

Public perceptions of health and social care polling (Wave 2: May - June, 2022)

Conducted by Ipsos for the Health Foundation

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Executive Summary

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Summary of work and key findings

Expectations of the NHS, social care and health

The public remain fairly negative about the standard of care in the NHS and social care, although there are some tentative signs of green shoots

Just over half of the public think the standard of care in the NHS has got worse over the past 12 months (55%). They are more optimistic about the next 12 months, though still 39% expect the standard of care to get worse and only 22% think it will get better. **Views of social care are similar**; just over half think standards have got worse the past 12 months (56%) while a smaller proportion (43%) think they will continue to worsen.

The increasing pessimism about standards seen in recent years has stabilised in the May 2022 survey – albeit still at a high level.

Perceptions of standards of care in the NHS are **broadly in line** with November 2021, although the public are slightly **more likely to think the standard of care will get better** over the next 12 months (up from 18% to 22%). Perceptions of standards of social care are **less pessimistic** than in November 2021, though largely because the public are **less likely to give an opinion** than because they are more optimistic.

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 (50% believe it has got worse; 36% that it will get worse) and standard of care at hospitals (36% believe it has got worse; 35% that it will get worse). Despite this, few believe that either have got, or will get, better.
- **The public are more pessimistic about other aspects of the NHS**, particularly the pressure and workload on NHS staff (78% think it has got worse and 61% think it will get worse) and waiting times for routine services (77% think it has got worse and 56% think it will get worse).
- There have been a number of **positive changes in views** on how different aspects have changed over the last year or how they will change over the next year, suggesting some recovery in perceptions – although in many areas they remain overwhelmingly negative.

The public are very negative about the **health and wellbeing of the public**, with 72% thinking it has got worse over the last 12 months. They remain pessimistic about the future, with 43% thinking the public's overall level of health and wellbeing will get worse over the next 12 months.

General views of the NHS

Opinions of the service the NHS is providing nationally and locally remain fairly divided, though the public retain their belief in the NHS ‘project’

Opinions remain divided as to whether the NHS is providing a good service; two in five think that the NHS is **providing a good service nationally** (43%) and **locally** (42%), while around one-third think the NHS is **not providing a good service nationally** (35%) or **locally** (33%). As in November 2021, **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.

Around two-thirds of the public (63%) do not think their government has the right policies in place for the NHS, while just over one in ten (13%) 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 (27%) and Wales (22%).

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 remain **improving waiting times for routine services** (38%), addressing the **pressure on or workload of NHS staff** (36%) and **increasing the number of staff** in the NHS (36%). Priorities are broadly in line with November 2021, though **more cite waiting times in A&E** as a priority (up from 20% to 25%) and **fewer cite COVID-19 vaccinations** (down from 18% to three per cent).

Despite fairly low levels of satisfaction, the public continue to subscribe strongly to the principles underpinning the NHS, with around three-quarters (77%) saying **the NHS is crucial to British society and we must do everything to maintain it** and no change over the last 20 years.

General views of social care

Opinions of the service that local social care services are providing are fairly negative, although many do not give an opinion – understanding of, and preparation for, social care is limited

The public are **fairly negative about social care services in their local area**, with only 15% saying they are good and 31% that they are not good. However, around one-quarter (23%) say they ‘don’t know’. Very few (eight per cent) think the government has the right policies for social care, while 59% think it does not. The public are **more likely to say they ‘don’t know’** about local social care services or government policies for social care than in November 2021, rather than that they neither agree nor disagree – the proportions agreeing and disagreeing have **remained stable**.

Understanding of social care is limited: while around half (51%) correctly identify that the NHS does not provide the **majority of social care services for older people** or that these services are **generally not free at the point of need** (45%), significant minorities misunderstand services or say they ‘don’t know’. Around three in ten (31%) incorrectly think the NHS does provide them, with 18% not knowing. Around four in five (38%) think services are free at the point of need, with 17% not knowing.

In terms of planning for their social care needs, the public is **divided in its acceptance of responsibility for saving or making other financial plans** so that they can pay towards their care when they are older. While 44% agree they have responsibility for this, 35% disagree. Linked to this, **levels of preparation remain fairly low:** only a minority have thought about preparing for social care costs when they are older, and fewer still have actually started making these preparations. While 40% say they have thought about preparing financially to a great or some extent, 31% have given it no thought at all. Similarly, while 30% say they have actually started preparing, 41% are not preparing financially at all.

The public appear to be **less prepared than in 2017** (though comparisons are indicative and for Great Britain only), with a decrease of 11 percentage points in those agreeing they have financial responsibility, a decrease of four percentage points in those who say they have thought about preparing financially, and a decrease of five percentage points in those who have actually started preparing.

Attitudes towards funding for the NHS and social care

The public broadly support the new Health and Social Care Levy and social care spending cap, though they tend to think more funding will be needed for the NHS

There is broad public support towards the increase in taxes for the NHS and social care. Around half of the public (52%) support the Health and Social Care levy, while just over one in five (23%) oppose it. While **support for the levy has decreased** since taxpayers actually began paying it (down from 58% in November 2021), so far this has translated into neither supporting nor opposing the levy, rather than increased opposition to it. However, the public tend to think that **the NHS will need further increases in funding, beyond that provided by the new tax** (71%).

There is also **broad support for the introduction of the social care spending cap among the English public**, although awareness of the cap was low prior to it being explained to participants (only 40% of the English public say they were aware of the cap). Again, around half of those living in England (49%) support the cap, while one in five (21%) oppose it. Some of the reasons for opposition to the cap could equally be applied to the current funding system, for example a belief that social care should be free and that it disincentivises saving since those not preparing financially receive care. However, others do not think the cap is fair, for example with the same cap applied regardless of income or assets.

If the government decided to further increase spending on the NHS or social care, the three key sources of funding for this are identified as **spending cuts to other services** (25% for the NHS, 20% for social care), an **increase in income tax** (23% and 22%) and an **increase in inheritance tax** (23% and 21%). However, there is little consensus on this, with a range of other mechanisms also identified.

Views of approaches to managing the NHS care backlog and workforce shortages

The public recognise two of the key challenges facing the NHS: the backlog and NHS workforce shortages. These are two of the public's top priorities for the NHS, and are the two areas that they are most likely to think have got worse over the last year, and will get worse over the next year.

The public support many of the approaches suggested to managing the backlog, and prioritise treating patients who require care urgently as opposed to those who have waited the longest

Having been told there is currently a backlog of patients waiting for routine NHS hospital services such as diagnostic tests and operations, a number of approaches to managing the backlog were tested with the public. The public supported most of the approaches, with the most popular being to **give patients better information about how long they will wait** (93% support), **more choice over where they are treated** (89% support) and **more practical support while they wait** (86%). The public also support **prioritising the treatment of patients who are most urgent**, even if other patients have waited longer (81%) – while being most likely to oppose **prioritising the treatment of patients who have waited longest, even if other patients are more urgent** (55% oppose). They are fairly **divided on paying for more NHS patients to be treated in private hospitals**: while 39% support this, 34% oppose it.

Similarly, the public support many of the approaches suggested to addressing NHS staff shortages, particularly those focused on directly increasing numbers

Nearly all of the public support **expanding ways for people to join the NHS workforce** such as through apprenticeships (90%) and **expanding the number of spaces available** at medical and nursing schools (87%). The public support all of the suggestions, even allowing that they would require an increase in funding for the NHS, which may lead to more taxes for individuals.

Attitudes towards GP practices and appointments

The public are concerned about the pressures that GP practices are facing, and think the biggest challenges practices face are around the availability of appointments

The biggest challenges facing GP practices are around the availability of appointments, in particular it being **too hard to book an appointment** (43%) and **waiting times for appointments being too long** (40%). While the public are a little **less likely to identify waiting times for appointments being too long** than in November 2021 (down from 46% to 40%), they are more likely to identify other issues with appointments, particularly that they **can't see the same doctor or healthcare professional each time** (up from 19% to 28%).

The public perceive that **GP practices are under pressure at the moment**: around three-quarters (73%) are concerned about the pressure that GP practices are under. They mainly attribute this pressure to a **lack of staff** (43%), a **lack of funding** (42%) and the **COVID-19 pandemic** (38%). They ascribe main responsibility for addressing these pressures mainly to the **government** (55% of those who are concerned about the pressures on practices) – only 11% think GP practices themselves should be responsible for addressing these pressures.

Thinking about the role of GP practices, they are seen to have more responsibility for more traditional activities such as **providing ongoing health care and support for patients with long-term conditions** (90%) and **providing home visits** for people who need them (89%). They are seen to have a little less responsibility around the prevention agenda, albeit that still more than half see them as having a great deal or fair amount of responsibility for working with local communities to prevent ill-health (69%) and helping patients to eat a healthy diet and be physically active (58%). The public see less of a role for GP practices in addressing non-medical needs, potentially linked to their concerns about the level of pressure on GP practices. Three in five (61%) think they should not have much, or no responsibility at all, for assessing whether patients have non-medical needs that affect their health – although 53% think they have at least a fair amount of responsibility to refer patients for support with non-medical needs to local services.

Views of the NHS and net zero, and the cost of living crisis

The public support the net zero aim, though see less of a role for the NHS than previously

Although around half (46%) of the public think **the NHS has a responsibility to reduce its impact on climate change**, a similar proportion (47%) **disagree that this should be one of its top priorities**. Awareness of the NHS's aim to be net zero remains low (23%), though has increased significantly since July 2021 (when 13% were aware). The public remain supportive of this aim (64% support it, with only 10% opposing it). However, in general the public see a little **less of a role for the NHS in reducing its impact on climate change than in July 2021**. They are slightly more likely to say the NHS should not make reducing its impact on climate change one of its top priorities (up from 43% to 47%) and that it does not have a responsibility to reduce its impact (up from 18% to 21%). Support for the net zero aim has also fallen from 70% to 64%.

High levels of concern about the cost of living crisis are linked to health to some extent

Nearly all of the public are concerned about increases to the cost of living (92%). This is seen to **pose a far greater risk to the health of UK citizens as a whole (57% identify a high threat) than they expect to experience personally (22% identify a high threat)**. However, still just over half (53%) think increases to the cost of living pose a moderate or high risk to their health.

Views of public health interventions and government handling of COVID-19

The public tend towards thinking the government should focus on preventing ill health above treating illnesses

Around two in five (42%) **agree more that the government should focus on preventing ill health**, even if this means less funding for treating those in hospital, than it should be focused on treating illnesses. Conversely around one-quarter (27%) agree more with the latter, that the **focus should be on treating illnesses**, even if this means there are more people in the population with health issues that may have been prevented. Only a minority believe the government is effectively addressing key public health risks, with reducing harm from smoking the area addressed most effectively (46% say this is very or fairly effective). In contrast, despite being a priority, only 14% think the government is addressing reducing obesity effectively.

The public remains divided in their views of how well the government has handled the COVID-19 pandemic, though they are generally not concerned about the move to 'living with COVID-19'

Just over half of the public (55%) think the **government has not handled the pandemic well**, though 44% think it has. Looking at the more recent changes in policy related to the pandemic, in general the public are **not concerned about the move to 'living with COVID-19'** (66%). However, a significant minority of 33% are concerned about 'living with COVID-19'. This tends to be because of a **concern that clinically vulnerable people will be more likely to get COVID-19** (48%), though there are other concerns also including the impact on the NHS' and social care services' ability to deal with non-COVID-19 related conditions (33%), generally higher risk of getting COVID-19 (32%), and more people needing treatment for Long COVID (31%).

The public are **fairly evenly divided over** whether they believe the government would be **more prepared for a future pandemic as a result of the COVID-19 pandemic**: while 46% would be confident this is the case, 52% would not.

Background to the research

02

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 to deliver a programme of research over two years, which includes four demographically representative polls with the UK general public at six monthly intervals.

This report covers the second wave of the polling programme, conducted in May-June 2022. Findings from the first wave, conducted in November 2021, can be accessed [here](#).

Overview of the report

Objectives

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

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

Report Structure

The first section of this report presents the 'Expectations Tracker'. The second and third sections cover general views of the NHS and social care, including perceptions of the top priorities for the NHS, and general views of whether government has the right policies for the NHS and social care, along with public understanding of social care and how they are preparing financially. The fourth section then considers views of funding for the NHS and social care.

The fifth section looks at willingness to pay for private healthcare, while the sixth explores public support for addressing two of the current key challenges for the NHS, the elective care backlog and NHS workforce shortage. The seventh section explores views on the NHS and net zero before moving on to the cost of living crisis in the eighth section.

The ninth section covers views on overall population health and government public health intervention. The final section explores attitudes towards the government policy of 'living with COVID-19'.

Background to the project

Previous polling

This report includes data collected by Ipsos 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.](#) • **July 2020 report “Public perceptions of health and social care in light of COVID-19”.** This report was prepared for the Health Foundation. [Link.](#)
1,025 CAPI interviews with adults aged 16+ in England. Fieldwork: 31 October - 18 December 2016.
2,246 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 17 - 29 July 2020.
- **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.
- **Ipsos MORI/Deloitte report “State of the State 2017”.** This report was prepared for Deloitte. [Link.](#)
1,071 CAPI Omnibus surveys with adults aged 15 + in Great Britain. Fieldwork: 18- 28 August 2017 in their homes.
- **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.
- **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.

Methodology

03

Overview of the methodology

Methodology and fieldwork

This survey was conducted via the UK KnowledgePanel. The KnowledgePanel is Ipsos 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 **26th May and 1st June 2022**. A total number of **2,068** responses were achieved amongst residents across the United Kingdom aged 16+.

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 2,068 respondents completed the survey, delivering a response rate of 57%.

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

04

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, as well as addressing challenges that were already surfacing pre-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 as the pandemic receded – with significant declines in satisfaction with the NHS*.

The Expectations Tracker provides evidence around how expectations continue to shift. It tracks 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 tracks 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

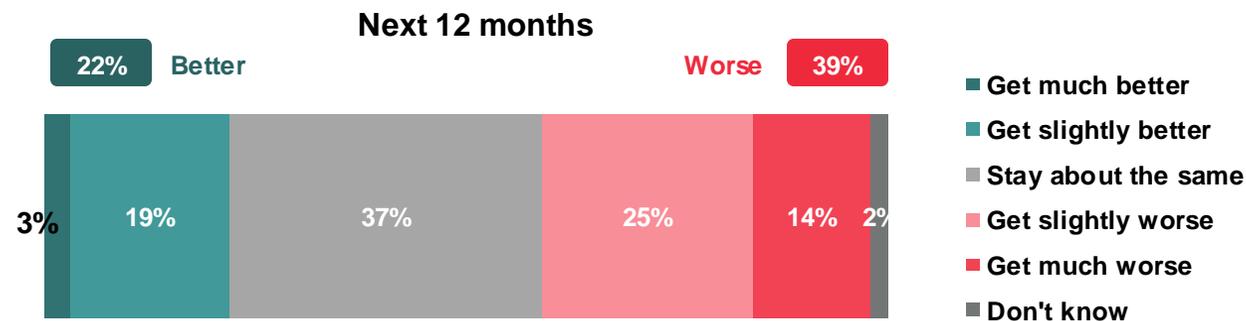
Views of recent and likely future performance on these challenges will be tracked six-monthly.

The public believe the general standard of care provided by the NHS has got worse over the past year, though they are more optimistic about the future

Just over half (55%) think the general standard of NHS care has **got worse in the last year**, while 31% think it has stayed about the same. The public are **more optimistic about how the standard of care may change over the next year**, being equally likely to think standards will worsen (39%) or stay about the same (37%) – albeit that **these views are still fairly negative**, with only 22% thinking it will get better.

Q. Do you think the general standard of care provided by the NHS over the last 12 months has...?

Q. And looking towards the future, do you think the general standard of care provided by the NHS over the next 12 months will...?



More likely to think it has / will get better

- Those who **intend to vote Conservative** are particularly likely to believe that NHS services *have* got better and *will* get better (19% and 34%, compared with 11% and 22% overall respectively).
- Younger participants** aged 16-24 are most likely to believe services will improve in the *next* 12 months (38%), as are those **living in the North East*** (33%, both compared with 22% overall).



More likely to think it has / will get worse

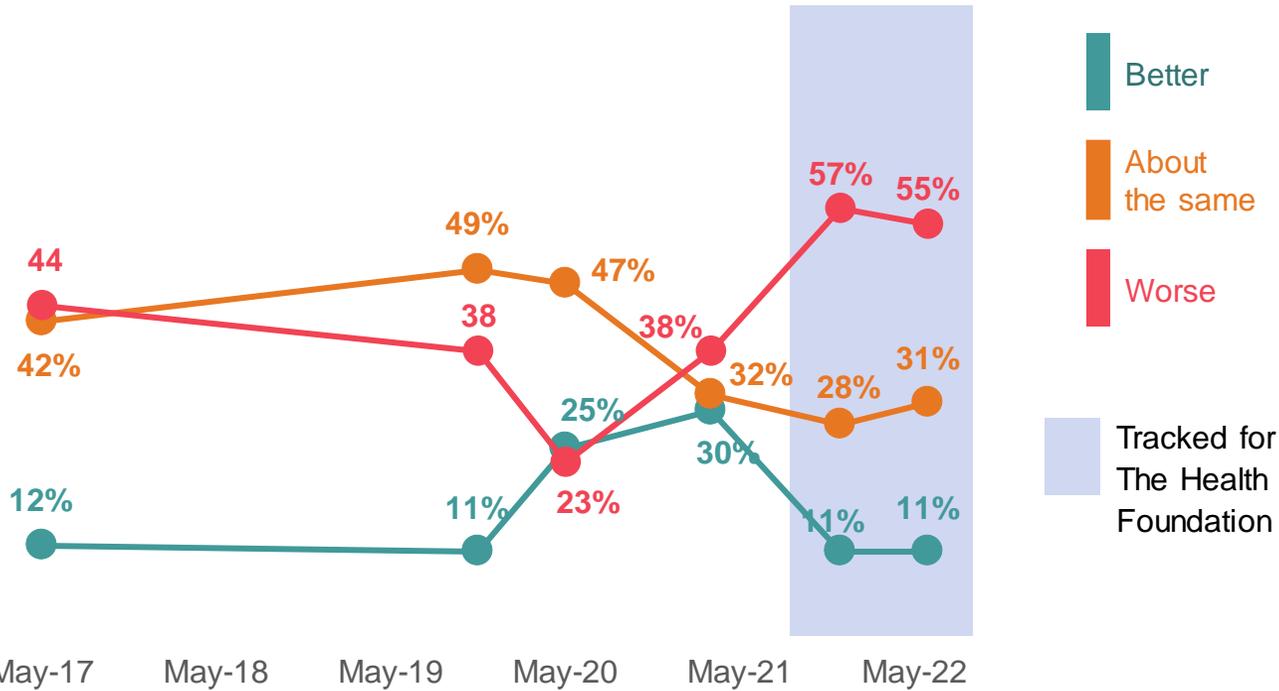
- Graduates** (61% think the standard of care *has* got worse and 47% that it *will* get worse, compared with 11% and 22% respectively overall).
- Those living in **Northern Ireland** (74% think it *has* got worse and 67% think it *will* get worse, compared with 55% and 39% overall respectively).
- Those **accessing mental health services** in the past 12 months (68% think it *has* got worse and 52% think it *will* get worse, compared with 55% and 39% overall respectively). **Heavy users of NHS services** are also more likely to think they will get worse (50% among those who have used six or more services recently).

¹ Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

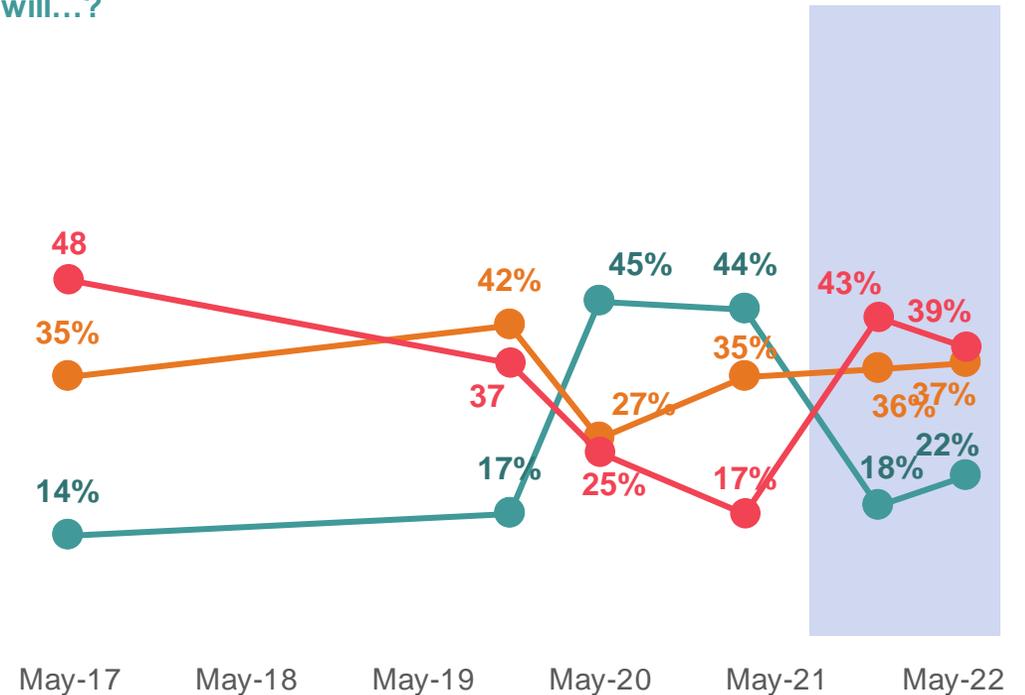
Perceptions of the standard of care over the past 12 months have remained steady since November 2021, though the public are a little more positive about the future

The upward trend since May 2020 in those thinking that the NHS has got worse over the past 12 months has halted, with the proportion thinking **the standard of care has got worse remaining constant** between November 2021 and May 2022 (from 57% to 55%, a difference that is not significant.). The public are slightly **more likely to think the standard of care will get better** over the next 12 months (up from 18% in November 2021 to 22%), starting to reverse the decline in optimism, although this still only represents around one in five of the public.

Q. Do you think the general standard of care provided by the NHS over the last 12 months has...?



Q. And looking towards the future, do you think the general standard of care provided by the NHS over the next 12 months will...?



Bases: The Health Foundation COVID-19 survey, May 2017: 1,985* | Nov 2019: 1,990* | May 2020: 1,983* | KP survey, March 2021: 3,488 | Nov 2021: 2,102. | May 2022 : 2,068

* Please note that findings from May 2017, Nov 2019, and May 2020 were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021 and May 2022 were collected using the same methodology and can be directly compared.

The public think most elements of the NHS have got worse over the past year, though there are some small improvements in perceptions from November 2021

The areas that the public are most likely to think have got worse over the last 12 months are the **pressure on or workload of NHS staff** (78%) and **waiting times for routine services** (77%), the same issues identified in November 2021. **Perceptions of all areas have improved**, with the public less negative about services than in November 2021, albeit that views of the past 12 months **remain very negative**.

