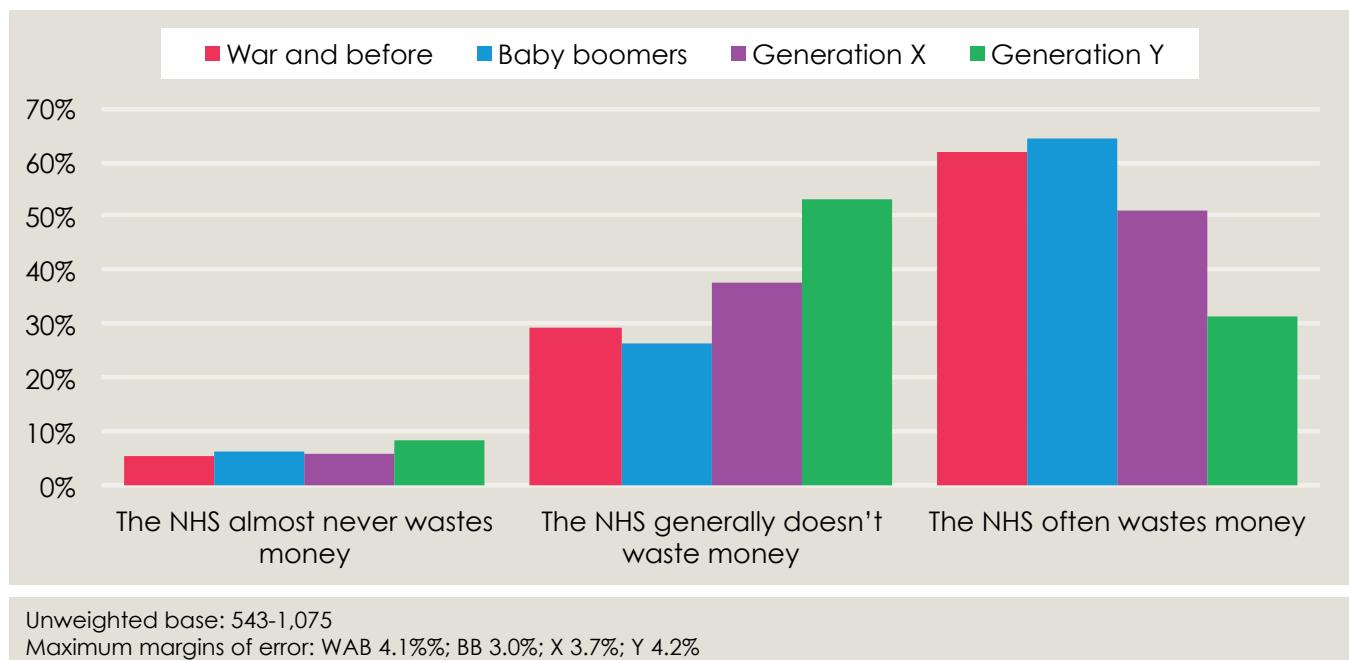


Unweighted base: 2,878
Maximum margin of error: 1.8%

Older generations (who are more likely to use the NHS) are much more likely to think that the NHS wastes money. More than 60% of those aged 49 and over think the NHS often wastes money, compared with just a third of those aged 35 and under. This is interesting in light of the comparative support those aged 49 and over have for NHS provision. Conservative and UKIP supporters are more likely to think that the NHS wastes money (65% and 64% respectively), compared with 54% of Liberal Democrat supporters and 44% of Labour supporters.

