Health
Health care in Britain: is there a problem and what needs to change?

Health services are subject to a real-terms expenditure freeze and are under unprecedented pressure to improve productivity during a period of sweeping organisational reforms. How satisfied is the public with the NHS and does it share the government's enthusiasm for change?

Satisfaction with the NHS

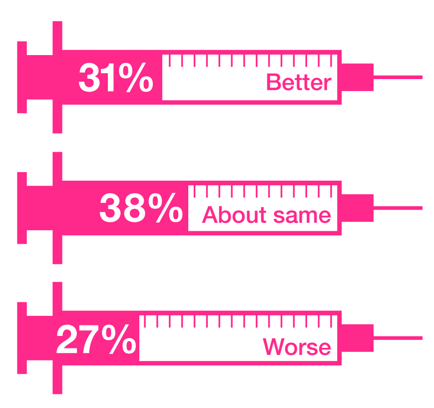
Public satisfaction with the NHS has fallen sharply since 2010 when it reached a record high, while most people think the standard of health care has improved or stayed the same in the past five years.

70% 2010

58% 2011

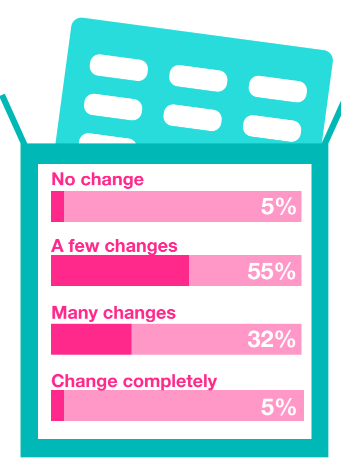
Nearly six in ten people are "very" or "quite" **satisfied** with how the NHS runs nowadays, a sharp drop from 2010 when seven in ten were satisfied.

Around a third of people think the **standard of care** in the NHS has been getting better in the last five years, only just higher than the proportion who think it has got worse.

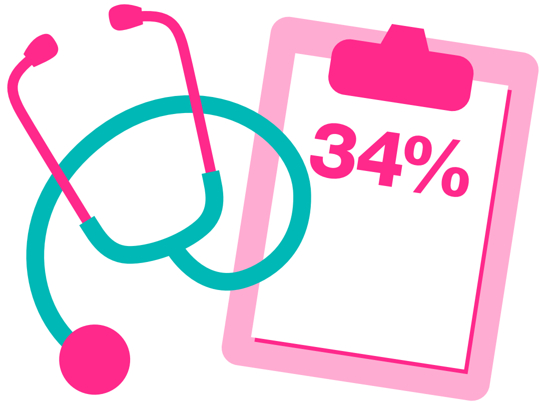


Attitudes to change

People tend to think the health care system needs to change, but there is little appetite for fundamental reform of the NHS. There is some, though not overwhelming, support for the government's policy of giving GPs control over local NHS budgets.



The majority of people (87%) think the health care system in Britain needs some ("a few" or "many") changes.



34% say **family doctors should set local NHS spending priorities**, compared with 30% who say the government, and 17% each saying local people and local councils.

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The productivity task that the NHS has been set is unprecedented

Introduction

Health care in Britain – and the National Health Service (NHS) in particular – has been affected by significant shifts in the policy and economic landscapes in recent years. In 2011–2012, as the country grappled with the economic standstill and the coalition government's austerity policies started to bite, the NHS began the year with virtually no increase in real funding. After a decade when real spending doubled, the NHS has been allocated little extra funding over and above inflation until April 2015, with the prospect of a continuing freeze for some years beyond that. The productivity task that the NHS has been set in response to this squeeze on its finances is unprecedented. By 2015, a virtually unchanged NHS budget will have to generate an extra 20 per cent more value – the equivalent of around £20 billion of extra funding for the NHS in England alone. Given that there has been little or no improvement in productivity during the past decade and a half (Appleby, 2012a), this represents a huge challenge.

The timing of the latest British Social Attitudes survey was also significant in wider policy terms as interviews took place when the government was pursuing its controversial Health and Social Care Bill through Parliament. Now an Act of Parliament (2012), this provides for what the Chief Executive of the NHS in England has memorably described as reforms so big "they could be seen from space" (Timmins, 2010). At the heart of the changes lies the abolition of Primary Care Trusts and the transfer of the budgets and responsibility for commissioning most NHS services to local clinical commissioning groups (CCGs) led by general practitioners (GPs).

The challenges in terms of both increasing productivity and reforming services rest on an understanding that the NHS is experiencing a 'problem' that needs 'fixing'. Regarding the former, the problem is fairly easy to perceive: how to maintain a quality service with virtually zero real growth in funding and growing needs. However, regarding reform – while acknowledging that performance and organisation in health care can always be improved to some degree – the problem has been less easy to identify. A central criticism of the Coalition's reform plans for the English NHS has been not just that they lack a persuasive narrative about the need for change, but also that they lack evidence that change is necessary on the scale proposed. Indeed, the previous British Social Attitudes survey carried out in 2010 seemed to provide evidence to the contrary by showing that 70 per cent of people were satisfied with the way the NHS runs – the highest level recorded since the survey began in 1983 (Clery, 2011).

How, in the context of an impassioned debate about the future of the NHS, have public attitudes towards the NHS changed since then? This chapter firstly explores the public's views about how the NHS is performing, looking at satisfaction with services and perceptions of change over recent years, and seeks to explain why opinion has shifted. Secondly, in the light of the wider debate about whether the fundamental nature of the NHS will – or should – change in response to the intensifying pressure on funding, the chapter looks to the future, exploring public attitudes to radical changes in the way the NHS is funded and accessed as well as its priorities for spending.

