

Health

Public attitudes towards the NHS in austere times

The past five years have seen large-scale reform to the health service, at a time of economic difficulty. Now, as we approach the next general election, how have satisfaction levels been affected? Do people perceive there to be a funding crisis – and if so how should this be addressed?

Satisfaction with healthcare

Satisfaction with the NHS has increased, with 65% saying they are satisfied, up from 60% in 2013.

- This increase in satisfaction was greatest – no less than 11 percentage points - among Labour supporters.
 - Satisfaction with A&E services has also increased, from 53% to 58%.
 - On the other hand, satisfaction with GP services has declined from 77% in 2010 to 71% in 2014, though this is still the most popular of the NHS services.
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A funding crisis?

The public believe, almost universally (92%), that the NHS is facing a funding problem. But how should this problem be addressed?

- A majority (58%) say they would not be happy for the government to curb spending in other areas to maintain the current NHS service.
 - Support for increasing taxes to spend more on health, education and social benefits still remains relatively low (37%).
 - Only around a quarter back charging for services such as a GP appointment or hospital meals.
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Alternatives to universal NHS care?

Most people are opposed to the idea of a system only for those on lower incomes, while only a minority would prefer to be treated by a private service.

- Nearly 7 in 10 (68%) oppose the idea that the NHS should be available only to those on lower incomes.
 - However, 45% think that the NHS will not still be a free universal service in ten years' time.
 - More (39%) say they would prefer to be treated by a NHS service than a private one (16%) though 43% have no preference.
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Introduction

In 2010, the year the Coalition government took power, the British Social Attitudes survey recorded the highest level of satisfaction with the NHS since the survey started in 1983. Just a year later satisfaction fell from 70% to 58%, the biggest drop since 1983. Perhaps not surprisingly the fall was in part driven by people who identified themselves as Labour Party supporters; for them, satisfaction dropped by 18 percentage points. But perhaps surprisingly, Liberal Democrat and Conservative party supporters were also less likely to be satisfied, with reported reductions of 7 and 6 percentage points respectively.

At the time of the fieldwork for the 2011 survey, the government were in the midst of contentious reforms of the NHS (in England). As we reported at the time,

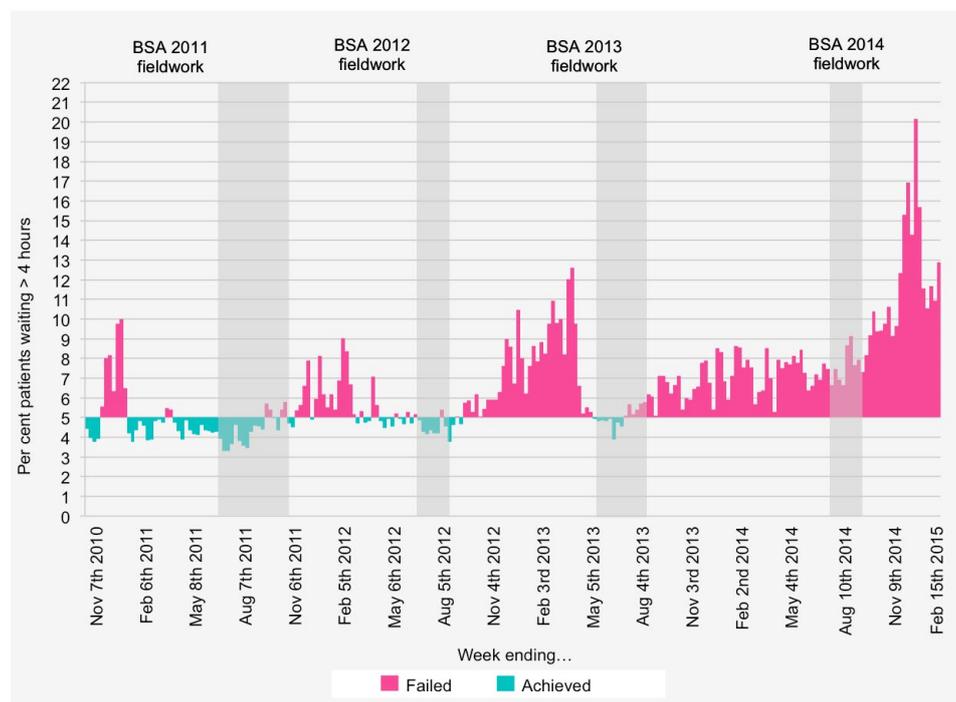
[The] overall opposition to the government's NHS reform plans for England and the sometimes less-than-positive rhetoric from ministers to justify their plans may in part at least have influenced the reduced satisfaction with the NHS. (Appleby, 2012)

Although it has been reported that senior Conservative ministers now consider the reforms embodied in the Health and Social Care Act 2012 to have been a mistake (Smyth et al, 2014), the NHS is still grappling with the organisational upheaval introduced by the reforms and there is vocal opposition to the changes – particularly focussed on the alleged threat that an increasing proportion of NHS services will be provided by private businesses.

Organisational reform and the merits or otherwise of a renewed emphasis on competition as a way to achieve improvements in quality and efficiency have dominated much of the public debate about the NHS. At the same time, given that the central focus of the government's macroeconomic policy has been eliminating the public sector deficit through a combination of reduced public spending and (to a lesser degree) higher taxation, the level of funding the NHS receives has also been a lively issue. Although the NHS budget has been 'protected' from cuts, throughout England, Wales and Scotland the level of funding has been virtually unchanged in real terms.

