

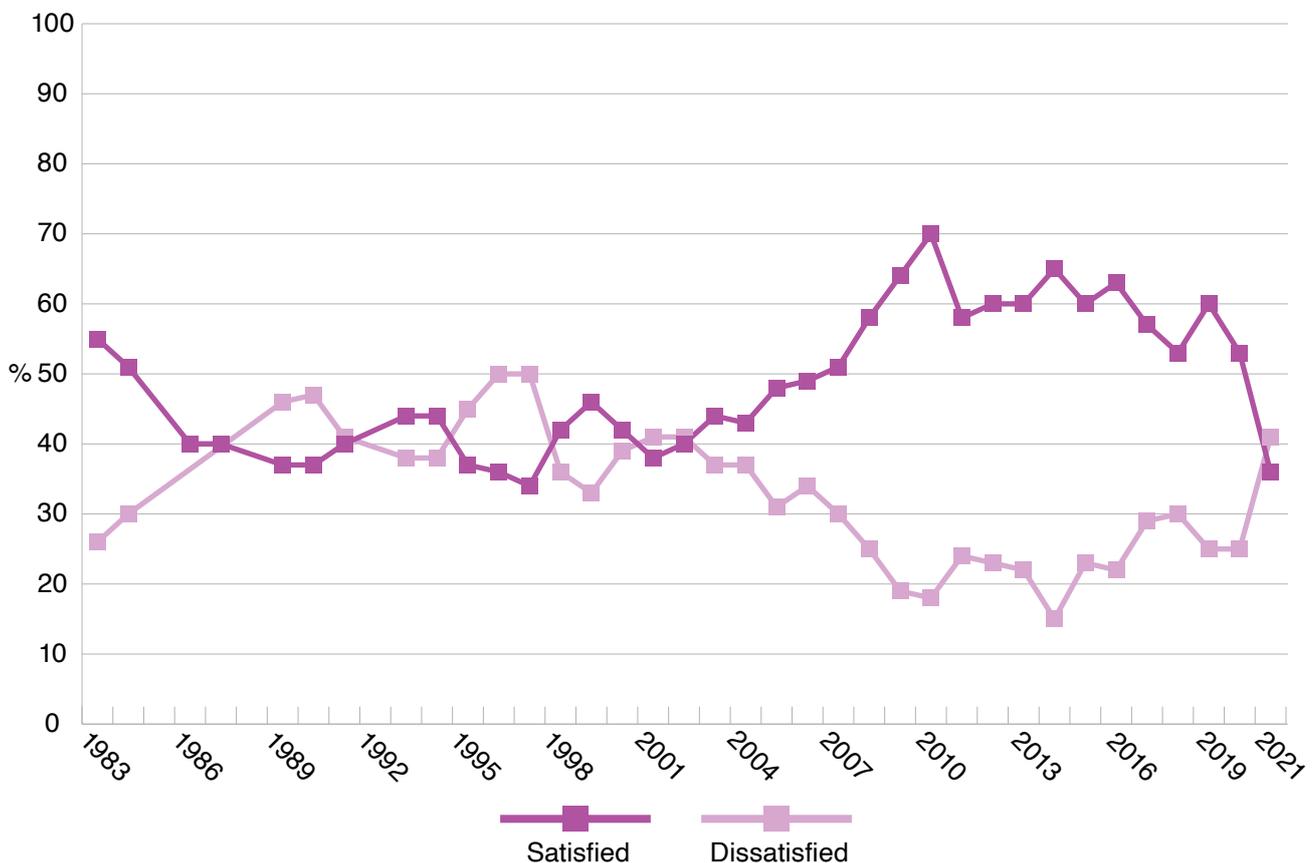
NHS and social care

What impact has the COVID-19 pandemic had on satisfaction with the NHS and social care?

This chapter examines the public’s satisfaction with the NHS and social care, towards the middle of the second year of the COVID-19 pandemic. It considers whether the pandemic’s wide-ranging impacts on health services led to people becoming more or less satisfied with the NHS. It looks at whether changes have been experienced across different sections of society and across a range of NHS services. It explores people’s reasons for expressing satisfaction (or not), whether having contact with NHS services affects satisfaction and how trends in satisfaction may relate to support for the key principles that underpin the NHS.

There has been a dramatic decline in satisfaction with the NHS, with satisfaction falling to 36%, a 17 percentage point drop since 2020, now standing 24 points lower than before the pandemic. This is the lowest level of satisfaction recorded since 1997. It has been accompanied by an increase in dissatisfaction, from 25% in 2020 to 41% now – the largest year-on-year rise in dissatisfaction recorded by the survey. More people are dissatisfied with the NHS than satisfied, for the first time since 2002.

Percentage satisfied/dissatisfied with the way in which the NHS runs nowadays



Source: British Social Attitudes survey 1983-2021

Overview

Decline in satisfaction with the NHS

People are less satisfied with the NHS than they were before the COVID-19 pandemic. This is true for different sections of the population and across a range of NHS services, with waiting times rising in prominence as a driver of dissatisfaction.

- The most popular explanation for being dissatisfied with the NHS is that it takes too long to get a GP or hospital appointment, selected by 65% when asked to choose up to three reasons. The proportion selecting this reason has risen by 8 percentage points since 2019.
 - The second most common reason for dissatisfaction is that there are not enough NHS staff, selected by 46%, although this is down 16 points since 2019 when it was the most popular reason.
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Satisfaction has declined across NHS services

There has been a fall in satisfaction across a range of health and care services, including GPs, NHS dentists, inpatient and outpatient services, A&E and social care.

- Satisfaction with GP services has declined by 30 points since 2019 (to 38%), while satisfaction with NHS dentists has declined by 27 points (to 33%). Just 15% are satisfied with social care.
 - There was a rise in dissatisfaction with GPs to 42% – the highest level for this service since the BSA survey began. Half of people (50%) are dissatisfied with social care, the highest level for any of the services asked about.
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Support for key principles of NHS

There is widespread support for the principles that underpin the NHS, although levels of support are lower among those who are dissatisfied, compared with those who are satisfied, with the way the NHS is run.

- 76% think the NHS should definitely be free of charge when you need it and 67% believe it should definitely be available to everyone. 54% think the NHS should definitely be primarily funded through taxes.
 - People who are dissatisfied with how the NHS is run are less likely to endorse these principles. 63% of those who are dissatisfied think the NHS should definitely be available to everyone, compared with 75% of those who are satisfied.
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Introduction

The backdrop to the 2021 British Social Attitudes Survey (BSA) was the most extraordinary in its 39 year history. Fieldwork for the survey took place during the autumn of the second year of the COVID-19 pandemic, a global health emergency that had seen normal life for millions of people around the world turned upside down.

In the UK, lockdowns, school closures and self-isolation rules were recent memories, and health and care services were still grappling with the effects of cancelled appointments, COVID-related staff shortages and thousands of patients admitted to hospital with the virus. By the time the fieldwork commenced on 16th September, there had been 134,743 confirmed COVID-19 deaths in the UK (Our World in Data, 2022) and over seven million recorded cases. This occurred in a health and care system that was already creaking, with access and waiting times worsening and staffing pressures building.

A central goal of the COVID-19 lockdowns had been to protect health services from becoming overwhelmed, with the core message of 'Stay Home, Save Lives, Protect the NHS' – a defining feature of government communications in the early months of the pandemic. The public's response to this, taking unprecedented steps to restrict the spread of the virus, was underpinned by a strong commitment to the NHS. The weekly 'Clap for Carers' saw citizens across the country stand on their doorsteps to show their solidarity and gratitude for NHS staff and other key workers (Clap For Our Carers).

In many ways, this commitment to the health service was a continuation of a long-standing public fondness for the NHS and its staff, and support of the principles that the NHS should be free at the point of use, publicly funded, and available to all. While the BSA surveys showed some fluctuations in satisfaction with the NHS in the decade prior to the pandemic, satisfaction had remained firmly above 50% since 2007, with the pre-pandemic 2019 survey reporting that 60% of people were either very or quite satisfied with the way in which the NHS was run (Wellings et al., 2020).

Throughout the course of the COVID-19 pandemic, the public's relationship with healthcare had to undergo some significant changes, with a rapid move to online GP and outpatient appointments, stringent infection control measures in hospitals and millions of operations cancelled and rescheduled to free up beds for COVID-19 patients (Anon, 2021). Social care, which has not historically been afforded the same level of public affection as the NHS, was thrust into the spotlight as the extremely high numbers of excess deaths from COVID-19 in these settings touched tens of thousands of families and gained significant media attention (Scobie, 2021).

