

Public perceptions of health and social care polling (Wave 1: Nov – Dec, 2021)

**Conducted by Ipsos for the
Health Foundation**

February 2022

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Executive Summary

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Summary of work and key findings

Expectations of the NHS and social care

Generally, although the public think that the NHS and social care have got worse over the last 12 months, they are slightly less pessimistic about the standard of care looking at the next 12 months

Over half of the public think the standard of care in the NHS has got worse over the past 12 months (57%). Reassuringly however, fewer members of the public think it will continue to get worse in the next 12 months, although they are more likely to think it will get worse than get better (43% and 18% respectively). **The public are slightly more pessimistic about social care**; over two-thirds think it has got worse the past 12 months (69%), but similar to the NHS, a slightly smaller proportion think it will continue to get worse in the next 12 months (53%).

The public's current reflections and outlook about both the NHS and social care are more pessimistic than in previous years.

Regarding specific aspects of the NHS:

- **The public are the least pessimistic about the quality of care of services**, namely the standard of care at their GP practice (56% believe it has got worse) and standard of care at hospitals (37% believe it has got worse). Moreover, the public were also the least pessimistic about these aspects getting worse over the next 12 months, at 42% and 38% respectively. Despite this, few believe that the standard of care got better in the last 12 months, (six per cent for both), and looking forward, few think the standard of care will get better in the next 12 months (12% and 11% respectively).
- **The public are more pessimistic about other aspects of the NHS**, particularly the pressure and workload on NHS staff (85% think it has got worse and 67% think it will get worse) and waiting times for routine services (84% think it has got worse and 63% think it will get worse).

General views of the NHS and social care

While support for the core principles of the NHS is high, opinions of the service the NHS is providing nationally and locally are fairly divided. Furthermore, the public generally do not think the government has the right policies for the NHS or social care

There is a **strong consensus of support for the core principles of the NHS**, with most people agreeing that the NHS should be free at the point of delivery (89%), provide a comprehensive service available to everyone (88%) and should be funded primarily through taxation (85%).

Opinions are divided as to whether the NHS is providing a good service; two in five think that the NHS is **providing a good service nationally** (44%) and **locally** (42%), while around one-third think the NHS is **not providing a good service nationally** (32%) or **locally** (31%). **Views of the service being provided nationally and locally are very similar**, whereas in previous years views of local NHS services have been more positive than nationally, suggesting that the public are either experiencing poorer services locally, or are perceiving local services differently than in the past. When it comes to social care, around half of the public (53%) are **neutral towards the quality of local social care services**, likely linked to limited knowledge and / or use. However, more of the public disagree that social care services are good (32%) than agree (13%).

Around three in five of the public (62%) do not think the government has the right policies in place for the NHS, while just over one in ten (12%) agree that their government does have the right policies. Agreement that the government does have the right policies for the NHS is much higher in Scotland (32%) and Wales (23%) than in England and Northern Ireland (nine per cent each). Views about **government policies for social care are similar to those for the NHS, with 63% saying they are not right** and only eight per cent saying they are right.

Although the public generally think the government does not have the right policies in place, **there is a notable spread in what the public believe to be the priorities for the NHS**. The top three priorities are addressing **the pressure on or workload of NHS staff** (37%), **increasing the number of staff in the NHS** (36%) and **improving waiting times for routine services** (35%).

Views of private healthcare

In general, the public are unlikely to pay for private healthcare; those who do pay for it, or would be like to, overwhelmingly pay to access care or treatment more quickly

Half of the public (50%) say they would be unlikely to pay for private healthcare if they needed it. Around one-third (36%) are more positively disposed towards private healthcare, including 13% who already pay for private health insurance or private healthcare and 23% who say they would be likely to pay for it if they needed it. Household income is the most significant indicator of likelihood to pay for private healthcare. In addition, those most likely to already pay or say they are likely to pay for private healthcare are those in the least deprived quintiles, those who work in managerial, administrative and professional occupations, and those who intend to vote Conservative.

The overwhelming majority of those who already pay or would be likely to pay for private healthcare is to access care or treatment more quickly (83%). Secondary considerations include the quality of care or treatment being better (29%), taking pressure of the NHS (28%), the experience being better (24%), and that it covers services and treatments not available from the NHS (24%).

Attitudes towards GP practices and appointments

Being able to get a GP appointment as quickly as possible is the most important consideration for the public when booking appointments, though they identify significant challenges around appointment booking. The type of GP appointment is also important to the public and has an impact on satisfaction

Getting a GP appointment as quickly as possible is the most important consideration for the public when booking an appointment. While being important to them to get appointments quickly, they identify waiting times for appointments being too long (46%) and it being too hard to book an appointment (45%) as **the biggest challenges facing their GP practice.**

The type of GP appointment also appears to be important to the public. Alongside getting a GP appointment quickly, other important considerations for the public when booking an appointment are **having a face-to-face appointment, either with any relevant healthcare professional who is suitably qualified to care for their condition, or specifically with a GP.** The least important consideration is having a telephone or online appointment so they don't have to go to the practice (and speaking to a healthcare professional of their choice).

While the public are generally satisfied with the type of appointment they had, satisfaction is higher among those who had an in person appointment than telephone appointment. Almost two-thirds (64%) of people who recall their last GP appointment report being satisfied with the type of appointment they had, while around one in five were dissatisfied (22%). Yet, when looking at in person and telephone appointments specifically, more than four in five of those who had an in person appointment (83%) were satisfied with the type of appointment, falling to only around half among those who had a telephone appointment (51%).

Views of public health interventions, responsibility to improve public health and health inequalities

Individuals are seen to have the greatest responsibility for staying healthy; however, the public still think the government has a role to play in keeping people healthy and addressing health inequalities (although they are unclear as to how this should be done exactly)

Individuals are seen to have the most responsibility for staying healthy (96%) followed by the food and drinks industry (80%) and national government (80%). The NHS and local authorities are seen to have less responsibility, still a majority think they have a great deal or fair amount of responsibility (71% and 64% respectively).

With 80% thinking the government has a great deal or fair amount of responsibility for helping people to stay healthy, it is particularly seen to have a role in **reducing harms from smoking** (87%) and **reducing levels of alcohol-related harms** (76%). When turning to specific public health interventions, those related to **smoking and unhealthy food and drinks receive high levels of support**, while those linked to **alcohol**, such as a minimum price per unit for alcohol and a ban on multi-buy promotions, have the **lowest support**.

The majority of the public think health inequalities have been worsened by the pandemic (66%), though they seem unclear of how the government should address this – although around two-thirds of the public (69%) agree that the government should aim to reduce inequalities in health between different groups, just over half (54%) also agree that the government should focus on improving health for everyone rather than focusing on tackling health inequalities. Still, people generally think it is important that the government addresses health inequalities – over half of people think health differences in all areas are important to address, with differences in income (75%) and geographical area (72%) considered the most important.

As with other areas of government policy, **few people agree that the government has the right policies in place to reduce health inequalities between different groups** (16%), or **the right policies in place to improve public health** (18%). However, the public are more positive about the government's policies for improving public health than for the NHS or social care.

Views of government handling of the COVID-19 pandemic, the health and care levy and awareness of data sharing

The public's views of the government's response to the pandemic are divided

A little over half (55%) think that the government has not handled the Coronavirus pandemic well, while more than two in five (44%) think the government has handled it well. **Whether someone thinks the government has done well or not well is influenced by voting intention**; 88% of Conservative voters think the government has done well, while 82% of Labour voters think it has not done well. Similarly, **there are mixed views on the measures the government is currently taking** – half of the public (50%) think the measures the government is currently taking to tackle Coronavirus do not go far enough, while two in five (39%) think they are just right. Only one in ten (nine per cent) think the measures go too far.

There is broad public support towards the increase in taxes for the NHS and social care

Almost three in five of the public (58%) support the health and social care levy, while just over one in five (22%) oppose it. The increase in taxes is due to come into effect in April 2022, at which point support may change as the public will feel the effect of the tax on their income while improvements to the NHS and social care brought about by the tax may be slow to be realised.

There is broad awareness but limited knowledge of how health data is used

Although people are generally aware of health data sharing, **most people have only a limited awareness of how their health data is used**; between 14% and 28% say they know a great deal or fair amount about how it is used by different organisations. The public know **more about how the NHS uses health data** (62% know at least a little) and **least about how commercial organisations use it** (42% know at least a little).

Background to the research

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Overview of the project

Background to the research

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The Health Foundation works to analyse, understand, and inform national policies to support effective, evidence informed health policy and strengthen health system performance.

Since 2020, the Health Foundation has commissioned a range of research into public attitudes to gain insight into changing public perceptions of health and social care. Topics include: the public's views on use of health care services, the government's handling of the pandemic, the use of technology to access health care during the pandemic, attitudes towards health inequalities and the extent of support for government action to address differences in health outcomes.

The years ahead are set to bring further changes that may meaningfully affect public perceptions, priorities and experiences. This programme of research aims to build on previous polling to understand how, if at all, public perceptions are shaped by these changes, and to generate insights into public attitudes to influence key policy decisions in these areas.

The Health Foundation therefore commissioned Ipsos MORI to deliver a programme of research over the next two years, which includes four demographically representative polls with the UK general public at six monthly intervals. This report covers the first wave of the polling programme.

Overview of the project

Objectives

The aim of this polling is to provide an up-to-date understanding of public attitudes around:

- Public attitudes to health and social care
- The government's handling of the NHS and social care
- Wider health policy issues

This first wave of polling provides a baseline to track public opinion in these key areas over the next two years.

Report Structure

The first section of this report presents a new 'Expectations Tracker'. The second section of this report covers general views of the NHS and social care, including perceptions of the top priorities for the NHS, general views of whether government has the right policies for the NHS and social care, and support for the founding principles of the NHS.

The third section of this report covers likelihood of people paying for private healthcare and the reasons behind this. The fourth section explores aspects of primary care, with questions around satisfaction with last GP appointment, biggest issues with GP appointments and results from the Max Diff exercise that tried to identify the most important aspects of booking a GP appointment.

The fifth section covers views on the extent of the state's responsibility for ensuring people are generally healthy, the role of the state in addressing health inequalities and support for specific policy interventions to improve public health; the sixth section covers view on the governments' handling of the COVID-19 pandemic.

Finally, the last two sections cover support for the health and social care levy and awareness of use of data in healthcare.

Background to the project

Previous polling

This report includes data collected by Ipsos MORI from previous work with the Health Foundation and other clients. Where questions were repeated in previous surveys, these have been included in the report in order to illustrate trends. However, please note that methodologies differ and so comparisons are indicative rather than direct. The data included comes from the following projects:

- **Ipsos MORI/Department of Health Perceptions of the NHS Tracker.** [Link.](#) *1,025 CAPI interviews with adults aged 16+ in England. Fieldwork: 31 October - 18 December 2016.*
- **2016 report “The One-Way Mirror: Public attitudes to commercial access to health data”.** This report was prepared for the Wellcome Trust. [Link.](#) *2,017 face-to-face interviews with adults across Great Britain aged 16 +. Fieldwork: 30 November - 11 December 2015.*
- **Ipsos MORI 2017 report “What does the public think about the NHS?”.** This report was prepared for The King’s Fund. [Link.](#) *1,151 CAPI interviews with adults aged 15 + in England. Fieldwork: 4- 10 August 2017 in their homes.*
- **2018 report “NHS at 70: Public perceptions”.** This report was prepared for the Health Foundation in partnership with The King’s Fund, Nuffield Trust and the Institute for Fiscal Studies. [Link.](#) *2,083 face-to-face interviews with people aged 15+ in the UK. Fieldwork: 11th - 29th May 2018.*
- **May 2020 report “The Health Foundation COVID-19 Survey”.** This report was prepared for the Health Foundation. [Link.](#) *1,983 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 1 - 10 May 2020.*
- **July 2020 report “Public perceptions of health and social care in light of COVID-19”.** This report was prepared for the Health Foundation. [Link.](#) *2,246 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 17 - 29 July 2020.*
- **November 2020 report “Public perceptions of health and social care in light of COVID-19”.** This report was prepared for the Health Foundation. [Link.](#) *2,001 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 13th - 24th November 2020.*

Methodology

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Overview of the methodology

Methodology and fieldwork

This survey was conducted via the UK KnowledgePanel. The KnowledgePanel is Ipsos MORI's random probability online panel. It has over 18,000 panellists who are recruited using off-line random probability unclustered address-based sampling, the gold-standard in UK survey research, meaning that every household in the UK has a known chance of being selected to join the panel. Further details about the KnowledgePanel are included in the appendices.

The survey was conducted between **25th November and 1st December 2021**. A total number of **2,102** responses were achieved amongst residents across the United Kingdom aged 16+.

Context

- The first cases of the Omicron variant of the COVID-19 virus in the UK were first identified and published about on the 27th of November 2021, while fieldwork was underway.
- Boris Johnson announced new COVID-19 restrictions in England on the 8th of December 2021, after fieldwork was completed.

Sampling and weighting

Sampling

The KnowledgePanel is a random probability survey panel. Therefore, the KnowledgePanel does not use a quota approach when conducting surveys. Instead invited samples are stratified when conducting waves to account for any profile skews within the panel.

The sample was stratified by country and education. A total of 3,600 respondents were selected and invited to take part in the survey. The selected sample was then reviewed on key demographics to ensure a balanced sample was selected for the survey. A total of 2,102 respondents completed the survey, delivering a response rate of 58%.

Weighting

In order to ensure the survey results are as representative of the population of the United Kingdom as possible, the below weighting spec was applied to the data in line with the target sample profile. Further detail is provided in the appendix.

Two members per household are allowed to register on the KnowledgePanel. Therefore, a design weight was employed to correct for unequal probabilities of selection of household members.

Calibration weights have also been applied using the latest population statistics relevant to the surveyed population. Two sets of calibration weights are applied:

- Calibration weighting was applied using the following variables: Region and an interlocked variable of Gender by Age. Both use ONS 2020 mid-year population estimates as the weighting target.
- Demographic weights were then applied to correct for imbalances in the achieved sample; the data was weighted on: Education, Ethnicity, Index of Multiple Deprivation (quintiles), and number of adults in the household. Estimates from the ONS 2020 mid-year population estimates and Annual Population Survey were used as the weighting target.

Interpretation of the findings

Interpretation of quantitative findings

Throughout the report findings will highlight, and make reference to, different sub-groups based on responses to certain questions. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error.

This report comments on differences in the data between different sub-groups within the total sample surveyed. A difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence interval are commented on in this report. In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

For the most part, only sub-groups with 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. In some cases, sub-groups comprising fewer than 100 participants may be commented on in the report and these should be treated with particular caution.

Survey participants are permitted to give a 'don't know' answer to most of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this is due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (*) denotes any value of less than half of one per cent but greater than 0%.

Expectations Tracker

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Background to the Expectations Tracker

Given the circumstances, it is particularly important to track expectations at the moment

The NHS and social care are currently dealing with an unprecedented pace of change brought about by the COVID-19 pandemic. Previous polls and other evidence suggested the public were more optimistic and less critical of the NHS at the beginning of the pandemic, but expectations began returning to normal from as the pandemic receded.

As NHS and social care services respond to the pandemic, which continues to impact on services as it exacerbates the already-existing challenges they faced, the Expectations Tracker will provide evidence around how expectations continue to shift. It will track perceptions of the standard of care over the last 12 months and upcoming 12 months for both the NHS and social care. In addition, it will track the following challenges within the NHS specifically, which have been identified as being important to the public and/or key challenges for the NHS, or that could be in the future:

Quality of care

Standard of care in your GP practice

Standard of care at your hospital

Access

Access to GP services

Waiting times for routine services such as diagnostic tests or operations

Waiting times for A&E

Staff

Wellbeing of NHS staff

Pressure on/workload of NHS staff

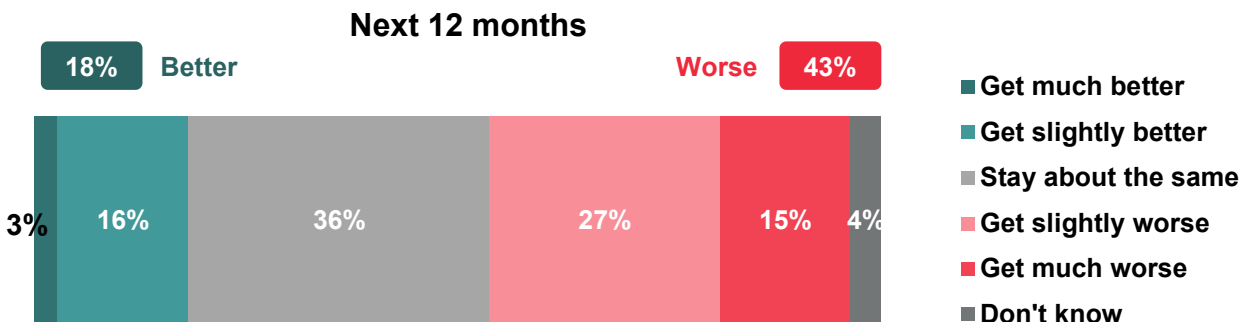
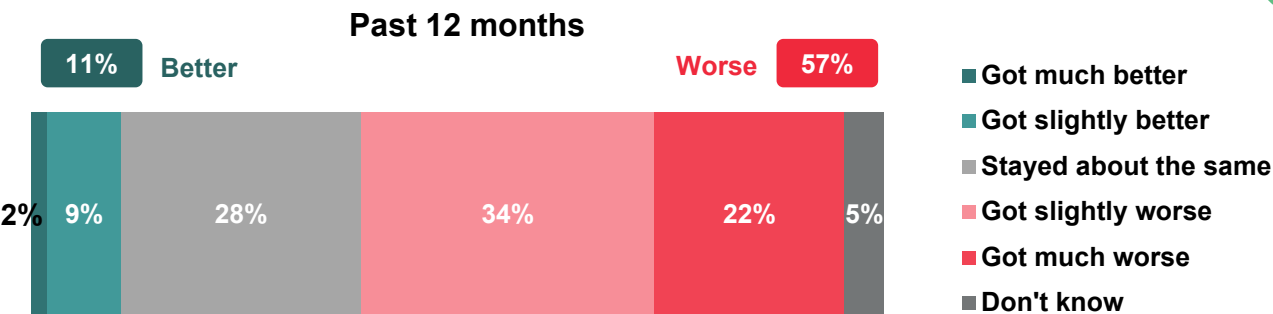
Views of recent and likely future performance of these challenges will be tracked six-monthly.

The public are more likely to think that the standard of care provided by the NHS has got worse rather than better, and that it will get worse in the future rather than better

Just over half of the public (56%) think that the standard of care provided by the NHS has got worse over the past 12 months. The public are **slightly more optimistic looking at the next 12 months**, with around two in five (42%) thinking the standard of care will get worse – albeit that they are more than twice as likely to think it will get worse (42%) than better (19%).

Q. Do you think the general standard of care provided by the NHS over the last twelve months has...?

Q. And looking towards the future, do you think the general standard of care provided by the NHS over the next twelve months will...?



Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021.



More likely to think it has / will get better

- Those from an **ethnic minority background** and **NHS workers** are more likely to think that the standard of care has got better over the *past* twelve months (18% each, compared with 11% overall).
- NHS workers** are also more likely to think the standard of care will improve in the *next* twelve months (30%), along with **younger age groups** (30%), and those who intend to vote **Conservative** (23%), compared with the general public (18%).



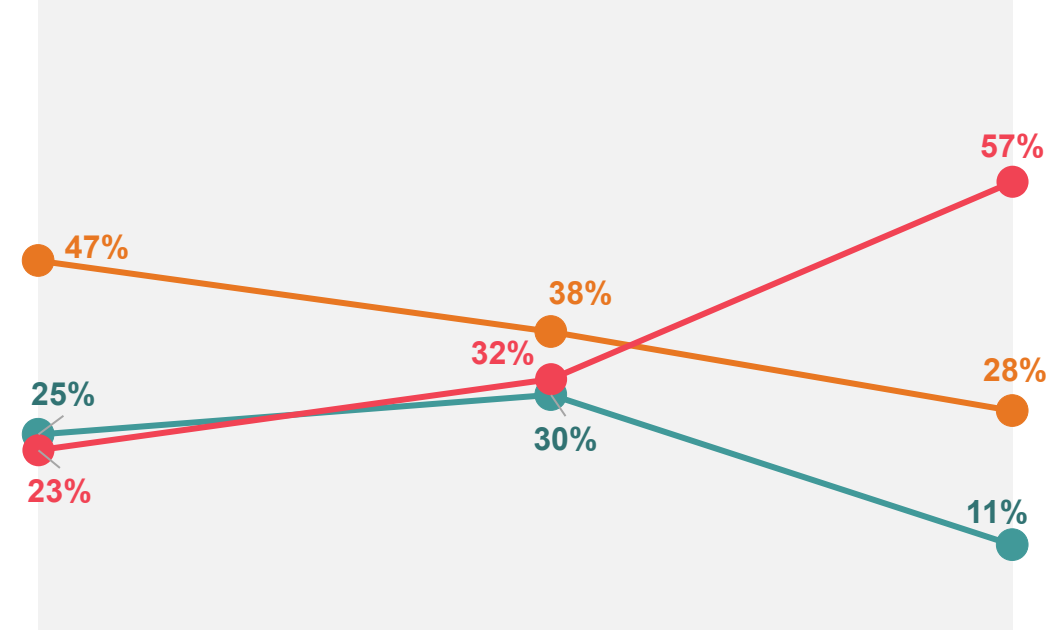
More likely to think it has / will get worse

- Those who live in the **least deprived areas** or **work in managerial, administrative and professional occupations** are less likely to believe the standard of care has got better over the *past* 12 months (seven per cent and nine per cent respectively, compared with 11% overall).
- These two groups are also more likely to think the standard of care will not improve in the *next* 12 months (14% and 15% respectively), alongside those aged **45 to 64** (14%) and those living in the **North East** (nine per cent), all compared with 18% overall.

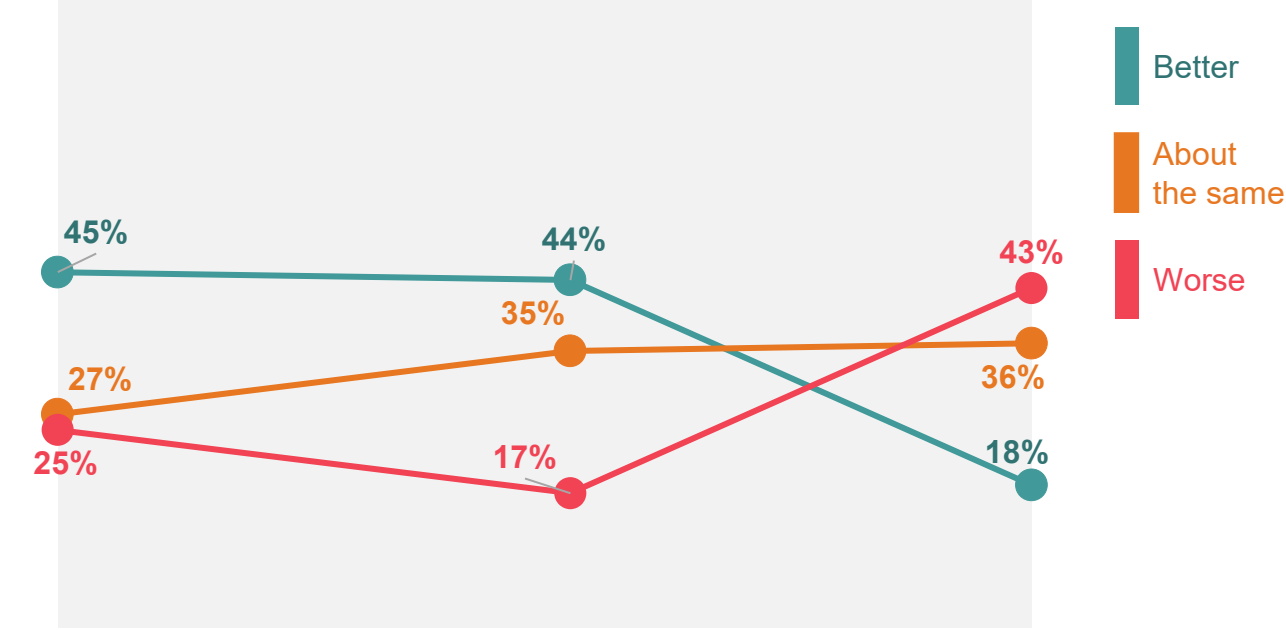
The public's current reflections about the NHS and expectations for the future are more pessimistic than in previous years

The public are significantly **more likely to think the standard of care in the NHS has got worse in the last 12 months** than earlier in 2021 (up from 32% in March 2021 to 58% currently). **Expectations for the future have also worsened**, with more than two in five (43%) currently thinking the general standard of care provided by the NHS will get worse over the next year, up from 17% in March 2021.

Q. Do you think the general standard of care provided by the NHS over the last twelve months has...?



Q. And looking towards the future, do you think the general standard of care provided by the NHS over the next twelve months will...?



The public think that most of the aspects of the NHS asked about have got worse over the past 12 months

The public are more likely to think that each aspect of the NHS has got worse over the past 12 months than better. They are **particularly negative about the pressure on or workload of NHS staff and waiting times for routine services** (with 85% and 84% respectively saying they have got worse). The public are **less negative about the standard of care at their hospital and GP practice**, with 37% and 56% respectively saying they have got worse. Very few think any aspect of care has got better over the last 12 months.

Q. Thinking about the last twelve months, to what extent do you think each of the following have got better, got worse, or stayed about the same?

		Better	Worse
Quality of care	Standard of care in your GP practice	6%	56%
	Standard of care at your hospital	6%	37%
Access	Access to GP services	6%	77%
	Waiting times for routine services	3%	84%
	Waiting times for A&E	4%	70%
Staff	Wellbeing of NHS staff	4%	77%
	Pressure on or workload of NHS staff	3%	85%



Insight on specific groups

- Age is an important factor in perceptions of services, with **those aged 45 to 65 more likely to think that most aspects of the NHS have got worse** over the *past 12 months* than younger people (the notable exception being the standard of care at their hospital).
- Those who intend to vote **Labour** are more likely to think services related to NHS staff (such as wellbeing and pressure) have got worse, while those who intend to vote **Conservative** are more likely to think wellbeing had got better.
- Those living in the **most deprived areas** are more likely to think that the quality of care in both GP practices and hospitals has got worse.
- There are many country and regional differences, although this varies by the aspect of care asked about. Those in **Northern Ireland, the West Midlands and the South West** tend to be more likely to think **some aspects have got worse** (such as A&E waiting times and standard of care), while those in **London and the North East** tend to be more likely to think **some aspects have got better**.

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021.

The public are also more likely to think that each aspect will get worse over the next 12 months, although views are more positive than the previous year

The public are **most pessimistic for the future of the same aspects they are most likely to think have got worse** over the last year, pressure on or workload of NHS staff (67% think this will get worse) and waiting times for routine services (63% think this will get worse). Similarly, they are least pessimistic about the standard of care in their GP practice and hospital (42% and 38% respectively think each will get worse). They are **more optimistic about the future than the past 12 months**, though still only a minority think each aspect will get better.

Q. Looking towards the future, to what extent do you think each of the following will get better, will get worse or will stay about the same?

		Better	Worse
Quality of care	Standard of care in your GP practice	12%	42%
	Standard of care at your hospital	11%	38%
Access	Access to GP services	14%	50%
	Waiting times for routine services	12%	63%
	Waiting times for A&E	10%	59%
Staff	Wellbeing of NHS staff	12%	60%
	Pressure on or workload of NHS staff	9%	67%



Insight on specific groups

- Those **aged between 45 and 65** are more likely to think that access to GP services and the standard of care at their GP practice will get worse in the *next* 12 months.
- Those who intend to vote **Labour** are more likely to think that most NHS services will get worse in the next twelve months, while those who intend vote **Conservative** are more likely to think that they will get better.
- Those living in the **most deprived areas** are more likely to think that the standard of care in GP practices and hospitals will get worse, as well as access to GP services and waiting times for routine services.
- Those who **work in the NHS** are more likely to think that many aspects of the NHS will get worse over the next 12 months.

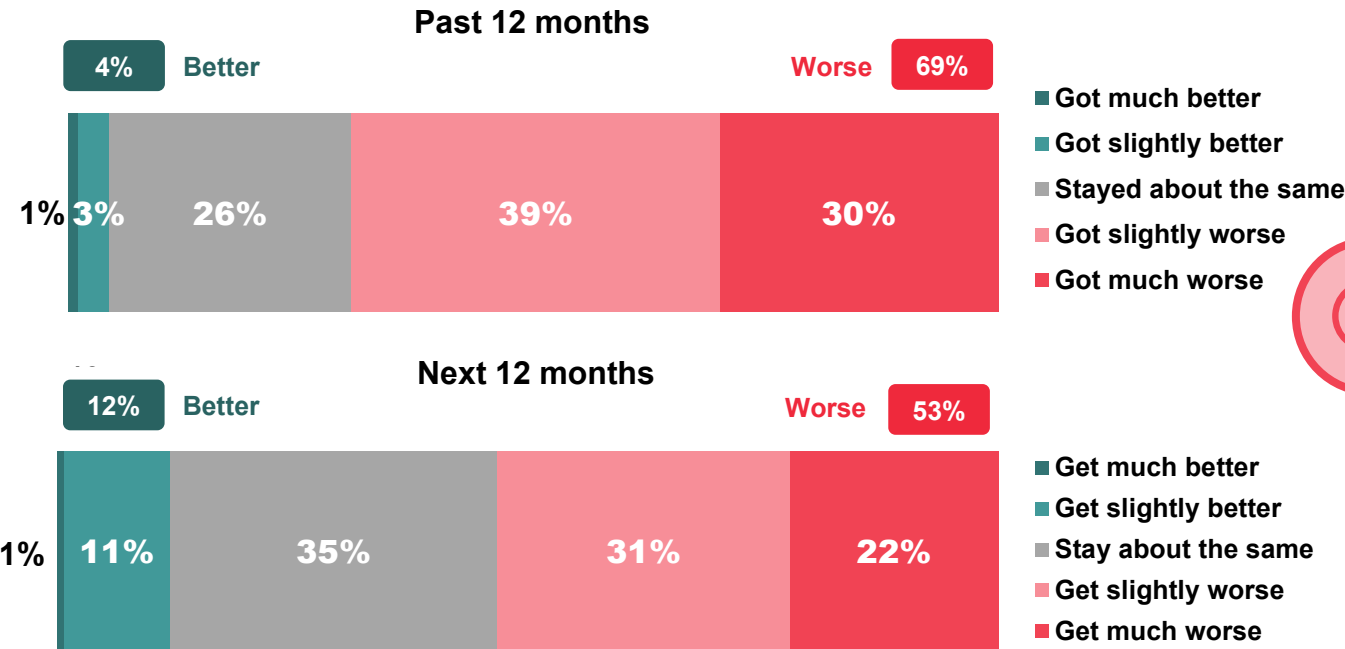
Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021.

The public are more pessimistic about social care than the NHS

More than two-thirds (69%) think the **standard of care provided by social care services has got worse over the last 12 months**, and around half (53%) think it will get worse over the next 12 months. Those who have **used social care services personally are more likely to think it has got better** over the last 12 months (19%, compared with four per cent overall) and that it will get better in the next 12 months (26%, compared with 12% overall). In contrast those who have a **family member or friend who have used social care services are more likely to think it will get worse** in the next 12 months (61%, compared with 53% overall).

Q. Thinking specifically about social care, do you think the general standard of social care over the last twelve months has...?

Q. And looking towards the future, do you think the general standard of social care over the next twelve months will...?



More likely to think it has / will get better

- Those who think the standard of care has both got better over the *past* 12 months and will get better in the *next* 12 months include those aged **16 to 24*** (12% think it has got better and 24% think it will get better), those who **work in social care** (22% and 29%) and those who have **personally used social care services**, as explained in the grey box.
- People from **ethnic minority backgrounds** are more likely to think it will get better over the next 12 months (26%, compared with 12% overall).



More likely to think it has / will get worse

- Some older age groups (77% of those aged **55 to 64** and 78% of those aged **75 and over**), people from **white ethnic backgrounds** (70%), **Labour** voters (76%) and those working in **managerial, administrative and professional occupations** (72%) are more likely to think the standard of care has got worse over the *past* 12 months (vs. 69% overall).
- Those aged **45 to 74** (60%), people from **white ethnic backgrounds** (54%), **Labour** supporters (60%) and those working in **managerial, administrative and professional occupations** (58%) are more likely to think it will get worse in the next 12 months, also those with a **family member or friend who has used these services** (61%), vs. 53% overall.

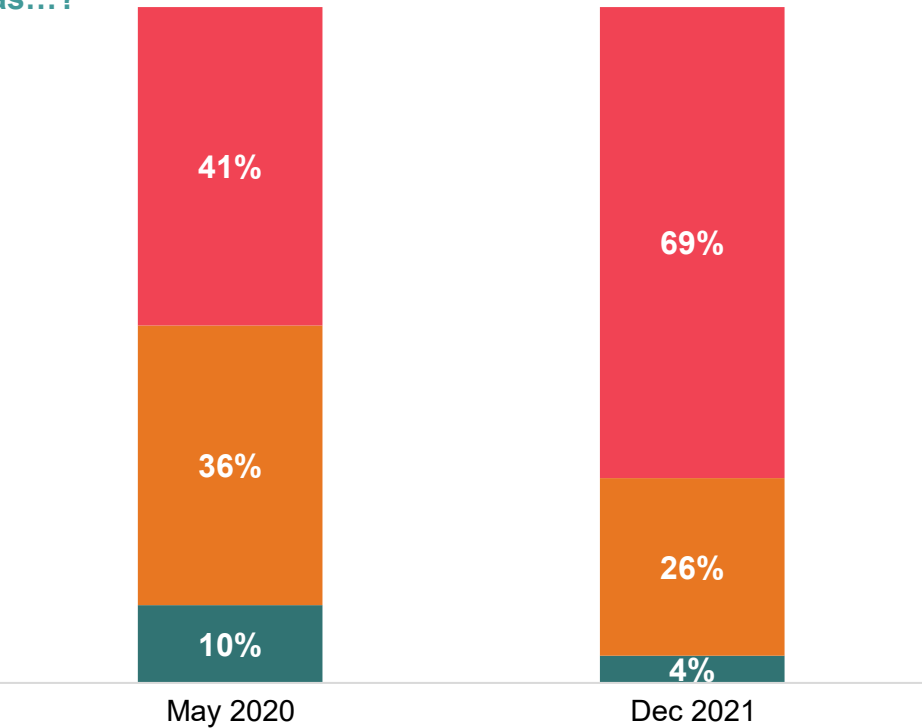
Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021.

* Please treat results with caution as they are based on a small number of participants (69)

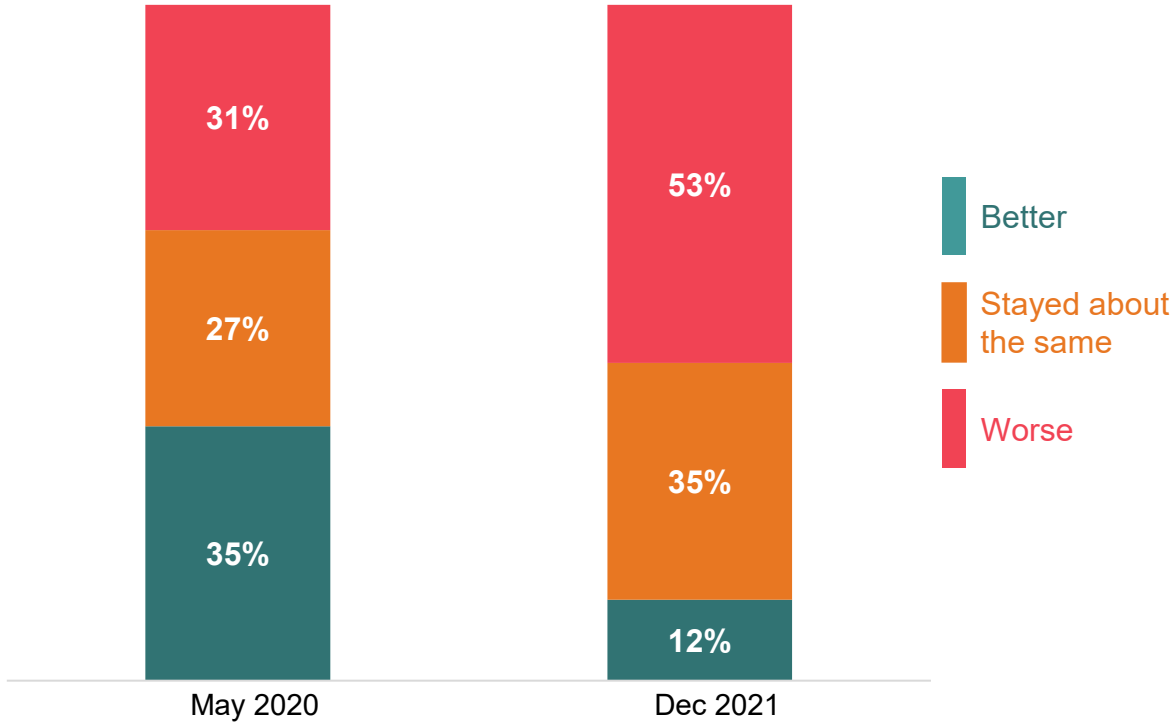
Similarly to the NHS, the public’s current reflections and expectations for the future of social care services are more pessimistic than previously

The public are significantly **more likely to think that the standard of social care has got worse over the last 12 months** (up from 41% in May 2020 to 69% now), and **will continue to get worse** in the next 12 months (up from 31% in May 2020 to 53% now), though note that differences in the methodology means comparisons should be treated with caution.