Satisfaction with the NHS and its standards of health care

We begin with an examination of the public's views on how well the NHS is performing. To do so we use people's responses to the latest British Social Attitudes survey including their replies to questions asked as part of the International Social Survey Programme.[1]

In most years since 1983 British Social Attitudes has asked the public:

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

In our previous survey, carried out in 2010, the public expressed the highest level of satisfaction yet recorded by the study, with 70 per cent saying they were "very" or "quite" satisfied with the NHS. Our most recent reading (Figure 5.1) shows that satisfaction has fallen since then by 12 percentage points to 58 per cent.

Figure 5.1 Satisfaction with the NHS overall, 1983–2011

The data on which Figure 5.1 is based can be found in the appendix to this chapter

The decline in satisfaction with the NHS overall is broadly reflected in views about different NHS services with a decline in satisfaction with GPs, Inpatients, Outpatients and Accident and emergency services between 2010 and 2011 (Table 5.1). Conversely, satisfaction with dentistry increased, rising five percentage points to 56 per cent in 2011. This has been attributed to increased funding and efforts to improve access following the Steele review of NHS dental services (Steele, 2009; Appleby, 2012b).

Table 5.1 Satisfaction with NHS services, 2010 and 2011

% satisfied with...	2010	2011	Difference (2010–2011)
... GPs	77	73	-4
... Dentists	50	56	+5
... Inpatients	59	55	-5
... Outpatients	67	61	-6
... Accident and emergency services	61	54	-7
Weighted base	*3297*	*1113*	
Unweighted base	*3297*	*1096*	

How can we explain this decline in overall satisfaction and with many NHS services? Firstly, it may well be that respondents are expressing greater dissatisfaction with the NHS as a proxy for their dissatisfaction with other matters – such as the coalition government itself or its wider policies. Previous surveys have shown us that people who identify with a particular political party tend to voice greater satisfaction with the NHS when that party is in power – and vice versa (Appleby and Alvarez-Rosete, 2003). However, while we see Labour supporters' satisfaction fall by 17 percentage points a year after the 2010 election – reflecting an expected partisanship – we also see Conservative and Liberal Democrat satisfaction fall. So while there is a degree of partisanship apparent, and this can explain some of the decline, the fact that even supporters of the governing parties recorded a decline in satisfaction suggests a more complicated story. There were no significant differences by other demographic indicators – satisfaction levels fell among all age groups, income bands and educational qualifications.

Part of the story could be that expectations of good service from the NHS have increased disproportionately compared with the quality of service being delivered. Public expectations of the quality of the services the NHS provides can be expected to go on increasing over time. But there seems little reason (or evidence) to suppose that rising expectations outstripped NHS performance to the extent that they alone could account for the biggest fall in satisfaction since the survey began in 1983.

Alternatively, falling satisfaction might reflect an actual deterioration of the quality of service people receive. British Social Attitudes asks for people's perceptions of whether the general standard of health care in the NHS has been getting better or worse "over the last five years". Comparing responses to the latest survey with replies obtained in 1995, we see a picture of perceived improvement. Three in ten now say the NHS has got better in the last five years, compared with one in six when the question was first asked (Table 5.2). However, in line with the decline in current satisfaction, we see that there has been a fall of nine percentage points since 2010 in the proportion thinking there have been improvements. The proportion who say that the standard of health care has got worse has, meanwhile, increased by 11 percentage points to 27 per cent.

Table 5.2 Perceptions of change in NHS health care standards over the last five years, 1995–2011

	1995	2001	2008	2009	2010	2011
	%	%	%	%	%	%
Better	18	22	32	40	40	31
About the same	32	37	38	39	41	38
Worse	49	40	27	18	16	27
Weighted base	*2434*	*2179*	*3333*	*3421*	*3297*	*1113*
Unweighted base	*2399*	*2188*	*3358*	*3421*	*3297*	*1096*

Interestingly, other recent surveys (Care Quality Commission, 2012a, 2012b; Department of Health, 2012b) have not recorded a decline in the public's actual experience of the NHS. Key performance data collected on waiting times and health care-related infections have also generally been good (Appleby et al., 2012). Evidently, though, there is now a perception among the general public that improvements made over the last few years are not being sustained.

A further possible explanation for declining satisfaction is that people are responding to negative media coverage of the NHS rather than thinking of their own experiences of health care. To investigate this we compare respondents with experience of hospital services in the last 12 months against those without.[2] While both groups' satisfaction with the NHS is likely to be influenced by media stories, it might be expected that those with recent experience of the NHS will, in addition, take account of their own personal experience. In 2009 those with recent experience of hospital services expressed higher levels of satisfaction with the NHS overall than those with no recent experience (68 per cent and 61 per cent respectively). This remains the case in the latest survey, with 62 per cent recent hospital service users expressing satisfaction, compared with 56 per cent of non-users (though the difference is no longer statistically significant, likely due to the smaller base size). Importantly, however, as satisfaction fell by similar amounts for both groups we are not able unequivocally to conclude that a decline in satisfaction was due either to media influence or actual experience.