Q. Thinking about the last 12 months, to what extent do you think each of the following have got better, got worse, or stayed about the same?

		Better	Change from Nov 21	Worse	Change from Nov 21
Quality of care	Standard of care in your GP practice	10%	↑ +4%	50%	↓ -6%
	Standard of care at your hospital	9%	↑ +3%	36%	-1%
Access	Access to GP services	10%	↑ +4%	68%	↓ -9%
	Waiting times for routine services	7%	↑ +4%	77%	↓ -7%
	Waiting times for A&E	6%	↑ +2%	69%	-1%
Staff	Wellbeing of NHS staff	7%	↑ +3%	70%	↓ -7%
	Pressure on or workload of NHS staff	7%	↑ +4%	78%	↓ -7%

↑ Denotes a significant change



Insight on specific groups

- Across statements, **participants voting Conservative** are most likely to believe things have got better (significant in six of the seven statements).
- Participants based in **Northern Ireland** are most likely to believe things have got worse across all statements (significant in all statements).
- **Women**, those **aged 45-54**, those who intend to vote **Labour** and participants **accessing 6+ NHS services** tend to believe things have got worse (each significant in five of the seven statements).

Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

The public also continue to be pessimistic about the future, particularly around staff and access – though they are also a little less pessimistic than they were

As for views of how the NHS will change over the next 12 months, the public are **most pessimistic** about **waiting times for routine services** and the **pressure on or workload of NHS staff** (56% and 61% respectively think these will get worse in the next 12 months). The public are **less pessimistic about some aspects** of care, though they remain much more likely to think each aspect will get worse than 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 over the next 12 months?

↑ Denotes a significant change

		Better	Change from Nov 21	Worse	Change from Nov 21
Quality of care	Standard of care in your GP practice	13%	+1%	36%	-6%
	Standard of care at your hospital	13%	+2%	35%	-3%
Access	Access to GP services	15%	+1%	46%	-4%
	Waiting times for routine services	16%	↑ +4%	56%	↓ -7%
	Waiting times for A&E	12%	+2%	53%	↓ -6%
Staff	Wellbeing of NHS staff	15%	↑ +3%	51%	↓ -9%
	Pressure on or workload of NHS staff	13%	↑ +4%	61%	↓ -6%



Insight on specific groups

- Participants who are politically **Conservative** are most likely to believe things will get better across all statements (significant in all statements).
- Participants **aged 45-54**, those **based in London** and in **Northern Ireland** are the most likely to believe things will get worse across statements (each significant in six of the seven statements).
- Participants who are **accessing 6+ NHS services** (five of the seven statements) and those voting **Labour** (four of the seven statements) tend to believe things will get worse.

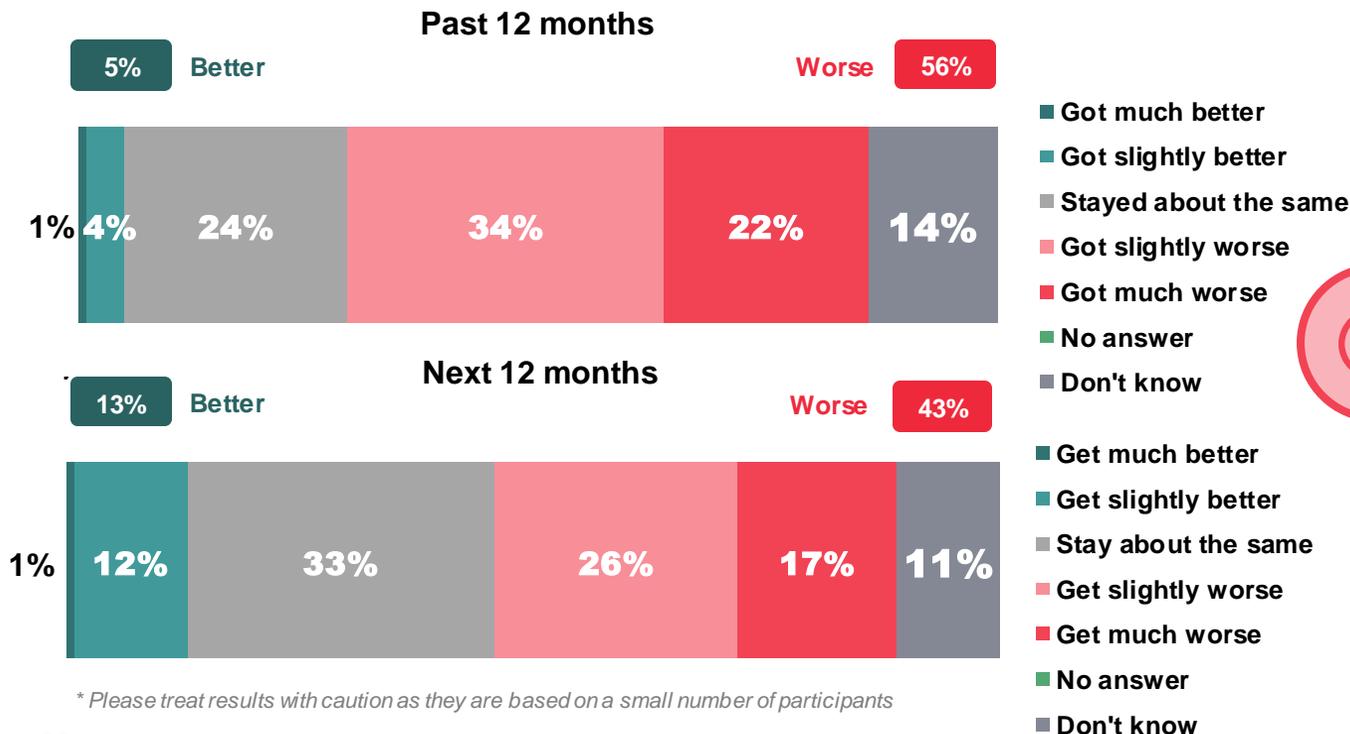
Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

The public also believe the standard of social care services has got worse in the last 12 months, though are a little more positive about the coming 12 months

Just over half of the public (56%) think the **general standard of social care has got worse** over the last 12 months, while 24% think it has stayed about the same. As with the NHS, the public are **a little more optimistic about the next 12 months**, with 43% thinking it will get worse and 33% about the same – though still **very few think it will get better** (13%). Just over one in ten are not sure about social care standards.

Q. Thinking specifically about social care, do you think the general standard of social care over the last 12 months has...?

Q. And looking towards the future, do you think the general standard of social care over the next 12 months will...?



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



More likely to think it has / will get better

- People who have personally **used social care services** within the *past 12 months* are most likely to believe services have improved within that time (30%, compared with five per cent overall), and also that they will also improve in the next 12 months (28%, compared with 13% overall).
- People **aged 16-25*** are more likely to believe services will improve in the *next 12 months* (25%, compared with 13% overall).



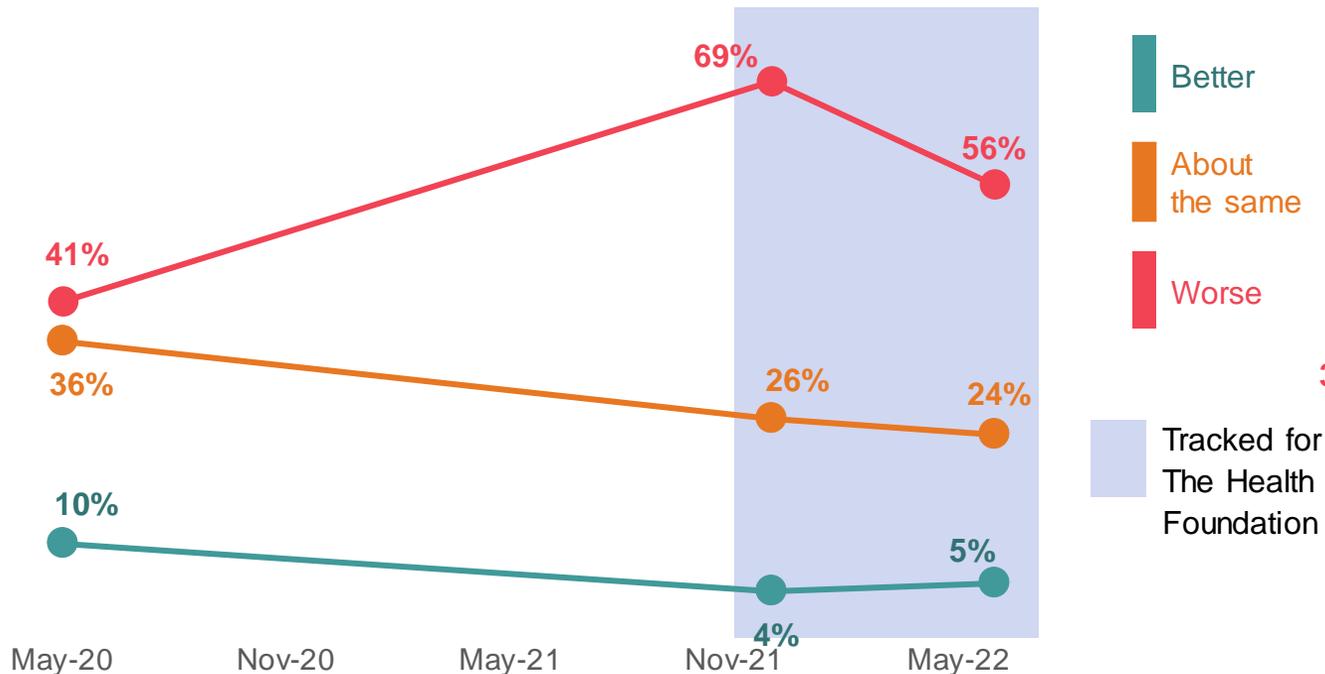
More likely to think it has / will get worse

- People **aged 55-74** are more likely to think social care services *have* got worse in the past 12 months (66%, compared with 56% overall) and *will* get worse in the next 12 months (50%, compared with 43% overall).
- Those living in **Northern Ireland** are most likely to believe services will get worse over the next 12 months (53%, compared with 43% overall).
- People who **personally work in social care*** are more likely to give an opinion, translating into 63% thinking standards will get worse in the next 12 months (compared with 43% overall).

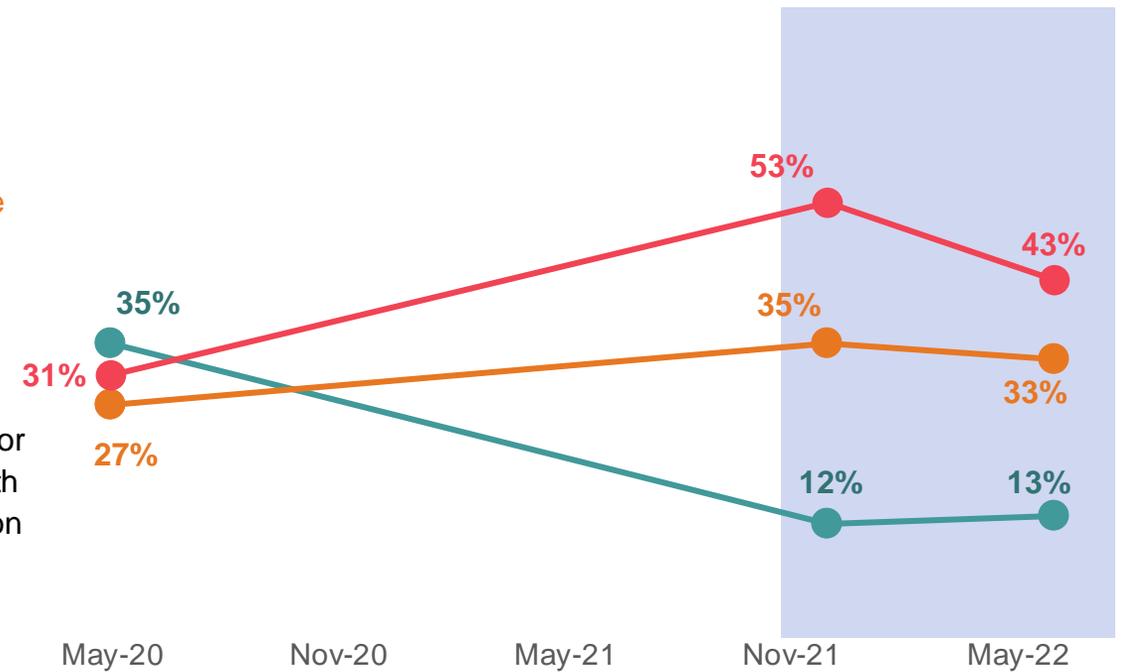
While still pessimistic about standards of social care, the public are less pessimistic than six months ago, though they are less likely to give an opinion

The public are **less likely to think that the general standard of social care has got worse** in the past year (down from 69% in November 2021 to 56% in May 2022) and are **less likely to think it will get worse** in the next year (down from 53% to 43%). However, this is largely because **more say they 'don't know'** than this translating into more thinking standards have/will stay the same or got/get better.

Q. Thinking specifically about social care, do you think the general standard of social care over the last 12 months has...?



Q. And looking towards the future, do you think the general standard of social care over the next 12 months will...?



Bases: The Health Foundation COVID-19 survey, May 2020: 1,983* | Nov 2021: 2,102. | May 2022 : 2,068

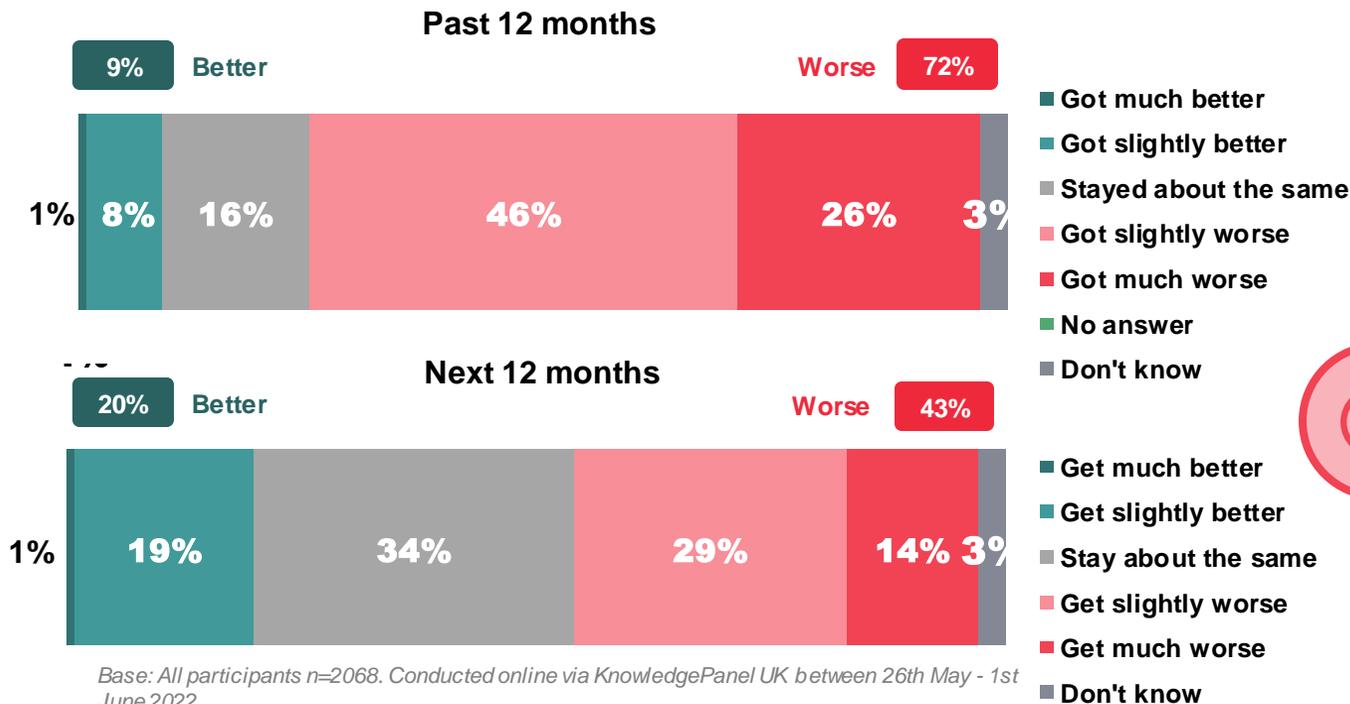
* Please note that findings from May 2020 were collected using a different methodology and so comparisons should be treated with caution. Findings for November 2021 and May 2022 were collected using the same methodology and can be directly compared.

The public are very negative about the overall level of health among the public over the past year, with many thinking it has got worse

Around seven in ten (72%) think the public's overall level of health and wellbeing *has got worse* in the last 12 months. While more positive about the next 12 months, still just over two in five (43%) think the public's overall health and wellbeing *will get worse* – with around one-third (34%) thinking it will stay about the same. Only 20% think the public's health and wellbeing will *get better* in the next 12 months.

Q. Do you think the public's overall level of health and wellbeing in the last 12 months has...?

Q. And looking towards the future, do you think the public's overall level of health and wellbeing in the next 12 months will...?



More likely to think it has / will get better

- People aged **16 to 34** are more likely to think health and wellbeing has got better in the past 12 months (15%, compared with nine per cent overall), while those aged 16 to 24* are also more likely to think it will get better in the next 12 months (34%, compared with 20% overall).
- Those living in the **West Midlands** are also more positive about both, with 19% saying health and wellbeing *has* got better (compared with nine per cent overall) and 35% that it *will* get better (compared with 20% overall). Those living in the **East of England** are also more positive looking forwards (30%).

More likely to think it has / will get worse

- People based in **Scotland** (84%) and those who have **used over six NHS services** (83%) are more likely to believe overall health has declined in the *past* 12 months (compared with 72% overall).
- Those **aged 45-64** are more pessimistic about health and wellbeing, both looking backwards (79%, compared with 72% overall) and forwards (51%, compared with 43% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

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

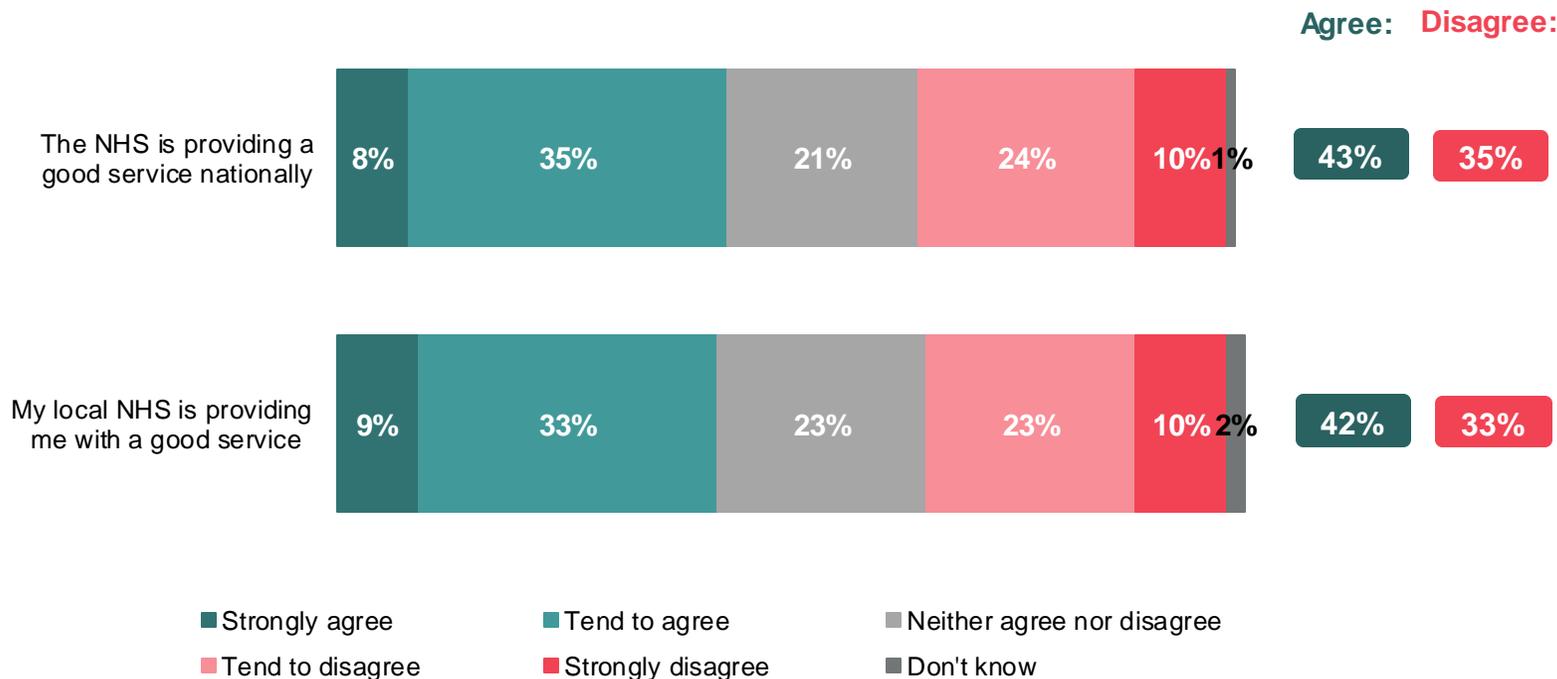
General views on the NHS

05

Opinion is fairly divided around whether the NHS is providing a good service, both nationally and locally

While around two in five agree that **the NHS is providing a good service nationally** (43%) **and locally** (42%), around one-third **disagree that it is** (35% and 33% respectively). As in November 2021, views of national and local services are very similar, at odds with findings from previous years when local services were rated more highly, potentially reflecting challenges with using NHS services at the moment.

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



Insight on specific groups

- People **aged 16 to 24** are **most positive** about services nationally (58% agree it is providing a good service, compared with 43% overall), while those **aged 35 to 74** are **most negative** (41%, compared with 35% overall). Those aged **35 to 64** are **most negative** about the service the local NHS is providing (37% disagree it is good, compared with 33% overall).
- People living in **Northern Ireland** are the **most likely to disagree** that the NHS is providing a good service nationally (52%, compared with 43% overall) and locally (51%, compared with 42% overall).
- People who have a **health problem or disability that limits their day-to-day activities** are **more negative** about NHS services nationally (43% disagree they are good, compared with 33% of those who don't) and locally (41% disagree, compared with 31% of those who don't).
- Those who have used **mental health services** in the past year are particularly likely to say their **local NHS is not providing a good service** (47%, compared with 33% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public generally do not think that their government (UK, Scottish, Welsh and Northern Irish) has the right policies for the NHS, with variations by country

Approaching two-thirds of the public (63%) **disagree** that their government has the right policies for the NHS, while only just over one in ten (13%) agree it does have the right policies. This increases to around one-quarter in Scotland (27%) and Wales (22%).