These changes came with both health and care services already facing long-term pressures. In the five years before the pandemic, the waiting list for planned hospital care had grown from 3.1 million to 4.5 million (NHS England, 2022), accident and emergency (A&E) waiting

times had progressively worsened and patients were waiting longer for cancer care. The pandemic exacerbated these pre-existing challenges; by October 2021, over 300,000 people had been waiting over a year for planned care and A&E waiting times were the worst since records began (Morris, 2021).

Given this tumultuous backdrop, the 39th BSA survey provides a unique opportunity to assess what the public thinks about the NHS and social care services towards the end of the second year of the COVID-19 pandemic. In this chapter, we assess what impact these extraordinary events had on satisfaction with the health service. Did the NHS' response to the pandemic lead to sustained or improved levels of satisfaction? Or, did growing waiting times to access care serve to undermine satisfaction?

We consider whether changes in levels of satisfaction were consistent across the board or were more apparent among those groups who were disproportionately impacted by COVID-19. We also examine whether satisfaction with certain NHS services was affected more than others. We consider whether satisfaction was different among people who had and did not have contact with the NHS, bearing in mind that levels of contact with NHS services were generally lower at the outset of the pandemic. Did people who did not have contact include many who wanted to access the NHS, and were unhappy at being unable to do so? We conclude the chapter by measuring, for the first time, public support for the founding principles of the NHS. We consider to what extent such support is linked to satisfaction with the NHS, and what this might mean for the NHS going forward as it seeks to recover from the enhanced pressures of the pandemic.

Has the COVID-19 pandemic affected satisfaction with the NHS?

Given the immense challenges for the NHS brought on by the COVID-19 pandemic, it is very timely to ask how these challenges may have affected public satisfaction with the health service. Did the pandemic lead people to value the health service more highly? Or did the high number of COVID-19 deaths and the exacerbation of pre-existing issues, such as the growing waiting list for elective care, cause satisfaction to decline?

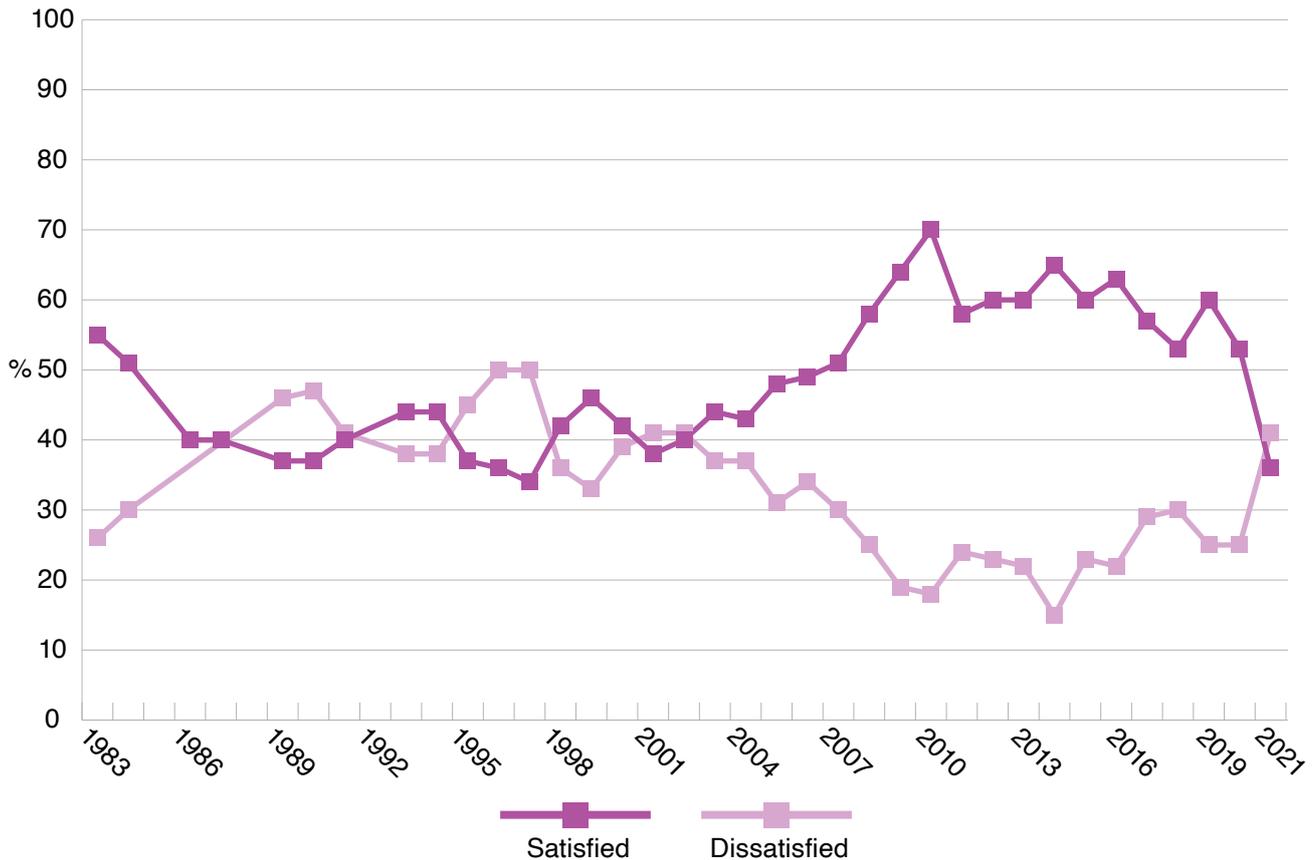
We have measured satisfaction with the NHS since 1983 by asking respondents the following question:

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

Figure 1 presents the proportions who indicated that they were satisfied and dissatisfied with the NHS in 2021, and for all previous occasions on which the question was asked. It reveals a dramatic decline in satisfaction with the NHS, with satisfaction falling to 36%,

an unprecedented 17 percentage point drop since 2020, now standing 24 points lower than before the pandemic (Wellings et al., 2022). This is the lowest level of satisfaction recorded since 1997. It has been accompanied by an increase in dissatisfaction, which rose from 25% in 2020 to 41% now – the largest year-on-year rise in dissatisfaction since the question was first asked. More people are dissatisfied with the NHS than satisfied, for the first time since 2002.

Figure 1. Satisfaction with the NHS, 1983-2021



The data on which Figure 1 is based can be found in Appendix Table A.1 of this chapter

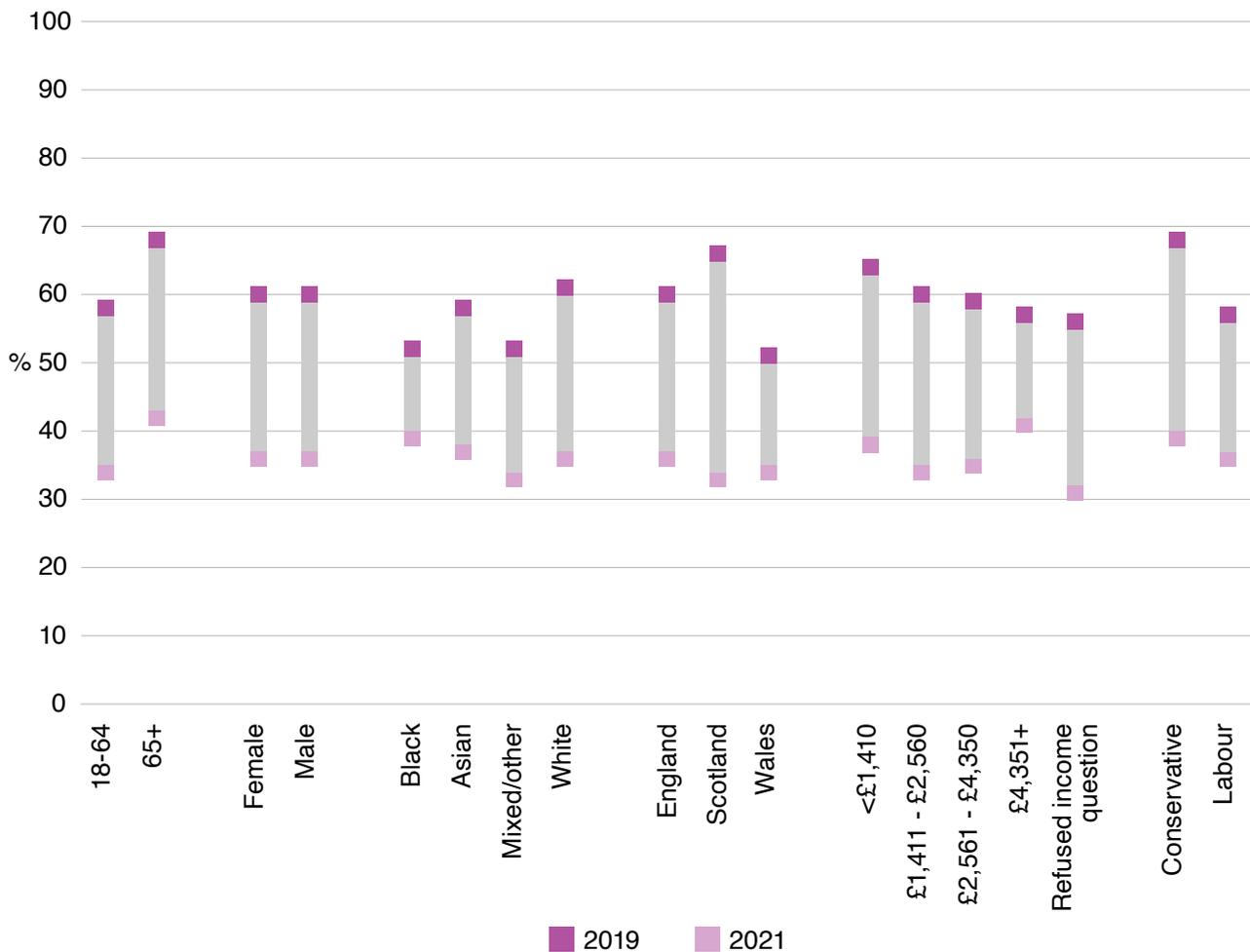
While dissatisfaction with the health service has previously been higher, reaching 50% in the mid-1990s, the 2021 results, compared with more recent trends, signal a dramatic shift in attitudes that warrants further analysis, in order to understand the role that may have been played by the COVID-19 pandemic.