Now, after five years of closing the financial gap and making ends meet through improvements in productivity and cost savings, strains are beginning to show. In England, for example, increasing numbers of trusts are reporting overspending (Appleby et al., 2015). Even so, performance on key waiting times targets has slipped. In particular, a target that no patient in accident and emergency should have to wait for more than four hours (a version of which applies across Wales, Scotland and England), and a barometer not just of overall hospital performance but of community, primary and social services too, has increasingly been breached (Figure 1).

Figure 1. Percentage of patients waiting over 4 hours in accident and emergency departments (type I only), England, 2010-2015



Source: Data: NHS England (2015)
Full underlying data available on request

Such difficulties do not go unnoticed by the public. By the end of 2014, the NHS had risen to equal second place in the public's list of 'the most important issues facing Britain today', to match that of the economy (Ipsos Mori, 2015a). And in January 2015 it was ranked top of the issues which are very important to the electorate in deciding which party to vote for in the 2015 general election (Ipsos Mori, 2015b).

But what has been the impact of the government's reform programme for the NHS in England on the public's satisfaction with the NHS, together with the squeeze on funding and the NHS's response to these policies? In particular, what do the public think about health care funding – is there a crisis, and if so, what are the solutions? And fundamentally, what are the public's attitudes to the role of the private sector in the NHS and the future of the NHS as a tax-funded service available to all on the basis of need and not the ability to pay?

Satisfaction with the NHS

For more than thirty years, British Social Attitudes has included a question that provides an overall measure of satisfaction with the NHS. It reads as follows:

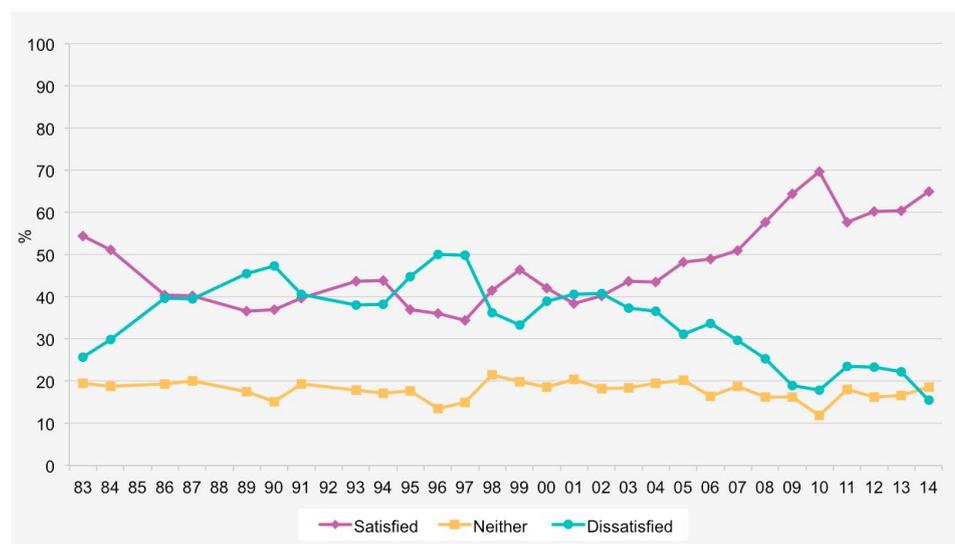
All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?

65% are satisfied with the NHS – higher than in 2013.

[Very satisfied, quite satisfied, neither satisfied nor dissatisfied, quite dissatisfied, very dissatisfied]

After more than a decade of increasing satisfaction up to and including 2010, as noted earlier there was a 12 percentage point drop in satisfaction during the first year that the Conservative/Liberal Democrat coalition was in office (Figure 2). The picture changed little in 2012 and 2013, but the latest survey produced what perhaps is a surprising result – an increase in satisfaction of 5 percentage points (to 65%, the second highest level since the survey began). At the same time, the level of dissatisfaction with the NHS fell to an all-time low of 15%, making net satisfaction (satisfaction minus dissatisfaction) higher, at 50%, in 2014 than in any year other than 2010.

Figure 2. Satisfaction with the NHS, 1983–2014



The data on which Figure 2 is based can be found in the appendix to this paper

Apart from asking people how satisfied they are with the NHS as a whole, the survey also asks respondents for their opinions about different parts of the health service. Respondents are asked:

From your own experience or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays.

local doctors or GPs?

National Health Service dentists?

being in hospital as an inpatient?

attending hospital as an outpatient?

Accident and Emergency departments?

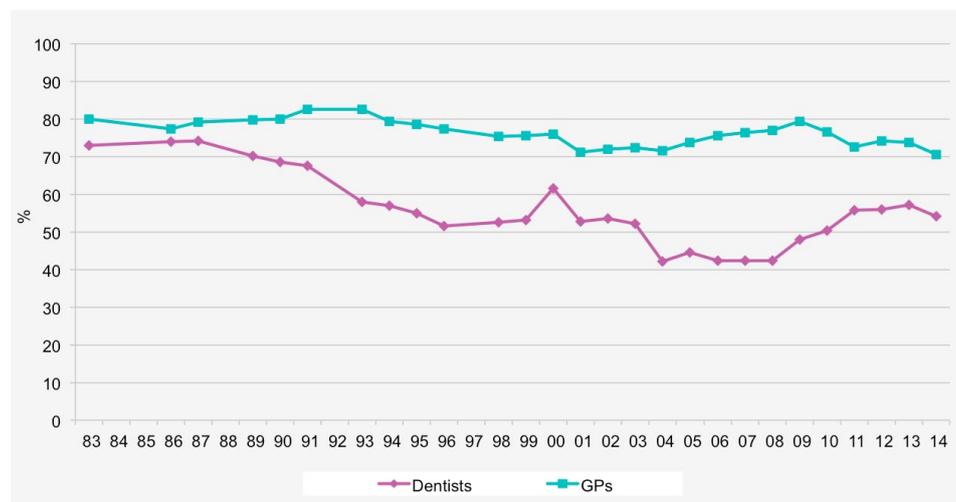
Views about these services vary considerably. General practice is consistently the most popular part of the NHS, and for the most part the level of satisfaction has varied little during the past 30 years (see the turquoise line in Figure 3). However, during this parliament the

Satisfaction with GPs has declined since 2010.

level of satisfaction with GP services has declined – from 77% in 2010 to 71% in 2014, the lowest level since the survey began.