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



Agree: 13%
Disagree: 63%



More likely to agree

- People living in **Scotland** (27%) and **Wales** (22%) are more likely to agree their respective governments have the right policies, as are those living in the **North East** (24%) (all compared with 13% overall).
- Voting intention also impacts on views, with 25% of those with **'other' voting intentions** (including national parties such as the SNP and Plaid Cymru) and 24% of those who are politically **Conservative** agreeing their government has the right policies (compared with 13% overall).



More likely to disagree

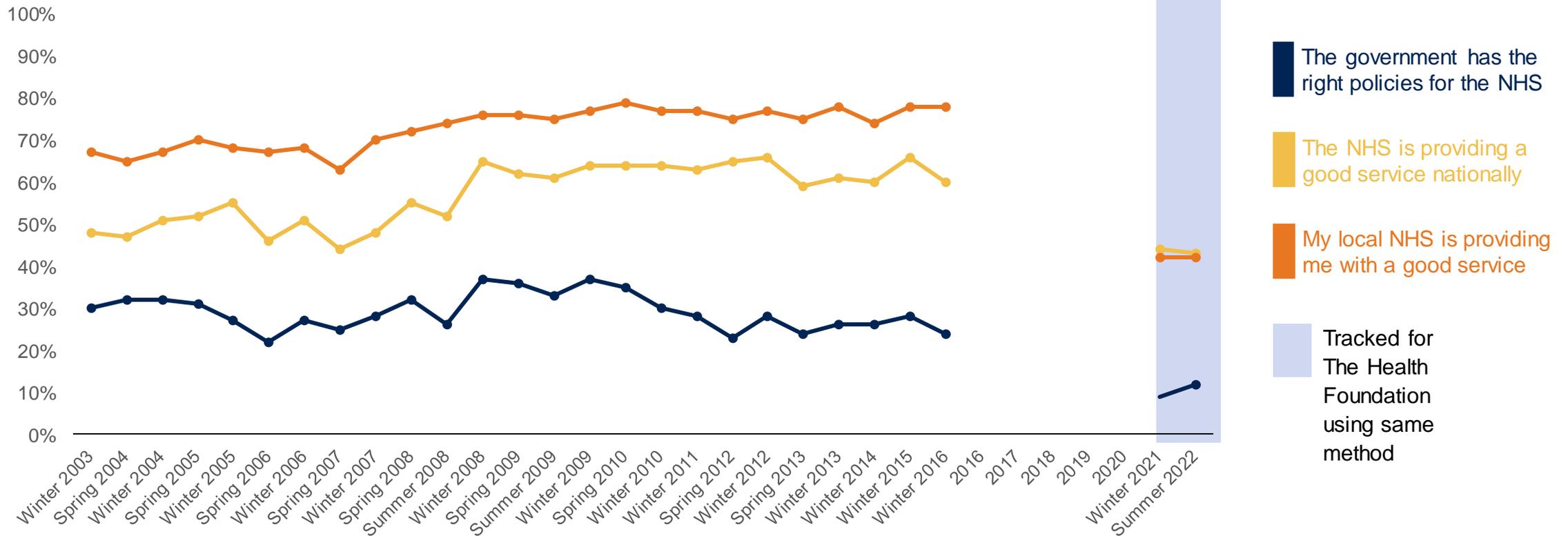
- People living in **England** are more likely to say the UK government does not have the right policies (66%, compared with 49% in Scotland and 40% in Wales), as are people living in the **North West** (72%, compared with 63% overall).
- People voting **Green** (81%), **Labour** (77%), and **Liberal Democrats** (75%) are among the most likely to disagree that their government has the right policies for the NHS (compared with 63% overall).
- **Heavyservice users** are more likely to think their government does not have the right policies (73% of those who have used six or more services in the past 12 months, compared with 63% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

Perceptions of the NHS and government policies have declined, though note methodological differences (and data is based on England only)

The English public are slightly more likely to agree that the UK government has the right policies for the NHS than in November 2021 (up from nine per cent to 12%), though still low (and low historically, as are views of the service being provided nationally and locally by the NHS).

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

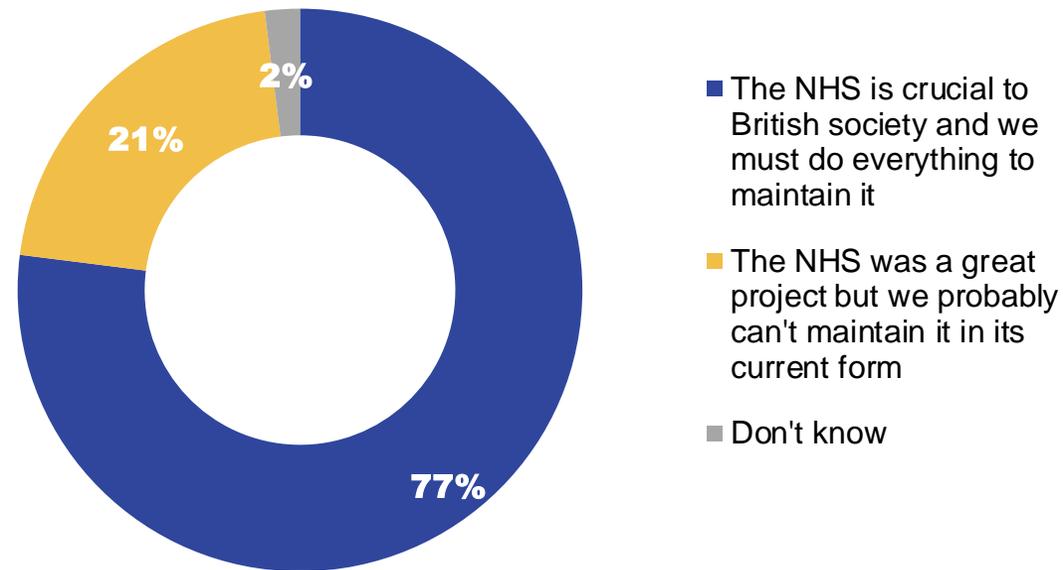


Winter 2003– Winter 2016: Ipsos MORI/Department of Health Perceptions of the NHS Tracker, Adults aged 16+ in England, face-to-face, c. 1000 per wave | Winter 2021: Conducted online via KnowledgePanel UK between 25th November and 1st December 2021, England participants n=1618. Summer 2022 : Conducted online via KnowledgePanel UK between May 25 and June 1, 2022., England participants n=1622 *Note: Data is not directly comparable as previous polls were done via a different methodology; comparisons should be taken as indicative only.

The public believe the NHS is crucial to British society and we must do everything to maintain it

Despite concerns about the NHS, the public still subscribe to the NHS model. Around three-quarters of the public (77%) **see the NHS as crucial and think it must be maintained**, while around one in five (21%) think the NHS **was a great project but we probably can't maintain it** in its current form.

Q. Which of the following statements best reflects your thinking about the NHS?

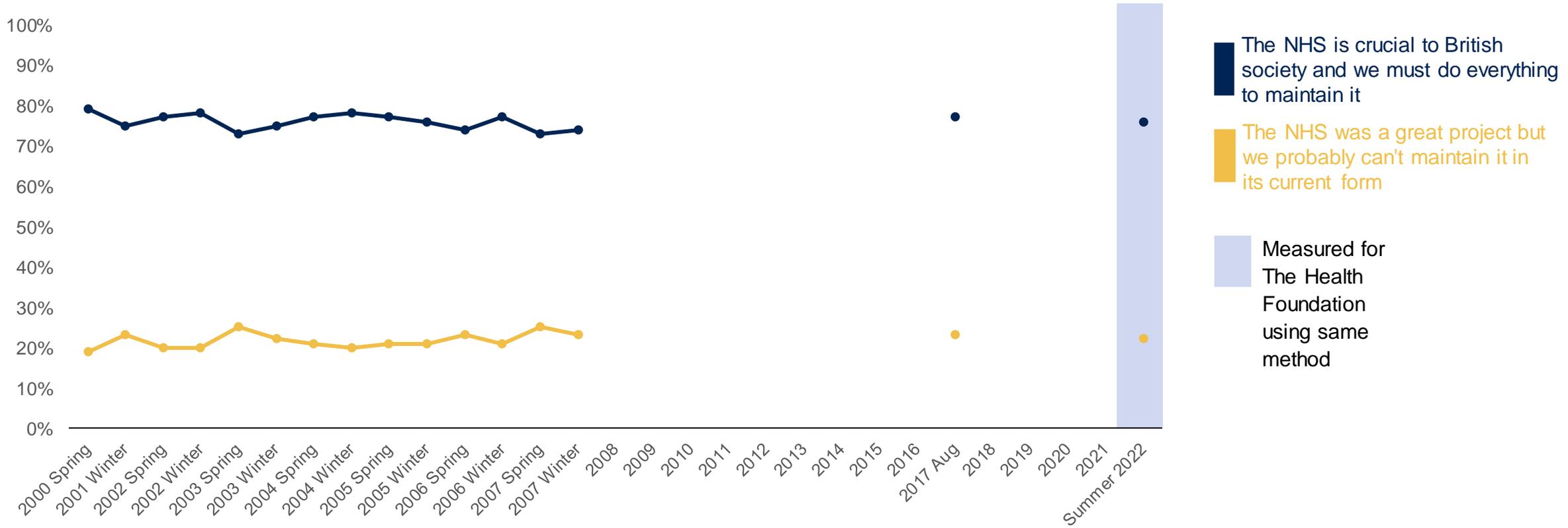


Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

Historical comparisons on belief in the NHS model demonstrate stability, though note methodological differences (and data is based on England only)

Despite low satisfaction with the NHS at present, the English public are as likely to think the NHS is crucial to British society and we must do everything to maintain it as they were 20 years ago.

Q. Which of the following statements best reflects your thinking about the NHS?



Spring 2000 – Winter 2007: Ipsos MORI/Department of Health Perceptions of the NHS Tracker, Adults aged 16+ in England, face-to-face, c. 1000 per wave | August 2017 Conducted via face-to-face omnibus for The King's Fund n=c.1000. Summer 2022 : Conducted online via KnowledgePanel UK between May 25 and June 1, 2022., England participants n=1622 **Note: 2022 data is not directly comparable as previous polls were done via a different methodology; comparisons should be taken as indicative only.**

Perceptions of NHS priorities are similar to November 2021 and relatively spread

The public's top priorities are **improving waiting times for routine services** (38%), addressing the **pressure on or workload of NHS staff** (36%) and **increasing the number of staff in the NHS** (36%). Priorities are broadly in line with November 2021, though **more cite waiting times in A&E** as a priority (up from 20% to 25%) and **fewer cite COVID-19 vaccinations** (down from 18% to three per cent).

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

	May 22	Nov 21	Change from Nov 21
Improving waiting times for routine services such as diagnostic tests or operations	38%	35%	+3
Addressing the pressure on or workload on NHS staff	36%	37%	-1
Increasing the number of staff in the NHS	36%	36%	0
Making it easier to get face-to-face GP appointments	29%	27%	+2
Improving waiting times for A&E	25%	20%	+5
Making it easier to get appointments at GP practices	24%	22%	+2
Improving mental health services	22%	22%	0
Improving the wellbeing of NHS Staff	21%	22%	-1

↑ Denotes a significant change



Insight on specific groups

- The top priority for those **aged 45 and over** is **improving waiting times for routine services** (43%, compared with 32% of under 45s, likely linked to a greater likelihood to be waiting for this type of care). Those aged **65 and over** are particularly likely to prioritise **making it easier to get face-to-face GP appointments** (44%, compared with 29% overall) – this is also important to 55 to 64 year olds (34%) but so is making it easier to get any type of appointment at GP practices (33%, compared with 24% overall).
- In contrast, people **aged 16 to 44** are more likely to cite **improving mental health services** as a priority (28%, compared with 15% of those aged 55 and over).
- Those living in Northern Ireland are particularly to prioritise **improving waiting times for routine services** (50%, compared with 38% overall) and **improving waiting times for A&E** (40%, compared with 25% overall).

Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

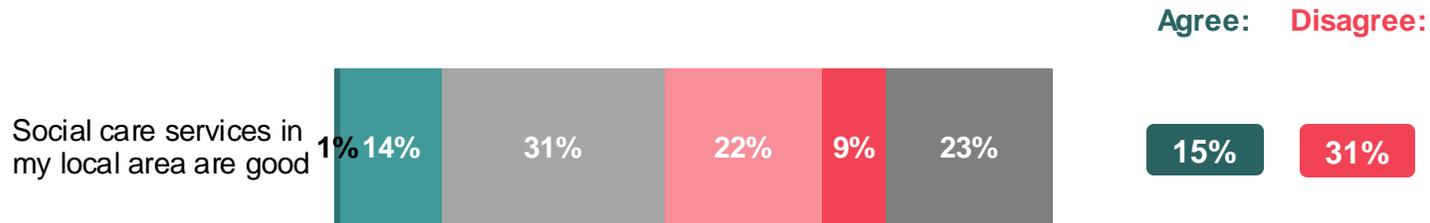
General views on social care

06

The public is more likely to disagree than agree that local social care services are good and very few think that the government has the right policies for social care

Just 15% of the public think **social care services in their local area are good**, while 31% disagree that they are. However, a significant minority don't know whether they are or not (23%). Those who have **used social care services are more likely to give an opinion**, with 27% agreeing that local services are good and 38% disagreeing. Only eight per cent think the government has the right policies for the NHS, while 59% disagree that it has. Those who have personally **used social care services are more likely** to say the government has the right policies (20%).

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



- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

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

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022



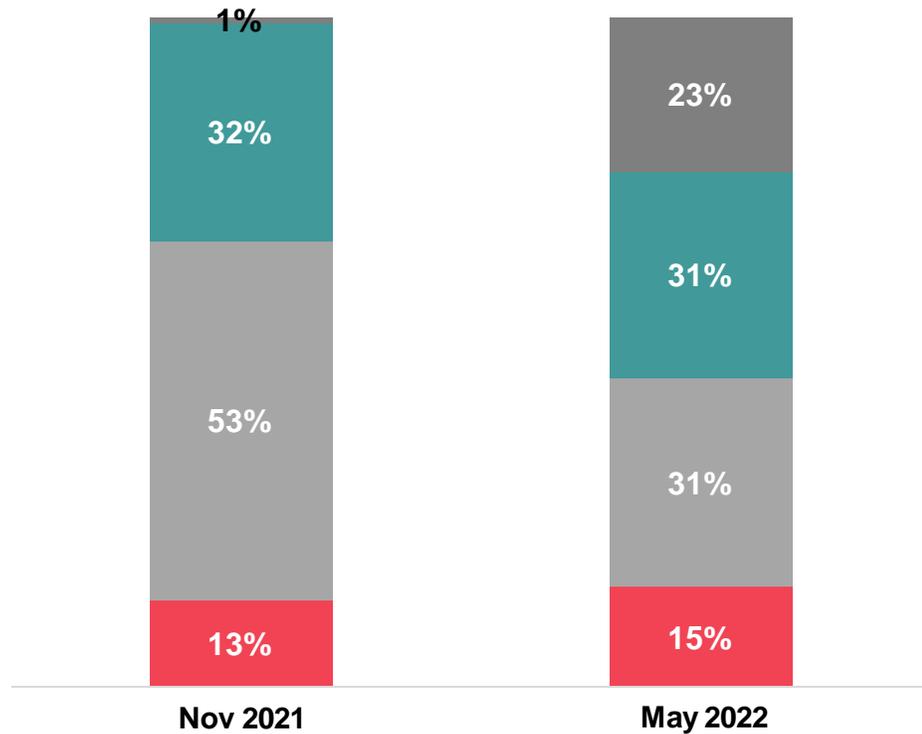
Insight on specific groups

- Those who **personally work in social care*** are more positive about local services (45% say they are good, compared with 15% overall) and to think the government has the right policies (21%, compared with eight per cent overall).
- Those **aged 16 to 24*** are more likely to think social care services in their area are good (25%, compared with 15% overall), while those **aged 45 to 64** are more likely to think they are not (36% disagree, compared with 31% overall), Those **aged 55 to 74** are more likely to disagree that the government has the right policies for social care (65%, compared with 59% overall).
- People living in the **North** are more positive about local services (36% agree they are good, compared with 31% overall), while people living in the **most deprived areas** are more negative (37% disagree, compared with 31% overall).
- While **those who intend to vote Conservative** are more likely to think local services are good (20%, vs. 15% overall) and the government has the right policies (18%, vs. 8% overall), those who intend to vote **Labour** are more likely to disagree (respectively: 36%, vs. 31% overall and 72%, vs. 59% overall).

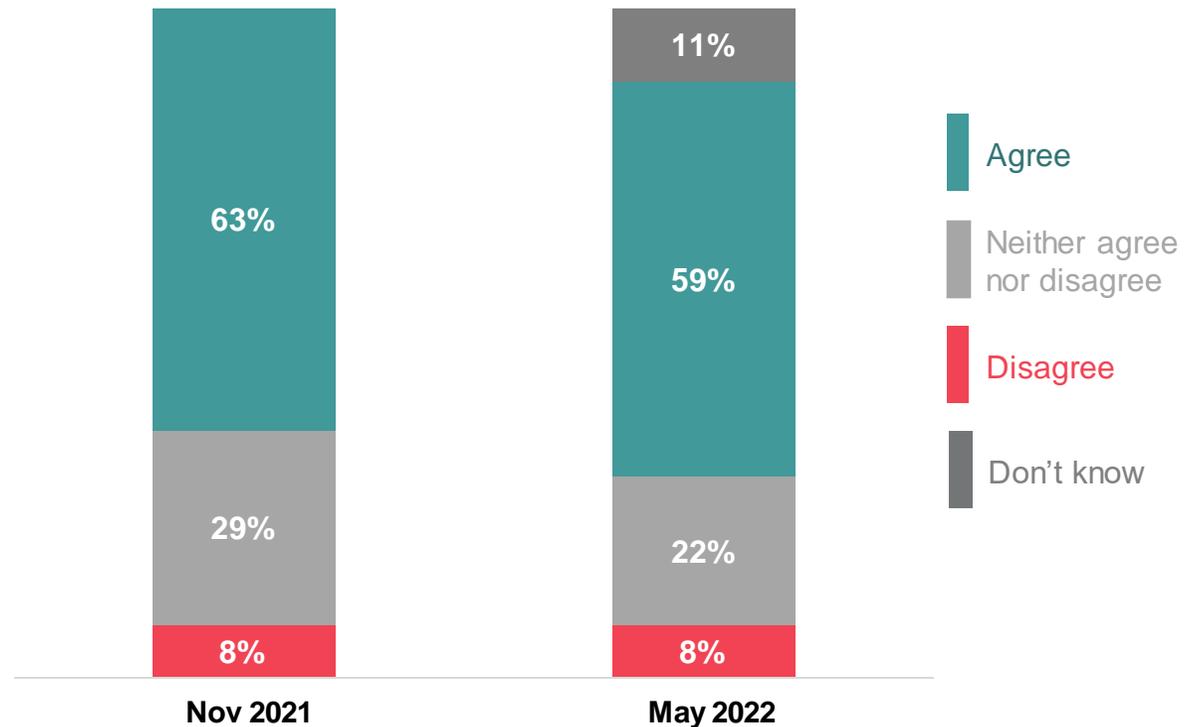
Views towards social care are relatively stable, although more of the public ‘don’t know’ whether social care services in their area are good

The public are **more likely to say they ‘don’t know’** about local social care services or government policies for social care, rather than that they neither agree nor disagree – the proportions agreeing and disagreeing have **remained stable** since November 2021.

Q. To what extent do you agree or disagree with each of the following statements... Social care services in my area are good



Q. To what extent do you agree or disagree with each of the following statements... The government has the right policies for social care

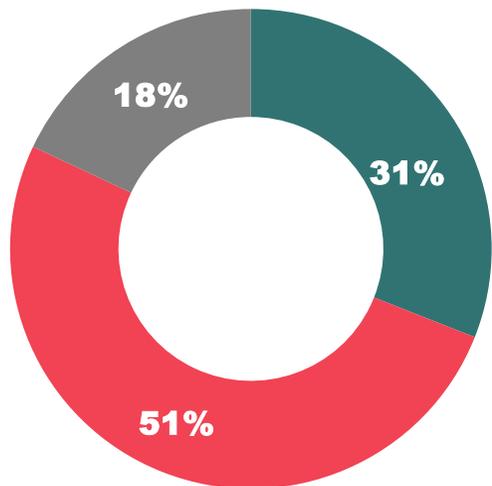


Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

A sizeable minority believe that the NHS provides the majority of social care services for older people, and that these services are free at the point of need

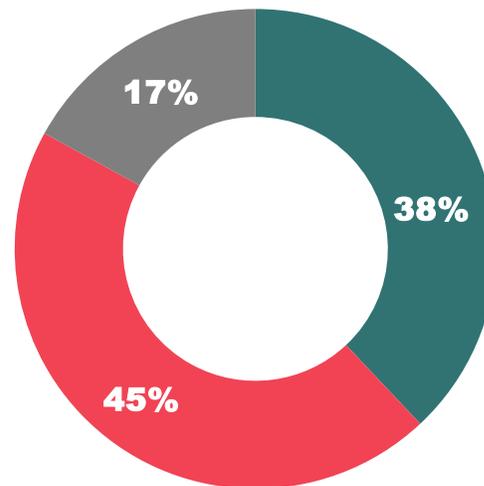
Around three in ten people (31%) incorrectly believe that **the NHS provides the majority of social care services for older people** with a further 18% saying they **'don't know'**; half (51%) believe this to be false. Around two in five (38%) incorrectly believe these services are **generally free at the point of need** with a further 17% who 'don't know'. Just under half (45%) do not believe this to be true.

Q. Can you please select whether the following is true or false... The NHS provides the majority of social care services for older people



True False Don't know

Q. Can you please select whether the following is true or false... Social care services are generally free at the point of need



Insight on specific groups

- People who have **personally used social care services** in the last 12 months are more likely to think the NHS provides the majority of services (53%, compared with 31% overall) and that they are generally free at the point of need (56%, compared with 38% overall).
- However, those **aged 55 and over** and closer to needing social care are more likely to correctly identify that the NHS does not provide the majority of services (62%, compared with 51% overall) and that services are not free at the point of need (56%, compared with 45% overall), as well as those working in **managerial, administrative and professional** positions (57% and 49% respectively).
- People living in the **Midlands** are more likely to think the NHS provides the majority of these services (38%, compared with 31% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

Only a minority have thought about preparing for social care costs when they are older, and fewer still have actually started making these preparations

Just two in five of the public (40%) have given any thought to preparing financially for the possibility of needing social care services when they are older, and just three in ten (30%) have actually started making these preparations. Three in ten (31%) have given it no thought at all, while two in five (41%) are not preparing financially at all.

Q. Before today, to what extent, if at all, had you thought about preparing financially to pay for social care services you might need when you are older?