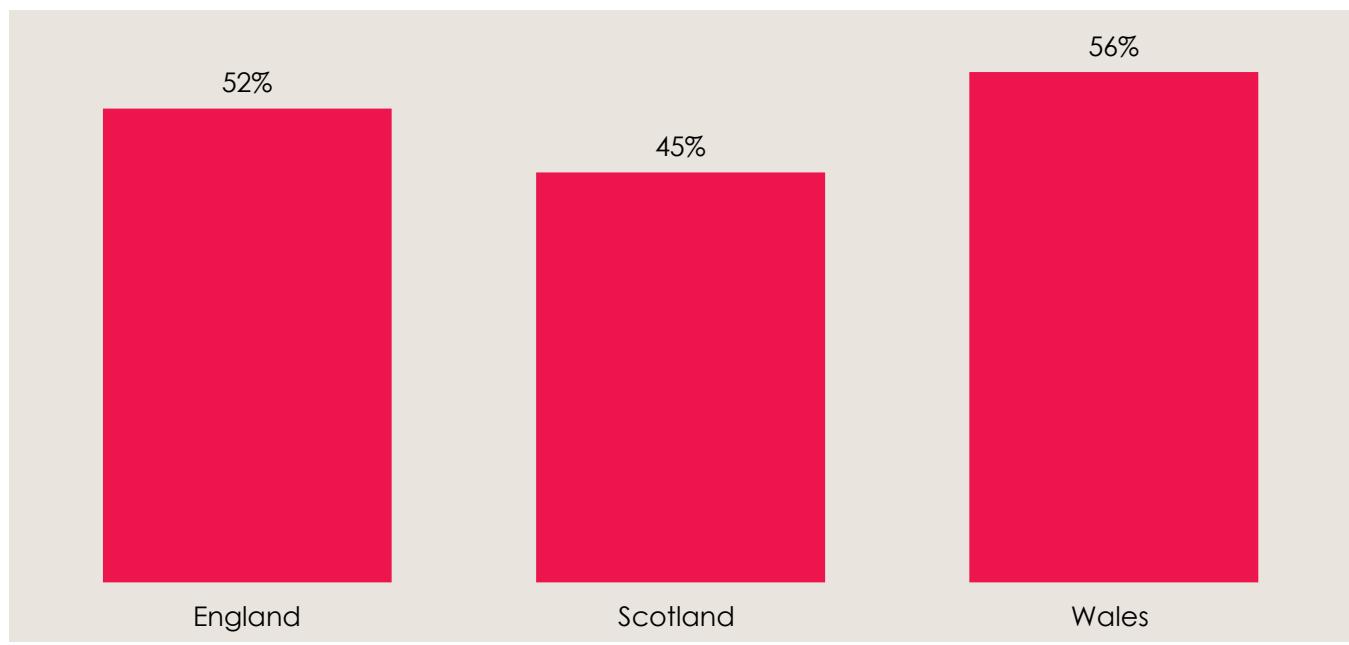
* The question asked was: 'Thinking about the NHS as a whole, which of the following statements best reflects your views on the way the NHS uses money?'

Figure 14. View on the way the NHS uses money, by generation



Scottish respondents are less likely to think the NHS wastes money than respondents from the other two countries. Less than half (45%) of Scottish respondents think that the NHS often wastes money. This ordering is only seen at the 90% (rather than 95%) confidence level.

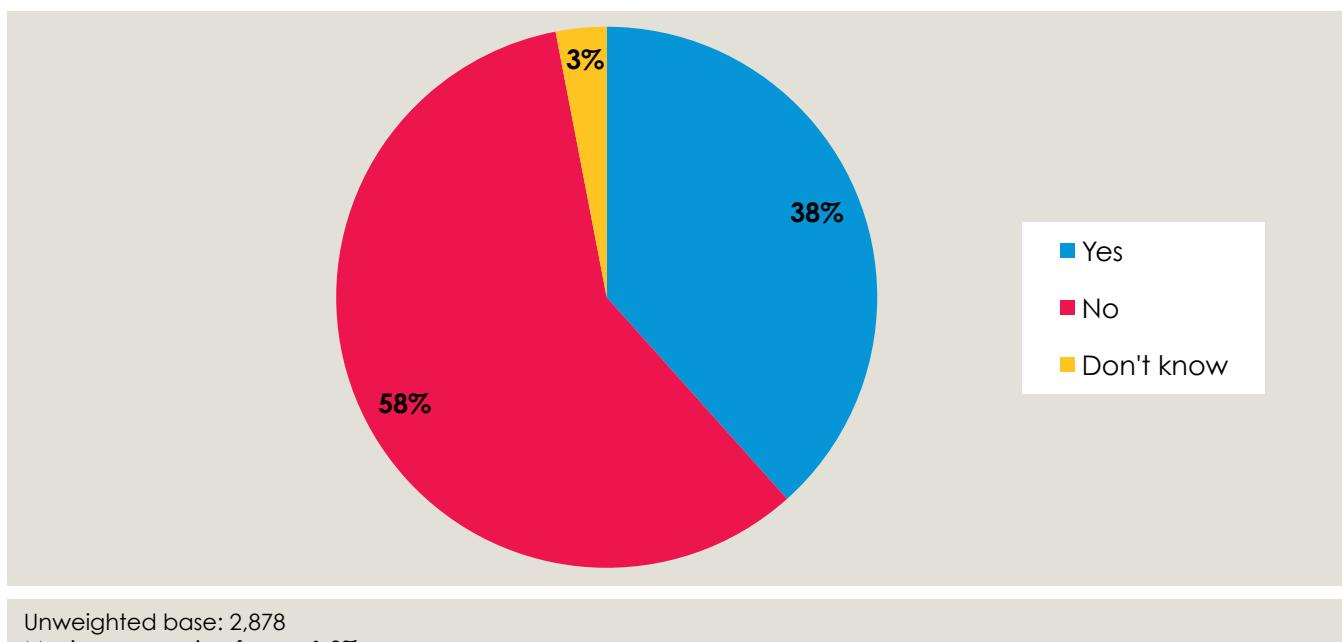
Figure 15. Percentage of respondents who think that the NHS often wastes money



Previous surveys have found that health is the top priority for government spending for 71% of people (second is education),⁶ and that 79% of people think the NHS should be protected from any cuts.⁷ Over the current parliament, health spending in England will have increased by an average of 0.9% a year above inflation, while spending on unprotected departments has fallen by almost 20%.⁵ With all the main political parties committed to reducing the fiscal deficit after the 2015 general election, protecting the NHS budget will be hard to sustain.