The public tend to be somewhat less satisfied with dentists (the pink line in Figure 3) compared with GPs. Although there was a high level of satisfaction in the early-1980s, satisfaction gradually declined during the following 20 years. Despite improving somewhat during the past five years, only around half (54%) of respondents reported being satisfied with NHS dentists in 2014.

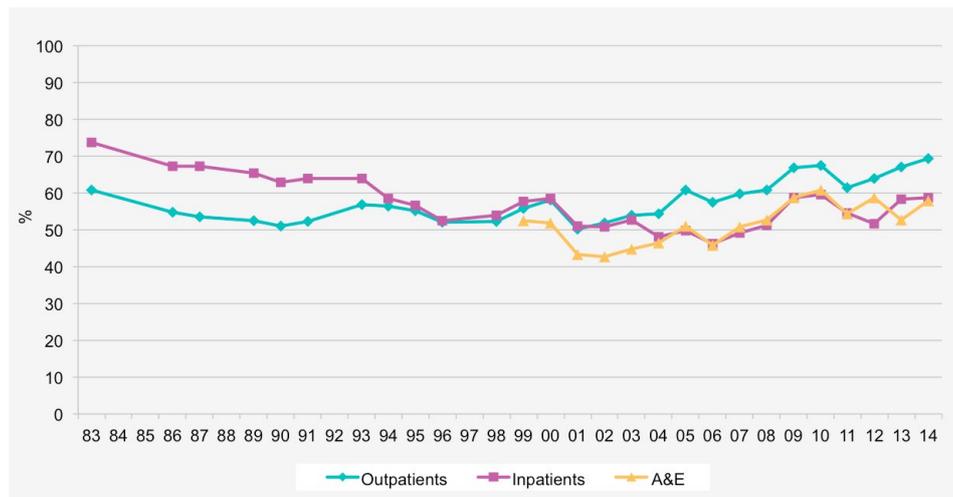
Figure 3. Satisfaction with GPs and Dentists, 1983–2014



The data on which Figure 3 is based can be found in the appendix to this paper

As in the case of the NHS overall, satisfaction with the three hospital-based services – accident and emergency (A&E), inpatient and outpatient care – dipped after the last election. But equally, in each case – and contrary to the trend over the same period for GPs and dentists - the level of satisfaction increased between 2013 and 2014 (although only the increase in A&E is significant). As a result, satisfaction is in each case now at, or is close to, its 2010 level. Indeed, satisfaction with outpatient services reached an all-time high of 69% in 2014, and as a result for the first time rivalled general practice as the most popular NHS service. Meanwhile, although satisfaction with inpatient services was lower, at 59%, you have to look back as far as 1993 to find a higher level.

Figure 4. Satisfaction with NHS inpatients, outpatients and accident and emergency services, 1983–2014

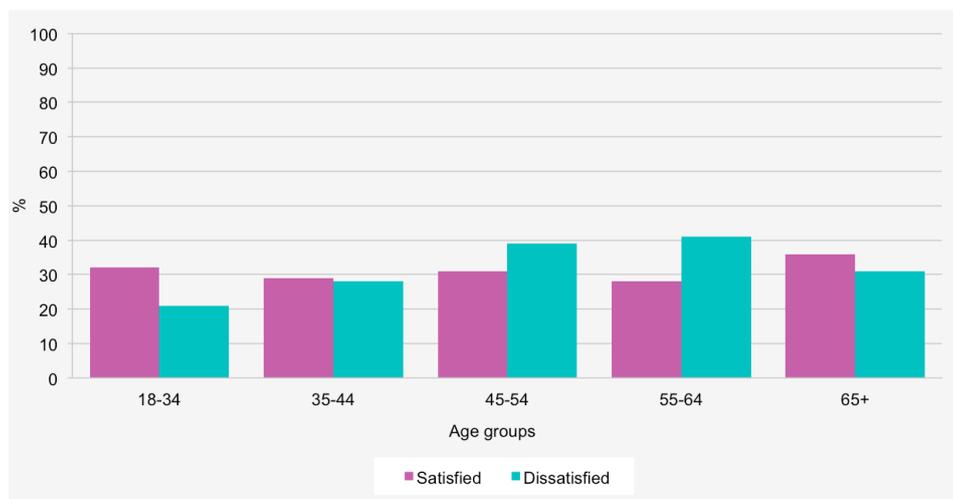


The data on which Figure 4 is based can be found in the appendix to this paper

But if the public are more satisfied with some parts of the NHS than others, the level of satisfaction is in every case much higher than it is for another service to which people often have to turn when ill or infirm; social care. In contrast to the NHS, this has not been protected from cuts in funding and in any event in England and Wales is only free at the point of use to those on very low incomes. Because many people pay for their own care, in asking about their level of satisfaction we made it clear to respondents that we were referring to care provided by local authorities in particular. We asked:

And how satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?

