

Ipsos MORI
Social Research Institute



Public Perceptions of the NHS and Social Care

An Ongoing Tracking Study Conducted for the
Department of Health, December 2012 Wave

06 June 2013

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1. Executive Summary

1. Executive Summary

1.1 Background to this research

This survey is the latest in a series of surveys conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health between spring 2000 and December 2012. The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services, and to provide a means of tracking these perceptions and attitudes over time.

1.2 Methodology

All interviews were carried out by Ipsos MORI interviewers in respondents' homes, using Computer Assisted Personal Interviewing (CAPI). A total of 1001 interviews were conducted with adults aged 16 and over in England between 5 November and 16 December 2012.

In order to achieve a sample representative of the national and regional population, quotas were set for the number of interviews carried out with different types of respondents. Quotas were set for age, gender and working status.

Data have been weighted to the known population profile of Great Britain, in order to provide a nationally representative sample.

The same methodology has been used in every wave of this survey, allowing results to be tracked over time.

Further details about the methodology are provided in the appendices.

1.3 Key findings of the research

1.3.1 Overall satisfaction with the NHS

The majority of the public (70%) remain satisfied with the running of the NHS. Satisfaction has remained stable over the last two years (it was 69% in spring 2012, and 70% in both December 2011 and December 2010).

Fewer people are now dissatisfied with the running of the NHS (13% of the public say they are compared with 17% in spring 2012). This is just slightly higher than the lowest ever level of dissatisfaction recorded by this survey (11% in December 2009).

Satisfaction with NHS services among both recent hospital users¹ and those who have visited their GP in the last year also remains stable. Over eight in ten (84%) recent hospital users are satisfied with their last visit to an NHS hospital and a similar proportion (85%) of those who have visited their GP in the last year are satisfied. These results have not changed significantly since spring 2012.

The NHS perception gap remains. Local NHS services continue to be rated more highly than the NHS at a national level or the government's policies for it. Almost eight in ten (77%) people agree that my local NHS is providing me with a good service. However, two thirds agree (66%) that the NHS is providing a good service nationally, and only just over a quarter (27%) agree that the government has the right policies for the NHS. This has increased significantly since spring 2012 (22%), and is now almost in line with the figure recorded a year ago (28%).

Optimism for the future of the NHS remains divided, with a third of people thinking that the NHS will get better over the next few years (33%) and another third thinking it will get worse (32%). This pattern has been the same for the last two years.

1.3.2 Key perceptions of the NHS

The public's pride in the NHS is stronger than ever, with almost eight in ten (77%) people agreeing that Britain's National Health Service is one of the best in the world; a significant increase from the seven in ten (71%) who agreed in the previous wave.

More people now agree that if they were very ill they would feel safe in an NHS hospital (77% of people agree, compared with 71% in spring 2012).² Fifty six per cent of people agree that NHS hospitals are getting infections like MRSA under control, around double the proportion who agreed in July 2007 (27%).

However, funding and resources are of concern to the public. Almost nine in ten people (88%) agree that the NHS will face a severe funding problem in the future, a six point increase from spring 2012.

Similarly, a 'lack of resources and investment' continues to be the most frequently mentioned problem facing the NHS: 42% of people spontaneously mention this (not significantly different from the 39% recorded during the last two years).

¹ In this survey, hospital users are defined as those respondents who have been inpatients, outpatients, or have visited A&E, or a minor injuries unit within the last year. Please note that data about the use of minor injuries units was collected for the first time in this survey in December 2012.

² The fieldwork period for this survey was 5 November to 16 December 2012 and there were not many notable negative reports in the media about patient safety during that time. The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013 and so had no impact on the results of this wave of the survey.

1.3.3 Changes to the NHS

Close to two thirds (63%) of the public think that moving more hospital-based services out into the community will make services better for patients. However, more people than a year ago think this change will make services worse for patients (18% now compared with 14% in December 2011).

There is less optimism about the provision of care by private sector organisations; just under two fifths (38%) say they think this will improve services for patients and a similar proportion (35%) think it will make them worse. In contrast, three tenths (29%) say the involvement of charities will make services worse for patients, whilst two fifths (39%) say it will improve them.

Four fifths (80%) of the public agree that GPs are best-placed to understand which services their patients need. There has been a significant increase in the proportion agreeing with this measure since spring 2012 (when around three quarters 73% agreed). However, the spring 2012 results represented a considerable drop from those seen in previous waves, and the most recent result is closer to historic levels of agreement (83% agreed in December 2011 and 79% in December 2010).

1.3.4 Choice and patient involvement

More now agree that people have increasing choice over their treatment and care (62% now compared with 55% in spring 2012). This is now back in line with levels of agreement recorded in older waves of the survey.

When asked which aspects of treatment and care they were thinking of when answering this question, people most frequently mentioned hospitals (16%). Thirteen per cent mentioned care for specific illnesses or conditions, such as cancer care, and one in ten (11%) mentioned choice of treatments.

Just over half (54%) know that they have a choice about which treatment they receive for a particular condition. This is also the point about which people care most; more people say they would want to have a choice of treatment rather than a choice of GP, GP surgery, hospital, or hospital consultant.

There has been no significant change in the proportion who agree that the last time they saw a health professional they were able to choose the treatment or service that best suited their needs though (it is now at 60%). However, more now feel that they were as involved as much they wanted to be in their care or treatment the last time they saw a health professional (79% say this now compared with 73% in December 2011).

Only a small minority of people (14%) have looked for information about how their local healthcare services are performing, and this figure has not changed since December 2011. Nine in ten (91%)

of those who have looked for this information were able to find it, with the internet being the most common source of information (used by 60% of these people). Over eight in ten (84%) people who looked for, and found, this information say that it was easy to find.

1.3.5 Social care

One in twenty (6%) people have personally used social care services in the last year, while a quarter (27%) have had experience of social care services through a household member, family member or friend.

There has been a small but significant rise in satisfaction with social care services. Three quarters (75%) of those who have experienced social care services are satisfied with them, compared to the 71% recorded in December 2011.

Almost half (47%) of the public think that people are treated with dignity and respect when they use social care services. This is 20 percentage points lower than the proportion of the public who think that people are treated with dignity and respect when they use NHS services (67%), likely to be linked to lower levels of use, knowledge and exposure, rather than higher levels of negative perceptions.

However, fewer people now agree that the government has the right policies for social care (22% now compared with 27% in December 2011).

The majority of people say they have not thought about preparing financially to pay for social care services they may need in future. Over six in ten (63%) say they have hardly thought about it or not thought about it at all. Over seven in ten (72%) say they have not started to prepare. These figures are very similar to those recorded a year ago.

Opinion continues to be divided about whether or not responsibility to save to pay for social care lies with individuals. Four in ten (41%) people agree that it does, whilst the same proportion (41%) disagree. Again, these figures have not changed significantly since December 2011 (when 44% agreed and 40% disagreed).

1.3.6 Care for Older People

Dementia is considered the biggest health problem facing older people today (28% of people spontaneously mentioned this). NHS care for this group of people is not viewed positively though. Only just over a quarter (27%) think that people with dementia are currently well cared for by the NHS, and just under a quarter (23%) expect care to get better for this group over the next few years.

People are more positive about current NHS care for people over 65, with half (55%) of the public thinking this group are well cared for. Only 18% expect care for people over 65 to get better over the next few years though.

More people think that their local authority provides a good service for older people than in December 2011 (40% now compared with 34% then).

1.3.7 Communication Channels and Technology

Only a minority of people have used channels other than face-to-face consultations to seek advice from their GP. While a quarter (27%) have used the telephone (not including NHS Direct), just one per cent have used email and less than one per cent have used the internet to make a voice or video call. These proportions are not significantly different from a year ago.

There is, however, slightly more appetite now to consult GPs by email (32% say they would be likely to do this if they could, compared with 27% in December 2011) and by voice or video call on the internet (22% now compared with 18% in December 2011).

There has been some movement towards new methods of communications for specific services provided by GP surgeries. For example, slightly more people have ordered repeat prescriptions online now than a year ago (11% now compared with eight per cent then), and received reminders about repeat prescriptions by text message (six per cent now compared with three per cent then) and have used the 111 telephone service for non-emergency assistance (five per cent now compared with two per cent then).

If new methods of communication are introduced, the public are particularly keen to be able to book GP appointments online. Over half (54%) of the public say they would find this most useful, when presented with a list of possible services.

Younger people and those of social grades A/B are the most likely to already be using new ways to engage with the NHS and to be willing to do so in the future. This reflects the groups which are currently more likely to be digitally engaged.

2. Introduction

2. Introduction

2.1 Background and objectives

The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. The survey consists of ‘tracker’ questions which assess how public opinion varies over time, whilst also allowing the additions of new topics and subject areas as they arise. For example, questions on the NHS Constitution were added in 2008, and questions around NHS reforms were included in recent waves. This flexibility means that the project reflects the most current issues facing the NHS and social care.

2.2 The structure of the report

This report for the December 2012 survey contains the following chapters:

Chapter 1: Executive Summary

This chapter provides an overview of the key findings of the survey and their implications.

Chapter 2: Introduction

This chapter details the background to the survey, the objectives of the survey and the structure of this report.

Chapter 3: Overall Satisfaction with the NHS

This chapter examines satisfaction with the NHS, both overall and in terms of specific areas of NHS care, such as general practice, A&E, inpatient and outpatient services. It considers satisfaction with the NHS locally and nationally, support for the government’s policies for the NHS, and optimism for the future of the NHS.

Chapter 4: Key Perceptions of the NHS

This chapter explores public attitudes to specific elements and attributes of the NHS, such as patient safety, NHS budgeting and resourcing, and perceptions of the biggest health problems facing people today.

Chapter 5: Changes to the NHS

This chapter explores public attitudes towards some current NHS initiatives and their expected impact.

Chapter 6: Choice and Patient Involvement

This chapter explores knowledge of choice and patient involvement, perceptions of the relative importance of it, and the extent to which people are actively making choices about NHS services.

Chapter 7: Social Care

This chapter explores the use of, and satisfaction with, social care services. It also examines the extent to which people are preparing financially to fund social care services they might need in the future.

Chapter 8: Care for Older People

This chapter explores perceptions of the biggest health problems facing older people today and perceptions of how well they are cared for.

Chapter 9: Communication Channels and Technology

This chapter explores the use of new ways for people to communicate with GPs and their willingness to use such channels in the future.

Appendices

The appendices contain details of the methodology of the survey, literature referenced in this report, notes about how to interpret the data, the statistical reliability of the data, and a guide to the social classifications referred to in this report.

2.3 Note about the presentation of the data

This report presents the data from the latest wave of this survey, conducted in December 2012. This data is compared with data from the spring 2012 survey to give an indication of any changes that have occurred since then. In addition, data from earlier waves of the survey is also frequently referred to in order to provide a picture of longer-term trends. More details about the presentation and interpretation of the data are included in the appendices.

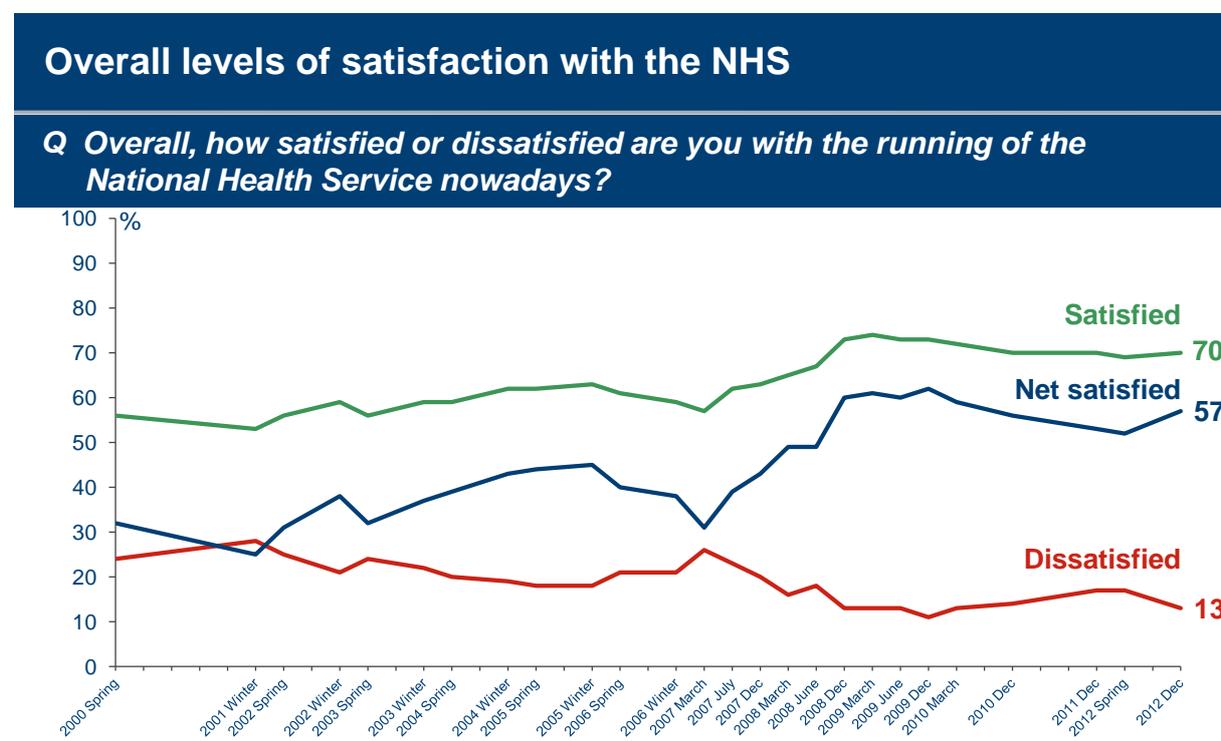
3. Overall Satisfaction with the NHS

3. Overall Satisfaction with the NHS

3.1 Overall satisfaction with the running of the NHS

The majority of the public are satisfied with the running of the NHS (70%). The level of satisfaction with the NHS has remained stable over the last two years (it was 69% in spring 2012, 70% in December 2011 and the same in December 2010).

There has been a decline in levels of dissatisfaction, with 13% of the public saying they are currently dissatisfied compared with 17% in spring 2012. The lowest ever level recorded by this survey was 11% in December 2009.



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Net satisfaction scores are calculated by subtracting the proportion of people who are dissatisfied from the proportion of people who are satisfied.



The December 2012 results reaffirm a long-standing difference in levels of satisfaction with the NHS among people of different age groups. Older people (those aged 65 and over) are most likely to say they are satisfied with the NHS (77% compared with 70% overall). They are also more likely to say they are very satisfied than other age groups (31% compared with 20% overall).

Satisfaction with the NHS by age group

Q Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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There are also differences by social grade. People in social grades D/E are more likely to say that they are dissatisfied with the running of the NHS than people overall (18% compared with 13% overall).

Data aggregated from December 2002 until December 2012 shows that those living in the north of England are more likely to be satisfied with the running of the NHS than those living in the south. Seven in ten (72%) people living in the north east are satisfied, compared with three in five (62%) living in the south east.

Regional satisfaction with the NHS: December 2002 – December 2012

Q Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?



Base: Adults in England aged 16+, Aggregate analysis: December 2002 – December 2012 (23425)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

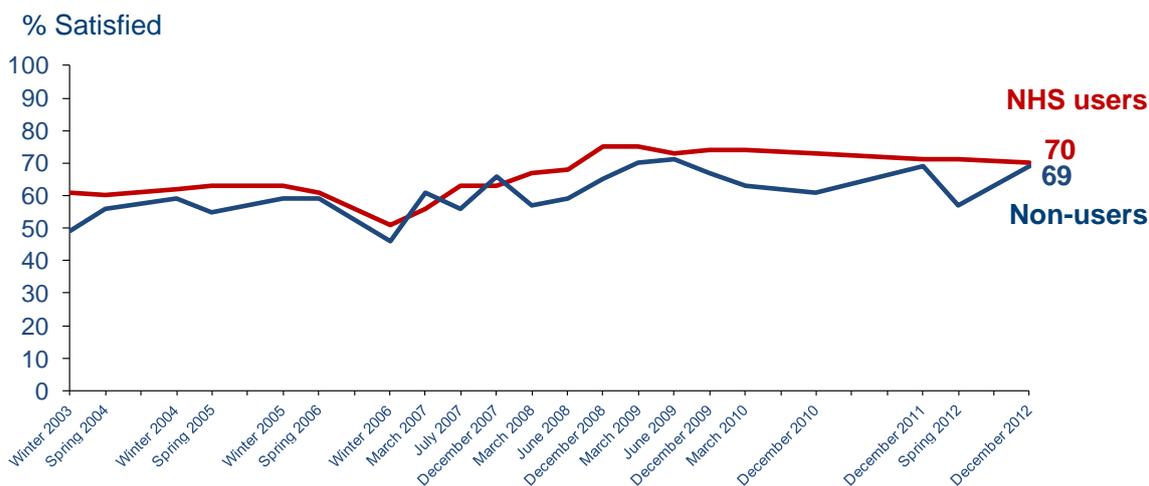
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The following chart shows the pattern of satisfaction for users and non-users of NHS services³. There is no significant difference in satisfaction levels between users and non-users. Satisfaction among users of NHS services has remained relatively stable since March 2009.

Satisfaction with the NHS: users versus non users

Q Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?



**NB small base size of non-users means comparison of figures and trends is indicative only*

Base: Adults aged 16+ in England: NHS users (c. 900 per wave); Non-users (c. 100 per wave)*

NHS users are those who have been personally been an inpatient, outpatient, A&E patient, used a walk-in clinic, or visited a minor injuries unit or an NHS GP within the last year

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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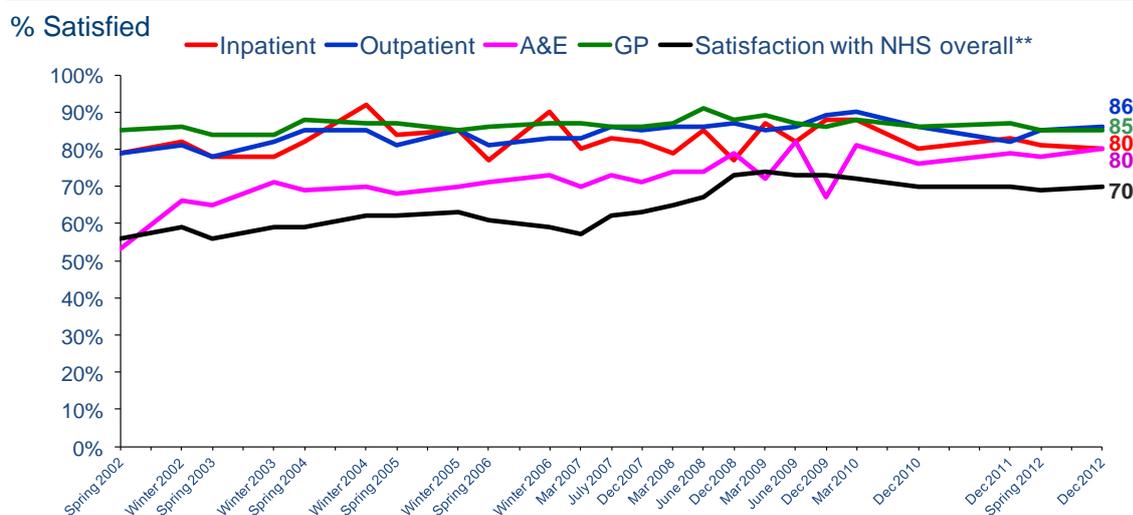
³ Users of NHS services are defined as those who have personally been an inpatient, or an outpatient, or an A&E patient, or have used a walk-in clinic, or have visited a minor injuries unit, or have used NHS Direct, or have visited an NHS GP in the last year. Non-users of NHS services are defined as those who not used any of these services in the last year. Data about satisfaction with minor injuries units was included for the first time in this wave of the survey.

Looking at specific NHS services, satisfaction with recent hospital and GP visits remains high. Eighty four per cent of all recent hospital users (inpatients, outpatients, users of A&E and minor injuries units)⁴ are satisfied with their last visit to an NHS hospital (82% were in spring 2012).

Eighty five per cent of those who have visited their GP in the last year are satisfied with their last visit, the same as in spring 2012. The trends in satisfaction levels among users of different services are shown in the following chart.

Satisfaction with the NHS amongst different service users

Q Now thinking about the last time you visited an NHS hospital/ your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?



*N.B small base size means comparison of figures and trends is indicative only

Base: Adults aged 16+ in England: NHS overall (c. 1000 per wave); GP – all visiting GP in last year (c. 750 per wave); Outpatient – all whose last hospital visit was an outpatient (c. 300 per wave); Inpatient – all whose last hospital visit was an inpatient (c. 100 per wave)*; A&E – all whose last hospital visit was to A&E (c. 100 per wave)*

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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** Overall, how satisfied are you with the running of the National Health Service nowadays?



⁴ Please note that data about the use of minor injuries units was collected for the first time in this survey December 2012.

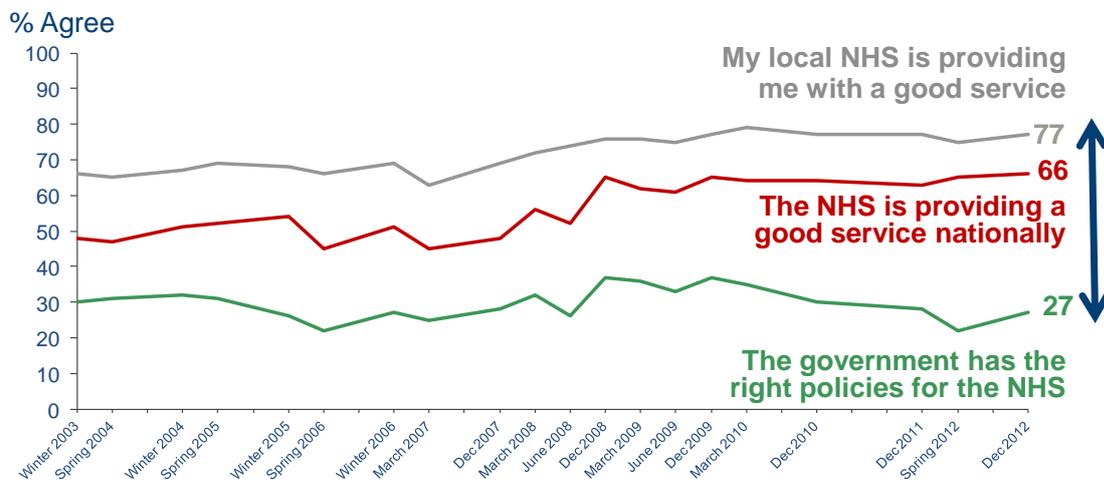
3.2 The NHS perception gap

Local NHS services continue to be rated more highly than the NHS at a national scale or the government’s policies for it. More than three quarters of people agree that **my local NHS is providing me with a good service** (77%). However, two in three agree that **the NHS is providing a good service nationally** (66%), and only just over a quarter agree that **the government has the right policies for the NHS** (27%).

The proportion of the public who agree that **the government has the right policies for the NHS** is significantly higher than the level of agreement recorded in spring 2012 (22%), but similar to that recorded a year ago (28%). Satisfaction with the NHS at a local level has remained stable however. Seventy seven per cent of people agree that **my local NHS is providing me with a good service**, which is similar to the 75% recorded in spring 2012 and the 77% recorded in December 2010 and December 2011.