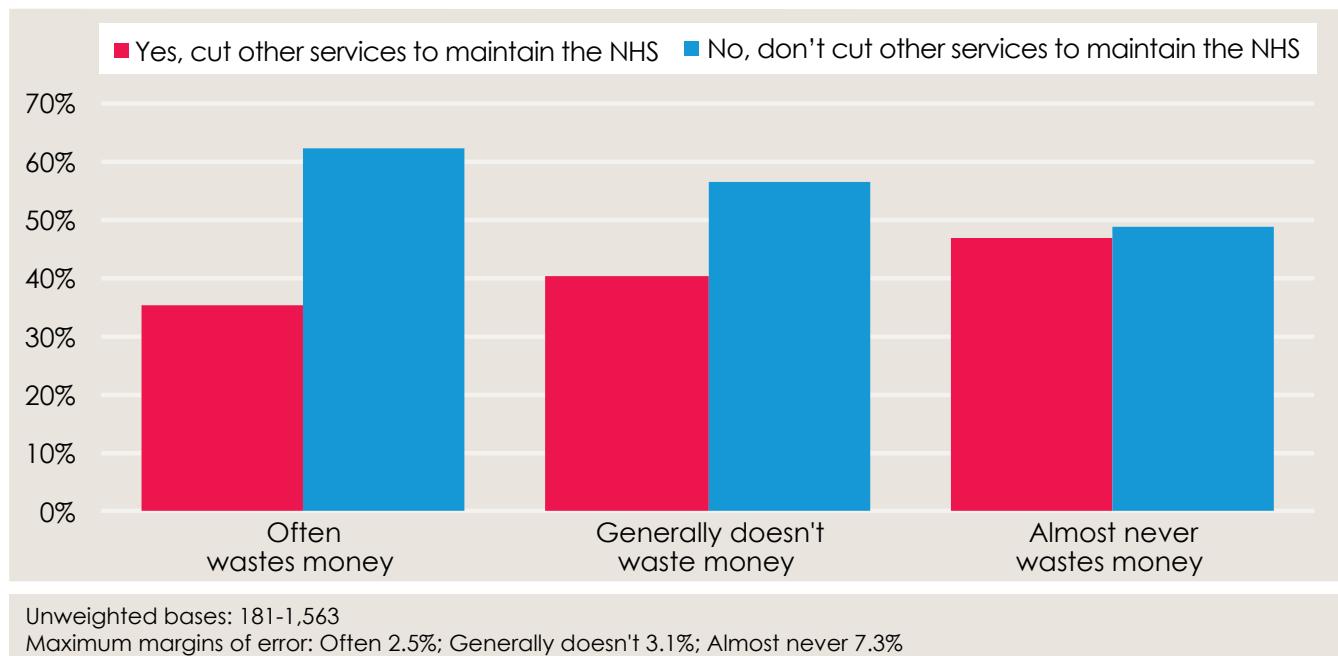
Although previous surveys have shown high levels of support for the coalition's policy of protecting the NHS budget, the 2014 BSA shows that the public are concerned about the scope to continue protecting the NHS at the expense of other public services (or the consequences of protecting the NHS at the expense of other services). A majority of 58% say they would not be willing for the government to spend less money on other public services in order to maintain the NHS at its current level of service.

Figure 16. Willingness for the government to spend less money on other public services to maintain current NHS services