Just 31% reported being satisfied with social care in 2014, much the same as the 29% who did so in 2013, and well below the 54% who were satisfied with the least popular of the NHS services, dentists. A further third (30%) were dissatisfied (whereas only 19% were dissatisfied with dentists), while apart from the oldest age group (who are most likely to require care) the level of dissatisfaction increases with age (Figure 5). However, as many as one third (30%) said they were neither satisfied nor dissatisfied with the service. This relatively high proportion reflects perhaps the fact that fewer people have contact with or experience of social care services, while social care also receives less attention than NHS services in the media.

Figure 5. Satisfaction and dissatisfaction with social care, by age

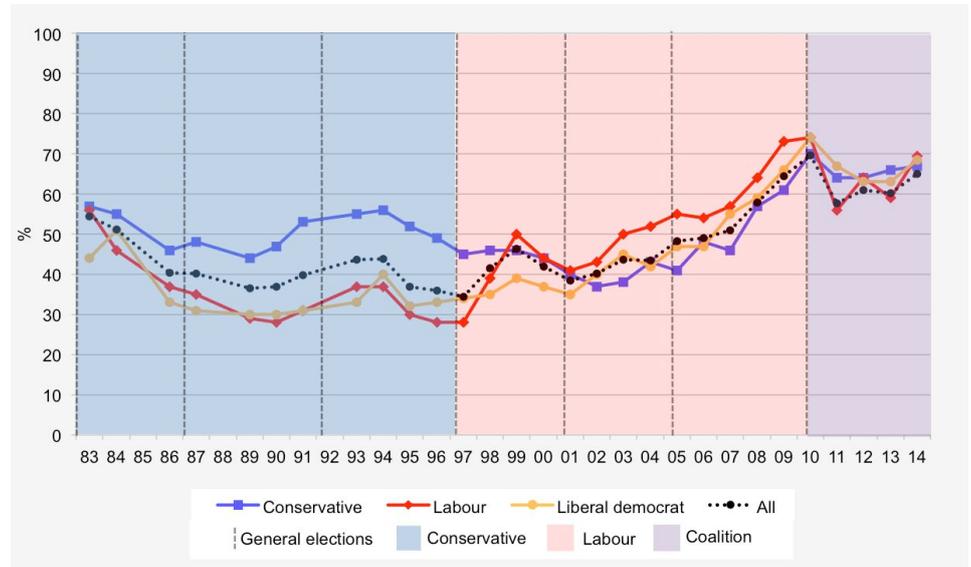
The data on which Figure 5 is based can be found in the appendix to this paper

Our findings present us with a puzzle; why has satisfaction with the NHS overall (and with key hospital services) increased during a period when there has been widespread reports of allegedly poor NHS performance – not least in respect of increasing failure to meet the four hour maximum waiting time target for A&E (see, for example, Campbell, 2014). However, the overall level of public satisfaction with the NHS is not necessarily a straightforward measure of performance; attitudes are affected by a range of factors including age and the political party they support. Satisfaction is also influenced by health stories in the media and a respondent's personal experience of the service. We need to dig a little deeper to see whether the increase in overall public satisfaction in 2014 was indeed a straightforward sign of improved attitudes towards the NHS, reflecting an increase in performance in the aspects of the NHS that the public actually care about, or whether instead it reflects something else.

Politics and satisfaction

One indication that in fact the increase in satisfaction may well not be a reflection of a perceived improvement in performance emerges when we divide respondents according to the party with which they identify. Figure 6 shows that supporters of whichever political party (or parties) is (are) currently in power are usually more satisfied with the health service than those who back a party that is in opposition. Satisfaction with the NHS is influenced to some extent by an individual's feelings of confidence in and support for the government currently running the service.

Figure 6. Satisfaction with the NHS, by party identification, 1983–2014



The data on which Figure 6 is based can be found in the appendix to this paper

The increase in satisfaction was greatest among Labour supporters.

However, in 2014 Labour supporters (69%) were at least as likely as Conservative (67%) or Liberal Democrat ones (68%) to say that they were satisfied with the health service. Satisfaction was lower (57%) among supporters of the UK Independence Party, who in 2014 were the third largest party in the survey.¹ The Labour figure represents no less than an 11 percentage point increase on that for 2013. In contrast, satisfaction amongst Conservative supporters is up (insignificantly) by only one point while amongst all respondents apart from those backing Labour the increase is up (equally insignificantly) by just two points.

This suggests the overall increase in satisfaction should not be taken at face value. Given that it is mostly accounted for by a large increase in the level of satisfaction expressed by Labour supporters, it likely reflects not so much increased satisfaction per se as a vote in support of the NHS at a time when some may feel it is under threat.