Decline in satisfaction might be explained by the ambient effect of an intense political and media debate when the questions were asked

Finally, decline in satisfaction might be explained by the ambient effect of an intense political and media debate about the NHS that was taking place during the summer and autumn of 2011 when the British Social Attitudes questions were asked, and also worries for the future of the NHS arising both from the government's reform plans and well-publicised funding pressures. Not only was there continuing strong criticism of the Health and Social Care Bill from the British Medical Association and other health professionals, but the government was also facing renewed objections in the House of Lords after it had felt obliged to 'pause' the Bill's progress for a month of consultation. The declining satisfaction identified by our survey may, therefore, reflect uncertainty surrounding the future of the NHS and widespread antipathy to the proposed reforms. These may be reinforced by an impression that the NHS is coming under financial pressure (see Appleby, 2012b).

However, if we think that controversy surrounding the Coalition's health reforms is largely responsible for the sharp decline in satisfaction, it is important to remember that the new legislation applies only to England. This makes it potentially surprising that satisfaction levels also fell in Scotland (by 17 percentage points to just 50 per cent) and Wales (by nine percentage points, to 55 per cent), where governments have devolved powers over the NHS. The lower number of interviews in Scotland and Wales means we must interpret our figures with caution. However, we have seen in previous years that attitudes in Scotland tend to parallel those in England (Curtice and Ormston, 2011) and with both Scotland and Wales enduring a tighter squeeze on NHS funding than England, declines in satisfaction are perhaps to be expected.

In order to untangle what factors are affecting people's reported levels of satisfaction with the NHS we ran a logistic regression (full results can be seen in the appendix to this chapter). Through this we can see that, after controlling for a range of respondent characteristics, there are certain attitudes that are strongly linked with satisfaction. For example, as might be expected, those who thought that services had got better in the last five years were more likely to express satisfaction overall. Also, satisfaction with certain services, notably GPs, Inpatients and Outpatients, was linked with satisfaction with the service overall. Further, those who believe the NHS will remain freely accessible in 10 years' time (dealt with later in the chapter) are more likely to express satisfaction with the NHS now.

In summary, it seems likely that a decline in overall satisfaction with the NHS can be explained by several different factors. Of these, anxieties about the government's far-reaching reforms to the organisation of the NHS and – to an extent – worries arising from the slow-down in funding growth are likely to play a prominent role.

Does the NHS need to change and, if so, how?

So far we have seen that overall satisfaction with the NHS, although it remains quite high, has taken a sharp downturn since 2010. The proportion of the population who think the service has improved over the last five years has also declined. We look now at respondents' thoughts on the future of the NHS.

For the first time, the latest survey asked people if they thought the general standard of health care in the NHS would improve or get worse in the next five years. In line with our thesis that current dissatisfaction relates to the level of public uncertainty about NHS reform, more than a third believe that NHS health care will get worse (Table 5.3). They outnumber the roughly one in four who consider it will improve.

Table 5.3 Expectation of changes to the standard of health care on the NHS over the next five years

	%
Better	27
Same	35
Worse	36
Weighted base	*1113*
Unweighted base	*1096*

This pessimistic view chimes with a Department of Health survey of NHS staff, which showed that 53 per cent of those surveyed in the winter of 2011 felt the standard of NHS care to patients would get worse – an increase over the result of the Winter 2010 survey (49 per cent) and the Spring 2009 survey (34 per cent) (Department of Health, 2012c: 21).

We then looked at what enthusiasm, if any, exists for changing the NHS by asking:

> *In general, would you say that the health care system in Britain needs no changes, needs a few changes, needs many changes, or, needs to be completely changed?*

The replies suggest an appetite for modest, though possibly not radical, reform

The replies suggest an appetite for modest, though possibly not radical, reform. Over half (55 per cent) believe that "a few changes" are needed, and another third (32 per cent) that the NHS requires "many changes". Only five per cent say that no change is necessary – which is also the proportion who maintain that the service "needs to be changed completely". Since this question has not been asked in previous British Social Attitudes surveys we cannot assess how the public's view may have changed over time. Nevertheless, having established that most people favour at least some reform of the NHS, we move on to consider what types of change they are most likely to support.

Tax, public spending and the future of the NHS

Those who feel Britain's health system needs to be improved are faced with a number of choices as to how to do this. Three fundamental ones are what public spending priority to assign to health; what the scope of health services should be; and who should have access to them. We start by examining what spending priority the public assigns to health versus other areas of government spending, and people's personal willingness to pay more to improve health care. We also test people's confidence that a National Health Service funded through general taxation will remain the chosen model for providing health care in future. Since people generally favour reform, might not some believe that it is the NHS's founding ambition to provide a comprehensive, universal health care service that most needs to change?

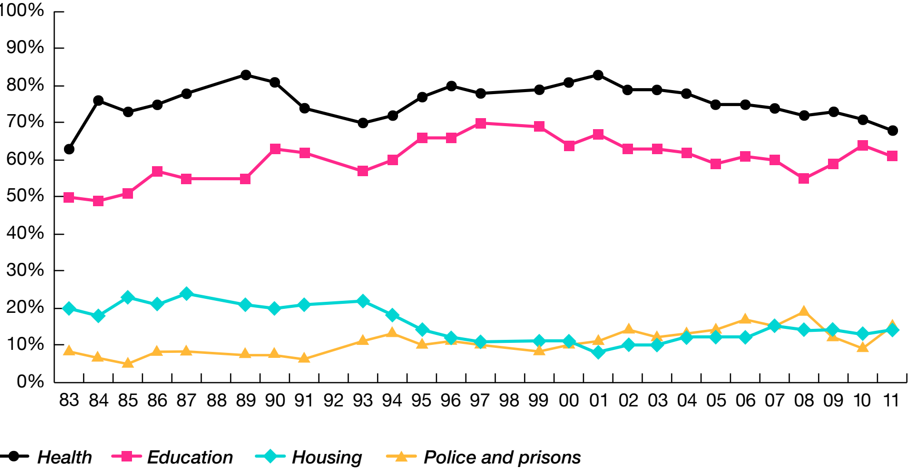
As reported in the Welfare chapter, support for more taxation to pay for public services has been on the decline since 2002. Having stood at 63 per cent 10 years ago it has now fallen to 36 per cent in the latest survey (though this is up five percentage points from 2010). Correspondingly, there has been an increase in the proportion saying the government should "keep taxes and spending at the same level", from 31 per cent in 2002 to 54 per cent in the latest survey – a trend in part reflecting increases in spending in some key areas (such as the NHS) over this period: as more is spent, a decreasing proportion of the public see the need to spend even more.