Q. And to what extent are you already preparing financially to pay for the social care services you might need when you are older?



- To a great extent
- To some extent
- Not very much
- Not at all
- Already using social care services
- Don't know



Insight on specific groups

- The following groups are **more likely to have thought about preparing financially** (compared with 40% overall) **and/or are already preparing** (compared with 30% overall):
 - Older age groups (65+)** (56% and 47%)
 - Graduates** (46% and 39%)
 - Live in the **South East** (50% and 37%)
 - Work in **managerial, administrative and professional occupations** (44% and 38%)
 - Earning more than £100k** (43% already started).

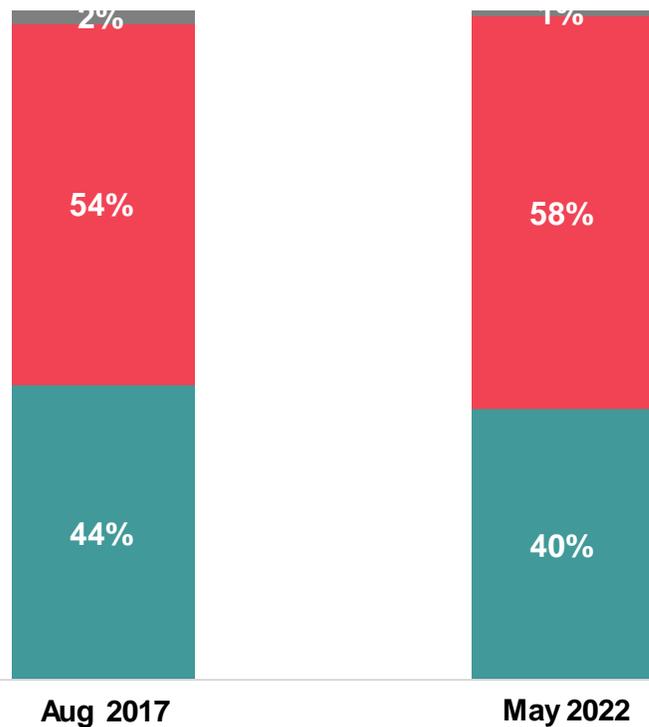
Base: All participants n=2068 Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

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

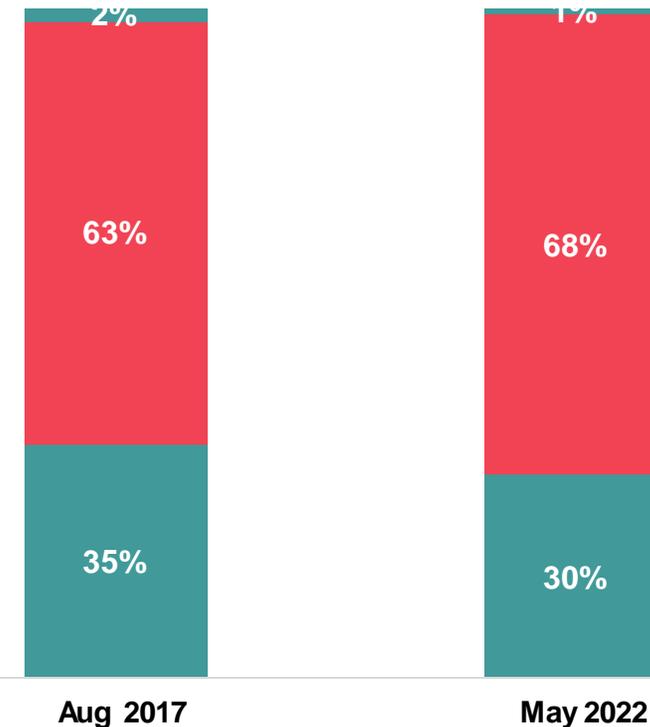
The public appear slightly less likely to be thinking about, or actually, preparing financially than in 2017 (though comparisons indicative and GB only)

The public seem to be **thinking less about preparing financially** to pay for social care services than in 2017 (down from 44% to 40% having done this a great deal or to some extent), or to **actually be preparing financially** (down from 35% to 30%) – noting a change in methodology (and findings exclude Northern Ireland for comparability).

Thought about preparing financially to pay for social care services



Already preparing financially to pay for social care services



- A great deal/to some extent
- Not very much/not at all
- Don't know/already using

August 2017 Ipsos/Deloitte State of the State. Conducted face-to-face between August 18 and 28 2017, GB participants n=1,071

May 2022 Ipsos/Health Foundation: Conducted online via KnowledgePanel UK between May 25 and June 1, 2022, GB participants n=2010

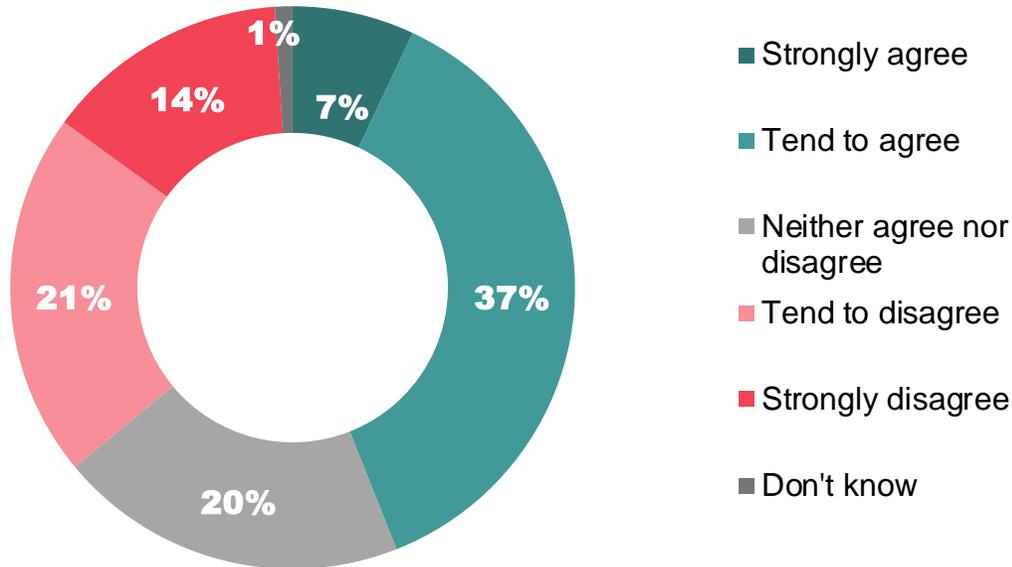
*Note: Data is not directly comparable as previous polls were done via a different methodology; comparisons should be taken as indicative only

Slightly more of the public agree than disagree that it is their responsibility to save or make financial plans to pay towards their care when they're older

Just over two in five of the public (44%) agree that **it is their responsibility to save or make financial plans** to pay towards social care when they are older. However, a significant minority of one-third of the public (35%) think it is not their responsibility.

Q. And please tell us whether you agree or disagree with the following statement.

It is my responsibility to save or make other financial plans so that I can pay towards my care when I am older.



35%
Disagree

44%
Agree



More likely to agree (vs. 44% overall)

- Those aged **16- 24*** (63%), **graduates** (50%), living in the **West Midlands, East of England, or South East** (53%, 54%, and 51% respectively), living in the **least deprived areas** (50%).



More likely to disagree

- Those aged **45 to 64** (45%), have **no formal qualifications** (47%), are living in **Scotland** (44%) or **Northern Ireland** (48%), or live in the **North East** region of England (49%), intend to vote **Labour** (42%) and those who have a **health problem or disability that impacts them day-to-day** (44%).

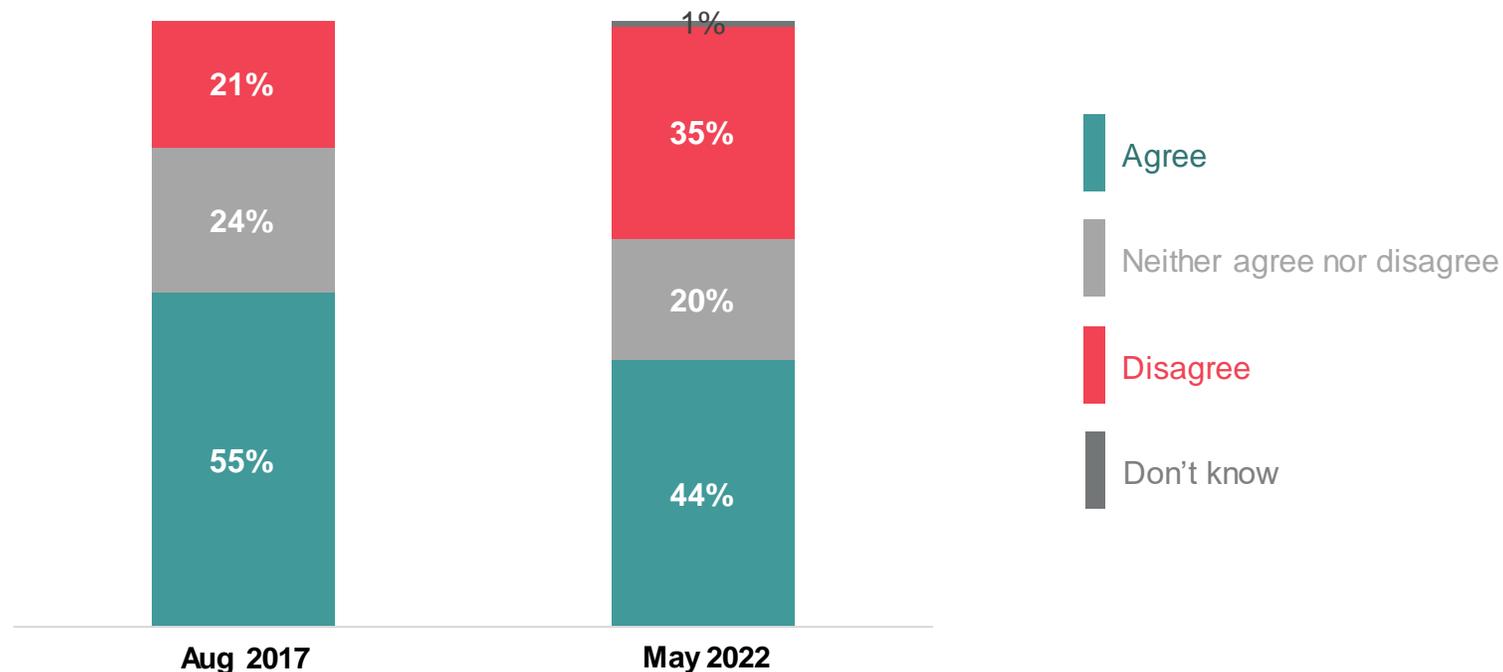
Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public also appear to accept less responsibility for financing their social care than in 2017 (though comparisons indicative and GB only)

While in August 2017, just over half of the public (55%) agreed it was **their responsibility to save or make other financial plans** so that they could pay towards their care when they are older, this has fallen to 44% in May 2022. In contrast, around one-third of the public (35%) now **disagree it is their responsibility to do this**, up from 21% in August 2017 – noting a change in methodology (and findings exclude Northern Ireland for comparability).

Q. And please tell us whether you agree or disagree with the following statement.

It is my responsibility to save or make other financial plans so that I can pay towards my care when I am older.



August 2017 Ipsos/Deloitte State of the State. Conducted face-to-face between August 18 and 28 2017, GB participants n=1,071

May 2022 Ipsos/Health Foundation: Conducted online via KnowledgePanel UK between May 25 and June 1, 2022, GB participants n=2010

*Note: Data is not directly comparable as previous polls were done via a different methodology; comparisons should be taken as indicative only

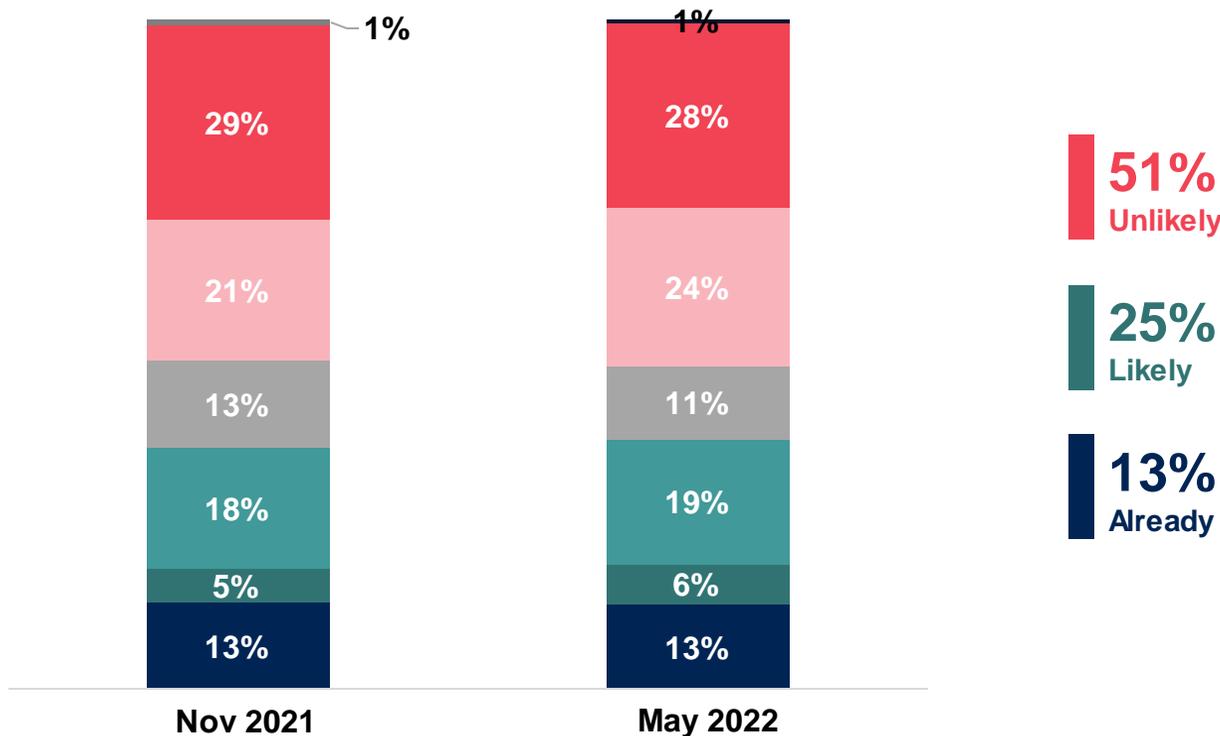
Views on private healthcare

07

More people say they would be unlikely to pay for private health insurance or healthcare if they needed it than say they would be likely to

One-quarter of the public (25%) say they would be likely to **pay for private health insurance or healthcare if they needed it**, and 13% say they already do. Conversely, half (51%) say they would be unlikely to do so. This is consistent with findings from November 2021.

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



Insight on specific groups

- Similar to November 2021, those who tend to be **more unlikely to pay for private health insurance** include those earning less than £26k (62%), those not working (57%), people living in the most deprived areas (58%), and those intending to vote Labour (57%) (all compared with 51% overall).
- Additionally, **those earning between £26k and £50k** are also now more unlikely to pay (56%, compared with 51% overall).

Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

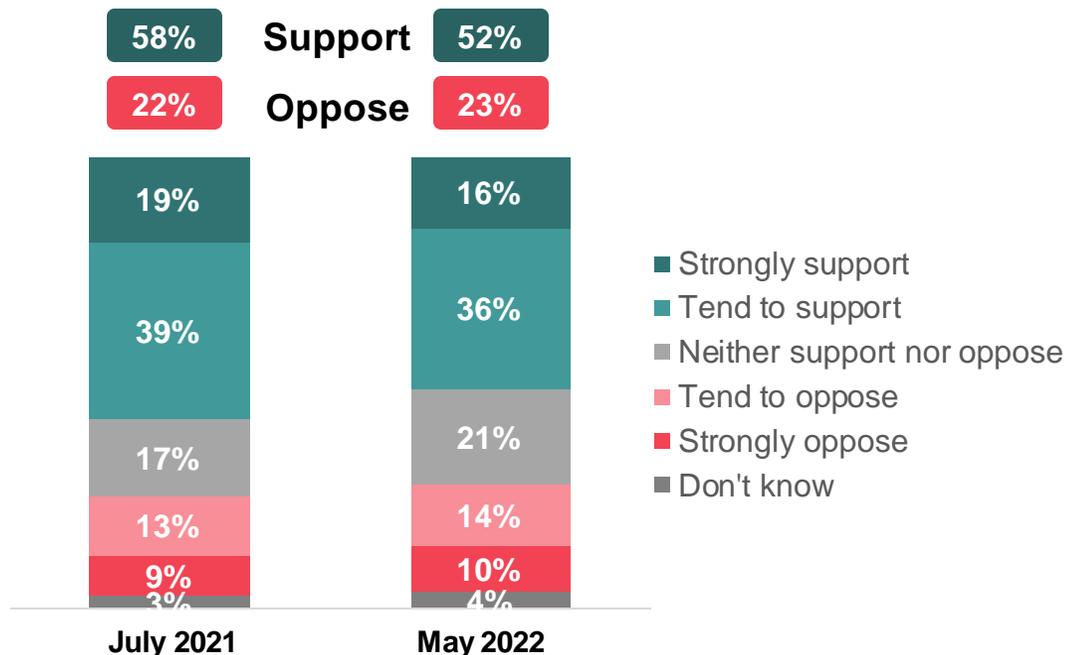
Views on funding for the NHS and social care

08

The public generally support the Health and Social Care levy, with only a minority opposing the increase in taxes to be spent on the NHS and social care

Around half of the public (52%) support the increase in taxes to spend on the NHS and social care, compared with just under one-quarter (23%) who oppose the policy. Support for the Health and Social Care levy has fallen since July 2021, from 58% to 52% – this has not translated into opposition, which has remained stable, rather that the public are more likely to neither support nor oppose it (up from 17% to 21%).

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?



Insight on specific groups

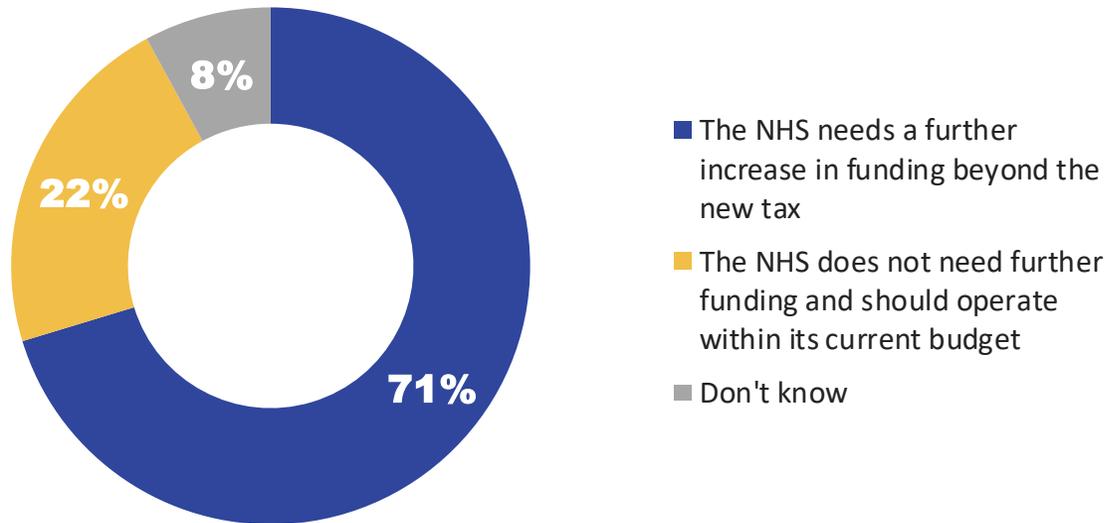
- Older people are more likely to support the tax increase to pay for the NHS and social care – in particular those who have passed retirement age. 59% of those aged 55-64, 71% aged 65-74 and 63% of those aged 75+ support it, compared with 40% of those aged 16 to 34).
- People from **white ethnic backgrounds** are more likely to support the policy (54%, compared with 37% of those from ethnic minority backgrounds), likely linked to the older age profile of people from white ethnic backgrounds.
- People working in **managerial, administrative and professional occupations** are more likely to support it (57% compared with 52%).
- Those who intend to vote **Conservative and Liberal Democrat** are more likely to support it (68% and 62% respectively).

Bases: All participants, May 2022 n=2068 26th May – 1st June 2022, November 2021 n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

The public tend to think that the NHS will need further increases in funding, beyond that provided by the new tax

Around seven in ten of the public (71%) believe the NHS will need a further increase in funding, beyond the new tax, compared with just one in five (22%) who think the NHS does not need further funding and should operate within its current budget.

Q. Which of the following statements best reflects your thinking about funding for the NHS?



Insight on specific groups

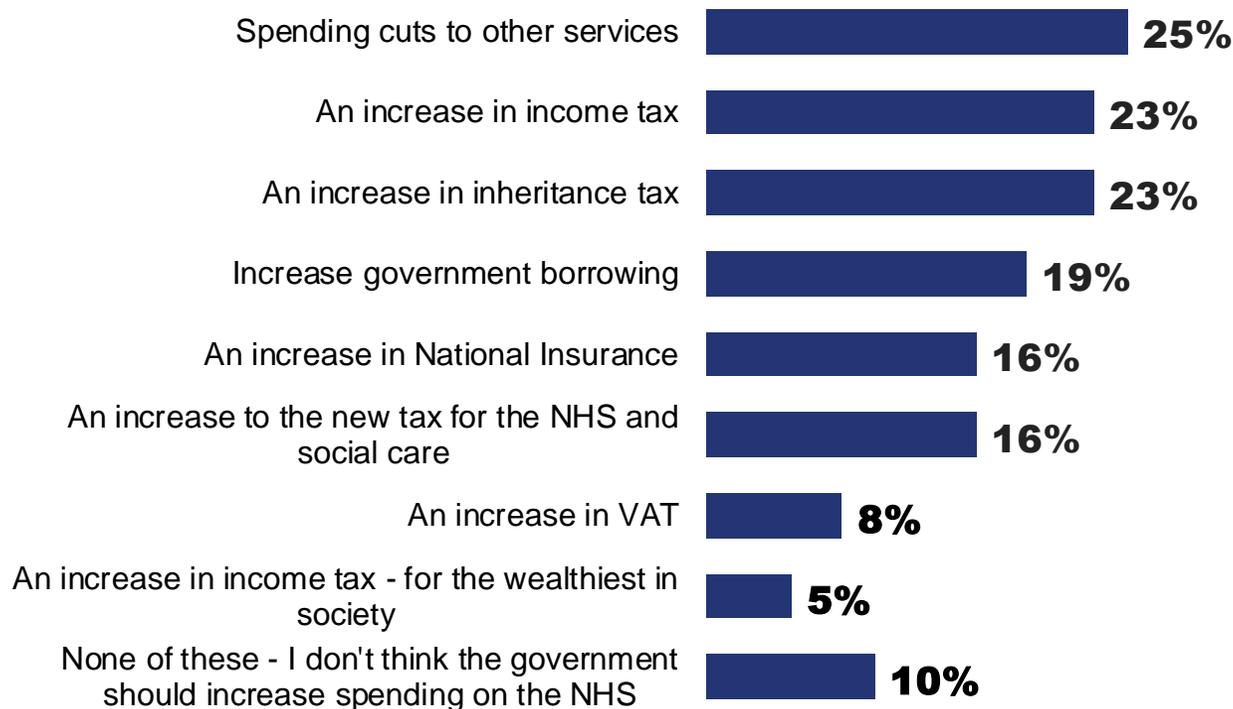
- **Females** are more likely to believe the NHS will require a further increase in funding (74%, compared with 67% of males). Conversely, males are more likely to believe the NHS should operate within its current budget (27%, compared with 16% of females).
- People aged **75 and over** are more likely to think the NHS does not need further funding (28%, compared with 22% overall).
- Those who intend to vote **Labour, Liberal Democrat and Green Party** overwhelmingly believe the NHS needs further funding beyond the new tax (86%, 82% and 87% respectively, compared with just 52% of those who intend to vote Conservative).
- **People who have used NHS services most in the past 12 months** are more likely to think more funding is necessary (76% of those who have used three or more services, compared with 64% of those who have used none).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

People are divided on how they think further NHS investment should be paid for, between cuts to other services, increased taxes and increased borrowing

People most commonly say that increased spending on the NHS **should be funded by spending cuts to other services (25%), very closely followed by an increase in income tax (23%), or inheritance tax (23%)**. One in five (19%) think it should be funded by an increase in government borrowing.