The NHS perception gap

Q To what extent, if at all, do you agree or disagree with the following statements?



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

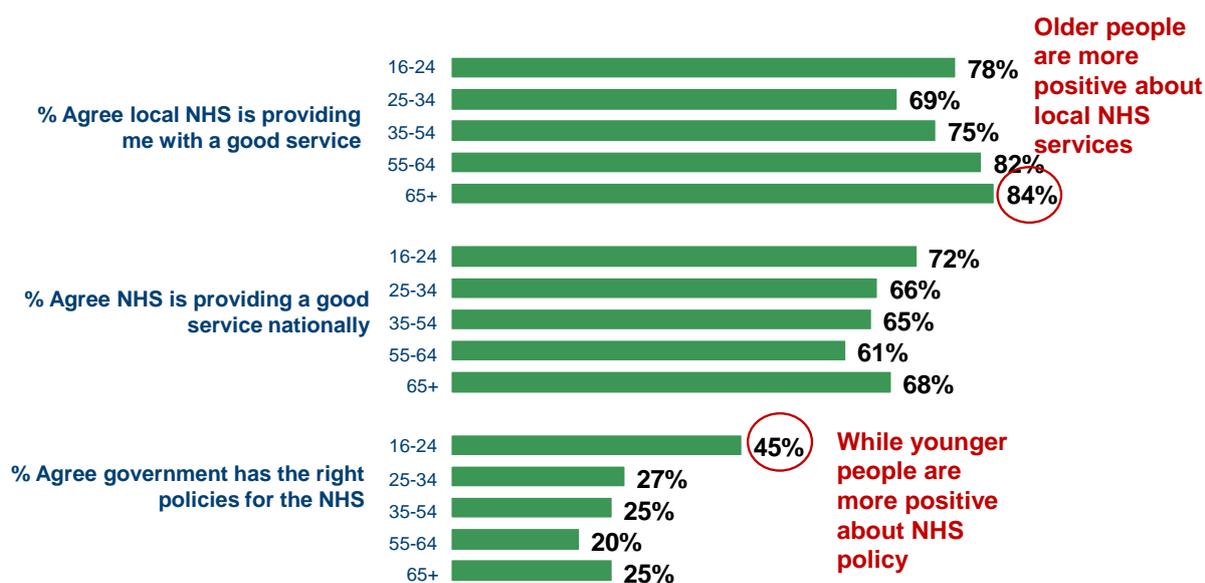
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The differences in satisfaction with the NHS between different age groups noted earlier in this chapter can also be seen in levels of satisfaction with local NHS services. Older people are significantly more likely to agree that their local NHS is providing them with a good service (84% of people aged over 65 agree with this compared with 77% overall).

Younger people are the most positive about the government's policies for the NHS, with 45% of 16 to 24 year olds agreeing the policies are right compared with 27% overall.

Differences by age in perceptions of the NHS



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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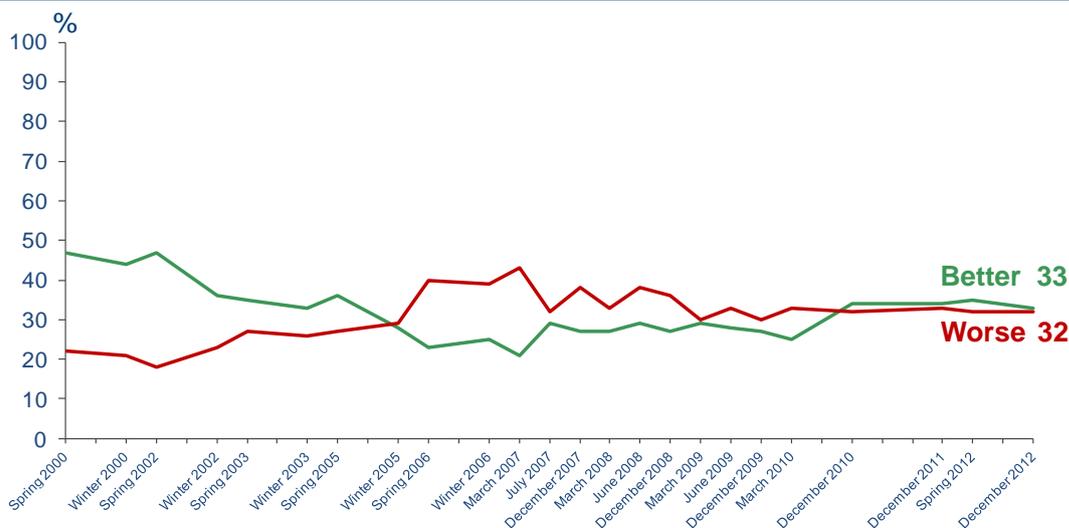


3.3 Optimism for the future of the NHS

Optimism for the future of the NHS remains divided but stable. A third of people expect the NHS to get better over the next few years (33%) and another third expect it to get worse (32%). This pattern has been recorded for the last two years.

Optimism for the future of the NHS

Q Thinking about the NHS over the next few years do you expect it to get better or worse?



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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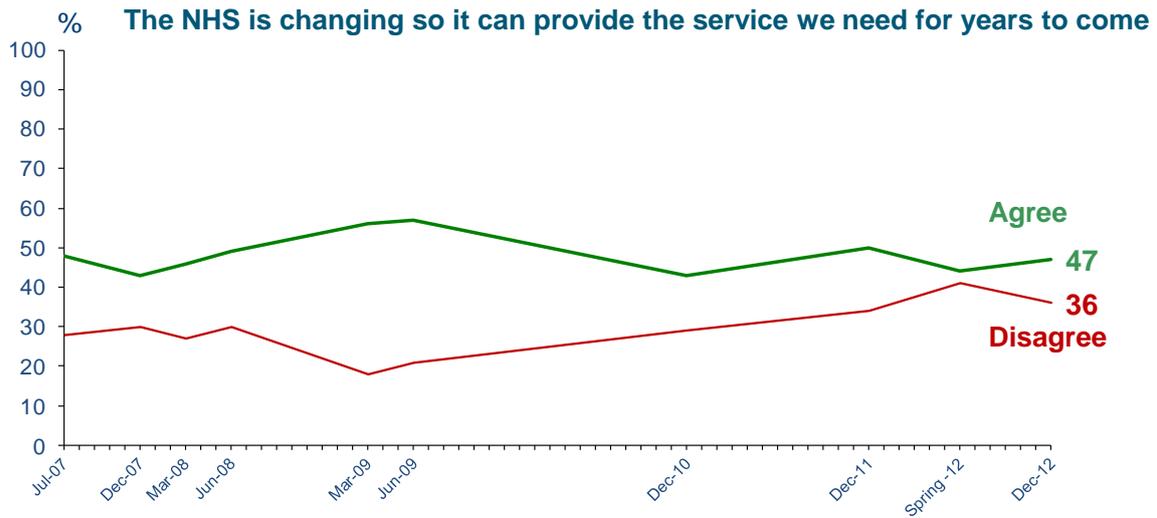
Considering differences by age group, people aged 65 or over are the most positive about the future of the NHS. This group is significantly more likely than those aged 16 to 24 to say that they expect the NHS to get better (37% compared with 25%).

Those with long-term conditions are also more likely to be positive about the future of the NHS than those without (39% of those with long-term conditions say that it will get better, compared with 29% of people without long-term conditions).

The public are also divided about whether or not **the NHS is changing so it can provide the service we need for years to come**. Nearly half of people think it is (47%), while just over a third do not (36%). Close to one in five (17%) say they do not know, which may be indicative of a feeling of uncertainty about the future of the NHS.

Optimism for NHS changes

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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4. Key Perceptions of the NHS

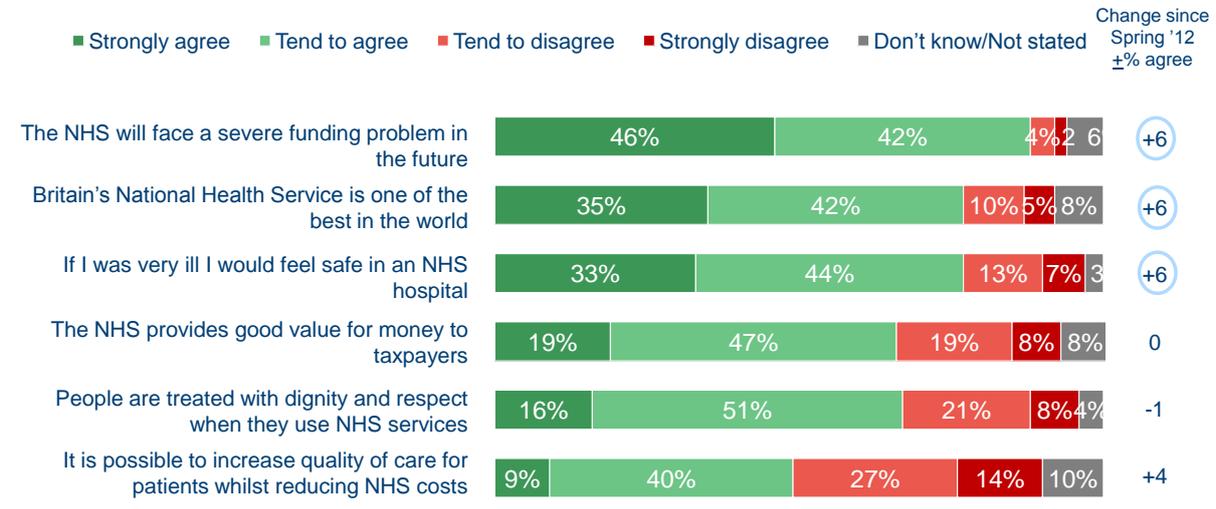
4. Key Perceptions of the NHS

This chapter explores public attitudes to specific elements and attributes of the NHS. In general, the picture is a very positive one. In particular, agreement that **Britain's National Health Service is one of the best in the world** and with the statement **if I were very ill I would feel safe in an NHS hospital** is at an historic high.

The two following charts provide a summary of these key perceptions of the NHS. Each statement is discussed in more detail throughout the course of this chapter.

Key perceptions of the NHS 1

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

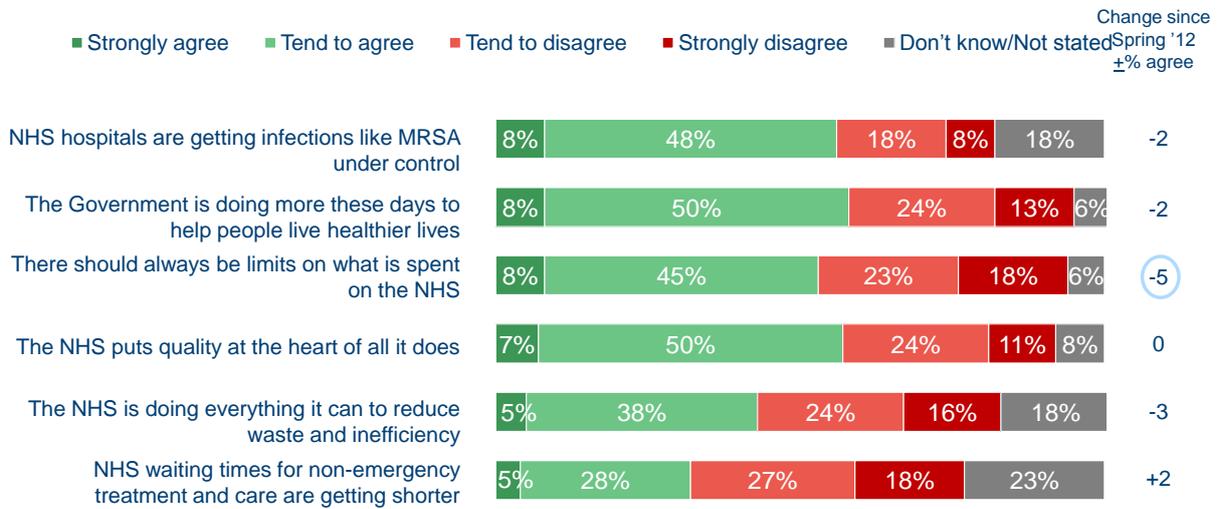
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Those circled indicate significant changes since Spring 2012



Key perceptions of the NHS 2

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Those circled indicate significant changes since Spring 2012



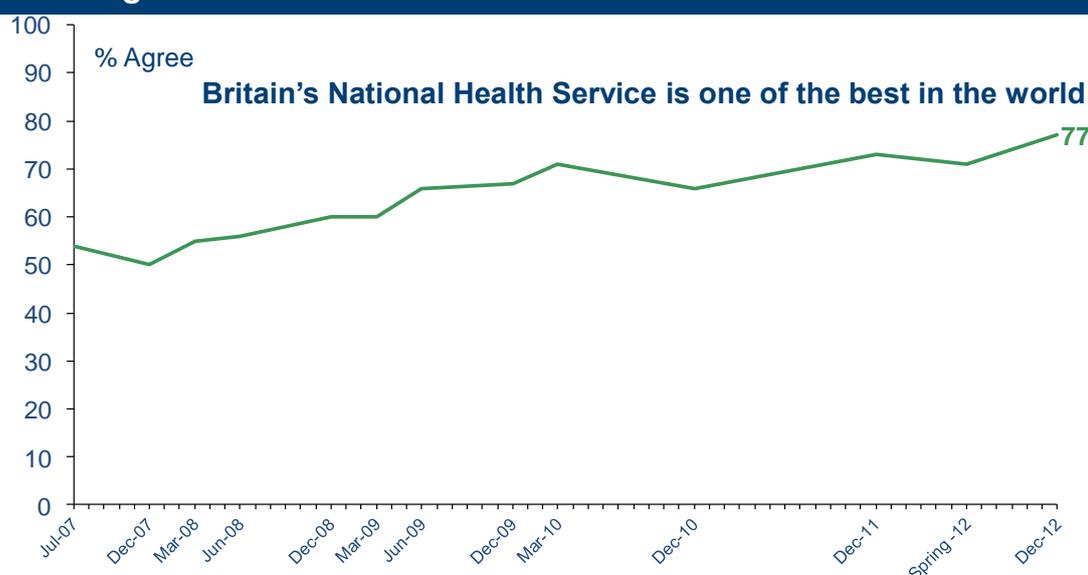
4.1 General performance indicators

Almost eight in ten (77%) people agree that **Britain's National Health Service is one of the best in the world**. This is a six point increase since spring 2012, and the highest level recorded since the question was first asked in July 2007 (when agreement was at 54%).

Whilst this research did not capture the reasons for this, it is worth noting that a considerable degree of pride in the NHS has also been recorded elsewhere. For example, in recent research by Ipsos MORI for British Future, the NHS came top of a list of institutions which made people most proud to be British (45% of people said the NHS, above the army (40%) and Team GB (38%).⁵

Pride in the NHS

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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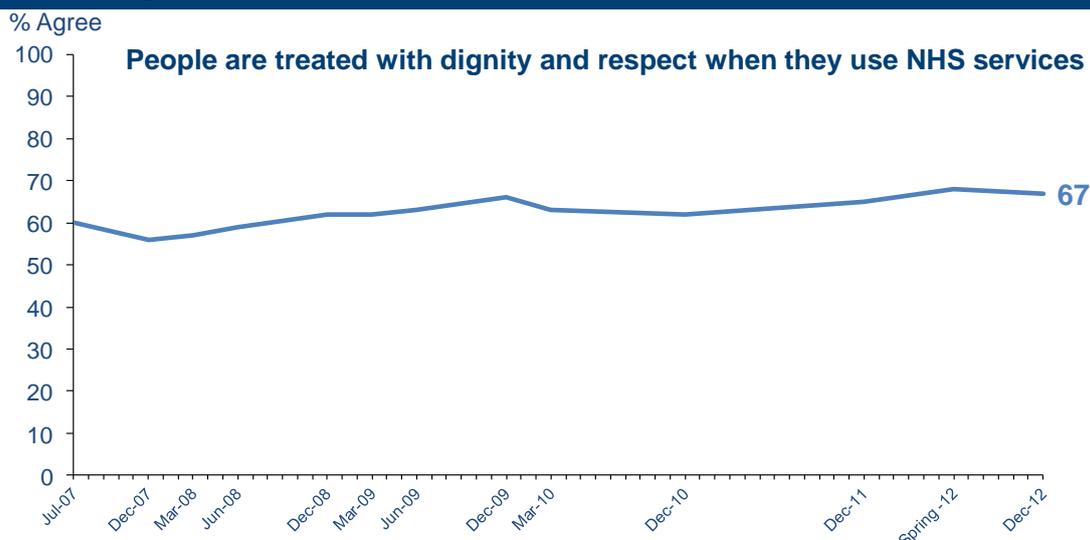
Those aged 65 or over are more likely than others to agree that Britain's NHS is one of the best in the world (82% compared with 77% overall), as are people in social grades A/B (82% agree).

⁵ State of the Nation: Where is Bittersweet Britain Heading?, Ipsos MORI and British Future, January 2013, <http://www.britishfuture.org/wp-content/uploads/2013/01/State-of-the-Nation-2013.pdf> .

Previous analysis conducted for this study has shown that 'being treated with dignity and respect' is a key driver of overall satisfaction with the NHS. ⁶ Currently, two thirds (67%) of the public agree that **people are treated with dignity and respect when they use NHS services** and three in ten (29%) disagree.

Dignity and respect

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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People in social grades A/B are more likely to agree that **people are treated with dignity and respect when they use NHS services** (73% compared with 67% overall). Those aged 65 and over more likely than others to strongly agree with this statement (21% compared with 16% overall).

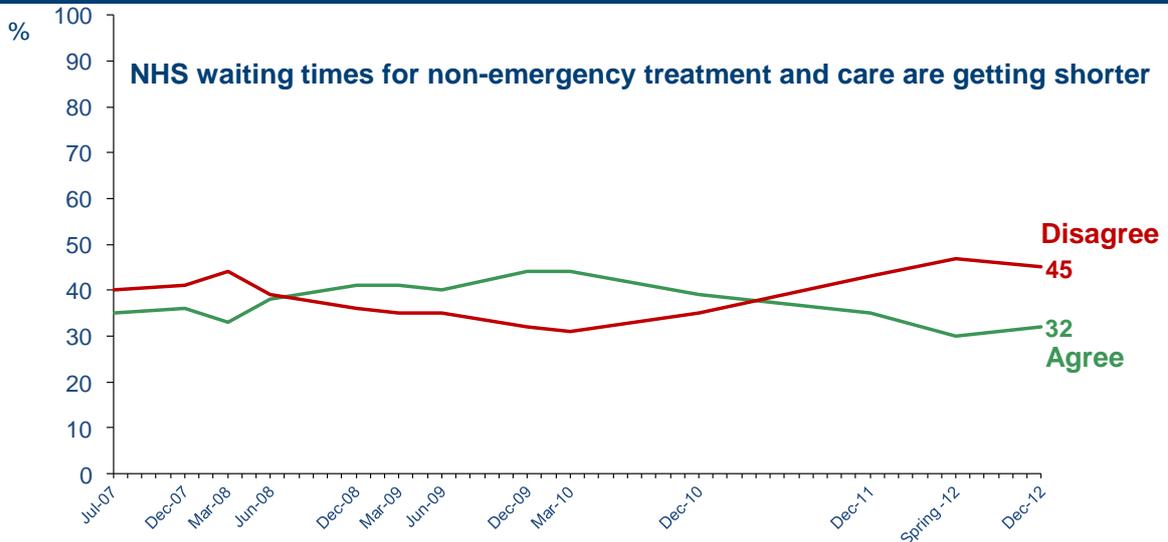
Almost three fifths (57%) of people agree that **the NHS puts quality at the heart of all it does**, whilst just over a third (35%) disagree.

⁶ Key Drivers of Satisfaction with the NHS, Ipsos MORI, June 2009. This analysis was based on the data collected during the waves of the Public Perceptions of the NHS and Social Care Tracker Survey conducted in 2008.

Finally, while around a third of people agree that **NHS waiting times for non-emergency treatment and care are getting shorter**, more people disagree (45% disagree, 32% agree).

Waiting times

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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4.2 Patient safety

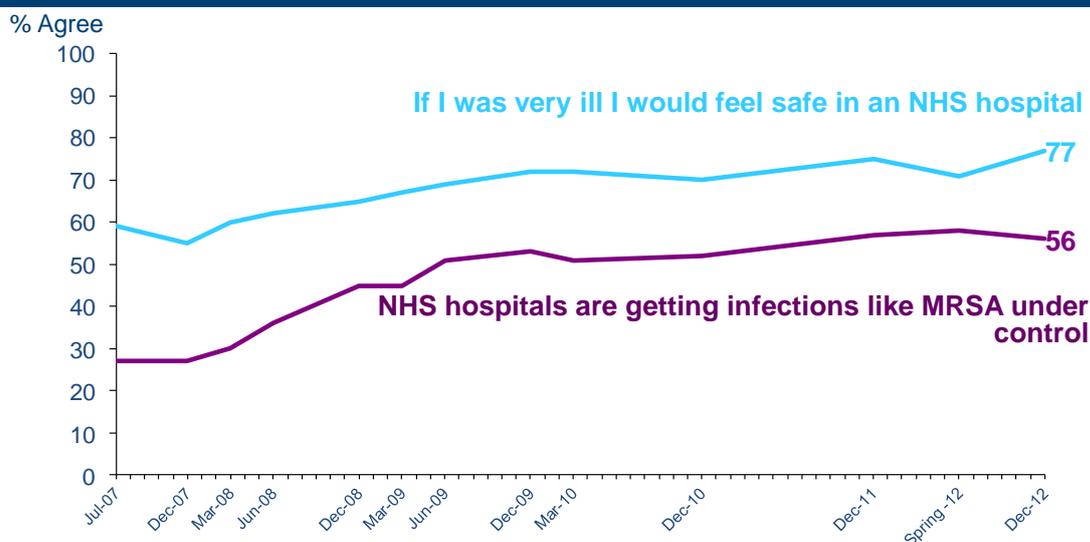
Nearly four fifths (77%) of the public now agree with the statement **if I were very ill I would feel safe in an NHS hospital**, whilst just one in five (20%) disagree. This is a six point increase in agreement since spring 2012, and is the highest score achieved.

Fifty-six per cent agree that **NHS hospitals are getting infections like MRSA under control**, whilst a quarter (26%) disagree. Whilst these figures remain steady wave-on-wave, this is a 29 percentage point improvement in agreement since July 2007, when 27% agreed.

It is important to bear in mind the period when interviews were conducted when considering these results. The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013 and so had no impact on the results of the latest wave of this survey.