68%

of people choose Health as their first or second priority for extra government spending

British Social Attitudes also asks people to choose from a list one area of government spending they would prioritise for extra spending, and then to select an area as their second choice. As seen in Figure 5.2, when first and second choices are added together, health has consistently been the public's top priority, with 68 per cent choosing health in the current survey. Education comes a reliable second, while other areas of government spending such as police and prisons and housing (the third and fourth top priorities in 2011) are given much lower priority. The priority that the public accords to health can, in a sense, be said to accord with the coalition government's spending priorities, which are to hold level the amount of money going to the NHS, while other areas undergo extensive cuts. However, it is interesting to note the general decline in the priority given by the public to the NHS for extra funding since the turn of the century. As with the declining proportion of those who want higher taxes and more spending on public services in general, this is a trend that perhaps mirrors the funding increases the NHS has received since that time; as more money goes in, the public have perceived less need for increased funding. Of interest too is the fact that this decline in the priority accorded to the NHS continues in 2011. This might suggest that worries about funding are not in fact a significant factor explaining the fall in satisfaction with the NHS.

Figure 5.2 First or second priorities for extra government spending, 1983–2011



The full data on which Figure 5.2 is based can be found in the appendix to this chapter

Our next question investigates people's own willingness to pay higher taxes in order to improve the level of health care "for all people in Britain". In line with opinions on the question of whether taxation should rise to fund public services, we find that nearly four in ten (38 per cent) say they would be prepared to pay more. Another one in four (26 per cent) say they would be neither willing nor unwilling, while almost one in three (31 per cent) would be unwilling. We find a significant link (at the 90 per cent level) between satisfaction with the NHS and willingness to pay more to support the service. So it could be that steps to ease funding constraints would be a way to arrest the current decline in public satisfaction.

When we compare the answers to this and the previous question by demographic group, we find those who favour raising taxes to pay for public spending in general are outnumbered in most groups by those who would be willing to pay more tax to fund the NHS in particular (Table 5.4). Willingness to pay more tax to fund the NHS is especially strong among people aged 55 to 64, among Labour and Liberal Democrat supporters, and among those with higher academic qualifications. Conservative supporters, although least likely to give a positive answer to either question, are noticeably more likely to express willingness to pay more tax themselves to benefit the NHS than to support tax increases for public services in general.

Table 5.4 Willingness to pay more tax to improve health care, compared with support for raising taxes to increase overall public spending[3]

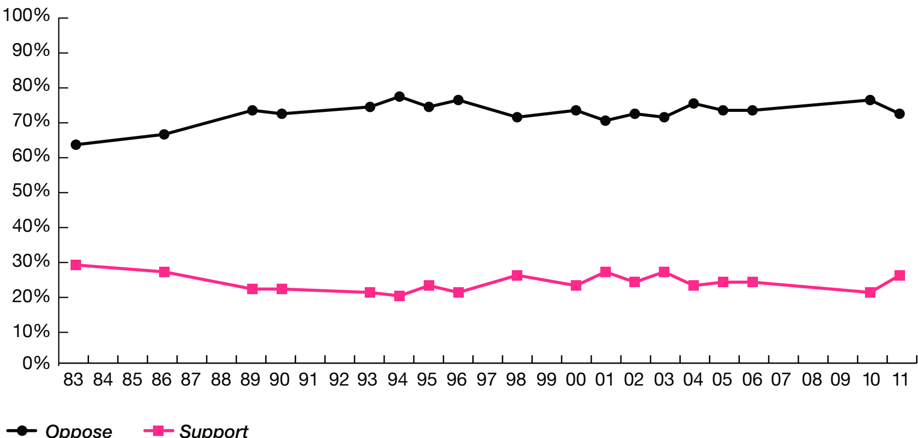
	% willing to pay more tax for increased health spending to improve health care	% support tax increases to spend more on public services	Difference
All	38	36	+2
Age			
18–34	35	30	+5
35–54	35	37	-2
55–64	47	40	+8
65+	41	37	+3
Political affiliation			
Conservative	35	26	+9
Liberal Democrat	52	40	+12
Labour	47	46	+1
Household income (quartiles)			
Lowest quartile	39	41	-2
2nd lowest quartile	38	35	+3
2nd highest quartile	40	34	+6
Highest quartile	40	35	+5
Educational attainment (highest level)			
Higher education	45	37	+8
A level	37	31	+5
O level / CSE	31	37	-6
No qualifications	41	37	+4

An alternative to 'tax and spend' could be to reduce the scope of what the NHS offers by limiting access. For example, we ask:

> *It has been suggested that the National Health Service should be available only to those with lower incomes. This would mean that contributions and taxes could be lower and most people would then take out medical insurance or pay for health care. Do you support or oppose this idea?*[4]

The answers (Figure 5.3) show that, for more than 20 years now, the proportion opposing this suggestion "a lot" or "a little" has consistently remained at or above 70 per cent. (The lowest level of opposition – and the highest level of support – was recorded back in 1983 when the then Prime Minister, Margaret Thatcher, was at her most popular.) The latest survey does, however, show a dip in opposition, and an increase in support for a health care system based on medical insurance or direct payment. But the proportion in favour of changing the NHS funding model is still below 30 per cent.