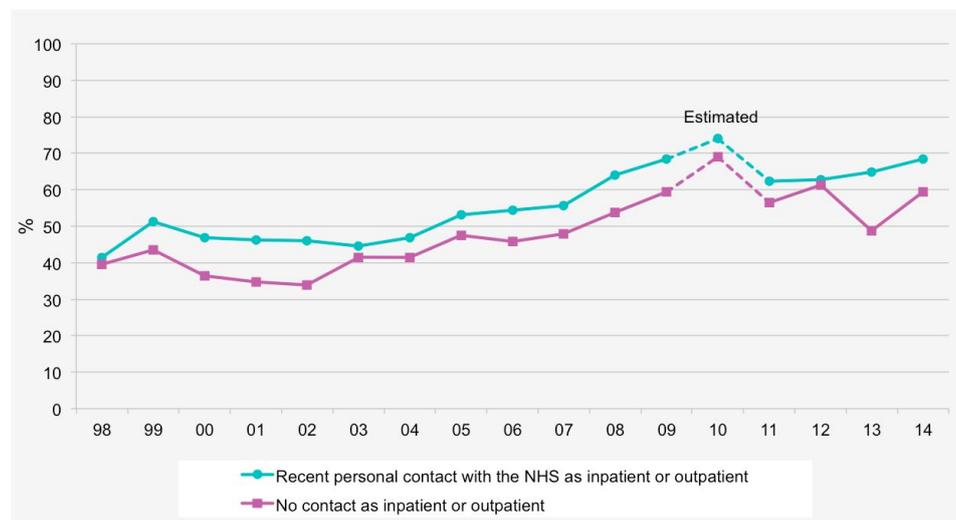
Personal experience of the NHS and satisfaction

Personal experience of the NHS also affects people’s levels of satisfaction. Those who have recently had personal contact with an NHS hospital (defined as the respondent having been an NHS inpatient or outpatient in the past 12 months) consistently report higher levels of satisfaction than those without any recent contact at all (defined as neither the respondent nor any of their friends and family having had any contact with inpatients or outpatients in the past 12 months) (Figure 7). In general we would expect the level of satisfaction amongst those who have recently used the NHS to be influenced more by the actual performance of the service, while satisfaction among those with no recent contact is likely to be influenced more by media stories and other factors. However it is

1. Satisfaction was also lower (61%) among those who do not identify with any political party.

amongst the latter group (up 11 percentage points) not the former (up 4 percentage points) that satisfaction with the NHS has increased most.

Figure 7 Satisfaction with the NHS, by contact with NHS, 1998–2014²



The data on which Figure 7 is based can be found in the appendix to this paper

Have standards in the NHS improved?

Meanwhile, if it were the case that the NHS was thought to be performing better, we would not expect to find, as we do in Table 1, that respondents were less likely in 2014 to think that the NHS had improved than they had been back in 2010. Around a quarter (26%) felt that the standard of NHS care had improved in the past 5 years, compared with 40% who felt that way in 2010. As a result, perhaps, people have become more likely to think that there is room for improvement. More than a third (36%) said that they thought the standard of care would improve during the next five years, compared with only around a quarter (27%) who did so in 2011.

2. Questions on whether the respondent had had personal contact with the NHS were not asked in 2010. The figure for that year is an estimate of the likely levels of satisfaction in the two groups given the overall level of satisfaction amongst respondents as a whole in that year and the difference between the two groups in their level of satisfaction as registered in previous years.

Table 1. Perceived standard of NHS health care in the last 5 years and in the next 5 years, 1995–2014

	1995	2001	2008	2009	2010	2011	2012	2013	2014
Whether standard of NHS has got better or worse in the last 5 years									
	%	%	%	%	%	%	%	%	%
Better	18	22	32	40	40	31	n/a	n/a	26
About the same	32	37	38	39	41	38	n/a	n/a	43
Worse	49	40	27	18	16	27	n/a	n/a	28
<i>Unweighted base</i>	2399	2188	3358	3421	3297	1096	n/a	n/a	2878
Whether expect standard of NHS to get better or worse in the next 5 years									
	%	%	%	%	%	%	%	%	%
Better	n/a	n/a	n/a	n/a	n/a	27	23	26	36
About the same	n/a	n/a	n/a	n/a	n/a	35	28	29	26
Worse	n/a	n/a	n/a	n/a	n/a	36	47	43	35
<i>Unweighted base</i>	n/a	n/a	n/a	n/a	n/a	1096	1103	1063	971

A funding crisis?

How much money the NHS has to spend has been a key issue during the last five years as the government has sought to tackle the fallout from the global financial crisis with an austerity programme aimed at reducing ongoing deficits and, eventually, the government's overall debt burden. Nearly all spending departments have had their budgets cut. For example, central government grants to local authorities have been reduced by 35% in real terms, Home Office expenditure by nearly 20% and defence by 7.5% (Institute for Fiscal Studies, 2015).

However, health spending has been protected from real terms cuts. Indeed, on average, it increased in England by 0.8% per year between 2010/11 and 2014/15. But after a decade of funding increases that saw health spending as a proportion of GDP rise from 5.4% of GDP in 1999 to 8.0% in 2009, it is easy to see how the health service's relatively generous funding settlement might feel like a spending cut – particularly given trends in some of the drivers of demand for health care such as an increase in the size of the population and in the proportion of older people in that population.

Indeed, there is a widespread feeling that the NHS is facing a funding problem. Nearly three-quarters (72%) say that it is facing a “major” or a “severe funding problem” and a further 20% say it is facing a “minor funding problem”, while just 4% reckon that it faces “no funding problem” at all. But that raises the question of what the public think should be done about it.

92% in total think the NHS is facing a funding problem.

Tax and spend, or ration and restrict?

One option would be to raise more money for the health service through the tax system. As detailed in the Welfare paper,³ British Social Attitudes has tracked public attitudes towards the balance between taxation and spending on “health, education and social benefits” ever since the first survey in 1983. The prevailing view during the past eight years has been that taxes and spending should “remain at the same level as now”. That continues to be the case. In 2014 around half (52%) felt taxes and spending should be kept at the same level, while only 37% supported increasing taxes to provide more money to spend on public services.