Patient safety

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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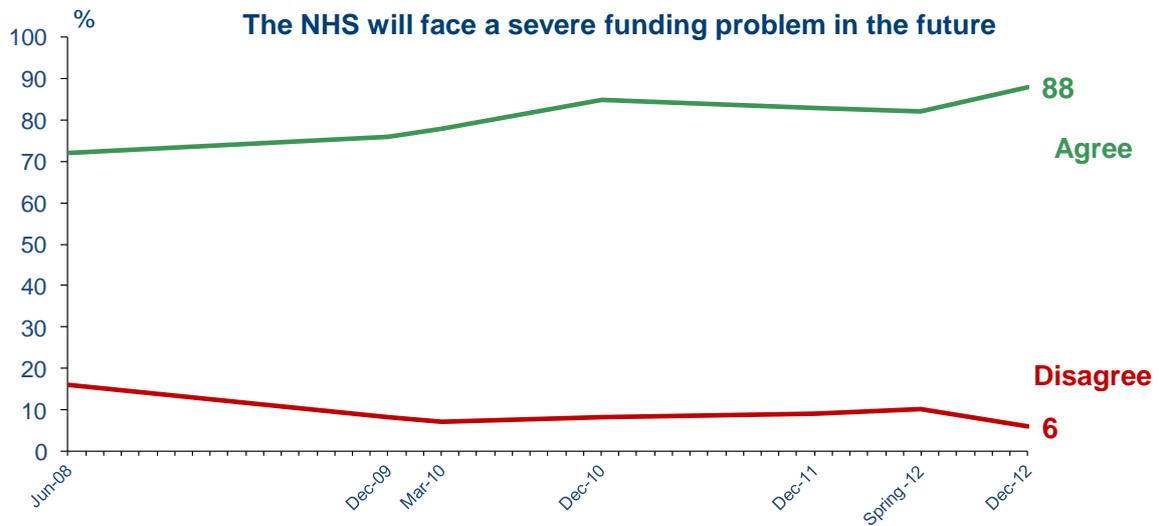


4.3 Budgeting and resourcing

Recognition of the funding challenges facing the NHS is very high, with almost nine in ten (88%) people agreeing that **the NHS will face a severe funding problem in the future**. This is a six point increase from spring 2012, when agreement was 82%. Just six per cent of the public now disagree with this statement.

Future funding of the NHS

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

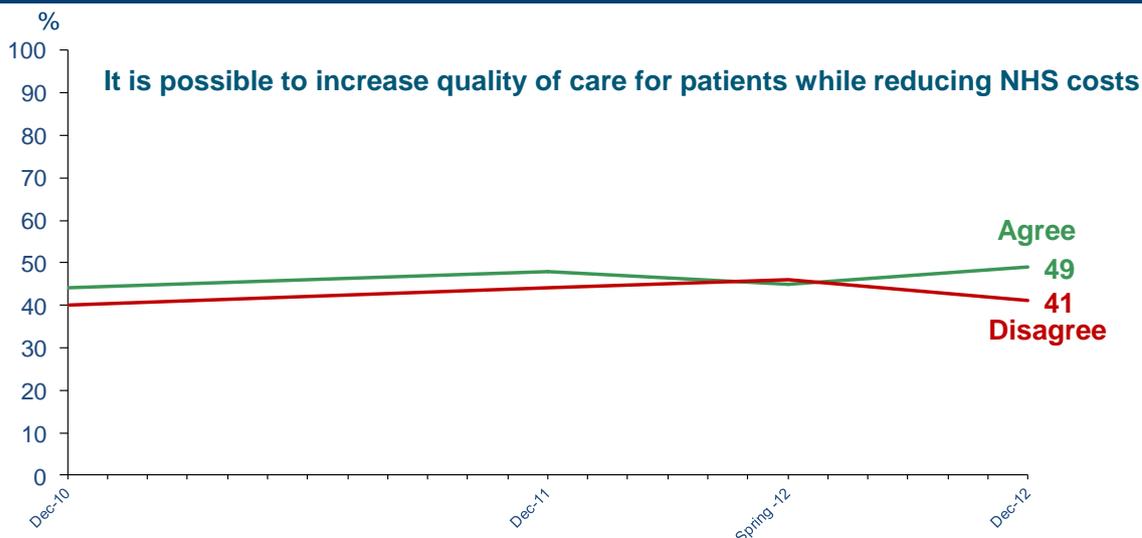
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Over two in five (43%) people agree that **the NHS is doing everything it can to reduce waste and inefficiency**, whilst half (49%) of the public agree that **it is possible to increase quality of care for patients whilst also reducing NHS costs**. Two in five (41%) people disagree with this, a decrease of five points since spring 2012, when 46% disagreed.

Quality of care versus the cost of care

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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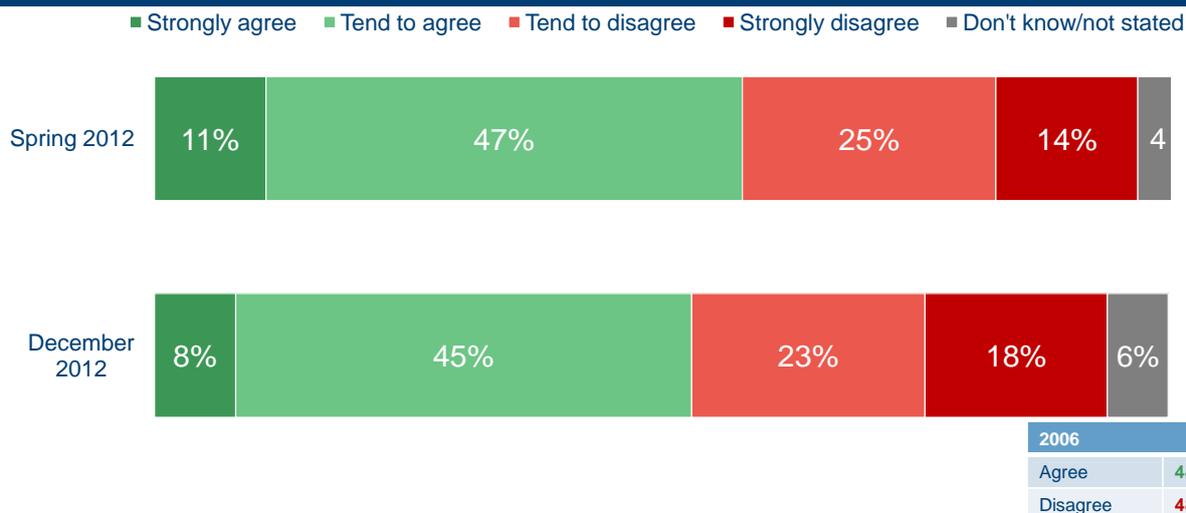
Despite concerns about funding and waste, two thirds (66%) of the public agree that **the NHS provides good value for money to taxpayers**, whilst over one in four (27%) disagree.

Agreement that **there should always be limits on what is spent on the NHS** has fallen from almost three fifths (58%) in spring 2012 to just over half (53%) currently. Two fifths (41%) of the public currently disagree with this.

Limiting spending on the NHS

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

There should always be limits on what is spent on the NHS



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker
Source for 2006 data: Ipsos MORI/Institute for Public Policy Research

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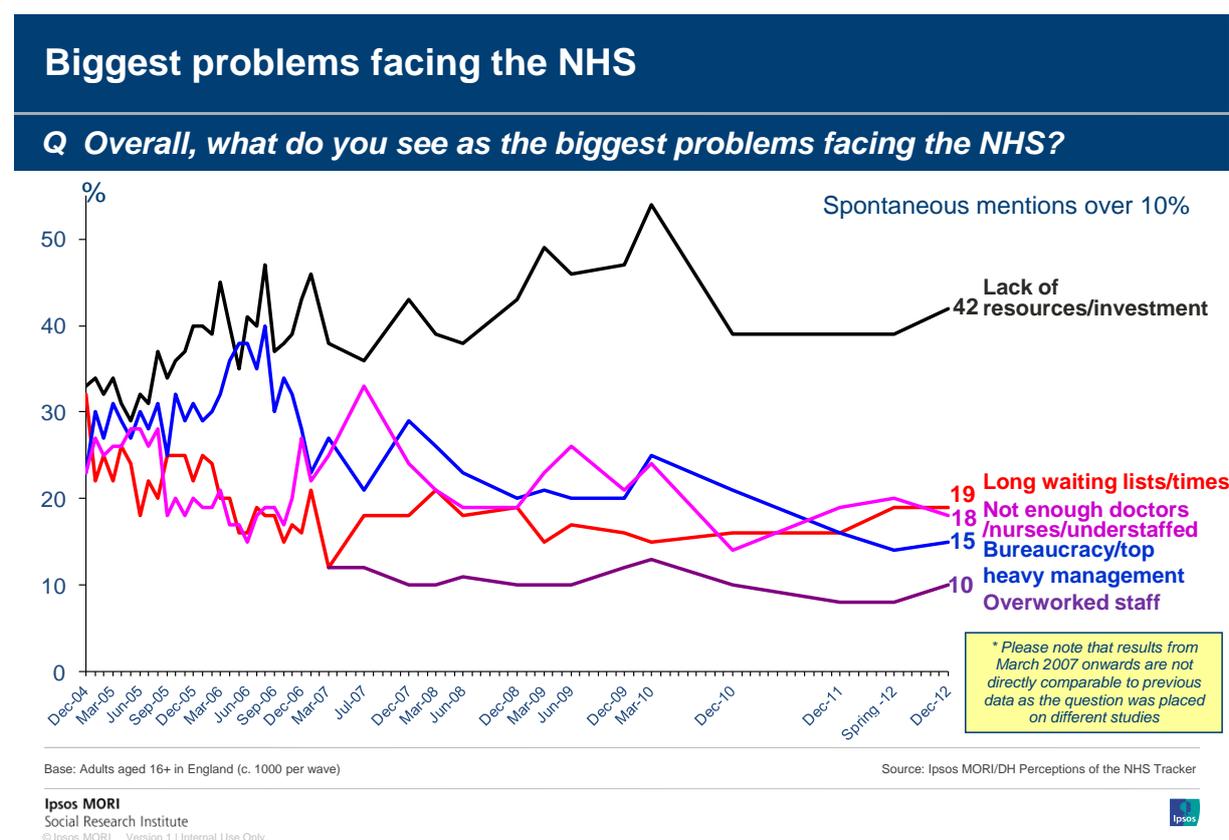
Those in social grades A/B are particularly likely to think that the NHS will face a severe funding problem in the future (92% agree, compared with 81% of those in social grades D/E and 88% overall). This group is also more likely than others to disagree that the NHS is doing all it can to reduce waste and inefficiency (47% disagree, compared with 40% overall), and to agree that there should be limits on what is spent on the NHS (70% agree, compared with 53% overall). However, despite this, those in social grades A/B are also more likely than other people to say that the NHS provides value for money (72% compared with 66% overall).

Half (49%) of those aged 65 or over disagree that the NHS is doing all it can to reduce waste and inefficiency. However, they are also more likely than others to say that the NHS provides value for money (73% say this, compared with 66% overall).

4.4 Biggest problems

A lack of resources/investment continues to be seen as the biggest problem facing the NHS (mentioned by 42% of the public). The next most commonly mentioned problem is long waiting lists/times (mentioned by 19%), followed by not enough doctors/nurses (18%) and bureaucracy/top heavy management (15%).

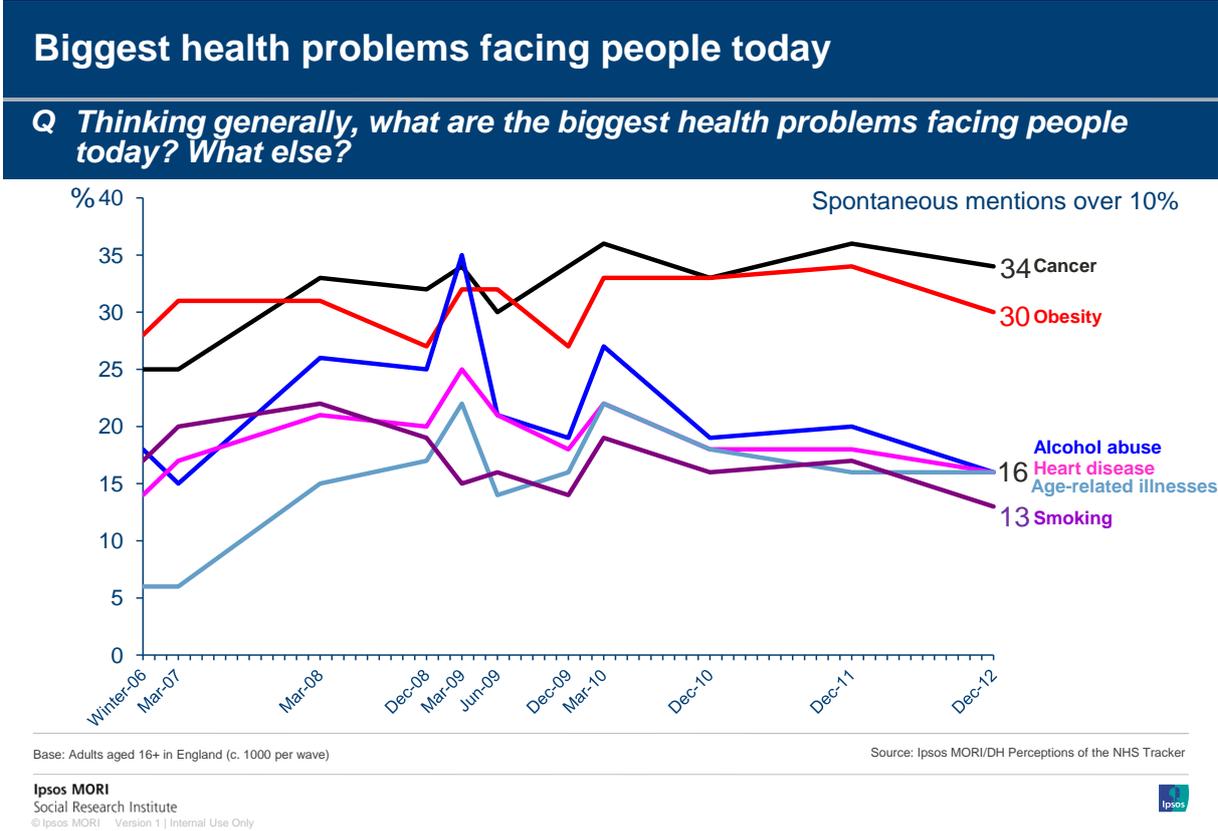
Whilst in most cases the proportion of people citing each problem has remained steady since spring 2012, there has been a fall in mentions of low quality services/treatment, from eight per cent to five per cent.



When considering the health problems facing people today, cancer continues to be thought of as the biggest problem (mentioned by 34%). This is followed by obesity/overeating, which is mentioned by three in ten (30%) people. Age-related illnesses, heart disease and alcohol abuse are all mentioned by 16% of the public.

Concern about lifestyle-related health problems appears to be diminishing slightly. Whilst alcohol abuse continues to be perceived as a health problem relative to other issues, the proportion of people mentioning it has fallen from one in five (20%) in December 2011 to 16% currently. Similar falls have occurred for smoking/smoking related illnesses (from 17% to 13%), diabetes (from 13% to 10%) and drugs/abuse/misuse of drugs (from 12% to six per cent).

However, the proportion of mentions of dementia has now increased from five per cent in December 2011 to eight per cent.



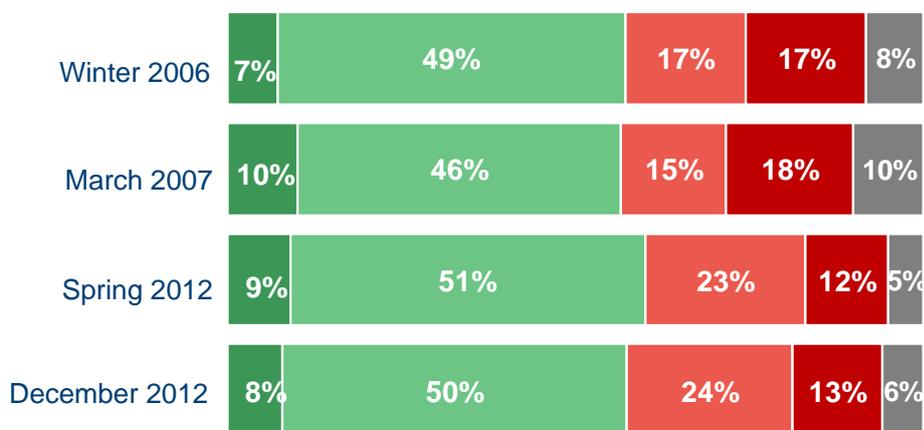
While the proportion of people concerned about lifestyle related health problems appears to have decreased, the proportion who think that **the Government is doing more these days to help people lead healthier lives** has remained stable. Almost three in five (58%) people agree with this statement (a similar proportion to spring 2012 when 60% of people agreed). Just under two fifths (37%) of people disagree.

The Government's involvement in encouraging healthier lives

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

The Government is doing more these days to help people live healthier lives

■ Strongly agree ■ Tend to agree ■ Tend to disagree ■ Strongly disagree ■ Don't know/Not stated



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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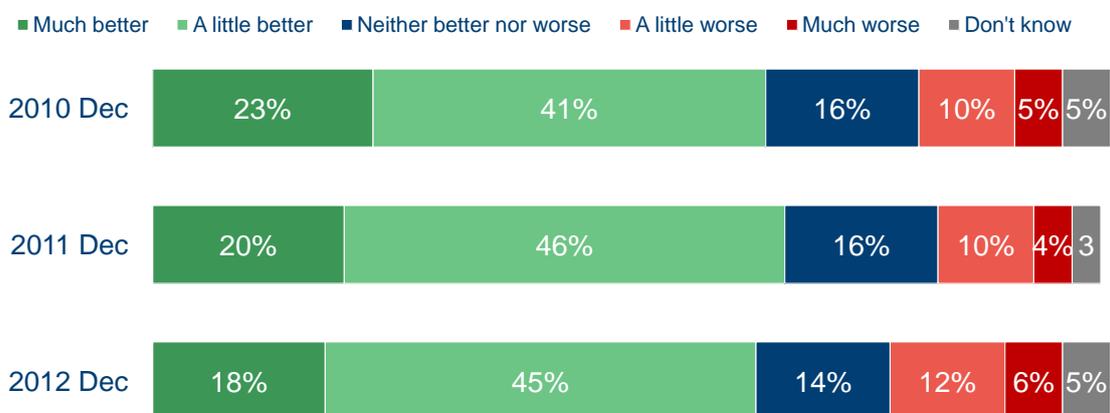
5. Changes to the NHS

5. Changes to the NHS

Over three fifths (63%) of the public think moving services out of hospitals and into the community this will improve services for patients, which is in line with the proportion who said this in December 2011 (66%). However, the proportion of the public who think that this will make services worse has risen (from 14% in December 2011 to 18% currently).

Views about moving more services from hospitals into the community

Q *The NHS may move more services which have traditionally been provided in hospitals out into the community. This will mean more services are provided through GP practices or clinics or by NHS staff delivering them in patients' homes. How much better or worse do you think this will make services for patients?*



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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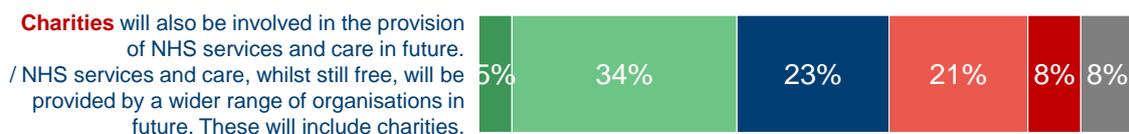
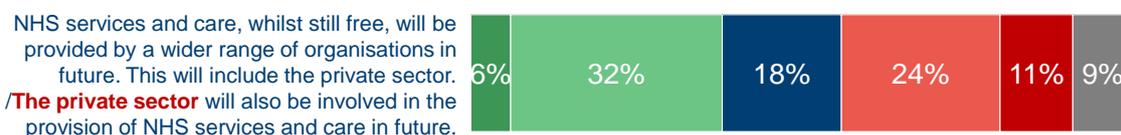
People aged 16 to 24 are particularly likely to think that moving services into the community will improve them for patients; four fifths (80%) say this, compared with around three fifths (63%) overall. In contrast, those aged 65 or over are less likely to say that this initiative will improve services (56% compared with 63% overall).

People were asked about their views of widening the provision of care to private sector organisations and charities. Thinking specifically about whether private sector involvement in the provision of NHS services will improve those services for patients, just under two fifths (38%) say that it will make the NHS better, whilst a similar proportion (35%) thinks that it will make it worse. In contrast, three tenths (29%) say the involvement of charities will make services worse for patients, whilst two fifths (39%) say that it will improve them.

Views towards widening the provision of care to the private sector and charities

Q To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

■ Get a lot better ■ Get a little better ■ Stay the same ■ Get a little worse ■ Get a lot worse ■ Don't know



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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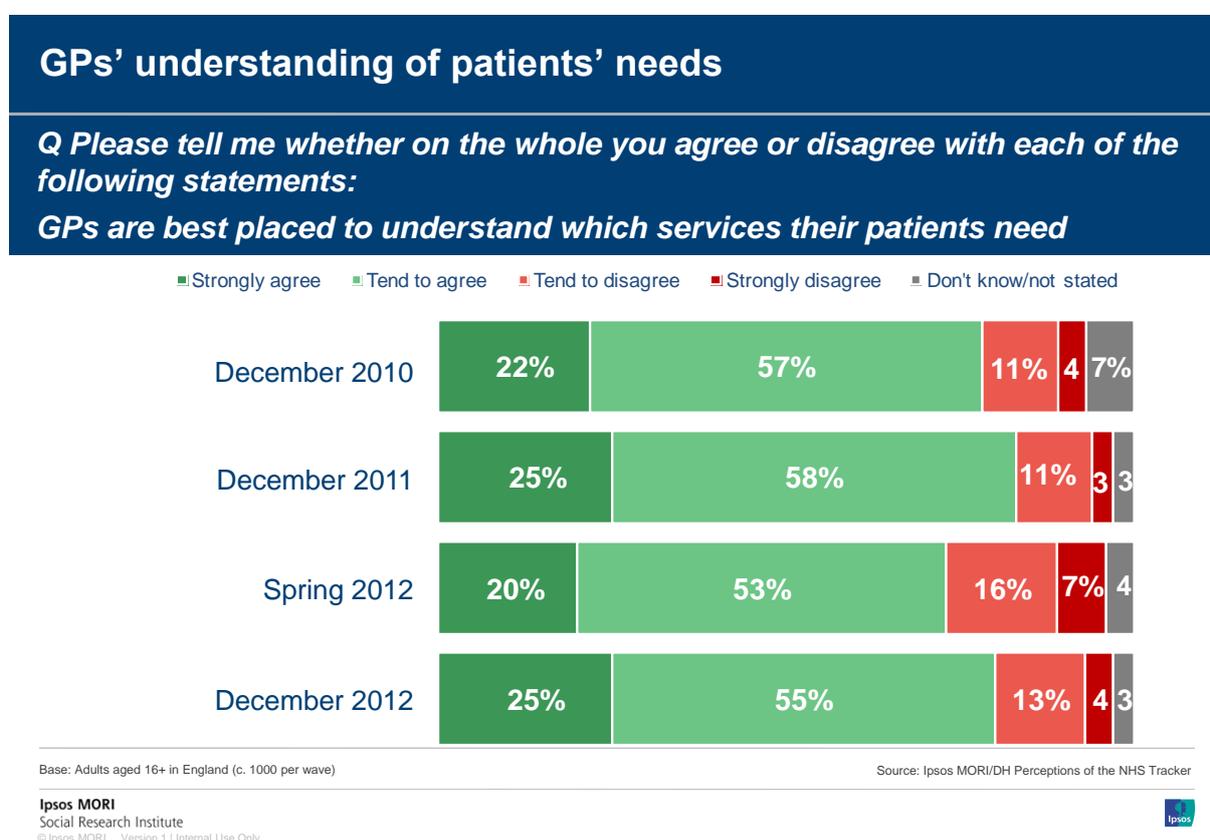


When considering the involvement of both charities and the private sector in the NHS, clear patterns emerge:

- Three in ten (31%) of those aged 65 or over say that private sector involvement will make the NHS better, compared with an overall figure of just under two fifths (38%). This group is also more likely to say that the involvement of charities will make the NHS worse (34% compared with an overall figure of 29%).
- People from social grades A/B are also more likely to be negative about the involvement of the private sector and charities. Over two fifths (43%) say that the involvement of the private sector will make the NHS worse (compared with an overall figure of 35%) whilst two fifths (42%) say the same thing about charities (compared with an overall figure of 29%).
- In contrast, young people are more positive than average about the involvement of both. Around half (53%) of those aged 16 to 24 say the involvement of the private sector will

make the NHS better, and almost three fifths (58%) say the same thing about the involvement of charities (compared with overall figures of 38% and 39% respectively).