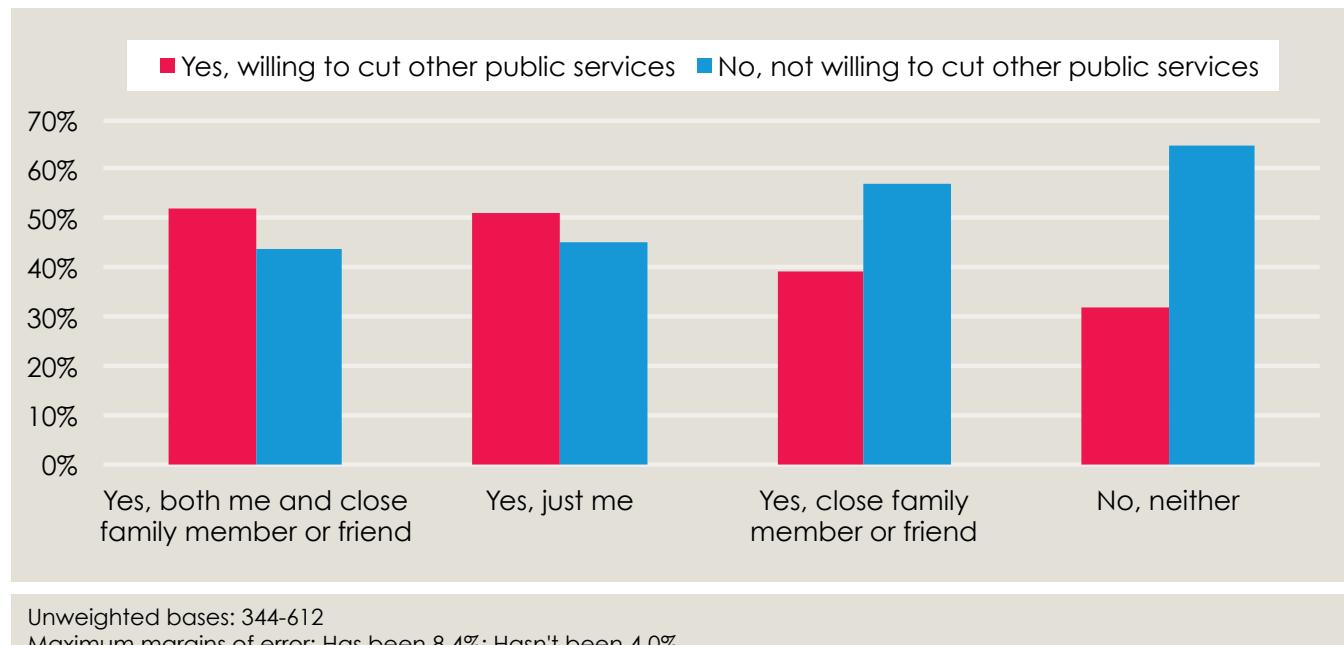
People who think the NHS wastes money are more likely to say that other public services should not be cut to maintain the NHS at its current level. Of those who say the NHS often wastes money, 62% think that other public services should not be cut to protect the NHS. In total, 49% of those who say that the NHS almost never wastes money support cuts to other public services to protect the NHS.

Figure 17. View on cutting other public services to maintain current NHS services, by views on how often the NHS wastes money



People with recent experience of NHS care are more likely to be willing to cut other public services to maintain NHS standards. Of those who have, in the last year, both been an inpatient and had a close family member or friend as an inpatient, 52% are willing to cut other public services to maintain standards in the NHS. However, this falls to 32% of those who have not had recent contact with the NHS as an inpatient.

Figure 18. View on cutting other public services to maintain current NHS services, by recent experience of being an inpatient in an NHS hospital

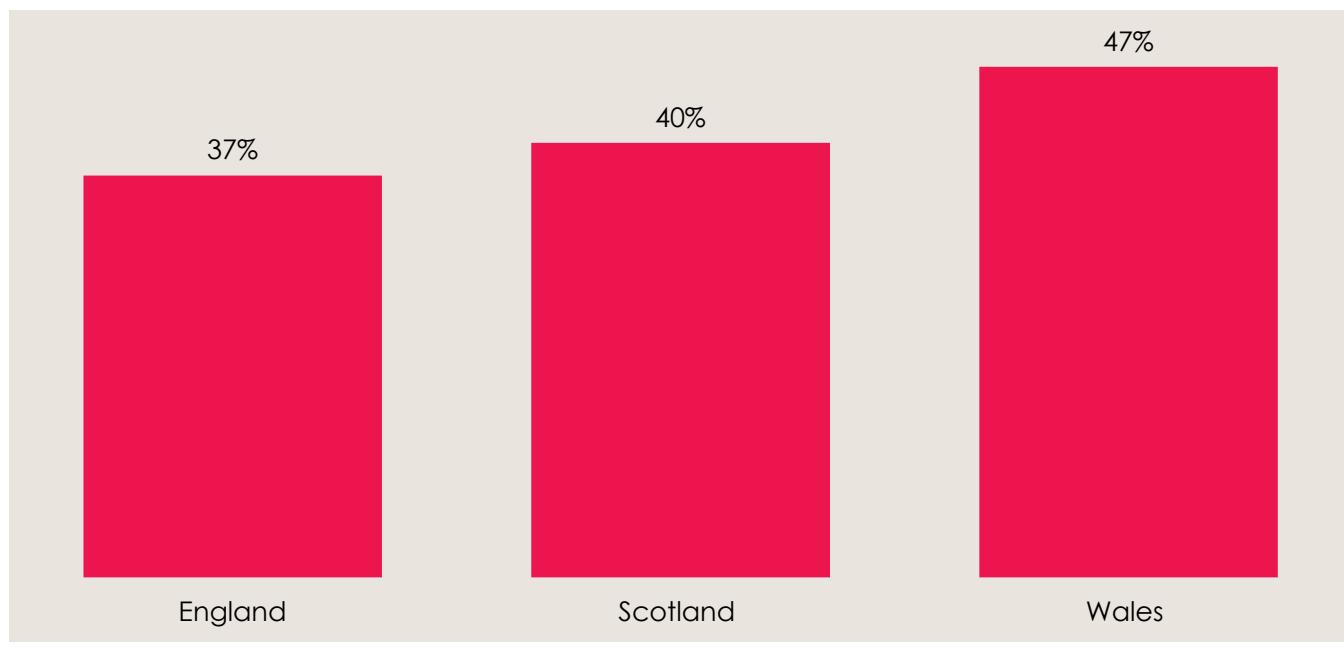


Unweighted bases: 344-612

Maximum margins of error: Has been 8.4%; Hasn't been 4.0%

Welsh respondents (47%) are most willing to cut other public services to maintain current NHS services. English respondents (37%) are less keen. However, this order is only significant at the 90% (rather than 95%) confidence level.*