We begin by considering whether satisfaction fell for all demographic groups, reflecting the universal experience of the pandemic, or was more marked for those groups particularly affected by its health impacts, such as the elderly (who were more likely to experience severe disease), non-White ethnic groups and those with lower household incomes who have also been shown to be more likely to be negatively affected by the pandemic (Office for National Statistics, 2020; Local Government Association, 2021; Mueller et al., 2020).

Did satisfaction decline among all demographic groups?

In Figure 2, we plot the fall in satisfaction with the NHS that occurred between 2019 and 2021 for groups defined by sex, ethnicity, household income, country and political party identification. These data clearly show that the fall in satisfaction with the NHS which took place between 2019 and 2021 occurred across a wide range of demographic groups.

Figure 2. Change in satisfaction with the NHS by age, sex, ethnicity, household income and political party identification, 2019-2021



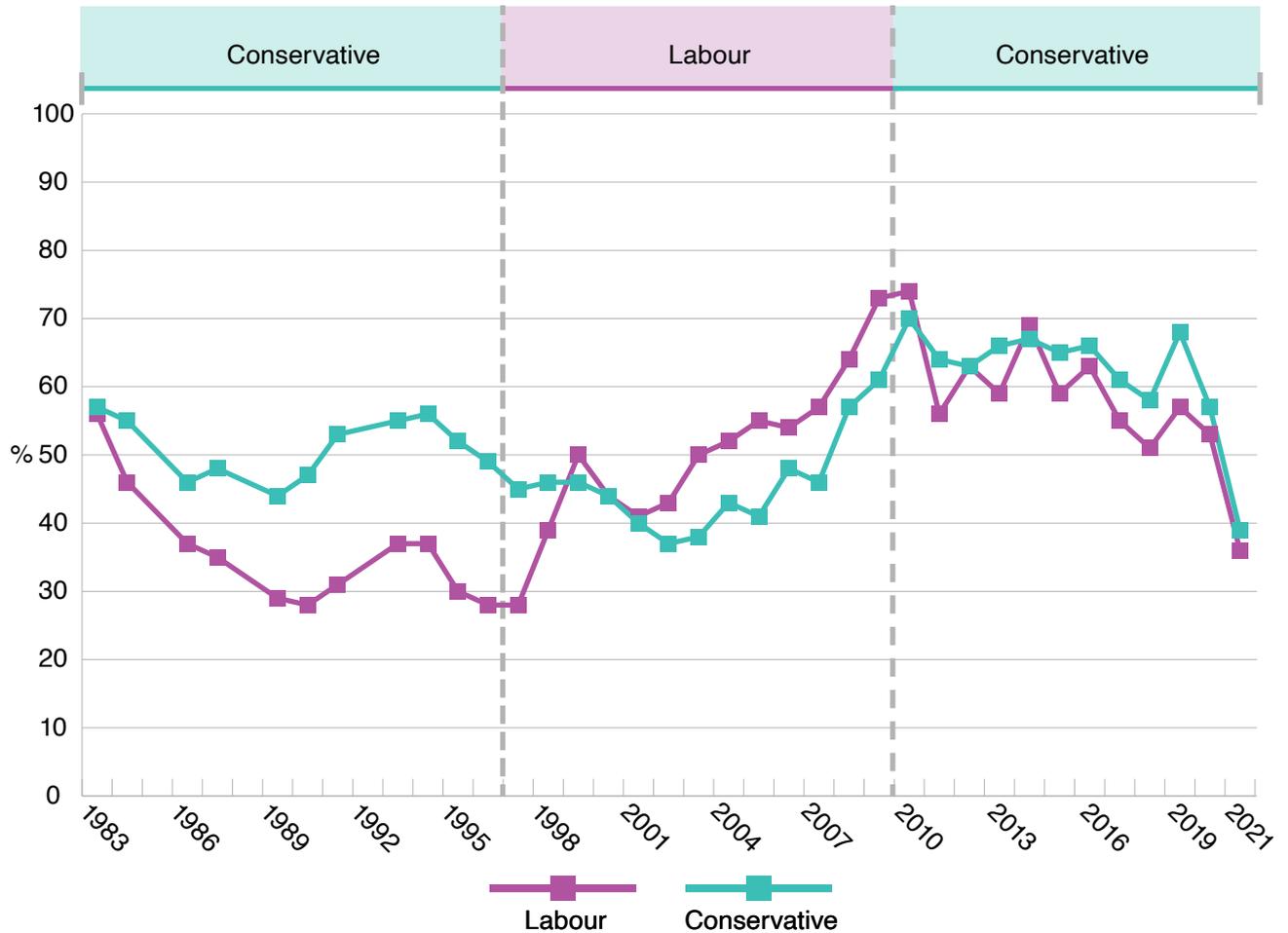
The data on which Figure 2 is based can be found in Appendix Table A.2 of this chapter

While people aged 65+ expressed a significantly higher level of satisfaction than those aged 18-64 in both 2019 and 2021, the decreases in satisfaction that occurred for the two groups were very similar; there has been a 24 percentage point drop in satisfaction among the 18-64 age group and a 25-point drop for the 65+ group. This suggests that the older age group did not experience a disproportionate decline in satisfaction with the NHS.

Conversely, we see a sharper drop in satisfaction among Conservative Party supporters, compared with Labour Party supporters. As a result, there are currently very similar levels of

satisfaction with the NHS among Conservative (39%) and Labour (36%) supporters. This is noteworthy because, in the past, people have tended to be more supportive when the political party they identify with is in power, as depicted in Figure 3 – although this trend has become less marked over the past decade, compared with earlier periods (Appleby and Schlepper, 2022).

Figure 3. Satisfaction with the NHS, by political party identification and political party in office, 1983-2021



The data on which Figure 3 is based can be found in Appendix Table A.3 of this chapter

Given the fact that satisfaction with the NHS has declined across a wide range of demographic groups, it appears that the impact on attitudes resulting from the COVID-19 pandemic has been universal, rather than being primarily limited to those sections of society who were disproportionately affected. However, we also know that some NHS services faced greater, and different, challenges to others as a result of the pandemic. We next consider whether this resulted in differential trends in satisfaction, or if people have become consistently more dissatisfied with NHS services over the past two years.

How has the COVID-19 pandemic affected satisfaction with different NHS services?

While all health and care services adapted and responded rapidly to the COVID-19 pandemic, there were specific pressures in each service type that affected access and delivery of services in different ways. Other pressures, such as staff shortages due to sickness absence and isolation requirements, that hit an already depleted workforce, were felt across the whole health and care system. All of these factors could potentially have affected satisfaction with individual services, as well as with the NHS as a whole. Before examining trends in satisfaction with individual services, we outline this service-specific context in greater detail.