Q. Thinking specifically about social care, do you think the general standard of social care over the last twelve months has...?



Q. And looking towards the future, do you think the general standard of social care over the next twelve months will...?



Bases: The Health Foundation COVID-19 Survey, May 2020: 1,983* | Dec 2021: 2,102. * Please note that findings from May 2020 were collected using a different methodology and so comparisons should be treated with caution.

General views on the NHS and social care

05

There continues to be strong support for the core principles of the NHS, with most agreeing that the NHS should be free, comprehensive and funded by taxation

The majority of the public think the principles on which the NHS was founded should still apply today, including that the NHS should be **free at the point of delivery** (89%), **provide a comprehensive service available to everyone** (88%), and should be **funded primarily through taxation** (85%). These findings are broadly in line with 2017.

Q. When the NHS was set-up in 1948, it was based on several core principles. For each of the following principles, please tell me the extent to which you think the principle should still apply to NHS services today.

The NHS should be free at the point of delivery



Still apply / 2017 data:

89%

91%

The NHS should provide a comprehensive service available to everyone



88%

85%

The NHS should be primarily funded through taxation



85%

88%

■ This principle should definitely still apply to NHS services today
 ■ This principle should probably still apply to NHS services today
 ■ This principle should probably not apply to NHS services today
 ■ This principle should definitely not apply to NHS services today
 ■ Don't know



More likely to agree

- People living in **Scotland** have the highest agreement among the nations - over 90% think each of the three principles should still apply.
- **Labour** voters are more likely to say the three principles should still apply (between 89% and 95%).
- **Graduates** are more likely to say the three principles should still apply (between 91% and 92%).



More likely to disagree

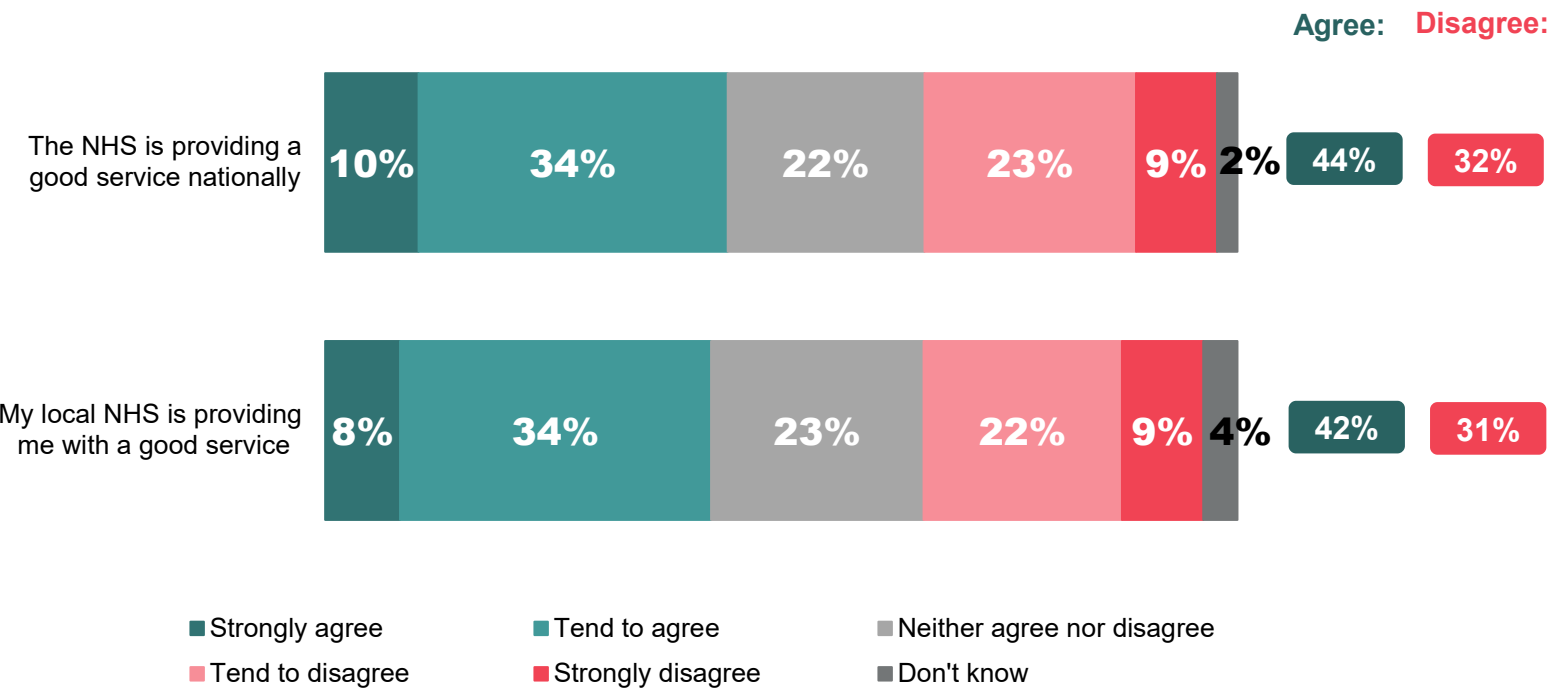
- **Conservative** voters are more likely to say the three principles should not apply (between 13% and 16%).
- Those who think the **standard of care will get worse** in the next 12 months are more likely to say all three principles should not apply (between 11% and 14%).

Bases: What does the public think of the NHS? The King's Fund, May 2017: 1,151 | Dec 2021: 2,102. *Figures from May 2017 are from a different study with a different method and should be treated as indicative.

The public are fairly divided in their views of the service the NHS is providing nationally and locally

While more than two in five think that the NHS is providing a good service nationally (44%) and locally (42%), around one-third think the NHS is not providing a good service nationally (32%) or locally (31%). Views of the service being provided nationally and locally are very similar, whereas in previous years views of local NHS services have been more positive than nationally, suggesting that the public are either experiencing poorer services locally, or are perceiving local services differently than in the past.

Q. To what extent do you agree or disagree with each of the following statements:



Insight on specific groups

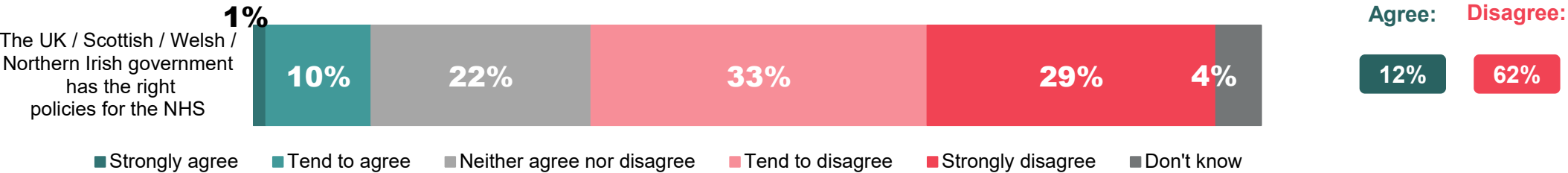
- **Personal experience** is correlated with broader perceptions of the NHS: those who were satisfied with their last type of GP appointment are more likely to agree that the NHS is providing a good service nationally (50% v.44% overall), and those that were dissatisfied are more likely to disagree (44% vs 32% overall).
- Those **aged 45 and over** are more likely to disagree that the NHS is providing a good service *nationally* (37%, compared with 32% overall); however, this difference disappears when asking about *local* NHS services.
- People working in **managerial, administrative and professional occupations** are also more likely to disagree that the NHS is providing a good service nationally (37%, compared with 32% overall).

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

In general, the public do not think their government has the right policies for the NHS

Around three in five of the public (62%) **do not think their government has the right policies in place for the NHS**, while just over one in ten (12%) agree that their government does have the right policies.

Q. To what extent do you agree or disagree with each of the following statements:



More likely to agree (vs. 12% overall)

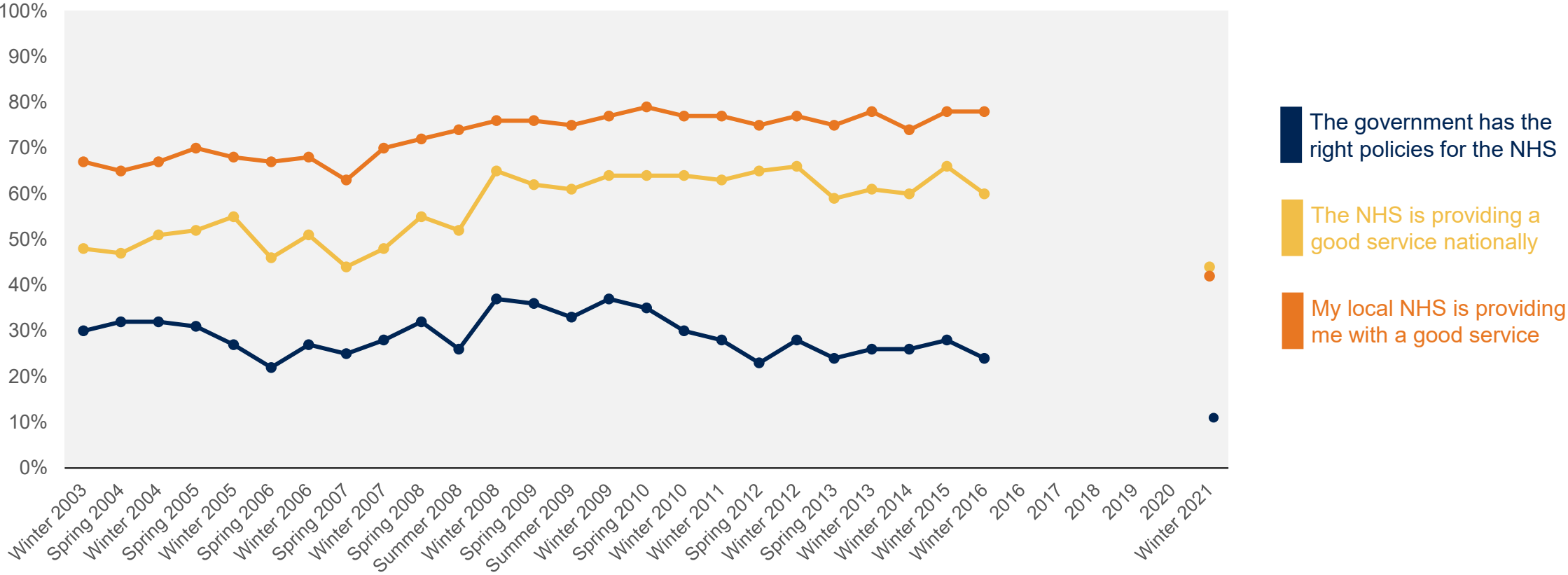
- Those living in **Scotland** (32%) and **Wales** (23%)
- Those who intend to vote **Conservative** (20%)
- Those with **lower annual incomes**, of up to £26k (15%)

More likely to disagree (vs. 62% overall)

- Those living in **England** (65%) and **Northern Ireland** (75%)
- Graduates** (74%)
- Those with an **annual income of £52k-99k** (70%)
- Those working in **managerial, administrative and professional occupations** (67%)
- Those who intend to vote **Labour** (80%)
- Those who **work in the NHS or have close friends/family who do** (68%)

Historical comparisons on perceptions of the NHS and government policies, though note methodological differences

Q. To what extent do you agree or disagree with each of the following statements:

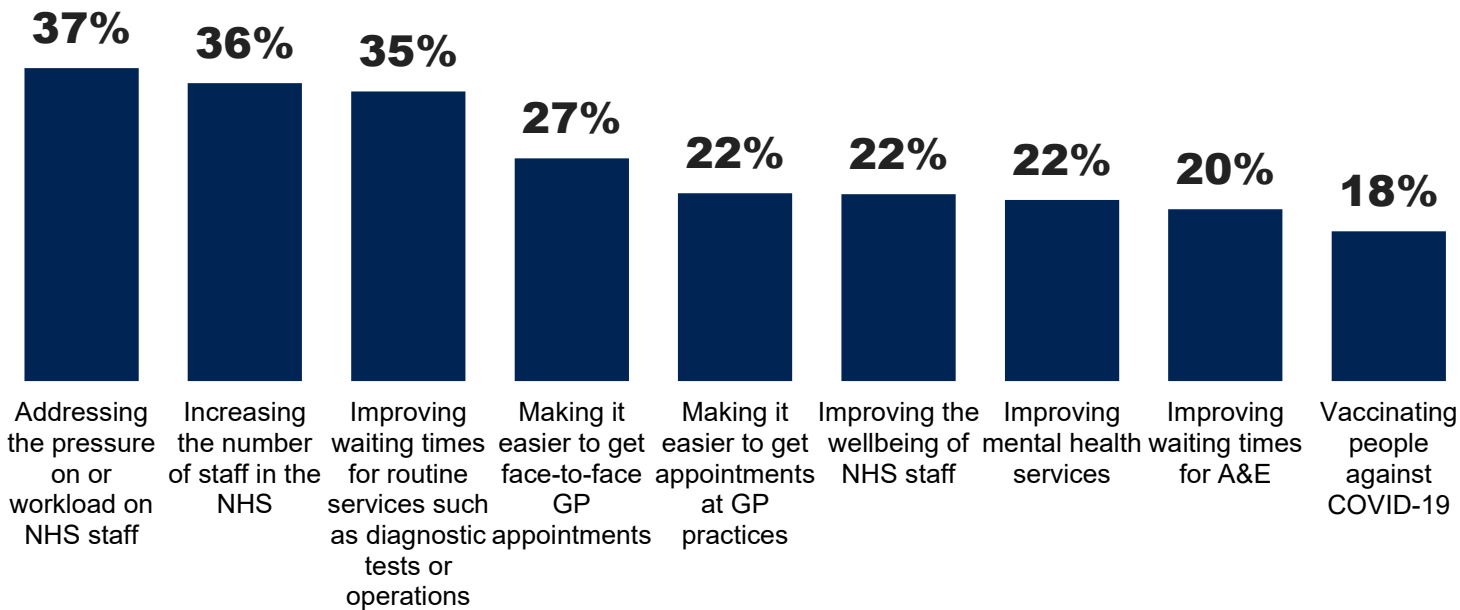


**Winter 2003 – Winter 2016: Ipsos MORI/Department of Health Perceptions of the NHS Tracker, Adults aged 16+ in England, face-to-face, c. 1000 per wave* | Winter 2021: Conducted online via KnowledgePanel UK between 25th November and 1st December 2021, England participants n=1618. *Note: Data is not directly comparable as previous polls were done via a different methodology and in England only; comparisons should be taken as indicative only.*

People think the top priorities for the NHS should be addressing staff workload, increasing the number of staff, and improving elective care waiting times

There is a notable **spread in what the public views as priorities for the NHS**, and not just one or two which are considered significantly more important. The top three priorities are addressing the **pressure on or workload of NHS staff** (37%), **increasing the number of staff** in the NHS (36%) and **improving waiting times for routine services** (35%), while vaccinating people against COVID-19 is lower on the priority list (18%).

Q. When it comes to the NHS, which two or three of the following do you think should be prioritised?



Insight on specific groups

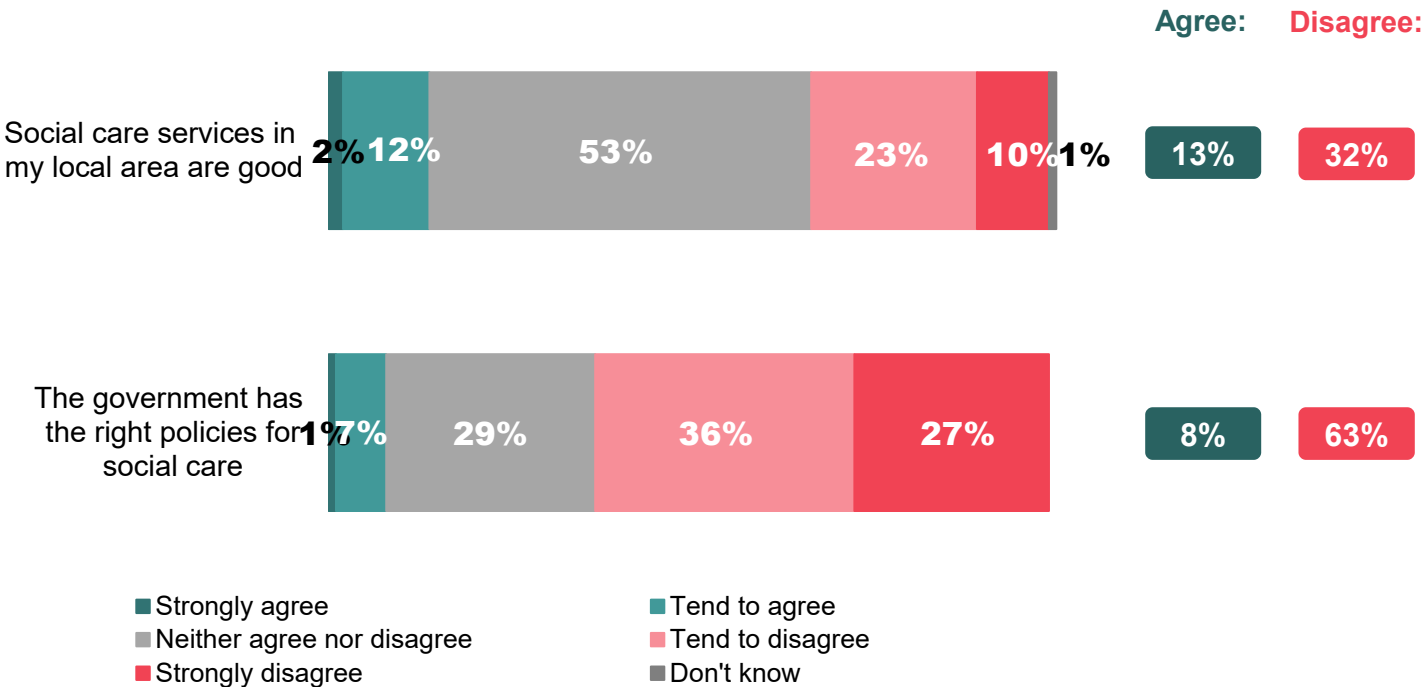
- Those **aged 16 to 34** are significantly more likely to cite **'Improving mental health services'** as a priority (33%, compared with 22% overall), while those **aged 55+** are significantly more likely to cite **'Making it easier to get face-to-face GP appointments'** as a priority (33%, compared with 27% overall).
- Those living in **Scotland** are more likely to prioritise **'Improving mental health services'** (31% versus 22% overall).
- People from **ethnic minority backgrounds** think priority should be given to **'Improving the standard of care in hospitals'** (20%, compared with 11% of people from white ethnic backgrounds) and **'Improving the standard of care in GP practices'** (19% compared with 11%).
- Those in the **most deprived areas** prioritise **making it easier to get GP appointments** (29% versus 22% overall).
- Those who were **dissatisfied with their last type of GP appointment** prioritise **'Making it easier to get face-to-face GP appointments'** (42% versus 27% overall).