Figure 19. Percentage of respondents willing to cut other public services to fund NHS



Unweighted bases: 165-2,449

Maximum margins of error: ENG 2.0%; SCOT 6.0%; WAL 7.6%

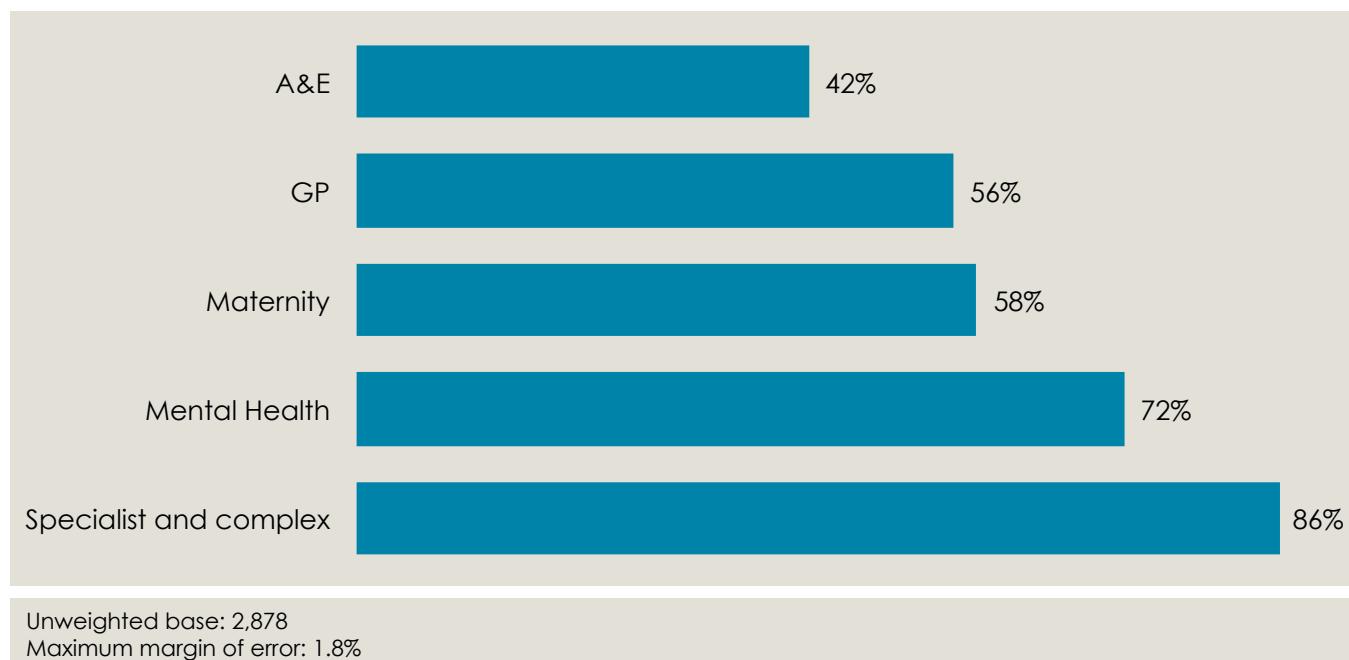
* See the methodology section for an explanation of confidence levels.

Major system change

As the NHS plans major changes to the way care is delivered, there is considerable interest both within the NHS and from the public in what this means for the location and configuration of health services. Other surveys have shown that proximity to home or work is the single most important factor for people when choosing a hospital, and that the majority think moving services closer to home will make services much or a little better.⁸ The potential trade-off between services that are close to patients and those concentrated in larger, more distant centres that can benefit from efficiencies of scale or improvements to quality is a pressing issue. This is particularly the case in the light of ongoing debates about the sustainability of small local hospitals, the emphasis on moving care into the community, and plans to reconfigure urgent and emergency care across the country.