GP services were put under considerable strain during the pandemic, with social distancing measures, rapid adjustment to virtual consultations and the need to prioritise delivering the COVID-19 vaccine to millions of patients (Fraser and Fisher, 2021). Access to NHS dental care had been a problem since long before the pandemic (Care Quality Commission, 2022), but was intensified when routine dental services were paused and practices introduced enhanced infection, prevention and control measures to reduce the spread of COVID-19 (Discombe, 2020). In social care, there were thousands of deaths of care home residents (Scobie, 2021), severe restrictions on visiting friends and relatives, and care staff were working under serious strain with over 100,000 staff vacancies in England alone (Skills for Care, 2021).

Hospitals grappled with thousands of admissions of patients with severe COVID-19 disease, which put pressure on intensive care units. These admissions also led to the cancellation of many planned outpatient appointments and surgeries, and the redeployment of hospital staff to other specialties to deal with the influx of COVID-19 patients. Capacity was strained further by infection control procedures, requiring the separation of COVID and non-COVID patients. A&E departments were not immune to these effects; waits for patients to be admitted onto a ward were increasing rapidly and this resulted in backlogs in emergency departments and in ambulance handovers (The Nuffield Trust, 2018).

As part of the BSA survey, we ask respondents about their satisfaction with a range of individual health and care services. Specifically, we ask respondents:

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?

We subsequently ask respondents identical questions in relation to, “National Health Service dentists”, “being in hospital as an inpatient”, “being in hospital as an outpatient”, “Accident and Emergency departments”, and “social care for people who cannot look after themselves because of illness, disability or old age”. Prior to 2021, the

social care question specified care “provided by local authorities” and so caution should be taken when undertaking time comparisons.

By exploring responses to these questions, we can see whether satisfaction with some of these services was more affected by the pandemic than others, and can begin to understand what may be driving the rise in dissatisfaction with the NHS overall.

Table 1 presents the levels of satisfaction and dissatisfaction recorded for each service in both 2019 and 2021, along with a calculated ‘net satisfaction score’ (subtracting the proportion who are dissatisfied from the proportion who are satisfied). It shows that the most dramatic decline in satisfaction occurred for GP services, with a 30 percentage point drop. NHS dentists were not far behind, experiencing a 27-point drop in satisfaction. While the declines in satisfaction that occurred were significant for all service types, these were slightly lower for hospital-based services. The absolute fall in satisfaction was the lowest for social care services, although the relative fall was the greatest; satisfaction with social care was already very low, at 29%, in 2019 and so the drop to 15% in 2021 represents a considerable change.

Table 1 Satisfaction and dissatisfaction with specific health and care services, 2019-2021

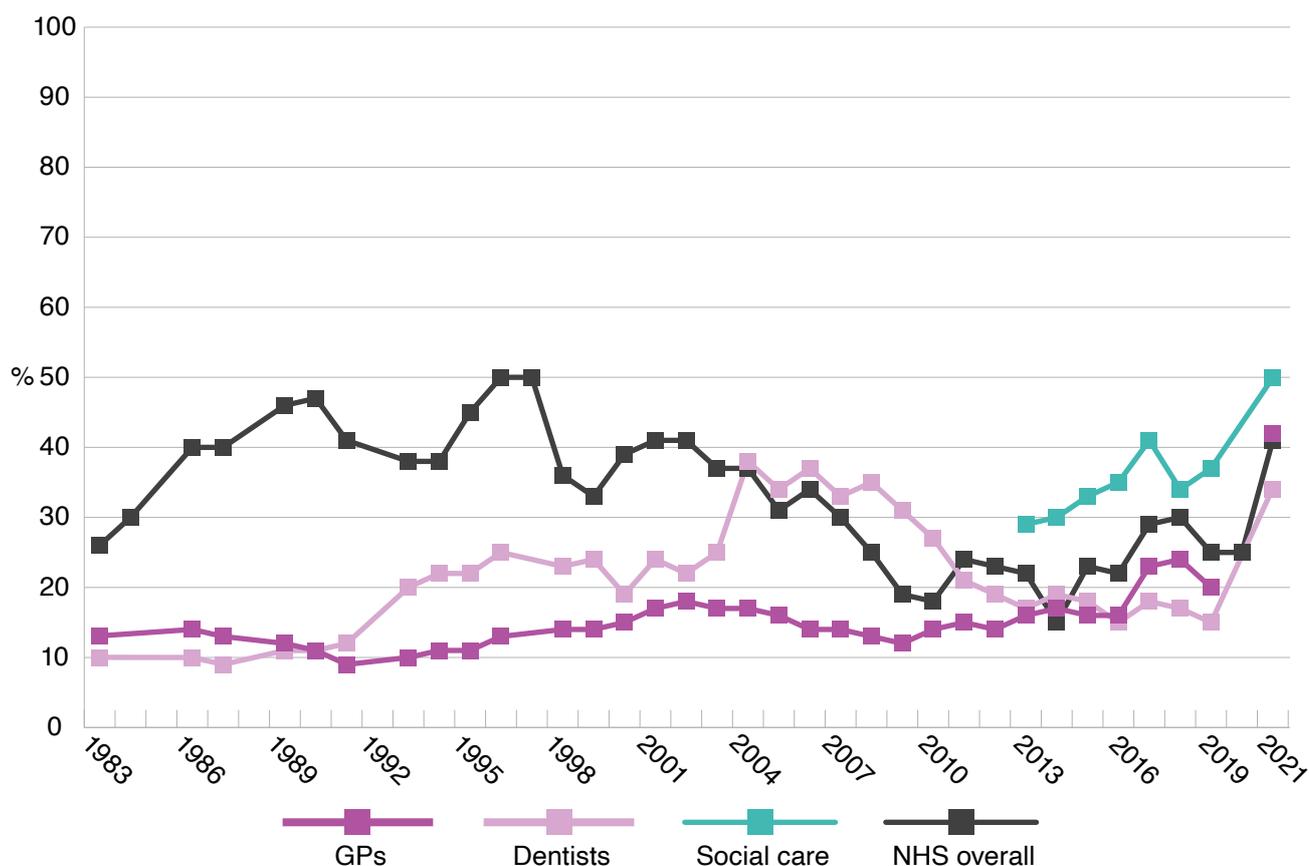
% satisfied/ dissatisfied	Satisfied	Dissatisfied	Net satisfaction	<i>Unweighted base</i>
NHS overall				
2019	60	25	34	1275
2021	36	41	-5	3112
Change over time	-24	16		
GPs				
2019	68	20	48	1075
2021	38	42	-4	1039
Change over time	-30	22		
NHS dentists				
2019	60	15	45	1075
2021	33	34	-1	1039
Change over time	-27	18		
Inpatient services				
2019	64	9	55	1075
2021	41	11	30	1039
Change over time	-23	2		
Outpatient services				
2019	71	11	60	1075
2021	49	14	35	1039
Change over time	-22	3		
A&E				
2019	54	23	31	1075
2021	39	29	9	1039
Change over time	-15	6		
Social care *				
2019	29	37	-8	1075
2021	15	50	-35	1039
Change over time	-13	13		

+ In 2021, the social care question was changed to no longer specify care provided by local authorities

To understand the significance of these changes, it is useful to consider how satisfaction with individual services has evolved across the life-time of the survey. Figure 4 presents levels of dissatisfaction with GPs, NHS dentists and social care, for each occasion on which these questions

have been asked. It illustrates that the rise in dissatisfaction with GPs to 42% in 2021 represents the highest level of dissatisfaction with this service since the BSA survey began. Dissatisfaction with social care, which is the highest for any of the health and care services asked about, also stands at a historic high, although satisfaction with this service has only been measured since 2013 (Bottery and Schlepper, 2022). Meanwhile, there has been a significant increase in dissatisfaction with NHS dentistry to 34% in 2021; this level of dissatisfaction with NHS dentists is not unprecedented, as it is for GPs and social care, because dissatisfaction reached a previous peak of 38% in 2004.

Figure 4. Dissatisfaction with GPs, NHS dentists and social care, 1983-2021



The data on which Figure 4 is based can be found in Appendix Table A.4 of this chapter

In contrast, Table 1 indicates that there were much smaller increases in dissatisfaction with inpatient, outpatient and A&E departments. This is largely explained by the substantial increase in the proportion of people responding that they were “neither satisfied nor dissatisfied” with each of these services. The comparatively lower level of dissatisfaction with hospital-based services is interesting. It may be due to public perceptions of hospitals during the pandemic, but it may also relate to a smaller proportion of the public using or having contact with hospital services, resulting in fewer people feeling able to express an opinion (Wellings et al., 2020) – a possibility we examine further in a later section when considering the impact of people’s contact with health and care services.