Q. If the government decided to further increase spending on the NHS, how do you think this should be funded?



Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022



Insight on specific groups

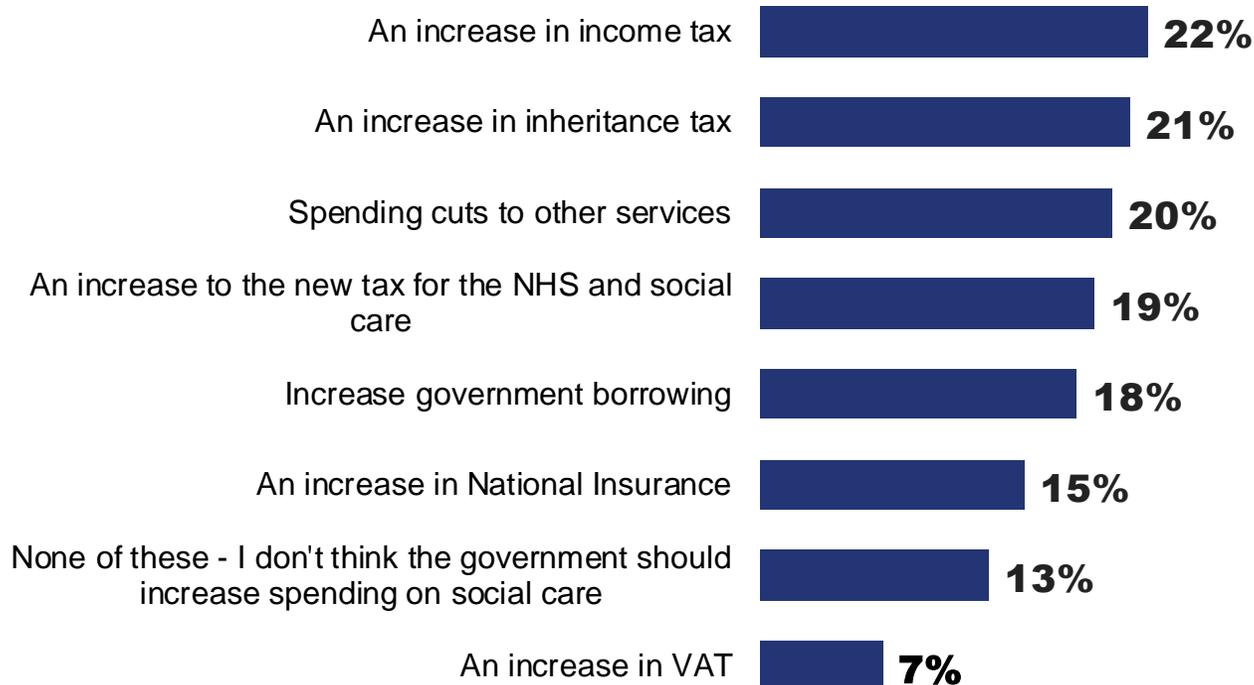
- **Young people** are more likely to say that, if NHS funding were to be increased, **this should come from spending cuts to other services** (39% of 16-24 year-olds* believe this, decreasing steadily to 13% of 65-74 year-olds and 17% of those aged 75 and over) **or an increase in government borrowing** (27% of 16-24s falling to seven per cent % of those aged 75 and over).
- Conversely, **older people** (especially those past retirement age) believe **it should be funded by an increase in income tax** (39% of 65-74s and 32% of 75+, compared with just 19% of 16-24s*) **or an increase in the new tax for NHS and social care** (from 12% of 16-24 year-olds to 30% of those aged 75 and over).

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

People are also divided on how any potential increase to social care spending should be funded; tax increases marginally came out top

One in five people believe any further increase in social care spending **should be paid for by increases in income tax (22%) or inheritance tax (21%)**. A similar proportion (20%) say it should be funded via spending cuts to other services.

Q. If the government decided to further increase spending on social care, how do you think this should be funded?



Insight on specific groups

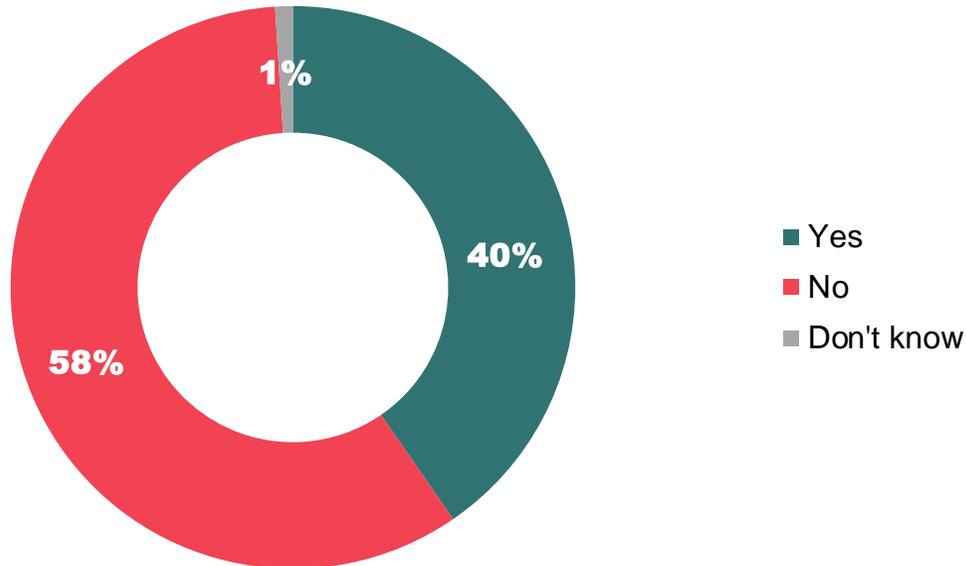
- **Males are more likely than females** to suggest social care funding should be funded by increasing income tax or inheritance tax (27% and 25% respectively, compared with 18% of females for both)
- **Age is again a key factor.** Older people are more likely to suggest social care be paid for by **a tax on working people** – either income tax (34% of those aged 65 and over), an increase in the new tax for NHS and social care (30%), or an increase in National Insurance (24%).
- Younger people on the other hand are again more likely to suggest **cuts to other services** (24% of those aged under 55, compared with 15% of those aged 55 or more).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public in England are generally not aware of the social care spending cap that the government is introducing

Just two in five of the English public (40%) say they are **aware of the introduction of the social care spending cap**, while three in five (58%) are not.

Q. Before today, were you aware of the social care spending cap the government is introducing?



More likely to be aware (vs. 40% overall)

- **Males** (46%), older age groups **55+** (58%), people from White ethnic backgrounds (42%), those who work in **managerial, administrative or professional** positions (46%) and who live in the two **least deprived quintiles** (48%) are all more likely to say they are aware of the spending cap.



Less likely to be aware (vs. 58% overall)

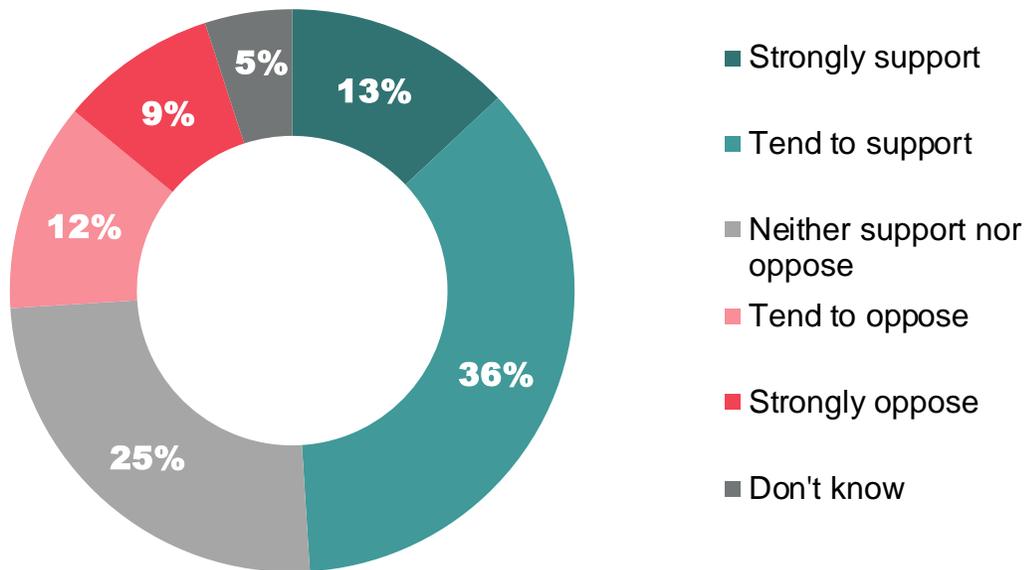
- **Females** (63%), younger age groups from **16 to 44** (72%), those with **no formal qualifications** (71%), who work in **semi-routine and routine occupations** (68%), who live in the **three most deprived quintiles** (63%) and **those who do not intend to vote** (71%) are all less likely to be aware of the government spending cap.

Base: All participants in England n=1622. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The English public are more likely to support than oppose the social care spending cap

Around half of the public in England (49%) **support the social care spending cap**, including 13% who strongly support it and 36% who tend to support it. Just one in five (21%) **oppose it**, nine per cent 'strongly'. One-quarter (25%) are neutral, neither supporting nor opposing the spending cap.

Q. Do you support or oppose the introduction of the social care spending cap?



49%
Support

21%
Oppose



More likely to support (vs. 49% overall)

- **Males** (53%), those aged **55 and over** (57%), who are **graduates** (54%), **earn between £26,000 and £99,999** (56%), live in the **South East** (58%) and who work in **managerial, administrative and professional roles** (55%) are all more likely to support the social care spending cap.

Base: All participants in England n=1622. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The main reasons for opposing the social care spending cap is believing that social care should be free, perceived fairness and disincentivising saving

One key reason for opposing the spending cap is a **belief that social care should be free** – many argued that they have paid their National Insurance their whole lives for exactly this sort of thing. A further set of reasons **questioned the fairness of the cap**, and how a high earner would pay the same as someone who only just exceeded the threshold for paying. A final set of reasons surrounded the **disincentive to save** if these savings would be spent on care costs, while those not saving would then receive the care for free. Some of this opposition would apply equally to the current system as to the proposed cap, demonstrating the limited awareness already seen for how social care is paid for at present.

“A millionaire will have their costs capped at £86K, which would be nothing to them, but somebody with an average house and average savings would still face the same £86K costs, which would represent **a greater percentage of a person’s assets** compared to the percentage of the millionaire’s assets.”

“We pay NI all our working life for our older age **it is unfair to penalise those with assets** it will give the reason of why bother to save for your future when if you have nothing you will be looked after the same.”

“**The state should fund the care of the elderly entirely.** No one should have to sell their home.”

“It's far too high. Most people don't have assets or savings above that amount so **they will lose all they have.**”

“**We've paid National Insurance all our lives** for health care. We shouldn't have to pay any more when we're old.”

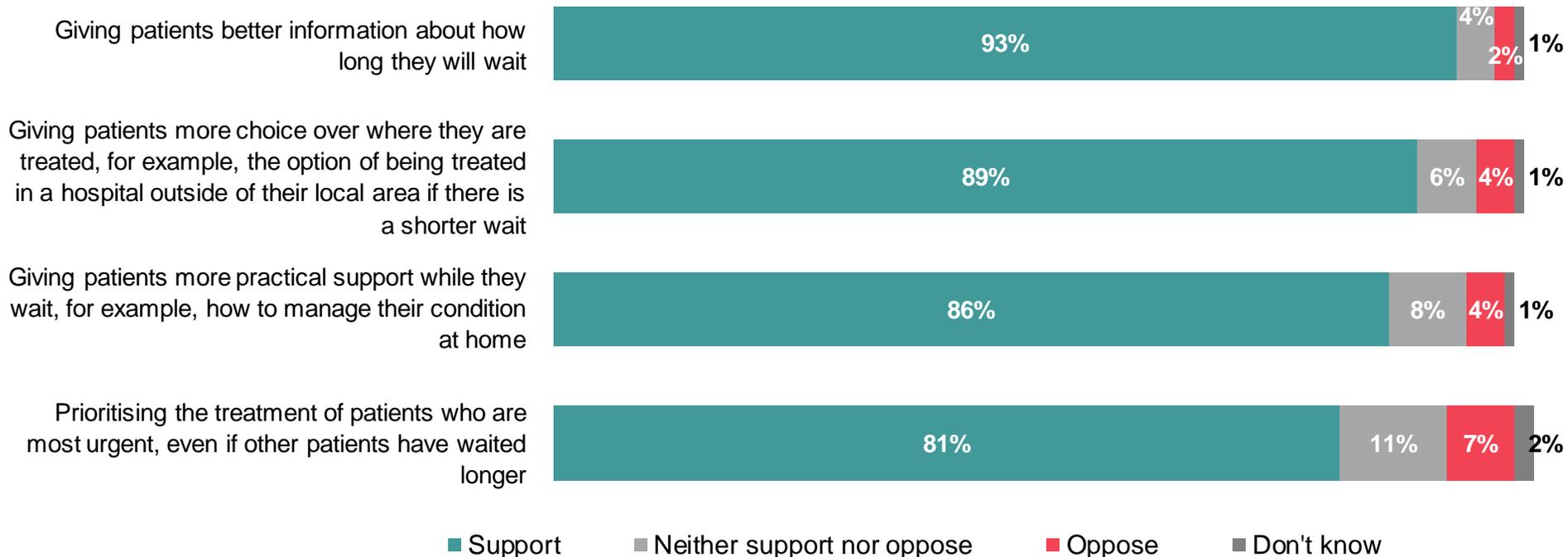
Views on managing the NHS care backlog and workforce shortages

09

Nearly all of the public support giving patients better information about how long they will wait or more choice over where they are treated to manage the backlog

Having been told there is currently a backlog of patients waiting for routine NHS hospital services such as diagnostic tests and operations, a number of approaches to managing the backlog were tested with the public. The public supported most of the approaches, with the most popular being to **give patients better information about how long they will wait** (93% support), **more choice over where they are treated** (89% support) and **more practical support while they wait** (86%). The public also support **prioritising the treatment of patients who are most urgent**, even if other patients have waited longer (81%).

Q. To what extent do you support or oppose each of the following approaches to managing the current backlog?

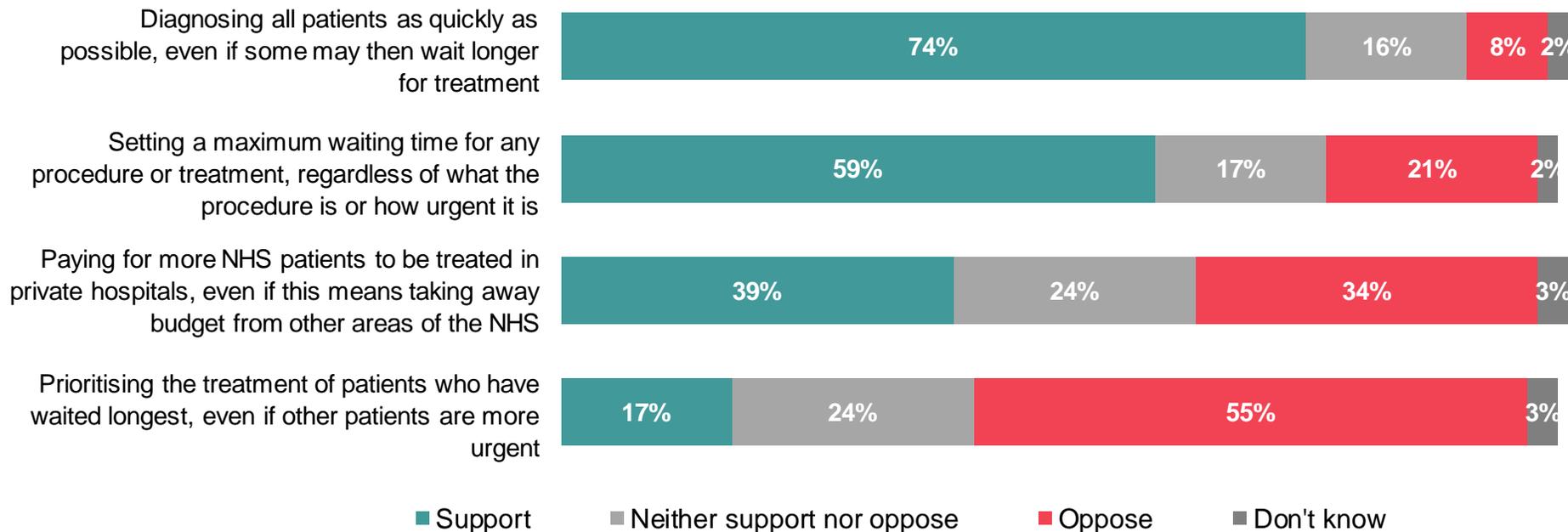


Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public oppose prioritising the treatment of patients who have waited longest, to manage the backlog

Still looking at approaches to managing the backlog, just over half of the public (55%) **oppose prioritising the treatment of patients who have waited longest, even if other patients are more urgent**, confirming that urgency is more important to the public when prioritising those waiting for routine care. The public is **fairly divided on paying for more NHS patients to be treated in private hospitals**: while 39% support this, 34% oppose it.

Q. To what extent do you support or oppose each of the following approaches to managing the current backlog?

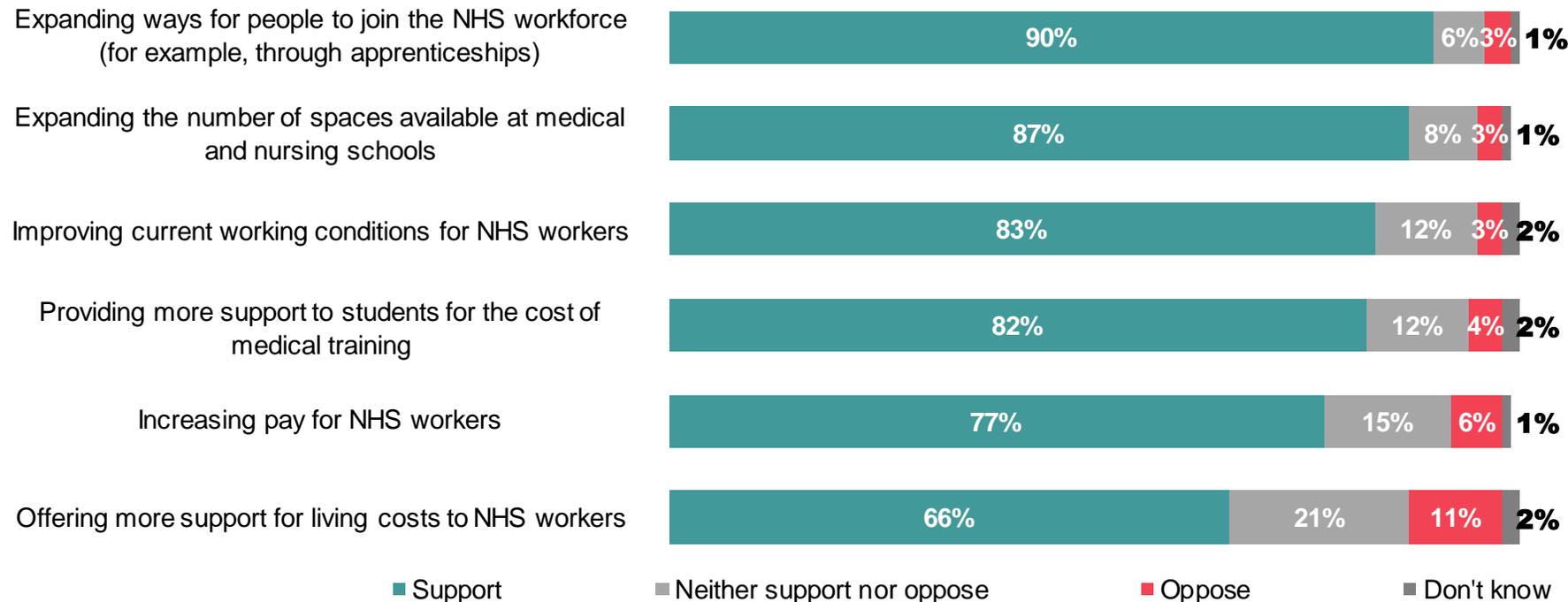


Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public support many different approaches to addressing NHS staff shortages, particularly expanding ways of people joining the workforce and training spaces

Nearly all of the public support **expanding ways for people to join the NHS workforce** such as through apprenticeships (90%) and **expanding the number of spaces available** at medical and nursing schools (87%). The public support all of the suggestions, with the highest level of opposition at only 11% for offering more support for living costs to NHS workers (66% still support this). This does not seem to be linked to the cost, as 77% support increasing pay more generally and 82% providing more support to students for the cost of medical training.

Q. The NHS is currently facing major staff shortages. Below are some actions that could be taken to increase the number of staff in the NHS. These would all require an increase in funding for the NHS, which may lead to more taxes for individuals. To what extent do you support or oppose each of the following measures as a way of addressing current workforce shortages...?