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

People tend to be negative towards social care services locally or do not have an opinion, though they tend to think the government does not have the right policies

Around half of the public (53%) are **neutral** towards the quality of local social care services, likely linked to limited knowledge of them. However, more people disagree that social care services are good (32%) than agree (13%). Those who have personally used **social care in the past 12 months** are more likely to give an opinion, being both more likely to agree services are good (26%) and more likely to disagree (41%). Views about government policies for social care are the same as for the NHS, with 63% and 62% respectively saying they are not right.

Q. To what extent do you agree or disagree with each of the following statements?



Insight on specific groups

- Those who **personally work in social care** are more likely to say services are good (41%* compared with 13% overall).
- People from **ethnic minority backgrounds** are more likely to agree that social care services in their local area are good (26% vs. 12% of people from white ethnic backgrounds) and that the government has the right policies (17% vs. six per cent).
- Those least likely to think that the government has the right policies for social care are **graduates** (75%), **Labour and Lib Dem voters** (78%).

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

*Please treat results with caution as they are based on a small number of participants (62)

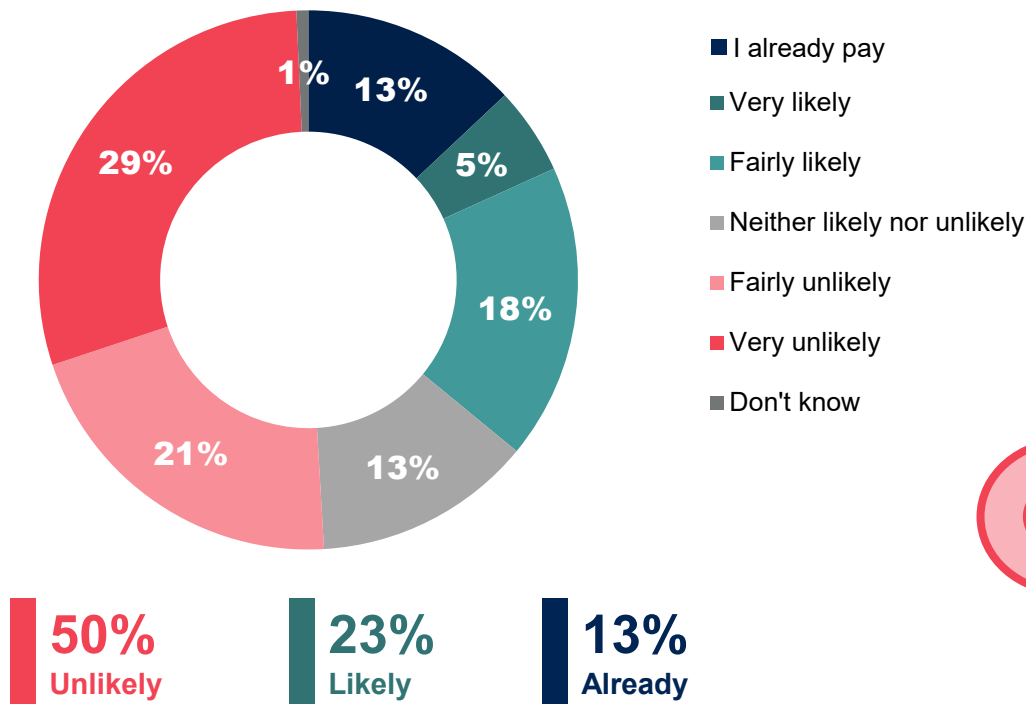
Views on private healthcare

06

In general, the public are unlikely to pay for private healthcare

Half of the public (50%) say they would be **unlikely to pay** for private healthcare if they needed it. Around one-third (36%) are **more positively disposed towards private healthcare**, including 13% who already pay for private health insurance or private healthcare and 23% who say they would be likely to pay for it if they needed it. **Household income** is the most significant indicator of likelihood to pay for private healthcare.

Q. At the moment, how likely or unlikely would you be to pay for private health insurance or private healthcare if you needed it?



More likely to pay / already pay

- The following groups are more likely to **already pay** for private healthcare or insurance (versus 13% overall): those with a **household income of £100k+** (38%) or **between £52k and £100k** (22%), **working full-time** (17%), **graduates** (18%), living in the **South of England** (17%), from the **least deprived areas** (19% of those in the two least deprived quintiles), who work in **managerial, administrative and professional occupations** (17%), and who intend to vote **Conservative** (18%) or **Lib Dem*** (25%).
- A larger proportion of the following groups say they are **likely to pay** for private healthcare if they need it (compared with 23% overall): those aged **75+** (29%), with a **household income of between £52k and £99k** per year (30%), who work in **managerial, administrative and professional occupations** (26%), live in **rural areas** (28%), and who intend to vote **Conservative** (27%).



Less likely to pay

- Those **earning less than £26k** (70%), between the ages of **55 and 74** (56%), **not working** (56%), who **do not have a degree** (55%), live in the **most deprived areas** (57%), and who intend to vote **Labour** (61%) are all **less likely to pay** for private health care.

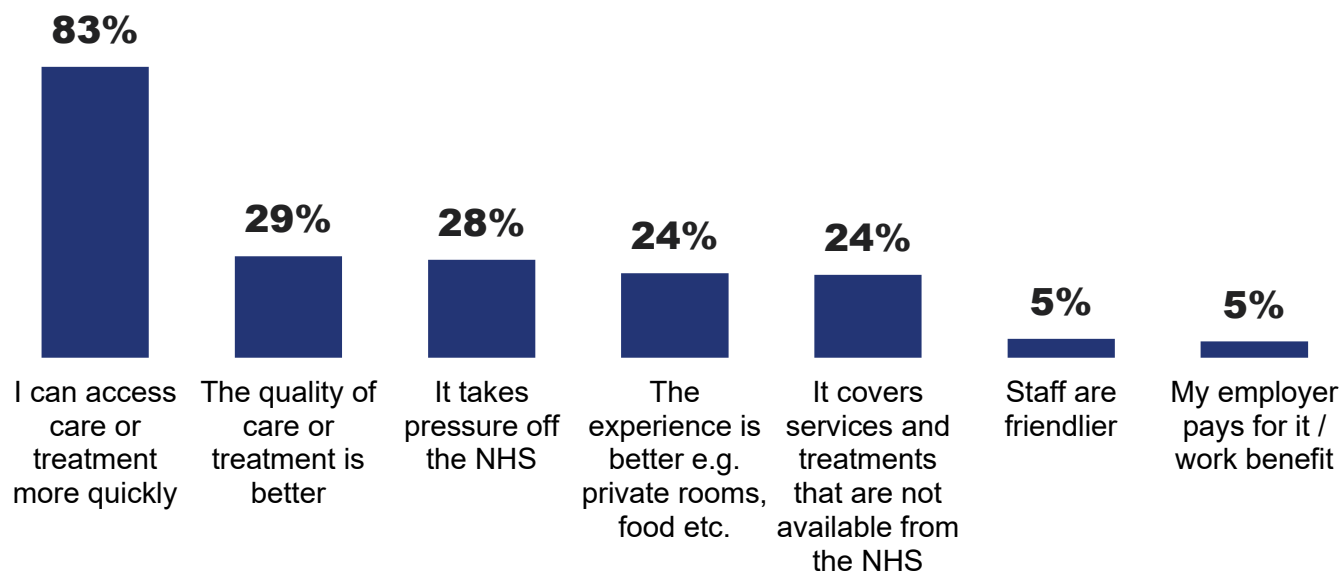
Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

**Please treat results with caution as they are based on a small number of participants (93)*

Among those who already pay for, or would be likely to pay for private healthcare, the main reason is to access care or treatment more quickly

The overwhelming majority of those who already pay or would be likely to pay for private healthcare is **to access care or treatment more quickly** (83%). Secondary considerations include the quality of care or treatment being better (29%), taking pressure of the NHS (28%), the experience being better (24%), and that it covers services and treatments not available from the NHS (24%).

Q. You mentioned you currently pay for, or would be likely to pay for, private healthcare or private health insurance. Why is that?



Insight on specific groups

- Those **aged 65 and older** are more likely to pay for private healthcare to access treatment more quickly (95%, compared with 83% overall), while younger age groups (25 – 44) are more likely to pay because they perceive the quality of treatment to be better (40%, compared with 29% overall).
- Those who **have not used any NHS services in the past 12 months** are more likely to pay for private health insurance for reasons unrelated to the amount of time they would need to wait (which is an equal motivator in comparison to those who have used services. Additional reasons include perceiving the quality of care or treatment to be better (51%, compared with 29% overall), the experience to be better (44%, compared with 24% overall) the staff to be friendlier (17%, compared with five per cent overall).

Base: All participants who already pay for, or say they would be likely to pay for, private healthcare/private health insurance, n=756.
Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

Attitudes towards GP practices and appointments

07

An Introduction to Max Diff (Trade Off analysis)

- Max Diff is a prioritisation exercise that is highly effective at sorting through a wide number of different options in order to establish what citizens see as important.
- The main advantage of Max Diff is that it offers greater differentiation of results than can be obtained through more standard rating or importance scale questions because participants are required to choose between different options, all of which could potentially be quite important.
- This exercise has allowed the rating in importance of **eight different considerations when making a GP appointment**.
- Max Diff was included in the survey in order to understand how important each aspect of making an appointment is, by forcing participants to trade-off the different considerations. It can also establish how this differs among different groups within the population.
- Participants were shown four considerations on their screen and asked to rate what is most important and what is least important when they are making a GP appointment at their GP practice. This was repeated six times with different combinations.
- The results are then combined across all eight considerations and each factor is scored depending on how favourably it is seen by participants, allowing a clear order of prioritisation to be established.

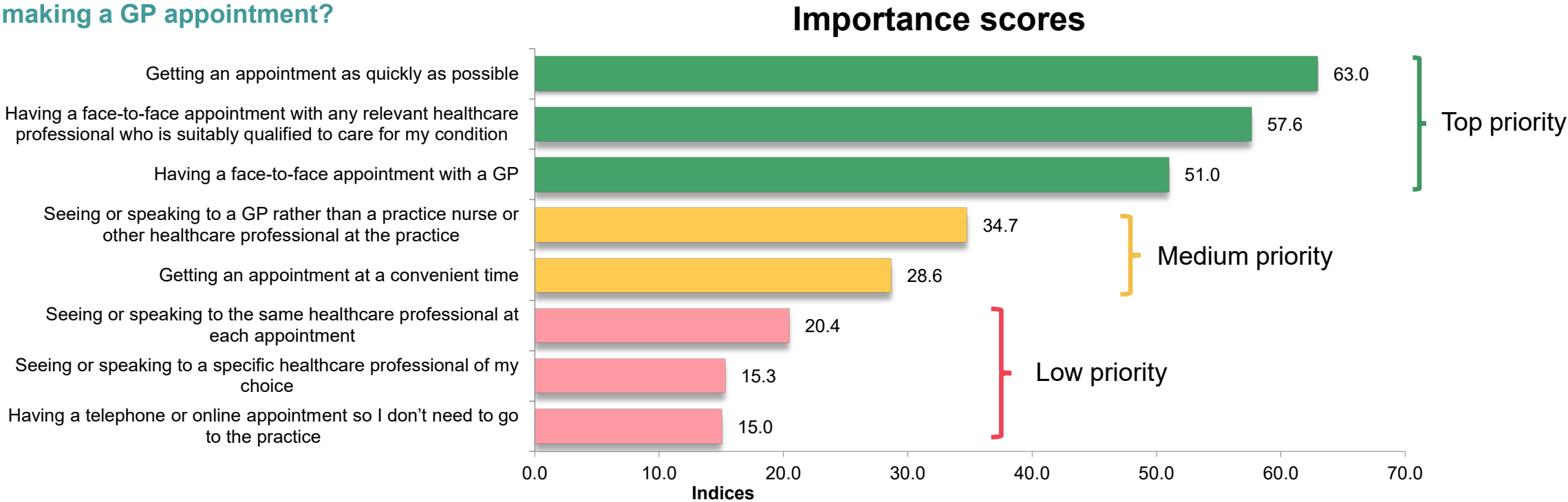
How to read MaxDiff charts:

The importance scores on the 'Importance Chart' show the importance on a scale of 0-100: the higher the score, the more important an item. The scores are relative to each other so this can be used to draw conclusions about how important items are in relation to each other.

The top consideration when making a GP appointment is getting an appointment as quickly as possible, followed by having a face-to-face appointment

When making an appointment at their GP practice, the most important consideration for the public is getting an appointment as quickly as possible. Having a face-to-face appointment is the next most important consideration, either with any relevant healthcare professional or specifically with a GP. The least important consideration is having a telephone or online appointment so they don't have to go to the practice or speaking to a healthcare professional of their choice. These are around four times less important than getting an appointment quickly.

Q. Imagine you need to make an appointment at your GP Practice. Of these, which is the most/least important to you when making a GP appointment?

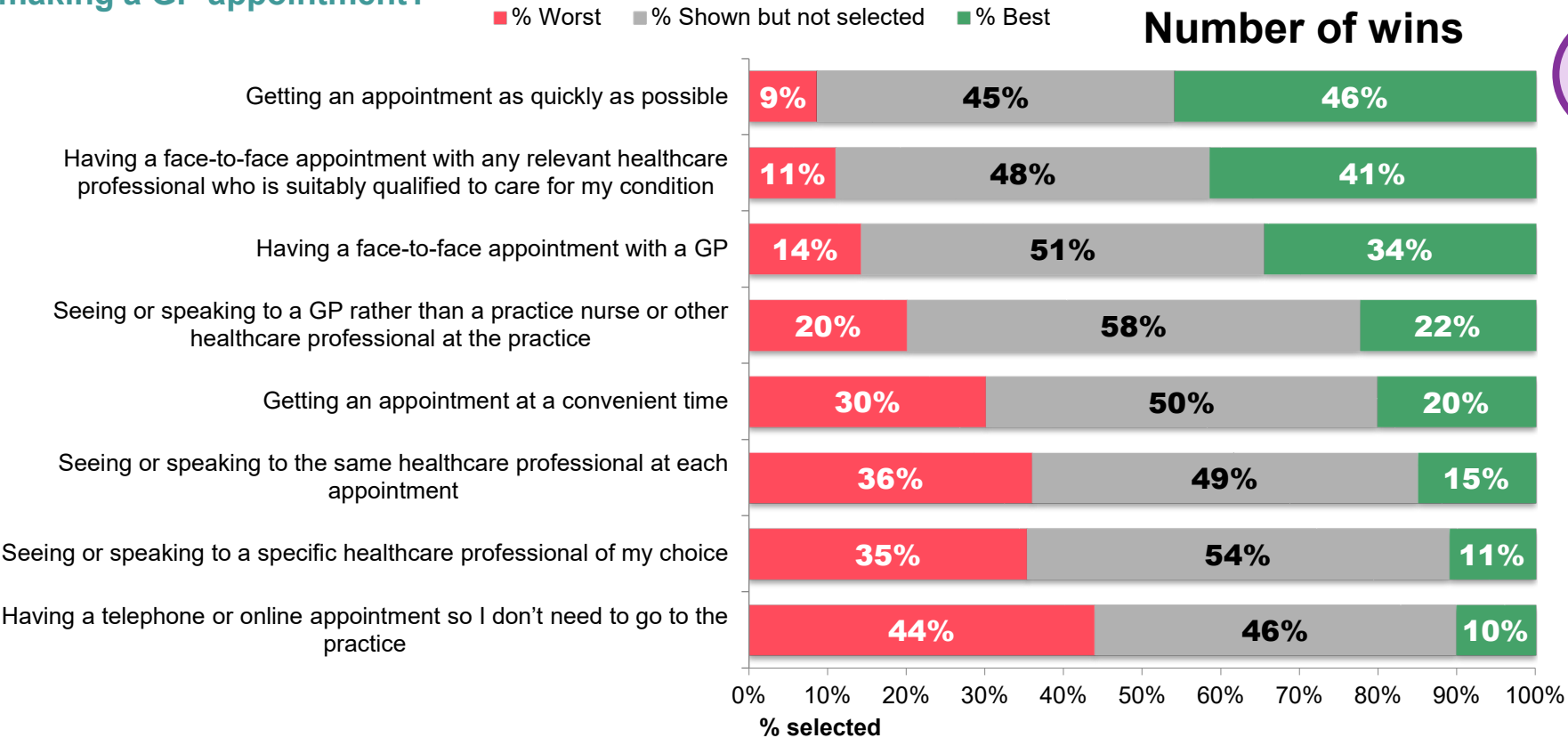


Base: All participants n=2001 (some participants removed after data cleaning). Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

Corroborating this ranking, getting an appointment quickly and having a face-to-face appointment are consistently selected as the most important considerations

On around half (46%) of the occasions that ‘getting an appointment as quickly as possible’ was shown, it was selected as the most important consideration. In contrast, having a telephone/online appointment so they don’t need to go to the GP practice was selected as the least important consideration on 44% of the occasions it was shown.

Q. Imagine you need to make an appointment at your GP Practice. Of these, which is the most/least important to you when making a GP appointment?



Insight on specific groups

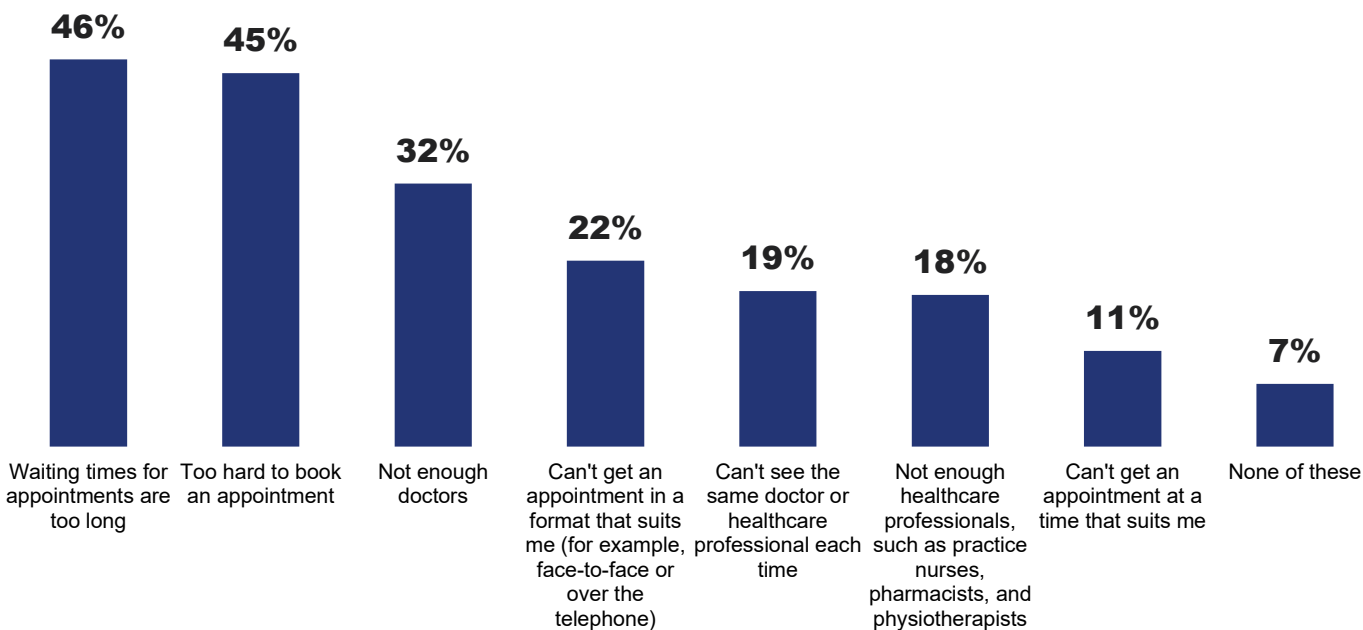
- There were minimal differences in how different groups prioritised considerations, with no changes among the top, medium, and low priorities.
- This suggests that members of the public are considering the same thing when making an appointment; that they can get one as quickly as possible, and that the appointment is face-to-face with a suitable healthcare professional or GP.