The negative ‘net satisfaction’ scores for GPs, NHS dentists and social care in 2021 signal that more people are dissatisfied than satisfied with these services. The fact that this was also the case for the NHS overall, and that trends in dissatisfaction with the NHS and with GPs were similar in the five years prior to the pandemic, as depicted in Figure 4, suggest that satisfaction with GPs, and the NHS overall, have recently been closely related. This is not surprising given that general practice is the service that the public has the most contact with (as discussed when we consider contact with individual services), but is a trend that will be interesting to follow in future BSA surveys.

Why are people dissatisfied with the NHS and social care?

Since 2015, we have asked respondents about their reasons for expressing satisfaction or dissatisfaction with the way in which the NHS is run nowadays, with respondents having the opportunity to select up to three answers; similar questions in relation to social care were introduced in 2019. These questions were not asked in 2020, meaning that the 2021 data represents our first opportunity to measure the impact of the COVID-19 pandemic in this area.

In this section, we focus on reasons for people being dissatisfied with the NHS and with social care specifically, as our primary interest is in what has caused the historic decline in satisfaction and rise in dissatisfaction – rather than why a declining number remain satisfied¹.

Table 2 presents the proportions of people who selected each of the reasons for dissatisfaction offered to them in 2021. The most popular reason for dissatisfaction with the NHS, selected by two-thirds of people, is that it takes too long to get a GP or hospital appointment. The second most common reason selected is the fact that there are not enough NHS staff, chosen by slightly fewer than half. While these explanations for dissatisfaction might be seen to be linked to direct experience of NHS services, the next two most popular reasons expressed for dissatisfaction relate to the way in which the NHS is financed. Around four in ten people in each instance say that they are dissatisfied with the NHS because the government doesn’t spend enough money on the service, or because money is wasted in the NHS.

¹ The most common reasons for satisfaction with the NHS include: the fact that NHS care is free at the point of use (78%), the quality of NHS care (65%), the good range of services and treatments available (58%) and the attitudes and behaviour of staff (49%).

Table 2 Reasons for dissatisfaction with how the NHS is run nowadays

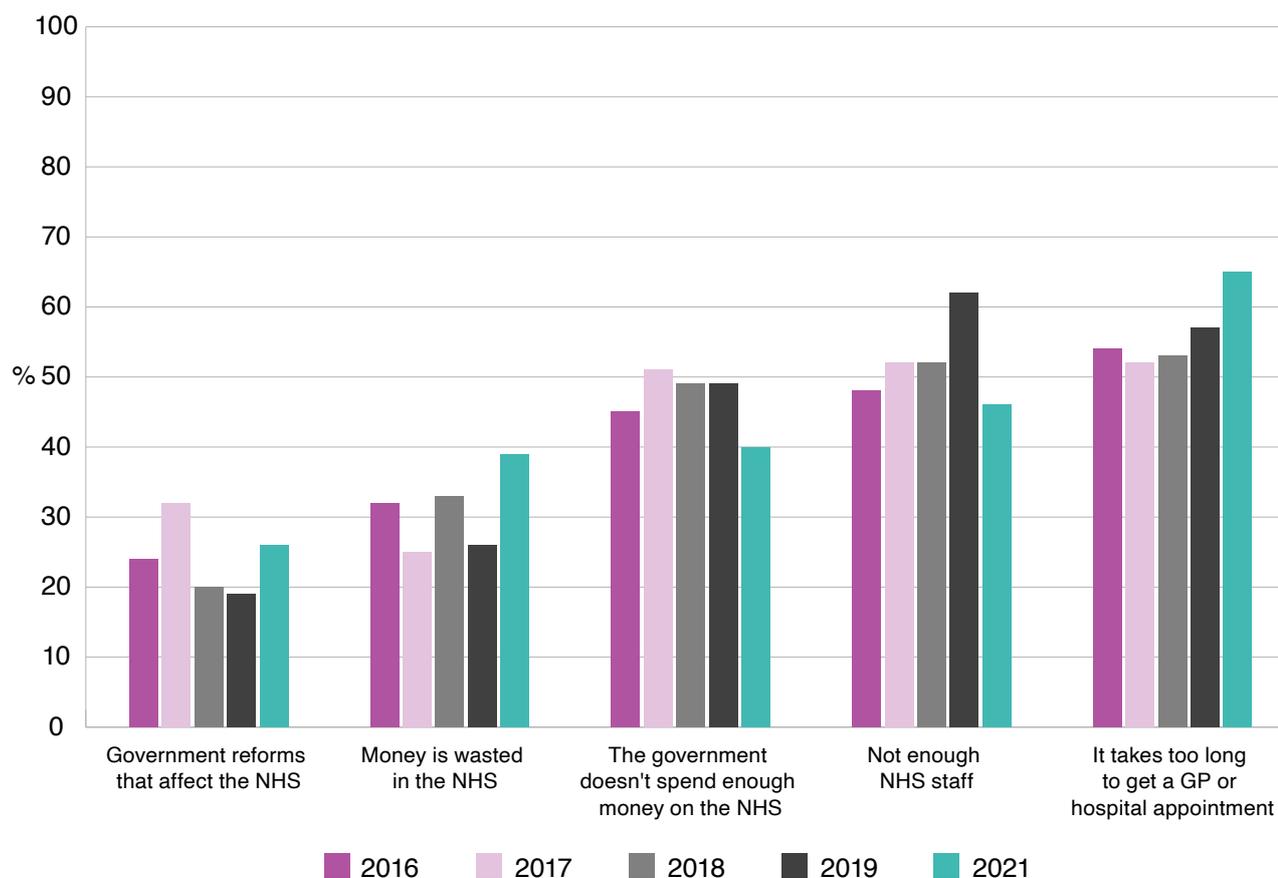
Reason for dissatisfaction	%
It takes too long to get a GP or hospital appointment	65
Not enough NHS staff	46
The government doesn't spend enough money on the NHS	40
Money is wasted in the NHS	39
Government reforms that affect the NHS	26
Some services or treatments are not available on the NHS	22
The quality of NHS care	16
Attitudes and behaviour of NHS staff	13
Stories in the newspaper, on the radio or on TV	3
Other	8
<i>Unweighted base</i>	<i>400</i>

Base: those who stated they were "very" or "quite" dissatisfied with the NHS

Figure 5 plots how the popularity of the different explanations for dissatisfaction with the NHS has evolved over time. We can see that the top three reasons for dissatisfaction, listed in Table 2, have been consistently selected since 2018, although not necessarily with the same ranking. The length of time it takes to get a GP or hospital appointment has become a more popular explanation for dissatisfaction with the NHS since the period before the COVID-19 pandemic, with the proportion selecting this explanation rising by eight percentage points between 2019 and 2021. Conversely, the proportions expressing dissatisfaction with the NHS because there are not enough NHS staff or because the government doesn't spend enough money on the NHS have declined by 16 and 9 percentage points respectively since 2019.

Meanwhile, the biggest growth between 2019 and 2021 occurred in the proportion of people who think that money is wasted in the NHS, with an additional 13% choosing this option in 2021. Respondents are also given the option of "Media stories in the newspapers, radio or TV", but this option is chosen infrequently. Only 3% of those surveyed chose this option in 2021, despite the prevalence of media coverage of the growth in the waiting list for planned hospital care (Wellings et al., 2021) and difficulties in accessing general practice appointments during the fieldwork period (The Guardian, 2022). It may be that such media coverage contributed to the rise in the proportion explaining their dissatisfaction on the basis that it takes too long to get NHS appointments, rather than acknowledging the source of this perception (that is, the media) directly.

These data therefore provide some evidence that the COVID-19 pandemic, by contributing to longer waiting times, has had some impact on the causes of dissatisfaction with the NHS, as well as on levels of dissatisfaction overall.

Figure 5. Reasons for dissatisfaction with the NHS, 2016-2021

The data on which Figure 5 is based can be found in Appendix Table A.5 of this chapter

There was little evidence of variation by demographic characteristics in the reasons people are dissatisfied with the NHS, when analysis was undertaken by age, sex, whether the respondent had a long-term condition and their household income. This may signal that, across the board, people are dissatisfied for similar reasons.

The reasons for dissatisfaction with social care identified by those who indicated they are dissatisfied with this aspect of the NHS in 2021 are presented in Table 3². The main reasons people give for their dissatisfaction with social care are the pay, working conditions and training for social care staff being bad, and people not getting all the care they need (both chosen by around six in ten people). Other popular explanations are the fact that social care is not affordable to those who need it and the fact that there is not enough support for unpaid carers (both of which were chosen by slightly more than four in ten people).