As a result of the recent Health and Social Care Act, the commissioning of NHS services will largely be the responsibility of GP-led Clinical Commissioning Groups. In this context, it is interesting to note that four fifths (80%) of the public agree that **GPs are best-placed to understand which services their patients need** whilst just under a fifth (17%) disagree. There has been a significant increase in the proportion of the public agreeing with this measure since spring 2012, when around three quarters (73%) agreed, whilst the proportion disagreeing has fallen significantly in the same period, from around a fifth (23%). However, it should also be noted that the results in spring 2012 represented a considerable drop from those seen in previous waves, and that the most recent result is closer to historic levels of agreement (83% agreed in December 2011 and 79% in December 2010).



Almost nine in ten (86%) people aged 65 or over agree that GPs are best-placed to understand what their patients need, compared with four fifths (80%) overall.

6. Choice and Patient Involvement

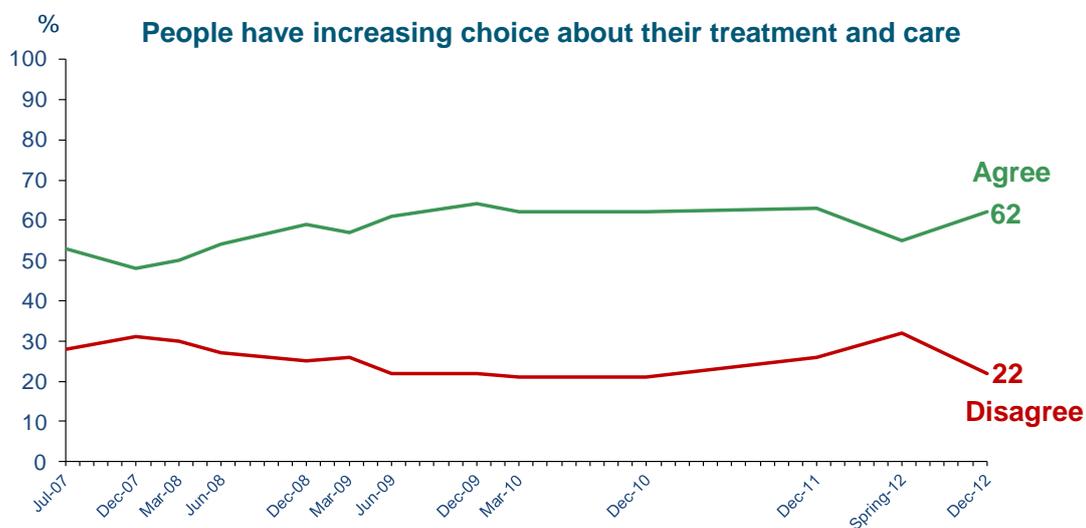
6. Choice and Patient Involvement

6.1 Knowledge about choice

Following a dip in spring 2012, the proportion of people agreeing with the statement **people have increasing choice about their treatment and care** has returned to previous levels, with three fifths (62%) of the public agreeing with this statement.

Perceptions of patient involvement

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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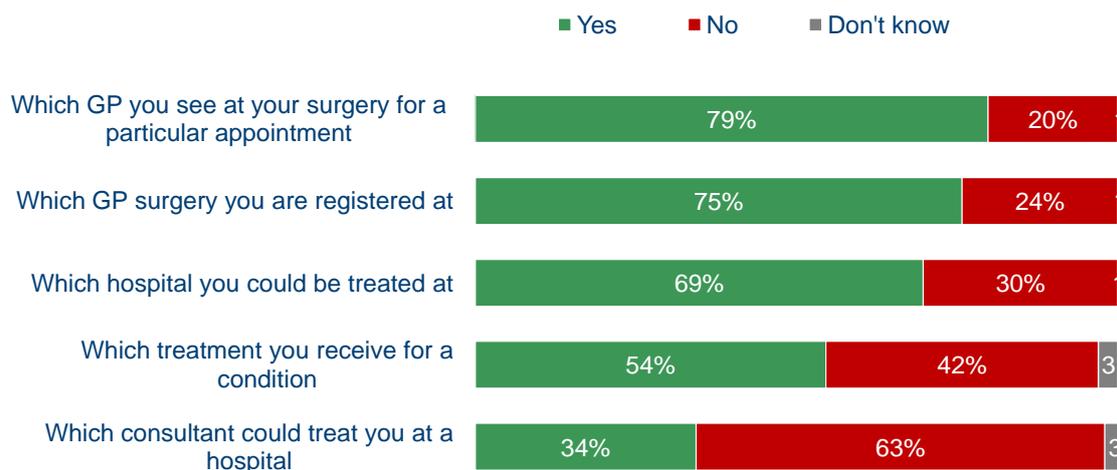


When asked which aspects of treatment and care they were thinking of, the most commonly cited aspects were hospitals (16%), care/support (12%) and treatments (11%).

Awareness of the choices available varies. Almost four in five (79%) people know that they have a choice about which GP to see, and three quarters (75%) know they have a choice about which GP surgery to register at. Seven in ten (69%) know they can choose which hospital to be treated at, whilst just over one third (34%) know that they can choose which consultant will treat them.

Knowledge of choice

Q Did you know you that you have a choice about the following?



Base: Adults aged 16+ in England, December 2012 (1004)

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There are clear differences by age and social grade. People aged 65 or over are more likely than people overall to know that they have a choice about which GP they see for a particular appointment (85% compared with 79% overall) and to know that they can choose which hospital to be treated at (75% compared with 69% overall).

Across all measures, people in social grades D/E are less likely than those in social grades A/B to know that they have a choice.

- Three in ten (31%) of those in social grades D/E do not know that they have a choice about which GP surgery to register at, compared with two fifths (19%) of those in social grades A/B.
- A quarter (26%) of those in social grades D/E do not know that they can choose which GP to see for a particular appointment, compared with around one in eight (13%) of those in social grades A/B.

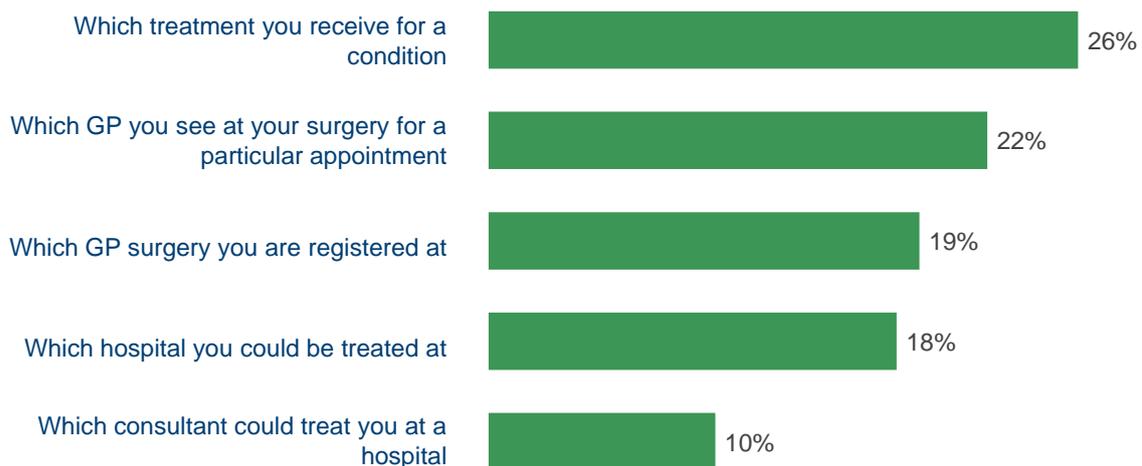
- Over a third (35%) of those in social grades D/E do not know that they can choose which hospital to be treated at, compared with a fifth (21%) of those in social grades A/B.
- Seven in ten (71%) people in social grades D/E do not know that they can choose which consultant will treat them at a hospital, compared with over half (55%) of those in grades A/B.
- Over half (55%) of those in social grades D/ E do not know that they can choose which treatment they will receive for a condition, compared with a third (34%) of those in grades A/B.

6.2 Importance of choice and patient involvement

If forced to prioritise, over a quarter (26%) of the public say that it is most important to have choice over which treatment they receive for a condition, rather than other aspects of their care. Twenty two per cent think it is most important to have choice about which GP they see at their surgery for a particular appointment, 19% think it is most important to choose their GP surgery, and 18% think it is most important to choose a hospital. One in ten (10%) say that being able to choose your consultant is the most important thing.

Relative importance of choice

Q If you could choose only one, which of the following would it be most important for you to have choice about?



Base: Adults aged 16+ in England, December 2012 (1004)

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People aged 16 to 24 are particularly likely to prioritise choosing which treatment they receive (36% compared with 26% overall). In contrast, those aged 65 or over are more likely than people

overall to feel that it is most important to have a choice about which hospital to be treated at (22% compared with 18% overall).

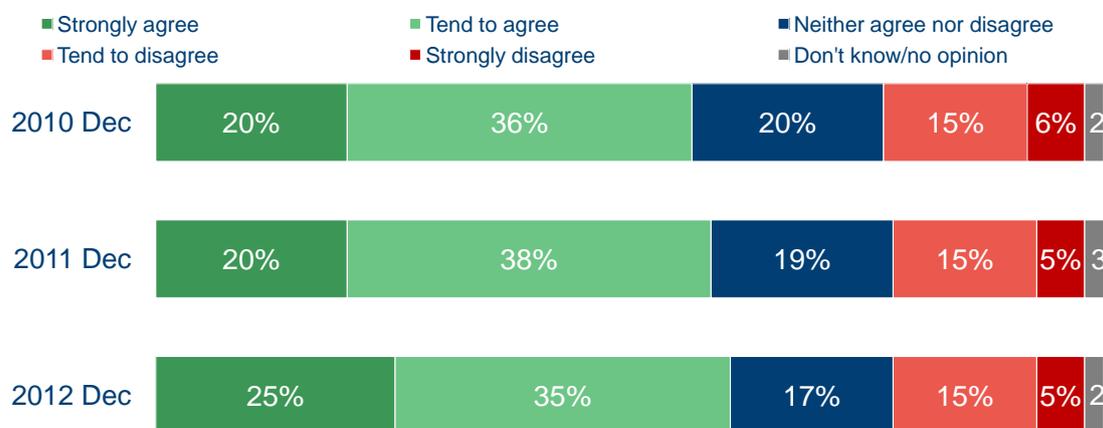
There are also differences by social grade. Those in social grades A/B are more likely than people overall to say that it is most important to choose which treatment they receive (36% compared with 26% overall). However, those in grades D/E are more likely than others to say that it is most important to be able to choose which GP to see (24% compared with 22% overall).

Three fifths (60%) of the public agree that the last time they saw a health professional they were able to choose the treatment or service that best suited their needs. A fifth (20%) disagree. The proportion of people agreeing with this statement has remained stable since it was first asked in December 2010.

There are no notable differences in agreement or disagreement between different groups of the population.

Patients' ability to choose treatments or services that best suit their needs

Q Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements?
I was able to choose the treatment or service which best suited my needs.



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

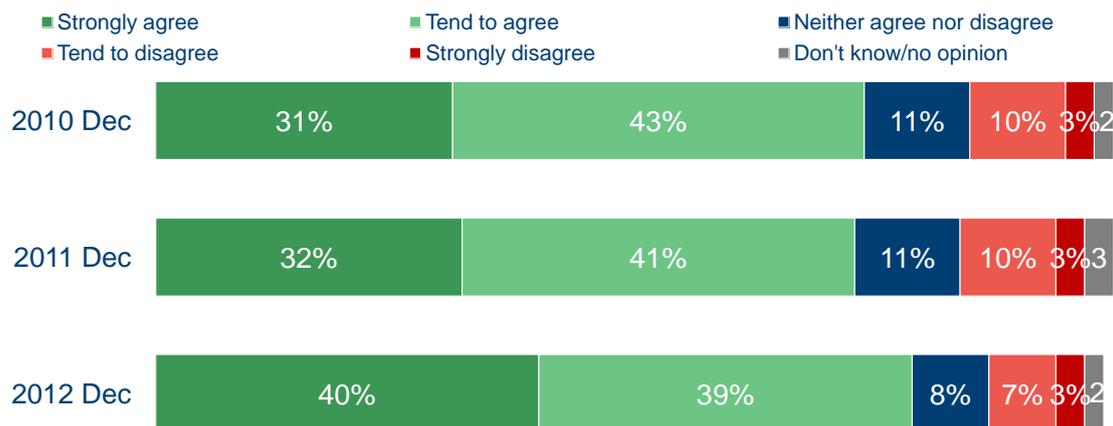
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Four fifths (79%) of the public agree that the last time they saw a health professional they were involved as much as they wanted to be in decisions about their care or treatment. This is an increase on the December 2011 results, when just under three quarters (73%) agreed.

Patient involvement in decisions about care

Q Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements?
I was involved as much as I wanted to be in decisions about my care or treatment.



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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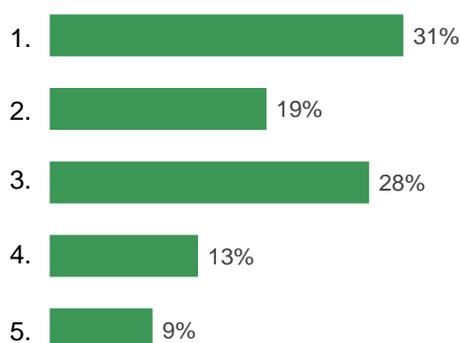
People aged 16 to 24, and those in social grades D/E are more likely to say that they were not as involved as they wanted to be in decision making (18% and 14% disagree respectively, compared with 11% overall).

Thinking about the amount of involvement people say they *want* in decisions about their treatment, there is some tendency towards professionals making decisions for them. People are asked to place themselves on a spectrum (between a score of 1 and 5) where 1 is wanting a GP or consultant to make decisions about their treatment and 5 is wanting to make their own decisions. Three in ten (31%) people align themselves most closely with the statement ‘**in general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment**’ (code 1 on the scale). This is a significant decline since December 2011 though, when 36% of the public said this. However, the proportion of people aligning themselves most closely with the statement ‘**in general I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant**’ (5 on the scale), has remained steady, with nine per cent of people choosing this option.

Desired level of involvement in decisions about treatment

Q Please listen to the following pair of statements and decide, on a scale of 1 to 5, which comes closest to your own opinion. A score of 1 means you agree much more with statement A while a score of 5 means you agree much more with Statement B.

A – In general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment



B – In general, I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant

Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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People aged 65 or over are more likely than others to say that they agree much more with statement A (code 1 on the scale) (44% compared with 31% overall). However, those aged 35 to 54 are more likely than people overall to say that they agree much more with statement B (code 5 on the scale) (11% compared with 9%).

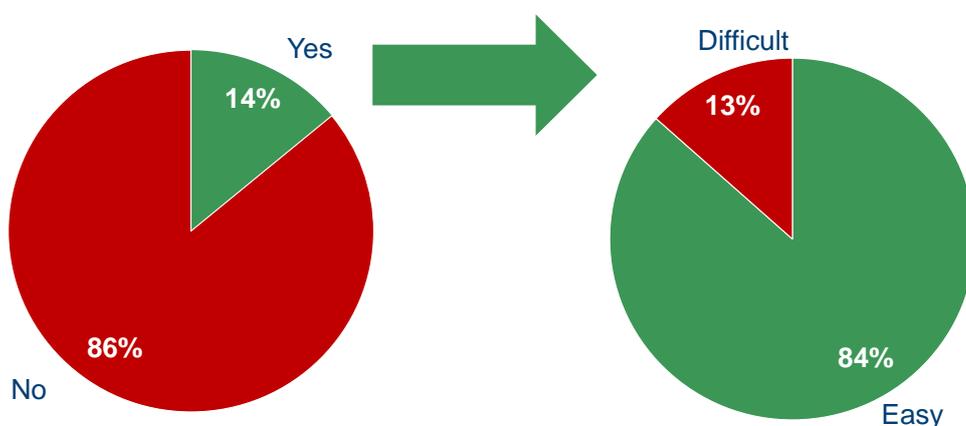
6.3 Levels of patient involvement

Only a small minority of people have looked for information about how well or badly local healthcare services are performing (14%). However, over four fifths (84%) of those who have looked for and found information regarding the performance of local services say that it was easy to find the information they required.

Looking for information about quality of local healthcare services

Q Have you ever looked for information about how well or badly your local healthcare services are performing?

Q How easy or difficult was it to find this information?



Base: Adults aged 16+ in England, December 2012 (1004)

Base: Adults aged 16+ in England, December 2012: All who have found information about how their local healthcare services are performing (123)

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Source: Ipsos MORI/DH Perceptions of the NHS Tracker

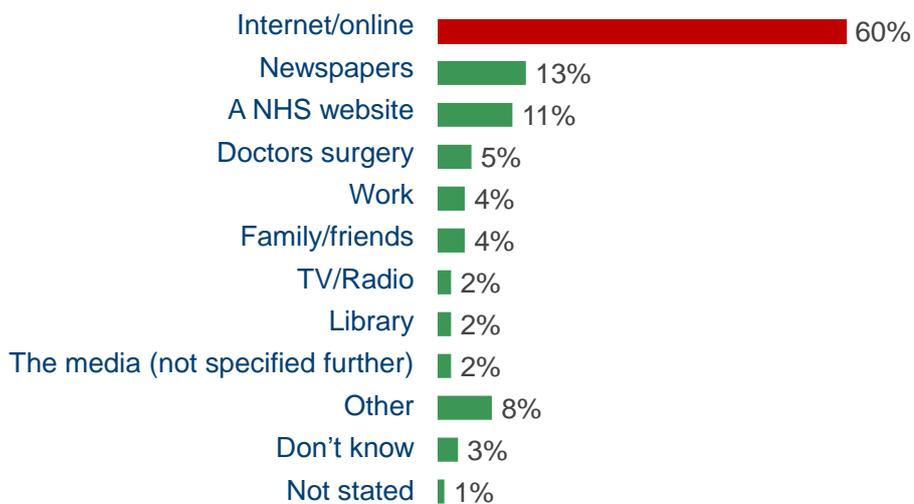


People of social grade A/B and C1 are more likely than those of social grades C2 and D/E to have looked for information about how well their local health services are performing (20% of people in social grades A/B and 17% of those in social grade C1 have looked for information, compared with 8% of people of social grade C2 and 7% of D/Es).

The internet/online was by far the most common source of information regarding performance of local healthcare services, with three fifths (60%) of people who found information using this platform. Just over one in ten (13%) of people said they found the information via newspapers, whilst a similar proportion said they did on an NHS website, specifying this as opposed to a more generic reference to the internet or online (11%).

Sources of information about quality of local healthcare services

Q Where did you find this information?



Base: Adults aged 16+ in England, December 2012 : All who have found information about how their local healthcare services are performing (123)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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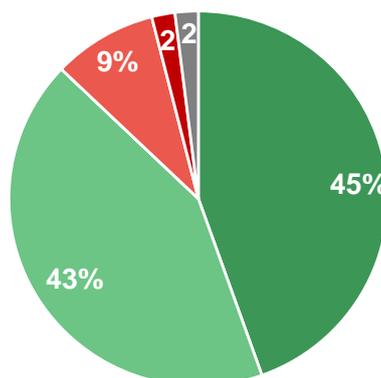
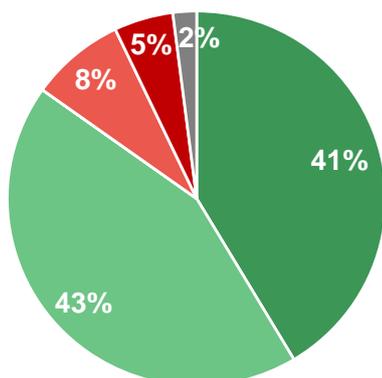
As noted earlier, over four in five (84%) people who looked for and found information about the performance of their local healthcare services say that it was easy to find. Almost nine in ten (88%) of these people also say that it was easy to understand the information that they found.

Accessibility of information about quality of local healthcare services

Q How easy or difficult was it to find this information?

Q How easy or difficult was it to understand this information?

■ % Very easy ■ % Fairly easy ■ % Fairly difficult ■ % Very difficult ■ Don't know/Can't remember



Base: Adults aged 16+ in England, December 2012: All who have found information about how their local healthcare services are performing (123)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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7. Social Care

7. Social Care

7.1 Experience of social care

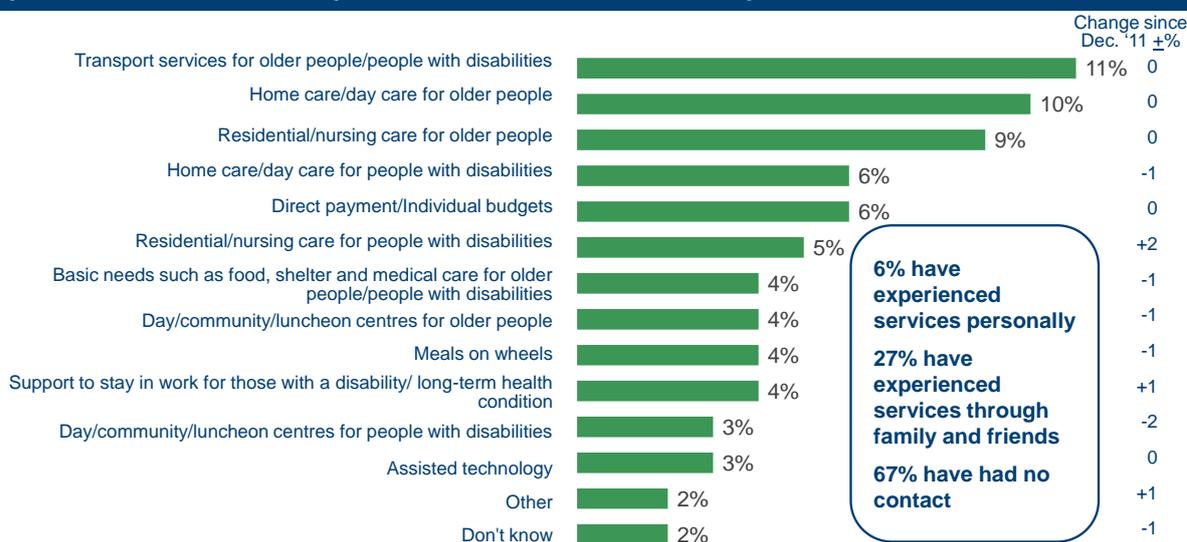
In the last year, one in twenty (6%) people have personally used social care services, whilst a quarter (27%) have had experience of social care services through a household member, family member or friend.