Base: All participants n=2001 (some participants removed after data cleaning). Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

The public highlight waiting times and appointment booking as the key challenges for their local GP practice

Waiting times for appointments being too long (46%) and it being **too hard to book an appointment (45%)** are seen as the biggest challenges facing local GP practices. There **not being enough doctors** is also seen as a challenge (32%), while not being able to get the type of appointment they want (22%), not being able to see the same person each time (19%), or there generally not being enough healthcare professionals (18%) are also seen as challenges, albeit less so.

Q. In your opinion, what are the biggest challenges currently facing your local GP practice?



Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

Insight on specific groups

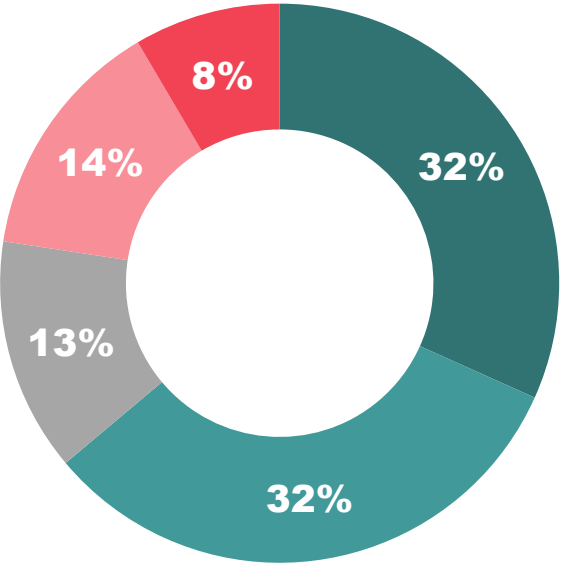
- Those **aged 65 and older** are more likely to identify ‘seeing the same person each time’ as one of the biggest challenges (28% vs. 19% overall – though still less of a challenge than waiting times or booking appointments).
- Those **aged 25 to 34** are particularly likely to mention it being too hard to book an appointment (52% vs. 45% overall) and not being able to get an appointment at a time that suits them (18% vs. 11% overall).
- Those **working full-time** and **with children in the household** are more likely to view ‘getting an appointment at a time that suits me’ as a challenge (16% for both, vs. 11% overall).
- People living in **Northern Ireland** are particularly likely to say that the biggest challenge is there ‘not being enough doctors’ (45% vs. 32% overall).
- Those living in the **most deprived areas** are more likely to identify it being ‘too hard to book an appointment’ (54% vs. 45% overall) and ‘can’t get an appointment in a format that suits me’ (28% vs. 22% overall) – this is particularly the case for those working in **semi-routine and routine occupations** (32% vs. 22% overall).
- Those **with a disability** are more likely than those without to say that not getting an appointment in a format that suits them is a big challenge (27% vs. 21%).

Overall, people who have had a GP appointment report being satisfied with the type of appointment they had

Of those who previously had and can still recall their last GP appointment, most people had appointments over the telephone (50%) and in person (34%), with only two per cent saying they had an appointment online (e.g. a video call). **Approaching two-thirds were satisfied with the type of appointment they had (64%),** while around one in five were dissatisfied (22%).

Q. Thinking about the reason that you needed a GP appointment, how satisfied or dissatisfied were you with the type of appointment you had?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied



More likely to be satisfied (vs. 64% overall)

- Those **aged 55 and over** tend to be more satisfied (69%)
- People from **white ethnic backgrounds** (66%, compared with 48% among people from ethnic minority backgrounds)
- Those living in **rural locations** (68% vs. 62% of those living in urban areas), or in the **least deprived areas** (68% among those in the two least deprived areas)
- Those working in **managerial, administrative and professional occupations** (68%)
- Those who do not have a health problem or disability (65% vs. 58% of those who do)
- Conservative voters** (69%)

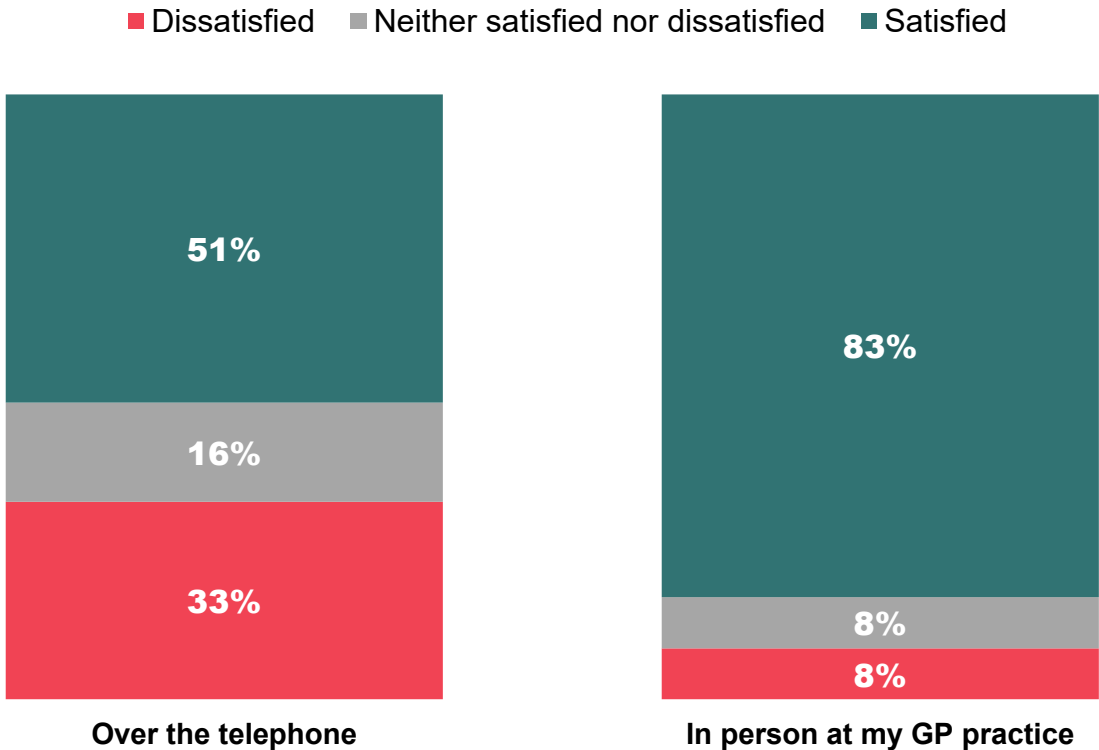
More likely to be dissatisfied (vs. 22% overall)

- People from **ethnic minority backgrounds** compared with people from white ethnic backgrounds (36% vs. 20% of people from white ethnic backgrounds)
- Those living in the **most deprived areas** (31%)
- Those working in **lower supervisory and technical occupations** (33%)
- Those **with a health problem or disability** compared with those without (27% vs. 21%)

The type of appointment has a significant impact on satisfaction, with patients having appointments in person more satisfied than those with telephone appointments

More than four in five of the public (83%) who last had an **in person** GP appointment report being satisfied with their type of appointment, while this falls to only half (51%) being satisfied among those who had a **telephone** appointment – one-third were dissatisfied (33%).

Q. Thinking about the reason that you needed a GP appointment, how satisfied or dissatisfied were you with the type of appointment you had?



More likely to be satisfied

- Those most likely to be satisfied with their **telephone appointment** are 55-74 year olds (57%), those from least deprived quintiles (55%), those earning from £52k to £100k (65%), graduates (61%) and those in managerial, administrative and professional occupations (57%).
- Those most likely to be satisfied with their **in person appointment** are 45+ year olds (89%) and those from the least deprived quintile (88%).



More likely to be dissatisfied

- Those most likely to be dissatisfied with their **telephone appointment** are 16-24 year olds (52%)**, those in the most deprived quintile (44%), people from ethnic minority backgrounds (46%)**, those in low supervisory and technical and semi-routine and routine occupations (46%)**.
- Those most likely to be dissatisfied with their **in person appointment** are people from ethnic minority backgrounds (19%)**.

Base: Telephone appointment: n = 1049; in person appointment: n = 705. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

**Please treat results with caution as they are based on a small number of participants

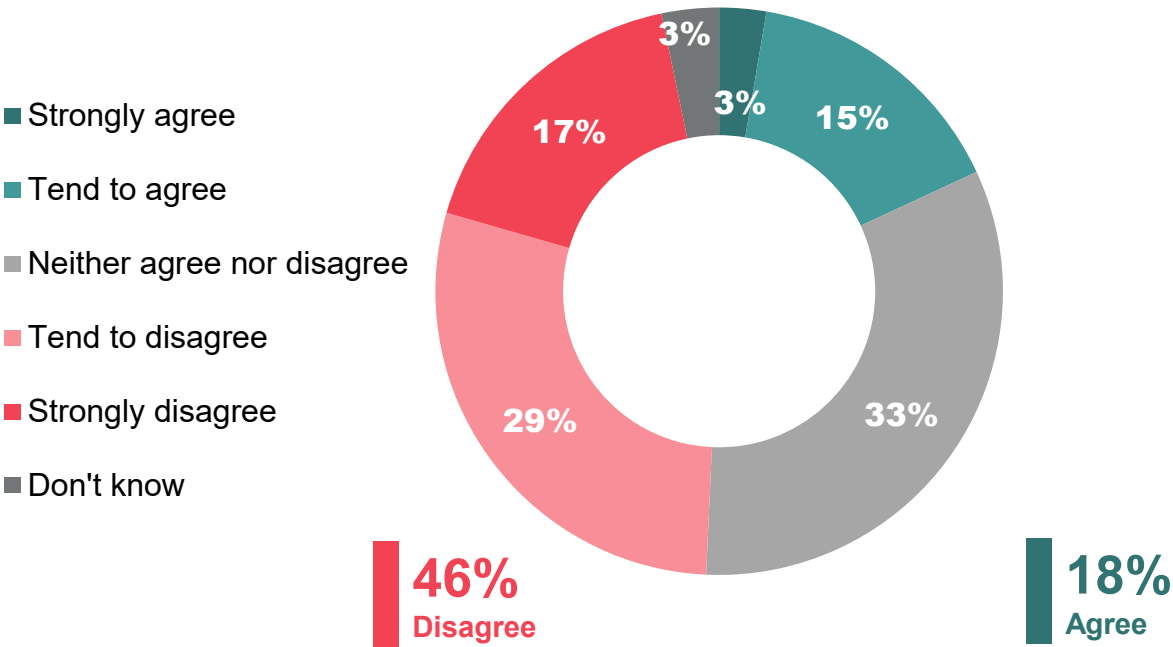
Views on public health interventions, responsibility to improve public health and health inequalities

08

Few members of the public agree that the government has the right policies in place to improve public health

Nearly half of respondents disagree that the government has the right policies in place to improve public health (46%), while one-third neither agree nor disagree (33%). Approaching one in five think the government has the right policies in place (18%). The public are more positive about the government’s policies for improving public health than for the NHS or social care.

Q. To what extent do you agree that the government has the right policies in place to improve public health?



More likely to agree (vs. 18% overall)

- Those from an **ethnic minority background** (31%), those who intend to vote **Conservative** (32%), and have **used hospital services (excluding A&E)** (22%) are all more likely to agree that that the government has the right policies in place to improve public health (compared with 18% overall).

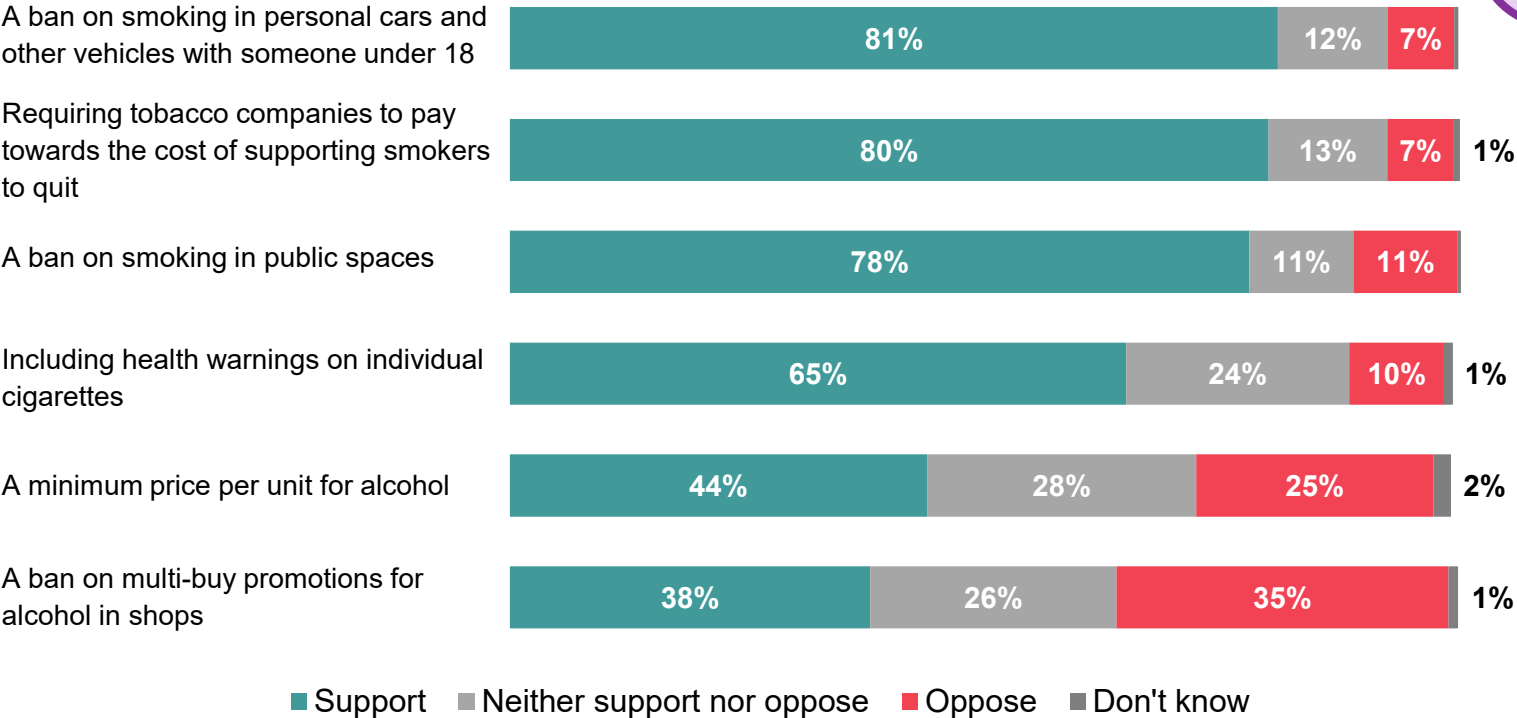
More likely to disagree (vs 46% overall)

- Those intending to vote **Labour** (62%), **males** (49%), those **aged 55-64** (50%), people **working full-time** (51%), **graduates** (56%), those with a **household income of between £52k and £99k** (56%), who **work in managerial, administrative and professional occupations** (50%) who have **used a GP practice or GP out-of-hours service in the last year** (49%) and were **dissatisfied with their last GP appointment** (54%) are all more likely to disagree the government has the right policies in place to improve public health.

Government interventions on smoking receive the highest levels of support, while those linked to alcohol have the lowest support

First analysing public health interventions related to smoking and drinking alcohol, there are the **strongest levels of support for most interventions linked to smoking**. Around four in five support a **ban in personal cars and other vehicles with someone under 18** (81%), **requiring tobacco companies to pay towards the cost** of supporting smokers to quit (80%) and a **ban on smoking in public areas** (78%). Interventions linked to alcohol garner the lowest support, with just 44% supporting a minimum price per unit for alcohol and 38% supporting a ban on multi-buy promotions for alcohol in shops.

Q. To what extent do you support or oppose government intervention in the following areas of public health?



Insight on specific groups

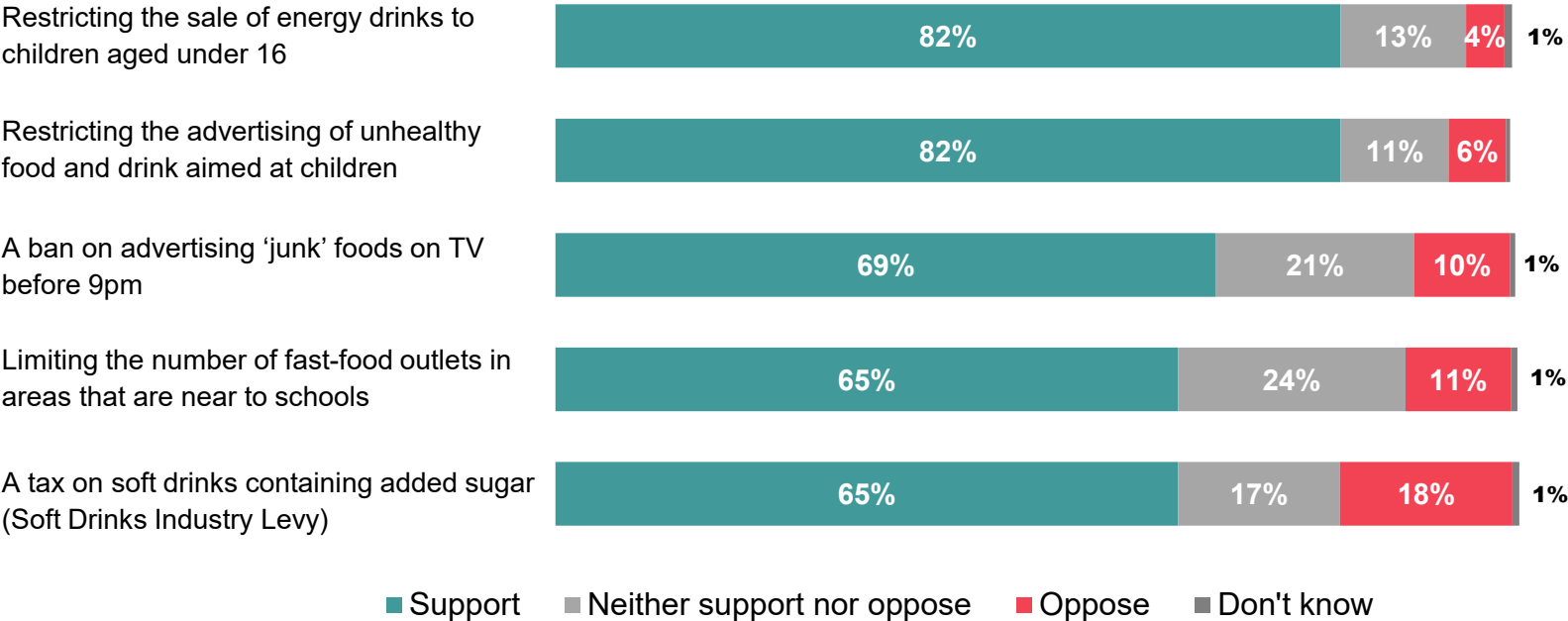
- Those **living in the most deprived areas** (18%), earning **less than £52k household income** (15%), and in **lower supervisory and technical occupations** (18%) or **semi-routine and routine occupations** (17%) are more likely to oppose a ban on smoking in public spaces (11% overall), but not other smoking interventions.
- Men** (32% and 43%), those **aged 35 – 54** (32% and 29%), those **working full-time** (30% and 38%) and people from **white ethnic backgrounds** (27% and 38%) are more likely to oppose the alcohol interventions for a minimum price per unit and ban on multi-buy promotions (25% and 35% oppose respectively).
- Females** (47% and 42%), those **aged 75 and over** (59% and 59%), are more likely to support a minimum price per unit and ban on multi-buy promotions (44% and 38% respectively). In addition, **graduates** (51%) and those working in **managerial, administrative and professional occupations** (47%) are more supportive of a minimum price per unit, while those from **ethnic minority backgrounds** (69%) and people **living in London** (48%) are more likely to support the ban on multi-buy alcohol promotions.