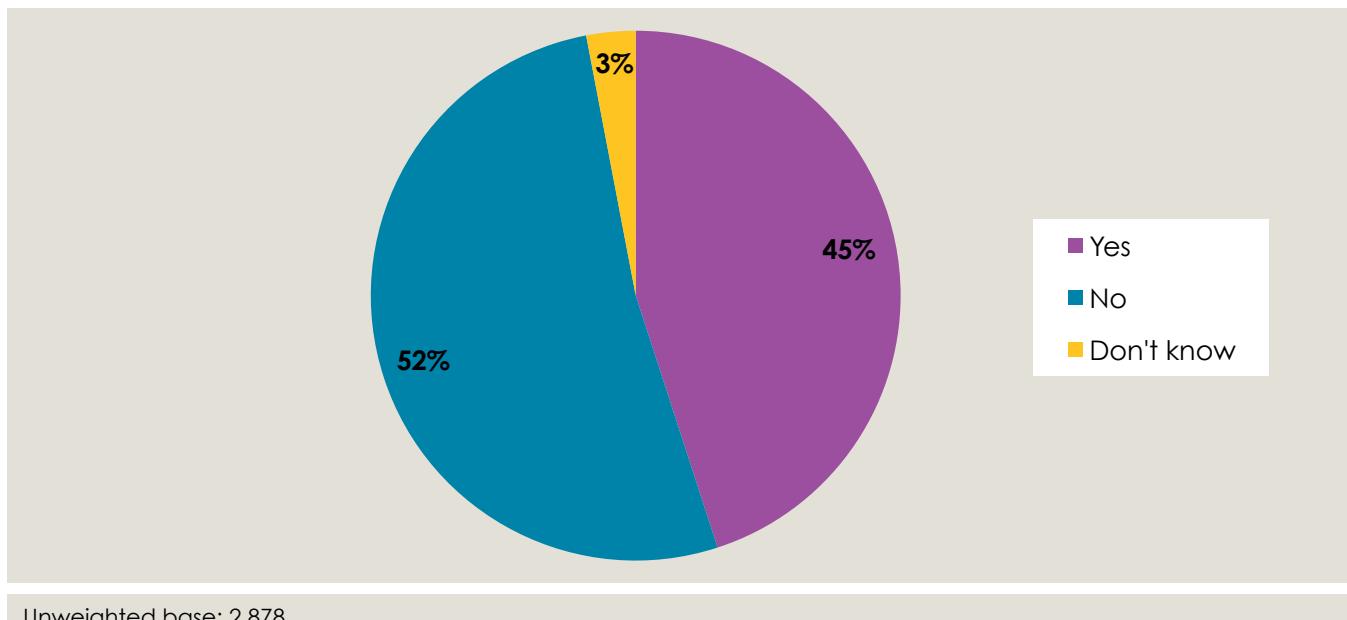
The responses to the BSA survey show that people are most willing to travel further away from home for specialist and complex care (86%). However, only 42% are willing to travel for A&E services.

Figure 20. Percentage of respondents prepared to travel further away from their home for different types of care



Of those who are prepared to travel further for higher quality care (for any service), 45% are willing to do so **even if** it meant that their local hospital or clinic was at risk of being closed.

Figure 21. Would you still be prepared to travel further away from your home for care if this meant that your local hospital or clinic was at risk of being closed?



Unweighted base: 2,878
Maximum margin of error: 1.8%

Discussion

5

The current parliament (2010–2015) has included one of the most controversial health service reforms of recent times. At the same time, the NHS has been struggling to keep up with the demands placed on it and finances have come under ever increasing pressure.

This combination could lead people to think NHS standards have deteriorated. And, in some areas, they may be right: the NHS has missed national performance standards for A&E,⁹ more hospital trusts are reporting a deficit and the government's response to the Francis Inquiry¹⁰ refreshed in the public's memory the failures in compassion, governance and safety in an NHS hospital. But at the same time, many clinical outcomes have improved, more people are being treated than ever before and the NHS has received an increased budget (in real terms) since 2010/11. Perhaps because of these conflicting narratives, the most common opinion among respondents to the 2014 BSA is that NHS standards are about the same as they were five years ago: 43% have this view, while 26% think standards have got better and 28% that they have got worse.