An alternative to increasing taxes would be to spend less on other public services and use that money to fund the NHS. However, a majority (58%) were opposed to this idea too, with just 38% in favour. However, there is even less enthusiasm for a third possibility: charging for some of those services that are currently provided for free. As Table 2 shows, when they were presented with a series of alternative ways of raising more money for the NHS, just 14% picked out imposing a £10 charge for visits to a GP or to A&E as their preferred option and only 12% introducing hotel charges for non-medical services such as food and laundry when in hospital. In these circumstances rather more people picked out increasing taxes, with nearly a quarter favouring a specific NHS tax and 17% increases in existing taxes. However, the single most popular view of all was that the NHS should live within the budget it is allocated by government – not least perhaps because in response to a separate question as many as 51% said that “the NHS often wastes money”, while only 44% feel that it “generally doesn’t” or “almost never” does so.

Table 2. If the NHS needed more money, which of the following do you think you would be prepared to accept?

	%
Pay more through separate tax - directly to NHS	24
Pay more through the taxes I currently pay	17
Pay £10 for each visit to a GP or local A&E department	14
Pay for non-medical costs in hospital, like food and laundry	12
Ending exceptions from current charges (e.g. prescription charges for children, pregnant women, retired people)	3
None of the above; the NHS needs to live within its budget	27

Unweighted base 971

But if the NHS were to live within its budget, given rising demand for its services, how might it cope? One option would be to restrict or ration services in some way and so we asked what the NHS should do if the demand for its services exceeds the amount of money it receives (Table 3). The most popular responses were measures that reduced the number of services provided by the NHS: to stop providing treatments that are poor value for money (48%) and to restrict access to non-emergency treatment (24%). However, when

this type of measure has actually been taken, such as restricting access to expensive cancer drugs, there has been a negative reaction from the press and public. Meanwhile, restricting the supply of services by increasing waiting times and raising the threshold at which people would be treated (so that they would have to be sicker before receiving care) were not popular at all.

Table 3. If demand for NHS services exceeds the amount of funding it receives, what is the most important thing for the NHS to do?

	%
Stop providing treatments that are poor value for money	48
Restrict access to non-emergency treatment	24
Raise the threshold for treatment, so people have to be sicker to receive care	7
Delay treatments so people have to wait longer before they can receive treatment	3
None of these	14
<i>Unweighted base</i>	<i>971</i>

A more controversial and fundamental response to rising demand but restricted funding would be to change the nature of the NHS as a universal system available to all on the basis of need. Since its creation in 1948, the NHS has been largely free at the point of delivery and available to everyone irrespective of their ability to pay. Despite numerous re-organisations of the service over the past 30 years, there has been little argument among politicians about these guiding principles.

Nearly 7 in 10 oppose the NHS only being available to those on a lower income.

But are the public willing to contemplate such a change? Only around one in three (32%) are, while around two-thirds (68%) oppose making the NHS “available only to those with lower incomes”, with everyone else (while enjoying lower taxes) expected to “take out medical insurance or pay for health care” (Table 4). Nevertheless, support has increased by 10 percentage points since 2010, and is now higher than it has been since the question was first asked in 1995. Meanwhile, rather surprisingly given the party’s association with the NHS, the proportion of Labour supporters who supported the idea (27%) is little different from that of Conservative supporters (30%), though both groups are less keen on the idea than those who back the UK independence Party (40%, although the small base size of less than 100 means that this figure should be viewed with caution – see Appendix Table A.7 for more detailed figures). Less surprisingly, respondents with higher incomes (who would be more likely to be affected by any restriction in the availability of the NHS) were less likely than those in the bottom two income quartiles to support a move away from a universal system (see Appendix, Table A.7).

Table 4. Attitudes to limiting the NHS to those on lower incomes, 1995-2014

	1995	1996	1998	2000	2001	2002	2003
The national health service should be available only to those with lower incomes	%	%	%	%	%	%	%
Support	23	21	26	23	27	24	27
Oppose	75	77	72	74	71	73	72
<i>Unweighted base</i>	3633	3620	3146	3426	2188	2287	2293
	2004	2005	2006	2010	2011	2013	2014
The national health service should be available only to those with lower incomes	%	%	%	%	%	%	%
Support	23	24	24	21	26	28	32
Oppose	76	74	74	77	73	70	68
<i>Unweighted base</i>	3199	3193	2143	3297	1113	2189	971

 **Nearly half the public think the NHS won't be free in 10 years' time.** 

However, if the public is still in favour of the principle of a universal NHS, there are widespread doubts about whether in the future the NHS “will still be paid for by taxes” and be “free to all”. Only around half (48%) think that it will be in ten years' time, a figure that is almost matched by the proportion who do not (45%), and which is little different from the picture obtained on two previous occasions this question was included on the survey. Perhaps the financial pressure that the health service has been under for the past few years has served to undermine people's confidence in the future sustainability of the current system.

Table 5. Expectations of whether the NHS will continue to be free to all, 2011-14

	2011	2013	2014
In ten years' time, do you think the NHS will still be paid for by taxes and free to all?	%	%	%
Yes	47	51	48
No	44	44	45
<i>Unweighted base</i>	1113	2189	971

Does the public care who provides NHS services?

Although the NHS is a public service, funded largely from general taxation, not all health care is provided by state-owned organisations. Leaving aside the fact that the NHS does not manufacture its own pharmaceuticals, and that much of general practice is a service contracted to the NHS, the Office for National Statistics estimate that in 2011/12, the NHS in the UK spent approximately £9.6 billion (around 10% of its total budget) on care from the private sector, charities, local authorities and other non-NHS organisations (Office for National Statistics, 2015). The use of non-NHS providers to

treat NHS patients has also been growing at an average of 13% a year between 1994/5 and 2012/13 (although erratically from year to year and from a low base). So, while the use of non-NHS providers by the NHS is not new, the Coalition government's reforms have highlighted a concern for some that this could increase, with more clinical services contracted out to the private sector and other non-NHS providers. But is this a concern for the public? And do they have a particular ownership preference when it comes to their own treatment?