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

There is broad support for government interventions linked to unhealthy foods and drinks (continued from the previous slide)

Turning to interventions linked to diet, there is particularly high support for **restricting the sale of energy drinks to children aged under 16** and **restrictions on the advertising of unhealthy food and drink aimed at children** (both 82%). Levels of opposition to each intervention are limited, rising to **approaching one in five (18%) opposing a tax on soft drinks containing sugar**.

Q. To what extent do you support or oppose government intervention in the following areas of public health?



Insight on specific groups

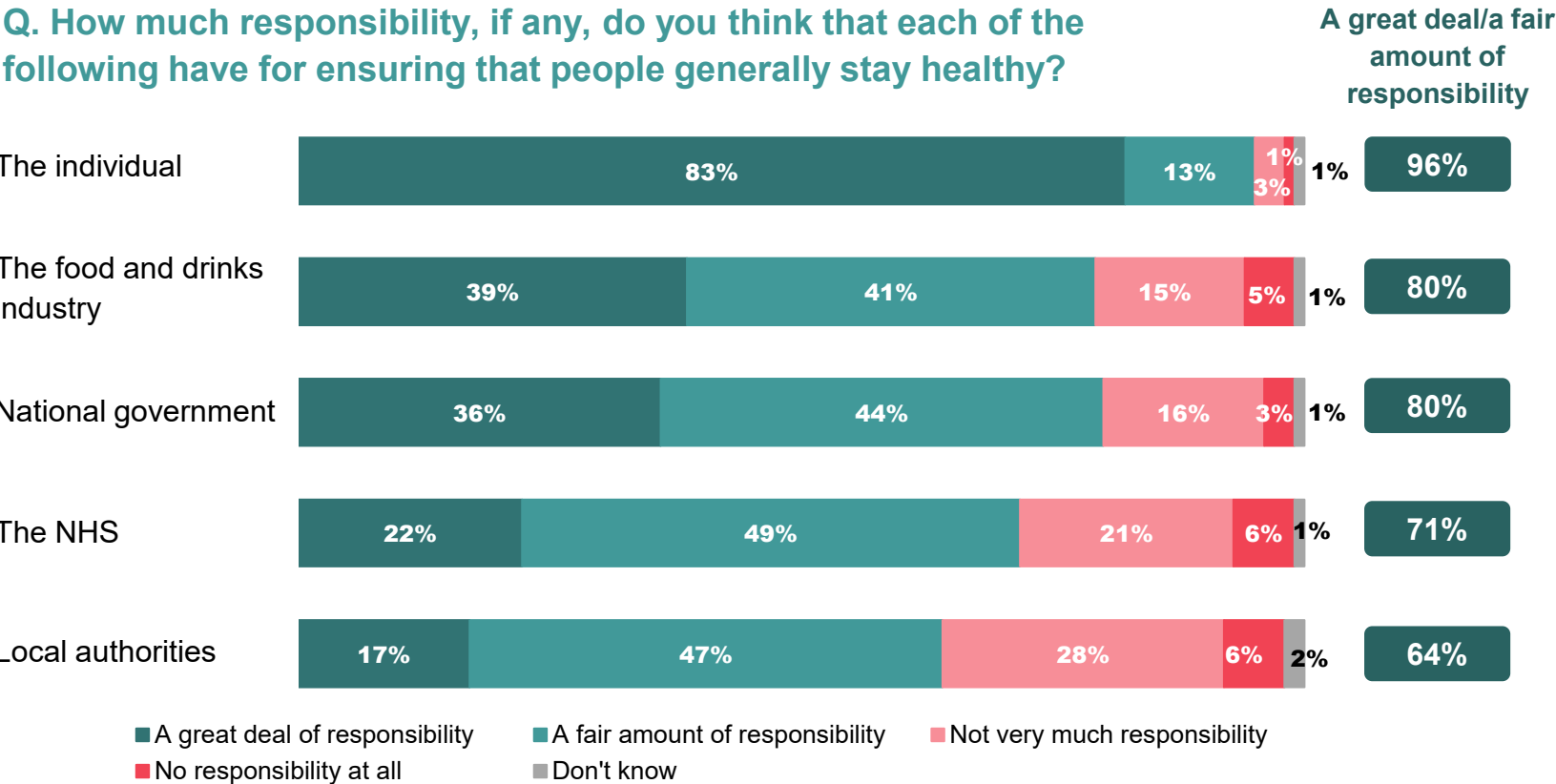
- Those living in **Northern Ireland** and **Scotland**, **living in the most deprived areas**, and who **have not used any NHS services** in the past 12 months, are more likely to oppose many or all of these measures.
- Older people **aged 65 and over**, those who are **degree educated**, fall into **managerial, administrative and professional roles** and intend to vote **Conservative** are likely to be more supportive of most or all of these measures.
- Notably, **those with children in their household** are no more or less likely to support or oppose these measures.

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

The public think that individuals have the greatest amount of responsibility for ensuring that people generally stay healthy

Nearly all of the public (96%) think that **individuals have a great deal or fair amount of responsibility for staying healthy**, followed by the food and drinks industry (80%) and national government (80%). Local authorities are seen to have least responsibility (64%).

Q. How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy?



Insight on specific groups

- **NHS workers** are more likely to think that all groups should take more responsibility for peoples' health generally than average, with the exception of the food and drinks industry.
- Those **aged 16 to 24*** (12%), living in the most **deprived areas** (eight per cent) and have a household income of **up to £26k annually** (seven per cent) are less likely to think the individual is responsible for ensuring people generally stay healthy.
- Those from **ethnic minority backgrounds** are more likely to think all groups except the individual are responsible for ensuring people stay healthy.

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

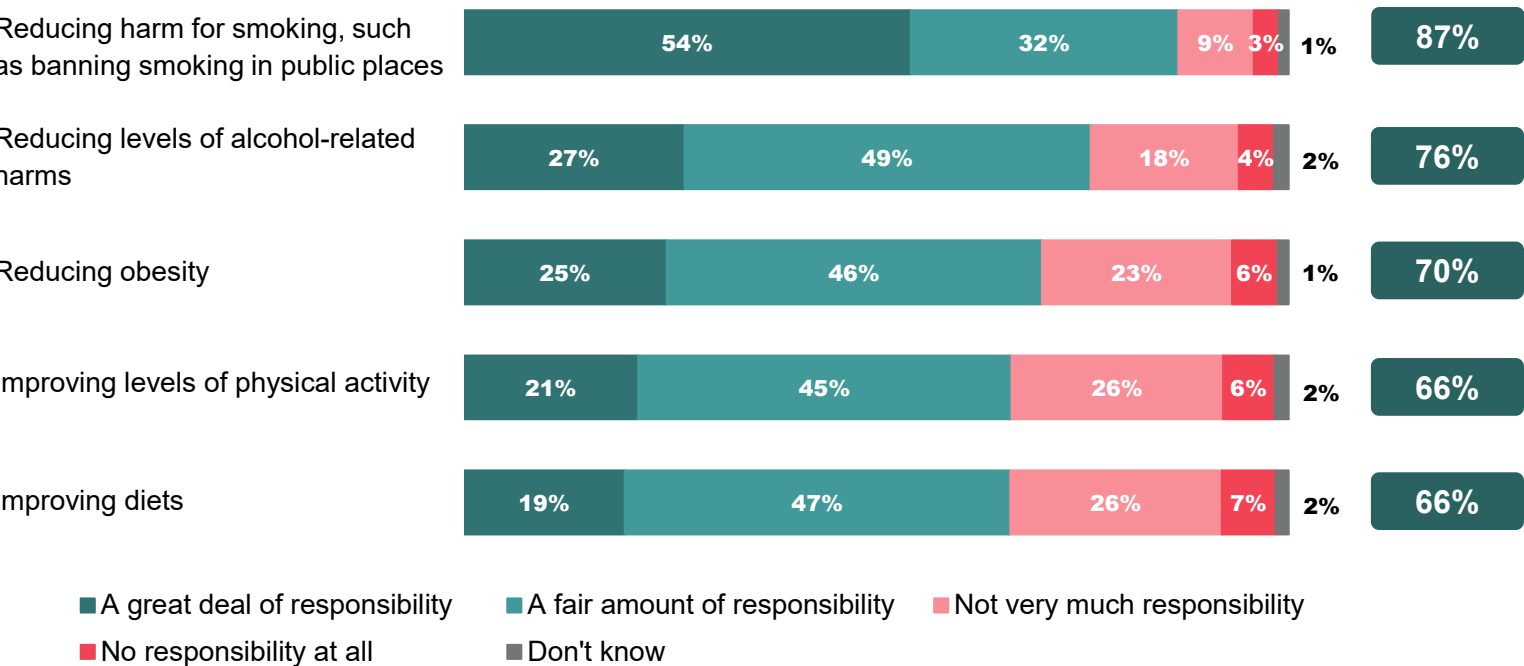
**Please treat results with caution as they are based on a small number of participants (69)*

The government is seen to have most responsibility for reducing harm from smoking and drinking alcohol

The public think the government has most responsibility for **reducing harms from smoking** (87%) and **reducing levels of alcohol-related harms** (76%), despite interventions related to alcohol garnering greater opposition. The government is seen to have less responsibility for reducing obesity (70%), improving levels of physical activity (66%) and improving diets (66%), with around three in ten saying the government has not very much or no responsibility at all for each, though on balance more think the government has responsibility than that it does not.

Q. How much responsibility, if any, do you think the government has for each of the following?

A great deal/a fair amount of responsibility



Insight on specific groups

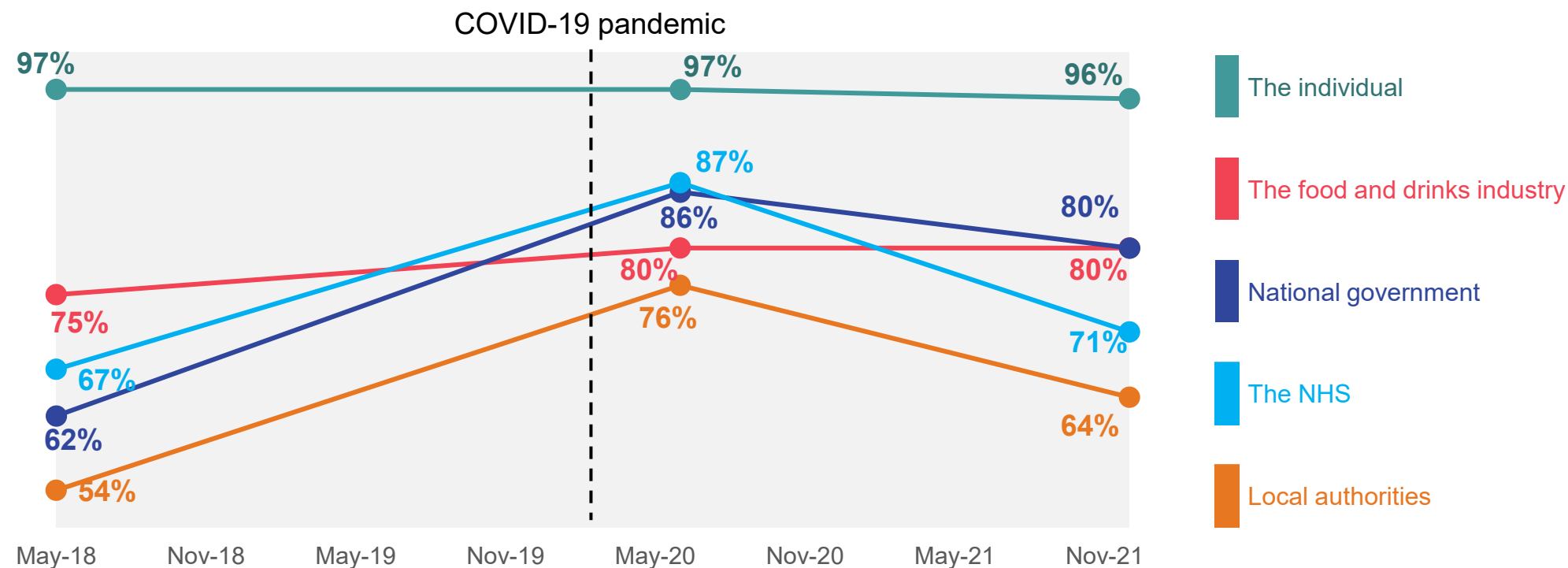
- Graduates**, those who have a **household income of between £52k and £100k per year**, intend to vote **Labour**, work in **managerial, administrative and professional occupations**, use **NHS services**, and who **work in in the NHS or have a friend or family member who does** are more likely to think the government should have responsibility for these outcomes.
- Those who are **older**, are either **non-graduates or have GCSE-level equivalent**, live in **rural** areas, **do not have children**, have a **household income of less than £26k per year**, who intend to vote **Conservative**, and who work in **semi-routine and routine occupations** are all more likely to think the government has less responsibility for these outcomes.

Views on the responsibility of different institutions to ensure people stay healthy increased immediately following the pandemic, but are now subsiding

Institutions, including the national government, the NHS and Local Authorities, all saw an **increase** in people ascribing them responsibility for helping people to stay healthy following the pandemic, but are now trending towards pre-pandemic levels. Views on the **responsibility of individuals and the food and drinks industry have remained relatively stable**.

Q. How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy?

A great deal/a fair amount of responsibility

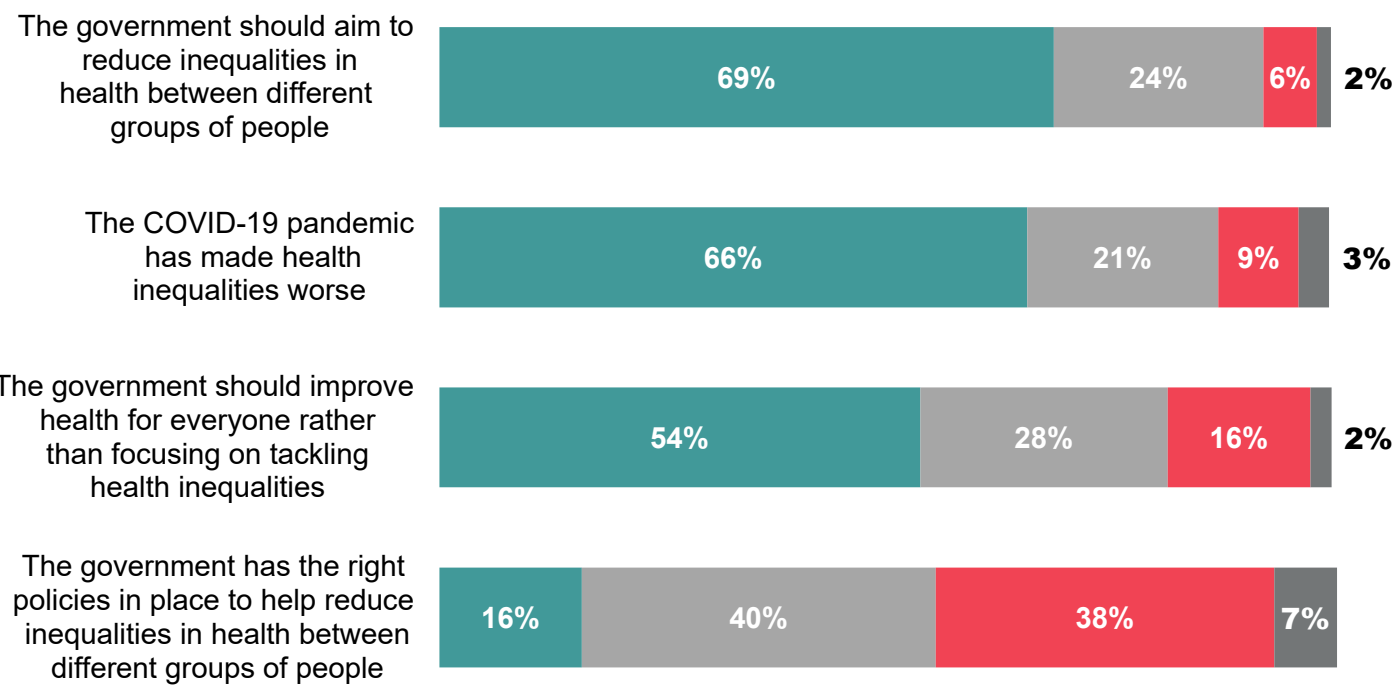


Bases: NHS at 70: Public Perceptions, The King's Fund, May 2018: 2,083* | The Health Foundation COVID-19 Survey, May 2020: 1,983* | Dec 2021: 2,102. *Figures from May 2018 and May 2020 are from a different study with a different method and should be treated as indicative.

The majority of the public think health inequalities have been worsened by the pandemic, though they seem unclear of how the government should address this

Around two-thirds of the public agree that **the government should aim to reduce inequalities in health between different groups** (69%) and recognise that the pandemic has made health inequalities worse (66%). However, just over half (54%) also agree that **the government should focus on improving health for everyone rather than focusing on tackling health inequalities**. As for other areas of government policy, few people agree that the government has **the right policies in place to reduce health inequalities** between different groups (16%).