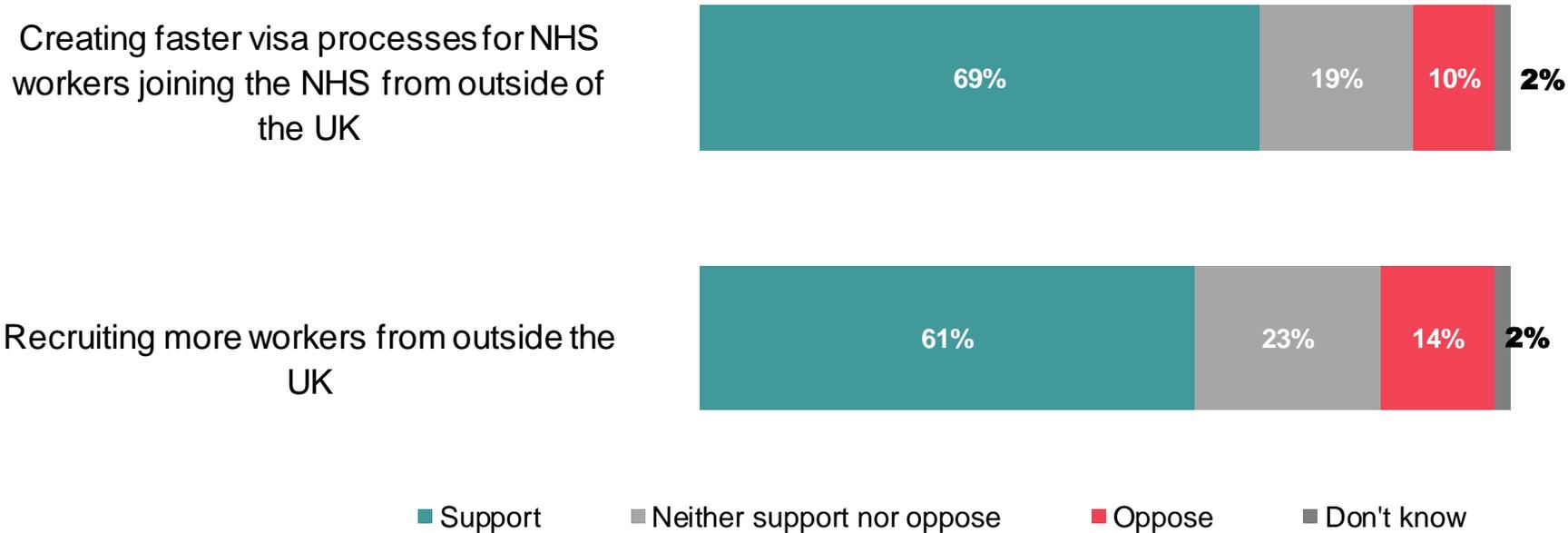


Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public also broadly support faster visa processes for NHS workers and recruiting more workers from outside the UK

Turning to actions to address workforce shortages that would require changes to current UK immigration practices, support is still strong. While 69% support creating faster visa processes for NHS workers joining the NHS from outside of the UK, 61% support recruiting more workers from outside the UK. Opposition is low at only 10% and 14% respectively.

Q. The following actions to increase the number of staff in the NHS would require changes to current UK immigration policies. To what extent do you support or oppose each of the following measures as a way of addressing current workforce shortages...?



Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

Views on the NHS and net zero

10

While the NHS is broadly seen to have a responsibility to reduce its impact on climate change, the public do not think this should be a priority

Just under half of the public (46%) think **the NHS has a responsibility to reduce its impact on climate change**, though a similar proportion (47%) **disagree that this should be one of its top priorities**. However, significant minorities neither agree nor disagree (30% for both), potentially suggesting some apathy on this issue. The public are **unclear on whether or not the NHS is contributing to climate change**, with 43% neither agreeing nor disagreeing that it is.

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



Agree: 46% Disagree: 21%

Agree: 26% Disagree: 18%

Agree: 19% Disagree: 47%



More likely to agree

- Those who intend to vote for **Green Party** are significantly more likely to agree with each of the statements.
- Those who **personally work in the NHS** are also more likely to agree with each of the statements, as are **graduates**.



More likely to disagree

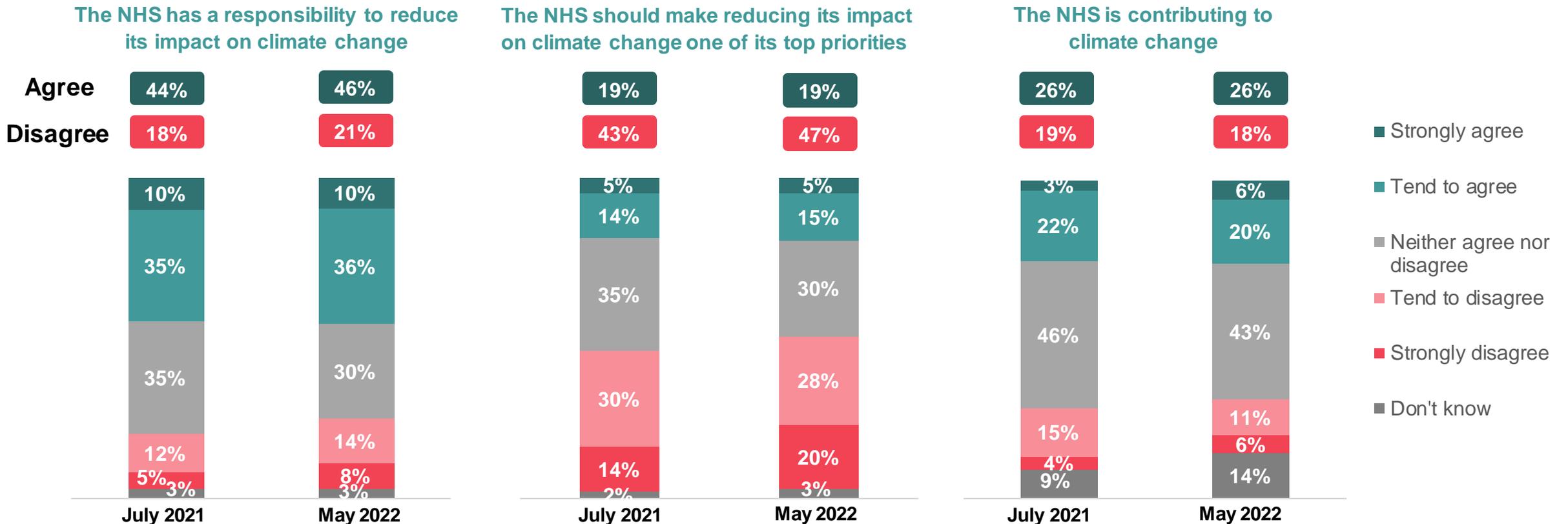
- **Men** are less likely than women to think the NHS has any responsibility regarding climate change.
- Those who intend to vote **Conservative** are more likely to think the NHS is not contributing to climate change or that it should make reducing its impact one of its top priorities.
- Those living in the **least deprived areas** are more likely to think reducing its impact should be a top priority (55%, compared with 47% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public see slightly less of a role for the NHS in addressing its impact on climate change than in July 2021

While very similar to July 2021, the public are **slightly more likely** to say the NHS **should not make reducing its impact on climate change one of its top priorities** (up from 43% to 47%) and that it **does not have a responsibility to reduce its impact** (up from 18% to 21%).

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

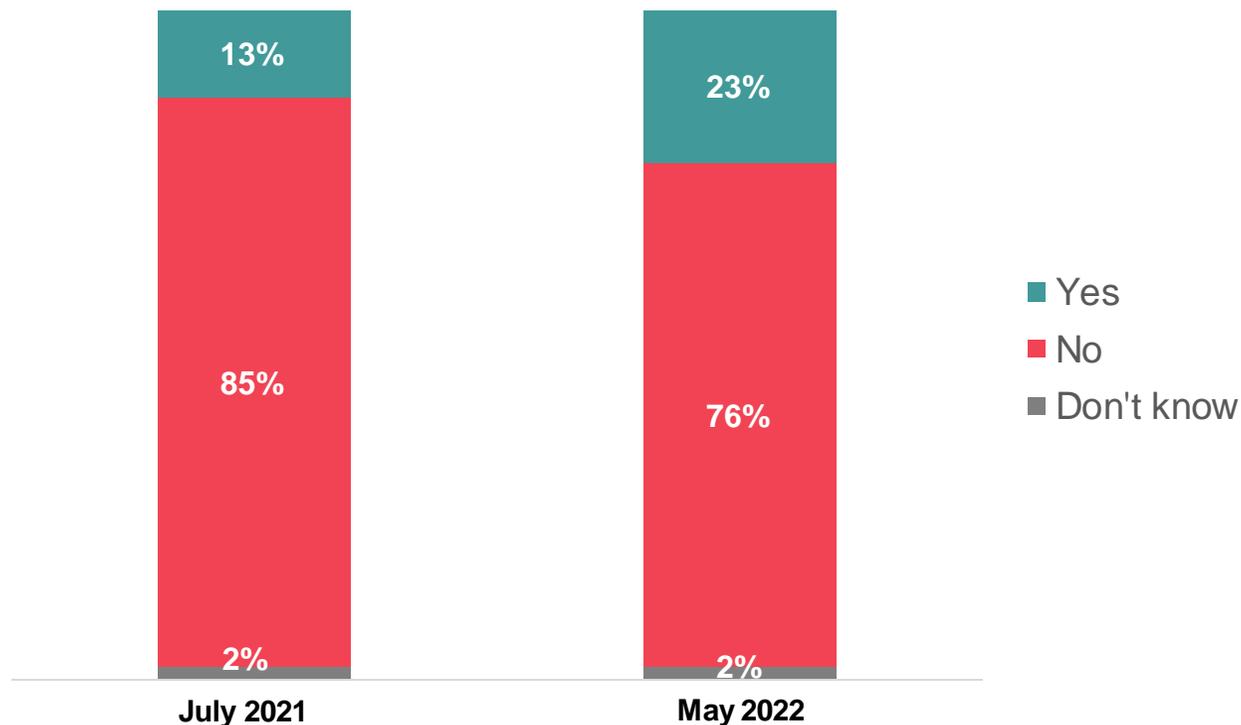


Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **July 2021** n=1858 22nd July – 28th July 2021. All conducted online via KnowledgePanel UK.

Awareness of the NHS aim to be net zero is higher than in July 2021, though still only a minority are aware

Around one-quarter of the public (23%) say they are **aware that the NHS aims to be net zero**, up significantly from 13% in July 2021. However, still three-quarters (76%) are **not aware** of this policy. Approaching half of those who **work in the NHS** (48%) are aware of this aim, representing a **significant increase in awareness** since July 2021 (when 27% were aware).

Q. Before today, were you aware that the NHS aims to be net zero?



Insight on specific groups

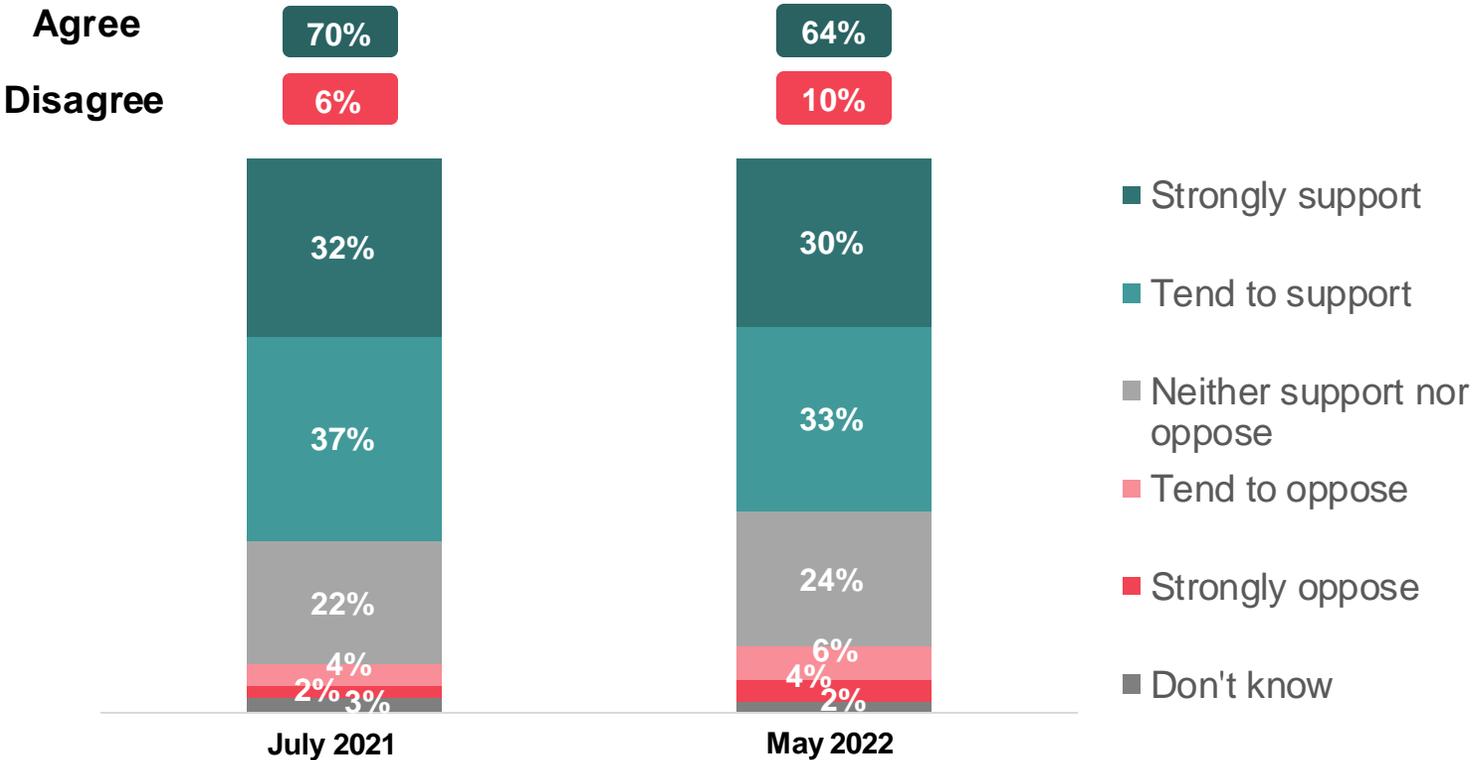
- **Men** are significantly more likely to claim awareness of this target than women (29% compared with 17%).
- **Younger people** are more likely than older participants to say they are aware of this target (33% of 16 to 34 year olds, compared with 23% overall).
- **Graduates** are also more likely to say they know about the target (27%, compared with 23% overall).
- The increase in awareness in **Scotland** is particularly marked (up from 13% to 30%).

Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **July 2021** n=1858 22nd July– 28th July 2021. All conducted online via KnowledgePanel UK.

The public still broadly support the NHS's policy to become net zero, although support has dropped a little since July 2021

Around two-thirds of the public (64%) support the NHS's policy to become net zero, and only a small proportion (10%) oppose it. However, support for the policy has fallen slightly since July 2021, when 70% supported it. Support is particularly high among those who personally work in the NHS (74%, compared with 61% of those who do not).

Q. Do you support or oppose the NHS's policy to become net zero?



Insight on specific groups

- **Women** are more likely than men to support the policy (67% compared with 60%).
- **Younger people aged 16 to 24*** are most supportive of the policy (75%, compared with 64% overall).
- Graduates are significantly more likely to support the policy (70%, compared with 64% overall).
- Those who intend to vote for **Green Party** (85%), **Liberal Democrat** (75%) and **Labour** (74%) are more supportive than those who intend to vote **Conservative** (54%).

Bases: All participants, May 2022 n=2068 26th May – 1st June 2022, July 2021 n=1858 22nd July – 28th July 2021. All conducted online via KnowledgePanel UK.

Attitudes towards GP practices and appointments

11

The biggest challenges facing GP practices are perceived to be it being too hard to book an appointment and waiting times being too long

A range of different challenges are identified for people's local GP practices. Around two in five point to the biggest challenges being around appointments, with 43% saying it is **too hard to book an appointment** and 40% that **waiting times for appointments are too long**. A further one-third (33%) point to there **not being enough doctors**.

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

↑ Denotes a significant change

	May 2022	Nov 2021	Change from Nov 21	
Too hard to book an appointment	43%	45%	-2%	
Waiting times for appointments are too long	40%	46%	-6%	↓
Not enough doctors	33%	32%	+1%	
Can't see the same doctor or healthcare professional each time	28%	19%	+9%	↑
Can't get an appointment in a format that suits me (for example face-to-face or telephone)	26%	22%	+4%	↑
Not enough healthcare professionals, such as practice nurses, pharmacists, and physiotherapists	20%	18%	+2%	
Can't get an appointment at a time that suits me	17%	11%	+6%	↑

While the public are a little **less likely to identify waiting times for appointments being too long** than in November 2021 (down from 46% to 40%), they are more likely to identify other issues with appointments:

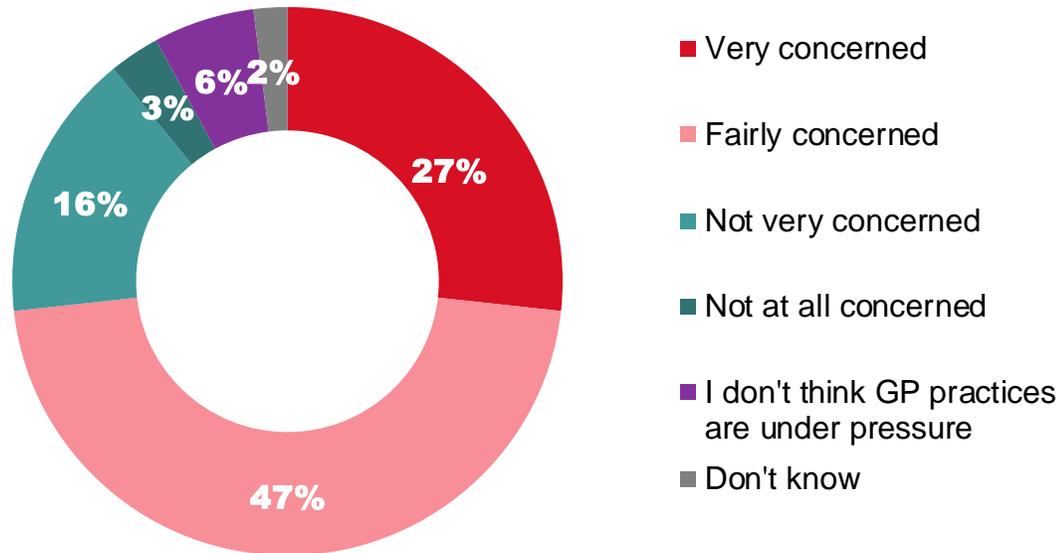
- Most strikingly, that they **can't see the same doctor or healthcare professional each time** (up from 19% to 28%).
- That they can't get an appointment **at a time that suits them** (up from 11% to 17%).
- That they can't get an appointment **in a format that suits them** (up from 22% to 26%).

Bases: All participants, **May 2022** n=2068 26th May – 1st June 2022, **November 2021** n=2101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK.

Overall, the public are concerned about the level of pressure that GP practices are facing at the moment

Around three-quarters of the public (73%) are **concerned about the level of pressure that GP practices are facing** at the moment, while 19% are not concerned and six per cent do not think GP practices are under pressure.

Q. How concerned are you, if at all, about the level of pressure that GP practices are facing at the moment?



73%
Very / Fairly concerned

19%
Not very / not at all concerned

More likely to be concerned

- People reporting the highest level of concerns include those **accessing mental health services** (83%), those **aged 75+** (80%), participants who are themselves an **NHS worker** (79%) or whose **friends or family are NHS workers** (79%), those who have used **NHS services** in the past 12 months (74%), **graduates** (78%) and those voting for **Labour** (78%) (all compared with 73% overall).

Less likely to be concerned

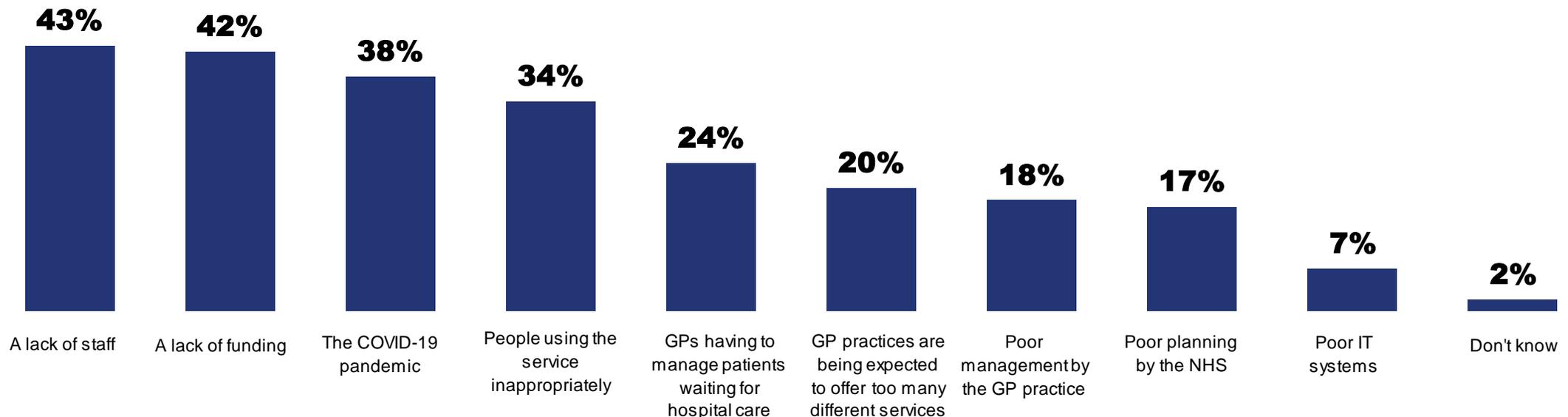
- Those least concerned about the pressures on GP practices include those **aged 16-24*** (29%) and those who are **not NHS workers** (21%) (both compared with 19% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

A lack of staff and lack of funding are identified as the main causes for current pressures on GP practices, as well as the COVID-19 pandemic

Among those who are concerned about the level of pressure on GP practices, the main reasons cited for causing this pressure are a **lack of staff** (43%), a **lack of funding** (42%) and the **COVID-19 pandemic** (38%). A further 34% attribute the pressures to people using GP services inappropriately.