Figure 5.3 Support for and opposition to the NHS being made available only to those on lower incomes, 1983–2011[5]



The data on which Figure 5.3 is based can be found in the appendix to this chapter

In a similar vein, but without referring to income, the latest British Social Attitudes survey also asks how much people agree or disagree that "the government should provide only limited health care services". Again, 73 per cent voice opposition to the proposition. However, the level of agreement is much lower than for the previous question at just nine per cent.

We also ask what people believe will happen in reality:

> *In ten years' time, do you think the NHS will still be paid for by taxes and free to all?*

44%

of people think that in 10 years' time the NHS will not still be paid for by taxes and free to all

The public is not overwhelmingly confident that the service's traditional funding model will survive. While just under half (47 per cent) reply "yes", a very similar proportion (44 per cent) say "no". When we look at this against people's reported levels of satisfaction with the NHS overall we see that those who think the NHS will not be free and available to all in 10 years' time are significantly less likely to express satisfaction with the service now (50 per cent, compared with 63 per cent of those who think the NHS will remain freely accessible). Whether a view that the NHS will not be tax-funded and free to all in future causes lower satisfaction now or vice versa is impossible to say. Furthermore, it cannot be assumed that everyone who thinks NHS funding and access will change in future necessarily regards this is a bad thing – although the responses to our previous question on limiting access to the NHS (Figure 5.3) do suggest that most would see this as a negative change.

While many feel the NHS needs to change to some degree, radical changes to its funding source and the scope of its services are not generally the kind of change they have in mind. Even so, a large minority think this is what will, in fact, happen.

Setting priorities and commissioning local health services

While the coalition government's reforms stop short of any fundamental changes to the NHS as a publicly-funded, universal and comprehensive service, the administrative changes it is implementing are nevertheless far-reaching. As previously noted, the key reform is the creation of local clinical commissioning groups run by GPs, replacing primary care trusts as the purchasers of secondary care. The central argument advanced for this change has been that GPs are better-placed to make decisions about priorities and spending as they are closer to patients. But who do the public think can best decide how NHS money is spent? What sort of service priorities do they think the NHS should pursue and – more broadly – what kind of public health measures do they favour for promoting healthier living?

We asked people who they think "should decide how money is spent on your local NHS" and offered them four options: "the government", "your local GPs", "your local council" and "local people". The responses (Table 5.5) show that there is no majority view. Around one in three say the spending decisions should be taken by local GPs, while just under a third consider that they should be the remit of central government, and around one in six choose "local people" or the "local council" respectively. Broadly then, there is some support – though not overwhelming – for the central plank of the government's reform programme to put GPs in charge of deciding how around 60 per cent of the NHS budget should be spent.

Table 5.5 Who should decide how money is spent on the local NHS

Spending on local NHS should be decided by …	**%**
… your local GPs	34
… the government	30
… your local council	17
… local people	17
Weighted base	*1113*
Unweighted base	*1096*

Regardless of who makes the decisions about health care spending, any NHS service commissioner faces difficult choices about the priorities for that spending. To test public opinion about the types of health spending that should receive priority, given limited resources, we invited respondents to imagine they had charge of an NHS budget, with 40 "beans" or counters to allocate between four specific areas of spending. These were selected broadly to represent community services ("increase community nurses to support people with long term health problems in their own homes"), hospital care ("reduce hospital waiting times for people who need a hip operation"), mental health treatment ("expand access to counselling and 'talking therapies' for mild/moderate depression") and preventive public health services ("give more help for people who need to lose weight").

38%

of the hypothetical budget was allocated by the public to community nursing services

Aggregating the way people allocated their beans across these four areas produces the distribution shown in Table 5.6. We see that respondents collectively earmark 38 per cent of the hypothetical health budget for community nursing services. Public support for this sort of service, helping people with long term conditions at home, chimes with professional efforts over many years to shift care provision towards the community where appropriate, rather than providing it in hospitals. The strength of support for more investment in community services may also reflect a feeling that, notwithstanding the long term shift in policy, such care continues to be underfunded. It is also interesting that despite substantial reductions in the waiting times for operations and other hospital treatments in recent years, the public votes to allocate as much as 30 per cent of its notional health budget to reduce the time that people need to wait for a hip operation.

Support for the mental health option is given less priority, attracting 20 per cent of the notional budget, while the lowest share (12 per cent) is given to support for public health through a weight loss programme. The low priority given to this last choice may, in part, reflect a feeling among some people that helping people who need to lose weight is not even an appropriate activity for the NHS: looking at the way individuals allocate their budget beans we find that as many as three out of ten respondents allocated none of them to the public health option.