Q. To what extent do you agree or disagree with each of the following statements:



■ Agree ■ Neither agree nor disagree ■ Disagree ■ Don't know



Insight on specific groups

- Those most likely to agree that the government should aim to reduce health inequalities are **Labour** and **Green Party*** voters (85%, compared with 69% overall), people from **ethnic minority backgrounds** (85%, compared with 67% of people from a white ethnic background) and those with a **health problem or disability** (75%, compared with 68% without).
- Those most likely to agree that the government should improve health for everyone rather than focusing on tackling health inequalities are people **aged 55 and over**, **Conservative** voters (67%, compared with 54% overall) and **men** (57%, compared with 51% of women).

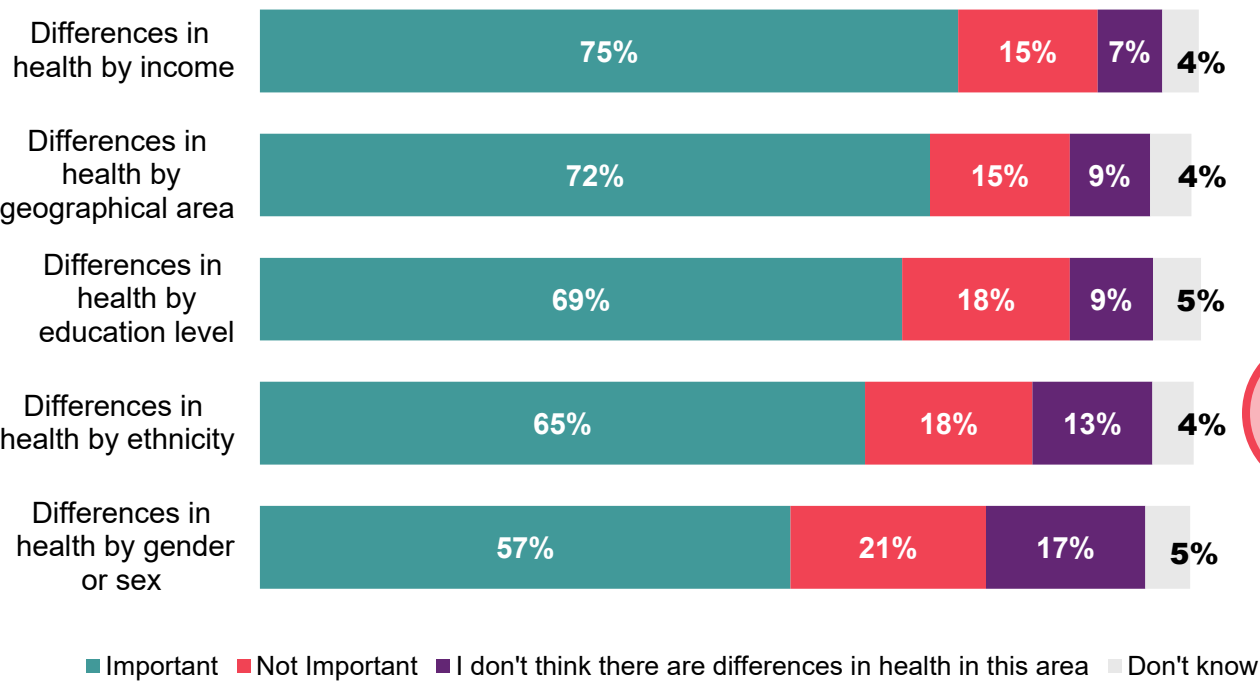
Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

*Please treat results with caution as they are based on a small number of participants (94)

People generally think it is important that the government addresses health inequalities, especially differences in health by income and geographical area

Over half of the public think health differences in all areas are important to address, with **differences in income** (75%) and **geographical area** (72%) considered the most important. Approaching one in five of the public (17%) do not think there are health differences by gender/sex, and around one-eighth (13%) do not think there are differences by ethnicity.

Q. How important, if at all, do you think it is that the government addresses health inequalities in the following areas?



More likely to think it is important

- People from **ethnic minority backgrounds** are more likely to think it is important to address differences by ethnicity (79%, compared with 63% of those from White ethnic backgrounds)
- **Graduates** are more likely to think it is important to address differences by education (78% compared with 65% of non-graduates)
- **Women** are more likely to think it is important to address differences by sex/gender (61% compared with 52% of men)



Less likely to think it is important

- Those who intend to vote **Conservative** are consistently more likely to say that it is not important to address health differences across all areas
- **Conservative** voters and those from **white** ethnic backgrounds are consistently more likely to say that there are no differences in health across all areas

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

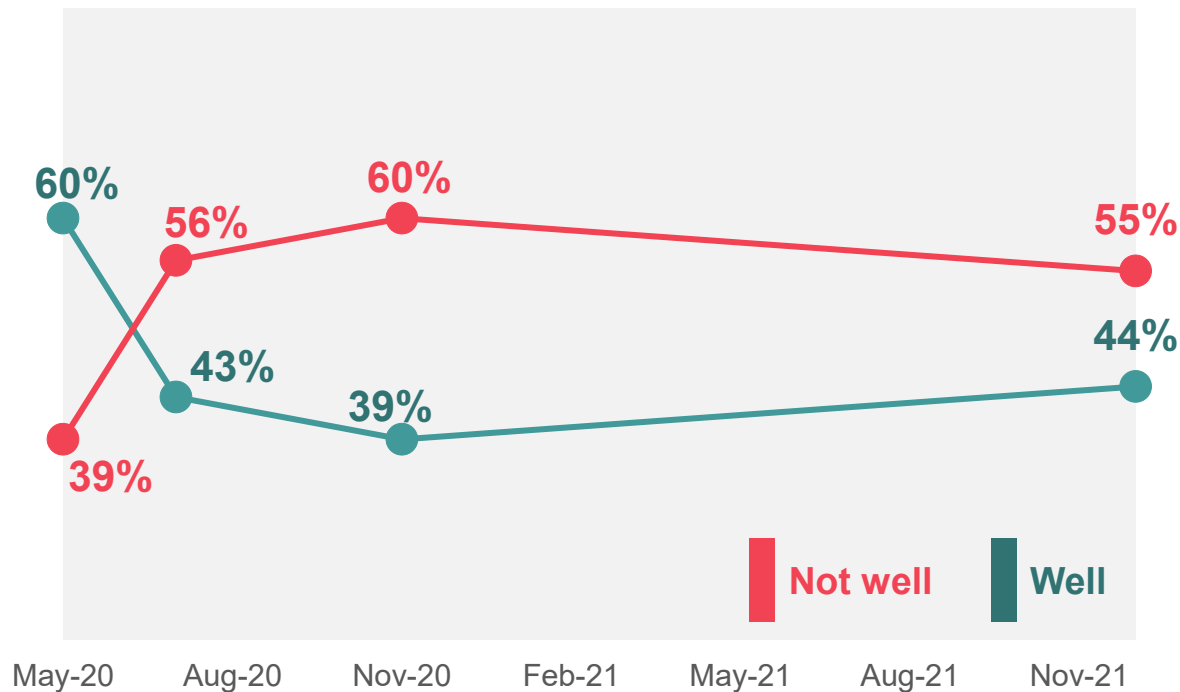
Government handling of the COVID-19 pandemic

09

The public's views of the government's response to the pandemic are divided, with slightly more thinking they have not done well than that they have done well

A little over half (55%) think that the government has **not handled the Coronavirus pandemic well**, while more than two in five (44%) think the government has handled it well. Whether someone thinks the government has done well or not well is clearly influenced by voting intention; 88% of Conservative voters think the government *has* done well, while 82% of Labour voters think it *has not* done well.

Q. Overall, how well, if at all do you think the government has handled the Coronavirus pandemic so far?



Insight on specific groups

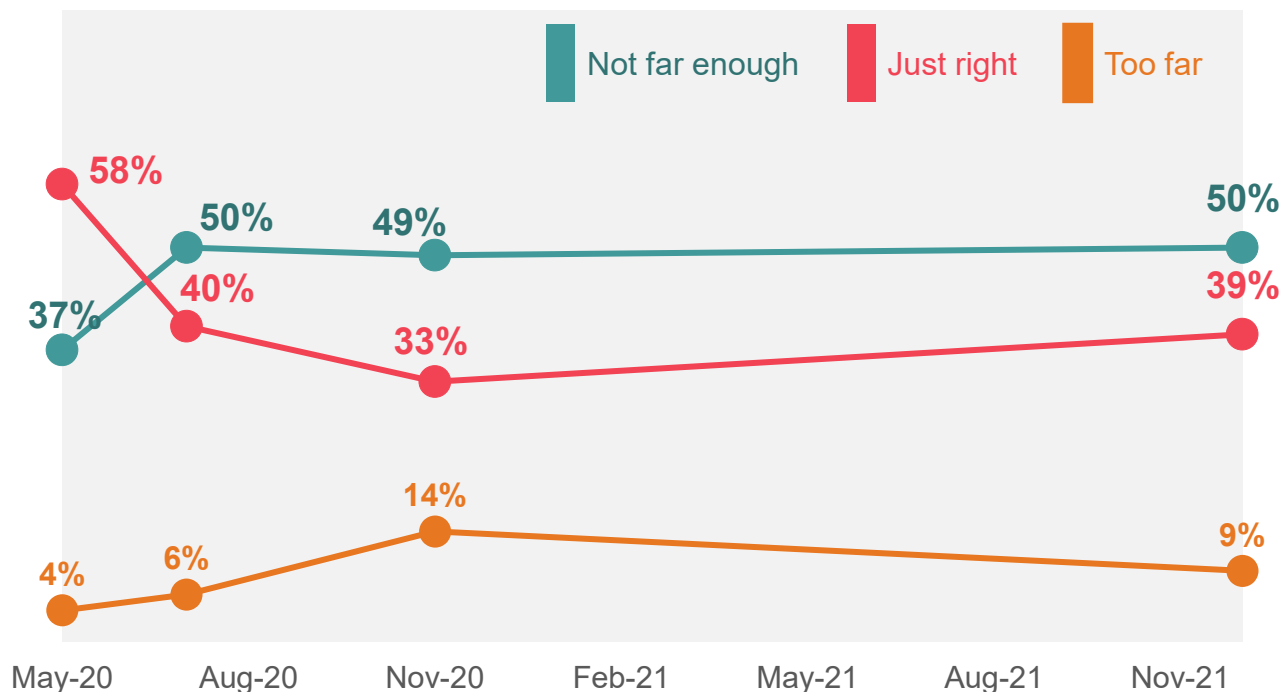
- Those intending to vote **Conservative** are far more likely to think the government has done well in handling the Coronavirus pandemic (88%, compared with 44% overall).
- In addition, those who are **55 and older** (55%), have **no formal qualifications** (57%) or **another type of qualification** (55%), live in the **East Midlands** (59%), have **used hospital services (excl. A&E)** (50%) are also more likely than average to think the government has done a good job (compared with 44% overall).
- Conversely, those intending to vote **Labour** are far more likely to think the government has not done well in handling the pandemic (82%, compared with 55% overall). Younger age groups **up to 44** (65%), **graduates** (66%), **those living in devolved nations** (67%), **those who do not use NHS services** (69%), and people who have **friends and family working in social care** (66%) are also more likely to think this compared with those overall (55%).

Bases: The Health Foundation COVID-19 Survey, May 2020: 1,983* | Public perceptions of health and social care in light of COVID-19, The Health Foundation, July 2020: 2,246* | Public perceptions of health and social care in light of COVID-19, The Health Foundation, Nov 2020: 2,001 | Dec 2021: 2,102. *Figures from May 2020, April 2020, and Nov 2020 were collected using a different methodology and so comparisons should be treated with caution.

There are mixed views on the measures the government is currently taking

Half of the public (50%) think **the measures the government is currently taking to tackle Coronavirus do not go far enough**, while two in five (39%) think they are **just right**. Only one in ten (nine per cent) think the measures go too far. The public are a little more likely to think that the measures are just right than in November 2020 (up from 33% to 39% in December 2021, just as the Omicron variant had been announced but before it had impacted significantly on numbers of infections or the government introduced 'Plan B' measures).

Q. When thinking about the different measures the government is taking at the moment to tackle the Coronavirus pandemic outbreak, which of the following statements comes closest to your view?



Insight on specific groups

- Those **aged 25 to 34** (18%), **with children in their household** (14%), living in **Scotland** (14%), from the **most deprived quintile** (14%), working in **semi-routine and routine occupations** (16%) and who **have not used NHS services** in the last year (17%) are all more likely to think the measures go too far (compared with nine per cent overall).
- Those who intend to vote **Conservative** (67%), are **aged 65+** (47%), live in the **South East** (47%), are from **rural** areas (46%) and who live in the **least deprived** areas (48%), are all more likely to think the measures the government is taking are about right (compared with 39% overall).
- Those who intend to vote **Labour** (71%), have **used mental health services** (63%) and **graduates** (56%) are more likely to think that the measure do not go far enough (compared with 59% overall).

Bases: The Health Foundation COVID-19 Survey, May 2020: 1,983* | Public perceptions of health and social care in light of COVID-19, The Health Foundation, July 2020: 2,246* | Public perceptions of health and social care in light of COVID-19, The Health Foundation, Nov 2020: 2,001 | Dec 2021: 2,102. *Figures from May 2020, April 2020, and Nov 2020 were collected using a different methodology and so comparisons should be treated with caution.

Support for the health and care levy

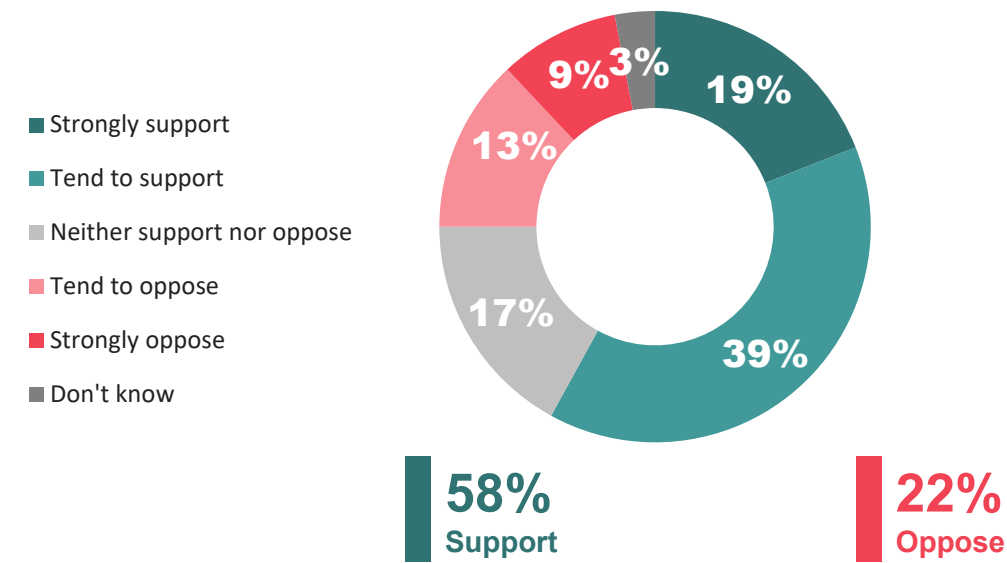
10

There is broad support from the public towards the increase in taxes for the NHS and social care, although this policy has yet to come into effect

Approaching **three in five of the public (58%) support the health and care levy**, while **just over one in five (22%) oppose it**. A further one in five (17%) are neutral. The increase in taxes is due to come into effect in April 2022, at which point support may change as the public will feel the effect of the tax on their income while improvements to the NHS and social care brought about by the tax may be slow to be realised. There are no differences in views of the levy by household income.

Q. As you may know, the UK government has introduced an increase in taxes to be spent on the NHS and social care. The changes will be paid for by a 1.25 percentage point increase in National Insurance Contributions, and a 1.25 percentage point increase in the tax paid by shareholders on the profits they make.

To what extent, if at all, do you support or oppose this policy?



More likely to support (vs. 58% overall)

- People **over 55 years old** (73%)
- **Conservative** voters (75%)
- Those who were **satisfied with their last GP appointment** (64%)
- Those with a **health problem/disability** (64%)
- Those who **have used an NHS service in past 12 months** versus those who have not (60% compared with 49%)

More likely to oppose (vs. 22% overall)

- **25-34 years olds** (34%)
- Those **living in the most deprived areas** (32%)
- Those **working full-time** compared with those who are not (28% compared with 18%)

Base: All participants n=2102. Conducted online via KnowledgePanel UK between 25th November and 1st December 2021

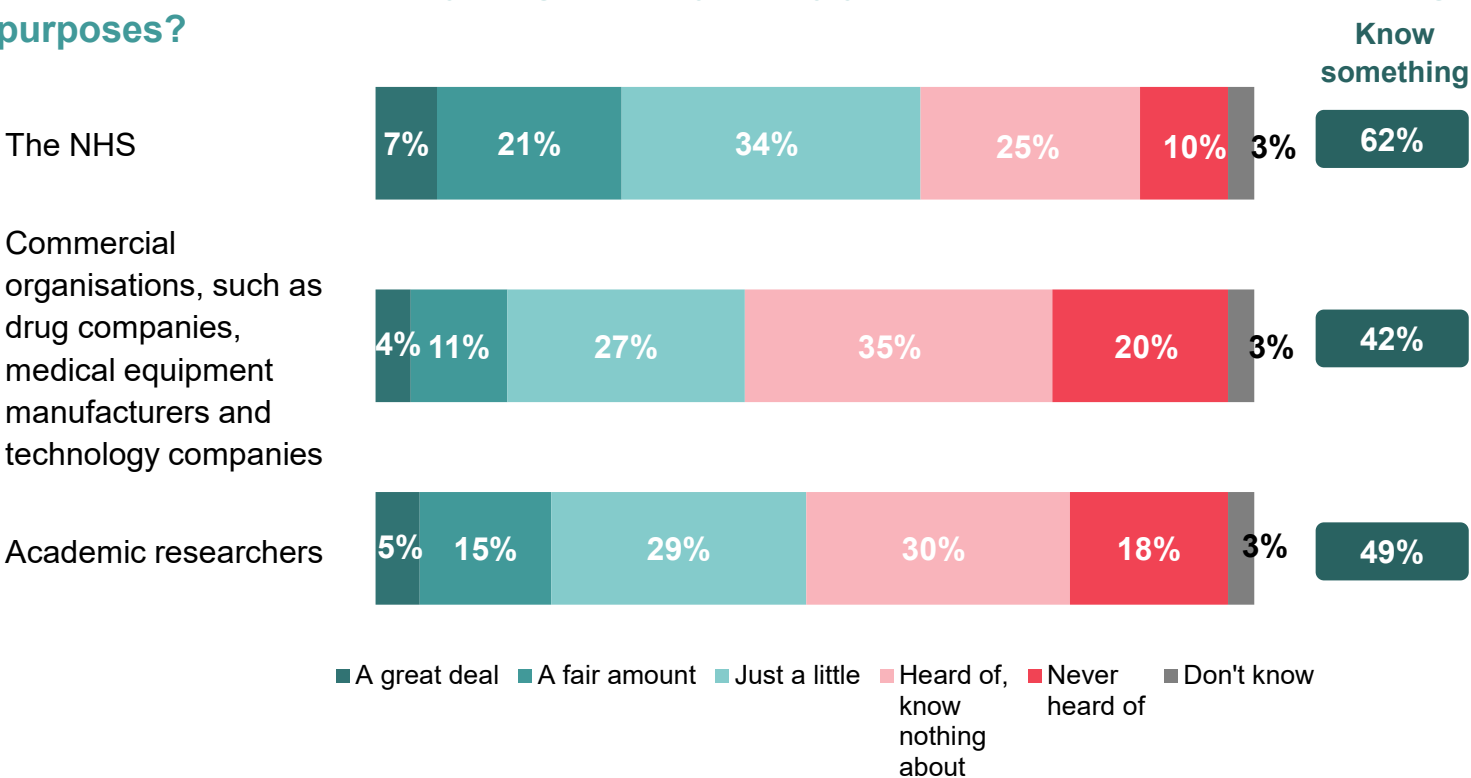
Awareness of data sharing

11

Although the public are generally aware of health data sharing, few members of the public say they know a great deal or a fair amount about it

Most people have only a **limited awareness of how their health data is used**; between 14% and 28% say they know a great deal or fair amount about how it is used by each organisation. The public know more about how the NHS uses health data (62% know at least a little) and least about how commercial organisations use it (42% know at least a little).