One in five (21%) of those who have personally used social care have used more than one service, whilst almost three fifths (58%) of those who have had indirect contact with social care have experienced more than one service.

Transport services for older people or people with disabilities is the most commonly used social care service, with one in ten (11%) people having had direct or indirect experience of this in the last year. One in ten (10%) have had direct or indirect experience of home or day care for older people, whilst a similar proportion (9%) have had direct or indirect experience of residential/nursing care for older people. These proportions are the same as recorded a year ago.

Use of social care services

Q Which of the following social care services, if any, have you, members of your household, family or friends used in the last year or so?



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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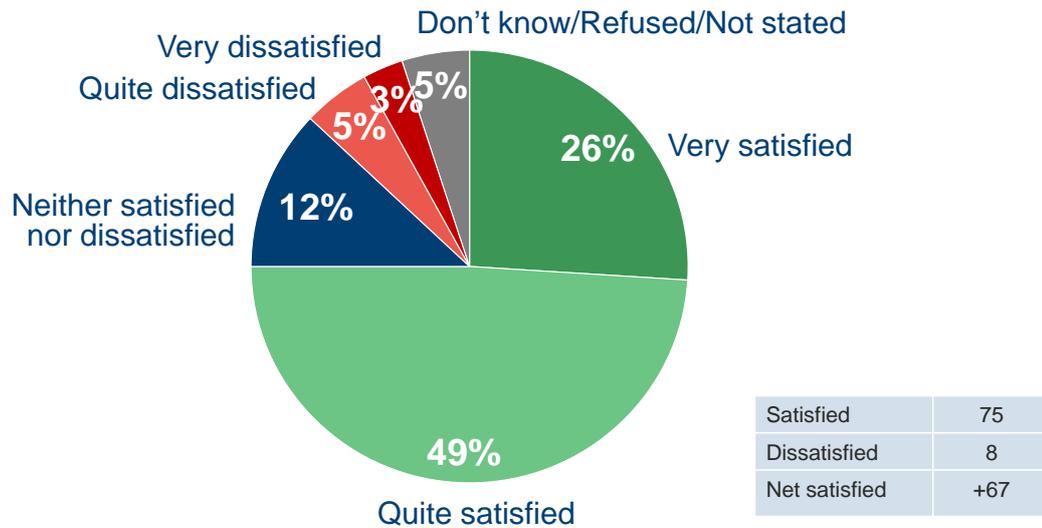


7.2 User satisfaction with social care

Three quarters (75%) of people who have experienced social care services are satisfied with them, with one in four (26%) very satisfied. Eight per cent of people are dissatisfied. There has been a significant increase in satisfaction since this question was last asked in December 2011, when seven in ten (71%) people were satisfied.

User satisfaction with social care services

Q Overall, how satisfied or dissatisfied are you with the service?



Base: Adults aged 16+ in England, December 2012: All who have received/experienced social care (334)

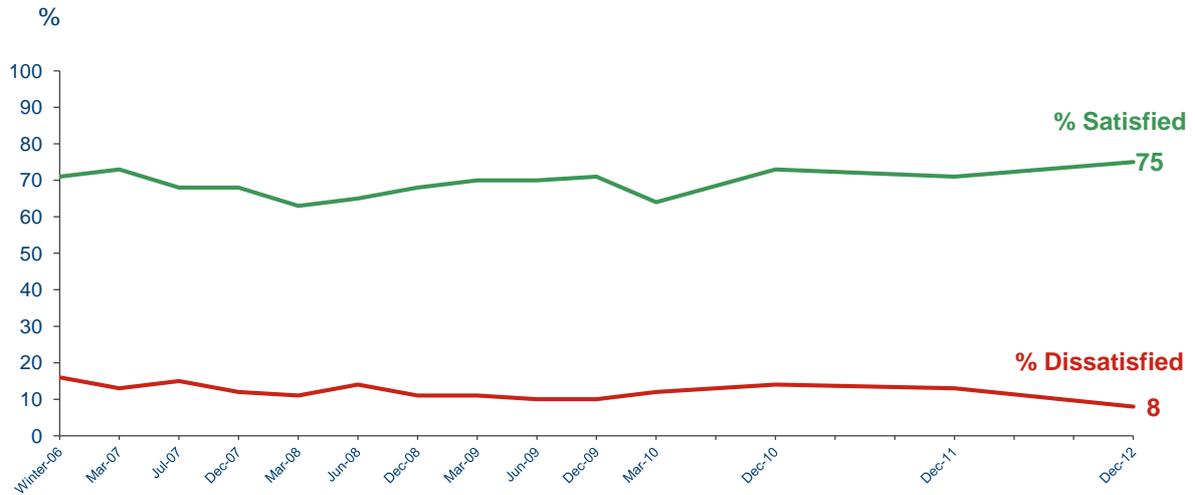
Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Trends in user satisfaction with social care services

Q Overall, how satisfied or dissatisfied are you with the service?



Base: Adults aged 16+ in England: All who have received/experienced social care (c.330 per wave)

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Nearly two thirds (64%) of those who have personally used social care services in the last year agree that social care services take account of their personal needs, whilst one in eight (12%) disagree. There has been a rise in agreement and a fall in disagreement since December 2011, when less than one in three (56%) agreed and a quarter (26%) disagreed. The number of direct users is small, however (60 people in the December 2012 wave), so any changes should be treated as indicative only.

Tailoring of social care services

Q On the whole do you agree or disagree with the statement “Social care services I receive take account of my personal needs”?



Base: Adults aged 16+ in England: All who have received/experienced social care personally (c.75 per wave)*

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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*N.B small base size means comparison of figures and trends is indicative only

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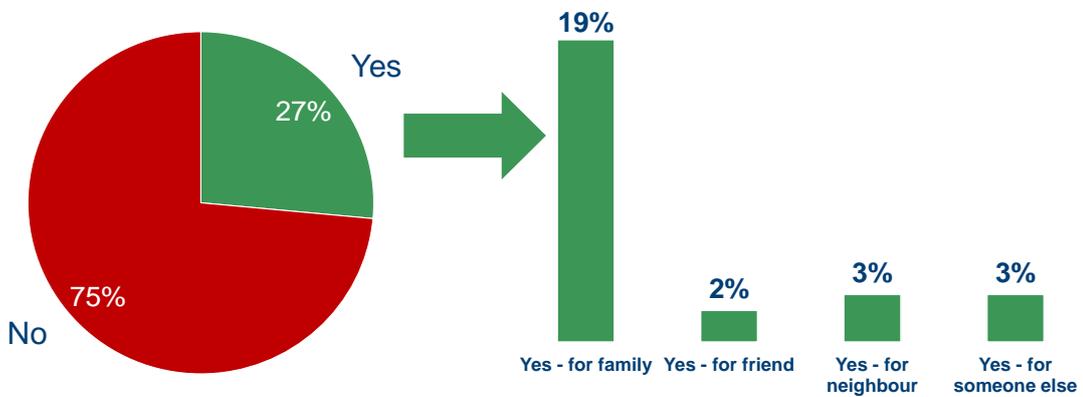


7.3 Provision of social care

For the purposes of this research, informal carers have been defined as those providing help or support to family members, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age (discounting anything they do as part of their paid employment). Over one in four (27%) people say they provide informal social care of this kind. Informal care is most commonly provided to family members (19%).

Informal carers

Q Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age?



Base: Adults aged 16+ in England, December 2012 (1004)

Base: Adults aged 16+ in England, December 2012: All those who provide informal social care (249)

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Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Almost nine in ten (88%) informal carers agree that they know where to go for information to help them look after the people they care for.

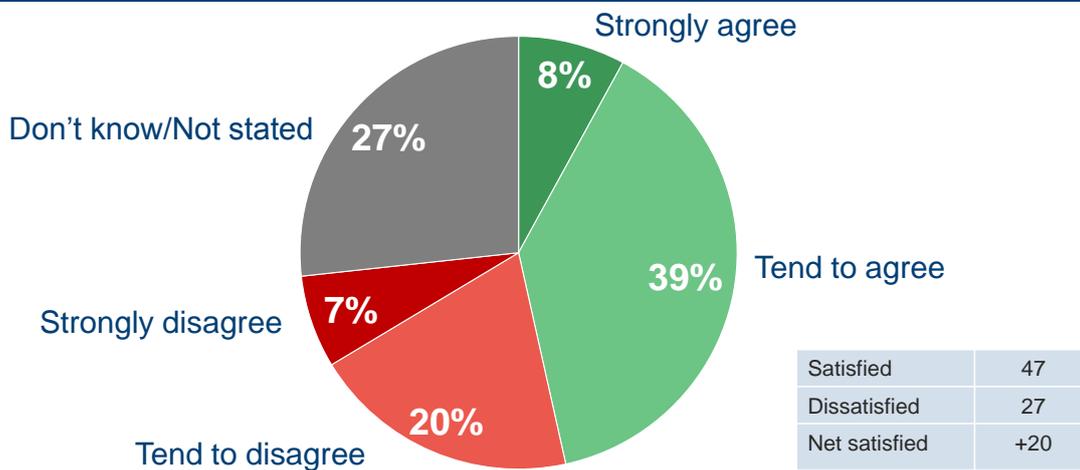
7.4 Public perceptions of social care services

Nearly half (47%) of the public agree that **people are treated with dignity and respect when they use social care services**. One in four (27%) disagree, whilst the same proportion say they do not know whether people are treated with dignity and respect. This high degree of uncertainty may be a result of the low level of exposure that the general public has to these services (94% have not had contact with social services in the last year, as discussed earlier in this chapter). This may explain the difference between the proportion of people who think that people are treated with dignity and respect in social care services and in NHS services (47% compared with 67%).

Dignity and respect in social care

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

People are treated with dignity and respect when they use social care services



Base: Adults aged 16+ in England, December 2012 (1004)

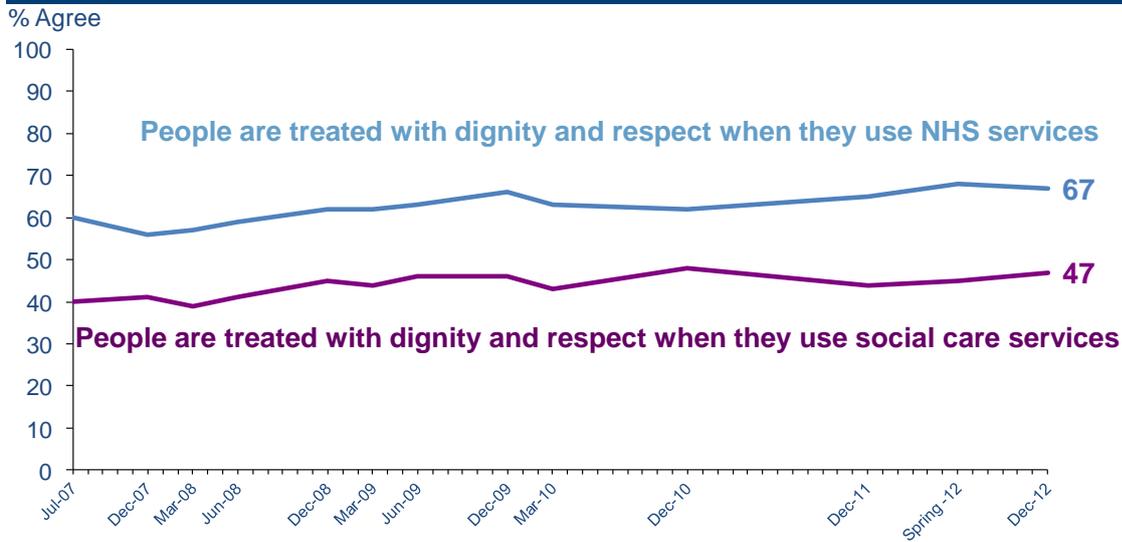
Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Trends in dignity and respect

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Looking across different age groups, those aged 55 to 64 are the most likely to disagree that people are treated with dignity and respect in social care (35% disagree, in comparison with 27% overall).

Data aggregated across three waves of this survey (December 2012, December 2011 and December 2010)⁷, shows that people who use social care services personally are positive about them. Sixty five percent of this group agree that people are treated with dignity and respect when they use social care services.

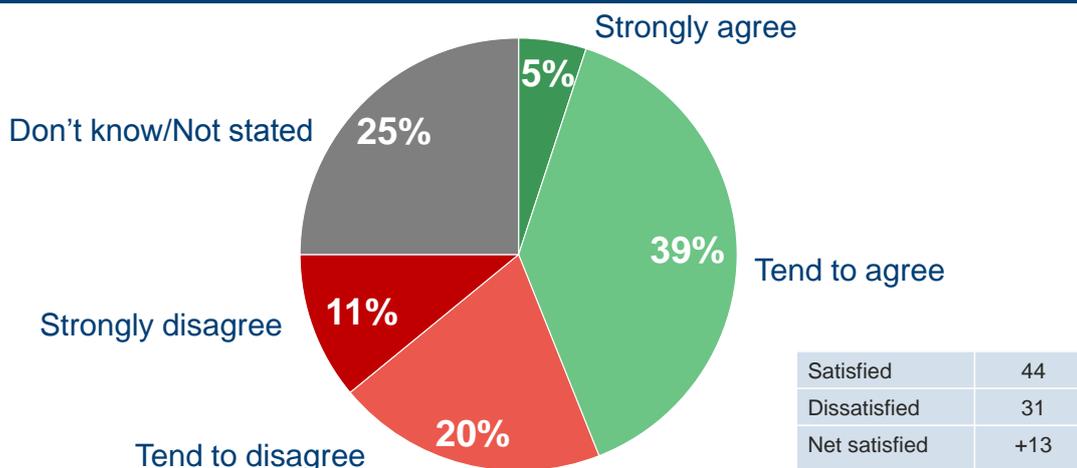
⁷ Data has been aggregated because the number of social care service users who took part in the most recent wave of this survey (53) is too small to draw statistically robust conclusions from.

Thinking about whether the **NHS and social care services work well together to give people coordinated care**, over four in ten (44%) people agree that they do, whilst a third (31%) disagree. A quarter (25%) say they do not know, possibly reflecting a lack of exposure to social care services, as noted earlier. These figures are consistent with those reported in previous waves.

Coordination of NHS and social care services

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

NHS and social care services work well together to give people coordinated care



Base: Adults aged 16+ in England, December 2012 (1004)

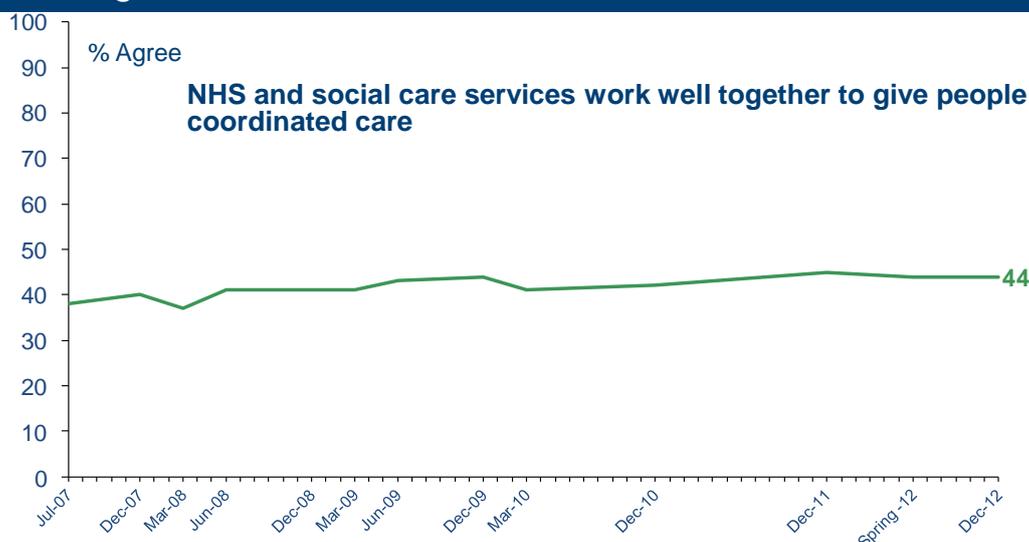
Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Trends in coordination of NHS and social care services

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Providers of informal social care (as defined earlier in this chapter) are more likely to disagree that NHS and social care services work well together to give people coordinated care (37% disagree compared with 31% overall).

Again, those aged 55-64 are the most negative age group, with almost half (47%) disagreeing that the services work well together, compared with just under a third (31%) overall.

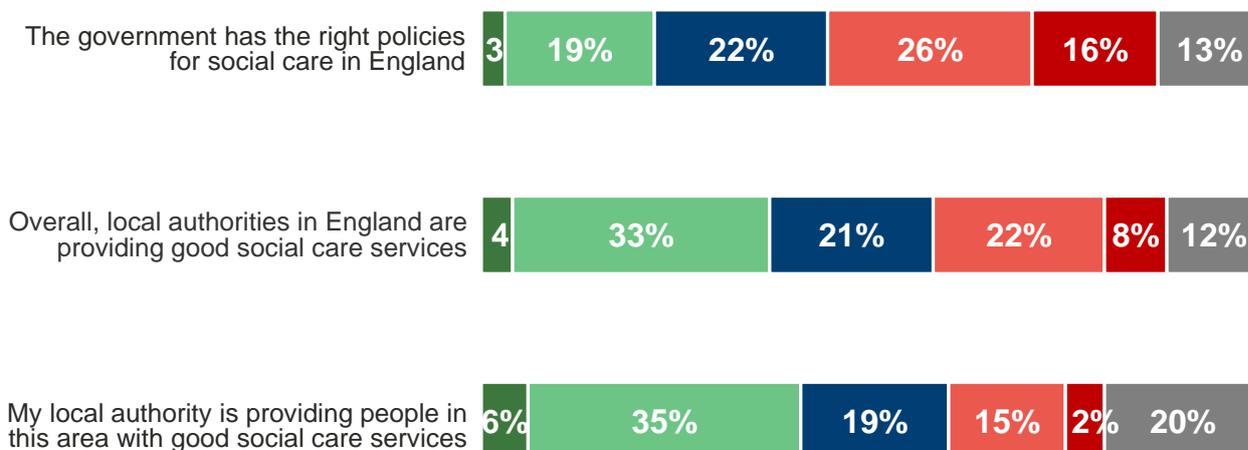
7.5 Public perceptions of national and local social care policy

The public tend to be more positive about their local social care services than about national social care policies, revealing a pattern that is also seen for the NHS. One in four (41%) agree that with the statement **my local authority is providing people in this area with good social care services** and around two in five (37%) agree that **local authorities in England are providing good social care services**, but less than a quarter (22%) agree that **the government has the right policies for social care in England**.

Over two fifths (42%) of the public disagree that **the government has the right policies for social care in England**. This has increased from under two fifths (37%) in December 2011 and three in ten (29%) in December 2010. The proportion of people who do not know or offer no opinion meanwhile has decreased from 17% in December 2011 to 13% in December 2012, indicating a strengthening of opinion on this issue.

Attitudes to social care: local versus national

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

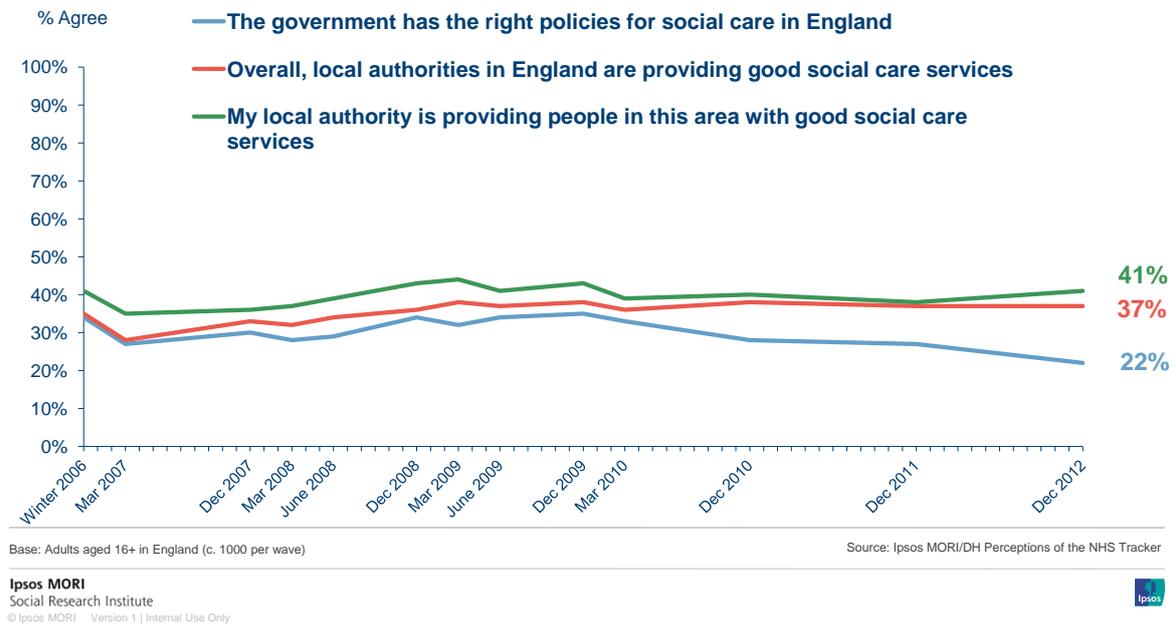


Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Trends in attitudes to social care: local versus national

Q To what extent, if at all, do you agree with the following statements?



Half (52%) of those who agree that **the government has the right policies for the NHS** also agree that **the government has the right policies for social care in England**, compared with less than a quarter (22%) overall.

Informal social carers are more likely than people overall to disagree with all three statements.