² The most common reasons for satisfaction with social care included are: the fact that people are treated with dignity and respect by social care staff (57%) and that the range of services and support available is good (56%).

Table 3. Reasons for dissatisfaction with social care

Reason for dissatisfaction	%
The pay, working conditions and training for social care staff is bad	59
People don't get all the social care they need	59
Social care is not affordable to those who need it	44
There is not enough support for unpaid carers	43
Health and social care services do not work well together	32
It's difficult to understand how to get social care	21
People are not treated with dignity and respect by social care staff	14
Other	3
<i>Unweighted base</i>	<i>547</i>

Base: those who stated they were "very" or "quite" dissatisfied with social care for people who cannot look after themselves because of illness, disability or old age

In the data analysed above, there is suggestion that issues of waiting times are increasingly driving dissatisfaction with the NHS. We next explore how people's contact with NHS services affects their satisfaction with them.

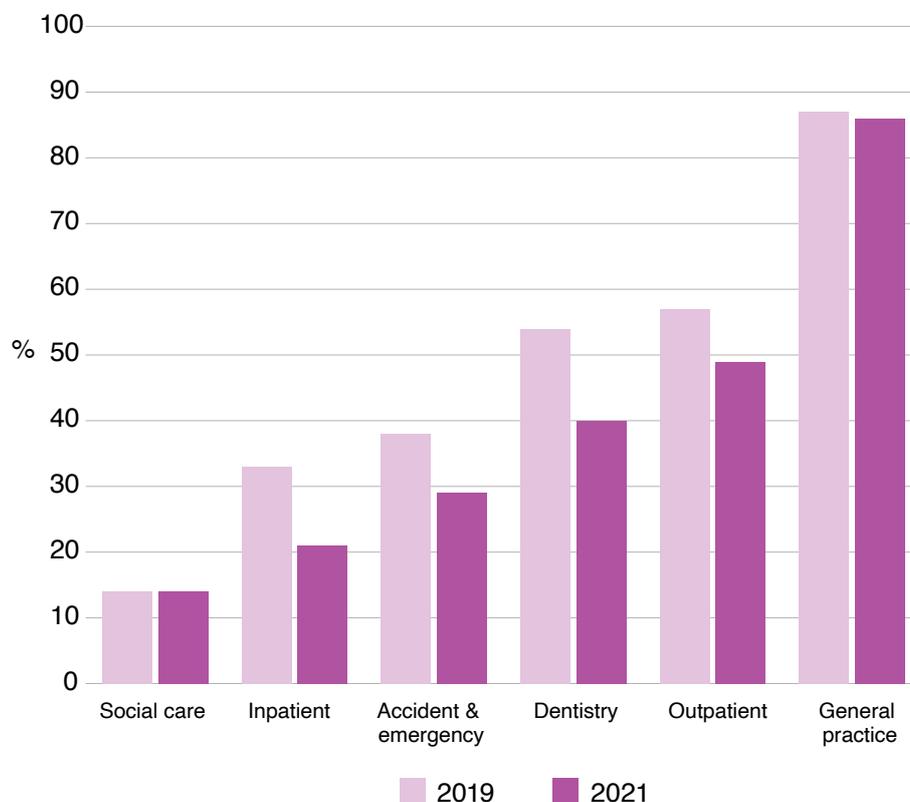
How does contact with NHS services affect satisfaction?

Every day the NHS handles an estimated 1.5 million contacts with members of the public and patients (The King's Fund, 2020). Most of these contacts happen outside of hospital settings, in general practice and community care. As noted previously, the COVID-19 pandemic is known to have reduced, or delayed, access to NHS care in many instances. This can be seen in the activity levels within each of these services, with many members of the public staying away from hospital services following the onset of the pandemic (although, since the fieldwork period of the 2021 survey, activity levels across many of these services have returned to pre-pandemic levels) (House of Commons Library, 2022).

Each year, we ask respondents whether they have had contact in the last 12 months with a range of NHS services, specifying that contact might involve themselves or someone else. In Figure 6, we present the proportions of people who had accessed each NHS service in the last 12 months, compared with the data collected when this question was asked in 2019. While levels of contact with GPs and social care remain relatively constant, there is some evidence that contact with other NHS services has declined, in line with what we know about the broader impacts of the pandemic. Most notably, contact with NHS dentists has declined by 14 percentage points, while contact with

inpatient services and A&E departments has declined by 12 points and nine points respectively.

Figure 6. Contact with health and social care services in the last 12 months, 2019 and 2021



The data on which Figure 6 is based can be found in Appendix Table A.6 of this chapter

We can compare people's contact with individual NHS services with their satisfaction with them, to see whether using or being in touch with services affects a person's satisfaction with that service. (It is worth noting that the definition of "contact" is for the respondent to decide, so not all respondents who say they or a friend or family member had contact with a service will have actually used the service, they may have contacted them and failed to make an appointment or to access care).

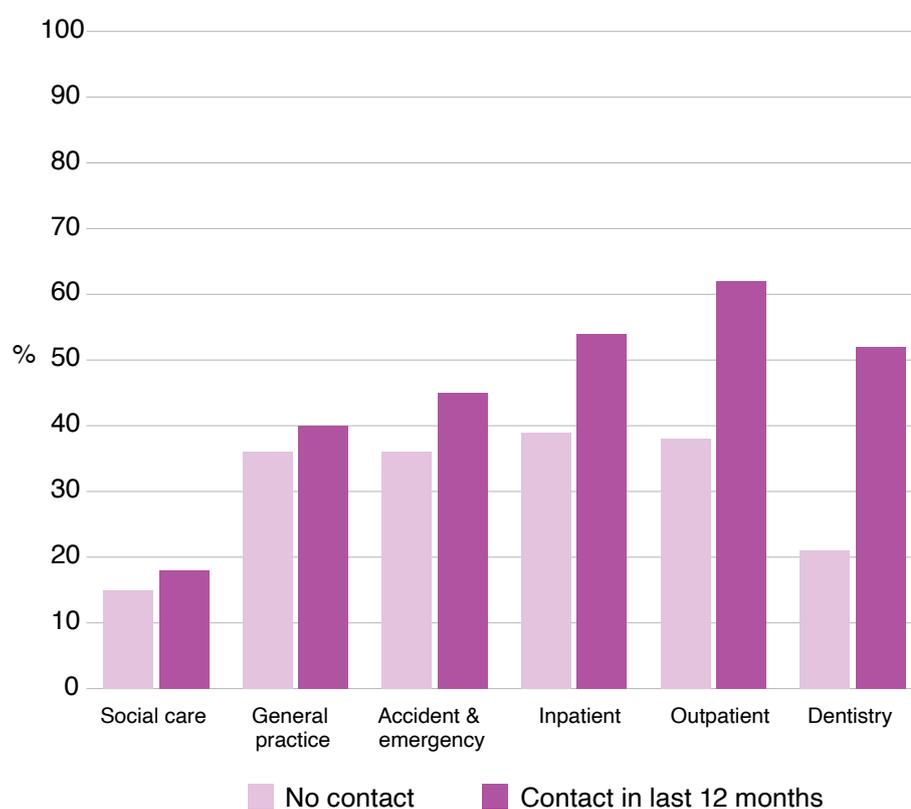
Previous BSA surveys have shown that direct contact with services or experience of them through friends or family members can influence satisfaction ratings, with those who have had contact with a service being more likely to express satisfaction with it (Wellings et al., 2020).

In 2019, people who had contact with a service tended to state higher levels of satisfaction with it, though the difference observed was only significant in the case of dentistry (77% who reported contact were satisfied, 40% who reported no contact were satisfied), inpatient services (76% satisfied with contact, 58% without) and outpatient services (78% satisfied with contact, 62% without).

Figure 7 presents the latest data, comparing contact with individual NHS services with people's levels of satisfaction with them. We

continue to see higher rates of satisfaction across services where people reported having contact. In particular, 62% of those who have had contact with outpatient services are satisfied, compared with 38% who have not had contact. For most services, however, dissatisfaction is also higher among those who have had contact. For example, 66% of those who have had contact with social care services express dissatisfaction, compared to 49% of those who have not had contact. In both 2019 and 2021, people were typically less likely to say they were “neither satisfied nor dissatisfied” in those instances where they had contact with a service, compared with when they had not. In other words, use of NHS services appears to increase the likelihood that people will have a positive or negative, rather than a neutral, view about them.