Table 5.6 Priorities for NHS spending

	Share (%) of (hypothetical) budget
Increase community nurses to support people with long term health problems in their own homes	38
Reduce hospital waiting times for people who need a hip operation	30
Expand access to counselling and 'talking therapies' for mild/moderate depression	20
Give more help for people who need to lose weight	12

The weighted base is 1113 and the unweighted base is 1096

Ways to improve public health

To investigate further what kinds of public health intervention people consider more or less acceptable, we asked them to say what in their view would be "the best way for the government to help people to lead healthier lifestyles". The options they chose between were:

Leave people to make their own choices without interfering

Provide information (e.g. on healthy diets, how to give up smoking)

Pay people (e.g. to give up smoking or take more exercise)

Use the law (e.g. to ban drinking in public places)

Tax unhealthy things (e.g. alcohol and cigarettes)

In general, as can be seen from Table 5.7, the public is less keen on what might be termed 'hard' interventions – such as using the law (nine per cent) or paying people in return for healthier behaviour (two per cent). The 'softer' approach that almost half say they favour is providing information on healthy diets. Despite the longstanding practice of governments in taxing alcohol and tobacco for avowedly 'health' as well as 'revenue' reasons, we also see that little more than one in five think it offers the best way to promote healthier lifestyles. Just under one in five, meanwhile, take a libertarian view, insisting that people should be left to make their own health choices without government interference.

Table 5.7 Best way for government to help people lead healthier lifestyles

	%
Provide information (e.g. on healthy diets, how to give up smoking)	48
Tax unhealthy things (e.g. alcohol and cigarettes)	22
Leave people to make their own choices without interfering	18
Use the law (e.g. to ban drinking in public places)	9
Pay people (e.g. to give up smoking or take more exercise)	2
Weighted base	*1113*
Unweighted base	*1096*

Conclusions

Undoubtedly the most striking feature of this latest British Social Attitudes survey is the unprecedented drop in public satisfaction with the way the NHS runs compared to the all-time high recorded in 2010 (and following a decade of continuous increase). While satisfaction with many of its component services also fell, these reductions were on a smaller scale than for the NHS overall. This reinforces our hypothesis that the overall decrease in satisfaction reflects an increase in general concern about NHS services and their future augmented by specific worries about the government's controversial organisational reform of the NHS in England.

In line with the sudden drop in satisfaction, there has been a marked increase in the proportion of people saying that the general standard of care in the NHS over the last five years has deteriorated. Moreover, while just over a quarter anticipate that the standard of care in the NHS will get better in the next five years, more than a third think it will get worse.

Given this generally critical picture, it might not seem surprising that more than half the public thinks the NHS needs "a few changes" and another three in ten that it needs "many changes". Few, though, express the stronger view that the system needs to be completely changed. Meanwhile, as we have discussed, the NHS is currently facing major modifications, not least a virtual freeze in real funding growth for health care between 2011/2012 and 2014/2015 in England, and some real reductions for the NHS in Wales and Scotland. This can be considered relatively generous compared with the treatment accorded to other areas of government spending in these austere times, and an indication that government has recognised the public's view (confirmed by this latest survey) that the NHS is a top priority for spending. Nevertheless, a spending standstill amid increasing demands on the service cannot be said to compare favourably with the doubling in real NHS spending that occurred between 2000 and 2010. Hence scope has been created for the kind of public disquiet seen in our survey.

Although health remains the public's top spending priority, 2011 saw a continuation in the decline in the proportion of people according it top priority. An alternative to spending more on the NHS would be to curtail the cost to taxpayers by restricting access to NHS services and moving those who can afford to pay for their health care towards an insurance-based or privately-funded system. However, our findings show that most people (73 per cent) remain opposed to limiting the scope and funding of the NHS in this way, to an extent that is broadly unchanged since the 1980s. Yet we have also seen that mainstream opposition to fundamental changes does not mean that people are convinced that they won't ever happen. On the contrary, a significant minority (44 per cent) do not expect that in 10 years' time the NHS will still be paid for by taxes and free to all – which is almost as many as the 47 per cent who anticipate no change.

Aside from the spending squeeze, one other major change already affecting the NHS is implementation of the government's organisational reforms in England. clinical commissioning groups led by GPs are being created to buy health care services on behalf of their local populations in place of primary care trusts, and thus take control of around 60 per cent of the total NHS budget. Encouragingly for the government, our survey finds that a third of the population think their local GPs are the best people to decide how money is spent on their local NHS, while other options command less support. But this can scarcely be read as a ringing public endorsement of the reforms.

Meanwhile, as the NHS grapples with far-reaching organisational changes and a stringent financial climate, decisions about priorities and how to improve public health assume even greater importance. Local GP commissioners will have to make difficult decisions about how best to allocate a fixed budget between NHS services and patient groups in need of care. Interestingly, the results when we invite the public to tackle this problem (albeit for a much-limited range of services) suggest a marked preference for investing in community health services, exemplified by nursing care at home. In relation to wider government intervention to promote healthier lifestyles we have also seen how people are less keen on 'harder' financial inducements or recourse to the law (for example, to ban drinking in public places) than on 'softer' support, such as advice on healthy diets or how to give up smoking. In addition, little more than one in five of the population view the taxation of 'unhealthy things' (such as alcohol) as the best way to encourage healthy living. As policy makers confront the daunting challenge of extracting greater value from the strictly limited resources now available for the NHS, this is a reminder that the effectiveness and cost-effectiveness of treatments and services cannot be the only consideration. By promoting better public health they might reasonably hope to reduce the need for more expensive medical interventions. But they will also need to acknowledge people's awareness, demonstrated in our survey, of a balance between personal liberty and government action, which it could prove problematic to upset.