In 2009 and 2011, British Social Attitudes asked respondents where they would like to be treated if they "were a patient about to have hospital treatment" that was being paid for by the NHS. More said that they would prefer to be treated in a private hospital than in a NHS one, though the most common response was not to have a preference between them. In 2014 we asked a slightly different question which asked what kind of "service", they would prefer to be treated by, rather than type of "hospital". It also included the additional option, a "non-profit service". In full, we asked:

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 ...

... an NHS service

... a private service

... a non-profit service

... or would you not have a preference?

43% don't mind who provides NHS treatments.

This question evinced a rather different pattern of response. Once again the most popular response, chosen by 43%, was not to have any preference. To that extent it would appear that this issue does not concern prospective users of the NHS as much as both critics and advocates of "privatisation" sometimes seem to presume. However, now far fewer said that that they would prefer to be treated by a private provider (16%) than said they would prefer to be treated by a NHS one (39%) (while just 2% chose a non-profit service). Either there has been quite a remarkable decline in the popularity of private provision or else referring to it as a "service" rather than a "hospital" makes a considerable difference to how people feel about the prospect.

Either way, it perhaps suggests that support for private provision may be rather more fragile than at first it seems. That certainly appears to be the case when we asked those respondents who expressed a preference for a private or non-profit provider a follow up question about whether they would still be happy to be treated by such an organisation if this meant their local NHS hospital or clinic would be at risk of closure. While in these circumstances around half of this group (49%) would still be happy to be treated in a non-NHS facility, the other half (48%) were not.

Preference for NHS provision varies by party support, with higher preference among Labour supporters compared with other parties. Further detail on this and analysis by age can be found in Gershlick et al (2015).

Conclusions

At first glance, we appear to have uncovered a quite remarkable trend in this paper. Satisfaction with the NHS has increased even though the NHS has been under considerable financial pressure, performance on headline targets such as A&E waiting times is slipping, and there is continuing controversy about the impact of the Coalition government's reforms of the NHS. Is it really the case that, despite all the pressures and headlines, the public are simply more satisfied with the way the NHS has been performing?

Our analysis suggests that this is unlikely to be the complete answer. The increase in satisfaction has largely been confined to those who support the Labour party, who as a result are just as likely to express satisfaction as those who back either of the parties in the Coalition. This suggests that rather than expressing satisfaction some of our respondents were instead expressing support for the NHS at a time when they may see it as under threat.

Indeed, despite the fact that over two-thirds say they are satisfied with the NHS, concerns about money (and the lack of it) are widespread. However, while an overwhelming majority think the NHS is facing a significant funding problem, it is not clear that there is any consensus about what should be done about it. Most do not think that taxes should be increased in order to raise more funds for the NHS. Charging for aspects of the service appears to be even less popular, while there is reluctance to see spending on other public services reduced in order to make more headroom for the NHS. These views are perhaps in part a reflection of the fact that many people think that the NHS wastes money, and that its funding difficulties could be eased by being more efficient.

Yet at the same time there appears to be an expectation (or a suspicion) that over the longer term the NHS may not be able to continue as a universal service paid for out of collective taxation - even though this is a development that few would welcome. The public may still value the NHS, but it is far from clear that it is willing to take the medicine that might be needed to ensure that it does not suffer a premature demise.

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Appendix

The data for Figure 2 are as follows:

Table A1. Satisfaction with the NHS, 1983–2014

	83	84	86	87	89	90	91	93	94	95
	%	%	%	%	%	%	%	%	%	%
Satisfied	55	51	40	40	37	37	40	44	44	37
Neither	20	19	19	20	18	15	19	18	17	18
Dissatisfied	26	30	40	40	46	47	41	38	38	45
<i>Unweighted base</i>	1761	1675	3100	2847	3029	2797	2918	2945	3469	3633
	96	97	98	99	00	01	02	03	04	05
	%	%	%	%	%	%	%	%	%	%
Satisfied	36	34	42	46	42	39	40	44	44	48
Neither	14	15	22	20	19	20	18	18	20	20
Dissatisfied	50	50	36	33	39	41	41	37	37	31
<i>Unweighted base</i>	3620	1355	3146	3143	3426	2188	2287	2293	3199	3193
	06	07	08	09	10	11	12	13	14	
	%	%	%	%	%	%	%	%	%	
Satisfied	49	51	58	64	70	58	61	60	65	
Neither	16	19	16	16	12	18	16	17	19	
Dissatisfied	34	30	25	19	18	24	23	22	15	
<i>Unweighted base</i>	2143	3078	3358	3421	3297	1096	1103	1063	1937	

The data for Figure 3 are as follows:

Table A2. Satisfaction with GPs and dentists, 1983–2014

	83	86	87	89	90	91	93	94	95	
% satisfied										
GPs	80	77	79	80	80	83	83	80	79	
Dentists	73	74	74	70	69	68	58	57	55	
<i>Unweighted base</i>	1761	3100	2847	3029	2797	2918	2945	3469	3633	
	96	98	99	00	01	02	03	04	05	
% satisfied										
GPs	77	75	76	76	71	72	72	72	74	
Dentists	52	53	53	62	53	54	52	42	45	
<i>Unweighted base</i>	3620	3146	3143	3426	2188	2287	2293	3199	3193	
	06	07	08	09	10	11	12	13	14	
% satisfied										
GPs	76	76	77	80	77	73	74	74	71	
Dentists	42	42	42	48	50	56	56	57	54	
<i>Unweighted base</i>	2143	3078	3358	3421	3297	1096	1103	1063	971	