Figure 7. Satisfaction with NHS and social care services, by recent use or contact with services, 2021



The data on which Figure 7 is based can be found in Appendix Table A.7 of this chapter

We also see that general practice stands out as the only NHS service in 2021 where people who have had contact report higher levels of dissatisfaction (42%) than satisfaction (40%). This represents a significant change from 2019 when 70% of those who had contact with general practice said they were satisfied. A similar trend is evident for social care services in 2021, where 66% of respondents who have had contact are dissatisfied compared to 49% who have not had contact.

Separately, we see that dissatisfaction among people who have had contact with general practice rose from 20% to 42% between 2019 and 2021. People who have had contact with general practice and are dissatisfied are more likely to say that the attitudes and behaviours of staff is one of the main reasons for their dissatisfaction, compared with those who have not had contact. This stands in contrast to the reasons provided for satisfaction; almost half of those who are satisfied with the NHS say that the attitudes and behavior of staff was a key reason for their satisfaction.

Clearly, there are pressing, long-term issues that sit at the heart of what lies behind the increases in dissatisfaction we have seen in the latest BSA data. The public has long been concerned about waiting times, although this appears to have become an even more dominant driver of dissatisfaction, during the period of the pandemic. Moreover, it is clear that the rise in dissatisfaction cannot simply be attributed to the reduction in contact with the NHS that occurred during the COVID-19 pandemic. We have seen a shift in the public's perceptions after having contact with NHS and social care services, with fewer people reacting positively, and, in some cases, having their perceptions changed for the worse, in the case of GP or social care services.

We finally turn to consider whether the documented rise in dissatisfaction is affecting people's support for the principles underlying the NHS, as such a pattern would clearly have implications for policy in relation to the NHS going forward.

What does the rise in dissatisfaction mean for public support for the principles of the NHS?

For the first time, the BSA survey asked people in 2021 if they thought that the founding principles of the NHS should still apply today. Specifically, we asked respondents:

For each of the following statements, please tell me the extent to which you think the principle should still apply to the NHS today.

The NHS should be free of charge when you need to use it

The NHS should be available to everyone

The NHS should primarily be funded through taxes

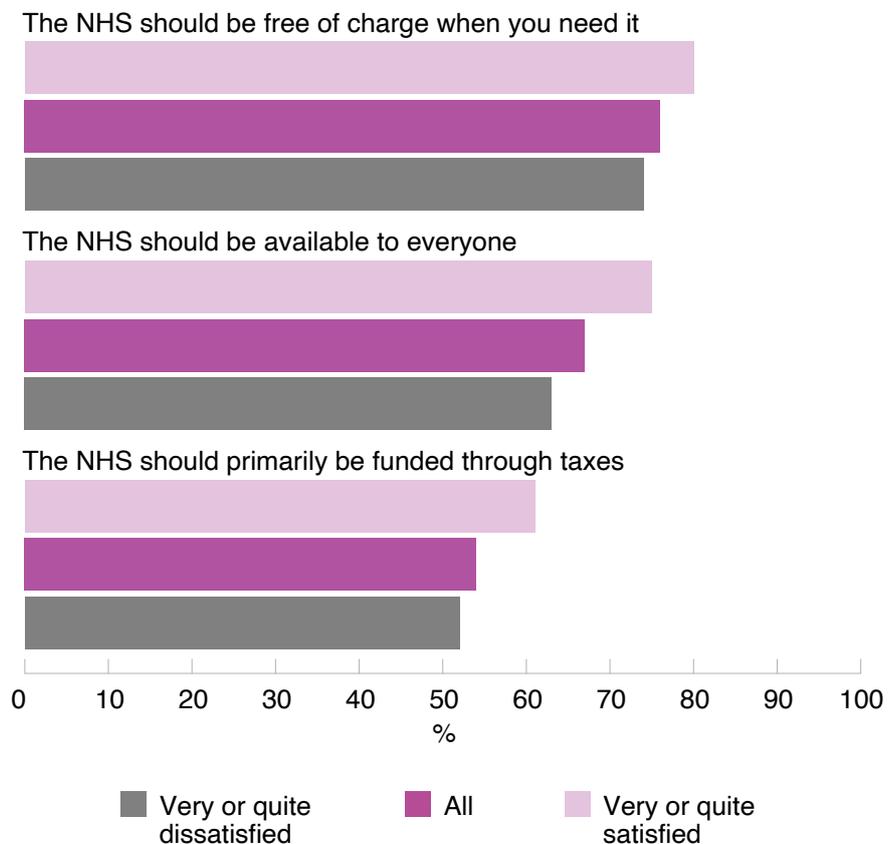
Respondents could choose that each principle should “definitely apply”, “probably apply”, “probably not apply” or “definitely not apply” to the NHS today.

Figure 8 presents the proportions who indicated that each principle should definitely apply, across the survey as a whole and among those who indicated that they are satisfied or dissatisfied with the

NHS overall. It clearly demonstrates that the majority of people support each of the three principles asked about. 76% of people think that the idea that the NHS should be free of charge when you need to use it should definitely apply, signaling strong support for this core principle. Around two-thirds say that the principle that “the NHS should be available to everyone” should definitely apply, while around half said the principle that “the NHS should primarily be funded through taxes” should definitely apply.

Responses to this question differed by whether people said they are satisfied or dissatisfied with how the NHS is run. People who are very or quite satisfied with the NHS are generally more supportive of each of the three principles, while those who are very or quite dissatisfied are less supportive. However, even among those who are currently dissatisfied with the way in which the NHS is run, a majority still support each of these three underlying principles. Although this question was asked for the first time in 2021, meaning we do not know what proportions of the public supported these principles previously, these data do not imply that a rise in dissatisfaction with the NHS will necessarily result in a decline in support for its underlying principles.

Figure 8. Attitudes towards NHS principles, by overall satisfaction with the NHS



The data on which Figure 8 is based can be found in Appendix Table A.8 of this chapter

Overall, the strong support for the principles of the NHS in the 2021 BSA survey highlights resilience from the public in advocating the core values of the health and care system, even at a time when it is facing intense pressures. It suggests further that the increase in dissatisfaction with the NHS was primarily driven by the factors discussed earlier, such as the growth in waiting times, rather than an underlying disapproval of the NHS' founding principles.

Conclusions

The findings of the 2021 BSA survey on attitudes towards the NHS and social care services are stark. We have seen both a record fall in satisfaction and a record rise in dissatisfaction with the NHS. Dissatisfaction is more common than satisfaction for the first time since 2002. Satisfaction has fallen to 36%, the second lowest level since 1983. Moreover, this has particularly been the case for general practice, historically the service the public is most satisfied with, with satisfaction dropping 30 percentage points compared to before the pandemic.

We began the chapter by asking how far the observed changes to satisfaction with the NHS are a consequence of the extraordinary impacts on health and the health service, resulting from the COVID-19 pandemic. On one level, it appears that the universal nature of the pandemic translated into universal impacts for satisfaction with the NHS. Declining satisfaction was observed, to different degrees, across all the health and care services asked about, and among a wide range of demographic groups.

While the main reasons identified for dissatisfaction with the NHS are not dissimilar to those identified in the past, waiting times have risen in prominence – suggesting that the worsening of the existing problems with waiting times in the NHS during the pandemic has had a marked impact on the public's attitudes. There is some evidence that people having contact with the health service, particularly for GPs and social care, is now driving an element of dissatisfaction, a divergence from what we have seen in the past. Despite the significant decline in satisfaction, public support for the principles underlying the NHS appears to be high (although support is lower among those who are currently dissatisfied with how the NHS is run). People overwhelmingly feel that the NHS should be free of charge when you need it, available to everyone and primarily funded through taxes.

Rather than seeing the decline in satisfaction as the result of disagreement with the fundamental tenets of the NHS, it is more appropriate to put the changes of the last two years into the context of their time. The last two years have been amongst the most difficult in the history of the NHS and social care system. The onset of the COVID-19 pandemic in 2020 led to huge restrictions on who could access care and when, creating new demands on the time of already under-resourced staff and estates. Care was delayed for millions of people, new illnesses and long-term conditions began to emerge and

the need for mental health services rose as isolation and economic uncertainty took effect.

Blame for these issues cannot be placed squarely on the pandemic, however. Performance within the NHS and social care sectors has been worsening for a number of years, with almost 4.5 million people on the waiting list for elective treatment before the pandemic. Workforce shortages go back even further and social care has been in need of long-term, sustainable reform for more than two decades.

With pressures across the health and care system continuing to cause long waits to access care (The Guardian, 2022) and little sign of additional funding for the NHS or a sustainable solution for social care, it is difficult to picture there being a significant improvement in the BSA survey results in the coming years. When satisfaction was at similar levels in the late 1990s, it took several years for attitudes towards the NHS to gradually improve. Increasing public satisfaction with the NHS is likely to become a major theme of health and care policy over the coming years. With an extraordinary set of results in 2021, we await next year's results to see what, if any, change there have been, as some of the challenges engendered by the pandemic abate.