We await with interest the satisfaction levels recorded in 2012, which, given our suggested explanations for the precipitous drop in satisfaction in 2011, we might expect to have recovered somewhat as the intense debates surrounding the proposed plans subside. However, while the Health and Social Care Act has now progressed to the statute book, this is just the beginning of changes that will only start to take effect towards the end of 2012. Whether or not public satisfaction levels will return to their high of 70 per cent once the NHS reforms are in place remains to be seen.

Notes

1. The International Social Survey Programme is conducted annually in 48 countries. In Britain it is carried out as part of the British Social Attitudes study, with funding from the Economic and Social Research Council. For more details see the website: www.issp.org/index.php

2. People with experience include those answering “Yes, just me”, “Yes, not me, but a close family member or friend”, and “Yes, both me and a close family member or friend” to questions about use of inpatients and/or outpatients in the last 12 months

3. The bases for Table 5.4 are as follows:

	Would pay more tax for increased health spending		**Support tax increases to spend more on public services**	
	Weighted base	*Unweighted base*	*Weighted base*	*Unweighted base*
Age				
18–34	*297*	*231*	*948*	*752*
35–54	*335*	*329*	*1171*	*1159*
55–64	*152*	*164*	*496*	*541*
65+	*168*	*212*	*693*	*856*
Political affiliation				
Conservative	*245*	*256*	*881*	*926*
Liberal Democrat	*74*	*78*	*247*	*253*
Labour	*293*	*295*	*1062*	*1039*
Household income (quartiles)				
Lowest quartile	*186*	*229*	*641*	*799*
2nd lowest quartile	*186*	*188*	*571*	*591*
2nd highest quartile	*176*	*170*	*620*	*594*
Highest quartile	*202*	*180*	*657*	*579*
Educational attainment (highest level)				
Degree or equivalent	*313*	*295*	*1005*	*953*
A level	*151*	*137*	*529*	*469*
GCSE or equivalent	*216*	*205*	*787*	*774*
No qualifications	*171*	*197*	*636*	*743*

4. There have been minor variations to this question over the years. From 1983 to 1994 the answer options were “support” and “oppose”; from 1995 to 2010 the answer options were “support a lot”, “support a little”, “oppose a lot” and “oppose a little”, with respondents being prompted to say “a little” or “a lot”. In 2011 the same four answer options were retained but presented to respondents on a showcard.

5. Readings are indicated by data marker; the line indicates an overall pattern but where there is no data marker the line cannot be taken as a reading for that year.

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Appendix

The data for Figures 5.1, 5.2 and 5.3 are shown below.

Table A.1 Satisfaction with the NHS overall, 1983–2011

	83	84	86	87	89	90	91	93	94
	%	%	%	%	%	%	%	%	%
Very/quite satisfied	55	51	40	40	37	37	40	44	44
Neither satisfied nor dissatisfied	20	19	19	20	18	15	19	18	17
Very/quite dissatisfied	26	30	40	40	46	47	41	38	38
Weighted base	*1719*	*1645*	*3066*	*2766*	*2930*	*2698*	*2836*	*2945*	*3469*
Unweighted base	*1719*	*1675*	*3066*	*2847*	*2930*	*2698*	*2918*	*2945*	*3469*

	95	96	97	98	99	00	01	02	03
	%	%	%	%	%	%	%	%	%
Very/quite satisfied	37	36	34	42	46	42	39	40	44
Neither satisfied nor dissatisfied	18	14	15	22	20	19	20	18	18
Very/quite dissatisfied	45	50	50	36	33	39	41	41	37
Weighted base	*3633*	*3620*	*1355*	*3146*	*3143*	*3426*	*1108*	*2285*	*2284*
Unweighted base	*3633*	*3620*	*1355*	*3146*	*3143*	*3426*	*2188*	*2287*	*2293*

	04	05	06	07	08	09	10	11
	%	%	%	%	%	%	%	%
Very/quite satisfied	44	48	49	51	58	64	70	58
Neither satisfied nor dissatisfied	20	20	16	19	16	16	12	18
Very/quite dissatisfied	37	31	34	30	25	19	18	24
Weighted base	*3199*	*3210*	*2151*	*3082*	*3333*	*3421*	*3297*	*1113*
Unweighted base	*3199*	*3193*	*2151*	*3078*	*3358*	*3421*	*3297*	*1096*

Table A.2 First or second priorities for extra government spending, 1983–2011

	83	84	85	86	87	89	90	91	93
	%	%	%	%	%	%	%	%	%
Health	63	76	73	75	78	83	81	74	70
Education	50	49	51	57	55	55	63	62	57
Police and prisons	8	6	5	8	8	7	7	6	11
Housing	20	18	23	21	24	21	20	21	22
Help for industry	29	20	20	16	11	7	6	10	14
Defence	8	6	5	4	4	3	2	4	3
Public transport	3	2	3	2	1	3	6	5	4
Roads	5	4	4	3	3	5	4	5	4
Social security benefits	12	15	12	11	12	14	13	11	13
Overseas aid	1	1	2	1	1	1	1	1	2
(None of these)	1	1	1	1	1	0	0	1	1
Weighted base	*1719*	*1645*	*1769*	*3066*	*2766*	*2930*	*2698*	*2836*	*2945*
Unweighted base	*1761*	*1675*	*1804*	*3100*	*2847*	*3029*	*2797*	*2918*	*2945*