The data for Figure 4 are as follows:

Table A3. Satisfaction with NHS inpatients, outpatients and accident and emergency services, 1983–2014

	83	86	87	89	90	91	93	94	95
% satisfied									
Inpatients	74	67	67	65	63	64	64	58	57
Accident and emergency service	n/a								
Outpatients	61	55	54	52	51	52	57	56	55
<i>Unweighted base</i>	1761	3100	2847	3029	2797	2918	2945	3469	3633
	96	98	99	00	01	02	03	04	05
% satisfied									
Inpatients	53	54	58	59	51	51	53	48	50
Accident and emergency service	n/a	n/a	52	52	43	43	45	46	51
Outpatients	52	52	56	58	50	52	54	54	61
<i>Unweighted base</i>	3620	3146	3143	3426	2188	2287	2293	3199	3193
	06	07	08	09	10	11	12	13	14
% satisfied									
Inpatients	46	49	51	59	59	55	52	58	59
Accident and emergency service	46	51	53	59	61	54	59	53	58
Outpatients	57	60	61	68	67	61	64	67	69
<i>Unweighted base</i>	2143	3078	3358	3421	3297	1096	1103	1063	971

The data for Figure 5 are as follows:

Table A4. Satisfaction and dissatisfaction with social care, by age

	18–34	35–44	45–54	55–64	65+	All
Satisfaction with social care						
Satisfied	32	29	31	28	36	31
Neither	38	32	24	27	25	30
Dissatisfied	21	28	39	41	31	30
<i>Unweighted base</i>	122	173	176	145	284	971

The data for Figure 6 are as follows:

Table A5. Satisfaction with the NHS, by party identification, 1983–2014

	83	84	86	87	89	90	91	93	94	95
% satisfied										
Conservative	57	55	46	48	44	47	53	55	56	52
<i>Unweighted base</i>	676	640	1054	1095	1198	986	1053	964	1009	957
Labour										
Labour	56	46	37	35	29	28	31	37	37	30
<i>Unweighted base</i>	584	595	1080	824	1017	1074	1010	1101	1404	1610
Liberal Democrat										
Liberal Democrat	44	51	33	31	30	30	31	33	40	32
<i>Unweighted base</i>	258	220	542	533	335	220	358	368	491	452
<i>Unweighted base (all)</i>	1761	1675	3100	2847	3029	2797	2918	2945	3469	3633
	96	97	98	99	00	01	02	03	04	95
% satisfied										
Conservative	49	45	46	46	44	40	37	38	43	41
<i>Unweighted base</i>	1012	378	818	785	937	486	572	568	831	802
Labour										
Labour	28	28	39	50	44	41	43	50	52	55
<i>Unweighted base</i>	1528	560	1398	1333	1394	995	956	867	1038	1291
Liberal Democrat										
Liberal Democrat	33	34	35	39	37	35	40	45	42	47
<i>Unweighted base</i>	391	129	324	323	341	263	246	245	404	397
<i>Unweighted base (all)</i>	3620	1355	3146	3143	3426	2188	2287	2293	3199	3193
	06	07	08	09	10	11	12	13	14	
% satisfied										
Conservative	48	46	57	61	70	64	64	66	67	
<i>Unweighted base</i>	572	786	1087	961	943	284	298	264	523	
Labour										
Labour	54	57	64	73	74	56	64	59	69	
<i>Unweighted base</i>	699	1083	934	905	1011	362	361	358	563	
Liberal Democrat										
Liberal Democrat	47	55	59	66	74	67	63	63	68	
<i>Unweighted base</i>	248	280	312	330	411	87	78	65	95	
<i>Unweighted base (all)</i>	2143	3078	3358	3421	3297	1096	1103	1063	1937	

The data for Figure 7 are as follows:

Table A6. Satisfaction with the NHS, by contact with NHS, 1998–2014

	98	99	00	01	02	03	04	05	06
% satisfied									
Recent personal contact with inpatient or outpatient	41	51	47	46	46	45	47	53	54
<i>Unweighted base</i>	1863	977	1225	741	788	745	1176	1122	809
No contact with either inpatient or outpatient	40	43	36	35	34	42	41	48	46
<i>Unweighted base</i>	633	784	943	607	594	566	584	668	476
	07	08	09	(10)	11	12	13	14	
% satisfied									
Recent personal contact with inpatient or outpatient	56	64	68	(74)	62	63	65	69	
<i>Unweighted base</i>	1173	1295	1266	(n/a)	379	379	369	346	
No contact with either inpatient or outpatient	48	54	59	(69)	57	61	49	59	
<i>Unweighted base</i>	627	784	712	(n/a)	191	259	189	151	

Note figures for 2010 are estimated.

The data for Figure 5 are as follows:

Table A7. Support and opposition for the NHS becoming available only to those with lower incomes, by party identification and household income

		Support	Oppose	<i>Unweighted bases</i>
Party identification				
Conservative	%	30	70	271
Labour	%	27	73	260
Liberal Democrat	%	33	66	48
UKIP	%	40	60	85
Household income quartiles				
Lowest income quartile	%	34	66	238
2nd income quartile	%	36	64	188
3rd income quartile	%	27	73	184
Highest income quartile	%	25	74	187
All	%	32	68	971