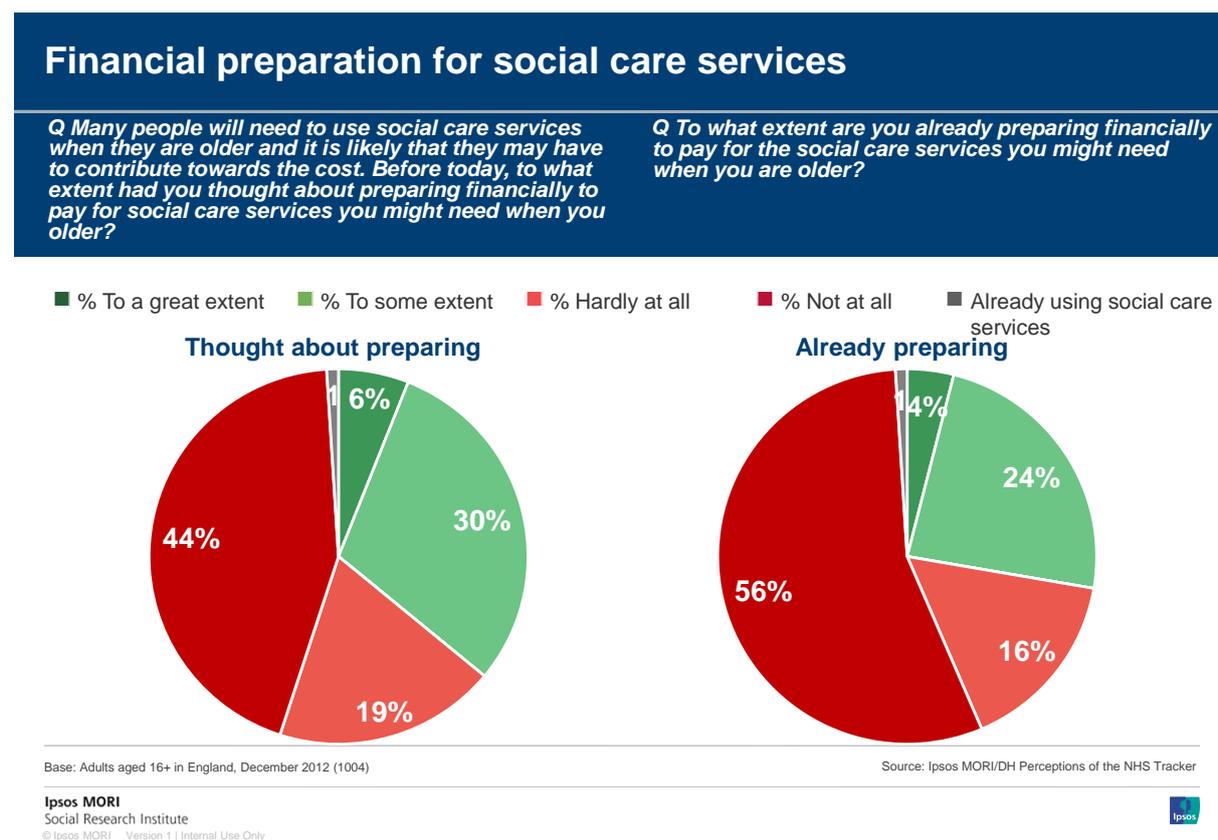
- Half (51%) disagree that **the government has the right policies for social care in England**, compared with just over two fifths (42%) overall.
- Almost two fifths (36%) disagree that **overall, local authorities are providing good social care services**, compared with three in ten (30%) overall.
- Almost three in ten (28%) disagree that with the statement '**my local authority is providing people in this area with good social care services**', compared with a fifth (20%) overall.

Younger people are more positive than older people across all three measures, although the perception gap remains visible across the age brackets. It is important to bear in mind though that younger people are also less likely to have experienced social care services than older people.

7.6 Financial preparation for future social care needs

The proportion of people preparing financially to pay for social care services in their old age is relatively low. Seven in ten (72%) have hardly made any preparations, or have not started preparing at all, whilst over a quarter (28%) have started preparing.

The proportion of people who have *thought* about preparing financially is higher; just over a third (36%) have thought about this, although almost two thirds (63%) have not.



Looking at differences by age, those aged 65 or over are no more likely to have thought about making, or to have made financial preparations for their future social care needs than other people.

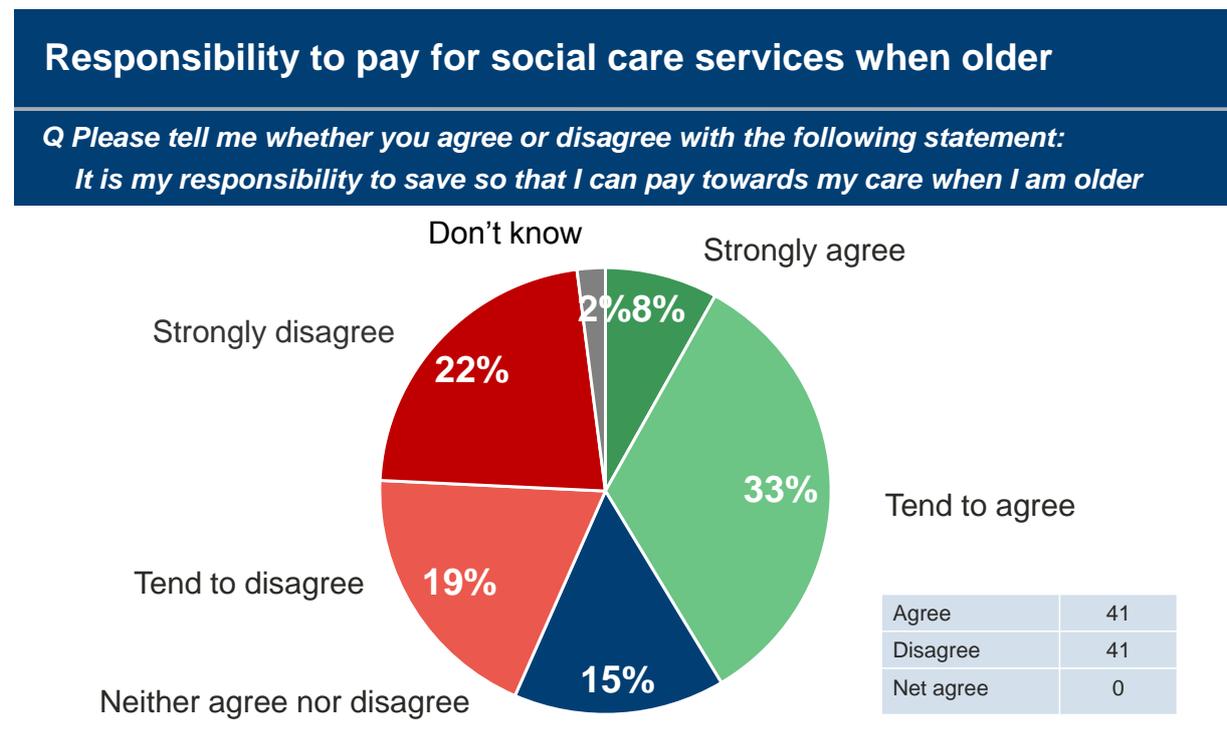
However, those aged 55 to 64 year-olds are more likely to have done both. Approaching half (45%) of those aged 35 to 54 have thought about preparing financially compared with just over a third (36%) overall. Similarly, almost four in ten (38%) people in this age bracket are already preparing financially, compared with almost three in ten (28%) overall.

Younger people, meanwhile, are less likely than other groups to have started to think about or to have prepared financially for their social care. Over eight in ten (83%) of those aged 16 to 24 have hardly thought or have not thought at all about preparing financially, compared with almost two

thirds (63%) overall. Almost nine in ten (88%) have made limited or no financial preparations, compared with seven in ten (72%) overall.

Preparation for future social care needs also varies by social grade. Those in social grades A/B are more likely to have both thought about and to have started preparing financially for social care services in the future than people of other social grades (54% and 46% respectively, compared with 36% and 28% overall).

Four in ten (41%) people agree that it is their responsibility to save so that they can pay for their care when they are older, whilst a similar proportion (41%) disagree.



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Those in social grades A/B and those aged 16 to 24 are more likely than others to agree that they have a responsibility to save for their social care (49% and 57% respectively, compared with 41% overall).

8. Care for older people

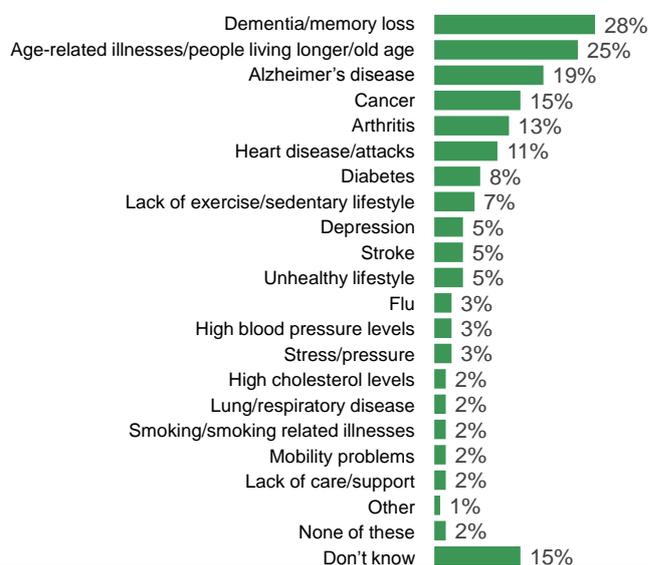
8. Care for Older People

8.1 Health problems facing older people

People were asked what, in their opinion, are the biggest health problems facing older people. Dementia is the most commonly mentioned problem, with almost three in ten (28%) people citing it. A quarter (25%) of the public mention age-related illnesses, one in five (19%) mention Alzheimer's disease, around one in seven (15%) mention cancer, and 13% mention arthritis. Almost two in five (47%) mention either dementia or Alzheimer's disease.

Biggest health problems facing older people

Q What are the biggest health problems facing older people today?



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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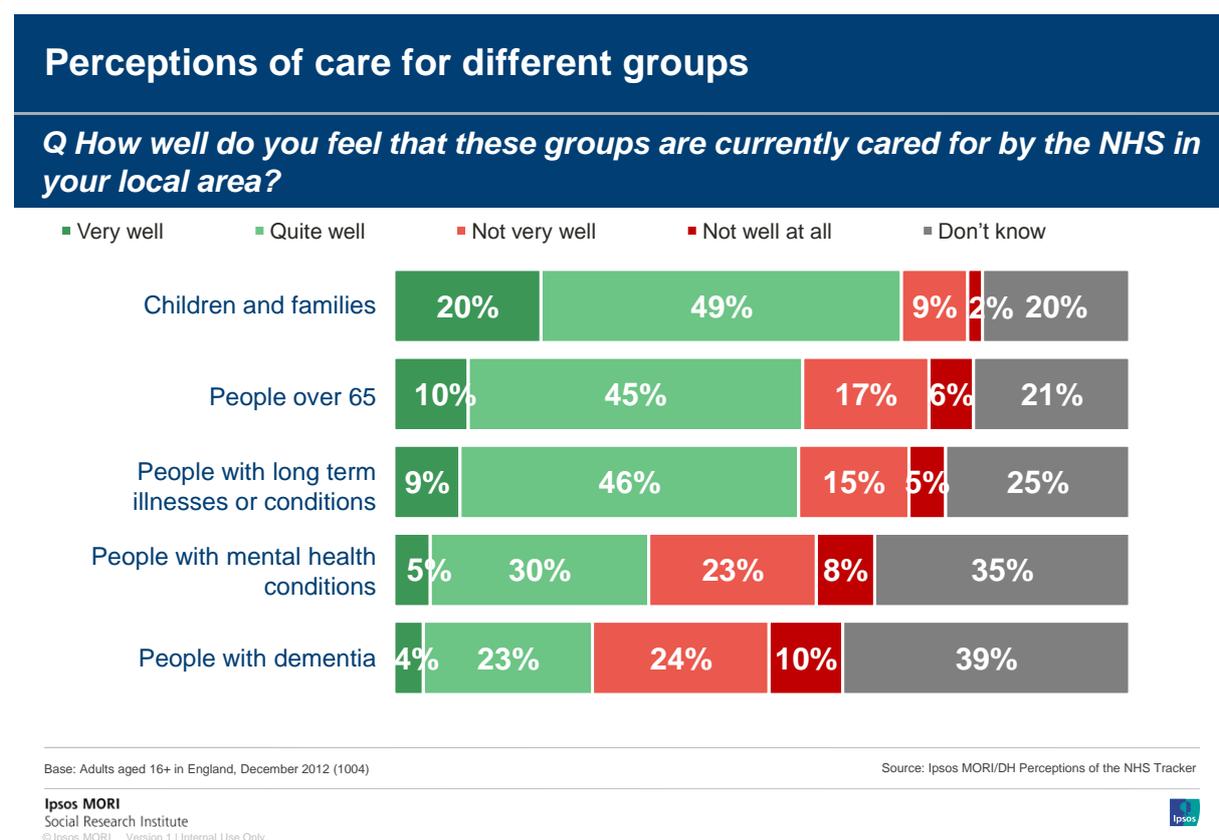


Whilst dementia is most commonly seen as the biggest problem, people aged 65 or over are most likely to name age-related illnesses as the biggest problem (32% compared with 25% overall). In addition, this group is also more likely than others to mention arthritis (19% compared with 13% overall).

8.2 Current and future care

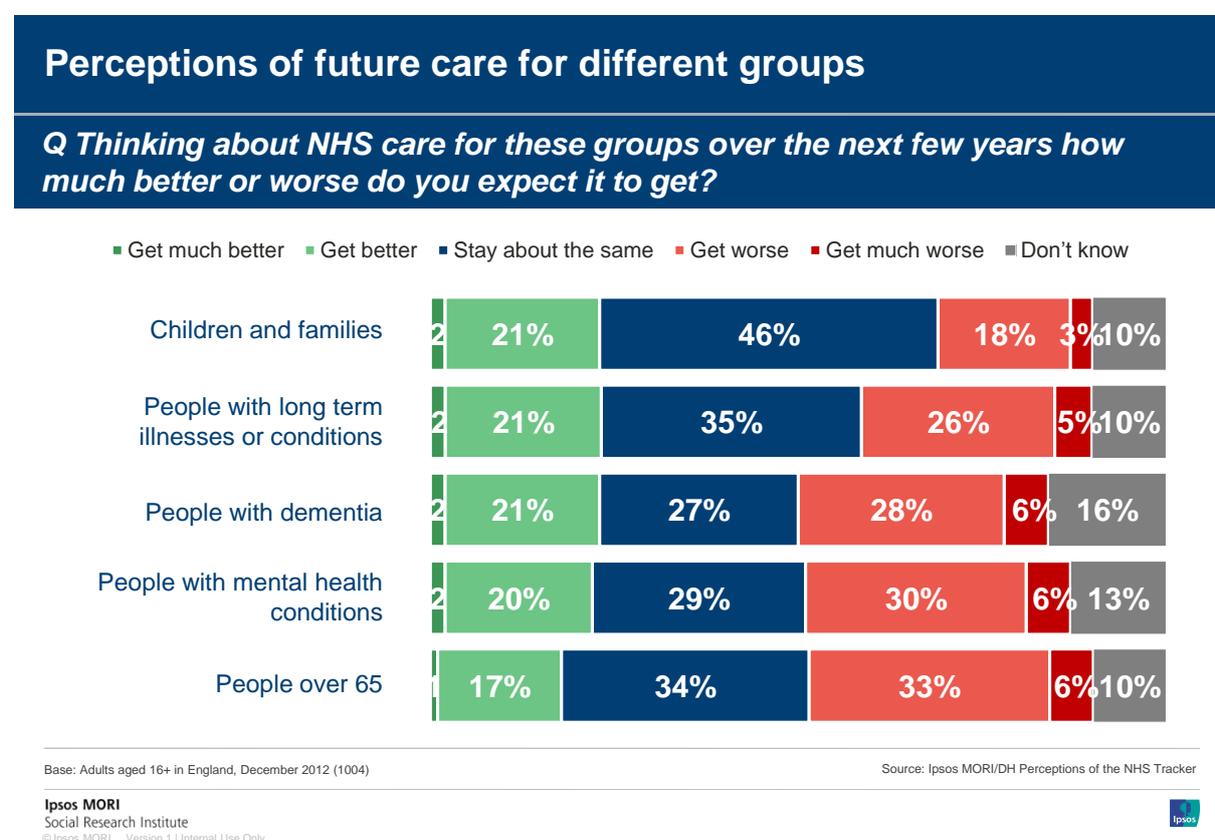
As just noted, dementia is thought of as the biggest health problem facing older people today, but NHS care for this group is not viewed positively. Only just over a quarter (27%) of the public think that people with dementia are well cared for and a third (34%) think they are not well cared for.

People are more positive about care for people over 65 and people with long-term conditions though: 55% of the public think these groups are well cared for. People are most positive about care for children and families, with almost seven in ten (69%) saying that this group is well cared for.



While over half (55%) of the public think that people over 65 are well cared for at present, just under one in five (18%) think this care will get better over the next few years. The same proportion of people think that care for people with long-term conditions and for people with dementia will get better, but higher proportions think care for these groups will get worse (31% of the public think care for people with long-term conditions will get worse, and 34% of the public think care for people with dementia will get worse, compared with 23% who think care for children and families will get worse). Just over a third (36%) of people expect care for people with mental health conditions to get worse.

Again, people continue to be most positive about NHS care for children and families (23% of people expect care to get better for this group).



Younger people tend to be more optimistic about future care for all of these groups of people. There is variation in perceptions of care for these groups amongst the groups though, as set out below:

People with dementia

- Older people are not very positive about current care for people with dementia, with over four in ten of those aged 55 to 64 and those aged 65 or over (44% and 43% respectively), saying that this group is not well cared for, compared with an overall figure of a third (34%).

- Two fifths of people with long-term conditions expect care for those with dementia to get worse (43% compared with 34% overall).

People over 65

- Positively, over seven in ten (72%) of those aged 65 or over say that people in their age group are well cared for currently, compared with an overall score of over half (55%).
- Half (49%) of people with long-term conditions expect care for the over 65s to get worse (compared with 39% overall).

People with long-term illnesses or conditions

- Almost a quarter (26%) of those who have long-term conditions say that this group are not well cared for currently, compared with a fifth (20%) overall.
- This group are also more negative than average about future care. Two fifths of those with long-term conditions expect care for this group to get worse (42% compared with 31% overall).

People with mental health conditions

- Those with long-term conditions are more negative about the care of those with mental health conditions, with almost two fifths (38%) saying that this group are not well cared for (compared with 31% overall).

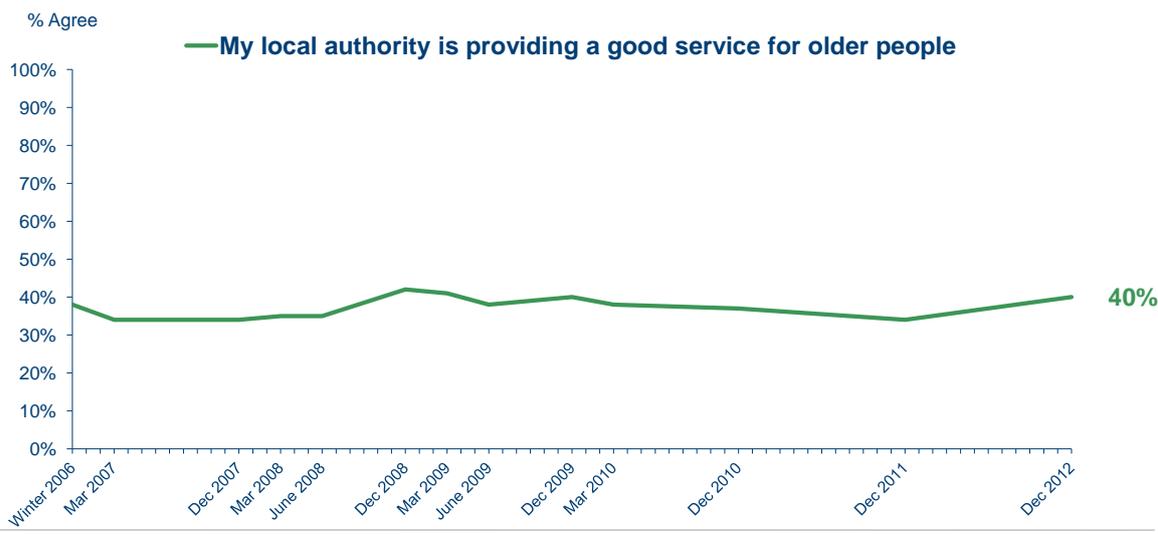
Children and families

- Almost two fifths of those aged 16 to 24 think that care for children and families will get better (37% compared with 23% overall).

When asked specifically about the social care provided by their local authority for older people, two fifths (40%) of the public agree that it is providing a good service, whilst a fifth (20%) disagree. In contrast, in December 2011, a third (34%) of people agreed that their local authority was providing a good service for older people, whilst a quarter (24%) disagreed.

Perceptions of local authority services for older people

Q To what extent, if at all, do you agree with the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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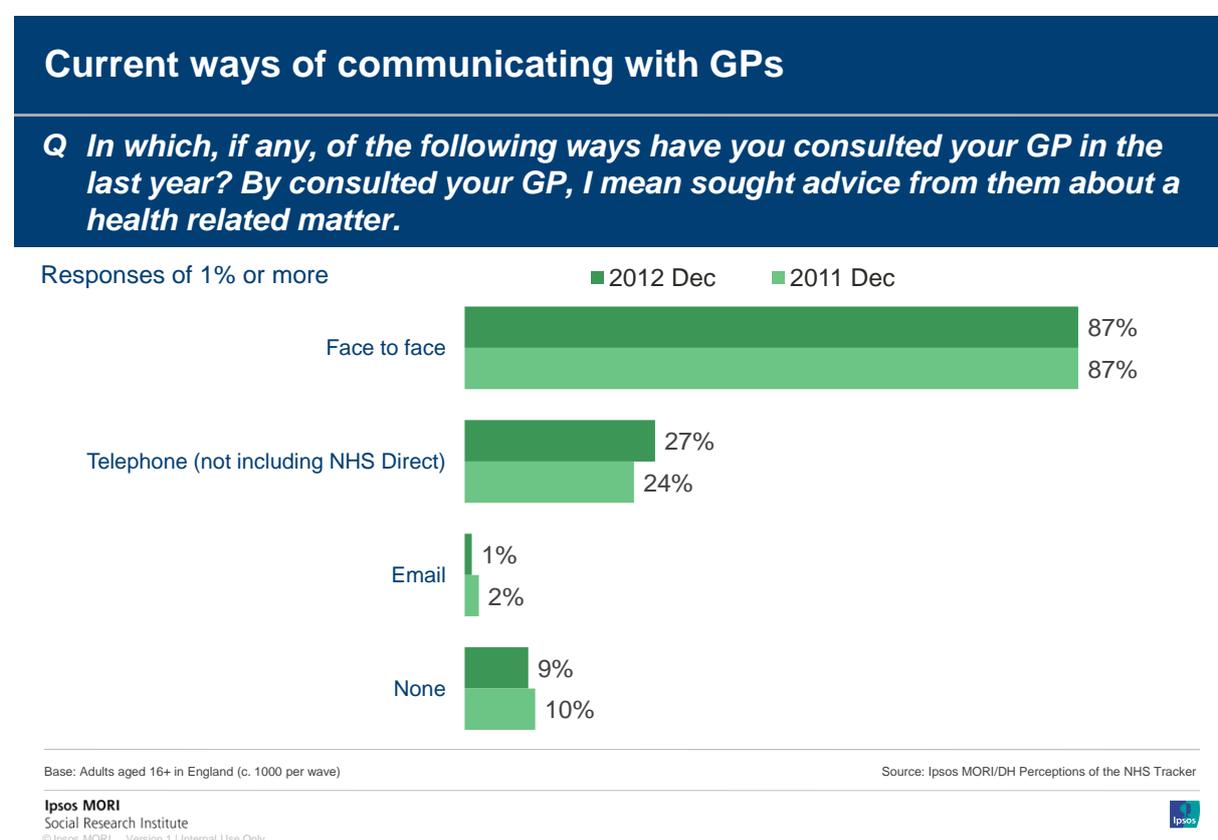
Those aged 65 or over are particularly positive about the care for older people provided by their local authority, with almost half (47%) agreeing that it is a good service, compared with two fifths (40%) overall.