Q. In your opinion, what is the main cause of the current pressures for GP practices?

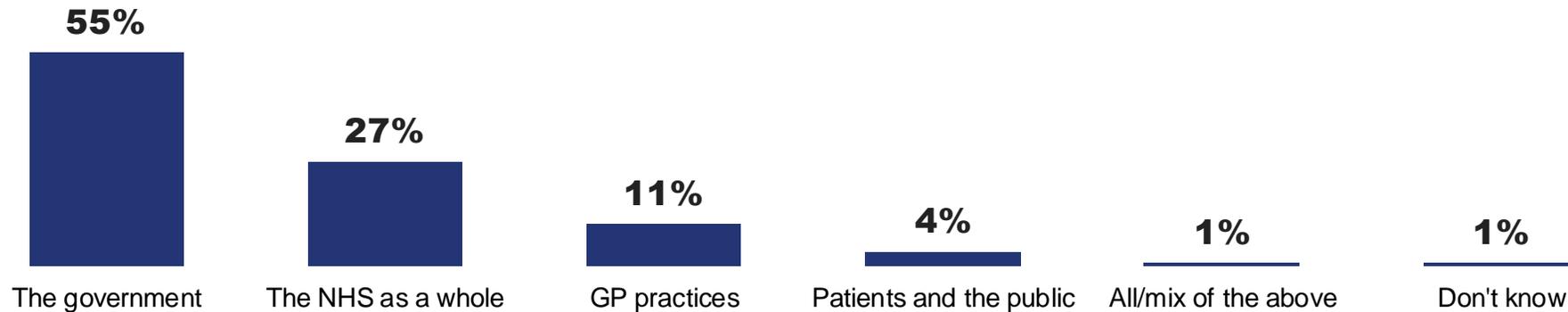


Base: All who are concerned about the level of pressure on GP practices, n= 1554.
Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public assign the government the most responsibility for addressing current pressures on GP practices

Just over half (55%) think **the government should be mostly responsible** for addressing the current pressures on GP practices, with a further 27% saying it is the responsibility of the **NHS as a whole**. Just one in ten (11%) think responsibility for addressing pressures lies with GP practices themselves, and very few think patients and the public have this responsibility (four per cent).

Q. Who do you think should be mainly responsible for addressing the current pressures on GP practices?

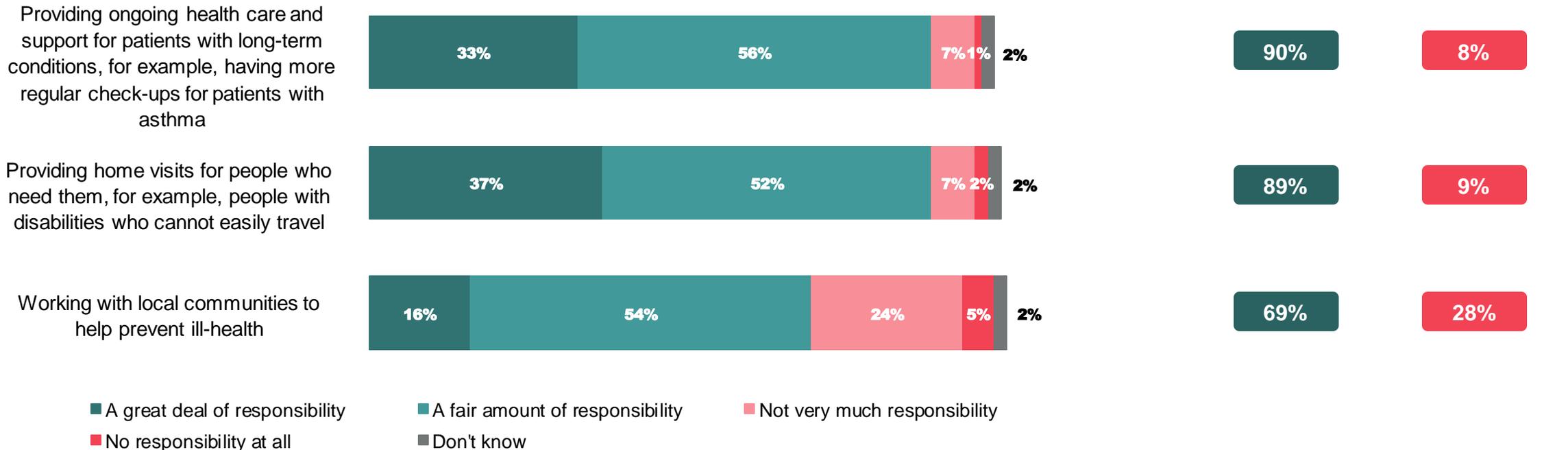


Base: All who are concerned about the level of pressure on GP practices, n=1554.
Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public think GP practices should have most responsibility for caring for people with long-term conditions, providing home visits and preventing ill-health

Nearly all of the public think GP practices should have responsibility for **providing ongoing healthcare and support for patients with long-term conditions** (90%) and **providing home visits** for people who need them (89%). In addition, 69% think GP practices should have responsibility for **working with local communities to help prevent ill-health**.

Q. How much responsibility, if any, do you think GP practices should have for each of the following?

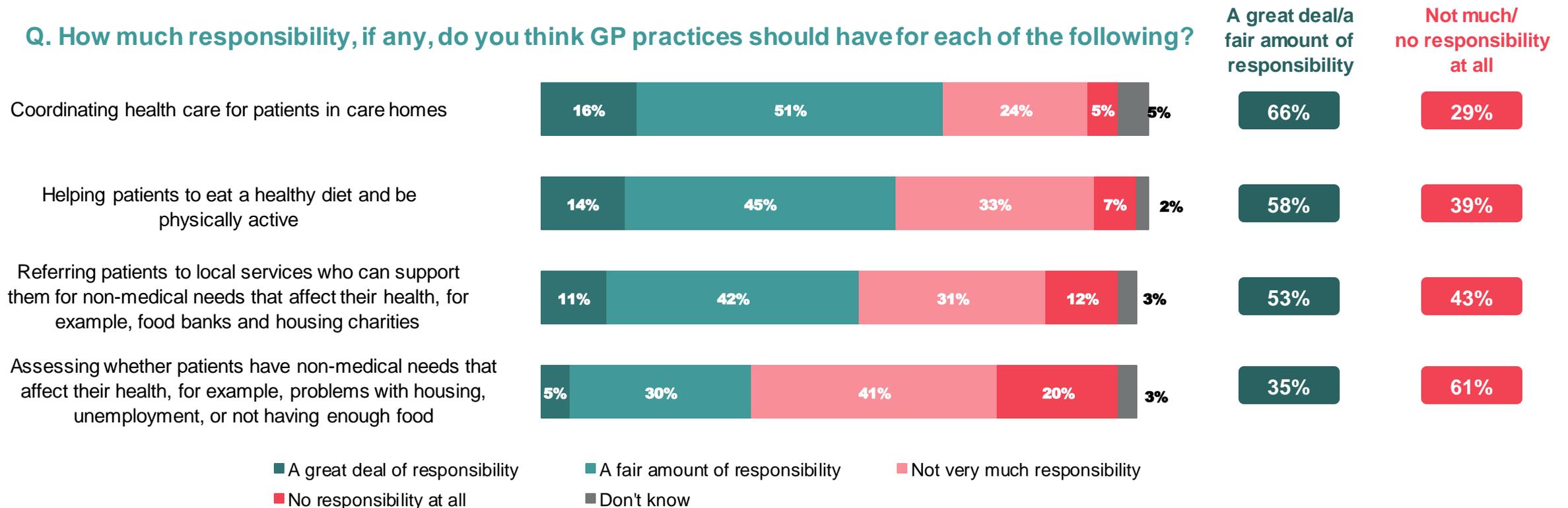


Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public think GP practices should have less responsibility for non-medical needs that affect their patients' health or for patients' lifestyles

Areas of care that the public think GP practices should have less responsibility for are related to non-medical needs, with just 35% saying GP practices should have responsibility for **assessing whether patients have non-medical needs that affect their health** (61% say they should not have responsibility for this) or **referring patients to local services who can support them for non-medical needs** (53% say they should have responsibility for this; 43% that they should not). Although 58% think GP practice should have responsibility for helping patients to eat a healthy diet and be physically active, 39% say they should not have this responsibility.

Q. How much responsibility, if any, do you think GP practices should have for each of the following?



Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

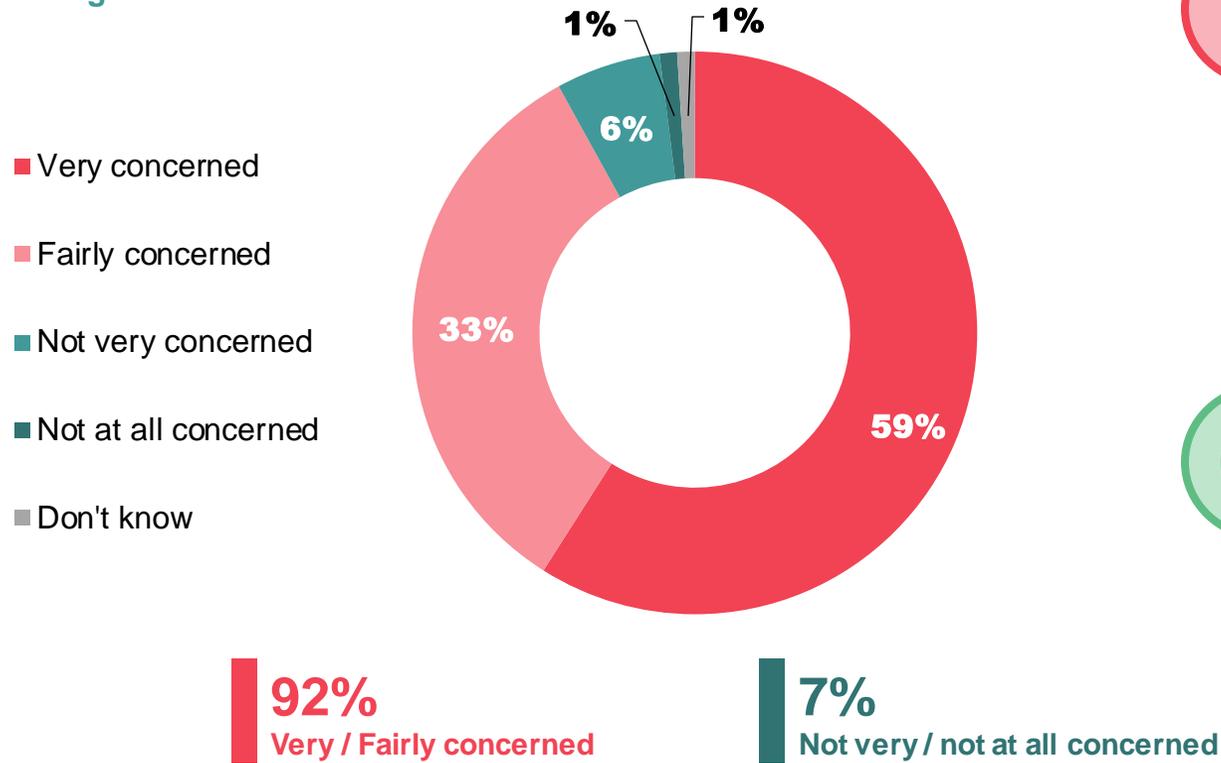
Views on the cost of living crisis

12

Nearly all of the public are concerned about the current increases to the cost of living

More than nine in ten of the public (92%) are **concerned about the current increases to the cost of living**, including 59% who are *very* concerned. Just seven per cent say they are not very or not at all concerned.

Q. How concerned are you, if at all, about the current increases to the cost of living?



More likely to be concerned

- Those based in **Scotland** (98%) and those in the **middle deprivation quintile** (96%) are the most likely to be concerned about the increases to the cost of living (compared with 92% overall).
- Other groups who are more concerned include **women** (95%), those **aged 65-74** (95%), people from white ethnic minorities (93%) and those living in **rural areas** (95%) (all compared with 92% overall).

Less likely to be concerned

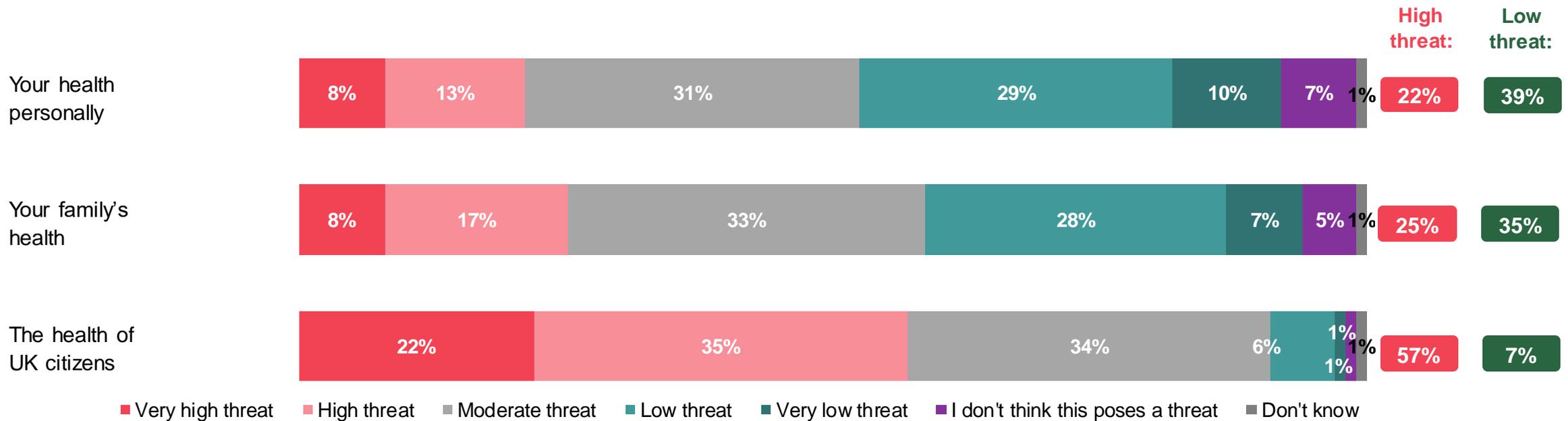
- Participants least likely to be concerned about the cost of living include **men** (10% not concerned) and those **earning over £100,000 per year** (12%) (both compared with seven per cent overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public perceive that the increasing cost of living poses a far greater risk to the health of UK citizens as a whole than they expect to experience personally

Whilst over half of the public (57%) think that the **increases to the cost of living pose a high or very high threat to the health of UK citizens as a whole**, only around one-quarter perceive it to be a threat to their own health (22%) or the health of their family (25%). However, still around one-third think the increases are a **moderate risk** to their health personally (31%) or the health of their family (33%).

Q. What level of threat, if any, do you think increases to the cost of living pose to each of the following?



Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

People perceive that the increasing costs of living poses a far greater risk to the health of UK citizens as a whole than they expect to experience personally



Insight on specific groups

- Younger people, particularly **those aged below 55, are more likely to perceive a high threat across the board:** to their health personally (27%, compared with 13% of those 55 and over), that of their family (31% compared with 16%) and to UK citizens (64% compared with 47%).
- People from **ethnic minority backgrounds** perceive a higher threat to their own health (37%) and that of their family (42%) than those from white ethnic backgrounds (20% and 23% respectively) – this is likely to be linked to the younger age profile of people from ethnic minority backgrounds. However, there is **no difference in their perception of the threat to UK citizens as a whole.**
- Those on **incomes up to £25,999 or living in deprived areas** are most likely to expect to be personally affected: (29% on <£25,999 perceive a high threat to their own health and 33% that of their family, and 34% of those living in the most deprived areas perceive a threat to own health and 38% to that of their family).
- Those working in **semi-routine and routine occupations**, and those who are **long-term unemployed or have never worked***, also perceive more of a threat to themselves personally (30% and 37% respectively, compared with 22% overall). Those in **semi-routine and routine occupations** also perceive a higher risk to the health of their family (33%), as do those working in **lower supervisory and technical occupations** (35%) (both compared with 25% overall).
- Those using **mental health services** were more likely to perceive a threat to their own health (43%, compared with 25% overall) and of UK citizens as a whole (70%, compared with 57% overall).

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

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

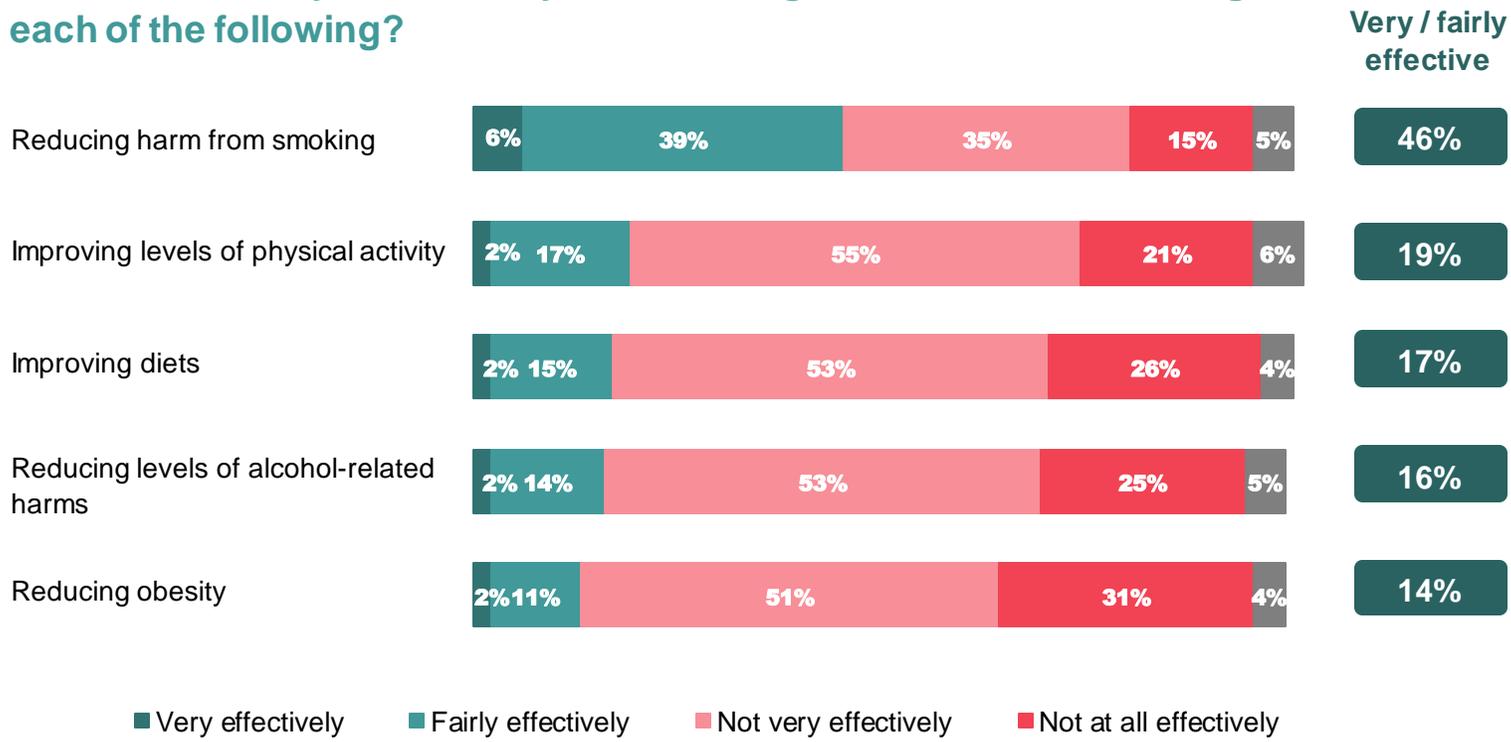
Views on public health and government interventions

13

Only a minority believe the government is effectively addressing key health risks, with reducing harm from smoking the area addressed most effectively

For most areas of the areas of public health asked about, **fewer than one in five think the government is addressing them effectively**. **Reducing harm from smoking is the risk most commonly rated as being effectively addressed**, with nearly half (46%) saying this is the case. Fewer than one in five, however, thought improving levels of physical activity (19%), diets (17%), reducing alcohol-related harms (16%) and reducing obesity (14%) are being dealt with effectively.

Q. How effectively, if at all, do you think the government is addressing each of the following?



Insight on specific groups

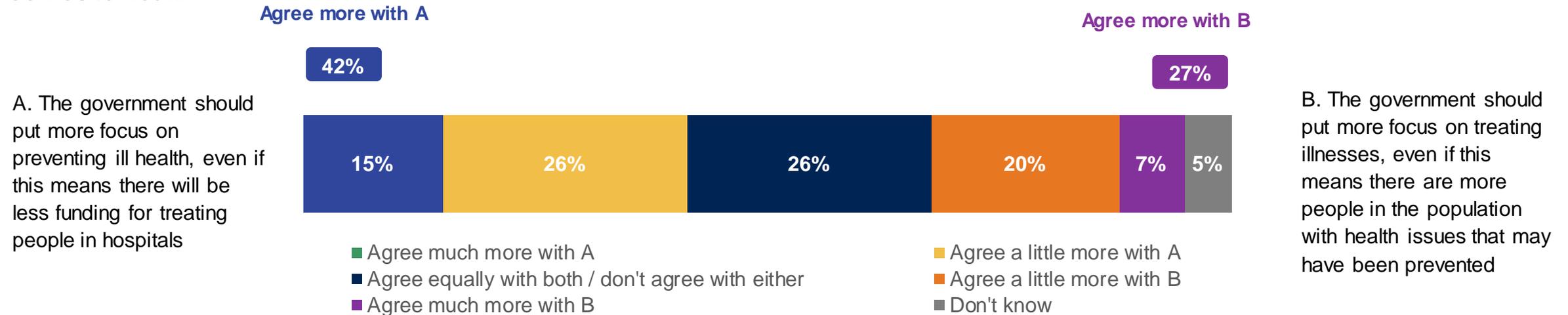
- Consistently, more people intending to **vote Conservative** believe the government is effectively addressing each health issue than those with other voting intentions.
- People **earning £25,999 or lower** are also more likely to believe the government is effectively addressing each health risk, with the exception of smoking where they are in line with the average.

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public are more likely to agree that the government should focus resources on preventing ill health in the first place, rather than on treating illnesses

Around two in five (42%) agree more that the government should focus on preventing ill health, even if this means less funding for treating those in hospital, than it should be focused on treating illnesses. Conversely around one-quarter (27%) agree more with the latter, that the focus should be on treating illnesses, even if this means there are more people in the population with health issues that may have been prevented.

Q. Which of the following statements comes closest to your view of where the government should focus resources when it comes to health?



Agree more with a focus on preventing ill health

People aged **65-74** (49%), **graduates** (50%), those based in **Scotland** (56%), intend to vote **Green Party** (60%), and those who **do not have a long-term health issue or disability** that impacts them day-to-day (44%) are more likely to agree with a focus on preventing ill health (all compared with 42% overall).