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Appendix

Table A.1 Satisfaction with the NHS overall, 1983-2021

	1983	1984	1986	1987	1989	1990	1991	1993
How satisfied or dissatisfied with the way the NHS runs nowadays	%	%	%	%	%	%	%	%
Satisfied	55	51	40	40	37	37	40	44
Neither satisfied nor dissatisfied	20	19	19	20	18	15	19	18
Dissatisfied	26	30	40	40	46	47	41	38
<i>Unweighted base</i>	1761	1675	3100	2847	3029	2797	2918	2945
	1994	1995	1996	1997	1998	1999	2000	2001
	%	%	%	%	%	%	%	%
Satisfied	44	37	36	34	42	46	42	38
Neither satisfied nor dissatisfied	17	18	14	15	21	20	19	20
Dissatisfied	38	45	50	50	36	33	39	41
<i>Unweighted base</i>	3469	3633	3620	1355	3146	3143	3426	2188
	2002	2003	2004	2005	2006	2007	2008	2009
	%	%	%	%	%	%	%	%
Satisfied	40	44	43	48	49	51	58	64
Neither satisfied nor dissatisfied	18	18	20	20	16	19	16	16
Dissatisfied	41	37	37	31	34	30	25	19
<i>Unweighted base</i>	2287	2293	3199	3193	2143	3078	3358	3421
	2010	2011	2012	2013	2014	2015	2016	2017
	%	%	%	%	%	%	%	%
Satisfied	70	58	60	60	65	60	63	57
Neither satisfied nor dissatisfied	12	18	16	17	19	16	15	14
Dissatisfied	18	24	23	22	15	23	22	29
<i>Unweighted base</i>	3297	1096	1103	1063	1937	2167	2942	3004
	2018	2019	2020	2021				
	%	%	%	%				
Satisfied	53	60	53	36				
Neither satisfied nor dissatisfied	16	15	22	23				
Dissatisfied	30	25	25	41				
<i>Unweighted base</i>	2926	3224	1275	3112				

Table A.2 Satisfaction with NHS, by demographic characteristics, 2019-2021

% very/quite satisfied	2019	2021	<i>Unweighted base 2019</i>	<i>Unweighted base 2021</i>
Age				
18-64	58	34	2209	2282
65+	68	42	1009	828
Sex				
Female	60	36	1770	1717
Male	60	36	1454	1377
Ethnicity				
Black	52	39	99	63
Asian	58	37	182	124
Mixed/other	52	33	76	129
White	61	36	2861	2736
Country				
England	60	36	2783	2709
Scotland	66	33	264	272
Wales	51	34	177	131
Household income				
<£1,410 pm	64	38	704	458
£1,411 - £2,560 pm	60	34	627	714
£2,561 - £4,350 pm	59	35	608	813
£4,351+ pm	57	41	547	679
Refused income question	56	31	452	419
Party identification				
Conservative	68	39	963	991
Labour	57	36	816	984

Table A.3 Satisfaction with the NHS by party identification, 1983-2021

% very/quite satisfied	1983	1984	1986	1987	1989	1990	1991	1993
Conservative	57	55	46	48	44	47	53	55
<i>Unweighted base</i>	676	640	1054	1095	1198	986	1053	964
Labour	56	46	37	35	29	28	31	37
<i>Unweighted base</i>	584	595	1080	824	1017	1074	1010	1101
	1994	1995	1996	1997	1998	1999	2000	2001
Conservative	56	52	49	45	46	46	44	40
<i>Unweighted base</i>	1009	957	1012	378	818	785	937	486
Labour	37	30	28	28	39	50	44	41
<i>Unweighted base</i>	1404	1610	1528	560	1398	1333	1394	995
	2002	2003	2004	2005	2006	2007	2008	2009
Conservative	37	38	43	41	48	46	57	61
<i>Unweighted base</i>	572	568	831	802	572	786	1087	961
Labour	43	50	52	55	54	57	64	73
<i>Unweighted base</i>	956	867	1038	1291	699	1083	934	905
	2010	2011	2012	2013	2014	2015	2016	2017
Conservative	70	64	63	66	67	65	66	61
<i>Unweighted base</i>	943	284	298	264	523	713	1003	965
Labour	74	56	63	59	69	59	63	55
<i>Unweighted base</i>	1011	362	361	358	563	621	849	1130
	2018	2019	2020	2021				
Conservative	58	68	57	39				
<i>Unweighted base</i>	886	963	421	991				
Labour	51	57	53	36				
<i>Unweighted base</i>	1011	816	417	984				

Table A.4 Dissatisfaction with GPs, NHS dentists and social care, 1983-2021

% very/quite dissatisfied with service	1983	1986	1987	1989	1990	1991	1993	1994	
GPs	13	14	13	12	11	9	10	11	
NHS dentists	10	10	9	11	11	12	20	22	
Social care									
<i>Unweighted base</i>	<i>1761</i>	<i>3100</i>	<i>2847</i>	<i>3029</i>	<i>2797</i>	<i>2918</i>	<i>2945</i>	<i>3469</i>	
	1995	1996	1998	1999	2000	2001	2002	2003	
GPs	11	13	14	14	15	17	18	17	
NHS dentists	22	25	23	24	19	24	22	25	
Social care									
<i>Unweighted base</i>	<i>3633</i>	<i>3620</i>	<i>3146</i>	<i>3143</i>	<i>3426</i>	<i>2188</i>	<i>2287</i>	<i>2293</i>	
	2004	2005	2006	2007	2008	2009	2010	2011	
GPs	17	16	14	14	13	12	14	15	
NHS dentists	38	34	37	33	35	31	27	21	
Social care									
<i>Unweighted base</i>	<i>3199</i>	<i>3193</i>	<i>2143</i>	<i>3078</i>	<i>3358</i>	<i>3421</i>	<i>3297</i>	<i>1096</i>	
	2012	2013	2014	2015	2016	2017	2018	2019	
GPs	14	16	17	16	16	23	24	20	
NHS dentists	19	17	19	18	15	18	17	15	
Social care		29	30	33	35	41	34	37	
<i>Unweighted base</i>	<i>1103</i>	<i>1063</i>	<i>971</i>	<i>1062</i>	<i>974</i>	<i>1002</i>	<i>973</i>	<i>1075</i>	
	2021								
GPs	42								
NHS dentists	34								
Social care	50								
<i>Unweighted base</i>	<i>1039</i>								

Table A.5 Reasons for dissatisfaction with the NHS, 2016-2021

	2016	2017	2018	2019	2021
Reason	%	%	%	%	%
It takes too long to get a GP or hospital appointment	54	52	53	57	65
Not enough NHS staff	48	52	52	62	46
The government doesn't spend enough money on the NHS	45	51	49	49	40
Money is wasted in the NHS	32	25	33	26	39
Government reforms that affect the NHS	24	32	20	19	26
<i>Unweighted base</i>	<i>227</i>	<i>327</i>	<i>305</i>	<i>276</i>	<i>400</i>

Table A.6 Contact with health and social care services in the past 12 months, 2019 - 2021

% had contact	2019	2021
GPs	87	86
Outpatient services	57	49
NHS dentistry	54	40
Accident & emergency	38	29
Inpatient services	33	21
Social care	14	14
<i>Unweighted base</i>	<i>1075</i>	<i>1039</i>

Table A.7 Satisfaction with NHS and social care services, by recent contact with services

		Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	<i>Unweighted base</i>
Social care					
Contact in last 12 months	%	18	16	66	141
No contact	%	15	35	49	837
GPs					
Contact in last 12 months	%	40	18	42	840
No contact	%	36	24	40	138
Accident and emergency					
Contact in last 12 months	%	45	20	34	286
No contact	%	36	34	27	692
Inpatient services					
Contact in last 12 months	%	54	24	21	210
No contact	%	39	46	9	768
Outpatient services					
Contact in last 12 months	%	62	23	14	481
No contact	%	38	46	13	497
NHS dentists					
Contact in last 12 months	%	52	17	30	390
No contact	%	21	42	35	588

Table A.8 Attitudes towards NHS principles by whether satisfied with NHS overall

% saying principle should definitely apply to NHS	Satisfied	Dissatisfied	All
The NHS should be free of charge when you need it	80	74	76
The NHS should be available to everyone	75	63	67
The NHS should primarily be funded through taxes	61	52	54
<i>Unweighted base</i>	410	400	1039

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