The public supports the NHS, but not at any cost

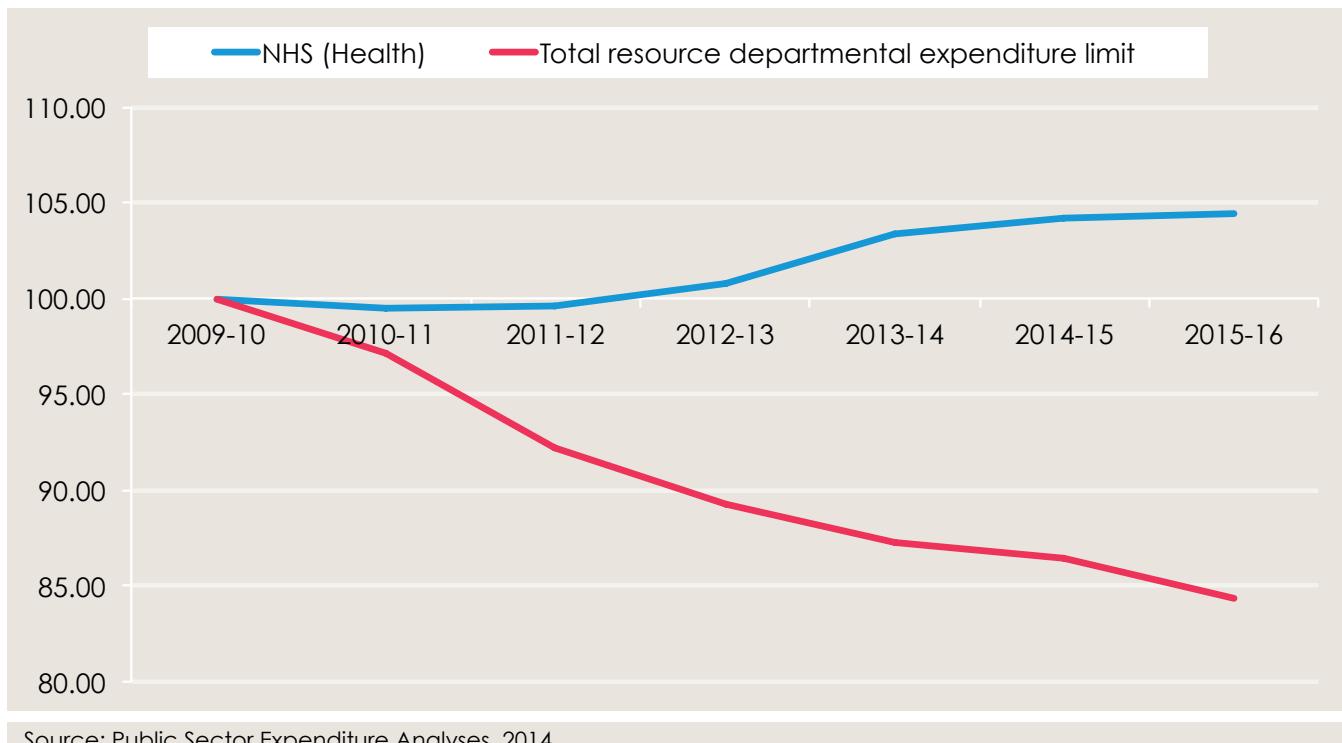
Cracks have appeared in the NHS system this year.¹¹ This has led some to ask: is the NHS still fit for purpose?¹² Nonetheless, the UK has topped the Commonwealth Fund's rankings of health systems¹³ and there is little indication the public wants a fundamental rethink of the system for funding health care. This is backed up by BSA results, which show an overwhelming national consensus on the founding principles of the NHS, with 89% agreeing that the government should support an NHS that is tax funded, free at the point of use and that provides comprehensive care for all citizens.

The NHS is arguably in one of the most precarious financial situations in its history. With projections showing a potential £65bn funding gap by 2030/31,¹⁴ the NHS will struggle to sustain the current quality and range of services it currently provides without real terms funding increases.

While previous rounds of the BSA survey report that the public supports the relative prioritisation of NHS funding,⁶ in the 2014 BSA 58% of people are not willing for other public services to receive real terms cuts **even if** that is what is required to maintain current NHS services. It is important not to over-interpret the results, not least as it is not clear if people are considering the opportunity cost (any money you spend on the NHS is money that you're not spending on other public services) and the size of the pot (the government could borrow more or raise taxes to spend more on all public services).

Over the last five years, the NHS budget has been protected, with the majority of the cuts in public spending being borne by other departments (see Figure 22). It might be that the results of this are starting to be seen in other public services, and the public has reached their 'tipping point'. On the other hand, people may think that the NHS has coped fairly well (as suggested by 69% of respondents thinking the NHS is about the same or better than it was five years ago) and therefore does not need extra money.

Figure 22. Index (2009/10 = 100) of spending on the NHS and total resource departmental expenditure limits* across all public services.



* Total resource departmental expenditure limits are what the government allocates to departments to use when setting their budget.

In 2009, David Nicholson (then chief executive of the NHS in England) announced what has been labelled the ‘Nicholson Challenge’ – to find £20bn of savings by 2015. He asked the NHS to become more efficient and provide high quality care as productively as possible. There have been a range of initiatives to encourage this, including the national tariff efficiency factor (reimbursing providers less each year) and the Quality, Innovation, Productivity and Prevention (QIPP) programme. The hope was to respond to the challenging financial situation through better, more efficient use of resources, rather than by requiring ‘new money’. The QIPP programme reported headline savings in excess of £11bn between 2011 and 2013.⁵

However, the public remains unconvinced about how successful the NHS has been in using its money efficiently. Around half of BSA respondents (51%) think that the NHS often wastes money. This presents a real challenge for anyone making the case for increased funding for the NHS.

Recent research suggests that funding for the health service will need to increase faster than inflation to maintain the quality and range of NHS services over the next parliament.¹⁴ If the public is to be convinced of the merit of this additional real terms funding, not only does the NHS need to deliver improved productivity but also to demonstrate that waste is being reduced.