9. Communication Channels and Technology

9. Communication Channels and Technology

The spread of the internet and emergence of new forms of communication in recent years have substantially altered the way in which people communicate with each other. However, despite the potential for change, currently most people continue to consult their GP face-to-face. Almost nine in ten (87%) people did so in the last year, a figure which has not changed since this question was last asked in December 2011.

Just over a quarter of (27%) the public have consulted their GP by telephone. Very few have used any other communication channels; just one per cent of the public have used email to consult their GP and less than half a per cent have used a voice or video call on the internet.



People aged 65 or over are more likely than those in the 16 to 24 age group to have consulted their GP face-to-face (89% compared with 81%).

Those in social grades D/E are more likely than those in social grade A/B to have consulted their GP by telephone (30% compared with 21%).

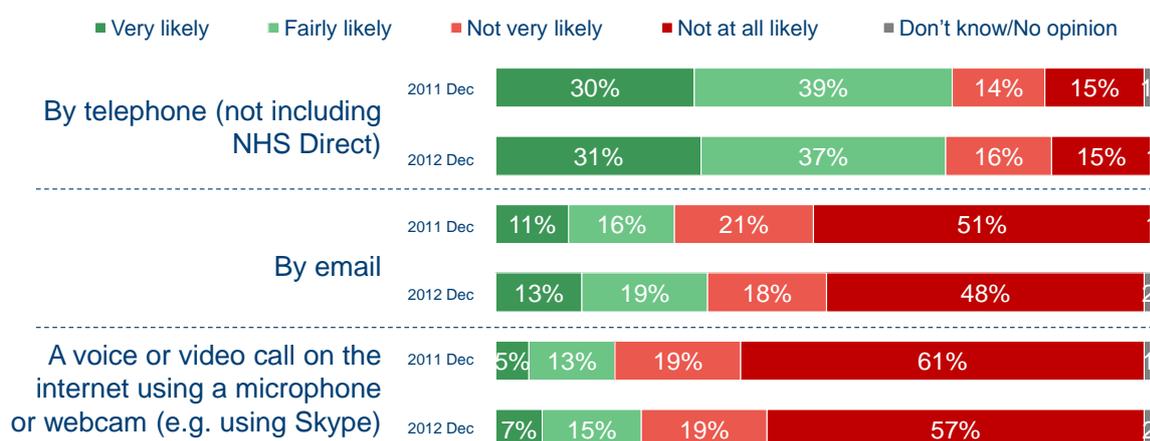
The numbers of people who have consulted their GP by email or voice video or call on the internet in the last year are too small to identify any significant differences between groups of users.

When asked how likely they would be to use various methods of communication in the future, over two thirds (68%) of people who have not previously consulted their GP by telephone say that they would be likely to do so.

Whilst use of email and voice or video calls over the internet remains low, there are indications that these channels of communication are becoming more acceptable to the public. In both instances, the proportion of people saying that they would be likely to use them to consult their GP has risen since December 2011 (from 27% to 32% in the case of email and from 18% to 22% for voice or video call on the internet).

Likelihood of using new ways to communicate with GPs in future

Q If you were able to consult your GP in the following ways, how likely, if at all, would you be to do so? Again, by consulting your GP, I mean seeking advice from them about a health related matter.



Base: Adults aged 16+ in England: All who have not consulted their GP in this way in the last year (By telephone c. 750 per wave; By email c. 1000 per wave; By a voice or video call on the internet c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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Sub-group analysis suggests that people who already engage with the NHS digitally are more likely to consider using emerging communication channels to consult their GP.

- People who have used the NHS Choices website in the last year are more likely to say they would consult their GP by email for the first time than people overall (53% compared with 32% overall).
- The same is true for consulting their GP over voice or video call on the internet. People who have used the NHS Choices website in the last year are more likely to say they would consult their GP by voice or video call for the first time than people overall (41% compared with 22%).

Likelihood of using new ways to communicate with GPs in future: differences by digital engagement level

Q If you were able to consult your GP in the following ways, how likely, if at all, would you be to do so? Again, by consulting your GP, I mean seeking advice from them about a health related matter.



Base: Adults Aged 16+ in England: Overall – who have not consulted their GP by email in the last year (995); All who have used NHS Choices in the last year and have not consulted their GP by email (78)



Base: Adults Aged 16+ in England: Overall – who have not consulted their GP by voice or video call on the internet in the last year (1003); All who have used NHS Choices in the last year and have not consulted their GP by voice or video call on the internet (78)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

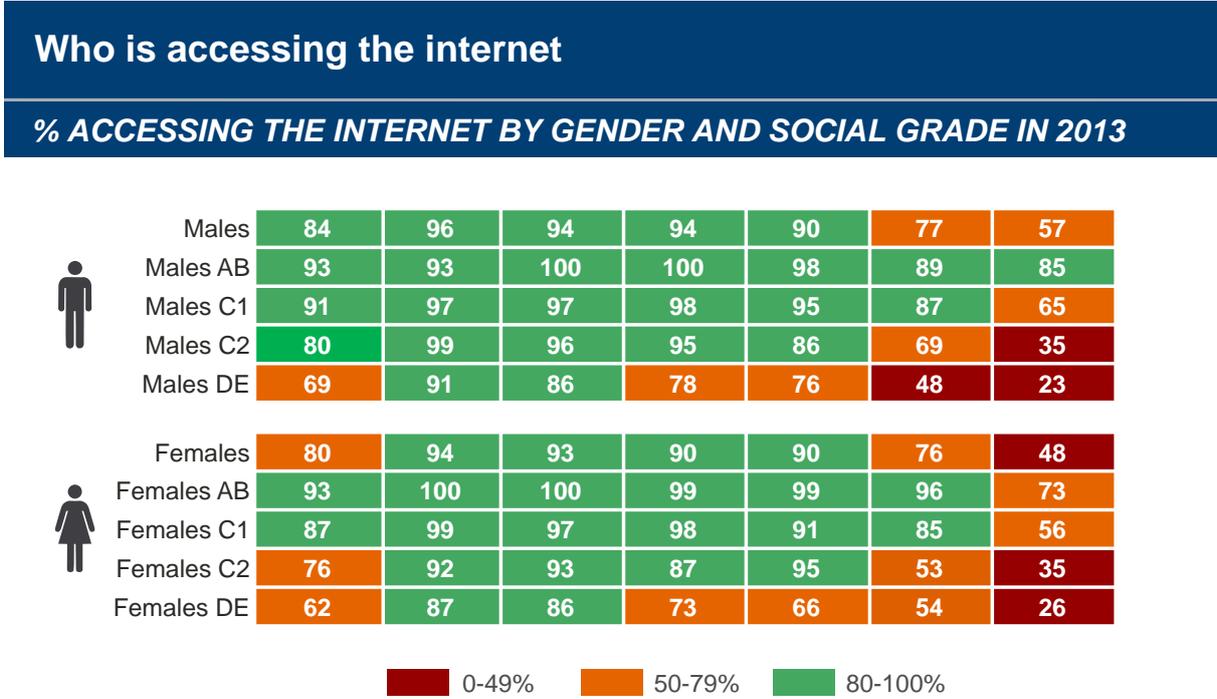
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Age also appears to affect how willing people are to engage with the NHS in new ways. Looking just at those who have not used these methods to seek advice from their GP, people who are 65 or over are less likely than others to say that they would use them in the future.

- Four in ten of this group (42%) say that they would not use telephone.
- Just under nine in ten (88%) say that they would not use email.
- Nine in ten (91%) say that they would not use a voice or video call over the internet (compared with 31%, 66% and 76% overall),

However, younger people are more open to these communication methods, even if they have not used them before. Looking just at those who have not already consulted their GP by email, 47% of 25 to 34 year olds and 44% of 16 to 24 year olds say they would be likely to do so in the future, compared with 32% overall. This is not surprising given that younger people are more likely than older people to be online, as the following chart from the regular Ipsos MORI Technology Tracker survey shows.⁸



Base: circa 4000 GB adults aged 15+: Q2/ Q3/ Q4 2012/ Q1 2013

Source: Ipsos MORI Technology Tracker Quarterly Release Q1

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People with long-term conditions also differ from others, although this may be linked to age. Again, just looking at those who have not used the new methods, people with long-term conditions are less likely than others to say that they would use them in the future (similar to people aged over 65).

- Three quarters (75%) this group say that they would not be likely to consult their GP by email compared with two thirds (66%) of the public overall.
- Similarly, this group is also more likely to say that they would not be likely to consult their GP using a voice or video call (83% compared with 76% overall).

⁸ Tech Tracker Quarterly Release: Q1 2013, Ipsos MORI, 12th March 2013, <http://www.ipsos-mori.com/researchpublications/publications/1539/Ipsos-MediaCT-Tech-Tracker.aspx>

Social grade also appears to affect people's willingness to use new ways to engage with the NHS. Looking just at those who have not used the new methods, people in social grades A/B are more likely than others to say that they would use them in the future.

- Half (48%) of this group say that they would use email compared with a third (32%) overall.
- A third (36%) say that they would use a voice or video call over the internet compared with two in ten (22%) overall.

Again, to put these findings in context, the previous chart shows that people in social grades A/B are more likely to access the internet than other groups.

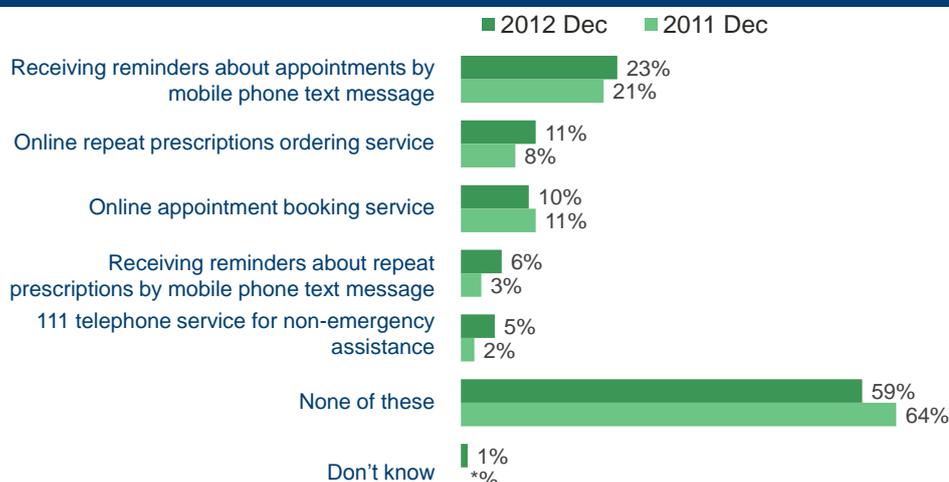
Looking at NHS services more generally, including hospitals, dentists and pharmacies, as well as GPs, almost a quarter (23%) of people have received reminders about appointments via mobile phone text message in the last year. One in ten (10%) people have used online appointment booking services in the last year.

Whilst the receipt of text reminders and the use of online appointment booking services have remained stable, there has been a rise in the proportion of people who have used online repeat prescription ordering services, from eight per cent in December 2011 to 11% currently. The proportion of people who have received reminders about repeat prescriptions by mobile phone text message has also increased, from three per cent in December 2011 to six per cent currently, as has the proportion who have used the 111 telephone service for emergency assistance (currently at five per cent, compared with two per cent in December 2011).

One per cent of the public say that they have accessed their health records online in the last year.

Current ways of communicating with NHS services

Q Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Again, younger people and those in social grades A/B are more likely to have interacted with NHS services in new ways.

- Younger people are more likely to have received reminders about appointments by text messages on their mobile phones than older people (23% of 16 to 24 year olds and 32% of 25 to 34 year olds have compared with 14% of those aged 65 and over).
- People in social grades A/B are more likely than others to have used an online repeat prescriptions ordering service (18% compared with 11% overall).
- They are also more likely to have used an online appointment booking service (15% compared with 10%).
- However, those aged 65 or older are more likely than those aged 16 to 24 to have used an online repeat prescriptions ordering service (13% and 5% respectively).

When asked what they would find most useful, over half (54%) of people say they would like to be able to book GP appointments online. Almost two fifths (37%) say ordering repeat prescriptions online and a third (32%) say receiving reminders about GP appointments by mobile phone text messages. Just over a fifth (22%) say accessing their GP health records online, and around one in seven (15%) say receiving reminders about repeat prescriptions by mobile phone text message.

Desired ways of communicating with NHS services

Q Which two or three of these, if any, would you find most useful to be able to do?



Base: Adults aged 16+ in England, December 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

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People aged 65 or over are less likely than others to say that they would find it useful to be able to access a range of services.

- One fifth (21%) of people in this age group say that they would find it useful to book GP appointments online, compared with over half (54%) overall.
- Under a quarter (23%) say that it would be useful to order repeat prescriptions online, compared with almost two fifths (37%) overall.
- Seventeen per cent say the same thing about receiving reminders about GP appointments by text message, compared with a third (32%) overall
- Twelve per cent say that it would be useful to access their GP health records online, compared with just over a fifth (22%) overall.

There are also, again, differences by social grade.

- People in social grades A/B are more likely than others to say that they would find it useful to book GP appointments online (71% compared with 54% overall).
- They are also more likely to say they would find it useful to order repeat prescriptions online (49% compared with 37% overall).
- Twenty nine per cent of this group would find it useful to access their GP health records online compared with 22% overall.

There are clear patterns emerging therefore about the extent to which different groups of the population are using new ways to engage with the NHS and how willing they are to in the future. Younger people and those of social grades A/B are the most likely to be already using new ways to engage with the NHS and to be keen to do so in the future, even when they are not already doing so.

Appendices: Technical Details

Appendices: Technical Details

Appendix A. Methodology

Ipsos MORI carried out 1,004 interviews among a representative sample of adults aged 16 and over living in 104 output areas (OAs) across the 9 Government Office Regions (GORs) of England.

The OAs were selected systematically from an ordered list. OAs were given a measure of size equal to the number of adults aged 16 and over present in the OA. The selection OAs was then made using probability of selection proportional to the OA's size and selected systematically "1 in N", with a random start location. All OAs within each GOR were sorted by ward and by demographic type (i.e. the percentage of people who were social grade A/B), with individual sampling points then selected at random.

Within each OA, quotas were set using the Office of National Statistics mid-year estimates for 2010 to reflect the profile of the areas in terms of age, sex, and work status. At the analysis stage, data were weighted to the population profile in terms of age, sex, working status and GOR according to the ONS mid-year estimates for 2008.

All interviews were conducted face-to face and in-home, between 5 November and 16 December 2012.

Interviews were conducted using CAPI (computer-assisted personal interviewing), as were interviews in the spring 2012, December 2011 and December 2010 waves of this research. Interviews carried out in waves prior to December 2010 were conducted using interviewer administered pen-and-paper interviewing.

Appendix B. Referenced reports

Where relevant, this report draws on research and data from other publications, produced both by Ipsos MORI and other organisations. Where other data is used this is clearly referenced in a footnote. Below is a summary of these publications:

- **State of the Nation: Where is Bittersweet Britain Heading, Ipsos MORI and British Future, January 2013, <http://www.britishfuture.org/wp-content/uploads/2013/01/State-of-the-Nation-2013.pdf>** : On behalf of new think tank British Future, Ipsos MORI conducted a survey offering insight into the public's hopes and fears for 2013 and their attitudes to issues of identity, integration and migration. Results based on 2,515 online interviews with British adults aged 16 to 75. Fieldwork took place between 23 and 27 November 2012. Data are weighted to match the profile of the population.
- **Ipsos MORI Key Drivers of Satisfaction with the NHS, Ipsos MORI, June 2009:** As part of our ongoing work for the Department of Health, Ipsos MORI conducted a piece of in-depth analysis aimed at understanding and exploring the drivers of satisfaction with the National Health Service. This consisted of a series of Key Drivers Analyses on a range of different data sources, including the Perceptions of the NHS Tracking study, Ipsos MORI's monthly Political Monitor, Ipsos MORI's monthly Issues Index, the Delivery Index and the NHS Staff Survey.
- **Tech Tracker Quarterly Release: Q1 2013, Ipsos MORI, 12th March 2013, <http://www.ipsos-mori.com/researchpublications/publications/1539/ipsos-MediaCT-Tech-Tracker.aspx>**

In addition, where appropriate, this report compares results from this wave of the Public Perceptions of the NHS and Social Care Tracking survey with those obtained in previous waves of this survey. Key details of all previous waves of the survey are listed below.

- **Spring 2000:** results based on 1,046 face-to-face and in-home interviews among a representative sample of adults aged 16+ living in 104 enumeration districts between 14 April and 7 May 2000;
- **Winter 2001:** results based on 1,021 interviews in 104 enumeration districts between 21 November and 10 December 2001;
- **Spring 2002:** results based on 1,041 interviews in 108 enumeration districts between 4 May and 5 June 2002;
- **Winter 2002:** results based on 1,002 interviews in 108 enumeration districts between 21 November and 24 December 2002;

- **Spring 2003:** results are based on 1,000 interviews in 108 enumeration districts between 12 May and 8 June 2003;
- **Winter 2003:** results are based on 1,039 interviews in 104 enumeration districts between 18 November 2003 and 18 January 2004;
- **Spring 2004:** results are based on 1,031 interviews in 104 enumeration districts between 4 June and 6 July 2004;
- **Winter 2004:** results are based on 994 interviews in 102 output areas between 13 November and 12 December 2004,
- **Spring 2005:** results are based on 1,002 interviews in 101 output areas between 1 June and 7 July 2005.
- **Winter 2005:** results are based on 1,041 interviews in 104 output areas between 12 November and 13 December 2005.
- **Spring 2006:** results are based on 1,009 interviews in 129 output areas between 13 June and 9 July 2006.
- **Winter 2006:** results are based on 1,011 interviews in 86 output areas between 10 November and 3 December 2006.
- **March 2007:** results are based on 1,013 interviews in 87 output areas between 3 March and 2 April 2007.
- **July 2007:** results are based on 1,026 interviews in 113 output areas between 22 June and 20 July 2007.
- **December 2007:** results are based on 1,011 interviews in 88 output areas between 12 November and 15 December 2007.
- **March 2008:** results are based on 1,036 interviews in 88 output areas between 10 March and 6 April 2008.
- **June 2008:** results are based on 1,003 interviews in 88 output areas between 27 May and 23 June 2008.
- **December 2008:** results are based on 1,003 interviews in 104 output areas between 17 November and 15 December 2008.
- **March 2009:** results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.

- **June 2009:** results are based on 1,039 interviews in 104 output areas between 25 May and 26 June 2009.
- **December 2009:** results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.
- **March 2010:** results are based on 1,006 interviews in 104 output areas between 22 February and 22 March 2010.
- **December 2010:** results are based on 1,011 interviews in 104 output areas between 22 November and 23 December 2010.
- **December 2011:** results are based on 1,001 interviews in 104 output areas between 14 November and 9 December 2011.
- **Spring 2012:** results based on 1,015 interviews in 104 output areas between 4 and 31 May 2012.

Appendix C. Presentation and interpretation of the data

Where this report refers to figures for those “satisfied”, this is an aggregate sum of those who say they are “very satisfied” and those who say they are “fairly satisfied”. In turn, “dissatisfied” figures refer to an aggregate sum of those who say they are “very dissatisfied” and those who say they are “fairly dissatisfied”.

References are also to “net” figures in this volume. This represents the balance of opinion on attitudinal questions, and provides a particularly useful means of comparing the results for a number of variables. In the case of a “net satisfaction” figure, this signifies the proportion of people satisfied about a particular issue minus the proportion of people who are dissatisfied. For example, if a question recorded results of 40% of people saying they are satisfied and 25% saying they are dissatisfied, the “net satisfaction” score would be +15 points.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or respondents being able to give multiple answers to the same question. Throughout the volume an asterisk (*) denotes any value of less than half of one per cent but greater than zero.

It is worth bearing in mind that this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by the NHS.

Appendix D. Guide to statistical reliability

It should be remembered that a sample and not the entire population of adults living in the 9 GORs of England has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant. For example, for a question where 50% of the people in a weighted sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of respondents, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Size of sample on which survey result is based	Percentage point difference required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
100 interviews	+/- 6	+/- 9	+/- 10
200 interviews	+/- 4	+/- 6	+/- 7
300 interviews	+/- 3	+/- 5	+/- 6
400 interviews	+/- 3	+/- 5	+/- 5
500 interviews	+/- 3	+/- 4	+/- 4
600 interviews	+/- 2	+/- 4	+/- 4
700 interviews	+/- 2	+/- 3	+/- 4
800 interviews	+/- 2	+/- 3	+/- 4
900 interviews	+/- 2	+/- 3	+/- 3
c. 1,000 interviews	+/- 2	+/- 3	+/- 3

Source: Ipsos MORI

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. To test if a difference in results between two sub-groups within a sample is statistically significant one, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Size of sample on which survey result is based	Percentage point difference required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
100 and 100	+/- 8	+/- 13	+/- 14
100 and 200	+/- 7	+/- 11	+/- 12
100 and 300	+/- 7	+/- 10	+/- 11
100 and 400	+/- 7	+/- 10	+/- 11
100 and 500	+/- 7	+/- 10	+/- 11
200 and 200	+/- 7	+/- 10	+/- 11
200 and 300	+/- 5	+/- 8	+/- 9
200 and 400	+/- 5	+/- 8	+/- 9
200 and 500	+/- 5	+/- 8	+/- 8
300 and 300	+/- 5	+/- 7	+/- 8
300 and 400	+/- 5	+/- 7	+/- 8
300 and 500	+/- 4	+/- 7	+/- 7
400 and 400	+/- 4	+/- 6	+/- 7
400 and 500	+/- 4	+/- 6	+/- 7
500 and 500	+/- 4	+/- 6	+/- 6
1,015 and 1,004 (Spring 2012 and December 2012 surveys)	+/- 3	+/- 4	+/- 4

Source: Ipsos MORI

Appendix E. Guide to social classification

The following table contains a brief list of social grade definitions as used by the Institute of Practitioners in Advertising. These groups are standard on all surveys carried out by Ipsos MORI.

Social Grade	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Higher managerial, administrative or professional
B	Middle Class	Intermediate managerial, administrative or professional
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional
C2	Skilled Working Class	Skilled manual workers
D	Working Class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings

Source: Ipsos MORI

Appendix F. Sample profile

	Unweighted		Weighted	
	n	%	n	%
Total	1004	100	1004	100
Gender				
Male	471	47	490	49
Female	533	53	514	51
Age				
16-24	125	12	149	15
25-34	162	16	161	16
35-54	308	31	348	35
55-64	147	15	146	15
65+	261	26	199	20
Social Grade				
AB	245	24	250	25
C1	306	30	313	31
C2	216	22	215	21
DE	237	24	226	23
Work Status				
Full-time	376	37	433	43
Not full-time	628	63	571	57
Ethnicity				
White	899	90	899	89
Black	21	2	21	2
Asian	62	6	62	6
Mixed	13	1	14	1

Appendix G. The questionnaire

Good morning, afternoon, evening. My name is from Ipsos MORI, the market and opinion research organisation, and we are carrying out a survey on health issues in your area and nationally. The interview will take about 25 minutes.