	94	95	96	97	99	00	01	02	03
	%	%	%	%	%	%	%	%	%
Health	72	77	80	78	79	81	83	79	79
Education	60	66	66	70	69	64	67	63	63
Police and prisons	13	10	11	10	8	10	11	14	12
Housing	18	14	12	11	11	11	8	10	10
Help for industry	12	9	9	8	6	5	4	4	4
Defence	4	2	2	3	2	3	3	3	3
Public transport	3	7	6	6	10	10	11	13	13
Roads	4	3	3	3	7	6	5	6	6
Social security benefits	11	11	8	9	7	7	6	5	6
Overseas aid	1	0	1	1	1	1	1	2	1
(None of these)	1	1	0	1	1	1	1	1	1
Weighted base	*1187*	*1199*	*3620*	*1355*	*3143*	*2302*	*3287*	*3435*	*4432*
Unweighted base	*1167*	*1234*	*3620*	*1355*	*3143*	*2292*	*3287*	*3435*	*4432*

	04	05	06	07	08	09	10	11
	%	%	%	%	%	%	%	%
Health	78	75	75	74	72	73	71	68
Education	62	59	61	60	55	59	64	61
Police and prisons	13	14	17	15	19	12	11	15
Housing	12	12	12	15	14	14	13	14
Help for industry	5	5	4	4	5	11	10	12
Defence	5	6	6	7	8	9	8	10
Public transport	11	12	11	11	11	8	7	6
Roads	6	7	5	6	7	6	7	6
Social security benefits	5	5	5	5	5	4	5	4
Overseas aid	2	3	3	2	2	2	2	1
(None of these)	1	1	1	1	1	1	1	1
Weighted base	*3199*	*2167*	*3228*	*3082*	*2184*	*3421*	*3297*	*3311*
Unweighted base	*3199*	*2166*	*3240*	*3094*	*2229*	*3421*	*3297*	*3311*

Table A.3 Support for and opposition to the NHS being made available only to those on lower incomes, 1983–2011

	83	86	89	90	93	94	95	96	98
	%	%	%	%	%	%	%	%	%
Support	29	27	22	22	21	20	23	21	26
Oppose	64	67	74	73	75	78	75	77	72
Weighted base	*1719*	*3066*	*2930*	*2698*	*2945*	*3469*	*3633*	*3620*	*3146*
Unweighted base	*1761*	*3100*	*3029*	*2797*	*2945*	*3469*	*3633*	*3620*	*3146*

	00	01	02	03	04	05	06	10	11
	%	%	%	%	%	%	%	%	%
Support	23	27	24	27	23	24	24	21	26
Oppose	74	71	73	72	76	74	74	77	73
Weighted base	*3426*	*2179*	*2285*	*2284*	*3199*	*3210*	*2151*	*3297*	*1113*
Unweighted base	*3426*	*2188*	*2287*	*2293*	*3199*	*3193*	*2143*	*3297*	*1096*

Multivariate analysis

The multivariate analysis technique used is stepwise logistic regression, about which more details can be found in the Technical details chapter. The dependent variable is satisfaction ("very satisfied" or "satisfied") "with the way in which the National Health Service runs nowadays". A positive coefficient indicates that the group is more likely than the reference group (shown in brackets) to be satisfied, while a negative coefficient indicates that the group is less likely to be satisfied. We controlled for standard demographic factors – sex, age and region – though Table A.4 shows that these were not significant. The independent variables entered into the model were: household income, highest educational qualification, party identification, satisfaction with GPs / Accident and emergency / Dentists / Inpatients / Outpatients, recent contact with Outpatients / Inpatients, views on how NHS performance had changed over the last five years, views on how NHS performance would change over the next five years, and views on whether the NHS would be free to all in 10 years time.

Table A.4 Satisfaction with how the NHS is run nowadays

Category	Coefficient	Standard error	Odds ratio	P value
Baseline odds	-1.718	0.602	0.179	0.004
Sex (Men)				
Women	0.205	0.176	1.228	0.243
Region (North East)				
North West	-0.911	0.504	0.402	0.070
Yorkshire and Humberside	-0.932	0.565	0.394	0.099
East Midlands	-0.111	0.546	0.895	0.839
West Midlands	-0.496	0.534	0.609	0.353
South West	-0.464	0.519	0.629	0.371
Eastern	-0.082	0.694	0.921	0.906
Inner London	-0.054	0.606	0.947	0.928
Outer London	-0.506	0.510	0.603	0.321
South East	-0.537	0.530	0.584	0.311
Wales	-0.334	0.567	0.716	0.556
Scotland	-0.595	0.539	0.552	0.270
Age (18–24)				
25–34	0.106	0.384	1.112	0.783
35–44	0.513	0.384	1.670	0.182
45–54	-0.040	0.384	0.961	0.918
55–64	0.274	0.391	1.316	0.483
65–97	0.012	0.376	1.012	0.974
NHS last 5 years (Worse or no change)				
Better	1.340**	0.200	3.821	0.000
Satisfaction with GPs (Dissatisfied or neither satisfied nor dissatisfied)				
Satisfied	1.214**	0.203	3.366	0.000
Satisfaction with Inpatients (Dissatisfied or neither satisfied nor dissatisfied)				
Satisfied	1.167**	0.181	3.211	0.000
Satisfaction with Outpatients (Dissatisfied or neither satisfied nor dissatisfied)				
Satisfied	1.004**	0.185	2.729	0.000
NHS free to all in next 10 years (Yes)				
No	-0.456*	0.181	0.634	0.012
Don't know	-0.067	0.322	0.935	0.834
Nagelkerke (adjusted) R^2	0.38			

Base: 862

* *= significant at 95% level;* ** *= significant at 99% level*

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