The findings have implications for political debate

The NHS is consistently one of the most important issues to voters. The findings from BSA have potential implications for political debate. Over recent years patients have been offered more choice of provider for their NHS-funded care (for example, policies such as ‘Any willing provider’ (2008)¹⁵ and ‘Any qualified provider’ (2012)).¹⁶ This has been the subject of considerable discussion, including calls from some corners to reinstate the NHS as the ‘preferred provider’ of NHS-funded care.¹⁷ However, in the BSA survey, respondents most commonly do not have a preference about the type of organisation that provides their NHS-funded care. While 39% of people prefer their care to be delivered by an NHS organisation, even more (43%) do not have a preference. This varies between supporters of the different political parties, but even among Labour supporters – who are most likely to prefer an NHS organisation to provide their care – just 48% have a preference for an NHS provider.

Similarly, some politicians and commentators have raised the idea of introducing an insurance-based system, but the vast majority of BSA respondents agree or strongly agree that the government should support an NHS that is tax funded (89%).

While politicians argue about whether the NHS has improved or deteriorated over the current parliament, respondents’ most common opinion is that, over the last five years, standards of care have stayed about the same (43%). In addition, there is no significant difference between the number of people who think that quality has got worse and those who think it has got better.

Age and amount of contact with the service seem to change attitudes about it

A key finding of this survey is that there is broad national consensus in support of the principle of a tax-funded NHS. However, different generations have divergent views on certain aspects of the health service. These differences are stark, and consistent. For example, each generation appears to be less attached to NHS provision of NHS-funded care than the previous one. What is not clear is whether this is the result of a generational effect or an ageing effect. As people grow older, it is likely that their feelings about the NHS change as they, and people they know, rely on it more. Similarly, those who were born before the creation of the NHS may be more attached to it than those who never knew a time before it.

The BSA survey results provide data on a snapshot in time. As a result, we cannot determine how much of the variation in attitudes between our different age groups is the result of ageing or generational effects. In all likelihood, there is some element of both underlying the differences observed.

One further explanation for some of the differences between the generations' views is the relationship between attitudes towards the health service and having contact with it. There is a clear correlation between contact with the service and willingness to cut other public spending to protect the NHS (the more contact respondents had, the more willing they are to give the NHS relative protection from cuts to public spending). More contact with the service also means that people are more likely to think that the NHS has improved over the last five years. This could be down to a number of things, but two explanations seem most likely: that people are showing personal preferences, as money spent on the NHS is likely to benefit them more than money spent on other public services; or that this opinion is a result of knowledge – people who have experience of the NHS see first-hand that the NHS needs money to maintain services, while people who don't have recent experience may be more likely to assume 'everything is fine'.

It is important to note that the questions asked in the BSA survey, and other surveys like it, are theoretical. While people might not be willing to reduce funding to other public services in theory, perhaps things would be different if it were a real and current choice. Similarly, it is important to remember that BSA presents **attitudes towards** and **perceptions of** the NHS (not necessarily based on experience), rather than **facts about** the service. The answers do not tell us how much better or worse the NHS has become, or how much money the NHS wastes. However, public perceptions are invaluable for shaping policy – especially in a system funded by the people through taxation, which has patient experience at its core, and which can be changed by the politicians the people choose to elect.

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About the authors

Ben Gershlick

Ben Gershlick is a Policy and Economics Analyst at the Health Foundation. In this role he works across a number of in-house projects aiming to improve the quality of health care in the UK through in-depth analysis of policy and economics. Previously he was the Strategy and Policy Officer at the Health Foundation. Before joining the Health Foundation Ben spent time at the Department of Health and at Channel 3 Consulting. Ben has an MSc in International Health Policy (focusing on health economics) from the London School of Economics, where he also spent his time as an undergraduate.

Anita Charlesworth

Before joining the Health Foundation in May 2014, Anita was Chief Economist at the Nuffield Trust for four years where she led the Trust's work on health care financing and market mechanisms.

Anita was Chief Analyst and Chief Scientific Advisor at the Department of Culture, Media and Sport from 2007 to 2010 and, prior to this, she was Director of Public Spending at the Treasury from 1998-2007, where she led the team working with Sir Derek Wanless on his reform of NHS funding in 2002. Anita has a Masters in Health Economics from York University and has worked as an Economic Advisor in the Department of Health and for SmithKline Beecham pharmaceuticals in the UK and USA.

Anita is Vice-Chair of the Whittington Hospital NHS Trust and a Trustee of Tommy's, the baby charity.

Eleanor Taylor

Eleanor Taylor is a Senior Researcher in the Social Attitudes team at NatCen Social Research. She is one of the Co-Directors of the British Social Attitudes survey, and is an editor of the annual British Social Attitudes report.

Eleanor's research interests are in political, social and moral attitudes, with a particular focus on attitudes towards health, the environment and transport.

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The Health Foundation
90 Long Acre
London WC2E 9RA

T 020 7257 8000
E info@health.org.uk

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