I would like to assure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. It will not be possible to identify any particular individual or address in the results.

PLEASE DO NOT INFORM RESPONDENTS WHO THE CLIENT IS - IF RESPONDENTS ASK, TELL THEM THAT YOU WILL REVEAL THIS INFORMATION AT THE END OF THE INTERVIEW.

Q1. SHOWCARD A (R)

Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?

SINGLE CODE ONLY

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/ Refused	

Q2. SHOWCARD B (R)

To what extent, if at all, do you agree or disagree with the following statements?

READ OUT STATEMENTS a-c. ROTATE ORDER. SINGLE CODE ONLY

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
A	The government has the right policies for the NHS						
B	The NHS is providing a good service nationally						
C	My local NHS is providing me with a good service						

Q3. **Thinking about the NHS over the next few years do you expect it to...?**

READ OUT STATEMENTS a-e. REVERSE ORDER. SINGLE CODE ONLY

A	Get much better	
B	Get better	
C	Stay about the same	
D	Get worse	
E	Get much worse	
F	Don't know	

Q4. SHOWCARD C (R)

Which of the following health services, if any, have you personally used in the last year or so? Just read out the letter or letters that apply.

MULTICODE OK

A	Been an inpatient at an NHS hospital	
B	Attended an NHS hospital as an outpatient	
C	Visited an accident and emergency (A&E) department	GO TO FILTER AT Q5
D	Visited a minor injuries unit	
E	Used NHS Direct	
F	Visited a Pharmacist/Chemist for medical advice	
G	Used the NHS Choices website	GO TO Q6
H	Used a walk-in clinic	
I	Visited an NHS GP	
J	Used social care services	
K	None of these	
L	Don't know/refused	

ASK IF HAVE BEEN INPATIENT, OUTPATIENT, VISITED A&E, OR VISITED A MINOR INJURIES UNIT IN THE LAST YEAR AT Q4 (MORE THAN ONE CODE AT CODES 1-4). OTHERS GO TO Q6.

Q5. SHOWCARD D (R)

You say you have been an NHS inpatient, or an NHS outpatient, or have visited an A&E department, or a minor injuries unit within the last year or so. Which ONE of these was the most recent hospital visit you have made as a patient? Just read out the letter that applies.

SINGLE CODE ONLY

A	Been an inpatient at a NHS hospital
B	Attended an NHS hospital as an outpatient
C	Visited an accident and emergency (A&E) department
D	Visited a minor injuries unit
	Don't know

ASK ALL

Q6. SHOWCARD E (R)

Now thinking about the last time you visited an NHS hospital, overall, how satisfied or dissatisfied were you with this last visit as a patient?

SINGLE CODE ONLY

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/ haven't been	
Don't know/ no opinion	

Q7. SHOWCARD E AGAIN (R)

Now thinking about the last time you visited your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?

SINGLE CODE ONLY

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/ haven't been	
Don't know/ no opinion	

Q8. SHOWCARD F (R)

In which, if any, of the following ways have you consulted your GP in the last year? By consulted your GP, I mean sought advice from them about a health related matter.

MULTICODE OK

Face to face	
Telephone (not including NHS Direct)	
Email	
A voice or video call on the internet using a microphone or webcam (e.g. using Skype)	
Other	
None	
Don't know	

ASK Q9 FOR EACH CODE NOT SELECTED AT Q8

Q9. SHOWCARD G (R)

If you were able to consult your GP in the following ways, how likely, if at all, would you be to do so? Again, by consulting your GP, I mean seeking advice from them about a health related matter.

SINGLE CODE ONLY. READ OUT STATEMENTS A-C. ROTATE ORDER.

		Very likely	Fairly likely	Not very likely	Not at all likely	Don't know/ No opinion
A	By telephone (not including NHS Direct)					
B	By email					
C	A voice or video call on the internet using a microphone or webcam (e.g. using Skype)					

ASK ALL

Q10. SHOWCARD H (R)

Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?

MULTICODE OK

Online appointment booking service	
Receiving reminders about appointments by mobile phone text message	
Online repeat prescriptions ordering service	
Receiving reminders about repeat prescriptions by mobile phone text message	
111 telephone service for non-emergency assistance	
Accessing your GP health records online	
None of these	
Don't know	

Q11. SHOWCARD I (R)

Which two or three of these, if any, would you find most useful to be able to do?

MULTICODE UP TO THREE CODES OK

Book GP appointments online	
Receive reminders about GP appointments by mobile phone text message	
Order repeat prescriptions online	
Receive reminders about repeat prescriptions by mobile phone text message	
Access your GP health records online	
None of these	
Don't know	

Q12 Overall, what do you see as the biggest problems facing the NHS? PROBE FULLY USING "What else?" DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

<u>ACCESS TO TREATMENT/WAITING TIME</u>	Long waiting lists/ times
<u>CHOICE</u>	Not enough patient choice about care/ treatment
	Not enough patient say/ involvement in decisions about healthcare services
<u>EXTERNAL FACTORS</u>	Bird flu
	Swine flu (pig flu)
	Foreigners/ immigrants
	Flu pandemic
	Overstretched/ aging population
	Public health problems (smoking, obesity, sexual health, etc)
	Trivial use/ abuse
<u>MANAGEMENT/ BUREAUCRACY</u>	Bureaucracy/ top heavy management
	Political influence/ government targets
	Privatisation
	Problems prioritising treatment/ patient groups
	Big changes to services/ NHS reforms
<u>RESOURCES/INVESTMENT</u>	Lack of resources/ investment
	Hospital closures/ lack of hospitals/ facilities
	Not enough doctors/ nurses/ understaffed
	Poor pay for NHS staff
	Poor quality staff education/ training
	Overworked staff
	Shortage of beds
	Shortage of NHS dentists
	Staff retention
<u>TREATMENT QUALITY/ IMPROVEMENTS</u>	Low quality of services/ treatment/ care
	Poor quality care of the elderly
	Poor standards of cleanliness/ superbugs/ MRSA
	Other (PLEASE WRITE IN AND CODE '2')
	Don't know
	None of these

PUBLIC HEALTH SECTION

Q13. **Thinking generally, what are the biggest health problems facing people today?** PROBE FULLY USING **“What else?”** DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

Age-related illnesses/ people living longer/ old age	
Aids/ HIV	
Alcohol abuse/ drink-related illnesses/ alcoholism/ binge drinking	
Bird flu	
Cancer	
Dementia	
Diabetes	
Diabetes in children	
Drugs /abuse/ misuse of drugs/ substances	
Flu pandemic	
Heart disease/ attacks	
Lack of exercise/ sedentary lifestyle	
Liver disease	
Lung disease/ respiratory disease	
Mental health	
MRSA/cleanliness in hospitals	
Obesity in children	
Obesity/overeating	
Poor diet/ lack of nutrition/ eating habits/ junk food	
Smoking/smoking related illnesses	
Stress/ pressure	
Stroke	
Swine flu (pig flu)	
Unhealthy lifestyle	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

Q14. **And what are the biggest health problems facing older people today?** PROBE FULLY USING “What else?” DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

Age-related illnesses/people living longer/old age	
Alcohol abuse/drink-related illnesses/alcoholism/binge drinking	
Alzheimer’s disease	
Arthritis	
Cancer	
Dementia/memory loss	
Diabetes	
Depression	
Flu	
Heart disease/attacks	
High blood pressure levels	
High cholesterol levels	
Lack of exercise/sedentary lifestyle	
Liver disease	
Lung disease/ respiratory disease	
Smoking/smoking related illnesses	
Stress/pressure	
Stroke	
Unhealthy lifestyle	
Other (PLEASE WRITE IN AND CODE ‘6’)	
Don’t know	
None of these	

Q15. SHOWCARD J (R)

How well do you feel that these groups are currently cared for by the NHS in your local area?

READ OUT. SINGLE CODE ONLY. ROTATE STATEMENTS.

	Very well	Quite well	Not very well	Not well at all	Don't know
a People over 65					
b People with dementia					
c People with long term illnesses or conditions					
d Children and families					
e People with mental health conditions					

Q16. SHOWCARD K (R)
Thinking about NHS care for these groups over the next few years how much better or worse do you expect it to get?
 READ OUT. SINGLE CODE ONLY. ROTATE STATEMENTS.

	Get much better	Get better	Stay about the same	Get worse	Get much worse	Don't know
People over 65						
People with dementia						
People with long term illnesses or conditions						
Children and families						
People with mental health conditions						

INVOLVEMENT IN TREATMENT AND CARE, AND CHANGES TO THE NHS SECTION

Q17. SHOWCARD L (R)
Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements.
 SINGLE CODE ONLY

- a) I was involved as much as I wanted to be in decisions about my care or treatment
- b) I was able to choose the treatment or service which best suited my needs

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

Q18. SHOWCARD M (R)
 Please read the following pair of statements and decide, on a scale of 1 to 5, which comes closest to your own opinion. A score of 1 means you agree much more with statement A while a score of 5 means you agree much more with statement B.
 SINGLE CODE ONLY

A) In general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment

B) In general, I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant

1	Agree much more with statement A
2	
3	
4	
5	Agree much more with statement B
Don't know	

Q19. SHOWCARD N (R)
 The NHS may move more services which have traditionally been provided in hospitals out into the community. This could mean more services are provided through GP practices or clinics or by NHS staff delivering them in patients' homes. How much better or worse do you think this will make services for patients?
 SINGLE CODE ONLY

Much better	
A little better	
Neither better nor worse	
A little worse	
Much worse	
Don't know	

ASK HALF OF THE RESPONDENTS QUESTIONS 20 AND 21, AND THE OTHER HALF 22 AND 23.

- Q20. SHOWCARD O (R)
NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector. To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

SINGLE CODE ONLY

Get a lot better	
Get a little better	
Stay the same	
Get a little worse	
Get a lot worse	
Don't know	

- Q21. SHOWCARD O AGAIN (R)
Charities will also be involved in the provision of NHS services and care in future. To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

SINGLE CODE ONLY

Get a lot better	
Get a little better	
Stay the same	
Get a little worse	
Get a lot worse	
Don't know	

- Q22. SHOWCARD O (R)
NHS services and care, whilst still free, will be provided by a wider range of organisations in future. These will include charities. To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

SINGLE CODE ONLY

Get a lot better	
Get a little better	
Stay the same	
Get a little worse	
Get a lot worse	
Don't know	

- Q23. SHOWCARD O AGAIN (R)
The private sector will also be involved in the provision of NHS services and care in future. To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

SINGLE CODE ONLY

Get a lot better	
Get a little better	
Stay the same	
Get a little worse	
Get a lot worse	
Don't know	

SOCIAL CARE SECTION

Q24. SHOWCARD P (R)

The Department of Health defines social care as services to support people to be independent, play a full part in society and protect them in vulnerable situations. It includes practical help in the home, day centres, residential and nursing care homes, as well as advice and guidance. To what extent, if at all, do you agree or disagree with the following statements?

READ OUT STATEMENTS a-d. ROTATE ORDER. SINGLE CODE ONLY EACH ONLY STATEMENT

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
A	The government has the right policies for social care in England						
B	Overall, local authorities in England are providing good social care services						
C	My local authority is providing people in this area with good social care services						
D	My local authority is providing a good service for older people						

Q25. SHOWCARD Q (R)

Which of the following social care services, if any, have you, members of your household, family or friends used in the last year or so? Just read out the letter or letters that apply.

MULTICODE OK FOR EACH SERVICE MENTIONED: And did you use that service personally or was it someone else?

PLEASE CODE EACH SERVICE MENTIONED APPROPRIATELY INTO THE 'ME PERSONALLY' AND/OR 'SOMEONE ELSE' COLUMN

		ME PERSONALLY	SOMEONE ELSE
A	Assisted technology (e.g. automatic sensors to say if lights left on/fridge door open)		
B	Basic needs such as food, shelter and medical care for older people/people with disabilities		
C	Day/community/luncheon centres for people with disabilities		
D	Day/community/luncheon centres for older people		
E	Direct payment/Individual budgets (payment of allowances/funds into personal accounts/personal budgets/allowances to spend on services)		
F	Home care/day care for older people		
G	Home care/day care for people with disabilities		
H	Meals on wheels		
I	Residential/nursing care for people with disabilities		
J	Residential/nursing care for older people		
K	Support to stay in work for those with a disability/long-term health condition		
L	Transport services for older people/people with disabilities		
	Other (PLEASE WRITE IN & CODE '1')		
	None of these		
	Don't know		

ASK ALL WHO HAVE RECEIVED/EXPERIENCED SOCIAL CARE (ALL EXCEPT 'NONE OF THESE' AND 'DON'T KNOW' AT Q25) OTHERS GO TO Q28

- Q26. SHOWCARD R (R)
Overall, how satisfied or dissatisfied are you with the service?
 SINGLE CODE ONLY

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/Refused	

ASK ALL WHO HAVE RECEIVED/EXPERIENCED SOCIAL CARE 'PERSONALLY' AT Q25 (ANY CODES IN FIRST COLUMN) OTHERS GO TO Q28

- Q27. SHOWCARD S (R)
On the whole, do you agree or disagree with the following statement: Social care services I receive take account of my personal needs
 SINGLE CODE ONLY

Agree	
Disagree	
Don't know	
Refused	

ASK ALL

- Q28. SHOWCARD T (R)
Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?
 SINGLE CODE ONLY

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

ASK ALL

Q29. SHOWCARD T AGAIN (R)

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

SINGLE CODE ONLY

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

Q30. SHOWCARD U (R)

And please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older.

SINGLE CODE ONLY

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

KEY STATEMENTS SECTION

Q31 – Q46. SHOWCARD V (R)

Please tell me whether on the whole you agree or disagree with each of the following statements:

READ OUT Q31 TO Q46. ROTATE ORDER. SINGLE CODE ONLY FOR EACH.

	Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q31.					
	Britain's National Health Service is one of the best in the world				
Q32.					
	The NHS provides good value for money to taxpayers				
Q33.					
	If I was very ill I would feel safe in an NHS hospital				
Q34.					
	People are treated with dignity and respect when they use NHS services				
Q35.					
	People are treated with dignity and respect when they use social care services				
Q36.					
	The NHS puts quality at the heart of all it does				
Q37.					
	NHS hospitals are getting infections like MRSA under control				
Q38.					
	NHS waiting times for non-emergency treatment and care are getting shorter				
Q39.					
	NHS and social care services work well together to give people co-ordinated care				
Q40.					
	The NHS will face a severe funding problem in the future				
Q41.					
	The NHS is changing so it can provide the service we need for years to come				
Q42.					
	The NHS is doing everything it can to reduce waste and inefficiency				
Q43.					
	It is possible to increase quality of care for patients whilst reducing NHS costs				
Q44.					
	GPs are best placed to understand which services their patients need				
Q45.					
	The Government is doing more these days to help people live healthier lives				
Q46.					
	There should always be limits on what is spent on the NHS				

Q47. SHOWCARD V AGAIN (R)

And please tell me whether on the whole you agree or disagree with the following statement: People have increasing choice about their treatment and care.

SINGLE CODE ONLY

Strongly agree	
Tend to agree	
Tend to disagree	
Strongly disagree	
Don't know	

ASK ALL WHO SAY CODES STRONGLY AGREE OR TEND TO AGREE AT Q47.

Q48. **Which aspects of treatment and care were you thinking of?**

PROBE FULLY. WRITE IN.

Don't know	
No answer	

ASK ALL

Q49. **Did you know you that you have a choice about the following?**

SINGLE CODE ONLY. ALLOW DON'T KNOW.

	Yes	No	Don't know
A Which GP surgery you are registered at			
B Which GP you see at your surgery for a particular appointment			
C Which hospital you could be treated at			
D Which consultant could treat you at a hospital			
E Which treatment you receive for a condition			

Q50. SHOWCARD W (R)
If you could choose only one, which of the following would it be most important for you to have choice about?
 SINGLE CODE ONLY. ALLOW DON'T KNOW.

A	Which GP surgery you are registered at	
B	Which GP you see at your surgery for a particular appointment	
C	Which hospital you could be treated at	
D	Which consultant could treat you at a hospital	
E	Which treatment you receive for a condition	

Q51. **Have you ever looked for information about how well or badly your local healthcare services are performing?**
 SINGLE CODE ONLY

	Yes	
	No	

ASK ALL WHO SAY YES AT Q51

Q52. **Did you find this information?**
 SINGLE CODE ONLY

	Yes	
	No	

ASK ALL WHO SAY YES AT Q52

Q53. **Where did you find this information?**
 PROBE FULLY. WRITE IN.

	Don't know
	No answer

ASK ALL WHO SAY YES AT Q52

- Q54. SHOWCARD X (R)
How easy or difficult was it to find this information?
SINGLE CODE ONLY

Very easy	
Fairly easy	
Fairly difficult	
Very difficult	
Don't know	
Can't remember	

ASK ALL WHO SAY YES AT Q52

- Q55. SHOWCARD X AGAIN (R)
How easy or difficult was it to understand this information?
SINGLE CODE ONLY

Very easy	
Fairly easy	
Fairly difficult	
Very difficult	
Don't know	
Can't remember	

ASK ALL

- Q56. **Ipsos MORI may want to re-contact some people we've talked to on this survey, in order to explore some of these issues in more detail, for the purpose of further research. Would you be willing to be re-contacted in the next 12 – 18 months for this purpose?**
SINGLE CODE ONLY.

Yes	
No	THANK RESPONDENT AND GO ON TO DEMOGRAPHICS

Gender

Male	_____
Female	_____

WRITE IN & CODE EXACT AGE

Exact Age

<input type="text"/>	<input type="text"/>
----------------------	----------------------

16-24	_____
25-34	_____
35-44	_____
45-54	_____
55-59	_____
60-64	_____
65-74	_____
75+	_____

Occupation of Chief Income Earner

Position/rank/grade

Industry/type of company

Quals/degree/apprenticeship

Number of staff responsible for

REMEMBER TO PROBE FULLY FOR PENSION AND CODE FROM ABOVE

Class

A	_____
B	_____
C1	_____
C2	_____
D	_____
E	_____

Respondent is:

Chief Income Earner	_____
Not Chief Income Earner	_____

Household is:

Pensioner only (ie no children or other adults)	
Non-pensioners (ie adults/no dependent children under 16)	
Adults with dependent child/ren under 16	

Working Status of Respondent:

Working - Full time (30+ hrs)	
- Part-time (9-29 hrs)	
Unemployed - seeking work	
- not seeking work	
Not working – retired	
- looking after house/children	
- invalid/disabled	
Student	
Other (PLEASE WRITE IN & CODE '9')	

QA Marital status SINGLE CODE ONLY

Married	
Single	
Separated/Divorced	
Widowed	
Cohabiting	
Don't know/Refused	

QB Do you live alone or with other people? SINGLE CODE ONLY

Other people	ASK QC
Alone	GO TO QE
Refused/Not stated	

ASK IF LIVE WITH OTHER PEOPLE (CODE 1 AT QB). OTHERS GO TO QE.

QC Are there any elderly people in household? MULTICODE OK

Yes, aged 60-74	
Yes, aged 75-84	
Yes, aged 85+	
None aged 60+	

QD **Are there any young people in household?**
MULTICODE OK

Yes, aged 0-4	
Yes, aged 5-12	
Yes, aged 13-17	
None under 18	

ASK ALL

QE **Do you, or anyone else in your household have any long-standing illness, disability or infirmity? IF YES: Is that you or someone in your household?**
MULTICODE OK

Yes, respondent	
Yes, other h/hold member	
No	

ASK ALL WHO HAVE A LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY (CODE 1 at QE). OTHERS GO TO QH.

QF SHOWCARD X (R) **On the whole, do you agree or disagree with the following statement:**

I know where to go for information to help me manage my condition.
SINGLE CODE ONLY

Agree	
Disagree	
Don't know/Refused	

ASK ALL

QG SHOWCARD Y (R) **Which of these best describes the ownership of your home?**
SINGLE CODE ONLY

Owned outright	
Buying on mortgage	
Rented from local authority	
Rented from Housing Association	
Rented from private landlord	
Other (WRITE IN & CODE '6')	
Not stated/Refused	

QH Do you have private health insurance, in addition to the NHS? SINGLE CODE ONLY

No – No private insurance:	
Yes – Have private health insurance	
Refused/Not stated	

QI SHOWCARD AA (R)
Which group on this card do you consider you belong to? Please just read out the letter.
 SINGLE CODE ONLY

	White	
A	English / Welsh / Scottish / Northern Irish /	
B	Irish	
C	Gypsy or Irish traveller	
D	Any other white background	
	Mixed / multiple ethnic groups	
E	White and Black Caribbean	
F	White and Black African	
G	White and Asian	
H	Any other Mixed / multiple ethnic background	
	Asian / Asian British	
I	Indian	
J	Pakistani	
K	Bangladeshi	
L	Chinese	
M	Any other Asian background	
	Black / African / Caribbean / Black British	
N	African	
O	Caribbean	
P	Any other Black / African / Caribbean background	
	Other ethnic group	
Q	Arab	
R	Any other ethnic group	
	Refused/Not stated	

ASK ALL

- QJ **Do you personally, members of your family, or any of your friends work for the NHS in any capacity?**
MULTICODE OK

Yes – me personally	
Yes – members of my family	
Yes – friends	
No	
Don't know/Not sure	

- QJ **Do you personally, members of your family, or any of your friends work in social care, for example in a residential home, for Meals on Wheels, for a local authority social services department etc?**
MULTICODE OK

Yes – me personally	
Yes – members of my family	
Yes – friends	
No	
Don't know/Not sure	

- QL **Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you do as part of your paid employment.**
MULTICODE OK

Yes – for family		
Yes – for friend		ASK QN
Yes – for neighbour		
Yes –for someone else		
No		GO TO QN
Don't know/Not sure		

ASK IF PROVIDE HELP OR SUPPORT TO FAMILY, FRIEND, NEIGHBOUR OR SOMEONE ELSE (CODES 1 to 4 AT QO)

- QM SHOWCARD AA (R) **On the whole, do you agree or disagree with the following statement:**

I know where to go for information to help me care for this person/these people
SINGLE CODE ONLY

Agree	
Disagree	
Don't know/Refused	

ASK ALL

QN SHOWCARD AC (R)

Which, if any, of these newspapers do you read or look at regularly? Just read out the letter or letters that apply.

MULTICODE OK

A	Daily Express	
B	Daily Mail	
C	Daily Record	
D	Daily Mirror	
E	The Daily Telegraph	
F	Financial Times	
G	The Guardian	
H	The Independent	
I	The Scotsman	
J	Daily Star	
K	The Sun	
L	The Times	
M	London Evening Standard	
	Other (PLEASE WRITE IN)	
	None	
	Refused/Not stated	

QO SHOWCARD AD (R)

Which, if any, of the following news websites do you look at regularly? Just read out the letter or letters that apply.

MULTICODE OK

A	BBC website	
B	Sky website	
C	ITV website	
D	Express.co.uk	
E	Mail Online	
F	DailyRecord.co.uk	
G	Mirror website	
H	The Telegraph website	
I	Financial Times website	
J	The Guardian website	
K	The Independent website	
L	Scotsman.com	
M	Daily Star website	
N	The Sun website	
O	The Times website	
P	London Evening Standard website	
	Other (PLEASE WRITE IN)	
	None	
	Refused/Not stated	