Agree more with a focus on treating illnesses

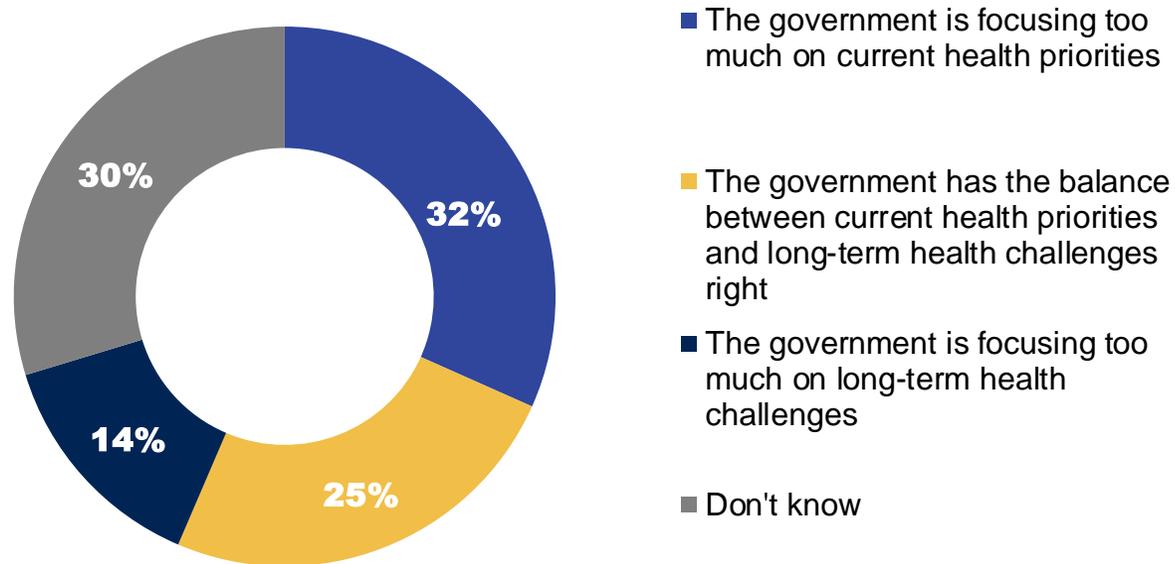
People who are not graduates (30%) and intend to vote **Conservative** (32%) are more likely with a focus on treating illness (all compared with 27% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

The public are more likely to perceive the government's focus as being too much in the direction of current health priorities than long-term challenges

Around one-third (32%) believe **the government is too focused on current health priorities**, whereas 14% say they are focused too much on long-term challenges. One-quarter (25%) **believe the government has the balance between the two right**. However, three in ten people (30%) do not know how well the government is balancing current and long term health priorities.

Q. Which of the following best describes your view of how the government is balancing current health priorities with preparing for long-term health challenges?



Insight on specific groups

- People with a **degree or higher** are more likely than those who do not to believe the government is focusing too much on current health priorities (41%, compared with 32% overall).
- Those who intend to vote **Conservative and Liberal Democrat** (44% and 33% respectively) are more likely to believe the government has got the balance right (compared with 25% overall).
- People with a **long-term health problem or disability that impacts on them day-to-day** are more likely to say the focus is too much on long-term health challenges (19%, compared with 13% of those who do not).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

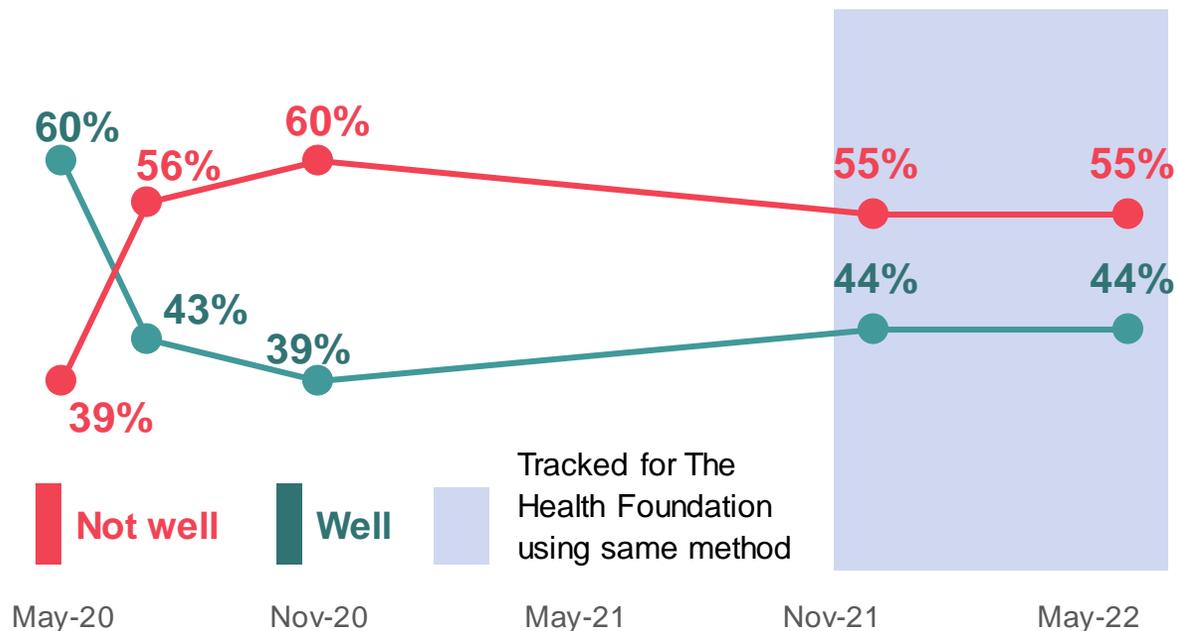
Government handling of the COVID-19 pandemic and 'living with COVID-19'

14

People are divided on how well the government has handled the pandemic, with no change in views since November 2021

Just over half of the public (55%) believe the government has not handled the Coronavirus pandemic well so far, whereas 44% believe it has. This has not changed since November 2021. There are however large differences within the population.

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



Insight on specific groups

- There are marked differences by **age**, with **older people more likely to say the pandemic has been handled well** by the government than younger people: 22% of 16-24 year-olds believe it has been, rising to 71% of those aged 75+.
- People from **white ethnic backgrounds** are more likely to believe it has been handled well (47%) than those from ethnic minority backgrounds (29%) – this is likely linked to age.
- **Non-graduates** are more likely to say it has been handled well (47%) than graduates (36%).
- Those who intend to vote **Conservative** overwhelmingly believe the pandemic has been handled well (88%), and those who are **undecided** are also more likely than average think it has been handled well (55%). This compares with just 21% of those who intend to vote Labour and 24% Green Party.

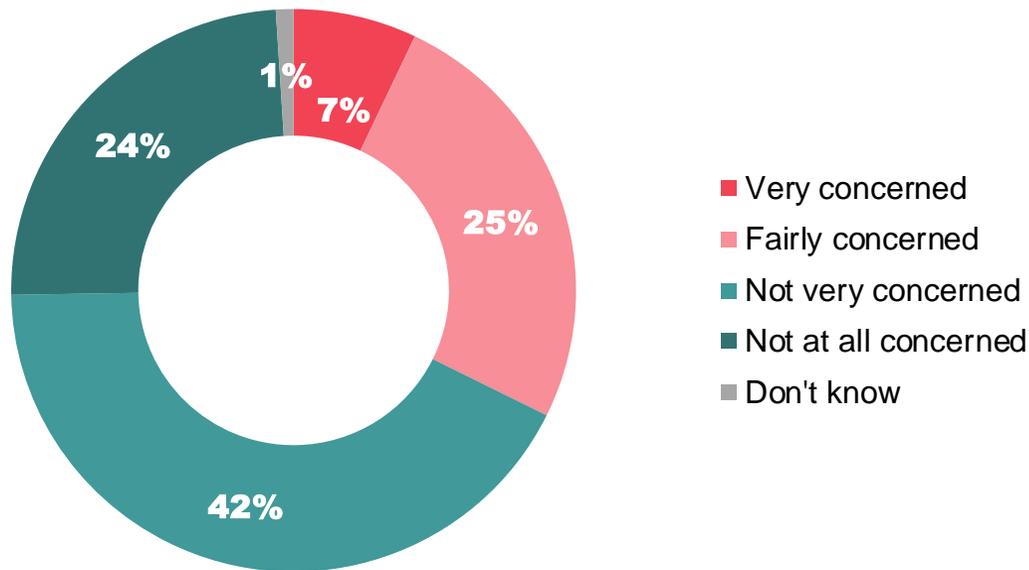
Bases: The Health Foundation COVID-19 survey, May 2020: 1,983* | KP survey, March 2021: 3,488 | Nov 2021: 2,102. | May 2022 : 2,068

* Please note that findings from May 2020 were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021 and May 2022 were collected using the same methodology and can be directly compared.

The majority of the public are not concerned about the move to 'living with COVID-19' although a sizeable minority do have some concerns

Overall, two-thirds (66%) of people say they are **not very or not at all** concerned about the move to 'living with COVID-19'. However, one-third (33%) of the public are concerned, including seven per cent who are *very* concerned.

Q. How concerned are you, if at all, about the move to 'living with COVID-19'?



33%
Very / Fairly concerned

66%
Not very / not at all concerned



Insight on specific groups

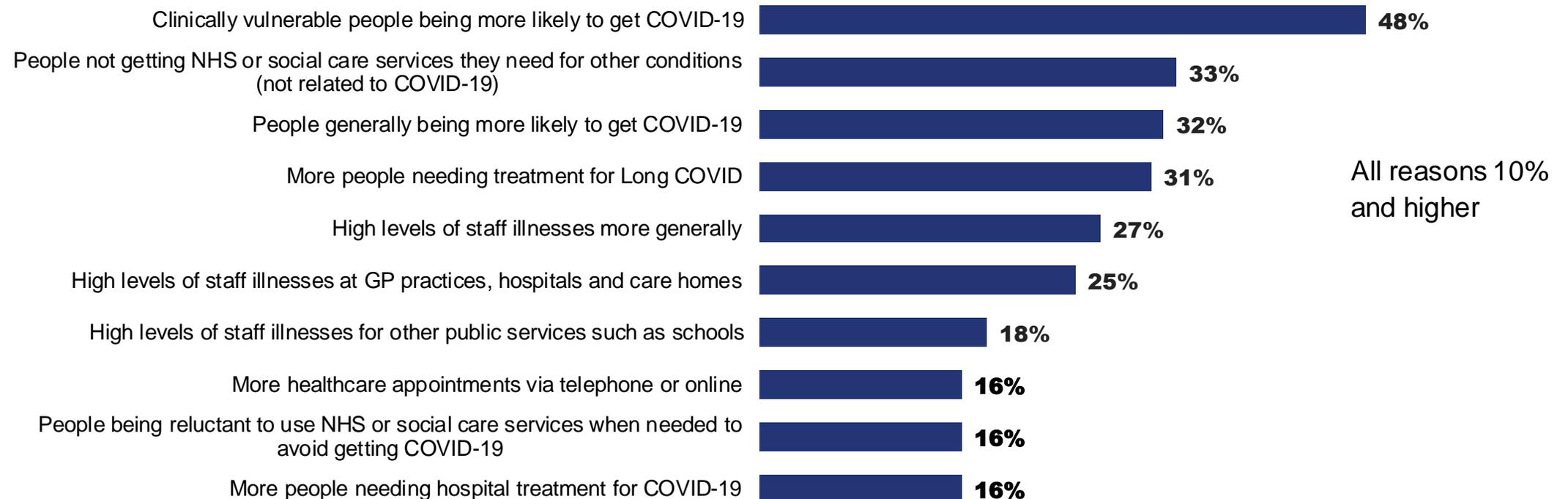
- People from **ethnic minority backgrounds** are more likely to be concerned than those from white ethnic backgrounds, with 47% expressing any concern and 19% saying they are very concerned (compared with 30% and six per cent respectively of people from white ethnic backgrounds).
- Those **aged 65 to 74** are most concerned about the move to 'living with COVID-19' (37%, compared with 33% overall).
- People who have a **long-term health problem or disability that impacts their day-to-day life** are more concerned about the move to 'living with COVID-19' (43%, compared with 30% of those who do not).
- Those who intend to vote **Conservative** are less likely to be concerned (20%) and those who intend to vote **Labour most likely** (43%).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

Where people are concerned about moving to ‘living with COVID-19’, the main reason is the risk to the clinically vulnerable

Those who expressed concern about moving to ‘living with COVID-19’ most commonly have concerns for **the risk of clinically vulnerable people catching COVID-19** (48%). Other common concerns are the impact on the NHS’s and social care services’ ability to deal with non-COVID-19 related conditions (33%), generally higher risk of getting COVID-19 (32%), and more people needing treatment for Long COVID (31%).

Q. And what are your biggest concerns about the move to ‘living with COVID-19’?

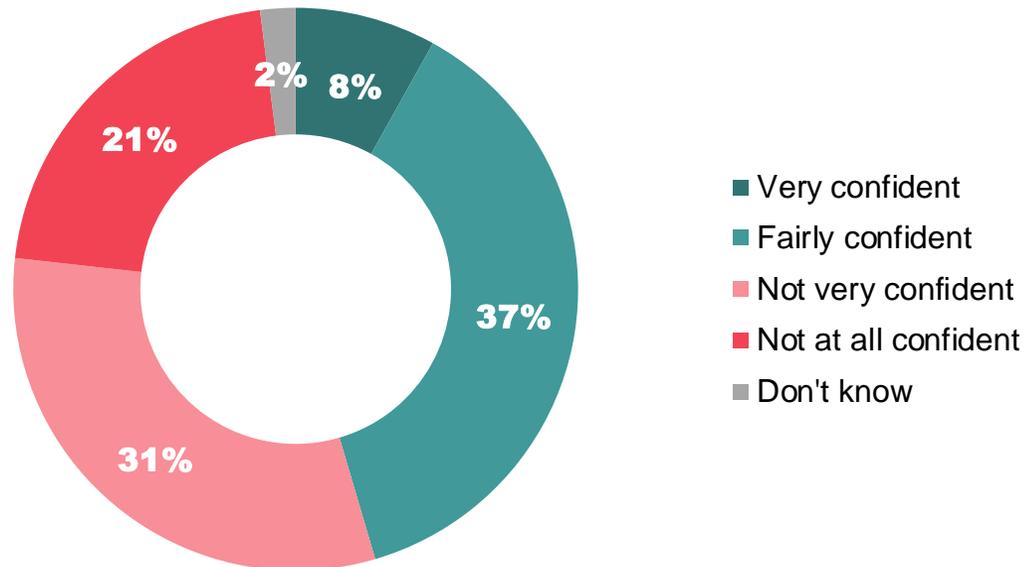


Base: All participants who express concerns about moving to ‘living with COVID-19’, n=661.
Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

People are fairly evenly divided over whether they believe the government would be more prepared for a future pandemic as a result of the COVID-19 pandemic

Overall, just over half of people (52%) say they are **not confident** the government would be more prepared for a future pandemic as a result of the COVID-19 pandemic, with one in five (21%) saying they are not confident at all. Conversely, just under half (46%) say they are confident the government would be more prepared.

Q. How confident are you, if at all, that the government would be more prepared for a future pandemic as a result of the COVID-19 pandemic?



46%
Very / fairly confident

52%
Not very / not at all confident



More likely to be confident

- Groups that are more confident that the government would be more prepared are: those who intend to vote **Conservative** (84%), those with **no formal qualifications** (65%) and people **aged 55+** (56%) (all compared with 46% overall).



Less likely to be confident

- Those who intend to vote for **Green** (68%) and **Labour** (66%) parties and graduates (58%) are more likely to say they are not very or not at all confident (compared with 52% overall).
- Younger people** are less confident than their older counterparts (61% of those aged 16 to 44 are not confident, compared with 52% overall).

Base: All participants n=2068. Conducted online via KnowledgePanel UK between 26th May - 1st June 2022

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 **26th May and 1st June 2022**. In total 2,068 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 2,068 respondents completed the survey, representing a response rate of 57%.

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	6.66%	6.29%	0.16%	0.00%
25-34	8.30%	8.20%	0.03%	0.08%
35-44	7.64%	7.77%	0.00%	0.19%
45-54	8.18%	8.42%	0.05%	0.13%
55-64	7.34%	7.61%	0.00%	0.16%
65-74	5.89%	6.35%	0.00%	0.16%
75+	4.46%	5.95%	0.00%	0.00%

IMD quintiles	
1	20.00%
2	20.00%
3	20.00%
4	20.00%
5	20.00%

Region	
North East	4.05%
North West	10.97%
Yorkshire and the Humber	8.23%
East Midlands	7.28%
West Midlands	8.81%
East of England	9.29%
London	13.16%
South East	13.70%
South West	8.56%
Wales	4.79%
Scotland	8.40%
Northern Ireland	2.77%

Number of adults in the household	
One adult	18.45%
Two or more adults	81.55%

Ethnicity	
White	86.57%
Non-White	11.94%
Don't know/Prefer not to say	1.49%

Education	
Degree level or above	29.59%
Below degree level	69.30%
Prefer not to say/Not Stated	1.10%

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.

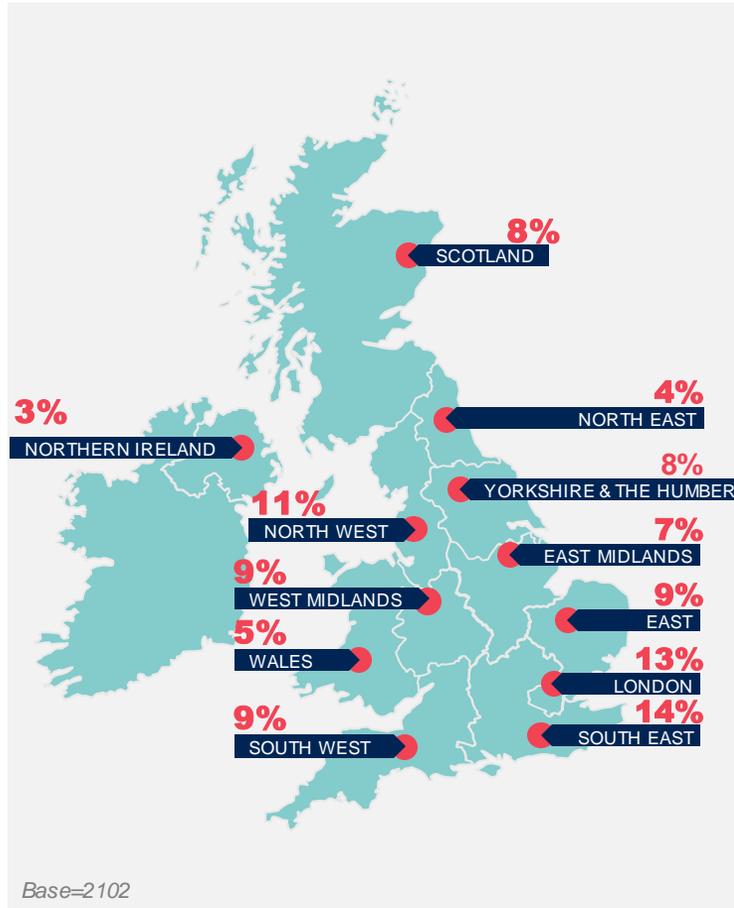
For example, if the sample shows that 70% of people nationally think the public's overall level of health and wellbeing in the last twelve months has got worse, we can be 95% confident that the result (had everyone been interviewed) would have been within around ± 2.0 percentage points of this figure – i.e. between 68% and 72% (based on a sample of 2,068).

	Result is at or near...		
	10% or 90%	30% or 70%	50%
Sample size	$\pm\%$	$\pm\%$	$\pm\%$
2,068	1.3	2.0	2.2
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

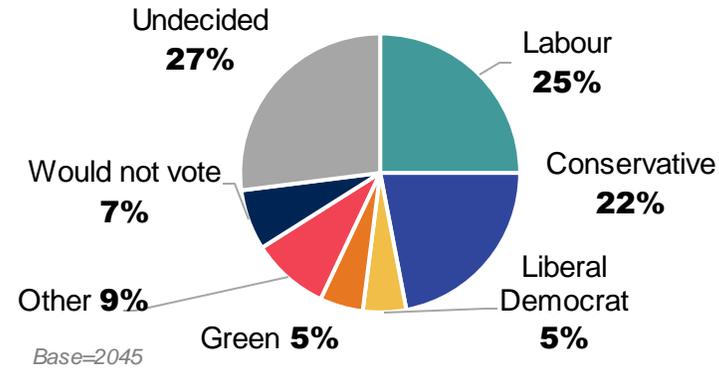
Demographics



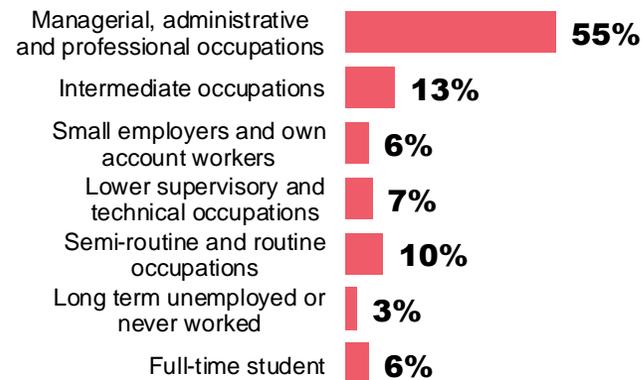
Region



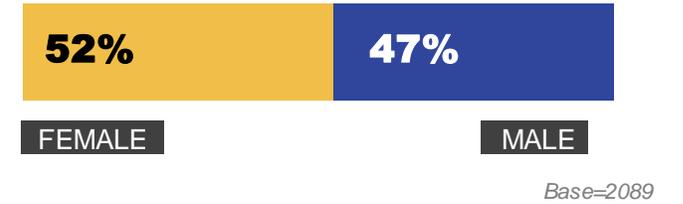
Voting intention



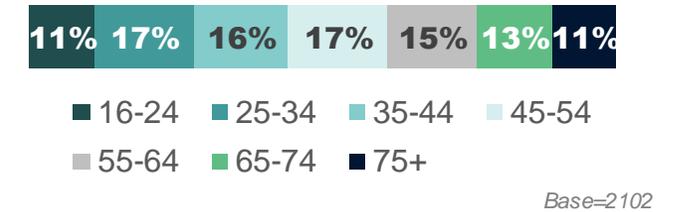
Social Economic Classification



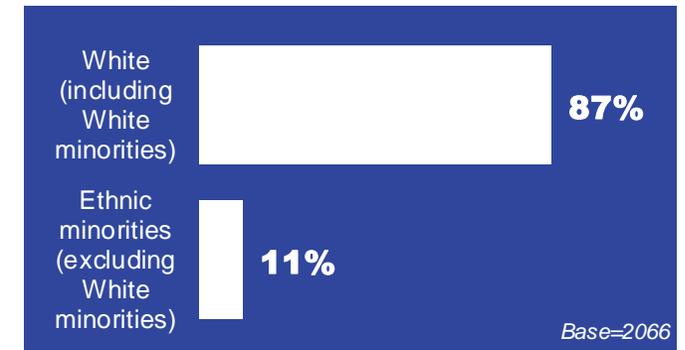
Gender



Age



Ethnicity



Thank you.

Name:

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Name:

Spencer Rutherford

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This work has been carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252. Ipsos MORI © 2022

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