Q. Health data collected from patients in hospitals and GP practices can be used for research into diseases and treatments, and for planning healthcare services. When used in this way health data has personal information removed such as patients' name and address. How much, if anything, would you say you know about how the following organisations use health data for these purposes?



More likely to be aware

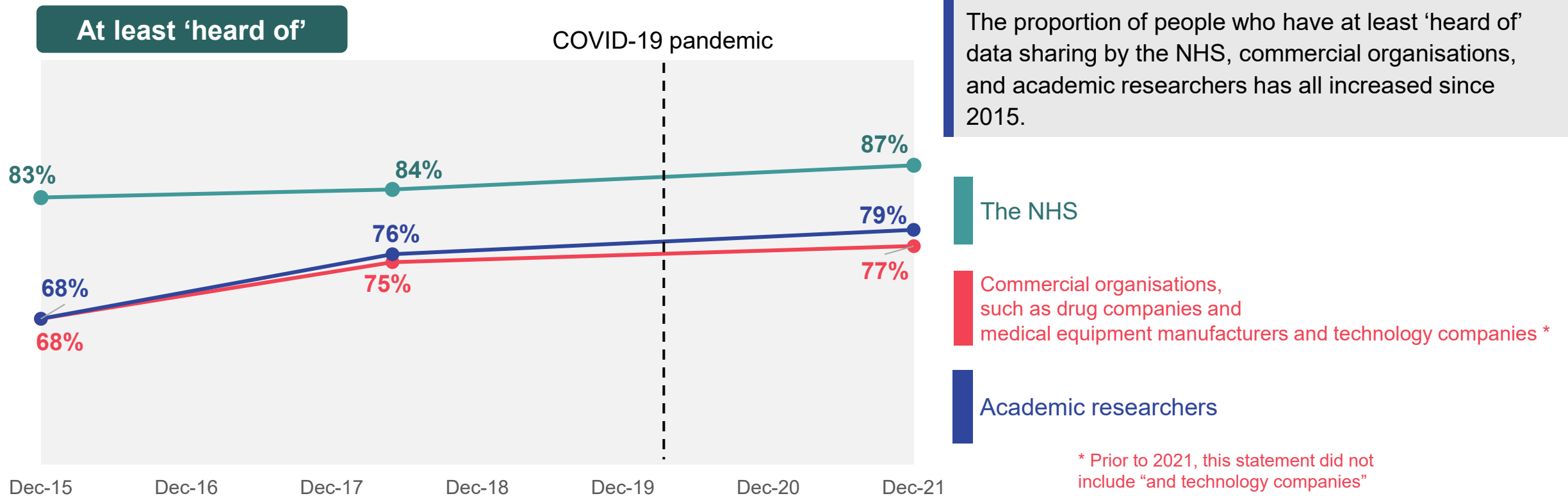
- Those most likely to be aware of how the NHS and academic researchers use data compared with those overall (62% and 49%) include **graduates** (69% and 62%), those **aged 65 – 74** (67% and 55%), and those working in **managerial, administrative and professional occupations** (65% and 53%).

Less likely to be aware

- Those least likely to be aware of how commercial organisations use data compared with those overall (49%) include **women** (36%), **44-54 year olds** (35%) and **non-graduates** (39%).

Awareness of data sharing is generally increasing over time. Awareness of NHS data sharing is consistently highest, and awareness of academic researchers has had the most growth since 2015

Q. Health data collected from patients in hospitals and GP practices can be used for research into diseases and treatments, and for planning healthcare services. When used in this way health data has personal information removed such as patients' name and address. How much, if anything, would you say you know about how the following organisations use health data for these purposes?



Bases: The one-way mirror: Public attitudes to commercial access to health data, The Wellcome Trust, Nov/Dec 2015: 2,017* | NHS at 70: Public perceptions, The King's Fund, May 2018: 2,083* | Dec 2021: 2,102 *Figures from Nov/Dec 2015 and May 2018 were collected using a different methodology and so comparisons should be treated with caution.

Appendix: Detailed Methodology

A1

Detailed methodology

UK KnowledgePanel: Technical Notes

Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to two members of the household are able to sign up to the panel. Members of the public who are digitally excluded are able to register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address, and basic internet access (see further information below) which allows them to complete surveys online.

Conducting the survey

The survey was designed using a 'mobile-first' approach, which took into consideration the look, feel and usability of a questionnaire on a mobile device. This included: a thorough review of the questionnaire length to ensure it would not over burden respondents from focusing on a small screen for a lengthy period, avoiding the use of grid style questions (instead using question loops which are more mobile friendly, and making questions 'finger-friendly' to they're easy to respond to. The questionnaire was also compatible with screen reader software to help those requiring further accessibility.

Detailed methodology

UK KnowledgePanel: Technical Notes

Sample and weighting information

This study was conducted on the KnowledgePanel between **25th November - 1st December 2021**. In total 2,102 interviews were achieved with residents across the United Kingdom aged 16+.

The KnowledgePanel is a random probability survey panel. Therefore, the KnowledgePanel does not use a quota approach when conducting surveys. Instead invited samples are stratified when conducting waves to account for any profile skews within the panel.

Stratification

The sample was stratified by nation and education.

A total of 3,600 respondents were selected and invited to take part in the survey.

The selected sample was then reviewed on key demographics to ensure a balanced sample was selected for the survey.

A total of 2,102 respondents completed the survey, representing a response rate of 58%.

Detailed methodology

UK KnowledgePanel: Technical Notes

Weighting

In order to ensure the survey results are as representative of the population the United Kingdom as possible, the below weighting spec was applied to the data in line with the target sample profile.

Two members per household are allowed to register on the KnowledgePanel. Therefore, we employed a design weight to correct for unequal probabilities of selection of household members.

Calibration weights have also been applied using the latest population statistics relevant to the surveyed population. England and Wales, Scotland and Northern Ireland are each weighted separately while an additional weight has been created for the United Kingdom to account for any over or undersampling within each of these countries.

Two sets of calibration weights are applied:

- Calibration weighting was applied using the following variables: Region and an interlocked variable of Gender by Age. Both use ONS 2020 mid-year population estimates as the weighting target.
- Demographic weights were then applied to correct for imbalances in the achieved sample; the data was weighted on: Education, Ethnicity, Index of Multiple Deprivation (quintiles), and number of adults in the household. Estimates from the ONS 2020 mid-year population estimates and Annual Population Survey were used as the weighting target.

Detailed methodology

UK KnowledgePanel: Technical Notes

The below tables present the weighting profile targets:

Age & Gender	Male	Female	In another way	Prefer not to say
16-24	6.7%	6.3%		0.1%
25-34	8.3%	8.2%	0.1%	0.1%
35-44	7.7%	7.8%		0.1%
45-54	8.2%	8.5%		0.3%
55-64	7.4%	7.6%		
65-74	5.9%	6.4%		
75+	4.5%	6.0%		

IMD quintiles	
1	20.0%
2	20.0%
3	20.0%
4	20.0%
5	20.0%

Region	
North East	4.1%
North West	11.0%
Yorkshire And The Humber	8.2%
East Midlands	7.3%
West Midlands	8.8%
East Of England	9.3%
London	13.2%
South East	13.7%
South West	8.6%
Wales	4.8%
Scotland	8.4%
Northern Ireland	2.8%

Education	
Degree level or above	29.6%
Below degree level	69.3%
Prefer not to say/Not Stated	1.1%

Ethnicity	
White	86.4%
Non-White	11.9%
Prefer not to say/Not Stated	1.7%

Number of adults in the household (16+Pop)	
One adult	18.5%
Two or more adults	81.6%

Detailed methodology

Statistical Reliability

The table below summarises the various figures based on a 95% confidence interval – that is they would apply 95 times out of 100 where results from a sample are being compared with entire coverage of the population or between subgroups.

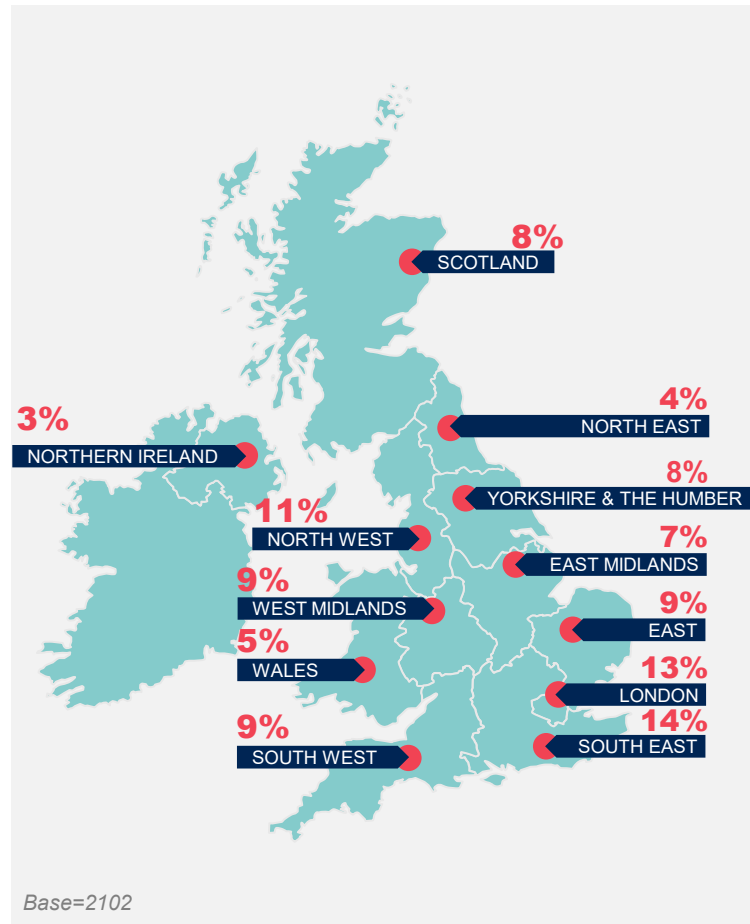
For example, if the sample shows that 30% of people nationally say they are ‘likely’ to use public transport when travelling to health services, we can be 95% confident that the result (had everyone been interviewed) would have been within around ± 2.3 percentage points of this figure – i.e. between 27.7% and 32.3% (based on a sample of 1,500).

	Result is at or near...		
	10% or 90%	30% or 70%	50%
Sample size	$\pm\%$	$\pm\%$	$\pm\%$
2,102	1.3	2.0	2.1
1,500	1.5	2.3	2.5
1,000	1.9	2.8	3.1
500	2.6	4.0	4.4
300	3.4	5.2	5.7
100	4.1	9.0	9.8

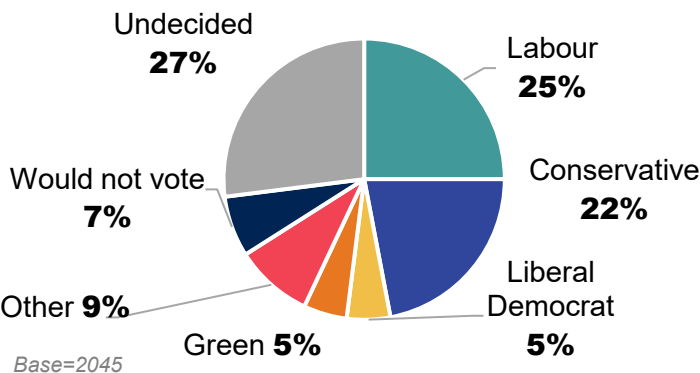
Demographics



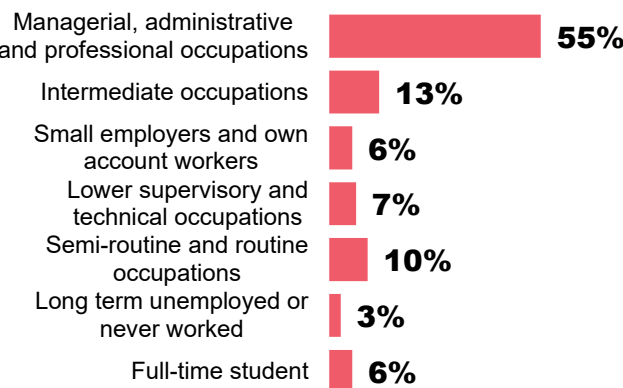
Region



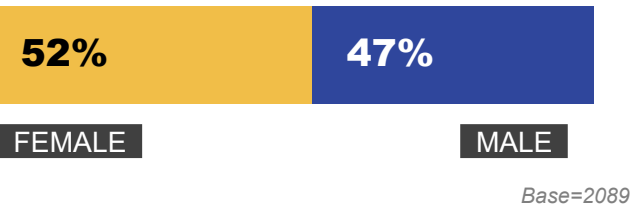
Voting intention



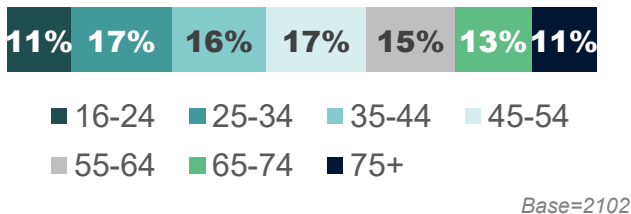
Social Economic Classification



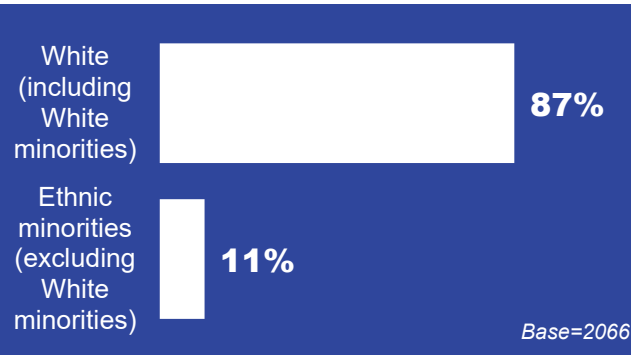
Gender



Age



Ethnicity



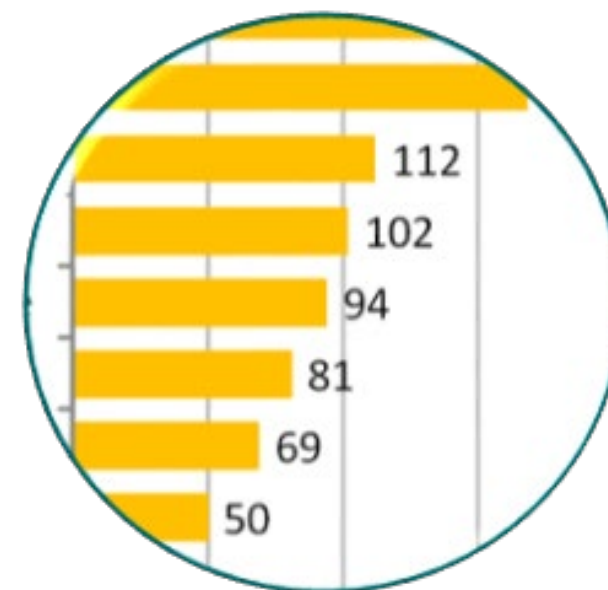
Detailed methodology

MaxDiff

Maximum Difference Scaling (MaxDiff) is **used to understand the relative ranking** of a number of items

Rather than directly asking for importance of items e.g. rating scales, ranking etc, MaxDiff uses an **indirect approach** by asking respondents to **trade-off items** against one another and **forcing a preference**

The process is **easy for respondents** to understand and responses involve choices of items rather than expressing strength of preference



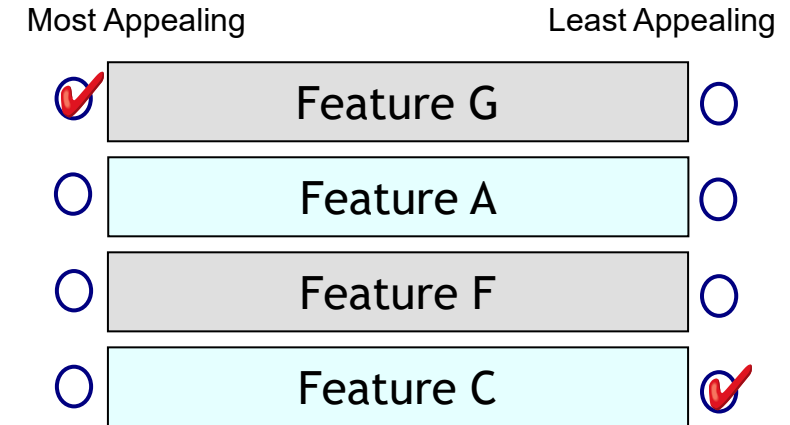
How it works

Trade-off exercise which forces respondents to reveal their **underlying preference**

Respondents are presented with a number of screens, each screen typically **showing 4-5 items**, out of which they chose the:

- **Most important item**
- **Least important item**

From those choices we can **estimate the desirability** for each item, for each respondent, and aggregate the data up to get to the overall preference order



The MaxDiff methodology is more efficient than paired comparison

If G is most important and C is least important then we know that:

G is more important than A, F and C, and that A and F are more important than C

Thank you.

Name:

Kate Duxbury

Details:

Kate.Duxbury@ipsos.com

Name:

Daniela Alvarez Garcia

Details:

Daniela.AlvarezGarcia@ipsos.com

Name:

Spencer Rutherford

Details:

Spencer.Rutherford@ipsos.com

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